Lessons learned in a European–Latin American collaboration for developing postgraduate education in public health

MEMBERS OF THE EUROPEAN LATIN AMERICAN PUBLIC HEALTH NETWORK *

Background: New funding from the European Union (EU) allowed the collaborative development of postgraduate education in public health between five countries in South America and Europe. Methods: A planning meeting, two workshops, a final meeting and the use of e-mail and faxes for discussing curricula were employed. Results: One new master of public health in Argentina has begun, plans for new masters in Chile have been developed. A new collaborative module using the Internet was started and is now in its third year, new European plans for distance learning are being developed. Possibilities for collaborative research have been identified and those involved developed a broader horizon and international contacts. The planned grant from the EU was 72,040 Euros. Staff time spent administering the project was much greater than time spent discussing curricula. This is the only publication. Conclusion: Although the aims were achieved, the opportunity costs were great, as methods of assessing European research do not value such work highly and the administrative burden of small EU grants is high. Once a network is established greater efforts should be put into electronic communication, but European programmes currently do not fund such ‘remote’ support.

Keywords: education, Europe, international collaboration, Latin America

International collaboration on public health is not new and postgraduate courses in public health in Latin America have been emerging since the 1960s. This paper describes the process and outcome of a project funded by the EU America Latina Formacion Academica (ALFA) programme supporting the development of postgraduate curricula between three centres in Europe and two in South America. The European Latin American Public Health Network (ELAPHN) comprised Glasgow University, Scotland (coordinating centre), University College Dublin, Ireland, Universidad de Autonoma de Madrid (UAM) Centro Universitario de Salud Publica (CUSP), Spain, Universidad Nacional de Tucuman, Argentina and Universidad de la Frontera Temuco, Chile. The aim of the project was to establish new master’s degree programmes in Tucuman and Temuco and build common themes in master’s degree programmes throughout the network. It also aimed to lay the foundations for future collaboration in the areas of environmental health, health promotion, health informatics and social sciences in relation to medicine.

INITIAL STATE OF EXISTING AND PLANNED COURSES

In April 1996 when the project started, the three European centres offered (and still do) master of public health (MPH) degrees and other postgraduate degrees (table 1). The two South American countries had initial plans for new postgraduate degrees.

Markets

Neither Argentina nor Chile had a career path in public health. In Tucuman, the market for a postgraduate course in public health was not clear. The aim was that potential students would include university staff themselves, hospital/service ‘chiefs’ and environmental/public health officers. From the nature of their work and the economic circumstances of most, it was clear that any course should be mainly if not wholly part time. Therefore, potential students and their employers needed to be persuaded of the benefits of such postgraduate education. More work was needed in order to identify the numbers of potential students in the Tucuman region of Argentina. Temuco had an existing MSc in clinical epidemiology and drew students from throughout Latin America. The original proposal put forward by Temuco was for a new...
MSc in biostatistics and a MPH with the emphasis on becoming a centre of excellence for training teams of researchers to work in different centres in Latin America. Given the description of Chile and its health problems and needs by the Chilean partners, the European partners expressed doubt over the need for an advanced course in biostatistics. The Europeans expressed more enthusiasm for Temuco's other, more embryonic idea, an MSc in environmental health.

Staffing and finance
A major barrier to starting a new master's programme in Tucuman was finance. Postgraduate teaching was not part of the contract of university staff. University staff were not well paid and many had second jobs in the health service or private sector in order to supplement their income. It was proposed that fees from the new course would pay staff, but Tucuman faced the problem of obtaining initial funding for establishing the course. This situation was similar to the financing of CUSP in Madrid. CUSP provides courses under the auspices of the UAM but has an autonomous budget; fees from the MPH and short courses are used to pay staff.

All three Europeans centres had contributions to teaching from academic members of staff, other regular contributors and invited speakers. However, the funding, numbers and proportional contributions to teaching differed (table 1). Glasgow and Dublin also had modules taught by academics in other departments. All three centres used specialists from health agencies outside the university, for example health boards and hospitals. However, in Glasgow these were usually honorary unpaid appointments; staff contributed for their own interest, for their career development or in response to academic contributions to health service work. In Dublin and Madrid, these external speakers were paid on a sessional basis.

In Glasgow, academic members of staff were funded by a variety of sources including 'core' funds from the university, funds from the health service and elsewhere. In Dublin, academic staff were funded totally by the university. Temuco had a very large well-established department of public health with some 50 staff. In Temuco, Glasgow and Dublin, postgraduate teaching was part of the staff member's contract and hours spent teaching were at the discretion of the head of department. In Madrid, staff were paid from the CUSP budget for sessions taught. In Tucuman, departmental structures were fairly weak and the new initiative was at a faculty level. Staff would have to be paid for teaching on the new course.

PROCESS
An initial planning meeting in Glasgow was followed by workshops in Tucuman and Temuco and a summative meeting in Madrid. In between, there were bilateral meetings between the two Latin American countries and significant traffic in faxes and e-mails.

Terminology and communication
Much time was spent understanding each other's situations, systems and terminology. For example, the South

| Table 1 Comparison of MPH courses in Glasgow, Dublin and Madrid in 1998 |
|-----------------|-----------------|-----------------|
| **Market** (typical numbers starting each year from different sources) | Glasgow | Dublin | Madrid |
| Two career PH doctors | Five career PH doctors | Eight career PH doctors |
| Nine other doctors or dentists | Seven other medics | Four pharmacists and four vets |
| Ten nurses | Two nurses | Ten Latin Americans |
| Seven other health scientists | Two other health disciplines | |
| **New students each year** | 28 | 16 | 30 |
| **Structure** | Modular: nine credits from choice of approximately 40 modules plus project | Common course | Modular: core 64 credits, options 15 credits and project |
| **Full time** | October–September | October–May | October–April |
| **Part time** | 2 or 3 years | 2 years | – |
| **Ratio full time/student** | 1:2 new students and 1:5 all students | 50:50 | 100:0 |
| **Assessment** | Each module separately, examination and coursework | Four papers plus oral plus computer assignment | Each module separately, examination and coursework |
| **Project** | 3 months | 3 months | 3 months |
| **Timetabled contact time** | 180 h | 250 h | Core 460 h and options 110 h |
| **Student fees** | EU €2,610, Overseas €9,980 | EU €3,586, Overseas €8,200 | EU €4,100, Overseas €4,100 |
| **Funding of fees (typical number per year)** | Personal 10 and NHS 16, Other 2 | Personal 13 and NHS 2, Other 1 | Personal 12 and 'free' places 8, European Social Fund 10 |
| **Teachers** | Academics 12, Honorary staff 20, Invited speakers 30 | Academics 5, Other university staff 20, Invited speakers 10% funds | Academics 9, Contracted staff 70%, Paid invited speakers time |
| **Funding of staff** | University funds | University funds | CUSP autonomous budget |
| **Other postgraduate degrees and short courses** | Medical informatics, community care, and travel medicine. Modules can be taken separately | Occupational health, health services management and MMedSci | Occupational health, environmental health, management and short courses based on modules |
RESULTS

A more detailed plan was developed but has not yet been implemented. The general aim of this programme is to train biostatisticians to serve as advisors, teachers and researchers. One specific aim is to address the large volume of collected yet unstudied data in the public health sector. This will be a 1-year full-time diploma course, which includes the development of a thesis proposal. Completion of the proposed thesis (which can take up to 3 years) and successful defence brings the award of master. The degree has four main parts: a 36-hour compulsory core of statistics, 18 hours of health sciences, statistical computing and mathematics, and a thesis proposal. The MSc may also be offered in Tucuman with the sharing of resources between the two centres.

Comparative health systems using the Internet

A new collaborative module as one component of the students' study was established and run twice in 1998 and three times in 1999, with participation from three of the five ELAPHN centres. Although the members of ELAPHN were the founder members of this collaboration, it has been possible to expand membership to other countries.

Costs

The funding from the EU ALFA programme for the project was planned as 72,040 Euros with a contribution from the network partners of 26,360 Euros of staff time. In reality, the contribution from the network partners was much greater than this. To date the ALFA programme has not paid its contribution.

DISCUSSION

Educational benefits

Staff at both Tucuman and Temuco felt that they learnt about the practical issues of organising new masters courses, for example the need for a director of the course and the process of internal evaluation. Staff in Tucuman felt that, as a result of the network, they produced an MPH with a 'wider vision' and more flexibility than the original plans. The deadlines provided by meetings forced along the process of developing the curricula and getting internal agreement. Without these deadlines and the presence of the 'external' network, the local process of negotiation in Tucuman may have been delayed considerably. In infrastructure, the international links helped to establish e-mail and Internet links for the faculty of medicine.

The network acted as catalyst for a new proposal from Temuco in environmental health. Staff in Temuco were considering an undergraduate course but after discussion decided it was more appropriate at the postgraduate level. Further discussion enabled them to develop the details of
the course and to incorporate international contributions from Argentina and Europe. However, this is still just a plan and not yet achieved. Staff from the European centres had the opportunity of broadening their perspectives on public health by learning about the South American experience. The network has given rise to a collaborative module using e-mail and collaboration on postgraduate education through use of the Internet and distance education will continue. The contact has also led to developments in distance learning in the European Centres and the possible contribution to the current changes in the Argentinean health service.

Costs
The official costs of collaboration were 98,400 Euros; the real cost in time from the participating centres was perhaps twice that. Those who have collaborated in EU projects know well the time spent on the bureaucracy of administration. ELAPHN was in the first phase of a new EU programme, ALFA and, therefore, suffered many 'teething problems'. The 'rules and regulations' of the ALFA programme were particularly difficult to meet. We spent much more time obtaining and administering the grant than discussing public health education. Negotiation with the EU and ALFA office over the payment of the grant continues. In the last UK research assessment exercise in which university research outputs were judged, the weight given to such EU-funded projects was small compared with research council-funded projects. This is the only publication from the project. The opportunity costs in time that could have been spent on domestic public health research were therefore great. Yet, if Europe is not to become totally insular in its outlook on public health, such international collaborations are necessary.

Main Points
- European financial support for collaborative projects with Latin America should move towards a model of 'remote support' in which, after initial meetings, European-based researchers and workers provide information and educational resources and courses through the Internet.
- If European governments are serious in their desire to encourage international collaboration there must be due recognition for this type of work in assessments of university teaching and research.
- The administrative burden of EU-funded projects should be in proportion to the size of the project; small 'start-up' project grants with minimal bureaucracy would help.

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REFERENCES


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