

Sundell Tom
By order of the Finnish Society for International Health

**1ST, 2ND AND 3RD FINNISH DIPLOMA COURSE ON
GLOBAL HEALTH**

Final Report and Evaluation

Kansanterveyslaitos
Rokoteosasto
Klininen yksikkö
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TIIVISTELMÄ

Suomalaisten nuorten lääkäreiden ja lääketieteen opiskelijoiden vaikea sisäänpääsy kansainvälisiin tehtäviin ja lähes täydellinen kansainvälisen lääketieteen opetuksen puute Suomessa saivat ryhmän asiasta kiinnostuneita henkilöitä panemaan alulle Global Health – kurssin vuonna 1999. Kurssin tavoitteina oli lisätä tietoa ja tietoisuutta globaaleista terveystieteistä, toimia sisäänpääsynä kansainvälisiin projekteihin ja samalla luoda kansainvälinen verkosto asiasta kiinnostuneista opiskelijoista, opettajista ja tutkijoista.

Ensimmäinen Global Health kurssi järjestettiin vuonna 2001, ja kaksi seuraavaa vuosina 2002 ja 2004. Kurssin käytännön järjestelyjen lisäksi, järjestäjät ovat pyrkineet saattamaan yhteen globaaleista terveystieteistä kiinnostuneita järjestöjä ja viranomaistahoja, sekä edistämään näiden kysymysten sisällyttämistä lääketieteen perusopetukseen. Global Health – kurssien lisäksi on järjestetty seminaareja lääketieteen opiskelijoille, tutkimuksia kansainvälisen lääketieteen opetuksesta ja kaksi Global Health – foorumia, joissa on keskusteltu Global Health - kurssin tulevaisuudesta ja kansainvälisten terveystieteiden opetuksesta Suomessa.

Global Health – kurssi on osaltaan onnistunut paikkaamaan hyvin Suomessa vallinnutta puutetta kansainvälisen terveyden opetuksessa. Kurssille asetetut tavoitteet tiedon ja tietoisuuden lisäämiseksi kansainvälisen terveyden kysymyksissä voidaan katsoa saavutetuksi. Sekä kansallisella että kansainvälisellä tasolla verkostoitumista on pystytty jossain määrin edistämään. Hankkeen arviointiprosessin tärkein suositus on kuitenkin, että huomioiden hankkeen alkamisen jälkeen sen toimintaympäristössä tapahtuneet merkittävät muutokset, järjestäjien tulisi tehdä uusi tarvearviointi ja suunnata hankkeen voimavarat tulevina vuosina tuoreen arvioinnin osoittamiin ongelmakohtiin.

Asiasanat: World Health, International Cooperation, Medical Education

Written by: Sundell Tom

By order of the Finnish Society for International Health.

Approved by the Global Health Executive Board: Ashorn Per, Granat Simo, Nohynek Hanna, Turunen Juha-Pekka.

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ABSTRACT

Faced with a near-complete lack of teaching of global health issues and with the problem of lack of entry-points into international positions for medical students and young doctors in Finland, a small group of enthusiasts initiated the Finnish Diploma Course on Global Health in 1999. The Course was planned to increase knowledge and awareness of global health issues, to provide an entry-point for international projects and to simultaneously create an international network of students, teachers and researchers interested in global health issues.

The first Finnish Diploma Course on Global Health was arranged in 2001, with a second and third following in 2002 and 2004, respectively. In addition to the practical arrangements of the Course, the organisers have strived to bring together organisations and institutions in Finland with interest in global health issues, and to promote the inclusion of global health issues in the curricula of Finnish medical faculties. Activities in addition to the Course have included seminars for Finnish medical students organised by the collaborating organisations, surveys on global health teaching and two Global Health Forums to discuss the future of the Finnish Diploma Course on Global Health and global health teaching in Finland in general.

The Finnish Diploma Course on Global Health has managed to begin filling the gap in teaching of global health issues in Finland. In increasing awareness and knowledge of chosen issues, the Course has reached its defined objectives well. Also, on both a national and international level, a network of people and organisations in global health has begun to take shape. However, the principal recommendation emerging from the evaluation process is that the organisers of the following Courses should consider that many things may have changed since the initiation of the project, and start with a new needs assessment analysis before proceeding further in the planning of activities for coming years.

Keywords: World Health, Medical Education, International Cooperation

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EXECUTIVE SUMMARY

Faced with an almost complete lack in the teaching of global health issues and with the problem of lack of entry-points into international positions for medical students and young doctors in Finland, a small group of enthusiasts initiated the Finnish Diploma Course on Global Health in 1999. The Course was planned to increase knowledge and awareness of global health issues, to provide an entry-point for international projects and to simultaneously create an international network of students, teachers and researchers interested in global health issues.

The first Finnish Diploma Course on Global Health was arranged in 2001, with a second and third following in 2002 and 2004, respectively. In addition to the practical arrangements of the Course, the organisers have strived to bring together organisations and institutions in Finland with interest in global health issues, and to promote the inclusion of global health issues in the curricula of Finnish medical faculties. Activities in addition to the Course, have included seminars for Finnish medical students organised by the collaborating organisations, surveys on global health teaching and two Global Health Forums to discuss the future of the Finnish Diploma Course on Global Health and global health teaching in Finland in general.

The Finnish Diploma Course in Global Health has been attended by altogether 96 Finnish and 94 foreign participants. Collaborating countries have included Chile, India, Nigeria, the People's Republic of China, the Philippines, South Africa and Tanzania. The Course has included a four week theoretical period, followed by a four week field period, which for the foreign participants has been conducted in Finland and for the Finnish participants in the collaborating countries.

The main funding for the Course has come from the Finnish Ministry for Foreign Affairs, namely the Unit for Non-governmental Organisations. The main responsible organisations for the Course have been the Finnish Medical Association and the Finnish Society for International Health. The Course organisers have each year employed one part-time Project Coordinator in charge of the logistics of the Course. All other planning and implementation of the Course has relied on the voluntary work of the representatives of the collaborating non-governmental organisations, Universities and research institutions.

Initially, it was planned that three Courses would be organised and then the situation would be reassessed. This has now been achieved, although it took longer than originally planned. This report includes an account of the activities in and around the organisation of the Course, together with an extensive evaluation of the entire process.

To summarise, the Finnish Diploma Course on Global Health has managed to start filling the gap in the teaching of global health issues in Finland. In increasing the awareness and knowledge of chosen issues, the Course has reached

its defined objectives well. Also, on both a national and international level, a network of people and organisations in global health has begun to take shape. However, the principal recommendation emerging from the evaluation process is that the organisers of the following Courses should consider that many things may have changed since the initiation of the project, and start with a new needs assessment analysis before proceeding further in the planning of activities for coming years.

The Final Evaluation has been coordinated by Tom Sundell, MD, Project Coordinator in 2001 and since 2003 Member of the Executive Board. The Final Report has also been written by Dr. Sundell. Recommendations for the future Courses have been developed by a working group of the representatives from the partner institutions; Dr. Anthony Cordero, University of the Philippines; Dr. Oscar Arteaga, University of Chile; Dr. Taiwo Lawoyin, University of Ibadan; Prof. Lameck Mabelya, Muhimbili College of Health Sciences, and; Dr. Juha-Pekka Turunen, Finnish Medical Society Duodecim, with the help of Prof. Staffan Bergström, Karolinska Institute.

Tom Sundell, MD
Evaluation Coordinator

LIST OF ABBREVIATIONS

DLS:	Finnish Society for International Health (David Livingstone Seura)
MoFA:	Ministry for Foreign Affairs. Unless otherwise specified, MoFA in this report refers to the Unit for Non-governmental Organisations of the Finnish Ministry for Foreign Affairs.
FMA:	Finnish Medical Association (Suomen Lääkäriliitto)
“Project”:	The term Global Health Project, or simply Project, is used throughout the report to refer to the entire process of organising the Finnish Diploma Course on Global Health, including related seminars etc.
“Course”:	The term Course is used throughout the report to refer to the Finnish Diploma Course on Global Health, which in the beginning of the planning was also called the Global Health Course.
PSR:	Physicians for Social Responsibility – Finland (Lääkäriin sosiaalinen vastuu)
FiMSIC:	Finnish Medical Students’ International Committee
Duodecim:	Finnish Medical Society Duodecim (Suomalainen Lääkäriseura Duodecim)
Apollonia:	Finnish Dental Society Apollonia (Suomalainen Hammaslääkäriseura Apollonia)
FDA:	Finnish Dental Association (Suomen Hammaslääkäriliitto)
VL:	Finnish Family Federation (Väestöliitto)
KTL:	National Public Health Institute of Finland (Kansanterveyslaitos)
FLS:	Finska Läkaresällskapet
NGO:	Non-governmental organisation
IIMC:	Indian Institute for Mother and Child

INTRODUCTION

OBJECTIVES AND JUSTIFICATION OF THE PROJECT

Two main factors can be identified as focal points for the initial planning of the Global Health Project. The first one was the almost complete lack in the pre-graduate teaching of international/global health subjects. The Finnish Society for International Health has organised a course focused on medicine in the developing countries every two years since 1993, but the focus of this course has been on diseases and their care and prevention. No teaching had been available for pre-graduate medical students that would have dealt with health from a more comprehensive and holistic viewpoint. During the Project, the focus has widened to deal with the lack of systematic training for Finnish doctors to work with global health issues.

The second factor was the lack of entry-points into international positions and projects for Finnish doctors and medical students. Without minor exceptions, positions within global health projects and institutions dealing with these issues were, and still are, mostly open only with prior practical experience. The Global Health Project has offered this first experience to many Finnish medical students and young doctors, thus opening many doors for their future careers.

In considering the lack of training and entry-points for Finnish medical students and young doctors, it became evident that these problems are even more evident in many developing countries. Access to the kind of training the Global Health Project could offer was limited to very few and selected students in the developing countries. The international partners of the Project were therefore chosen from among the institutions that could host Finnish students, and would simultaneously benefit from being able to send their own delegates to participate in the Course. This concept of bringing together participants from different countries to discuss the issues of international health has received praise, especially from the participants themselves.

INITIATION OF THE PROJECT

The idea of the Global Health Project was originally conceived by Dr. Hanna Nohynek (National Public Health Institute), Dr. Per Ashorn (University of Tampere) and Mr. Simo Granat, BM (FiMSIC). The Project was presented by Dr. Nohynek and Mr. Granat to the Task Force on Development Cooperation of the Finnish Medical Association (FMA) in early 1999. An application for funding from the Ministry for Foreign Affairs (MoFA) was put forward after the Project had been approved by the Board of the FMA. Partners for the Project, both in Finland and abroad, were identified through official and some personal contacts of the members of the FMA's Task Force on Development Cooperation.

The Project originally received funding for three years from the MoFA, namely from 2000 to 2002. In 2001 a new application was submitted to the MoFA for additional funding which resulted in funds for one more year. The FMA withdrew from the coordinating role of the Project at the end of 2002, and this role was taken over by the Finnish Society for International Health.

ACTIVITIES AND OUTPUT TO DATE

The original plan, as submitted to and approved by the MoFA for funding, included the yearly arranging of the Global Health Course (later renamed the Finnish Diploma Course in Global Health) in 2000, 2001 and 2002. As the approval from the MoFA was only received in March 2000, it was decided that the first Course be postponed until 2001 to allow enough time for planning. At the same time it was deemed that the received funding was only sufficient for two Courses, and directly after the first Course a new application was submitted for additional funding, to cover the costs of a third Course in 2003. The MoFA granted support for the third Course, but only half of the applied amount. This in turn resulted in the adjournment of the third Course until the year 2004 in order to make arrangements for the lacking funds.

Thus, the Finnish Diploma Course on Global Health has been arranged three times so far, in 2001, 2002 and 2004. As originally planned, the Course has consisted of a theoretical part of four weeks, followed by a practical field assignment, also of four weeks. The theoretical part was held in Helsinki in 2001, in Tampere in 2002 and again in Helsinki in 2004. The field assignments have been carried out in Helsinki, Kuopio, Oulu, Tampere and Turku for the foreign



IMAGE 01: Participants of the Global Health Course 2002

participants and in the partner countries for the Finnish participants. The Course was attended by 49 Finnish medical/dental students and young doctors (of whom 2 did not complete the field assignment). From the partner countries, 43 medical/dental students and young doctors attended (of whom 2 did not complete the field assignment). A list of participants and the titles of their respective field assignments can be found in Appendix B.

As explained above, the Course was not arranged in 2003. However, this year saw many other activities, which were designed to strengthen the foundation of the project. A three-day seminar on refugees in the health care system was held in April 2003. A series of seminars, alternating between the five medical faculties in Finland, also in April 2003, offered advice to the students wishing to participate in developing cooperation projects. A survey on Finnish medical students' attitudes towards international health teaching was also conducted, as well as a survey on available international health teaching in Finland and a number of other European countries. The findings of the former survey were presented at the Global Health Forum in May 2003. This Forum managed to unite in an unprecedented way the governmental institutions and non-governmental organisations in Finland, who are working with issues of international health and medical education. The Forum agreed that the teaching of international health was important for the future, and present day, doctors, but unfortunately the Forum could not allocate the resources needed, nor identify a willing coordinator for the continuation of the Project.

EVALUATION

According to the original project plan, there would be yearly evaluations of the Course with a more thorough evaluation at the end of the three year period. In practice, an extensive evaluation was conducted during the Courses on a daily, weekly and monthly basis. The daily evaluation was conducted by a smaller group of participants, whereas the weekly evaluation was completed by each participant personally. At the end of both the theoretical period and the field assignment a more comprehensive evaluation questionnaire was completed, again by each participant individually. Also, after each Course, there was an evaluation meeting for the Steering Committee, Executive Board and Finnish students. The results of the evaluation were discussed during these meetings, and solutions were sought for any problems encountered.

This Final Report of the Global Health Project includes a more comprehensive evaluation of the project which was planned to be conducted after the completion of the first three Courses. The aims of this Final Evaluation have been defined as follows: to evaluate how the objectives of the Project have been met; to evaluate the practical organisation of the Project and define the greatest challenges, and; to create recommendations for the future of the Project. The Final Evaluation has been conducted by analysing the feedback received during the Courses; by going through documentation of the work of the Executive

Board and Steering Committee; by interviews with members of the Executive Board and Course Faculty, and; by questionnaires to participants and collaborating organisations. The preliminary findings of the Final Evaluation have been discussed at an international Evaluation Meeting in Helsinki, Finland in September 2005, and are based on the discussions at this meeting; a designated working group has set up the recommendations for the future of the project. The members of this working group were Dr. Anthony Cordero, University of the Philippines; Dr. Oscar Arteaga, University of Chile; Dr. Taiwo Lawoyin, University of Ibadan; Prof. Lameck Mabeya, Muhimbili College of Health Sciences; Dr. Juha-Pekka Turunen, Finnish Medical Society Duodecim, and Prof. Staffan Bergström, Karolinska Institute.

THE FINNISH DIPLOMA COURSE ON GLOBAL HEALTH

The Finnish Diploma Course on Global Health, known more widely as the Global Health Course, is the principal activity of the Global Health Project. The Course includes a four week theoretical period, followed by a four week field assignment. The theoretical period aims at increasing the students' knowledge on ways to assess health on the population level; orientating the students with selected international health-related organisations and alternative national strate-



IMAGE 02: Participants of the Global Health Course 2002

gies for health care provision, and; at teaching the basic facts on selected public health priorities. The field assignment is an individually tailored project, which aims at offering the students a possibility to get familiar with how a certain medical/healthcare topic, problem or management of a disease entity is organized or solved in a different setting.

PARTICIPANTS

The Finnish Diploma Course on Global Health has been attended by 49 Finnish and 43 foreign participants. The aim has been to have the same number of Finnish and foreign participants, but due to some last minute cancellations, this has not been quite fully achieved. The distribution of participants of the respective courses is described in Table 1. The original target group for the course was defined as “medical students”. Later, it was specified that participants should have completed at least 4 years of medical studies, and not have graduated more than 2 years prior to the Course. The later criterion was amended to cater for the varying possibilities for participants from different countries to attend. Also, for the third Course a quota of two dental medicine students from Finland and two from partner countries was added.

The applicants were requested to submit an official Application Form, a Motivation Letter and a CV, together with the documentation of attendance or graduation from their University. All applications were primarily screened by local contact persons at the Universities in Finland and abroad. The local contact persons then made a list of recommendations for the Executive Board, who made the final selection of participants, considering issues such as gender balance and



IMAGE 03: Participants of the Global Health Course 2002

TABLE 01: Global Health Course Participants

Global Health Course Participants/Country				
Country	Year			Total/country
City	2001	2002	2004	/city
China	4	2	0	6
Nigeria	3	4	4	11
Philippines	4	5	4	13
South-Africa	2	0	0	2
Tanzania	0	0	2	2
India	0	0	3	3
Chile	0	3	4	7
Finland	15	16	18	49
<i>Helsinki</i>	4	3	7	14
<i>Kuopio</i>	2	4	2	8
<i>Oulu</i>	3	3	4	10
<i>Tampere</i>	3	3	2	8
<i>Turku</i>	3	3	3	9

number of delegates per country. Originally, the target was an equal number of participants (i.e. three) from each medical faculty in Finland and from each partner country. This had to be adjusted as there were not always enough qualified applicants from each Finnish University, and on the other hand, there were, in the end, not participants from five partner countries as planned.

The actual selection of participants was based on three major points of interest; knowledge of English; previous experience of international, Public Health or NGO activities, and; the motivation of the applicant. A good knowledge of written and spoken English was considered a must, whereas experience from international, Public Health or NGO activities was a merit, although not necessary. The motivating factors for each student were assessed through their individual motivation letters, and in some Universities, through personal interviews.

Finnish students could receive 8-12 credits for their medical degree upon completing the Course. The amount of credits varied due to the different compositions of medical degrees at different Universities.

EVALUATION BY ORGANISERS

The organisers speak much in favour of removing the regional quotas of Finnish students, and also of removing the upper limit of 2 years since graduation. It has

been noted that there may not be enough applicants from each Finnish medical faculty, or the applicants are not qualified, whereas there may at the same time be more qualified applicants from another faculty. Also, removing the upper limit of graduation might bring some added value in terms of more experienced participants. As for the foreign students, it would be essential that they be mainly pre-graduate students, as the collaborating Universities would not be able to include any others.

The application process has so far always been quite late, with regard to arrangements that must be made for the Course, and in addition to starting the application process earlier, it should be better planned together with the local representatives to ensure that all applicants are equally assessed.

THEORETICAL PERIOD

CONTENTS AND PLANNING

The planning of the theoretical period has been conducted in a similar way from the beginning of the project, whereas the contents have been somewhat modified every year, based on feedback from students and the organisers themselves.

The theoretical period has been built on different themes, each theme having been allocated 1-3 days respectively. The themes have varied somewhat from year to year, and can be studied in more detail in Appendix A (Course Curricula). Each week of the theoretical period deals with 2-3 themes, and whenever possible themes with relevance to each other have been placed in consecutive order, preferably within the same week. The Course Leader has had the overall responsibility for coordinating the planning, but the more detailed and practical work has been delegated to weekly coordinators.

The weekly coordinators have mostly worked in groups of 2-3 persons. The aim has been to have one senior teacher working together with one junior facilitator, both from Finland, and with one senior or junior facilitator from the partner countries for each week. This group has together planned the contents and themes for each week, recruiting lecturers and additional facilitators and contacting possible collaborating institutions. The programme for each day has been planned to be as varied as possible; including lectures and group work, with also some role plays and visits to interesting institutions on certain days. It was planned that the weekly coordinators would be present during their respective weeks of the theoretical period, but this was not always possible, causing some problems as described below. Also, there was to some degree lack of communication between the Course Leader and the weekly coordinators.

EVALUATION BY PARTICIPANTS

At the end of each day during the theoretical period, a designated group of participants would complete a short evaluation questionnaire on the relevance and contents of the day's teaching. At the end of each week, all participants completed a more detailed evaluation, giving numerical ratings for each lecture/group work of that week. Then, at the end of four weeks, a questionnaire with open questions was completed, again by all participants. As the Course was modified each year based on the feedback from the previous year, the issues emerging from the feedback also changed a little. In the following the most recurrent issues are discussed.

Pre-course information: Information given out to students was mainly on practical arrangements, such as schedules, locations etc. Students would have wanted to have more information on the course contents, on issues that would be dealt with, on how to prepare themselves and, on what was expected of them in terms of level of knowledge and degree of participation. Students expressed wishes to have some pre-reading material available before the course, either sent in print or available over the internet. Foreign students especially wished that they would receive clear instructions on what kind of data/material they should collect at home before the course. For the second and third Courses students did receive a copy of the previous year's curriculum, but the information was not deemed sufficient.



IMAGE 04: Participants of the Global Health Course 2002 showing their national costumes

Contents of the Course: When asked for issues that should be, but were not, included in the Course, the students put forward dozens of suggestions. However, most students were pleased with the extent of the Course, and did not find any major subjects missing, with the following exception. During the first Course, child health was not covered at all. This was due to some last minute cancellations, and the problem was corrected in the next courses. A recurrent theme in the feedback, which was even more emphasized during the third Course, was the clinical/biomedical approach to international health. Many students would have wished for a more public health oriented approach, even on the general level of the Course.

Methods: Generally students were pleased with the alternation of lectures and group work. Any day with only lectures received many negative comments, regardless of the quality of the lectures themselves. Students did wish for more variation in how group assignments were implemented, and role plays and similar exercises received much praise. The existing balance between lectures and other forms of teaching was perceived adequate. For the group work, the lack of sufficient internet access was many times a major obstacle, and a problem hard to solve for the organisers.

Lecturers: The lecturers received mostly excellent marks from the students. On a scale of 0 to 5 (5 being the best mark), most lecturers had average scores of 4-4.5, with only some individual exceptions. The quality of lectures and the expertise of the lecturers were praised highly. The high standards set by some lecturers did of course affect how others were perceived, thus creating maybe some undue criticism. Students did wish that lecturers would have an interactive



IMAGE 05: Dr's Per Ashorn, Delen de la Paz and Pentti Haatainen of the Global Health Course 2002 Faculty

approach, instead of conservative lectures. Some practical aspects were also repeatedly brought forward, namely that hand-outs or other pre-reading material for lectures should be given out the previous day. With regard to some specific lecturers, it was deemed that their knowledge of English was insufficient.

Weekly coordinators and facilitators: The feedback for coordinators and facilitators was consistent through the three Courses. Some received praise for being active and present, whereas others received much criticism for not being either. The lack of an active facilitator was seen as a major problem during some individual days or even entire weeks. Some criticism was also targeted at the level of preparedness and expertise of facilitators, this being a problem mostly during the first Course, when some facilitators were medical students and some participants were actually graduated doctors with many years of practical experience from work on international health issues.

A demanding Course: A general consensus among the students each year was that the theoretical period was too intensive. As the number of relevant issues was quite extensive and time available limited to four weeks, the days were quite fully packed and long, the average day containing 8 hours of active teaching. Students wished for shorter days, or some half days off, in order to be able to take in all the new information, take care of practical matters or simply to get some rest. This problem was acknowledged during the second and third Courses, but because of lack of coordination from one day to the next, it was not always realised.

EVALUATION BY ORGANISERS

The organisers have taken into consideration the feedback from the participants, and agree that the role of the weekly coordinators and facilitators must be clarified. It has, nevertheless, been very difficult to find motivated facilitators with the required time and expertise needed for the Course. In general, the planning of the theoretical period has worked well with the current organisational structure, but there have been problems with the overall coordination of the planning and the contents.

In terms of contents, the Course has met high standard requirements, especially the lectures. The group assignments have not always been well prepared, and the mode of teaching should thus be decided not by the students' wishes, but by how the information is best relayed to the participants. The meaning of "Global Health" has never been defined, and it has therefore been somewhat unclear what the actual contents of the Course should be, and what could or should be excluded. One practical example of issues that has not been dealt with is the Millennium Development Goals.

The exam at the end of the theoretical period is deemed necessary, in order to assess how the participants have adopted the teaching, and also to assess how the teachers have managed to convey their message to the participants. The

organisers generally agreed that the exam should be held on to, but alternative models, e.g. weekly written assignments, should also be considered.

RECOMMENDATIONS

Specific learning objectives should be defined for each theme of the course

- The evaluation of the project's objectives has been difficult because of the very general level at which the objectives have been defined. The organisers of the next course should therefore define specific learning objectives for each theme of the course. More general learning objectives could be defined separately for the theoretical and field periods, and again, resources allowing, more specifically for each individual field assignment.

Learning objectives should be defined in measurable terms

- To improve the possibilities for evaluating the learning of the participants, care should be taken that especially the learning objectives are defined in measurable terms.

Define the meaning of "Global Health"

- The contents of the theoretical part of the course have gradually been shifting from disease oriented to a more public health oriented approach. It has on numerous occasions been the opinion of the organisers of the course that more "global health" or "international health" teaching should be arranged, yet it has not been defined what the contents of this teaching more specifically should be. It is recommended that the organisers of the next course should define, in advance to some level of detail, what is meant by the term "Global Health". This could for example be achieved through a list of general topics and issues, which is then in turn used for selecting the themes for the theoretical period.

Determine the pre-course level of knowledge of the participants

- The participants of the course come from varying backgrounds and are in somewhat different stages of their education. This makes it difficult to assess the base level of knowledge that the students have on the issues of the course. It would be recommended that applicants should in some way be required to list possible issues they have already been acquainted with before the course. The organisers might even consider including some minimum degree of knowledge in the selection criteria.

Appoint a senior overall coordinator for the course

- It has repeatedly been brought forward in the evaluation that better coordination of the contents of the theoretical period is needed. Motivated and available senior weekly coordinators would be an asset in addition to one overall coordinator, but in the absence of human and financial resources to achieve this, it is recommended that all possible efforts are made to ensure that one senior coordinator takes on the responsibility of the entire contents of the course.

Problem based learning and case studies should be used when applicable

- Teaching at the medical faculties in Finland has increasingly been developed towards problem based learning, with many good experiences. It was therefore brought forward during the evaluation process of the course that this method could be given more emphasis. Case studies, which have already been used quite extensively at the course, are one form of problem based learning. These methods should also be considered for the field period.

Participants and course design should be determined based on the needs assessment

- The needs assessment should provide guidelines regarding the target group of the course (pre- or post-graduates), the number of participants and the duration of the course, including how time should be divided between the theoretical and field periods.

FIELD ASSIGNMENTS

CONTENTS AND PLANNING

Already during the first Course it became clear that the Field Assignments had received insufficient attention and had been poorly planned. Therefore, although the concept and aims of the Field Assignments have remained unchanged, the planning and practical implementation has undergone major changes. A list of all participants, together with their respective Field Assignment topics can be found in Appendix B.



IMAGE 06: Participants of the Global Health Course 2001

The Finnish participants had a meeting with the Course organisers three months before the beginning of each Course. At this meeting the participants received information on the different locations for the Field Assignments and some preliminary information on what kind of assignments could be conducted at each location. Based on a list of preferences by the participants, the organisers then divided the participants between the different locations at this same meeting. For the first Course, the preliminary information on the Field Assignments was quite limited, but for the next years the participants received some pre-reading material and participants from previous Courses were available at the meeting to give some practical advice. It was then meant that the participants would be in contact with a designated supervisor, either from Finland or from the partner country, before the Course and during the theoretical period to plan their respective Field Assignments in more detail. This could, however, not be achieved to a satisfactory degree for all participants.

For the foreign participants, the selection of Field Assignments differed somewhat between the first and the later Courses. For the first Course, the participants were, both upon applying and upon confirming their participation, requested to suggest some topics they might be interested in for their Field Assignment. Arrangements were then made to cater for these wishes, with varying outcomes. During the preliminary planning of the first Course, it was thought that the foreign participants' Field Assignments could be organised through the contacts of FiMSIC with the different departments in the University Hospitals. It was realised quite late that this arrangement would not provide the kind of in-depth knowledge and structured learning that the Field Assignments were supposed to provide.

For the second and third Courses, the foreign participants were offered more structured assignments to choose from. The participants received together with their letter of admittance a list of assignments, with some details on the practical arrangements. Each assignment was to have a senior supervisor and a junior coordinator. The role of the supervisor was to help the participant with the scientific/academic contents of the assignment, whereas the coordinator was responsible for practical arrangements, e.g. arranging visits to different institutions. This proved to be a fairly good concept, with the exception that recruiting supervisors for some assignments was difficult. Also, getting the foreign participants in contact with their field assignment coordinators and supervisors before the Course did not always succeed, and thus the participants could not prepare their assignments very much before meeting their coordinators/supervisors at the Course.

The evaluation of the Field Assignments was conducted in 2-3 phases. Firstly, the participants were asked how their preparations had gone at the evaluation which was conducted at the end of the theoretical period. Secondly, after the Field Assignment had been completed, each participant completed an evaluation questionnaire regarding the field period. Each participant also was to write a report of their Field Assignment, which might be considered an evaluation of the contents of the assignment. For the Finnish participants, an evaluation meet-

ing was organised two months after the field period, where they could further discuss the Course and how it had been perceived.

The main points of concern that have emerged during the different phases of the evaluation of the Field Assignments are presented below. Although the Field Assignments have been a steady cause of concern for the organisers and there has been much, even quite hard criticism towards the arrangements of the Field Assignments, it must be pointed out that nearly all participants, both Finnish and foreign, consider the field period an integral part of the Course and give praise to the concept of combining theory with a practical field period.

EVALUATION BY FINNISH PARTICIPANTS; FIELD ASSIGNMENTS IN PARTNER COUNTRIES

Chile (2002 and 2004): The Finnish participants have been generally very pleased with the arrangements in Chile. They were received with enthusiasm by the local University and its staff, and the Field Assignments proved fruitful and well-planned. Contact with the local supervisors before the Course could have been better, to allow for more detailed planning of the assignment already in Finland. Finnish participants did at times perceive the language as a problem, as communication with many locals would have required a better knowledge of Spanish. With the supervisors this was not a problem.

China (2001 and 2002): China was considered a very interesting location by the Finnish participants. Again, the biggest problems were the lack of communication with local supervisors before the actual Field Assignment began, with little



IMAGE 07: Participants of the Global Health Course 2001

knowledge of what would constitute a realistic plan for the assignment, and the language, a very limiting factor for Finnish participants. Very few locals could communicate in English, and thus any information was limited to what could be conveyed through the 1-2 supervisors for the entire group.

India (2004): The Finnish participants participated in activities of the Institute of Indian Mother and Child, the NGO that was the partner organisation in Calcutta, India. The practical work at the hospital and out-patient clinics was considered very rewarding, but the host organisation did not fully understand the concept of the Course, and could therefore not support the Field Assignments as planned. It proved quite impossible for the Finnish participants to firstly make any plans beforehand and secondly to put any of these plans into action, as there was very little information available of what could be done and what the hosts had already planned for the participants.

Nigeria (2001-2004): The Finnish Global Health Course participants travelled to Ibadan, Nigeria, together with the students from the Public Health Programme of the University of Kuopio. This programme had been running for some years before the Global Health Course, and had already a fairly established routine. The programme has generally been appreciated by the Finnish students, with some points of criticism. Firstly, the pre-planned schedule for the entire four weeks is fairly tight, leaving very little time for the participants to work on their individual field assignments. Secondly, the Public Health students are mostly 1st or 2nd year medical students, and the Global Health Course participants feel that they are thus on a very different level in discussions.



IMAGE 08: Participants of the Global Health Course 2001

Philippines (2001-2004): The Field Assignments for the first Course were organised through contacts within the Arivac-project and were well prepared with active guidance for the participants. In the later Courses, the new partner, University of the Philippines, organised the Field Assignments. Participants experienced problems in establishing contact with their local supervisors before the Course, but when contact was made, guidance was deemed as very good. The participants were mostly pleased with their Field Assignments, but expressed that more Public Health oriented topics should have been chosen for their assignments to go in line with the programme organised by the hosts. Also, participants would have needed some more time for working on the assignments.

South Africa (2001 and 2002): Unfortunately, a working connection could never be established to any institution in South Africa. During the first Course, the Finnish participants were relying on one contact person, who was not always available, and during the second Course, the contact was mainly through the South African participants of the first Course. Therefore, the Finnish participants had serious problems in planning their Field Assignments before actually on site in Johannesburg. Although only some participants could complete their assignments as planned, all were pleased with the possibilities offered to see the local settings of health care.

Tanzania (Dentistry/2004): Two dental students completed their Field Assignments in Dar es Salaam for the third Course. After some initial problems with approvals from the Ethical Board, the Field Assignments could be carried through as planned. However, the Finnish participants did have problems in planning ahead, as the contact with Tanzania was established rather late, and the local University was not completely aware of the concept of the Course.



IMAGE 09: Participants of the Global Health Course 2001

EVALUATION BY FOREIGN PARTICIPANTS; FIELD ASSIGNMENTS IN FINLAND

Just as for the Finnish participants, also the foreign participants experienced the most problems in preparing for their Field Assignments. As described above, the arrangements for the first Course differed from the later Courses. Some participants could undertake an assignment just as they had wished, whereas others were merely given any assignment that could be somehow arranged. Thus, many participants at the first Course did not know what their Field Assignment was going to be about until they came to Finland, or even not until they began the field period. Guidance for many participants during the first Course was non-existent.

Even though considerable changes have been made for the following Courses, the problem of pre-course contact with supervisors has persisted. Many foreign participants at the second and third Courses still felt that they had very little information on their Field Assignments before they came to Finland, and could not prepare sufficiently, e.g. by collecting data/material at home to be used for their assignment. Although most participants were pleased with their Field Assignment on the whole, there was still lack of contact to supervisors in some cases, and some supervisors were not quite familiar with the Course and its objectives. The concept of the junior coordinators did work well, and foreign participants were very pleased about the practical organisation of the assignments.

For the first two Courses, the Finnish and foreign participants conducted their Field Assignments at the same time, i.e. directly after the theoretical period. Based on the experience from these Courses, it was decided for the third Courses that the foreign participants would conduct their Field Assignments directly after the theoretical period, but the Finnish participants would have a one month break in between the theoretical and field periods. The idea was that the Finnish participants would be available for the foreign participants in Finland, and vice versa, during the field period. This was considered a good arrangement by all parties, except that it was not very clear for either Finnish or foreign participants that they were expected to act as hosts for their fellow participants.

A recurrent issue in the feedback received from the foreign participants was the wish to be able to have better contact with the other participants during the field period. At first this mostly concerned some participants who wished to stay together with participants from their own country, but increasingly the participants have expressed that the Field Assignments should not be dispersed to so many cities, but rather concentrate them to maybe two cities. This, according to the participants, would ensure that they would have better possibilities to discuss their assignments with others and support each other when needed.

EVALUATION BY ORGANISERS

The organisers were unanimous in that the greatest problem of the Field Assignments, for both Finnish and foreign participants, was the lack of guidance in planning for the individual assignments. There was a need for more detailed definition of aims for the Field Assignment and instructions for the recruited Field Assignment Coordinators and Supervisors. Care should be taken that plans are not too ambitious. The planning of Field Assignments requires an enormous amount of work, and it would be easier if the number of available assignments would be smaller.

The other issue brought most repeatedly forward by the organisers was the role of the report from the Field Assignment. Much too little attention has been given to the report, while it still serves as a conclusion of what the individual participant has gained from the Course. The instructions for writing the report have been insufficient and most participants have received little or no feedback on their reports.

RECOMMENDATIONS

The field period should be more closely integrated with the theoretical period

- For many of the participants the theoretical period did not directly offer useful information to fulfil the objectives of the field assignment. The theoretical and field periods should therefore be more closely linked to each other in terms of contents. The field assignment should be a direct continuum of the learning



IMAGE 10: Participants of the Global Health Course 2001

process initiated by the theoretical period. The field assignments should focus on issues that have been introduced during the theoretical period, and the theoretical period could even contain elements of project planning to help in the planning of the field assignment.

Define the nature of the field assignment

- The nature and objectives of the field assignment should be clearly defined. It should be clear to both students and supervisors of the field assignments whether it will be merely an exposure to a different culture, an in depth analysis of a different health care system, or even a research project on a given subject. The latter, considering the limited time available, is not recommended. The field assignment could also be defined as involvement in/participation in/documentation of an on-going community- or hospital-based project.

Minimise the number of field assignment locations

- In Finland: Foreign participants doing their field assignments should be concentrated in 2-3 different cities. This has been the wish of the participants themselves during the evaluation. The participants could then support each other's assignments through organised discussions, and the number of supervisors needed would be much less.

- Abroad: It is recommended to take into consideration the possibility of concentrating the field assignments of the Finnish participants also to 2-3 locations per course. The responsibility of hosting the Finnish students could rotate between the partnering institutions, giving the same benefits as described above for the foreign participants' field assignments.

Determine if field assignments should be completed in groups or individually

- If the field assignments were to be carried out by groups instead of individuals, broader issues could be covered for each assignment. A group assignment would also facilitate a learning process in itself, as any assignment the participants may encounter in their future career in international health will hardly be merely an individual task. It is, however, recommended that careful consideration is given to this subject before deciding on the course of action, mainly to guarantee that each participant is given the opportunity to benefit fully from the field assignment, and that the means will be available to evaluate the learning of the participants.

PRACTICAL ARRANGEMENTS

Project Coordinator: The practical arrangements of the project include course venue, materials, travel and accommodation of lecturers and students etc. The Project Coordinator was responsible for all these arrangements and was also the acting secretary of the Steering Committee and Executive Board of the project. The coordinator is the only person employed by the project, whereas members

of the Executive Board together with facilitators and field assignment coordinators and supervisors are either working voluntarily in addition to their actual occupation or on behalf of their employers. It was initially estimated that the Coordinator's workload would be equivalent to approximately three months' full-time work, but this had to be increased to four months per year. For the first and third Courses the Coordinator was officially employed by the National Public Health Institute, which also provided for the necessary infra-structure, i.e. a desk and office services (email, telephone, fax, copier etc.). The National Public Health Institute has invoiced the project for the costs involved. During the second Course, the Coordinator was officially employed by the Finnish Medical Association, and logistical support was provided by the University of Tampere.

Course Venue: The first and third Courses (theoretical period) were held in Helsinki, at the Finska Läkaresällskapet's premises, and the second Course in Tampere, at the UKK Institute. The venue in Helsinki was especially appreciated for its quiet and beautiful location, good meeting rooms and facilities and the possibility to even spend evenings there. The facilities at the UKK Institute were satisfactory, but they were too small to accommodate a group of this size. Both facilities shared the lack of computers available for the participants. Based on the experience from the three Courses, the basic needs can be summarised as follows: one large meeting room/auditorium, suitable for 40-50 persons, with relevant audiovisual equipment; several smaller rooms for the group work; several computers with internet access, and; the possibility to arrange meals for the participants.

Accommodation: The organisers provided accommodation during the theoretical and field periods to all foreign participants and during the theoretical



IMAGE 11: Participants of the Global Health Course 2001

period to those Finnish participants who came from other cities and could not arrange their own accommodation. Reimbursements were available to those Finnish participants who arranged their own accommodation. The participants were mostly accommodated in student dormitories, as close by to each other as possible. The availability of furnished dorm rooms in both Helsinki and Tampere was a major limiting factor. During the field period, foreign participants were also accommodated in dorms, or alternatively in apartments rented from students. The practical arrangements for the field period were made by the FiMSIC local committees. An important factor to consider when planning the Course is that student dorms can only be rented for calendar months, not any other periods.

Travel arrangements for the participants: For the first Course, the Project Coordinator made all travel arrangements for both Finnish and foreign participants, but in the later Courses Finnish participants were responsible for making their own travel arrangements, which was considered a better alternative by both parties. The foreign participants travel to Finland required several steps, from visas to flight reservations. Some participants needed an official invitation in order to apply for a passport in their home country. Another invitation letter was then needed to apply for the visa to Finland, and comprehensive travel insurance, only available from Finland, was also needed for the visa. The cooperation with Finnish Embassies and Consulates abroad and the MoFA's visa office in Finland was fortunately very smooth. The biggest difficulties were met in air fares. All flight reservations could have been made through Finnish travel agents, but this would have meant some 50% extra costs. On the other hand, it would have been quite impossible for most foreign participants to cover the costs themselves, even when the organisers would reimburse them later. This issue was solved in different ways for different countries: in Nigeria, the funds were lent from the



IMAGE 12: Participants of the Global Health Course 2001

University; in India, the IIMC purchased the tickets and was reimbursed directly by the organisers; for Tanzania, the tickets were bought in Finland and sent to the participants, and; in Chile and the Philippines the participants lent the funds from various sources. The issue of reimbursing the travel costs is one that should in the future be agreed upon and organised before the participants are selected.

Lecturers: All foreign and Finnish lecturers made their own travel arrangements and were reimbursed afterwards for their expenses. Some lecturers needed invitation letters for visas, but this did not cause problems. Accommodation in Helsinki and Tampere was in hotels, with note being taken that reservations should be made well in advance, as at times many hotels are fully booked.

OTHER ACTIVITIES

THE GLOBAL HEALTH FORUM

The FMA hosted the first Global Health Forum in May 2003 in Helsinki. The Forum succeeded in bringing together in an unprecedented way the governmental institutions and non-governmental organisations that are involved with issues of global health in Finland. The event was mainly a forum for discussing the importance and future in the teaching of global health issues. It was generally agreed that the teaching of global health issues has been neglected in Finland and thus experts in these questions are not educated within the country's own Universities. The Ministries of Education, Foreign Affairs and, Social Affairs



IMAGE 13: Participants of the Global Health Course 2001

and Health did not present compatible views on the subject who is actually responsible for educating the new generation of global health experts in Finland, nor did they have suggestions on who should fund this. The medical faculties were not, with the exception of the University of Kuopio, interested in taking the Global Health Course as a part of their curriculum. The Forum did not give any specific recommendations for the future, nor did any NGO at that time express specific interest in taking over the organising of the Course.

A second Global Health Forum was held in conjunction with the Evaluation Meeting in Helsinki in September 2005. This Forum discussed the teaching of Global Health issues on a more general level, and did not specifically give recommendations for the future of the Finnish Diploma Course on Global Health. Thus, the second Forum is not discussed further in this report.

OTHER ACTIVITIES

A three-day seminar on refugees in the health care system was held in April 2003. This seminar was targeted mainly at medical students, and concentrated on problems faced on one hand by refugees arriving in Finland, and on the other hand by Finnish doctors whose patients the refugees are. A series of seminars, alternating between the five medical faculties in Finland, also in April 2003, offered advice for students wishing to participate in developing cooperation projects. This seminar was offered together with the MOFA with one international guest



IMAGE 14: Participants of the Global Health Course 2001 together with Prof. Staffan Bergström

speaker and various Finnish experts. Both of the before mentioned events were mainly organised by FiMSIC and the PSR student section.

In addition, a survey on Finnish medical students' attitudes towards international health teaching was also conducted, as well as a survey on available international health teaching in Finland and a number of other European countries. The findings of the former survey were presented at the Global Health Forum in May 2003, and the final results are planned for publication in the near future.

PLANNING AND ADMINISTRATION

FOREIGN PARTNERS

University of Chile, Santiago, Chile: The Faculty of Medicine of the University of Chile is the largest and most comprehensive Faculty of Medicine among the 18 existing Faculties in the country. Its mission is to train health professionals at the highest level of technical competencies, firmly grounded on ethics and commitment towards increasing the quality of life of the population. The Faculty considers that it is its duty to produce researchers and academics both for propelling scientific and technological development and increasing capacities to solve biomedical, clinical and public health problems. The Faculty also aims at increasing population's scientific knowledge by means of dissemination activities along the country. Besides Medicine, the Faculty has responsibility for other undergraduate careers: Nursing, Midwifery, Occupational Therapy, Phonoaudiology, Nutrition, Medical Technology, and Kinesiology. The total number of students is 2,500. The University of Chile's Faculty of Medicine is a very important postgraduate centre with over 800 students coming from Chile and other Latin American countries. Chile joined the project in 2002, after a preliminary contact had been made through a Finnish doctor working at the University of Chile. The local contact persons have interviewed applicants and organised Field Assignments for the Finnish students, and are currently planning to implement a similar programme at their own Faculty.

University of Beijing, Beijing, China: The Medical Faculty of the University of Beijing participated in the project from 2001 to 2002. Contact was initially made through links established by the University of Turku. Local contact persons participated in the selection process of the students, organised Field Assignments for Finnish students and participated also in the teaching at the Course.

Institute for Indian Mother and Child (IIMC), Calcutta, India: The Institute for Indian Mother and Child, is a non-governmental voluntary organization. The main function of this institute is to provide free medical care, health advice, education and economic support for the poorest of the poor. The IIMC

was conceived by Dr. Sujit Brahmochary and it was set up in 1989, with the mission to give support to the medical needs of the poorest and most backward people of the South 24-Parganas in West Bengal, people who have no access to basic health care and medicinal facilities. Today IIMC has expanded its activities to include health care and health promotion, primary education and support of vocational training as well as integrated rural developmental projects including agricultural programmes. The local contact person for the Course has been Dr. Brahmochary of the IIMC. A good, direct connection with the University of Calcutta, from where the Course participants were recruited, was never established, but some degree of cooperation was maintained through Dr. Brahmochary. The IIMC became a partner of the Global Health Project in 2003.

College of Medicine, University of Ibadan, Nigeria: Established in 1948, the College of Medicine, University of Ibadan was the first one in Nigeria. It comprises 5 faculties: Basic Medical sciences, Clinical Sciences, Dentistry, Public Health, and Pharmacy. Yearly it turns out many qualified medical professionals, especially doctors. Of every two doctors in Nigeria, one has been trained at Ibadan. The Ibarapa Community Programme, which collaborates with the Global Health Course, is responsible for the training of medical students in practical community medicine. Contact with the Ibarapa Community Programme was established through the Public Health Programme at the University of Kuopio, and collaboration has been going on since the beginning of the project. The local contact person has been the Director for the Ibarapa Community Programme, who has participated in the selection of Nigerian delegates and been responsible for the coordination of the Finnish students' Field Assignments.

College of Medicine, University of the Philippines, Manila, the Philippines: Guided by moral, ethical and spiritual values, the UPCM commits itself to excel-



IMAGE 15: Participants of the Global Health Course 2001

lence and leadership in community-oriented medical education, research and service; using the primary health care approach that is intended especially for the underserved. The UPCM works in partnership with the City Government of Pasay in the Metropolitan Manila area and with the Municipal Government of St. Tomas in the province of Batangas in the implementation of Community-Based Health Programs. The programs aim to assist the communities in the development of local systems and community projects that are being managed and run by the local leaders and village health workers. The leading department within the UPCM in the implementation of the CBHP's with the communities is the Department of Family and Community Medicine (DFCM), which is also the leading department in the UPCM's participation in the Global Health Course. Finnish students have undertaken their Field Assignments under the supervision of staff from the DFCM. The staff of the DFCM has been responsible for the selection of participants from their University, and are currently planning the implementation of courses similar to the Global Health Course at their own Medical Faculty. During the first Course the contact with the University of the Philippines had not yet been established and the collaborating partners, through which the participants were also recruited, were the Provincial Health Office of Bohol, the Research Institute for Tropical Medicine and the Bohol Regional Hospital.

University of Witwaterstrand, Johannesburg, South Africa: The University of Witwaterstrand (UW) in Johannesburg is one of the main universities of South Africa and is connected to the biggest hospital in the world, i.e. the Chris Hani-Baragwanath Hospital for its teaching purposes. UW has a community outreach programme in the rural areas which was also open to the Global Health Course students to allow more diversity in field assignments. The first local contact person in South Africa was connected to the hospital, and the participants from South Africa were actually recruited from the junior staff at the hospital. During the second Course, the local participants of the Course acted as contact persons and supervisors for Field Assignments. As it proved impossible to recruit any medical students from South Africa for the Course, collaboration was discontinued after the second Course.

School of Dentistry, Muhimbili University College of Health Sciences, Dar es Salaam, Tanzania: The School of Dentistry is part of the Muhimbili University College of Health Sciences, a college of the University of Dar es Salaam. The University of Dar es Salaam is a public institution under the Ministry of Science, Technology and Higher Education. The Muhimbili University College of Health Sciences (MUCHS) was established in July 1991 when the then Faculty of Medicine was upgraded to become a College. The School of Dentistry was established in 1979 as a Division of the Faculty of Medicine, it was later upgraded to the Faculty level and finally became a School of Dentistry in 2002. Contact with the School of Dentistry was established through previous collaboration between the School and the Finnish Dental Association, and the School joined the Global Health Project in 2004 by recruiting participants for the Course and organising the Field Assignments for the Finnish dental students.

FINNISH PARTNERS

Finnish Society for International Health (DLS): The purpose of the society is to increase awareness in international health questions in Finland, to improve the co-operation of individuals and societies working in the field of international health, to participate in international co-operation and to support research in international health. The activities of the society cover the following areas; health questions of developing countries and development co-operation; issues connected with research and clinical care of tropical diseases; co-operation in health with nearby countries, and; travel medicine. In order to achieve these goals the society organizes training courses and lectures, co-operates with different advisers in the field of international health, and supports research and practical development co-operation. Among the society's members there are many doctors, but also other health care professionals with interest in questions of international health. The society has been involved in the project from the beginning on an advisory level, but stepped up to take the actual responsibility of the project for the years 2003-2005, including the organising of the third Course.

Finnish Medical Association (FMA): The FMA is a professional organization of which almost all doctors practising in Finland are members (more than 90% of Finnish physicians belong to the Association). Values promoted by the Association include advancement of medical expertise, humanity, ethics, and collegiality. The Association binds its members together to support these values, and represents their common professional, social and economic interests. FMA was established in 1910. The Association also works in numerous ways to develop health care and advance medical expertise on the basis of the professional knowledge of its entire membership. The Association is active in relation to ethical issues and safeguarding the interests of doctors and patients, in Finland and internationally. The FMA has mainly been active in the Global Health Project through its Task Force on Development Cooperation. The FMA held the official role of the project coordinator from 1999 to 2002, and provided support with the financial management of the project. The FMA has, after stepping down from the role of the project coordinator, taken on an advisory role, and has also provided financial support to the project.

Finnish Dental Association (FDA): The FDA is the professional organisation for Finnish dentists, representing some 98% of licensed dentists in the country. The aim of the FDA is to join together Finnish dentists and dental students in monitoring societal and professional interests and in preserving the collegial spirit of the profession. The FDA joined the project in 2003, and has together with Apollonia selected the Finnish dental students for the Course, recruited the partner organisation from Tanzania, and provided financial support.

Finnish Medical Society Duodecim: Duodecim is a scientific society with almost 90% of Finnish doctors and medical students, as members. The Society takes responsibility for the continuous professional development of doctors. The cornerstone activities include publishing the most important scientific medical journal in the Finnish language and extensive educational programmes with

yearly medical conventions in all five cities with a medical faculty. The Society also evaluates continuous medical education and supports research through its own research foundation. Cooperation with different organizations and officials in the field of medicine is central to the activities of Duodecim. Duodecim also promotes public discussion on prioritisation and ethics in medicine. Much of the work is carried out by enthusiastic volunteers. Duodecim serves also the general public by distributing information through its own news and information service and Internet portal and by publishing a lay health journal. The aim of all activities is to improve the health of the people, mainly by providing them medical knowledge at all levels of education. Duodecim joined the Global Health Project in 2003 and has provided both expertise and financial support to the project. Duodecim has agreed to take over the coordinating role in the project by the end of 2005.

Finnish Dental Society Apollonia: Apollonia is a scientific association, aiming at supporting and developing research in dental medicine and at implementing research achievements in practice. The Society also promotes further education of dentists, supports scientific publishing and international cooperation in the field of dental medicine. Apollonia joined the project together with the FDA in 2003, and has participated both in selecting the Finnish dental students for the Course and in recruiting the Tanzanian partner. Apollonia has also financially supported the project.

Finska Läkaresällskapet (FLS): The FLS is a scientific society for Swedish-speaking doctors in Finland. The aim of the Society is to develop medical science and health care, to promote further education of doctors, to support publishing internationally and publishing in the Swedish language and to preserve national



IMAGE 16: Microbiology exercise during the Global Health Course 2001

and international cooperation in the field of medicine. The FLS joined the project in 2003, and has provided direct financial support and also logistical support through the free use of the Society's meeting facilities.

The Family Federation (VL): The Family Federation is a social and health sector organization focusing on families. The aim of the Federation's activities is to support families, parenthood and partner relationships. The Federation provides services, acts as an advocate and carries out research. The aim of the Federation's development cooperation is to promote sexual health and rights in the developing countries and in the neighbouring areas of Finland. The Family Federation joined the Global Health Project in 2003 and has in addition to financial support also provided expertise in planning, implementing and supervising foreign students' Field Assignment in Finland. The Family Federation also coordinated two thematic days of the theoretical period of the third Course.

Finnish Medical Students' International Committee (FiMSIC): FiMSIC is the national body for Finnish medical students' international affairs. In addition to its traditional role of organising bilateral student exchanges, FiMSIC has a strong involvement in supporting development cooperation both on national and international level. FiMSIC has participated in the Global Health Project from the very start, and has promoted the students' point of view in the planning of the Course. On a practical level, FiMSIC has provided the logistical support needed for the accommodation of students during both theoretical and field periods. FiMSIC's local committee members have acted as contact persons for foreign students during their field periods, organising practical details and social programme. FiMSIC has also actively promoted the Course among medical students.

National Public Health Institute (KTL): KTL promotes people's possibilities to live a healthy life. KTL is responsible as an expert body under the Ministry of Social Affairs and Health, for providing various professionals and citizens the best available information for their choices. The support of KTL to the Global Health Project has been that of logistics and expertise. The Project Coordinator has been employed by the KTL and has been provided with a desk together with some secretarial services, with expenses being reimbursed from the project's funds.

Physicians for Social Responsibility – Finland (PSR): The aim of PSR - Finland is to increase the medical profession's understanding of the factors that affect the social rights and health and environmental security of human communities. It encourages them to act with regard to the prevention of war and the promotion of healthy environments and equity at global level. PSR has been involved in the Global Health Project from the very beginning. Its role has been that of providing expertise in planning and teaching, but the student body of PSR has also been involved in organising related activities together with FiMSIC.

Medical Faculties at the Universities of Helsinki, Kuopio, Oulu, Tampere and Turku: The five medical faculties in Finland presently train approximately the same number of medical students; some 600 new pre-graduate students are

enrolled each year nationwide. Training of dentists takes place in Helsinki, Oulu and Turku. The medical faculties have been invited to join the Global Health Project from the beginning. Representatives from the faculties have been responsible for promoting the Course to students and for the selection of participants from their respective faculties. All faculties have approved of the Global Health Course as part of the official curriculum, thus making it possible for Finnish students to obtain credits for their degree by completing the Course. The faculties have also provided financial support, mainly for expenses of lecturers. Some faculties have also provided grants to participating students to cover part of their personal costs (course fee, travel expenses etc.).

ADMINISTRATION AND PLANNING: DEVELOPMENT OF THE ORGANISATIONAL STRUCTURE

The organisational structure of the Global Health Project, as it was planned in the beginning, was quite simple. The FMA would be the officially responsible organisation for the project. An Organising Committee was set up for the planning of the Course, with representatives in the Committee from the five medical faculties, FMA, DLS, FiMSIC and PSR. An Advisory Board was to be set up to aid the Organising Committee, but this never came true in practice. It was stated that the core group of Nohynek, Granat and Ashorn would be responsible for the organisation of the Course and for the liaising with and reporting to the MOFA. It was quite soon decided that the Project would employ one person (the Project Coordinator), who would take care of the logistics and other practical arrangements of the Course.



IMAGE 17: Participants of the Global Health Course 2002

The first Course was run with this organisational model, with some tasks being initially divided between members of the core group, but later being mixed somewhat in practice. The theoretical period and field assignments were planned as described earlier in this report. During the planning process, and especially as the Course was taking place, it became more and more evident that the organisational model was not sufficient for the project. Many new issues and tasks surfaced that were not considered before and many tasks were not clearly defined from the beginning. A new organisational structure was therefore planned and presented to the Organising Committee (*Figure 1*). The partner organisations approved of this model, together with the more precise descriptions of the tasks of each body in the model (Appendix D).

The new organisational structure, which was put in effect as the planning of the second Course commenced, proved to be functional as such, but nevertheless not without problems. The main problem, consistent throughout the project, has been the lack of volunteers. A core group of 3-5 persons has put in a tremendous amount of time for the project, whereas the organisational model would rather require the input of 10-15 persons for the key positions. As the members of the core group have been forced to take on several roles, their workload has increased accordingly and the roles have not been as clearly separated as was planned. In addition to the 10-15 persons mentioned above, the Course could easily involve another 30-40 persons as lecturers, facilitators and field assignment coordinators. The second and third Courses did actually benefit from the previous Courses, as participants from previous years were recruited as facilitators and field assignment coordinators. In practice, the organisation was somewhat simplified from the described model, in that a financial committee, theoretical period committee or a field assignment committee never had any official meetings, but their work was coordinated by designated persons. Adding up the reported amount of voluntary work all involved persons have put in, and estimating the additional work

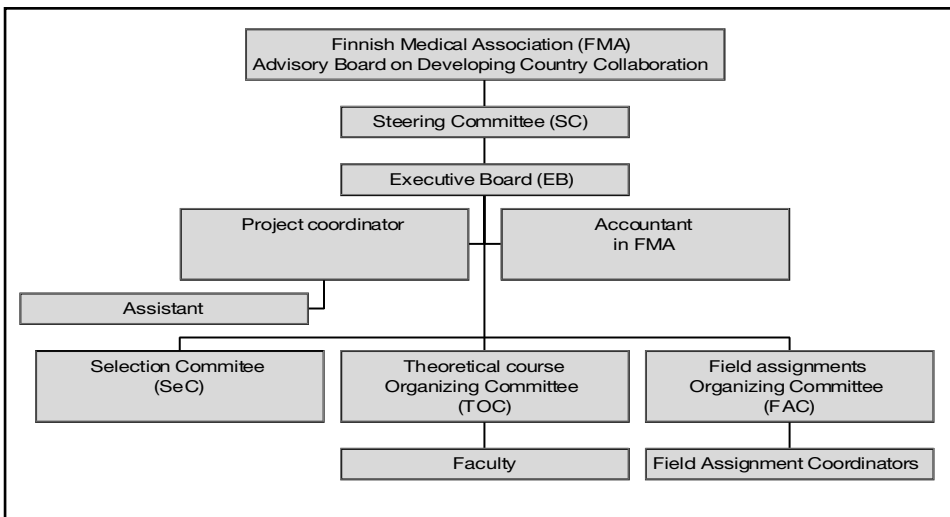


FIGURE 1: Organising Committee

that has not been reported, the planning and implementation of each Course has required some 20-24 months of full-time labour.

Another important aspect of the lack of volunteers was also the lack of participation in the work of the Steering Committee. Meetings of the Steering Committee were seldom attended by more than half of the partner organisations, especially as the number of partners increased. As the Steering Committee only met on average twice each year, the flow of information between the Executive Board and the Steering Committee was not always satisfactory. Some partner organisations also failed to appoint new contact persons for the project or representatives for the Steering Committee, this being unfortunately especially the case with the medical faculties. Also, the partner organisations had difficulties in finding volunteers from their own ranks to join the different working committees of the Project, and could not take on many, or any, responsibilities on an organisational level.

RECOMMENDATIONS

The administration should serve the project, and it should be simple, professional and efficient

- The administrative structure should be simplified and it should be planned to help meet the defined objectives. Administrative duties should be assigned to persons with relevant skills, e.g. the teaching and planning of course contents should be kept separate from the financial management of the course.

Universities, NGO's and research institutions contribute to the project, but the roles should be clarified

- The needs assessment should clarify the interests of collaborating partners in Finland and abroad, and based on this, the coordinators for the following course should define, together with the respective partners, their role in the project.

Make sure the available resources meet the needs

- With experience from three courses, the organisers of the following course should have a fair idea of the necessary human and financial resources needed to pull through one course. It is strongly recommended that the resources are located before putting in action the preparations of the next course. It has been shown that relying on voluntary work in accomplishing a project of this magnitude does not always work.

FUNDING

BUDGET, FUNDRAISING AND FINANCIAL ADMINISTRATION

The original project plan included the organising of three courses, in the years 2000-2002. As the approval of funding from the MOFA was only received quite late, in March 2000, it was decided to postpone the first Course by a year. As the project plan was then revised, it was thought that the approved funding would only be sufficient for two Courses and negotiations with the MoFA resulted in the approval of this change in the plan.

The core funding of the Project has been received through the MoFA's Unit for Non-governmental Organisations. Funding for NGO's is subject to certain conditions, which must be considered already when applying for funding from the MoFA, namely; the proposed budget and the report of realised expenses must be structured according to the MoFA's instructions; the MoFA's support can only cover 80% of the total expenses of the project; at least 10% of the total expenses must be covered by self-financing (actual money) and 10% can be covered by voluntary work and material donations; support from public institutions (municipalities, Universities etc.) can not be used for the self-financing share, and; any changes to the original budget must be approved by the MoFA before put into practice. *(These guidelines have been revised by the MOFA recently, but have been valid for the reported duration of the Project as described here.)*

The budget for the Global Health Project has been revised several times during the running of the project. The total annual costs of arranging the Global Health Course have remained on the same level throughout the Project, but quite considerable changes have been made within the budget to cater for changes that have become inevitable as the practical implementation has proceeded. Roughly put, the major categories of expenses for the Course have been the expenses of foreign participants and facilitators; the expenses of Finnish participants; the implementation costs of the theoretical period (facilities, materials, lecture fees, etc), and; administrative costs (including the salary of the Project Coordinator). A more detailed numerical analysis of annual expenses is presented in Appendix C.

The covered expenses of foreign participants and facilitators include all travel costs, visa and insurance as needed, accommodation, meals and per diem. Administrative costs include travel expenses of the Steering Committee and Executive Board, office (communication, material, etc.) and banking costs. Excluding the salary of the Project Coordinator, the administrative costs have always been maintained on a very reasonable level, some 5-8% of total annual expenses. Expenses for the theoretical period include the rent of the premises, the teaching material and the costs of lecturers and Finnish facilitators (travel, accommodation, per diem and lecture fees). It must be noted that premises were

at times received for use without cost, and that many lecturers did not charge a fee for their services.

The expenses of Finnish participants that have been covered by the Course organisers have varied somewhat from year to year, mostly leading to increased expenses for the participants themselves. At the first Course, Finnish participants paid a course fee of 500,- € (3000,- FIM) and at the second Course this was increased to 850,- €. The fee, however, covered all the expenses of the participants, including domestic travel to one preparatory meeting and one evaluation meeting, international travel to the appointed location for the Field Assignment and accommodation and (some) meals during both theoretical and practical periods (some expenses were reimbursed to participants upon the presentation of receipts). At the third Course, the course fee was waived, but Finnish participants were required to cover their own costs for international travel and only part of the costs for board and lodging were reimbursed by the organisers.

The funding from the MoFA covered most of the expenses of the Project during the first two years, as described above. Part of the expenses had to be covered by self-financing, as also described above. As the MoFA approves that half of the self-financing can be covered by voluntary labour, this item has also been added as a numerical value to the expenses of the Project, constituting 10% of total costs. Another 10% of the total has to be provided in cash by the organisation. This can be donations from foundations or other organisations or income from fundraising activities, but not support from public institutions. It was planned that the course fee of the Finnish participants would constitute the necessary self-financing and this was presented in the project plan to the MoFA,



IMAGE 18: Dr's Anna-Mia Ekström and Per Ashorn of the Global Health Course 2002 Faculty

and subsequently approved. However, later as the first Course had already been completed, the MoFA announced that the course fees could not be used for self-financing. Intensive negotiations with the MoFA followed this announcement, with the result that the course fee was approved as part of the self-financing of the Project. The increased fee at the second Course was enough to cover the entire 10% of the total expenses. At the first Course the course fees only covered some 75% of the self-financing and the rest was covered by grants from the pharmaceutical industry.

For the third Course, the MoFA granted only approximately half of the funding that was applied for, with the condition that the funding was only for expenses of the participants and facilitators from the developing countries. The MoFA also announced that there would be no more funding available in the future for the Project from the Unit for Non-governmental Organisations, the decision being based on the opinion that this kind of an educational project should be sponsored by other institutions or ministries. As the Project had been relying on funding from the MoFA, of which half had now been withdrawn, it was decided to postpone the third Course by one year. At that time no alternative plans existed for the funding of the Project. The FMA had already decided against organising a fundraising campaign, believing the profits would not be sufficient. A fundraising concert had been planned together with the representatives of the pharmaceutical industry, but this plan was postponed indefinitely for various reasons. The funding for the third Course was secured only after the Global Health Forum in May, 2003, when a number of new NGO's joined the Project and could bring with them substantial financial support. Negotiations had been undertaken also with the Ministry of Education and with CIMO (Centre for International Mobility), but the organisation of the Global Health Project was such that it was not eligible for any of their budgeted grants.

The Universities/Medical Faculties also provided financial support for each Course. Their support was mainly targeted at the expenses of the theoretical period, and could not be used for the self-financing share as described above. Some Finnish participants also received personal grants from the Universities to cover part of their travel expenses and course fee. The University of Kuopio has announced that it will not continue to support the Project financially, whereas other Finnish Universities have not expressed any intentions of their potential support in the future.

As the Project was officially coordinated by the FMA, it was decided that the financial administration, i.e. bank matters and accounting, would be handled by the FMA's financial department. Although a quite detailed, written agreement was made with the FMA's financial director on how the Project's finances would be administered, it proved to be insufficient for practical purposes. As most bills were handled directly by the FMA's accountants, the organisers had difficulties keeping up to date on expenses. Also, the way the FMA had set up the Project's accounts, was not directly compatible with the structure for reporting to the MoFA, and required a great deal of extra manual labour. For the second Course, this was adjusted so that all bills passed through the Project Coordinator, who

kept separate accounts for easier follow-up and reporting purposes. The financial administration of the Project was handled by the FMA until the end of 2003, and the auditing of the Project's accounts was done by the FMA's auditor.

In 2004 the Project was officially taken over by DLS, and the financial administration was also transferred. As the DLS has no administrative personnel, the responsibility of the finances was given to the Executive Board. One member of the Executive Board took care of the bank matters, accounting and auditing, together with the responsibility of fundraising and reporting to sponsors. This arrangement was satisfactory.

In practical terms, the Courses involved a lot of movement of cash in terms of per diems and reimbursements for foreign students, facilitators and lecturers. The Project Coordinator had money available on a separate account for such purposes, which was transferred there on an "as needed"-basis. This arrangement was necessary for practical reasons, but reporting the use of these funds did cause some extra work for the Project Coordinator.

RECOMMENDATIONS

Determine the interests of potential sponsors

- The needs assessment analysis should provide the organisers clear goals for the course. These goals should be compared with interests of present and potential future sponsors of the course, to make sure there are no conflicts of interest present. The goals can also be used as a tool to identify potential sponsors for the course.



IMAGE 19: Participants of the Global Health Course 2002

Find long-term funding

- Until now, a large part of the work of the course organisers has been to collect funding for each course separately. To ensure that the course can become further institutionalised, the organisers should strive to find long-term funding (5-10 years) that would cover at least the majority of the costs involved.

Consider different sources of funding from NGO's, Universities and research institutions

- Having a very broad base of ownership, the course is open to many potential sponsors. It should be considered whether giving any one of the collaborating partners a more dominating role in the organisation could awaken the interest of new sponsors.

Consider re-introducing course fee

- Finnish students are privileged in having access to state-run and state-funded Universities, and are thus reluctant to participate in any courses involving direct tuition fees. However, similar courses world-wide feature even quite high participation fees, and it should be considered whether re-introducing a course fee for Finnish participants would be appropriate. Participants could then be given information on where to apply for grants to cover their fee and other expenses.

OBJECTIVES AND RESULTS

ORIGINAL AND REDEFINED OBJECTIVES OF THE PROJECT

The original project plan, as submitted to the MoFA, stated the following objectives for the Project:

- Enhance awareness of global health among medical students from the developing countries and Finland
- For medical students from the developing countries: arrange possibilities for professional exposure to the fields of medicine of their chosen preference in Finland
- For Finns: arrange possibilities to be exposed to a developing country setting in a professional context without prior experience

As the Project initially was set up to organise the Global Health Course, the objectives were also defined according to what was expected from the Course

itself. After the first Course, the objectives were revised and redefined with more detail:

- To increase the participants' awareness of global health problems, their geographic distribution, and factors associated with ill health
- To increase the students' knowledge on ways to assess health on the population level
- To orient the students about selected international health-related organizations and about alternative national strategies for health care provision
- To provide an opportunity to combine theoretical learning and learning by doing in partnership
- During the field assignment, to learn how a certain medical/health care issue/problem is dealt with in a different setting
- To strengthen, deepen and expand the international network between chosen countries and institutions with which Finland already has existing relations

These objectives, as presented in the revised project plan for the year 2002, have remained essentially unchanged since then. In the same version of the project plan, that for the year 2002, it was also mentioned that the objectives include reducing poverty, enhancing human rights and the prevention of global environmental problems. These objectives were added as they are in line with the Finnish government's policy on relations with the developing countries and,



IMAGE 20: Participants of the Global Health Course 2002

although not clearly mentioned in the list of objectives, they are an integral part of the Global Health concept.

As the Project has proceeded, thoughts were raised of refocusing the efforts. To that effect, already during the third Course attempts were made to recruit the foreign students to participate in the planning of similar activities with their own University. For the year 2005 this thought was also officially added to the objectives of the Project, namely; to increase the institutional capacities of partners in the developing countries to carry out global health training and research.

IMPACT AND ACHIEVEMENTS

Measuring the impact and achievements of the Project objectively is challenging. Very little numerical data are obtainable due to the nature of the project, and measuring of how the defined objectives have been achieved is largely subjective. The following evaluation of impact and achievements is based on a separate questionnaire sent to the participants of all three Courses and to all partner institutions in Finland and abroad, and on interviews with key persons within the project organisation, namely present and former members of the Executive Board, weekly coordinators of the theoretical period and former Project Coordinators. Based on the received feedback, the impact is evaluated under three main headings; networking, awareness and knowledge.

Networking: The foreign partners, from whom feedback was received, all considered that the establishing of an international network of persons and institutions was well achieved. The Finnish partners were along the same lines, although somewhat more cautious in their opinions. The present organisation was considered a good start, but yet with not much continuity. The former course participants were the most critical of this objective. Especially some participants of the first and second Courses thought that no network at all had been established, whereas the participants of the third Course were more satisfied with post-course communication. Contact information of all involved persons was distributed to participants and the participants themselves did set up email-lists for communication, but neither of these was put to an active use after the first and second Courses. The participants of the third Course have been more active, and have set up a website (www.globalhealthcorps.net) for promoting the Global Health Course and related activities. Post-course networking has thus been dependent on the participants themselves, and active participants have actually made contact with the organisers and acted as facilitators or field assignment coordinators on later Courses. Considering the replies received from Course participants (*Table 2*), it is evident that with each year contact has been lost with more participants. This must to some extent be considered due to the lack of coordinated efforts for supporting the created network.

Awareness: All parties involved considered that awareness-raising had succeeded very well. Foreign Universities were very satisfied with the effect the

Course had had on their delegates, as the participants brought with them new ideas for both teaching and implementing public health activities. Many participants wrote that the Course had been an “eye-opener” for them and they had now a much clearer focus on what they could do with their careers and how they could become involved in international activities. When asked how the Course had affected their current position, a few participants thought they would not have achieved their present position without attending the Course. Some did not think the Course had had or would ever have any influence on their career, but the majority answered “not yet”, i.e. they were still students or completing compulsory public services, but thought that in the future the Course would play a significant role in their career development.

Knowledge: Three of the defined six objectives for the Project concerned increasing the knowledge of the participants. Partner organisations as well as participants considered that all of these objectives were achieved to a satisfactory degree. Most comments were received concerning the part of “assessing health on a population level”. This was considered a very demanding task, and not possible to teach or learn in detail during the limited time available. However, participants were provided with tools to further explore this issue in the future. The Course Exam was of course used to evaluate how the participants had been able to get to terms with the issues, but it was not designed to provide very specific information on how the participants’ level of knowledge might have increased.

TABLE 02: Answers from Course Participants

Answers received for final evaluation				
Country	Number of answers/ country/course			Total
	2001	2002	2004	
China	0	1	0	1
Nigeria	2	0	1	3
Philippines	1	1	1	3
South-Africa	0	0	0	0
Tanzania	0	0	1	1
India	0	0	1	1
Chile	0	0	4	4
Finland	5	4	5	14
Total	8	6	13	27

RECOMMENDATIONS

A needs assessment analysis should be made to provide an updated focus for the course

- The original needs assessment was made in 1999 when the project was initiated. The project has since then evolved and its environment has undergone some changes. The number of collaborating institutions has increased significantly and the foreign partners have changed since the first course. It is thus to be recommended that the organisers of the next course would, with help from the existing data, conduct a new needs assessment in order to redefine the goals and objectives of the course. The results of the needs assessment should then be taken into consideration also when considering the general design of the next course.

- The needs assessment should take in consideration the needs of various target groups. These include, but are not limited to, the participants of the course, i.e. students and young doctors from all of the involved countries, the non-governmental organisations, Universities and other institutions connected to the project, and other institutions that may benefit from the outcome of the course. Also, the needs of the population that may be addressed by the organising of this course should be given equal consideration.

A timeframe should be set for the evaluation of new goals and objectives

- Given that the achievement of some goals and objectives of the course may not be measurable during or directly after the course, each goal and/or objective should be accompanied by a suggested timeframe for the evaluation of its fulfilment.

Lobby for inclusion of Global Health teaching in curricula

- With reference to the previous recommendation, it is recommended that the organisers lobby for the inclusion of the teaching of global health issues in the core curriculum of the involved Universities. This basic course could then be used as a selection criterion for the applicants. However, as the course organisation presently involves a number of different countries with an equal number of different curricula and organisations, this recommendation should be seen as a long term goal.

Determine how the total learning of the participants and their learning during the field assignments can be evaluated

- Developing a means of measuring the learning and professional development of the participants during the course would give more concrete tools for evaluating the achievements of the course.

SUMMARY OF RECOMMENDATIONS

OBJECTIVES

A needs assessment analysis should be made to provide an updated focus for the course

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IMAGE 21: Participants of the Global Health Course 2002

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Determine how the total learning of participants and learning during the field assignment can be evaluated

- Developing the means of measuring the learning and professional development of the participants during the course would give more concrete tools for evaluating the achievements of the course.

THEORETICAL PERIOD

Specific learning objectives should be defined for each theme of the course

- The evaluation of the project's objectives has been difficult because of the very general level at which the objectives have been defined. The organisers of the next course should therefore define specific learning objectives for each theme of the course. More general learning objectives could be defined separately for the theoretical and field periods, and again, resources allowing, more specifically for each individual field assignment.

Learning objectives should be defined in measurable terms

- To improve the possibilities for evaluating the learning of the participants, careful consideration should be given to defining especially the learning objectives in measurable terms.

Define the meaning of "Global Health"

- The contents of the theoretical part of the course have gradually been shifting from disease oriented to a more public health oriented approach. It has on numerous occasions been the opinion of the organisers of the course that more "global health" or "international health" teaching should be arranged, yet it has not been defined more specifically what the contents of this teaching should be. It is recommended that the organisers of the next course define in advance to some level of detail what is meant by the term "Global Health". This could for example be achieved through a list of general topics and issues, which is then in turn used for selecting the themes for the theoretical period.

Determine the pre-course level of knowledge of the participants

- The participants of the course come from varying backgrounds and are in somewhat different stages of their education. This makes it difficult to assess the base level of knowledge that the students have on the issues of the course. It

would be recommended that applicants should in some way be required to list the possible issues they have already been acquainted with before the course. The organisers might even consider including some minimum degree of knowledge in the selection criteria.

Appoint a senior overall coordinator for the course

- It has repeatedly been brought forward in the evaluation that better coordination of the contents of the theoretical period is needed. Motivated and available senior weekly coordinators would be an asset in addition to one overall coordinator, but in the absence of human and financial resources to achieve this, it is recommended that all possible efforts are made to ensure that one senior coordinator takes on the responsibility of the entire contents of the course.

Problem based learning and case studies should be used when applicable

- The teaching at the medical faculties in Finland has increasingly been developed towards problem based learning, with many good experiences. It was therefore brought forward during the evaluation process of the course that this method could be given more emphasis. Case studies, which have already been used quite extensively during the course, are one form of problem based learning. These methods should also be considered for the field period.



IMAGE 22: Participants of the Global Health Course 2002

Participants and course design should be determined based on the needs assessment

- The needs assessment should provide guidelines regarding the target group of the course (pre- or post-graduates), the number of participants and the duration of the course, including how time should be divided between theoretical and field periods.

FIELD ASSIGNMENT

The field period should be more closely integrated with the theoretical period

- For many of the participants the theoretical period did not directly offer useful information for the fulfilment of the objectives of the field assignment. The theoretical and field periods should therefore be more closely linked to each other in terms of contents. The field assignment should be a direct continuum of the learning process initiated by the theoretical period. The field assignments should focus on issues that have been introduced during the theoretical period, and the theoretical period could even contain elements of project planning to help in the planning of the field assignment.

Define the nature of the field assignment

- The nature and objectives of the field assignment should be clearly defined. It should be clear to both the students and the supervisors of the field assignments whether it will be merely an exposure to a different culture, an in depth analysis of a different health care system, or even a research project on a given subject. The latter, considering the limited time available, is not recommended. The field assignment could also be defined as involvement in/participation in/documentation of an on-going community- or hospital-based project.

Minimise the number of field assignment locations

- In Finland: Foreign participants doing their field assignments should be concentrated in 2-3 different cities. This has been the wish of the participants themselves during the evaluation. The participants could then support each others assignments through organised discussions, and fewer supervisors would be needed.

- Abroad: It is recommended to take into consideration the possibility of concentrating the field assignments of the Finnish participants also to 2-3 locations per course. The responsibility of hosting the Finnish students could rotate between the partnering institutions, giving the same benefits as described above for the foreign participants' field assignments.

Determine if field assignments should be completed in groups or individually

- If field assignments were to be carried out by groups instead of individuals, broader issues could be covered for each assignment. A group assignment would

also facilitate the learning process in itself, as any assignments the participants may encounter in their future career in international health will hardly be merely an individual task. It is, however, recommended that careful consideration is given to this subject before deciding on the course of action, mainly to guarantee that each participant is given the opportunity to benefit fully from the field assignment, and that the means will be available to evaluate the learning of the participants.

ADMINISTRATION

The administration should serve the project, and it should be simple, professional and efficient

- The administrative structure should be simplified and it should be planned to help meet the defined objectives. Administrative duties should be assigned to persons with relevant skills, e.g. the teaching and planning of the course contents should be kept apart from the financial management of the course.

Universities, NGO's and research institutions contribute to the project, but the roles should be clarified

- The needs assessment should clarify the interests of the collaborating partners in Finland and abroad, and based on this, the coordinators for the following course should define, together with the respective partners, their role in the project.

Make sure the available resources meet the needs

- Based on experience from three courses, the organisers of the following course should have a fairly good idea of the necessary human and financial



IMAGE 23: Participants of the Global Health Course 2002

resources needed to pull through one course. It is strongly recommended that the resources are allocated before starting the preparations of the next course. It has been shown that relying on voluntary work in accomplishing a project of this magnitude does not always work.

FUNDING

Determine the interests of potential sponsors

- The needs assessment analysis should provide the organisers with clear goals for the course. These goals should be compared with the interests of the present and potential future sponsors of the course, to make sure there are no conflicts of interest present. The goals can also be used as a tool to identify potential sponsors for the course.

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Consider different sources of funding from NGO's, Universities and research institutions

- Having a very broad base of ownership, the course is open to many potential sponsors. It should be considered whether giving any one of the collaborating partners a more dominating role in the organisation could arouse the interest of new sponsors.

Consider re-introducing the course fee

- Finnish students are privileged in having access to state-run and state-funded Universities, and are thus reluctant to participate in any courses involving direct tuition fees. However, similar courses world-wide feature even quite high participation fees, and it should be considered whether re-introducing a course fee for Finnish participants would be appropriate. Participants could then be given information on where to apply for grants to cover their fee and other expenses.

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IMAGE 24: Dr's Oscar Arteaga, Lameck Mabelya, Anthony Cordero and Taiwo Lawoiyin participating in the Global Health Forum

APPENDIX A:

CURRICULUM 2001

Monday 28.5.	Tuesday 29.5.	Wednesday 30.5.	Thursday 31.5.	Friday 1.6.
Welcome and introduction	Demographics and population growth	Malnutrition: Biology and epidemiology	Sexual and reproductive health	Care of the pregnant women
	World Health Chart	Obesity vs malnutrition		
Health of Nations	World Health Chart	How to cope with over- and undernutrition ?	Right to life - for whom ?	How to decrease maternal mortality?
Age pyramid and major health problems				
Country specific group reports	Health indicators	Sustainable food production		
Monday 4.6.	Tuesday 5.6.	Wednesday 6.6.	Thursday 7.6.	Friday 8.6.
Taxonomy of Countries	Vaccine programme performance indicators	Tuberculosis, and BCG vaccination	HIV & AIDS - past and present	Perinatal HIV-transmission
Historical World Development	Future of vaccinations	Acute respiratory infections	Treatment of HIV & AIDS	Economic impact of HIV-pandemic
Population Growth	Vaccinations Country X: reviewing national programme	Tuberculosis: Direct observational therapy (DOTS)	HIV & AIDS: How to manage the global HIV emergency?	HIV & AIDS: How to manage the global HIV emergency?
Health Strategies			Treatment of AIDS patients in South Africa	
Monday 11. 6.	Tuesday 12. 6.	Wednesday 13. 6.	Thursday 14. 6.	Friday 15. 6.
World Bank and Health	Tobacco or Health	How to rationalise antibiotic prescribing	Human Rights	The refugee question
	Tobacco Epidemic			Refugees and health
Malaria	Tobacco and Health in China	Rational treatment of severe infections		
Malaria	Smoking: What to do with tobacco industry	How to advice patients and parents: Role play	Congo and Rwanda - case studies	Health in emergency situations
Diagnosing Malaria: Practical exercise			Case studies	Earthquake in India-practical exercise
Monday 18.6.	Tuesday 19.6.	Wednesday 20.6.	Thursday 21.6.	Friday 22.6.
Introduction to Health Policy	Different Health Systems	United Nations' Organisations	Examination	
Vertical Programs and Health Systems		Red Cross and Health		Examination
			Examination	
Economic Policies and Health	Different Health Systems	Role of EU in the development sector	Course evaluation and feedback	
Governance of Globalisation		Visit to Blood Transfusion Centre	Closing of the course	

CURRICULUM 2002

Monday 3.6.	Tuesday 4.6.	Wednesday 5.6.	Thursday 6.6.	Friday 7.6.
Welcome and introduction	Country specific group reports	World health development and taxonomy of countries	Biology and epidemiology of malnutrition	Organisation of health care in Finland
	Health Indicators		Sustainable food production	Organisation of health care in Chile
Site visit to UKK Institute	World Health Chart	Poverty and Health	How to cope with malnutrition?	Site visit to Tampere Health Care Centre
Health of Nations	World Health Chart		Preparation of Field Assignments	
Country specific group reports				
Monday 10.6.	Tuesday 11.6.	Wednesday 12.6.	Thursday 13.6.	Friday 14.6.
Sexual and reproductive health	Care of the pregnant women - antenatal care	Introduction to IMCI	Malaria epidemiology and diagnostic exercise	HIV & AIDS as a medical problem
	Care of the pregnant women - delivery care		Tuberculosis - Global burden, Prevention and BCG vaccination	Features of the HIV-epidemic globally
Right to life - for whom?	How to decrease maternal mortality?	IMCI: Case studies	DOT for TB: Drug resistance and how to deal with it	HIV & AIDS: How to manage the global HIV emergency?
Preparation of Field Assignments				
Monday 17. 6.	Tuesday 18. 6.	Wednesday 19. 6.	Thursday 20. 6.	Friday 21. 6.
Vaccine programmes	Health effects of tobacco	Mental Health and Primary Health Care in Developing Countries	Cardiovascular Diseases: A Global Perspective	
	Global tobacco epidemic			
Vaccine development and new products	The role of health professionals on tobacco cessation	Mental Health Services in Finland	Cardiovascular Diseases: How to tackle the problem?	
Country X: reviewing national programme	Smoking: What to do with tobacco industry	Care of elderly. How to cope with mental health problems?	How to design and implement a population prevention programme for heart disease	
Preparation of Field Assignments			The North Karelia Programme	
Monday 24.6.	Tuesday 25.6.	Wednesday 26.6.	Thursday 27.6.	Friday 28.6.
Natural and man-made emergencies: why, where and when?	Environmental chemicals and health	Presentation of Field Assignments	Essential Drugs Programme	
International Red Cross and emergency work	Globalisation and Health	International law: protecting victims and relief workers	The role of UN in global health development	Course evaluation and feedback
Site visit to Finnish Red Cross Emergency Store	Health and Human Rights	Global Refugee Problem	UNICEF and the health of women and children	Closing of the course
	Globalisation and Health	Site visit to Tampere Reception Center for Asylum Seekers	Examination	
	Preparation of Field Assignments			

CURRICULUM 2004

Monday 3.5.	Tuesday 4.5.	Wednesday 5.5.	Thursday 6.5.	Friday 7.5.	
Welcome and introduction	Equity in health	Health care delivery systems	Introduction to health economics	Biology and epidemiology of malnutrition	
Global disease burden	Health Indicators	Health care systems in Chile and Finland	Priorisation in health care	Malnutrition	
Health of Nations	World Health Chart: A new IT tool for analysing world health development	Health care systems in Chile and Finland	Health care systems in Chile and Finland	Careertalk	
	Preparation of Field Assignments		Preparation of Field Assignments	Visit to Finnish Medical Society Duodecim	
Monday 10.5.	Tuesday 11.5.	Wednesday 12.5.	Thursday 13.5.	Friday 14.5.	
Health technology assessment - methods and organisations	Children's health	Sexual and reproductive health	Maternal health	Vaccine programmes	
World health development and taxonomy of countries	Introduction to IMCI			Vaccine safety and AEFI	
Poverty and health	Children's health	Sexual and reproductive health	Maternal health	Career talk	
	Preparation of Field Assignments			Country X: reviewing national programme	
Sunday 16. 5.	Monday 17.5.	Tuesday 18.5.	Wednesday 19.5	Friday 21.5.	Saturday 22.5.
Non-communicable diseases - a global perspective	Non-communicable diseases in different settings	Mental Health - a neglected global health problem Cornerstones for mental health services' development	Alcohol and substance abuse - global burden and trends	Introduction to global TB, HIV and malaria	Dengue fever in Asian metropolises
		How to organise mental health care in poor resource countries?	Alcohol and social issues in Finland Mini-intervention - a tool to break the circle	Malaria	HIV/AIDS - what treatment options do have today?
				Tuberculosis - History and global burden	HIV/AIDS opportunistic infections Public-private partnership and global HIV-epidemic
How to tackle cardiovascular diseases: the North Carelia Project and other approaches	Non-communicable diseases in different settings	Global tobacco epidemics Role of health professionals in smoking cessation	Alcohol	Tuberculosis epidemics in a post-war setting	Planning a national HIV/AIDS strategy and funding in Country X
How to design and implement a population prevention programme for heart disease	Visit to Finnish Medical Association	Smoking: What to do with tobacco industry		Preparation of Field Assignments	
Monday 24.5.	Tuesday 25.5.	Wednesday 26.5.	Thursday 27.5.	Friday 28.5.	
Most prevalent chronic diseases in the world	Getting health professionals where the need is	Global refugee problem	Examination	Presentation of Field Assignments	
Role of forensic medicine in human catastrophes	Natural and man-made emergencies: why, where and when?	Health as bridge for peace		Course evaluation and feed back	
Integration of oral health into the social and health policies	International Red Cross and emergency work	History of globalisation	Primary health management and project developmnet	Closing of the course	
	Emergency medicine	WTO and drug availability	Career talk		
Career talk			Preparation of Field Assignments		

APPENDIX B:

DELEGATES AND FIELD ASSIGNMENTS

Delegates from the Philippines

Name, year of attendance and title of field assignment report

Erma Ladesma, 2001, Comparison of health care systems in the Philippines and Finland, with special emphasis on paediatric infectious diseases

Juanita Ugpo, 2001 <Field Assignment Report not available>

Eugene Macalinga, 2001, <Did not participate in field assignment>

Tina Santos, 2001, Health systems in two nations

Maria Lorete, 2002, The Finnish and Phillipine newborne screening programme

Primitivo Rimando, 2002, HIV/AIDS prevention and advocacy work in Finland: Lessons for the Phillipines

Marc Rosario, 2002, The state grant reform of 1993 in Finland: Lessons for primary health care in the Phillipines

Rainier Escalada, 2002, Education, training and services in geriatric medicine: experiences of Finland and the Phillipines

Joseph Ranche, 2002, Vaccines and Immunization, Lessons from Finland for the Phillipines

Leniza G. de Castro, 2004, The use of Acupuncture in the Helsinki Youth Station as Treatment for Adolescents with Drug Abuse Problems: Possible Application for the Philippine Substance Abuse Situation

Raoul A. Bermejo III, 2004, Living with HIV: the role of perceived stigma and social support

Therese Eileen B. Lladoc, 2004, The Finnish Maternal Health Care System and its Relevance to Philippine National Programs on Safe Motherhood and Maternal Care

Apple Valparaiso, 2004, Sexual health in Finland

Delegates from Finland to the Philippines

Name, year of attendance and title of field assignment report

Mikaela Grotenfelt, 2001, Whooping Cough in Filipino Children

Kirsi Orasaari, 2001, Otitis media and hearing impairment in children in the Phillipines

Laura Rautio, 2001, Wheezing diseases in Filipino children a descriptive, prospective study nested within the PNF13399 study

Synnöve Staff, 2001, Mother and Child Health in Bohol, The Phillipines

Noora Takkinen, 2001, Ethics in clinical trials conducted in developing countries

Jouki Turunen, 2002, Implementation of family planning policies

Tuuli Miettinen, 2002, How is primary health care working in Santo Thomas, Batangas, Philippines? - Interviews of workers and inhabitants

Antti Ylitalo, 2002, Antenatal health care in the area of Batangas, Philippines and reports from NGO and GO visits

Emma Pikkarainen, 2002, Knowledge, practices and attitudes on family planning among women and health care workers in Santo Tomas, Batangas

Heidi Westergård, 2004, Expanded Programme of Immunization, the Philippine Situation

Veera Pikkarainen, 2004, The influence of the training of traditional birth attendants in Santo Tomas, Batangas, The Philippines

Aura Toivanen, 2004, Childrens' preventive health care in Finland and the Philippines: Congenital anomalies, Clubfoot as an Example

Delegates from China

Name, year of attendance and title of field assignment report

Jingmin Wang, 2001, Seroepidemiology of Bordetella Pertussis

Ming Yang, 2001, A comparative review of the public health situation in Finland and China

Jinhua Duan, 2001, Medical practices in Oulu, Finland

Jin Zhou, 2001, Differences of primary care system in Finland and China

Qingtong Wang, 2002, Adolescent sexual health

Xuefeng Xie, 2002, Adolescent sexual health

Delegates from Finland to China

Name, year of attendance and title of field assignment report

Terhi Huttunen, 2001, The management of acute respiratory infections in an area with high prevalence of antibacterial resistance

Eero Järvillehto, 2001, The cooperation and referral practices between Traditional and Western Medicine in China

Roope Sovelius, 2001, Comparing diagnostic methods and treatment of acute respiratory infections (ARI) between Finland and China

Minna Kettunen, 2002, The use of antibiotics and antibiotic resistance in China

Hanna Viskari, 2002, Vaccination programme and practice in Anhui region, China

Mari Torvinen, 2002, The mental health of women in China

Delegates from Nigeria

Name, year of attendance and title of field assignment report

Adekemi Idowu, 2001, Low birth weight – comparing Nigeria and Finland

Akinseinde Osakuade, 2001, Comparison of health care and treatment given in the management of cardiovascular diseases in Tampere, Finland and Ibadan, Nigeria

Adebayo Obamuyide, 2001, Safe abortion services in Finland – Implications for Nigeria

Adekunle Ayoade, 2002, Cervical cancer control in Finland & Nigeria

Innocent Okoli, 2002, Vaccines; a comparative study of the vaccination programs in Finland and Nigeria

Ebenezer Oni, 2002, Prevention and care of HIV patients in Finland, a lesson for Nigeria

Onyekwelu Emeka, 2002, Community acquired pneumonia in childhood; A comparison of aetiology, diagnosis and treatment between Finland and Nigeria

Michael Adebayo Ajakaiye, 2004, Modalities of Pain Treatment in Finland

Abiona Bolanle Funmilayo, 2004, Non medical therapeutic services for youths with substance abuse in Finland: relevance to the Nigerian situation

Olufunso Odunukan, 2004, The Reduction and Prevention of Maternal Mortality in Finland

Olabamidele Ayodele, 2004, HIV/AIDS health care in Finland

Delegates from Finland to Nigeria

Name, year of attendance and title of field assignment report

Hanna Rahtu, 2001, Attitudes about family planning and contraceptive use among women including the role of men in fertility and family planning decisions in Nigeria.

Juha Rannikko, 2001, For Justice and Mercy: Study on Non-Governmental Organisations

Mari Luntamo, 2001, Population growth in Nigeria

Katariina Kallio, 2002, Immunization in Nigeria

Antti Järvinen, 2002, Smoking habits and attitudes among medical students at the University of Ibadan, Nigeria

Miia Ojanen, 2002, Attitudes, knowledge and practices related to HIV/AIDS among mechanics and allied workers in Ibadan, Nigeria

Markus Pääkkönen, 2004, The eradication of polio and the attitudes of the general public towards vaccination in Nigeria

Mari Sipilä, 2004, The role of traditional medicine in reproductive health issues in Nigeria

Kati Marttinen, 2004, Risk behavior, recognition and primary treatment of the diarrhoeal diseases in Igbo-Ora, Nigeria

Mari Levander, 2004, Pediatric healthcare system in Oyo State, Nigeria: focus on prevention, diagnosis and treatment of children under five with diarrhoea

Delegates from South Africa

Name, year of attendance and title of field assignment report

Clare Cutland, 2001, An introduction to studies of paediatric bacterial and viral infectious agents in Finland

Morenike Afadapa, 2001 <Did not participate in field assignment>

Delegates from Finland to South Africa

Name, year of attendance and title of field assignment report

Emilia Huvinen, 2001, Comparison of HIV-infected children's health status in South Africa and Finland

Laura Manninen, 2001, Knowledge and attitudes about contraception among HIV-positive women in South-Africa

Lauri Vuorenkoski, 2001, Pharmaceutical policy, international NGOs, trade agreements and pharmaceutical industry in South Africa

Emma Tuokko, 2001, Prevention of perinatal HIV transmission in South Africa

Agnes Stenius, 2002, A qualitative, comparative study on medical students' personal attitudes towards HIV/AIDS

Annika Holmström, 2002, The experience of pain during childbirth among women in Chris Hani Baragawath Hospital, Johannesburg

Delegates from Chile

Name, year of attendance and title of field assignment report

Arlette Adauy, 2002, Abortions: illegality in abortion policies contribute to maternal deaths

Cristian Miranda, 2002, Abortion: two different views

Julio Alvarez, 2002, Comparisons of cervical cancer screening programs between Finland and Chile

Felipe Ashwell, 2004, Community Acquired Pneumonia in Children - An up to date and short description of current situation in Chile and Finland

Pamela Torres, 2004, Impact on sexual education in developed and developing countries: finland and chile as examples

Veronica Marin, 2004, Caesarean sections in Finland and Chile

María Beatriz Retamales Moreno, 2004, Health care of the elderly in Finland and in Chile

Delegates from Finland to Chile

Name, year of attendance and title of field assignment report

Teemu Långsjö, 2002, Chagas disease - Experiences in Chile and review of literature

Anton Fogelholm, 2002, A comparative study of the tuberculosis programs in Chile and in Finland

Miika Arvonen, 2002, Hantavirus Andes in Chile

Kristiina Koskela, 2004, Observations of antenatal care and fetal screening in Chile

Annele Kujanpää, 2004, Centro De Medicina Reproductiva y Antencion Integral de Adolescentes (Cemera), in Chile

Anna-Liisa Punto, 2004, Air pollution and health

Sampo Auro, 2004, The health situation of the Lay-Lay commune compared to Chile in general

Delegates from India

Name, year of attendance and title of field assignment report

Adarsh Kumar, 2004, Blood Services and Blood Products in Finland

Mahasweta Bag, 2004, Overview of neonatal health care system of Finland with focus on respiratory diseases of the newborn

Hemmay Raychaudhuri, 2004, Antibiotic resistance in India and Finland

Delegates from Finland to India

Name, year of attendance and title of field assignment report

Heli Jussila, 2004, AYRVEDA – the science of life

Jenni Peltonen, 2004, Family Planning Prospects in a Rural Setting in West Bengal, India

Katarina Mårtenson, 2004, Maternal mortality and antenatal care, trends in India and West Bengal

Delegates from Tanzania

Name, year of attendance and title of field assignment report

Charles Wanga, 2004, <report subject not available>

Stephen Sudi, 2004, <report subject not available>

Delegates from Finland to Tanzania

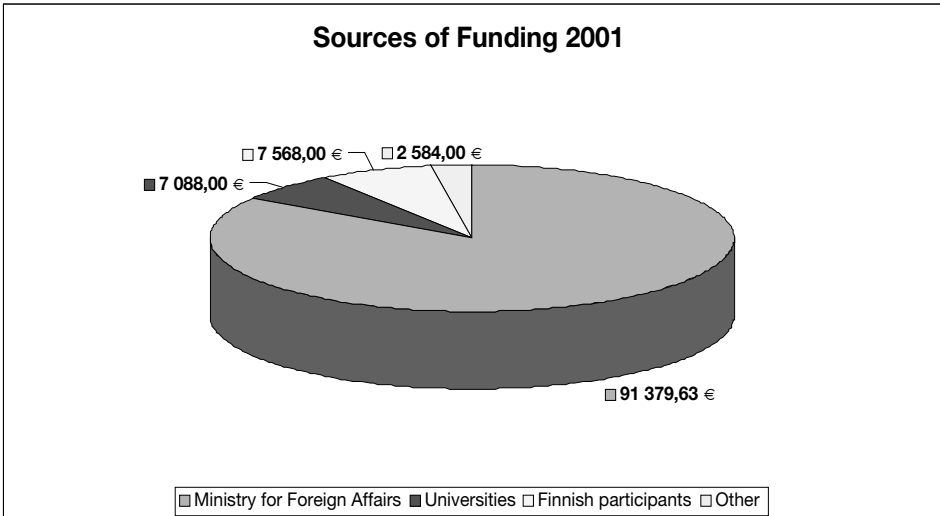
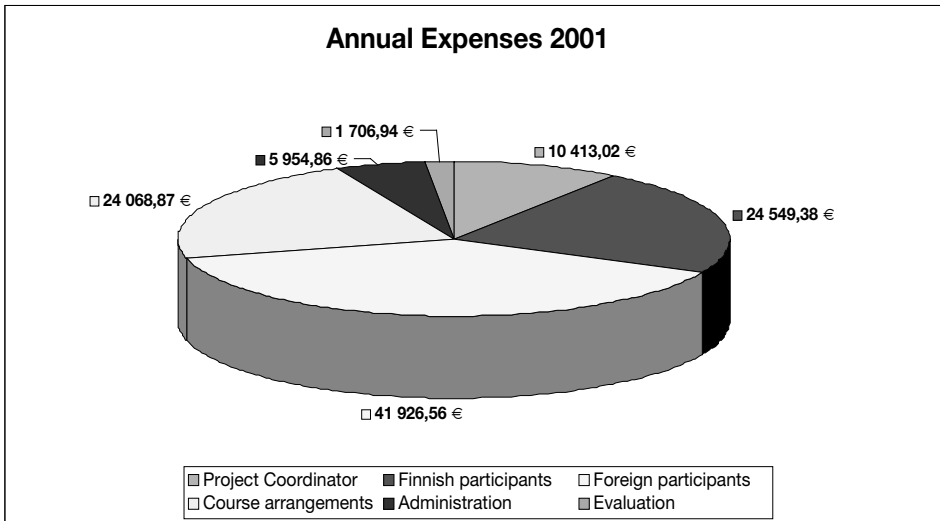
Name, year of attendance and title of field assignment report

Mia Huppunen, 2004, Oral health habits and attitudes among 12-year old school children in Kinondoni district

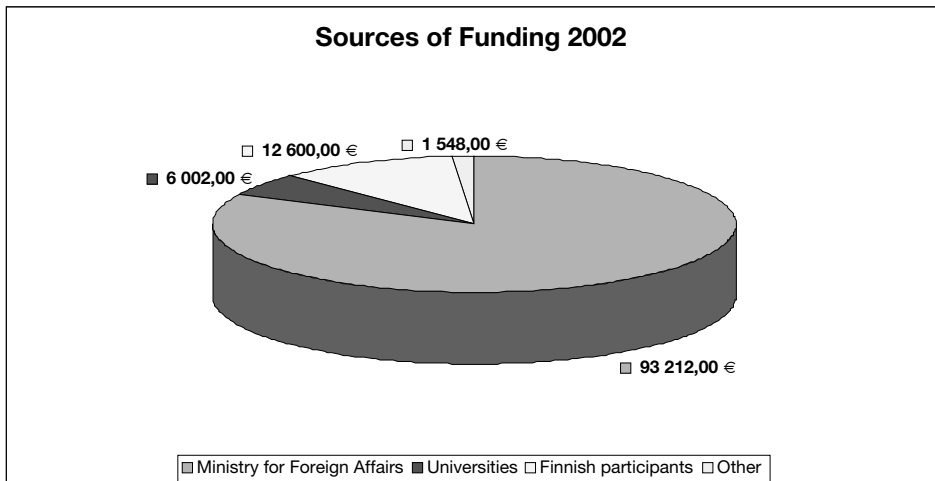
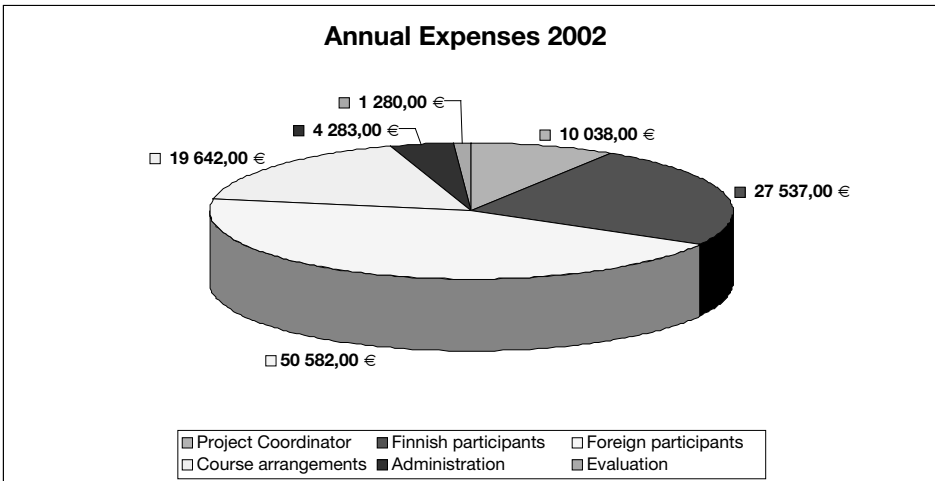
Jenni Hjerppe, 2004, Dental Caries Prevalence among 12-year old Urban Children in Kinondoni District, Dar es Salaam, Tanzania

APPENDIX C:

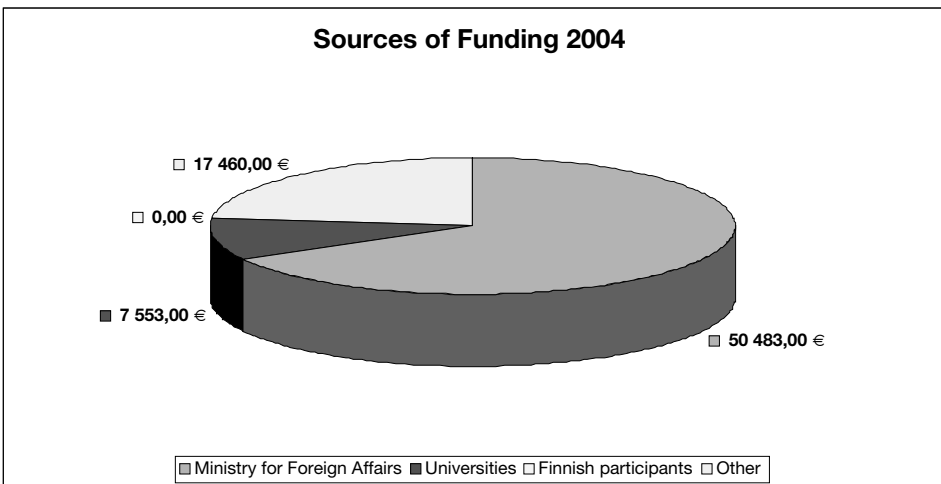
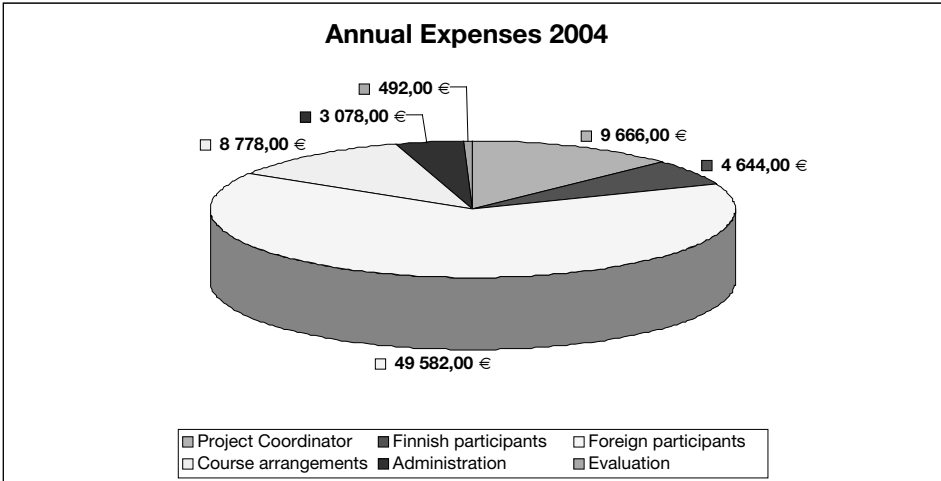
ANNUAL EXPENSES AND FUNDING 2001



ANNUAL EXPENSES AND FUNDING 2002



ANNUAL EXPENSES AND FUNDING 2004



APPENDIX D:

ADMINISTRATIVE RESPONSIBILITIES OF THE GLOBAL HEALTH COURSE

Steering Committee

Representation from all the major organising institutions. SC is the highest decision making body of the course. All major changes in project plan or budget are dealt in SC. Decides on selection of collaborators outside Finland. Approves the budget and annual final report, prepared by the EB. Makes the final selection of course participants after the EB has presented its recommendations.

Executive Board

Consist of 3-5 people, named by SC. Responsible for the overall administration of the course in accordance with the project plan and instructions from SC. Implements the project plan. Reports to SC and is under SC's supervision. May make financial decisions in accordance with the approved budget. Prepares criteria for student selection. Makes a suggestion of student selection to SC, after consultation with each of the participating universities. Each EB member is responsible for a sector and is the chairperson for the respective committee.

The responsibilities within the EB are as follows:

Curriculum coordinator

- Program of the theoretical part and contacts with the lecturers
- Primary selection of fellows.
- Contacts with Universities in Finland, in other issues than the field assignments.
- Coordination of exam.
- Coordination of approval of the course as elective studies for the Finnish fellows at their home universities.

Field assignment director (Other countries than Finland)

- Field assignments outside Finland
- Contacts with Universities outside Finland, in other issues than selection of fellows.
- Together with the other Field assignment coordinator: general structure and criteria for field assignments.

Field assignment director (Finland)

- Field assignments in Finland.

- Contacts with Universities in Finland in issues concerning the field assignments.
- Together with the other Field assignment coordinator: general structure and criteria for field assignments.

Financial officer

- Budget and finances
- Financial reporting to SC, EB, FMA advisory board on DCC and in annual report.
- Coordinates fundraising.
- Contacts with FMA in issues related to finances and administration.

One of the members of the EB is selected as the Course Leader. The Course Leader is the chairperson at EB meetings and is responsible for the overall coordination within the EB and implementation of project plan on the site for the theoretical part. Coordinates within the EB the preparation of the annual report.

Field assignment committee other countries than Finland:

- Field assignment director (Other countries than Finland)
- One country coordinator for each field site, other than Finland.

Field assignment committee Finland:

- Field assignment director (Finland)
- All field assignment coordinators (see below)
- One Senior field advisor from each University town with a medical school.

Financial committee

- Financial officer
- Representative of FMA

Curriculum committee

- Curriculum coordinator
- Weekly coordinators (4)
- Weekly facilitators (4)

Project Coordinator

PC is hired by SC's decision after EB's recommendation. Works under the EB. Responsible for all practical arrangements concerning course facilities, food and housing of the fellows, travel arrangements of fellows and lecturers etc. May make financial decisions in accordance with the approved budget when dealing with his/her assigned tasks. Functions as secretary at the meetings of the EB, the SC and the Financial committee.

Assistant

Assistant is hired by SC's decision after PC's and EB's recommendation. Works under the PC, assists his/her work.

Field Assignment Coordinators

Responsible for planning a field assignment. Does not have to be a supervisor. Identifies a topic/question and plans a field assignment concerning it. Contacts potential supervisors. If the assignment consists of several "modules", contacts the different partners and coordinates the work and tasks, making sure that the assignment as a whole doesn't contain overlapping parts and is functional.

Country coordinator

Each field site outside Finland has a contact person in Finland, the country coordinator.

Responsibilities:

- Communication with the collaborating partner.
- Together with collaborating partner plan the tentative field assignments.
- Organizing of supervision in Finland for the Finnish fellows doing their field assignment in the country responsible for.

Senior field advisor

Each field site in Finland has a senior field advisor advising and helping the field assignment coordinator(s) in his/her town. SFA is not responsible for planning the field assignment, but will be a resource for the FACO providing practical help and advices on questions such as finding supervisor and suitable modules for the field assignment.