

**THE HANOI SCHOOL OF PUBLIC HEALTH
DEVELOPMENT STRATEGY FOR 2005-2015**

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LIST OF ACRONYMS

AH	Adolescent Health
Atlantic	The Atlantic Philanthropies
BPH	Bachelor of Public Health
CDC	Centers for Diseases Control and Prevention
CIPPR	Center for Injury Policy and Prevention Research
CMB	China Medical Board of New York
DESS	Demographic-Epidemiologic Surveillance System
DHC	District Health Care course
DL	Distance Learning
FF	Ford Foundation
HSPH	Hanoi School of Public Health
INDEPTH	International Network of Field Sites with Continuous Demographic Evaluation of Population and Their Health in Developing Countries
IT	Information Technology
M&E	Monitoring and Evaluation
MCH	Maternal Child Health
MOET	Ministry of Education and Training
MOH	Ministry of Health
MPH	Master of Public Health
MS	Master of Science
PH	Public Health
PHSWOW	Public Health School Without Wall Program
QUT	Queensland University of Technology
RF	Rockefeller Foundation
RH	Reproductive Health
SEAPHEIN	Southeast Asia Public Health Education Institute Network
TASC	The Alliance for Safety of Children
TOT	Training of Trainers
UNC	University of North Carolina at Chapel Hill
UQ	University of Queensland
VMIS	Vietnam Multi-center Injury Survey
VPHA	Vietnam Public Health Association
WHO	World Health Organization

CONTEXT

Over the years the Hanoi School of Public Health has emerged as the leading public health training and research center in Vietnam, with successful domestic and international partnerships. This achievement, plus its new status as a full-fledged university, have also brought about new challenges.

1. HSPH – An emerging public health training and research center

1.1. Formal Masters of Public Health (MPH) training started in 1996. As of January 2005, a total of 146 MPH students have graduated from this two-year program in the first six cohorts. Four-year Bachelor of Public Health (BPH) program began in 2002. The School also offers Public Health Degree of Specialization courses (both on and off campus) to about 200 health professionals each year, and short courses on specialized topics to approximately 300-400 students per year. The annual number of new MPH, BPH, and short course students is projected to increase from the current annual numbers of 40 (MPH), 90 (BPH), and 400 (short courses), up to 50 MPH students, 150 BPH students, and 500 short courses students annually by the year 2006.

1.2. Much progress has been achieved in faculty and curricula development. The School now employs some 70 full-time and 150 part-time teachers, organized into 7 academic faculties (see Annex 1 for details of academic departments):

1. Social Sciences in Health
2. Fundamental Sciences
3. Management Sciences
4. Community Health
5. Basic Sciences of Medicines
6. Environmental Sciences
7. Foreign Languages

1.3. Although the Teacher-to-Student ratio is 1 to 8 (70 full-time teachers to 550 students), this figure is meaningful in quantitative terms only. Quality-wise, HSPH academic staff are still in need of much more professional experiences and academic contribution. On top of this as being forced by the current circumstances, many key faculties have been overloaded with other managerial and administrative tasks.

1.4. During the past five years, research has been organized at HSPH as both an effort to enrich PH scholarship and a means of teaching, involving not only faculties and students of the School, but also various organizations and individuals in different systems and programs. Most conspicuous of them are:

- The Demographic-Epidemiologic Surveillance System (D-ESS) in Chi Linh (Chililab): with the theme of adolescent health and measure the impact of socio-economic changes on health.
- The Vietnam Public Health Association (VPHA), which is developing three Community Health Research Centers (CHRC) to build up the PH personnel capacities in all regions and implement applied public health studies in 3 different regions across the country (North, Central, and South) .

- The Program on "Strengthening Social sciences and Reproductive Health Training and Research Capacity" with the focus on curricula development of 5 subjects and operational research.
- The Center for Injury Policy and Prevention Research: E.g. Vietnam Multi-center Injury Survey (VMIS2001).
- Essential Functions of Public Health study, conducted in Vietnam, Malaysia and Fiji – a strategic study to help the MOH and the government of Vietnam to develop relevant health strategy and policies (already published by WHO).
- And other existing projects such as adolescent health, safe motherhood, HIV/AIDS, advocacy, burden of disease, MCH user's fee, policy communication, Information for effective health program management, Insecticides Harmful Prevention and Control, mental health stigmatization, etc.

1.5. Many research findings have been well acknowledged by local health authorities and policy makers, as well as international partners and colleagues.

1.6. Efforts are underway to expand the faculty and staff of the HSPH, and to further develop their skills through graduate and doctoral training abroad under various format: sandwich PhD programs with universities in US and Australia, doctoral scholarships on social sciences, master programs, etc.

1.7 With an increasing student body and faculty, and the introduction of new programs of research and training, discussions are also underway for expanding the campus of the HSPH to accommodate this growth. The government of Vietnam has agreed to provide additional land for an expanded HSPH campus, and HSPH is discussing various options for possible Atlantic Philanthropies support for new campus development in the years to come.

2. Successful partnership

2.1. Over the past few years, exchange of faculty and researchers with other public health schools and research institutions worldwide has increased. International meetings, workshops and short-courses have been organized at the School that have contributed much to the development of HSPH's curriculum for the MPH Degree and more recently for the BPH Degree.

2.2. Atlantic Philanthropies has been among major partners and the largest international donors to HSPH, making it possible for the School to pursue a wide range of activities to build up its core competencies of teaching, research and consulting. Other partners/donors include: the Dutch Government (the five-year Primary Health Care Training Program in Management in Six Provinces Project 2001-2005); the Rockefeller Foundation (Public Health School Without Wall Program and MPH field-based training); the Ford Foundation (capacity building in reproductive health and the social sciences, doctoral scholarship program, Population Council return fellows, etc.); the China Medical Board of New York (Capacity building for HSPH, and field laboratory/Chililab - HSPH's Demographic Epidemiologic Surveillance System (DESS) in Chi Linh District of Hai Duong province); CDC support (Strengthen Public Health Capacity for HIV Prevention and Care Activities in Vietnam); academic exchanges with London School of Hygiene and Tropical Medicine under the auspices of British Council for 6 years; Rockefeller Foundation

and the China Medical Board of New York were the first and principal international supporters of the School's MPH program during the first few years.

2.3. HSPH has been collaborating with a number of universities and other organizations, including University of Washington (Support for curriculum development and teaching in injury prevention and other areas; with Atlantic Philanthropies' support), Queensland University of Technology (Curriculum development for a number of subject, faculty training and teaching in a range of subjects, with Atlantic Philanthropies support); London School of Hygiene and Tropical Medicine; Johns Hopkins University - Bloomberg School of Public Health; Tulane University; University of North Carolina (UNC); The Population Reference Bureau; The Alliance for Safety of Children (TASC) (with Atlantic Philanthropies support); University of Sydney; University of New South Wales; University of Queensland; University of Auckland; Mahidol University, etc. This collaboration has taken place in different forms including faculty exchanges, technical assistance, curriculum development, training workshops, teaching, research collaboration, or graduate training for HSPH faculty.

2.4. HSPH is working with the government of Laos to provide assistance to the development of public health in Laos as well. Although most students at the HSPH are Vietnamese, there are a few students who come from Laos and Cambodia.

2.5. HSPH's successful domestic partnership is most obvious in the establishment and operation of the Vietnam Public Health Association (VPHA), also supported by Atlantic Philanthropies. The VPHA will serve as a leading organization in Vietnam for advocacy on a range of public health issues, and will provide a network of public health experts throughout Vietnam and a forum for discussing major public health policy and program issues.

3. New status and challenges

3.1. On April 25, 2001, Deputy Prime Minister Pham Gia Khiem signed a decree officially making the Hanoi School of Public Health the first and only university of public health in Vietnam. This event represents the acknowledgement at the highest level of the successes and great potentials of the young HSPH, but at the same time brings about new challenges to the School.

3.2. Mandate of a full-fledged university requires that HSPH must acquire a comprehensive set of core competencies with high standards, meaning its capacities in teaching, research and consultancy must be further built up along a clearly defined development target comparable and compatible with its domestic and international peers.

3.3. Greatest challenges to such a task include lack of legal framework for public health professional career development (for instance: no pay-scale for PH professionals yet) and the constraints in organization, operational procedures and resources of HSPH as a public institution controlled and financed by the State. Then come the challenges of introducing new ways of thinking and doing things, and quality control to the operation of the School itself.

3.4. To sustain its momentum of development, ascertain its new status and viability, and fulfill its mission, the School needs a comprehensive development strategy that could help it deal with the challenges of the next 10 years.

4. Comparative advantages and constraints

4.1. Comparative Advantages:

- Strong leadership and clear vision for the future.
- Current national emphasis on preventive and public health.
- The first institution in the country that applies modern public health training methods and is recognized by both the MOH and MOET as a high quality training institution that can attract students nationally.
- A stand-alone public health university with a strong mandate for the development of public health in Vietnam.
- A faculty with a core of well-trained and experienced members with the strong potential for further development.
- A good foundation of information technology applied in public health training and research.
- Alumni holding key positions in the central and provincial health care system throughout Vietnam.
- Successful international collaboration, with potential for attracting outside investments and aids.

4.2. Constraints:

- Low awareness of public health among the stakeholders
- Still no pay scale for the regular public health employees.
- Difficulty in inter-disciplinary collaboration.
- Administrative constraints due to the current management paradigm.
- Faculty and supporting staff still limited in both quantity and quality.
- Difficult mechanism for increasing faculty income.
- Lack of funds and resources.

MISSION

To be the leader in Public Health training, research and consultancy in Vietnam and the region.

GOALS

1. To acquire the core competencies to assure the viability and adequacy of HSPH for the next 5 years (Phase I: 2005-2010).
2. To expand the core competencies to become the center of excellence (Phase II: 2010-2015).

OBJECTIVES

1. Develop the adequacy measurements (quality control system) for the training core competencies.
2. Upgrade and expand human resources to meet the development needs of the School.
3. Create favorable environment for viability and adequacy development.
4. Develop domestic and international collaborations and networking to improve public health training, research, and services.
5. Strengthen the quality of BPH and MPH programs.
6. Develop the MPH distance learning programs, specialized MS and doctoral programs.
7. Increase research activities in terms of quantity and quality to meet the practical needs of the community.
8. Provide high quality consultancy services for health authorities and international agencies.