



**Regional alumni workshop for South East Asia of the
Public Health Alumni, Institute of Public Health,
University of Heidelberg, Germany, sponsored by the
German Academic Exchange Service
(DAAD for its acronyms in German)**

“Good Governance in Public Health”

February 16-20, 2016



Wesley Hospital, Kalay City, Tahan State, Myanmar



Background

In the context of the regional alumni workshop for South East Asia of the Public Health Alumni, Institute of Public Health, University of Heidelberg, this report has been drafted by Asfia Azim (Bangladesh), Yan Ding (China), Nay Yee Wyine (Myanmar), Tin Tin Su (Myanmar, now Malaysia), with the skillful coordination of Juan Alfonso Leonardia (The Philippines). The respective sections describe the journey (A Journey by Bus), the content of the meeting “good governance” (A Summary of Presentations), a description of the most venerable host institution (Wesley Hospital: Caring for the sick through affordable and fair services) and a discussion around further alumni activities.

Happy reading,... and again, great many thanks to the organisers Dr Than Bil Luai and Prof Andreas Ruppel. A truly fantastic event, perfectly well organised,...





A Journey by Bus

Asfia Azim

'Outside the bus there are Buddhist monks; inside the bus my Indonesian friend is playing mouth organ, Nigerian friend distributing cassava chips, and our beloved professor is giving lesson on life. What could be the better way to travel like this?' I updated my Facebook status with this text soon after we started our long bus journey in Myanmar. In a nutshell, still I believe, this was the best way to describe the essence and joy of the 'journey' of Heidelberg University Public Health Alumni.

We started on February 15, 2016. We, a group of 17 members, are either ex-students or professors of Heidelberg University. We knew a very long way was lying ahead. We would have to take a two-day-long bus journey from Yangon to Kalay. All of us joined together to participate in a workshop in Kalay on 'Good Governance in Public Health'.

Jumping into the bus seemed like stepping into 365 Neuenheimer Feld. Students started greeting their professors, hugging classmates, meeting colleagues, and introducing each other. The few who were there knew that time is very precious. They immediately dived deep into their work. Some of them started reading programme schedule to prepare themselves, some switched on their laptops to work on their presentation for the workshop. But the party of our mobile get-together went on.

Just shortly after an hour we took a break for tea and toilet. We were told to finish everything by 10 minutes. Though we had a couple of Germans in our team (and everybody knows how meticulously punctual they are), our break finally ended up lasting about half an hour. This sort of 'extended' short break was repeated for a couple of times during the first day of our journey. We, the Heidelberg alumni, thus made our own rule of counting time: ten minutes of short break is equivalent to half an hour in real time.

As we moved onward, our group-members started engaging themselves in a number of serious activities: taking a long nap, having a big Myanmar meal followed by coffee and drinks, being enchanted by listening to Dr Horstick's travelogue, and being reassured about Professor Ruppel's vast knowledge on geology, biology and life (other than parasites and schistosomiasis). There were some other valuable activities too, such as:

1. Being exposed to the huge range of street food,
2. Experiencing the sunset from the middle of nowhere,
3. Tasting snacks from Asia to Africa,
4. Listening and discovering that everything under the sun has something to do with public health, and nevertheless,
5. Enjoying the beauty of the Myanmar landscape.



Our 25 hours long bus journey finally ended with a grand reception by the host organization Wesley Hospital. Here we came to know that we perhaps were the first group visiting the hospital taking such a long journey of 974 km from Yangon to Kalay by bus.

Once our friend TinTin Su made a comment, 'we are the product of Heidelberg, we can do anything.' She is so right!

A Summary of Presentations

Yan Ding

The programme covered six sections:

1. Transparency: how can corruption be reduced?
2. Equity in a health system with limited resources;
3. Human resources: what factors may influence reliability and cost efficiency?
4. Health indicators: instruments to improve health organizations?
5. Risk protection; and
6. Good governance in post-graduate training and research.

Each section on average had four presentations with one of the participants as the chairperson. Dr. Olaf Horstick from Germany shared his perspectives on public health decision making as a case for good governance, leading participants to consider approaches bridging research and practice. Dr. Juan Alfonso Leonardia from the Philippines, starting from a story between a group of kids and him on a small island, expressed his views on international development assistance and triggered a deep discussion on per diem. Dr. Shafiu Mohammed from Nigeria introduced the African Good Governance Network and showed African academics' effort on good governance. Prof Dr. Andreas Ruppel from Germany, first on behalf of Ms. Nazmum Nahar Nuri from Bangladesh, presented on corruption and health, and then from political top down to the grass-root level, he shared his opinions on public health and governance.

This section on transparency and corruption ably directed everyone into the next section, with Dr. Andreas Deckert sharing his philosophical reflections about the role of money in good governance and global public health, with Dr. Than Bil Luai from Myanmar shown how to run a hospital with limited resources in a fair way, and with Mr. Farhad Ali from India presented a successful practice on using mHealth Technology for improving performance of frontline health workers in rural India.

Health human resources are a common concern in many Asian countries. Dr. Nay Yee Wyine and Dr. Htin Paw from Myanmar presented respectively the situation of



medical professionals and private hospitals in Myanmar. Mr. Somphao Bunnahpool from Lao PDR shown the Lao health system from the services at community level and the context where the community health workers find themselves. Dr. Yan Ding, through a description of governance of rural China and with an analysis on four kinds of exchange relationship that villagers are involved in from the perspective of anthropology, presented her thoughts on the direction for village doctors in rural China. Ms. Jamila Nabieva from Tajikistan approached good governance from an international perspective and with a focus on inter-sectorial collaboration. Her presentation motivated attendees to discuss on challenges of inter-sectorial collaboration and approaches to facilitate the collaboration.

Efforts were also put on how to improve health services. Dr. Shwe Sin Yu from Myanmar did a comprehensive research on national health accounts and universal health coverage, presented a bright vision with the national health accounts and universal health coverage, and also stated challenges faced, which triggered a discussion on whether it is feasible for all countries to aim for universal health coverage. Ms. Fina Tams from Indonesia introduced the decentralisation of health system in Indonesia, summarised health indicators in low resource setting areas and provoked considerations on how to ensure the achievement in health indicators. Ms. Asfia Azim from Bangladesh and Dr. Luu Thanh Tue from Vietnam both presented successful projects in their own countries with international assistance. Sustainability, as a major issue in those cases, again, led all attendees to discuss how international assistance can help and how countries could better approach international assistance.

Financial and health risks do exist, and this workshop on good governance also reflected on good practices and lessons learned from the frontline of health services. Mr. Adhi Sanjaya from Indonesia shared his project's experience on zinc tablets for child diarrhoea treatment by primary health centres, Ms. Khampheng Phongluxa from Lao PDR presented a community directed intervention against liver fluke and soil-transmitted-helminths, and Ms. Isma Novitasari from Indonesia discussed approaches to health service delivery from both supply- and demand-sides. Dr Tin Tin Su from Malaysia, with her team's work on a systematic review on financial risk protection in low and middle income countries, echoed with Dr. Shwe Sin Yu's call for universal health coverage, and deepened previous discussions on the feasibility of universal health coverage.

Education and training play an important role in shaping the structure of human resources and enabling networking and international collaboration. As a wrap-up to the workshop, Dr Pauline Grys from Germany presented the tropEd network as a case of good governance in quality higher education in international health across borders, and Ms. Anke Stahl from Vietnam regional office of the DAAD gave a talk on the role of alumni in the international/regional DAAD network as multipliers,



ambassadors and partners. Attendees from universities were very much interested in collaboration and cooperation across borders on education, and as alumni they were eager in exploring more means to bridge the exchange, communication and cooperation between their home countries and Germany and among each other's countries.

Wesley Hospital: Caring for the sick through affordable and fair services

Nay Yee Wyine

Wesley Hospital was established in 1987, in Tahan, Kalay Town. Kalay Town (Kalaymyo) is located in Sagaing Division of Myanmar. It is very near to Northern Chin State and the majority of population is Chin ethnic groups. Wesley is one of the private but "not for profit" hospitals in Kalay Town with high reputation. Its structure is 50 beds with facilities for X-ray, ECG, Ultrasound, gastro-fiberscope and a laboratory. It is regarded in the area as a hospital with equitable services for all people, regardless of race, gender or ethnic groups.

The Wesley Hospital hosted a workshop for alumni from DAAD-MSc International Health in Myanmar from 16 to 20 February, 2016. During the workshop, the following highlights about the Wesley hospital were observed. The Wesley Hospital mainly focuses on fairness in health care in the area. Its vision is to provide quality health care services to everyone in need, irrespective of gender, belief, economic, social and ethnic status in an equitable, accessible, affordable and a sustainable way. It provides equal quality for every patient with equal needs. Wesley hospital is funded mostly by donors, starting with loans from Mission Veng Methodist Church. Out of many sources of donations, the donation of money pooled by staff is a remarkable practice. Fees for services are not Wesley's main interest.

Wesley Hospital has the following services – outpatient care, inpatient care, surgical care, obstetric care, outreach care, health education activities and sick helper training. Vocational training for people living with HIV and AIDS is also provided in the hospital. The fees compared to other private hospitals are much lower and funds for needy patients are available. Moreover, the cleanliness in and around the hospital, the friendliness of the staff, and the well-organized hospital infrastructure were noticeable. Observers also noticed the "fine rule", which means no alcohol, smoking, betel chewing, and narcotics is allowed and one will be fined upon using them. It is constantly announced on the LED screen to remind everyone.

Dr Than Bil Luai, the head of the hospital, feels the hospital needs second line leadership, capacity building and development of standard procedures.

References:



<http://www.go-myanmar.com/kalaymyo-kalemyo-kalay>

<http://www.wesleyhospitalmyanmar.com/donation.html#don>

How to run a health care service with limited resources in a fair way: Dr. Than Bil Luai

Further Alumni Activities

Tin Tin Su

Further alumni activities were discussed based on following three questions:

1. How do you currently connect to Heidelberg University/IPH?
2. How are you connected to other Heidelberg/DAAD alumni?
3. How to further expand the IPH alumni network? How to get others involved?

Currently, alumni connect to Heidelberg University and IPH via alumni portal, website, email, and Facebook. Similarly, the participants communicate with other Heidelberg/DAAD alumni via emails and other social network media such as Whatsapp and Facebook

There are altogether 500 public health alumni (both MSc CHHM and Msc International Health), however only 120 have registered in alumni portal. The following are suggested actions to be done to expand the alumni network and increase involvement.

- To appoint country (peer) representatives so that they can actively search the public health alumni of the same county, at the same time all registered alumni should contact their batch mates and ask them to register. However, to do such kind of active networking some alumni information from Heidelberg is needed.
- Following participants volunteered as country representative for Heidelberg Public Health alumni: Tin Tin (Myanmar), Isma (Indonesia), Juan (Philippine), Farad (India), Somphao (Laos)
- The representatives should also share their experience to newly selected master course participants.
- More active engagement among alumni and Heidelberg IPH in terms of research, consultancy, academic supervision (field supervisor) for current master students. Participants also requested other faculty from IPH to actively engage alumni, not only limited to faculty who are directly responsible for teaching in the master course.
- To have more alumni gathering, workshop, and summer school in either Germany or other regions. However, there should be principle/proper criteria for selection and invitation of master alumni for such activities and all master alumni should be informed and have an equal chance for participation.