OPEN SOCIETY INSTITUTE
Public Health Program

ASPHER
The Association Of Schools Of Public Health In The European Region

Public Health Workforce Capacity Building

Lessons Learned from
"Quality Development of Public Health Teaching Programmes in Central and Eastern Europe"

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A Joint ASPHER OSI Program 2000—2005

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The Association of Schools of Public Health in the European Region (ASPHER)
Founded in 1966, ASPHER is an association with over seventy-two institutional members throughout the European region,[1] dedicated to strengthening the role of public health through the training of public health professionals for both practice and research. In fulfilment of its mission, ASPHER directs its activities toward:

- Assisting schools and university departments of Public Health to achieve their missions of professional and graduate education, research and service.
- Building coalitions with other programs and public health organisations to increase public awareness, appreciation and support of public health.[2]

The Open Society Institute (OSI) Public Health Program
The Open Society Institute's Public Health Program aims to promote health policies based on social inclusion, human rights, justice and scientific evidence. The Program works with civil society organisations within two fields:

- Promoting the participation and interests of socially marginalised groups in public health policy; and
- Fostering greater government accountability and transparency through civil society monitoring and advocacy, with a particular emphasis on HIV and AIDS

Program areas focus on addressing the human rights and health needs of marginalised persons, facilitating access to health information, and advocating for a strong civil society role in public health policy and practice.

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[1] Located throughout the Member States of the European Union (EU), the Council of Europe (CE) and the European Region of the World Health Organisation (WHO).
[2] Derived from the ASPHER statutes available at www.aspher.org

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List of Abbreviations and Acronyms used in this book

AEA	Albanian Epidemiological Association
AFPH	Albanian Forum for Public Health
AIHA	American International Health Alliance
ASPHER	Association of Schools of Public Health in the European Region
AUA	American University of Armenia
BISPH	Baltic International School of Public Health
BPH	Bachelor of Public Health
BRIMHEALTH	Baltic Rim Partnership in Public Health
CEE	Central and Eastern Europe
CEPH	Council on Education for Public Health
CPH	Center of Public Health
ECTS	European Credit Transfer System
EHEA	European Higher Education Area
EMPH	European Master of Public Health
EU	European Union
EUPHA	European Public Health Association
FOM	Faculty of Medicine
FOSIM	Foundation OSI Macedonia
FPH	Faculty of Public Health
FPH-SEE	Forum for Public Health in South Eastern Europe
FSU	Former Soviet Union
IHSM	Institute of Health Services Management
IPH	Institute of Public Health
IRF	International Renaissance Foundation (Kiev)
KMAPE	Kiev Medical Academy of Post-Graduate Education
KMU	Kaunas Medical University
LCQAHE	Lithuanian Center for Quality Assessment in Higher Education
MA	Master of Arts
MAPS	Medical Academy for Postgraduate Study
MBA	Master of Business Administration
MD	Medical Doctor

MHA	Master of Health Administration
MoE	Ministry of Education
MoF	Ministry of Finance
MoH	Ministry of Health
MoL	Ministry of Labour
MPH	Master of Public Health
MPHM	Master of Public Health Management
MSc	Master of Science
MScPH,	Master of Science in Public Health
MU	Maastricht University
MUV	Medical University of Varna
NaUKMA	National University “Kiev-Mohyla Academy”
NGO	Non-Governmental Organisation
NIRDH	National Institute for Research and Development
NIS	Newly Independent States
NPHS	National Public Health Service
NSPH	National School of Public Health
OSI	Open Society Institute
OSI-NY	Open Society Institute - New York
PBL	Problem Based Learning
PEER	Public Health Education European Review
PH	Public Health
PhD	Philosophiae Doctor (Doctorate of Philosophy)
PHW	Public Health Workforce
PHWD	Public Health Workforce Development
QA	Quality assurance
RSU	Riga Stradins University
SAN-EPID	Sanitary Epidemiological
SEE	South Eastern Europe
SPH	School of Public Health
WASC	Western Association of Schools and Colleges in the US
WHO	World Health Organisation

Foreword

A professional, qualified and multidisciplinary workforce, in sufficient numbers, is vital to the organisation and management of effective Public Health systems in Europe and around the world. Such a workforce is essential to evaluate and respond to growing threats to population health, to address health inequalities between and within countries, and to develop and implement scientifically-based interventions in a timely and appropriate manner within the limits of available resources.

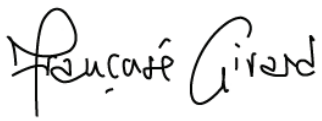
Ensuring that such a workforce exists and functions effectively requires the development and/or expansion of Public Health training programmes and educational systems in each country, based on the country's own needs but incorporating international best practices and norms.

Yet some European countries still do not have Schools of Public Health, or have Public Health training programmes that do not incorporate many of the more modern tools of Public Health education and practice. This shortage of training capacity was felt particularly acutely in Central and Eastern European (CEE) countries at the end of the 20th century, when population health deteriorated and the need for disease prevention and health promotion grew exponentially. The wide-reaching program funded by OSI and implemented by ASPHER described in this publication was a major developmental activity designed to respond to the region's need for Public Health training capacity.

This book documents the experiences and lessons from the thirteen-country project put forward by ASPHER and implemented by its members through twinning projects, on-site consultations, PEER Reviews, and faculty training and development. It includes information from parallel projects in other CEE and Central Asia countries funded by OSI in consultation with faculty from ASPHER member schools. It describes both new and sustainable institutions that continue to function, and it explains why other projects were less successful. Curricula and programme descriptions of individual projects are included.

The OSI ASPHER program was implemented during the ASPHER presidencies of Professors Jose Martin Moreno, Roza Adany, and Charles Normand. The book was written during the presidency of Professor Anders Foldspang. Continuous monitoring and coordination was provided by Julien Goodman as Program Manager, with support by ASPHER Executive Director, Thierry Louvet. Representing OSI, Professor Judith Overall contributed continuously with evaluative advice.

We share these program experiences in the belief that the documentation will prove useful not only to those who participated in the past, but also to those who take this path in the future.



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Addendum: On a Personal Note

I feel personally very attached to the enterprise of this book representing the experience gained in the establishment and development of programmes and schools of public health throughout many countries. Along with other colleagues, I took part in the initiation of this endeavour in order to ensure that this experience should not be lost to the "public health world". I had the honour to participate actively with many others in various phases of its development and took part in numerous site visits.

Because of this, I feel sure that the know-how accumulated in ASPHER, due to this Program, makes ASPHER a very unique organisation in playing a key role in the continued development of public health workforce capacity in Europe and beyond. The material gathered in this book is an invitation to continue this exceptional work on one of the most important issues determining the health and well-being of our nations, namely the development and improvement of institutions for modern public health education and training.

I wish to personally acknowledge the very special place that the Open Society Institute has played in supporting this program. The assistance from OSI was crucial in raising the understanding of the vital role of public health in the many countries without such capacity. I would also like to personally thank all the people involved in the Program.

Stojgniew J. Stiko
President, ASPHER

Authors' Preface

"*Health care is vital to all of us some of the time but public health is vital to all of us all of the time.*"
C. Everett Koop, US Surgeon General, 1982-1989

The purpose of this book is to document an innovative, far-ranging cooperative program to improve education and training capacity for public health workforce development in the Central and Eastern European Region[3]. It was a pioneering program that came at a time when Europe recognised a need to revamp its university education standards (the Bologna Declaration and Process). It came at a time when the health workforce was becoming an increasingly-urgent issue recognised by the World Health Organisation and individual countries as a crucial health policy issue. It came at a time when global threats to population health increased public and political recognition of the vital importance of a trained cadre of public health expertise. The complexities caused by the confluence of those factors, and others, are seen throughout the individual schools and programmes within the larger program described in this publication.

The activities described and analysed in this publication affected not only the original participating country schools and projects but spread to others not formally included in the ASPHER - Open Society Institute joint program. The program became a movement with multi-county participation (20 countries) and impacted the defining of new standards of curriculum, organisation, and faculty for existing Schools of Public Health as well as newly-evolving schools and programmes.

As described in the following chapters, the program has identified many challenges for public health training in the countries of Central and Eastern Europe. In many countries, the model of public health continues to be one largely focused on infectious disease and is hospital-oriented. Non-infectious diseases are left to clinicians to resolve and health promotion remains a vague concept. This has tragic consequences of high mortality from chronic diseases.

The results of the program are important contributions to public health education and training, even if they are not perfect. The importance of newer training models for the public health workforce as one of the most urgent keys to successful, well-functioning and well-managed health systems is reinforced and evidenced by program events and outcomes. The way ahead is clarified in some ways by this program, and its contribution to European public health education and training will become even more evident in the future.

Authors Note: Within the text of this publication are many excerpts from actual ASPHER PEER reviews conducted during the program. Not all PEER reviewer comments are included, but rather there are representative examples included within the specific PEER criteria discussions. The names of the particular schools and corresponding PEER-reviews from which the reviewer comments are taken as examples are not listed with those examples in deference to the fact that the particular schools may prefer confidentiality of identifying information.

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[3] 'CEE' in this book relates to Eastern Europe, South East Europe, Russia, The Caucuses and Central Asia

Acknowledgments

We gratefully acknowledge the financial and personal support provided for this program by the Open Society Institute Public Health Program, Noah Simmons and the team in New York, and the National Soros Foundations throughout the region without which this program would not have been possible. In addition, we wish to acknowledge the efforts of Walter Burnett as part of the OSI Meta-evaluation team.

We appreciate the continuing support of the ASPHER Executive Board and Secretariat over the years of the program involving many leaders of the public health educational movement in Europe. Their immense work and that of all the schools and experts in this program made this program a success. .

We wish to recognize the following for their contributions and advice on development of the book: Silva Bino and Enver Roshi, Tirana University, *Albania;* Yelena Amirkhanyan, Varduhi Petrosyan, Michael Thompson, American University of *Armenia*; Lora Georgieva and Stoyanka Popova**,** Medical University of Varna, *Bulgaria;* Luka Kovacic and Stipe Oreskovic, Andrija Stampar School of Public Health, *Croatia;* Raul Allen Kiivet,University of Tartu, *Estonia;* Ulrich Laaser, University of Bielefeld, *Germany;* Roza Adany and Karolina Kosa, University of Debrecen, *Hungary;* Anita Villerusa, Riga Stradins University, *Latvia*; Ramune Kalldiene and Linas Sumskas, Kaunas University of Medicine, *Lithuania*; Jovanka Karadzinska-Bislimovska, University of Sts. Cyril and Methodius, *Macedonia*; Oleg Lozan, State Medical and Pharmaceutical University "Nicolae Testemitanu," Moldova; Wim Groot, Maastricht University, the *Netherlands;* Armean Petru and Florin Sologiuc, National School of Public Health and Health Management, *Romania*; Sergei Boyarsky, I.M Sechenov Moscow Medical Academy, *Russian Federation*; Zumrat Maksudova, Tajikistan State Medical University, *Tajikistan*; Irena Griga, National University of Kiev Mohyla Academy, *Ukraine.*

We express our special thanks to Anders Foldspang, whose support during production of the final manuscript made possible the publication of the book, and to Jacek Sitko, whose efforts through the past years kept the idea of such a book alive and the process ongoing

Introduction

> "*The world community has sufficient financial resources and technologies to tackle most of these health challenges; yet today many national health systems are weak, unresponsive, inequitable – even unsafe. What is needed now is political will to implement national plans, together with international cooperation to align resources, harness knowledge and build robust health systems for treating and preventing disease and promoting population health. Developing capable, motivated and supported health workers is essential for overcoming bottlenecks to achieve national and global health goals." World Health Report 2006: "Working Together for Health"*[4]

The World Health Organisation underscored the global crisis in health systems and health workforce needs by choosing Human Resources for Health as the theme of the World Health Report (WHR) 2006. While there is agreement that the public health workforce is a key element of the health workforce and health systems, and that there is need for much more data about it, there is no clear agreement regarding exactly what the public health workforce is. Furthermore there is difficulty in identifying the specific members of the public health workforce and their corresponding roles within the health systems, as classifications and roles very across countries.

In regard to education and training of the workforce, WHR 2006 states that education of the health workforce requires attention to curricular content, pedagogical learning methods, training of teaching staff, and to research and service and, moreover, that "more schools of public health are needed." Not by chance, these comprise the central themes of the ASPHER OSI workforce development program entitled: "*Quality Development of Public Health and Teaching Programmes in CEE" (2000-2005).*[5]

Public Health Workforce development (PHWD) is a crucial element in increasing capacity of national health systems, allowing them to address present and future population health challenges. The development of advanced-level programmes of post diploma public health education in the Central

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[4] World Health Organisation www.who.int

[5] The term 'program' referenced throughout this book, refers to the overall ASPHER OSI joint program consisting of individual and nationally-based 'projects'. To avoid further confusion, academic training courses are referenced as "programmes"

and Eastern European Region (CEE) is an important innovation to help countries cope with the public health crises of low performance of their health systems.

Countries in transition from the centralised *Semashko model*[6] of health care, for example, are faced with high levels of preventable morbidity and mortality and stresses. In that model, public health was primarily associated with control of infectious diseases, with environmental and occupational hazards, and with other aspects of social hygiene.

Many systems in the region are based upon the prevailing sanitary epidemiological approach (referred to in this book as *San-epid*) which remains a dominant presence. In view of the deterioration of health experience in most CEE countries in the 1990s and continuing in some countries, a wider definition and model of public health is needed.

Calls for reforms of health systems in CEE have led to new approaches to primary care, national health insurance and decentralisation of management of services. However, **p**ublic **h**ealth aspects of the health systems also require attention, and this demands review and wide-ranging assessment and improvement in the academic basis of training of the public health workforce, especially at the postgraduate or post diploma level. The advent of graduate education with Master of Public Health programmes adds several parameters not previously seen in CEE public health education. One of them is a multi-disciplinary student body, not possible in the "older" system. Another is a multidisciplinary faculty to provide the social sciences, management, economics, marketing, law and other disciplines relevant to modern public health. These programmes bring a wider definition of epidemiology, for example, than that of the traditional San-epid training and add health needs assessment, chronic diseases and risk factors epidemiology, health promotion, health management and health policy as key elements.

It must be noted that the health and public health systems of some of the countries of the region, particularly those of the former Yugoslavia countries of Croatia and Slovenia, for example, differed in the past from the centralised Semashko model and the San-epid system. There was a more Western-type model of public health, with elements such as epidemiology of chronic diseases, health

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[6] Tulchinsky TH, Varavikova EA. Addressing the epidemiologic transition in the former Soviet Union: strategies for health system and public health reform in Russia. American Journal of Public Health, 1996;86:313-320.

management, and community-based medicine. One of the Schools of Public Health, the Andrija Stampar School of Public Health, has trained medical doctors, stomotologists, nurses, economists, lawyers and other professionals together in the same classes for many years.

The traditional post diploma qualifications in many countries of CEE were (and still are) based upon the *ordinatura* and *aspirantura* training. These are based primarily on attachment of individual graduate students to specific professors in a traditional European "apprenticeship" academic training model. In other countries of the project, the post diploma qualifications were not based on that particular model. Many of the post graduate training or specialisation programmes in public health were/are open only to medical doctors in a traditional program based upon old models of the previous hygiene and epidemiology curricula.

Proponents of the San-epid system and its training point to the current health statistics from Georgia, a country in which the San-epid system was dismantled. They caution that the statistics show the direct results of dismantling the San-epid system and warn of the dangers of abandoning the successful aspects of the system.

To effectuate changes in the region will entail successfully challenging the wholesale reliance on the older sanitation and hygiene (San-epid) system and successfully integrating the principles of what has come to be known as the "New Public Health." It will require a "sea change" in thinking that underscores the need for graduate level and post diploma study programmes in public health. Indeed, both training approaches are needed in an evolving health system, and both should be taken into account in criteria for training the public health workforce.

CHAPTER 1

Specific Contextual Issues

Before discussion of individual schools/ programmes, activities, and lessons learned, description of more specific contextual factors within which the program was situated is needed.

1. Lack of Common Definition or Concept of Public Health

Although the literature is filled with reasons for urgency to improve health workforce training and development globally, there has been comparatively little that is specific to "public health" per se other than to stress the need for more data and information, more public health specialists, and more public health training programmes or schools of public health. Part of the reason is the fact that there is no agreed upon definition of "public health."

Concepts vary as well. One is that public health, considered to be the health of a population, is the responsibility of government and is the result of broad-based measures at the population level itself. Another is the idea of medical and other clinical professionals keeping members of the population healthy, one patient at a time. The San-epid system is equated with public health in many countries of the CEE region. The view that doctors think public health means management, finance, economics and the like was articulated during the program as well.

Another prevalent concept views and defines the "public" health system as the government-owned-and-operated health system, as opposed to a "private sector" in health care delivery. A corollary idea held by some who adhere to this definition in those countries of the CEE with higher rates of privatisation is the question of the value of investing in the "public" health system if indeed the health system of the future is going to be "privately-owned."

Advocates of the "New Public Health" (NPH) argue that clinical, preventive and health promotional interventions are part of a larger concept. According to that concept, health policy and management of health care systems are integral parts, in addition to the basics of "classical" public health such as communicable disease control, monitoring and evaluation, and epidemiology. It includes management of personal health services vital to a healthy population as well. It demands more integration of social determinants of health than does the "older" idea of "public health." NPH is a broad model in which public health professionals are a much more diverse group that one composed

of medical specialists only. In professional training, it demands a multidisciplinary faculty to teach multidisciplinary students, not limited to students in clinical/medical training. It is the increasingly-accepted international norm.

History and culture are strong determinants of particular views in public health. The concept of "public health" in the countries of the CEE region was and remains more medically-oriented than in Western countries, as reflected by the fact that the San-epid training is for doctors and housed within medical academies or universities. Part of the reason is that countries emerging from the former Soviet/socialist period are in transition from a centrally-planned, hospital-oriented, government-owned and operated health care system.

It is difficult to determine who the members of the public health workforce are, and what is needed in education and training, skills and competencies, if there is no consensus of what "public health" is. For example, if the assumption is made that doctors and nurses are public health workers, that assumption does not assure that "public health" skills and competencies, particularly those of the "new public health," are included in the clinical education.

Lack of a globally-accepted working definition of "public health" does not, however, mean that there is a lack of suggested definitions for "public health" or "public health practice." Many definitions are broad. Others list services, essential services, core functions, essential functions or domains, for example, rather than trying to define the term "public health." Some include the notion of the skills and competencies. Lists of core functions, etc., vary as well, though there is more agreement upon core functions or services than upon a definition of "public health." In language regarding finalisation of the draft discussion paper "*Strengthening public health capacity and services in Europe*," the Report of the Second Meeting of the Core Expert Team on Public Health Functions and Services in the European Region of WHO stated in 2006 that "the purpose of the background paper is to provide a basis for discussion of public health services and not to fight about the different definitions of public health."[7]

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[7] World Heath Organisation, Report of the Second Meeting of the Core Expert Team on the Public Health Functions and Services in the European Region, *Strengthening public health capacity and services in Europe* , London, United Kingdom, 14–15 December 2006. http://www.euro.who.int/Document/PHS/PubHlthRep.pdf

Nonetheless, it is common to see multiple donor and/or international organisations working within a particular country in the region, each of which may have its own definition or interpretation of "public health" and therefore its own agenda for what public health projects and training should be. Without monitoring, harmonisation and communication, such a situation can be more complicated and confusing than truly helpful to the country's reform of its health and public health systems and therefore to workforce training and development.

2. Same Words, Different Meanings

Many of the often-quoted definitions of public health are formulated in English, articulated by those whose first language is English. In the CEE region, English is not the "Mother tongue." Close attention must be paid by English-speaking consultants, for example, to the fact that none of those definitions or the term itself ("public health") may translate directly into the other language(s).

Example of response to translation issues: Macedonia

The Centre for Public Health, (CPH), Faculty of Medicine, Sts. Cyril and Methodius University, Macedonia prepared and published a glossary of terms in the Macedonian language to help to establish the new terminology needed into common usage.

Examples of other terms and phrases that proved to be most problematic include: "Specialist in Public Health," "Postgraduate Education," and "Master of Public Health."

"Specialist in Public Health"

Advocates of implementing training in the New Public Health also advocate for new positions and career paths in public health, which they describe as "specialists in public health" or "public health specialists." This can be confusing due to existence of the "specialist" credential that has existed for years in the medical education system in the countries of the CEE region. The credential is earned after graduation from general medical training, usually after 6 years, plus perhaps an "internship" period, and/or completion of the requirements for the "specialisation" in a particular medical field. Specific requirements and available specialties vary by country. In Poland and Albania, for example, one specialisation is "Public Health" (as translated into English).

Another term that may be used instead of "public health" is "preventive medicine." Departments of "Preventive Medicine" (formerly called "Sanitary Hygiene") are separate departments from "General Medicine" in medical faculties. The departments may train the staff for the San-epid Service, or its current iteration. It is possible, in postgraduate training of medical specialists in Russia, for example, to obtain a "Specialty in Preventive Medicine." There are also Departments of Public Health and Health Care (formerly departments of "Social Hygiene") within medical academies in Russia. Those departments teach undergraduate medical students.

A further issue is whether other medical specialties, not called "preventive medicine" or "public health" per se, also fall under the general umbrella of "specialists of public health." For example, there are specialties in epidemiology (usually communicable disease epidemiology) and various "hygienes."

Examples of Integration of Master and Specialist Training: Hungary, Romania and Croatia

A recent change in law in Hungary allows certain modules of the Master of Science programmes of the School of Public Health, University of Debrecen, to be recognised as options for courses in physician specialty training. In addition, the Master of Science degree training itself may be recognised as part of the scientific training programme within the medical specialist training.

In Romania, the MPH can be counted as the theoretical training component of the medical "Specialist in Public Health." It cannot supplant the clinical requirements of the 4-year residency, however. A separate law requires that all directors of hospitals and medical institutions must be competent in health systems management. Competency can be proven in one of two ways, one of which is the master degree.

At the Andrija Stampar SPH, University of Zagreb Medical School, Croatia, a revised programme of public health training, to take effect in 2009, consists of a total of 60 ECTS (European Credit Transfer System) credits; forty of those will be obligatory as the medical "Specialist in Public Health;" the other twenty are required to complete the master level training (MPH). A student who completes the full 60 credits will be awarded both the Specialist in Public Health and the MPH.

"Postgraduate Education"

The historical meaning of "postgraduate" education, when used in CEE, is basically specialty training as well as mandatory continuing education for doctors. This is not the same as the "master" or "doctoral" levels of training as envisioned by the Bologna Declaration and Process. The CEE training may be advanced training of medical specialists after completing basic medical education, provided in medical academies or universities in some countries and/or special post diploma medical academies in others. It may be based on modules in a vocational setting or an Institute of Public Health set up by the Minister of Health.

It can mean training for renewal of credential to practice medicine or medical specialty, which varies in length of time required among CEE countries. Often this must be done every five years and may last from one month to a few months, depending upon the specialty, perhaps with a required exam. The Ministry of Health, not the Ministry of Education, may be responsible for the standards for this type of training, akin to what is known as "continuing professional education" in Western countries.

One suggestion made during the program was to introduce "new" public health training at the level of post diploma certificate programmes or postgraduate institutes in order to more quickly meet the needs of re-orientation particularly for health professionals (physicians and managers usually) already working in the field. The type of training that was mentioned specifically most often is management training for chief doctors of hospitals. It is true that introducing short courses in management training at that level of instruction would indeed allow a faster introduction of needed managerial skills and therefore faster "scaling up" of management capacity via narrowly defined and tailored instruction. This is the avenue suggested by some of the Ministers of Health.

In reality, the situation that exists on the ground in some of the countries is one of disagreement of in-country players over where such training should be housed and who should teach it. Some medical universities argue that they could provide the short-term training courses, particularly if the university has a Faculty of Public Health that includes public health management. If the Minister of Health supports the placement of the training at a postgraduate institute, then one can expect that the World Health Organisation (WHO) will direct its technical support efforts to that endeavour, since WHO is a partner to the government. Other international donors should carefully assess the situation before determining what they will fund.

What must be considered in the decision-making process is the level of existent training capacity and the costs of "training the trainers" and faculty at more than one institution or level. Regardless of where the management training, for example, is taught or whether short or long term courses, the consensus in most countries of the program is that faculty need training in the principles of "new" public health and/or health management, as well as training in new or more modern methods of teaching. Whether it makes sense and is strategically and fiscally sound to train faculty at two levels (postgraduate institute and medical university/academy) to teach basically the same courses when resources are very scarce is an issue that the country must decide. There is no "magic bullet" or formula, only careful and educated use of need / resource assessment and planning tools.

What appears to make sense, if both levels of training institutions are in play, is to design a educational/training programme for public health professionals that encompasses the strengths of both institutions and levels, in which the institutions and their faculties work in concert rather than in competition. The key is to make the highest and best use of resources in supporting the rapid scaling up of capacity in health management, for example, while at the same time laying the foundation for longer term training programmes for future public health professionals. Without the longer term component, the short-term efforts probably cannot ensure the sustainability or quality needed in public health professional training and practice. The short term efforts could, however, meet the immediate need of training in certain aspects of management to chief physicians who manage the hospitals and clinics of the country's health system. What consultants may think makes the most sense on its face is not always the case, however, as experienced in the project described here.

Example of Training of Health Managers at SPH/CPH: Macedonia

The Medical Faculty of Sts. Cyril and Methodius University, through the Centre for Public Health, in agreement with the Minister of Health, provides a Certificate Course in Health Management and Leadership, required for managers of health care facilities in Macedonia. It is provided only by the Centre for Public Health. There were 400 participants in 6-week modules during 2006-2007.

"Master of Public Health"

Although the Master of Public Health (MPH) is becoming the internationally-accepted public health degree, the type of award that can be granted is not one of mere choice by an educational institution. The type of award is determined by the governing statutes and regulations of the country and

institutions. Recognition of the master of public health (MPH) degree by health and educational authorities is not an automatic procedure and the term "master" degree is not widely used or understood, or does not exist, in some countries of CEE, where public health, as mentioned above, still is considered to be a medical specialty with training at the undergraduate level focused primarily on hygiene/epidemiology.

In other countries of CEE, the terms "master of public health" and "MPH" are used frequently, sometimes loosely, in discussion of teaching and training programmes and credential awarded in the subject matter of public health. That does not mean that the educational institution actually can award the MPH. The institution may not be able to award a "master" of anything, because such a designation does not formally, or legally, exist. Some award a credential or postgraduate certificate that has the formal name required by the law of the country but is referred to commonly or loosely as a "Master" or MPH. Some countries and educational institutions in the ASPHER OSI program had master level programmes in place prior to the beginning of the program; some did not; some could not. Another factor is resistance by Ministers to approving a MPH programme if they see it as unnecessary, due to existence of public health training in the form of the San-epid training, for example.

Change is underway, however, much of it due to the Bologna Process (See *Laws, Rules*, *Regulations and Standards* later in this section). However, if the training is within a medical university or medical academy, and is considered to be medical training, there may be issues regarding implementation and conformance to the Bologna levels of education.

Example of MPH Content / Certificate of Specialist: Russian Federation

One example of a training programme in public health management necessarily framed within the traditional medical training model is the Faculty of Public Health Management (FPHM) programme of the Moscow Medical Academy in the name of Sechenov (MMA). The programme is within the structure of the two-year *ordinatura* of post-diploma medical education. Although the programme is not an ASPHER member, ASPHER consultants have advised during program development and have reviewed its progress. They have stated that the programme content and structure are comparable to general standards for MPH curricula. To date, however, it is not possible for the FPHM to award the

MPH. The MPH does not legally exist. The award is the "Certificate of Specialist" in the specialty of "Health Services Management and Public Health."

3. Generalist MPH versus Sub-specialisation and Issue of Health Management

There are differing opinions globally regarding what should be taught within a master level programme of public health. Some advocate a "generalist" MPH programme and curriculum. Others advocate for more specialisation or sub-specialisation. One of the biggest areas of disagreement, particularly in CEE, is the role of health management training within a public health educational programme. The level of in-country resources may dictate the choice, as there may not be enough financial or human resources (faculty trained in public health education and practice, for example) to allow for more than a generalist curriculum.

The importance of the role of managers in the changing health systems in CEE is recognised and the demand for health sector management training courses continues to grow. WHO lists the lack of health managers as a major problem in WHR 2006. It reinforces the point in the document "*Health workforce policies in the European Region*," September 2007: "In most [countries of European Region] critical skills in public health and health policy and management are often in deficit…special attention must be made to the training of managers and other health system workers, such as health economists. There is a need to introduce managerial elements into the formal training of health workers as well as to promote health management training."[8]

Offering courses in public health management is one way that schools and programmes of public health in the CEE see as a means of attracting more students and therefore more revenue, which contributes to sustainability of the school or programme. An argument arises over whether the curriculum contains a balance of the other core public health courses and management courses.

Government job classifications and employment "slots" also influence the choice to teach health management in new programmes and schools of public health. At the ASPHER Annual Conference 2006, a representative from Bulgaria made the statement that she wished to stress that Health Care

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[8] W.H.O. Regional Committee for Europe, Fifty-seventh session, *Health workforce policies in the European Region*, Belgrade, Serbia, 17–20 September 2007, http://www.euro.who.int/document/rc57/edoc09.pdf

Management and Public Health are not the same. She pointed out, however, that Bulgarian legislation recognises a "specialty in health care management," but does not recognise one in "public health."

Examples of Master Level Programmes in Public Health, Health Management, and Other Sub-specialists and Variations in CEE

Within the ASPHER OSI program, there are examples of schools which offer master level programmes both in public health and health management and other specialisations:

- *Bulgaria*: *Medical University of Varna, Faculty of Public Health*: Master of Public Health; Master of Health Care Management; Master of Health Care Services
- *Estonia: University of Tartu, Faculty of Medicine, Department of Public Health*: Master of Public Health; Master of Science in Health Sciences in Health Management (for international students)
- *Hungary*: *University of Debrecen SPH*: Master of Science Degrees in the following: Public Health; Environmental Health; Quality Assurance; Health Promotion; Epidemiology
- *Lithuania: Kaunas University of Medicine, Faculty of Public Health*: Master of Public Health; Master of Public Health Management; Master of Management of Public Health Continuing Training Programme

4. Sanitary Epidemiology Training (San-epid)

The countries of the CEE region, as previously mentioned, are in various stages of transition from a highly-centralised and authoritarian model of health care and public health and they have differing positions on the necessity and value of changing the San-epid system and its education, taught under the umbrella of medical training ("preventive medicine," for example).

Changes have occurred, but they differ by country, just as health reforms and stage of transition vary by country. The legacy remains, however, in differing scenarios, whether the system in place is called the San-epid system or whether it is called the "Health Inspectorate" or something similar. It is responsible for much of what is identified in the West as functions of the public health arena, primarily different categories of "hygiene" or sanitary control and control of infectious diseases.

Some have added health promotion and disease prevention, as is the case in the restructured Bulgarian network of Hygiene and Epidemiology Inspectorates (HEI).

Where and how to train the health inspectorate workforce is an issue in some countries. The San-epid/preventive medicine curriculum contains courses such as: general hygiene, infectious diseases, child infectious diseases, public hygiene, work hygiene, child and adolescent hygiene, rehabilitation hygiene, food hygiene, epidemiology, sociology and others in addition to the more medically-oriented courses. Criticism of the training includes the narrow approach, specifically the focus of epidemiology on infectious or communicable diseases, almost to the exclusion of chronic disease. The lack of health promotion and prevention is another often-heard concern. Nonetheless, it is understandable that Ministries of Health and medical academies or universities that provide the training assert that what is taught within the curriculum is "public health."

Whether to change or expand the content of courses in the San-epid or Preventive Medicine training to add more of the "new public health" demands or whether there should indeed be a separate training programme, such as a post diploma or master level degree in public health in a different setting (a new programme or SPH), is contentious in some countries; in other countries it is less so. If public health training continues to be offered only within the parameters of medical education, then the issue of training being restricted to medical students remains. Each country must determine whether having two educational programmes is feasible, necessary and/or desirable, or whether doing so would be an inefficient use of scarce resources. To an extent, the decision, in addition to consideration of resources, is a reflection of what the particular country perceives "public health" to be.

Example of Training of Health Inspectorate in MPH Programme: Estonia

An example of one county's decision is that of Estonia. The ASPHER OSI program participant, the Department of Public Health (DPH), Faculty of Medicine, University of Tartu, is responsible for teaching public health courses offered to students of the Medical Faculty as well as for postgraduate studies. The Ministry of Social Affairs approved a plan for a two-year MPH programme as the main format for training future specialists, with the DPH responsible for the training. One of the driving forces in approval was the need to train the workforce for the Health Inspectorate, and its employees comprise one of the major groups of students.

5. Stakeholders

It is crucial to successful implementation and sustainability of a new/proposed programme of public health education to identify stakeholders early on and to engage them at the outset. Without stakeholder "buy-in," a programme may start and, if donor funded, last until funding ends, and then simply disappear or become a shadow of what it is intended to be.

Government Entities

Determining whether there is support, or at least receptivity, at the government level is one of the most important steps at the outset of the assessment phase. There is need for consultation with the Ministry of Health, of course; but other ministries must be included as well. Ministries of Education, particularly in light of the Bologna Process, as well as Ministries of Finance and Ministries of Labour are examples. Such consultations are even more important if the government provides funding for the education and is a potential employer of graduates. The needs assessment of the program did not sufficiently take into the account the role of the Ministries. In addition, the frequent changing of Ministers in many of the countries further complicated matters and impeded efforts to obtain ministerial level approvals.

Example of Parliament/Minister of Health: Ukraine

According to the Dean of the new SPH of the National University Kiev Mohyla Academy in Kiev, the support of one of the members of Parliament, later the Minister of Health, played a pivotal role in successful licensing of the new programme and was the keystone of its successful start.

Example of the Minister of Health: Moldova

Ministry support for the School of Public Health Management at the State Medical and Pharmaceutical University in Chisinau is shown by the enrolment of a special group of nineteen persons from the Ministry in 2007.

Example of Ministry of Education: Albania

The Minister of Education in Albania had not given final approval to the new SPH and its MPH programme at the time of this writing. The SPH is a collaboration between the Institute of Public Health of the Ministry of Health and the Department of Public Health of the Faculty of Medicine of Tirana University. Students in the programme have multidisciplinary educational backgrounds.

One of the reasons that the SPH and MPH have not yet been approved by the Ministry of Education was the already-existing master level programme of public health in the Department of Public Health at the Faculty of Medicine even though the two are different programmes. As of May 2007, it was suggested that the diploma of the first cohort of MPH students (of the SPH) be "exceptionally treated" as a branch of the already-existing master level programme for physicians (in the Department of Public Health at the Faculty of Medicine). The "exception" is needed due to the fact that the students/graduates' backgrounds are multidisciplinary. The Council of the Faculty of Medicine and the Senate of the University of Tirana have voted to approve the SPH and its programme and MPH with directions in Epidemiology and Biostatistics. It has therefore been suggested that the Faculty of Medicine present to the Minister of Education the following: (1) an updated application for approval of the MPH programme open to students from both medical and non-medical backgrounds, to be organised with external lecturers, including those from the Institute of Public Health; and (2) a separate formal request to establish a Bachelor programme within the Faculty of Medicine.

Potential Employers

Potential employers, whether governmental or private sector, must be consulted, to determine whether there is a market or places to work for graduates, and to determine what the skills and competencies those employers need/expect graduates to bring to the job. Employers also may be sources of students (their current employees) for the programme. Since the government is the primary employer of members of the health workforce in many countries of CEE, it is even more imperative to consult with the appropriate ministries early on.

Non-governmental organisations and donor organisations are other potential employers for graduates of training programmes of public health. In reality, graduates of public health or health management programmes in CEE often choose to work for those organisations rather than the government due to the higher salaries available or to the fact that there are no positions available for them in government.

Educational Institutions, Students, and the Public at Large

Other stakeholders include the educational institutions, their faculties who would teach in a new programme of public health education, and potential students. Without the support of the institution and its faculty, those who actually will implement the new teaching programme, there is little hope for success. One of the most important parts of the ASPHER OSI program was the training and/or

retraining of faculty in the individual projects. The willingness of the faculties to participate in faculty training was key to the program.

Students are included as stakeholders in international review criteria. Both faculty and students are considered as stakeholders in the ASPHER PEER and both groups were included in the evaluations of the individual projects within the program, as will be seen in this book. In many of the projects in the ASPHER OSI program, the students are currently employed, many in the health sector. Their experiences in the workplace are valuable resources for the school or programme in assessing what the health system and employers need and whether the programme is responsive to those needs.

Public perception is another area of importance. Public opinion is something that may be considered by policy makers. If the public has no appreciation of what public health is or why there is a need for training in modern public health methods, then new schools and programmes lack a valuable potential ally in advocating for importance of their programmes within the national health and education systems. Public perception and public opinion regarding public health and corresponding needs is unclear in countries of the program, due in part to the lack of agreement of what public health is. Several of the public health programmes, faculties and schools in the ASPHER OSI program have conducted a variety of activities targeting the general public as well as professionals. Examples of those activities are included in this book. Some were successful; some were less so.

International Organisations and Donors

There usually are several international organisations working within the countries of CEE. Many of them have an interest in training of public health professionals. Prior to the ASPHER OSI program, the World Bank, for example, provided funding to start or expand public health training institutions and programmes. The WHO representatives within each country have ongoing dialogue with the Ministries of Health regarding the health workforce. There are other organisations. Consulting with them before starting a program allows a sharing of information about programmes they may already have in place in the public health arena. It may be possible to "pool" resources to strengthen the educational programmes in public health. The 2007 agreement of the WHO Office in Dushanbe to provide WHO documents to the Faculty of Public Health library at Tajikistan State Medical University is one example.

There are other reasons to consult with those organisations. One is to determine how to structure a programme within an atmosphere of collaboration rather than competition with those having other training programmes, usually more narrowly focused projects than a formal educational programme in public health. Another is to avoid, if possible, the scenario in which the country or educational institution is in a situation where donors have different agendas and requirements that impede integrated progress and cause confusion.

Example: Two Donors, One Curriculum, and Potential Conflict: Uzbekistan

During a site visit to the originally-participating educational institution in the program, the ASPHER site team discovered, almost by chance, that representatives from a US school of public health were also in Tashkent to evaluate the same curriculum as part of a USAID-funded project. Neither group knew of the other's work with the educational institution. The ASPHER group was evaluating progress on curriculum design for a MPH programme; the US group was evaluating for health management components. Ultimately, both teams, the OSI evaluator and the personnel from the educational institution together reviewed the entire curriculum, including each topic within each course, and subjects within topics, looking for a balance between public health core and management courses. They found that the balance was there. An added issue was structuring the content within the strict, nationally- required curriculum parameters governing the medical institute.

Example of Impact of Stakeholders on Curriculum: Romania

The Director of the participating project in Romania stated that one of the organisational problems in establishing the MPH programme was "to elaborate a curriculum which should answer to 3 requirements: *the stakeholders' requirements for employment in public health*, the experience and expertise of the school staff, and the ASPHER criteria for the MPH."

Example of Inclusion of Relevant Stakeholders on Administrative Board: Moldova

The Board of the SPHM in Chisinau includes representatives of the Ministry of Health, the University, the National Centre of Public Health, the National Centre of Preventive Medicine, the Soros Foundation-Moldova, WHO, UNICEF and the Social Investment Fund of the World Bank.

6. Laws, Rules, Regulations and Standards

The countries of the ASPHER OSI program are in differing stages of transition and are faced with requirements to change laws and regulations at the domestic level, but some requirements arise at the international level as well. Included below are some of the major international and national/domestic legal issues faced during the program.

International Level

EU Membership

Some of the countries of the program are Member States of the European Union and have faced/are facing the process of harmonisation of laws. The countries include Estonia, Hungary, Latvia, Lithuania, Poland, Bulgaria and Romania. Croatia and Macedonia are candidates. Harmonisation is broad, but some of the required changes in laws impact health and the educational process, even if indirectly.

Bologna Declaration and Process

There is another set of European standards, which relates directly to education and requires major changes in educational processes, structure and corresponding legislation. Joining the process is optional, but more and more countries are joining in the effort to create a European Higher Education Area by 2010. The process is commonly referred to on the ground by one word: "Bologna."

There is no need or possibility to explain the Bologna Declaration and Process here. There are volumes of literature explaining it and multitudes of people working on its implementation. However, some of it must be included here due to its impact on the countries within the ASPHER OSI program and therefore upon the program itself.

Many of the countries of the ASPHER OSI program and others with similar programs funded by OSI have joined the Bologna Process. Because they joined at different times, some have more experience with Bologna requirements and activities than others. The list includes: Bulgaria, Estonia, Hungary, Latvia, Lithuania, Poland, Romania (1999); Croatia (2001); Albania, Russian Federation, Macedonia (2003); Armenia, Azerbaijan, Georgia, Moldova, and Ukraine (2005).

A complicating factor/issue in the ASPHER OSI program is that the Bologna Declaration is an agreement signed by Ministers of Education and will have far-reaching effects on all higher level educational programmes in the countries joining the process, while the ASPHER OSI program worked in an arena that historically has been more heavily influenced by Ministers of Health. The integration of responsibilities between the two ministries is ongoing in some countries of the program. It is not yet clear in some instances, for example, where responsibilities and authority lie. There is also the issue of whether public health education programmes housed within medical academies or medical universities are considered to be "medical education." This is due to the ongoing discussions regarding applicability of parts of the Bologna process to medical education, particularly the Bologna levels of education.

The 10 Bologna Action Lines

- Adoption of a system of easily readable and comparable degrees
- Adoption of a system essentially based on two main cycles (later basically three)
- Establishment of a system of credits, such as ECTS (European Credit Transfer System)
- Promotion of mobility
- Promotion of European cooperation in quality assurance
- Promotion of European dimensions in higher education
- Lifelong learning
- Higher education institutions and students
- Promoting attractiveness of the European Higher Education Area (EHEA)
- Doctoral studies and the synergy between EHEA and the European Research Area

Although the ASPHER OSI program itself has ended, the individual countries, faculties, schools and programmes of the program continue to face many Bologna-related issues. The importance of compliance with and/or changing of laws, rules and regulations regarding educational programmes and the impact of the change process are evident and cannot be overstated.

The levels of the Bologna process make possible the awarding of a "master" degree (or the changing of a programme to "master" in some instances) if this were not in place prior to joining the Declaration and Process. What is to be considered in the curricula and length of time required to earn an undergraduate or graduate level award/degree is not uniform to date. Which institution can award

a particular credential is an ongoing discussion. Whether programmes are to be more "teaching" or "research" oriented, or a combination, is another issue. Another factor to be included in educational design of schools, faculties or programmes of public health is the international standard of inclusion of a third component, that of "service."

Some of the countries of the ASPHER OSI program had begun conversion of study credits to the European Credit Transfer System (ECTS) prior to the start of the program. To date, several of the programmes have the conversion in place. In some of the programmes, the curricula were originally designed according to ECTS requirements. ASPHER consultants assisted programmes and schools within the program with conversion and/or with original design meeting ECTS standards. Some programmes have not yet converted; some are in the process as the Bologna process continues in their countries. It is difficult at best to design a new programme, or to change one already in existence, to be taught in situations where conversion within the country has not yet occurred but is anticipated in the near future. In that case, the programme must meet current national requirements yet plan for conversion at the same time. Therefore, in some instances, calculation of credits is stated in terms of both the current national requirements and ECTS. (See Chapter 6.1.5 for further explanation of ECTS)

*The ASPHER PEER (**P**ublic Health **E**ducation **E**uropean **R**eview)*

The ASPHER PEER in and of itself is a process for quality assurance and improvement. The PEER criteria are included in the ASPHER publication entitled "*Quality Improvement and Accreditation of Training Programmes in Public Health."* The PEER criteria were used as the basis for the ASPHER OSI program activities, as public health programme accreditation standards being developed by ASPHER and EUPHA were not in place. There is strong correlation between the PEER criteria and the "*Standards and Guidelines for Quality Assurance in EHEA"* adopted by European Ministers of Education in May 2005. What the PEER criteria lack, however, is an external quality assessment tool of the PEER itself.

The presentation of information about the individual programme development in the ASPHER OSI program in the body of this book is framed within the nine major categories of the PEER criteria and the subsections of each. The broad categories of the ASPHER PEER include:

- The development and mission of the School (or Programme) of Public Health
- External environment

- Internal organisational environment
- Teaching staff
- Students and graduates
- Training programmes
- Teaching/learning facilities
- Institutional quality management

During the time period of the ASPHER OSI program, public health training programmes of the program in two countries went through both the ASPHER PEER process and either a national accreditation process or another international review process.

Example: International Accreditation / International Programme Review(PEER)

There was an opportunity for comparison of two sets of external, international standard reviews of one programme during the ASPHER OSI Program. The American University of Armenia (AUA) experience provides an example of a programme simultaneously undergoing both an ASPHER PEER review (programmatic review of MPH) and review for institutional accreditation by an accreditation body outside of Europe (Western Association of Schools and Colleges in the US). The similarities and differences and lessons learned are described in ASPER I-JPHE article, "Parallel Processing--- ASPHER PEER Assessment and WASC Accreditation in the College of Health Sciences, American University of Armenia, by Michael E. Thompson, Associate Dean of the AUA, and Varduhi Petrosyan, Assistant Professor of Public Health, College of Health Sciences[9]. WASC awarded AUA the maximum 7-year initial accreditation and the AUA MPH programme was deemed to meet the criteria of the ASPHER PEER.

National Level Laws, Rules, Regulations and Standards

There are national laws, and perhaps bylaws or regulations specific to a particular educational institution, which govern educational programmes taught in the country. They vary by country, though some are universal. A few examples include:

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[9] Thompson ME, Petrosyan V. Parallel Processing – ASPHER PEER Assessment and WASC Accreditation in the College of Health Sciences, American University of Armenia. Internet Journal of Public Health Education, B9-1-15 Accepted: 09.05.2007

- Type of institution in which a particular subject matter programme can be taught
- Credential that can be awarded (degree, diploma, certificate)
- Qualifications students must have for entry
- Professional standard for higher / professional education in public health
- Courses to be taught in programme curriculum and course content
- Procedures for curriculum approval / amendment
- Requirements for number of faculty
- Standards for hiring, promotion, and termination of faculty
- Source of payment (state budget or private pay)
- Licensing requirements and national accreditation standards

Because it is the situation in some of the countries in CEE that the government provides the funding for students, there are many laws and rules, often more than realised at the outset of planning a new programme, that govern specific aspects but impact the whole planning process.

Examples of Laws Governing Faculty of PH within Medical University: Tajikistan

- Cap on the number of students to be admitted to a particular programme. This is related both to the amount of funding per student for training allocated by the government and, if the plan is to have graduates then work for the government, to the number of employment "slots" available to be filled

- Strict professor / student ratio, which may be quite low and may become progressively lower at higher levels of training, based upon the rationale that student research or more intensive clinical /medical training in the 5th and 6th years, for example, require more professor time for supervision and /or training. In that case, additional student enrolment is limited by number of faculty, even if the faculty believe that they could teach more students in the non-clinical public health classes. (This directly limits revenue to the school.)

Example: National Accreditation / International Programme Review (PEER)

During the ASPHER OSI program there was opportunity to compare national accreditation and international review requirements. The two levels do not always correlate. Kaunas University of Medicine, Faculty of Public Health, experienced both a national (Lithuanian) accreditation review and

the ASPHER PEER review. The methods and determinations of the two reviewing bodies were quire different. Though the ASPHER PEER review findings were supportive of (and indeed encourages) international activities, the national accrediting body was not so supportive of those same activities.

The MPH programs at Kaunas University of Medicine and the University of Sheffield (U.K.) were the two programs chosen for Spring 2007 pilot accreditation in the EU-funded project, European Accreditation of Public Health Education (PH-ACCR). The project ended in December 2007, but was an important step in the process of creation of the European Accreditation Agency for Public Health Education (EAAPHE) and provides valuable experience for further development of accreditation by ASPHER in conjunction with sister organisations.

The Dean of the FPH at Kaunas University of Medicine offered the following recommendations for improvement of the accreditation procedure, as a result of the successful Kaunas experience:

- Further development of concrete format for preparing self-assessment report and accreditation report
- Balancing between PEER Review procedure and accreditation (overlap and difference)
- Balancing between National and European accreditation (contacts with National agencies)
- Emphasizing potential benefits gained from accreditation

Lessons Learned: Impact on Design and Implementation of Education and Training Programmes in Public Health

- What is clear from the factors and situations described in this chapter is that there are different attitudes about "public health" and what it means and what it includes. This fact impacts the most basic questions of educational design:
- what students are expected to be able to do at the completion of studies
- who will teach (preparation required for faculty in PH education; multidisciplinary)
- what will they teach (core PH curriculum; san-epid; health management)
- to whom will they teach (medical/clinical students only or multidisciplinary)
- where will they teach (separate school or faculty of public health, medical university, non-medical university, postgraduate institute, institute of public health, other)

- how will they teach (updated training methods and current materials)
- how long will they teach (short courses, longer courses, certificates, degree or diploma)
- what laws, rules, regulations and standards govern the educational institution and its programmes (domestic and international; possible conflicts)
- what graduates will know when they graduate (specific knowledge from studies)
- what graduates actually can do (specific skills and competencies)
- where graduates will/can work (both public and private sectors; restrictions on employment or lack of approval of government)
- what formal award or credential is to be earned (certificate, diploma, degree)

The ongoing changes in health systems and in the health of populations in countries of CEE mandate that training and educational programmes in public health change as well. To continue to produce more graduates of training programmes that continue to exist just as they did in the past results only in greater numbers of "more of the same," which no longer will suffice. Time is of the essence in producing well-trained and highly-skilled members of the public health workforce.

Meeting short-term training needs while correspondingly developing the basis for long-term professional education in public health is necessary. There must ultimately be quality programmes provided by quality faculty in quality institutions of public health training.[10] That will take time to develop, as much more than change in training institutions is required.

Short-term courses can provide more immediate access to training for large numbers, but they cannot provide the range of knowledge, skills and competencies needed in the modern public health professional. They can provide training to large numbers of the already-working members of the health workforce, particularly if taught at the postgraduate level to public health workforce members (primarily medical) who are required to take courses every 5 years or so in CEE in order to continue their practice. Where such short-term courses should be taught is a matter of disagreement in several countries.

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[10] W.H.O. Regional Committee for Europe, Fifty-seventh session, *Health workforce policies in the European Region*, Belgrade, Serbia, 17–20 September 2007, http://www.euro.who.int/document/rc57/edoc09.pdf

In most countries in which the ASPHER OSI program occurred, there was/is need of training in teaching methodology and in subject matter of more modern public health education. Faculty training is needed at levels of medical university/academy, faculty of public health and at the postgraduate institutes. Training in research methodology is needed. Other than the expressed need for health management training, the one specific course identified in most of the countries of the program as in need of change in teaching methodology and content was Epidemiology.

One of the most urgent issues is health management training for managers of hospitals and clinics and the health systems. Short-term training programmes can, of course, be designed and implemented much faster than long-term ones. They can provide targeted training in particular aspects of health management. They can fill part of the gap that currently exists in knowledge and training of managers of health facilities in the particular country. Short-term training, however, cannot substitute in the long run for broader-based, long-term public health management training, or training in any of the other core public health areas. In reality, both short-term and long-term training, including continuing education/ lifelong learning, are needed simultaneously in order to meet the current and future needs faced by the public health workforce and health systems in the region.

CHAPTER 2

The ASPHER OSI Program Overview

This book presents a summation, conclusion and recommendations emerging from the five-year ASPHER OSI collaboration "Quality Development of Public Health Training Programmes in Central and Eastern Europe." The goal of the collaboration was to establish and to enhance institutional teaching programmes of public health in the CEE region. The joint program included the involvement of people from more than forty different schools of public health in more than thirty countries and the participation of approximately two hundred public health academics and professionals[11].

The joint ASPHER OSI program was announced during ASPHER's 22nd Annual Conference in Aarhus, Denmark, in October 2000. The working proposal was for a program consisting of two main focus areas:

- The further development of existing schools and programmes of public health through the review of teaching programmes by academic peers ("Stream 1" of the program)
- The establishment and early development of new schools of public health and programmes of public health training and education with the fostering of academic partnerships with other established European schools of public health. ("Stream 2" of the program)

The Stream 1 program, referenced throughout this book as the "PEER program" was designed for strengthening and deepening public health training capacity. It was aimed at already-existing faculties or schools of public health with substantial development and a high likelihood of success and sustainability. The objective for this part of the program was that six to eight SPHs in the region would successfully undergo ASPHER's **P**ublic health **E**ducation **E**uropean **R**eview (PEER) Review[12] and that each SPH meet PEER review standards over a period of 3 years. Built into this program was a yearly monitoring and development process which monitored and recommended activities leading up to a PEER review. Once a PEER review was completed, the process of implementing the PEER recommendations were then monitored.

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[11] A complete list of program partners can be found in appendix 1

[12] Bury, J. and Gliber, M. Quality Improvement and Accreditation of training programmes in Public Health. France, Fondation Mérieux, 2001

The second program stream (Stream 2) focused on establishing and building new public health schools and education programmes and is referenced throughout this book as the "Partnership Program." This section of the joint program consisted of more intensive activities, requiring the continual assistance from partnering or mentoring institutions. Support was intended to target schools in countries in great need of developing a public health workforce through education and institutional support and which could expect a high probability of future support from their governments and ministries. For these schools, the ASPHER OSI program offered institutional 'twinning' with strong academic partners (ASPHER members) which involved comprehensive training and curriculum development.

Originally there were thirteen schools in the ASPHER OSI program. By its end, eleven remained. As of June 2006, six PEER reviews had been conducted out of a possible seven, three new schools of public health had been established and one Master of Science programme initiated. Details of the projects involved in the ASPHER OSI program can be found in Appendix 1. A list of all the public health capacity-building projects sponsored by OSI in CEE and NIS can be found in Table 2 below. (Information from some of the projects outside of the ASPHER OSI program are included in Table 3 and referenced elsewhere throughout this book.)

During the lifetime of the program, ASPHER made extensive efforts to complement the activities of the program by organising a series of training workshops around topics in which the program participants expressed a need for further training. Table 1 below highlights the range of program training workshops presented for the schools and projects.

Table 1. Training Workshops provided by ASPHER

Training Workshop Title	Location	Year
Introduction and Program Orientation	Debrecen, Hungary	2001
How to organise a PEER Review including Self Assessment	Zagreb, Croatia	2002
Modularising a Curriculum in Line with the Bologna Declaration	Grenada, Spain	2003
Using Media Advocacy as a Tool for Development of Government Relations	Caltanissetta, Sicily	2004
Learning the Lessons from the Joint Program	Yerevan, Armenia	2005
Pedagogic Workshop: Epidemiology*	Dubrovnik, Croatia	2005
Pedagogic Workshop: Health Management*	Krakow, Poland	2005

*In association with the John E. Fogarty Centre

Training of new faculty members abroad was a vital part of the process as is exposure of senior faculty to established western schools of public health. In a parallel track to the ASPHER OSI program, OSI supported, during the last decade, MPH studies for many of the 100 graduates of the Braun SPH in Jerusalem coming from countries of CEE, CIS and CAR. Studies were also funded later on for students and future faculty to study at the SPHs at Kaunas University of Medicine and at the American University of Armenia, among others. OSI also helped to support Visiting Faculty Programs conducted at the Braun SPH for 40 senior faculty members from a number of the new schools of the ASPHER OSI program.

As a result of these achievements, ASPHER decided to ensure that the lessons learned were made available to other schools and programmes that face issues similar to those found in this program. Hence the experiences from the program are presented and discussed throughout this book so that new and developing schools do not have to re-invent the wheel. The objectives of this book are to:

1. Document the process of development of new programmes and Schools of Public Health (SPHs) and the PEER review of existing schools and to document lessons learned
2. Document the achievements of the SPHs in the region
3. Document the role of the PEER criteria in establishing and developing SPHs
4. Provide evidence for policy makers on Public Health workforce development needs
5. Provide a guide for establishing or developing programmes or schools of public health

The book's structure examines the establishment of SPHs/programmes (stream 2) and further development of ongoing programmes (Stream 1) using the framework of the ASPHER PEER Criteria and by considering the issues that arose during the lifetime of the program.

Figure 1. **Geographical locations of Projects in Formal ASPHER OSI Program**

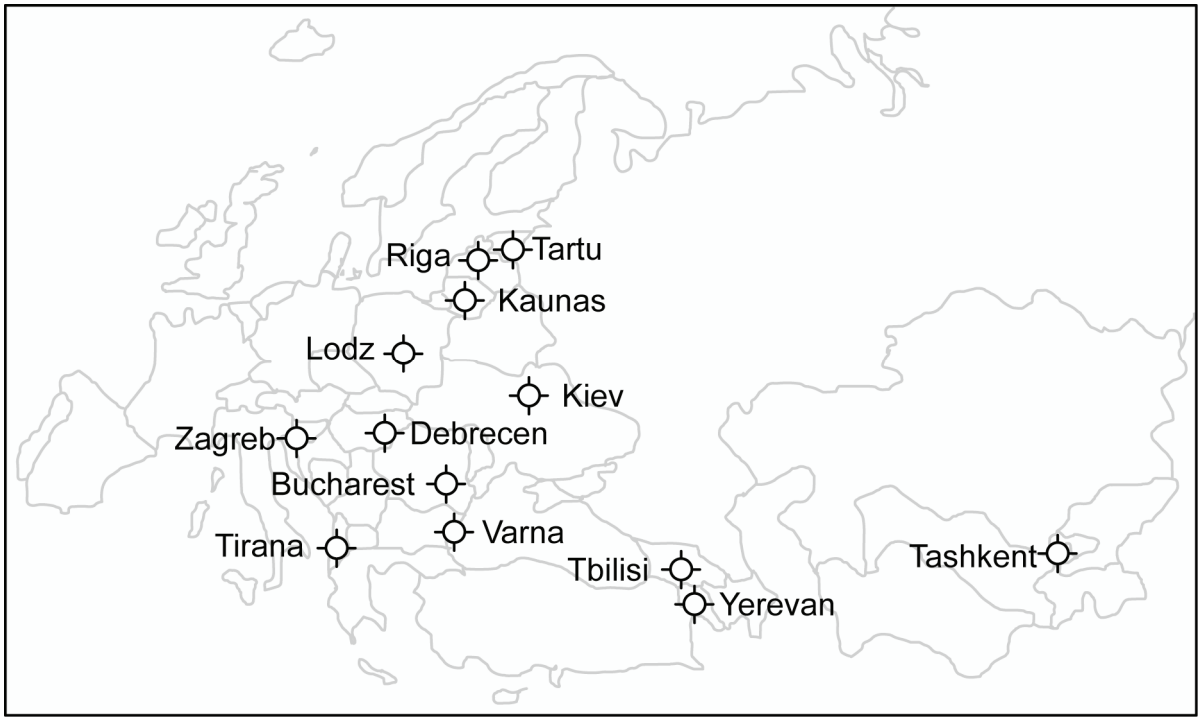

Table 2. ASPHER OSI Projects in Post Graduate Education in Public Health in CEE, CIS, NIS Countries		
Country, City, Website	**Sponsor Academic Organisation**	**Situation 2006**
Stream I		
Armenia, Yerevan www.aua.am	College of Health Sciences, American University of Armenia	MPH started 1995, PEER reviewed 2002
Bulgaria, Varna www.vizicomp.com	Faculty of Public Health, Medical University of Varna	MPH started 2001, PEER reviewed in 2004
Croatia, Zagreb www.snz.hr	Andrija Stampar School of Public Health, Medical Faculty, University of Zagreb	MPH long standing, Not PEER reviewed
Estonia, Tartu www.arth.ut.ee	The Department of Public Health, Faculty of Medicine, University of Tartu	MPH started 2000, PEER reviewed in 2004
Hungary, Debrecen www.sph.dote.hu	School of Public Health, Medical and Health Sciences Center, University of Debrecen.	Master of Science in Public Health started 1998, PEER reviewed in 2003
Lithuania, Kaunas www.kmu.lt	Faculty of Public Health, Kaunas University of Medicine	MSc in Public Health Management started 1997, PEER reviewed in 2003
Poland, Lodz www.imp.lodz.pl	School of Public Health, Nofer Institute of Occupational Health	Certificate of Public Health started 1992, PEER reviewed 2002

Stream II		
Albania, Tirana	Institute of Public Health, Ministry of Health & Department of Public Health, Faculty of Medicine, University of Tirana	MPH started 2005; first graduates in 2006; on hold at Ministry of Education
Georgia, Tbilisi	Faculty of Medicine, Tbilisi State Medical University	Project closed 2003. New SPH approved 2007; classes to start 2008 (not as part of project)
Latvia, Riga http://www.svs.lv, www.rsu.lv	Faculty of Public Health & School of Public Health, Medical Academy of Latvia (Renamed Riga Stradins University)	Master of Science in Health Sciences in Health Care with Specialisation in Public Health; started 2001; national accreditation 2004-2010
Romania, Bucharest http://www.snspms.ro/	The Department of Public Health and Management, The University Of Medicine And Pharmacy "Carol Davila" and The National Institute for Research and Development in Health.	National School of Public Health and Health Services Management, approved 2006
Ukraine, Kiev www.sph.ukma.kiev.ua/	School of Public Health, National University of Kiev-Mohyla Academy	Master of Health Care Management, started 2004; national accreditation 2007 under category of "Master of Management of Organisations"
Uzbekistan, Tashkent	2nd Tashkent State Medical Institute	Project closed 2005. SPH continues; MPH program and short courses for clinical training

Figure 2. **Geographical locations of OSI Projects outside of the Joint Program**

Table 3. Other OSI Projects outside of the Joint ASPHER OSI Program		
Azerbaijan, Baku	No formal decision	Development of SPH stopped 2005
Kazakhstan, Almaty	Independent/MOH; renamed Higher School of Public Health in 2000	MPH-like programme since 1996; Master Program of Higher Education Institutes; Postgraduate Training in Healthcare Management; License to conduct Master programme activity, 2005
Macedonia, Skopje	Centre of Public Health, Medical Faculty, Sts Cyril and Methodius University	MSc in Public Health established 2003; 3 cohorts enrolled as of 2006
Moldova, Chisinau	State University of Medicine and Pharmacy "Nicolae Testemitanu", School of Public Health Management	MPH programme established 2005: Master of Public Health in Health Management
Russia, Chelyabinsk	Post Graduate Medical Academy	MPH-like programme 2005
Russia, Moscow	Moscow Medical Academy, Faculty of Public Health Management	Master-like "Certificate of Specialist" in Specialty of Health Services Management and Public Health
Russia, Tver	Medical Academy	MPH-like programme 2005
Russia St Petersburg	Medical Academy of Postgraduate Studies	Short courses in public health; Certificate programs
Tajikistan, Dushanbe	Tajikistan State Medical Academy, Faculty of Public Health	Developing Master and Bachelor programme; pilot MPH started 2006

CHAPTER 3

The Development And Mission Of The SPH

PEER Criterion 1

The programme shall have a clearly formulated and publicly stated mission with supporting goals and objectives as well as resources adequate to fulfil its stated mission and objectives.

Criterion 1.1. Creation

All the schools in the program were developed in countries previously dominated by a socialist or communist political paradigm with public health strategies existing within the social medicine or sanitary hygiene model[13]. With independence in the late 1980s and early 1990s and an influx of donor organisations, schools of "new" public health began to appear on the landscape. The World Bank and The European Union, along with other donors, helped to establish many of the newer schools. In this sense, the ASPHER OSI program can be seen within a context of long-term donor involvement in the region.

However, external funding bodies can pose problems for school governance structures. Throughout the region, many politicians and governments do not understand the meaning and purpose of "public health," or are not interested. This has and will continue to impact/disrupt efforts in developing new programmes and schools of public health the region. In this program, more work should have been done to involve ministers and other government officials at the outset.

Many schools in the program were developed primarily through the activities of an individual. Members from the majority of schools referenced one of their colleagues in particular who was seen as the bastion of change. Although the PEER criteria advocate formalisation of management structures, it should be remembered that the program showed that establishment of most schools generally happened only through the strong will and persistence of individuals.

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[13] Tulchinsky, T.H. "Developing schools of Public Health in Countries of Eastern Europe and the commonwealth of Independent States." In: Tulchinsky, T.H., Epstein, L., Normand, C., eds. *Proceedings of the international Conference on Developing New Schools of Public Health*. Public Health Reviews, Volume 30, numbers 1-4 2002.

Criterion 1.2 Mission

The mission statement of the school or programme provides a focal point and direction for all those involved or interested in the school, including the faculty and students, government officials, the public and/or prospective funders. The elaboration of a thoughtful mission statement by a SPH is an important exercise, as it entails an appraisal of professional and public health needs in the country as well as available resources for the long term sustainability of the SPH[14].

In a review of the development of new schools of public health in CEE and CIS, Tulchinsky sums up the purpose of a school's mission:

> "The newly orienting Department of Public Health or, to an even greater extent, the proposed full SPH should undertake to focus on each component of the triad of *education, research, and service* to the *community, district and nation*. The Department or SPH should plan, develop and evaluate its instructional, research and service programmes in such a way as to assure sensitivity to the perceptions and needs of its students and to combine educational excellence with applicability to the world of public health practice[15]."

This tripartite distinction of the school's mission is apparent throughout the literature reflecting the development of schools of public health, but there are variations of emphasis on individual tenets[16]. Lennart Kohler, for example, builds upon this tripartite distinction, emphasising the SPH's leadership and activist role in meeting the health challenges of societies. He writes: "The mission of a school of public health is to protect and promote the health of people through education, research and service in a society in transition"[17]. He underlines the school's leadership role in forging policy, an emphasis reflected in the wording he employs to describe the SPH mission's three core functions:

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[14] Goodman, J. and Simmons, N., "ASPHER PEER review: A discussion of its role in the joint Open Society Institute (OSI) – Association of Schools of Public Health in the European Region (ASPHER) program." In: Tulchinsky, T.H., Epstein, L., Normand, C., eds. *Proceedings of the international Conference on Developing New Schools of Public Health*. Public Health Reviews, Volume 30, numbers 1-4 2002.

[15] See note 9

[16] Fee, E., & Acheson, R., ed. *A History of Education in Public Health*, Oxford: Oxford University Press 1991

[17] Köhler, L. "The mission of public health during the next 25 years. A European perspective." *Public health and socio-economic changes at the dawn of the 21st century; implication on public health academic education*. Jakarta, University of Indonesia, 1992.

1. To create a stimulating and supportive learning environment for the present and future generations of Public Health practitioners, managers and academics;
2. To promote and conduct research that is rigorous in its design and execution and to stress research methodology and the issues of research in its teaching programmes; and
3. To accept a leadership role in society and to counsel, support and collaborate with those who have political and professional responsibility in public health [18]

Out of these three aspects, the last one is by far the most debatable in the region and, in many respects, throughout the world. The Council on Education for Public Health (CEPH) in the United States notes that, "the term 'service' is often ill-defined and covers a wide range of activities including contributions of professional expertise, professional practice, continuing or outreach education, and membership on University committees."[19] However, service also tends toward a political function, especially in the use of scientific and evidence-based knowledge in the formulation of policy. Research in a school can help build the evidence base for policy / strategy.

Schools of public health should see their mission statements as being dynamic enough to change if the school and public health practice change. To this extent, schools are advised periodically to revisit and adapt their mission statements[20]. One way to achieve this is for the schools to include the formulation of the mission statement within their management structures. The following are examples of project school/programme mission statements.

Establishment / Partnership Program

Romanian Example

The mission statement of the National School of Public Health and Health Services Management:
To sustain and improve the health of the population which is to be fulfilled by:

- *Postgraduate teaching* – to educate students to assume leadership roles in public health and health management practice
- *Research* – to enhance the theory and practice of public health. We support and engage in research directed toward activities, like: health promotion, disease control, health status of the population and health care delivery.

[18] ibid
[19] www.ceph.org
[20] PEER criteria 1.2: "The mission statement has to be periodically revised and adapted".

- *Service and Professional Practice* - to provide broad-based technical assistance and consultation on public health issues in the public and private sector at district and national level**.**

Albanian Example

The Department of Public Health of the Faculty of Medicine and the Institute of Public Health, partners in the SPH, devised a new common mission statement which was explicit and based on the new SPH's role and function in society. Included are aims and objectives.

Mission:

- *Create a stimulating and supportive learning environment for the present and future generations of public health practitioners, managers and academics;*
- *Promote and conduct research that is rigorous in its design and execution and to stress research methodology and the issues of research in its teaching programmes; and*
- *Accept a leadership role in society and to counsel, support and collaborate with those who have political and professional responsibility in public health.*

Aim: Improvement of theoretical, methodological and practical knowledge through interdisciplinary skills and competence-based learning curriculum within the field of Public Health according to international standards.

Objectives:

- *The SPH curriculum based around two priorities, training methodology and quality assurance.*
- *Training methodology should be based on a classical approach and supplemented, where appropriately, with problem-oriented learning.*
- *Quality assurance should focus upon a continuous process of curriculum evaluation and assessment around a standing committee mechanism, which makes appropriate proposals for integration based on feedback from concerned parties, such as students, lecturers and decision makers.*

Latvian Example

The purpose of the ASPHER OSI project in Latvia was development of the Master of Science in Public Health within the Faculty of Public Health (FPH) at Riga Stradins University (RSU). There is also a Bachelor program at the FPH. The following is the mission statement for the Master of Science programme only: *to supply expert level training in public health science so that the graduate will be able to contribute to the planned improvement of the health of the population of Latvia.*

Ukrainian Example

Purpose of project: to elaborate and implement a Master Programme in Public Health Management

Mission of project: the reforming process in health care of Ukraine through providing of a new profession– public health- with high quality. Mission of the NaUKMA School of Public Health: *to meet needs and objectives of society for public health improvement, to strengthen teaching, research and consultancy*
Overall goal: *to prepare professionals for positions of public health management, policy, education, and research.*

Development / PEER Program

With regard to the PEER reviews conducted as part of the Stream 1 (development) program, half of the schools involved were advised to elaborate, revise and/or disseminate their mission statements. Included here are the mission statement and the reviewer comments and recommendations from one of the reviews.

PEER Review 1

Mission*: to improve health of the population by developing and maintaining high quality training programmes, both at the postgraduate, and in the future, the graduate level as well; pursuing excellence in research; providing consultancy as well as developing and investing in our staff*
PEER review team comments:

- mission statement was well formulated but too heavily focussed on the improvement of the health of the population and less on healthcare systems development
- did not explicitly reflect the achievements and potential of the SPH
- did not provide a basis to understand the faculty's priorities among the health status, health policy and the delivery of services.
- did not seem to be suitably diffused throughout the school in order to have a completely shared view of the mission. (For example, some of the interviewees believed that the mission statement was in fact the schools' aims of training: "To train professionals in the field of public health who, possessing a thorough knowledge of the scientific basis, methodology and means of intervention of public health are capable of effectively contributing to the promotion of health, prevention and treatment of diseases in the population")

PEER Review Recommendations:

- reconsider and specify the mission statement on a regular basis
- think about relating the mission statement to the national public health strategy, and
- assure diffusion of the school's mission both internally and externally.

Criterion 1.3 History of Recent Reorganisation

The first thing to note in this respect is the constantly-evolving nature of public health training in the region. All the schools involved in the program were undergoing change; and their participation in the ASPHER OSI program, through its international partnerships and PEER reviews, can be seen as an example of the schools' willingness to embrace change.

Establishment / Partnership Program

Of the four schools remaining in the establishment portion at the end of the program, three attempted to inaugurate new schools of public health and the fourth sought to establish a Master of Science in Public Health. Three of the four were collaborations between different academic units, both within and without university structures, which demonstrates that schools may need to look toward collaborations in order to exist. Reorganisation in other OSI-funded projects is referenced in other sections of this publication.

Albanian Example

In Albania, the project consisted of establishing a new school of public health. The result is a structure that combines faculty and resources of the Department of Public Health of the Faculty of Medicine (FOM) of Tirana University and those of the Institute of Public Health (IPH) of the Ministry of Health teaching a Master of Public Health (previously entitled Diploma of Deepened Post-University Studies, but changed formally by Albanian law). Neither organisation alone had the human or financial resources to provide the new MPH programme or to establish a school of public health.

Latvian Example

The project in Latvia established the Master of Science in Public Health, formally titled "Master of Health Sciences in Health Care with Specialisation in Public Health." It was accredited in 2004 until 2010 by the National Accreditation Agency of the Latvian Ministry of Education. This adds to the "Bachelor of Sciences in Health Sciences with Specialisation in Public Health," established in 1997-1998, and the PhD programme, for which national accreditation was being sought at end of ASPHER OSI project.

At the outset of the project, there were two partners. One was the School of Public Health, an independent unit under the umbrella of the Riga Stradins University (RSU), established in 1993 with support of the Ministry of Health. The other was the Faculty of Public Health within RSU (known as the Medical Academy of Latvia until reorganising in 2002). In March of 2005 decision was made that the SPH was to become a structural unit

within RSU; the SPH was to continue to offer all of its programmes except for its "professional" MPH, accreditation for which had expired.

Romanian Example

At the outset of the ASPHER OSI project in Romania, there were two partners. One was then known as the Institute of Health Services Management (IHSM); that entity was legally dissolved and all assets were transferred in 2003 to its successor organisation, National Institute for Research and Development (NIRDH); this was to be in the future a part of the intended National School of Public Health. The other partner was the Department of Public Health and Management, University of Medicine and Pharmacy "Carol Davila." The National School of Public Health and Health Management was approved in 2006.

Ukrainian Example

The project to establish the SPH and the Master of Health Care Management began with the National University "Kiev-Mohyla Academy" (NaUKMA). It was determined, however, that there should be a consortium consisting of the Ministry of Health of Ukraine, the P.L. Shupyk Kiev Medical Academy of Post-Graduate Education (KMAPE), and NaUKMA. The decision was made, for expediency purposes, to seek licensing as a Master Programme at the Ministry of Education and Science in the specialisation of "Management," with sub-specialisation of "Management of Organisations," a specialisation that already existed. In 2007 the programme was accredited by the national accrediting body under the category of "Master of Management of Organisations" (in Health Care Management). The Master of Public Health does not officially exist in Ukraine.

Development / PEER Program

Of the six PEER-reviewed schools and programmes of program, there were two Faculties within Medical Universities, two within Faculties of Medicine, one within an Institute of Occupational Medicine and one within a College of Health Sciences. Within those schools are included three Masters of Public Health, one Master of Science in Public Health, one Master of Public Health Management and one Certificate of Public Health. The PEER reviews concentrated on reviewing these programmes within the context of the school and its institutional placement.[21]

[21] All PEER reviews and Teams can be found in APPENDIX 1

Criterion 1.4. Constituency, Organisational Structure

One of the greatest issues facing the schools in the central and eastern parts of the region is a legacy issue, not just from a social hygiene paradigm but also from highly-centralised and autocratic political structures. Those systems and structures produced (and still produce) the market place for students, which differs from having to meet the demand in market-oriented systems. During transition the schools have had to become more market-led and hence have to "listen" to the stakeholder needs as well as to instruction by the university structure and/or the ministries.

One way to achieve this is to create the appropriate structure to act as an interface between the stakeholders and the school. An advisory board or board of stakeholders, for example, enables the school to have a close connection with the external environment, particularly with respect to issues of practice and the prospective employment of graduates. According to Barnard and Köhler, a school should try to avoid being a self-standing or alienated 'ivory tower' but rather should strive to meet the following definition*: "a school that maintains close contact with the world of practice will be ready to make sure that its curricula, learning objectives and pedagogic means and methods are always in tune with the needs of the field."*[22].

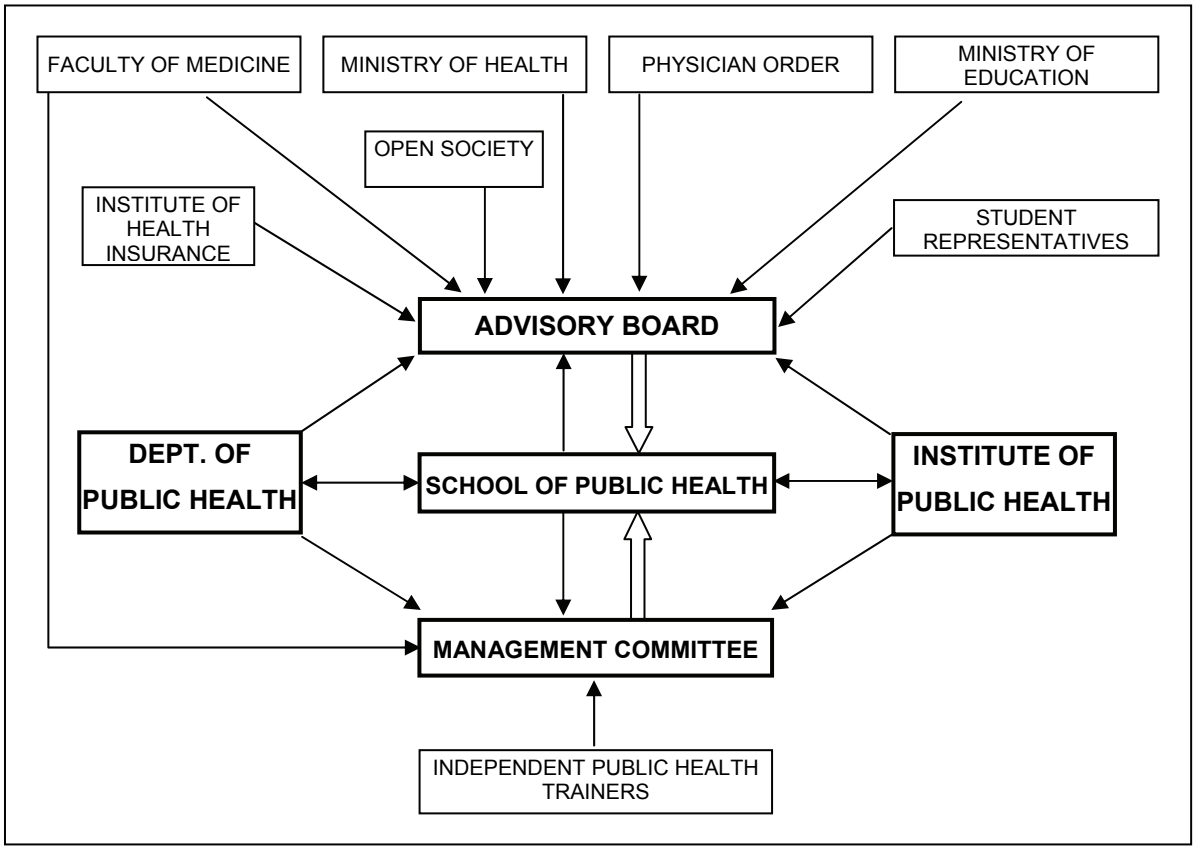
Establishment / Partnership Program

New schools or programmes in the ASPHER OSI program incorporated such mechanisms, called advisory boards, steering committees or stakeholders committees. The intent is that such a board or committee contains members from main employers, along with any national associations connected to the practice of public health, faculty and at least one external member.

Below is the organisational chart for the SPH in Albania, including both an advisory board and a management committee.

[22] Barnard, K. and Köhler, L. "Creating a good Learning Environment – a review of issues facing schools of public Health." *Training in Public Health, strategies to achieve competences*. WHO/EURO, Copenhagen 1994

***Figure 3*. Example of Organisation Chart From Albania**



Development / PEER Program

In the more-developed PEER-reviewed schools, an advisory board was recommended in three of the six reviews conducted. One of those recommendations is included below.

PEER Review 1

The following section comes directly from the text of an actual PEER review conducted as part of the joint ASPHER OSI program and highlights the need for schools to consider an advisory board:

"The review team did note however, that there was a lack of an advisory board in the department which did not take into account the stakeholder community in which it serves. With the funding in future years becoming more "output" focussed, it was recommended to concentrate on generating a stakeholder advisory board to ensure that the department is being market led and, as such, filling the needs of the future employers. Apart from fulfilling this important service to society aspect, the Department would also help to ensure that that the education received by students would enable them with a greater chance to find and occupy public health positions after graduation**."**

Other Organisational Issues

There are other major issues and problems regarding organisational structure in addition to governing and advisory boards and interfaces. One that is seen in newly developing schools in the region is that of producing a "new" faculty to teach a new programme (public health) by bringing together several faculties and/or departments and members of their faculties. The organisational skills required and the resulting organisational structures are crucial to the success of a newly-emerging school of public health. The Macedonia experience exemplifies the combination of issues of governing structures, integrating faculties and departments, and external stakeholder involvement.

MACEDONIA: Unifying the Different Departments
Organisation of The Center of Public Health (CPH), Medical Faculty of the St. Cyril and Methodius University, Skopje, Macedonia

Planning began in 2001 based on existing human resources and infrastructure integrated into a consortium/center consisting of all preventive departments, including: Epidemiology and Biostatistics, Social Medicine, Hygiene, Occupational Health and Microbiology within the Medical Faculty. This grouping constitutes the core of the new Center for Public Health and the Master of Science (MSc) programme, as a basis for development of a School of Public Health in Macedonia, by merging the teaching capacities of these departments into a unified academic course of modern public health study.

The new CPH was established to provide postgraduate training of a multi-disciplinary group of professionals. Undergraduate degrees are acceptable from the following disciplines: medicine, dentistry, nursing, economics, law, social sciences, business administration, engineering. The mission of the CPH is to prepare a critical mass of public health professionals who are competent in the public health core content and methodological approaches to public health problem solving and to facilitate teaching, research, providing public health services and analysis/formulation of national health policy.

The MSc programme began in December 2003, with a modular programme permitting enrolment of students working in the health fields. They possessed undergraduate degrees from recognised universities, a high level of spoken and written English, and computer literacy. As of June 2006, three (3) generations of students had enrolled in the MSc in PH programme, with a total of 75 students, heterogeneous in terms of profession and experience.

Major Problems Encountered in Establishing SPH/MSc Programme

- *Merging the teaching capacities of existing departments into a unified academic course of modern Public Health*
- *Adjustment of current law and regulations for establishment of the SPH*
- *Insufficient public and professional awareness and importance for Public Health education at different levels*
- *Need for official authority commitment for integration of MSc students into the workforce upon completion of their MSc training*
- *Need for obligatory teaching participation of graduates from local and international training*

Solutions Found and ASPHER OSI Program Assistance

During 2001-2003, initiatives to establish new MSc or SPH were supported by OSI and the Medical Faculty's decision to prepare the basis for a CPH as the core of the SPH within the Medical Faculty.

In May 2003 revision of the Statute of the Medical Faculty established a Public Health Board and the Steering Committee for the development of the SPH within the Medical Faculty Skopje.

Continuing signs of progress during 2002-2004 in activities related to the process of realisation of MSc programme in Macedonia include strong and continuous support from the University and Medical Faculty as well as the Ministry of Health and financial support and complete cooperation with OSI/FOSIM.

External assistance was provided by two external ASPHER OSI experts from Braun School of Public Health, Hadassah-Hebrew University, Jerusalem, Israel and Faculty of Public Health, Kaunas, Lithuania who have been supporting intensively the SPH. Altogether OSI with its local office (FOSIM) supported: training for trainers from international visiting faculties, study visits to well-established schools of public health; participation on international meetings, ASPHER Conferences, Salzburg seminars and others and strengthening the infrastructure of the CPH (computers, library etc). The official promoting ceremony for the new MSc in PH studies was held on Dec 5, 2003

Further Development in the Coming 3 Years

There are next steps to be taken which are: ASPHER PEER review of the programme; continuous improvement of MSc core curriculum with ASPHER criteria; promotion and development of research capacity at student and faculty level; development of new teaching programmes such as short courses and PhD Studies; strengthening academic and financial autonomy. Successful preliminary evaluation of the SPH

project, with the Macedonian SPH project being qualified "as a model for SPH developing" led to full ASPHER membership at the 27th ASPHER Annual Conference in Yerevan, 2005.

Recommendations to Others Attempting to Develop MSc /SPH Programmes

- *Develop human resources needed to establish the School of Public Health and to strengthen their educational capacity and academic autonomy;*
- *Continuous improvement of the teaching quality with new teaching methods;*
- *Prepare a critical mass of public health teachers competent to develop the content of the modules;*
- *Build capacity for future graduate students to become good leaders, advisors, managers, policy analysts and professional specialists and to contribute to the improvement of the community health;*
- *Create and promote the market for public health graduates and more advocacy, formal requirement of the Ministry of Health for career advancement and their involvement in addressing public health priorities;*
- *Sustainability of this programme with continuing academic, political and economic support;*
- *Build partnerships and networking with other Schools of Public Health through a Regional conference e.g., for Public Health Schools from SEE countries, supported by OSI, held at Lake Ohrid in May 2006 and joint activities in the framework of the Forum for Public Health in South East Europe (FPH-SEE).*
- *Build a "self image" and a "public image" of the CPH, promotion of professionalism and ethics.*

Authors: Members of the Working Group of the CPH/SPH Project, Medical Faculty, Skopje: Prof. Jovanka Karadzinska-Bislimovska, Prof. Dragan Gjorgjev, Prof. Mome Spasovski, Prof. Biljana Taushanova, Assoc. Prof. Dr Fimka Tozija, Prof. Katja Popovska, Assist. Prof. Vladimir Kendrovski

Criterion 1.5 Training Programmes

There are several opportunities to expand/adapt curricula, such as increasing management content, modularisation, continuous training, short courses, undergraduate teaching and training in English, all of which can be delivered on either a full or part time basis.

In the modern state setting, schools now have to promote their courses to prospective students based on what students can achieve or attain after graduating, rather than being able to rely solely on students having guaranteed places in the labour market. Promotion, or marketing, is a requirement to ensure that sufficient numbers of students enrol to enable the sustainability of the programmes and to ensure sufficient numbers for a well-trained public health workforce.

Management

One practice seen throughout the region is to create management-based courses such as a Master of Public Health Management (MPHM) with at least part of the emphasis being the employment potential gained from the course. Some of the biggest employers of graduates in the region remain in the state or public domain. As to be expected, these jobs are not the most highly paid; and the prospect of undergoing training to secure a meagre government wage can be off-putting to many prospective students. Health Management is a growing commercial domain which can offer competitive salaries. However, the need for training managers in the pubic health systems is immense in light of health reforms. Training courses for currently-employed health system managers, most of whom are physicians, are needed, whether they are short term courses or full degree or diploma programmes. Physicians within the systems usually are paid more if in management positions and some of the countries are now demanding that physician/managers have training in health management.

In the case of the MPHM, the issue is one of 'striking a balance' between health management and other core public health content. Part of the solution is to have a 'solid' core public health curriculum which is covered in greater detail below (See *section.6.1.1)* Some schools offer both a more generalist/traditional MPH and a MPHM to meet diverse needs in the country.

Modularisation

Many schools are adopting this curriculum design due to its efficiency. In this system, the curriculum can be broken down and offered as parts, for example, within a short-course training setting or taught in a more conventional, continuous setting in a university or academy. This allows the curriculum to accommodate the many training needs of a diverse student body. It is intended to increase student enrolment and hence the sustainability of the schools and, at the same time, increase the efficient use of the training staff. Most of the students in the schools and programmes of the ASPHER OSI program were fully employed. Therefore, most of the schools and programmes in the program adopted this model.

Due to the overwhelming desire of the schools to adopt this model while lacking sufficient knowledge of the process, ASPHER organised a workshop based on generating a modular system at its annual conference in 2003. The Debrecen School of Public Health, which recently had re-oriented its

curriculum to this approach, was one of the presenting organisations. The figures on the following page come directly from the Debrecen presentation and outline the basics of the Debrecen modular system.

Although systems may have different emphases or needs throughout the region, the examples from Debrecen give an overview of the process of modularisation. The two curricula outlined are examples from a total of five master level course combinations offered. The first is the Master of Science in Public Health and the second the Master of Science in Environmental Health. There are two elements: basic modules and modules of specialisation. The boxes in bold demonstrate the modules required to complete the master programme. Each one of the bolded courses also can be taught as either a short course or continuous training in which the students attend the individual units alongside the full-time students. Over time, the collection of credits earned through completion of these shorter courses can accrue into the allocation required for a full master's award.

Full and Part Time Courses

The main advantage of the modular curriculum approach is the ability to allow currently-employed people to attend classes and to allow faculty the time to prepare the teaching material for each module separately. New schools may wish to orient training on full or part time bases depending upon the nature of their students. A careful needs assessment will determine the need for each.

Seven of the ten schools that completed the ASPHER OSI program deliver courses on a part-time basis. Of the three offering full-time programmes, one school offers a full curriculum on a part-time basis and another was encouraged to develop a part-time course to accommodate its employed students.

Continuous Training and Short Courses

Creating openings and opportunities for working professionals to study are critically important to the success of a SPH. Throughout the region practitioners must undergo continuous training to maintain their status and the ability to practice. This can be seen as an opportunity for schools, especially as it can combine education and public service remits.

Figure 4. **M.Sc. in Public Health at Debrecen School of Public Health**

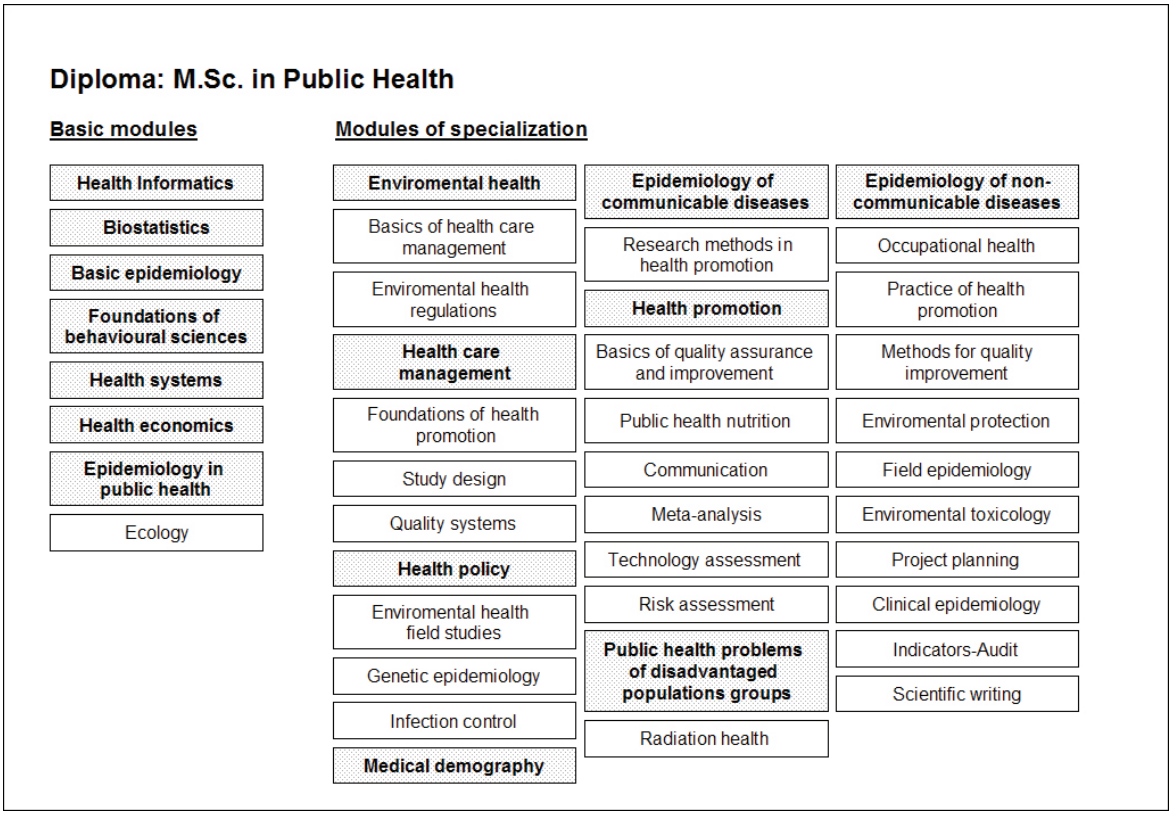
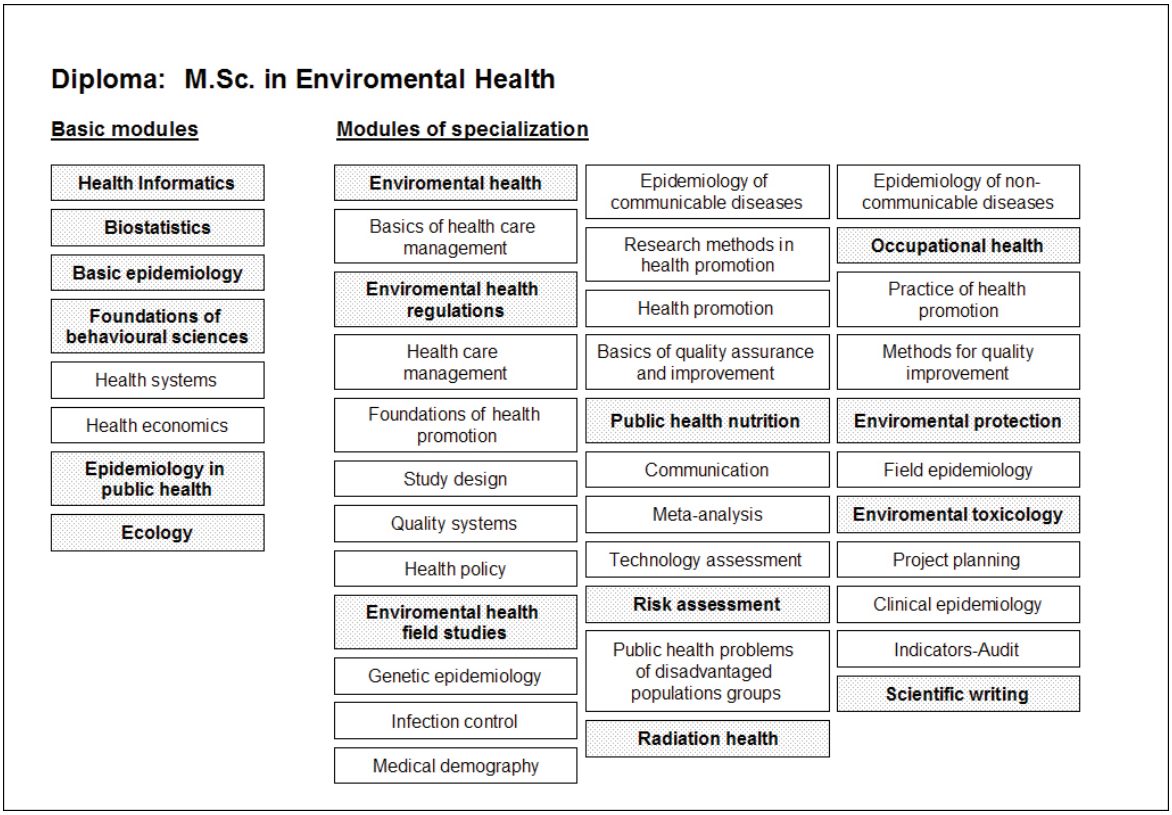


Figure 5. **M.Sc. in Environmental Health at Debrecen School of Public Health**



Thus the SPH, responding to need, should plan teaching programmes and short courses that make available graduate-level and post diploma education to working professionals with limited time at hand:

> "Part of the preparation for developing a SPH is to promote the market for its graduates. This may in part be addressed by developing short courses for ministry of health and other mid career managers within the health system."[23]

However, the educational legacy of many countries dictates that certain institutions, such as post graduate academies, are responsible for continuous training. During the years of transition, private organisations also have seen the market potential for the delivery of continuous training and short courses as well.

Development / PEER Program

In two of the PEER reviews conducted, the advice to the schools was to try to expand the range of training and to try to bring back continuing education into the school after having lost it some years previously. However, what also has been seen is political friction in the local setting due to perceived competition, if the schools of public health now want to include these various types of training. One way of avoiding this friction has been to try to include the other training agencies in a collaborative offering. Level of success varies across the countries in the program.

Bachelor Training

Many schools in the region are integrating bachelor degrees into their range of training activities. In some countries in the region, only schools with undergraduate programmes are eligible to offer graduate and postgraduate training. Bachelor or undergraduate programmes have been areas of contention in some countries. One complaint is that graduates will not have enough academic or practical experience to undertake a position of responsibility in the workforce as master level graduates do. Another issue is the entry of graduates of a bachelor of public health programme into a master's course alongside students without bachelor training which can cause a 'knowledge disadvantage' and create difficulties in administering and teaching the master's level course.

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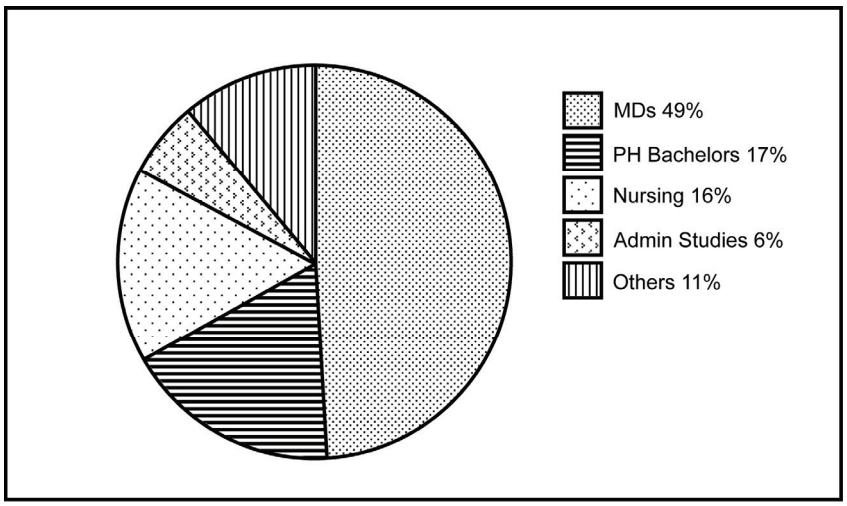
[23] See note 9

Establishment / Partnership Program

Latvian Example

One of the issues in particular in Latvia is the difference between the two groups in level of understanding and experience in modern epidemiology. Graduates of the bachelor programme have the level of knowledge and skills in epidemiology and biostatistics needed to do coursework in the Master of Science programme. Physicians and nurses who apply to the Master of Science programme do not. A pre-master training course for physicians and nurses, for example, to provide the skills before entering the Master of Science programme was considered. This could not be implemented due to expense and accreditation issues; a class of 200 would have been required for the course. The MPH programme, formerly taught at the SPH, was considered the "professional" master programme which formerly provided such training.

Figure 6. **Diversity of Student Admissions from one PEER-Reviewed School**



*Others include:
Pharmacy (2%),
Biology (3%),
Social studies (2%),
Pedagogical studies (2%),
Kinesiology (2%).

Increasing the public health bachelor programme population can add to the diversity of those entering the MPH or master level programme as demonstrated by the figure above with 17% of the master degree student population in one school coming from the bachelor ranks. Students of that particular MPH programme stated that the mix of 'fresh' bachelor graduates and those students with experience was a positive aspect of this particular course. The school was advised by PEER reviewers to develop an introductory course at the beginning of the curriculum in order to achieve a common understanding among all students.

Diversity of Admissions

A school can try to challenge the reliance and concentration on medical education being the backbone of public health training. However, it may not be possible to admit students from other disciplines due to existing law. This is an issue in most of the countries of the ASPHER OSI program. Some countries allow this, but others do not, particularly when the training is housed in a medical university or academy.

Tajikistan Example

In the ongoing development project at the Faculty of Public Health, Tajikistan State Medical University, there was agreement among university Rectors in the country to allow non-medical students into the new pilot master level programme in public health. However, this was stopped at the Ministry level because of the existing law. The Ministrie**s** of Health and Education stated that their action was not an indication of approval or disapproval of non-medical admissions but was reflective of what is permissible under Tajikistan law. Unless and until the law is changed, non-medical students or graduates cannot be admitted, regardless of the agreement. As a result, students in the pilot MPH programme are all members of the final group of graduates of the former Preventive Medicine Faculty (closed by a former Minister but reopened recently as the Faculty of Public Health).

Development / PEER Program

In one PEER-reviewed school, the admission procedure states that to be accepted as MPH students, applicants have to satisfy the following criteria: "A general academic qualification: a bachelor degree or an equivalent in social science, biology, economics, or other specialities, or successful completion of six years of undergraduate study in medical science (M.D.)" The principal reason for seeking such an admission policy is to reflect the multi-sector nature of the 'new' public health which combines the knowledge from many other academic disciplines. *(See also Chapter 9, Criterion 5.2*)

English Language

Training does not have to be restricted to being taught in the national language. Although teaching in English comes under a different PEER criteria heading, it is included here due to its role in expanding the range of training. Public health students will need a proficient knowledge of English. It is the

international language of public health collaboration[24] and is vitally important in the realm of international publications, which should be both read and eventually written by the student. If language skills are required as an admission criteria, as is the case in many new schools, then schools may consider including objective assessments of the student language skills within the admission criteria. This can help ensure a language competency which a self-assessment cannot achieve and also can determine the level of help required by those students with difficulties in the language. Schools may wish to introduce an elective or remedial course to ensure that students receive a basic level of understanding.

Some schools in the region have developed glossaries of public health terms in English to help the students acquire some of the basic public health terms which, for example, can help them to identify the references within a literature search. It needs also to be mentioned that the use of English is not solely for the students' use. Requirements of tenure and promotion for faculty may require a minimum of two articles being published per year in international journals, which increasingly are published in English. (*See section 4.2.1. below)*

Examples of ASPHER OSI Schools with Master Programmes of Public Health Taught in English:

- *Armenia*: American University of Armenia, College of Health Sciences, MPH
- *Estonia:* University of Tartu, Master of Science in Health Science in Health Management (for international students)
- *Hungary*: University of Debrecen SPH: International Master of Science in Public Health and European Master of Public Health
- *Lithuania*: Faculty of Public Health, Kaunas University of Medicine: International Master of Public Health
- *Ukraine***:** National University, Kiev Mohyla Academy SPH: Master of Health Care Management

Criterion 1.6 Budget

Although the PEER criteria do not stipulate an independent school budget, there is an emphasis on encouraging schools to strive toward financial autonomy from the larger university structure. An

[24] Varavikova, E. A., "What should an MPH graduate be able to do at the end of the training period." In: Tulchinsky, T.H., Epstein, L., Normand, C., eds. *Proceedings of the international Conference on Developing New Schools of Public Health*. Public Health Reviews, Volume 30, numbers 1-4 2002.

independent budget allows control of the finances and income by the school, which then can control spending allocation and timeframe. Budgeting through a larger bureaucratic institution can create inflexibility in spending and hence inhibit activity. For example, one school in the program was unable to send faculty for training simply because the internal bureaucratic system took too long to provide the funds requested. More importantly, if a budget is controlled by the larger institution, there normally will be an "administrative charge" by the institution department handling the budget and accounts. Because an independent school budget is recommended, however, does not ensure that institutions housing the schools or programmes of public health will allow it.

Moldova Example

The School of Public Health Management (SPHM), which officially opened in December 2005, is a separate unit of the State Medical and Pharmaceutical University "Nicolae Testemitnu" in Chisinau. It has autonomy with a separate budget (within the University budget) and power to disburse funds under the authority of the SPHM, with accountability to the University in the person of the University Rector. The Director of the SPHM reports to the Rector. The SPHM is empowered to appoint or contract with new staff members within its budget, subject to the approval of the Rector. The SPHM can receive funds from NGOs to develop programs or research and from student fees to conduct its operations.

Criterion 1.7 Institution and Programme Public Relations

Schools within the program were encouraged to advertise in order to increase their exposure in the local environment. At the establishment stage, schools conducted conferences and workshops with principally two objectives: to educate the local environment about public health and to promote school courses to prospective students.

Examples of Public Relations/Educational Events:

- University of Debrecen SPH, Hungary, employed a public relations specialist and held career fairs
- Stampar SPH, Croatia, broke world record for biggest organised breakfast, with dual advantage of ensuring media coverage and informing population about better eating habits
- NaUKMA SPH, Ukraine, in collaboration with the Ukrainian Federation of Young Physicians organised an international scientific and practical conference "Management of Public Health in Ukraine," with information about the conference spread in higher education establishments of Ukraine; students, postgraduate students, interns of medical and other specialisations were invited to participate

- Tajikistan State Medical University, Faculty of Public Health MPH programme planners held roundtable discussions for media, health professionals, and the public explaining "new public health" and the developing MPH programme; a roundtable discussion for international donors was held in September 2007 after the OSI project ended
- School of Public Health in Kazakhstan, a separate organization of the Ministry of Health, with funding from OSI NY and Soros Foundation, Kazakhstan, provided a Summer School in 2006 on issues of health systems development; specialists were invited from CEE and CAR; for the first time in the Summer School context, classes using internet technology were provided, in collaboration with WHO Geneva
- Other activities included advertising on the internet and holding small conferences and workshops on general and specific topics.

Discussion and Lessons Learned

On-the-ground observation allows some conclusions to be drawn and referenced against actual practice in the region. Firstly, some new academic programmes tended to originate through a name change of existing courses of study. In one of the countries, in which the government was unwilling to approve a name change for a new course, the school kept the old name but changed the content to reflect a modern curriculum. This fact emphasises the need for external agents and reviewers to look at the content of the courses and not just the titles.

Secondly, all the schools in the ASPHER OSI program that issue master degrees are located within a university structure which has the right to award them. In some parts of the region, schools have been inaugurated outside of a University structure but call the offering a "master," because there is a master level curriculum, even though the award is still the level of a "certificate." This practice reflects the realities caused by the systems and some of the laws.

Many of the laws and levels of bureaucracy in the region have remained similar to the older and more 'planned' systems which hinder the schools from introducing any change. The practice of some schools is therefore to change without official approval and, once the change has been effectuated, to present it to the government for endorsement. This can be an extremely risky exercise.

The new paradigm of public health has been difficult for political and governance structures in the CEE region to acknowledge, understand and/or accept. As a result, it has been difficult to establish and develop new schools and programmes of public health education. Schools must demonstrate high levels of innovation and perseverance in order to place themselves and "new" public health on the political agenda. A lack of appreciation of "public health" in the region results in and reinforces a restricted public health workforce, yet it is the education of this workforce from which schools seek to derive their income. This has led, in many cases, toward two types of activity: concentration on educating niche markets, such as the sanitary epidemiologic service inspectorate; and integrating more commercially viable elements, such as management, into the training.

Another avenue of training and sustainability is the market for short courses and continuous training for professionals in need of public health training or required to attend training as a legal condition of their employment. Such offerings can be especially attractive to potential students and therefore to the schools, if they adopt a modular structure that allows expansion of their training remits without the need for additional resources. However, across the region the market potential of professional training is realised by both private enterprises and other public training institutions. Friction can arise when the schools of public health attempt to appropriate this training. This situation can be exacerbated further if the local environment is oblivious to the remit of public health and if the schools do not have effective lines of communication with government structures.

MOLDOVA: Importance of Ministerial Support
School of Public Health Management (SPHM)
State Medical and Pharmaceutical University "Nicolae Testemitanu," Chisinau

At the beginning of 2002, with the support of the Soros-Moldova Foundation, the Project on the development of public health capacities was launched in the Republic of Moldova. The Project's main goal was to establish a School of Public Health Management—an institution for training the health care staff with key management functions in the health system. The aim of the School of Public Health is to promote the national and European values of public health and management, to develop training capacities through the implementation of a Master programme, as well as train professionals to face the new requirements of the health system.

According to the Order of the Minister of Health of December 31, 2002, and the Order of the Rector of SMPU "Nicolae Testemitanu" of January 15, 2003, the official opening of the School of Public Health took place on

February 17, 2003. On December 12, 2005 the Master programme was launched. It is the first one in the country and is being implemented with the support of the Ministry of Health and Social Protection and the Soros Foundation- Moldova. For the 2005-2007 cycle, 21 candidates were accepted.

The activity of the School of Public Health is based on the concept of training the administration staff from the health system. The School is established by the Order of the Ministry of Health No. 30 (55), which, as of April 6, 2005, stipulates that starting in 2007, priority in the right to apply for a leading position in public health care institutions shall be granted to persons with the Master degree in management of health care services. The SPHM offers one degree, the MPH in Management. On November 17, 2007, the first group of 17 students graduated from the SPHM.

The SPHM enrolment since its inception includes: *2005: 21 persons*
2006: 25 persons
2007: 20 persons, including one foreign person

In 2007, the SPHM enrolled a special group from the Ministry of Health into the MPH programme. They are Chiefs of Departments and three Vice-Ministers--- all high-level authorities. Currently, there are two Chiefs of Departments in the MOH who hold MPH degrees.

According to the aims, tasks, and functions of the School of Public Health, it undertakes part of the primary postgraduate training in the field, which is needed to achieve the right to apply for managerial position in public and private health care institutions.

Starting with December 2003, during two years, the School of Public Health carried out short term training courses during one month in general management for 312 administrative staff members from the health system. The general aim was to develop management skills of the administrative staff in the health system in priority issues related to population health care improvement. The Health Investment Fund provided financial support for the implementation of the training courses; the School of Public Health developed the training programme that was enforced by the Order of the Ministry of Health. The Ministry of Health took the responsibility to select the participants and to monitor the learning process. The training focused on the currently-important themes like: general management; strategic planning; health economy; financial management; and quality management. The participants of the training were administrative staff from primary health care, emergency health care at pre-hospital phase, secondary health care and preventive medicine at the rayon, municipal and republican level.

Since 2005 the School of Public Health Management uses web-based distance learning, a first experience in the Republic of Moldova, that shall contribute significantly to the development of national public health

education capacities. This allows the permanent student-professor link. During the training process, between sessions, the participants work on the themes individually, fulfil their assignments, prepare paperwork on the themes taught at the previous lecture, do research individually at his/her working place, and make presentations that allow online assessment of knowledge through a webpage. The participants are given a set of tests with a limited time-response. Also the SPHM launched the method of distance learning training via video conference, in the national and international areas.

The SPHM has various library resources. During a short period of time (2 years), with the support of the Soros Foundation-Moldova, it has elaborated and published about 21 national books in public health, corresponding to the curricula of study. Also we achieved a large number of specialty books for international publishers. The students have access all the time, not only in the period of study. Here they can make different researches, working on their theses.. Also the SPM provides an electronic library, which offers the possibilities to access it anywhere.

The organisation of SPHM's teaching process can be useful for other small countries with limited capacities in Public Health: within the SPHM, the courses are held with over 80 professors, national and international experts, specialists from different international organisations, like UNICEF, WHO, World Bank, etc, who are engaged in the training process part-time. This, on the one hand, makes the teaching process more flexible and oriented towards the necessities and, on the other hand, assures the quality of study.

At the end of each module the students are asked to fulfil a questionnaire to evaluate the course and the teacher. This is a way of cooperation with the students, which offers the possibilities to emphasize the gaps, so improving the quality of studies.

The SPHM signed significant partnership agreements with some of the most prestigious institutions from the European Region, with a rich experience in the area, such as Schools of Public Health in France, Israel, Romania and Lithuania. These agreements are focused on the following activities: exchange of students for study/research activities; scientific research development in accord with health care necessities; operative exchange of information and materials; realisation of scientific and teaching projects. The SPHM became a full member of ASPHER in October 2007. All these will offer new possibilities to the future managers from the health system of Republic of Moldova and for the School of Public Health Management.

Source: Oleg Lozan, Director School of Public Health Management, Republic of Moldova,

CHAPTER 4.
External Environment

PEER Criterion 2

The school must be able to clearly demonstrate a successful relationship with the Public Health Community that results in the improved quality of programmes. The importance of potential employers should be reflected in all aspects of the school.

Criterion 2.1. The Needs of Professionals in Public Health

Needs assessments in the ASPHER OSI program took into account such areas as the training needs, the available training, the identification of potential students and their requirements and expectations. Results were to be used to determine whether schools would attract sufficient numbers of admissions to ensure the economic viability and sustainability of the training.

Assessments took different methodological forms, including questionnaires, sampling studies, face to face interviews, and focus group meetings. Some of the issues encountered by schools during needs assessments were a general and recurring lack of understanding of "public health" and an equal confusion, reluctance or even suspicion from respondents when asked questions in an unfamiliar format or environment.

The experience of the American University of Armenia College of Health Sciences demonstrates shows the importance of a needs assessment.

ARMENIA: Needs Assessment
American University of Armenia College of Health Sciences

The American University of Armenia (AUA) was established in 1991 on the same date that Armenia declared its independence. It was initially conceived in response to the devastating earthquake of 1988 to replace the defunct engineering school. The University worked closely with government officials to identify and prioritise Armenia's educational needs.

AUA's College of Health Sciences was planned in 1994 and launched in 1995. The targeting of public health as the first (and to date only) academic programme offered by the College was the direct result of a careful

situational analysis. While initial thoughts were that a modern western-style medical school was needed, the needs assessment indicated that Armenia had an excess of trained, though perhaps poorly, medical staff, but lacked the systems perspective and evidence-based practice competencies inherent in an MPH that were sorely needed to reengineer the country's collapsed primary care and health care financing systems.

The AUA MPH programme was built on the same set of competencies as the programme at the Johns Hopkins Bloomberg School of Public Health. The challenge was in designing a programme which met those competencies while requiring considerably fewer resources. Given the diverse nature of a core public health curriculum (biostatistics, epidemiology, social and behavioural determinants of health, and health administration) and the identified need for additional competence in programme planning and evaluation and peer training, any model which required a full cadre of full-time faculty representing the core disciplines would be too costly to sustain. Furthermore, the programme needed to maximise the ability of visiting Hopkins and other US faculty to contribute to the teaching programme.

The solution to this set of constraints was a carefully sequenced series of intensive (block) courses organised around a guiding professional practice paradigm. This model required a full-time presence of one or two generalist faculty supported by short-term visiting experts. The curriculum was designed to include practical application exercises which built upon the course content and integrate with the content of the preceding courses. While intensive, the curriculum closely mirrored the multi-disciplinary, time-pressured realities of professional practice. Give the inevitable horizontal as well as vertical mobility of the graduates, the programme emphasised methodological courses and life-long learning skills to provide graduates a sound basis for a variety of settings and contexts.

While the resulting programme looked quite different than the Hopkins programme it was modelled on, the comparability of the graduates in their ability to critically assess and respond to public health challenges was remarkably comparable. Through its unique partnership with Johns Hopkins, the programme has since graduated over 100 MPH students and a small number of graduate certificate students who are actively contributing to the health of the region.

Please list and briefly describe the major problems concerning establishing of your SPH or PH educational programme.

- *Financing / sustainability for the programme (local economy cannot fully support a western style, expatriate faculty solely from tuition revenues)*
- *Initial scepticism of the Minister of Health*

What solutions were found and how did the ASPHER OSI program assist to resolve those problems?

The ASPHER OSI program came at a pivotal time in the college's history. The MPH programme was fairly well established (having graduated cohorts in 1997 and 1999) and was reassessing itself at a time when the university was contemplating WASC accreditation. The PH faculty realised that the programme needed more connection to the immediate region and the greater European Region and an influx of regional students would enrich the programme.

The ASPHER OSI program provided

- *A forum / venue to interact with others in the region (and financial resources to support this interaction)*
- *A much needed locally grounded but internationally vetted PEER review process (a good balance to the US perspective brought by US faculty)*
- *Resources to strengthen programme /curriculum and outreach for training outside of the MPH*
- *Gateway to additional resources (e.g., hosting OSI training seminar, OSI e-learning grants, regional visibility / appreciation, etc.)*
- *Involvement of faculty in regional efforts (serving as PEER reviewers, invitations to regional conferences, contributing to policy discussions (e.g., accreditation, WHO workforce development, etc.)*
- *Adequate time to plan for sustainability of participation in ASPHER*

What were the results of establishment of your PH education and/or SPH?

- *We established a quality programme that produces employable, sought-after graduates who are impacting Armenia and the region*
- *Stimulated similar innovation in other health professions training in the country (competition/role model)*
- *Have made the MPH a required or preferred degree for many positions, especially within IGOs*

Describe lessons learned in the project, including deficiencies.

- *Progress is being made along many fronts using multiple strategies…some lessons are transferable, others are not*
- *There is a great deal of variability across ASPHER, some aligned by region (Old Europe/New Europe/CEE/NIS), some by strength of economy, and some by degree of innovation vs. bureaucracy in education and health care systems*
- *Building coalitions/trust is more difficult and takes longer than that one would think*
- *Hidden agendas (both personal and agency), especially within the government bureaucracy, can undermine hard work and what is best for the country*
- *Committing resources for "extras" like professional association involvement and conference participation is a difficult (but vitally important) sell*

- *Peer review (ala PEER) is indeed an effective tool for both identifying strengths and weaknesses as well as providing leverage to change the things your already knew needed fixing*

Please outline your plans for further development in the coming 3 years.

- *Considering formalising an MD/MPH programme with the state medical university*
- *Expanding efforts to recruit international students (if successful, could move to every year admissions)*
- *Exploring idea of offering a Master of Health Administration (MHA) programme and/or partnering with our College of Business to offer an MBA/MPH*
- *Expanding resident faculty*
- *Expanding reach/multinational collaboration in both academic and research/development projects*

What recommendations do you have from your experience for others attempting to develop a similar programme and organisation?

- *Do a good needs assessment*
- *Develop a sound plan based on optimally balancing local needs/thinking and international standards and proven strategies*
- *Develop strategic partnerships, involve key stakeholders*
- *Consider what is needed to formalise/encourage the job market for graduates*
- *Promote linkages/continuity among student cohorts*
- *Promote regional partnerships/engagements*
- *Look for (rather than respond to) resources*

Authors: Professors M. Thompson and V. Petrosyan.

Criterion 2.2. The Ministry of Health (or the Health Authorities) and Health and PH Services

In many countries of the region, the Ministry of Health remains the largest employer of the public health workforce. Therefore, it is vitally important for schools of public health to establish good relationships with this ministry. Such a relationship can help to maintain a supply of students and a potential career path for graduates. Nonetheless, graduates do not always go to work for the ministry due to the low wages offered compared to those of the private sector.

The role of the Ministry of Health in relation to schools of public health can vary from one country to another. For example, in some countries it determines the content of the curriculum; in others it administers accreditation of courses in public health (or shares responsibility with the Ministry of Education). The ministerial level of public health knowledge varies as well. Some country ministries

have a high comprehension of modern public health while others demonstrate lack of understanding. If the latter is the case, the burgeoning school will inevitably face difficulties in establishment. The frequent turnover of Ministers compounds the problem.

Establishment /Partnership Program

The schools, at a very early stage, need to include representatives of the Ministry of Health into the governance of their schools, if possible and permissible, and if the ministry will agree and the Minister or ministry representatives have time. Possible mechanisms are inclusion on advisory boards or management committees. Doing so allows the school to demonstrate what the school actually intends to achieve and thereby open dialogue with the ministry on the meaning of the term "public health," as used in the context of the training programme. Understanding of public health at a ministry level can help to encourage formulation of public health policy and strategy and perhaps enable ability to better define and expand the public health services and the public health workforce. That, in turn, may create more opportunities for employment of graduates of schools and programmes of public health. In addition, the school should introduce the ministers to international visitors who can explain the accepted role and standards of a school of public health in an international setting. At the establishment level, this is an essential activity to ensure that the members of government are informed about what the international organisations, if the school/programme is to received donor funds, are doing in their country and what they are planning to do within the health system Introducing the ministries to international visitors also will demonstrate that the school's endeavours are an attempt to achieve internationally accepted norms.

Latvian Example

According to the law of higher education in the Republic of Latvia, Master level training is allowed to be carried out at universities. In common agreement with the Ministry of Health and the Rector of Riga Stradins University, the School of Public Healt (SPH), formerly a separate unit, was incorporated into the Faculty of Public Health (FPH) in 2005. Since then the Faculty of Public Health is responsible for graduate training in the field of public health. The SPH, as a unit in the FPH, provides short-term courses such as continuing education or refreshing the knowledge for public health practice.

Although the Minister of Health had declared the need for public health specialists in general at the time of the last site visit to the programme, the Ministry could not specify either the needs or expectations for the public

health system. Therefore, the Ministry could not specify the number of public health specialists needed by the state. Although the Deputy Director of the Department of Health of the Ministry of Health stated that there is a need for public health training and skills, she also stated that Bachelor level training may suffice to fill the needs (as stated in 2005). Consequently there is lack of specification given for training needs in the arena of public health.

Romanian Example

At the time of the last ASPHER OSI site visit in Romania, there had been fourteen Ministers of Health in fourteen years. The number of Deputy Ministers during that time period was thirty. One of the original Romanian partners, the Institute of Health Services Management, was legally dissolved by the Romanian government, effective January 1, 2003, with assets and liabilities transferred to its successor, the National Institute of Research and Development in Health. The Ministry of Health was no longer obligated to finance the new entity; it would finance on the basis of contracts with the entity. In 2006, the NIRDH was transformed into the National School of Public Health and Health Services Management, a public institution financed on the basis of contracts.

Development / PEER Program

Four of the six PEER reviews conducted recommended that the schools expand and nurture the relationship with the Ministry of Health and with the public health environment. Both the curriculum and the governance of the SPH should reflect a close connection with the external environment, particularly with respect to the issues regarding the 'ivory tower' nature of academic institutions and the prospective employment of graduates. PEER reviewers recommended formalisation of relationships between organisations so that they work on an institutional basis rather than through informal contacts with particular individuals.

PEER Review Example 1

PEER reviewers recognised that the attitude of the Ministry of Health was very positive toward the school, as proven through collaborative efforts during the establishment of the MPH programme. However, it seemed to the PEER team that an overall national health strategy was lacking in the Ministry of Health.

As a result the PEER team recommended that the school should take the lead in drafting a proposed national strategy and then promote it to the ministry. In this sense the school could continue to nurture the healthy relationship with the ministry by creating a consortia approach with other external institutions. The added

benefit to such an activity would be to create and link the expectations and needs of potential employers to the programme development and to open up the professional fields for the students.

PEER Review Example 2

It became clear that over the last decade public health and health management training were the main manpower development needs for the health sector in that country. The programme at the SPH was designed to train managers expected to work in all the relevant health agencies, whereas in some other counties there was more need of general public health specialists. According to the Ministry of Health, only a minority of the graduates were expected to work in the state and municipal public health institutions. The majority probably will look to work in areas such as the pharmaceutical industry or private agencies and institutions.

PEER Review Example 3

The PEER review showed that the school had much more capability for deeper involvement in local health services, public health authorities and institutions, debates, and advising in decision making, yet the school had only a limited, and insufficient, involvement in the local public health arena. This was so even though the public health professionals working in the Ministry of Health and other settings were very willing to participate in the school's activities as guest speakers in lectures or conferences.

Advocate Recognition of MPH as Requirement for Leading Positions in Public Health

Four of the six PEER reviews of the Stream 1 schools mentioned the importance of promoting the recognition of a Master in Public Health (MPH) as a requirement for employment within the public health workforce. This is important in order to open the professional fields for graduates of schools of public health. In some of the project countries, there are no clear policies on employment in high level public health positions. For example, one review team was informed that high ranking public health positions were filled by people who were friends or acquaintances of members of the government and had no experience in public health. In other countries, positions were filled by people with the older social hygiene training, whose ideals provided a counterbalance to the advancement of the schools and the discipline of "new" public health.

One of the main emphases for advocating the recognition of MPH awards, aside from attempting to generate a highly-educated public health workforce, is to try to develop a well-defined public health workforce. This will help to identify and project workforce needs and to increase the potential employability of the graduates. Not everyone agrees, however. (*See next section*).

Competency-based Training and Education in MPH Programmes

There is a problem or issue with advocating the possession of a particular academic award such as the MPH as a prerequisite for employment in public health positions. In most western European region countries, public health education purports to deliver the "skills"' or "competencies" required by the employer. The MPH per se does not provide sure access to employment but rather proof of education, skills and competencies achieved in the academic environment.

The issue of competencies necessary for public health professionals was the topic of the First European Conference on Core Competencies for Public Health Education, held in Aarhus, Denmark, in April 2008. It was held within the framework of Phase 2 of the ASPHER European Public Health Core Competencies Programme (EPHCC) for Public Health Education. The aim of the conference was to support dialogue between public health decision-makers and managers and schools of public health regarding competencies necessary to be able to develop, organise, implement, carry out and evaluate public health interventions.

In many countries, the MPH is not recognised as evidence of public health specialisation; and this is common throughout countries in the program. Although it was recommended by consultants in the program that the MPH be a requirement for employment in public health positions in the countries, it was evident that there was no clear example of this from the western part of the European Region.

Finally, advocating public health training as a permanent prerequisite for employment in public health positions is not contained specifically in the PEER criteria. It is included here because it was recommended in four out of the six peer reviews during the program.

Development / PEER Program

PEER Review Example 1

The self assessment papers from one PEER reviewed school stated repeatedly that the lack of formal acceptance of public health and public health education in the country led to fewer students. If the possession of a public health degree meant employment or promotion, the school believed the number of students would increase.

PEER Review Example 2

Graduates from another PEER- reviewed school, which teaches a Master of Public Health Management, were finding few difficulties in securing employment within the health sector. However, there is an ever-increasing amount of competition from newly-developing schools that teach management. In order for the school to be proactive in this situation, PEER reviewers recommended that the school actively advocate for the establishment of regulations guaranteeing formal places for qualified public health professionals within the system.

In light of the information stated above in this section regarding the topics of Ministry of Health recognition of public health training and of the advocacy for public health or public health management training as requirements for positions in the Ministries or as managers in the health systems, it must be noted that there are examples of growing recognition in several of the countries of the program. Some examples include, but are not limited to, the following (as of April 1, 2008):

- *Armenia, American University of Armenia:* graduates of MPH program include: 1 current Deputy Minister of Health (MOH) and 1 former Deputy MOH; 1 current advisor to the MOH; 5 current members of staff of MOH and 4 former members of MOH staff; 1 current Health Advisor to Parliament; many more who hold/have held administrative/clinical positions in MOH-owned/operated health care facilities
- *Bulgaria*, *FPH, Medical University of Varna* : graduates of MPH and Master of Health Care Management programs include: 1 Department Head at MOH; 1 Director of Regional Health Care Centre of Varna Region (representing MOH at regional level); 7 Directors of hospitals of NE Bulgaria; 1 Vice-Mayor of Varna
- *Estonia*, *DPH, Faculty of Medicine, University of Tartu:* graduates of MPH program are working as top-level specialists at Ministry of Social Affairs and at Health Inspectorate
- *Latvia*, *FPH, Riga Stradins University*: 7 graduates are employed at the MOH
- *Macedonia*: Deputy MOH holds MPH degree; 3 other MOH staff members hold MPH degrees; the MOH requires managers of health care facilities to hold the Certificate in Health Management and Leadership, now taught only at CPH at the Medical University of Sts. Cyril and Methodius (400 graduates in one year)
- *Moldova*: 2 Department Heads at MOH hold MPH degrees; enrolment in 2007 of a special cohort from MOH at SPHM of the State Medical and Pharmaceutical University, Chisnau that includes 3 Vice-Ministers of Health and several Heads of Departments of MOH; 312 administrative staff members from the health system trained in short courses at SPHM 2003-

2005; beginning in 2007, according to MOH order, priority for right to apply for a leading position in public health care institutions is granted to persons with Master degree in Management of Health Care services

- *Ukraine, National University Kiev-Mohhyla Academy:* 2 graduates are advisors to MOH; 5 members of MOH staff have studied in short-term courses at SPH
- *Uzbekistan, SPH, Tashkent State Medical Institute/Medical Academy:* 21 graduates work for the Ministry of Health, including positions in MOH itself, in Tashkent City Health Authority, in Tashkent Medical Academy as teachers in SPH and other departments, in research and health institutes, and medical college for nurses

Criterion 2.3 Other Ministries (e.g. Ministry of Higher Education, Research, Environment.)

The Ministry of Education usually is responsible for issuing licences to teach and for accrediting master level programmes. A new school needs a licence in order to teach its programmes and to award a degree or legally-recognised credential. This process is quite lengthy, and new schools in the program were advised to apply as early as possible. Applications by some project schools included a request to change the name of an existing award (to the MPH for example).

Several obstacles exist in the licensing process. For example, the issuing of a licence may also entail that the government becomes legally responsible for some faculty salaries and student fees. In addition, the process may be hindered by a lack of ministerial knowledge of the remit of public health and its training needs.

Establishment /Partnership Program

Ukrainian example

In Ukraine the new master level programme had to be licensed and accredited by the Ministry of Education and Sciences in order to establish the school of public health and to commence training. This takes time, as seen in the following table.

Steps in Obtaining License to Teach Master Programme in Ukraine
1) consultations with the Deputy Head of the Department of Licensing, Accreditation and Nostrification in the Ministry of Education (2001)

2) development of the "Professional Skills Characteristics, Educational-Professional Plan and Curriculum of the Master Programme "Health Care Management,"
3) approval of these documents with the Institute of Educational Methods (2004)
4) approval within the Scientific-Methodological Commission on Management in the Ministry of Education (November 2004)
5) registration of all the required documents with the Chief Expert of the Department of Licensing, Accreditation and Nostrification, within the Ministry of Education
6) decision to license the master programme in Health Care Management by the State Accreditation Commission of the Ministry of Education of Ukraine during its session on February 22, 2005.

Criterion 2.4. Contribution to Informed Public Debate in Public Health Issues.

One aspect of promotion activities of schools of public health comes under the remit of service to society, which should be encompassed in the school's mission statement. In the ASPHER OSI program, the schools were advised to promote the concept of public health in their local communities, by means of campaigns on anti-smoking, drugs, traffic accidents or minority health issues, for example. All the schools in the program undertook some form of campaigning, with many inviting government representatives to take part. Conducting this type of activity can be seen as paramount when developing schools or programmes in areas which have neither established notions of public health education nor a rounded understanding of public health issues at a ministry or societal level.

Establishment /Partnership Program

Romanian Example

In the Romanian project, a successful strategy was to engage senior decision-makers within the health system and to provide a forum to update and deepen their knowledge while strengthening links with the school. The summer schools for stakeholders to promote the "new" public health approach were well received. Representatives of the institutions involved in the project and key actors from the public health and health policy arenas participated. Summer school topics included: "*Financing Public Health and Health Care – International Experience*" and "*Evidence-Based Decision Making in Health Policy*".

Criterion 2.5. Universities

A close contact with the local university environment benefited the development of public health training in project schools. Both new and developing schools found that they often lacked the capacity to teach a full public health curriculum. When this was the case, schools tended to "borrow"

teachers from within their own university as well as from external universities. Three of the four establishment projects and five of the six PEER- reviewed schools formed collaborations with other university institutions to efficiently utilise their mutual capacity and resources in order to offer a complete curriculum. Examples of "borrowed" capacity included faculty from departments of engineering, management, business, law, languages, and social sciences. This often was seen as a two-way agreement with the reciprocal supply of the school's lecturing staff to the other units.

PEER Review Example 1

Twenty seven faculty were from outside of the department. Thirteen of those were from within the larger university structure and fourteen were from other universities in the country. The full-time teaching staff of the school consisted of twenty four.

Table 4. Composition of external faculty in one PEER reviewed school

13 full time faculty members affiliated with other faculties of the University	
Faculty of Medicine	7 People
Faculty of Economics	1 Person
Faculty of Arts	1 Person
Faculty of Science	2 People
Centre of Agriculture	1 Person
Faculty of Medicine, Teaching Hospital	1 Person
14 external lecturers (module leaders) affiliated with other universities	
University of Technology and Economics	1 Person
University of Arts and Science	2 People
Other Universities from the country	11 People

PEER Review Example 2

By far the largest collaboration was with another local university whose faculty taught up to one third of the program offered at the school. External (adjunct) faculty members had individual contracts; they were recruited on a personal and informal basis without their positions having been publicly announced. This is perhaps due to the fact that these are adjunct positions, which do not require posting of openings. When interviewed by PEER reviewers, the external faculty members stated that they would welcome more discussions about the curriculum among the teachers of the programme and more collaboration and joint

teaching between them and the full-time staff of the school. The adjunct faculty were involved in one committee of the school.

PEER reviewers identified three main issues in use of outside faculty members:
institutional agreements, coordination and quality:

1) Where schools utilise outside faculty on a personal or informal basis, the school should formalise these structures, through mechanisms such as bilateral cooperation agreements or memoranda of understanding, to ensure continuity and sustainability of the collaboration and coordination of the curriculum.
2) Include external faculty within the management structures of the school, to the extent allowed by the academic institution's governance rules. This method not only ensures coordination of the curriculum but also can increase sentiments of involvement, attachment and motivation towards the course from the external partners.
3) Schools may integrate the external teaching into their quality management systems to ensure the quality improvement of the overall curriculum offering.

Criterion 2.6 Health and Public Health Professionals and Their Associations

During the program there were two parallel programs which established public health associations in the region.

OSI / European Public Health Association (EUPHA) Program

A simultaneous associated parallel program (to ASPHER OSI program) was conducted by OSI and the European Public Health Association (EUPHA). The focus was establishment of Public Health Associations in the CEE region.

Albanian Example: Albanian Epidemiological Association and Albanian Forum for Public Health

OSI/EUPHA established the Albanian Forum for Public Health (AFPH) and developed links with the Albanian Epidemiological Association (AEA) and the European Public Health Association (EUPHA)

AEA: aims to include awareness of public health professionals from all disciplines, to establish a public health forum for all stakeholders, to increase policy-maker and community awareness of public health challenges in Albania, and to enhance and foster evidence-based policy.

AFPH: This was officially established in March 2004 as an umbrella organisation for existing associations as well as for interested individuals. The Forum is an open arena wherein opinions and options for national health policies comprising all relevant issues of the "new public health" are discussed, formulated and documented. It allows for presentation and discussion of current public health issues for advocacy and analysis with Ministry of Health participation, perhaps as a part of the preparation and planning stages.

Forum for Public Health in South Eastern Europe (FPH-SEE)

The first meeting of the FPH-SEE was hosted by the Andrija Stampar SPH, Croatia, in April 2006. The organisation was established in the context of EUPHA as a non-governmental and non-profit consortium of public health institutions in the SEE Region. The FPH-SEE is a continuation of an earlier PH-SEE project started in 2001. It includes exchange of experience, mutual support and common activities for a New Public Health. Its mission states that FPH-SEE is an open arena set to enhance the quality of training and research for the practice of public health in South Eastern Europe. Member institutions are those with a mission in the field of public health from all countries in SEE, especially schools of public health, public health associations and national institutes of public health.

ASPHER OSI program Schools and Programmes Included as Charter Members of FPH-SEE

Albania:	Faculty of Medicine and National Institute of Public Health, Tirana
Bulgaria:	Faculty of Public Health, Medical University of Varna
Croatia:	Andrija Stampar School of Public Health, Zagreb
Macedonia:	Center for Public Health, Medical Faculty, Sts. Cyril and Methodius University, Skopje

Criterion 2.7. Non Governmental Organisations

A variety of NGOs have been established throughout the region. Many of them have direct connections with the schools involved in the ASPHER OSI program, either through collaborations or through student and staff involvement with the NGOs. Even where there was evidence of collaboration, the PEER reviewers often advocated more involvement of the NGO sector in the schools' operations.

One of the concerns throughout the region is the desire of many graduates to work in the private NGO sector. Much of the emphasis of public health training in the western part of the European region is designed toward filling the workforce needs of the public sector rather than the private. In CEE, public salaries often are a fraction of those offered in the private sector. Hence there is a trend away from state employment. In one project country, for example, government salaries ranged from $30-$100 per month; the NGO sector was offering $600-1,000 per month.

In the western part of the European region, NGOs are valued commodities contributing to the civic service function of the state, often performing some former governmental roles. They also can provide a dialogue and interface with decision-makers. In the eastern part of the region, questions may be raised over the efficacy and even purpose of these types of organisations if the environment and moreover budgetary controls in which they operate remain semi-to-fully autocratic and centralised. Some NGOs are filling the gaps in public health training in areas where there is little state involvement. Although the training is needed, the development of training NGOs can cause concern over the academic standards/quality of the training. Moreover, training NGOs may provide yet another level of resistance to the development of new schools of public health in their areas.

Criterion 2.8 & 2.9. European and International Co-operation

As part of the ASPHER OSI program, funds were released to assimilate the participating schools and programmes into ASPHER membership and to send two representatives each to the ASPHER conferences during the period of the program. In addition to this, ASPHER program advisers visited the individual schools and programmes to review the progress and to help with devising new development activities. Some schools, as in Romania, used part of their project funds to join other European and International networks, such as the European Health Managers Association (EHMA) and the European Public Health Association (EUPHA). Throughout the ASPHER OSI program, schools continually were advised to seek out European and International funds to support the work of their schools.

In addition to the ASPHER OSI program, there are numerous ongoing international donor organisation programs and activities throughout the region, many of them complementing the issues addressed. TEMPUS TACIS, the British and German governments, BrimHealth and Europhamili programs are examples of European assistance in development of the schools of public health and the

public health workforce. Other international collaborations include those with the World Bank, the World Health Organisation, and U.S. organisations such as the National Institutes of Health, The United States Agency for International Development and the American International Health Alliance.

There is, however, an issue of how the schools interact with the varying funding agencies. As has been identified elsewhere, many of the countries involved are incredibly skilful at grant-writing and grantmanship.[25] Schools often are involved concurrently in collaborations with various donors. Several schools in the OSI ASHER program were involved in other programs but were unwilling, or at least reticent, to inform the ASPHER OSI project partners of the other collaborations. Schools may feel that by informing a donor that they are participating in other programs, they risk future restriction of funds; hence the schools may tend to keep quiet about other obligations and funds. The problem then arises over the coordination of activities or sometimes duplication of efforts. A possible solution is to have a continual monitoring of other funder activity to ensure that programs are coordinating. Donor conferences are another strongly-encouraged activity.

UKRAINE: Overcoming Stakeholder Resistance

National University Kiev Mohyla Academy School of Public Health

The project in Ukraine is located at the independent university, the National University "Kiev-Mohyla Academy" (NaUKMA)[26] with support and cooperation from its project partner, the Faculty of Health Sciences of Maastricht University (MU), the Netherlands. Maastricht University officially approved the initiative and showed readiness to use its own resources (for example, personnel engagement, reduction of fees for the students to MU from Ukraine). At the beginning, the Project was accepted in the International Renaissance Foundation (IRF), local branch of OSI in Ukraine, as shown several times in its written documents [27],[28],. In June 2001, a site visit by an ASPHER delegation approved the NaUKMA potential and conditions to create a School of Public Health. In the spring of 2001, the "Project of Establishment of the SPH of NaUKMA" was approved by ASPHER and OSI-NY.

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[25] Filerman, G., "Perspectives on the Health Workforce in the NIS, NIS/US Health Workforce Planning." American International Health Alliance, Tashkent conference, 2000.
http://www.old.aiha.com/english/pubs/tashkent/toc_html.cfm

[26] The NaUKMA University was founded in the 18th century and officially reopened in 1991 with the independence of Ukraine having over 2000 students enrolled now.

[27] Source: Memorandum, Gluzman S., Leghan V., IRF, April 2001

[28] Source: Creation of the School of Public Health, Open World, The IRF Bulletin, nr 1/2002 p.11

However signs of negative reactions about the value of the project surfaced. OSI and ASPHER, which had supported the organisation in Kiev in February/March 2002, called an additional meeting of the three parties involved: NaUKMA, IRF and MU, with participation of 2 persons from ASPHER. IRF representatives raised objections to the NaUKMA Project including: it does not meet needs of the Ukrainian PH system; it was superficially prepared in regard to Ukrainian realities; and that some previous concerns of the IRF sub-board were not answered by NaUKMA. During the meeting a few suggestions about possible solutions to this problem were agreed upon. One of them was preparation by NaUKMA of a study of the educational market and employment possibilities in public health in Ukraine. Another was to establish a common (NaUKMA-IRF) Steering Committee for the project and to reshape the project itself, as the originally-planned time framework was impossible to fulfil. This caused the external partner (MU) to reschedule its plans.

NaUKMA established the study committee and officially invited a representative of IRF, which refused to delegate a member. The 15-page study was prepared by June by the NaUKMA team. Unfortunately, in parallel, the IRF sub-board set up a "Working Group," which in turn did not (by distinct negation) accept any candidates from NaUKMA (the President of the University and the Coordinator of the SPH Project were officially initially proposed).

The IRF Working Group was dominated by medical doctors, mostly against setting the SPH anywhere except the Medical Academy or Medical Academy of Postgraduate Study. They prepared their own analysis entitled "Concept of Public Health Education Development," which was then enlarged into a 50 page draft entitled "State of art and perspectives of preparation of PH professionals in Ukraine."

Creating the SPH in Kiev at that stage at the existing faculty of medical or post-graduate medical education would not speed up the development of a new European concept of PH education but probably would retain the conservative, medicalised approach. However, establishing a SPH without any support from, or at least acceptance by, the medical establishment is difficult and high risk; and, in turn, the graduates might experience significant trouble in entering the Ukrainian health care system mostly monopolised and dominated by medical doctors.

NaUKMA had several advantages. Even opponents agree that NaUKMA is an innovative, modern, higher educational institution. Additional important advantages included: a flexible, non-bureaucratic structure ; clear support of NaUKMA authorities, with the President at the top, to establish the SPH; students who are able to study courses in English; and many teachers who have certification of knowledge of English.

Of necessity, establishment of a SPH was delayed. Any further delay might have risked removal of the project from the ASPHER OSI program. Moreover, the external partner, MU, was considering withdrawal from the project if this impasse continued. There was need to give the project a new stimulus and to start it as quickly as possible.

Recommendations were made that four actions should be taken within 2-3 months:

1. ***To involve in the project 4 parties****: Ministry of Health (MoH), Kiev Medical Academy for Postgraduate Education (KMAPE), NaUKMA and the Ministry of Education if possible, which may bring considerable advantages to establishment of a SPH:*

Ministry of Health - because the whole project is aimed to produce professionals in modern European Public Health for the Ukrainian health system; the project seems to fit within MoH objectives; MoH support is necessary to push the formal establishment of degree of Master of Public Health; it also improves the credibility of the whole initiative among the medical community; some of the MoH officials may bring expertise into lectures in a SPH (eg., organisation and administration)

Kiev Medical Academy for Postgraduate Education (KMAPE) – because it already trains managers who are MDs and who are well- recognised in the medical establishment, its involvement would increase credibility; could bridge public health and medical education also in a sense of having KMPE provide lectures for the typical medical areas like epidemiology or promotion and prevention.

NaUKMA - because of its innovative approach, its European and open university education style, and the strong willingness of university management to organise the SPH within university structures; established, solid partnership and working relations with recognised European university in public health; already prepared project application approved by ASPHER OSI; and dedicated personnel.

The Ministry of Education - to facilitate the establishment of the new educational degree (MPH); possibly counsel and support organisation of a new university unit.

2. ***To establish the formal Consortium of those organisations****, based upon written agreement; to precisely and clearly state in this agreement what is expected from each of those organisations in establishing a SPH and what kind of benefit each of partners will get from it; inform the Netherlands partner (Maastricht) about the whole idea and gain its agreement and declaration of further cooperation. It was important to keep partners fully informed about the steps undertaken.*

3. ***To place the Steering Committee under auspices of IRF****; to be composed of 2 persons from each organisation (MoH, NaUKMA, KMAPE, possibly MoE) plus participant(s) of IRF and a 1 member from the abroad partner; aim is to prepare the Plan of Action and then supervise the implementation of the whole*

project; end the IRF Working Group activity; take into consideration the 2 documents already prepared (Market Research Study of NaUKMA and Education in PH paper prepared by IRF Working Group).

4. ***To enrich the initial NaUKMA application by the participation of MoH, KMAPE and MoE*** *in terms of courses each may deliver, persons who may become lecturers, participation in the internship abroad for persons dedicated to development of SPH and who have proven knowledge of English language. Acceptance of this application required support of the foreign partner and presentation for approval to OSI and ASPHER, with a brief explanation of reasons for these modifications.*

This was achieved and the project has succeeded. Not only has the School overcome the obstacles described above, it has made key alliances within Ukraine to ensure that it is publicly backed and that the ministries help fund positions for the students.

One slightly different aspect of this project was that the whole of the partnership budget was forwarded to the Western European partner institution which also gave substantial amounts toward funding for development the School.

The Master of Health Care Management began in 2004 and the first graduates completed their training in June 2006. A fourth cohort of students has begun studies in the programme. At least two of the graduates serve as advisors to the Ministry of Health.

The programme was awarded national accreditation in early 2007. It was accredited in the category of Master of Management of Organisations (Master of Health Care Management). At the date of this writing, it is not yet possible to accredit as a Master of Public Health, as such a designation does not yet exist in Ukraine.

Sources: Study of Educational Services Market and Employment Possibilities in the Sphere of Public Health, Gryga I., et al., NaUKMA, Kiev, draft, July, 24th, 2002.
Concept of Public Health Education Development, Voronenko Y., et al, work supported by IRF-Kiev, draft, August, 16th, 2002.
Protocol of Sub-board meeting of 29 of April, Programme "Public Health Initiatives", IRF, Kiev, 2002 (excerpt)
Memorandum [supporting the SPH establishment at NaUKMA], Gluzman S., Leghan V., IRF, April 2001.

Discussion and Lessons Learned

Throughout the ASPHER OSI program, it was unclear how well governments either understood or how they defined the term "public health." Some schools stated that their ministries did not know the term. This caused problems both in establishing schools of public health and in defining the public health workforce. Lack of definition, in turn, led to difficulties for schools to identify potential markets for their educational programmes and graduates.

The predominant concept of public health in the region is based on the legacy of the San-epid model. The result is that "new public health," in both concept and practical application, can be rejected, leaving a continuation of the medical and sanitary focus. This may result in both a paucity of integration of "new" public health into national health strategy and an ill-defined public health workforce. Schools of public health then face the possibility of a reduced market for both their education programmes and their graduates as well as resistance from their ministries. This can have a severe impact on the schools' sustainability, influence within the ministries, and influence with the population at large.

Three major attempts to alleviate this situation during the ASPHER OSI program included:

1) inclusion of the ministries in the decision-making structures of the school in an attempt to educate the ministries in the dynamics of new public health, while advocating for and participating in the development of national public health strategies;
2) introduction of ministers to international visitors who can reiterate the internationally-accepted norms and applications of public health and demonstrate that the schools operate within a broader international context;
3) promotion of the schools and of public health to the general public through activities such as conferences, workshops, and mass media events.

CHAPTER 5

Internal Organisational Environment

PEER Criterion 3

The programme internal organisation should facilitate and guarantee its relative autonomy from the overall structure of the educational institution, its ability to relate and respond to the environment and to the students' needs, and to manage its staff and budget and its quality improvement system.

Criterion 3.1-3.2 The SPH: Director's Office and Departments & The Units

Many schools in the region emerged out of the socialist political paradigms with a concentration on top down autocratic decision making. The schools often reflected this managerial style. As a result, they were advised by PEER reviewers and ASPHER consultants to ensure that their own management mechanisms reflect a broader consensus or collegial style of decision making, taking into consideration both the market place and internal facets of the school. Schools were advised to create advisory boards which included stakeholders as members. Whether called "management committees" or other terms, the essential point is to reflect the needs of the market place in the school and its teaching. Both new and older schools attempted to define and emplace management structures that dealt directly with the operations of the school.

Establishment / Partnership Program

In the newer schools in the Establishment /Partnership (Stream 2) portion of the program, there was an emphasis on creating defined management structures from the beginning, with a separation of tasks delegated to individual units. Examples are included in section 3.3 below.

Development / PEER Program

In line with the PEER criteria, broader management structures were recommended in four of the six ASPHER OSI PEER reviews conducted. The criteria emphasise breaking down functions of the school into separate teams or committees rather than having the rector, dean or director possess overall control. This is for three principal reasons:

1) having teams or committees or personnel with specific duties allows concentration and coordination on each of the functions of the school;

2) having more people included alleviates concern of too much "power" being held within an individual post for reasons of sustainability; and

3) staff are allowed to participate in the decisions of the school, which helps to give a sense of ownership to the staff and hence more motivation, understanding and progress toward the mission of the school.

PEER Review Example 1

There was a very simple institutional structure in which all of the departments of the umbrella organisation, including the school of public health, report either directly to the Director or through the course directors to the Director. Course directors were used only in advisory roles. All decision-making was conducted in a strict "top down" manner.

PEER Review Example 2

The school relied heavily upon the position of the Director even down to the detailed activity of signing cheques. Reviewers noted that without the clear drive and vision of this Director, the school would not have achieved such an admirable development as it has in such a short time. However, with regard to its present and future level of development, the school was advised to consider a more formal and transparent management structure if it wished to consolidate and stabilise. A more defined management structure would relieve the Director of some of the more day-to-day tasks so that he or she would be free to develop other aspects.

PEER Review Example 3

The review revealed a lack of co-ordinating units within the department. One of the overriding observations made of the department was that staff and their duties were not co-ordinated. This led to a fragmented team ethos in the department, with much of the team being unsure of their roles and future in the department. The recommendations from the review team were to strengthen the participatory elements in the decision-making processes with the creation of horizontal structures within the department, such as autonomous curriculum and quality teams.

Criterion 3.3. Task Forces and Sub-Committees

One of the primary goals in setting PEER Review standards is to ensure that the functions of the school are broken down into parts and administered by individual units under the umbrella of the coordinating function of the school, perhaps performed by a steering or management committee. This can enhance the operations of the school by generating concentration on the functions by individual

staff members while fostering within them a sense of identity and purpose within the structures. In Stream 2 schools there was an emphasis on generating the required structure from the very outset of the projects.

Establishment / Partnership Program

Albanian Example

The school established several committees and management units. (*See organogram in section 1.4 above*.) One of the first activities in this project was to establish a *Management Committee* responsible for the management of the project. Members included: Dean of the Faculty of Medicine, Deputy Minister of Health, Directors of the Institute of Public Health (IPH) and the Department of Public Health (DPH) in the Faculty of Medicine, two faculty members from the Institute, two faculty members from the DPH, and a local OSI foundation representative. A *program manager* was emplaced to ensure that the day to day activities of the school were carried out efficiently and on time, to keep the financial records, write the financial reports, keep the Management Committee informed about the budget and assure communication with the donor. Also established was a *Curriculum Committee* responsible for approving all curriculum-related issues throughout the lifetime of the school. The members included the Dean, the two Directors, and seven faculty members. Finally, *MPH academic coordinators* were employed to coordinate all activities of the school relating to structure, content and the quality components of the MPH programme. As a result, the MPH has verifiable/documented standards for quality assurance such as course outlines in English, written lectures in Albanian, evaluation standards and monitoring of attendance for lectures. (However, to date, formal approval of the SPH has been withheld by the Ministry of Education due to other factors. *See Introduction)*

Criterion 3.4 Faculty

A related issue to the above is that of coordination of the faculty. Schools often exhibit a dominant 'top-down' management approach where responsibilities for every facet of the school, including the teaching and the curricula, are assumed by the top management without consultation with the faculty. This can cause overlaps in teaching content and impact the psychological aspects of ownership and motivation for the faculty. Increasing the participation of faculty in decision-making can lead to a 'shared' sense of ambition.

Development / PEER Program

All of the six Stream 1 schools' curriculum procedures included this one commonality of centralised control. Five of the six were advised to review their procedures in this regard.

PEER Review Example 1

Issues regarding the teaching of the programme or staff were first addressed to the faculty and then to the Managing Director of the school. The Managing Director would then pass the inquiry to the Director of the School who would make the decisions. At no point was it evident that there were procedures in place for the faculty to discuss the curriculum or any other problems among themselves.

PEER Review Example 2

Another review determined that, on an internal level, there should be a concentration on the co-ordination of the staff and the parts of the programme they teach in order to reduce issues such as duplication and waste of faculty energy and time. The main focus of the PEER team recommendations aimed at the informal work ethic at the department. There was lack of co-ordinating ethos or strategy for the programme. When directly questioned, the teachers explained that there was no mechanism in the department to ensure that their courses were not overlapping with other staff activities.

BULGARIA: Internal Environment

Faculty of Public Health, Medical University, Varna, Bulgaria

Organisation

The Medical University of Varna (MUV) is an autonomous state institution accredited by the official national authority, the State Agency for Assessment and Accreditation. The Faculty of Public Health (FPH) was created within the Medical University of Varna by Government Decree No. 160 of the Ministry of Education and Science, dated 20 June 2001. This official document legally recognised already- functioning activities carried out by the departments of Social Medicine, Healthcare Management and Hygiene and Ecology since 1993.

Creation of Faculty of Public Health

The creation of the FPH was a response to the challenges of reforming the healthcare system in Bulgaria. The Faculty includes 8 departments: social medicine and health care organisation; economics and management of health care; epidemiology and infectious diseases,; hygiene and environmental health; general practice;

forensic medicine and deontology; physiotherapy and rehabilitation; and occupational health, department of medical physics, chemistry and biology.

The Faculty of Public health offers the following training programmes:

- *Undergraduate studies:*

- Bachelor of healthcare management

- Bachelor of nursing

- *Postgraduate studies:*

- Master of Public Health,

- Master of Healthcare Management,

- Continuous education courses in public health and healthcare management for health and public health professionals and managers.

Overview of Staff

Full time academic staff: 78, of which 29 are professors and 49 are assistant professors. Academic staff is involved in the educational process as well as in counselling and scientific research work.
Part time: 4 guest lecturers.

What led to the initiative to establish your SPH and/or MPH?

In the first half of the 1990s, there was a dramatic deterioration of the health of the population characterised with the following: high morbidity, disability, infant and premature adult mortality rates; low birth rates and negative natural growth; decreased life expectancy; and high risk factors exposure. The response to this situation required a complex approach and adequately trained professionals in the field of Public Health. At the same time, Public Health was still underrepresented as a specialist field for education in Bulgaria. No academic centre offered education in Public Health at a Master level. This recognised need led to development of the joint ASPHER OSI project and to the subsequent establishment of the MPH programme at the Faculty of Public Health, Medical University of Varna.

MPH Modules

The MPH is organised in 6 main modules, comprising 14 disciplines. (See Chapter 6)

Major Problems Concerning Establishment of the MPH Programme

The most important problems are stemming from the existing legal regulations in Bulgaria:

- *MPH is still not included in the list of requirements for obtaining a leading position in health care institutions in Bulgaria.*
- *MPH degree is not a legal requirement for professionals practicing in the field.*

- *The existing legal regulations create obstacles concerning participation of external teachers and lecturers from other schools and institutions.*
- *Solving these problems requires a change in the health legislation in the country.*

Solutions Found

The Faculty of Public Health is continuously lobbying at the Ministry of Health, the Ministry of Education and Science, the Health Care Commission at the Parliament and other key figures for implementing the necessary changes in the current health legislation.

How the ASPHER OSI program assisted VMU Faculty of Public Health

We assess that our membership in ASPHER contributed enormously for the successful fulfilment of our project:

- *The project was developed with the methodological support of ASPHER experts*
- *The cooperation with other member schools made possible:*
- *Teaching staff retraining through site visits;*
- *Teaching materials development;*
- *Visits of lecturers from leading schools;*
- *Methodological support for the development of the self assessment report for the PEER and the carrying out of the review.*

Results

The MPH programme in Varna Medical University was the first public health training programme established in Bulgaria on a Master level. It passed successfully through the ASPHER PEER in 2005.

The full implementation of the programme led to the building up and the continuous maintenance of the teaching infrastructure. A substantial number of teachers involved in the MPH training passed through education in leading schools abroad. Three cohorts of graduates have already finished the new MPH programme. A big number of the graduates are well advancing in their further professional career.

The successfully-implemented Master of Public Health in Varna Medical University resulted in a further national dissemination of the experience with opening of similar schools in Sofia Medical University in 2001 and in the Faculty of Public Health - Pleven Medical University in 2005.

Lessons learned in the Project and Advice to Other Schools in the Same Situation as Yourselves at the Beginning of Your Project:

Successful introduction and implementation of such a project requires understanding, cooperation and support from the national health institutions; both formal and informal are of crucial importance. Cooperation with ASPHER and other schools is also extremely beneficial. Close cooperation with universities which have already passed through this process

Plans for Further Development in the Coming 3 Years

- *Constant update of the existing teaching materials, literature and software.*
- *Continuous improvement of the teaching staff qualification – through cooperation with colleagues from other European schools and participation in international events such as seminars, workshops etc.*
- *Students' exchange*

Recommendations (closely related to the lessons learned)

For the successful introduction and implementation of such a project understanding, cooperation and support from national health institutions, both formal and informal, are of crucial importance. Cooperation with ASPHER and other schools is also extremely beneficial. We are open to cooperation with all institutions willing to initiate a MPH programme, to share our experience.

Author: Professor S. Popova

Discussion and Lessons Learned

The overwhelming emphasis derived from the PEER reviews was to reduce the level of autocratic decision-making in lieu of more collegial styles which involve a greater involvement from each of the facets of the school.

With regard to the Deans or Directors of the schools, PEER reviewers stated that the change in style is important to ensure overall efficiency and sustainability of the schools. When decisions, both large and small, are the remit of one individual, that person can become "bogged down" in the day-to-day activities of the school instead of having time and energy to concentrate on more global issues. Moreover, when the individual leaves, either voluntarily or involuntarily, he/she often leaves a void which can take time to fill. Having staff aware and responsible for the differing areas of management

throughout the school can ensure that the functions of the school will be secure during the absence and eventual retirement of the Dean or Director.

Autocratic decision-making usually denotes vertical lines of management and communication with very little horizontal communication. A horizontal structure would include decision-making groups aligned to the activity of the school rather than to positions within the hierarchy. Examples include participatory management structures, such as curriculum, research or quality teams. PEER reviewers of one programme found a lack of coordination in the teaching of the programme because of vertical structure of the decision-making processes. One review team recommendation was the creation of a "horizontal" faculty curriculum working team to ensure that faculty could monitor how the content they teach complement each other.

Including the various levels of school personnel within its management and decision making processes may reduce any psychological sentiments of isolation or alienation within the faculty. Reviewers found that faculty in schools with strict autocratic structures did not have a strong sense of connection with the school apart from simply carrying out their duties. In some cases the faculty were unsure whether they would be employed in future years. Involving the various groups in the decisions made by the school often can give the sense that groups, such as the faculty, are important and vital to the functioning of the school.

CHAPTER 6.
Teaching Staff

PEER Criterion 4

The programme should have a clearly defined faculty which, by virtue of its size, multidisciplinary nature, educational preparation, research and teaching competence and practice experience, is able to fully support the programme's mission, goals and objectives.

Criterion 4.1.1 Faculty Size, Composition and Quality

The size of a school's faculty should be adequate to ensure the effective teaching of the curriculum. This may require additional training of current faculty or addition of new faculty. Where possible, a school may strive to have more than one faculty member with the relevant skills to deliver parts of the curriculum. This ensures that a loss of one faculty member will not endanger the course by leaving a gap in capacity. Level of resources will impact this capability, however.

Schools also can increase capacity by including invited faculty, preferably from the international environment. The practice has many long lasting benefits, such as filling in gaps in teaching capacity, simultaneous training of students and staff and adding an international context to the curriculum. This is not always possible however, due to lack of funding for such activities or to legal restrictions limiting the extent to which external faculty may participate in a school's teaching programme.

Data on Numbers of Faculty and Students in Schools and Programmes of ASPHER OSI program

- faculty size: range of 16 to 442
- student enrolment ranged from 10 to 109;
- the average trainer/trainee ratio was 1.9 faculty per student (based upon the above numbers)

These figures do not reflect the actual situation for several reasons:

- it is unclear how many of the trainers listed by a particular school actually perform functions regarding the stated courses
- several schools presented the data about their faculties based on "available" faculty
- data about the full time/ part time ratio were not clear

This would seem to reinforce the notion that program organisers and/or donors need to be specific in their project descriptions and questions asked in order to have the correct information returned. This is especially the case during the grant writing process where schools may state what they believe the funder wants to hear rather than the exact situation.

During the ASPHER OSI program, reviewers and partners interested in the ability or the capacity to achieve the goals of the schools' missions and training often advised schools to supplement their 'in-house' faculty with external resources. In all the Establishment/ Partnership projects, invited faculty were used to supplement the teaching in the new schools and programmes. OSI grant funding helped to make this possible. In the Development Program, all the PEER reviews included recommendations to include both external practitioners and lecturers in the teaching of the programmes.

Categories of Recommendations

There were two principle categories of recommendations related to increasing the quality of the academic offering:

- *invite practitioners and alumni from the field to lecture*, as these groups could orient training around the practical implementation of public health skills.
- *bring in visiting faculty on both a short term and long term basis*, as often these would have either specialisation in topic areas or have a level of knowledge additional to that existing in the school, which could then be integrated into the school.

Realities of Recommendations

It is worth mentioning some of the realities regarding comments and recommendations made during reviews. These include the finding of poor teaching skills of practitioners and difficulty of securing funding for short-term faculty. Some student interviews mentioned that poor teaching abilities detracted from the messages practitioners delivered. This is something that Barnard and Kohler emphasised when they wrote that, "staff should be recruited from the pools of scientists and practitioners who have the skill to articulate their experience to students and to generalise the lessons to be drawn from it"[29]. One PEER review team suggested to have the external lecturers produce

[29] See note 18.

their teaching plans beforehand for review. If necessary, they can be mentored by the present faculty before commencing to teach.

Equally, short term visiting faculty often require funding; but funds are not always available, and continually searching for funds from national and international sources is not always easy. Securing funding from donors often requires that the school fulfil the requirements of the funder, which may or may not be in line with the school's agenda. Furthermore, longer-term visiting faculty can be difficult to engage due to commitments in their home countries.

There is no easy solution to this problem. One possibility is to integrate the school in international networks, such as ASPHER. Another is for the school to seek the exchange of faculty from within the larger framework of its own university or academy.

Establishment / Partnership Program

Albanian Example

Prior to the ASPHER OSI program, the Department of Public Health of the Faculty of Medicine included faculty from the Institute of Public Health of the Ministry of Health and from other departments of the Faculty of Medicine. Although this seemed to demonstrate that there was no major shortage of faculty available for the new school of public health, it was determined that part-time staff would be needed. In addition, more full-time faculty positions would be needed to fill the gaps in five key areas identified by the school itself: Health Promotion and Education, Health Policy and Planning, Health Economics and Health Management, Health Administration, Public Health Nursing and Environmental Epidemiology. There was also a need to strengthen the capacity of the faculty in adult learning methods. The teaching staff of the new school included members of the Department of Public Health at the Faculty of Medicine and of the Institute of Public Health with the total number of lecturers being 78, including 24 full-time university lecturers from different faculties (Medical Faculty, Faculty of Social Sciences, Faculty of Natural Sciences, Faculty of Law, and Faculty of Economics). During the first year, on the recommendations of the partners, the school arranged the following international guest lectures with the funds from the ASPHER OSI program: Evidence Based Medicine (Britain); Health Promotion (Germany); Introduction to Environmental Health and Risk Management (Croatia); Introduction to the New Public Health, and Health Economics (Israel).

PEER Review Example

There was high participation of external lecturers, but there was disquiet from students about quality and lack of coordination of external lectures into the programme. The PEER review team recommended:
To request external faculty, at the end of each programme, to present a coherent proposed programme for the next one, including a retrospective evaluation of the ending term;
to strengthen, coordinate and formalise the cooperation with institutions outside of the academic environment and the national government (e.g. NGOs, health care, trade unions, chamber of commerce, medical chambers)

Reviewers also noted that the lack of a geographical balance in composition of the school faculty was a potential hindrance to the students' understanding of international / European / regional and/or local experiences regarding specific health problems or health system dilemmas and policies. Widening the sources of lecturers could help to enrich the school's culture and internal processes of planning, course design and implementation. The review team recommended that the school develop a policy on medium/long term visiting faculty participation.

Criterion 4.1.2 Faculty Workload

Often in the program schools and programmes, there were attempts to teach as much as possible without possessing the capacity to do so. Therefore schools were advised to align their curricula to the capacity existing in the school. This has the benefits of ensuring high quality training for the students while not overstretching the teaching staff.

In order to be sustainable, teaching programmes in public health should address the professional requirements of each country's public health workforce and the health needs of the population, and should reflect available resources[30] Unlike the accreditation criteria of the Council for Education in Public Health (CEPH) in the United States, the criteria of ASPHER's PEER do not stipulate minimum staffing levels. According to CEPH, "a critical mass of faculty is necessary to support each of the five core concentration areas."[31] During the ASPHER OSI program, schools using modular training were advised to employ a minimum of two coordinators per module to provide security for the teaching.

[30] What Does It Take To Have an Accreditable School of Public Health? CEPH, Washington 1999 www.ceph.org
[31] CEPH "Accreditation Criteria Schools Of Public Health, Amended June 2005 ", www.CEPH.org

Development / PEER Program

PEER reviewers sensed that schools can stretch too far too rapidly during the development period, putting an enormous strain on the teaching staff who may have several other duties to perform. One solution, as highlighted above, was to have greater integration of visiting faculty. Two out of the six schools reviewed were recommended change in this area.

PEER Review Example 1

During the PEER site visit, some of the school staff stated that they were overworked; others noted that they were under-worked. The review team thought that, on a quantitative basis, the hours worked were not overly heavy but acknowledged that, on a qualitative basis, the staff did feel overloaded. The perception of permanent overload perhaps arose because of the faculty's involvement in non-participative assignments, in undergraduate medical teaching and in second jobs outside the department/university. The recommendations of the review team were that the department should have more description of workload planning, a clearer relation between formal and informal co-ordination, and clearer communication among the faculty.

PEER Review Example 2

The faculty's workload and the percentage of time given to each aspect of their daily tasks demonstrated disequilibrium between research, administration and teaching time. During interviews, each member of the faculty raised the issue of heavy burden of work in terms of hours; and many staff also stated that they wished for more time to conduct research. Officially, the workload was 40 hours per week; unofficially this rose to 60 hours per week. Out of this, time spent on administration ranged from 30% to 40% of their time; on research from 20% to 30%.; for lecturing, from 20% to 40%. The faculty mentioned that, at times, because of reasons such as staff shortage, they were asked to lecture in areas in which they did not feel experienced enough to teach. PEER reviewers suggested that this school look at ways of achieving a greater balance between the faculty's teaching and research activities, while noting that definitions, such as for "administration," were not universal within the faculty. Some lecturers categorised exam preparation as "administration," for example, whereas the review team thought this should be included as "teaching**."**

Criterion 4.2. Faculty Development

The programme shall have well defined policies and procedures to recruit, appoint and promote qualified faculty, to evaluate competence and performance of faculty and to support the professional development and advancement of faculty.

Criterion 4.2.1 Recruitment, Appointment and Promotion of Faculty

In the ASPHER OSI program, there were principally two areas related to this criteria section, both of which are governed by national laws that dictate procedures. The two areas are:

- automatic requirement to appoint new capacity in newly establishing schools;
- appointment and promotion of the faculty in more developed schools.

Establishment / Partnership Program

Ukrainian Example

The Ukraine project achieved capacity building by appointing "fresh" staff. The SPH organised a selection committee to choose the staff who would be responsible for the training. This committee consisted of members from the main university body (NaUKMA), the affiliated Medical Academy of Post-diploma Education (KMAPE) and Maastricht University, the Western European "twinning" partner for the NaUKMA project. Eleven candidates were interviewed; six were selected for teaching of six modules.

Development / PEER Program

PEER Review Example 1

In one of the more mature schools housed within a Medical University, both the appointment and promotion procedures are set by the national government. For appointing new faculty, the university is obliged to publish an official announcement of the vacancy in the national newspapers. Candidates for the posts are then interviewed and assessed with the resultant conclusions and recommendations submitted to the Committee for Accreditation and Certification who then secretly vote on the candidates and present the results of the vote to the Faculty Council. The Council then conducts another secret ballot in which the candidate with the majority of votes is approved for the position.

However, in meetings with the Committee, reviewers found that although the staff positions were publicly announced, there often was only one applicant per position. In addition, there were no external reviewers involved in the process. For promotion, the Committee for Accreditation played a vital role as well. The Head of the Department in which a faculty member seeks promotion begins the process by writing an official letter to the Dean to request the promotion. The request is sent to the Committee for Accreditation, who present results of committee discussion to the Faculty Council. Reviewers advised the school to integrate an external function into the future procedures of the school.

Other PEER Review Examples

These procedures, as well as the requirements of the posts, are indicative of the policies throughout the region. However, two other PEER reviews found that promotion was based on the staff conducting research, with the Director of the school having the right to promote faculty. In one of the reviews, promotion and appointment were conducted in an informal process with the Director personally choosing the staff.

Criterion 4.2.2 Faculty Development

This section refers to the notion that public health is a constantly-evolving discipline requiring constant innovation in its theoretical and practical approaches[32]. It underscores the role of faculty development or "capacity" building as an essential part of a school's development activities The new public health challenges in Central and Eastern Europe and the social, economic and political changes of the past decade call for a new approach to public health, and hence there is a great demand for upgrading of skills and continuing education.[33] Furthermore the school should look not only at the incumbent faculty but also at the newer faculty entering the school. Training of new faculty abroad in SPHs with rich experience in preparing practitioners, specialists and academic leaders is essential for development of a SPH. This will require training abroad for many, both at Master and PhD levels.

During the ASPHER OSI program there were variations upon this theme. Firstly, there was the training of future faculty consisting of current students who were potential faculty. Secondly, there was training of existing faculty to acquire new knowledge and skills. For both types of faculty, the OSI ASPHESR program provided several training approaches in both short and long study formats.

Establishment / Partnership Program

When establishing a school there is a need for more intensive training of faculty. This often can be intertwined with the development of a specified curriculum module. There were two principle models used throughout the program. The most effective was to send a faculty member (although preferably two faculty members) to a partner school to attend a master level module on a particular discipline. During the module, the visiting faculty were assigned a mentor from the partner/host

[32] Robert Beaglehole & Ruth Bonita, Public Health at the Crossroads, Cambridge UK 1997
[33] See note 10.

institution to advise and help to design a curriculum on that subject. This included a list of literature which could be procured while there. Upon return to the home school, the faculty member had the means necessary to teach that module. The returning faculty member would then test the module on fellow faculty during an internal workshop which had three major aims: to educate fellow faculty in the new knowledge gained, to inform them of the intended contents of the module and to receive critical feedback from peers.

The second model in the establishing schools program was to invite lecturers to the school. In Latvia, for example, the project placed an emphasis on faculty development through short courses delivered by international visiting experts. The advantage of such an approach is to economise: faculty, external practitioners and students all can be trained for smaller amounts of money than sending faculty abroad.

Latvian Example: Faculty Development through Short Courses from International Faculty

In the second year of the project the following training workshops took place:

1. Health Status Monitoring. Determinants of Health and Health Indicators
2. Needs Assessment. Priority-setting in Public Health. Strategic Planning
3. Implementation and Evaluation. Public Health Interventions

In the third year the faculty held one inclusive workshop with three external experts under the heading of "Methods and strategies in bridging the gap between research and practice in public health, with special emphasis on the situation in Latvia". The workshop consisted of the following:

1. How to use theories and research methods and to communicate their use to practitioners, with the ultimate goal to improve population health
2. How to use different competencies in society to increase communication between professionals and between professionals and the public.
3. How to make decision-makers aware of public health competence as a necessary basis for designing and implementing health plans.

The outcomes of the workshop were to build the capacity of the existing faculty and to introduce and train the anticipated future faculty, which consisted of both graduate and postgraduate students. In addition, the school involved selected stakeholders with the aim to implement many of the findings and initiatives deriving from the workshop.

Development / PEER Program

The ASPHER OSI program did not provide the professional training component for the PEER-reviewed schools. Instead, those schools were recommended to undertake the faculty development activities using their own resources. Some of the schools already were involved in capacity building exercises through separate programs prior to the outset of the ASPHER OSI program. One project in particular, in which three of the schools were involved, was called the Europhamili program. The main objective of that program was to form an integrated and coherent response to the need for improving practice and strengthening skills of different, present and future professionals working in Europe in the area of health care management. (This aspect of the individual school's role will be dealt with more thoroughly under Criterion 6 below.) Four of the six schools in the Stream 1 program were advised by PEER reviewers to participate in capacity building and faculty development activities.

PEER Review Example 1

A formal faculty development programme was lacking. Although faculty and administrators were aggressive in using opportunities to incorporate faculty development activities and role modelling/mentoring, the faculty lacked the formal opportunities for training and support in curricular development, such as writing competencies or using alternate methods of instruction and assessment. The school was advised to create opportunities and incentives for the development of its faculty in instructional design, innovative teaching methods, research proposal development, and student assessment and to encourage faculty training abroad with reintegration into the Faculty upon completion.

PEER Review Example 2

Faculty development usually was the responsibility of the heads of departments. The faculty had been involved in international training initiatives and the school recently had defined plans for improving faculty pedagogic skills. There was also an interest in pedagogical training among the teaching staff. Based upon these findings, the school was recommended to initiate as soon as possible the increasing and updating of faculty skills in teaching/learning techniques. This should be accomplished by developing a systematic approach for enhancing teacher classroom skills.

Abolition of Faculty "Study Tours"

When the ASPHER OSI program began, there was a movement away from the practice of study tours for many faculty members from one school at the same time. In the older training mechanisms, whole faculties were sent to other schools for training. This approach was used once during the ASPHER OSI program, only because it had been pre-arranged before the programme began. This practice was found to be ineffective because the training tended to be too broad in nature and the correct faculty and training were not necessarily targeted. Moreover, there was often a tendency among the attendees to absent themselves from the training sessions, perhaps thinking that they would not be missed in a larger group.

Lack of Recognition of Foreign Credentials

The final aspect/issue of capacity building to which attention should be paid is the fact that in many countries, especially throughout the Eastern European Region, foreign-issued degrees or certificates often are not recognised in the local state settings. There have been occasions of sending staff for training to some of the best universities in the world only to see them have to repeat the training and examinations through their own state systems when they return home before they can teach. In this sense, it is always important to assess the national legislation and to understand the willingness and ability of the schools to reintegrate the faculty members upon their return. There is movement, albeit slowly, toward more willingness to accept foreign-trained graduates into faculty positions or into positions in the Ministries of Health in some countries of CEE. NGOs, on the other hand, readily employ those graduates.

Criterion 4.2.3 Faculty Management Policy

Throughout the program, there were varying degrees of faculty management policy, ranging from nothing to a defined and disseminated policy. One process repeated in newer schools was to introduce faculty management policy on an informal basis and then, with maturity, formalise these structures. There were no other common themes seen within the stream 1 or 2 programs related to this section. One of the reasons for this may be the cross-referencing of this criterion with criterion 3.4 'Faculty' under the Internal Environment section of the PEER review.

Criterion 4.2.4 Faculty Evaluation

There were no common themes among the recommendations made to either the Stream 1 or 2 schools relating to this criterion. Faculty evaluation will become a policy or activity of establishing schools as they begin to mature and cohorts of students pass through their programmes. From the observations made within the Stream 1 (PEER) section of the program, there are varying degrees of evaluations in terms of content and use of the information gained from the evaluations.

Development / PEER Program

PEER Review Example 1

There was an annual evaluation of the faculty in place. Faculty members are responsible for preparing the documentation. The evaluation forms list the areas of reporting that the faculty must include. These concentrate on the requirements of their posts and tenure. Once the evaluation documents are completed, the faculty must submit them to the head of the department. However, in interviews with PEER reviewers, the faculty indicated that they were unsure of what happened to the reports after submission. In this case, PEER reviewers advised the school to make more use of the feedback within their quality management structures.

PEER Review Example 2

Faculty evaluation is based on anonymous student questionnaires distributed after the completion of each module and after the defence of the student's master thesis. It remained unclear as to how the results of these questionnaires were systematically fed back into the management policy of the school. In this particular school reviewers advised introduction of an external review as part of the evaluation process.

PEER Review Example 3

The school demonstrated a full range of evaluation procedures, including an external assessment. Twice yearly all the faculty members were required to complete a self-assessment of their teaching, scientific research and consultancy. This was submitted to and reviewed by the Director of the School. The Council of the school reviews staff members as well, including non-teaching members, twice a year. Its evaluation, along with the self-assessments, was taken into account when distributing the semi-annual premium to employees of the school. There is student assessment of the faculty. At the end of each module, every student was requested to answer an anonymous questionnaire on the various aspects of the module, including the performance of individual lecturers. These questionnaires were collected by the Educational Office and presented to the module organiser, who then gave the conclusions to the lecturers. Upon completion of the programme, graduates were requested to answer an anonymous questionnaire on various aspects of the entire

curriculum. These questionnaires are reviewed by the programme director and the Educational Committee. Lastly, there was an external assessment conducted as part of the national accreditation process of the programme in which the educational background, qualification, and experience of all faculty members was assessed by the National Accreditation Committee.

Discussion and Lessons Learned

The schools and individual programs in the ASPHER OSI program exist in competitive markets which lack both a defined public health workforce and guaranteed employment for graduates. As a result of this, schools tend to expand their offerings by subject, such as including more management courses and training, or by expanding the modes of delivery by including short and continuous training. However, this expansion can often expose gaps in their capacity for which schools will need to compensate.

Some schools and programmes in the ASPHER OSI program participated in and were advised to consider the use of external faculty from several sources: the larger University body (if housed within a university); other national and international training institutions; or the practicing public health workforce. Issues that were raised in using external faculty included their cost, the quality of their pedagogic skills and their involvement within the structural mechanisms of the school.

External faculty either from within the university structures or from other universities ideally should be integrated in to the management structures of the school. Of concern is the coordination of their courses with the rest of the school and the continued satisfaction of the external faculty. In addition, schools should try to utilise this faculty through formal arrangements to ensure its sustainability. However, there may be limitations on level of involvement of external faculty in the management of schools due to provisions or policies of the school or those of the external faculty member's home institution.

Schools were advised to use international faculty when possible, as they can perform several roles at the same time. They can educate the student body and add an international flavour to the school's offering. They can also help to build the existing capacity of school simultaneously with the teaching of the graduate cohorts. They can help to train local professionals, an activity which has the secondary role of raising the profile of the school in the local environment. One issue, however, is the cost.

ROMANIA: Teaching Staff

Romania National Institute of Research and Development in Health (Now National School of Public Health and Health Management)

Describe the organisation, faculty and students of your SPH and MPH or PH training programme.

The National Institute for Research and Development in Health was set up in November 1990, under the name of National Institute for Health and Management Services. The development of the institute and of its staff was based on the first World Bank loan for the Romanian health sector, which had a special component, dedicated to the development of health services management in Romania. Its major tasks were to provide postgraduate education in health management for the medical staff and technical assistance for the Ministry of Health. In 1997, the institute became the Institute for Health Services Management, and in 2003 became the National Institute for Research and Development in Health. This new institution kept the initial major tasks, developed them and added major new tasks like research, health promotion and health services analysis. The faculty of the MPH and other training programmes comprise university teaching staff from the institute and from universities, scientific researchers from the institute and health management trainers (who are medical doctors, economists, psychologists, etc.) from the institute. In 2006, the institute became the National School of Public Health and Health Services Management, continuing its major tasks with a major focus on training and research.

Main categories of students:

- ***Master students***: *age between 26 and 40, physicians, pharmacists, sociologists, economists, psychologists and residents in Public Health and Health Management and in other clinical specialties, employees of the Ministry of Health and Family, District Public Health Authorities, National and District Health Insurance Houses, hospitals and other private and public health and social institutions and NGOs*
- ***Postgraduate competency course***: *average age 40, physicians, economists, biologists, jurists, pharmacists, employees of the Ministry of Health and Family, District Public Health Authorities, National and District Health Insurance Houses, Medical Authorities belonging to other ministries (National Defence, Internal Affairs, Transportation, etc.), other insurance houses (National Defence, Transportation), hospital managers, managers or owners of other medical and social institutions*
- ***Short courses***: *average age 35, physicians, chief nurses, general practitioners, family practice physicians and nurses, managers of hospitals or self-employed in their own practices*

What led to the initiative to establish your SPH and/or MPH?

Given the fact that Romania is in the process of accession to EU, of most importance is to incorporate all the relevant requirements regarding public health in Europe. In this context, in the development of the European Union, there are enough similarities as regards the problems and challenges in the health sector and indeed enough convergence in the efforts made by the different countries to justify some common approach at the EU accession states level. There was a real need to develop a training programme in order to meet these challenges Romania is facing. The aim of the MPH programme development was to stimulate higher education and research institutions in Public Health in Romania, to develop a public health approach in line with EU and international experience and to increase the competencies and performances of public health professionals in dealing with Romania- specific health problems using internationally agreed concepts and tools.

Please list and briefly describe the major problems concerning establishing your SPH/MPH.

1. ***Organisational problems***

a. to elaborate a curricula which should answer to 3 requirements: the stakeholders' requirements for employment in PH, the experience and expertise of the school staff and the ASPHER criteria

b. to include in the courses main aspects of the health care reform (which is an ongoing process), in order to better prepare the students to face the issues in their workplaces

2. ***Teaching staff problems***

a. recruiting teaching staff for some modules of the programme

b. implementation of the quality indicators needed, time and commitment from the teaching staff

What solutions were found and how did the OSI APHER program assist to resolve them?

1. ***Organisational problems***

a. the curriculum was elaborated based on previous meetings with the stakeholders---future employers of the programme graduates and based on the ASPHER criteria

b. in order to include in the courses the main aspects of the health care reform, we invited key stakeholders as guest lecturers on specific topics of the reform

2. ***Teaching staff problems****: for the modules for which we did not have teaching staff, we had 2 options:*

a. We developed an exchange programme in the ASPHER OSI project, for training our own staff with the partner institutions, meaning 2 persons representing the teaching staff were sent to Aarhus University and 4 from the teaching staff were sent to the London School of Hygiene and Tropical Medicine. Following the exchange there were developed 5 short courses:

1. *Research Methodology in Public Health, Quantitative Methods Used in Research, Qualitative Methods Used in Research*
2. *Health Services Evaluation through Patients: measuring the health status and the quality of life*

3. *Economic Evaluation within Health Services---quantitative methods used in the economic evaluation of the health programmes/interventions*
4. *Health Policy---focus on European aspects*
5. *Health Programme Evaluation*

b. We recruited staff from universities. Implementation of the quality indicators for the teaching staff was overcome due to the desire of the staff to do their activities accordingly to the highest national and international standards and with the support of the international counterparts.

What were the results of establishment of your PH education and/or SPH?

a. ***The most important result*** *of the project is the development of the National School of Public Health and Health Management which is the recognition of the value of the training programmes from the institute. The institute was transformed into the National School of Public Health and Health Services Management by the law nr. 95/2006 promoted by the Ministry of Health and endorsed by the Parliament of Romania.*

b. ***other important results****:*

- *Development of the training programmes at an European level*
- *Development of books and other training materials*
- *Development of the teaching staff based on the exchange programmes*
- *Development of a summer school in health management*

Describe the lessons learned in the project, including deficiencies.

- *It is difficult to make people and institutions implement standards*
- *Implementation of legislative initiatives takes time*

Please outline your plans for further development in the coming 3 years*.*

- *To implement and develop the new coming institution---the National School of Public Health and Health Management*
- *To develop the training programmes by including some new European modules*
- *To develop international cooperation in the Public Health field*
- *To develop new training programmes according to European standards*

What recommendations do you have from your experience for others attempting to develop similar programmes and organisations?

- *To involve all the stakeholders from the beginning*
- *To make a continuing needs assessment of the potential employers of the programme graduates*
- *To allow enough time for the implementation of law and regulations*
- *To prepare people when implementing new standards*

Author: Dr. Florin Sologiuc

CHAPTER 7.
Students And Graduates

PEER Criterion 5

The SPH shall have student recruitment and admission policies and procedures, designed to select qualified individuals for a career in PH, shall monitor the progression through the programme, shall follow up the graduate population and actively involve the students in the decision making process.

Criterion 5.1. Recruitment and Admission Policy

Students, along with their experience and knowledge, should be considered as resources who can provide added value to the curriculum. A wide spectrum of experience and knowledge is therefore an ideal selection criterion when admitting new students. "When everyone is a resource person, there is an added richness in the exchanges of knowledge and experience if the sets of learners who are brought together have a variety of professional backgrounds and working environments"[34]. Unfortunately, many schools do not have the benefit of being in a position to pick and choose their students, as admission numbers are often too low for this to be practicable. However, in many of the schools and programmes of the ASPHER OSI program, the majority of students were employed and therefore brought workplace experience to the classrooms.

Many of the schools in the region are operating within legal systems which support the older social hygiene paradigms that include a heavy emphasis on medical academic backgrounds different from the New Public Health philosophy of diversity and multi-disciplinarity of admissions and training.

Several of the developing schools in the program were training pre-defined groups or singular sectors of the workforce, which hampered their ability to be more eclectic in their student admissions. This is especially true for schools concentrating on niche markets in order to raise revenue and/or whose students, and consequent finances, were provided by the state. Half of the PEER-reviewed schools in the program were advised to increase diversity of student admissions. Some of the newly established schools/programmes, on the other hand, integrate more diverse students, as they often started from point zero and could include student diversity in the legal changes required to establish the schools.

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[34] See note 13.

PEER Review Example 1

The majority of admissions are employees of the National Public Health Service (NPHS). Each year the government allocates funds for this training. The funds currently go to the school. However, the funds are not specifically allocated to this school but rather to institutions in the country that can satisfy the training needs of the NPHS. So far, only the school under PEER review exists in the country but new schools are emerging. They are potential competitors for the governmental training funds and correspondingly these will create the potential for a reduction in the school's level of financing. Therefore, the recommendation from the reviewers was to increase the diversity of the student base in order to anticipate and effectively address a potential decrease in numbers of students and funds from the government.

PEER Review Example 2

One of the listed requirements for incoming students relates to academic levels and/or experience in the field. There was a priority for medical doctors and then for those with undergraduate degrees in Biology. However, during the PEER site visit it became apparent that all the students were employees of the sanitary inspectorate workforce. The PEER reviewers advised the school to expand the target group, and/or combine its teaching programme with others, such as the health management programme housed in the umbrella academic unit. This would broaden student horizons while allowing the school to reach other important target groups in the field of public health. Moreover, increasing the number and diversity of students would provide the school an opportunity to influence further the future of public health through involvement in a broader spectrum of public health occupations while, at the same time, educating future public health leaders.

Criterion 5.2. Coherence between Admission and Selection Policies and the Mission Statement of the SPH.

Student Educational and Professional Background

Different schools introduced different mechanisms governing new student admission criteria and qualifications. One of the major aspects was the difference in admissions between the older sanitary epidemiological model and "new" public health model. Under the older system there was/is a strict medical focus to admissions. Under the newer system there is demand for a more eclectic admissions policy commensurate with the broader nature of the discipline. To achieve a broader, more diverse group of students generally required a legal change. Once a school has achieved this and has enrolled students with backgrounds other than medicine, care should be taken in the first few weeks

of the programme to ensure that each student is introduced to the foundations of the programme to guarantee a balanced level of rudimentary knowledge in the student body. This can be achieved by teaching "introductory" courses, such as an Introduction to Public Health or Epidemiology.

Examples of Schools Allowing Multidisciplinary Admissions

- *Albania:* Health Sciences, Medicine, Pharmacy, Dentistry, Nursing, Social Sciences, Economics, Law, Engineering and Veterinary Science *(DPH/Faculty of Medicine, Tirana University and IPH of MOH)*
- *Armenia:* Graduates of Health Professions Programme (Medicine, Dentistry, Veterinary Medicine) or Baccalaureate Degree in Engineering, Natural Sciences or Social Sciences *(College of Health Sciences, MPH Programme, American University of Armenia, Yerevan)*
- *Bulgaria*: Medicine, Nursing, Social Work, Management, Law, Ecology, Public Administration, Social Pedagogics, Social Management, Logopedics, Biology, Economy and Management of Commerce, International Relations, Informatics (*Faculty of Public Health, Medical University of Varna)*
- *Croatia:* Medicine, Dentistry, Nursing, Pharmacy, Law, Social Work, Economics, Management, Psychology, Education, Rehabilitation (*Andrija Stampar SPH, University of Zagreb Medical School*)
- *Estonia:* a bachelor degree or an equivalent in social science, biology, economics, or other specialities *(Department of Public Health, Faculty of Medicine, University of Tartu)*
- *Lithuania:* Medicine, Nursing, Social Work, Management, Law, others *(Faculty of Public Health, Kaunas University of Medicine)*
- *Macedonia*: Medicine, Dentistry, Nursing, Law, Economics, Social Sciences, Business Administration (*Centre of Public Health, Medical Faculty, Sts .Cyrus and Methodius University, Skopje*)
- *Moldova:* Medicine, Management,, Law, Engineering, Economics, Sociology, others *(School of Public Health Management, State Medical and Pharmaceutical University "Nicolae Testemitanu,", Chisinau*
- *Ukraine*: Medicine, Business Administration, Pharmacy, Economics and others (*School of Public Health, NaUKMA, Kiev*)

Development / PEER Program

PEER Review Example 1

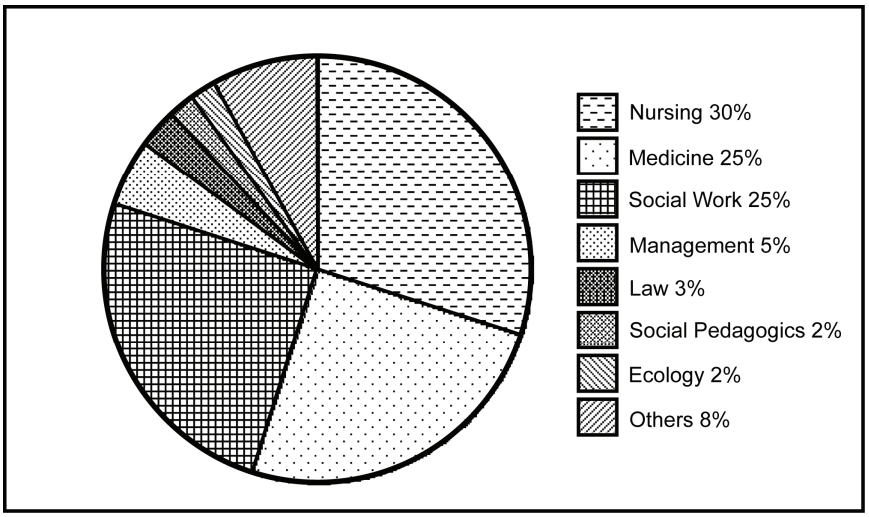
In one PEER reviewed school, fifteen out of the sixteen students in the student cohort were doctors, the sixteenth being a nurse.

PEER Review Example 2

The more inclusive criteria for the newer model of public health training does not exclude physicians.

Figure 7 comes from a PEER reviewed school and demonstrates a clear student mix, with Medicine accounting for one quarter of the admissions. The school's admission policy states that "The programme is open to students from various professional backgrounds related to the field of Public Health. In order to be eligible for the programme, the applicants should have a Master Degree in Medicine, Dentistry, or Law; or, at least a Bachelor Degree in: Sociology; Health Care Management; Economics; Psychology; Pedagogy; Environmental Sciences; Engineering; Social Activities; Nursing."

Figure 7. **Student Educational Backgrounds in one PEER Reviewed School**



Employment within Public Health Arena

The majority of the schools in the program have included, as a requirement and /or preference, that students have a history of employment in a public health area. Some schools have clearly emphasised their target groups as those trainees from specific public health functions, such as Sanitary Health Inspectors or Environmental Health Inspectors. The following text comes from one school's prospectus as advertised on the internet:

> "At the present, the largest target group of the MPH programme are the senior environmental health specialists that need retraining or people aiming to these positions after the large reforms in the health protection services (environmental health). The second target group are the managers of health care institutions."

English Language Requirements

As more schools integrate English-based teaching into their programmes, through use of international texts, literature and external lecturers, some have included language skills as a selection

criteria. The majority of the schools in the ASPHER OSI program do so, although in one school this was preferred rather than mandatory. Schools may wish to review how their selection criteria are administered. Strength of language skills should be thoroughly reviewed rather than based on student /applicant self-assessments. In one of the project schools, the language assessment was conducted by the university language department.

Other Specific Requirements

Some schools have reserved places for particular professionals in their courses. Other schools have given preference to applicants whose employers support their studies and provide a statement to the school that they will employ the candidate in the area of public health. Another admission criterion, although not widespread, is the use of "motivation" within the selection process, in which applicants were reviewed on their aspirations for the training and their future public health careers.

Criterion 5.3.a. Student Guidance to Studies

All the schools in the PEER review section of the program provided some form of study guidance to their students, usually as written material. Personal advisory or counselling functions were available on an informal basis. This may be a result of the student body sizes being sufficiently small enough for these mechanisms to work. In the newly established schools, there was an emphasis upon designing and providing student guidance procedures.

Establishment / Partnership Program

Albanian Example

During the establishment of the Master in Public Health in Albania there was a concentration on producing course materials; this began seven months before the new school and the MPH course began. All the MPH teaching staff were involved in the production and printing of a set of lectures, case studies, presentations and public health books for every student in the course. When the students began, each one of them was provided course materials. This was highly praised by the students.

Romanian Example

In Romania, the participating schools approached the subject by incorporating the experience and cooperation of the public health academic community. In the second year of activities, the programme sought to produce a text book for the MPH course, which was achieved by allocating OSI project funds for the translation of the

text book "The New Public Health" by T. Tulchinsky and E. Varavikova[35] into Romanian. Throughout the project, schools have been advised to ensure that they both teach and make available in students' national languages a sufficient quantity of local and national issues.

Development / PEER Program

PEER Review Example 1

The school identified three distinct stages of guidance: "preparatory," "promotional" and "continuous." The *preparatory* stage began before the students arrived and referred to the marketing and promotion of the course, such as commercial publications and advertising on the school's website. The *promotional* stage began at the start of classes and consisted of information about the courses, the study process, career paths, elective courses, departments and the faculty. Finally, the *continuous* stage occurred at the beginning of every course and lasted through an introductory lecture. The students were informed as to the aims and objectives of the course and are presented with materials for the studies, timetable and an introduction to the course leader and lecturers.

PEER Review Example 2

Students initially were provided with a "Student Information Manual," a comprehensive reference covering the two years of the programme. The manual contains information about the academic calendar, mission, objectives, competencies, courses, grading, and the culminating or thesis project. At the beginning of each individual course, the professor distributes a syllabus and discusses the objectives, reference requirements, and the grading criteria of that course. Textbooks are loaned to the students and returned at the end of each course. During the first week of classes, each student is required to meet with one of the MPH course directors to provide a personal statement of his/her goals and objectives. The course director then discusses the responses with the student and uses part of the meeting time to begin discussing and guiding the student with his/her thesis or culminating project. Students and the course director then meet periodically throughout the programme to discuss academic performance, professional mentoring needs and career advice.

[35] Tulchinsky TH, Varavikova EA. *The New Public Health: An Introduction for the 21st Century*. San Diego: Academic Press, 2000.

Criterion 5.3.b. Student Guidance to Career Possibilities

A school of public health should be appraised by the performance of its students and the ability to develop competent practitioners. Schools can concentrate on this output capacity before their students enter the course, throughout their attendance and after their graduation[36].

An important role of the school is emphasising career opportunities open to students upon graduation. This has two prime benefits. Firstly, it will encourage students to enrol in the course if they are aware of the possibilities and potential for furthering their careers. Secondly, it will help to direct trained graduates into positions where their knowledge will be of use in determining the health of the country's population, as Varavikova writes,

> "Major potential contributions of the SPHs in the New Public Health is in helping to create a new health culture, training the professionals needed to bring to routine practice the elements of health promotion and disease prevention, with re-assessment of the health system as a contributor to population health."[37]

In the six PEER reviews conducted, student-centred career guidance was deemed to be lacking in every case. This may be a result of two distinct factors: the type of students enrolled and legacy issues regarding the roles of schools in the local environment.

There is not one particular type of student or one specific type of training in the schools and programmes within the ASPHER OSI program. Students may be enrolled in undergraduate, graduate, or postgraduate training, along with short courses and continuous training. However, many of the schools undergoing the PEER reviews were training already-employed students where the necessity to provide career advice was not overly apparent. In addition, there are legacy issues in some countries regarding the role of schools in the local environment whereby the job market, along with nearly every other facet of a school's operation, was determined at a state level. Schools did not need to concentrate on what the students did after completing their studies, as it was not the school's concern; it was the responsibility of the state.

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[36] See note 10.
[37] See note 20.

As more countries adopt private market mechanisms, schools will need to focus on the professional future of their graduates to ensure that their training is beneficial to the population at large. As state funding decreases as a percentage of a school's income, the school will need to maintain higher numbers of private sector students and corresponding private student fees, assuming that private pay students are allowed by laws and admission criteria. Those students will want to know what return to expect from their financial investments. For marketing purposes alone, the school must have an up-to-date reference regarding the employability and market potential resulting from the school's educational programmes.

Development / PEER Program

PEER Review Example 1

Students enrol because they are motivated to obtain new knowledge and skills in public health and health management. Many of them were not informed about the career possibilities and the competencies they can acquire during the study process before the start of their studies. The reviewers noted that career planning support at the school is not considered as very urgent. The school did not present more detailed information about possible work places and career possibilities in the marketing and promotion process. Information disseminated during the promotion consisted mainly of information about the courses, the study process, structure and departments of the school. It was advised that more information about possible career pathways and benefits of the programme should be provided by the school to potential students and that the programme should be advertised more widely among health professionals. This is increasingly important because of competitor activity and the urgent need of retraining "old" public health professionals.

PEER Review Example 2

The school questioned new students about their attitudes towards the possibility of employment in the public health sector. The most frequent response showed that the incoming students thought that there are "moderate possibilities" for employment. However, the issue of career planning support was not seen as urgent in the school. The reason is that the majority of graduates, at the time of the PEER review, easily were finding work places in the health sector. In the years to come, however, the situation will become more complicated as the "absorption" capacity of the health system for a population of a few million is reached. Competitor activity makes this scenario even more probable.

Criterion 5.4. Student Involvement in the Decision-Making Process

One of the major changes in the region over the last few years is a focal change of schools from listening solely to the dictates of the state to hearing the wants and needs of the students and the

marketplace as well. As state funding is reduced, schools must try harder to attract students. Listening to the students as both clients and stakeholders will provide student feedback for us in design of future promotions. In addition, understanding the needs of the students can help re-orient parts of the training when needed to ensure that the skills required in the workplace are being taught.

Barnard and Kohler emphasise the necessary input of student educational needs and perspectives into the functioning of the school: "questions of internal structure and management are addressed in terms of the learning objectives of a given set of students. This means establishing course or programme teams of staff members who will ensure that there is a good fit of learning objectives, curriculum content, learning activities and the chosen means of assessment of the students in terms of knowledge, skills and competence acquired"[38]. It is important to ensure that the school listens to the clients of the programme (the students) and that they perceive that their opinions are incorporated in the operations of the school.

Establishment / Partnership Program

Two of the projects in the Stream 2 establishment section of the program demonstrated a clear and formalised policy toward student involvement. In Albania, student representatives formed part of the advisory board of the school. In Latvia, the University structure has strict regulations determining student involvement: two of the Public Health students sat on the Committee of the Faculty of Public Health, which is responsible for the operation and supervision of study programmes.

Development / PEER Program

The PEER- reviewed schools demonstrated systems ranging from highly-developed procedures to either no system at all or an informal one for listening to students. The following are examples from two of the reviews.

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[38] Barnard, K. and Köhler, L. *Creating a good Learning Environment – a review of issues facing schools of public Health*, in Training in Public Health, strategies to achieve competences. WHO/EURO, Copenhagen 1994

PEER Review Example 1

One undergraduate and one graduate student are elected annually to the Council of the School. Apart from this formal aspect of student involvement in the decision making process, students benefited from an informal structure which allowed them to talk to the staff at any time. In addition, students also went to the registrar's office if they had any problems. The advice of reviewers to the school was to work on more formalised policy and procedure within the school.

PEER Review Example 2

Reviewers found no evidence of student involvement in the decisions made by the school. One of the recommendations from the reviewers was to have the students elect a student representative who would be responsible for communication between the students and the decision makers within the department. There was also a recommendation that faculty members should have fixed hours in which they are available to the students.

Criterion 5.5. Effectiveness of the Programme with Respect to Average Length of Study and Number of Graduates

The newly established schools in the program could not yet comment upon or evaluate this criterion. In the more mature schools there seemed to be no major issues with regard to the practice of monitoring student drop out rates. However, some schools did highlight that their programmes were lasting far longer than had been expected or advertised in the prospectuses.

This situation can be seen as exacerbating the demanding nature of the course on more mature students who tend to have careers and family life considerations. In one school, students mentioned the potential effectiveness of receiving a precise plan of the whole programme at the beginning of the studies so they could better plan their personal time. In another school, students suggested that the teaching process should be more intensive during the time they are at the school in order to finish the programme in the prescribed time.

One of the schools in the program undertook a project to identify the reasons for students' discontinuation of studies from their course since its inception. The course was very similar to the other schools in terms of study hours, length and student demography and therefore the project's results may be reflective of the spectrum of reasons why students are prematurely leaving their studies throughout the region. Reasons for discontinuation of studies were as follows:

- 5 could not finish their studies because of family and personal reasons;
- 4 could not reconcile their studies with their tasks at the workplace;
- 4 could not finish because of change in job or position;
- 2 received fellowships to study abroad;
- 3 are intent on finishing;
- 1 quit because of illness;
- 1 deceased; and
- 3 could not be contacted.

Criterion 5.6. Monitoring of the Graduate Population and Use of Their Experience

As mentioned above, schools need to be more dynamic in teaching the skills needed as determined by the market/work place rather than by the state or the teaching organisation only. With regard to potential students, what former students do after graduation is now a concern of schools.

One area where these two aspects find common ground is in the creation of alumni associations. Such associations have several benefits beyond that of an annual social function for graduates. For example, an alumni association enables the school to monitor and evaluate what its educational programme, through its graduates, is achieving in the market/work place.

Information gathered from an alumni association can be used in a variety of ways, one of which is marketing of school programmes. An alumni association can help keep the school informed of what prospective students can hope to achieve after graduation. Also, alumni can help to discern how the training received at the school is applicable in "the real world" and whether the skills taught were really the ones needed. In this sense, schools are encouraged to include alumni and alumni associations in the curriculum review process to ensure that training is kept up to date with the requirements of the market/work place.

There are also possibilities to use alumni as external lecturers in the course. As the programme matures, the alumni group will grow in numbers and in experience. An association with members rising through the ranks of the health system can provide graduates with an excellent networking opportunity and the chance to influence state governing mechanisms. One of the PEER reviews

found that the school's alumni operated very much along the lines of an American model in generating large revenues for the school.

Development / PEER Program

Most of the schools in the review process either had started an alumni association or were in the process of starting one. The recommendations included here are from PEER reviews of two schools and focus upon developing their associations further.

PEER Review Example 1

One review noted that the newly established alumni organisation and the pilot graduates' placement evaluation are important because of the possible "support of the alumni for the school training programme(s) and for the ability to monitor the competitive position of the FPH in the market. The reviewers' recommendations were twofold: 1) working experiences of alumni should be used more often in the teaching of the programme to improve the "practical" content of the programme, and 2) more precise information about the distribution of alumni positions in the market/work place will be of value for adjusting the programme (or the specialisations), if needed, to the real training needs of the health sector.

PEER Review Example 2

The recently-established Alumni Club was perceived to be useful for monitoring the careers of the graduates. However, the club was not yet functioning, as was mentioned by some graduates. Therefore, the working experience of alumni had not been used sufficiently or integrated into the programme. The recommendations from the reviewers included:

- the Alumni Club should define practical areas of possible activities related to the programme, especially adding to the quality improvement of the programme
- the working experience of alumni should be used more efficiently in the training process to improve the practical content of the training modules
- the Alumni Club also should develop stronger links with public health or health management-related organisations such as the National Public Health Association, and/or other alumni associations in order to further define its aims
- precise information on the working positions of alumni can be valuable for improvement of the training programme according to the needs of professionals in particular health sectors
- alumni links could be used for development of research projects after graduation from the programme.

Common PEER Review Recommendations

In all of the PEER reviewed schools, there was a lack of career guidance. In this regard the reviewers advised the schools:

- to concentrate on career guidance as a potential aid for students who wish to change careers
- that information about research interests should be available to the alumni and that it would be useful to add this information to the database of the graduates
- that faculty should encourage graduates to continue their studies and research activities in the future through an alumni club and to provide consultations if needed.

Discussion and Lessons Learned

It is clear that the majority of the student population of schools and programmes in the ASPHER OSI program were balancing study and occupation workloads. This was seen as the primary reason that seven out of the ten schools administer part-time courses. Some schools stated that not only did they actively seek students with current employment, but they also specified the type of occupation sought and the prospective student's functions within those occupations. For some schools this demarcation was a self-determined, deliberate marketing strategy to focus on particular occupational groups, such sanitary inspectors, whereas other schools received financial aid from the government.

Attitudes toward career planning and guidance may be influenced by the older planned systems in which responsibility for finding employment was the task of the state apparatus. With the breakdown of the older system, there has been a withdrawal of wholesale state support for full employment and hence schools have responsibility for helping students with career planning. This function is rarely understood and therefore implemented infrequently, if at all, within educational organisations. It is not necessarily so that that this applies only to the SPHs. However, for well-established occupations, it is obvious where graduates may find work in a sector of the economy; this is not the case for new public health professionals. The problem is compounded, regarding work in the government or public sector, as more cohorts of MPH students graduate, for example, unless regulations exist or have been amended to allow entry into the public workforce.

Another facet is the autocratic decision-making process and a sense that schools performed their educative function with a supply side ethos where education was "administered." There is now a changing emphasis to schools being demand-led. This adds further emphasis to the importance of

the schools to view their student populations as stakeholders. Students are progressively seen more as 'clients' of education, especially as many now pay for their own educations. Therefore their views, wishes and aspirations need to be integrated into the planning and operation of the schools.

As referenced above, one of the biggest issues the schools in the region face is lack of employment possibilities for their graduates who are not already employed at the time of enrolment (the majority of students in the individual schools/programmes of the ASPHER OSI program were working professionals). Although the government still remains one of the main public health employers in the region, many graduates are dissuaded from entering into the public sector because of a lack of earning potential, particularly when compared to the private sector. The situation is compounded by a general lack of defined public health positions and by positions that do exist being occupied by personnel who have no public health training. Receiving a public health education is not a prerequisite for either promotion or salary increases in many countries. This dramatically affects the potential of the schools to attract prospective students. As a result many schools have sought either to integrate more commercially-attractive disciplines, such as management, or to focus on the continuous training of existing professional groups.

ESTONIA: Student/Graduate Input
University Of Tartu, Department Of Public Health

Description of the organisation, faculty and students of MPH and other training programmes
The Department of Public Health is a structural unit of the Faculty of Medicine, University of Tartu. The Department has five Chairs (Epidemiology and Biostatistics; Health Promotion; Environmental and Occupational Health; Health Care Management; Health Economics). The academic and scientific staff consists of 17 persons. All teaching staff have academic degrees (11 PhD, 3MPH, 2 MScPH, 1 MA). Administrative staff consists of 5 persons. The Department is responsible for teaching public health disciplines in a number of obligatory and elective courses offered to the students of the Medical Faculty as well as to post-graduate students. Training at the Master level started in 2000. There are currently 33 students in Master of Public Health training programmes (2006). The annual admission is approximately 10-15 students per year. All together 29 Master theses have been defended at the Faculty during 2000-2005.

What led to the initiative to establish your MPH programme?

No professional training of public health was carried out in Estonia during the Soviet time (1940-1991). The public health services were provided by stations of sanitary-epidemiology and the staff had received 4-5 year training in special sanitary-epidemiology institutions outside Estonia. After Estonia regained its independence in 1991, the Department of Hygiene was completely reorganised into the Department of Public Health. The importance of preventive medicine, including a population-based approach, was recognised. Under the support of the World Bank Estonia Health Project, new Chairs of Health Promotion, Epidemiology and Biostatistics, and Health Economics were established. Throughout the 1990s discussions on establishing training for health professionals in preventive and/or public health medicine had been going on. The World Bank Estonia Health Project supported this idea as well.

During 1997-1999 several working groups were established by the Ministry of Social Affairs to give advice on how to organise professional training of public health in Estonia. One of the major driving forces in these working groups was the Health Protection Inspectorate, which was running short of staff. Finally, a development plan on public health education was presented and endorsed by the Ministry of Social Affairs in 2000. This plan proposed a 2-year MPH programme as the main format of training of future specialists in the field of public health, and the Department of Public Health, University of Tartu to be the responsible institution for this training.

Outline of Modules of curriculum for courses in MPH Programme

Two training programmes in master level:

1. Master of Public Health---2 year professional training (80 credits); consists of core (30 credits), special (27 credits), and elective (3 credits) courses; thesis required (20 credits); special module has 2 tracks: Health Management and Health Promotion; Environmental Health.

2. Master of Science in Public Health---2-year research-oriented programme (80 credits); study credits (18); individual research (62 credits)

Major problems concerning establishing of your PH educational programme

- *The understanding about the importance and need for public health training was poor in the community as well as the institution*
- *Lack of experience among the staff about implementing the programme and compiling the contents of the programme*
- *Deficiency in qualified teaching staff*
- *Course coordinator was needed for the development and practical management of the programme*

What solutions were found and how did the ASPHER OSI program assist to resolve them?

For solving the problems in development of the programme, experts from ASPHER OSI proposed many useful activities which were discussed among staff during the self-evaluation period:

- *Programme committee for MPH Programme should be appointed*
- *Involvement of students and external experts/institutions into the development of programme*
- *Feedback from students and graduates should be organised*
- *Continuous training of teaching staff is needed*
- *Information and new knowledge acquired through personal as well official communication gives good input into the programme (ASPHER Annual Conference is one of the possibilities)*

What were the results of establishment of your PH education?

- *The continuous education in public health field has been established in Estonia*
- *Graduates of the MPH Programme are working as top-level specialists in the Ministry of Social Affairs, Health Protection Inspectorate, etc.*
- *Good contacts and collaboration is established between the Department and external institutions*
- *The graduates are involved in teaching in MPH Programme and other public health training courses*

Describe lessons learned in the project, including deficiencies.

- *The project helped to understand the importance of mutual cooperation between the staff in developing the MPH programme*
- *The process of writing the Self-Assessment Report had a great impact on development of the MPH programme*
- *Training of teaching staff is very useful in increasing the quality of the programme*
- *The discussions and regular Department meetings during the project promoted an active discussion about the mission of the Department and aims and content of MPH programme*

Outline your plans for further development in the coming 3 years.

- *The main aim is to keep on the continuous development and the quality assurance of the programme. The full accreditation of the programme by the Ministry of Education and Science is targeted.*
- *Implementation of feedback system for master students*
- *Offering training courses to the teaching staff*
- *Developing an international MPH Programme (in English)*
- *Provide vocational training courses in public health*

What recommendations do you have from your experience for others attempting to develop similar programmes and organisations?

- *Existence of strong teaching and scientific staff as a basis for the programme is very important*
- *Cooperation with external partners is very important in dissemination of the information and new knowledge*
- *Writing a self-assessment report helps to clearly state the mission and the aim of the programme as well as to plan the appropriate activities to develop the programme*
- *Involvement of all staff into the programme development process strengthens the institution and helps to understand common goals*

Author: Professor R. Kiivet

CHAPTER 8.

Training Programmes

PEER Criterion 6

Criterion 6.1. Curriculum

The programme should cover the main areas of Public Health and offer opportunities to have practical experience and to deal with project planning and research methodology.

Criterion 6.1.1. Coverage of Relevant Areas of Public Health

Many of the "older" schools and programmes usually require a 'tuning' or re-orientation of their curricula in order to meet international standards. New schools, however, have had to generate curricula.

Throughout the ASPHER OSI program, there were several different approaches to curriculum design and/or amendment. The most basic was to create a curriculum using the school's staff. This approach is very intensive and requires that the staff have experience in generating a curriculum, including criteria, competencies and credit system allocation required. A second approach was to choose an existing curriculum, many of which may be found on the internet, use it as a template, and adapt it to local needs. The third approach was to implant a curriculum taught by other universities. This was found in only one school in the region which has been viewed as a type of annex of a larger university structure in the U.S. In that school, however, it was necessary to adapt to the European and country setting.

Designing and Implementing a Curriculum

In the different approaches used, there are common themes or tasks. These include the following:

1. *Conduct a needs assessment*: This is fundamental. It is to ensure that the needs of the local environment will be met. Proving that a school fulfils a need may facilitate a dialogue with government and other stakeholders, especially important if legal changes are required.
2. *Use external and international experts*. This ensures that the curriculum meets international standards and allows use of their expertise in curriculum development.
3. *Involve local stakeholders (including the government*) *in the curriculum design*. Ensuring that the needs of these groups are satisfied in the curriculum may reduce potential resistance to the school or course and ultimately may help with employment of graduates.

4. *Consult the faculty*. The co-ordination of the curriculum relies heavily on the faculty knowing what is being taught by whom. It is essential that they feel a sense of ownership over the contents.
5. *Consult students.* Feedback mechanisms ensure the quality of the delivery of the programme.

Public Health "Core" Curriculum

Regardless of structural approach, there must be a solid "core" public health curriculum.
In Europe, ASPHER's PEER standards contain four elements which reflect the need for knowledge, skills and competencies for practice in the relevant fields of public health:

1. Techniques and tools for measurement of the health of populations, causes and patterns
    - 1.1. Descriptive and aetiological epidemiology
    - 1.2. Epidemiological and statistical techniques for assessing interventions for individuals and populations
    - 1.3. Instruments for measurement of health, disease and quality of life
2. The main determinants of health of individuals and populations
    - 2.1. Environmental and occupational factors
    - 2.2. Socio-economic factors
    - 2.3. Lifestyle and behavioural factors
    - 2.4. Genetic factors
3. Interventions to change the health of populations, to promote health and prevent disease in individuals and to provide treatment and care
    - 3.1. Interventions to monitor and improve the quality of physical environment
    - 3.2. Health promotion at the population level
    - 3.3. Personal health promotion and behaviour change
    - 3.4. Identification and treatment of pre-symptomatic diseases
    - 3.5. Provision of health services, treatment and care
4. Health policy issues and approaches to advocacy and policy development at local, national, European and global levels
    - 4.1. Structures for health policy making and influencing health policy
    - 4.2. Structures of public health services
    - 4.3. Health service finance and organisation
    - 4.4. Evaluation of policy and programmes

Alternatively, in the United States, the Council for Education in Public Health (CEPH), the accrediting body for the American Schools of Public Health identify five core areas. The areas of knowledge identified by the CEPH as "basic to public health" include[39]:

1. *Biostatistics* - collection, storage, retrieval, analysis and interpretation of health data; design and analysis of health-related surveys and experiments; and concepts and practice of statistical data analysis.

2. *Epidemiology* - distributions and determinants of disease, disabilities and death in human populations; the characteristics and dynamics of human populations; and the natural history of disease and the biologic basis of health.

3. *Environmental health sciences* - environmental factors including biological, physical and chemical factors which affect the health of a community;

4. *Health services administration* - planning, organisation, administration, management, evaluation and policy analysis of health programmes; and

5. *Social and behavioural sciences* - concepts and methods of social and behavioural sciences relevant to the identification and the solution of public health problems.

The emerging SPHs in CEE-NIS include the core competencies in different proportions. Often in the older schools, the initial phase of development showed no real balance. Either the older, medicalised content strongly prevails, or one (or a few) areas form the main elements with not enough "classical" public health courses included.

Issue of Health Management in Master Level Public Health Curricula

One issue faced repeatedly in the ASPHER OSI program is that of teaching health management in a master programme of public health. There is demand for health management training throughout the region. That demand can translate into tuition, often paid privately, in addition to some government funding. Sustainability of the school/programme depends upon having the necessary revenues/operating funds, and teaching health management in the curriculum may contribute to

[39] source: www.ceph.org

added revenue. One of the major issues that arose in the project is how to balance health management with other necessary components of a curriculum in public health.

Development / PEER Program

Three of the six PEER-reviewed schools were advised to concentrate on their "core" public health offerings.

PEER Review Example 1

Changes that focused on strengthening of the core public health curriculum were approved by the Faculty Council. The approved changes included: (1) expansion of the Public Health component in management programme; (2) expansion of health policy; (3) teaching epidemiology and biostatistics as separate modules; and 4) broadening the list of elective courses.

The PEER reviewers found that the stress on management was and probably will be an advantage to the school, but that the curriculum did not cover all the relevant areas of public health. The recommendations were to strengthen the progression toward a common Public Health / Management core curriculum which included the integration of the following sections:

Quantitative management methods. This material was seen as especially important for the management-oriented programme. The school was advised to consider the introduction of such a course, which might be positioned as early as in the 1st or 2nd semester.

Health Economics. The material of this discipline was currently being dissipated throughout a few different courses of the programme. As a result the school may wish to consider the strengthening and systemising of this material, in the form of a separate course.

Health Policy. The repositioning of this course from the current 2nd into at least the 3rd semester of the programme might be considered. Health Policy can be seen as rather a "synthetic" approach to health care issues based upon summarising the knowledge gained from the other courses.

Epidemiology. As epidemiology usually constitutes the starting point for numerous other courses, which are based upon data handling and methodology of research, this course should be placed in the first semester rather than the second semester where it resides presently.

PEER Review Example 2

PEER reviewers advised the school to strengthen the progression toward a common Public Health / Management core curriculum, and possibly a unified curriculum, in the school. The reviewers stated that the interest of the faculty and of the profession was to avoid multiple sub-degrees and to aim at offering a generic MPH with specialisations according to the fields of interest of students and stakeholders

PEER Review Example 3

Reviewers determined that some of the basic areas of the "new public health" were either under-represented or not represented at all in the school's curriculum.

Criterion 6.1.2. Organisation of Practical Assignments in Connection with the Theoretical Part and as a Full Learning Activity.

In systems where a broad public health workforce does not exist, there tends to be a lack of interest from prospective students to enrol in a public health curriculum. One result is that schools and programmes of public health training look to niche markets in order to secure the income necessary to survive. Another is that most students accepted into the courses in the program are employed, often in specialised areas of the state function, such as sanitary inspectors. Therefore, schools often do not appreciate the need to concentrate on practical assignments, as the students already possess a working knowledge of their domain. Nonetheless, one of the major reasons for schools to introduce field practice is to broaden the experience and skills of the students, including those who are employed.

Development / PEER Program

PEER Review Results

As a result, five of the six PEER-reviewed schools were advised to increase their practical assignments as part of the overall learning activities. The sixth school followed much the same model, but the credential awarded was more akin to a professional training; therefore there was not a recommendation to change.

Criterion 6.1.3. Presence of a Culminating Experience in the Field of Project Planning or Research Methods.

In all of the schools in the ASPHER OSI program, there was a culminating project or thesis required as part of the curricula. Attention should be paid to the aspects of timeframe planning, credit

allocation and external review of the culminating experience. Although programmes were publicised as lasting two years, many overran this timeframe into a third year. One of the reasons is the time necessary for completion of the culminating project. A corresponding issue was the number of credits allocated to the culminating projects and whether the number of credits corresponded equitably with the time and effort necessary to complete the project.

HUNGARY: Practical Assignments and Culminating Experiences
School of Public Health, University of Debrecen

1. What was the situation before and after the project in terms of the following: (a) the school; and (b) national needs/situation of Public Health in your country?

a. The school

The School of Public Health was established and the first Master of Science (MSc.) in Public Health course was launched in 1996. By 2001, five MSc. courses (in Public Health, Environmental Health, Quality Assurance and Improvement in Health Care, Epidemiology and Health Promotion) were accredited and offered along with a PhD programme on Preventive Medicine and Public Health. The School also served as the co-ordinating institution of training for medical specialisation in preventive medicine and public health. However, the number of contact hours in the MSc. programme was high, applications were low in number, and funding of training was up to negotiation year by year.

b. National needs / situation of PH in your country

During the 1970s and 1980s the difference in average life expectancy at birth started to steadily increase between Hungary and developed West-European countries, and by the mid-1990s it was 7-8 years shorter for Hungarians. Decreased life expectancy in Hungary has been mainly accounted for by premature death caused by chronic, degenerative, non-communicable diseases associated with lifestyle (nutrition, smoking, alcohol consumption). The well-known traditional risk factors such as environmental pollution and classic communicable diseases constitute an increasing threat to public health again. Significant regional and socio-economic differences can be observed in the health status of the population as measured by mortality within the country. There has been an increasing gap between the health status of those in disadvantaged versus good socio-economic status, and the solution of this complex problem lies way beyond the competence of the health care sector alone.

The earlier network of stations of sanitation and hygiene responsible for public health was replaced by the then newly- established National Public Health Service (NPHS) in 1991. Although many of the tasks of NPHS

represent the continuation of former sanitary-hygienic work, NPHS responsibilities have been greatly expanded. New, legally-defined fields of activity for the NPHS are monitoring of the health status of the population, prevention of chronic, non-communicable diseases, health promotion, and supervision of health care services. The 1997 Act on Health Care further emphasised the necessity of public health activities by mandating the development of a National Health Promotion Programme.

The Health Services and Management Project launched in 1993 by the Hungarian Government with the support of the World Bank set the aim of reforming health care in the country, through – among other sub-projects – the establishment of a School of Public Health. The first national public health programme published in 1994 also declared the need to establish a programme for training and continuing education in the field of public health. The School of Public Health was established within the University of Debrecen in 1996, and in order to satisfy the demand for training, an agreement was signed by the School and the National Public Health Service in November 1997 according to which the Service will use experts trained by the School, encourage its professionals to take advantage of training opportunities offered by the School, and recognise teaching programmes of the School as appropriate forms of continuing education for medical officers of public health.

2. What were your expectations and aims of the project and were these met?

a. if so, please explain the ways in which they were met

The School had three major aims of the OSI project: further development of the MSc. in Public Health Course; improvement of the quality of the course and its delivery; an intensive and targeted promotion of the course in order to increase applications.

As to further development of the MSc.,, a recurring complaint from students was the high number of contact hours which was reduced by one-third; this required an in-depth redesign of the curriculum which was completed successfully to the satisfaction of lecturers and students alike. Study units developed earlier in the framework of a TEMPUS program were successfully abridged and incorporated into the regular Master programme. The School developed and launched a MSc. in Public Health delivered in English which has been running for the third year as of 2004. An undergraduate training for public health inspectors was also developed and launched in the academic year 2004/2005. The full training programme of the School was brought in line with the Bologna declaration by remodelling its 3-year postgraduate courses into MSc. programmes offered in all five disciplines of public health (health promotion, epidemiology, environmental health, health care quality assurance and development – in addition to the public health MSc.).

Various measures implemented in the framework of the OSI project contributed to quality improvement. A monitoring system for dropouts was established; it proved that time constraint has been the most frequently mentioned reason for students not completing their studies. Guest lecturers of European standing, such as Professor Martin McKee of Great Britain and Professor Theo Stijnen of the Netherlands were invited to deliver lectures to students. An institutional quality management system was established. A series of lectures were organised for teaching staff members in order to upgrade their teaching skills. All these improvements fed into the PEER process which resulted in an overall very good evaluation of the School, highlighting some areas for further development. European contacts were not only maintained but enlarged by implementing the PEER process, and attending annual conferences of ASPHER.

In order to promote the School and its courses, a Public Relations specialist was contracted who has been in charge of recruitment, all publications describing the training and educational activities of the School, career fairs and other events bringing potential students in contact with staff members, as well as contacts with mass media. An Alumni Association was established in 2004 which organised two workshops. Road-shows are undertaken annually during which lecturers of the School visit county offices of the National Public Health Service (NPHS) to discuss common ongoing projects, to keep in touch with former students and to recruit potentially-interested future applicants. An open day with a high-ranking officer from the Ministry of Health was held for students in 2002.

High-ranking officers of the Ministry of Health, the National Public Health Service and national institutes of public health relevance are invited to participate as external examiners during the final examinations, giving an excellent opportunity for them to get to know graduates and to open paths of hiring. Since 2003, the annual graduation day has been transformed via an extended invitation list into an occasion for alumni, students, lecturers and public health policy makers to meet in the School and have informal discussions during the open reception that follows the graduation ceremony.

b. If not, please describe and your reasons why they weren't met

The School undertook but was not able to complete the task of turning its 3-year postgraduate training into a 2-year training. The majority of the students (holding full-time jobs) cannot cope with the demand of attending modules and preparing their theses at the same time (that would be necessary for completing their studies in two years), so they start preparing their theses when the taught courses are finished. We could not find a way to circumvent this problem as enforcement measures would either in fact further lengthen study time or increase dropout rate.

Another challenge remains the incorporation of field and culminating training into the regular curriculum because both of these require additional time from lecturers and students alike, as well as funding on top of the normal lot. This can be implemented when external funding is available and the number of students is relatively low, but as student intake grows, it becomes almost impossible to organise this educational element without it becoming formal or nominal.

3. What three project activities where the most beneficial?

In the framework of the MSc. course development, decrease in the number of contact hours reduced the time to be away for the students and increased the number of applicants. Design of undergraduate training completed the full spectrum of higher education in public health (undergraduate, graduate, postgraduate) which – for the first time in Hungary – provides a career opportunity without ceiling for all those non-medically qualified professionals who plan to work and advance in public health.

4. Please select three which you felt were the least beneficial and why so.

Development of field training and culminating experience were the least beneficial. These types of educational experiences require many resources and time from the School, are rather costly for large numbers of students, and cannot be sustained year by year without external funding.

***5. Were there any internal factors (with your organisation) or external factors (exterior to your school, such as stakeholders)** that helped or hindered your project? Please describe.*

A central element of the strategy of the University of Debrecen in the mid-nineties was development of public health training. The OSI support was instrumental in implementing the plans developed for 2000-2005 by the School and supported by the University.

A contract between the NPHS and School was signed in 1997 to train and re-train employees of the Service. However, possessing any of the diplomas issued by the School has not legally been required for any position within the NPHS or for any employee working in public health. In addition, considerable cuts were made in the budget of the National Public Health Service reducing training and employment opportunities as well.

6. Did you feel there were any lessons to be learnt from your project and what advise would you give to another school that is in the same situation as yourselves at the beginning of your project?

Quality improvement is inevitable for all educational institutes; the earlier and the more systematically it is started, the better. Needs assessment and stakeholder involvement are of crucial importance. Provision of re-training or upgrading education (sampling) for those in decision-making power in public health helps eliminate professional jealousy and can considerably improve support for the educational institute.

Authors: Prof. R. Adany & Dr. K. Kosa

Criterion 6.1.4. Internal Coherence Between Learning Activities, Educational Objectives and Student Assessment Methodology

"Competencies" have been defined as what one is "able to do" and which are observable in the execution of one's work[40]. Moreover, "there is agreement that specified competency sets should be developed so that they will contribute to the delivery of essential public health services in any programme area or community, and that they are consistent with core competencies for public health practice described jointly by academics and practitioners of public health.[41]" It has been stressed that, "the competencies needed to meet the public health challenges of today, and tomorrow, should form the foundation for all future efforts to train and educate the workforce."[42]

In this regard, specifying competencies was seen as important for two principal reasons. Firstly, "during the process of curriculum planning and development, it provides a central focus for the providers of training and education. Secondly, by determining needed workforce competencies, it is possible to examine the current capabilities and qualifications of the workforce, to identify gaps in the workforce skill sets and levels, and to design and support systems for training/education of the workforce to fill those gaps."[43]

There is a fundamental problem in this geographical region, as well as others, in that there is no clearly-defined public health workforce on which to base competencies. As stated earlier, in many of the countries of the ASPHER OSI program, there is no clear definition, understanding or acceptance of the term "public health" let alone "new public health." Therefore, identifying and setting competencies are not simple tasks.

Many schools still relate their curricula to learning or educational objectives rather than skills objectives. Likewise, many of the benchmarking schools and countries still operate using learning

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[40] Competency-to-Curriculum Tool Kit: developing curricula for public health workers Discussion Draft, January 16, 2002. Competencies & Curriculum Workgroup, Public Health Workforce Development Annual Meeting, September 12-13, 2001, Athens, Georgia.
[41] ibid
[42] *The Public Health Workforce: An Agenda for the 21st Century*, A Report of the Public Health Functions Project, U.S. Department Of Health And Human Services Public Health Service 1997.
[43] ibid

objectives, which makes conversion to competence-based curricula a harder task for schools in this region.

Nonetheless, three of the four newly-established schools and programmes made specific reference to the use of competencies in their curricula. Of the PEER-reviewed schools, four of the six reviewed received recommendations relating to their use and integration of competencies.

Development / PEER Program

PEER Review Results

One PEER-reviewed school's course syllabi summarised information about the courses, the study process, structure and the departments of the school but this was not oriented towards public health competencies. In a second school, the content of the courses were not clearly related to a list of competencies. The use of competencies had been mentioned with relation to the evaluation process but they bore little relation to the course outline. In the third school, it was found that the majority of courses stressed educational objectives rather than skills. The skills and competencies seemed to be more implicitly stated within the aims of each course. Finally, the reviewers of the fourth school found that there was a final exam consisting of one hundred questions in one hundred minutes.

CROATIA: Competencies for Master of Public Health Programme*
Andrija Stampar School of Public Health, Zagreb

Based on the needs assessment, the list of competences was developed

- *The training process will qualify the students for professional life and their professional tasks. They already have some basic knowledge in public health and experience from practice; they also have their own training needs related to workplace and position.*

- *The training programme for this target group should be based on their existing knowledge, their expectations and their competences.*

- *Competencies in 3 domains were developed:*
  - Knowledge and understanding
  - Practical skills
  - Attitudes

KNOWLEDGE AND UNDERSTANDING OF:

1. *The elements, structure and function of health systems*
2. *The goals and objectives of health systems including equity, efficiency, health outcomes, responsiveness, user satisfaction*
3. *Local and international health reform trends*
4. *The future challenges faced by policy makers*
5. *The policy process and how health policies are developed*
6. *Health systems financing and organisation and the advantages and disadvantages of different financing, structural arrangements and delivery systems*
7. *The nature and structure of health provider organisations*
8. *Basic principles of economics as applied to health care*
9. *Understanding of evaluation of health care technologies*
10. *Needs assessment, priorities setting and resources allocation*
11. *The managerial decision-making process and procedures*
12. *Key models used in the management of change*
13. *Approaches to organisational change and innovation*
14. *Assessment of the strengths and weaknesses threats and opportunities*
15. *Models of strategic management, strategy analysis development and implementation*
16. *Human resource management as an activity which contributes to the effective functioning of all types of contemporary organisations*
17. *Communications management*
18. *The practice of data and information identification by decision makers*
19. *The role of research for managerial purposes and decision-making and key research methods relevant to managers*
20. *The principles of analysing quantitative and qualitative data*
21. *The importance and role of information systems in health care, including those for patients and management of patient care*
22. *The requirements of a national information strategy*
23. *The basic principles of health improvement and quality management in health care systems and services in the historical and current context*
24. *The current status of health care quality including the policy and law on health care quality improvement and accreditation*
25. *Performance measurement and the process of development performance indicators and clinical practice guidelines*

PRACTICAL SKILLS:

1. *Demonstrate the fundamental, conceptual, analytic and practical skills required of all project managers: communication skills; critical reasoning skills; quantitative analytical skills; integrative skills from both a theoretical and practical viewpoint, team-working skills and self awareness of one's own approach to change*
2. *Manage and communicate using effective interpersonal skills, including negotiation skills, team leading and building skills and assertiveness skills*

3. *Give professional presentations*
4. *Communicate effectively and appropriately in writing, orally and using computer processing*
5. *Manage and organise meetings*
6. *Manage resources, their own time and that of others effectively*
7. *Manage change and innovation appropriately*
8. *Recognise and manage stress in themselves and others*
9. *Define and analyse health management problems and produce creative and realistic solutions*
10. *Use appropriate study techniques and IT skills (word processing, spreadsheets, databases, statistics packages, internet) as part of continuing personal and professional development*
11. *Interpret, analyse and evaluate data and situations, using a wide range of appropriate techniques and transform such data into options and solutions*
12. *Use databases and library facilities effectively and document and cite literature correctly*
13. *Analyse scientific publications critically and to put them into context*
14. *Use information for analytical and decision making tools*
15. *Use and interpret the results of common methods for measuring and valuing health outcomes (direct valuation and multi-attribute utility scales).*
16. *Apply change management theories, tools and techniques appropriately within health care organisations*
17. *Use international quality experiences to choose from a variety of evaluation models that are most likely to work in a given situation to create improvement in healthcare services and management*
18. *Use basic quality tools and statistical methods within the quality cycle to solve some problems of healthcare quality, starting from patient needs and expectations as well as building teams to collecting and analysing data to implement an appropriate change*
19. *Evaluate the well-being and potential of a health care organisation using ratio and SWOT analysis*
20. *Prepare documents for the evaluation of health satus of population*
21. *Demonstrate Rapid Assessment Procedure*
22. *Presenting activities in a Gant chart*
23. *Use the Critical Path Method*
24. *PERT (basics)*
25. *Cause –effect analysis (Fish bone)*
26. *Write a report for the newspaper on one event*
27. *Implement the system of appointment*

After completing the MPH programme, student will be able to demonstrate knowledge and understanding of:

1. The elements, structure and function of health systems

2. The goals and objectives of health systems including equity, efficiency, health outcomes, responsiveness, user satisfaction

3. Local and international health reform trends

After completing the MPH programme, student will be able to:

1. Demonstrate the fundamental, conceptual, analytic and practical skills required of project manager: communication skills; critical reasoning skills; quantitative analytical skills; integrative skills from both theoretical and practical viewpoints, team-working skills and self awareness of one's own approach to change

2. Manage and communicate using effective interpersonal skills, including negotiation skills, team leading and building skills and assertiveness skills

3. Give professional presentations

** Excerpts from presentation at Regional Conference on Development of Public Health Education in SEE Countries: "Public Health Education-New Career Perspectives," Ohrid, Macedonia, May 18-21, 2006, Luka Kovacic.*

Author: Professor L. Kovacic

Criterion 6.1.5. Awarding of a Final Degree, Officially Recognised by the Relevant Professional Bodies and Usable on the Labour Market

The PEER Review standards state that, "there should be explicit information on the use of ECTS." However, for PEER criteria 2.8, "European Cooperation," the standards state that, "the credit system should be compatible with the ECTS." ECTS stands for European Credit Transfer System and was introduced in 1989, as part of the European Union's Erasmus program, now part of the Socrates programme[44]. This system was intended to facilitate recognition of time spent studying in other countries and to allow students to receive credits toward the number required at their home institution to receive their award.

ECTS is based on the principle that 60 credits measure the workload of a full-time student during one academic year. The student workload of a full-time study programme in Europe, in most cases, amounts to 1500-1800 hours per year; one credit stands for 25 to 30 working hours (a combination of taught and self learning). The transfer system forms a central tenet of the Bologna Declaration which is to be in place and fully functional by 2010. At the time of this writing, the Bologna Declaration has been signed by 46 countries.

One of the main issues identified in the ASPHER OSI program is the level of understanding and application of the credit system within national settings. Many countries are still using their older credit systems. This often causes confusion and/or mismatches between the newer ECTS standards. Many schools and governments are still confused on how to implement the system, and there has

[44] http://europa.eu.int/comm/education/programmes/socrates/ects/index_en.html

been little assistance at a European level to try and combat this. Although there are guidelines for the calculation of credits based on workload, there is no finer detail or appreciation of quality. The text from the European Union states that 25 – 30 working hours equal one credit point; but there is not enough guidance for schools to be sure of how those 'working hours' break down in terms of training received and self directed learning.

Within the PEER review criteria, there are no clear references to credit allocations and calculations. This is principally because the present criteria were developed at a time before a fully-functioning ECTS system. Therefore the comments and recommendations made by the review teams are based on knowledge of the credit transfer system which supersedes the PEER review criteria.

In new schools and programmes developed within the program, there was an emphasis upon ensuring adherence to the credit transfer system, with the credits being designed along the 60 per year model.

Development / PEER Program

PEER Review Results

However, in the PEER-reviewed schools in the program, PEER reviewers found that half of the reviewed schools demonstrated inconsistencies in their credit system calculations. This appeared to be due to the mismatch between national and European credit calculations. Generally, this miscalculation can be overcome by recalculating the courses along the ECTS system; some schools express both national and European allocations.

If the country has not yet converted to the ECTS, the school/programme is bound by current national standards. If the country has opted to join Bologna but has not yet converted to the ECTS, then the schools/programmes are faced with necessity to calculate credits according to current national standards while at the same time planning to meet the ECTS standards in the near future. It is an often confusing situation.

DETAILED CURRICULA FROM PARTICIPATING SCHOOLS

ALBANIA Master of Public Health

Department of Public Health, Faculty of Medicine, University of Tirana, and the Institute of Health, Ministry of Health

*Core Curriculum of the MPH Programme	Credits	Elective Courses of the MPH Programme**	Credits
1. Introduction to public health	2	1. Disaster Preparedness and Response	1
2. Research Methods	2	2. Advanced Epidemiology and Biostatistics	1
3. Statistics	2	3. Computer Science	1
4. Epidemiology	3	4. Statistical Packages.	2
5. Health Management	2	5. Writing a Research Project and Project Management	1
6. Health Economics	2	6. Health Legislation and Global Health	1
7. Health Systems	1	7. Evaluation and Quality Assurance of Health Care	1
8. Behavioural Sciences	2	8. Expanded Programme on Immunisation	1
9. Health Promotion	2	9. Zoonosis & Vector Control.	1
10. Ethics and Health	1	10. TB Control	1
11. Non-communicable Diseases	2	11. Mental Health,	1
12. Mother and Child Health	1	12. Addiction to Drugs and Alcohol	1
13. Public Health Nutrition	1	13. Tobacco Control	1
14. Environmental Health	1.5	14. Aging and Health	1
15. Occupational Health	1.5	15. Community oriented primary care	1
16. Food Safety	1	16. Population dynamics and demographic indicators	1
17. Control of Communicable Diseases	2	17. Dental Public Health	1
18. HIV/AIDS and STI	1	18. Hospital Management	1
		19. Human Resources Management	1
		20. Public Health and Human Rights	1
Research Forum	3	21. Biology of Health and Disease	1
Student Thesis or Project	12	22. Public health laboratories	1

** Curriculum is dived into the following seven blocks:*

1. *Introduction to public health*
2. *Quantitative and Qualitative Studies*
3. *Health Management and Planning*
4. *Health Promotion*
5. *Preventive Health*
6. *Environmental and Occupational Health*
7. *Control of Communicable Diseases*

**Students must choose the appropriate courses in order to obtain a total of 15 ECTS

ARMENIA **Master of Public Health**

College of Health Sciences, American University of Armenia, Yerevan

MODULE I PUBLIC HEALTH PROBLEM SOLVING (SPRING)	Credits
General Principles of Public Health Problem Solving	5
Social and Behavioral Sciences in Public Health	5
Data Management Systems	1
Inferential Biostatistics	7
MPH Project Planning	2

MODULE II: TECHNIQUES OF PROBLEM INVESTIGATION (SUMMER)	Credits
Problem Investigation in Environmental Health	5
Epidemiology	5
Project Development and Evaluation	6

MODULE III: PROGRAMME PLANNING & IMPLEMENTATION (FALL)	Credits
Programme Planning	5
Health Economics & Finance	6
Comparative Health Systems	3
Health Services Management	5

MODULE IV: ADVANCED METHODOLOGY A (SPRING)	Credits
Qualitative Research Methods	4
Survey Research Methods	4
Biostatistics: Modeling and Sampling	4

MODULE V: ADVANCED METHODOLOGY B (SUMMER)	Credits
Intermediate Epidemiology	4
Training of Trainers	4
Graduate Research seminar - I	2
Master's Project Implementation - I	10

MODULE VI: SYNTHESIS (FALL)	Credits
Graduate Research Seminar - II	2
Master's Project Implementation - II	10
Special Studies Seminar	variable
Seminar series offered by MPH faculty for MPH students.	

BULGARIA **Master of Public Health**

Faculty of Public Health, Medical University of Varna

The MPH is organised in 6 main modules, comprising 14 disciplines.

Title of the course:	Credits
A. Core modules:	
Introduction to Public Health	**12**
1.Introduction to Public Health	6
2.Scientific information	3
3.Communications on Public Health	3
Modern epidemiological and bio statistical methods	**12**
1. Modern epidemiological methods	6
2. Modern bio statistical methods	6
Environmental health	**5**
Health policy strategies	**6**
1.Legal issues in Public Health	3
2.Health policy strategies	3
Health Economics. Health care management and marketing. PH information systems	**10.5**
1.Health Economics	3.75
2.Health care management and marketing	3.75
3.PH information systems	3
Health promotion	**10.5**
1.Health promotion	3.75
2.Sociology of health	3
3.International Public Health issues	3.75
B. Elective modules:	**4**
Control of Sexually Transmitted Diseases	4
Current issues in safe Motherhood and Perinatal Health	4
Training in Research methods	4
Hospital quality management	4
Human resources in PH	4
C. Master thesis	**30**
Total:	**90**

CROATIA **Master of Public Health**

Andrija Stampar School of Public Health, Zagreb School of Medicine, University of Zagreb

Course	ECTS
I st year	
Common Core Curriculum:	
Determinants of Health	1
Health and Society	1
Health Care Systems	2
Introduction to Health Economics	2
Health and Social Policy	1
Basic Epidemiological Methods	1,5
Health statistics	0,5
Statistical Analysis of Medical Data	2
Data Structure and Organisation of Healthcare Data	1
Health Promotion and Health Prevention	2
Health Education and Health Communication	2
Sociological Approach to Health	1
Evidence Based Medicine	1
Environment and Health	2
Specific Curriculum:	
Planning, Organisation and Evaluation of Health Care	4
Health Technology	2
Financing of Public Needs	3
Methods of Health Management	6
Health Insurance	3
International Health	2
Obligatory courses	40
Elective (see annex)	20
Total 1st year	60

II nd year	
Research and thesis	40
Elective (see annex)	20
Total 2nd year	60

Grand total	120

ESTONIA **Master of Public Health**

Department of Public Health, Faculty of Medicine, University of Tartu

Title of the subject	*Credits*
Core modules	32
Principles of public health	5
Environmental and occupational health	5
Health sociology	5
Human physiology and ecology	5
Epidemiology and biostatistics	5
Research design	4
Presentation of research results	3

Special modules (24 credits)	24
A. Environmental Health	
Introduction to health impact assessment and risk analysis	4
Chemical and physical factors affecting to the environment	4
Biological environmental factors	4
Environmental epidemiology	2
Risk factors in food, drinking water and ambient air: their influence on human health and main methods for their impact assessment	4
Environmental health policy and strategy	4
Legislation in the field of health protection	2

B. Health management	
Health systems and health policy	5
Quality assurance and management	3
Personnel management	2
Basic economics	4
Labour law	2
Medical law	1
Health economics	3
Introduction to public administration	4

3. Elective courses	4

4. Master thesis	20
independent research work and writing the MPH thesis. Thesis is defended at a public disputation.	

HUNGARY Master of Science in Public Health

School of Public Health, Medical and Health Sciences Centre, University of Debrecen

Compulsory subjects	Credits
Health informatics	3
Biostatistics	3
Epidemiology	7
Health policy	5
Health management	4
Health promotion	7
Environmental health	7
Total	*36*

The optional subjects to be chosen from:	Credits
Health economics	3
Public health problems in disadvantaged population groups	3
Clinical epidemiology	3
Epidemiological study design	3
Evidence based public health	3
Public health in developed countries	3
Public health in developing countries	3

Thesis: summer project	12

LATVIA Master of Health Sciences in Health Care with Specialisation in Public Health

Faculty of Public Health, Riga Stradins University (formerly Medical University of Riga)

Obligatory courses	**Credits**
Research methodology	8
Biostatistics	10
Qualitative Methods in Research	6
Theories in Public Health	6
Epidemiology	10
Biostatistics	10

Master theses	20

Elective Courses	**Credits**
Health Promotion Policy and Practice	4
Environmental Risk Assessment and occupational safety	4
Medical Law	2
Health Care Management	3
Patient rights	2
Management of Emergency Epidemiological Situations	2
Psychosocial Problems in Working Place	2
Public relation and Communication	2
Professional Ethics	2
Etiquette and Self Presentation	2
Health pedagogics and didactics	2

Total Credits	**80**

LITHUANIA **Master of Public Health Management**

Faculty of Public Health, Kaunas University of Medicine

Title of the course	credits
1. Mandatory courses	**35**
1.1 Public health, health care and health economics	4
1.2 Health policy and strategy	2
1.3 Epidemiology and biostatistics	4
1.4 Management	4
1.5 Human relations	4
1.6 Health information technologies	4
1.7 Health ethics and law	4
1.8 Applied finances	5
1.9 Management of changes in public health	4
2. Elective courses	**8**
2.1 Services marketing	4
2.2 Management of human resources	4
2.3 Occupational safety and health for health care workers	4
2.4 European Law	4
2.5 Organisation psychology	4
2.6 Planning and management of international and national health programmes	4
3. Research work and Master's thesis (35 credits)	**35**
3.1 Research studies and work in 1st semester	5
3.2 Research studies and work in 2nd semester	5
3.3 Research studies and work in 3rd semester	5
3.4 Preparing, finalising the thesis in 4th semester	20
4. Field work practices	**2**
Total:	**80 credits**

MACEDONIA **Master of Science in Public Health**

Centre of Public Health, Medical Faculty, University of Sts. Cyril and Methodius, Skopje

	Credits
Module 1 – Introduction to Public Health	4
Introduction to the New Public Health	1
Public health organisation and practice	2
Computer and Internet skills	1

Module 2 – Quantitative Methods	4
Principles of epidemiology	2
Biostatistics and research methods	2

Module 3 – Health Economics and Management	4
Health economics	2
Health management	2

Module 4 – Population Health Needs	4
Family and special health needs	2
Nutrition in public health	2

Module 5 – Qualitative Methods	4
Social and behavioral sciences in health	2
Health promotion and disease prevention	2

Module 6 - Environmental and Occupational Health	4
Environmental health	2
Occupational health	2

Module 7 – Disease Control Methods	4
Control of communicable diseases	2
Control of non-communicable disease	2

Model 8 – Integrative Workshop	4

This would provide a culminative learning experience in which students could bring their actual problems to a peer group setting, with a multi-disciplinary faculty. It would have a problem-solving orientation.

Sub-total 32 credits
Research forum – 2 credits
Sub-total 34 credits
Optional courses 8 credits and 14 credits for master's thesis

MOLDOVA Master of Public Health

School of Public Health Management, State Medical and Pharmaceutical University, Chisinau

No.	Basic modules (First Year)	Credits
1	Introduction to New Public Health - Policies in Public Health.	2
2	Health Management	12
3	Computer and Internet Skills	4
4	Biostatistics	8
5	Epidemiology. EPI-Info, SPSS Practice	12
6	Management of Primary health care	4
7	Management of Emergency and Hospital health care	4
8	Health information system	4
9	Health Economics	8
10	Reforms in health care system. National Health Policy	2
No.	**Optional Modules**	
1	Management based on evidences	4
2	Communication in Public Health	4
No.	**Basic modules (Second year)**	**Credits**
1	Public Health Law	8
2	Ethics in Public Health	4
3	Health Promotion	8
4	Nutrition	8
5	Environment and Occupational health	8
6	Surveillance of Infectious diseases	2
7	Surveillance of Non-infectious diseases	2
8	International aspects of Public Health	4
9	Medical assistance oriented towards community	8
No.	**Optional Modules**	
1	Evidence Based Practice	4
2	Managerial Psychology	4
3	Mother's and Child's Health	4
4	Gender Problems	4
	Master thesis defence and practicum	
	Total credits for two years of study	**120**

ROMANIA Master of Public Health

National Institute Of Research and Development in Health/ National School of Public Health and Health Management, Bucharest

Core courses	Optional courses
1. Epidemiology and biostatistics 2. Sociology of health and disease 3. Health policy and planning, 4. Health promotion 5. Health services management 6. Law and regulation in Health and Social Services	1. Health economics and financial management 2. Healthcare reform in Europe 3. Evidence based Public Health 4. Hospital management 5. Comparative analysis of the health systems 6. Human resources management 7. Quantitative research in Public Health 8. Health Informatics in Public Health 9. Quality systems and health technology assessment 10. Bioethics in Public Health 11. Social marketing in Public Health

RUSSIAN FEDERATION

Certificate of Specialist: Specialty in Health Services Management and Public Health

Faculty of Public Health Management, I. M. Sechenov Moscow Medical Academy

Section I: Theoretical Basis of Organisation of Health Care and of Public Health, including:
• Descriptive Statistics • Analytical Statistics • Epidemiology and Survey Methods

Section II: Public Health and Factors Determining Public Health, including:
• Introduction to New Public Health • Environment and Human Ecology • Health Promotion and Disease Prevention, Prevention of Disability, Death and Other Adverse Health Conditions

Section III: Health Care Systems and Public Health, including:
• Health Policy • Health Care Systems

Section IV: Basics of Management, including:
• General Characteristics and Evolution of Management • Organisation as Foundation for Management • Organisational Processes and Functions of Management • Leadership and Personal Management

Section V: Management and Marketing in Health Care

Section VI: Health Economics

Section VII: Sociology in Medicine

Section VIII: Legal Foundations of Medicine and Health Care

Section IX: Introduction to Information Technologies

Section X: Public Health Psychology

Section XI: English Language

Other Requirements: Final Examination Interview, 3 Month Practicum, Diploma Thesis Defence

TAJIKISTAN **Pilot Master of Public Health**

Faculty of Public Health, Tajikistan State Medical University, Dushanbe

SUBJECT	Hours	Credits
SEMESTER I		
Public health, health care and health economics	112	4
Epidemiology of infectious diseases	56	2
Environmental health	56	2
Health information technologies	56	2
Health psychology	56	2
Research methods	28	1
Research work	84	3
Health care organisations (group practices)	28	1
Languages	28	1
Elective course	56	2
TOTAL (SEMESTER I)	**560**	**20**
SEMESTER II		
Health policy and strategy	112	4
Modern epidemiology	56	2
Leadership and communication	56	2
Occupational health	56	2
Research methods and biostatistics	28	1
Research work	112	4
Health care organisations	28	1
Languages	28	1
Elective course	84	3
TOTAL (SEMESTER II)	**560**	**20**
SEMESTER III		
Management of change in public health	168	6
Health ethics and law	56	2
Health information technologies	28	1
Research methods	28	1
Research work	112	4
Supervised field practice	84	3
Elective course	84	3
TOTAL (SEMESTER III)	**560**	**20**
SEMESTER IV		
Research work	532	19
Defending thesis	28	1
TOTAL (SEMESTER IV)	**560**	**20**
TOTAL HOURS/CREDITS	**2240**	**80**

UKRAINE Master in Health Care Management

School of Public Health, National University of Kiev Mohyla Academy, Kiev

The programme length will be an uninterrupted period of 18 months with a study load of 115 ECTS. One credit stands for 28 hours study. The Programme will be completed with the writing of a thesis, which involves empirical data collection in a health organisation and its analysis.

Required Units	Elective Units
Introduction to public health	Women's health
Research methodology	Project management and supervision
Epidemiology, evaluation of determinants of health and health interventions	Health promotion
Health policy Analysis	HIV/AIDS: prevention, care and policy
Health economics	Environmental health
Management of health organisations	Social psychiatry
Continuous quality improvement and professionalism in health care	Health care reforms and sustainable financing
Advanced health economics	
Logistics and Operations Mgmt. in Health Care	
Organisational Change and Transformation	
Financial management	
Biostatistics	
Methodology of master thesis (training)	

Criterion 6.2 Educational Approach

There should be a right degree of coherence of the educational approach for all teaching and learning activities with the actual declaration of its aims and philosophy

Criterion 6.2.1 Existence of a Clear Policy with Respect to Pedagogical Methods Used in the School & Criterion 6.2.2 Typology of the Teaching/Learning Methodology

One popular teaching method that capitalises on the philosophy of "student as resource" is that of problem- based learning (PBL). This teaching method includes the idea that the students' skills and experience can redirect the flow of knowledge and may raise the quality of the curricula and course content. Additionally, existing public health practice and knowledge can be questioned in a positive and progressive way:

> "The balance struck between theoretical and practical aspects as well as between group and individual activities during the courses should, as far as possible, relate to the participants experience and abilities. Learning is accomplished through an interaction process, whereby students are encouraged to make use of their own knowledge and experience. The intention is to reduce any tendency on their part to trust authorities and to show that learning can be based on a combination of the accumulation of knowledge and harnessing and developing the skills of the students.[45]."

However, these new approaches may be seen as "too innovative" by many students. The majority of students attending the schools under review in the ASPHER OSI program come from a working background, many who are older students with a particular appreciation of education based on older models. Newer training methods therefore can meet with resistance because students in this category understand education as frontal didactic teaching. This can manifest itself in a variety of ways, including dissatisfaction with the course or reticence in the classroom. Having clearly defined pedagogic policy statements which are disseminated and understood by the students can reduce this

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[45] Rimpelä, A., "Postgraduate Public Health Programmes in Nordic Countries." In: Rimpelä, A. and Köhler, L., eds. *Postgraduate Public Health Training in the Nordic Countries.* Göteborg, Nordic School of Public Health, 1996.

resistance while providing guidance to the trainers in their teaching approaches. Ultimately, properly introduced new training and educational approaches (such as PBL, project-based learning, community-based learning, for examples) may be very good tools to raise participant interest levels and "refresh" the thinking and understanding of older students.

Establishment / Partnership Program

Ukrainian Example

The new SPH in Ukraine is an example of a school that fully embraced the problem based learning method. The decision was based upon belief that this approach allows for the training in problem-solving skills to be applied by students in their professional practice. The lecturers within the programme were familiarised with the PBL approach while studying their respective units at Maastricht University, the Netherlands, the ASPHER partner in the project. Classes took place in the evenings, due to many students being employed, and the PBL strategy allowed for students to spend less time in auditory activities with greater emphasis on independent learning. The tutorial groups were organised in a seven-step approach using cases describing practical problems. However, in the first cohort, the faculty found that there were some difficulties in applying the PBL methods because the lecturers and students are more accustomed to the traditional teaching methods. During a later OSI evaluation site visit, some of the students in the second cohort stated that PBL is one of the greatest strengths of the programme; others stated that there still needs to be more clarity about its use.

Development / PEER Program

Five of the six PEER- reviewed schools were advised to review their training mechanisms and to include a more formalised policy, along with statements to be shared with faculty and students.

PEER Review Example

The review found no overriding pedagogical policy in the department. The school description stated that the department operates a problem-orientated learning approach but seemed only to give case problems to the students in a classical didactic form. Students, for example, commented that the teaching approach was too theoretical and based on conventional "ex cathedra" lectures. Reviewers recommended that the school should set a clear pedagogic policy, coordinate content and pedagogy of the programme, and upgrade the pedagogical skills of the lecturers. Authors' Note: Language in the other 4 PEER review findings and recommendations were similar to this.

Criterion 6.2.3 Approach to Student Evaluation

Most schools in the region assess students using a mixture of oral and written examinations, essays, tests and course work. Two major issues were raised throughout the ASPHER OSI program schools: lack of appeal mechanisms and unclear uses of student questionnaires and evaluations.

Discussion and Lessons Learned

Schools in the region are faced with a constricted and ill-defined market for their graduates. This can have negative ramifications on the enrolment into their courses. In response, schools have begun to incorporate innovative approaches to their curriculum to give greater access to study and boost the employability of graduates.

Many schools across the region are now incorporating modularisation. This system of delivery allows for the curriculum to be divided into smaller components which can be more accommodating for working students who are the majority of students in the program schools and programmes. Through this process a school's master level programmes also can be offered as short or continuous training and attached to a credit system which can accrue into a complete master award.

The integration of management is another observable trend throughout schools the region. Schools have found that public health training, on its own, is unattractive to many students as the courses do not automatically ensure employment, promotion or salary increases. In the changing social and health care systems throughout the region, managers have become a highly sought-after commodity. Hence schools of public health have seen a market potential in integrating more management courses into their curricula, for example, by establishing Master of Public Health Management courses.

A third approach is to concentrate on the training of sectoral groups such as the sanitary inspectorate or national health service workers. Governments across the region remain responsible for the continuous training of the workforce who provide many of the public health functions, and this has provided some schools with access to a funded student base. A potential problem is that the state can become the sole client and source of income for the schools and inevitably end up dictating the type of education they require (in addition to national curriculum requirements).

As schools strive to satisfy these varying markets, they may neglect both the core public health contents of their courses and the need to integrate practical assignments. Ensuring a solid "core" of public health training is a fundamental part of the mission of a school of public health, but this can often be sidelined in favour of more commercially attractive curricula.

The majority of the student population in schools of this program were employed at the time they enrolled in the training programmes. The schools in the program tended not to concentrate on practical assignments because students were perceived as already possessing a notable practical experience. However, by increasing the practical workload, schools can further broaden the horizons of the students and raise their skill levels. This is especially important for students who may wish to use their education for a change in career path.

Employed students also offer a wealth of working experience which schools should try to incorporate within their training approaches. Problem-based or problem-orientated learning, for example, was seen as a modern training approach which can integrate the experiences of these student groups within the teaching of the programme. However, many of the students and faculty alike are unaware of the benefits or the practicalities of such a pedagogic approach. Older students tend to perceive education in terms of classical front loaded didactics. Faculty often lack the skills to fully implement the interactive approaches, and that lack may reinforce a student's negative perception of the newer training techniques.

CHAPTER 9.

Teaching / Learning Facilities — PEER Criterion 7

Research — PEER Criterion 8

Institutional Quality Management System — PEER Criterion 9

Teaching / Learning Facilities — PEER Criterion 7

The teaching and learning facilities offered by the programmes should be adequate to fulfil its mission and objectives (including adequate access outside of normal working hours as well as outcome measures by which the programme may judge the adequacy of its resources).

Criterion 7.1 Library and Research Facilities

Library facilities and resources should be available to students at the time of classes and as a resource for students wishing to study at other times. This point becomes more important because of the high number of students in public health schools balancing full time careers and studies. This limits their ability to use the library during normal working hours. Two of the six PEER-reviewed schools in the program were advised to review their policy in this regard.

In two other PEER reviews, it was found that the library resources were of a high standard with many materials provided both in the national language and in English. The issue raised in these reviews was that the libraries were not open during the times the courses were in session. In another school, there was a small library space housing materials purchased some time ago. Reviewers advised the school to introduce a formalised purchasing policy in order to keep the literature up to date and to include subscriptions to full- text access data bases on the internet.

Criterion 7.2 Computer Laboratory

Greater quantities of literature and data in electronic format have required the schools to purchase and upgrade computer facilities. Although the ASPHER OSI program did not provide any specific instructions to purchase either hardware or software, most of the newly-establishing schools were able to purchase items deemed essential to their teaching and faculty development. In most cases this involved purchasing of software and licenses, such as SPSS and Nudist.

Most of the computer facilities found throughout the PEER-reviewed schools were of a high standard. In four PEER reviews, the advice targeted the creation of policies to ensure continual upgrades. In some of the newly- established schools, the situation was less positive. Often internet service providers are extremely expensive with low-grade services and narrow band widths. Many of the computing facilities also required separate hardware to maintain electricity supplies in the case of country-wide interruptions in power supply.

Criterion 7.3. Teaching Rooms

Most schools in the ASPHER OSI program had sufficient teaching space, sometimes made possible through restoration of older space. Some restoration was completed with the use of financing from international donors. One issue that arose concerned schools occupying facilities of their larger university structure. Concern was that arrangements made within the university structures were not formalised, allowing the risk of space being taken away from the schools if the university restructures or needs the space for other purposes in the future. The advice given in these cases was to try to formalise the agreements in writing with the umbrella university.

Criterion 7.4. Residential Facilities

The PEER Criteria advise that the SPH should provide assistance for students to secure accommodation at affordable costs. This aspect was not fully addressed within the ASPHER OSI program because most students of the schools in the program did not need school assistance regarding accommodation. Most of them were employed and lived at home.

Criterion 7.5. Language Courses

The PEER criteria refer to the provision of language courses, especially English. As previously noted, the SPH in Ukraine offers courses and some tutorials in English. Several schools in the program include an English language assessment as part of their admission criteria and were planning to expand their training by including English-based courses. In four out of the six PEER-reviewed schools, there were provisions for student language learning. Some schools offer intensive courses. One offered a range of European language training, including German, French, Swedish, Italian, Spanish and Greek.

Criterion 7.6. Administrative Staff ; Criterion 7.7. Students' Office ; Criterion 7.8. Teaching and Learning Facilities

All the schools were deemed to provide adequate facilities and administrative staff for servicing the needs of the students. There were only two remarks made by reviewers in regard to either of these sections. One school was advised to continue its policy of renovation which it had been pursuing for some years. Another school was advised to implement formalised schedules in which the faculty would be available for the needs of the students.

Research PEER Criterion 8

The school should be an environment within which new evidence is created and the best available evidence is applied to public health issues.

Criterion 8.1. The Students & Criterion 8.3. The Teachers

This section refers to the standards contained in other areas of the PEER, such as criterion 3 which states that, "it would be advisable that the research activities have a separate research committee." Given the relevancy to the research criteria, all the recommendations made regarding research throughout the PEER criteria are placed here.

One of the recurring observations throughout the ASPHER OSI program was a paucity of coordinated research activity in general. This is equally applicable to the coordination and strengthening of research activity by the school and to research among the students. One suggestion was the formation of research forums intended to introduce students to the notion of peer-reviewed research through critically reviewing research by fellow students at every stage of the research process. Although aimed at students, the forums were combined efforts of students and faculty alike.

Establishment / Partnership Program

Albania successfully introduced a public health research forum to support, facilitate and supervise preparation of student theses. The partners found that the Research Forum was clearly a success and

much appreciated by the students. The newly established Centre for Public Health at the University of Sts. Cyril and Methodius in Macedonia also included a research forum in its planning and activities.

Development / PEER Program

Fifty per cent of the PEER reviewed schools were advised to establish research structures.

PEER Review Example

Student research was vigorous; but there was no peer review and support structure, other than senior faculty advisors and technical support from junior faculty. Reviewers recommended establishment of a Research Seminar or Forum for junior faculty and PhD and MPH students to meet regularly under supervision of one or two senior faculty members. This would provide peer critique and discussion mechanisms for student thesis proposals as well as for the other research activities of the school.

Criterion 8.2. The SPH

Research, along with teaching/education and service to society, is one of the main building blocks of a programme or school of public health and therefore should be high on the priorities of a school. Apart from research adding to knowledge, it can be integrated into the education of the school. Perhaps more importantly, it can provide evidence-based knowledge of local public health phenomena to local decision makers. As Barnard and Kohler argue, "it is essential to a school's credibility to demonstrate its capacity to develop knowledge and understanding and thereby to support public health practice. Research in its various forms must be designed to increase understanding of various phenomena and their impact on the health of populations and to clarify the desirability and feasibility of various policy measures and programmes intended to improve health"[46]

Development / PEER Program

PEER Review Results

Recommendations were made in four of the six PEER-reviewed schools. Reviewers stated the need to increase the European / international dimension and support. In one PEER review, the conclusions were that

[46] See note 13.

the school was positively-oriented toward research and had a successful record of publications in peer-reviewed journals. However, the reviewers also believed that the publications were oriented toward basic medical research. Therefore reviewers advised the school to increase the public health content of its research and to continue to increase international cooperation in research. In another review, the question was again raised about relevance within the European context. Reviewers noted that the particular school was aware that research is a way to foster European involvement, but the review team thought that this should be improved in order to take further advantage of European research opportunities.

Reviewer comments were in line with Franco Cavallo's argument that there is an 'inevitable' European dimension to public health: "We can cite the evident European-wide scale of most public health problems as, for example, the environmental problems. But we can also see some more general needs, as the need to blend different cultures in a common approach to shared health problems; the need to guarantee free flow of professionals around Europe; and the need to co-ordinate approaches to healthcare."[47]

PEER Review Results

There were other recommendations by PEER reviewers, each of which were advised in individual cases. These included the following: linking the school's research to teaching; expanding the dissemination of research findings to enhance the school's service to society; and encouraging poster presentations of students' research work.

Institutional Quality Management System PEER Criterion 9

A quality management system should exist which provides a permanent information flow about the critical elements of programme design, management, evaluation and adjustment.

[47] Cavallo, F. *Public Health education and Training in Europe*, in EU and Public Health: Future effects on policy, teaching and research. (eds. Köhler, L. and Barnard, B.) Göteborg, Nordic School of Public Health, 1997.

Criterion 9.1. Existence of a Set of Quality Indicators Regarding Teaching Staff, Research, Teaching Programmes, Student Careers

In many ways this criterion reflects the original intent for the PEER review to be part of an overall quality management process for institutions seeking to improve the quality of their teaching.[48] The utility of quality systems was succinctly summarised in a statement by one PEER reviewer to a school under review: "the Quality Management System should not be seen as a means in itself, but a support-system for the overall educational quality and structure. In this sense, the curriculum will gradually improve and be geared towards the qualitative and quantitative needs of society, students and external/internal stakeholders."

Two aspects to be drawn from this section are that schools should firstly be motivated to review and change their programmes themselves. Secondly, schools should be aware of the need to devise and build mechanisms, including stakeholders in the process, to critique their curricula and to adopt recommendations into their processes.[49]

Some schools noted that there were national regulations governing their quality assessment procedures; in other countries these were not mentioned. All the establishment schools had some form of quality management in place, but these often alternated between formal and informal processes. Five of the six PEER-reviewed schools were advised to clarify, systematise and formalise their quality procedures. The establishment program schools also introduced forms of quality assessment, albeit at an introductory level.

Establishment / Partnership Program

Ukrainian Example

In Ukraine, early quality systems consisted of a module questionnaire in which students were asked to judge the quality of each tutorial and lecture. However, this particular system was considered by the partners to be too global for a starting point for programme improvement, and they advised a more analytic questionnaire,

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[48] "Proposals For Collaboration In European Public Health Training." Lennart Kohler, Jacques Bury, Evelyne De Leeuw, Patrick Vaughan. European Journal Of Public Health Vol 6 1996 No. 1

[49] See Note 10

regular discussions between teachers and student representatives and regular inclusion of an external evaluation.

Latvian Example

In Latvia, the school's quality system consisted of a student-centred review mechanism which takes place after each of the study years in order to acquire the student's evaluation of the course. The results from these questionnaires are then discussed within the Committee of the Faculty and with the supervisors of the course.

Criterion 9.2. Existence of an External Quality Assessment Regarding Examinations and Other Assessment Methods, Research, Programme or Programmes

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Criterion 9.4. Continuous Assessment of the Relevance of the Programme to Career Development

Again, two criteria have been placed together due to the nature of the recommendations during the PEER reviews. Half of the PEER-reviewed schools were advised to use external stakeholders as part of their quality processes in regard to applicability of the programme to the needs of the local environment. In this sense the schools need to understand how the skills and knowledge they taught were being used. They also need to know whether there are areas of their training that need alteration in order to be more effective for the students and stakeholders alike. A secondary issue, raised outside of the formal recommendations, was the desire to build safeguards for the staff in case of any challenges presented by the students or faculty by having an external assessment as part of the appeal and examination processes.

Development / PEER Program

PEER Review Example 1

The tracking of graduates had not yet been developed and hence the competencies acquired during the studies were not assessed. Moreover, there were no surveys planned for employers to express their expectations or to assess the usefulness of the newly qualified staff. The PEER reviewers advised the school to develop an evaluation protocol for each student cohort 5 years after their graduation, evaluating career development of graduates and their satisfaction with the programme. Surveys for assessing the competencies acquired in the programme should be also developed. An alumni association could play a major role in conducting these surveys and monitoring the situation. The programme was well recognised at the Ministry of Health and

Ministry of Education, and the school should work further with these Ministries to identify the needs of the public health professionals.

PEER Review Example 2

It was recommended that external assessment of both students and programme would be beneficial to the school in assisting the programme development. Use of present and future/potential employers would strengthen quality of the assessment, as they provide understanding of the needs of the job market and how these would be fulfilled by the present curriculum.

Criterion 9.3. Existence of an Internal Body Dealing with Quality Assurance

The main emphasis of this section is formalisation of structures in the school. One characteristic of all new schools in the program was informal structure with reliance on individuals. Formalisation was part of a maturing process.

Development / PEER Program

PEER Review Example 1

There was little evidence of a structural or systematic quality management system within the department. The departmental perspective on quality was based upon informal coordination and an open-door policy for students. However, the department developed an alumni-questionnaire, annual faculty evaluations and the review of content description of each subject. Reviewers recommended that the improvement of the existing tools and the development of proposed tools within the quality framework should provide the programme management with a transparent and a rather simple structure, taking into account the limited manpower within the department.

PEER Review Example 2

Quality management was determined by the national regulations of the Ministry of Education and a Quality Management Centre in the larger University structure. The Centre was in development stage with evaluation procedures not yet clearly defined. The resultant recommendation was that the school should better coordinate its quality management activities with this Centre. The school was advised to develop and implement a system of pre and post questionnaires to allow for a quantitative comparison of both expectations and evaluation of the training and research in the programme.

PEER Review Example 3

There were no formal or official regulations regarding the quality management systems in the school and there was no internal body dealing with quality assurance. What existed in the schools was a rather more informal system whereby the students complete questionnaires which are sent to the registrar.

Discussion and Lessons Learned

This section encompasses the final three criteria of the ASPHER PEER. It reviews the school's resources, research capabilities and approaches, and quality management systems. There is seemingly less concentration on these final elements.

Many schools in the ASPHER OSI program demonstrated modern and up-to-date physical resources, with some schools having resources comparable to many schools in Western Europe in the opinion of the reviewers. However, as a possible result of limitations in the coordination of internal structures, some schools lack appropriate student resource servicing. This was most apparent in the failure to open school libraries during hours best suited to students who work during the day. Library resources were not as strong as other physical resources, as a rule.
Although research forms one of the three basic tenets of a school of public health, Criterion 8 of the PEER review is quite scant in criteria and standards. The findings and recommendations from the region indicate a need for better coordination for research throughout the school structures. This may be accomplished by the introduction of research forums in which faculty and students alike participate. In addition, schools were also advised to increase their international and European cooperation. One particular point raised by the faculty of schools in the program was lack of opportunities available to this region in having articles published in international journals.

Criterion 9 reflects upon one of the basic principles of the ASPHER PEER review: focus toward quality development and improvement of schools of public health. Reviewers observed a need to coordinate the activities within the schools and to increase the involvement of external quality stakeholders as part of the processes. However, reviewers sensed that the schools in the region require a logical or philosophical understanding of the purpose of quality processes which can provide an intellectual framework on which to establish practical mechanisms.

LITHUANIA: Externally-Evaluated Quality of Education
Faculty of Public Health at Kaunas University of Medicine

Kaunas University of Medicine is the major center for medical and public health training in Lithuania with a history going back to 1919. It has over 3600 students, including 220 foreign students in the year 2005. It offers studies in Lithuanian and English in five faculties; Public Health (FPH), Medicine, Odontology, Pharmacy and Nursing. FPH was established in 1994 and has five departments and staff of more than 60 lecturers. Seven health research groups of Kaunas University of Medicine complete the structure of the FPH.

Reasons to start the project

The reasons why FPH chose to participate in the ASPHER OSI project were multi-fold. A range of public health training programmes already existed at the FPH: Bachelor of PH (1994), enrolment of 30-40; MPHManagement (1997), enrolment of 20; MPH, (1998), enrolment of 20-30; continuing MPHM,(2000), enrolment of 30-40; and PhD (3-5 students per year). The critical mass of public health lecturers trained in France, Sweden, Finland and USA. This resulted in development of sufficient training of potential and human resources for starting more advanced training strategies such as developing e-M PH teaching modules and preparing international short training courses in English for international students. The FPH was experienced in participating in international PH training projects such as BRIMHELTH/ BISPH programme (from 1994) and EU TEMPUS-JEP 11445-96 project "Management of Change in Public Health" (1996-1999). These projects resulted in creation of European dimension in public health training at the FPH and opened the doors for starting collaboration with ASPHER.

Last but not least was that FPH had never been exposed to, but was vitally interested in, special review of teaching procedures developed for public health training. The ASPHER OSI program funds enabled FPH to make a substantial step towards quality improvement in public health training and allowed continued collaboration with ASPHER in different international activities. The main aim of the project became: "To develop and implement systematic quality evaluation of public health training programmes at the Master level at the FPH of Kaunas University of Medicine."

Objectives of the project

- *To assist in providing full procedure of ASPHER PEER review.*
- *To promote broader collaboration of public health Master programmes with national professional organisations of health care professionals and alumni organisations.*
- *To provide training and experience exchange for the staff of the FPH (programme managers, lecturers) on the procedures and methods of quality evaluation and preparing academic reviews.*

- *To provide support for public health Master programmes at the FPH in developing and updating curriculu and strengthening training resources.*

Timing

Kaunas University FPH Project was conducted in 3 stages:

- *Year 2002 – Preparation of environment for PEER review:*

- Conducting faculty training and preparation of documentation.

- Establishing alumni organisation.

- Development of Register for Master students.

- Updating public health library.

- *Year 2003 – Preparation of self-evaluation report and conducting review on site.*

- Establishment and training of Self-Assessment Committee.

- Continuing collecting data on curriculum, human resources.

- Preparing the critical analysis of curriculum, training methods, resources.

- Preparation and dissemination of the Final Self Assessment Report.

- *Year 2004- Implementation of PEER review recommendations.*

- Dissemination of the results of the ASPHER PEER review.

- Implementation of ASPHER PEER review criteria at the FPH and developing self monitoring system, which is based on these criteria.

- Elaboration of the strategies on public health training at the FPH and preparation of the development plan for the FPH.

- Strengthening the links of the FPH and training programmes with public health employers, graduates and NGOs.

What was achieved and learned

The project was a huge opportunity to the FPH of KMU to provide continuing development of teaching potential through support of teaching quality. This was conducted by implementing step-by-step procedures of ASPHER PEER review process – an internationally acknowledged means for achieving necessary standards. It was also of utmost importance in the context of the Bologna process, which is aiming to develop a common European university teaching area with the harmonised academic regulations on accreditation of teaching programmes and recognition of university degrees by the year 2010.

The Project was important in the context of development of the system of accreditation of university teaching programmes in Lithuania. Lithuanian Center for Quality Assessment in Higher Education (LCQAHE) also has conducted accreditation review at the FPH of KMU in 2002/2003. However, the national and

international accreditation criteria were rather different and sometimes controversial: in LCQAHE evaluation, international and European dimension, which is implemented in teaching at our Master programmes, was considered as negative attribute; in report of ASPHER PEER review evaluation, it was reflected as very positive. This is why it is evident that this is a challenge for national and international experts and accreditation bodies to harmonise the assessment criteria.

One of major outcomes of the project was empowerment of the university community to provide step-by-step quality evaluation procedures based on self-assessment. Quality assessment becomes the routine procedure, which requires necessary knowledge and skills for the faculty and managerial staff of the SPH. The experience from the 3-year project shows the necessity to have a core team of persons capable to conduct academic and administrative duties. Such a team was developed during the project and members carried out their duties successfully. Also the improving of the collaboration with professional organisations, NGOs and creating Alumni organisation of SPH graduates were important outcomes of the Project. This activity was strongly recommended by the international experts. Need of such enhanced collaboration now becomes essential and self-evident both for public health NGOs and graduates and for our SPH.

Among major achievements of the Project was the reform of the teaching curriculum of both Master of Public Health (MPH) and Master of Public Health Management (MPHM) programmes. Programmes were modified and changed as the result of consultancies of international experts (France, UK and ASPHER) carried out since 2001/2002 and finally as the impact of final ASPHER PEER review (experts from France, Italy, Denmark, Poland and ASPHER).

The Project has resulted in increased possibilities of international collaboration with ASPHER and with other schools of public health. During the project period, our SPH started collaborative projects on establishing SPHs in Azerbaijan and Tajikistan. Agreements of collaboration were signed with Varna SPH, Bulgaria; Nordic SPH, Sweden; Tampere SPH and Kuopio SPH, Finland; and Tartu SPH, Estonia. Opening the international MPH programme for foreign students in October, 2004 was also one of the outcomes of the Project. The new modified international MPH teaching curriculum of Kaunas SPH was a direct consequence of the project. Opening of MPH training of foreign students in English was supported by OSI, NY and was a basis for establishing a number of fellowships for the students from Azerbaijan and Tajikistan.

Source: based on: Lessons learned from ASPHER OSI program on "Development of PH training programmes in Central and Eastern Europe: example of the Faculty of Public Health of Kaunas University of Medicine, Sumskas L., Kalediene R. 2006.

Authors: Professors R. Kalediene &. L. Sumskas

CHAPTER 10
Priorities and Practical Steps

Within the ASPHER OSI program there were two distinct types of projects: (1) the establishment and early development of three schools and one master of science programme of public health and (2) the further development of established schools of public health, including PEER review. Practical activities based on the ASPHER PEER criteria were recommended and implemented in both types of schools and programmes. The frequency of the recommendations and implementations according to the PEER criteria are expressed in the tables and sections below.

The "priority" section below demonstrates the frequency of recommendations and implementations seen as required to establish and to further develop a school or programme of public health in this region and program. Only those activities which were recommended or implemented in the majority of cases are expressed. These priorities are then elaborated in the section entitled "practical steps" in order to give concrete implementation advice.

The information does not include data from schools or programmes of public health also funded by OSI in the region, and mentioned in this book, but outside of the formal structure of the ASPHER OSI program.

Establishing Schools & Programmes – Priorities

Although this list may not cover an extensive range of activity, it indicates a minimum set of activities required in order to establish a school or programme of public health training. An item that is not represented is acquisition of physical premises: two of the schools had to procure them; one remodelled an existing location. There are also concerns for new schools to acquire independent budgets from their larger university structures and which are equally not represented in the figures.

Table 5. Stream 2 - Establishing Schools and Programmes – Priorities		
Description	**PEER**	**Frequency**
Programme licensing	1.1	100%
Creation of mission statement (through committees)	1.2	100%
Stakeholders conferences & workshops	1.7	100%
Needs assessment	2.1	100%
ASPHER partner visits	2.8	100%
ASPHER membership and conference participation	2.8	100%
Steering committees and advisory boards	3.3	100%
Included external lecturers	4.1.1	100%
Capacity building – external	4.2.2	100%
Capacity building – internal	4.2.2	100%
Faculty development	4.2.2	100%
Production of course materials	5.3	100%
Curriculum design	6.1.1	100%
Resources, books journals & computer software	7.1	100%

Developing Schools & Programmes – Priorities

The following table identifies the top six recommendations made throughout all the six PEER reviews in the program. The results from this indicate need for the schools at this stage of development to reassess their relationships with their student bodies. Each one of the recommendations can be seen as directly or indirectly related to both the teaching and involvement of students within the school.

Table 6. Stream 1 - Developing Schools - Priorities		
Description	**PEER**	**Frequency**
Include external practitioners and lecturers	4.1.1	100%
Concentrate on student centred career guidance	5.3	100%
Create and formalise student involvement in decision making	5.4	83%
Increase practical assignments as part of learning	6.1.2	83%
Review training mechanisms and include formalised policy	6.2.2	83%
Clarify, systematise and formalise their quality procedures	9.1	83%

Establishing Schools & Programmes – Practical Steps

The tables that follow describe the major steps to establish a School of Public Health (SPH) or a MPH-like programme, based upon the activities undertaken by the most successful projects in the ASPHER OSI program. It is not intended to represent an absolute "minimum set of activities" required to attempt to establish such a school or programme in the Central and Eastern European

Region, as schools or programmes will require additional activities particular to their own environments.

The list has been extracted from the "priority" tables above but has been placed in the chronological order in which a school may wish to undertake the practical activities rather than according to PEER Review classification. Those wishing to establish a new school/programme are advised to study the criteria summarised in the following table, with cross reference to the PEER criteria within the relevant sections of the ASPHER publication: "Quality Improvement and Accreditation of Training Programmes in Public Health"[50].

1. Steering committees and advisory boards	**PEER 3.3**
Gather together a group of individuals who share the same objectives of establishing a School of Public Health and who will be able to help realise this objective. This can be the nucleus of a *steering committee and should include key academics in public health related fields and other key leaders from NGOs and/or the Ministry of Health. The Steering Committee (or Task Force)* should be the driving force to promote the establishment and development of the School or programme and undertake the responsibilities necessary for its development. This *committee* necessarily should have a strong and explicit mandate from the dean/rector of the university, as well as a dedicated and skilled leader familiar with existing structures who also is able to overcome barriers and to successfully bring his/her ideas to the top management of the university or training institute. During this period of establishment, emerging school or programme personnel need to "listen" to the stakeholder community's needs and wants to ensure that the education offered and the graduate population will be in demand by the employers. The interface between the stakeholders, the external environment and the school may be enhanced by establishing an *advisory board* or *board of stakeholders,* particularly with respect to issues of practice and prospective employment of graduates. Advisory boards may help to pacify external resistance to the schools, accommodating a broad range of views from the local environment. External involvement (often from abroad, such as in cooperation programs) may considerably help to persuade the local structures as well at the university at the country level (eg. In MOH, MOE). If key members of the stakeholder groups understand the critical importance of post graduate education for PHWD	

[50] Bury, J. and Gliber, M. Quality Improvement and Accreditation of training programmes in Public Health. France, Fondation Mérieux, 2001

and can see the tangible, direct benefits from a new SPH (such as re-training their staff, academic support), this will help to foster tangible support. Often it is the case that experienced, responsible and dedicated external experts may have better access to and therefore are more likely to be heard by the local (rector, dean, heads of regional administration and so on) or national (eg. MOH, MOE, heads of the national institutes) officials than the people from the local site.

As the school matures coordination of key areas, such as teaching, research and administration will need to be considered. Throughout the ASPHER OSI program, schools began to adopt management structures within their institutions, such as curriculum/programme/thesis, quality, research teams or committees in order to coordinate the individual aspects of the school's operation. These committees should include, if possible, a full scope of public health professionals working for the SPH or training programme (not only MDs) as well as the whole range of levels of academic positions. Each of them should have a voice and will need to play a large role in the decision making processes of the school. The most important issues are that the steering committees or advisory boards are officially established, have a dedicated leadership, work regularly, document their work and have a formal mandate to propose solutions/changes.

2. Needs Assessment	**PEER 2.1**

One of the first activities a school should strive to complete is a needs assessment or market research to assess the local training needs and to determine how the required skills can be provided by the training at the school. Such surveys may also expose any potential obstacles and can assist in determining the economic viability or sustainability of the proposed training. Assessments can take many methodological forms, including questionnaires, sampling studies, face to face interviews, and focus group meetings. The results of the needs assessment, if thoroughly conducted, will help the school generate a set of strategies for its future development.

3. Programme Licensing	**PEER 1.1**

In establishing a SPH or programme of Public Health, one of the first activities is to determine a start date and build a strategy around this date. Once this has been decided the School or programme will need to ensure that the legal foundations are emplaced in order to commence the School/programme and its training. In the majority of cases within the ASPHER OSI program, this required a legal change of an existing academic award and/or other legal changes and the process took (and in some case is still taking) a substantial time to be completed.

In different countries diverse patterns are applied to formally establishing a programme or SPH. In most

countries a certificate (acknowledgement, licence or others) is necessary and usually comes from the MOE (sometimes also/or from MOH) officially proving that programme / school may start and operate. It is often a statement acknowledging the formal academic requirements and granting the right to give graduates a diploma formally recognised in a given country. Accreditation (in some countries this term is used for certificate) is in turn the additional/next step of evaluation for the school/programme. This usually is from the point of view of quality. It is obviously recommended, and usually legally required, that a SPH/programme get both the license and accreditation.

4. International Expert Visits	**PEER 2.8**

International experts should be used in mentoring the proposed school or programme faculty through the establishment process. The activities include: guiding the school in the design of the curriculum and helping to identify areas in need of attention, such as faculty training or the school's structural design. Moreover, schools are advised to introduce their ministries to international Public Health representatives who can clearly explain the accepted role of SPHs in an international setting and can demonstrate the international community in which the school resides. Both of these activities ideally should take place on a continual basis throughout the establishment of the school and through the first few years of its existence.

5. Curriculum Design	**PEER 6.1.1**

A new school or programme will require a curriculum and there are several methods of generating curricula. One of the seemingly-simplest method is to take an existing curriculum or model and adapt it to local needs, which can be identified through a needs assessment. Care must be taken in such a case that such an adopted curriculum meets the national standards. Care also should be taken to ensure that the curriculum possesses a core Public Health content. Many schools or programmes, in attempt to become attractive in the market place or to niche groups, may sideline or dilute their Public Health content. This can have a negative impact on the range and variety of skills of the Public Health workforce. The workforce skills to be taught in the curriculum can be measured in terms of competencies, which refer to the practical ability to perform a task contributing to the delivery of an essential Public Health service. Many schools throughout the European Region continue to express their courses in terms of educational objectives rather than skills or competencies. Employers, on the other hand, are increasingly interested in what the graduate is able to do. Schools or programmes of public health may consider the integration of competencies in their course descriptions, with care being taken to ensure that all competencies include a sufficient assessment method.

However, there may often be difficulties involved in generating and defining competencies due to the lack of a defined Public Health workforce in the region. For example, if the PHW is a small defined group, such as a Sanitary Inspectorate, the range of required competencies will naturally be smaller than those required by a broad- based PHW which may include other areas such as, management, law, nursing, social work, health economics, etc.

One method of developing competencies is to involve students in practical experiences or work placements. Having noted this, the majority of students in the schools and programmes of the ASPHER OSI program in the region already are employed and the need to give them further practical experience may not be overly apparent. However, schools should consider how students can use their education to broaden their horizons or change their career directions. A more positive feature of the employed-student base is the amount of their experience . Modern teaching approaches, such as problem-orientated or problem-based learning can capitalise on this wealth of experience by integrating it into the classroom. These approaches can have the added benefit of keeping the school in touch with the practices of the field.

6. Capacity Building– Internal and External	**PEER 4.2.2**

A school or programme will then need to ensure the capacity to teach the curriculum. One type of capacity building mechanism involves sending present and prospective faculty abroad for specific academic programmes where the host schools mentor these faculty members in the development of a course design and provide them with the necessary resources to implement the courses on their return. A second mechanism of external capacity building is to send present and prospective faculty on longer term academic courses at either a master or doctoral level and then ensure their integration into the faculty on their return. Care should be taken beforehand to assure that the foreign earned awards are recognised in the school's home country. Schools can also capitalise on visiting lecturers through combining their student teaching with capacity building by having the visiting faculty train the faculty and students at the same time. A final activity available for schools is to develop faculty by sending them to other training institutions where their learning can be geared more toward developing their knowledge of the functioning of a school and its programmes. This is seem as especially important for those faculty who possess responsibilities outside of teaching, such as module leaders and course directors.

7. Creation of Mission Statement (through committees)	**PEER 1.2**

New schools will also require a focal point or reason for their existence and what they intend to achieve. Such a focal point is usually encompassed within a mission statement. The generation of this statement should reflect the opinions and needs of the stakeholders of the proposed service and education of the

school. Stakeholders can and should be included within the school through such structures as steering committees or advisory boards. Once a mission statement is devised a school should take care to ensure that it is well known, understood and internalised by all the stakeholders. Schools are also advised to revisit their statements on a regular basis to ensure that the statements correctly and explicitly reflect the schools' activities, purpose and future aspirations.

8. International Association Membership and Conference Participation	**PEER 2.8**
Schools are advised to apply for membership in International Associations, such as ASPHER, to ensure that they have opportunities to participate in international networks. Such networks can keep the schools up to date with the international field terms of practice and funding opportunities as well as creating the possibilities for future collaborative agreements with other schools in the network.	

9. Stakeholders Conferences & Workshops	**PEER 1.7**
New SPHs need to ensure that both they and their message are known throughout the stakeholder community and the population at large. Promotional activities, such as short courses, conferences and workshops, which include stakeholders and media, are ideal opportunities to inform the population of the need for Public Health approaches in the country and provide a platform for schools to publicise themselves and their education to potential students. The new schools should begin advertising at least one year in advance of starting a school or programme in public health in order for the potential graduate population to be informed and have sufficient time to apply for the course. Application normally takes place six months prior to the beginning of the course. Schools can use their promotional strategies to actively seek support from their ministries of Health to supply stipends for a quota of students from the ministry.	

10. Production of Course Materials	**PEER 5.3**
As the deadline for the commencement of the newly established course and programme approaches, the new school will need to produce a set of course materials which will support the future students throughout their studies. Course materials can vary in range from presentation preparation to preparation of case studies and course manuals. This is especially important if the student base is employed. Students will appreciate a well-defined and planned course to which they can orient their professional agendas.	

11. Resources, Books, Journals & Computer Software	**PEER 7.1**
New schools need resources to enable the effective delivery of their courses. Some of the basic and preferred resources include computer laboratories, Internet, paper based journal subscriptions along with computer packages, such as SPSS, and their associated but rather expensive licenses. However, throughout the program there was often reference made to the use of free software downloadable from the web. Translated basic textbooks in the country language are valuable to supplement readings and internet sources in English.	

12. External Lecturers	**PEER 4.1.1**
Teaching capacity can be augmented and extended through external (adjunct) lecturers from other university departments, from external national and international universities and from practitioners and alumni in the field. This is important for schools' abilities to offer their students a full multi-disciplinary range of learning including specialisations, international perspectives and practical based experience. However, schools should be attentive to the need to incorporate any locally-engaged external faculty within the management structures of the school, if possible, and to protect the sustainability of the external teaching commitment through formal arrangements and contracts. Finally, care should be taken to control the quality of invited trainers, such as practitioners, who may lack some basic classroom skills and hence may need to be mentored in teaching methodology.	

Developing Schools & Programmes – Practical Steps

The following practical steps derive directly from the recommendations and comments made in PEER reviews throughout the region. These areas do not include the issues of external practitioners/ lecturers or practical assignments as these have been covered in the sections above. However, it is worth mentioning that although these areas are seen as essential for developing schools in the region, it would be advisable for establishing schools to also consider integrating these practical steps.

1. Student-Centred Career Guidance	**PEER 5.3**
Many of the schools in the PEER section of the program were training students who were employed during the course and hence the provision of career advice/guidance was not a priority. However, an important role of the school is to emphasise the career opportunities open to students upon graduation, as this can encourage students to enrol if they are aware of the opportunity the course offers to further their careers. For this reason, schools must have up-to-date references regarding the employability and market potential resulting from their programmes.	

2. Create and formalise student involvement in decision making	**PEER 5.4**
A large difference in approach between western schools and those in the Central and Eastern region is the view of student involvement in the decision- making structures. It is imperative for schools in the CEE region to recognise students as both clients and stakeholders of their educational programmes, as their feedback can assist in both promoting the school and re-orienting parts of the training. One way to achieve this is to involve students in the structures of the school or programme by way of a formalised student involvement policy. Examples include situations in which individual students, or representative students from a student body such as a student council, would sit in any of the following functions of the school: General Assembly, Academic Council, Faculty Council, Curriculum committee, Advisory Board.	

3. Review training mechanisms and include formalised policy	**PEER 6.2.2**
Schools in the region tend to demonstrate a narrow view of training in which trainers train and students learn, resulting in a conventional frontal didactic teaching approach. What was evident, however, is that most students in the schools and programmes in the ASPHER OSI program are employed and therefore tend to have a better grasp of the issues they face than do students with no work experience. Schools must accept and embrace this knowledge to keep their training up-to-date and pertinent. Therefore a school will need to review and re-write its pedagogic approaches and ensure that both trainers and trainees alike are informed of the purpose, structure and outcomes of the new training methods.	

One new pedagogical approach now gaining ground in the region is problem-based or problem-orientated learning. This particular approach changes the role of the trainer to more of a facilitator in which the trainer/faculty help guide discussion from the students, who in turn, work on finding solutions to 'real-life' problems that are either presented to them or chosen by them. However, these new approaches can be seen as "too innovative" by many students who perceive education to be the conventional frontal didactic approach. To change this "traditional" understanding, schools will need to introduce clearly defined pedagogic policy statements which are disseminated and understood by the students and at the same time will provide guidance to the trainers in their teaching approaches. In order for this method of teaching/facilitating to be a success, the facilitator/faculty must be well-trained and accepting of the method.

4. Clarify, systematise and formalise their quality procedures	**PEER 9.1**

The Quality Management System should not be seen as a means in itself, but a support-system for the overall educational quality and structure. In this sense, the curriculum will gradually improve and be geared towards the qualitative and quantitative needs of society, students and external/internal stakeholders.

Schools will need to internally and externally review the quality of their courses on a continual basis. Internally, questionnaires and reviews should be issued to students and faculty alike to judge the quality of each tutorial and lecture. The results deriving from these reviews should be extrapolated in a formal and transparent manner. Any potential changes to the course should be considered at the earliest possibility and preferably at the end of individual courses rather then at the end of the programme or academic year.

Schools are also advised to use external stakeholders as part of their quality processes to judge the applicability of the taught skills and knowledge to the needs of the local environment. External stakeholders can also help build safeguards for the staff in case of any challenges presented by the students or faculty by having a formalised external assessment as part of the appeal and examination processes.

Finally, former students should be surveyed. One option would be to develop an evaluation protocol for each student cohort 5 years after their graduation to track and evaluate the following: the applicability of the skills gained, career development and long-term satisfaction with the programme.

CHAPTER 11

Summary

The development of new Schools of Public Health (SPHs) and programmes of graduate or post diploma public health education in CEE is an important innovation in training of the public health workforce as countries continue in transition politically, economically and in terms of public health systems. It is vital in helping countries cope with public health crises of low performance levels of health systems and high morbidity and mortality from preventable diseases. The work of the ASPHER OSI program has been an important part of this process of change and needs continuation and expansion on a wider scale. Lessons have been learned from the program and associated activities regarding the operations of the schools and programmes of public health, the environments in which they exist and the national and international context in which they must function.

The ASPHER OSI program, conducted from 2000-2005, is summarised in this book. In addition, there is information about other OSI-funded projects which ended in 2007. This is valuable information for new SPHs and those contemplating starting new post graduate or post diploma education in public health. Additional information is contained in the recorded proceedings and presentations from conferences and project-related activities including those held in Jerusalem in 2001; ASPHER conferences or workshops in Yerevan in 2003 and 2005, Kiev in 2004, and Maastricht in 2006. The Lake Ohrid, Macedonia, conference in 2006 included participation of 8 new SPHs from South Eastern Europe who met for the first time to share their experiences in the development of new SPHs.

The central question of this chapter is: "*What are the lessons that can be drawn from the experiential evidence and examples of the ASPHER OSI program*?" Although these have been discussed in particular in the individual chapters of this book, they are summarised here with analysis and comment. The diagnoses of problems encountered and responses to them can provide assistance for the establishment phase of newly emerging schools of public health now and in the future. Learning from past experience will help to improve the extent and quality of modern education in public health in Europe and beyond. Documentation of the experiences of schools of public health throughout the world is important for developing strategies for continuing development of SPHs in the CEE countries. Similarly, the experience of accreditation systems, e.g. CEPH in the US and in

time the newly-evolving European accreditation system, which is being developed with important contribution from the ASPHER OSI program, should be considered.

The Development and Mission of a School of Public Health (Chapter 3)

While there is no common internationally accepted definition of "public health," which impedes work in the this area globally, there is a growing commonality of understanding that public health is a broad field with many forms of analysis and intervention working toward improving the health of a population, including individuals, families, communities, high risk groups of many kinds, of nations, and the global community. It is a complicated issue of definitions and concepts, compounded by difficulty of translation into other languages which do not have words for the term "public health."

In the countries of the ASPHER OSI program, there is a basic problem in conceptualising a changing of paradigms of public health and its training from the centralised San-epid system and training, as well as from "classical" medical (i.e. clinical) education. New conceptualisation is necessary to understand why there is a need for a "new" public health, "new" public health training, and public health practitioners from many disciplines in addition to those based on medical training. Addressing non-infectious diseases which are the major public health issues in CEE countries requires educators, sociologists and many other disciplines, just as coping with the infectious diseases such as AIDS and STDs requires a multi-disciplinary approach.

The term public health "specialist" is a basic part of the past focus on medical approaches to public health. The term implies that the profession of public health worker is solely based on medical education, as has been the case in countries of CEE. Persons trained in the San-epid tradition and medical doctors who take the necessary additional courses are called "specialists" in that particular area, e.g., of hygiene and sanitation, which is recognised as a medical specialty.

A broader concept of public health is essential to identify who the members of the PHW are or should be and to determine the training needs. If there is no delineation of the public health workforce, of who a public health professional is, and what the specific roles of public health professionals are, then it is difficult for the Ministry of Health, for example, to determine what kind of training is needed and how many public health professionals should be trained in what categories of public health in order to meet the country's health workforce needs, both now and in the future.

The notion of competencies comes into play as well. International standards of public health education demand that educational systems incorporate the competencies and skill levels that a public health professional should possess. No longer are educational objectives alone sufficient for designing the content and curricula of public health training programmes. We must determine the competencies and skills needed in the PHW and include them in the teaching programmes. However, if there is no clear delineation of what the public health workforce is and what public health professionals are expected to do, then determining the particular competencies and skills and including them in the formal education process becomes even more problematic.

External Environment (Chapter 4)

a. Mentoring and Association with Established SPHs

One of the most valuable experiences of the ASPHER OSI program was the mentoring/consultative process both during the incubation period and after the birth of new SPHs in the CEE Region countries. Establishing new Schools and programmes in public health involves promoting a major shift in thinking about public health, and the evolution of new educational programmes requires mentoring to assist in the process. Some external ideas and experiences need to be introduced and accepted. However, adaptation into current systems is crucial to acceptance of methods, systems and technologies.

Future funding of development of schools and programmes of public health should include resources to promote mentoring programmes, involving both individual and institutional assistance to new SPHs and programmes in public health training and education. The new SPHs resulting from this program will require continuing mentoring, perhaps now from varied mentors, for the next 3-5 years.

A caveat regarding mentoring and consulting must be mentioned, however. Problems may arise which can be associated with the fact that some western consultants often are not sufficiently aware of the post-Semashko health systems, or may discount its quality and value to the present and future health systems in the countries involved. Therefore, using local staff as well, who are experts in health system issues in their countries, is important for successful adaptation of the health system, including education. This lack of awareness can lead unwary consultants or international organisations to make recommendations for drastic reforms which may not address the problems at hand but instead can distract the functioning system with new administrative and possibly

inappropriate systems, such as adding national health insurance to the governmental-funded state system, without adequate regulatory powers or supervision by the MOH.

b. The Bologna Process /Recognition of Academic Awards in Foreign Universities

The Bologna Process represents a fundamental shift in orientation of post graduate and post diploma education in Europe. This began with the Bologna Declaration in 1999 and signed by 46 countries (to date) in the European Region. Its main message is that post graduate or higher education in Europe needs fundamental reforms in order to keep up with international competition and standards. This means adoption of a three-tier university degree system with undergraduate bachelor, and graduate level master and doctorate levels.

While many countries have signed on to this process, actual implementation will take many years. Adoption of the master degree will take longer in "medical" fields, including the public health field. This is a roadblock in the process of implementation of new educational systems in public health, partly because the graduates are not recognised as *specialists* by the present legislation, tradition or medical establishment. The same applies for people trained abroad who are slowly being recognised for positions, adequate salaries and advancement but still have difficulties in being accepted into the local academic milieu on their return to their home country.

The practice seen throughout the region and encountered during the lifetime of the ASPHER OSI development program is one in which many, if not the majority, of universities and ministries of education and labour do not accept or recognise foreign-issued academic degrees. Faculty in the region have been sent to some of the world's best universities to earn master and doctoral degrees only to have these awards disregarded on their return to their home countries. The result is that the graduates have to take other qualifications within their own national systems in addition to the foreign credential(s) or they opt to work for NGOs or the private sector, which do recognise the value of their training. [51] However, there is a growing recognition of foreign-trained graduated within several of the countries of the CEE. Increasingly, albeit slowly, those graduates are being assimilated into faculties of public health or into Ministry of Health staffs in some CEE countries.

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[51] This is a paradox, in that the public sector which in CEE Region countries urgently needs modern-trained public health professionals in fact refuses to accept them, whereas the private sector, including NGOs and commercial drug companies, recognises the value of their competencies and attracts them with better working conditions including relevant salaries, in effect causing in-country brain-drain from public sector.

A priority for the development of academic capacity in the region is adoption of a system whereby universities and ministries are assured of the quality of academic degrees awarded by foreign institutions and the benefit of recognition and acceptance of such foreign academic degrees. Bologna Declaration recognition and adoption will help in this matter. This will provide incentives as well as skilled resource persons to enhance and advocate the changes needed in the post graduate educational context for CEE region countries. This may also be assisted by strategies of a European accreditation agency for public health education and integration of criteria and standards within the national accreditation agencies.

c. Stakeholders' Participation

Many ministers in the countries involved in this program have tended to be supportive of the programs to develop new schools of public health in their counties, but political instability and rapid changes in ministers and policies hinder the process. International agencies also contribute to a lack of focus, as each brings its own agenda for health reform with loans or aid packages, often tied to specific diseases, each in itself worthy. Similarly, changes of dean or rector of the host academic institution or faculties, can be threatening; but many deans are recognising the added value of having a school or programme of public health in their organisations. Cooperation with the political levels is essential to establish the principles and regulations for new educational programmes. The importance of leadership at the rector and dean level for new SPHs has been demonstrated repeatedly in this program.

The political, moral and financial support of stakeholders such as the government ministries is also crucial to the success of these endeavours. This involves short-term and potential long-term funding, in addition to funding for specific public health projects by the international agencies. Equally important is recognition of academic degrees. Funding and encouragement of career advancement by requirements that Ministry of Health and health system personnel must have public health training is strongly suggested by many western consultants.

Both governmental and non-governmental stakeholders are potential employers of graduates of public health training and should be consulted at the outset of the planning process for new schools and programs and then on a regular basis regarding the skills and competencies they need and expect from graduates.

The ASPHER OSI program was instrumental in promoting the development of new SPHs throughout the CEE Region countries. However, OSI funding for such programs ceased in 2007. Alternative sources will be needed to continue the mentoring and developmental processes: training faulty in SPHs abroad, visiting faculty programmes, visiting lecturers, attendance at conferences and other key faculty development activities.

d. International Recognition

New SPHs should adopt and be guided both by international standards and local needs. This is necessary for the graduates who may want to work in other European countries and will therefore want education that provides them with peer status with graduates of other programmes throughout the world. European standards will be increasingly required in member countries of the EU and those aspiring to join the EU in the future. In addition is the need for a fit between the local/national patterns and European public health standards.

National accreditation within the regulatory system of the Ministry of Education (MoE) and the licensing bodies is of course essential, not only to ensure compliance with national standards and needs, but also for financial reasons, as students for public health education programmes may be supported by Ministry of Education grants if the university programmes comply with the accreditation standards. International accreditation will push higher education toward acknowledged and proven common standards of public health education. This will provide the basis for international recognition which is needed by faculty members, students and graduates. International recognition will also assist in obtaining funding from international agencies, not only for workforce development but also for research grants and academic status. A major issue, however, is harmonisation of national and international accreditation standards. International accreditation does not help in the long run if the particular programme does not meet national standards.

e. Recognition of Master Level Public Health Education and of MPH Degree

Recognition of master level training in public health, which includes the MPH degree, is crucial to the sustainability of new SPHs. This requires agreement by Ministries of Education and Health. Delays and problems of acceptance of new master level or MPH graduates, even those trained in well-established SPHs abroad, have been a serious handicap in re-absorption of well-trained and motivated young potential faculty members in countries not yet adopting this new concept of public health and training. This is slowing down the transformation of the health system, particularly

regarding public health, at the country and local levels. This is an issue that must be discussed with both the Ministries of Education and Health as early as possible in the process of development of new SPHs.

In some countries of OSI-funded programs, ministries have shown a willingness to have staff members take part in MPH studies (e.g. Bulgaria, Macedonia, Albania and Moldova), and in some cases even to finance their tuition fees. This is vital to success of the programmes. European experts believe that, in time, this should become a standard required for appointments to middle level and senior positions in health systems, including both the public and private sectors[52]. Some of this will be effected by word of mouth and the actual experience of working with graduates to see the additional competencies they have in carrying out their work, as is actually is taking place in several CEE countries, albeit slowly in many places. However, the experts' argument for insisting that ministries require MPH training for holding positions in the health sector is not always welcomed by ministers, as it lacks supporting evidence that the same is required in countries of Western Europe.

f. Relationship to Policy and Priorities in Public Health

A key role of a School or training programme of public health is to provide a centre for academic research, policy analysis, teaching and multi-disciplinary discussion of issues related to health of the population. Since public health is an applied field with a strong science base, continuous review of policy-related issues is vital for a dialogue between the practising public health community and academia. Interaction between "town and gown" is vital to promote public health policy. This can manifest in many ways, such as encouraging faculty member participation on Ministry of Health committees related to public health assessment, programmes and policy discussions.

Internal Organisational Environment (Chapter 5)

The new and developing SPHs and programmes of the ASPHER OSI program varied widely in their organisational structure and resources. The ideal structure for an SPH seems to be as an independent entity as a faculty/department within a multi-disciplinary university. In the CEE Region it is more likely to be a School, Faculty or Center within a medical faculty or medical university (or academy or institute). Dental, pharmacy and nursing schools increasingly are becoming separate faculties within medical universities in countries of the CEE Region; evolution of SPHs may also follow.

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[52] Expert Group consultation PHWFD - WHO Report, draft as of 12/2006.

The barriers to change include the strong medical orientation of public health training of the San-epid doctors. Commonly, the medical establishment generally does not appreciate or support the development of graduate or post diploma level training in public health; rather it is viewed as a competition for the classical San-epid doctor approach. Even in western countries with longer traditions of postgraduate education in public health, classical medicine often regards public health as beneath its dignity, although younger clinicians are taking much more interest in MPH training. Lack of recognition of master level public health education or of the MPH degree is a serious handicap for a new SPH/MPH programme, but perhaps will ease with gradual implementation of the Bologna Agreement.

The experience of the ASPHER OSI program suggests that implementation of a new School or programme of public health, including an MPH programme, requires the involvement of the appropriate medical faculty, departments, the university, the Minister of Health, the Minister of Education, other ministries, employers and other key stakeholders. An essential starting point for this process is a S*teering or Management Committee or Task Force* appointed and supervised by the dean or rector with a distinct, strong and sustained mandate. There must be strong leadership to carry out the development and implementation of an SPH/programme. Support in the medical faculty can be promoted with a focus on increasing the prestige and compliance with international standards of the medical academy by having a school of public health associated with it. For many years, some of the medical universities of the CEE Region have trained foreign medical students, and some of the SPHs in the ASPHER OSI program have started MPH training for foreign students. A school of public health may be seen as providing another possible source of foreign students to train in their medical faculties. Some of the SPH projects focus on retraining middle and senior managerial staff in the health system (including San-epid, polyclinic and hospital managers) from throughout the country. This usually finds support of (or sometimes is even initiated by) the Ministry of Health (as in Poland in the early 1990s). Sometimes the medical universities initiate the organisation of an SPH to improve the managerial abilities of heads of hospitals and clinics associated with the medical faculties. These events have actually occurred in a number of the new SPHs in this Program. The incentives to the medical university for a new SPH include: prestige, service to the health system and the potential for additional funding for the faculty and its members.

Teaching Staff (Chapter 6)

As in many regions of the world, in many countries of the ASPHER OSI program, the word "health" denotes the realm of "medicine." It means that the training required for working in the arena of "health" is widely understood to be exclusively medical training. To add the term "public" to the term "health" complicates matters, particularly when the term must be translated into another language which has no words to convey the term. At best sometimes is the recognition that the term "public health" is akin to sanitary and hygiene training, which is taught usually as a branch of medical training or acquired through additional, postgraduate or post diploma training - as a medical *specialisation*. "*Social Medicine*," "*Occupational Medicine,*" and *"Preventive Medicine"* are examples of other terms used for decades. In reality, it is not evident that western consultants understand fully the curricula of those training programmes or the parameters of social medicine as they were applied in the Semashko model systems[53].

The current core faculty in new SPHs consist primarily of people trained and oriented in the centralised Semashko model of health and education. Some have worked vigorously to develop to current international standards, although this is limited for many by inadequate capacity in English and/or restricted access to internet, library, and western-standard-equivalent journals and textbooks for academic purposes. The willingness to understand, though still far from adopting, more modern international university standards of training, often is quite limited at the beginning of the process. Nevertheless, in the ASPHER OSI program it became clear that many in this cadre of academics can and do make the transition to current international standards, again depending on English language capacity as a major determinant.

Such adaptation requires investment in visiting faculty programmes, training of new faculty and absorbing them after they return from training abroad at master and PhD levels. This has been part of the ASPHER OSI program, but will require continuation in the coming years to reinforce and sustain such adaptation. A special career path design should be implemented on the return of these young faculty members in each case so as not to lose their momentum and enthusiasm. Research capacity is limited in these new Schools and programmes of Public Health but will develop over time as cadres of young graduates in their in-country or international SPHs develop and take academic posts

[53] This would be an interesting study for itself – to analyze CEE Region educational patterns in medicine and relate/compare them with the "Western" European (and US) equivalents.

in their home countries. Faculty development will require training new teachers and researchers in foreign schools of public health for years to come in order to replace teachers retiring from active service.

Students and Graduates (Chapter 7)

The “New Public Health" differs from the "medical model" as outlined above. It has a broader perspective of human health and the study thereof. It requires a multidisciplinary approach to curriculum development and teaching staff, neither of which usually are part of most medical faculties or academies. There are many other professionals needed, in addition to physicians, at the forefront of formulation of modernisation of the San-epid system training and traditional standards of public health practice and education. This issue, along with the accompanying one of who the students in public health programmes and schools should be, is one that has been faced by almost all of the schools in the ASPHER OSI program and the other similar programs funded by OSI.

Because the majority of students in the new schools and programmes of the ASPHER OSI program are employed, the issue of future employment of graduates has not yet peaked even though it is routinely discussed and recognised as a significant issue. Many current students and graduates return to or continue their current jobs, but with a higher level of skills and knowledge regarding public health. However, the lack of positions, particularly within government health systems, for graduates of public health schools and programmes (as in MPH programmes, for example) remains a huge issue. Unless and until government employers, including the government health system and ministries, recognise or perceive a need for these skills (whether as a result of better job performance of graduates remaining on the same jobs or for some other reason), the employment possibilities for future generations of students without working experience remains in doubt, at least in the government sector. The trend towards working for international NGOs in-country will continue to grow.

Development and recognition of the profession of public health would be enhanced by the presence of separate faculties, departments, institutes or centres with an academic base supported by journals, conferences, research and networking with ministries and international agencies and associations for policy development. Very practical steps which would help in this process include: recognition of the public health degrees from local and foreign universities, requirement of master level public health

training for mid and senior level appointments in health systems, promotion of research by national grants and promotion of national journals of public health.

Across the schools and programmes in the ASPHER OSI initiative, there is a broad spectrum of criteria governing who can enter into each programme. Some of the differences can be attributed to the fact that the schools and programme are housed in different parent bodies in different countries. Some are housed in medical academies, as noted above. In some countries, the state may have a rule that permits a medical academy to train only medical students for a medical degree, including public health, and this is a barrier which should be addressed for change as a high priority.

It seems clear from the experience to date, that the new Schools and programmes in public health have been successful in attracting and in-taking high quality students from many disciplines, when allowed to do so, especially professionals currently working in the many areas of public health and health management in their countries.

Curriculum (Chapter 8)

While there is a base of information about both "Social Hygiene" and the "New Public Health," there is also a wide gap between the two. The gap is historical, conceptual and practical. Harmonisation between the two is essential to the reform process going on in most CEE region countries. The San-epid system-based organisations are usually key providers of essential public health services and provide those services in many cases with a high degree of success and competence. On the other hand the New Public Health idea is crucial in analysing and addressing the major diseases causing early and preventable loss of life.

A working relationship is needed with the classical medical community and health system along with traditional medical training. In some countries, the longstanding *Aspirantura* and *Ordinatura* forms of post graduate education system are also important in this process. Thus far, the two types of training are isolated from each other and no bridging mechanism has been found. Possibly common textbooks, dictionaries and glossaries will help.

Consultants working with new schools and programmes of public health should be sensitive to the historical roots and current realities of this duality in public health workforce development in the CEE region. Without that understanding, in addition to having knowledge of existing curricula and rules governing curricula at the national level, it will be most difficult, if not impossible, to design

and implement a new or modified curriculum that reflects international requirements for public health training and education.

Teaching/ Learning Facilities, Research, Institutional Quality Management Systems (Chapters 9, 10, and 11)

a. Curriculum Content and Development

The new schools and programmes in public health have concentrated on developing the core modules of a graduate level public health training programme, usually the MPH. The modules track the core courses demanded in the standards for international teaching programmes in public health. However, there are also national requirements which must be met. This fact cannot be overlooked or ignored in order to ensure licensing and accrediting, or continued accreditation, of a programme. The issue of clinical/medical versus non-clinical requirements and courses is another issue if the programme is housed in a medical academy or university.

Some new schools and programmes have achieved quite remarkable standards; others have achieved adequate ones. However, curriculum development is an ongoing process, and higher standards will evolve over time along with experience and continuing faculty development. The experience seen in the ASPHER OSI program suggests that a modular curriculum adapted to the European Credit Transfer System (ECTS), with adaptation to local circumstances, is most suitable for new master level programmes in public health at this time.

b. Research Capacity Development

Development of research capacity is vital to the future of a school or training programme of public health even if resources are limited. This can in part be achieved by fostering a culture of research for the students and their faculty advisors. Some new schools and programmes have introduced research seminars into regular practice. This provides a focus for standards of peer critique and hypothesis, a case for action testing in a collegial atmosphere with a positive orientation to research methods, international literature reviews and thesis or master's paper presentation. Training in modern public health research methods and materials is part of faculty development when faculty are sent abroad to schools of public health. It is imperative that faculty of new schools and programmes of public health have the research skills to conduct and provide results from evidence-based investigations to the government of the country to assist in setting public health policy and targeting areas of needed reforms or interventions.

c. Quality Assurance and Accreditation

One of the principal concerns across the entire European Region is the lack of quality assurance strategies and mechanisms, especially in public health education. A major educational shift is presently underway in aligning the majority of countries in this region to the priorities of the Bologna Declaration. This declaration aims to promote the mobility of students through the ability to earn academic credits in foreign universities which are accepted toward the issue of their final degree in their home institutions. However, as demonstrated through previous ASPHER activities, there are intrinsic difficulties in embracing the heterogeneity of public health training and guaranteeing the quality of different learning experiences throughout the region. This will inevitably entail a reticence of universities to accept foreign-earned credits because they will remain unsure or untrusting of the quality of training in foreign universities. This may effectively stall the Bologna process in regard to public health training. The six PEER reviews successfully conducted in the framework of the ASPHER OSI program proved the value of external review and the need for an ongoing system of international accreditation in addition to national accreditations in each country.

A possible solution to this issue is to generate a European Accreditation Agency for Public Health Education - whose criteria and standards are agreed and accepted by those participating in or governing the Bologna process. ASPHER and partners together with input from several Schools of Public Health are presently undertaking such an endeavour. The target date for the criteria was November 2007. If possible, an agreed set of criteria and standards should be integrated into, or adopted by, national (i.e. governmental) accreditation agencies. An independent body might recommend steps to ensure and uphold the standards of the national agencies which at present are very heterogeneous. It remains to be seen whether this idea will be approved by national governments and accrediting bodies. The development of European standards will depend upon the credibility of the accreditation process to ensure standards in participating countries plus mobility of graduates within the wider European context.

CHAPTER 12

Conclusion

The ASPHER OSI program to promote and evaluate development of post graduate and post diploma education for public health professionals in the CEE region countries was conducted over a difficult period of transition in these countries. The political, economic and social fallout of the collapse of the centralised, authoritarian system in the early 1990s has left lingering scars in many fields, including public health. At the same time, the basic structure of the San-epid system is still in place and functioning reasonably well and will likely continue to be part of the scene for the foreseeable future.

There is need to find a way to influence the curricula or content of parts of the San-epid training and the required continuing education of professionals required every five years (number of years may vary by country) and to integrate into those some multi-disciplinary approaches to training in public health. The new schools and programmes in public health training in the ASPHER OSI program have to a large extent established themselves with strong support from deans and rectors of medical faculties, even alongside difficulties associated with non-recognition of the MPH degree, both domestic and foreign. Nevertheless, the new schools and programmes have mostly attracted a substantial, high quality student body, including many professionals currently employed in Ministries of Health, NGOs or new public and private entries to the field of public health.

This program provided a major contribution to public health workforce training in Europe, especially in the countries in transition, many with serious public health problems within the transition process. Competent public health systems depend on the organisation and the professional capacities of their workforces and supportive units. OSI and ASPHER have advanced these issues by triggering and giving momentum to the process of the PHW training in the CEE Region.

The needs in PHW capacity building and training are great, especially in the countries where New Public Health still is not recognised - even at all - and where there are no schools and/or MPH-like programmes available. No less important are the countries where this concept is ready for implementation, in some cases with the major support of this program. However, further help and support are needed in order to apply these achievements more widely. Achieving the Millennium Development Goals and reducing inequities between and within countries are important targets for the European Region. Improved public health workforce development is an essential part of that process.

Bibliography

Barnard, K. and Köhler, L. "Creating a good Learning Environment – a review of issues facing schools of public Health." *Training in Public Health, strategies to achieve competences.* WHO/EURO, Copenhagen 1994

Barnard, K. and Köhler, L. Creating a good Learning Environment – a review of issues facing schools of public Health, in *Training in Public Health, strategies to achieve competences*. WHO/EURO, Copenhagen 1994

Beaglehole, R., & Bonita, R., "P*ublic Health at the Crossroads"*, Cambridge UK 1997
Bury, J. and Gliber, M. *Quality Improvement and Accreditation of training programmes in Public Health*. France, Fondation Mérieux, 2001

Cavallo, F. *Public Health education and Training in Europe*, in *EU and Public Health: Future effects on policy, teaching and research*. (eds. Köhler, L. and Barnard, B.) Göteborg, Nordic School of Public Health, 1997.

Competency-to-Curriculum Tool Kit: developing curricula for public health workers Discussion Draft, January 16, 2002. Competencies & Curriculum Workgroup, Public Health Workforce Development Annual Meeting, September 12-13, 2001, Athens, Georgia

Fee, E., & Acheson, R., ed. *A History of Education in Public Health*, Oxford: Oxford University Press 1991

Goodman, J. and Simmons, N., "ASPHER PEER review: A discussion of its role in the joint Open Society Institute (OSI) – Association of Schools of Public Health in the European Region (ASPHER) program." In: Tulchinsky, T.H., Epstein, L., Normand, C., eds. *Proceedings of the international Conference on Developing New Schools of Public Health*. Public Health Reviews, Volume 30, numbers 1-4 2002.

Köhler, L. "The mission of public health during the next 25 years. A European perspective." *Public health and socio-economic changes at the dawn of the 21st century; implication on public health academic education*. Jakarta, University of Indonesia, 1992.

Kohler, L., Bury, J., De Leeuw, E., Vaughan, P.,"Proposals For Collaboration In European Public Health Training.". *European Journal Of Public Health* Vol 6 1996 No. 1

Rimpelä, A., "Postgraduate Public Health Programmes in Nordic Countries." In: Rimpelä, A. and Köhler, L., eds. *Postgraduate Public Health Training in the Nordic Countries.* Göteborg, Nordic School of Public Health, 1996.

"The Public Health Workforce: An Agenda for the 21st Century", A Report of the Public Health Functions Project, U.S. Department Of Health And Human Services Public Health Service 1997. *http://www.health.gov/phfunctions/pubhlth.pdf*

Tulchinsky TH, Varavikova EA. “Addressing the epidemiologic transition in the former Soviet Union: strategies for health system and public health reform in Russia.” *American Journal of Public Health*, 1996;86:313-320.

Tulchinsky TH, Varavikova EA. *The New Public Health: An Introduction for the 21st Century*. San Diego: Academic Press, 2000.

Tulchinsky, T.H. “Developing schools of Public Health in Countries of Eastern Europe and the commonwealth of Independent States.” In: Tulchinsky, T.H., Epstein, L., Normand, C., eds. *Proceedings of the international Conference on Developing New Schools of Public Health.* Public Health Reviews, Volume 30, numbers 1-4 2002.

Varavikova, E. A., “What should an MPH graduate be able to do at the end of the training period.” In: Tulchinsky, T.H., Epstein, L., Normand, C., eds. *Proceedings of the international Conference on Developing New Schools of Public Health.* Public Health Reviews, Volume 30, numbers 1-4 2002.

Electronic References

Filerman, G., “Perspectives on the Health Workforce in the NIS, NIS/US Health Workforce Planning.” American International Health Alliance, Tashkent conference, 2000. http://www.old.aiha.com/english/pubs/tashkent/toc_html.cfm

World Heath Organisation, Report of the Second Meeting of the Core Expert Team on the Public Health Functions and Services in the European Region, *Strengthening public health capacity and services in Europe* , London, United Kingdom, 14–15 December 2006. http://www.euro.who.int/Document/PHS/PubHlthRep.pdf

World Health Organisation Regional Office for Europe, , Fifty-seventh session, *Health workforce policies in the European Region*, Belgrade, Serbia, 17–20 September 2007, http://www.euro.who.int/document/rc57/edoc09.pdf

www.aspher.org

www.soros.org

www.who.int

www.ceph.org

http://europa.eu.int/comm/education/programmes/socrates/ects/index_en.html

APPENDIX

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This appendix includes only participants in the ASPHER OSI project and does not include the other programs funded by OSI included in text of book.

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List of ASPHER and ASPHER-related publications

Goodman J, Overall J, Tulchinsky T. Public Health Workforce Capacity Building: Lessons Learned from "Quality Development of Public Health Teaching Programmes in Central and Eastern Europe." Brussels. ASPHER 2008

Foldspang A, Louvet T, Normand C, Sitko SJ (Eds.). ASPHER 40th Anniversary. 1966-2006. Anniversary Book. ASPHER Series N°1. Saint- Maurice: ASPHER, 2006.

Foldspang A, Louvet T et al (Eds.). Vademecum, The European Master of Public Health (EMPH). Saint-Maurice: ASPHER, 2005.

La mejora de la Calidad y la Acreditatión de programas de Formación en Salud Pública,
Un proyecto conjunto, Fundación Merieux –ASPHER 2000-2001. Valencia: Escuela Valenciana de Estudios de la Salud: Artes Graficas, 2004.

Bury J, Gliber M. Quality Improvement and Accreditation of training programmes in Public Health, Fondation Mérieux-ASPHER Joint project 2000-2001. Lyon: Edition Fondation Mérieux, 2001.

Laaser U. The Internet Journal of Public Health Education,
(http://www.aspher.org/D_services/I-JPHE/I-JPHE_Home_Page.htm). 1999; 1

Ministry of Health Kazakhstan, WHO, ASPHER. Kazakhstan School of Public Health, Project Document. Copenhagen: Regional Office World Health Organisation, 1997.

ASPHER-European Commission. Inventory of Public Health and Health Promotion Training in the European Union, Database and Background materials, Maastricht: Primavideo, 1997.

ASPHER. Rapid Survey of National Institutes of Public Health in the European Union. St Maurice: ASPHER, 1996.

Laaser U, Leeuw de E, Stock C. Scientific Foundations for a Public Health Policy in Europe. Weinheim und München: Juventa Verlag, 1995.

ASPHER. The Athens Memorandum: Training and Research in Public health. ASPHER's support for article 129 and the European Commission's Communication on the Framework for Action in the Field of Public Health. Maastricht: University of Maastricht: Uniprint, 1994.

Köhler L, Bury J, Leeuw de E, Vaughan P. Collaboration in European Public Health Training: Position paper ASPHER. Maastricht: University of Maastricht: Uniprint, 1994.