

WORKSHOP 1

Workshop 1

Saturday, 17 September

OSI REGIONAL COOPERATION: EXPLORING PARTNERSHIPS WITH SCHOOLS OF PUBLIC HEALTH TO ADDRESS HIV/AIDS in PARTNERSHIP WITH OSI AND THE GLOBAL FUND TO FIGHT AIDS, TB, MALARIA (GFATM) IN AFRICA, EURASIA, EUROPE & THE MIDDLE EAST

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Overview

In collaboration with ASPHER, Open Society Institute has supported since 2001 the development of graduate-level public health teaching programs in the European region and Central Asia. As the program winds down in 2005, OSI is interested in exploring potential collaboration with schools of public health to advance its public health agenda, which centers on protecting and promoting the health rights of vulnerable populations through civil society mobilization. HIV/AIDS, which is primarily transmitted by intravenous drug use and sex work in the Eurasian region, has been a particular focus of OSI funding. OSI is also interested in working in Sub Saharan Africa to address the generalized HIV/AIDS epidemic, and in understanding what are issues around illicit drug use and HIV/AIDS in parts of the Middle East. OSI supports through advocacy, technical assistance and grants the efforts of the Global Fund to Fight AIDS, TB, Malaria and is interested in forging partnerships with schools of public health to abet this effort.

The goal of this workshop is to gain insights into how schools of public health in Sub-Saharan Africa, the Middle East, and Eurasia interface with governmental policies, particularly PH workforce policies and ones designed to address HIV/AIDS & TB and implemented in collaboration with the GFATM. A subsidiary question is how schools of public health engage in community outreach programs, through research or otherwise.

How might OSI work with SPHs, government, civil society and international funding agencies, particularly the GFATM, to address the tremendous public health threat of HIV/AIDS?

Aim

To explore the interface of schools of public health, government, and civil society in Africa, the Middle East, and Eurasia in the context of the HIV/AIDS epidemic and to distill a number of recommendations of concrete use for the program planning process of potential international funders, including OSI and the GFATM

Objectives

- Analyze the relationship between PH short-term and diploma-track training and ministerial public health workforce policies as well the impact of training demand from the non-governmental sector in representative countries in the context of the HIV/AIDS epidemic
- Discuss representative career tracks of SPH graduates in each country and what this reveals about the demand for higher education in public health
- Describe existing models for the interface of SPHs and civil society whether through faculty/student research or other community outreach programs
- Describe any existing collaborative programs or activities between SPHs and the Global Fund to Fight AIDS, TB, Malaria

- Distill a number of recommendations of concrete utility for the program planning process of funders, including OSI, particularly with respect to HIV/AIDS and TB and to the access to health care of vulnerable populations

Intended Audience

Academic program directors and deans of schools/faculties of public health, from countries of Central and Eastern Europe, Africa, the Middle East, and Central Asia

**ASPHER XXVII ANNUAL CONFERENCE
17-20 September, 2005, Yerevan, Armenia**

**OSI REGIONAL COOPERATION:
EXPLORING PARTNERSHIPS WITH SCHOOLS
OF PUBLIC HEALTH TO ADDRESS HIV/AIDS in
PARTNERSHIP WITH OSI AND THE GLOBAL
FUND TO FIGHT AIDS, TB, MALARIA (GFATM)
IN AFRICA, EURASIA, EUROPE & THE
MIDDLE EAST**

Part 1: September 17, Saturday

Part 2: September 19, Monday

WORKSHOP PROGRAM

Yerevan, Armenia, September 17 and 19, 2005

ASPHER XXVII ANNUAL CONFERENCE
17-20 September, 2005, Yerevan, Armenia

WORKSHOP ANNOTATION

Workshop title	WORKSHOP: OSI REGIONAL COOPERATION: EXPLORING PARTNERSHIPS WITH SCHOOLS OF PUBLIC HEALTH TO ADDRESS HIV/AIDS in PARTNERSHIP WITH OSI AND THE GLOBAL FUND TO FIGHT AIDS, TB, MALARIA (GFATM) IN AFRICA, EURASIA, EUROPE & THE MIDDLE EAST
Venue	American University of Armenia, 40 Marshall Baghramian, Yerevan, Armenia American University of Armenia Business Center, 9 Alex Manoogian
Moderators	Ara Tekian, PhD, MHPE, Univerisity of Illinois at Chicago Assoc. Professor Linas Sumskas MD, PhD, Kaunas University of Medicine, School of Public Health, Kaunas. Lithuania Dr. Michael Borowitz, Director, OSI Public Health Programs
Date, time	<u>Part 1. Saturday, September 17, 2005:</u> Session 1: 10.30-12.00, Session 2: 13.30-15.30, Session 3: 16.00-17.30 <u>Part 2. Monday, September 19, 2005:</u> Session 1: 14.00-15.30 Session 2: 16.00-17.30
Maximum registration	50
Overview	<p>In collaboration with ASPHER, Open Society Institute has supported since 2001 the development of graduate-level public health teaching programs in the European region and Central Asia. As the program winds down in 2005, OSI is interested in exploring potential collaboration with schools of public health to advance its public health agenda, which centers on protecting and promoting the health rights of vulnerable populations through civil society mobilization. HIV/AIDS, which is primarily transmitted by intravenous drug use and sex work in the Eurasian region, has been a particular focus of OSI funding. OSI is also interested in working in Sub Saharan Africa to address the generalized HIV/AIDS epidemic, and in understanding what are issues around illicit drug use and HIV/AIDS in parts of the Middle East. OSI supports through advocacy, technical assistance and grants the efforts of the Global Fund to Fight AIDS, TB, Malaria and is interested in forging partnerships with schools of public health to abet this effort.</p> <p>The goal of this workshop is to gain insights into how schools of public health in Sub-Saharan Africa, the Middle East, and Eurasia interface with governmental policies, particularly PH workforce policies and ones designed to address HIV/AIDS & TB and implemented in collaboration with the GFATM. A subsidiary question</p>

	<p>is how schools of public health engage in community outreach programs, through research or otherwise.</p> <p>How might OSI work with SPHs, government, civil society and international funding agencies, particularly the GFATM, to address the tremendous public health threat of HIV/AIDS?</p>
Aim	<ul style="list-style-type: none"> • To explore the interface of schools of public health, government, and civil society in Africa, the Middle East, and Eurasia in the context of the HIV/AIDS epidemic and to distill a number of recommendations of concrete use for the program planning process of potential international funders, including OSI and the GFATM
Objectives	<ul style="list-style-type: none"> • Analyze the relationship between PH short-term and diploma-track training and ministerial public health workforce policies as well the impact of training demand from the non-governmental sector in representative countries in the context of the HIV/AIDS epidemic • Discuss representative career tracks of SPH graduates in each country and what this reveals about the demand for higher education in public health • Describe existing models for the interface of SPHs and civil society whether through faculty/student research or other community outreach programs • Describe any existing collaborative programs or activities between SPHs and the Global Fund to Fight AIDS, TB, Malaria • Distill a number of recommendations of concrete utility for the program planning process of funders, including OSI, particularly with respect to HIV/AIDS and TB and to the access to health care of vulnerable populations
Intended audience	<p>Academic program directors and deans of schools/faculties of public health, from countries of Central and Eastern Europe, Africa, the Middle East, and Central Asia</p>

PROGRAM

Part 1: Saturday, September 17, 2005

Venue: AUA

Session 1: 10.30-12.00 PLENARY: PANEL DISCUSSION

Title of presentation	Presenter
Welcome and description of Workshop's goals (5 mns)	Prof. Ara Tekian, University of Illinois at Chicago, USA
OSI priorities, HIV/AIDS, the GFATM and the role of SPHs (10 mns)	Dr. Michael Borowitz, OSI, New York
Governmental human resource policies, civil society, and SPH training programs in the Egypt/Middle East in the context of the HIV/AIDS epidemic and the GFATM (15 mns)	Hassan K. Bassiouny, Dean, High Institute of Public Health, Alexandria, Egypt
Governmental human resource policies, civil society, and SPH training programs in Africa in the context of the HIV/AIDS epidemic and the GFATM "(15 mns)	Prof. Frederic Wurapa, Dean, SPH, University of Ghana, Accra, Ghana
Developing a coherent and holistic response to the fundamental needs of South African Health Care System in the light of the HIV (10 mns)	Prof. Sharon Fonn, Dean, SPH Witwaterswand, South Africa
The experience of CHS/AUA in Armenia: the interface of training programs, government policy, and private sector demand (10 mns)	Dr. Haroutune Armenian Dean, College of Health Sciences, President, American University of Armenia, Yerevan, Armenia
Discussion (35mns)	

Participants. Participants from African and Middle Eastern schools of public health, moderators, and speakers.

Background. Over the past five years, OSI has funded, in collaboration with ASPHER and other organizations, faculty training, peer review, and program development in two dozen graduate-level teaching programs in Europe, Russia, and Central Asia. While direct institutional support for curriculum reform in schools of public health ends in 2005, OSI is interested in exploring work with schools of public health in areas particularly germane to its public health agenda and outside of its traditional region, the former socialist bloc. Foremost among OSI interests is the question of the access to health care of vulnerable groups afflicted by HIV/AIDS and TB, whether intravenous drug users or sex workers in countries with concentrated epidemics, or impoverished rural populations in countries with generalized epidemics. OSI is a supporter of the GFATM and is exploring ways to increase its effectiveness.

Aims. The plenary will introduce the discussion of how governmental human resource policies and the demands of the private sector impact the content and nature of the training offered by SPHs. What is the relationship between curriculum and diploma-track changes and governmental public health workforce policy? Does the private, non-governmental sector constitute a sizeable career track for future graduates? Does it impact the content of training programs? What is the role of the HIV/AIDS epidemic in driving educational programs and public health workforce government policies?

Members of the Session 1 will introduce the general issue of workforce training and public policy in the Middle East and Africa and the context of HIV/AIDS concentrated or generalized epidemics. The example of the conference host country, Armenia will also be discussed.

SESSION 2: 13.30-15.30 WORK IN TWO GROUPS

Workshop participants will be divided into 2 groups, one composed of African countries, the other Middle Eastern. Facilitators will be appointed for each working group.

TOPIC 1 (1 hour):

Discuss and document the interface of schools of public health, government, and civil society in Africa or the Middle East in the context of the HIV/AIDS epidemic

Questions to be addressed:

- Analyze the relationship between PH short-term and diploma-track training and ministerial public health workforce policies as well the impact of training demand from the non-governmental sector in representative countries in the context of the HIV/AIDS epidemic
- Discuss representative career tracks of SPH graduates in each country and what this reveals about the demand for higher education in public health
- Describe existing models for the interface of SPHs and the community whether through faculty/student research or other community outreach programs
- Describe any existing collaborative programs or activities between SPHs and the Global Fund to Fight AIDS, TB, Malaria

Task for the group:

The reporter for the work group should prepare the following conclusions from discussion:

- Findings per country
- Define general lessons learned on human resource planning for PH in the countries involved in the group work and in the context of the HIV/AIDS epidemic and any existing collaboration with the GFATM

TOPIC 2 (1 hour):

Distill a number of recommendations for the program planning process of potential funders, including OSI and the GFATM, involving the contributions of SPHs to the fight against HIV/AIDS and TB

Task for the group:

- Formulate your suggestions for a SPH/OSI partnership in collaboration with the GFATM to fight HIV/AIDS and TB, per country.
- Make recommendations for cross-country initiatives

Session 3: 16.00-17.30. PLENARY: DISCUSSION AND CONCLUSIONS

Participating countries:

All representatives involved in our Workshop, Part 1.

Presentations by 2 work groups (20 mns each)

Discussion (40 mns)

Conclusions with concrete recommendations to OSI (30 mns)

Suggestions for discussion

Reporters will present summaries of the discussions carried out in a workgroups. Members of the panel will be asked to make comments.

Workgroups also will be asked to present written summary with the conclusions and recommendations

The reporters and representatives of African and Middle East countries will be then invited to make presentations in Part 2 of this Workshop, which will be held on Monday, September 19.

Part 2: September 19, Monday, 2005

Venue: AUA

Session 1: 14.00-15.30. PLENARY: PANEL DISCUSSION
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Title of presentation	Presenter
Opening address to the participants of the Workshop (5 mns)	Prof. Martin McKee, London School of Hygiene and Tropical Medicine, UK. Member of the OSI Global Health Advisory Committee
Welcome and description of Workshop's goals (5-10 mns)	Linus Sumskas, SPH, Kaunas University of Medicine, Kaunas, Lithuania
The Afri Health project and SPHs in Africa (15mns)	Carel IJsselmuiden Council on Health Research and Development (COHRED), Geneva, Switzerland
Kyiv Mohyla Academy SPH in partnerships to tackle HIV/AIDS: beyond the Global Fund Grant Programme to Fight HIV/AIDS in Ukraine".(10mns)	Paola Pavlenko, SPH, Mohyla Academy, Kyiv, Ukraine
Report on Workshop, Part 1 and presenting the situation in PH education in African Countries (10 mns)	To be identified
Report on Workshop, Part 1 and presenting the situation in PH education in Middle East Countries (10 mns)	To be identified
Discussion 30mns	

Participants. Participants from schools of public health from Europe, Eurasia, Africa, Middle East.

Aims. Part 2 of the workshop will introduce and continue the discussion begun in Part 1 concerning the interface of schools of public health, government and civil society in the context of HIV/AIDS and TB, this time focusing on schools of public health in Europe and Eurasia. Findings from Part 1 will be reported in the opening plenary.

Session 2: 16.00-17.30. WORK IN TWO GROUPS AND CONCLUSIONS

Group work 16.00-17.00

Workshop participants will be selected into 2 groups. Facilitators will be appointed for each working group. African and Middle Eastern participants may join in either group and

The first group will include: Latvia, Lithuania, Estonia, Kazakhstan, Tajikistan, Ukraine, Russia, Armenia

The second group will include: Albania, Bulgaria, Croatia, Macedonia, Serbia, Hungary, Romania, Poland

Topic 1 (30 mns):

Discuss and document the interface of schools of public health, government, and civil society in Europe or Eurasia in the context of the HIV/AIDS epidemic

Questions to be addressed:

- Analyze the relationship between PH short-term and diploma-track training and ministerial public health workforce policies as well the impact of training demand from the non-governmental sector in representative countries in the context of the HIV/AIDS epidemic
- Discuss representative career tracks of SPH graduates in each country and what this reveals about the demand for higher education in public health
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Task for the group:

The reporter for the work group should prepare the following conclusions from discussion:

- Findings per country
- Define general lessons learned on human resource planning for PH in the countries involved in the group work and in the context of the HIV/AIDS epidemic and any existing collaboration with the GFATM

TOPIC 2 (30 mns):

Distill a number of recommendations for the program planning process of potential funders, including OSI and the GFATM, involving the contributions of SPHs to the fight against HIV/AIDS and TB

Task for the group:

- Formulate your suggestions for a SPH/OSI/GFATM partnership to fight HIV/AIDS and TB, specifically per country. Include recommendations for cross-country initiatives.

Conclude in plenary 17.00-17.30

Presentations by 2 work groups (10 mns each)

Discussion and Conclusion (10 mns)

Suggestions for discussion

Reporters will present summaries of the discussions carried out in a workgroups. Members of the panel will be asked to make comments.

Workgroups also will be asked to present written summary with the conclusions and recommendations

The reporters and representatives of African and Middle East countries will be then invited to make presentations in Part 2 of this Workshop, which will be held on Monday, September 19.

**Part 1: Saturday, September 17, Saturday
Yerevan, Armenia**

List of OSI Workshop Part 1 participants

1. Adib Salim, Lebanon
2. Armenian Haroutune, Armenia
3. Bhatti Tufail, Pakistan
4. Borowitz Michael, UK
5. Bozorgzad Ahmad, Iran
6. Fonn Sharon, Witwaterswand, SA
7. Haddad Nadim, lebanon
8. Jalali Abdolarasool, Iran
9. Knight Stephen, SA
10. Odero Wilson, Kenya
11. Papikyan Anahit, Armenia
12. Papiyeva Irina, Armenia
13. Pavlekovic Gordana, Croatia
14. Shayesteh Salehi, Iran
15. Sumskas Linas, Lithuania
16. Tekian Ara, USA
17. Tusgdelger Sovd, Mongolia
18. Wurapa Frederick, Ghana
19. Zahraei Roshanak, Iran
20. Zurayk Huda, Lebanon

Part 2: Monday, September 19, 2005
Yerevan, Armenia

List of OSI Workshop Part 2 participants

1. Armenian Haroutune, AUA, Armenia
2. Bhatti Tufal Ahmed, Pakistan
3. Bozorgzad Ahmad, Iran
4. Berry Elliot, Israel
5. Bino Silvia, Albania
6. Birt Chrristopher, UK
7. Fonn Sharon, South Africa
8. Georgijeva Lora, Bulgaria
9. Gray Selena, UK
10. Hudaykulov Umid, Uzbekistan
11. Ijsalmuiden Carell, Switzerland
12. Isjanovska Rosalinda, Macedonia
13. Kauhanen Jusi, Finland
14. Kosa Karolina, Hungary
15. Kulshanov Maksut, Kazakhstan
16. Maksudova Zumrat, Tajikistan
17. McKee Martin, UK
18. Papiyeva Irina, Armenia
19. Pavlekovic Gordana, Croatia
20. Pavlenko Paola, Ukraine
21. Polluste Kaja, Estonia
22. Roshi Enver, Albania
23. Salim Adib, Lebanon
24. Sumskas Linas, Lithuania
25. Szosland Dorote, Poland
26. Takenova Madina, Kazakhstan
27. Tekian Ara, USA
28. Tudsgdelger Sovd, Mongolia
29. Villerusa Anita, Latvia
30. Wilson Odera, Kenya
31. Wurapa Frederick, Ghana
32. Zurayk Huda, Lebanon

CURRENT PROGRAMS

- MASTER'S DEGREES IN
 - Business Administration
 - Industrial Engineering
 - Political Science and Public Administration
 - Public Health
 - LLM and Comparative Legal Studies
 - Computer and Information Sciences
 - Teaching of English as a Foreign Language

CURRENT PROGRAMS

- CERTIFICATE PROGRAMS
 - Teaching of English
 - Environment and Conservation Studies
- EXTENSION PROGRAMS
- SCHOOL OF HEALTH CARE MANAGEMENT & ADMINISTRATION-with the Ministry of Health

RESEARCH AND DEVELOPMENT

- CENTER FOR BUSINESS RESEARCH AND DEVELOPMENT
- ENGINEERING RESEARCH CENTER
- ENVIRONMENTAL CONSERVATION RESEARCH CENTER
- CENTER FOR POLICY ANALYSIS
- CENTER FOR HEALTH SERVICES RESEARCH AND DEVELOPMENT
- LEGAL RESEARCH CENTER

OTHER FACILITIES

- AUA BUSINESS CENTER
- GARO MEGHRIGIAN EYE INSTITUTE FOR PREVENTIVE OPHTHALMOLOGY
- ALICE OHANASIAN DIGITAL LIBRARY OF ARMENIAN CLASSICS

UNIQUENESS OF AUA

- Historical circumstances
- Synergy of institutions
- American model in the Soviet and Russian cultural environment
- Graduate university geared to development and research
- Most efficient operation
- Vision for the future

Unique Features of the Public Health Program -1

1. Competency based curriculum
 - a. Problem Solving
 - b. Problem Investigation
 - c. Program Development
2. Block Course Teaching
3. JHU/BSPH Affiliation

Unique Features of the Public Health Program -2

4. Center for Health Services Research:
 - Engaged in the community – Tb, blindness
 - School of Health Care Management
 - Response to a donor base – GMEIPO
5. Geography and History of building a new public health on the vestiges of the Soviet system:
 1. “we have had public health for 70 years”.
 2. anatomy and physiology

Government Interface

- Consultation with Ministries of Health and Education.
- Steering Committee with MOH and alumni.
- Partnership with MOH on SHCMA.
- System of post-graduate education and its challenges.

Situation Analysis

- 1. Growing Enrollment
- 2. Growth in size and scope of projects
- 3. Armenia – Yerevan centered students
- 4. University-wide financial crisis
- 5. The imperative to expand as a regional program and institution

Why a Private Delivery Sector in Health Services?

- Country is trying to move towards a market economy.
- A large proportion of the health services delivery in Armenia is financed by direct fee for service payments that are part of the shadow economy. How to integrate these resources in a well organized delivery system?

Why a Private Delivery Sector in Health Services?

- In its current mode, the very meager government resources in Armenia, are unable to finance more than a small fraction of the operation of the health services.
- Private sector possibly more efficient.
- The need for an evolution of processes, systems and interactions.

Why a Private Delivery Sector in Health Services?

- Private sector will create a **competitive** environment for quality health services as it has already occurred with dentistry and pharmacy in Armenia.

A Program to Train Health Services Entrepreneurs & Models

- OBJECTIVES:
 - Train leaders for the private sector health care.
 - Develop new models of health services delivery.
- Young physicians and health care workers.
- Assessment of need and market research.
- Development of projects and business plans.
- Identify sources of funding and implement.

Future Perspectives

- A University for the whole region
- Priority for Quality Graduate Education
- Premier Research institution
- A Bridge and a source of Synergy
- A program of Universal value and significance



AfriHealth

Mapping Public Health Education Capacity *in and for* Africa: Preliminary Results & Update

Yerevan, Armenia
19 September 2005



<http://afrihealth.up.ac.za>



AfriHealth

Mapping Public Health Education Capacity *in and for* Africa:

Core Working Group in Africa

Abdallah Behir
Eric Buch
Lola Dare
Hassen Ghannem
Carel IJsselmuiden (Project Director)
Marian Jacobs
Adetokunbo Lucas
Reginald Matchaba-Hove
Bronwyn Moffett
Mary Mwaka
Thomas Nchinda
Augusto Paulo
Anne Strehler
Steven Tollman

Core Working Group outside Africa

Robert Beaglehole
Tim Evans
Paulo Ferrinho
Wade Hamma
Fadel Kane
Robert Lawrence
David Mowat
Vic Neufeld
KR Thankappan
Jeroen van Ginneken

<http://afrihealth.up.ac.za>



A definition:

- **Public Health Capacity** as ‘the ability (*of the health sector, a nation, a continent*) to identify and effectively address ongoing and emerging health problems;
 - it is **inclusive**: human resources at all levels; infrastructure; other sectors; etc



Core Objectives - short term, and in first instance:

- **Mapping of Public Health Capacity *in and for* Africa**
 - existing public health education institutions and programs (university or equivalent) *in Africa*
 - public health training programs *in the ‘north’* that have a major focus on public health education *for or in* Africa
 - existing **research networks** focussing on the improvement of public health capacity
- **Assess capacity for ‘technology-supported distance learning’ *in and for* Africa**



Core Objectives - medium term

- **Create opportunities for Network Development and Dissemination of the information**
 - prepare for a Pan African Public Health conference in 2004, and to
 - engage other networks, and to
 - explore opportunities and propose a plan for offering sustainable leadership training for public health, and to
 - Widen AfriHealth ownership / structure / organisation



Core Objective - long term

- Start / re-start of an ‘African Association of Schools of Public Health’
 - *Accreditation, networking, critical mass, clearing house, ...*
- or
- An/the voice of Africa in terms of public health
 - (*‘African Public Health Association’*)



Core Objectives – added:

- How to satisfy training needs of **countries too small** to set up own ‘schools of public health’ ?
- **Gender** and public health education capacity in Africa

– For each, a position paper was added to the work of AfriHealth;
(and PhD project)



Premises underlying AfriHealth (1)

- a **continental approach** to improving public health in line with new socio-political realities
- strengthening public health capacity by **networking**, and
- exploiting **information technology** to optimise learning and teaching;
- A **comprehensive, “wide” definition** of public health;



Premises underlying AfriHealth (2)

- **Public Health**, as an integrative effort, is essential to achieving health and equity in health and health care access;
- **“Essential Public Health Functions”** approach is example of more pragmatic and ‘narrow’ approach;
- **Outcomes from AfriHealth ... can be anything**, not just schools – education – research; may include advocacy, linkage, infrastructure, health systems engagement,



Sources of Information

- **Africa** : divided into manageable, geographical clusters, except lusophone countries
- **Europe** : access through “TropEd”
- **USA** : access through ASPH, CDC, and NIH
- **Canada** : Identification of groups and individuals within universities with relationship with Africa
- **Australasia** : anecdotal



Sources of ICT Information

- Web-based scan of current initiatives
- Review of major recent reports and surveys
- Visits to Tulane University’s Payson Center, and the Johns Hopkins University’s Bloomberg School of Public Health



AfriHealth – timeline (1)

- Project Approval by RF in January 2002
- First meeting: Geneva, May 2002
- Second, report back, meeting: Arusha, Nov 2002
- Current phase: re-starting ...
- This meeting:
 - **Communicate the findings,**
 - **Reconnect,**
 - **And develop the future of AfriHealth with your help**



AfriHealth – timeline (2)

- Started as ‘project’ in a School of Public Health in 2001;
- Was supposed to become an independent, African initiative by 2004 (intended conference as focus)
- Was ‘rudely interrupted’ in 2003/2004
- But did not ‘fizzle out’ ...
 - *It had outputs and consequences (next slide)*
 - *It is now again being resourced*
 - *Aiming for a conference in Oct/Nov 2006*



AfriHealth – outputs (1)

... early outputs

- **Presentations:**
 - Global Forum for Health Research, Arusha, Nov 2002
 - Joint Learning Initiative (JLI), Cape Town, March 2003
 - Institute of Medicine (IOM), Washington, June 2003
 - Accra, NEPAD & ACOSHED meeting, September 2003
 - USAID, Washington, November 2003
 - JLI, New York, November 2003
 - USAID ‘partnership consultation’, Pretoria, April 2004
 - ASPHER, Yerevan, September 2005



AfriHealth – outputs (2)

... early outputs

- **Capacity building:**
 - **PhD** in Gender and public health education (Mwaka)
 - Also received Ford Foundation scholarship for this
 - **USAID Public Health Leadership program:**
 - 2.5 million US / pa / 5 years / at least
 - 2 consortia in Africa selected (with substantial local ownership)
 - 2 ‘runners up in USA’ currently being further examined
 - Award expected later this year



Results ... in Africa (1)

– Programs (1)

(provisional only)

- **Graduate public health training in 53 countries in Africa:**

– No training:	27	(51%)
– 1 program:	16	(31 %)
– > 1 program:	10	(19 %)



Results ... in Africa (2)

– Programs (2)

(provisional only)

- Most programmes are still ‘**traditional**’, ‘**narrow**’, **medical – health access only**
- Many ‘**short courses**’ ... also through research and service institutions, NGOs, foreign institutions
- **Distance learning:** rare; ‘**on job – on campus**’ learning (some: e.g PHSWOW)



Results ... in Africa (3)

– Programs (3)

(provisional only)

- **Language is still an important divider of education available**, but is losing importance;
 - Lusophone countries in Africa (PSAC) rely on Portugal for all training. Mozambique is gearing up. Few francophone countries have ‘public health’ ... mostly ‘components’ of health, as in France.
- **Few** have substantive ‘**north-south**’ links, and even **fewer** ‘**south-to-south**’ links; ‘**institution-building**’ tends NOT to be included
- **Little regionalisation:** East Africa, SADC, West Africa perhaps



Results ... in Africa (4)

- Students

(provisional only)

- **Annual intake** of post-graduate degree students in Africa: **(600+)** (but: i) *unconfirmed, and ii) missing most of Egypt and Nigeria, many others*) and **rapidly increasing**; especially MPH
- **Accepting foreign students:** three countries (5 institutions) do; most do not or only incidentally
- (*Can not yet split between M and D*)



Results ... in Africa (5)

- Size of units

(provisional only)

Unit Size FT & PT FT only

1 – 5	5	4
6 – 10	13	20
11 – 15	14	10
16 – 20	4	1
21 – 25	2	2
26+	2	2

* In total (so far) 511 staff members in all of Africa



Results ... in Africa (6)

- Staff

(provisional only)

- **Male staff dominates:** **64% vs 36%**
- Ratio increases in terms of seniority of degrees – for those with doctoral degrees: **74% men vs 26% women**
- Low numbers of **international staff** (except ...)
- ‘Strange’ age distribution:

Yrs	Survey		“Expected”	
	N	%	N	%
< 35	85	17	10	25.0
36-50	337	66	15	37.5
51+	89	17	15	37.5



Results ... in Africa (7)

- Research

(provisional only)

- **Low research output** – *with exceptions*
- Public Health is taught with **little, if any, research linkage**, even if ‘centers of excellence’ are available
 - *E.g. almost no links with AfHRF, INDEPTH, AAVP, MRCs, Wellcome, ENHR, WHO-TDR, others*



Results ... for Africa (1)

(provisional only)

- **Europe** : 900 - 1000 graduate students from Africa pa; Of these, it is estimated that just over 500 are in degree programmes - 25% of which at doctoral level (TropEd members only)
- **USA** : unfortunately, no information yet (but if similar to Europe ...)
- **Ratio Africans trained IN / OUTSIDE Africa likely to be 50 % (40% - 60%) or less**until now



Results ... ICT in and for Africa (1)

- **Community training centers** operative in in South Africa, Mozambique, Uganda, Ghana, and Mali
- **‘web-education-ready’ countries** : Côte d’Ivoire, Mauritius, Rwanda, and South Africa
- **Successful cases:** IDRC from 1996-2001 in Benin, Côte d’Ivoire, Senegal and Morocco linked to McGill University
- **Private sector interest** : CISCO systems setting up ‘distance education laboratories’ at the Universidade Jean Piaget de Cabo Verde



Results ... ICT *in and for* Africa (2)

- **costs of satellite television and radio** is down dramatically and decreasing;
- **costs of satellite-based internet access** to halve in the next 5 years, while access will dramatically increase;
- **African Virtual University's** new status and infrastructure can be re-focused on public health
- **CD-ROM based** distance learning can be used
- **BUT: ICT capacity !**



Where is this leading to (1) ?

- **Africa needs a PLAN** for PH/HRH
 - NEPAD ? / African Union ? / WHO ? / RF ?
- **Major investment in public health capacity: individual, but especially institutional**
 - Magnitude of 5 – 10 times
 - Longterm (25 – 50 years ?)
 - Requires 'multi-donor --- multi-panel' format



Where is this leading to (2) ?

- **“Clustering” / Regionalisation of Public Health:**
 - 6 – 7 regional / supra-national consortia
 - Include **language:** 1 lusophone, 1 francophone
 - **Match teaching excellence with research excellence** (Mali with Senegal ? / Navrongo with Accra ? / Makerere has it all in-house)
 - **Increase critical mass** (> 50 ?)
 - **Increase independence** from political/economic instability
 - Enhances **staff exchange**
 - **Attract ex-patriate African expertise**
 - Can provide for **small countries**



Where is this leading to (3) ?

- **ECTS → African Credit Transfer System**
- **Open up / de-monopolize ‘public health’ :**
 - Disciplines
 - Sectors
 - Stakeholders / target audiences
- Substantial investment in **ICT and Educational Technology**
- African PH to look for **key partners in the north**



Where is this leading to (4) ?

- **Gender** and Public Health
- **Small countries** capacity building interests
- **Modernizing SPH financing and orientation:**
 - **Internationalize training** (like research)
 - Linkages to **policy / policy research**
 - SPHs as separate **‘business units’**
 - Focus on **‘narrow’ programs** for income
 - Change **training for Africa** into **training in Africa**



Link ?



- **Our business is to enable countries to invest in ‘research for health’**
 - *focussing on equity, health systems, development ...*
 - *we help build national health research management capacity*
- **In Africa in particular, this is likely to happen mostly through Schools of Public Health**
- **There is a ‘de-link’ between public health research and SPHs**



In brief ... (1)

- **Re-starting the initiative: finalise, update, clean data**
 - Current link is Makerere IPH & COHRED
 - Intention is to widen across Africa
- **Re-connect with interested SPHs**
- **Target the Global Forum for Health Research in Cairo (29 Oct – 1 Nov 2006)**
 - To fit with the global HRH agenda



In brief ... (2)

- Outcome 1: **African Association of SPHs ?**
 - Interest among donors is high
 - Interest among SPHs is ?
- Outcome 2: **African voice for African Public Health ?**
 - Why wait for the north to flag African public health problems & emergencies
- Outcome 3 etc: ...



In brief ... (3)

In relation to OSI / Global Forum

- **Possibility 1: 'health systems research' training**
 - COHRED/AHSPR/GFHR module
 - Focus on joint curriculum setting, methods, clearing house
 - One possible action of an African Association of SPH's
- **Possibility 2: 'responsible vertical programming'**
 - Global Fund: link HIV/TB/Malaria (10% for 'operational research')
 - COHRED main drive
- **Possibility 3: enabling: fund the SPH association**
 - and many of the activities listed here

Global Fund in Estonia

Kaja Põlluste, MD, MPH

Department of Public Health & Department of Internal Diseases
University of Tartu
Estonia

Global Fund Programme (GFP) in Estonia

- First stage of the programme
 - Oct 1st, 2003 – Sep 30th, 2005
- Second stage of the programme
 - 2005-2007
- Responsible institution
 - National Institute for Health Development

<http://www.tai.ee/?id=2401>

2

Target groups of GFP

- HIV/ AIDS prevention in risk groups
 - Young people aged 15–24
 - Injecting drug users
 - Commercial sex workers
 - Prisoners
 - Men who have sex with men
 - People living with HIV/AIDS

3

Strategic objectives of GFP (1)

- To reduce risk behaviour among children and young people aged 10–24 and to increase their knowledge of HIV related issues
- To reduce risk behaviour among injecting drug users aged under 25
- To reduce risk behaviour among sex workers and reduce vertical transmission of HIV

4

Strategic objectives of GFP (2)

- To prevent HIV transmission in prisons
- To reduce risk behaviour among men who have sex with men (MSM) and increase their knowledge of HIV related issues
- To improve the quality of life of people living with HIV by improving access to health care and social support services

5

Strategic objectives of GFP (3)

- To increase the institutional capacity and build cooperation amongst organisations involved in the programme to effectively meet the objectives of this programme
 - process objectives related to reaching the target group, informing the target group and terminating the process
 - objectives concerning the direct effect of actions related to changes in knowledge and attitude
 - objectives related to changes in behaviour
 - objectives related to the spread of infection

6

Partners

- NGOs
 - Training of trainers in health education
 - Health education
 - Media campaigns
 - Counselling and support
 - Needle exchange
 - Condom distribution
- National programme for HIV prevention
- Department of Public Health
 - Research

ASPHER XXVII ANNUAL CONFERENCE
17-20 September, 2005, Yerevan, Armenia

OSI REGIONAL COOPERATION:

EXPLORING PARTNERSHIPS WITH SCHOOLS OF PUBLIC HEALTH TO ADDRESS HIV/AIDS in PARTNERSHIP WITH OSI AND THE GLOBAL FUND TO FIGHT AIDS, TB, MALARIA (GFATM) IN AFRICA, EURASIA, EUROPE & THE MIDDLE EAST

INTRODUCTION TO WORKSHOP GOALS

*Linas Sumskas, Associate Professor,
School of Public Health of Kaunas University of Medicine, Kaunas,
Lithuania*

Yerevan, Armenia, September 17 and 19, 2005

WORKSHOP IN CONTEXT OF ASPHER CONFERENCE

CONFERENCE TOPICS:

- **Regional collaboration**
- **Creating sustainable partnerships**
- **Public health training and global problems**

WORKSHOP SCOPE IS BROADER

- **Covers Africa, Middle East Region and also East, South and Eastern Europe, Central Asia**
- **Expands discussion on newly emerging threat of AIDS, TB, Malaria**
- **Focus on a workforce development dimension and future roles of SPH**

OSI PRIORITIES AND FOCUS

- Since 2001 OSI has supported the development of public health teaching programs in the European region and Central Asia.
- After year 2005, OSI continue the efforts on protecting and promoting the health rights of vulnerable populations.
- HIV/AIDS, which is primarily transmitted by intravenous drug use.
- Sex work, drug abuse in the Eurasian region, has been a particular focus of OSI funding.
- OSI is also interested in working in Sub Saharan Africa to address the generalized HIV/AIDS epidemic, and in understand what are issues around illicit drug use and HIV/AIDS in parts of the Middle East.
- OSI supports through Global Fund to fight AIDS, TB, Malaria and is interested in widening partnerships with the schools of public health.

WORKSHOP FORMAT

Part 1. Saturday, September 17, 2005:

Session 1: 10.30-12.00

Session 2: 13.30-15.30

Session 3: 16.00-17.30

Part 2. Monday, September 19, 2005:

Session 1: 14.00-15.30

Session 2: 16.00-17.30

GOAL OF THIS WORKSHOP

To gain insights into how schools of public health interface with governmental policies

How PH workforce policies are designed to address HIV/AIDS & TB prevention and implemented in collaboration with the GFATM

How community based programs could be engaged and collaborate through research of SPH

UTILITARIAN GOAL

How might OSI work with SPHs, government, civil society and international funding agencies, particularly the GFATM, to address the tremendous public health threat of HIV/AIDS?

OBJECTIVES OF OSI WORKSHOP

- **Analyze** the relationship between PH short-term and diploma-track training and national health workforce policies, also training demand from the non-governmental sector in the context of the HIV/AIDS epidemic
- **Discuss** career tracks of SPH graduates in each country and describe the demand for public health education
- **Describe** existing models for the interface of SPHs and civil society whether through faculty/student research or other community outreach programs
- **Analyze** existing collaborative programs between SPHs and the Global Fund to Fight AIDS, TB, Malaria
- **Distill** a number of practical recommendations for the program planning process of funders, including OSI, with respect to HIV/AIDS and TB and to the access to health care of vulnerable populations

WORKSHOP Part 1 FORMAT

for African and Middle East Countries

Saturday, Sept. 17

Session 1: 10.30-12.00. PLENARY: PANEL DISCUSSION

Session 2: 13.30-15.30. WORK IN TWO GROUPS

Session 3: 16.00-17.30. PLENARY: DISCUSSION AND CONCLUSIONS

WORK IN GROUPS

Group 1: African Countries

Group 2: Middle east Countries

TOPIC 1: Discuss and document the interface of schools of public health, government, and civil society in Europe or Eurasia in the context of the HIV/AIDS epidemic

TOPIC 2: Distill a number of recommendations for the program planning process of potential funders, including OSI and the GFATM, involving the contributions of SPHs to the fight against HIV/AIDS and TB

WORKSHOP Part 2 FORMAT

for Euro Asia countries

Monday, Sept. 19

Session 1: 14.00-15.30. PLENARY: PANEL DISCUSSION

Session 2: 16.00-17.30. WORK IN TWO GROUPS AND CONCLUSIONS

WORK IN GROUPS

Group 1: Latvia, Lithuania, Estonia, Kazakhstan, Tajikistan, Ukraine, Russia, Armenia

Group 2: Albania, Bulgaria, Croatia, Macedonia, Serbia, Hungary, Romania, Poland

TOPIC 1: Discuss and document the interface of schools of public health, government, and civil society in Europe or Eurasia in the context of the HIV/AIDS epidemic

TOPIC 2: Distill a number of recommendations for the program planning process of potential funders, including OSI and the GFATM, involving the contributions of SPHs to the fight against HIV/AIDS and TB

Open Society Institute

Strategy for the Network Public Health Program (NPHP)

September, 2005
Yerevan, Armenia

Martin McKee
OSI Global Health Advisory Committee

Key OSI themes

Marginalization

- Drug users
- Sex workers
- Prisoners
- Roma
- Dying
- Mentally ill
- Mentally disabled
- MSM

Monitoring

- Public health watch
- Budget transparency
- “Law on the streets” implementation monitoring
- Civil society capacity building

The three dimensions

- **Marginalized Groups and specific health issues**
 - Marginalization
 - Institutionalization: *loss of freedom*
- **Capacity building and monitoring units**
 - Elements of civil society
 - Advocacy organizations, human rights organizations, media, professions, academia, foundations, and service providers
 - Capacity building programs: law, media, civil society
- **Geography: *Beyond the Soviet zone***
 - Traditional region
 - Africa, Asia, and Middle East

Network Matrix: Two Dimensions

Marginalized groups and specific health issues

- HIV/AIDS
 - IHRD
 - SHARP
 - IPCA
 - TB
- TB
- Roma
- Palliative Care
- Mental Health and Intellectual Disability

Capacity building and monitoring

- **Public Health Watch**
 - Law on books
 - Law on streets
 - Budget transparency
- **Law and Health**
(Justice Initiative)
- **Media and Health**
(Network Media program)
- **Civil Society Capacity**
 - Schools of public health
 - Policy Centers
 - Professional development

Horizontal approach:

Monitoring and Accountability

- Human Rights model: “Watch”
 - Civil society is watching what the government is doing
- Democratic accountability
 - Budget transparency (Caspian Revenue Watch)
 - Policy dialogue: EU-MAP and Afri-MAP
- Monitoring and Accountability in a Global Environment
 - UN system
 - New global health initiatives (GAVI, GFATM)

Development Assistance:

the resource curse

- **Architecture of International Development Assistance**
 - **AIDS in Africa**
 - PEPFAR
 - GFATM
 - WB MAP/PRSP
 - Human resources (IJJ)
 - **AIDS in Central Asia**
 - DFID
 - GFATM
 - USAID: capacity, DDRP
 - WB IDA grant
 - **Health in Eastern Europe:**
 - Balkans, Caucasus, Eastern Europe, Russia, Ukraine
- Monitoring of large-scale assistance

HIV/AIDS

- Harm reduction in Eastern Europe and the former Soviet Union, and more broadly (IHRD)
- SHARP: other aspects of concentrated epidemics- sex work, MSM (more focused on Asia/Africa) **New strategy**
- HIV/AIDS outside the traditional region:
 - GFATM
 - Accountability: public health watch
 - Development assistance
 - Resource transparency

Controlling an Epidemic: an evidence-based approach

- What you do depends on where you are on the epidemic curve
- Focus on incidence
- Focus on key determinants of reproductive rate
- Take into account changing pattern of exit and implications for palliation
- The relative cost-effectiveness of interventions

Evidence-based approach to HIV interventions

Concentrated *in high risk groups*

Injecting Drug Use
Sex Work
Prisoners
MSM

Generalized

Interventions

Needle-syringe exchange (NSE)
Substitution Therapy (ST)
100% condom policy

- Condom distribution
- Regular testing and treatment for STIs
- Client reduction

 Condoms, NSE, ST
Partner reduction
Age of sexual debut
STI treatment
Condoms?
Circumcision??

Public Health and Human Rights

Epidemiological approach

Injecting Drug Use
60% coverage of NES
High-level coverage ST

Sex Work
100% condom policy

MSM
Behavior change
closure of bath houses

Human Rights approach

Rights of drug users
Drug policy
Overdose treatment, hepatitis C

Sex Work legality and police harassment
Right to organize SW

Gay Rights
Access to treatment (ACTUP)

Public Health approach to treatment

Continuum of Care (remembering all people eventually die)

- Aspects of Treatment
 - ARV
 - ARV + Methadone for IDUs
 - ARV + TB
 - ARV plus (nutrition, cognitive support, and palliative care)
- ARVs and health systems
 - ARV + DOTS
 - ARV and primary care
 - Human resources
- AIDS and society
 - Orphans
 - Teachers/doctors
 - Social capital

Tuberculosis

- TB in Russian Prisons
 - Mdr-TB: DOTS-plus, Green light committee
 - Review of OSI/Global assistance
- TB/HIV intersection:
 - Advocacy: small grants uptake by Gates
 - Service delivery
- Public Health Watch: TB commitments
 - First Global activity

Other marginalized groups or specific health issues

- Roma
 - Decade of the Roma: Health key pillar
- Palliative Care
 - Major program in Africa on AIDS (IPCA)
 - Consolidation in traditional region
 - Key to PEPFAR and other global health initiatives
- Mental Health and Intellectual disability
 - Focus on traditional region

Strengthening Civil Society

- **Law and health**
 - Each marginalized group and disease-specific program has legal issues
 - Capacity in law and health
 - Public health legal clinics
 - Public health law courses (e.g. HIV/AIDS)
 - Public health law profession (e.g. bar associations)
 - Public health law scholarship and networking
 - Link of the justice initiative
 - International public health law (e.g. Framework Convention on Tobacco Control)
- **Media and health**
 - Each vertical program has media issues
 - Link with the network media program who are doing media capacity building
- **Public Health Watch**
 - Budget monitoring—sin taxes
 - Implementation monitoring (law on the books and law on the streets)
 - Tobacco corruption.
- **Schools of public health**
- **Policy Centers**
- **Salzburg training program**
 - Increased relevance to OSI vertical programs
 - Link to horizontal programs: public health, law and health, etc
 - GDLN network

What is policy?

- From policy to service delivery
- Elements of policy:
 - Public policy: formal laws and regulations
 - “Law on the books” versus “law on the streets”
 - Budgets: allocation and execution
 - Extra-budgetary funding: external assistance, out-of-pocket spending (OSI?)
 - Civil society engagement:
 - Governance: CCM, PRSP, etc
 - Implementation (e.g. service delivery) public versus private provision

Getting from A to B

- Global policies
 - UN organizations: UNODC, UNAIDS, WHO
 - Other key IO: World Bank, IMF, regional Development Banks
 - Bilaterals: USAID, DFID
 - International civil society: foundations
- Westphalian governance
- Nodal governance
- National models of policy change
 - Legislation
 - Administrative rules
 - Money: domestic and development assistance
- OSI model
 - Civil society champion

Modes of work

- Local Foundations: representatives
 - Is Public Health a priority of NF?
- Grants to international partners
 - Level of engagement, size of grant
 - Strategic partners: long-standing
- Grants to in-country NGOs
 - Schools of Public Health
- OSI staff activities
 - Conferences/convening role
 - Training
 - Direct technical assistance/indirect TA
 - International Organizations (e.g. panels, reviews)

Niche of OSI

- **WHO**
- **World Bank**
- **EU**
 - European bilaterals
 - DFID
- **USG/USAID**
- **New global partnerships:**
 - GFATM
 - STOP-TB
- **Foundations**
 - Gates
 - Other foundations
- Civil Society representative
 - Technical representative: eg harm reduction
- Local monitor
 - Collaborate on analytic work
 - Add sub-components to projects
- Advocacy on concentrated epidemics
 - Encouraging work in traditional region
 - Implement programs (New DFID HIV/AIDS project in Central Asia)
- Monitor
 - Stop from doing bad things
 - Implement programs (DDRP, unlikely to continue).
- Technical panels
 - Civil society representative/CCMs
 - Technical assistance in-country
- Gates is the 100 pound gorilla

OSI Comparative Advantage

- Local foundations provide on the ground presence with connection to local partners including oversight and budget transfer
- Relative small funder, but in some areas large
 - Roma, mental health, specific countries
- Influencing agenda:
 - Able to catalyze work with standard-setting organizations.
(large bureaucratic organizations like WHO and WB can be influenced with small amounts of money).
- Can fund start-up and recurrent costs of service delivery
- Can fund directly to NGOs without government intermediary
- Can work on sustained capacity-building including higher education, scholarships, policy centers, etc.
- East-East partnerships: Kaunas-Tadjikistan



Kyiv Mohyla Academy School of Public Health in partnerships responding to HIV/AIDS: beyond support to the Global Fund Grant Programme

'Overcoming HIV/AIDS Epidemic in Ukraine'

Presentation by Paola Pavlenko at the ASPHER-OSI *Exploring partnerships with SPHs to address HIV/AIDS in collaboration with OSI and GFATM in Africa, Asia, Europe and Middle East Workshop*, Yerevan 17-20 September 2005:



State of HIV/AIDS epidemic in Ukraine:

- 1987→1995→2005: 91,918 HIV+ 81,240 /AIDS 10,678/ D 20,081 (1/3): Dnipro, Odessa, Nikolayev, Donetsk (60-50x100,000)
- New HIV+: 2002: **8, 756**/ 2003: **10,009**/ 2004: **12, 491**
- Everyday 2004: **34 HIV+, 8 AIDS, 5 D**
- Prevalence (est. UNAIDS): 360,000 /700,000 HIV+
- TB, 2004: +4,4% 81x100,000; Dtb +5% 23x100,000
- TB in AIDS: 58% (2003), 55% (2004)



Transmission routes dynamics

	1997	2004
IDUs	84%	46%
Sexual	11%	32%
MtC	2%	18% (27% 2003)



Response

- GF Grant I, Mar04-Mar05: \$15,737,000 (2003/Sep05- \$24mln*)
- WB TB-HIV Loan, 2003*/06: \$60mln (\$30mln HIV:disburse 2%)
- State budget, 2004: \$3,5mln (incl WB)
- Ext sources, 2004: \$4,8mln

GF HIV Grant:

- **ART**, bef Mar04: 268/ 137 Apr05: 1,382 (100+165/1,647 ~32% need)

5 Components:

- Treatment &care: 64% 5,000 PLWHA
- Prevention: 9% 45,000 IDUs, 4,500 CSWs, 3,500 prisoners
- Info/Educ/Com: 14,5%
- M&E: 4,3%
- Prog M-nt: 15%
- **Training &CB:** 24 % - \$3,8 mln (WB \$3,17mln)



UKMA School of Public Health

Date of birth: 2003

Courses: MSc M-nt in PH (I - 2004/5: 12; II – 2005/6: 20)
13 + 3 three-week modules

Parent: National Un-ty of Kyiv Mohyla Academy

Co-parents: Maastricht Un-ty and OSI

Relations: Illinois Un-ty

Sibling: UKMA School of Social Work (1995)



School of SW + School of PH =



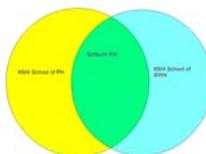
'Sotsium-XXI' NGO, 1998
Youth Centre for Problems of Transforming Social Sphere

Where: UKMA campus – Soc Sciences Dep.
Who: graduates, students and teachers (22+ volunteers)

Why: Introduce modern technologies of social work with vulnerable groups of people

What: training and consultancy, search of social partners, collection, analysis and dissemination of information re social protection issues

2003: Co-founder of All-Ukrainian Network of HIV-service NGOs (19)





Projects 2003-2005

- Feb-Apr03 Creation of day-care centre for people with drug addiction (DFID)
- Apr03 Training for HIV/AIDS & Drug addiction telephone hotline workers (SAAPF)
- Dec03 Applied SocPolicy & SocWork training for USIF staff
- Oct 04-Jan05 'Practical SocWork' training for PLWHA Ukr Network
- Oct 04 – now **Set up & running Kyiv Regional Info-Resource Centre on HIV/AIDS (GF/ Alliance)**
- Mar-Jul05 Media Images of HIV/AIDS in Ukraine Survey (GF/Alliance)
- Jul-Sep ...2005 **Development of and running a new training programme "Social work for people living with HIV/AIDS" (GF/Alliance)**



Kyiv Regional Resource Centre for HIV/AIDS

- Based at KMA SSW/Sotsium XXI: Mon-Fri/9-6
- Oct04-Sep05*: \$185,000
- Kyiv + 6 oblasts: Kyiv, Zhytomyr, Vinnitsa, Sumy, Cherkassy, Chernigiv
- 13 staff + 10 experts + 10 volunteers
- Services: library, info support (incl web), consultations, running of seminars & courses for GO & NGOs, work with media, advocacy of HR/ PLWHA
- 8 months – 327 clients (regist)
- 2 most positive results: real resource – 'more than a base for training'; 'friendly/safe, non-stigmatising place'
- Big challenge: contacting local media



Social Work with People living with HIV/AIDS Course Development

- Start: July 05/ three months +
- Course development/ best practice of SW in HIV training (3day, 5day, longer course: 144 hrs)
- Target: HIV-service NGOs staff, HIV-sector trainers and supervisors, SWers
- 3 days training piloted for the SWers of 9 regions
- 5 days training course – 22 SWers of HIV-service NGOs
- Project partners: KMA SSW/SPH, AFEW, Connect Plus-Berlin, Institut fur angewandte Forschungen, Freiburg



Partnerships & participation

- 1) Part of HIV Sector NGO Association: Representation
 - GoU-Donor-NGO Consolidation Group on submission of application for the GF HIV Grant II
 - National Coordination Council of Ukraine for prevention of HIV/AIDS spread (May 2005, 6 cmmttes):
 - Strategic Planning, Budgeting, M&E
 - Healthy Lifestyles
 - Treatment, Care and Support
 - Work with Vulnerable Groups
 - Regional Policy (co-chair*)
 - PLWHA Rights
- 2) KMA SPH/SSW: Consultation with GoU/MoH, MLSP, MFY
 - Civic Advisory Council of the Ministry of Health
 - CabMin Supervisory Board of the Social Investment Fund (WB Loan)
- 3) Project implementation: training/ courses for go/ngo non-medical practitioners



Thank you!

UKMA SPH contacts

- e-mail: pmsph@ukma.kiev.ua
- web page: www.ssw.ukma.kiev.ua
- tel. (+38 044) 238 2569
- info source: www.aidsalliance.kiev.ua

HIV/AIDS IN LEBANON

Salim M. Adib, MD, DrPH



NATIONAL AIDS CONTROL PROGRAM
As of June 2004

HISTORY

- ∩ Early cases in 1981-82:
 - hemophiliacs, returning homosexuals
- ∩ AIDS control program started 1984
- ∩ First national consensus 1995
- ∩ Drugs available through MOPH clinics 2003
- ∩ Second national consensus 2003

STATISTICS

Cumulative number HIV/AIDS	765
Full-blown AIDS	(35.9%)
(Full-blown in 2001)	(45%)
Total new reports in 2004	≈20
Total number worldwide	40 M
New HIV reports in 2003	5 M
MENA in 2001	440,000
Demographics in Lebanon	
Age 30-50	58.8%
Women	18.5%

POTENTIAL TRANSMISSION

N = 650 CASES (%)

SEXUAL	77.3
Heterosexual	52.7
Homosexual	10.0
Bisexual	5.6
Unspecified	31.7
BLOOD PRODUCTS	6.8 (7.8)*
IV DRUG USE	5.8 (8.3)*
TRANSPLENTAL	2.8 (3.8)*
UNDETERMINED	7.5 (14.8)*
* Data in 2001	
LIFE OUTSIDE LEBANON	48.3

DYNAMICS OF THE EPIDEMIC

- ∩ First wave: hemophiliacs, homosexuals
- ∩ No IV transmission of importance
- ∩ After 1990: heterosexual, transplental leading to marriage license in 1994
- ∩ Epidemic under control...almost low endemic



THANK YOU

School of Public Health

University of Witwatersrand,
Johannesburg, South Africa



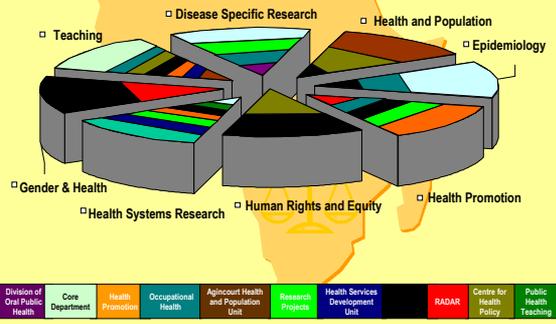
MISSION

- The Wits School of Public Health promotes public health through relevant, appropriate and excellent teaching, research and service, based on the principles of equity, the promotion of human rights and a coherent and comprehensive response to the needs of the peoples of South and Sub-Saharan Africa in their various living and working conditions

Entities within the School of Public Health

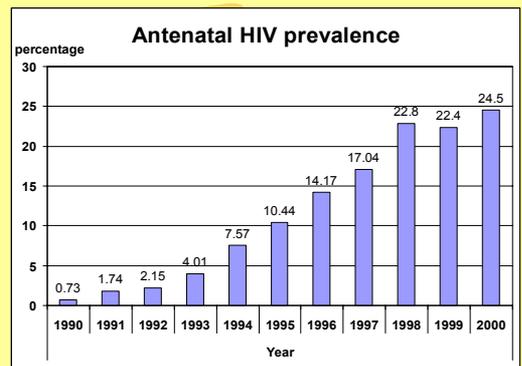


Synergy

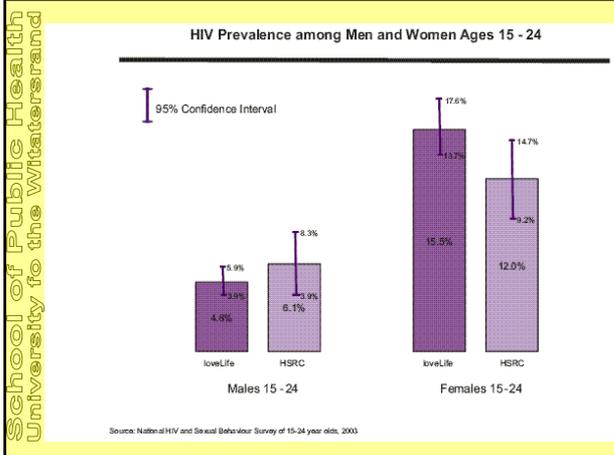


Role of Schools of Public Health

To respond to the big questions that vex the development and delivery of health services and related interventions that will impact positively on population health



2003 rate is 27.9%



School of Public Health
University of the Witwatersrand

Context of HIV in South Africa

- Human Sciences Research Council – 11.5% national prevalence
- Eastern Cape Rhodes University Centre for Aids Development Research and Evaluation:
 - 1 in 10 HIV positive;
 - 96 000 people need ARVs and 15 169 enrolled in treatment programmes;
 - need to increase 20x the number of people by end of 2006 to meet needs;
 - 69 accredited Rx sites, 16 operational;
 - 27% of HIV funds (2002-2003) were unspent;
 - 7 million residents in the ECape will die if there no effective intervention

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Context HIV in Africa

- Prevalence high
- Impact on individual infected
- Impact on affected, individual (care often women, children); family; community; economy
- On the health service
- Must provide treatment – to decrease the various impacts, to decrease stigma and most importantly to draw people into prevention efforts
- Real need is to create the social conditions which decrease the risk of infection – education; employment; housing; poverty reduction; gender equity

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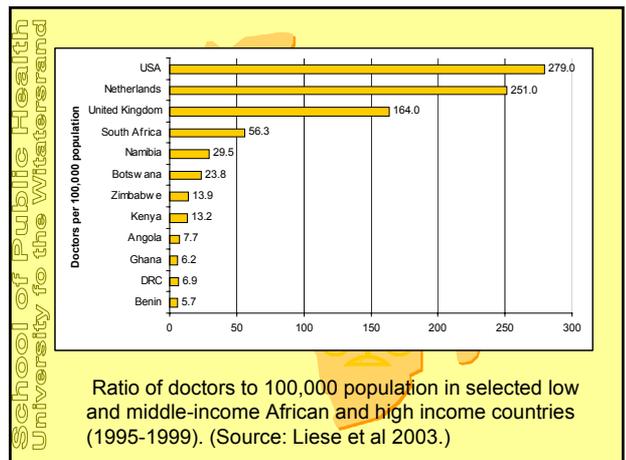
Obstacles to providing treatment

- Access
- Continuity of care
- Reliable drug supplies
- Reliable lab service
- Reliable record keeping
- Trusting relationship with health care provider
- Able and willing staff

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Looking just at the issue of staffing

- Despite the conventional view of African public health sectors as bloated (USAID 2003), the health worker: population ratios of developing country health systems remain vastly inferior to those of industrialised nations.



- Kurowski and Mills (2004) estimated the human resource requirements necessary to meet the recommendations of WHO's Commission on Macroeconomics and Health.
- Their case studies of two countries, Tanzania and Chad, indicated a 2.7 and 5.4-fold gap, respectively, in the necessary size of the health sector workforce

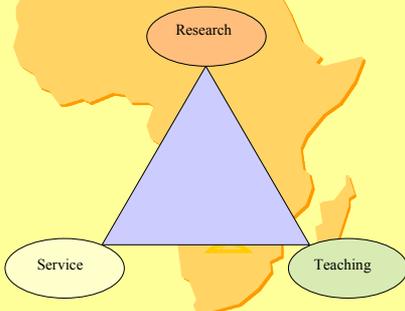
- HIV has heightened our understanding of the need for a functional health care system and there is increasing international agreement on the need to strengthen health systems, in particular in Africa.
- A unique opportunity and **obligation** to use the investments that are being made available for interventions on HIV to strengthen health system functioning.

Schools of Public Health must

- understand the fundamental skills that are required
- build a cadre of health care workers at various levels
- simultaneously develop coherent and effective and appropriate responses to HIV and to build functional health care systems
- Appropriate curriculum
- Taught by a faculty that is multi disciplinary and rooted in health services and real day-to-day issues of health service delivery through practice and research

- Further, fundamental to the generation of appropriate solutions for health and development in Africa is research - conceptualised, conducted, analysed and published by Africans. In order to do this, research capacity in Africa must be developed.
- The immediate need in Africa is to considerably expand the base of masters-level research scientists with the vital skills and qualities necessary to contribute to research and leadership focused on promoting health and development on the continent.
- Longer term pipeline for PhD

Functions



More efficient approach



Essential to link research to teaching

- Relevant to the issues of the day
- Keep researchers grounded
- Student exposed to the current issues in all their complexity
- Appropriate to local realities
- More efficient for supervision of student projects

What research is currently underway?

- Large intervention study to assess the impact of poverty alleviation and HIV education on the prevalence of HIV in a rural area
- Impact of HIV through demographic surveillance
- Impact of HIV on the health system through a sentinel surveillance system
- Integrating TB and HIV care at hospital and district level
- Economic impact of HIV in Swaziland
- Evaluation of HBC programmes
- Impact of HIV on hospital admissions
- Research to improve chronic disease care capacity
- Research on factors influencing quality of care

Current teaching programme

- Undergraduate teaching – medical doctors
- Post graduate
 - Masters in Public Health
 - MSc Epidemiology and biostats
 - MSc Field based epidemiology
 - MA Demography
 - MMed
 - PhD

All courses geared to offer “in-service” training

- Block release system
- Part time and full time options
- Promote research skills
- Significant proportion of international students from the Africa
- All began with seed funding
- All oversubscribed

Our students

- Significant number from the public sector
- Some from NGO's
- Usually people who have been promoted into management roles in the DHS
- From all over Africa –

COUNTRIES from which students have come

Botswana; Burkino Faso; DRC; Cameroon;
Ghana; Congo; Ethiopia; Lesotho; Nigeria;
Kenya; Swaziland; Malawi; Rwanda; Uganda;
Namibia; Sudan; Zambia; Zimbabwe;

Master of Public Health (MPH) aimed at preparing professionals to play leadership roles in the management, improvement and evaluation of health and the health care system.

The objectives of the course are to

- Promote equity in health
- Play a leadership role in public health.
- Attain a broad understanding of the core disciplines of public health.
- Develop expertise in at least one area within the broad field of public health.
- Develop a comprehensive understanding of health, the health care system, public health problems and of measures that can be taken to address these problems and to promote and maintain health.
- Develop skills of critical and analytical thinking.

Areas of specialisation (fields of study) include: health measurement, policy and management and occupational hygiene (the only one in Sub Saharan Africa). In development are fields of study in HIV; Gender and Health and Hospital Management.

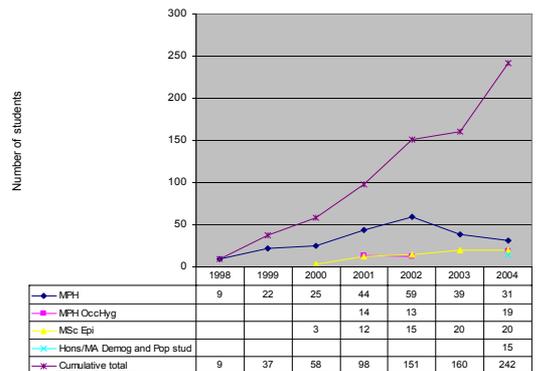
MSc(Med) in Epidemiology and Biostatistics

- To develop the epidemiology, biostatistics and associated computing skills necessary to investigate health problems and evaluate interventions.
- To develop knowledge and skills in the identification, monitoring, implementation and evaluation of interventions (preventive and curative) to decrease diseases prevalent in Africa.
- To promote high quality protocol development, data collection, analysis, interpretation, report writing and presentation skills to address questions of public health importance.

MSc in Population-based Field Epidemiology

- This differs from other programs by its focus on:
 - health and demographic surveillance sites
 - development of scientific leadership and research management skills in addition to excellence in research methods
 - a substantial field-based component with a guided internship and associated mentoring and coaching
 - a combination of epidemiology, biostatistics & demography in one degree
 - strong links to the social sciences and a solid introduction to qualitative research methods
 - database design and management, with a focus on relational databases
 - a combination of contact, distance-based, and real-time video teaching methods
 - a continuing learning program.

New Masters student and total registered by year



Requirements

- Sufficiently well funded faculty staff posts to allow staff to do both research and teaching
- To ensure staff can spend time on course development/upgrading
- Scholarships for students
- Sufficient funds to bring in international faculty, post docs to supplement student learning and give regional flavour
- Funding to allow for external evaluation process
- Sufficient investment in infrastructure to allow for optimal size classes and facilities to impart state of the art teaching
- Sufficient funding to allow some field based teaching where appropriate

ROLE OF THE TERTIARY HEALTH CARE CENTRE IN AIDS SURVEILLANCE, HYDERABAD

PAKISTAN

XXVII ANNUAL CONFERENCE

17-20 September 2005, Yerevan, Armenia

"Educating the Public Health Workforce: Development Perspectives
for the European and Mediterranean Regions"

Dr. Tufail Ahmed Bhatti MBBS, MPH, (Ph D)
Research Medical Centre, LUMHS, Hyderabad Sindh

Dr. A.H Jokhio, Research Coordinator, Research Medical Centre, LUMHS, Hyderabad Sindh.

Siraj Muhammad Pandhiani, Assistance Prof: Isra University, Hyderabad

HIV/AIDS

- A global view of HIV infection is 33 million adults living with HIV/AIDS as of end 1999.
- Pakistan had remained sheltered from the HIV for at least the first decade of the existence of AIDS.
- The graph of the newly discovered HIV positive patients continues to rise by the year, if unreported cases are recognized, we may be taken by surprise.
- In Pakistan HIV prevalence in adults 15-49, end 1999 is 0.10 %

Source: UNAIDS, WHO

Introduction: Hepatitis B

- Despite the discovery of the virus more than 30 years ago, the efficacy of hepatitis B (HBV) vaccine and the advances in therapy, hepatitis B still remains an important public health problem.
- According to the WHO one third of the world's population (2 billion people) have been infected with HBV, and about 5 % are chronically infected (more than 350 000 million people).

- These individuals are at risk of developing hepatologic and nonhepatologic manifestation.
- Between one-third and one quarter of people infected chronically with HBV are expected to develop progressive liver disease (Cirrhosis and primary liver cancer, digestive hemorrhage, liver failure).
- Areas of low prevalence are High-risk sexual behavior, multiple partners, HIV, genital herpes, injection drug users, frequent exposure to blood products, health care workers, blood transfusion before 1970

- Transfusion-related hepatitis B is rare, since screening for hepatitis B has been a routine in transfusion centers for at least two decades.

Can a healthy carrier state be defined?

- Most longitudinal or cross-sectional studies in HBV have distinguished a "healthy" carrier state, a phase of chronic hepatitis and cirrhosis.
- The definition of "healthy HBV Carrier" is not clear and therefore could be dangerous for patients.

- If the definition is the absence of symptoms the absence of transaminase elevation and the absence of abnormalities in the liver, these negative findings should have been observed at least twice.

- Even in patients with the absence of hepatitis B surface antigen (HBsAg) and the presence of anti-HB liver complications may occur.
- Chronic hepatitis B is a serious clinical problem in Pakistan and is also an important cause of hepatocellular carcinoma.
- In our country it remains in the intermediate HBV prevalence area with a carrier rate of 3-4 %.
- The HBs Ag carrier rate in different groups viz. Voluntary blood donors, college students and pregnant women ranges from 2.2 to 3.3 %.

Hepatitis C

- Hepatitis C virus (HCV) is a blood-borne ,previously the major etiologic agent of non-A, non-B hepatitis worldwide.
- Presently, approximately 170 million people are infected by HCV.
- The global prevalence of HCV infection averages 3% according to estimation of World Health Organization.
- The incidence of (HCC) hepatocellular carcinoma in cirrhotic patients due to Hepatitis C is now increasing up to 40-50 % in Pakistan.

Objectives:

General Objective:

- To evaluate the screening program in Blood bank and surveillance system of HIV in tertiary care hospital LUMHS, Hyderabad, Sindh Pakistan

Specific Objectives

- To determine the healthy blood donors in screening program during 2001 to 2004 in Research blood bank of LUMHS, Hyderabad
- To determine the Hepatitis B,C and HIV among in healthy donors in screening program during 2001 to 2004.
- To evaluate the Surveillance system and Screening Program in LUMHS, Hyderabad
- To provide recommendations of our study to the concerned department of LUMHS.

Methods:

Study Design:

- Retrospective Study

Study Site:-

- Research Diagnostic Laboratory and Blood Bank of City branch LUMHS, Hospital Hyderabad .

Study Participants:

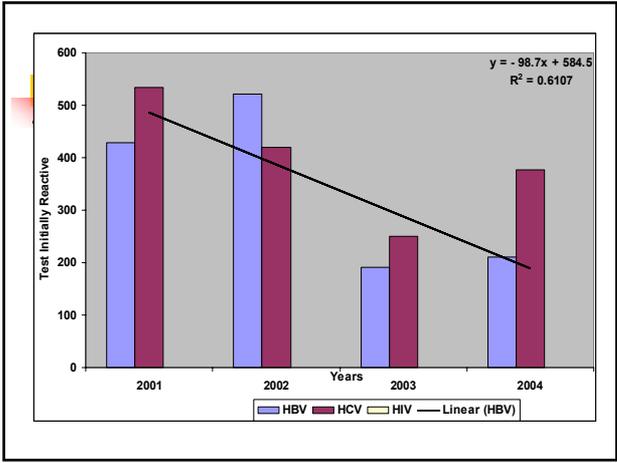
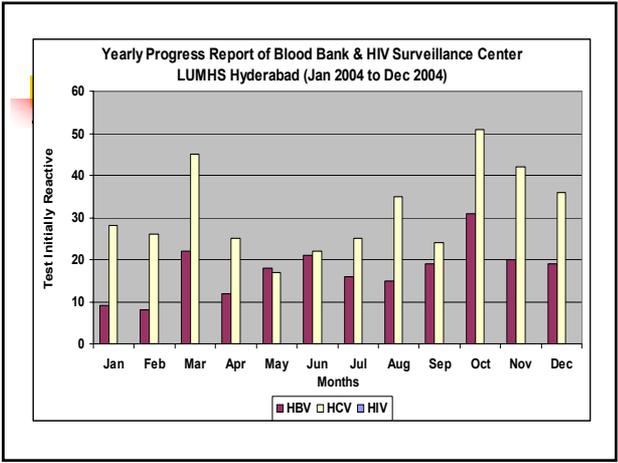
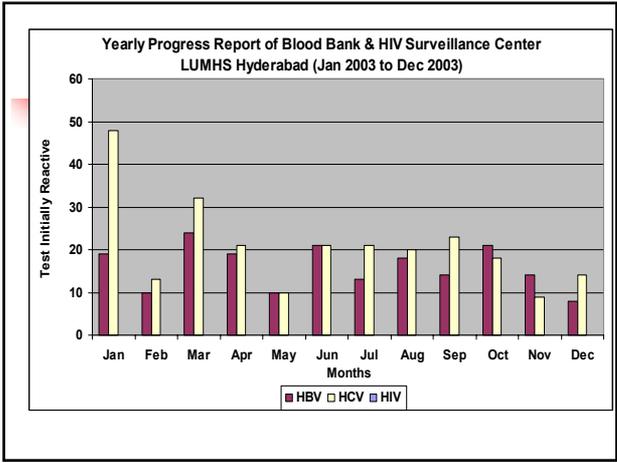
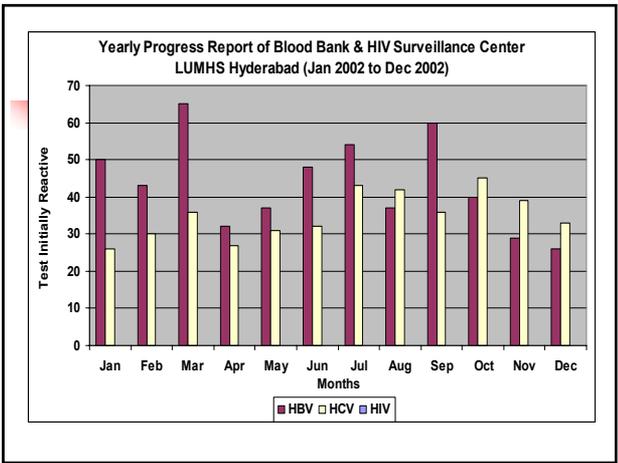
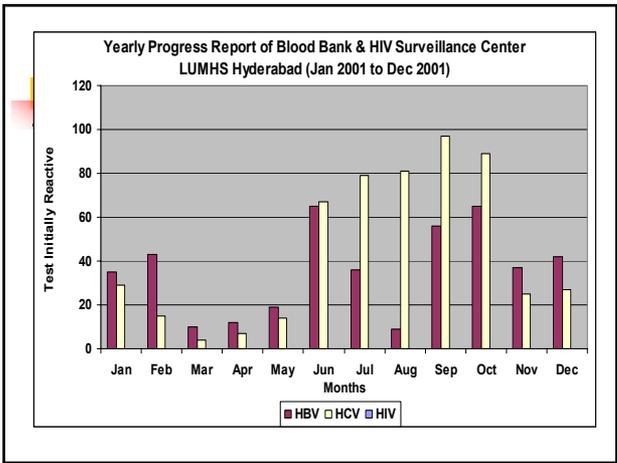
- **64720** All blood donors, who have donated their blood for donation from 2001to 2004

Results:

- In screening program we observed the HIV, HBV and HCV.
- If HIV found positive we sent them for further confirmation to NIH (National Institute of Health Islamabad) Pakistan.
- Our study shows that with in 4 years, average 16180 people per year were screened in LUMHS Medical Research Laboratory Hyderabad.

LIAQUAT UNIVERSITY HOSPITAL HYDERABAD & JAMSHORO
January 2001 To December 2004

4 years	Total Donor Bleed	HIV	HBV	HCV
2001	19932	0	429	534
2002	17841	0	521	420
2003	13403	0	191	250
2004	13544	0	210	376
Sum	64720		1351	1580
Avg	16180.00		337.75	395.00
S.D	3240.20		163.06	117.38
C.V	0.20		0.48	0.30
Min	13403.00		191.00	250.00
Max	19932.00		521.00	534.00
Range	6529.00		330.00	284.00



- We found HBV (2.0%), HCV (2.4%) and no HIV as carrier with in last four years.
- By verbal autopsy it was found that only 5 cases of HIV were screened out positive in last four years.
- The five samples were sent to NIH but they were found negative, although the five people who were presumptively declared positive, were not followed.
- The carrier of HBV and HCV were also not advised for any preventive measures and further follow-ups.

- 
-
- In the records of screening forms of Medical Research laboratory their were no any age, sex, address, professions and no any risk identification for HIV,HBV,HCV etc.
 - So that there is no any epidemiological and demographical picture available at in tertiary health care center.



Conclusion:

- The Medical Research Center of LUMHS is doing only screening of Blood donors.
- Under reporting found
- Surveillance System found deficient.

Recommendations:

- Blood Donors found reactive in HBV,HCV or HIV in healthy donors should be advised for further advanced confirmatory investigations.
- The questionnaires of proper record keeping should be include for epidemiological and demographical events.

GOVERNMENTAL HUMAN RESOURCE POLICIES, CIVIL SOCIETY AND PUBLIC HEALTH TRAINING IN AFRICA IN THE CONTEXT OF A GLOBAL CRISIS IN HEALTH CARE INEQUITY

INTRODUCTION

- Heavy disease burden
 - Very high IMR
 - Very high MMR
 - Tens of millions suffer from
Malaria, TB and HIV/AIDS/STD
-

CONDITIONS OF IMPROVED HEALTH

- A strong political commitment to improve health
 - An intersectoral perspective in planning and operating systems of health care
 - An appropriate organizational framework and managerial process
-

CONDITIONS OF IMPROVED HEALTH

- An equitable distribution of health resources
 - Community involvement at all levels
-

CHARACTERISTICS OF NATIONAL HEALTH CARE SYSTEMS

- Undersupply as well as under-use of human resource
 - The contrast is more in public health care systems
 - Low wages, morale and motivation is common
 - Lack of standard managerial procedures
 - Practical training in supervisory skills is lacking
-

CHARACTERISTICS OF NATIONAL HEALTH CARE SYSTEMS

- Poor transportation and communication facilities
 - Curricula of training institutions advocate primary health care but in practice emphasize clinical care
 - Result is a mismatch between content of training and actual health needs
 - Great need for trained persons in policy analysis, planning and budgeting
-

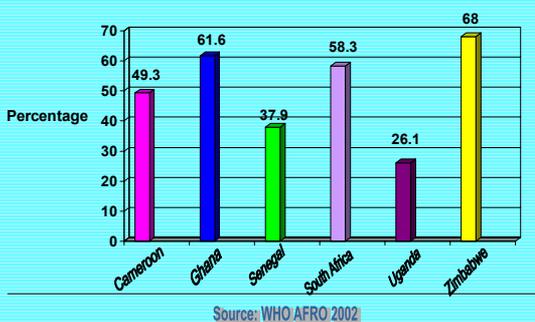
THE PHILOSOPHY OF PUBLIC HEALTH TRAINING IN AFRICA

- Prevent, monitor, respond and control priority disease threats
- Strengthen the major public health sectors within the system
- Improve the quality, availability, exchange and dissemination of information
- Rocker Feller Foundation, WHO, CDC and USAID have been supporting the four SPH to develop competency-based epidemiology training

THE PHILOSOPHY OF PUBLIC HEALTH TRAINING IN AFRICA

- These training programs belong to the International Training Programs in Epidemiology and Public Health Intervention Network (TEPHINET)

Proportion of Health Workers who intend to migrate, 2002



REASONS FOR MASSIVE BRAIN DRAIN

- Unsatisfactory work environment
- Low remuneration and poor benefit package
- Lack of opportunities for upgrading skill and career
- Poor infrastructure and facilities
- Lack of schools for dependent children
- Poor housing and other social amenities

FACTORS AFFECTING HEALTH WORKFORCE PERFORMANCE IN AFRICA

- Education and Training (Pre-service and continuing professional development)
- Motivation
- Human Resource Planning Management

THE OBJECTIVES OF THE REGIONAL PROGRAMME

- Strengthen Public Health Capacity
- Enhance national surveillance
- Strengthen monitoring and evaluation
- Develop Centers of Excellence

ROLE OF THE TERTIARY HEALTH CARE CENTRE IN AIDS SURVEILLANCE, HYDERABAD SINDH, PAKISTAN

**TUFAIL AHMED BHATTI, A.H.JOKHIO AND SIRAJ MUHAMMED
PANDHIANI**

*Ph. D Student, Department of Research Medical Center, LUMHS University Hyderabad
Coordinator of Research Director, Department of Research Medical Center, LUMHS
University Hyderabad Pakistan,
Assistance Professor, Department of Computer Science, Isra University Hyderabad,
Pakistan*

Background:

Pakistan had remained sheltered from the virus for at least the first decade of the existence of AIDS. However, the graph of newly discovered HIV positive patients continues to rise by the year, if unreported cases are recognized, we may be taken by surprise. We were also detecting the viruses of HBV and HCV in screening program. One of transmissions is through blood; this study was designed to profile the laboratory screening test of family healthy donor in LUMHS, Hyderabad.

Objective:

The objective of this study was to evaluate the surveillance system of blood bank of LUMHS, Hyderabad. This study was designed to profile the laboratory screening tests of family healthy donors.

Methods:

Design: Retrospective study in which we evaluated the medical records of **64720** healthy family donors from 2001 to 2004.

Results:

In screening program we were observing the HIV/HBV and HCV virus, if HIV/AIDS found positive we were sent them for further confirmation to NIH institute Islamabad, Pakistan. Our study shows that with in 4 years, average **16180** people per year were screened, non were found HIV positive, but we found HBV (2.0 %) and HCV (2.4 %) as carrier. By verbal autopsy it was observed that only 5 cases of HIV were detected positive in last four years, for further confirmation sera were sent, but found negative by NIH. Moreover the five people who were positive declared they were not properly followed. No epidemiological and demographical picture available at Tertiary Health Care Centre which we expect in Surveillance system.

Conclusion:

- The center was not working proper Surveillance, avoid under reporting and improve the laboratory testes.

DRUGS USE: HOW TO RELATE POLICY MAKING WITH RESEARCH IN ROMANIA

*Authors: Silvia Florescu, Luminita Barbu, Carmen Sasu,
Marius Ciutan, Claudia Bara, Raluca Iupcianu,
Mihaela Stoican, Cipriana Mihaescu Pintia*

PURPOSE AND BACKGROUND

The goals of the study are:

- reviewing the history of drugs policy and research in Romania, in order to explain the evolution of phenomenon
- consulting the experts in the field to get their insight, understanding and perspective about the process itself
- demonstrating that the policy and decision making has to be an evidenced based process; thus, a strong awareness about the benefits of this approach, together with an active, continuous effort made by bringing together various types of professionals and financing their research accordingly, are needed.

This purpose can be reached through: institutional capacity building for creating and motivating professional teams, improving the training process besides its technical aspects, understanding how global, deeply interconnected are currently the different levels of society.

It is the public health role to facilitate and strengthen this perspective, by knowledge driving, problem solving and social interaction.

It is assumed that the quality of policy-making is improved while research based, through its appropriate mechanisms and networks.

METHODS AND MATERIALS

Case study including:

- analysis of the main laws, policies and strategy papers regarding drugs, as issued in Romania;
- interview in depth with key-informants: decision makers, researchers, service provider, journalists, opinion leaders
- focus group with researchers and public health trainers
- review of scientific reports elaborated in this area.

MAIN LAWS ON DRUG POLICY IN ROMANIA, 2000-2005

FIGHTING AGAINST TRAFFIC AND ILLICIT CONSUMPTION OF DRUGS

regarding Romanian participation as a member of the Group Fighting against drugs traffic and illicit consumption

- Fighting against traffic and illicit consumption of drugs (law, July 26, 2000)
- Application norms for the Law concerning fighting against drugs traffic and illicit consumption (December 20, 2000)
- Approval for the List of human and veterinary pharmaceutical products containing forbidden substances (April 8, 2000)
- Legal regime for precursors used to produce illicit drugs (law, May 17, 2002)
- Application rules for the Low concerning legal regime of precursors used to produce illicit drugs (October 10, 2002)
- Modification and completion of the List of human and veterinary pharmaceutical products containing forbidden substances (September 12, 2000)
- Modification and completion of application norms for the law concerning fighting against drugs traffic and illicit consumption (April 15, 2004)
- Participation of Romania as a member of the group Fighting against drugs traffic and illicit consumption (law, March 23, 2005)

ORGANIZING AND FINANCING THE PREVENTION OF ILLICIT DRUGS CONSUMPTION; ANTI-DRUG NATIONAL STRATEGY

- Financing the detoxification treatment, medical observation and forensic examination for the drug addicts (October 19, 2000)
- Organizing the prevention of illicit drugs consumption (September 5, 2001)
- Establishing the Anti-Drug National Agency (ANA) (December 18, 2002)
- The approval of National Strategy Anti-Drug (February 6, 2003)
- Health care facilities providing medical assistance to drug addicts as well as NGOs preventing the transfer of pathogenic microorganisms among the intravenous drug users (March 19, 2002)

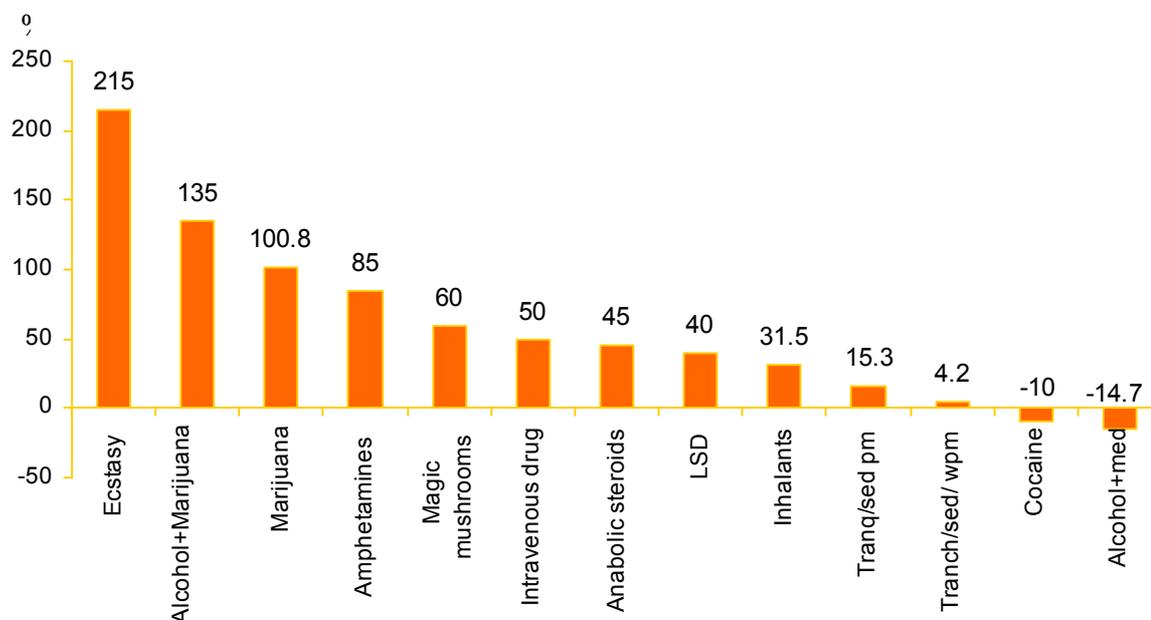
Institutions in charge

- National Anti-Drug Agency (under the Ministry of Internal Affairs) - currently
- Evaluation Committee (before the creation of the National Anti-Drug Agency), formed by representatives of state departments mainly involved (Internal Affairs, Health, Justice, Public Finance, Education and Research, Youth and Sport, Work and Social Solidarity)
- National Focal Point
- Drug use prevention: the Interministerial Commission for the Prevention of Illegal Drug Use (representatives of Internal Affairs, Health and Family, Public Administration, Education and Research, Youth and Sports)
- Almost 50 Centers for Counseling and Fight Anti-Drug

Research - quantitative and qualitative studies

- The European School Survey Project on Alcohol and Other Drugs (1999 and 2003)

**Percentage increase on drug use among teenagers of 16
in Romania, 2003 in comparison with 1999**



Source: NIHRD Bucharest, 2004

- The Rapid Situation Assessment of Intravenous Drug Users (1997 and 2002)

Distribution of intravenous drug use on age groups

Age group	Group code	Percentage	Cumulative percentage
<19	1	12.1	12.1
20-24	2	40.5	52.5
25-29	3	29.9	82.4
30-34	4	11.7	94.2
35-39	5	3.6	97.8
40-44	6	1.0	98.8
45-49	7	0.7	99.5
>50	8	0.5	100.0
Total		100.0	

Source: National Anti-drug Agency, Report for the European Centre of Drugs and Drug Addiction

Specific interventions on drug use:

- Drug demand reduction: preventing drug use and social assistance and integration
- Drug supply reduction: legal framework, evaluation of internal and international risk factors, international cooperation

The national strategy

- The National Program for preventing and fighting against drug use
- The National Anti-Drug Strategy –Government responsibility (funds from the budget of ministries involved, state budget)

Elaborated mainly in order:

- to initiate and support a political debate at the national level, with the goal of decreasing drug abuse and improving the situation of drug users.
- to increase society awareness about the danger of drug use and to promote the participation of private institutions, support groups, associations and individuals to public campaigns
- to stimulate a public health network of services, integrated and standardized, in order to pull and better use resources
- to encourage the control of drug delivery by promoting actions directed against drug smuggling, money laundering and other associated crimes
- to encourage international cooperation both as a part of competent international organization with bilateral and multilateral relationships with other countries or regions.
- to guarantee the evaluation of actions for fight against drugs.

RESULTS

Existing legislation focus more on institutional building and illicit aspects ruling but less on drug users rights and services.

Initially, scientific and managerial expertise on fight against drugs has been internationally provided and a number of institutions became stable partners and acquired substantial knowledge and *know how*.

Visible aspects in mass media were focused more on the criminal aspects, less on the existing structures able to provide counseling and support.

Romanian approach drugs in a narrative style, not debatable.

Population awareness is limited to the presence of a general drug problem at society level, not informed about the availability of specialized services, including prevention.

Drug addict behavior is blamed, not understood and the users are rejected as criminals or losers.

Drugs research at national level is limited to the school population; when relied on pilot study, the low power of inference makes it seem not accurate or reliable enough.

Research findings have been slightly disseminated at population level, scientific world and services providers.

There is a lack of reliable data related to the real number, characteristics and the subgroups at risk of drug users and intravenous drug users. Study results do not match with official statistics...

Decision makers are reluctant to introduce methodological knowledge about sampling or estimation in drugs area in the curricula of public health and social assistance training, considering that as too specific.

Specific interventions are not necessarily based on needs assessment.

Community diagnosis and research is poor developed and the interventions performed are not evaluated. Multidisciplinary working teams deal with communication problems.

Research on drugs use was performed after specialized structures were in place.

Dominant theories and models for interventions were imported and the training and expertise were mostly provided by international agencies.

Funds allocated for research were limited and received with delay accordingly with data collection requirements; research organizations have involved in studies with in-kind efforts in terms of human technical and financial resources. Dissemination of findings remained limited.

Policy making is still characterized by: lack of continuity, influenced by election and professional dynamic dislike the delay till the launching of final reports, hermetic style of presenting the data, information not translated into answers to main policy questions.

Scientific world appeared to be reluctance to the attempts of providing study results in a "friendly" manner, by accusing a diminished accuracy.

Researchers experienced process-related difficulties, such as lack of appropriate software, human resources, attitude of indifference, hostility and methodological prejudices. Some findings were not accepted from political or social point of view. There is a perceived need for scientific and analysis of the drugs phenomenon in Romania, for the purpose of predicting the trends, proposing appropriate interventions and reducing consequences. In this way, difference between formal and informal data will also decrease.

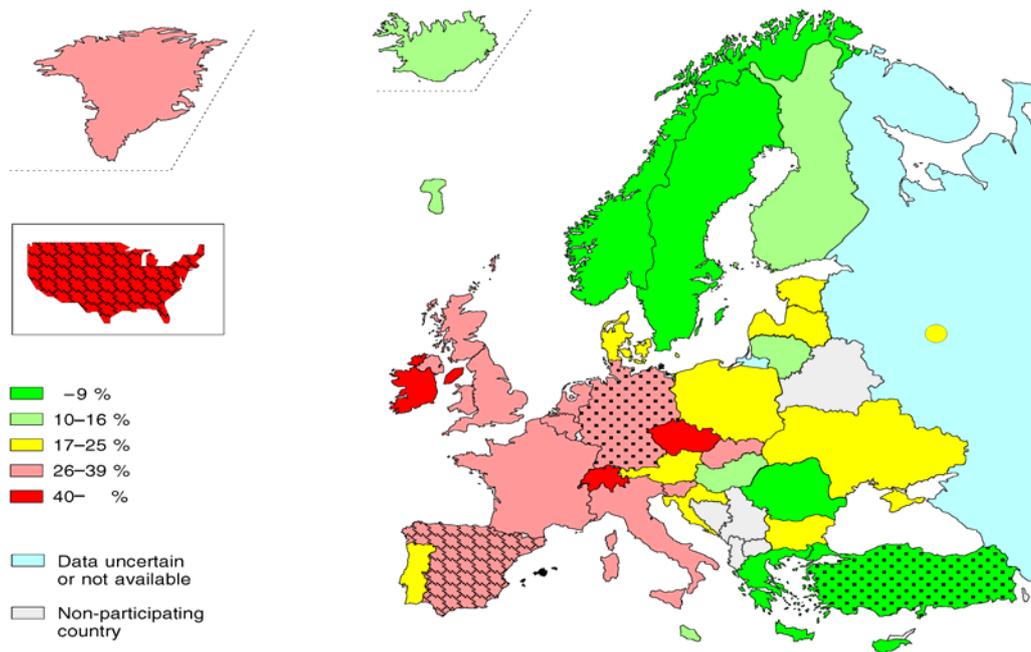
CONCLUSIONS

In order to increase the national research input on policy development, clarifying the roles and improving the collaboration between stakeholders are required.

Training in public health should enlarge, complete and adapt the curriculum to the audience needs; comprehensive understanding about political, social interfaces of different behaviors and phenomenon should be taught as basic knowledge, in a modern participatory manner.

Public health researchers should learn how to make the decision makers their allies, to acquire the capacity of involving and positively influencing the decision makers. Specific features and limitations of research in drugs field (sampling, data collection), the speech and argumentation technique, communication skills should be developed. Awareness about the importance of needs assessment and intervention evaluation is to be increased. Not the last, when international expertise is offered, the national institutions should pay more attention for creating further sustainability of the common efforts in fighting against drugs.

Pentru fundal



**ABSTRACT OF THE PRESENTATION DURING THE OSI WORKSHOP
7 AT THE 27TH ASPHER CONFERENCE IN YEREVAN, ARMENIA.**

*E.P.Y. Muhondwa
School of Public Health and Social Sciences,
Muhimbili University College of Health Sciences, Dar Es Salaam, Tanzania*

The School of Public Health and Social Sciences in Dar Es Salaam is one of the five schools of the college and has five academic departments. It currently runs a one year MPH program but has two other postgraduate programs which are not running at the moment. In addition it has its own undergraduate program of B.Sc. in Environmental Health Sciences. The school is also heavily involved in teaching in the undergraduate and postgraduate programs of the other schools of the college. Research, including collaborative research between the faculty members and colleagues from universities in other countries, is an important activity of the school as is involvement in professional activities, especially consulting and facilitation for different organizations.

The school interfaces with government policies in different ways, foremost among these are carrying out the formative research and writing of background documents as well as participation in the actual policy and strategy formulation processes. The school has a teaching district in which much of the outreach activities, especially involving students in learning by doing in the health facilities and communities at large. Perhaps a unique venue for outreach has been the school's involvement in running the Tanzania Public Health Association and active participation by the faculty in the annual conferences of the association which are well attended by members, many of whom are middle and lower level cadres in various health programs and related sectors. Another important aspect of outreach has come up following the formulation of the National HIV/AIDS Policy and the National Multisectoral HIV/AIDS Control Strategy. All the sectors are required to formulate sector specific HIV/AIDS control strategies. Members of the faculty provide technical assistance to these sectors for the formulation of their strategy. In addition the school runs two short courses for Research Methodology and Health Care Financing and these are very popular.

The school recently conducted a Tracer Study with a view to documenting the career paths of the graduates and establishing the basis for curricular review aimed at enhancing their relevance to changing situation in the country. The study established the fact that our graduates are working in diverse contexts both in the public and private sector, and especially with international NGOs, Bilateral and Multilateral Organizations which support health and related programs.

The school has not had the opportunity for formal collaboration with the Global Fund to Fight AIDS, TB and Malaria, but its research has informed the preparation of proposals submitted to it from this country.

The school hopes that participation in the ASPHER conference and in the OSI Workshop 7 will lead to the opening up of opportunities for collaboration with the Fund, and with other schools of public health for collaborative research and exchanges of experience.

**UNIVERSITY OF CAPE TOWN SCHOOL OF PUBLIC HEALTH AND FAMILY
MEDICINE: RECENT DEVELOPMENTS AT THE SCHOOL IN RELATION TO
GFATM AND SOME IDEAS ON THE WORKSHOP THEME**

Andrew Boulle, Rodney Ehrlich

School of Public Health and Family Medicine, University of Cape Town, South Africa

1. Training: Our qualifications menu includes a diploma in management for senior health sector personnel, an MPH and four year residency for medical graduates. There is a large demand from the NGO sector and from other African countries for increased postgraduate training relevant to HIV/AIDS and TB. Tension between breadths (overview) versus depth (specific skills) arises in such training. Our disciplinary strength lies in quantitative skills, including epidemiology, biostatistics and economic evaluation, which are needed to complement clinical and behavioural/social science approaches. There is potential for short courses on projecting costs, resource tracking, demographic modelling, household surveys, as well as district health HIV burden assessments and district expenditure reviews.

2. Career paths: Public health graduates compete well for management jobs in government, but demands of operational management and working in large bureaucracy are unattractive to some. Alternative model is for professionals employed by schools of public health to be contracted to carry out technical work for government. Ways need to be sought for funding of this technical work, with clearly defined role of sponsor and executor, or funding the machinery to maintain this collaborative mechanism, e.g. via specialized units.

3. Civil society interface: AIDS and AIDS treatment are contested areas in South Africa, with very vigorous civil society response in form of advocacy campaigns and donor funded service programmes. The School has partnered NGOs in advocating for treatment, in the setting up one of the first public sector PMTCT programmes, and, later, one of the first public sector antiretroviral treatment services, as well as sitting on a Monitoring Forum which reviews HIV service delivery from perspective of civil society. These activities carry some risk of alienating government – a point for discussion.

4. Collaborative programmes following the successful round three Western Cape applications to the GFATM, the School worked with WHO and GFATM to develop an antiretroviral treatment costing methodology and software tool for next round proposal development. This tool was used by WHO field staff to assist countries preparing round four and round five applications. Have since been commissioned by WHO to extend the methodology to cover all HIV service interventions, not just treatment. The School has also been involved in the planning of palliative care programmes for persons with AIDS within the provincial health services.

5. Some idea on what schools of public health can offer GFATM funded programmes:

a) Training support (as above)

b) Planning support

- Resource planning – projecting need, including human resource needs, coverage, and (in broader context) demographic implications of service programmes;

- Service planning, in context particularly of Primary Health Care (PHC) services – e.g. in asking critical questions about integration versus vertical services, and implications of each, in context of large infusions of donor funding.
- b) Monitoring and evaluation:
- Use of systems principles to develop sustainable information and monitoring systems - e.g. appropriate IT plus paper based systems and minimum but sustainable datasets versus highly capitalized IT systems;
 - Regular whole programme evaluations, to determine impact of service programmes on the health system, good and bad.
 - Enhancement of surveillance systems generally, including TB, antenatal surveys, population-based HIV surveys, etc.
- c) Health promotion/Behavioural sciences:
- Use of evidence based approaches to health promotion and linkage of health promotion messages and channels to emerging treatment programmes;
 - Critical self-examination of failure to achieve effective preventive interventions (other than PMTCT). Promoting greater depth in social sciences within schools of public health and linkage of these disciplines to traditional public health disciplines such as epidemiology.
- d) Critical evaluation of impact of GFATM (and other large initiatives such as PEPFAR):
- E.g. for their development of indigenous capacity in schools of public health and other institutions versus reliance on expatriate skills.

THE WITS SCHOOL OF PUBLIC HEALTH – DEVELOPING A COHERENT AND HOLISTIC RESPONSE TO THE FUNDAMENTAL NEEDS OF SOUTH AFRICAN HEALTH CARE SYSTEM IN THE LIGHT OF THE HIV EPIDEMIC.

Sharon Fonn

The HIV epidemic in Africa is having a devastating impact on health and on the social fabric in South Africa. Life expectancy is decreasing and families and social networks infected and affected by AIDS are dealing with illness, loss, and bearing the burden of care for the people who are ill and children who are left behind once parents have died. Poor families are being drawn into a vortex of increasing poverty. The Aids epidemic has also seen the development of a vibrant civil society organising around issues of access to treatment, challenging international norms on trade and intellectual property and in South Africa sometimes working in conjunction with the Government and often forming a pressure group to demand services from Government.

The HIV epidemic has exposed, in an even more graphic way, the inadequacy of health systems in Africa, South Africa included. Health systems, while making some advances, have overall been unable to provide the kind of care that should have seen a decrease (for example) in maternal mortality in the 25 years that this has been a focus of international attention and advocacy. Dysfunctional health care systems have been at the root of disappointing outcomes of DOTS for TB, Integrated Management of Childhood Illnesses and integration of reproductive health services. Research has shown that health system inadequacy has contributed to poor morale of health care providers.

The HIV epidemic has heightened our understanding of the need for a functional health care system and there is increasing international agreement on the need to strengthen health system, in particular in Africa. From this point of view the HIV epidemic offers a unique opportunity and a specific challenge to use the investments that are being made available for interventions on HIV to strengthen health system functioning.

However “socially complex health intervention such as ART requires not only that health systems manage their current functions better, but also demands new kinds of performance from these systems, a reoriented from acute to chronic care, ensuring uninterrupted supplies of treatment and high levels of adherence.” We have to ask if it is possible to structure investments in ART so that they do not divert scarce resources from other essential activities and instead benefit the health system for delivery of all health programmes? “HIV treatment, as with interventions such as IMCI and TB care, and in contrast to polio immunisation or social marketing of bed nets and condoms, cannot be provided in a separate vertical programme without re-creating a whole new parallel health system infrastructure. If ART is to reach the huge numbers who need it and in an organised and regulated manner (required to ensure adherence to protocols and to avoid treatment failure and development of multi drug resistance), the existing health care infrastructure will have to be called upon. The private-for-profit sector and workplace health services may have a role to play, but cannot substitute for the core function of the

public health sector, both as provider of services and as a manager of roll-out.”¹ The inadequate supply of skilled and motivated health care workers is now generally recognised as a key systems constraint to scaling up of HIV treatment. Not only is the absolute number of health care workers in Africa inadequate but the skill mix and managerial capacity is inadequate.

The role of Schools of Public Health is to respond to the big questions that vex the development and delivery of health services and related interventions that will impact positively on population health. It is essential that Schools of Public Health understand the fundamental skills that are required to build a cadre of health care workers at various levels who are able to simultaneously to develop a coherent and effective and appropriate responses to HIV and to build functional health care systems. Thus an appropriate curriculum, taught by a faculty that is multi disciplinary and rooted in health services and real day to day issues of health service delivery, through practice and research is essential. Schools of Public Health must therefore respond to this issue - take on the responsibility of training managers at mid and senior level and develop an understanding of health systems development.

Further, fundamental to the generation of appropriate solutions for health and development in Africa is research - conceptualized, conducted, analyzed and published by Africans. In order to do this, research capacity in Africa must be developed. The immediate need in Africa is to considerably expand the base of masters-level research scientists with the vital skills and qualities necessary to contribute to research and leadership focused on promoting health and development on the continent.

In this presentation I will describe the responses that the Wits School of Public Health has developed in order to train health care workers to begin to fill the skill gaps required to build the South African health care system, the programmes, the number of graduates and where they work. The Wits School of Public Health has integrating the three functions of universities: service; teaching; and research in an attempt to be more efficient in producing appropriate graduates. Examples of this will be presented. The paper will end by describing the kind of investments needed to make such an approach feasible and sustainable.

¹ This paragraph is drawn from, and a significant part of this paper is informed by a publication by Schneider et al “Health systems strengthening and ART scaling up: challenges and opportunities.” 2004 Centre for Health Policy, School of Public Health, University of the Witwatersrand which has been placed on the web (ref required) and people are encouraged to read it.

Preliminary summary of discussion from Africa (1) group.

SUMMARY

1. Each School of Public Health is context specific and broad generalizations do not hold.
2. African Schools need to develop a public health workforce who are able to understand, develop and implement interventions that impact on population health – they need adequate resources to do this
3. Advocacy as a tool of public health can/should be included in the teaching programmes
4. The network of public health professionals is weak

RECOMMENDATIONS

1. A network of Schools of public health and or public health professionals and or Public health associations is desirable.
2. The network would focus on a range of issues:–
 - a. training,
 - b. around a specific issue (topical and important now is the documentation of the impact of issue (disease) specific international funding and to motivate for the need for integration and synergy of funding so that while specific health issues are addressed a focus on building the health care system overall is also achieved
 - c. advocacy on the above issue to both national governments and to international donors
 - d. advocacy for public health as a discipline and for the role of public health professionals both nationally and internationally
3. increase the capacity of schools of public health to train so as to increase the critical mass of public health professionals

ACTION PLAN

1. Immediate – the host a workshop/meeting in conjunction with the Public Health Association of Southern Africa (PHASSA) meeting in May 2006 to develop this idea.
2. To build a consensus for a presentation at the Global forum meeting in November

Preliminary summary of discussion from MENA (2) group.

Colleagues present from Iran, Lebanon and Pakistan

1. IMPORTANCE OF THE PROBLEM

- Absence of reliable data due to organizational defects and denial/ religious stigma attitudes, and the absence of national control programs in most MENA countries.
- Evolving epidemic of unknown dimensions in Iran and Pakistan, low endemic problem in Lebanon (about 1 new case/100,000 per year).
- In Lebanon, it has helped to confront the religious establishment with their responsibility for the “preservation of the family” and to include them in the decision-making for preventive activities. Thus the “silence” was broken.
- The perceived financial helplessness of governments facing the issue of HIV is a disincentive to further investigate/control the problem
- There is an opportunity for surveillance of HIV in Iran when drivers are tested for drugs every 5 years to renew their license
- Important role of anonymous hotlines to provide a venue for HIV-related information

2. RESPONSES TO SPECIFIC QUESTIONS

- In some areas, government employees are sent to SPH to obtain diplomas in infectious surveillance and control, but not specifically for HIV/AIDS control.
- Training offered by SPH is often affected by agendas set by the funding agencies rather than by NGO groups. Consequently, the impact of such “unrequited” training remains limited.
- There are no identified career tracks in HIV issues now.
- Not much programmatic involvement from SPH in MENA area with public infectious control agencies.
- There are opportunities for students’ research on these issues in several SPH.
- Individual consultations from academic staff with governmental agencies on HIV/AIDS have occurred.

3. MAIN RECOMMENDATIONS FOR POTENTIAL ROLE OF PH SCHOOLS

- a. Promoting epidemiological research to generate reliable data on the profile of the epidemic which would then orient the recommendations for prevention. All sources of data can be used, especially data from situations where blood is tested for one reason or the other.
- b. Conducting needs assessments to discover real programmatic training demands from governmental and NGO sectors.
- c. Creating educational modules/programs for attitudinal change in youth; opinion-makers: political, religious; etc...
- d. Effecting university curricular changes in health/medicine to include more awareness on HIV/AIDS, thus provoking a demand to care for HIV-related issues
- e. Engaging with government and playing an advocacy role for better control or prevention of HIV and protection of the rights of HIV sufferers
- f. Building support networks for HIV-related research, training, community services and academic programs, in collaboration with international organizations such as OSI and others.

CONCLUSIONS AND RECOMMENDATIONS
OF THE WORKING GROUP
FROM
AFRICAN COUNTRIES

September 17, 2005, OSI Workshop Part 1

ASPHER XXVII ANNUAL CONFERENCE
17-20 September, 2005, Yerevan, Armenia

**WORKSHOP: OSI REGIONAL COOPERATION:
EXPLORING PARTNERSHIPS WITH SCHOOLS OF PUBLIC HEALTH TO
ADDRESS HIV/AIDS in PARTNERSHIP WITH OSI AND THE GLOBAL FUND TO
FIGHT AIDS, TB, MALARIA (GFATM) IN AFRICA, EURASIA, EUROPE & THE
MIDDLE EAST**

Participants of Workshop from Ghana, Tanzania, Kenya, South Africa had discussed the situation of public health training and the role of schools of public health in context of OSI and the Global Fund initiatives to fight Aids, TB, Malaria.

The problems to be solved and some recommendations of this workgroup are presented below.

1. IMPORTANCE OF THE PROBLEM

- Each School of Public Health is context specific and broad generalizations do not hold.
- African Schools need to develop a public health workforce who are able to understand, develop and implement interventions that impact on population health – they need adequate resources to do this
- Advocacy as a tool of public health can/should be included in the teaching programs
- The network of public health professionals is weak

2. RECOMMENDATIONS

- A network of Schools of public health and or public health professionals and or Public health associations is desirable.
- The network would focus on a range of issues:
 - a. training,
 - b. around a specific issue (topical and important now is the documentation of the impact of issue (disease) specific international funding and to motivate for the need for integration and synergy of funding so that while specific health issues

are addressed a focus on building the health care system overall is also achieved

- c. advocacy on the above issue to both national governments and to international donors
- d. advocacy for public health as a discipline and for the role of public health professionals both nationally and internationally
- Increase the capacity of schools of public health to train so as to increase the critical mass of public health professionals

3. ACTION PLAN

- Immediate – the host a workshop/meeting in conjunction with the Public Health Association of Southern Africa (PHASSA) meeting in May 2006 to develop this idea.
- To build a consensus for a presentation at the Global forum meeting in November.

**CONCLUSIONS AND RECOMMENDATIONS
OF THE WORKING GROUP
FROM
THE MIDDLE EAST REGION AND SOUTH ASIA**

September 17, 2005, OSI Workshop Part 1

ASPHER XXVII ANNUAL CONFERENCE
17-20 September, 2005, Yerevan, Armenia

**WORKSHOP: OSI REGIONAL COOPERATION:
EXPLORING PARTNERSHIPS WITH SCHOOLS OF PUBLIC HEALTH TO
ADDRESS HIV/AIDS in PARTNERSHIP WITH OSI AND THE GLOBAL FUND TO
FIGHT AIDS, TB, MALARIA (GFATM) IN AFRICA, EURASIA, EUROPE & THE
MIDDLE EAST**

Participants, which represented Iran, Lebanon, Pakistan, Mongolia had discussed the situation of public health training and the role of schools of public health in context of OSI and the Global Fund initiatives to fight Aids, TB, Malaria.

The problems to be solved and some recommendations of this workgroup are presented below.

1. IMPORTANCE OF THE PROBLEM

- Absence of reliable data due to organizational defects and denial/ religious stigma attitudes, and the absence of national control programs in most of the countries.
- Evolving epidemic of unknown dimensions in Iran and Pakistan, low endemic problem in Lebanon (about 1 new case/100,000 per year).
- In Lebanon, it has helped to confront the religious establishment with their responsibility for the “preservation of the family” and to include them in the decision-making for preventive activities. Thus the “silence” was broken.
- The perceived financial helplessness of governments facing the issue of HIV is a disincentive to further investigate/control the problem
- There is an opportunity for surveillance of HIV in Iran when drivers are tested for drugs every 5 years to renew their license
- Important role of anonymous hotlines to provide a venue for HIV-related information

2. RESPONSES TO SPECIFIC QUESTIONS

- In some areas, government employees are sent to SPH to obtain diplomas in infectious surveillance and control, but not specifically for HIV/AIDS control.

- Training offered by SPH is often affected by agendas set by the funding agencies rather than by NGO groups. Consequently, the impact of such “unrequited” training remains limited.
- There are no identified career tracks in HIV issues now.
- Not much programmatic involvement from SPH in the countries with public infectious control agencies.
- There are opportunities for students’ research on these issues in several SPH.
- Individual consultations from academic staff with governmental agencies on HIV/AIDS have occurred.

4. MAIN RECOMMENDATIONS FOR POTENTIAL ROLE OF SPH

- Promoting epidemiological research to generate reliable data on the profile of the epidemic which would then orient the recommendations for prevention. All sources of data can be used, especially data from situations where blood is tested for one reason or the other.
- Conducting needs assessments to discover real programmatic training demands from governmental and NGO sectors.
- Creating educational modules/programs for attitudinal change in youth; opinion-makers: political, religious; etc.
- Effecting university curricular changes in health/medicine to include more awareness on HIV/AIDS, thus provoking a demand to care for HIV-related issues
- Engaging with government and playing an advocacy role for better control or prevention of HIV and protection of the rights of HIV sufferers
- Building support networks for HIV-related research, training, community services and academic programs, in collaboration with international organizations such as OSI and others.

**CONCLUSIONS AND RECOMMENDATIONS
OF THE WORKING GROUP
FROM
EUROASIA REGIONS**

September 19, 2005, OSI Workshop Part 2

ASPHER XXVII ANNUAL CONFERENCE
17-20 September, 2005, Yerevan, Armenia

**WORKSHOP: OSI REGIONAL COOPERATION:
EXPLORING PARTNERSHIPS WITH SCHOOLS OF PUBLIC HEALTH TO
ADDRESS HIV/AIDS in PARTNERSHIP WITH OSI AND THE GLOBAL FUND TO
FIGHT AIDS, TB, MALARIA (GFATM) IN AFRICA, EURASIA, EUROPE & THE
MIDDLE EAST**

Participants of Workshop from Albania, Armenia, Bulgaria, Croatia, Estonia, Hungary, Poland, Latvia, Lithuania, Macedonia, Kazakhstan, Uzbekistan, Tajikistan, Mongolia had discussed the situation of public health training and the role of schools of public health in context of OSI and the Global Fund initiatives to fight Aids, TB, Malaria.

The problems to be solved and some recommendations how these issues to be tackled are presented below.

1. IMPORTANCE OF THE PROBLEM

- Majority of countries have a low-prevalence of HIV/AIDS, with low absolute number of cases, but rapid increase rates of disease spread in most of the places.
- Public health agenda had been dominated by the problems of high mortality and morbidity from CVD/CHD, cancers. Evidence on health effects of smoking, alcohol abuse also was well presented but less covered by the prevention measures in majority of these countries.
- Some countries (e.g. Latvia and Ukraine) locate the HIV/AIDS problem on the country health policy agenda. However lack of involvement of and relevant training at the Schools of Public Health was observed in the region.
- Most countries have well documented data on prevalence of HIV, TB, and malaria in populations. Some countries (Uzbekistan, Tajikistan) need more advanced monitoring system and resources allocated. Perception of the problem of HIV ranges from increasingly threatening (in Ukraine) to moderate or small (Macedonia, Lithuania).
- Concepts of harm reduction, protection of rights of marginalized groups still need to be more strongly communicated and discussed in majority of these countries.
- At the moment Schools of public health do not seem to play a meaningful role in the provision of training in the HIV/AIDS & TB prevention area, and in the development of projects on advocacy and tackling inequalities in health. Some

countries have only recently started (Macedonia, Albania, Uzbekistan etc) or going to start modern public health postgraduate training (Tajikistan, Mongolia).

2. RECOMMENDATIONS

- Assist partner countries in the region to establish and strengthen Schools' of Public Health teaching capacities in this area;
- Provide support for epidemiological research in the countries without resources and relevant experience to do it;
- Introduce HIV/AIDS prevention and control issues, incl. harm reduction, into the teaching agenda and research curriculum at the schools of public health
 - a. Encourage individuals and groups of students to conduct research in the HIV/AIDS area in a separate country and possibly, across several countries (for example, neighboring countries or united by a common specific topical interest);
 - b. Incorporate cases on HIV/AIDS within the modules of PH courses, (Epidemiology, Communicable diseases, Health Economics, Health Promotion and Disease Prevention, Health Policy.
 - c. Develop short re-training courses on HIV/AIDS/ HIV-TB at the request of the local government agencies/ MoH, and NGOs, HIV service providers.
 - d. Develop teaching courses on health advocacy and work with marginalized groups, on rights of patients.
- Extend collaboration of schools of Public health with NGOs, community groups, which are involved in HIV/AIDS and drug abuse control projects
- Schools of public health in the region should use the opportunity for networking in the framework of ASPHER or to create informal networks. Partners also are encouraged to develop joint applications (as the networks) for international funding organizations.
- Schools of public health in the Eurasia region in context of globalization are encouraged to take into account experiences of developed industrial countries as well as lessons learned from Africa, Middle East and South Asia about practices of tackling HIV, TB, malaria in these countries.

**ASPHER XXVII ANNUAL CONFERENCE
17-20 September 2005, Yerevan, Armenia**

WORKSHOP

**OSI REGIONAL COOPERATION:
EXPLORING PARTNERSHIPS WITH SCHOOLS OF
PUBLIC HEALTH TO ADDRESS HIV/AIDS in
PARTNERSHIP WITH OSI AND THE GLOBAL FUND
TO FIGHT AIDS, TB, MALARIA (GFATM) IN
AFRICA, EURASIA, EUROPE & THE MIDDLE EAST**

**Part 1: September 17, Saturday
Part 2: September 19, Monday**

FINAL REPORT

**Yerevan, Armenia,
2005**

Summary

Background. This Workshop was a result of collaboration of Network Public Health Programs of Open Society Institute, New York, and its projects aiming to strengthen teaching capacities at the schools of public health in Central and Eastern Europe. The discussions at the Workshop also projected the possible future activities in countries of Middle East and Africa in the context of global threat of such disease as Tuberculosis, AIDS, Malaria.

Initiative to hold a Workshop during ASPHER conference in Yerevan was launched by Noah Simmons and Michael Borowitz at the OSI New York in spring 2005. Kaunas School of Public Health, Kaunas, Lithuania and its representative Associate Professor Linas Sumskas was invited to lead the coordination of this Workshop together with the host of the Workshop – American University of Armenia (AUA). The AUA team - Tsovinar Haratyuinian, Ara Tekian, Irina Papieva and others – provided very strong professional contribution to this Workshop.

Main aim of the Workshop. To explore the interface of schools of public health, government, and civil society in Africa, Middle East, and Eurasia in the context of the HIV/AIDS epidemic and to distill a number of recommendations of concrete use for the program planning process of potential international funders, including OSI and the GFATM

Place, time and format. Workshop was organized at the premises of the American University of Armenia during the annual ASPHER conference in 2 parts. Part 1 was held on September 17, 2005 for Middle East and African countries (more than 20 participants were involved in this part); Part 2 was held on September 19, 2005 for Central and East European and Central Asian countries with participation of representatives from Part 1 (more than 32 persons were involved).

Participants. Workshop organizers invited directors, deans and key persons from the schools of public health from the following Middle East and Central Asia Countries: Lebanon – 3, Iran – 4, Pakistan 1, Mongolia – 1, Kazakhstan – 2, Tajikistan – 2, Uzbekistan – 1. Representatives from Eastern and South Eastern European countries were invited: Armenia – 4, Macedonia – 1, Croatia – 1, Bulgaria – ?, Estonia – 1, Latvia – 1, Lithuania – 1, Ukraine – 1, Poland – 1. African participants were represented at the Workshop by the following countries: Ghana – 1, Kenya – 1, South Africa – 2.

Plenary sessions and work in groups. Linas Sumskas and Ara Tekian were selected as the chairmen for this OSI Workshop.

Part 1. Linas Sumskas, Lithuania; Ara Tekian, US; Michael Borowitz, US; Anahit Papikyan, Armenia; Haroutune Armenian; Frederick Wurapa, Ghana; Sharon Fonn, South Africa; Tufail Bhatti, Pakistan; and Salim Adib, Lebanon, made their presentations during the plenary session. Later participants were selected to work in 2 groups: Middle East Group and African Group.

Part 2. Linas Sumskas, Lithuania; Martin McKee, UK; Carel Ijsamuiden, Switzerland; and Paola Pavlenko, Ukraine, made presentations at the plenary session. Participants continued their work in EuroAsia group. Middle East and African Groups had a possibility to finalize their reports and recommendations about public health training in context of collaboration and Global Fund to fight AIDS, TB, Malaria.

Conclusions and recommendations. The participants of this Workshop prepared three reports from Middle East Group, Africa Group and EuroAsia Group.

- African Group. The African group expressed the need for an initiative to provide stronger advocacy and support for public health training and professional field . It was recommended to strengthen collaboration between schools of public health and to continue attempts on establishing an international organization on the continent as the forum for discussing and planning joint public health training initiatives for Africa.
 - Middle East Group. Participants have emphasized the need for generating more reliable data on health situation in these countries. HIV/AIDS prevention issues were pointed out as very important and necessary to be included in the training curriculums.
 - EuroAsia Group. It was stated that the situations regarding the population health status and public health training were quite divers in this big geographic. The group emphasized the important role of Schools of public health in tackling HIV/AIDS issues and mentioned that international collaboration in the framework of the Global Fund initiatives provided more opportunities for receiving funding from international funding agencies.
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Part 1: September 17, Saturday

Ara Tekian, PhD, MHPE, University of Illinois at Chicago

- Greeting remarks welcoming all participants; opening of the ASPHER conference;
- Introduction of all participants

List of the participants:

1. Adib Salim, Lebanon
2. Armenian Haroutune, Armenia
3. Bhatti Tufail, Pakistan
4. Borowitz Michael, US
5. Bozorgzad Ahmad, Iran
6. Fonn Sharon, Witwaterswand, SA
7. Haddad Nadim, Lebanon
8. Jalali Abdolarasool, Iran
9. Knight Stephen, SA
10. Odero Wilson, Kenya
11. Papikyan Anahit, Armenia
12. Papiyeva Irina, Armenia
13. Pavlekovic Gordana, Croatia
14. Shayesteh Salehi, Iran
15. Sumskas Linas, Lithuania
16. Tekian Ara, USA
17. Tusgdelger Sovd, Mongolia
18. Wurapa Frederick, Ghana
19. Zahraei Roshanak, Iran
20. Zurayk Huda, Lebanon

Ara Tekian, University of Illinois at Chicago, USA

- Description of workshop's general goals
- Introduction of Public Health as a science of great importance all over the world
- Emphasis was put on HIV/AIDS, TB and Malaria in Africa and Middle East regions and on the roles of Schools of Public Health (SPHs)

Linas Sumskas, Kaunas University of Medicine, School of Public Health, Lithuania

- Greetings/Opening remarks
- Introduction to workshop goals, objectives and format
- Emphasis on much broader scope of the workshop: coverage of Africa, Middle East Region and also East, South and Eastern Europe, Central Asia; expands discussion on newly emerging threat of AIDS, TB, Malaria; focus on a workforce development dimension and future roles of SPH
- Introduction to OSI priorities and focus
- Main goal of the workshop: to gain insights into how schools of public health interface with governmental policies; how PH workforce policies are designed to address HIV/AIDS & TB prevention and implemented in collaboration with the

GFATM; how community based programs could be engaged and collaborate through research of SPH

- Utilitarian goal of the workshop: to determine how might OSI work with SPHs, government, civil society and international funding agencies, particularly the GFATM, to address the tremendous public health threat of HIV/AIDS
- Objectives of the workshop: to analyze the relationship between PH short-term and diploma-track training and national health workforce policies, also training demand from the non-governmental sector in the context of the HIV/AIDS epidemic; discuss career tracks of SPH graduates in each country and describe the demand for public health education; describe existing models for the interface of SPHs and civil society whether through faculty/student research or other community outreach programs; analyze existing collaborative programs between SPHs and the Global Fund to Fight AIDS, TB, Malaria; distill a number of practical recommendations for the program planning process of funders, including OSI, with respect to HIV/AIDS and TB and to the access to health care of vulnerable populations

Michael Borowitz, OSI Public Health Programs

- Presentation of possible ways of collaboration between and inside countries
- Each country has to have its national independent foundation, its own executive board, which will be run not only by PH people
- Presentation of key OSI themes: marginalization and monitoring
- Description of civil society: it consists of governmental organizations, non-governmental organizations, media, schools of public health
- AIDS in Europe - elaboration on the issue: injected drug users, substitution therapy; controlling an epidemic - an evidence-based approach
- Strengthening civil society: law and health; media and health; public health watch schools of public health; policy centers

Anahit Papikyan, OSI, Armenia

- Short and precise presentation of scope of work of OSI Armenia: focus on drug users, smoking

Haroutune Armenian, American University of Armenia, Yerevan, Armenia

- Introduction to the AUA: western style; mission of AUA; its role in the society;
- current programs; research and development
- AUA Business Center; Garo Meghriyan eye institute for preventive ophthalmology;
- Alice Ohanasion digital library of Armenian classics
- Elaboration on Public Health Program at AUA
- Emphasis on importance of private delivery sector in health services in Armenia
- Collaboration with OSI

Frederick Wurapa, School of Public Health, University of Ghana, Ghana

- Presentation of government human resource policies, civil society and public health training in Africa in the context of a global crisis in health care inequity
- Introduction to the disease burden: high IMR; high MMR; tens of millions suffer from
- malaria, TB, HIV/AIDS/STD
- Elaboration on conditions of improved health: focus is on strong political

- commitment; intersectoral perspective in planning and operating of health care systems; organizational framework and managerial process; community involvement at all levels; equitable distribution of health resources
- Introduction to the main characteristics of national health care systems: emphasis is put on undersupply and under-use of human resources; poor communication facilities; need in trained professionals in policy analysis, planning and budgeting
- Public health training in Africa: main dimensions
- Factors affecting health workforce performance in Africa
- Objectives of the regional program: strengthening public health capacity; strengthening monitoring and evaluation; development of centers of excellence

Sharon Fonn, School of Public Health, Witwatersrand, SA

- Introduction to the University of Witwatersrand
- Elaboration on mission of the university: promotion of public health through relevant,
- appropriate and excellent teaching, research and service, based on the principles of equity; promotion of human rights and a coherent and comprehensive response to the needs of people of South and Sub-Saharan Africa in their various living and working conditions
- Main role of schools of public health: to respond to the big questions that aggravate the development and delivery of health services and related interventions that will have a positive impact on population health
- Introduction to HIV context in South Africa
- Roles of schools of public health: presentation of all current programs
- Elaboration on each program: Master of Public Health, MSc(Med) in Epidemiology and Biostatistics, MSc in Population-based Field Epidemiology
- Current research in the fields of public health regarding HIV/AIDS, TB and Malaria

Tufail Bhatti, Liaquat Medical Health University, Pakistan

- Presentation of the role of the tertiary health care center in AIDS surveillance in Pakistan: introduction to the study
- Elaboration on current situation with HIV/AIDS and Hepatitis B, Hepatitis C in Pakistan: presentation of available data
- Specific objectives of the study: to determine healthy blood donors in screening program during 2001 to 2004 in research blood bank of LUMHS, Hyderabad; to evaluate the Surveillance system and Screening Program in LUMHS, Hyderabad; to provide recommendations of our study to the concerned department of LUMHS.
- Results of the study: main emphasis is on the fact that there is no any epidemiological and demographical picture available at in tertiary health care center
- Recommendations: blood donors found reactive in HBV, HCV or HIV in healthy donors should be advised for further advanced confirmatory investigations; the questionnaires of proper record keeping should be included for epidemiological and demographical events.

Salim Adib, Lebanese University, Beirut

- Short presentation about situation on HIV/AIDS in Lebanon
- Introduction to the history of HIV/AIDS epidemic

- Presentation of available statistical data
- Possible ways of transmission
- Dynamics of the epidemic

Work in groups

Group 1: African Countries (Ghana, Tanzania, Kenya, South Africa)

Reporter – Sharon Fonn

Group 2: Middle East Countries (Iran, Lebanon and Pakistan)

Reporter – Salim Adib

TOPIC 1: Discuss and document the interface of schools of public health, government, and civil society in Europe or Eurasia in the context of the HIV/AIDS epidemic

TOPIC 2: Distill a number of recommendations for the program planning process of potential funders, including OSI and the GFATM, involving the contributions of SPHs to the fight against HIV/AIDS and TB

- Discussion of the topics
- Presentation of the results/preliminary reports

Final report of the discussion from the Group 1 (Africa group).

1. Importance of the problem

- Each School of Public Health is context specific and broad generalizations do not hold.
- African Schools need to develop a public health workforce who is able to understand, develop and implement interventions that impact on population health. African Schools need adequate resources to do this
- Advocacy as a tool of public health can/should be included in teaching programs
- The network of public health professionals is weak

2. Recommendations

- A network of Schools of public health and or public health professionals and or Public health associations is desirable.
- The network would focus on a range of issues:
 - training
 - specific and important issues now is the documentation of the impact of issue (disease)), specific international funding and to motivate for the need for integration and synergy of funding so that while specific health issues are addressed a focus on building the health care system overall is also achieved [this part is not clearly stated]
 - advocacy on the above issue among both national governments and international donors
 - advocacy for public health as a discipline and for the role of public health professionals both nationally and internationally
- Increase the capacity of schools of public health to train to create a critical mass of public health professionals

3. Action plan

- Immediate – to host a workshop/meeting in conjunction with the Public Health Association of Southern Africa (PHASSA) meeting in May 2006 to develop this idea.
- To build a consensus for a presentation at the Global forum meeting in November.

Final report of the discussion from the Group 2 (MENA).

The participants from Iran, Lebanon, Pakistan, and Mongolia had discussed the situation of public health training and the role of schools of public health in the context of OSI and Global Fund initiatives to fight Aids, TB, and Malaria.

The problems to be solved and some recommendations are presented below.

1. Importance of the problem

- Absence of reliable data due to organizational defects and denial/ religious stigma attitudes, and the absence of national control programs in most of the countries.
- Evolving epidemic of unknown dimensions in Iran and Pakistan, low endemic problem in Lebanon (about 1 new case/100,000 per year) [what condition is meant here? If the only focus is HIV/AIDS then it should be specified from the beginning].
- In Lebanon, the religious establishments were confronted with their responsibility for the “preservation of the family” and they were included in the decision-making for preventive activities.
- The perceived financial helplessness of governments facing the issue of HIV is a disincentive to further investigate/control the problem
- There is an opportunity for surveillance of HIV in Iran when drivers are tested for drugs every 5 years to renew their license
- Important role of anonymous hotlines to provide a venue for HIV-related information

2. Responses to specific questions

- In some areas, government employees are sent to SPH to obtain diplomas in infectious surveillance and control, but not specifically for HIV/AIDS control.
- Training offered by SPH is often affected by agendas set by the funding agencies rather than by NGO groups. Consequently, the impact of such training remains limited.
- There are no identified career tracks in HIV issues now.
- Not much programmatic involvement from SPH in the countries with public infectious control agencies.
- There are opportunities for students’ research on these issues in several SPH.
- Individual consultations from academic staff with governmental agencies on HIV/AIDS have occurred.

3. Main recommendations for potential role of SPH

- Promoting epidemiological research to generate reliable data on the profile of the epidemic, which would then orient the recommendations for prevention. All sources of data can be used, especially data from special screenings where blood is tested for one reason or the other.
- Conducting needs assessments to discover real programmatic training demands from governmental and NGO sectors.
- Creating educational modules/programs for attitudinal change in youth; opinion-makers: political, religious; etc.
- Effecting university curricular changes in health/medicine to include more awareness on HIV/AIDS, thus provoking a demand to care for HIV-related issues

- Engaging with government and playing an advocacy role for better control or prevention of HIV and protection of the rights of HIV sufferers
- Building support networks for HIV-related research, training, community services and academic programs, in collaboration with international organizations such as OSI and others.

Part 2: Monday, September 19, 2005
Yerevan, Armenia

List of OSI Workshop Part 2 participants

1. Armenian Haroutune, AUA, Armenia
2. Bhatti Tufal Ahmed, Pakistan
3. Bozorgzad Ahmad, Iran
4. Berry Elliot, Israel
5. Bino Silvia, Albania
6. Birt Chrristopher, UK
7. Fonn Sharon, South Africa
8. Georgijeva Lora, Bulgaria
9. Gray Selena, UK
10. Hudaykulov Umid, Uzbekistan
11. Ijsalmuiden Carell, Switzerland
12. Isjanovska Rosalinda, Macedonia
13. Kauhanen Jusi, Finland
14. Kosa Karolina, Hungary
15. Kulshanov Maksut, Kazakhstan
16. Maksudova Zumrat, Tajikistan
17. McKee Martin, UK
18. Papiyeva Irina, Armenia
19. Pavlekovic Gordana, Croatia
20. Pavlenko Paola, Ukraine
21. Polluste Kaja, Estonia
22. Roshi Enver, Albania
23. Salim Adib, Lebanon
24. Sumskas Linas, Lithuania
25. Szosland Dorote, Poland
26. Takenova Madina, Kazakhstan
27. Tekian Ara, USA
28. Tudsgdelger Sovd, Mongolia
29. Villerusa Anita, Latvia
30. Wilson Odero, Kenya
31. Wurapa Frederick, Ghana
32. Zurayk Huda, Lebanon

Linas Sumskas, SPH, Kaunas University of Medicine, Kaunas, Lithuania

- Opening remarks
- Introduction to the objectives of the second day of the workshop
- Introduction of the presenters

Prof. Martin McKee, London School of Hygiene and Tropical Medicine, UK. Member of the OSI Global Health Advisory Committee

- Elaboration on key OSI themes, presented by Michael Borowitz on the first day of the workshop: marginalization and monitoring
- Presentation of network matrix in two dimensions: marginalized groups and specific health issues; capacity building and monitoring

- Introduction to the horizontal approach: human rights model: “Watch”;
 - democratic accountability with the emphasis on budget transparency;
 - monitoring and accountability in a global environment (example from UN system)
- Introduction to key components of development assistance with the specific examples of AIDS in Africa, Central Asia
- Controlling an Epidemic: introduction to the evidence-based approach and focusing on its key components: incidence as being the most important component, understanding of the whole epidemic curve and assessment of current situation, cost-effectiveness of the interventions and implications for palliation (specification with AIDS example)
- Elaboration on Tuberculosis issue
- Strengthening civil society
- Introduction to policy concept: its elements and links to service delivery
- Modes of work with the emphasis on OSI activities and Public Health Schools

Carel Ijsselmuiden, Council on Health Research and Development (COHRED), Geneva, Switzerland

- Introduction to the mapping public health education capacity in and for Africa
- Explanation of the term - public health capacity. Introduction to core objectives: mapping of public health capacity in and for Africa. Assessment of capacity for technology-supported distance learning as a short-term objectives; creation of the opportunities for network development and dissemination of the information as a medium-term objectives; start or re-start of “African Association of Schools of Public Health” (accreditation, networking) and strengthening of African Public Health Association as long-term objectives
- Emphasis on a continental approach to improving public health in line with new socio-political realities
- Exploiting information technology to optimize learning and teaching
- approach of “Essential Public Health Functions” is an example of more pragmatic and narrow approach
- Possible outcomes from AfriHealth can be various not only related to schools,
 - Education and research; may include advocacy, linkage, infrastructure and health
 - Systems engagement
- Elaboration on current phase (re-starting) and particularly on this meeting:
- Communicate the findings, reconnect, and develop the future of AfriHealth with your help
- Introduction to the outputs AfriHealth (see presentations)
- Short introduction to the results and programs (see presentation) Summarizing all important points: Africa needs a plan for PH
- It is necessary to enable countries to invest in research for health

Paola Pavlenko, SPH, Mohyla Academy, Kyiv, Ukraine

- Introduction to HIV/AIDS epidemic in the Ukraine: statistics, transmission routes
- Responses that took place in the 2003-2005 time period
- Presentation of UKMA Public Health School
- Projects of 2003-2005 yy. with the emphasis on two of them: Set up and running “Kyiv Regional Info-Resource Centre on HIV/AIDS” (GF/ Alliance)

- Development of and running a new training programme “Social work for people living with HIV/AIDS” (GF/Alliance)
- Short introduction to the Kyiv Regional Resource Centre for HIV/AIDS
- Brief review of social work with people living with HIV/AIDS course development
- Introduction to partnerships and participation

Work in groups

Group 1: Latvia, Lithuania, Estonia, Kazakhstan, Tajikistan, Ukraine, and Armenia

Group 2: Albania, Bulgaria, Croatia, Macedonia, Hungary, Poland

TOPIC 1: Discuss and document the interface of schools of public health, government, and civil society in Europe or Eurasia in the context of the HIV/AIDS epidemic

TOPIC 2: Distill a number of recommendations for the program planning process of potential funders, including OSI and the GFATM, involving the contributions of SPHs to the fight against HIV/AIDS and TB

The participants from Albania, Armenia, Bulgaria, Croatia, Estonia, Hungary, Poland, Latvia, Lithuania, Macedonia, Kazakhstan, Uzbekistan, Tajikistan, and Mongolia discussed the situation of public health training and the role of schools of public health in the context of OSI and Global Fund initiatives to fight Aids, TB, and Malaria.

The problems to be solved and some recommendations how these issues to be tackled are presented below as a summary of the two groups’ discussion (EURASIA group).

1. Importance of the problem

- Majority of countries have a low-prevalence of HIV/AIDS, with low absolute number of cases, but rapid increase rates of disease spread in most of the places.
- Public health agenda had been dominated by the problems of high mortality and morbidity from CVD/CHD, cancers. Evidence on health effects of smoking, alcohol abuse also was well presented but less covered by the prevention measures in majority of these countries.
- Some countries (e.g. Latvia and Ukraine) locate the HIV/AIDS problem on the country health policy agenda. However lack of involvement of and relevant training at the Schools of Public Health was observed in the region.
- Most countries have well documented data on prevalence of HIV, TB, and malaria in populations. Some countries (Uzbekistan, Tajikistan) need more advanced monitoring system and resources allocated. Perception of the problem of HIV ranges from increasingly threatening (in Ukraine) to moderate or small (Macedonia, Lithuania).
- Concepts of harm reduction, protection of rights of marginalized groups still need to be more strongly communicated and discussed in majority of these countries.
- At the moment Schools of public health do not seem to play a meaningful role in the provision of training in the HIV/AIDS & TB prevention area, and in the development of projects on advocacy and tackling inequalities in health. Some countries have only

recently started (Macedonia, Albania, Uzbekistan etc) or going to start modern public health postgraduate training (Tajikistan, Mongolia).

2. Recommendations

- Assist partner countries in the region to establish and strengthen Schools' of Public Health teaching capacities in this area;
- Provide support for epidemiological research in the countries without resources and relevant experience to do it;
- Introduce HIV/AIDS prevention and control issues, including harm reduction, into the teaching agenda and research curriculum at the schools of public health
 - Encourage individuals and groups of students to conduct research in the HIV/AIDS area in a separate country and possibly, across several countries (for example, neighboring countries or united by a common specific topical interest);
 - Incorporate cases on HIV/AIDS within the modules of PH courses (Epidemiology, Communicable diseases, Health Economics, Health Promotion and Disease Prevention, Health Policy);
 - Develop short re-training courses on HIV/AIDS/ HIV-TB at the request of the local government agencies/ MoH, and NGOs, HIV service providers;
 - Develop teaching courses on health advocacy and work with marginalized groups on rights of patients.
- Extend collaboration of schools of Public health with NGOs, community groups, which are involved in HIV/AIDS and drug abuse control projects;
- Schools of public health in the region should use the opportunity for networking in the framework of ASPHER or to create informal networks. Partners also are encouraged to develop joint applications (as the networks) for international funding organizations.
- Schools of public health in the Eurasia region, in the context of globalization, are encouraged to take into account experiences of developed industrial countries as well as lessons learned from Africa, Middle East and South Asia about practices of tackling HIV, TB and Malaria in these countries.