



Network for Education
in International Health

Minutes: tropEd General Assembly Meeting

20th to 22nd September 2012

**Department of Women's and Children's Health
Uppsala University**

Participants:

Annelies Wilder-Smith(AWS), Heidelberg;
Axel Hoffmann (AH), Basel;
Bernadette Peterhans (BP), Basel
Carina Kallestal (CK), Uppsala;
Curt Lofgren (CL), Umea;
Deborah Didio (DD), Bordeaux;
Govert van Heusden (GvH), Antwerpen;
Jorge Atouguia (JA), Lisbon;
Josep Jansa (JJ), Barcelona;
Matthias Borchert (MB), Berlin

Maxine Whittaker (MW), Brisbane;
Nawi Ng(NN), Umea;
Nicolas Goujon (NG), Bordeaux;
Ning Beyer (NB), Basel;
Nuria Casamitjana (NC), Barcelona;
Pauline Grys (PG), Heidelberg;
Rodney Reynolds (RR), London CIHD
Stuart Anderson (SA), London SHTM;
Ulrike Taschbach-Hörsch (UTH), Bonn

Guests:

Tippawan Liabsuetrakul Prince of Songkhla University, Hatyai, Thailand
Lars-Åke Persson (IMCH)
Elisbeth Darj (IMCH)
Beth Maina Ahlberg (IMCH)
Stefan Swartling Peterson (IMCH)
Magdalena Bjerneld (IMCH)

10 Full members, 4 Collaborating institutes

1. Round introduction and welcome address

CK briefly introduced International Maternal and Child Health (IMCH), which is a leading research and education centre at Uppsala University that works for improved global health with special emphasis on women's and children's health and nutrition. The education and research programmes address the health challenges in low- and middle-income countries and in humanitarian crises. By developing and evaluating interventions and new strategies for tackling priority health problems, IMCH makes important contributions towards equitable global health. IMCH contributes to the achievement of the health-related millennium development goals by pursuing relevant and high quality research, advanced education, and communication with the public, medical and care practitioners, and policy makers. The mission of IMCH is to contribute to equitable global health with an emphasis on women's and children's health and nutrition. IMCH seeks to accomplish its mission by working with global partners to generate new knowledge through research, to reproduce knowledge through higher education, and to translate knowledge into strategies and practical action.

IMCH offers a Master of Science Programme in International Health that prepares professionals with medical or other undergraduate degrees to play leadership roles in promoting global health. IMCH offer health-related courses within the Joint European Master Programme in International Humanitarian Action (NOHA). This programme is a multidisciplinary programme developed for personnel working in the field of humanitarian action. Participants study at several European universities collaboration in the programme. IMCH also offer short preparatory courses for MSF (Doctors without borders) personnel and give an optional course for the basic medical training to physicians and nurses – Global Health, 5 weeks whereof 2 in LMIC. For more information on the research activities please see **point 12 of these minutes: Researching and teaching in IMCH.**

CK warmly welcomed the tropEd colleagues and wish the group a wonderful time in Uppsala.

2. Review of the meeting agenda and the minutes of the Lisbon tropEd GA meeting:

The meeting agenda was reviewed and agreed by the tropEd GA. The time slots of several items were shifted.

The minutes of the Lisbon tropEd GA meeting was reviewed page by page and approved by the GA members. Minor changes were made under point 6 and 20.

Point 6: Exit Interview: Since there were home-institution-member questioning about the exit interview questionnaire and the procedure, tropEd Secretariat and home institutions represented in this meeting have had a short meeting in the break and discussed the questionnaire and the procedure again. The questions asking about the home institution will be added. Students will be asked whether they would like to give their name and contact information at the end of this questionnaire. This question is optional and they need to be informed that they may be contacted from the Secretariat or the home institution. For the procedure we will delete the step that student will show the confirmation page to the home institution. Home institutions might also not have the legal basis for holding the degree certificate before the students show this. The

secretariat will send reminder to both student and home institutions. The feedback will be given to the home institutions as well as to the GA.

Point 20: to which grant? Cities of the members, collaborating institute, etc.

The approved minutes will be updated on the tropEd website and one hard copy will be signed by three EC members and will be filed in the tropEd Secretariat office in Basel.

3. Secretariat Information

- 1) tropEd will be represented in World Health Summit by Nuria in October in Berlin
- 2) We were looking for reviewer to visit Wurzburg but luckily found Alberto Matteelli during the meeting time.
- 3) No information from Liverpool regarding the Membership application. SA will make an informal inquires.
- 4) Geneva in general wants to come back to tropEd – they are aware that it is a new application. They will come back to us as soon as they are ready.
- 5) Muhimbili seems lost the contact, membership fee for 2012 was not paid. They haven't attended GA meeting for a long time. According to the Statutes the membership should be terminated. Axel can give a last try in December when he is in Tanzania.
- 6) EAGHA drafted a Declaration for Global Health Education. Should tropEd sign on it? More discussion was needed during the meeting.
- 7) The following courses have been accredited during the summer:

In EC meeting on 6th July 2012:

Bergen: War, violence and health
Berlin: Effective project leadership: Dealing with uncertainty and complexity and interpersonal skills in the workplace
Edinburgh: Global Health Workforce Planning
Edinburgh: Managing and Developing the Health Workforce
Umea: Health Economic Evaluation Methods

In EC meeting 3rd. September

Amsterdam: Urban Health
Barcelona: Core course, Diploma of Global Health
Bordeaux: Laboratory quality assurance and tools for survey and control of tropical diseases
Heidelberg: Improving healthcare services in resource poor settings
Heidelberg: Quality Management in International Health
LSHTM: Environmental Health Policy
LSHTM: Epidemiology and Control of Infections in Developing Countries (distance learning)
LSHTM: Health Care Evaluation
LSHTM: Nutrition and Infection, (distance learning)

In EC meeting 12th September

Edinburgh: Research design and proposal writing

4. Candidates for the EC election

AH provided a summary on the responsibilities of the president-elect and the Ex-officio member. He explained again the component of the EC, the main activities and the work load of an EC member. Lorraine Dardis is no longer in the CIHD, UCL, therefore she is no longer eligible for the position of president. Candidates were encouraged to volunteer for the EC.

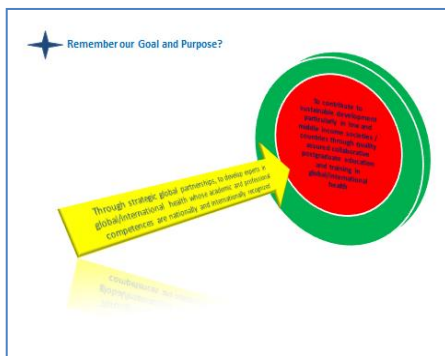
5. Modules allocation

There were 22 courses submitted to the course accreditation session. GA was divided into two groups. Courses from Antwerp, Australia, Barcelona, Heidelberg, London UCL were allocated in Group one. GvH and NC chaired the discussion and PG took the minutes. Courses from Basel, London SHTM, and Umea were allocated to group 2, chaired by AH and minutes taken by NB.

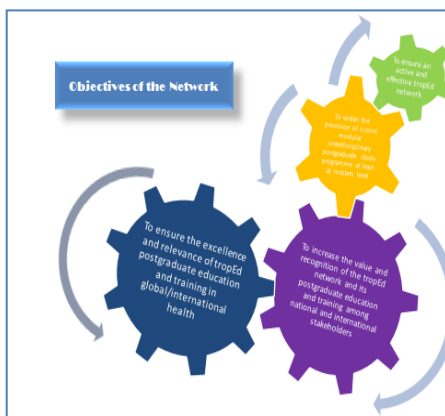
6. News from Bordeaux:

In the Bordeaux Segalen University, the institutional set-up changed in early September 2012. From now on, the European Master in International Health receives official recognition through the Master 2 Pharmaco-Epidemiology and Pharmacovigilance. As soon as procedures for this accreditation have been finalized internally (approval by the Faculty Council and the Council for the University Studies), the Secretariat will proceed with the notification at the EACEA level and the tropEd GA.

7. Strategy plan discussion



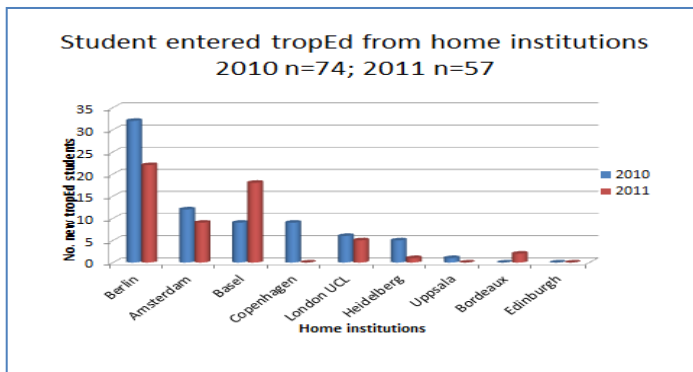
Maxine reminded the GA that our tropEd goal is to contribute to sustainable development particularly in low and middle income societies / countries through quality assured collaborative postgraduate education and training in global/international health. Our purpose is through strategic global partnerships, to develop experts in global/international health who's academic and professional competences are nationally and internationally recognized.



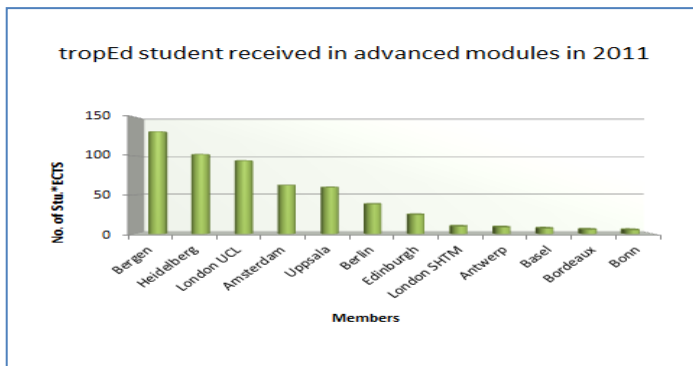
The objectives of the networks are:

- To ensure an active and effective tropEd network;**
- To widen the provision of a joint modular interdisciplinary postgraduate study programme at least at masters level;**
- To increase the value and recognition of the tropEd network and its postgraduate education and training among national and international stakeholders;**
- To ensure the excellence and relevance of tropEd postgraduate education and training in global/international health;**

When we looking at some data:



This chart shows how many students enrolled into the tropEd network through different home institutions. **The definition of tropEd students is not clear to everybody!** Whether EM students are tropEd students? In Berlin the number in 2011 is 27 instead of 22.



This chart shows which institutions have received students from the network in 2011. For example, Bergen has many very good courses and no tuition fees therefore they have received the most students within the network.

According to the current situation several issues were raised up. We have the chance here to have some intense discussions and we can see the challenges and maybe the solutions as well. GvH will talk about the curriculum and give gaps analysis, ratio from advanced modules to core and so on. In this session we will only focus on network and students.

When we talk about the network: Why we are part of the network? What do we hope to gain from each other? What do we expect from the different type of groups such as full or collaborating institutions? What are their expectations to be part of this? And when we think about the student numbers, it may bring us to some crucial decisions. Are we reflecting the tropEd goals? Are we aiming to increase the student numbers or at least maintain and how can we do it? What are the roles of home institutions? Do they have concerns? Is the economic situation maybe the cause for some of the changes? Also the way we deliver the courses, do we need to offer more distanced based learning? Mobility as before could be unaffordable for many students nowadays and the visa issue getting more difficult in many countries. Only few home institutions bring in tropEd students. The flat numbers and the mobility are the challenges and what can we do about it?

Discussion:

CK: The network starts from the time that students have already working experiences in the field and then take the master. Now the students are much younger and with less working experiences and need the certificate to get the job. Now we have the different

kind of students as before. Whether tropEd programme are still suitable for this kind of students?

AH: One of the target groups is the health professionals who worked in the field in low and middle income countries who have no high quality master trainings. The demand is still high but the financial issue is the crucial one.

JJ: Whether the total Nr. of students goes to the home institutions changed?

BP: In Basel the number declined. Organizations that sending students in previous years has changed, since many employees have already the degree when they start the job. The scholarship has been stopped.

SA: One big change in the LSHTM is the distance learning. tropEd students are very small part of the London School. The courses come to tropEd are only upon the students request. Now there are about 3000 students around the world do distance learning courses. The tropEd recognition was encouraging the student mobility and maybe needs to revise since there are more and more students take the less mobility options and benefit from that.

MB: The student numbers are stagnating but not reduced. The ECTS credits from distance learning courses should count for whom? home institution or advanced modules institution?

NC: We have the new master's programme. We have received many applications and normally at the end is financial issue making decision.

UTH: e-learning and blended learning offered the opportunities of the students to do the work but not travelling during their studies.

MW: In Australia we have the similar trends, the students are getting younger. However, in general the number of students is increasing.

AWS & PG: In Heidelberg students' numbers are stable or increasing MIH students but drop down of tropEd students. Students who worked cannot take long courses, therefore longer than two weeks will be not a good choice for them.

MW: There are more Master programmes of Public Health in Asia and for those students in that areas are not necessary to come to Europe. Student come to Europe just want a European added value.

MB: We have repeat on topics of advanced modules within the network. The quality of some courses is questionable. The competition we created by ourselves is like suicide to the network.

NC: Students sometime ask for more flexibility.

AWS: Whether the network can take the decision to keep the ratio between students and courses? Maybe in certain time point we need to stop to take new courses.

CK: The focus of the network will influence the ratio of courses to students. If we are accreditation body then it is fine with more courses.

CL: Where are the students drop out, or not yet finished their masters?

BP&AH: Many of drop outs stopped before the thesis component, mainly due to family reasons or career re-orientation.

SA: The relationship between the mission and strategy. tropEd is actually much broader than the programme in international Health. Many institute come to the network is only for get recognition of their courses. Actually only one point under our strategies is about students.

MW: Regarding how to find resources we need to think about carefully the different values of the network. About the thesis with field work, fewer students can get money to do so. We could not maintain the number without scholarships. We cannot teach everything as we want but need to check the students need. There should be pathways documents to allow students bring in new topics.

NC What we are really expectation from full members and collaborating members. What is the definition to bring in new courses? There are some modules are under collaboration of different members. It has impact to the whole institution and beyond the course.

MB. It may not attractive to the students if a course is offered by two or more institutions.

CK: Facilitators mobility maybe should be more focused because it will help the common understanding between the partners, instead of only look at the courses.

JJ: Collaboration with courses is one of our aims of the network.

SA: We should think of recognition of the education experiences for the students joined the face to face courses? In the current recognition maybe not very clearly described the added value of this.

UTH: The concept of distance educations now is quite different. We should have a clear tropEd definition.

MW: Many universities have open resources on the web. Eg. in Brisbane we have the whole course material on internet.

MW: Is there anything we can do to dial with the currency situation or the decrease of scholarships because of the changes at the donor side? not really.

MB: Due to lack of personal it is difficult to track the students. Where are they, did they on the rack according to their study plan?

BP: Basel starts to use the tracking system. If no information received we will send reminders. Maybe Berlin can take a look at this system. Maybe we can evaluate the new tracking systems in Basel to see whether it improves the completion rate. Students are always struggling with the topics of the thesis. I get the feeling according to the recent events maybe in the direction of NGOs could be one target group for the PR activities.

SA: completion rate of the distance learning is 60% after 5 years. The experiences show that tracing them beyond reminder does not improve the situation. LSHTM Master programme allowed students not to do the thesis. Now there are problems with ASPHER accreditation.

AWS: In Heidelberg thesis market has been organized. Where students and professor can meet and talk about the thesis topics. Normally student think too broad and we need to narrow them down.

AH: Master thesis is national regulation in many countries.

Then we should also think of other possibilities such as: Whether tropEd will works as an accreditation body? tropEd has a long-standing experience in peer-based accreditation procedures for universities enrolled in teaching in international/global health. Most of the member universities (and also national accreditation bodies) value tropEd as a quality control mechanism for courses outside the university. There is no European accreditation body in the field of international/global health. In many fields (e.g. in business administration, economics, engineering, etc.) students and employers value accreditation by well-reputed associations much higher than the national accreditation

The Pros

- There are already some sporadic “requests” whether tropEd would accredit universities/courses which are not member of the network.
- Within the network there is a huge amount of knowledge and experience in nearly every field of international/global health, which could be utilized.
- Working as an accreditation body would bring income to the network and therefore expand the future possibilities. At the beginning the income are mainly used to cover the costs.

- Possibility of involving more partners in the day-to-day work.

The Cons

- Some investment in time and money needed
- Eventually the network must shift from a German association to another country, another kind of legal status
- Definitely there will be some conflicts (e.g. with ASPHER)
- Another and/or an additional PR activity is needed
- Mission/strategic plan has to be adjusted

After Lunch break

MW: Some more ideas/issues come from the previous discussion: to have more joint courses in the network? To have formal accreditation process instead of peer – base process? How to improve the access to research funding? Whether the income received is only just funding the network? Added value to the members who come to the meetings? Shall we think of the advocacy role of the network? Have we done well, or could do or need to do? We need to know what our engagement is.

SA&NC: There are some networks such as EAGHA, ASPHER, Medine, Netdoc. ALASAG (Latin America), perhaps we should closely collaborate with other networks in Africa and Asia. There is some communication at the individual level but not at network level.

MW: In certain level we have influenced the quality standard and policy making in several countries. We may start to map the existing relationships we have.

BP: From the meeting in South Africa, which is focused on the graduate level, we know we are much advanced in the field. There could be future demand in Africa for standardization.

BP & GvH: At this moment most of the scholarships have dropped and we have difficulty to find replacements. The new round Erasmus for all will start from 2015, in the framework, European committee will not only provide scholarships but also study loans. More funding maybe can be received on the capacity building aspect.

MW: we should work with the resources we have and seeking for more funding resources as a network. To improve the advocacy role may be able to bring in new funds.

GvH: New movement from newly high income countries is willing to pay their students by themselves.

MW: the role of collaborating institutions: just come to accredit their course and then disappear. Why? Do we need to do something to investigate? Why do we as network want to have overseas partners? Beside the student mobility, is it also added value to the network to have overseas partners?

AH: Yes, of course. Even only the site visit is already good opportunity to improve the collaboration over the continent.

MB: We can imagine for the overseas collaborating institute, how few students received and how much work has been invested. That could be waste of energy. Therefore we may need to review of our admission procedure.

GvH: There must be other reasons why are they still here, definitely not only the students.

NB: All financial support stopped which we have used to start and support the overseas collaboration.

GvH: If we talk about global health, we must be global as first. Maybe some more capacity building to be as added value for the collaborating institutions.

MB: More information on all collaborating members should be collected.

SA: Big network with many members some time is a good indicator for a successful network.

BP: We need make decision in the strategy plan, whether to expand the network or keep the size of the network as it is.

NC: Academic session is the attracting part to come for a meeting, not only presentations, but also workshops, etc.

MB: Do we have criteria to select new members. To which area we would like to have more new members? Whether the new member can profit the existing members? Whether they will bring students? Instead of only check the standard criteria, we should more think about the interest of existing members.

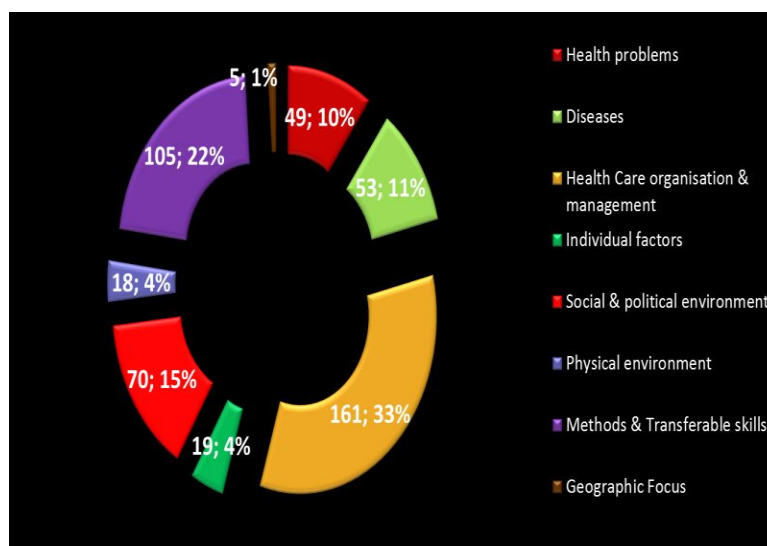
MW rounded up the discussion: After these open discussions, all GA members agreed to re-consider at least the tropEd regulations regarding distance learning. Strategy task force will prepare the suggest changes with many other issues and circulate as a concept paper at least four weeks before next meeting and members can think about it. We can then give priority of the different ideas and daft a strategy plan. The changes in many different documents, such as profile, recognition should be mentioned at the same time. All changes need to announce in the agenda before the meetings.

8. Curriculum Development

Based on the keywords system that tropEd has introduced since Berlin GA, May 2011, GvH and NB looked at all keywords that have been used at the time point of August 2012 and analysed the focus of the content, which tropEd advanced modules offered, the gaps of contents still exists, the time distribution of modules and the courses have been taken from the 24 recognition files.

So far the advanced modules are offered by 20 members from 13 countries. Among them 16 are European members (136 modules) and 4 non-European members (12 modules). The Median is 7 modules offered per member (range 1-27). At this moment there are eight members do not offer any courses.

We have in total 148 advanced modules, among them 132 are delivered face to face and 16 are distance based modules (11%). The total credits of all modules are 630, which equal to 10,5 years full time study. The mean credit is 4.0 with the range of one to twelve credits. Theoretically each student will choose six to eight advanced modules.



When we looked at the keywords per category, we can get the result that tropEd has a strong content focus on Health problems, diseases, management and policy, transferable skills. The detailed analysis per category please see annex 1.

However, the offered content could become more interdisciplinary?

We can give the suggestion to the strategic development that the following categories could be more focused:

- Physical environment
- Individual factors (behavioural / biological)

And to a lesser extend

- Social & political determinants

There are several keywords which are not yet being used. Therefore we could suggest the following specific content areas for strategic development:

- Health problems / vulnerable groups: disabilities, the elderly...
- Diseases: TB, malaria, zoonosis, specific chronic diseases...
- Resource management: HRH, HI, health infrastructure?
- Methods & skills: demography, anthropology, teaching & learning?

When we look at the time distribution over the year, most of the advanced modules are offered in the first half of the year. Because the core courses are mainly scheduled in the second half of the year, there are very limited advanced modules offered in the winter. The offers from overseas partners may fill in this gap and maybe more distance based modules can be offered at this time.

When we look at the student mobility, according to the 24 recognition file, we can see the courses have been taken from the students. We can already get the trends that students will take more and more courses on the transferable skills. If home institution could do this analysis as well then we can have more accurate data.

When we look at the length of the courses students have taken, the credits between 2,5 to 5 are mostly welcomed. Therefore we can give the suggestion to increase the mean module size from 4 to 5 credits?

And maybe the network can aim for a more balanced distribution of offer between members?

To add too much keywords are not recommended. Otherwise it will be difficult for students to use it as a guide to choose courses. We should think about a system how to manage the keywords and develop a tool for the analysis of the network.

9. Presentation from Prince of Songkhla University, Hatyai, Thailand

Tippawan Liabsuetrakul has introduced the Epidemiology Unit, Faculty of Medicine in Prince of Songkla University, Hat Yai, Songkhla, Thailand. This is the oldest university in southern Thailand. It has built to establish excellence in researches and to provide academic services to communities as well as to take active role in preservation of national heritage in arts and culture, especially for those belonged to southern Thailand. The Epidemiology unit was established in 1986, supported by the Ford Foundation. In 1992 the International MSc programme was approved by WHO as Asian training centre. In 1996 the unit starts PhD course and Senior Research Scholar Grant from Thailand Research Fund.

The students in Epi unit are from more than 15 countries, most of them are from South East Asia, some of them are from Ethiopia and Malawi. According to Thai education law, even for master degree, one publication is necessary. The Epi unit always guaranteed the adequate and efficient IT facilities. Several softwares have been used in very advanced years such as Strata, Epidata, R and Epicalc.

A Handbook is newly developed for guiding the use of R and Epicalc. Chinese translation of this book by Kunming University of Medical Science is now completed. Indonesian and Vietnam version are under developing. At this moment many other universities in Asia and South America started to use Epicalc in teaching Epidemiology. More details regarding the EPI unit please **see Annex 2**

Tippawan appreciate the chance to get to know more about the tropEd network. She will discuss on membership issue with her colleagues back home and looking forward to further collaboration with tropEd members. A site visit is maybe a good chance for helping the capacity building as well.

10. Concept of E-learning and E-learning in GIZ

GIZ – Deutsche Gesellschaft für internationale Zusammenarbeit was established after the merging of GTZ, InWEnt, DED and CIM. It operates in more than 130 countries worldwide and in Germany it maintains a presence in nearly all the federal states. GIZ employs more than 17,000 staff members across the globe. 70% of whom are employed locally as national personnel. And in addition there are around: 1,110 development workers, 700 integrated and 455 returning experts and 820 weltwärts volunteers. In 2010, GIZ had a business volume of EUR 1.85 billion. GIZ worked for German Federal Ministry for Economic Cooperation and Development (main commissioning party) as well as other government departments: Federal Foreign Office, Federal Ministry for the Environment, Nature Conservation and Nuclear Safety, Federal Ministry of Defense, Federal Ministry of Economics and Technology, Federal Ministry of Education and Research etc. GIZ works for Federal States and municipalities, for Public and private clients: such as Governments, European Commission, United Nations, World Bank, private sector, private foundations, etc.

Human capacity development is one of the services that GIZ offers. It works through different methods and format such as Workshops – Seminars – Study Tours, Conferences – International Dialogue, International Leadership Training in Germany , E-Learning – Blended Learning, Networking and Alumni, etc.

There are many terms used interchangeably like distance education, online learning, web-based learning and e-learning. Important are differences between self-paced and facilitated courses. At the moment, most E-Learning is actually blended learning, which refers to a mix of synchronous, asynchronous and classroom. One of the challenges in planning effective distance education is selecting the appropriate mix of above mentioned tools.

Distance learning has long history: the oldest mode was correspondence by mail, followed by the radio, cassettes, video tapes, TV delivering lectures and CD-Roms. Learning through internet is relative new. It provides a multimedia interactive environment for self- study. By concept of distance learning indicates the teachers and

students do not meet and it is more focused on learning, which the teachers are not necessary involved. The concept of eLearning or distance education is much broader and it includes the students and teacher meet in a virtual classroom and learning is facilitated through interaction and a special e-didactic.

There are some rumours such as: *E-Learning is not more than distance learning...* Actually E-Learning can be much more than mere distance learning. By blending it with face-to-face studying, it turns out to be a productive supplement to classroom learning. Also it was said: *E-Learning is just reading text on the screen...* Indeed, some E-Learning courses are no more than simple page-turners. Ideally, E-Learning course designers aim at the learner's interactivity with the course material, instructor and fellow learners. Then E-Learning will be very enriching, captivating, and instructionally powerful.

E-Learning demands E-Didactic The new technology will change the teaching roles and student roles. E-Learning requires specific instructional skills for effective use, for both teacher and students. People can choose E-Coaching for advising solutions, E-Collaboration for networking, exchange of ideas. Then different arrangements and interactions are needed for different aims. People cannot manage a course on their own. You need tutor, expert and technical support. GIZ has special E-Learning guidelines for E-Didactic for authors and tutors by establishing the courses.

The GIZ eLearning courses are normally including introduction, tutored online training and face-to-face workshops as well as professional alumni networking and combined with various learning methods.

The advantage of E-learning is the interactive and flexibility. The training can be offered whenever there is a demand. At the same time, the active engagement of learner, an adult way of learning is guaranteed. For the facilitators, the modules of training may be shared with other courses. E-Learning will Benefits the students who have difficulties to arrange the travel apart from job and it improved the accessibility. It will give both the teachers and students the new learning experience because its interactivity engages users – pushing instead of pulling.

More Links:

<http://gc21.giz.de/health-demo>

<http://www.gc21-eacademy.org/>

<http://einstitute.worldbank.org/ei/CourseTheme>

The tropEd GA thinks of to generate a tropEd guideline for distance learning /e-learning course. Some concept should be exactly defined within the network. Different mode of interactivity such as synchronous, asynchronous should be clearly described in the course submission form, etc. The GA are welcome all other members who offers distance educations to demonstrate their online interface as well. UTH will try to find out whether the GIZ guidelines can be circulated to the network and whether some expert can be invited to give a short training in the future GA meetings to the members.

11. Report from Erasmus Mundus consortium

Cohort 2012-13: The scholarship holders arrived in Bordeaux in early September and enjoyed the orientation week. There are 11 students with scholarships, 3 European students (2 from Germany and 1 from UK, 3 under special windows (Egypt, Lebanon,

Ukraine) and the others from Malawi, Bangladesh and Nepal and USA (2 students). There were 8 applications received for self-funded students, but at the end only one student from Turkey started his studies.

Consortium activities: Quality assurance and marketing actions are prioritised: reviewing curricula; improving the communication within the consortium, organizing workshops, finalising the website, implementing survey for all graduated students, including EM first round, facebook page, etc...The main objective will be to improve the visibility and the quality, to recruit self-funded students and focus on the sustainability of the programme.

12. EC member Election

AH chaired this election. He verified that 9 full member institutions are legally represented at the meeting. He stated that the assembly is authorized to take decisions on the composition of the Executive Committee.

CK stood for election of tropEd President. After voting, CK received 8 votes from presented 9 full member institutions and one abstention. AH then announced that CK was elected as new President-Elect and will join into the tropEd Executive Committee for three years. CK accepted the position and thanked the GA for the vote of confidence.

CL and PG stood for election of tropEd Ex-officio member. After the first round voting, CL and PG received 6 votes each, and one vote Abstention from presented 13 eligible votes. In the second round voting, CL received 7 votes and PG received 6 votes. AH then announced that CL was elected as new Ex-officio member and will join into the tropEd Executive Committee for three years. CL accepted the position and thanked the GA for the vote of confidence.

After this election, GvH will become the tropEd president and NC will become the tropEd president past. AH thanked Lorraine for her three years presidency and her contribution to the network.

13. News from Antwerp

Govert informed the GA that Antwerp will now offer a new master programme Master of Science in Public Health – Orientation International Health, which is with compulsory mobility. Govert wondered whether the title is suitable for a tropEd master. AH explained that we as network are quite flexible with the title of the master degree. In the statutes it says 'International Health or comparable..'. Important is, the courses offered and the programme are consistent with the objectives of the master programme in International Health. In this case, Antwerp may apply in the near future to become a home institution.

14. Information on the new Trans-Globe Erasmus Mundus Joint PhD programme

Three partners in Amsterdam, University of Amsterdam (UvA), Free University of Amsterdam (VU) and Amsterdam Academic Medical Centre (AMC) took the initiative, invited Antwerp, Bordeaux and Barcelona and made a proposal within about six weeks' time. The chance to receive the grant was under 10%. Amsterdam hired an agency that

had an 80% success rate to get EU grant, to write up the proposal at the end. Only one meeting was held among the partners. All members had to think carefully about their decision to join since they all need to bring in extra funds to run this programme (e.g. financing a fourth scholarship year if need be). There are now six full partners and a number of associate partners all over the world and some among them are tropEd members. Many support letters were received including the letter from tropEd network. Coordinating centre of the PhD programme will be in Amsterdam.

The programme was designed with the concept of trans-disciplinarily and will involve different academic disciplines as well as resource persons from the field including industry. Every year the consortium partners will identify (three) research projects and (three) PhD candidates for each project through open calls. This implies on average nine PhD students per year during 5 years (45 scholarships in total). They will work in teams on the same topic but from different disciplinary perspectives. They will for example be asked to produce at least one publication together across the different disciplines. Mobility of at least 6 months (on the 3 year scholarships) within the consortium or to associate partners is a requirement. Three supervisors are proposed including one main supervisor, one from a consortium full partner institute and one from the field. The topics could come from a very broad range of challenges related to Global Health (challenges relevant for both low and high income countries).

Theoretically the topics for the first year should be already published. Partners are not allowed to take their own alumni therefore this programme is really open to everyone. The consortium aims at PhD candidates; 50% from the north and 50% from the south. tropEd website can be used to publish this information. The tropEd alumni mailing list could be one good resource as well.

AH reminds that tropEd as a network will always support members who alone or jointly apply for any grants. A support letter can be offered upon request.

15. tropEd-Uppsala Collaboration - Researching and teaching in IMCH.

Several colleagues from Uppsala University joined this session and introduced their researching and teaching activities in IMCH, Uppsala.

From Prof. Persson:

In IMCH they offer the 2-year Master's program in International Health. Magdalena is also in charge of Master's program in Humanitarian Assistance (NOHA) and the education for outgoing MSF staff. We have global medicine course for medical students and nurse students (incl. study visit in low income countries.)

IMCH offers PhD training program (International Health). Most PhD projects are part of long-term bilateral collaboration with institutions in Asia, Africa and Latin America. Some other European or US institutions are often part of these networks. The research funding is from Sida, Swedish Research Council, EU etc. We try to have PhD students from both sides. This so called "Sandwich" training program with periods in Sweden + field work at home, allows them not losing contact with home institution. IMCH has long-term collaboration in South Africa, Ethiopia, Bangladesh, Rwanda, Nicaragua, Tanzania, and India Vietnam and so on.

There are several research groups here. For example: International Child Health and Nutrition group are working on the research themes on improving neonatal survival; improving maternal and child nutrition and social conditions and child health. In the project NeoKIP trial, Vietnam was considered to have persisting neonatal mortality and inequity. The research use Cluster-randomised trial in Quang Ninh province. They involved the local stakeholder groups to set up problem-solving circles. At the end the neonatal mortality was reduced by 33% (Trial reg ISRCTN44599712). Another project in challenging of achieving safe infant feeding under operational research on PMTCT was in South Africa. There they give efforts on the intervention with community health workers in promoting use of PMTCT and tried to get effects on HIV-free survival and feeding behaviour.

There was another long services MINIMat trial in Bangladesh to evaluate the nutrition intervention during pregnancy. This trial randomly allocates the timing of prenatal food supplementation, looking at also multiple micronutrients. Some interesting results were published. Early prenatal food supplementation in combination of multiple micronutrients reduced nearly the half of infant mortality. Other micronutrients, metabolic markers were also evaluated and the impression is it improved the long term development of Health as well. (Trial reg ISRCTN16581394) Regarding the social conditions and child health we have the research on violence against women and child health and survival, chronic stress, intrauterine growth, child morbidity, postnatal growth, survival (Nicaragua, Bangladesh) and equity in child survival chances: trends over time, equity effects of interventions etc. (Vietnam, Nicaragua, Rwanda, Bangladesh)

The group has several on-going community- and hospital-based research projects in different parts of the world, but all have in common the use of interdisciplinary and mixed methods, including epidemiology, clinical audit, as well as theoretical constructions based in social science, to define the complexity of reproductive ill-health covering biomedical, social, cultural and legal aspects. One of three WHO Collaborating Centres in Scandinavia for research on human reproduction is placed at Department of Women's and Children's Health, IMCH and linked to our research group. We are also linked to the Immigrant Well Women's Clinic at the Department of Women's Health, Uppsala University Hospital.

Several other research topics are:

- Arise the awareness and knowledge in the pregnant families. Since the families normally don't know when and where to go for the delivery. What are the dangerous signs, etc.
- Why are the Caesarean section rates so high? It was normally 2-3% but now is 45% at national hospital. We would like to find the reasons.
- What are the reasons for the stopped labours in Tanzannia, This research will check the amniotic fluid, to detect who can give labour and who need Caesarean section. This research is funded by the Bill Gates foundation.
- One master student looks at the save injection and waste management in Northern part of Tanzania.
- Another PhD programme research on valence to women, and rape in Tanzania. Women seldom seek to health care after rape but they will come when a baby

comes. The research is to improve the situation for those who come to health care gets a good way of treatment.

- One research looks at the cream that black women used for getting a light color of skin. Very often this cream is toxic and what are the effects to the pregnant women? Does it come to the baby?
- Another research is look at the role of the father during the pregnancy.
- Street Children in Kenya. Why do we have this phenomenon? What we can do help? How to research on this topic? This research includes 6 countries in Africa and 6 in South East Asia.
- Women rape on Kongo, what can we understand on this phenomenon? Through interview ex-child soldier to start to understand this.
- HIV/AIDS, SIDA bilatéral support in middle part of Africa. To coordinate a network for communication. It was difficult to get the women together to talk. They introduced the action called A Child A Tree. Through assessing the disabled children by psychologist.
- Developing malaria home management package, Home fever management package. Pneumonia treatment package, breathe counting device, ORS package, In Uganda and expand to other countries.
- Quality management in facilitation of health programme. How the district health management works, and so on.
- Migrants in Sweden
- Refugees came in Sweden. How were the refugees being taken care of.
- To look at MDGS in Nicaragua.

Some other issues may relate to tropEd:

- How to find partners all over the world actively since we need the world more than the world needs us. How to globalize Sweden Universities?
- Transition from Master to PhD courses. We do not see the obvious distinction. How can we work together with the university in the south, including teaching and improve mobility?
- How can we get more primary field experiences?

16. Course accreditation and re-accreditation (please refer to annex 3)

17. News from UCL

Rodney Reynolds, new representative from UCL has introduced himself and informed the GA that the Centre for International Health and Development will rebrand itself from 1 January 2013 as the Institute for Global Health. It will become an independent institute within the UCL Faculty of Population Health Sciences. tropEd EC and the EM consortium will write an official letter to the director of the department, Anthony Costello, to confirm the tropEd representative's appointment and to thank Lorraine for her contribution to the network over the past years.

18. Google analytic for the new tropEd website:

Member institutions are welcomed to give more comments. AH presented the google analytics of the new website. Since the beginning there are around 7000 visitors and

nearly 43% are returning users. All the rest are new visitors. Visitors come from all over the world and from different kind of languages. Half of the resources how people get into tropEd website are from Google search. A Small portion from Berlin, UCL, Bordeaux, Basel and so on. So far we still not consider the ranking analysis on google searching.

The login information of this google analytics are:

Username: tropednetwork@gmail.com
Password: tr0p3d0r6

GA members are welcomed to visit the report from google.

19. Discussion on document: Global Health Declaration

The idea is quite good for such a document but at this moment we cannot spend too much time on this. We acknowledge for this effort but at this moment it is not our focus. We have to think much broader and not only focused to the medical faculties. Some concepts mentioned in this file are still not clear, such as 'illness' these all may bring long time discussions. English language used need revision. In this file we can read the negative tone about the medical schools. This should be changed to a constructive way. NC will give feedback and both NC and AWS will join the open discussion in the Global Health Summit.

20. tropEd recognition:

GvH received one application for recognition. NB checked as second reviewer. All documents are fine. Therefore Mr. Betigel Workalemahu Habtewold was awarded the tropEd Recognition and the certificate was signed during this GA meeting.

21. Others:

- **Strategic Plan Task Force meeting** is scheduled on 5th November in Basel. Result of this meeting will be circulated at the beginning of December. GvH will try to join this meeting as well so the strategy plan can include the curriculum development aspects.
- **ALASAG:** NC was invited to a meeting in the second week of January in Chile.
- **Meeting with ASPHER about the accreditation body.** NC and AH will try to organize this meeting.

22. Upcoming meeting, dates & locations

24 th -26 th Jan. 2013	Brescia
16-18, May 2013,	Shanghai, China
8 th -9 th Sep. 2013	Copenhagen 10-13 th Congress
Jan. 2014	Umea
May 2014	Edinburgh?
Sep. 2014	Bergen?
Jan. 2015	Brisbane, Australia?
May 2015	Amsterdam?

Minutes was taken by NB, PG and proved by AH

No.	To Do	Who	When
1.	Lisbon Minutes revision and to internet	NB	Before 15 th Oct.
2.	Minutes signature and archive in Secretariat	NB and EC	In Jan. GA in Brescia
3.	Exit interview questionnaire revision	NB	Before 15 th Oct.
4.	Exit interview procedure revision and circulate	NB	Before 15 th Oct.
5.	World Health Summit	NC	20-22. Oct.
6.	Contact Liverpool	SA	Before Jan. GA
7.	Confirm membership with Muhimbili	AH	In December in TZ.
8.	Give feedback on declaration of global health	NC	ASAP
9.	Evaluating the new tracking system	Basel	optional
10.	Have a look of the tracking system in Basel	MB and Basel	optional
11.	Mapping the exist collaboration		
12.	More information/investigation on membership status on collaborating institutions.		
13.	Draft the changes in tropEd documents	BP, NC, MW, NB	At least four weeks before Jan. GA
14.	Analysis on courses have been taken from students	Home institutions	optional
15.	Demonstrate the distance learning interface	members	In the future GAs
16.	GIZ e-learning guidelines to tropEd	UTH	Need to be checked
17.	Invite expert for eLearning training to GA members	UTH	Need to be checked
18.	Minutes for EC election to Lawyer	AH	ASAP
19.	Advertising new joint PhD programme on tropEd website		When it is ready
20.	Write UCL a letter to confirm the tropEd rep.	EC and EM	ASAP
21.	Organize a meeting with ASPHER regarding accreditation body	AH and NC	