

Health at the core of MDGs: the role of a German University

- MDG 1 hunger by 1/2
- MDG 4 child mortality by 2/3
- MDG 5 maternal mortality by 3/4
- MDG 6 HIV, malaria, tuberculosis: reverse trend
- MDG 7 ecological sustainability
 - halve # of people without access to safe water:
- MDG 8 global partnership
 - Access to affordable drugs

Heidelberg University

Germany's oldest university (1386)

“Joining tradition and science of the future”

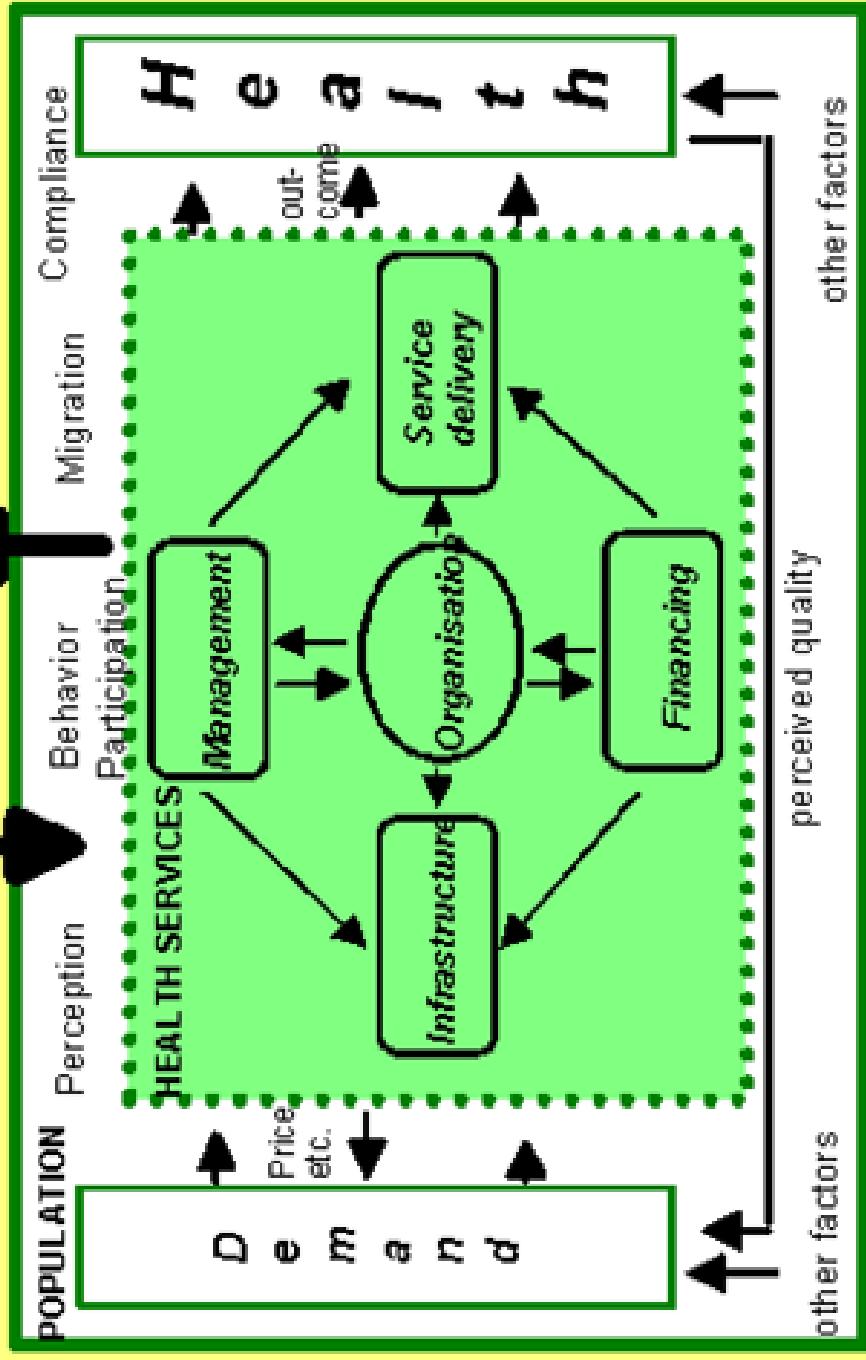


- **Cosmopolitan: 18% of students are international**
- **Medical sciences ranked 1st + focus on int'l public health**

Biomedical interventions

Vaccines New drugs Vector strategies

Effect modification Loss of effectiveness



P O L I C Y F R A M E W O R K

Health System

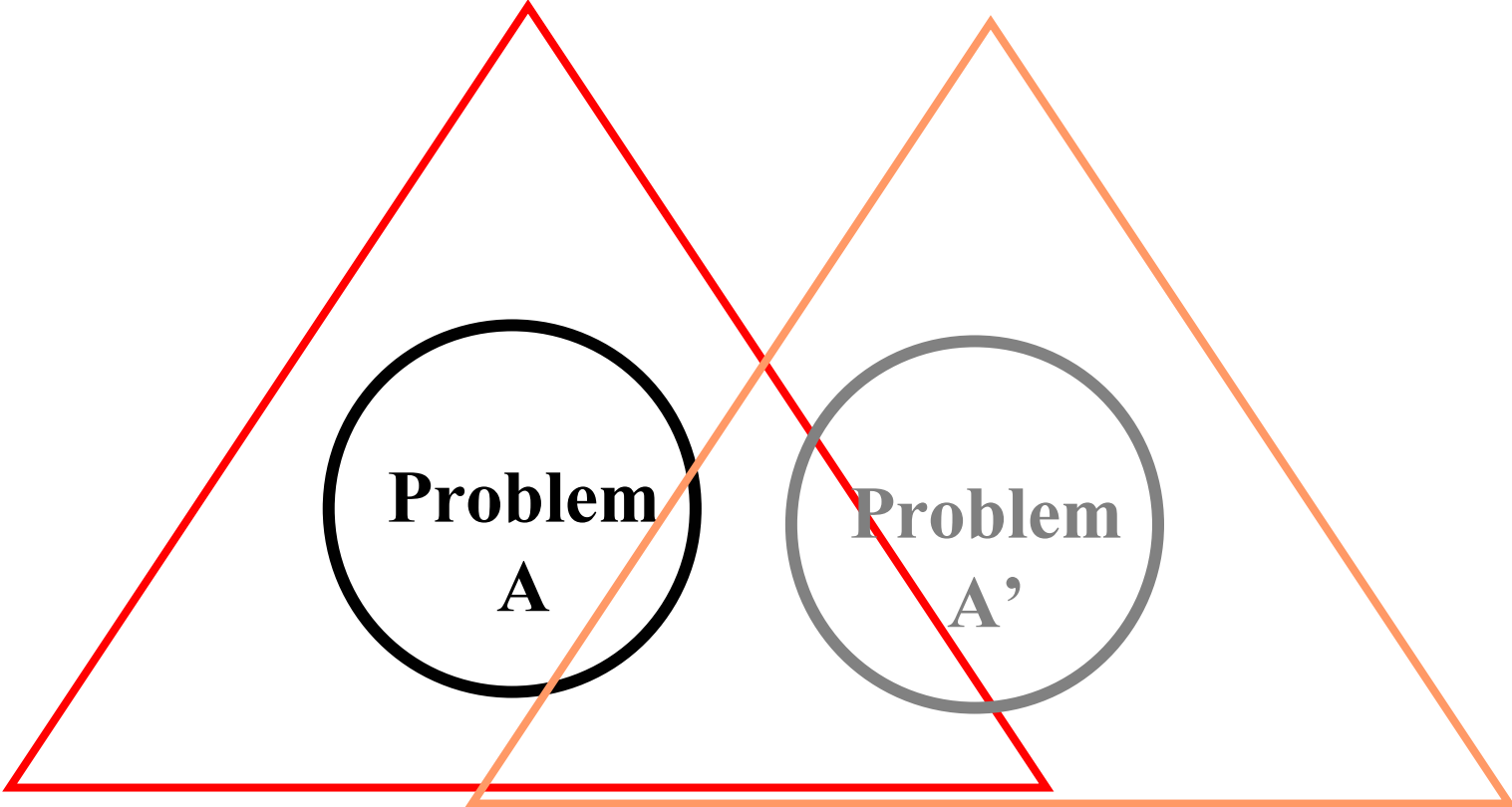
Strategy: Triangulation and comparison

Country A

Country B

Teaching

Teaching



Research

Research

Service

Service

Department + EVAPLAN GmbH = PPP

Activity	Operational	Formal
1) Teaching	Project-related training	Degree courses
2) Research	Operational	Strategic
3) Service:	Outpatient department	
(i) care		
(ii) consulting	EVAPLAN staff with university staff	

Contribution to MDGs: 1) research

- Improve data and trends re: MDG indicators
- Describe and analyze nexus between health, education, housing and income poverty
- Develop and evaluate policies to reduce poverty
 - Health insurance
 - Quality of care (WDR 2003)
 - Drug/vaccine development and testing
- Look ahead of the current agenda
 - Health impact of global environmental change on the poor

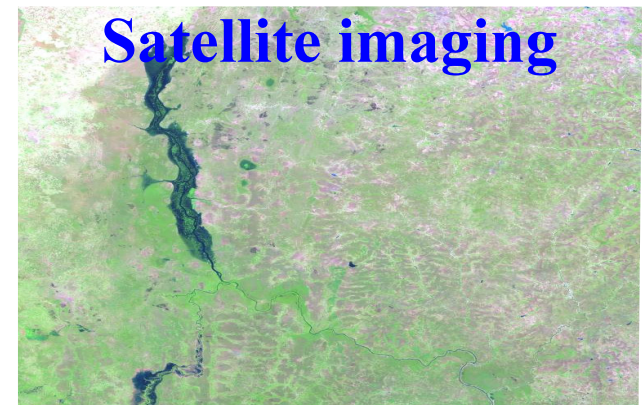
**Weak data base
to track progress**

MDG - Indicator	% countries lacking	
	trend data	any data
Population living on less than 1 \$/day	100	55
Children underweight for age	100	22
Net primary school enrolment ratio	46	17
Children reaching grade five	96	46
Births attended by skilled health personnel	100	19
Female share of non-agricultural employment	51	41
HIV prevalence women 15-24, urban	100	91
Population with access to clean water	62	18

Differences in ranking of cause of death: DSS data (Nouna) versus GBD estimates

	GBD		Rank		(thousand)	Rank
	Class.	YLLs	Nouna	GBD	YLLs	DALY
Malaria	IA 8	3,033.9	1	3	24,385	4
Diarrhoeal diseases	IA 4	2,244.4	2	1	31,393	1
Lower respiratory infections	IB 1	1,281.4	3	2	29,533	2
Unintentional injuries *	III A	448.0	4	6	16,459	3
Protein-energy malnutrition	IE 1	280.8	5	15	3,285	17
Bacterial Meningitis	IA 6	266.5	6	28	756	30
Intestinal nematode infections	IA 14	243.4	7	38	58	34
Perinatal conditions	ID	199.1	8	5	1,750	6
Measles	IA 5 d	176.0	9	4	19,923	5
HIV	IA 3	168.1	10	9	7,020	11
Intentional injuries	III B	48.5	17	7	14,572	7
Tuberculosis	IA 1	57.2	15	8	9,434	9
Malignant neoplasms	II A	25.8	25	10	5,866	13
Neuro-psychiatric conditions	II E	49.3	18	26	810	8
Maternal conditions	IC	65.3	13	11	5,530	10

Research capacity building: Nouna Health Research Center



Research capacity building?

- Reflex: capacity building = teaching
- Research environment as important
 - Physical: internet access, libraries, computer labs, medical labs
 - Social: Career structure, incentives, valuation

CRUCIAL:

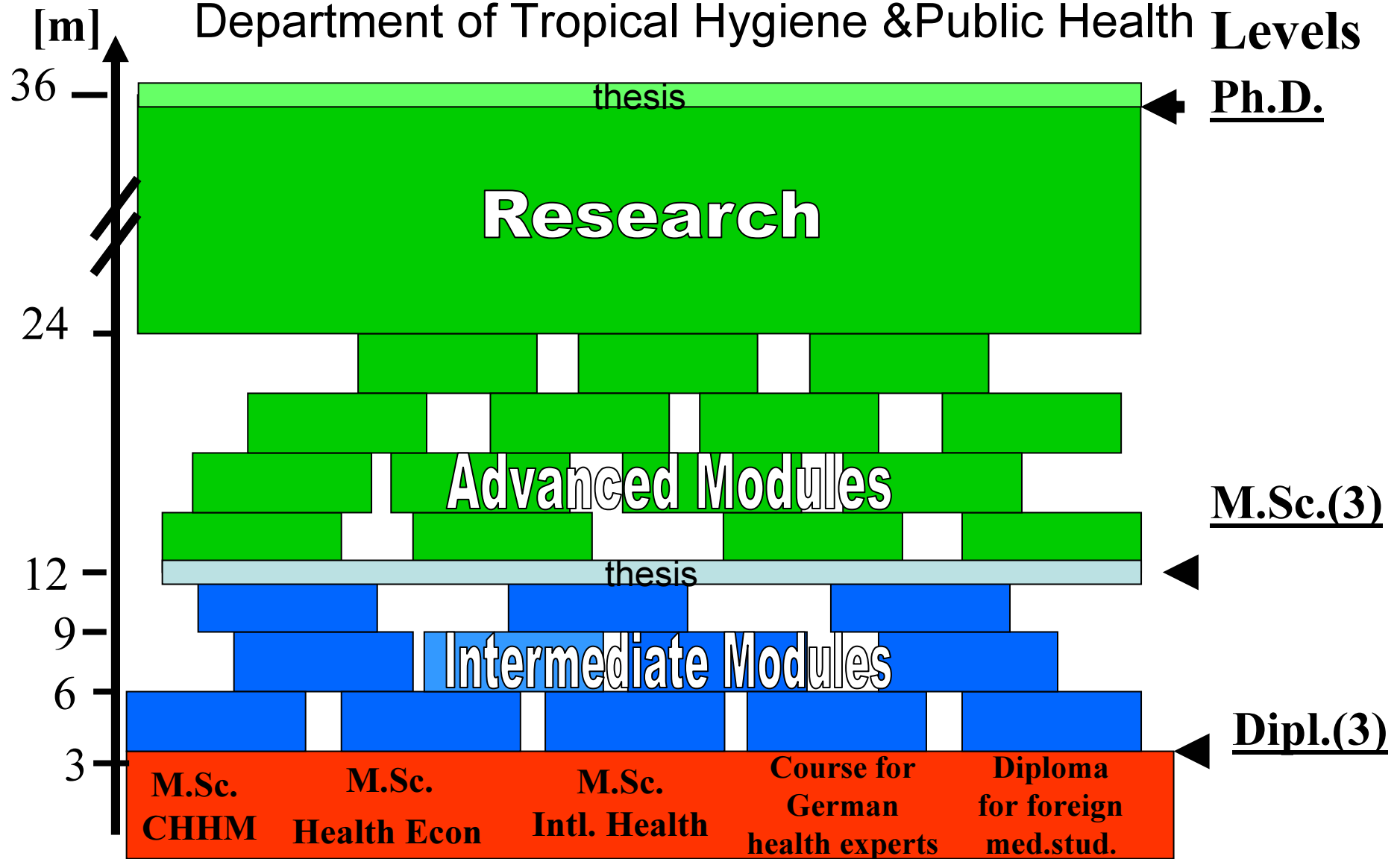
- LONG TERM CORE FUNDING
- OVERHEADS IN PROJECT BUDGETS

Cosmopolitan: 18% of students are international

- Graduate:
 - for foreign **medical** students in Germany: short courses, diploma course BMZ, DAAD, INWENT
- Postgraduate:
 - Short courses (refugee health, drug management, leadership, etc.)
 - Short course for German health expert going abroad (BMZ, GTZ)
 - M.Sc. Courses (3)
 - Doctoral training (70% from dev. Countries)

Modular postgraduate training in English

Department of Tropical Hygiene & Public Health **Levels**



Tracks

“Export”: M.Sc. Health Economics, Hanoi 2003



Capacity building: postgraduate courses

Degree	awarded by	taught at	funded by
M.Sc. Community Health & Health Management	HD	HD	State, DAAD
Master in Public Health	Dar es Saalam	Daress. Univ.	GTZ
M.Sc. Health Economics	HD	Hanoi	SIDA-WBank
M.Sc. Intl. Health 40 Iranian health experts	HD	HD	WBank
<i>Modular postgraduate E-learning M.Sc.</i>	<i>HD and partners</i>	<i>wwwHD VN TZ</i>	<i>DAAD, BMBF</i>

Recommendations & perspectives

- Defragment funding for R@T *with* the south
 - Bundle funds and organization (SIDA SAREC) of BMZ, BMBF, State M. of Research, and key ministries: health, education,...
- Allow German universities to compete internationally:
 - Tuition
 - Overheads
 - Fund e-learning for degree courses
- Allow partners in the South to compete internationally:
 - Provide long term core funds for a few partner centers of excellence (“Grundausstattung”)
- Fund joint projects: policy intervention (BMZ) *and* research (e.g.DFG)

A win-win situation



Added value of cooperation

- For partner in South:
 - Sharing of teaching and research methods
 - Formal degree training
 - Access to full cost tuition funding
 - Research networks/consortia
 - Infrastructure for teaching and research
- For Heidelberg
 - Expertise of to understand global problems
 - Intervention-research capability
 - Link between biomedical and health system research
 - Export of teaching



Does the Dept. of Trop. Hygiene
and Public Health have an overall
strategy

Yes

Lessons learnt - perspectives

- Research and higher education to integrate into BMZ
- DAAD should fund tuition for postgraduate training
- Support e-learning and innovative cooperation
- Improve database to assess, understand and monitor poverty dimension
- Overheads for research, core funding for partners
- Overcome German fences: development assistance-research-teaching-health: BMZ-BMBF/DFG-LAND-BMG

Research, teaching and service: do they really mesh?

- Yes, but
- Institutional and funding barriers, particularly when meshing is attempted in the south:
 - “drawer thinking” in the North
 - reflex: developing countries=development aid

Need for research in DCs !

- Problems and solutions are universal, but extremely context sensitive
 - Malaria
 - Health insurance
 - Environmental change
- Ownership crucial for policy impact
- North: methods, infrastructure
- Research, teaching, policy integration