

COMMUNICATION SESSION G

ASPER: DAMP SQUIB OR THE POWDER'S KEEPER

Jeffrey none Levett, jelevett@otenet.gr
National School of Public Health

Purpose

A personal farewell review of ASPHER based on 20 years of experience with some questions and ideas for the future for improving partnership.

Introduction

ASPER has grown over the past 1&1/2 decades through activities leading to the European Masters, the Athens and Acropolis Memoranda, PEER review, the inauguration of the IJPHE, the OSI-ASPER link and the PH- SEE Network. Its birth four decades ago took place in a dark cool cellar in a remote mountain location, with animated discussions touching upon the future of public health in Europe.

Methods and materials

Instructive talk, experience, memory and humour.

Results

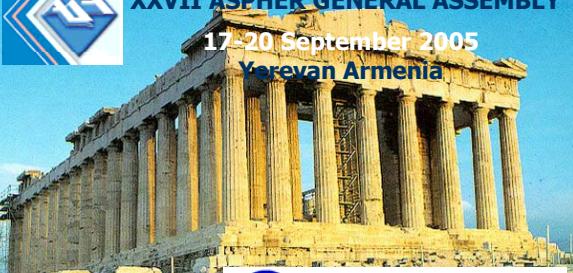
To remain effective and proactive ASPHER, public health and its workforce must be continually reinvigorated. This is one message from the GA. The future of public health more than ever resides to a significant extent with ASPHER, which has to improve its enabling role of member Schools to provide the requisite education and training. Its know-what must also be developed. Its prestige can improve if ASPHER can tease out answers to certain questions. What does European society expect from ASPHER? What does ASPHER expect of Europe and the respective countries with respect to public health? How willing is Europe to use science or to employ experts to find answers to social problems? How willing is its population to support the principle of solidarity in health? How much do we believe that health is an integral part of the socio-economic equation? As a result of a collective know-how, European society remains alert to unpleasant surprise and ASPHER is a repository of this know-how. However, ASPHER has a long way to go in order to better underscore prevention, the principle of first do no harm and the protection of the population from health threats. It must help to provide the mindset and capacity to detect, understand and mitigate the recovery from damage to the health status of the population. Even if public health has impressive components of accumulated wisdom, protective legislation, and administrative acumen it still has a long way to make its mark. To do so, it must use all the available acumen, expertise and talent. This paper will attempt to elucidate some of these points. In the words of my title, ASPHER must become the “Keeper of the powder” of public health.

Discussion and conclusion

The metaphor derives from Charles Gillispie [Science and Polity in France], who examines the transition from bureaucracy to technocracy and from medieval superstition to scientific logic. Lavoisier, the father of chemistry became the Guardian of France's gunpowder [Regie des poudres]. By analogy ASPHER must become both a catalyst and the guardian of public health and its related education. Keywords: sustainability, solidarity, partnership



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ASPER
 ASSOCIATION OF SCHOOLS OF PUBLIC HEALTH IN THE EUROPEAN REGION

GOOD NEWS and MIXED NEWS

I have some good news and some mixed news:

GOOD: In Armenia experts predict that vine-growing farmers will gather 40,000 more tons this year, than in 2004;

Mixed: Although "I have miles to go and promises to keep before I sleep", this will be my last ASPHER meeting, in the certain knowledge that I can not step twice into the same river.

ASPER: Damp Squib or the Powder's Keeper?



Jeffrey Levett

*National School of Public Health, Athens
 Former President, ASPHER*

A small contribution to the program of the General Assembly (Yerevan) and a personal farewell address to ASPHER

Full text available upon request

Firecracker versus Catalyst?

- Metaphor comes from *Science and Polity in France*.
- Charles Gillispie examines transition from bureaucracy to technocracy; from medieval superstition to scientific logic.
- Lavoisier, became Regie des (gun)poudres,
- ASPHER must become better catalyst and more proactive Manager as it continues its impressive course.
- As it approaches its 40th year to heaven it must consolidate its unique history, advocate for population health and move to the front rank of globalisation.

To Wonder, To Ponder

- Given wealth of talent in our Schools, why not a more dynamic ASPHER. Does it relate to
- Sheer geographic size of the ER? Distance between Schools? Variety of size and substance? Culture or language? Polarization or centralisation w/i ASPHER? Does it reside w/i PH itself or the lack of a theory to make it respectable? Is it a result of hostile forces from industry, private enterprise and the political arena?
- Is it simply political and will not gain stature until we tease out the political determinants of health.

PH is about People & Politics

- ASPHER must become more than the amalgamation of its Schools & each School must develop a more European (regional) perspective becoming more integrated with the Association's activities.
- ASPHER must become more developmental and autonomous.
- It requires passion, commitment and an occasional flavor of greatness as here in Yerevan.

In the Presence & Spirit of Greatness



DA Henderson in Person
George Soros in Spirit



The only comparison I am willing to make, is that they are arithmetically alike.

The number of lives saved by DA Henderson, must have a similar magnitude to the monies spent on meaningful causes by George Soros.

Smallpox eradication

Theory of reflexivity in financial and political systems

Public Health in the Political Arena

- DA Henderson provides us with one insight into what public health endures in the political arena.
- It came during the 1981 Senate Labor Committee hearings.
- As a famous heart surgeon Denton Cooley arrived to testify 'it was a sight to behold' with Senators rising and lining up to touch the great doctor's coat, while ASPHER's guest of distinction DA Henderson, a man whose work has saved millions of lives through his smallpox eradication work, quietly sat going over his testimony notes.
- We are truly in the presence of greatness.

George Soros & Cybernetics

He is scheduled to address the ACS on his theory of reflexivity in financial and political systems, which is quite cybernetic.

His "doctrine" of preventive action in a constructive fashion applied to open systems, is more likely to lead to change and improvement than in closed ones. It is equally applicable to the health sector in the Balkans.

Norbert Wiener "Mr. Cybernetics"

He wanted science deployed for poverty reduction and the improvement of human well-being.

He would be appalled at the growing internal health disparities and widening differences in Eastern countries and with Europe as well as growing polarization as a result of globalization.

"Know-how and efficiency are good but know-what, effectiveness and equity are better".

True for the health systems and for the health of the public

Yerevan, Armenia: Awful presence of traumatic history and of suffering.

Armenia has lived through the turmoil of the failing Ottoman Empire & the beginnings of the Soviet era.

Its peoples have suffered from genocide, earthquakes & war.



Commonplace Inequality & Polarization

- Lynching, rule of Jim Crow, beating of Armenians by Russian Cossacks, torture,vagrants in London and American towns were forcibly hounded out of town; stature differences [rich v poor teenagers] were upto 15 cm.
- Hundreds of thousands of IDPs [Balkans]; Disparities: developed/developing, center/periphery, private/public, good governance/mismanagement; wealth distribution: 70/30% [1970] / 90/10% [2000].
- International polarization in health and welfare is poignantly reflected in the paraphrased words of George Orwell, that a westerner's arm is thicker than a third world leg.

Newer things in Public Health

- Analysis of war and how its effects on civilian populations are climbing the risk factor ladder with introduction of peace studies into the public health arena (Zagreb).
- PH Watch (2004) and the "Alternative World Health Report" first bottom up approach to global health, new constituency and vision. Report puts political accountability first, challenges global health governance and sets itself up as a watchdog of conduct of international organizations.
- "To make poverty history" [Ilona Kickbusch] we need to tackle health as in the 19th century golden age of public health. Balkans is no stranger to catastrophe and accountability & healing the crisis are difficult [Martin McKee]. PH-SEE Network is doing a good job.

Future of Public Health

- More than ever resides with ASPHER
- To further its cause all acumen, expertise and talent must be used. "People are coming .. working and going away" [Jacek Sitko] and I add leaving no trail in the dust, no print of their passage.
- Much goes on back stage, but a greater catalytic effort is necessary to get the growls and the grunts, the hurrahs and the hoorays to the surface.
- The Newsletter and the IJPHE require help from ASPHER's members.
- The General Assembly is a milestone to progress and provide a sound basis for international corporation.
- Yerevan makes an important contribution to that goal.

ASPER's Ongoing Work

- Thanks and congratulations for Accreditation Procedure Document (APD) and Vademecum for the EMPH.
- ASPHER has been good and prompt, and rightly so, in expressing sympathy following such horrible and outrageous events as 11th of September, Madrid and London.
- More timid in taking a stand on Kosovo and Iraq.
- Excellent decisions in awarding the Stampar medal. He was the "world's greatest administrator" [Winslow]; "a crusader for unanimity" [Time] magazine he was.
- Medal reads "Public Health investment harvests rich rewards". Inspirational and wise for PH has made the world better.

Advocacy of Public Health

- Important role in the formulation of a European mindset for public health education and the European Union's enlargement process [see recent special theme issue of the BMJ].
- Health and human rights interwoven to provide a new compass for public health [Jonathan Mann].
- Declaration of Skopje on Peace, Public Health and Human Rights (2001), expresses the social conscience of public health emerging from the Balkans; recently adopted and internationalized by WFAPH.
- To promote our value system, remind Society of its considerable debt to public health and its responsibility to reinvigorate it

Questions that Tease & for ASPHER to Tease Out

- "How can we train students to function properly all over Europe?" [Anders Foldspang, D&D meeting Athens, 2003]
- What do we expect of Europe and our respective countries with respect to public health?
- How do we relate to Lisbonne and the challenges of Bologna? What does Europe (Commission, Union) and our countries (citizens) expect from us?
- How willing is Europe to use science and to employ experts to find answers to social problems?
- How willing are our populations to support the principle of solidarity in health?
- How much do we believe that health is an integral part of the socio-economic equation?



Johann Heinrich Schönfeld 1609-1684: The Flood. Photo ©Meister Fürst-GML

Disaster-The Deucalion Flood from Greek Mythology

Catastrophic Appearance of new Misfortunes

- Climate change is most serious problem we face [Sir David King, Nature 2004]
- Worse case scenario abrupt climate change predicts floods and famine [Swhartz and Randell [Pentagon 2004].
- Close to Mount Ararat and the Ark should make us pause.
- Environmental matters and the environment are inherently public health issues.
- Patrick Vaughan stressed these issues in ASPHER.



Johann Heinrich Schönfeld 1609-1684: The Flood. Photo ©Maiar/Fotog-CML

Disaster-The Deucalion Flood from Greek Mythology

Public Health Involvement with Environmental Matters

- Concern more for the hole overhead than any on earth
- More important when the richest country is dismantling federal health, safety and environmental laws.
- Some satirist provides consolation when he thanks god for the billions of lungs in which pollution can be adequately housed.
- In addition to Patrick's suggestions we should improve planning for disasters and urge ASPHER to examine the significant educational needs of disaster management and public health. Creeping global climate change is a greater threat than terrorism.

Patrick Vaughan current Editor of the Bulletin of the World Health Organization

Global Response to Misfortune

- For world to survive, global response to misfortune and misery has to be equal in energy but much more sustained than the recent deep ocean event that jolted the axis of our one and only earth.
- ASPHER's response should be appropriate, sure and sustained as it continues to develop into a European wide organization with clout.



Opportunity from Disasters & could be Disasters

- In the wake of Katrina we have witnessed a third world response in a first world country.
- Many of those who stayed on in New Orleans, did so because they lacked resources to evacuate.
- Tulane closed for the first semester, students have been accepted as guests at other universities[solidarity] and will emerge from disaster as a smaller and more focused unit [Walter Burnett].
- Positive knock-on effects of Athens Olympics for China should be exploited and there should be renewed commitment to UN and MDGs somewhat reshaped for Balkans.



Public Health Non Sotto Voca

- Public health may have insufficient expertise and resources to solve broad problems of social injustice but its small voice should be raised even louder.
- It can be done without diverting public health from what it can and should do, namely, to advance practical techniques for disease and injury prevention, enforce standards of scholarship, and educate policy makers..



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ASPER's Voice of Health within an Enlarging Europe



■ Within an enlarged and safer Europe the language and voice of health may very well be the only key to a better future for its citizens.

■ ASPHER's voice must be in harmony and unison.

■ Where cultures, religions and national languages come together, health is a common denominator, a universal mother tongue or subliminal lingua franca.

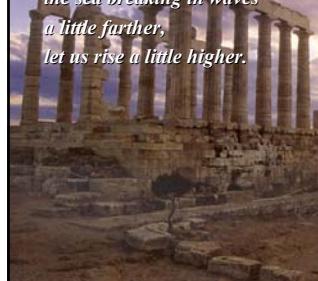
■ In presence of greatness and history I say farewell grateful for my 20 ASPHER years 15 representing Athens SPH.

■ I wish you all success and Godspeed.

FICTION 23 (MYTHOSTORIMA)

A little farther

*we will see the almond trees in
blossom
the marble gleaming in the sun
the sea breaking in waves
a little farther,
let us rise a little higher.*



*Un peu plus haut
Pour voir fleurir les
amandiers
Le marbre briller au soleil
Les vagues onduler sur la
mer
Un peu plus haut
Allons encore un peu plus
haut.*

Nur ein Weniges noch
Und wir werden die Mandeln blühen
sehen
Den Marmor in die Sonne leuchten
Und das Meer sich wiegen
Nur ein Weniges noch
Nur ein Weniges läßt uns höher hinauf.



ASSOCIATION OF SCHOOLS OF PUBLIC HEALTH IN THE EUROPEAN REGION

Ancora poco
e vedremo i mandorli fiorire
i marmi risplendere al sole
e il mare e le sue onde
Ancora poco
solleviamoci ancora un po' sù

Un poco más
veremos florecer a los
Almendros
los mármoles brillar al sol
el mar rompiendo en olas
un poco más
levantémonos un poco más alto.

ΜΥΘΟΣΤΟΡΗΜΑ ΚΓ'
Greek Coffee at Jeff's House on Lycavitos
Λίγο περιπέτηση στην Αθήνα

Θα ιδούμε τις αμυγδαλιές ν' ανθίζουν
τα μάρμαρα να λάμπουν στον ήλιο
τη θάλασσα να κυματίζει
λίγο ακόμα,
να σηκωθούμε λίγο ψηλότερα.

Γ. Σεφέρης (1900-1971) Νόμπελ Λογοτέχνιας 1963

Thank you and farewell!

DEVELOPMENT OF PROFESSIONAL PUBLIC HEALTH EDUCATION IN TAJIKISTAN

Zumrat Maksudova, tarmuz2@mail.ru

Kurbanov Karimhon, Daburov Komil

Sumskas Linas

Tajik State Medical University

Purpose

Discussion of the situation with establishment of Public Health School in Tajikistan, general situation, achievements and future goals

Introduction

In many countries of the world methodology of protection and strengthening of population health is changing in response to growing costs of medico - preventive services, changes in medico - demographic profile of health and reforms in public health policy.

Indicated changes involved revision of the existing concepts of public health and transformation to new understanding of medical aid service, strengthening of health and influence on population life style.

Transition to the concept of new public health required preparation and retraining of administrative personnel and specialists at all levels of public health, including practical, which was a main reason for establishment of public health departments at many medical universities of Europe, Asia, Africa and America.

After announcement of independence of Tajikistan economic crisis started as result of social changing, disintegration of trading and economic relationships, inflation and other conversions of transition period. On going processes of reformation of economic relations, the appearance of various forms of property, change in life conditions, etc., unavoidably contributed to an increase of the problems, related with population health.

Therefore, from the moment of the beginning of reforms, the system of public health in Tajikistan gives priority to strengthening primary medico - sanitary aid, with its reorientation to the primary preventive maintenance and strengthening of the health of population with involvement in the process of reformation of public health service.

It is necessary to mention that the country lack personnel for public health services, trained in accordance with new requirements, in particular administrative, financial – economic spheres, especially noted deficit of human resources in sanitary-epidemiological service, organizationally - systematic divisions of Central Republican Hospital, centers of formation of the healthy life style and etc.

For the time being Tajik state medical university (TSMU) reorganized medico - preventive department into faculty of public health.

Results

With financial support of OSI New York and Tajikistan, professors and teachers of profile departments of TSMU and Tajik institute of postgraduate training of medical personnel passed through retraining program in the school of public health of Kaunas Medical University. Professors

also participated in different courses and seminars on public health in Moscow, Kiev, Israel, Italy, Bulgaria.

After retraining program professors and teachers developed strategy of the faculty and curricula (modules) for the masters of public health.

Strategy of public health department in Tajikistan provides multilevel training for specialists in this sphere – bachelor degree, sub-permanent appointment, magistracy, graduate study, doctoral study, the courses of qualification improvement. The basic task of strategy is the professional training of specialists, acknowledged both on the regional, and at the international level, competitive on the labor market of public health, competent, critical, freely managing its profession and oriented in the adjacent spheres, capable of effectively working in the specialty at the world standards and ready to professional constant growth. It is also necessary to focus department on scientifically - research activities in the solution of vital problems of public health, social medicine, management and public health economy, policy, information, etc., based on the theories, which facilitate an increase of qualification of teaching staff.

It is necessary for department to render practical aid to agencies and institutions of both public health and other sectors with highly qualified consultative and managerial help in development of services and programs on retention, protection, strengthening and restoring of public health, that facilitate an improvement in the quality of life of the population of Tajikistan.

Discussion and conclusion

We are glad to introduce newly established Public Health School in Tajikistan and discuss possible plans and recommendations for the future development of PHS in Tajikistan

Keywords: PHP

Development of Public Health School in Tajikistan.

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Zumrat Maksudova, Senior Lecture, Project Coordinator
Linas Sumskas, Professor
Faculty of Public Health, Tajik State Medical University
Faculty of Public Health, Kaunas Medical University

Dushanbe, Tajikistan
September, 2005

INTRODUCTION

In 2002 the Government of Tajikistan approved the National Concept of Health Reforms, emphasizing priority for strengthening Primary Health Care and promoting the concept of New Public Health.

In 2003 OSI Tajikistan and Public Health Network programs initiated project on building capacities for Public Health in Tajikistan.

Kaunas University of Medicine was selected as the potential training partner and a relevant model in development of the project, due to experience in building undergraduate and postgraduate teaching programs.

Public health needs:

- **Introduction of international standards in individual and public health sector.**
- **Necessary training of existing medical personnel and new specialists.**

Development of medical human resources/capacities is the main strategic goal of public health.

The Mission of SPH - Tajikistan

- Providing a high level of postgraduate training in public health and management of PH, development professional skills and competencies, formulating a value system for health professionals.
- Stimulating health researches which improve qualification of teachers, promote evolution of ideas and concepts on PH and strengthen development of evidence based PH and health care.
- Active participation in health strategy development, policy implementation and evaluation.
- Collaboration with other organizations with the view to education, planning and research in PH or health management in order to respond to needs expressed by society.

Long term Strategy of SPH - Tajikistan

To play the leading role in education of public health specialists in Tajikistan, and to become an internationally acknowledged multidisciplinary training center.

Short Term Objectives of SPH - Tajikistan

- To train highly competent PH specialists, responsible for reformation of Tajikistan health care system, who is able to apply modern knowledge in practice.
- To achieve accessibility of PH studies for high school graduates and health professionals.
- To assure high quality training programs in PH, achieving the standards of Association of SPH in the European Region (ASPHER).

- **SPH model:**

Faculty of PH is a part of Tajik State Medical University

And

Department of public health at Tajik Institute of postgraduate studies for medical specialists.

SPH model in Tajikistan.

- **SPH model:**

- Bachelor degree (4 years)

- MA degree (2 years)

- Postgraduate studies and PHD

- Qualification improvement training.

SPH model in Tajikistan

- **MA program**

- I. Main subjects:

- Public Health;
- Public Health policy and strategy;
- Public Health research methods;
- Environmental and occupational health;
- Public Health management and economy;
- Behavioral studies in public health;
- Universal competencies.

- II. Elective courses.

- III. Research activities.

Total: 80 credits

SPH model in Tajikistan

Model was discussed with Public Health specialists in Tajikistan and was approved by the Ministry of Health of Tajikistan and international experts at the early stages of the project implementation.

SPH model in Tajikistan

- **Education.** SPH focused its activities on education and researching in the following spheres of public health:

- Environmental and occupational health;
- Prevention of diseases and propaganda of healthy life style;
- Management and reforms in public health.

SPH model in Tajikistan

Accreditation

- Tajik State Medical University;
- Ministry of health;
- Ministry of education.

SPH model in Tajikistan

Teaching staff:

(multidisciplinary approach)

- Tajik State Medical University;
- Tajik Institute of postgraduate studies for medical specialists;
- Teachers from other High Schools.

SPH model in Tajikistan

- **Target group** of PH MA training program:
 - Graduates from medical faculties;
 - Doctors working in public health system;
 - Public Health managers;
 - Non medical specialists willing to get specialization in Public Health.

Project steps

Step № 1: Preparation period

(July 2003 – December 2003):

- Need Assessment;
- Round Table;
- Partnership agreements;
- Creation of coordination group.

Project steps

Step № 2: Implementation

(January 2004 – December 2004):

1. Creation of administrative group;
2. Creation of working group;
3. Training of trainers:
 - local training (English, computer courses);
 - Basic course, SPH Kaunas;
 - Flagman course, Moscow;
 - Summer course, Moscow.

Project steps

Step № 2: Implementation

(January 2004 – December 2004):

4. PH library;
5. Studying plan and 4 training modules (public health management and economy, languages and electronic information systems, leadership and communication, public health policy and strategy);
6. Pilot training and evaluation;
 - 4 modules (November/December 2004)
 - Evaluation/Accreditation
7. Basic education infrastructure.

Project steps

Step № 3: Final

(January 2005 – December 2005):

1. Developed 4 modules (Public health, health care, Research methods in PH, Environmental and occupational health, Elective courses)
2. New educational program (September 2005 – 50 students were accepted)

Conclusion

- 1. Coordination structures and project team were created during first year of project activities.**
- 2. There was created basic infrastructure.**
- 3. Developed training programs.**
- 4. Public Health faculty is opened at TSMU and 50 students accepted for the 1st year of education.**

QUALITY DEVELOPMENT OF PUBLIC HEALTH TEACHING PROGRAMS IN CROATIA: LESSONS LEARNT

Gordana Pavlekovic, gpavleko@snz.hr

Luka Kovacic, Ognjen Brborovic

Mladenka Vrcic Keglevic

Andrija Stampar School of Public Health

Medical School, University of Zagreb

Purpose

The aim of this paper is to present the process of managing change and lessons learnt during the process of self-evaluation and peer-assessment. It brings together (a) the critical review of the contextual South-Eastern European framework, (b) the experiences in building bridges between academic and professional societies, needs and requests and (c) lessons learned in curriculum development, redefinition of the list of competences and modularisation for the eleven different Master programs.

Introduction

Since the beginnings in 1927, the Andrija Stampar School of Public Health in Zagreb has been recognized as the leading institution in education for health in South-Eastern part of Europe. Last decade, many factors are influencing training for public health professionals: some of them are related to the long tradition and challenges in health policies and healthcare systems reform, the others are linked to the changes in higher education in Europe, based on Bologna Declaration.

In the year 2002, the Andrija Stampar School of Public Health started the three-year joint project with OSI and ASPHER with the main to develop the modern curriculum, based on modular system in line with the ECTS. It was a great opportunity for all faculties to make in-depth review of the existing programs as well as to redesign the content and learning objectives following the present changes in health care and higher education in Europe.

Results

In summary, lessons learnt are as follows:

1. Traditional positive experiences in multiprofessional training, supportive policy and a legal framework, European trends, Bologna Declaration and readiness to change are the enabling factors in process of change. However, all those factors are, at the same time, the weaknesses - Master program "isolationism", orientation (mainly) to specific professional skills, still unclear relationship between specialization and Master programs, lack of clear vision and understanding of modularisation, resistance to change, etc.
2. Specific meanings of terms (terminology), still present in South Eastern part of Europe, is described as an obstacle in development of the list of competences and professional post description. Public Health, Social (or Socialist) Medicine, Community-oriented or Community-based Health, Health Promotion, Health Education, Disease Prevention, Primary Health Care etc are mixed not just as the words but also in deep meaning in everyday practice. Still actual question is - is this the problem of semantics or politics?
3. The process of curriculum development is a challenging process. The main challenge is to re-orient teaching objectives towards learning objectives. The main constraint for academic society is to accept that the program's contents are in great part unsuitable because they do not treat the problems important for everyday practice. On the other hand, the main problem for professional society is to be too much oriented to technical skills in practice - lack of re-thinking public health in European dimension, stressing ethical issues, human rights and professional values based on mixed traditional and new health problems.

4. In-depth peer-evaluation of the present Master programs showed that some additional contents are needed. At the same time, the 20-65% overlap of the topics in different Master programs was recognized. Number of total hours and ECTS varied from program to program, there were no electives in most Master programs. Based on this analysis, the eleven Master programs are redesigned. This paper is describing all those innovative Master programs based on the list of compulsory modules (Common Core Curriculum and Specific Core Curriculum) and the large number of electives («Basket» modules). At present, the Master programs are offered for participants particularly from South-Eastern Europe.

Keywords: PH Master program, South Eastern Europe

QUALITY DEVELOPMENT OF PUBLIC HEALTH TEACHING PROGRAMS IN CROATIA



27th ASPHER Annual Conference, Yerevan, 2005



Gordana Pavleković, Luka kovačić,
Ognjen Brborović, Mladenka Vrcić
Andrija Štampar School of Public Health,
Medical School University of Zagreb, Croatia

Croatia: Contextual framework



Present challenges:

Terminology
Health care reforms
European collaboration
Bologna process

Croatia: Contextual framework



Croatia: Contextual framework



- The new winds?
- The new direction of sailing?
- The new way of sailing?
- The new sailors?

From tradition to innovation



Andrija Štampar School of Public Health,
Medical School,
University of Zagreb, Croatia

Founded in 1927
The leading institution for
graduate, postgraduate and
continuous education in PHC
and PH

Ten principles written by Andrija Štampar, 1926



It is more important to enlighten the people than to impose laws.
It is most important to prepare the ground in a certain sphere and to develop the right understanding for questions.
The questions of public health and its improvement must not be monopolized by medical authorities, but has to be cared out by everybody, for only by joint work can the progress of health can be obtained.

Ten principles written by Andrija Štampar

First of all the physician must be a social worker; by individual therapy he cannot attain much, social therapy is the means of success.

Economically the physician must not be dependent on his patient, because it hinders him in the accomplishment of his principle tasks.

In matters of people's health no difference is to be made between the rich and the poor.

It is necessary to form a health organization, in which the physician will seek the patient, not the patient to seek the physician; for this is only way to gather an ever increasing number of those health we have to care for.

The physician has to be the teacher of the people.

The question of national health is of greater economic than humanitarian importance.

The principle fields of action of a physician are human settlements and not laboratories and consulting room.

A. Štampar School of Public Health: The main approaches

- To raise the standards of PHC and PH education in Europe and worldwide
- To achieve the present integration into the international community of public health schools
- To preserve and maintain specific components in education

Traditional Master programs

- Family Medicine
- Occupational Medicine
- School Medicine
- Epidemiology
- Public Health
- Medical Informatics
- Leadership and Management

Managing change

The catalyst:
ASPHER-OSI project

QUALITY DEVELOPMENT OF
PUBLIC HEALTH TEACHING
PROGRAMS IN CROATIA



Strengths and Weaknesses for Change

Strengths

Readiness to change curriculum according the new trends in PH and PHC education

Readiness to keep the "unique"/specific approaches in education, based on (national) positive experiences

Readiness to improve the quality of education using quality assurance and benchmarking

Weaknesses

Resistant to change: "Hidden" interests of professional groups and departments

Lack of understanding the new trends in education: national vs. international trends, orientation towards market

Lack of clear (future) visions: "final product"

Strengths and Weaknesses for Change

Strengths

Policy Formulation and the Legal framework:

National Health Care Law, 2003
(Orientation towards Health)

The Law on Scientific Activities and Higher Education, 2003
(Orientation towards ECTS and European dimension in health)

Weaknesses

Policy Formulation and the Legal framework:

Lack of clear National Strategy Health21 and Health For All

Lack of clear vision and well-understanding of modularisation and ECTS.

Lack of financial support and low motivation

Strengths and Weaknesses for Change

Strengths

Well-defined programs of master and doctoral studies

Weaknesses

Not well-defined relation between academic and professional societies
Lack of evidence-based arguments and evaluation (what and why to change?)

Strengths and Weaknesses for Change

Strengths

Resources for change (number of faculty staff, learning environment)
Readiness to change (high motivation)

Weaknesses

Departments' "isolationism", lack of integration, hidden interests
Resistant to change (low motivation)

Process of curriculum development and lessons learnt

Process:

Need assessment:

Focus groups - experts, professionals, students

Lessons learnt:

How they know if they do not know?

Process of curriculum development and lessons learnt

Process:

List of competences:
Building bridge between academic and professional societies
List of specific competences for each subject

Lessons learnt:

Difficulties in understanding competences
Challenges in competition, lack of integration and collaboration

Process of curriculum development and lessons learnt

Process:

Review of the present Master programs and curricula analysis

Lessons learnt:

Enabling factors for successful work:
In-depth analysis (self-evaluation) and ASPHER peer-evaluation

Process of curriculum development and lessons learnt

Process:

Review of the present Master programs

Lessons learnt:

Needs for additional programs:

Family Medicine
Occupational and Sports' Medicine
School Medicine
Epidemiology
Public Health
Medical Informatics
Leadership and Management
Environmental and Occupational Health
Health Ethics and Human Rights
Health Promotion and Health Education

Process of curriculum development and lessons learnt

Process:	Lessons learnt:
Review of the present Master programs	Gap between learning objectives and contents of the studies ECTS varied from program to program No electives in most programs

Process of curriculum development and lessons learnt

Process:	Lessons learnt:
Review of the present Master programs:	Common Core Curriculum Specific Core Curriculum Electives ("Basket") Some contents are included in most of the Master programs (20-65% overlap)

Quality development: useful learning process



ERASMUS MUNDUS APPLICATION: A MASTERS CONSORTIUM APPROACH FOR HIGH QUALITY SERVICES TO THIRD-COUNTRY STUDENTS AND SCHOLARS

Fanny Helliot, fanny.helliot@ensp.fr
Ecole Nationale de la Sant Publique

Purpose

The purpose of this paper is to highlight an example of how six European Schools of Public Health organised their partnership to ensure that their European Master in Public Health meets the expectations of the Erasmus Mundus label in terms of high quality facilities and services provided to third-country students and scholars. This project was presented to the Erasmus Mundus programme on May 31st, 2005 since it provides EU-funded scholarships for third-country nationals participating in these Masters Courses.

Introduction

The six partners who presented their European Master of Public Health, EUROPUBHEALTH, to Erasmus Mundus call for proposals are: Ecole Nationale de la Sant Publique (France), University of Rennes 1 (France), Escuela Andaluza de Salud Publica (Spain), Institute of public health of the University of Copenhagen (Denmark), The University of Sheffield (United Kingdom) and the Institute of Public health of Jagellonian University in Cracow (Poland).

Initially, the main objectives of the partner Schools, which already had experience of working together at a national, European, or international level, were to create a consortium to construct a European Master of Public Health within the framework of the ECTS and the Bologna declaration, and to make higher education in public health in the European Union attractive for students from all over the world.

Methods and materials

The main challenges of this project were: to re-engineer different curricula and training methods already developed by each partner to fulfil the objectives, to draw up all the proposals related to the recruitment, counselling, and support in terms of quality facilities and services to the students and teaching staff concerned. The partners used various means to exchange ideas and practices, and to come up with an agreement on the whole project: an organisational chart, common terms of reference, work schedule and meetings objectives, distance-work tool (on-line platform), lobbying/promotion.

In a context where international mobility of students is increasing, the reinforcement of the attractiveness of our higher educational systems becomes a strategic stake that must be achieved through high quality facilities and services. In order to fulfill those objectives, the masters partners followed three steps:

- inventory of the existing facilities and services in each institution and type of information needed by 3rd country students and scholars
- international benchmarking on methods and tools used by international offices in higher education institutions
- definition of common quality standards in terms of facilities and services

Results

The main results show that the development of this type of project is feasible under several conditions: a good mutual knowledge, an experience in working together in different programmes

and high investment of the all partners in the construction of the programme: the existing programmes must be restructured and accepted by the consortium. The added value was:

- for the partner institutions: the exchange of pedagogical approaches and mobility practices, the building up of a common culture, and common rules for continuous quality improvement, the development of cooperation with third country higher education institutions
- for the students: the participation to a high quality multicultural training course in public health, with high quality services and support.
- for the scholars: the possibility to collaborate in the training but also in European research projects, with a guaranty of high quality services and facilities.

Discussion and conclusion

Further steps will consist in integrating the facilities and services in the overall quality assessment of the programme. In a need for continuous quality improvement and best practices exchanges among the masters partners, it might be possible to organise Erasmus and Leonardo mobility programs for European students, teaching staff and international office personnel.

Keywords: Erasmus Mundus consortium, european partnership, high quality services

**ERASMUS MUNDUS APPLICATION:
A MASTERS CONSORTIUM APPROACH
FOR HIGH QUALITY SERVICES TO THIRD-COUNTRY
STUDENTS AND SCHOLARS**

Fanny Helliot – National School of Public Health (ENSP) – France

ASPERHER XXVII Annual Conference - Yerevan, Armenia

19 September 2005

EUROPUBHEALTH CONSORTIUM

▪ 6 major higher education institutions in public health

- Ecole Nationale de la Santé Publique (ENSP), France
- Faculty of law and political science of University of Rennes 1, France
- Escuela Andaluza de Salud Pública (EASP), Spain
- Institute of public health of the University of Copenhagen, Denmark
- Institute of public health of Jagiellonian University in Cracow, Poland
- School of Health and Related Research of the University of Sheffield, Great Britain

▪ A history of bilateral or multi-lateral co-operatives

▪ Good geographical representation

▪ Complementary competencies, reknowned in their respective countries

GENERAL METHODS AND TOOLS

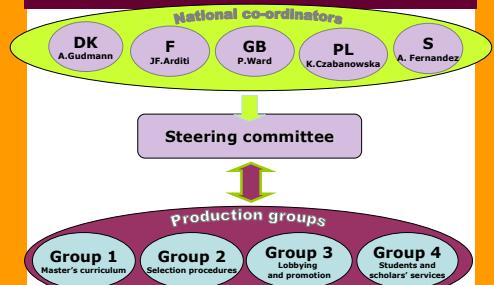
Consortium

- Organisational chart
- Terms of reference
- Work schedule & meetings' objectives
- Distance-work tool: on-line platform
- Lobbying/promotion strategy

Internally (ENSP)

- Audit of training course managers
- Work with masters' co-ordinators
- Communication:
 - newsletter
 - information sessions

**ORGANISATIONAL CHART
general co-ordination ENSP**



**THE STAKE OF HIGH QUALITY FACILITIES
AND SERVICES**

"Erasmus Mundus Masters consortia must be able to welcome and host third-country students / scholars by providing high-quality hosting facilities and services, such as an "international office" with adequate opening hours and linguistic coverage, housing facilities, coaching, language courses, activities aiming at social integration, assistance with visas and social insurance, etc. Ideally, facilities and services provided should also cater for the needs of grantees with a family (e.g. visas and insurance for family members, child care facilities, etc.) and with special needs."

Erasmus Mundus call for proposals

**EXAMPLE:
STUDENT & SCHOLAR SERVICES**

- International benchmarking
 - Outside the consortium (Internet), visits of international offices
 - Within the consortium
- Inventory of services and facilities provided by each institution
- Definition of good practices & common quality criteria

COMMON ACHIEVEMENT: WELCOME GUIDE

- Checklist of the main mobility steps:
 - decision-making process (necessity to promote the master),
 - preparation before leaving,
 - arrival at the host institution,
 - studies at the institution and stay in another European country
 - going back home: alumni and networking
- Selection of most frequently asked questions at any step of the mobility
- Agreement on a common table of content and structure

WELCOME GUIDE



Welcome guide
for international students
and scholars

-  Before you leave home
-  Living in <institution's country name>
-  Living in <institution's city name>
-  Studying at <institution's name>
-  Other Frequently Asked Questions

How do I open a bank account?
When do I get my accommodation? Can I expect my first choice of residence? Can I change my accommodation after the first semester?
How do I get access to the library? How can I get my e-mail address?
I'm a new student. Can I get temporary work on campus and how?
I'm a new student. How do I contact students of the same nationality? How do I join Sports or Social Clubs?

Thank you for your attention

<http://www.europubhealth.org>

EUROPEAN PARTNERSHIP: A SOLUTION FOR THE CHALLENGE OF THE INCREASING DEPENDANCE OF AGEING PEOPLE

Hlne Malterre, helenemalterre@hotmail.com
Ecole nationale de la sant publique (France)

Purpose

What measures can be taken to deal with ageing population and increasing dependence in Europe, now and in the future?

Introduction

Countries have adopted different solutions to deal with similar social and demographic problems: special allowances. Although the legal systems are different, it may be possible to transfer some solutions from one state to another as a socialist Europe gradually takes shapes. What is the best way of testing these practices and encouraging dialogue? Who is the best qualified to lead this movement, to ensure that is durable and that it becomes part of professional culture of the French government service? The directors of establishments for the elderly and more generally hospitals have to implement these health and social policies and are the heart of the system surrounding the elderly. This year, a placement abroad was included in their training course to meet this objective which has already produced some guidelines for ensuring the success of these exchanges and shown some of pitfalls to be avoided.

Methods and materials

This can be illustrated using the example of a placement in the Wenckebach Klinikum gerontology hospital in Berlin and the various partnerships that could result.

Results

The French Ecole Nationale de la Sant publique (ENSP-National School for Public Health), which is responsible for training health management personnel, has been making a concerted effort to broaden the international scope of the management training course, both by extending the theoretical content and by this two month immersion placement. International co-operation has taken a new direction with a commitment to actions encouraging the transfer and exploitation of savoir faire. Each applicant has to show the value of his placement for his professional career. The choice of an establishment similar to the establishment selected in France for work experience as well as being located in a similar area, the capital of the country, made comparison easier. Once in situ, it was necessary to set out the objectives of this exchange as well as presenting the French system to everyone. To develop the dialogue satisfactorily, the choice of a placement in the services was considered necessary to be able to understand how the operation operated, all the more so as the director was himself a doctor. This immersion made it possible to monitor elderly patients at the stages of treatment, from the time they were admitted to the time they were discharged. This observation period lowered the barriers of rank and gave an informed, considered view of staff. Many questions were raised about maltreatment, the training of staff in France and on their salaries.

Discussion and conclusion

A command to the language is possibly not an absolute necessity but it helps to understand the system and to communicate with the staff. It is for the director to develop the partnership but there must be dialogue at treatment level as it is here that the solutions adopted elsewhere will be implemented. A partnership between institutions and countries that are completely different is difficult to organise and calls for time and objectivity. It is essential to know just a little about the country beforehand. In all cases, the attitude of the director abroad and his own country is also important: understanding without judging and explaining the differences. This course is only a

preliminary to developing a partnership between the ENSP and his hospital. However, as director it appears of fundamental importance to encourage frequent meetings (at least once every two years alternately in each country) to ensure the durability and solidity of the experience acquired in this placement after the training period for the future of European social policies.

Keywords: elderly people, establishment, partnership

PARTNERSHIP BETWEEN EUROPEAN ESTABLISHMENTS :

A possible solution to better deal with ageing population and increasing dependance?

THE EUROPEAN CONTEXT

- ageing population and increasing dependance
- different solutions tested (special allowances, setting up institutions)...
- ...But not coordinated despite the “social Europe”

A POSITIVE EXPERIENCE: PRACTICAL PLACEMENTS OF FRENCH DIRECTORS IN EUROPE

- A placement included in the training course of trainee-managers of the French National School of Public Health
- Choice of the placement: the example of the Wenckebach Klinikum

ASSESSMENT

- Difficulties:
 - Comparison with a different health system
 - Language barrier
- Interests:
 - A new view of system around ageing people
 - New perspectives about work organisation

ASSESSMENT

- Keys to success
 - A good preparation with the placement tutor
 - A placement not only in the manager's office but in the services
 - Different meetings after this placement to build sustainable and concrete partnership