

The Association Liaison Office for University Cooperation in Development
Promoting Global Development Through Higher Education



**2005 Call for Concept Papers
Leadership Initiative for Public Health
in East Africa: Tanzania and Uganda**

Date Issued: May 2, 2005
Closing Date: June 3, 2005



The Association Liaison Office for University Cooperation in Development (ALO), in cooperation with the U.S. Agency for International Development (USAID), is issuing this call for concept papers for an institutional partnership program, Leadership Initiative for Public Health in East Africa. The partnership will provide an opportunity to strengthen health systems through professional development of public health practitioners.

Leadership Initiative for Public Health in East Africa

At country and global levels there is a growing recognition that the current health workforce in the developing world is grossly inadequate for meeting the health challenges being faced, especially in the area of public health leadership. A combination of lack of policy attention, inadequate funding and, in some cases, outdated strategies has led to a crisis in human resources, particularly in Africa. To seize the potential of the new political and financial attention to the health challenges in the Africa region, especially in the area of public health leadership, USAID's Bureau of Global Health is proposing a new capacity building partnership that links African institutions for public health training and Schools of Public Health, Business and Public Administration in the United States. The partnership will focus on strengthening the capacity of African institutions to train mid-level and senior-level African professionals in the leadership skills tailored to meeting public health challenges facing Africa. U.S. institutions will be expected to gain the knowledge and experience of their African colleagues on the challenges of public health leadership in resource poor settings. Successful program designs for public health training will be able to be replicated by USAID Missions in other regions of Africa.

The leadership initiative will:

- Establish a long-term partnership between academic institutions in the United States and East Africa;
- Provide substantial assistance to East Africa through curriculum revision, development of in-service short and long-term training of public health practitioners, and development of faculty in order to prepare the next generation of public health professionals for national and regional public health systems; and
- Help reduce the "brain drain" by improving professional development opportunities for public health leaders.

ALO, in cooperation with USAID, is designing a partnership between a consortium of U.S. colleges and universities and their private sector partners, the School of Public Health and Social Sciences at Muhimbili University, College of Health Sciences, Dar es Salaam, Tanzania and the Institute of Public Health, Makerere University, Uganda. The aim of the partnership is to support a linkage between the two African institutions to develop a regional platform for leadership training in public health. The partnership will enable health leaders to envision, plan, implement and manage effective responses to the health needs of Africa through collaborative relationships developed between Schools of Public Health, Business and Public Administration in the United States and these two institutions in East Africa.

Background

The Millennium Development Goals (MDG) and related global initiatives (Stop TB, Roll Back Malaria, Safe Motherhood, the Presidents Emergency Plan for Aids Relief (PEPFAR), the "3 by 5" initiative) have refocused global attention on the health challenges facing Africa. The Global Fund to Fight Aids, TB and Malaria (GFATM), Global Alliance for Vaccines and Immunization (GAVI), GAIN and other financial instruments have created extraordinary opportunities for expanded investment in the region. This move to "reinvest" in health reflects a growing global rejection of the existing health "status quo," while at the same time recognizing that many of the most deadly conditions facing the people of Africa are often preventable and/or treatable. These initiatives have also brought renewed concern about the fragility of African health

systems. Central to effective health systems and a major and largely neglected barrier to the effective use of these resources is the African health workforce, particularly at the middle and senior management level, who are responsible for envisioning, planning and overseeing the delivery of solutions to these health problems. A further concern is the lack of effective communication and collaboration among ministries of health and ministries responsible for planning, finance and human resource management, whose decisions on budgets and workforce often undermine efforts for effective public health action.

African countries are carrying out extensive reforms of their health sectors to meet the increasingly complex needs of their population. A companion reform of their training institutions to provide the human resources with the appropriate skills for effective health action is necessary. Increasingly, emerging African leaders will see health as key to poverty alleviation and development in their countries. Schools of Public Health are, or can be, key actors in efforts to strengthen the continent's ability to deal more effectively with its own health problems and development potential.

Since the mid-1990s many of the public health gains made over the previous decade in sub-Saharan Africa have stagnated and in some cases been reversed. The emergence of HIV/AIDS as the leading cause of mortality, the spread of drug resistant microbes, the rising incidence of undernourishment, and, in many parts of the continent the decline in the quality and availability of public health services are graphic indicators of the public health challenges facing the region and a measure of the limitations of current health systems capacities to effectively respond to Africa's health challenges, especially MDG targets. In 2001, HIV/AIDS, TB, malaria, measles, diarrhea, and respiratory infections, and complications associated with poor reproductive health and malnutrition claimed an estimated 9.5 million lives in sub-Saharan Africa. Among the most telling trends of the past decade:

- Increasing infant and child mortality in many countries in the region;
- Growing erosions in the availability and quality of essential services, such as immunizations;
- Dramatic reductions in life expectancy in high HIV prevalence countries in East Africa
- Upsurge in TB related deaths;
- Emergence and spread of drug resistant malaria across the region. Leading to increased incidence of severe malaria and mortality;
- Increased levels of malnutrition, which are now an underlying cause of an estimated 50 percent of all child mortality; and
- Stagnation in the numbers of skilled birth attendants; and
- In some countries, dramatic increases in maternal mortality.

At the same time, the steady growth of chronic diseases, injuries, consequences of environmental stresses, and the global emergence and spread of new infectious diseases, such as SARS, are posing new challenges to the health of the people of Africa and threaten to overwhelm its under funded and chronically fragile health systems.

Goal of the Leadership Initiative

USAID's goal for the Leadership Initiative is five-fold:

- Strengthen the capacity of African institutions to train African health professionals in public health leadership skills;
- Contribute to an increased country-level capacity of public health leadership at the middle and senior management levels;
- Promote an enabling environment for appropriate use of these skills;
- Build an operational network among African public health institutions; and
- Contribute to a growing culture of public health leadership.

Strategic Approach

1. Invest in the capacity of public health institutions in East African to train and support health leadership

Through the East Africa Leadership Initiative USAID will partner with the two lead African institutions for public health training as a node for regional capacity strengthening with a coalition of U.S. schools of public health, business and public administration to provide advanced-level leadership training relevant to the health needs of Africa.

2. Strengthen African public health leadership at country and regional levels

Through a combination of in-service programs and degree programs relevant to health leadership, including specific curriculum content in public health leadership, the advanced training will contribute to increased capacity of middle and senior level public health personnel from government, NGO and private sectors to identify and lead action to effectively address ongoing and emerging health problems.

3. Support an enabling environment for the implementation of effective health programs

Improving the technical skills of health professionals will not be sufficient to deliver effective public health programs. Adequate budgets, sound policies, and appropriate human resource actions are examples of critical determinants that “enable” appropriate use of these skills. However, decision-makers poorly versed in the needs of health programs are frequently responsible for shaping these “determinants.” In response the Leadership Initiative will develop a mixed approach to prepare mid-level and senior health leaders to communicate with non-health decision makers, through:

- programs that focus on skills for interacting with non-health decision makers (bankers, planners etc);
- programs in fund-raising and proposal writing;
- strategies for increasing the awareness of key non-health decision makers (e.g. Ministries of Finance) on the value of investing in health; and
- programs for training journalists in health issues – to raise the public profile of health.

4. Build an operational network among African public health institutions

The Leadership Initiative provides an important opportunity for building a south-south public health network among participating African institutions.

5. Contribute to a growing “culture” of public health leadership

Opportunities for routine strengthening of skills for “practicing public health professions” will be provided, addressing the latest approaches and the evolving health challenges in Africa. Training public health officials in the skills envisaged in this initiative will improve productivity and acceptability of the work environment.

Expected Results over the Life of the Initiative

- Increased capacity of African public health institutions to provide and support the development of public health leadership;
- Strengthened African public health leadership at country and district levels;
- An enabling financial and organizational environment for the implementation of effective public health programs;
- Operational network among African public health institutions;
- A growing culture of increased or better financial and administrative management of projects and interventions;
- Increased mobilization of the resources of U.S. universities and their private sector partners to help build strong national and regional public health capacity in East Africa;
- Increased opportunities for professional development through sponsorships for African graduate level students;
- A developed strategy to link national and regional training and capacity-building efforts, ensuring that new programs complement ongoing efforts by governments and other donors; and
- The existence of effective curricula for training that will provide the relevant health personnel with the appropriate skills to plan, execute, manage, and evaluate health programs to meet population health needs.

Definition of Leadership

For purposes of this initiative, public health leadership is defined as the ability of health leaders to “envision, plan, implement and manage” effective responses to the health needs of Africa. Leadership training must be “demand driven” and aligned with each country’s strategic plan for the health sector, and the university’s strategic plans. For example, Uganda’s goals are to provide a minimum health care package that includes essential clinical care for 70 percent of persons living within five kilometers of a health care facility. The Ministry of Health in Uganda is looking for support for more workers at the district and sub-district levels, and has identified a need for trained professionals who can find answers to why more people are not accessing the health that is provided, what people want that is not being provided, and what is required in terms of preventive care and health maintenance, particularly at the household level. In Tanzania, the overall objective of the health policy is to improve the health and well-being of all Tanzanians, with a focus on those most at risk, and to encourage the health system to be more responsive to the needs of the people. The policy emphasizes the promotion of awareness in government and the community at large that health problems can only be adequately solved through multi-sectoral cooperation. In addition,

policy objectives are to be achieved through coordinated action by all concerned (e.g., health and health related sectors, local authorities, industry, non-governmental and voluntary agencies, the media, and the community at large).

In the leadership initiative, special attention will be given to strengthening the institutional capacity of African Schools of Public Health to provide advanced-level leadership programs in epidemiology, health policy and planning, public administration, budgeting, health systems, advocacy, human resource management and management of field research and communications.

Leadership training will develop public health leaders who are able to exert influence on the health sector at all levels. The training will assist African Schools of Public Health to respond to a complex changing environment by modifying the curriculum offered to students in undergraduate and postgraduate training programs, and through innovative professional development programs aimed at practicing professionals to produce the requisite health personnel with the relevant skills for, and positive attitude towards promoting the health of the general population. For example, in the case of Uganda, training should provide financial and human resource development skills for, district public health and hospital leadership staff, leadership skills upgrading for field staff, and organizational and management skills for graduates or practitioners often operating alone in the countryside.

Short and refresher courses for in-service health personnel will influence their performance in health promotion activities. Leaders need the capacity to mount advocacy campaigns targeting policy makers and program managers will aim to have an impact on policies, legislation and regulations. Engagement in dialogue and consultations with program personnel in the non-health sectors that impact on the health of populations, and on health programs will be increased. Collaborative activities will be undertaken with institutions with which Schools of Public Health share some institutional objectives. The training will develop public health leadership to exert influence on the health sector at all levels.

Academic and research programs in the future will rely increasingly on improved access to the current exchange of high quality health information via online networks, journals and training opportunities, and it will be essential for faculty and research staff to have access to this wealth of information. Research and teaching programs at East African universities should be strengthened through the application of current and appropriate methods and technologies.

A Framework for Leadership Development

Leadership development will include an initial assessment of who should be targeted for training, development of learning plans for acquisition of skills in and knowledge of: policy analysis, research skills, organizational assessment, strategic planning, knowledge of comparative health systems, project/program and financial management, general management skills, communication skills, advocacy and lobbying skills, team development, ability to manage change, and performance management. A possible teaching model will include intermittent inputs over time, coupled with field experience, a curriculum that draws on individual experience, real problems or application of learning in field settings, and use of mentors and role models during and after the course to support change efforts.

African University Partners

The specific interests of the School of Public Health and Social Sciences, College of Health Sciences at Muhimbili University and the Institute of Public Health at Makerere University are given below.

School of Public Health and Social Sciences, College of Health Sciences, Muhimbili University, Tanzania

The School of Public Health and Social Sciences (SPHSS) is one of the five schools of the College of Health Sciences (MUCHS), Muhimbili University. The other Schools are Medicine, Dentistry, Pharmacy and Nursing. SPHSS has five departments: behavioral sciences, community health, development studies, epidemiology/biostatistics, and parasitology and medical entomology. The School is the College's major resource for undergraduate and postgraduate teaching and research in public health. The mission of the School is to address the challenge of the health system to promote, improve, and maintain the health of the people of Tanzania to the maximum level possible.

The School has developed an integrated set of activities focused on education for public health professionals, research essential for evidence based decision making and management of health systems, technical services related to these education

and research functions, and advocacy through information, education and communication, to increase the capacities of communities to maintain their own health. The School has over 30 academic staff and provides teaching, research, and consultancy services. Advocacy is a major cross-cutting activity for the School. Post graduate courses taught are Master of Science (Tropical Disease Control), Master of Science in Medicine (Community Health), and Masters in Public Health. The School of Public Health and Social Sciences seeks to equip public health specialists with the skills to enable them to provide leadership in the shaping and implementation of health sector reforms, including provision of leadership to district/regional health management teams. In addition to undergraduate teaching in environmental health sciences, and courses for the Doctor of Medicine and Doctor of Dental Surgery and BSc courses in pharmacy and nursing, the School runs short courses in research methodology, medical parasitology, health financing and sexual health. Students come from Tanzania and other countries in the region.

Institute of Public Health, Makerere University, Uganda

The Makerere University Institute of Public Health (MUIPH) started as a Department of Preventive Medicine of the Faculty of Medicine in 1959. The Department subsequently started the first post-graduate training program (Diploma in Public Health) in Sub-Saharan Africa in 1969. During the 1970s the Department of Preventive Medicine acquired the name “Institute of Public Health” but continued to function as a Department of the Faculty of Medicine. In the year 2000 it became an autonomous institute with the four departments of a) Health Policy, Planning and Management, b) Epidemiology and Biostatistics, c) Disease Control and Environmental Health, and d) Community Health and Behavioral Sciences. The Institute also hosts a Regional Centre for Quality of Health Care (RCQoHC), which is a semi-autonomous body with a regional mandate to support improvement in quality of health care.

The Institute has as its vision to be a “Centre of excellence, providing leadership in Public Health.” The mission of MUIPH is “To promote the attainment of better health for the people of Uganda and the region through Public Health training, research and community service with the guiding principles of quality, relevance, responsiveness, equity and social justice.” The Institute has 3 basic core functions of teaching, research and service. In addition to its primary mandate of capacity building and research in Public Health, it collaborates with the Ugandan Ministry of Health (MOH) and with district, municipal and city local governments, international agencies and non-governmental organizations (NGOs) in supporting the planning, implementation and evaluation of health programs.

Apart from teaching public health to undergraduates (i.e., medical students from the Faculty of Medicine and its own Bachelor of Environmental Health Sciences), the main focus of MUIPH is to train graduate level Public Health and other professionals and specialists in Public Health. Over the years, the particular focus has been on health planning and management, policy analysis in health, nutrition and population, epidemiology and biostatistics, reproductive health, child health, disease control and environmental health. The main graduate level training is a two year Master of Public Health (MPH) under the Public Health Schools without Walls (PHSWOW) initiative which uses a field oriented practice-based curriculum. The mission of the MPH program is “to produce practically oriented public health specialists who possess the knowledge, skills and professional attitudes required to assume leadership roles in the public health system,” and “to develop a new model of public health training that emphasizes problem-oriented learning and acquisition of competencies.” The program has a field component (60% of total time) for which students are assigned to one of a network of 11 field practicum sites, under apprenticeship with competent and well experienced Public Health experts serving as directors of district health departments. The objectives of the MPH program are:

- To strengthen the capacity for implementing health services at the district level, including priority setting and resource allocation;
- To provide leaders with the capacity and skills to meet the demands arising from the decentralization policy of the Uganda government;
- To promote linkages between institutions providing public health training locally, regionally and worldwide;
- To increase the awareness and appreciation of the importance of public health as a means to enhance the attractiveness of careers in public health;
- To prepare public health practitioners to work within an integrated, multidisciplinary and multisectoral health system;
- To strengthen the capacity to carry out essential research in public health; and
- To strengthen the collection and utilization of information to improve the quality of health services.

The Institute also offers a three-year postgraduate course leading to the Master of Medicine (M.Med) degree in Public Health; a one-year postgraduate Diploma in Public Health (DPH), and a demand-driven PhD by research. The Institute’s Regional Centre for Quality of Health Care offers a 9-month Diploma in Quality Assurance. For the last 4 years now, the Institute has

collaborated with the US-CDC and a network of HIV/AIDS care organizations operating in Uganda to run a non-degree two-year Fellowship Program in the Management of HIV/AIDS programs. MUIPH Students come from Uganda and other countries in the region.

Measuring Success

The success of the Leadership Initiative will be assessed not simply by the short-term measure of how many graduates have successfully completed the program. The most important measure of success will be how effectively the new skills have been applied in addressing the public health challenges of the region. It is expected that clear short- and long-term milestones for monitoring and evaluating the impact of the leadership training will be developed and routinely captured by the Leadership Initiative. Goals for building sustainable capacity in the African institutions should be articulated and milestones identified.

Eligibility

ALO welcomes concept papers from institutions that are member institutions of ACE, AACC, AAU, NAICU, and NASULGC, and from other regionally accredited, degree-granting U.S. higher education institutions. Papers should propose a consortium designed to meet the needs of this initiative that includes Schools of Public Health, Business, and Public Administration, led by a School of Public Health.

Partnership Design

ALO expects to make one award of approximately \$2 million for the first two years of a five-year partnership. USAID has indicated that follow-on funding will be available based on successful completion of the first two years and approval of work plans for subsequent years. A five-year timeframe allows for clear establishment of long-term goals that demonstrate sustainable university linkages and resource sharing; and the possible exploration of linkages with other countries in the region, which offer a means to build human capacity. U.S. partners will be expected to contribute a percentage of the award as cost-share.

U.S. applicants will be expected to propose an outline of the first phase of a five-year partnership initiative in East Africa. This phase will be considered a planning period in which to develop an integrated approach to leadership training that complements existing programs.

U.S. institutions will be expected to join a partnership to provide expertise driven by the needs identified by the School of Public Health and Social Sciences, Muhimbili University, Tanzania and the Makerere University Institute of Public Health, Uganda. A majority of the funding will be allocated to the African partners. The overall program direction will be provided by an African program director appointed by the two East African institutions. At the individual institutional level, a senior African faculty member will have specific responsibility for direction of the in-country program. A steering committee with African and U.S. members will provide program oversight.

Concept Papers

Concept papers should be no more than 4 pages in length (single spaced, one –sided, 12 point font, with one inch margins) No more than one page should be used to provide a statement of capacity to manage a multi-institutional consortium. The statement of capacity should include a description of the key individuals who will engage in partnership activities. Biographical summaries, not to exceed one page each, for up to three (3) individuals may be attached. The statement should describe institutional commitment to provide additional resources through cost sharing and leveraging of in-kind contributions from other partners and the private sector.

The remaining three pages should focus on possible approaches to the leadership initiative described above. Papers should describe both technical resources available to meet program goals and address the priorities of the African institutions. Creative approaches to training will involve use of cross-disciplinary expertise from among Schools of Public Health, Business and Public Administration in the United States and the School of Public Health and Social Sciences, Muhimbili University, Tanzania and the Makerere University Institute of Public Health, Uganda.

Review of Concept Papers

ALO plans to conduct a peer review of concept papers by a panel comprised of experts in public health and USAID. ALO will request that the highest ranked respondents submit a further more detailed application and budget.

Review Criteria:

The following key factors will be considered in ranking concept papers (100 points total):

Institutional capacity and commitment (30 points)

- Documented capability to address human capacity development in East Africa in the critical areas identified by the two institutions.
- Evidence of strong management capability, particularly with consortium arrangements.
- Appropriate qualifications including operational research capability and relevant experience of designated U.S. institutional director and key individuals involved in the consortium.
- In-kind contributions/cost –sharing.
 - Significant in-kind contributions of resources.
 - Plan to generate additional in-kind resources.
 - Cost share contributions.

Approach to Partnership (30 points)

- Demonstrated understanding of partnership principles, particularly peer-to-peer collaboration and cooperation
- Willingness to work collaboratively with African partners and with a program director selected by the East African institutions based in East Africa.
- Approaches to maintaining partnership communications and progress between visits to East Africa.

Approach to Leadership Initiative (40 points)

- Range and extent of appropriate cross-disciplinary expertise available to accomplish program goals.
- Clearly articulated approach to gathering information and conducting planning related to identified program components.
- Demonstrated willingness to work collaboratively with other related programs and organizations as well as with Ministries of Health in East Africa and other local entities.
- Potential for sustainable relationship beyond USAID funding.

Where and How to Send Concept Papers

Concept papers must be received in the ALO offices by 5:00 p.m. (EDT), June 3, 2005.

Faxed and electronic applications will not be accepted.

Concept papers should include a title page that clearly indicates the institutions and individuals involved, and provides a complete mailing address, email address, and telephone number for the primary contact.

Send seven (7) copies of the concept paper and a diskette or CD (Microsoft Word for PC) with an electronic copy of the concept paper to:

Leadership Initiative for Global Health: East Africa

Association Liaison Office for University Cooperation in Development
1307 New York Ave., NW, Suite 500
Washington, DC 20005-4701

How to Contact ALO

Phone: 202-478-4700 ; Fax: (202) 478-4715
Email: alo@aascu.org; Internet: www.aascu.org/alo