

School of Medicine
FACULTY OF MEDICINE AND HEALTH



UNIVERSITY OF LEEDS

**Nuffield Centre
for International Health & Development
Leeds Institute of Health Sciences**

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WHO Collaborating Centre for
Research and Development in Health
Systems Strengthening.

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Please contact Anita (a.mitchell@leeds.ac.uk) with updates for next year.



WELCOME

FROM THE HEAD OF NUFFIELD CENTRE

It always impresses me how much students sacrifice to undertake their studies: time away from often young families, giving up employment or a chance of a new job, living in a strange and rather cold country; the (considerable) financial cost almost seems small in comparison.

This year we have had another great cohort of students passing through the Nuffield, soon to become our alumni. We have appreciated having you with us for a brief period and look forward to hearing from you as you use the knowledge gained to improve global health. Many such accounts from other alumni are given within this newsletter.

Our research activity continues to develop strongly. The COMDIS-HSD project is in its final year and focused on ensuring that results are converted into policy and measurable health gain. Bassey Ebenso obtained a grant (CREATE, page 8) from the European Union and Leprosy Mission to undertake research on the role of civil society organisations in preventing leprosy-related social exclusion. Tolib Mirzoev recorded another MRC success with a grant focused on governance in Bangladesh. (Page 11)

We have all been busy developing applications to the newly announced Global Challenge Research Fund which is focusing on a number of challenges including the emerging burden of

non-communicable diseases and anti-microbial resistance.

At the end of 2015 we were designated as a WHO Collaborating Centre (page 4). Designation reflects our work on governance and the process of developing and studying health policy. I am most grateful to all those that helped achieve this status and particularly to Comfort Mshelia who coordinated the original application.

This year Steve Pearson is standing down as Nuffield teaching coordinate after five years, although he will continue as LIHS education lead. I am most grateful to Steve for all that he has done in a role that can be rather thankless at times. Maye Omar will be taking over as teaching coordinator.

During the year we have said a number of 'hellos' and 'goodbyes': Kiara White left at the end of 2015 for a role in NIHR and in June we said goodbye to Charlotte Ball who is off to Japan to teach English.

We are very pleased to welcome Natalie Pillay as our new academic secretary.

For more information on this article, please contact:

Professor Tim Ensor
(t.r.a.ensor@leeds.ac.uk)

“We have all been busy developing applications to the newly announced Global Challenge Research Fund which is focusing on a number of challenges including the emerging burden of non-communicable diseases and anti-microbial resistance.”

Nuffield Centre secures WHO collaboration

We are delighted that in early 2016 we became a World Health Organization (WHO) Collaborating Centre on Research and Capacity Strengthening of Health Policy, Governance and Services.

One of the Nuffield Centre's core aims is to help low- and middle-income countries (LMICs) achieve universal health coverage, by developing research in those countries which makes health systems more transparent and accountable. Now, we will support the WHO in delivering its objectives by making use of the Nuffield Centre's expertise in health in LMICs.

WHAT IS A WHO COLLABORATING CENTRE?

The World Health Organization (WHO) defines Collaborating Centres as 'institutions such as research institutes, parts of universities or academies, which are designated by the Director-General to carry out activities in support of the Organization's programmes'. WHO website <http://www.who.int/collaboratingcentres/en/>

The WHO goes on to state that Collaborating Centres 'are an essential and cost-effective cooperation mechanism, which enables the Organization to fulfil its mandated activities and to harness resources far exceeding its own'.

WHAT DOES THIS MEAN FOR OUR WORK?

As a WHO Collaborating Centre our expertise lies in investigating and strengthening health policy, governance and service network of health systems through research and capacity building. We will be working with the WHO, ministries of health and health professionals, including postgraduate alumni, in relevant countries to develop and strengthen healthcare systems through research. The centre has already worked with colleagues in Sudan to assess the country's health planning system, and has also done work in India to develop

core competencies for public health training. Professor Tim Ensor told us: "This is a fantastic acknowledgment of our expertise in healthcare systems in low- and middle-income countries.

"We look forward to working with the WHO to help achieve its goals and our staff will benefit greatly from working with them."

WHAT WILL WE ACHIEVE?

The Nuffield Centre aims to work with WHO to pursue three objectives:

1. Developing, piloting and evaluating interventions, strategies and policies aimed at making national health systems in low and middle income countries (LMICs) more transparent and accountable.
2. Integrating research uptake into policy action throughout the research process.
3. Understanding the impact of planning processes on the health system performance. Research focuses on the development of evidence based, practical guidelines that are grounded in the policy priorities of countries and the WHO and can be implemented in a sustainable way within health systems of low and middle-income countries.

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Capacity development seeks to strengthen the ability of country and regional policy makers to develop, implement and monitor effective health system policies that impact positively on the health of populations.

HOW WILL WE ACHIEVE IT?

We will:

- Develop capacity assessment and strengthen guidance for use with Ministries of Health
- Develop and deliver training packages for capacity development in health planning and management
- Develop guidelines and support activities for strengthening quality assurance mechanisms for training in Public Health Management
- Develop recommendations on how to incorporate research into the policy making process
- Review strategic planning processes across selected countries.

The University of Leeds is a **top 10** university for research and impact power in the UK, according to the 2014 Research Excellence Framework, and is positioned as one of the **top 100** best universities in the world in the 2015 QS World University Rankings.

HOW WILL WE SHARE WHAT WE HAVE ACHIEVED?

www.leeds.ac.uk/whocollaboratingcentre

We have already achieved significant outputs around the world from an assessment of the health planning system for the Ministry of Health in Sudan, to developing core competencies for public health training in India.

More detailed information on our outputs can be found on our website.

Our new status shows how research can have very meaningful real world impact and we

are very fortunate to be based in a university which is ideally placed to attract high calibre researchers doing the most important work.

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www.leeds.ac.uk

For more information please contact
Professor Tim Ensor
(t.r.a.ensor@leeds.ac.uk)

Visitors to LIHS in 2016

Staff at the Leeds Institute of Health Sciences (LIHS) were delighted to welcome two high level health professionals from South Korea and Sierra Leone in 2016.

Dr Kitae Moon from the NECA (National Evidence-based Collaborating Agency) and Dr Sukeyong Kim, Head of the Clinical Research Coordinating Center both in South Korea visited LIHS to discuss collaborated research with the University of Leeds. They met with Professors Tim Ensor, Jenny Hewison, Allan House, Justin Keen and Robbie Foy, as well as others within the Institute, and Professor Paul Stewart, Dean of Medicine.

Three Masters' in Public Health Students (International) from Korea, Seoyeon Hong, Hanna Yu and Sanghee Noh, joined Drs Moon and Kim for lunch – this was a great opportunity for our

students to network with senior professionals from their part of the world.

The visit was a success and we hope it will result in collaboration between our universities and encourage more potential students from Korea to consider Leeds for their studies.

Nuffield alumnus, Dr Samuel Kargbo, Director of Policy, Planning and Information at the Ministry of Health and Sanitation in Freetown, Sierra Leone, visited the Nuffield Centre on 20 June 2016 to give a lecture to staff and students on health systems strengthening and the lessons learned after the Ebola crisis in Sierra Leone.

Dr Kargbo was appointed to provide strategic support during the Ebola outbreak to one of the epicentres in Sierra Leone and in September 2014 attended the consultative meeting in WHO Geneva on potential EVD therapies and vaccines in response to the outbreak.

Dr Kargbo is also one of our Masters' in Public Health graduates and was awarded an Honorary Doctorate of Medicine from the University of Leeds in 2013.

You may be interested to read a selection of articles he has recommended on the Ebola crisis – see below.



Dr Kargbo (right) receiving his Honorary Doctorate at University of Leeds

1. **Ebola Vaccine. Impact depends on a strong health system:**
<https://t.co/OqN1QrCG9S>
2. **Dying to Live:** <http://www.project-syndicate.org/commentary/ebola-epidemic-recovery-sierra-leone-by-samuel-kargbo-2015-09>
3. **Small acts of life saving grace:**
<http://www.onbeing.org/blog/small-acts-of-life-saving-grace-the-little-known-story-of-samuel-kargbo-of-sierra-leone/7709>

ALUMNI PUBLICATIONS

Humphrey Nwobodo – MPH (I) Class of 2013/14

Analysis of the determinants of low cervical cancer screening uptake among Nigerian women. Humphrey Nwobodo & Maryam Ba-Break

Abstract

Cervical cancer causes an estimated 266,000 deaths globally, 85% of which occurs in developing countries. It is a preventable disease, if detected and treated early via screen and treat, yet its burden is still huge in Nigeria.

In 2012, 21.8% cases and 20.3% deaths due to cervical cancer were recorded in Nigeria. This review, therefore, aims at understanding the determinants of low cervical cancer screening in Nigeria in order to contribute in reducing the burden of the disease. Literature were obtained from Global Health, Popline and PubMed databases; WHO and

other relevant websites using Eldis search engine; and from libraries in the University of Leeds and WHO in Geneva.

Conceptual framework for analysing the determinants of cervical cancer screening uptake among Nigerian women was formed by inserting service delivery component of the WHO health system framework into a modified Health Belief Model. Wrong perception of cervical cancer and cervical cancer screening due to low level of knowledge about the disease and inadequate cervical cancer preventive were identified as the major determinants of low cervical cancer screening uptake in Nigeria.

Among women, belief in being at risk and/or severity of cervical cancer was low just as belief on benefits of cervical cancer screening, unlike high belief in barriers to screening. Support from the community and screening skills among health-workers were inadequate. Improving uptake of cervical cancer screening will reduce the burden of the disease. Therefore, researchers and other stakeholders interested in prevention of cervical cancer should carry-out studies to identify interventions that could address the key determinants of low cervical cancer screening among Nigerian women.

Journal of Public Health in Africa 2015; 6:484

Harriett Isotta Day – BSc Class of 2012/13
(second author)

Factors in use of family planning services by Syrian women in a refugee camp in Jordan.

West L¹, Isotta-Day H², Ba-Break M³, Morgan R⁴.

Abstract

The Syrian conflict presents the fastest growing refugee crisis in the world today, with over four million people now displaced outside the country. Existing literature suggests that family planning services are often still neglected in crisis response efforts.

A small-scale qualitative study conducted in May 2013, interviewing Syrian women residing in a Jordanian refugee camp about use and barriers to accessing family planning services.

The study shows that significant barriers remain, and suggests that international attempts to address refugees' family planning needs remain inconsistent.

Several practical measures are identified to address barriers to access, making the article of both practical and academic relevance.

Journal of Family Planning and Reproductive Health Care, 2016 Mar 9. pii: jfprhc-2014-101026. doi: 10.1136/jfprhc-2014-101026.

For information on this article, please contact:

Dr Maryam Ba-Break
(m.m.ba-break@leeds.ac.uk)

HEART and beyond...

What is HEART?

The Health and Education Advice and Resource Team (HEART) is a consortium of leading academic and consultancy organisations including the Nuffield Centre. HEART has been working since 2012 to provide knowledge and short-term consultancy services to the UK Department for International Development (DFID) in the areas of health, education and nutrition.

HEART has developed a wide range of knowledge and learning resources which are available to the public on the HEART website

<http://www.heart-resources.org/>

These include:

- Helpdesk reports: These are brief evidence summaries, written in response to the queries of DFID advisers.
- Topic Guides: In-depth guides providing a synthesis of current issues and links to essential reading on topics including Family Planning; Nutrition and Inclusive Learning.
- HEART talks: Video interviews with experts discussing health, education and nutrition topics.
- Reading Packs: Brief packages of learning resources including an introduction; key reading list; discussion questions and video interviews.
- Document Library
- Newsletter and blogs

THE NUFFIELD CENTRE AND HEART

Our contributions to HEART have included working on a wide range of helpdesk reports; developing a topic guide on Early Childhood Development and filming HEART talks on Non-Communicable Diseases. Most recently we have coordinated the development of a series of

reading packs on topics including Public Health Surveillance; Maternal Depression; Health and Humanitarian issues and Early Childhood Development. We also used the expertise from the Nuffield Centre to develop three reading packs on Urban Health.

WHAT NEXT?

The contract for the current HEART service, covering Health and Education, will come to an end in September 2016. In the future, the new K4D (Knowledge for Development) consortium will begin to provide these cross-cutting knowledge services to DFID, covering the themes of all 13 of their advisory cadres (Climate Change & Environment, Conflict, Economics, Education, Evaluation, Health, Humanitarian, Governance, Infrastructure, Livelihoods, Private Sector, Social Development and Statistics).

The Nuffield Centre is a member of the new K4D (Knowledge for Development) consortium. The K4D consortium will be led by the Institute of Development Studies (IDS) and other core members will be the University of Birmingham International Development Department (IDD), Education Development Trust (EDT), Itad, Liverpool School of Tropical Medicine (LSTM), and the Humanitarian & Conflict Response Institute at the University of Manchester (HCRI). The new consortium will build upon the work of HEART, providing some of the existing knowledge

services, including helpdesk reports, but also developing new evidence and knowledge products designed to inspire learning. This will be part of a process of “learning dialogues” developed collaboratively with DFID to meet their learning needs.



Maye Omar

For more information on this, please contact Maye Omar (m.a.omar@leeds.ac.uk)

New EU-funded research project in India tackles the stigma of leprosy (CREATE)



Bassey Ebenso

Leprosy was eliminated as a public health problem (i.e. the disease burden is less than one case per 10,000 population) in India in 2005.

However, people affected by leprosy in India still experience high levels of stigma and discrimination, both through discriminatory laws that persist from the colonial period, and through widespread negative attitudes towards leprosy, and misunderstandings regarding how it is spread.

Continuing discrimination means that those affected by leprosy are excluded from society and from accessing government programmes. They lack opportunities for representation and their voices are rarely heard on issues that affect them. They are thus unable to challenge injustices that perpetuate human rights violations and poverty, especially in rural areas, where people

have limited knowledge of their rights and entitlements.

In response, we are delivering a three year research project called 'CREATE' which stands for Civil Society Organizations for Resource mobilisation, Empowerment, Advocacy, Training & Employment for people affected by leprosy in India in conjunction with the Brighter Future International Trust, The Mission Trust India and The Leprosy Mission England and Wales.

CREATE aims to enhance and develop the capacity of civil society organizations (CSOs) in four Indian states: Uttar Pradesh, Chhattisgarh, Andhra Pradesh and Tamil Nadu. These CSOs, primarily comprising of people affected by leprosy, will function as change agents to challenge and address issues of stigma and discrimination faced by people affected by leprosy. The CREATE project will simultaneously sensitise CSOs and Panchayati Raj Institutions (local self-

government), on the needs of people affected by leprosy to access government schemes.

Besides promoting access to mainstream schemes and entitlements as a right, the CREATE project will build the employment and business skills of over 10,000 men and women affected by leprosy. The project will also prioritise equality with men, women and young people, and encourage them to join CSOs as active participants in the activities of those CSOs, irrespective of their age or gender.

For more information on this new project, please see website or contact Bassey Ebenso (b.ebenso@leeds.ac.uk (PI) or Natalie Pillay (n.pillay@leeds.ac.uk) Administrator.

www.leeds.ac.uk/createindia

Bangalore City skyline, India



Health research in Kathmandu – placement provides a ‘cherished experience’

As a Public Health Specialty Registrar training in the UK training programme, I not only had the opportunity to be based within the Nuffield for a year, learning about conducting health research in resource constrained settings but I also had the opportunity to spend five months in Kathmandu, Nepal with one of our research partners.

Health Research and Social Development Forum (HERD) was founded by a Nuffield alumni Dr Sushil Baral and is a partner organisation within the COMDIS-HSD research consortium co-ordinated by Nuffield. Having started working on one particular project while based in Leeds I was able to carry this on to completion while based at HERD.

The project I have been involved with is testing the feasibility and acceptability of a psychosocial support intervention package for people being treated for multi-drug resistant tuberculosis (MDR-TB) in Nepal.

The project has been implemented for over 12 months in two sites of the national TB programme and I have been involved in developing the intervention during implementation, analysing the data and writing up the findings.

I have learnt so much about the economic, health system and political challenges of delivering research studies in low income countries, and in particular Nepal. I have also seen how it can be achieved and how research can influence policy makers to have a wider impact.

It has been a great experience to partner with a Nepali NGO that not only knows the context and the

health systems but are also excellent researchers aspiring to deliver the highest quality research evidence. I have learnt so much from them.

What has also been fantastic for me personally is that I was able to take my wife and three children (aged 8, 12 and 14) and so it was also a great family adventure too! It will definitely be a cherished experience by us all and one that I'm sure will help me in my future research career.

www.leeds.ac.uk/createindia

For more information, please contact
Mr Ian Walker (I.walker@leeds.ac.uk)

www.herd.org.np/

<http://comdis-hsd.leeds.ac.uk/>

Ian Walker in Kathmandu, Nepal



COMDIS-HSD helps bring improvements in child care across rural Bangladesh

COMDIS-HSD: Encouraging results indicate important improvements in community care across Bangladesh.



Community health workers taking part in IMCI training using the case management job aid.

A key barrier to achieving further reductions in child mortality is a lack of access to primary health care amongst the rural poor.

In Bangladesh, the Ministry of Health and Family Welfare responded to this issue by building 12,500 rural community clinics, staffed by newly trained 'health providers'. However, programme managers had concerns that the quality of care being provided was poor, with a lack of practical consultation and communication skills. A COMDIS-HSD led assessment supported these concerns, highlighting that less than 30% of children were receiving proper diagnosis and care, and 90% were receiving antibiotics unnecessarily.

To tackle these problems we worked with our ARK colleagues under a national technical working group to develop a new training package. This consisted of a context-specific diagnostic and case management job aid, adapted from

World Health Organization (WHO) Integrated Management of Childhood Illness (IMCI) guidelines, and a 'how to' diagnose and treat in primary care guide. The ministry and ARK provided a six day training programme for the health providers of the 12,500 rural clinics, using the new package, which included consultation and communication case studies and role-play exercises.

Through a range of evaluations we were able to show that health providers subsequently demonstrated improved levels of clinical knowledge, but more importantly were also providing much higher quality care, with over 85% of under-fives assessed having been correctly diagnosed and treated (including antibiotic appropriateness). Finally, the health providers also performed well on most communication skills measured.

These results were recently published in Public Health Action.

Similarly, we developed a simplified and context adapted 'Integrated Management of Adolescent and Adult Illness' guide and modules, with training using these materials conducted for rural clinics across Bangladesh (evaluation is on-going).

It is anticipated that the ministry will use the training package again in 2017 for further health provider refresher training, and it is hoped that the package will form part of a long-term training plan.

The IMCI & IMAI Bangladesh guides: <http://comdis-hsd.leeds.ac.uk/resources/tools-tips-and-guides/>

WHO generic IMCI: http://www.who.int/maternal_child_adolescent/documents/IMCI_chartbooklet/en/

WHO Generic IMAI: www.who.int/hiv/pub/imai/en/IMAIAcuteCareRev2.pdf

For more information, please contact John Walley (J.walley@leeds.ac.uk) or Joe Hicks (j.p.hicks@leeds.ac.uk)



Rumana Huque (above), a partner in Bangladesh.

New research project – Creating responsive health systems in Bangladesh

Health systems in Bangladesh responsiveness is a widely-recognised key objective of national health systems.

Responsive health systems anticipate and adapt to future health needs, and harness emerging opportunities to promote universal access to effective interventions. Effective interaction and engagement between the users of health services and service providers and managers is a vital component of responsive health systems.

In Bangladesh, since 2009 the Ministry of Health and Family Welfare (MOHFW) is implementing a national program to enhance service users' voice through allowing them to text any feedback via SMS texts (e.g. patient-staff interaction, out-of-stock medicines or unsanitary toilets).

All texts go into a national web portal (<http://app.dghs.gov.bd/complaintbox/>), which is monitored by the MOHFW, and each text is to be followed up with a phone call to both the sender and local authorities. The MOHFW staff are currently interested in understanding the key influences on the health systems responses to user feedback in Bangladesh.

In January 2017, we will be starting a new 18-months research project, funded by a joint MRC/ESRC/DFID/Wellcome Health Systems Research Initiative call 3.

The aim of this project is to assist the policymakers in designing a comprehensive health systems intervention to make the Bangladesh's health system more responsive.

Key questions which we will be addressing in the project are:

1. What are the strengths and weaknesses of the current system of collecting and responding to service user feedback at Upazila (sub-district) level?
2. Which key contextual facilitators and constraints at the macro (health system), meso (organisational) and micro (individual) levels influence the performance of this system?
3. Which comprehensive health systems intervention can be designed to improve the current system, in order to make the Bangladesh's health system more responsive?

This study will be a multi-disciplinary and mixed-method health systems research, using Realist Evaluation as an overarching approach. It will be implemented by:

1. The team from the Nuffield: Dr Tolib Mirzoev (PI) and Dr Helen Elsey, supported by a research fellow;



2. The team from the Advancement through Research and Knowledge (ARK) Foundation, which is based in Dhaka, Bangladesh, will include: Dr Rumana Huque, Dr Mohammad Iftekher Hossain and Professor Shah Monir Hossain.

The achievement of project objectives is a crucial first step of a longer-term plan to implement and assess a larger-scale comprehensive intervention to improve the responsiveness of Bangladesh's health system. The close links between the ARK Foundation and the MOHFW will facilitate this implementation and scaling up.

For more information on the project please contact: Dr Tolib Mirzoev (t.mirzoev@leeds.ac.uk), Dr Helen Elsey (H.Elsey@leeds.ac.uk) or Natalie Pillay, Administrator, (n.pillay@leeds.ac.uk)

<http://arkfoundationbd.org/>



Helen Elsey



Tolib Mirzoev

Update on research – Ethnic Minority Midwives in Vietnam

Since 2011, the Vietnam's Ministry of Health (MOH) has been training local young ethnic women to become village midwives, referred as Ethnic Minority Midwives (EMMs).



Tolib Mirzoev



This was done to address staff shortages and improve uptake of maternal healthcare by ethnic minority groups. However, uptake of maternal healthcare by ethnic minorities remained low, mainly due to limited acceptance of EMMs by communities and other health staff (e.g. nurses).

Between February 2015 and September 2016, the Vietnam MOH in collaboration with the Hanoi School of Public Health and the Nuffield Centre conducted Implementation Research to improve acceptability of EMMs by ethnic minorities in mountainous provinces in Vietnam. Focusing on

two remote Provinces (Dien Bien in the Northwest and Kon Tum in the Central region), we conducted awareness-raising campaign combined with coaching to EMMs, and evaluated effects of these interventions on acceptance of EMMs. The results of assessment are planned in late-2016, and will inform the MOH's actions for further strengthening and sustaining the EMM scheme.

This project is funded by the WHO Alliance for Health Policy and Systems Research, and is a very good example of research-policy partnership in which national policymakers are leading the study supported by researchers.

For more information contact Dr Tolib Mirzoev (t.mirzoev@leeds.ac.uk) or Natalie Pillay, Administrator (n.pillay@leeds.ac.uk)
<http://www.who.int/alliance-hpsr/en/>

Photo from:
<http://www.aljazeera.com/programmes/birthrights/2011/04/201142663927915842.html>

Standardising quality care of patients – non-communicable diseases in Calabar, Nigeria

Calabar is not just the ‘land of the carnival’, an event popular to Nigerians across the country.

As Dr Cath Snape and Laura Bates of COMDIS-HSD recently found out, it is also a place full of new and experienced doctors dedicated to treating and managing patients with non-communicable diseases (NCDs). NCDs present in Nigeria include Hypertension, Epilepsy, Sickle Cell Disease, Asthma and Chronic Pulmonary Disease, Type 2 Diabetes and Cardiovascular Disease.

Working with alumni, Dr Akan Otu*, a physician, at the University of Calabar Teaching Hospital and Director of Health Associates for Development (HAD) and three of his colleagues, who also work at the hospital, Cath and Laura delivered three days of intense training to 43 generalist doctors. Training consisted of ‘turning off your mobile phone’ during six participatory modules covering four NCDs and two supportive modules on effective communication, and reflective practice and audit.

Whilst doctors are traditionally seen to offer treatment to patients, it is also their responsibility to inform, reassure, and help empower patients to manage their NCDs. Communication skills are an important part of sharing this often new concept with patients. It can sometimes be hard for patients to adopt healthier lifestyles and take medication on a long term basis. To practice their skills doctors were actively engaged in doctor, patient and observer roleplays and practiced Pendleton’s Rules of (constructive) feedback though out the day.

During the training several things were achieved: all participating doctors agreed on the need to standardised quality care for NCD patients across Calabar, the training materials were also tested and refined based on facilitator and participant experiences, doctors provided comment on the Case Management Guide, opportunistic screening was encouraged for NCDs (hypertension and diabetes) in all patients, and the research team captured participants’ reaction to and learning associated with the training.

Cath reflected: “seeing the commitment and development from a team of newly trained facilitators and engaged generalist doctors made us feel humble and proud of our contribution.”

The content of the training was based on a 100 page Case Management Guide created by COMDIS-HSD, Nigerian Clinical Experts and the Federal Ministry of Health in Abuja 2015. A patient treatment card was also introduced to the 43 participating doctors.

COMDIS-HSD is now working with the Federal Ministry of Health to present and finalise the Case Management Guidelines such that they can be adopted and implemented across the country.

Laura and Cath would like to thank Dr Akan Otu, the participating doctors and the good people of Calabar for welcoming them during their stay.

*Dr Akan Otu was a student on our Masters in Public Health (International) in 2010/11.

For further information, please contact Laura Bates (L.A.Bates@leeds.ac.uk)

<http://comdis-hsd.leeds.ac.uk/>

Laura Bates and Cath Snape



14 TEACHING AND LEARNING

Fundraising for clean hands in Nairobi

Benjamin Human and Amir Ameen

BSc in International Health 2015-16

Benjamin and Amir visited Nairobi for their Project B whilst studying at the Nuffield Centre. See below their summary of their experience.

Kibera, situated in Nairobi, is the largest urban slum in Africa. It is characterised by a medley of cultures and peoples from all over the Kenyan nation, and beyond. Amidst the political and ethnic tensions that mar the community's history, there is a common pursuit that unites the estimated 500,000 people that live in Kibera: to strive towards a future of greater opportunity.

Working in Kibera over the last 5 weeks has proven to Amir and I that 'talent is universal, opportunity is not' (Carolina For Kibera's (CFK's) adage). On a daily basis, Kiberans face obstacles to achieving their full potential – threats to their financial and personal security, and their health. This includes a lack of basic sanitation, for example unclean drinking water; a severe lack of toilets and hand-washing facilities.

During interviews with locally-based community health workers, the third example from above was repeatedly cited as one of the main reasons for Kibera's high rate of diarrhoea, which remains the second biggest killer in the community (especially in under-fives).

In addition to extensive media campaigns and action days for instilling healthy hygiene habits, Carolina for Kibera (CFK) have devised a simple hand washing facility that can save lives – referred to by locals as 'Jerry cans and leaky taps'. Essentially, these contraptions consist of a 20L water container, fixed with a tap at the bottom (pictured below). They make the ideal of running water a reality, thereby facilitating effective hand-washing.

The leaky taps alone cost approximately 300KSh (\$3); outside the budget of households that live in extreme poverty. As such, CFK started distributing these hand washing facilities to the community in 2014. They have proved highly effective in conjunction with health education, though they are in short supply. This is where Amir and I would like to pledge our fundraising efforts.

With your help, we would like to invest in clean hands by raising money for CFK to distribute more hand washing facilities, which have already been shown to be effective on the ground in the short time they have been implemented.

These facilities have been given praise from all the community health workers, who know better than anyone else what the community needs. In a world where diarrhoea is an omnipresent threat, clean hands save lives.

We showed our commitment to the cause by climbing Mount Kenya (5199m altitude) with our leaky tap friend, 'Tom' – named after the cartoon Tom & Jerry (given that the 20L can is called Jerry).

If you wish to contribute to this fundraiser, please see link below.

<http://www.firstgiving.com/fundraiser/benjamin-human/cleanhandssavelives>

Benjamin and Amir on Mount Kenya



Overview 2016

Another year goes by and I am pleased to update you all on the Nuffield Centre's education activities in 2015/16. Around 100 students joined us in Leeds this year to study one of our five programmes – an increase of 25% compared to the previous year! Within this large group we had wonderful diversity with 31 nationalities from all corners of the world.

The next academic year is one of transition, with the planned move of the Nuffield Centre to join the rest of the School of Medicine in the Worsley Building.

We will be saying goodbye both to our offices and teaching rooms in the Charles Thackrah Building, and the space we use in the Fairbairn House complex. The Nuffield Centre has been associated with the Fairbairn House space almost from its inception in 1978. Chances are many of you were taught in its teaching rooms and relaxed in the famous student lounge. The gardens formed the backdrop for many years of student group photos – all archived on our Flickr page:

www.flickr.com/photos/36177466@N04/

But looking forward, the new students arriving in September will enjoy the Worsley Building's newly-designed teaching and social space with state-of-the-art facilities. This includes increasing the use of technology to help their learning.

In the past two years we have introduced a system to record the audio and projected slides of nearly all our teaching sessions. These recordings are then made available online to students to help them review and understand the session. We are pleased that this large investment in technology is increasingly being used and appreciated by students.

As well as improvements to our facilities, we are planning major changes to two programmes. The University is currently considering our proposals

to strengthen, update and expand the Masters in Public Health (International), and Health Management, Planning and Policy programmes. Feedback from our alumni was extremely valuable to inform our plans for these programmes.

More details will be forthcoming on our website (once the University has approved the plans!).

But as a taster, we plan to introduce an innovative feature that would allow students to study a bit longer while doing primary research in their own country.

For more information on this, please contact Steve Pearson, Teaching Coordinator 2016 (s.c.pearson@leeds.ac.uk)

The Nuffield Centre throughout the ages.

2006



The way we were – Hyde Terrace offices /Fairbairn House circa 2006

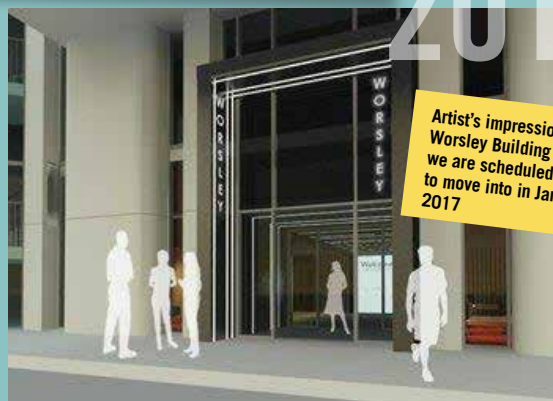


Charles Thackrah Building, circa 2007

2007



2017



Artist's impression of Worsley Building which we are scheduled to move into in January 2017

16 TEACHING AND LEARNING

Ricky van Kalliecharan talks about the Nuffield Centre

Many of you will know Ricky Kalliecharan because he taught you at the Nuffield Centre, he supervised your research or maybe you just passed him in the hall but Ricky actually came to the Nuffield Centre for international Health and development as a student in 1992! After graduating he has worked here in Leeds and around the world, so we wanted him to talk a bit more about his experiences here, the opportunities they led to and the work he really loves to do.

1. Why did you decide to study at the University of Leeds and the Nuffield Centre?

I choose the NCiHD to do the MA – HMPP degree because it had an international focus, staff had international experience and I would get to opportunity to meet and work with a wide range of international students. At the time (1992) I was working in the NHS but wanted a career in International Health and to be able to work in health systems apart from the UK.

2. Why did you choose to study the HMPP course?

My previous work experience was in HR at a hospital in Canada and in Public Health in London. From this experience and my undergraduate work I thought that a degree in Health Management, Planning and Policy would give me the skills and knowledge to move into a management role in a ministry of health or within a division of a ministry of health (hospital or district level).

3. What was the best thing about doing your Masters and PhD here?

I became exposed to an academic life! Before coming to Leeds I did not have the confidence to work at a post-graduate level. I struggled with my undergraduate degree as I was never sure what I wanted to do as a career. It was only after doing a course in Medical Sociology that I became aware of 'health service management' – that was the fashionable term then for what we now call health systems development.

By doing a Masters and PhD at the University of Leeds, I was able to meet a multitude of people (academics, students and health managers) who influenced my future career in health management. Teaching, research and consulting were all very new and demanding areas for someone who had never even considered an academic career. I was incredibly lucky to get a job with the University of Leeds after completing the MA – HMPP. I did not have any teaching experience but I had a passion for the subject and I worked well with people from various backgrounds.

After two years teaching on the MA – HMPP, I decided that while I really liked it I still wanted more work experience in the field, so I left the University of Leeds, went to Trinidad and worked in the Ministry of Health as a health planner and later as the Director for Health Policy and Planning. This was beyond my wildest dreams, but it was all as a result of deciding to study at the Nuffield Centre for International Health and Development.

4. Can you tell us more about your PhD?

I started doing my PhD on a part-time basis in 1997 while I was working in Trinidad and Tobago (where I grew up) for the Pan American Health Organisation and then the Ministry of Health. Health sector reform was high on the international health agenda in various countries in the Caribbean. In the end I focused on one specific reform; the development of national health insurance. I conducted an analysis of the policy process for national health insurance in the Caribbean. The experience of doing this

research linked well with my work at the Ministry of Health, as Trinidad and Tobago was in the process of considering a national health insurance scheme.

My research was presented to Ministries of Health in the Caribbean and the Pan American Health Organisation and I hope that the findings were useful to support decisions on health sector financing in the Region. One of the key findings from the study was on difficulties of developing national health insurance in small island states with a small proportion of the population in formal employment (most of who are employed by the Government). This makes it very difficult for such a system to generate additional funding. I think that an Insurance system for the Caribbean would have the potential to generate a more financially viable system, however administration of such a system would have technical and political challenges (as the experiences of previous attempts at national health insurance systems have demonstrated).

5. Did you always want to be in academia and teaching?

Being in academia was never in my plans! It only became a real option for me after I finished my Masters' degree and started working at the Nuffield Centre. The opportunity to join the Nuffield Centre opened a door into a whole new world. I enjoyed teaching and developing new modules and working on programme changes to meet changes in health sector policy. As more opportunities presented themselves for research and consulting, I ran with it. As challenges presented themselves I also faced



Ricky (on the right) circa December 1992



Ricky at World Health Organization, Geneva, circa 2007

them head on with growing confidence. Looking back it was a brave move but I have no regrets. I remember describing myself as a practitioner, now I can confidently say that I am an academic and an excellent teacher.

6. How has being at Leeds/Nuffield helped you in your work?

The Nuffield Centre has provided opportunities for me to develop areas of interest and expertise. By working with colleagues at the Nuffield and other institutions, I became involved in a number of projects and I am now leading in very specific areas of work including capacity building for education in health, health planning, health policy and health financing.

7. If you weren't doing the job that you are doing now, what would you be doing instead?

I would be working with a ministry of health (in policy and planning) or at an international organisation in health policy.

8. What does your role include other than teaching?

In addition to my teaching workload I have taken on more and more teaching administration responsibilities. I am now the Sub-Dean for Post-Graduate Examinations for the School of Medicine which makes me responsible for ensuring assessment of post-graduate programmes meets University quality assurance guidelines. I produce the Code of Practice on Assessment for post-

graduate programmes in the School of Medicine and Chair the Post-Graduate Examination Board. I am also involved in a number of capacity building projects which focus on developing research and teaching in Sudan, India and Kazakhstan.

9. What accomplishment are you most proud of?

Having a wonderful family! Without my wife and children the accomplishments I have had in my academic career would not be as important for me. I have been able to balance work and family life, and make the most of both. At work, I think I have grown into a teaching role that I take pride in and work very hard to achieve excellence. I am also keen to develop of new ways of teaching and currently developing my skills for online and blended learning methods of teaching.

10. What do you do in your spare time?

What spare time? This has changed so much over the years... I remember going to listen to jazz music in Leeds a few times a week (when I was single). Now... I listen to my kids' music, keep a nice garden and enjoy walking (usually with a pub at the end). I am sure this too will change in time!

11. What would you like Nuffield Students and Alumni to know about you that they don't already know?

I am learning brick laying so I can build an outdoor living area in my garden. The hammock is still there so you are most welcome!



Ricky at the Going Home Seminar for students in Ilkley, circa 2013

For more information, please contact
Meredith Green (Hssmgre@leeds.ac.uk) or
Ricky van Kalliecharan
(r.kalliecharan@leeds.ac.uk)

18 TEACHING AND LEARNING

Update By Current Student – Sherika Whitelocke-Ballingsingh – MPH (I) Class of 2015-16

Building Leadership qualities through Public Health

Over the past 10 years I have been working in the field of public health, initially as a Public Health Inspector with the Ministry of Health, Jamaica in main stream environmental health, doing a lot of work within communities in terms of sanitation, food safety and vector control. I worked to build a rapport amongst the community, Health Department and key stakeholders to integrate public health programmes on a comprehensive level to achieve our goal of having healthy communities through collaborative efforts.

My first two years in the field were very rewarding as I got to implement a sanitation project that provided a 25 pit latrine for a community with excreta disposal problems, this was funded by Chinook Week Adventist Academy.

After that I continued to work in the specific area of institutional health when I became the Public Health Inspector for the Regional Hospital. This was a very interesting journey that brought unique challenges but it actually revealed characteristics within me that I did not know were there, my scope was no longer on a community level but more management and programme planning. Interacting with patients, staff and service providers to enhance health through the services we provided.

At the hospital I was in charge of a project to setup an effective biomedical waste system as mandated by the Ministry of Health Department main office. This gave me skills in waste management, treatment and disposal for different types of waste such as pharmaceutical, bio hazard, body parts and so on.

These skills were preparing me for the unexpected; the transition to Poison Information Coordinator for the Caribbean Poison Information Network at the University of Technology, Jamaica.

My duties for the past four years in this role have involved working assiduously with Ministries and affiliated organizations who have an input in poison prevention, in planning educational programmes and making recommendations on matters relating to poison for the people of Jamaica.

The signature programme is our annual poison prevention week in which we engage in campaigns in schools and the wider community to promote safe environments for children through poison prevention strategies.

This has been rewarding yet challenging due to the present cultural and commercial practices in the country relating to the sale of household chemicals, as bleach is the main causative agent for the majority of accidental poisoning in children.

I am using this opportunity at Leeds University to garner additional technical and management skills in research and programme planning so that I am equipped to tackle our present public health issues in regards to poisoning not only in Jamaica but ultimately working with CARICOM partners to have an established system within our region and share the lessons learnt with the international community.



Sherika is a Chevening Scholarship Student at the University of Leeds.

“My first two years in the field were very rewarding as I got to implement a sanitation project that provided a 25 pit latrine for a community with excreta disposal problems, this was funded by Chinook Week Adventist Academy.”

Geneva Study Tour 2016

Our annual Geneva trip is always very popular with students but this year we had a really large group of students (58 in total) which meant the two academics who accompanied them, Dr Reinhard Huss and Dr Tom Dessoffy, had their work cut out for them!

The trip offers a chance for our students to visit important non-governmental organisations, including the World Health Organization, located in Geneva and to hear lectures from some of the experts based there.

We had some new and very exciting lectures this year: 'Poisoning in Children: Evidence and Policy in Environmental Health' by Ms Joanna Tempowski and 'Emergence of the Zika Virus Epidemics' by Dr Florence Fouque. Student evaluations for these two new lectures were very good so we hope to incorporate them again in 2017.

We were also delighted to visit the International Federation of the Red Cross / Red Crescent including their award-winning museum.

Students outside the Red Cross/Red Crescent Museum, Geneva



The full programme for the week is below:

WHO Overview – Dr Ian Smith

Childhood Poisoning – Ms Joanna Tempowski

HINARI – Dr Tomas Allen

Visit to Office of High Commissioner for Human Rights

Visit to International Federation of Red Cross /Red Crescent Society

Health Financing – Dr Inke Mathauer

Neglected Tropical Diseases – Dr Francesco Rio

Essential Medicines – Dr Clive Ondari/Dr Christophe Rerat

Traffic Injuries – De Meleckidzedeck Khayesi

Visit to Palais des Nations Museum

Female Genital Mutilation – Dr Christina Pallitto

The role of Hospitals in a health system – Dr Dheepa Rajan

WHO Employability – Ms Cornelia Griss

Prevention of Blindness – Dr Silvio Mariotti/ Dr Ivo Kocur

Zika Virus – Dr Florence Fouques

Brain Disorders – Dr Fahmy Hanna

Malaria – Dr Peter Olumese

TB – Dr Mario Raviglione / Dr Christian Lienhardt

Outbreak Response – Dr Mikiko Senga

Diabetes Prevalence – Dr Gojka Roglic

UNAIDS and the Global AIDS response – Dr Julianna Hills

Feedback for the Geneva Study Tour from students this year was:

“The Geneva tour stands out as an experience I will never forget. The various workshop lectures took me through a journey of global health, the efforts made and current gaps to which I intend to make my own contribution with the knowledge and skills from Nuffield.”

“Very important and interesting topic was discussed in the lecture on **diabetes**. I have an improved understanding of the consequences of this disease and the need to lead a healthier life as it is a preventable condition with sadly very devastating consequences and no cure.

“Dr Francesco Rio was very enthusiastic so I was able to take more information in about implementing interventions. Dealing with **neglected tropical diseases (NTDs)** is not only about how to manage it, but also how to prevent it.”

“With regard to the lecture on **outbreak response**, this was very important, especially the organisation of the triage for Ebola that can be utilised for all infectious diseases like cholera, prevalent in Zambia.”

Geneva Competition Winners

**Winner of 2016 Photo Competition is Ms Fitri Fauziah
(MSc in International Health)**



We like to give our students a chance to be creative using Geneva as inspiration. Our photo and poetry competitions had some very keen entrants this year.

The photo competition winner was Ms Fitri Fauziah with her picture of the United Nations Building (see above).

The Geneva study tour poetry competition winner is Dr Denis Jato, Masters' of Public Health (I), and you can read an extract of his poem in the box on the right or his full poem here on our website:

http://medhealth.leeds.ac.uk/info/692/study/521/geneva_study_tour

*“Out of the brainstorming in Nuffield,
Everyone took to the hills.
Research articles, laptops temporarily tuned down,
Though, with lingering reality that it’s not over yet.*

*The long awaited had finally come, Anxiety laid to rest.
Although amidst mixed feelings and fears,
Of parting with some essentials.”*

Student support at Nuffield: preparing you for the future

Building Leadership qualities through Public Health



Same place, same time of year, different cohort of students outside St Margaret's Church, Ilkley.

It is lovely to spend this day with our students. By the time this event comes round each year, you have become our friends after spending a year in Leeds. This date is our very last timetabled teaching for the year and therefore not only do we celebrate your achievements, we also know that you will all go home shortly afterwards and back to your previous lives and jobs.

We are very proud of our Going Home Seminar and the special opportunity it provides to prepare you for your return home. This event is important not only to sightsee and enjoy the surroundings and company, but also to prepare

students for the challenges they will experience when returning home. Nuffield has a lot of experience of integrating students back into work and family life after spending a full year in the UK. This can be particularly hard for those students who have left their family behind and have been here on their own. Hopefully with preparation and support, their transition will be easier and seamless.

We know you enjoy the lovely picturesque town of Ilkley. In fact some of you have enquired about the cost of houses and living there whilst admiring the architecture and lovely shops (until we point out it's a very expensive area to live in).

The afternoon walk down to the River Wharfe or up to the Cow & Calf rocks brings the day to an end very well and we have nearly always been lucky with the weather. Believe it or not one

student said he would miss the British weather, but I am not sure I believe him!

This year Professor John Walley hosted a party at his house which is close by St Margaret's Church, and this kicked off around 6pm with lots of staff and students attending.

It was a very successful and pleasant end to the day and gave all of us memories that will last a lifetime.

For more information on this, please email Anita Mitchell (a.mitchell@leeds.ac.uk)

22 STUDENT LIFE

Social Events

Bring a Dish

The Cultural Evening is the first event of the academic term held in October on campus, and a time when the students and staff are unfamiliar with each other.

Students each bring a dish from their cultures and everyone sits down to have a meal together. It's a great ice-breaker, and sharing cultural food in a relaxed and fun environment really helps students who have just arrived in the UK.

We can have in excess of 90 students at this event as everyone is eager to start the academic term in a positive way.



The Xmas Ceilidh

The annual Ceilidh in December 2015 was a fun packed night of dancing and good food shared with new friends and fellow students.

Once again the band, Gaelstrom, played their hearts out and following a hot meal students and their families danced the night away.

The Refectory is now the venue for this event and there is plenty of room for everyone to swing around the dancefloor and enjoy themselves.





The Garden Party

The Garden Party at Maye Omar's house on Sunday 5 June was a very enjoyable event, with his tutees being joined by members of Nuffield staff.

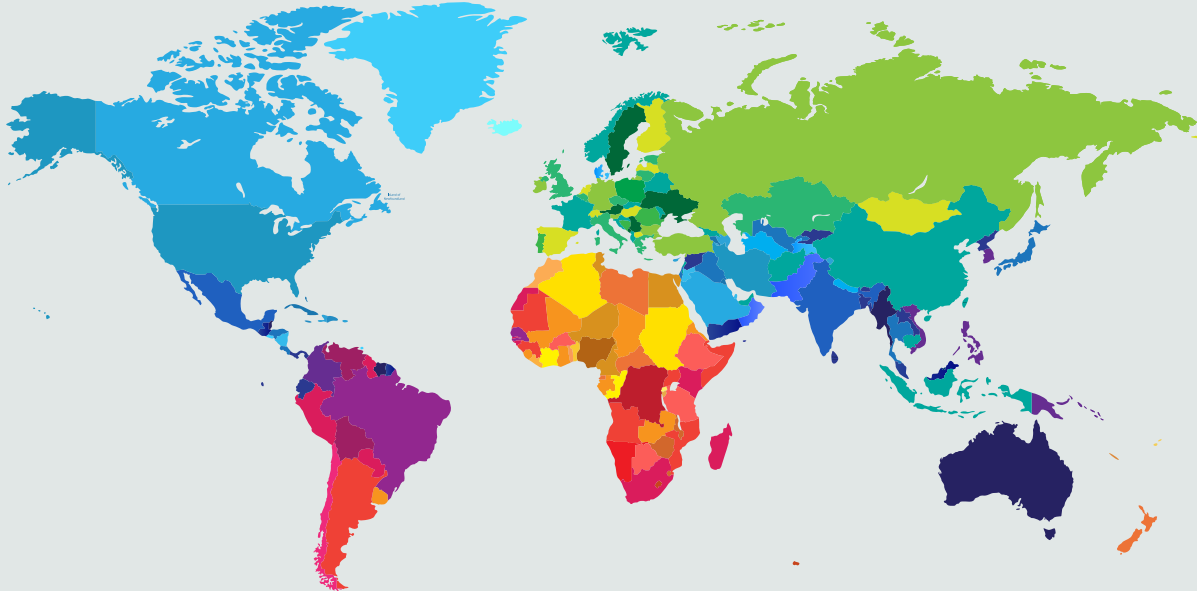
Home-made delicious food provided by Maye and his family and the sunny evening made this a memorable event. It was lovely for the students to meet Maye's family and relax in his garden and forget about studying and dissertations for just one day!

Farewell Celebration

On 12 August 2016, students and staff came together for the last time to reflect on the past year and to say goodbye. Since they started in September as very nervous new students we have gone full circle concluding with students going home as alumni and graduates. We miss everyone already, but are preparing to welcome the next cohort for 2016-17.



Alumni updates from around the world



Meera Suresh – MPH (I) Class of 2014/15

I returned to India in the last week of December. After returning I was involved in searching for jobs and am glad to inform you that I am placed with EduCARE India NGO as a Project Officer for implementing Women's Health projects for 4 communities in Gajner, Rajasthan. The joining date is on 15th of March.

It is a paid Internship programme and at present I have committed only for four months. Still I chose it because I thought it is better to get involved in some works rather than simply wasting time waiting for good jobs.
<http://educare.in/>

Stella Appiah-Abrafi – MPH (I) Class of 2011/12

I have been working in Ghana since 2013 with the Ghana Health Service – Ashanti Regional Office at the department of Reproductive and Child Health. Since 2014, I have been part of the Regional Ebola Taskforce team and it is through this, that I have developed an interest in conducting a PhD research in the compliance with Infection Prevention and Control measures among nurses in Kumasi metropolitan.

Ganiyu O Abass – MPH (I) Class of 2009/10

Upon graduation in September 2010, I returned to Nigeria (my country) around January 2011. I took up a clinical job working as medical officer as well as ART (Anti-Retroviral Treatment) Coordinator at State Hospital, Abeokuta, Ogun State until July 2012. Since July 2012, I have been working in Ogun State Ministry of Health as the State AIDS/STIs Programme Coordinator (SAPC) with specific responsibility for coordinating the health sector response to HIV/AIDS across health facilities offering HIV/AIDS services in the State. The programme has made giant strides in improving quality of care, treatment and support for people living with HIV.

I would also like to inform you that I have been part of scientific publications as follows:
Musculoskeletal disorders: epidemiology and treatment seeking behaviour of secondary school students in a Nigerian community.
Olayinka O Adegbehingbe, Adesegun O Fatusi, Caleb A Adegbenro, Opeyemi O Adeitan, Ganiyu O Abass and Akintomiwa O Akintunde

Indian J Community Med 34(2):140-4 (2009)

Epidemiology of Gunshot Injuries in Abeokuta, Southwest Nigeria. N.O. Aigoro, G.O. Abass.
The Internet Journal of Orthopaedic Surgery. 20(1) 2013

Wilhelm Akwaake – MPH (I) Class of 1998/9

The qualification I obtained from Leeds University in 1999 has really opened lots of professional doors for me here in Namibia, such as District TB/ HIV/ AIDS/ STDs Coordinator at Onandjokwe District Hospital, Oshikoto Region (January 2000 – March 2004); Chief Health Programme Officer at national/ ministerial level, coordinating all development projects and health programmes (Development Cooperation Coordinator) of the Ministry of Health and Social Services (April 2004 – March 2009); Lecturer at the former Polytechnic of Namibia, currently Namibia University of Science and Technology (NUST) (April 2009 – March 2012), teaching a variety of different courses in Human Anatomy & Physiology; Lecturer at the University of Namibia – Oshakati campus, Oshana region (April 2012 until today) teaching Human Anatomy & Applied Biophysics, as well as General Nursing Science I to Bachelor of Nursing Science (Clinical) (Honours) first year Nursing students.

Finally I am a fourth year student, pursuing a Nursing Doctoral Degree in Emergency Medical Care through the University of Namibia, part-time. The title of my dissertation is "Strategies to enhance the delivery of emergency medical care to road traffic accidents victims on admission at all health facilities in Otjozondjupa region of Namibia".

Dr. Onyeabo Obasi – HMPP
Class of 1994/95



In addition to my work as a dentist, I run Agape World Missions, a Charity that provides health and social care to the disadvantaged in Africa. Over the years, we have been active in Ebonyi State, Nigeria, running schools healthcare programme as well as working at the Presbyterian Joint Hospital, Uburu.

From 2014, we started going to Mukuru slum in Kenya to provide oral healthcare to some of the school pupils. In addition to our work, we give out toothpastes and brushes in a goody bag to many of the pupils.

This year, we have already been to Ohazara in Ebonyi State, Southeast Nigeria providing oral healthcare to pupils in two primary schools as well as running a dental clinic. In November, we shall be in Mukuru slum in Kenya running a dental camp. We shall be hiring a mobile dental clinic from where we hope to provide oral healthcare to as many people as possible in the area. I have been back at Nuffield a few times and continue to enjoy very warm welcome from the staff some of who were there during my time. I do have fond memories of my time at Nuffield.



Website: agapewmissions.org
Email: info@agapewmissions.org
Twitter: @MissionsAgape

26 UPDATES

Baraa Mahgoob MPH (I) Class of 2008/9

The key modules I took in 2008/9 were Principles of Public Health; Foundations of international health; Health System Research Methods; Communicable disease control; Non-Communicable disease and Monitoring and Evaluation of Health Programmes.

The skills I gained: I developed a comprehensive range of research skills within the fields of analysis, and qualitative and

quantitative research. For my dissertation on the Tuberculosis detection rate in Iraq, I analysed and interpreted information from a wide range of sources including the internet and libraries.

I improved my IT skills, by regular practicing with MS office, SPSS and internet. I also gained a valuable experience of using databases. Activities and Societies: I attended the one week WHO programmes at WHO headquarters. (See page 19 for more information for more information on the Geneva Study Tour).

Nyenti Annereke HM Class of 2010/11

I write to inform you that I was recently named Director of the Tiko District Hospital (90 beds, catchment population of 140,000) in South West Cameroon. Simultaneously I also work as a Quality verifier of the performance based financing project in my country at regional level. I would like to return to Nuffield to complete my PhD.

Andy Mprah MSc (IH) Class of 2011-2012

I started a Health Advocacy and Policy firm in Ghana named Health Policy Consult after my Master's Degree in International Health from the Nuffield Centre for International Health and Development.

Health Policy Consult is a consultancy that has expertise in Health Promotion, Monitoring and Evaluation and other Public Health advocacy programs. We worked closely with the Traditional Medicine Directorate at the Ministry of Health in Ghana to develop the capacity of Traditional Medicine practitioners

on Communicable Disease Control Principles and Toolkits in 2013 through the development of a Training Manual as well as the hosting of a Continuous Development Program for these professionals.

As part of our health advocacy program, Health Policy Consult offered health education at the annual Ghana Pre-University Fiesta for young students about to enter the University in 2014. This event was held at the Ghana National Theatre in 2014. The main talk at this event was on Sexual and Reproductive health. Health Policy Consult has continued to grow stronger and by the beginning of 2017, it will establish itself as a major Health Policy think-tank in Ghana.

In January 2016, I gained admission to the University of York in the UK to commence my PhD degree. I am currently a PhD Doctoral Researcher at the Department Health Sciences, University of York, United Kingdom. My PhD is on Male Sexual Dysfunction in the socio-cultural context in Ghana.

My return to the UK has been exciting as I have been in touch with other Nuffield Graduates and academics from the 2012 batch who are all over the UK either doing their PhD or working to promote health. I recently got married in Ghana on the April 9, 2016 and it was a great event.



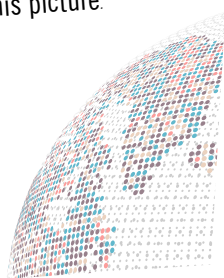
Andy Mphra and Ricky Kalliecharan



Andy Mphra and his wife

BSc & MSc Project Photo Competition Winners 2016

1st Prize – Fitri Fauziah,
BSc in International Health.
Woman harvesting okra in Nigeria.
Please see front cover for this picture.



Runner Up – Emma Garry,
BSc in International Health.
*Nurses Day Parade,
Kisiizi Hospital, Uganda.*

Runner Up – Caroline Apsey, BSc in International Health.
*Man explaining new village tool for carpentry. This equipment was necessary
after numerous recent injuries cutting wood. Shan state, Myanmar.*

Keeping in touch



NCIHD_Leeds



ncihdleeds

The Nuffield Centre group is now
more active than ever!

For more information on Facebook or Twitter, please contact
Natalie Pillay (n.pillay@leeds.ac.uk).

Cover Photograph:

**Winner of Photograph Competition 2016, Fitri Fauziah
Woman harvesting okra in Nigeria.**

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