

Principles of Good Partnerships for Strengthening Public Health Education Capacity in Africa

Report of a Consultative Meeting



COHRED



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**Principles of Good Partnerships
For
Strengthening
Public Health Education Capacity
in Africa**

Report of a Consultative Meeting

Held at:

**School of Health Systems and Public Health
University of Pretoria
Pretoria
South Africa
6 - 7 April 2004**

REPORT of the MEETING

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Abbreviations

AED	Academy for Educational Development
AOL	Association Liaison Office for University Cooperation in Development
ASPH	Association of Schools of Public Health
AU	African Union
COHRED	Council on Health Research for Development
NEPAD	New Partnership for Africa's Development
SARA	Support for Analysis & Research in Africa project
SHSPH	School of Health Systems and Public Health (University of Pretoria)
USAID	United States Agency for International Development
WHO	World Health Organization

Executive Summary

In April 2004, a consultative meeting on **Partnerships for Strengthening Public Health Education Capacity in Africa** was held at the School of Health Systems and Public Health (SHSPH) of the University of Pretoria (South Africa). The meeting was jointly organized by the **AfriHealth** project¹ and **COHRED**.² The meeting was sponsored by the **United States Agency for International Development - Bureau for Africa (USAID)**, through its **Support for Analysis and Research in Africa (SARA)** Project.

The objectives of the consultative meeting were to:

- Review data from AfriHealth's mapping of academic education capacity in public health *in* and *for* Africa, information brought to the meeting by the participants about public health education in their institutions, and to identify priority needs and gaps for strengthening capacity for public health training in Africa;
- Examine potential mechanisms for facilitating the development of strategic partnerships for public health leadership training between African and United States institutions;
- Discuss approaches and governance options for facilitating cooperation and partnership among public health educational institutions in Africa - in a manner that acknowledges and builds on Africa's newly developing public health leadership;
- Reflect on appropriate criteria for selecting partner-institutions in the context of the USAID Public Health Leadership Initiative.

The meeting brought together 14 leading public health experts from Africa, the majority being senior staff from Schools of Public Health, while others represented public health institutions and political stakeholders (WHO, NEPAD, Commonwealth Secretariat). Some invitees, especially from West Africa, were unable to attend due to last minute developments in their institutions. There were six participants from the USA - from USAID, New York University College, the (US) Association of Schools of Public Health, the Payson Center for International Development and Technology Transfer (Tulane University), the Association Liaison Office for University Cooperation in Development, and the SARA Project respectively. All those present had direct experience of being in substantive partnerships related to public health education and research in Africa.

The meeting consisted of plenary presentations and group discussions - the focus being on identifying and describing the principles that should govern good partnerships. The outcomes of the group discussions were taken up in a final plenary session. During this session, the following **principles for good partnership in public health education** were identified as being key to a new mode of cooperation in public health education in Africa:

¹ A Rockefeller Foundation supported research programme at the SHSPH of the University of Pretoria

² The Council on Health Research for Development (COHRED), a global non-governmental organization with headquarters in Geneva, whose aim is to help build capacity for health research for development.

7 Principles of Good Partnerships for Strengthening Public Health Education Capacity in Africa

- 1. Partnerships should be well defined and have a clear and manageable focus**
- 2. Good partnerships need good communication**
- 3. Good partnerships place staff development and training of the African partner at the center of activities, and optimize the use of local resources, expertise and budgets to ensure sustainability**
- 4. Donor investment policies must be better coordinated, consistent with partnership goals, and maximize leadership by, and direct funding to, African institutions**
- 5. African institutions should prepare their own internal environments to engage external partnerships and use them strategically**
- 6. Partnerships should be monitored routinely and evaluated regularly using appropriate indicators, yet they should have sufficient flexibility to respond to a dynamic and rapidly changing environment**
- 7. Partnerships should support national and regional health strategies and seek to strengthen existing regional organizations and professional associations**

Taking the Good Partnership Guidelines Forwards

This consultative meeting highlighted the willingness of African institutions to collaborate in building public health capacity for the continent and in becoming a more powerful voice for public health in Africa. The meeting also demonstrated the ability of new African leadership in public health to negotiate partnerships - internally and externally - and a determination to build on the achievements of both African and international investments in public health capacity strengthening.

This partnership document was intended to be a report for USAID to inform its policy on funding in this strategic area in Africa. In accordance with COHRED and AfriHealth's commitment to extend the usefulness of this document, it was circulated to all African public health institutions for comments and modifications, therefore making it a document of all schools and departments of public health in Africa. This process should be complete by the end of 2004. It will then be widely disseminated to assist in shaping the next generation of partnerships in Africa, and elsewhere in the 'south'.

Part I

Partnerships for Public Health Education - Why Now?

Introduction

Public health in most African countries, as in many other developing countries, is in crisis. On a global scale, many countries recorded significant health gains by the end of the 20th century, even though they were not ubiquitous. However, the health gains (in Africa) of the past decades are at risk of being reversed due to the devastating epidemic of HIV/AIDS, the recrudescence of tuberculosis, the continued scourge of malaria, as well as the continuation of other preventable conditions and health risks often associated with increasing poverty. The steadily growing impact of chronic diseases, ageing, injuries, and the consequences of environmental stresses, both locally and globally, are posing new challenges to the health of people in Africa, and threaten to overwhelm its under-funded and chronically fragile health systems.

Furthermore, health development has been constrained by poor economic performance, a massive debt burden and various natural disasters. Political turbulence in many countries has disrupted development and health. Man-made disasters resulting in displacement, famine, disability, direct mortality and underdevelopment have increased recently. There has also been an overall increase in poverty and health inequalities within and between countries in Africa, and between Africa and the rest of the world, especially those in the 'north'. Apart from this huge burden, Africa is faced with great gender disparities and weak legal frameworks for achieving gender equity. All of this is reflected in increasing levels of poverty amongst women, and further stagnation in overall economic and social development.

And yet, there is new optimism growing about health and development in Africa. Across the developing world, globalization in communication and learning has contributed to increasing democratization and accountability in the political domain. The level of school attendance, particularly among girls, is slowly rising. Combined with attitudinal changes in donor countries and institutions, there is a much stronger awareness of the need to phrase answers to problems in terms of local ability rather than foreign assistance interests. In the African context, this new optimism finds its most visible expressions in the current concepts of the "African Renaissance", the New Partnership For Africa's Development (NEPAD), and the transformation of the Organization of African Unity (OAU) towards a more effective - pan African - African Union (AU).

The core of these changes is a drive by Africa to take responsibility for its own governance, democratization, respect for human rights, and setting its development agenda. While it is too early to judge the success of these new political realities, their eminent appropriateness has led G8 countries to endorse NEPAD as the basis for development collaboration in the future. Within the health sector, these changes portend new opportunities for intervention and capacity building to support both health and development in Africa in decades to come.

In the global fight against major diseases and conditions, the anxiety to develop working systems and strategies has been heavily reliant on 'northern' expertise to help define 'southern' problems, priorities and solutions. In this process, available human and institutional resources in Africa have become mostly neglected. ***In spite of many decades of health interventions in Africa, one of the major obstacles to the effective use of scarce resources to achieve targeted reductions in disease burden is the limited capacity of its health workforce, particularly at the middle and senior management levels. They are, after all, responsible for envisioning, planning and overseeing, researching and delivering solutions to these health problems.*** At present there is a gross mismatch between the burden of disease and health problems faced by developing countries on the one hand, and their technical capacity to use existing and generate new knowledge to effectively address these on the other hand. Capacity development in public health is concerned with ensuring that countries have appropriate human and physical resources to identify and deal with their own health problems through evidence-based decision-making and planning of appropriate strategies for interventions and health care delivery. Capacity development seeks to create self-

reliance. Capacity building in Public Health seeks to generate leadership across disciplines and across sectors to move not just research or clinical agendas, but to impact on the health of the continent. Partnerships in public health education, therefore, seek to maximize Africa's ability to improve health through appropriate education in public health and to generate its next generation of leaders who will move Africa's health agenda forward.

Building such capacity has to be a deliberate process - *it must not be ignored or left to chance*. It should be tailored to meet the needs as well as use the available capacity and potential of each country. Where past efforts and interventions resulted in a substantial cadre of appropriately trained professionals or in systems that effectively educated the next generation of professionals or addressed locally and internationally relevant conditions, such 'local' capacity can and should be strengthened further. This can be achieved through support for appropriate infrastructure and logistics, and by stimulating 'supra-national' collaboration and action in public health. Public health training institutions are at the heart of this development process with implementation, education and relevant research playing key roles.

Rationale and Aim of the Consultative Meeting

The rationale for this consultation is that the core African expertise in advanced public health training and practice in Africa is substantially higher now than it was a decade ago. A new leadership in public health is emerging, and it needs to be engaged in future capacity building initiatives aimed at Africa. Partnerships, both south-north and south-south, present themselves as suitable models for further strengthening capacity in public health in Africa. The emergence of a new leadership in public health requires a redefinition of the concept of 'partnership' between the north and the south in public health training in the African context.

Ultimately, all efforts at strengthening capacity in Africa need to expressly focus on enhancing self-reliance in countries - capacity to innovate, compete, generate, adapt and use scientific knowledge to improve the health of the people in the countries and region. Furthermore, what starts as a partnership between education or research institutions in the north and a counterpart in Africa should rapidly lead to south-south collaboration and networking between African institutions. Partnerships initiated to increase public health education in Africa should actively map, involve and strengthen existing and nascent African capacity - local and regional - in the way they are operationalized.

The purpose of this meeting was to attempt to redefine what constitutes 'good practice' when developing partnerships with African public health institutions for the triad of teaching, research and service in public health. The aim is to bring home the prime responsibility for monitoring public health and acting on public health problems, in Africa, to Africa.

The specific objectives of this consultative meeting were to:

- Review data from AfriHealth's mapping of academic education capacity in public health *in and for Africa*; information brought to the meeting by the participants about public health education in their institutions; and - from these data - to identify priority needs and gaps for strengthening capacity for public health training in Africa through partnerships
- Examine potential mechanisms for facilitating the development of strategic partnerships for public health leadership training between African and United States institutions
- Discuss approaches and governance options for facilitating cooperation and partnership among public health educational institutions in Africa - in a manner that acknowledges and builds on Africa's newly developing public health leadership
- Reflect on appropriate criteria for selecting partner-institutions in the context of the USAID Public Health Leadership Initiative

The agenda for the meeting is attached as Appendix I

Why a Meeting on Partnerships Now?

Education, training and research conducted in a partnership environment require an appropriately developed institutional framework, clear and sound policies and long-term commitments. The policies should preferably come from within African countries and their institutions, and should be guided by dynamic leadership with clear knowledge of the research priorities and of health and human resources needs of their countries. Partnerships, as one option to strengthen and enhance the capacity of public health training institutions for their roles of training, service and research and for continental advocacy and action, is being promoted now to respond to a number of recent developments:

- USAID has placed human capacity development at the forefront of its health development strategy and medium term development goals for Africa. USAID is not alone in this respect, as many organizations are ‘re-discovering’ the human capacity needed to manage, design, evaluate, monitor, modify and innovate health and health research systems.
- African countries are carrying out extensive reforms of their health sectors to meet the increasingly complex needs of their population and of international organizations. This requires a comparable reform of training institutions so that they are able to provide the human resources with the right competencies to meet these needs.
- The findings of the AfriHealth initiative provided an added impetus to the momentum generated in the African training institutions for strengthening their capacity to train and research in partnership with the north and in the south.
- There are increasing needs for evidence-based decision-making and the translation of research findings into better interventions and strategies. Public health specialists are probably in the best position to do this (certainly in the African context). This calls for greater interactions between public health specialists and policy-makers and disease control agents of the Ministries of Health and others (including NGOs in particular) providing health care to the people in African countries.

While recognizing the available capacity in Africa, the relative insufficiency of human and other resources to address Africa’s problems adequately in the short-term make it imperative to explore partnerships in public health education. The ‘rediscovery’ of strengthening African human resources as an essential ingredient to solve Africa’s development problems seems superfluous, but it is nevertheless taking place. The World Bank, the WHO, bilateral development agencies, foundations and northern academic institutions are all - once again - exploring human resource strengthening for Africa. Not doing this in partnership, or doing it through unilaterally determined partnerships, will reduce the impact of these efforts on sustainable organizational infrastructure building in Africa. ***The reason to focus on partnerships now, is to provide - at least - an African voice in determining what constitute ‘good partnerships’.***

Description of the Process Followed

The meeting brought together 14 leading public health experts from Africa, the majority being senior staff from Schools of Public Health, while others represented public health institutions and political stakeholders (WHO, NEPAD, Commonwealth Secretariat).

The purpose was to have a meeting in which Anglophone, Francophone, and Lusophone public health educators were all represented, and in which academics as well as users of public health expertise would be present. However, some invitees, especially from West Africa, were unable to attend due to last minute developments in their institutions. The meeting was not intended to be representative of all African institutions but as a core group of people who could generate the first draft of a report on ‘principles of good partnerships.’

There were six participants from the USA - from USAID, New York University College, the (US) Association of Schools of Public Health, the Payson Center for International Development and Technology Transfer (Tulane University), the Association Liaison Office for University Cooperation in Development and the SARA Project respectively. All those present have direct experience of being in substantive partnerships related to public health education and

research in Africa, and acted, during the meeting, as resource persons in their areas of expertise (see **Appendix 2** for list of participants).

The meeting consisted of plenary presentations and group discussions - the focus being on identifying and describing the principles that should govern good partnerships. The outcomes of the group discussions were taken up in a final plenary session during which the **principles for good partnership in public health education** were identified as being key to a new mode of cooperation in public health education in Africa.

The meeting consisted of a mixture of plenary presentations and group discussions - the focus being on discussions and exchange of experiences on what principles should govern the development of good partnerships (see **Appendix I** for the agenda). The participants were divided into three working groups each working on the same theme. Each group attempted to define what they regarded as the main components of good partnerships and how this should be applied in Africa. They covered issues of the composition of partnerships, training requirements, curriculum development, sustainability, regional arrangements, and practical arrangements leading to the actual selection of partners and the indicators of evaluation. The outcomes of the group discussions were taken up in two plenaries and were again reviewed in great detail and the main points agreed upon. After the meeting, these principles and points were further discussed and elaborated by a five-person working party (Boufford, Carroll, Duale, Ijsselmuiden, Nchinda) in preparation of the first draft of the workshop report. The first draft was completed by Nchinda, Duale, and Ijsselmuiden, and it was circulated to all participants for comments. The final document - which includes all revisions suggested - is this report.

Acknowledgement

The format used for this consultative meeting and its report followed the **Guidelines for Research Partnerships with Developing Countries** (1998) developed by the Swiss Commission for Research Partnership with Developing Countries (KFPE). The format includes the preparation of 'principles' and 'practical suggestions' that are also used in the current report. (KFPE-Home: <http://www.kfpe.unibe.ch>)

Part 2

Good Partnerships for Public Health Education in Africa

The Vision of Good Partnerships

The vision is that good partnerships, over time, will help create adequate capacity in African Schools of Public Health to respond meaningfully to public health leadership problems in Africa. Sustainable partnerships with northern institutions can improve the administrative, scientific, technical, managerial and operational capacities of public health training institutions in Africa to achieve excellence in **teaching, research and the practice of public health**. In this way, Africa can progressively expand its own leadership in public health, set its own priorities, define its own methods, develop its own solutions, and build sustainable systems, continent wide, for collaboration accreditation, and exchange in African public health. Ultimately, the strongest voice to focus on health promotion, disease reduction, poverty alleviation and development in Africa should be an African voice. Schools of Public Health are - or can be - key actors in this field, and partnerships for public health education should focus not only on short-term relations between two institutions to achieve a measured outcome, but also on the potential of these partnerships to - individually and collectively - strengthen the continent's ability and systems to deal more effectively with its own health problems and potentials.

The rationale for adopting the partnership approach to capacity building and enhancement in public health training institutions is rooted in its comparative advantages. It can bring immediate resources to bear from the strongest academic institutions in the world on the need to identify and train public health specialists in a wide range of disciplines and subject areas. Those being trained should include those who will work at central policy-making level, as well as regional and district level and should therefore include all members of the health team. In this way, health professionals concerned with providing health care to village populations using a mix of strategies, as well as those working at health policy level, will all receive appropriate technical training.

The Objectives of Good Partnerships in Public Health Education are:

- Achieve rapid build-up of competence in education, training and research in the African institution that cannot be done at this time by African partners alone
- Harness an array of external capabilities and resources to address the specific challenges of teaching, research and practice in public health *in* and *for* Africa
- Transfer capabilities to African institutions, individuals and countries, including institution building and development and assistance in the creation of an enabling environment for good training and research
- Improve the capability of northern partners to perform in partnership with African partners and transfer the experiences learnt from these partnerships from south to north
- Contribute to the development and presence of the country, sub-regional and regional voices of African leaders in public health matters in the world scientific and policy community and assist in the development of appropriate structures to assure that this occurs

The 7 Principles of Good Partnership for Strengthening Public Health Education Capacity in Africa

7 Principles of Good Partnerships for Strengthening Public Health Education Capacity in Africa

1. Partnerships should be well defined and have a clear and manageable focus
2. Good partnerships need good communication
3. Good partnerships place staff development and training of the African partner at the center of activities, and optimize the use of local resources, expertise and budgets to ensure sustainability
4. Donor investment policies must be better coordinated, consistent with partnership goals, and maximize leadership by, and direct funding to, African institutions
5. African institutions should prepare their own internal environments to engage external partnerships and use them strategically
6. Partnerships should be monitored routinely and evaluated regularly using appropriate indicators, yet they should have sufficient flexibility to respond to a dynamic and rapidly changing environment
7. Partnerships should support national and regional health strategies and seek to strengthen existing regional organizations and professional associations

Principle 1: Partnerships should be well defined and should have a clear and manageable focus

The purpose of the partnership should be defined in terms of its long-term vision, goals and activities. Partnership work should have a clear and manageable focus. The roles and responsibilities of the partners should be consistent with their capabilities and competence - current and envisaged.

There may be core partners - those who form the original partnership - as well as opportunistic partners - those who are using the occasion offered by the existing partnership to 'come on board'. There may be other 'stakeholders' - those institutions within the countries that support the development of the partnership and would contribute to its goals and probably also benefit from the outcomes. Their respective roles and mechanisms for their effective interaction must be explicitly defined.

There should also be a clear statement on how the education and training goals of the partnerships fit into the national health plan and how the skills acquired in training will be used in national and regional contexts.

There should be a clear definition of mutual benefit that would be derived from the partnership as well as an explicit description and recognition of the social, health and economic context in which the partnership proposes to operate, and a justification for choosing this focus.

Partnership costs should be made explicit a priori and added to the total cost of running the partnership. There should not be a net loss of revenue on both sides due to the partnership. The partnerships should definitely not achieve their goals by shifting or reducing staff and resources for current activities. Neither partner should embark on expenditures involving the partnership budget without prior discussion and agreement, and a mechanism to ensure consensual decision-making needs to be in place.

Assuming mutual satisfaction and achievement of goals, the duration of partnerships need to be commensurate to the goals of the program and the increased ability of the African institution to continue to deliver the output on its own when the partnership comes to an end. It is suggested that the possibility of a time span of 25 years is not too long for partnerships aiming at public health leadership building. This means that African countries and institutions as well as the northern partners must consider commitments that are more long-term than is usually expected.

A comprehensive memorandum of understanding is critical at the start of the partnership, and it should include guidelines for the following:

- Clear goals, roles and responsibilities for each partner
- Governance relationships for the principles partnership concerning advising, decision-making and oversight, selection and recruitment and financial administration
- Management arrangements, lines of responsibility, division of tasks and changes in these over time
- Financial and budgetary transparency and clarity in budgetary allocation
- Clear definition of outcomes and products and a timetable for action
- Plans for the ownership of research results, handling publications resulting from the joint research activities and authorship arrangements
- Plans for disseminating results of the partnership to jointly identified audiences.

Principle 2: Good partnerships need good communication

Good communication between the partners is critical for sustainable and productive partnerships. Partnership plans should be developed jointly from conception. There should be sharing of constraints on all sides. There must be transparency on all aspects of the partnership arrangements specifically in terms of managerial issues, budgetary items, authorship, ownership of results of research, access to resources, and other results of starting the partnership.

It is necessary to make explicit and communicate the mutually beneficial nature of partnerships from the start as well as the need to generate and maintain mutual trust. It is necessary to emphasize to all members of the partnership that communication and dialogue within the group are crucial for monitoring, maintaining and enhancing the partnership. Exchange visits among partners are important. Regular meetings of leaders and staff of both sides should be planned and organized. During these meetings, there should be open and frank discussions of all issues. Each partner should understand the procedures and constraints of the other. Differences of opinion should be aired and compromises found and applied by both sides. There should be no 'hidden agendas'.

These communication mechanisms need to be institutionalized such as mechanisms for written communication, meetings, reporting requirements, and procedures for measuring progress. It is important to plan not only for 'internal' communication, but also for 'external' communication with the Deans of other departments of the University, the Ministries of Health and Higher Education and other 'critical stakeholders' (e.g. Ministries of Research and Finance) to ensure optimal use of the partnership's results.

Principle 3: Good partnerships place staff development and training of the African partner at the center of activities, and optimize the use of local resources, expertise and budgets to ensure sustainability

Faculty and staff development of the African partner should be central to the goals of partnerships in order to build the much needed competence in the school. The priority in any partnership should be to generate and strengthen the critical mass of public health faculty in a school. Such training should be at the highest scientific and technical levels and, for advanced credit or degree programs, take the form of sandwich training in both the home institution and the partner institution with appropriate research in the home institution built in.

Movements of teachers between the partner institutions are desirable and should be facilitated to enable both groups to obtain valuable and irreplaceable experience. Better training will result in increased competence of teachers and lead to improvements in teaching. There needs to be a balance between basic and fundamental versus operational research; short-term and immediate needs versus long term health needs both in research and education; between PhD and MSc training as well as basic public health (Master of Public Health) training; and in analytical skills versus operational and implementation skills.

Students with potential as faculty should be recruited competitively and be eligible for training grants that should, where possible, be a reward for good performance. Good partnerships should result in 'brain gain' and innovative ways should be developed to retain human resources in Africa. One method to consider is to encourage faculty with research expertise in specific areas to apply for competitive research grants that would serve in their academic advancement and provide the research environment for trainees.

There should also be short, non-degree training for transfer of specific techniques and competence to the African partner as well as practical 'hands-on' and 'on-the-job' training for practitioners that will enable them to engage in teaching and lead to a quantitative and qualitative increase in the teaching staff of the school. The quality of teaching will depend on the calibre of the faculty but also on their numbers and the mix of disciplines. There should be a critical mass of core staff at the partner school of public health. However, it should have the possibility of hiring or co-opting part-time staff with the appropriate competence and expertise from other University departments, the Ministry of Health and other appropriate institutions in the country. The African school should also strengthen its ability to provide training to practitioners to increase the numbers and improve the quality of public health practice.

Partnerships should enable and accelerate African partners to use their existing human and financial resources most effectively to realize the goals of the partnership. A specific agenda for the partnership should also be to increase the managerial and technical competence of the African institution to assume greater responsibilities for technical and administrative leadership, financial management and academic management and oversight of training and research conducted in terms of the partnership. Support for the identification of needs and development of capital infrastructure - IT systems, laboratory facilities, classrooms, etc. - should be provided to facilitate fundraising. Assistance should also be planned to support African institutions' faculties as they compete for research grants, and to make the case for greater government support. There should be a gradual increase in the national budget allocation to national public health educational activities with time, as this is the visible sign of sustainability when the partnership comes to an end.

As experience develops, the African schools of public health must try to obtain a varied donor base to assure continuity of funding. Attempts should be made to link up with other partners and sectors that may have resources such as departments or institutes of scientific research, agriculture, and other government and industrial sectors. Policies should be standardized and procedures to facilitate real cost recovery, such as contracting skills and judicious use of overheads, should be initiated early on in the collaboration. Ultimately, partnerships are aimed at creating self-sufficiency, and they should, therefore, lead to a measurable evolution in the African schools and institutions.

Principle 4: Donor investment policies must be better coordinated, consistent with partnership goals, and maximize leadership by, and direct funding to, African institutions

Partnerships should ensure that there is an increase in direct funding towards African institutions. Such funds should be directed at building institutional capacity and providing an enabling environment for training and research. This environment usually consists of financial resources, equipped laboratories with regular supplies of reagents, communication facilities particularly computers and software, electronic communication, a minimum number of researchers and an adequate operational budget. For field research, the additional needs are transport and development of appropriate field sites. These field research stations should serve the needs of field research for both staff and students. There should also be a budget for staff and students' research activities. Partnerships should also help staff and students apply for competitive research grants.

Experience from institutions receiving donor support for research shows that donors often have their own agenda that they wish to gently introduce or even impose on African institutions that they support. Partnerships would not be exempt from such pressures. This should be discouraged and avoided. Donors should encourage the leadership of African institutions in defining their needs and identifying preferred northern partners, and in enhancing their own human and organizational infrastructure to assume equal responsibility for defining and managing the partnership responsibilities.

As noted above, capacity building must be at the heart of effective partnerships and donor support must acknowledge:

- Added costs of operating partnerships (administrative and financial management, governance, communication, travel, monitoring, and evaluation, etc.)
- Costs of the projects themselves, especially the real time costs of the faculty and the potential need to provide incentives for African staff to permit their sustained involvement
- Adequate overheads for the African institution in addition to those usually granted to the northern partner, as the African institutions should also be able to have its overhead costs covered
- Costs of building the African institutional capacity and infrastructure as a major objective of the partnership aimed at sustaining the programs when the partnership ends
- Long term nature of support that is needed to realize results, especially in this domain of work.

Principle 5: African institutions should prepare their own internal environments to engage external partnerships and use them strategically

Partnerships should complement and strengthen existing institutional strategic plans or assist in developing these, where there are none for education, research and practice goals of the institution. These strategic plans, or the absence of them, could serve as a framework for the selection of the external partners for the purpose of:

- Strengthening current activities in the African institutions
- Defining and filling gaps in the strategic plans

Good linkages within the university with other schools, faculties, departments or special programs as well as with the University leadership are important for laying the groundwork for effective use of the outside partners such as Ministries of Health, Higher Education, Science and Technology. University leadership needs to ensure that the strategic plans of its School of Public Health is in line with national priorities and to clarify how the partnerships with northern institutions can strengthen these relationships and agendas.

International partnerships or the promise of them can catalyse action to benefit the African partner institution through their potential to contribute funds, raise quality, and enhance visibility of the institution. Partnerships can also be used strategically for political leverage, by:

- Focusing part of the research collaborations on problems and issues of direct interest to the Ministry of Health and other government institutions
- Using partnerships to provide service to other institutions in the country (government and NGOs) e.g. evaluation of their programmes, needs assessment, and others
- Responding to certain regional needs as these arise

Universities should encourage a merit-based, transparent employment, staffing, and promotion practice to encourage the talent created by the partnership programs to remain in the country and impact on training the following generation of practitioners, researchers, and academic staff.

Principle 6: Partnerships should be monitored routinely and evaluated regularly using appropriate indicators, yet they should have sufficient flexibility to respond to a dynamic and rapidly changing environment

Monitoring and evaluation are important ingredients of successful partnerships - they measure and document progress and obstacles. Monitoring should be an ongoing process that is carried out regularly and constitutes an integral part of good management practice. Evaluation of the partnership - not just of outputs and deliverables - has to be built into partnerships and appropriate indicators should be jointly established to carry out evaluations.

The indicators of progress need to be jointly determined, applied and interpreted at regular intervals and built into a dynamic database that is accessible to both partners. Indicators should cover specific educational, research, and capacity building goals of the partnership and include longitudinal tracking of faculty, student and alumni performance as well as items like the research output of faculty.

Regular communication and tracking of performance should facilitate the ability to respond rapidly to changes in the environment. Flexibility to move the partnership goals and processes in line with changing circumstances needs to be built into the memorandum of understanding and should be part of the modus operandi. The changing needs of African environments must be recognized and the partnership must be able to respond to these changing needs, by modifying the work plan and maintaining a certain degree of flexibility in budgeting without compromising good financial management. Partnerships should also be prepared to change and adapt roles and responsibilities as the ability and leadership of the African partners develops. Re-defining the partnership is a joint and continuous process that must be developed and nurtured and should start at the inception of the partnership.

No two institutions in Africa are the same, so the same approach and methods cannot, and should not, be applied to any two institutions even within the same country. If all the countries in Africa have to respond to the health challenges facing the continent, then it is clear that the public health training institutions must provide flexible training to meet the evolving needs in human resources in the countries and region.

Principle 7: Partnerships should support national and regional health strategies and seek to strengthen existing regional organizations and professional associations

Partnerships should take into account existing and nascent regional organizations, groupings and networks, their mandates and the principles under which they operate. Regional affiliations should not be abolished or in any way discouraged. Such regional alliances can facilitate the process of strengthening Schools of Public Health, and support in serving regional needs. They can also facilitate continent wide and subregional networking and resource sharing amongst public health institutions.

The partnership should further the development of a regional and subsequently an Africa-wide association of Schools of Public Health. This will further spread the positive achievements of the partnerships into other countries thus promoting networking and improve teaching and education in Africa. Partnerships should also be conscious of regional and continental organizations such as NEPAD and AU as they can provide much needed political support in terms of political commitment, scholarships, direct grants, contracts, and employment of graduates of Schools of Public Health.

By working with country leaders, regional organizations (e.g. NEPAD and AU), as well as donor groups, partnerships should seek to increase the visibility and involvement of African public health leaders in scientific and policy making in national, regional and global organizations. This may require special training and exposure of individuals to gain the experience they need to function effectively in these kinds of environments.

Ultimately, an African association of Schools of Public Health may help set, as well as increase standards, sharing curricula, exchanging information, interact with northern partners, and become a much needed voice for health in Africa.

Taking the Good Partnership Principles Forwards

This consultative meeting highlighted the willingness of African institutions to collaborate in building public health capacity for the continent and in becoming a more powerful voice for public health in Africa. The meeting also demonstrated the ability of a new African leadership in public health to negotiate partnerships - internally and externally - and a determination to build on the achievements of both African and international investments in public health capacity strengthening.

The current partnership document was intended as a report to USAID to inform its policy on funding in this strategic area in Africa. The partners of this consultation are keen to learn how the guidelines for selecting institutions in Africa will have assisted USAID in finding the best partner, and how the principles outlined in this document will help to optimize the impact of USAID funding on leadership in health in Africa over the next 10 years.

In accordance to their commitment to extend the usefulness of this document, COHRED and AfriHealth circulate it to all African public health institutions for comments and modifications. The aim was to make it a document of all schools and departments of public health in Africa. This process should be complete by the end of 2004.

In line with its mission as a 'southern alliance with key northern partners', COHRED will circulate this document to the Association of Schools of Public Health in Latin America, and to the nascent schools of public health in Asia. The purpose is to see whether or not, and to what extent, the new definition of partnership in public health education can become a global good and a contribution from Africa to global development.

Last, but not least, a dialogue with actual and potential northern institutions involved in capacity building in public health in Africa is anticipated around these principles.

Ultimately, it is hoped that this document will have assisted in bringing together partners for public health in Africa with a better understanding of the potentials and mechanisms of good partnerships for higher impact on the health of the African continent.

Appendix I

Agenda of the Consultative Meeting

DAY 1: 6 April 2004

08.30 - 10.30 “Setting the scene”

- | | |
|---|-----------------|
| 1. Welcome participants & Guest of Honour | Thomas Nchinda |
| 2. Welcome statement: Dean, Faculty of Health Sciences, University of Pretoria | Thanyani Mariba |
| 3. Appointment of Chair for the Consultative Meeting | Thomas Nchinda |
| 4. Brief opening remarks by the Chair | Kuku Voyi |
| 5. Personal introductions: to include specific Partnership experiences and expectations | all |

10:30 - 11:00 Tea / Coffee Break

11.00 - 12.30 “Setting the scene” cont’d

- | | |
|--|--------------------|
| 6. Background, purpose and expected outcomes of the meeting, including results of AfriHealth study | Carel Ijsselmuiden |
| 7. Partnerships for Capacity Strengthening: Lessons from WHO/TDR | Thomas Nchinda |
| 8. USAID support for Partnerships | Dennis Carroll |
| 9. Perspectives from the Association of Schools of Public Health in the USA | Harrison Spenser |
| 10. General Discussion including amendments to the agenda | |

12:30 - 13:30 Lunch Break

13.30 - 17.00 “Defining good practices in partnerships”

- | | |
|--|--------------------|
| 13:30 - 13:45 Introduction of Group work | Carel Ijsselmuiden |
| 13:45 - 17:00 Group session 1 (3 working groups)
(Tea and Coffee available from 2:30-3:30; groups can decide when to break) | |

17:00 - 18:00 Plenary meeting: conclusion Day 1

- * Brief presentation of group work by group rapporteurs
- * Discussion on problematic points
- * Possible modifications for next day’s agenda

Joint Supper

DAY 2: 7 April 2004

08:30 - 09:00 Summary of Day 1: Proceedings, challenges, and re-focusing on work for day 2 **Sambe Duale**

09:00 - 09:30 Discussion

09:30 - 12:00 Group session 2

(Tea and Coffee available from 10:00-11:00; groups can decide when to break)

12:00 - 12:30 Plenary meeting: presentation of second group reports

12:30 - 13:30 Lunch Break

13:30 - 16:30 Plenary discussion for plan of action

- * Report on “good partnerships”
- * AfriHealth in the future
- * Pan African Public Health Conference 2005
- * Other

Meeting ends 16.30

DAY 3: 8 April

Write up of first draft of report: all welcome

Appendix 2

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Appendix 3

The Partners in Convening this Consultation

AfriHealth

AfriHealth started in 2001 with a (one-off) grant from the Rockefeller Foundation to the SHSHP to i) map Public Health Education Capacity *in and for* Africa; ii) to assess the potential for and limitations of technology-supported distance learning in public health *in and for* Africa; and iii) to explore opportunities for network development and dissemination of information acquired by the project. The expected outcome was that this short-term grant would lead to the formation of a well-resourced African network that could contribute substantially to the improvement of public health capacity in a sustainable manner.

AfriHealth has completed the objectives of phase I, i.e. mapping university education capacity in public health, and providing an in-depth assessment of the potential for Africa-based technology supported distance learning. A summary of the provisional findings was provided as input into this meeting, and is included further on in the text.

AfriHealth, currently still located as a program in the School of Health Systems and Public Health at the University of Pretoria, is now looking towards becoming a network of public health training institutions and professionals, for further education and research, training and meaningful collaboration and partnerships south-south and south-north and to organize a “Pan African Public Health conference” in 2005. Carel IJsselmuiden is the program director since its inception, but credit is given to all those who have worked for AfriHealth since 2001: their names appear on AfriHealth’s website (<http://AfriHealth.up.ac.za>). Since 1 January 2004, Carel IJsselmuiden has been appointed Director of COHRED, but remains involved in the AfriHealth program.

COHRED (Council on Health Research for Development)

The focus on, and advocacy for, health research as a tool for development is relatively recent. It started with the publication of the report of the Commission on Health Research for Development (1990) that highlighted the gross disparities in global health needs and global health research spending, what is now called the ‘10/90 gap’. This report led to the creation of COHRED in 1993. During its first decade of operations, COHRED focused on advocating for health research priority setting in the south, and for using this information to build national health research systems to enable countries to rationalize decision-making in research spending and to dialogue with northern research partners, all of which are essentially public health competencies if public health is widely defined. COHRED has added capacity building to support national health research capabilities to its areas of major focus.

Over the same period, several well-known major policy changes took place globally in the field of health and development. The World Bank’s 1993 World Development Report provided a first and convincing argument for investing in health as a tool for, rather than a cost to, development. Subsequently, the WHO set up an Ad Hoc Committee on Health Research Relating to Future Intervention Options (1994) to address priorities for health research and development. This ultimately resulted in the formation of the Global Forum for Health Research and the Alliance for Health Policy and Systems Research to address the disparities in global health research funding and to optimize the impact of the benefits of health research.

Neither of these developments, however, resulted in the commensurate investments in human resource capacity building that one would have anticipated given the massive burden of disease and disability being uncovered by the various reports. Other than - relatively small scale - bilateral capacity building efforts (some of which are innovative), the largest and most sustainable program concerns biomedical research capacity building as a way to control tropical diseases: the UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR) created in 1976 (UNICEF had recently become a Co-sponsor).

Despite limitations of scope and funding, these capacity building programs generated a substantial core group of highly competent professionals in health research and in public health who form the new generation of public health

leaders on the continent. Although weakened by 'brain drain' and inhibited from achieving full potential due to weak health systems, and economic and political obstacles, this core group is nevertheless better able and equipped to define Africa's health problems and identify and develop solutions than it has been at any time in the past. It is the dynamism of this new leadership in health research and public health that is at the heart of this consultation.

One reason for COHRED's involvement in this process is a finding from the AfriHealth project that graduate public health education in Africa - and thus the future practice of public health - is almost entirely divorced from public health research. Public health practice that is not informed by research will ultimately become ossified and inappropriate: exactly one of the key problems with current public health education in Africa.

There have been relatively few capacity building initiatives specifically targeting public health training and practice in Africa, and even fewer that focused on strengthening the institutions where training takes place. Several small initiatives, such as AfriHealth, the Schools of Public Health Without Walls initiative (PHSWOW) and the Joint Learning Process - which focuses on a wider human resources for health agenda³ - were launched in recent years to move capacity building in public health training higher on the international agenda. Their contribution, and that of others, to the new generation of health leadership in Africa is acknowledged. This consultative meeting intends to build on this basis and place a new generation of public health professionals at the forefront of improving health in Africa - using partnerships with northern institutions as a key strategy.

For further information: <http://www.cohred.org>

USAID and SARA

Following an informal discussion on public health workforce strengthening in Africa (it was held between USAID and AfriHealth on October 29, 2003 in Washington, D.C), the USAID Africa Bureau asked its 'Support for Analysis and Research in Africa' (SARA) Project to work with AfriHealth and COHRED to organize a consultative meeting to get African perspectives on ways to strengthen public health education capacity in Africa. The outcome of these discussions was the organization of this consultative meeting in Pretoria (6-7 April 2004) on Partnerships for Strengthening Public Health Capacity in Africa. The meeting was financed by the USAID Africa Bureau through its SARA Project and hosted by AfriHealth, COHRED and the School of Health Systems and Public Health of University of Pretoria (South Africa). The sponsorship of this meeting is indicative of a growing realization by USAID that investment in human resources, specifically in preparing leaders who can move forwards the health agenda in Africa, is timely and urgent. (See the presentation on the USAID Leadership Initiative later in this text).

3 The Rockefeller Foundation funded all of these initiatives

Appendix 4

Highlights of Three Key Presentations

AfriHealth

(Presenter: Carel Ijsselmuiden)

The salient points from AfriHealth mapping exercise are the following:

Findings

- Most (51%) countries in Africa do not have graduate public health educational programs; 31% have one, and 19% have more than one program.
- Many, if not most, graduate training in public health is still 'traditional' - focused on narrow medical and health professions and disciplines.
- There are many 'short course' offerings: through other institutions than universities as well: services, NGOs, foreign bilateral institutions, that are not linked into university education (but could do so and mutually benefit).
- Distance learning is rare but developing.
- Language is still an important divider: Lusophone Africa has one institution in Mozambique starting up an MPH program; francophone Africa has courses in health but not typically a public health program (following the model in France); but there is more willingness to operate in English.
- Few have substantive 'south-north' links, and even fewer have 'south-south' links.
- There is little regional collaboration across the continent.
- Annual intake in 2002 was around 600 students (but data are not complete) especially in MPH programs; few institutions (5) take foreign students and then mostly only incidentally.
- The sizes of public health departments / schools / units are generally small: most have between 6-15 staff; a total of 511 staff members were listed throughout Africa; of these, most are male (up to 74% at the level of PhD), and few international staff.
- Research output, with exceptions, is very low, not published in international press, and graduate public health programs are almost all separated from public health research - even in places where internationally renowned research programs are located.
- Findings related to public health training outside Africa *for* Africa were incomplete, and not discussed.
- Findings of the information technology assessment were that INTERNET is becoming a viable option for distance learning in Africa even now (if e-mail and CD ROM based), while satellite-based education will come of its own in the next few years.

Conclusions

- Africa does not have, but desperately needs, a plan for public health education and for the larger human resources for health solutions.
- A major and long-term investment in public health education is needed for Africa; leadership for health is likely to grow in schools of public health.
- ‘Clustering’ or regional collaboration is essential to deliver public health education across the continent, build economies of scale, become manageable for donors and partners, and offer a buffer against political instability and brain drain.
- Public health needs to be modernized and opened up, and extension to, and reception of, other disciplines relevant to changing health and environment need to be made urgently; some schools have been established along these lines, particularly in South Africa, Uganda and Ghana.
- Africa needs an ‘Alliance of Schools/Departments of Public Health’ urgently, to assist in accreditation, standard setting, student exchange, international comparisons, and support for country initiatives in public health education.
- Investments in technology-supported learning will pay off, given the increased ability of the continent to manufacture and distribute its own learning materials
- Northern uptake of African students needs to be transformed in financial and technical support to African institutions.

Association of Schools of Public Health (ASPH)

(Presenter: Harrison Spencer)

The ASPH is the only national organization representing the deans, faculty and students of accredited member Schools of Public Health and other programs seeking accreditation as Schools of Public Health in the USA. It was established in 1953 to facilitate communication among the leadership of the different schools of public health. The ASPH is governed by its members and by an executive committee. It consists of 34 accredited schools and 8 associate members only one of which (the London School of Hygiene and Tropical Medicine) is located outside the USA. The ASPH represented a total of 7.000 faculty, 19.000 pre-graduate and 5.900 graduate students in 2003. The courses offered through the member institutions include Masters Degrees (MPH, MS etc), doctoral degrees (PhD, ScD, Dr PH, etc) and joint degrees (MPH/MBA, MPH/MD, etc).

An important feature of ASPH is the academic accreditation of its member institutions. This is meant to ensure high academic standards in the schools and accreditation is normally conferred only after strict examination of the program and of the training facilities of the candidate school by an independent group of experts in Public Health. The core areas of studies in the Schools of Public Health identified by the ASPH are: i) epidemiology, ii) biostatistics, iii) environmental health, iv) health administration and v) the behavioral sciences/health education. The ASPH has gradually assumed a number of functions including providing a focus and platform for the enhancement of existing and emerging academic public health programs and assisting in meeting national goals of disease prevention and health promotion. Its other duties include liaison between the schools, government, and other professional bodies in the USA. More recently, it is opening itself up to develop liaison with similar institutions in Africa and other developing countries. This

will be facilitated if there is a similar Association in Africa. The ASPH was invited to the consultative meeting to facilitate understanding of potentials and implications of forming an African association of schools of public health or similar body.

USAID Leadership Initiative

(Presenter: Dennis Carroll)

USAID intends to launch a Partnership for African Leadership for Health Initiative later this year. In the proposal, USAID intends to create partnerships (i.e. be a partner) with a limited number of African institutions for public health training with US-based counterparts to strengthen the institutional capacity of the African schools to provide advanced-level leadership training relevant to the health needs of Africa.

The goal of the Partnership for African Leadership for Health Initiative is to enhance public health leadership capacity in Africa by:

- Strengthening the capacity of African institutions to train African health professionals in public health leadership skills;
- Contributing to an increased country-level capacity of public health leadership at middle and senior management levels;
- Promoting an enabling environment for appropriate use of these skills; and
- Linking graduates to “priority” technical and leadership positions in the public, private and NGO health programs.

The Leadership Initiative also aims to provide an important opportunity for building a south-south public health network among participating African institutions. It is expected that south-south collaboration and networking between African public health schools would facilitate the sharing of resources for better training and research on the continent.

The meeting participants welcomed the USAID Leadership Initiative and called upon USAID to build on and coordinate with other capacity building efforts for health sector. The participants developed a set of criteria for consideration and use by USAID for selecting institutions that will be involved in the Partnership for African Leadership in Health (see **Appendix 3**). A review committee involving representatives from the region and partners, USAID and the Association Liaison Office (ALO) for the University Cooperation and Development amongst others will apply the criteria to assess and select the candidate institutions for the Leadership Initiative.

Appendix 5

Criteria for Consideration in Selecting African Institutions for Partnerships in Public Health Education

Besides the ‘good partnership principles’, the meeting identified the following criteria and process norms as being of use to the USAID Public Health Leadership Initiative for selecting partner institutions. This list is not comprehensive, nor ranked by importance or priority. The criteria were not necessarily ‘agreed upon’ by all, but resulted from a discussion on how USAID Public Health Leadership Initiative should approach institutions in Africa.

1. Contextual Criteria

- Political stability of the country (to be considered flexibly)
- Accessibility of the country and availability of suitable services including transport, communication and accommodation
- Strong backup from government and political leadership for the public health education initiative and for good public health practice in general
- Enabling environment for linking up with similar institutions in neighbouring countries in the region

2. Institutional Criteria for Partners:

2A Criteria for African Partner Institutions

- Teaching of a wide scope of disciplines relevant to public health practice
- Availability of infrastructure: space, equipment and supplies
- Available field stations and transportation
- Current research activities by the staff and by individual faculty members, and proportion of the budget of the institution allocated for research by student and staff
- Availability of a library as well as IT infrastructure and internet connectivity including a computer laboratory and teaching aids
- Existing institutional partnerships within and outside the country
- Potential for improvement of the above:
 - Commitment for political support from the national governments
 - Financial autonomy of the institution where possible
 - Independence of infrastructure (administrative and financial) would be desirable
 - Solid financial and administrative infrastructure in place
- Ability to provide and promote innovative training:
 - Curriculum development and reforms
 - Teaching of a variety of degree and non degree courses
 - Promoting of cross-institutional education methods (such as problem-solving approaches, community-based education, and distant learning)
- Institutional commitment to long-term (more than 10 years) engagement in the partnership and regional collaboration

- Availability of a strategic plan showing how the partnership proposal will further the institutional development plans in public health education
- The intake of trainees into the institution should allow for:
 - Different types of academic backgrounds of the students
 - Gender balance
 - Willingness to admit a large proportion of foreign students
 - Selection on the basis of clear admission criteria
- Staff employment and promotion policies should demonstrate good governance based on merit and public health expertise

2B Criteria for US-based Partner Institutions

- Ability and willingness to enter into a competitive process on a consortium basis that provides the mix of expertise needed to optimise responsiveness to capacity building needs of the African partner(s)
- Willingness and ability to work across 'school of public health' boundaries to include relevant disciplines in other faculties, schools, and departments to address the capacity building requirements of the African partner(s)
- Having substantial experience in working in Africa
- Commitment to long-term (more than 10 years) engagement

3. Application of these Criteria

- Candidate institutions need to provide documentation showing that they can meet these criteria
- The African partner is first identified so that representatives can be included in the remainder of the selection process, where appropriate; *to prevent potential conflicts of interest, African public health expertise that cannot or will not enter this particular partnership can replace representatives from the African partner institution.*
- A review committee involving representatives from the African and (uninvolved) partners, USAID and ALO amongst others will short list on the basis of documentation provided
- A delegation of the review committee will conduct a site visit to the pre-selected institutions
- Concerning the US partner(s), a recommendation was that these partnerships should be based exclusively on the ability of the US-based partner(s) to meet the requirements of the projects to be undertaken and not on the basis of individual and institutional relationships only.



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