



## *My Africa*

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### Training Public Health Professionals in Africa: Loma Linda University Approach

The health challenges facing the African continent are enormous and sometimes look insurmountable. The continent is plagued by an array of preventable and communicable causes of morbidity and mortality. Malaria, measles, pneumonia, undernutrition, and diarrheal diseases are major child killers. Tuberculosis and HIV/AIDS are huge and growing challenges, especially within the adult population (1,2). Many inhabitants of Africa live below the poverty line, usually defined as earning less than one US\$ each day. It is important to realize that those that earn more than a dollar a day could be earning just a few cents more and therefore not be officially defined as living below the poverty line.

Illiteracy rate is high, potable water scarce, urbanization accelerating, and health service centers sparsely situated, inadequate-

ly staffed, and poorly equipped. The health situation of the people in Africa is characterized by the shortage of health professionals that should be delivering adequate quality and quantity health care services, both curative and preventive. The emigration of health professionals, called „brain drain“ by some authors and „brain circulation“ by others, is an important reason for the current shortage of training health workers on the continent (3,4). Even without the migration of Africa's health professionals, Africa is unable to train adequate numbers of health professionals on its own. A Master of Public Health (MPH) program offered at the Loma Linda University (California) School of Public Health between 2000 and 2004 attempted to contribute to solving the shortage of public health professionals in Africa.

#### **Master of Public Health course**

In March 2000, the first group of 40 students for Africa Master of Public Health arrived at the University of Eastern Africa Baraton (UEAB) in Kenya to start their training. International Health was the major topic of the course content, defined as “the process of helping enhance the health of diverse populations in their cultural context, encompassing the multiple environmental, social, political and biological factors” (5). The course was an outcome of several years of negotiations between the Loma Linda University School of Public Health and the Eastern Africa Division of the Seventh-Day Adventists. The Loma Linda University identified two major donors: Chen Shen Foundation and the Swedish Churches Council. Students were expected to pay

US\$250 per session (8 sessions in total). There were two 2-3-week sessions per year, one in March and the other in August through to September.

The 40 students from 20 African countries had different professional background ranging from medicine, nursing, teaching, and health care administration to pastoral work. The course was not intended exclusively for medical doctors (6) but rather for a diverse group of professionals. The common denominator for the students was that they were all involved in some kind of health care delivery. This was a deliberate move to ensure that only those with practical experience participated in the training. Teaching staff came from Loma Linda and the local university in Kenya only provided support services, eg, board, classrooms, and library. Another group of about 20 Nigerian students joined the course in August 2000. The group from Nigeria could not arrive in time for the first session because of the civil unrest in Ile-Ife in Nigeria in 2000.

### **Aims and content of the course**

The major aim of the course was to train health workers to be responsive to the challenges of Africa. At the end of their training, graduates were expected to get the following practical skills: manage health care institutions;

develop community health services; identify funding sources; write grant applications; interface with government and private agencies; develop strategic plans; provide health leadership, and serve as faculty in educational institutions.

Only a few centers exist for postgraduate training in public health in Africa. Alternative is to go overseas for such training, but the financial, social and personal costs may be huge. Few people can afford to pay the tuition and support themselves (and their families) overseas. Scholarships are also not always available or are restricted in scope by conditions formulated by sponsors. The Loma Linda University program required students to be away from their countries only for a maximum of 5 weeks per year. Students were also expected to pay tuition amounting to US\$500 per year, totaling US\$2000 for the whole course.

In situations where a married student goes for a full-time course abroad, the family may suffer because of separation. It is not unusual for African students to leave their spouses behind when going abroad. In the situation where the spouse accompanies the student, there may be a loss of income earning opportunities for the family. Of course, there may also be specific gains for the students studying away from their continent.

The Loma Linda University Masters in Public Health

program allowed students to continue working in their host countries. While the periodic absence of students from their work stations could adversely affect their productivity at work, the chance that they will continue to work in their home countries after graduating is higher if they have studied on their own continent than overseas. The students' own countries and workplaces serve as sites where the ideas learned in classes can be implemented.

Flexibility was another feature of the course. Many students worked in rural areas where libraries were not available. Some had no ready access to word processors or computers, and yet written assignments should have been typed. The fact that students came from 20 different African countries allowed for shared experiences to be discussed. While most countries shared similar problems, the interventions they tried were not necessarily the same.

### **Challenges**

Most Master of Public Health programs last less than 24 months. The Loma Linda University Master of Public Health program took not less than 4 years to complete and for some students up to 5 years before they received their diplomas.

Of 61 students that were initially enrolled, 6 dropped out. Although the fee was min-

imal by international standards, some students had difficulties collecting US\$250. However, no student failed to complete the course because of this reason, but some failed to complete it because of political situation in their home country. For example, the students from Nigeria had a compensatory session when they came to start the course in August, a few weeks earlier than their counterparts.

Perhaps the major challenge for both teaching staff and students was the fact that the class had both Francophone and Anglophone students. Teaching staff spoke English and communicated to the Francophone through an interpreter. This was certainly taxing to everyone concerned. Similarly, among recom-

mended textbooks, only a few were available in French.

The Loma Linda University Master of Public Health program was an experiment that if successful, could provide important lessons on how a training of health workers in Africa and other regions could be organized. Even before they graduated, students had already started making a positive impact in their countries, working toward formation of an association for public health professionals on the continent. However, a longer follow-up is needed to determine a long-term effect of such a training program.

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