



Master MSc. Global Urban Health

Key Documents

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By:

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MSc Global Urban Health, ALU Freiburg

FAQs (Frequently Asked Questions)

Why “Urban Health”?

Because of the dramatic growth of urban populations over the last decade: from 2,86 to 3,9 billion people in urban areas (from 2000 to 2014)

Why a Postgraduate Master`s Course?

A wide range of human resources has increasingly to deal with health challenges due to specific risk factors which have an enormous importance in urban settings. These challenges include disrupted families, culture change, environmental pollution (air, water, soil), noise, heat stress, unhealthy eating, lack of physical activity, tensions in the working environment, over-stretched health services, depression, stress due to violence, migration, poverty, transport problems and many others. This makes a new way of thinking and operating necessary to develop adequate coping mechanisms and intervention strategies.

Furthermore, national and international organizations dealing with health issues are looking for candidates with Masters in International or Global Health when recruiting new staff. These requirements will be fulfilled with the MScGUH.

Why Freiburg?

Freiburg has a broad academic community covering most of the topic areas to be offered in the Master`s Course. The institutional linkages and the readiness to work in a cross-disciplinary network together with different faculties of the ALU and other Freiburg Universities (Evangelische Hochschule, Pädagogische Akademie) is the backbone of the Masters programme. Furthermore, the geographical location provides many opportunities to gain practical learning experiences and benefit from the interchange of ideas and experiences: efforts of the Green City, energy efficient living, visits to Basel (Inst. of Public Health and Tropical Medicine; City Hospital) and particularly Geneva (WHO, UNEP, UNICEF, Int. Red Cross and others). Also the efforts towards Internationalization of the ALU and its medical faculty will feed into and take advantage of this international Master programme.

Who are the organizers?

The organizers are a number of institutes of different faculties of Freiburg University under the leadership of the Philosophical Faculty and ZMG (Centre for Medicine and Society (Global Health)/ Anthropology. Other Institutions of Higher Education in Freiburg as well as external lecturers from WHO/Geneva, UNEP/Geneva, GIZ/Bonn, EU/Brussels, Schools of Tropical Medicine in Liverpool, Basel, Heidelberg and others are involved.

Why in English?

This is an international course attracting participants from all over the world (as our market analysis has shown). Urban health risks and their mitigation require a global approach with local solutions. Health challenges particularly in urban areas have no frontiers and rich countries can learn from Low and Middle Income Countries as well as the other way round.

Prof. Sabine Dabringhaus (CETRAS/ Philosophical Faculty)
Prof. Ursula Wittwer-Backofen (Anthropologie)
Prof. Michael Wirsching (Psychosomatik)
Prof. Volker Mersch-Sundermann (IUK)
Prof. Axel Kroeger (Liverpool University/WHO-Genf/
Uniklinikum Freiburg)

OVERVIEW

MSc Global Urban Health

(“Global Health: The challenges of Urbanization”)

Postgraduierten Masters Kurs, Master of Science- MSc

**Zentrum für Medizin und Gesellschaft (Global Health)
Philosophical Faculty
Freiburg University**

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General Information

1. Background and aims of the MSc

1.1 Background and justification

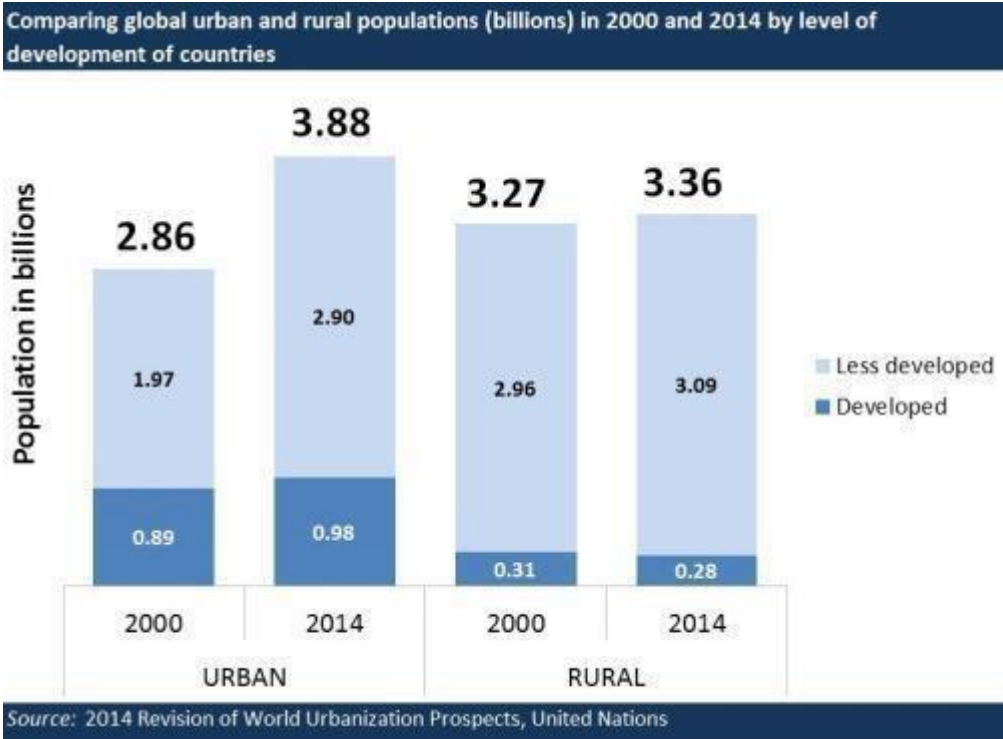
Global health is the health of populations in a global context and transcends the perspectives and concerns of individual nations. It has been defined as 'the area of study, research and practice that places a priority on improving health and achieving equity in health for all people worldwide'. Thus, global health is about worldwide improvement of health, reduction of disparities, and protection against global threats that disregard national borders. The German Government has formulated its Global Health strategy in 2013 as one of the last governments in Europe.

Urban health is about the health challenges of the ever growing urban populations worldwide including health risks by air and water pollution, noise, stress, the impact of violence, dissolving families, unhealthy food, reduced physical activities, overburdened health services with the double threat of communicable and non-communicable diseases and others. The World Health Organization has recognized the need to provide a focus on urban health and its interconnectedness since its beginnings culminating in the creation of the WHO Centre for Health Development (WHO Kobe Centre) in the mid-1990s. Together with its institutional focus and programmatic orientation towards primary care and universal access it has also prepared a series of methodological tools for member states to deal with the increasingly important social determinants of health and their accompanying challenges resulting from urbanization and globalisation.¹

The WHO Kobe Centre jointly with partners such as UN HABITAT are increasingly alarmed by the health implications and the pace of rapid urbanization.

¹ Urban HEART. Urban Health Equity assessment and response tool World Health Organization, Kobe, Japan, 2008. See http://www.who.int/entity/kobe_centre/publications/urban_heart/en/index.html

Fig. 1



According to WHO, “A billion more people were added to urban areas within a span of 14 years. Global urban population increased from 2.86 billion in 2000 to 3.88 billion in 2014. This (1.02 billion) represents a 36% rise in urban population, globally, in just 14 years.”³

The World Health Organization has summed up future trends and foresees a doubling of people living in urban environments in the developing world between the end of the first decade of the 21. Century and 2050 from an estimated 2.5 billion to 5.2 billion Box 1).⁴ The tremendous social and health challenges resulting from future mega- cities and large sections of slum dwellers will need to be addressed in terms of health services, providers and sufficient numbers of people trained in using forecasts, trend analyses, health scenario building and other methods to cope with the future health needs in interconnected urban environments.

² Figure provided by: WHO Kobe Centre, website accessed on 10 Aug 2014.

http://www.who.int/kobe_centre/measuring/WUP_2014/en/

³ Idem.

⁴ World Health Organization. Global Health Observatory databank. Accessed on 10 Aug 2014.

http://www.who.int/gho/urban_health/situation_trends/urban_population_growth_text/en/ accessed on 10 Aug 20

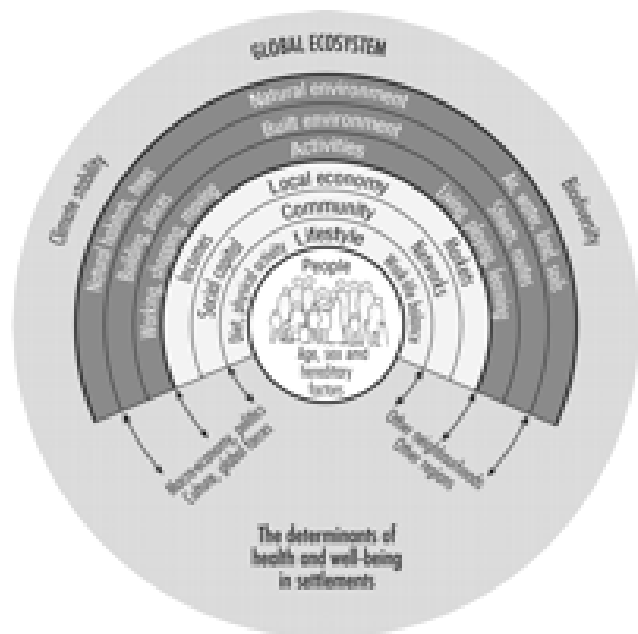
Box 1

“Globally, urban growth peaked in the 1950s, with a population expansion of more than 3% per year. Today, the number of urban residents is growing by nearly 60 million every year. The global urban population is expected to grow roughly 1.5% per year, between 2025-2030. By the middle of the 21st century, the urban population will almost double, increasing from approximately 3.4 billion in 2009 to 6.4 billion in 2050. Almost all urban population growth in the next 30 years will occur in cities of developing countries. Between 1995 and 2005, the urban population of developing countries grew by an average of 1.2 million people per week, or around 165 000 people every day. By the middle of the 21st century, it is estimated that the urban population of these countries will more than double, increasing from 2.5 billion in 2009 to almost 5.2 billion in 2050. Nonetheless, on average, the rate of urban population growth is slowing in developing countries, from annual rate of roughly 4% from 1950-1975 to a projected 1.55% per year from 2025-2050. In high- income countries, on the other hand, the urban population is expected to remain largely unchanged over the next two decades, increasing from 920 million people to just over 1 billion by 2025. In these countries, immigration (legal and illegal) will account for more than two-thirds of urban growth. Without immigration, the urban population in these countries would most likely decline or remain static.”

The response to these trends of the academic sector in Germany and elsewhere has been variable. While the undergraduate medical training in selected German Universities offers some optional courses (e.g. in Freiburg the elective “Global Health Course”) the postgraduate training of professionals has been largely covered by the classical Institutes of Tropical Medicine meaning that infectious tropical diseases and their prevention and control have been the main focus of these initiatives. The TropEd network is offering a joint modular postgraduate Masters course, where the modules can be taken by the participants in different European higher education institutions, complementing the Master courses in International Health offered by London, Liverpool, Amsterdam, Antwerp, Heidelberg, and München. None of these offers a special interdisciplinary learning platform on the above mentioned issues of urban health so that public health policy makers and planners, urban development agencies, academics with a focus on urban health problems have no opportunity for a comprehensive learning experience with multi- sectoral view points and exchange of information and practical experiences.

An ever more integrated world across geographical locations and increasing risks of exposure to diseases previously contained to specific parts of the world, continuing rapid urbanization, extremely rapid flows of citizens between major urban centres in both developed and developing countries, responses in terms of urban health systems preparedness and human resources trained and capable of meeting the needs of this new scenario are urgently needed. The 2013/2014 Ebola outbreak illustrates very clearly the need for urban health systems preparedness and the necessity to have a core group of trained urban health planners available to plan and monitor the permanent preparedness of urban health systems to be able to respond to such emergencies on time.

The inter-connectedness between local health conditions, socio- economic status and disease exposure in one part of the world and their impact on local health conditions in another urban environment can be well gleaned from the model proposed by Barton and Grant in 2006⁵.



This gap in hitherto available numbers of trained urban health planners for a globalized world will be filled with the proposed postgraduate Masters course taking advantage of the unique interest of Freiburg University staff in a variety of the disciplines needing to be taught using the necessary multi- disciplinary approach.

⁵ See Barton H, Grant M. A health map for the local human habitat. Quoted in: Grant H. et al. **Healthyurban planning in European cities. Health Promotion International. Volume 24, Issue suppl 1 Pp. i91-i99. See http://heapro.oxfordjournals.org/content/24/suppl_1/i91.long#ref-3** accessed on 10 Aug 2014.

More details about the opportunities provided by the Freiburg University Medical Centre and several other non- medical Faculties are presented in this document.

1.2 General Characteristics of the MSc:

Modular course in English for postgraduate students covering one academic year. The MSc GUH can be taken either as FULL TIME STUDY (presence in Freiburg for a minimum of 30 weeks) or as PART TIME STUDY, taking selected short courses (advanced modules) potentially in the context of the tropEd network (to be explored).

The course includes a cross-disciplinary approach with inputs from several faculties of Freiburg University and external lecturers, organized by the “Centre for Medicine and Society: Global Health” on behalf of the Philosophical Faculty.

1.3 Aims of the MSc:

The modular MSc course aims to:

- Provide health professionals with previous experience in health services and diseases in LMICs (Low and Middle Income Countries) with research and management skills relevant to the challenges of urban health
- Develop participant’s knowledge and skills of prevention, control and evaluation of health and health services strategies that promote urban health in developing countries
- Enable participants to design and conduct urban health related research
- Create graduates who are informed, committed, proactive and effective health professionals, capable of leadership according to their professional roles
- Facilitate high quality learning that is informed by critical analysis of current research
- Develop independent and reflective approaches to study that will enable participants to continue to learn in the future

1.4 Expected learning outcomes:

A. Knowledge

After the successful completion of the programme, participants will be able to:

- Understand the current issues and priorities in the field of urban health, social determinants and inter-connectivity
- Use relevant research methods and understand how the methods can be applied to address particular research questions
- Apply epidemiological/statistical knowledge to design an operational research study and to analyze and interpret research questions
- Use appropriate skills related to the prevention, control and management of health problems and health services problems related to the challenges of urbanization

B. Cognitive skills

After the successful completion of the programme, participants will be able to:

Analyse, synthesize and evaluate information from a variety of resources in a critical manner

- Apply knowledge in a variety of contexts to analyze and reach evidence-based conclusions on complex situations, health problems and opportunities in the field of urban health
- Put into practice the principles and values of ethical practice with regard to the design and implementation of operational research studies, consent and confidentiality in the collection, analysis, presentation, publication and dissemination of data
- Demonstrate creativity, innovation, inspiration and originality in the application of knowledge

C. Practical skills

After the successful completion of the programme, participants will be able to:

- Formulate research questions, develop an appropriate research strategy and implement a systematic approach to urban health project planning and quality management
- Undertake research studies in an ethical and responsible manner and accurately record the data collected
- Efficiently and effectively collect, analyse, manage and disseminate data collected in the field

- Inform policy-makers about short-, medium- and long-term policy options for urban health systems design, preparedness in an increasingly interconnected urban health context in a global environment.

2. Prerequisites (Selection criteria; Studienvoraussetzung)

The Master course is open to professionals in health, social sciences including economics, urban planning and others, holding a higher academic degree. (Minimum 4 years of academic full time training).

Candidates are expected to have at least two years of working experience (and at least one year of working experience in low and middle-income countries) in a relevant field.

The medium of instruction is English. Proficiency in the English language is required. Students for whom English is not their first language must provide evidence by one of the following tests with minimum scores of:

- 6.5 IELTS band
- TOEFL paper-based 580
- TOEFL computer-based 237
- TOEFL internet-based 92-93

Exemption from this requirement may be granted to those who completed higher education in the English language (written proof required with application).

A maximum of 20 participants will be accepted each year, drawn from a wide range of countries. We aim to achieve a balance in gender, discipline and between participants from industrialized and developing countries.

3. Study volume (Studienumfang)

The course volume is comparable to similar courses in Germany (Heidelberg, Berlin) and in other European countries (London, Liverpool, Leeds, Amsterdam, Antwerp, Madrid, Lisbon): 12 months duration with a total of 60 ECTS (European Credit Transfer System).

The MSc course has three parts. The *First part* is an introductory course (core module) totaling 20 ECTS. The *Second part* includes three advanced modules, each of them divided into two sub-modules plus module assessment (all together 20 ECTS). The *Third part* consists of a master thesis and dissertation (20 ECTS):

1. The introductory **CORE COURSE (12 weeks)** covers: Health systems and governance, models of health care financing, health and disease in LMICs (low and middle income countries), measurement of health and disease

using quantitative and qualitative approaches (epidemiology, statistics, and social sciences research), learning from history (anthropology), social and environmental determinants of health, special challenges of urban health and human resources for health planning. Study visits to WHO and other UN agencies in Geneva; excursions to Vauban, Basel, Strassburg with a focus on urban health problems and possible solutions.

2. **ADVANCED MODULES** in Global Urban Health (Each Module includes two Sub-modules and the module assessment; 18 weeks including the overall final course assessment):

Module 1. *Environmental management and control of Non-Communicable Diseases in urban areas*

- 1.1 Environment
- 1.2 NCDs

Module 2. *Communicable diseases in urban environments and quality assured health programmes*

- 2.1 Communicable diseases
- 2.2 Quality assurance

Module 3. *Migration, violence and mental health issues among the urban poor*

- 3.1 Mental Health
- 3.2 Migration

The advanced modules cover selected topics in relation to the “challenges of urbanization”. They will be attended by participants of the MSc course as well as by interested postgraduate or undergraduate students from Freiburg University and from “outside”.

3. **MASTERS THESIS AND ORAL EXAMINATION (3 months):**

Masters students select together with their supervisors a topic of choice for their thesis. This can be either an extended desk study or (preferred) a field study in a LMIC. The thesis will be marked by two independent reviewers. The oral examination covers the thesis and general understanding of the course topics.

The programme comprises in total 60 ECTS representing 1,800 hours including contact time with lecturers (33%), self-directed study by students (33%) and assessments (33%). 1 ECTS represents 30 hours of work load.

See overview diagrams in Annex 1. A more detailed description of the course is presented in Annex 2.

4. Examinations: Module examination and final examination (Studienbegleitende Prüfungen und Abschlussprüfung)

As shown in the diagram (Annex 1), there will be an assessment after each individual module which may be an extensive presentation, written examination or homework (Hausarbeit). Additionally there will be a student evaluation of the module.

The assessment will follow a grading system (A-E).

For the final assessment an external examiner will be invited to screen the participants` documents, their achievements, a sample of the thesis from each grade and will take –if necessary for the decision on pass or failure- an oral examination together with the course convener and members of the steering committee.

For the details of the assessment system see “Prüfungsordnung”.

5. Degrees to be obtained

Full **MSc degree** if the participant completed successfully the whole programme including the module assessments and the Masters Thesis.

A **Certificate Degree** will be awarded if participants successfully completed the modules and passed the module assessments but did not write the Masters Thesis.

A **certificate of participation (Anwesenheitsbescheinigung)** with the number of ECTS will be awarded to participants of individual modules.

6. Career opportunities

All major national institutions working in Development Cooperation (such as GIZ, KfW, MsF, Red Cross) and international organizations (including WHO, Global Fund, World Bank, UNEP, UNICEF) require a postgraduate Masters Degree in Public Health, International Health, Global Health and related areas.

Likewise academic institutions with emphasis on Public Health, International Health, Global Health, Environmental Sciences, Urban Planning, Health Economy, Health Policy and similar areas will prefer in their staff selection candidates with a relevant Masters training.

Ministries of Health, Social Security, Environment, Transport, Public Services and related areas in Low and Middle Income Countries prefer staff with relevant postgraduate training for solving the enormous health problems in urban environments.

7. Collaboration with other Universities or International Organizations

The Masters builds on strong ties with a number of Universities and International Organizations working in the same field and supporting the planned MSc Programme. Staff of institutions include:

Prof. Collins Airhihenbuwa (Penn State University, USA)
Prof. Robert Crane (Penn State University, USA)
Prof. Deepti Deobagkar (University of Pune, India)
Prof. Willem DeVilliers (University of Cape Town, South Africa)
Prof. Alafia Samuels (University of West Indies, Trinidad)
Prof. Margarita Ronderos (University Javeriana, Bogota, Colombia)
Prof. Lan Zhang (West China University, Chengdu, China)
Prof. Andrea Capara (Universidade Federal do Ceara, Fortaleza, Brazil)
Dr. Pradeep Das, Director (RMRI, Indian Council of Medical Research, Patna, India)
Prof. Janet Hemingway, Director (Liverpool School of Tropical Medicine, UK)
Dr. Carlos Dora (World Health Organization, PHE; Geneva, Switzerland)
Dr. Johannes Sommerfeld (World Health Organization, TDR, Geneva, Switzerland)
Dr. Angel Gil, Dean (Universidad Rey Juan Carlos, Madrid, Spain)

Close collaboration exists with MSc conveners in Heidelberg, Berlin, Liverpool, Antwerp. Long term research and training collaboration also exists with Universities in Iran, Vietnam, China, Afghanistan, Guatemala, Mexico.

It is planned to join the TropEd network in international health in Europe after the first or second course.

The organizing group of the planned MSc had prepared an international meeting on Global Urban Health together with FRIAS from 31. Sept to 3. Oct. 2014 where most partners were present. This expert meeting has strengthened the network, defined external inputs to the Masters Course and discussed exchange of students and facilitators.

8. Market analysis

Through different communication channels a global opinion search about the needs (Bedarf), usefulness and potential participants of such a Master Course in Global Urban Health was conducted including national academic organizations, programme managers and municipal services as well as international organizations.

The responses came from: Portugal, Spain, UK, Germany, Austria, WHO- Geneva, Iran, Bangladesh, India, Vietnam, Nepal, Malaysia, Brazil, Colombia, Mexico, Bolivia, Panama, Dominican Republic, West Indies, USA and South Africa. They were overwhelmingly positive with a number of useful suggestions related to the contents of the course. Full documentation at ZMG (Zentrum für Medizin und Gesellschaft; anthropologisches Institut) available.

9. Student numbers

As in the other European MSc courses, an ideal number of 20 students is aimed at. However, for the first years we estimate an admission of 10 students.

10. Benefit for the Faculty, University Clinic and University in general

In the context of internationalization within the medical faculty, the increased interest in collaboration across faculties growing international networking and the Ministry (MWK) in Baden Württemberg intention to support English speaking Courses, this MSc is offered just at the right moment. Partner Universities such as Heidelberg and Berlin are far ahead with English speaking Master Courses but Freiburg University and particularly its Medical Faculty and partners with and beyond the University has quite a unique constellation: several important Institutes and different Faculties as well as other Freiburg Hochschulen will be working together in this MSc Programme covering areas such as environmental medicine, mental public health, cross cutting anthropology, geography, meteorology, international economics, migration research (EHS and PH), infectious and non-communicable disease research, access research (Versorgungsforschung) as well as FRIAS and CETRAS. The MSc programme will provide the opportunity of working together, interchanging experiences, sharing contacts, improving the public image of the Faculty and the University in general and increasing its national and international visibility.

11. Attraction of the MSc programme

Global Health/International Health Courses have evolved from courses on infectious diseases with a strong public health component. However, none of the fashionable courses in London, Liverpool, Antwerp, Heidelberg, Berlin, and Amsterdam has the focus on one of the major contemporary health issues which are the specific health related problems in the ever growing urban environments. But the attraction of this course is not only the theme but also the multidisciplinary approach of tackling urban health issues. The problems are analyzed from different angles and solutions are developed in collaboration between different disciplines.

The students come from a variety of professional and cultural backgrounds enriching the contributions and widening the perspective; they will learn common epidemiological/statistical/ social sciences/biological tools for the analysis of problems and they will put in practice these tools when doing their own research in the last part of the study programme. They will discuss different strategies for problem-solving and contribute with their own experience to discover possible solutions.

Freiburg is attractive not only with its geographical location close to France and Switzerland (and thus to the major international organizations in Geneva) but has also interesting examples of how to tackle urban health problems (public transport, cycling, passive houses, public information on air pollution and others).

12. Strength and weaknesses in comparison with other courses

Strengths:

- Unique topic area (urban health) in a global context
- Unique interdisciplinary network within the medical faculty, within the University in general and jointly with other Freiburg Universities
- Motivated teaching staff
- Extensive national and international networks
- Support by the Ministry MWK, Medical Faculty and Rectorat
- Strong international support group
- Financial support from WHO and ZMG (Zentrum Medizin und Gesellschaft)
- Initial International meeting supported by FRIAS
- Unique geographical position of Freiburg (close to Geneva, Basel, Strassburg)
- Unique “Green City” approaches in Freiburg (potential models for course participants)

Weaknesses:

- Access to additional funding opportunities only after the first or second course (DAAD rule)
- Need to convince Freiburg colleagues of the importance of Public Health particularly in the urban context
- Need to improve the profile of applied research (which is often seen as being less important than basic research)

Selected references

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WHO, Kobe Centre for Urban Health: http://www.who.int/kobe_centre/about/en/

Annex 1: Modular structure of MSc in Global Urban Health

MSc students follow a total of 60 credit points (ECTS): 40 credits (ECTS) of taught modules plus the 20 credits (ECTS) Research Project module. One ECTS represents 30 hours of student effort. The various elements of a module are made up from formal contact time (lectures, practical work, tutorials, excursions), assessment (preparing and completing assignments and examinations) and independent study.

Week	Mon	Tues	Wed	Thurs	Fri	
Induction	Administrative issues					
1	Research Methods Core Module (3 months = 12 weeks) 16 ECTS		Special Topics			Epidemiology
2					Statistics	
3					Qualitative stud	
4					Surveys	
5					Econ. appraisals	
6					Urbanization	
7					Health systems	
8					Urban planning	
9					Tradit. Medicine	
10					Health promot.	
11					Prosocial behave.	
12					Excursions	
	Holidays					
13	1.1 Environmental determinants of health in urban areas (2,66 ECTS)					1.Environmental Management and Control of NCDs in urban
14	1.2 Non communicable diseases in urban environments (2,66 ECTS)					
15	1.3 Revision + Assessments (1,33 ECTS) of Module					
16						2.Communicable diseases & quality assured programmes
17	2.1 Communicable diseases and outbreaks (2,66 ECTS)					
18	2.2 Quality in urban health programmes & systems (2,66 ECTS)					
19	<i>Revision + Assessments (1,33 ECTS) of Module</i>					3. Migration, violence and mental Health among the urban poor
20	3.1 Mental Health in urban environments (2,66 ECTS)					
21	3.2 Migration (2,66 ECTS)					
22	<i>Revision + Assessments (1,33 ECTS) of Module 5&6</i>					
23	Overall Course assessment. Core Module&Advanced Modules.W ritten exam . Oral exam for borderline candidates. External examiner. (4 ECTS)					
24						
25						
26						
27						
28						
29						
30						
Research Project (20 ECTS)						
Graduation						

Annex 2: Outline of the course curriculum (preliminary)

CORE MODULE (12 weeks)

CORE MODULE: Research methods, epidemiology/statistics, health services and other general issues of health and risk factors in urban settings

Learning objectives: *At the end of the module participants are able to:*

- Define key terminology, concepts and different perspectives of global health and urban health
- Analyze urban health and risk factors from different angles: Social sciences view (historical, political, behavioural and others), biological-medical view (environmental contamination, toxic substances, mental stress, transmission dynamics of infectious diseases and others), health systems view (governance, financing, access issues and others)
- Measure and analyze health, disease, risk factors, economic issues, health services and social phenomena
- Summarize major health interventions in urban areas particularly of LMICs (low and middle income countries)
- Conduct a research project
- Describe the main aspects for responding effectively to global and urban health challenges through improved global health governance, international laws and other forms of international cooperation

Module convener: A. Kroeger

Lecturers: B. Lang, W. Vach (IMBI), G. Antes (Cochrane Centre), S. Dabringhaus, M. Wirsching, U. Wittwer, A. Kroeger, V. Mersch Sundermann, S. Diaz, F. Drevs, HC Stahl (Freiburg), M. Koerner, Gaertner (palliative care), R. Schumacher (GIZ), F. Konold, J. , NN Versorgungsforschung; A. Lipphardt (Cultural Anthropology); K. Knauth (European Commission, Brussels) , F. J. Brüggemeier, T. Epkenhans, J. Pink

ADVANCED MODULES focusing on “The challenges of urbanization”

MODULE 1 Environmental Management and Control of Non-Communicable Diseases in urban areas

SUB-MODULE 1.1 Environmental determinants of health in urban areas: magnitude, measurement and interventions

Learning objectives: *At the end of the module participants are able to:*

- Define the major types, sources and spatial distribution of environmental agents
- Recognize and use environmental indicators
- Describe how the agents interact with systems and describe the mechanisms by which they exert adverse effects
- Use models for prediction the magnitude of adverse effects in biological systems
- Identify gaps in current knowledge concerning health effects of environmental agents
- Describe current legislation and regulation regarding environmental issues
- Formulate practical interventions to improve environmental problems in the risk-assessment process

Module convener: Richard Gminski

Lecturers: I. Nazarenko, V. Mersch-Sundermann, R. Gminski, Schuster, M. Matzarakis (Metereologie), Hydrologie (C.Leibundgut), Inst f. Forst-u. Umweltpolitik, C. Dora (WHO, Geneva)

SUB-MODULE 1.2: Social determinants and behavioral risk factors of NCDs (Non Communicable Diseases) in urban environments: Identification and preventive programmes

Learning objectives: *At the end of the module participants are able to:*

- Define the complex of urban NCD risk factors
- Appreciate and measure the different behavioral risk factors for obesity and hypertension and other causal factors for cardiovascular diseases
- Detect the complex of child growth and developmental risk factors
- Assess risk behavior and possible causal factors including public policies
- Design locally adapted response mechanisms

Module convener: U. Wittwer-Backofen

Lecturers: U. Wittwer-Backofen, R. Fuchs (Sportpsychologie), S. Schlegel (Psychosomatik); F. Drevs, A. Zeek, , J. Sommerfeld (WHO), Andreas Ullrich (WHO, Cancer), NN Behavioural Sciences NGOs, K. Michels (Cohort Study)

MODULE 2. Communicable diseases in urban environments and quality assured health programmes

SUB-MODULE 2.1: Managing communicable diseases and outbreaks in urban environments

Learning objectives: *At the end of the module participants are able to:*

- Recognize the principles of early identification, management and control of communicable diseases in urban environments
- Interpret key indicators related to control of communicable diseases in urban environments

- Develop a proactive and creative approach in controlling infectious diseases
- Implement in their work environment epidemiological investigations and formulate strategies for effective control of communicable diseases with community involvement
- Understand the role of different health professionals and apply the concept of team work in their work environment

SUB-MODULE 2.2: Quality assurance, needs assessment and planning tools in health systems for the urban poor

Learning objectives: *At the end of the module participants are able to:*

- Apply the elements of planning and quality assurance in health programmes
- Initiate the process of monitoring quality defined indicators for their own institutions, including data collection, data analysis, interpretation and dissemination
- Use the information as a quality assurance tool to aid local decision making
- Encourage a multidisciplinary approach and team work in solving problems related to quality of health service delivery
- Create a “culture of quality”, sensitive to clients’ needs (urban poor/displaced)

Module convener: S. Diaz Monsalve Lecturers: Mirijam Körner (Social Medicine, Freiburg), Vicki Doyle (Liverpool), A. Kroeger; Versorgungsforschung (Freiburg), Kirsten Hackenbroch (Geography, Freiburg), Xavier Bosch (Basel)

MODULE 3. Migration, violence and mental health issues among the urban poor

SUB-MODULE 3.1: Mental health in urban environments

Learning objectives: *At the end of the module participants are able to:*

- Understand psychosocial problems and needs in an Urban Health Care System
- Recognize psychic and psychosomatic problems by applying the Bio-Psycho-Social Model and Anamnesis of Psychosomatic Medicine
- Know and measure the burden of disease in an urban context related to mental health caused by:
 - Environmental threats and strain
 - Occupational stress
 - Poverty
 - Migration
- Explain the concept of Family Systems Medicine and the Systems approach to mental health

- Apply practical skills in health related helpful professional communication, deriving from Psychosomatic Medicine and the Bio – Psycho- Social Model
- Understand ways of cooperation and networking in the medical care system, mental health care and professional psychosocial support systems and the related health care professionals such as psychiatrists, medical and psychological psychotherapists, psychosocial consultants, social workers and others
- To develop strategies for establishing primary mental care in urban Settings

Module convener: Peter Scheib

Lecturers: M. Wirsching, Peter Scheib, Nora Witte, Thomas Bay, Edda Wetzler-Burmeister, Angelika Sandholz, Werner Geigges (extern)

SUB-MODULE 3.2: Migration in urban environments: Social-political determinants and search for solutions

Learning objectives: *At the end of the module participants are able to:*

- Understand the key aspects of the relationship between migration and inequalities at global and local levels
- Differentiate the terms of migration in terms of motives and dynamics
- Recognize the impact of migration on social mobility, poverty, violence, identity, gender and education
- Familiarize with the key political discussions about the effect of brain drain of health professions on sending and receiving countries

Module convener: Anna Lipphardt, Katrin Töns / Cornelia Helfferich

Lecturers: N. Dreesch (Wien), A. Furmaniak (Lörrach, lawyer), C. Helfferich (EH Freiburg), T. Karakut (Freiburg), A. Scherr (PH Freiburg), K. Töns (EH Freiburg), J. Wägerle (PH Freiburg), A. Lipphardt, D.Zinn (Phil.Fac.), Thomas (Phil. Fac.), J. Pink, G. Dobler; NGOs working for migrants

RESEARCH PROJECTS (THESIS)

Convener: S. Dabringhaus, S. Diaz-Monsalve

Supervisors: U. Wittwer-Backofen, M. Wirsching, V. Mersch-Sundermann, A. Kroeger, S. Diaz-Monsalve and Module convenors

ANNEX 3: Lecturers of the MSc GUH (Master of Science Global Urban Health)

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Master of Science in Global Urban Health

Freiburg University, Philosophical Faculty and Centre for Medicine and Society (ZMG) in collaboration with other Faculties at the University of Freiburg and Partner Universities in Freiburg (Evangelische Hochschule and Pädagogische Hochschule)

Module Handbook

June 2015

General Information on the MSc in Global Urban Health

European Credit Transfer System (ECTS)

MSc students follow a total of 40 credits (ECTS) of taught modules plus the 20 credits (ECTS), in the Research Project module,
total 60 ETCS.

One ECTS represents 30 hours of student effort.

The various elements of a module are made up from formal contact time (lectures, practical work, tutorials etc.), assessment (preparing and completing assignments and examinations) and independent study.

40 working hours per week = 1,33 ECTS/week (as 30 hours represent 1 ECTS)

Reference: http://de.wikipedia.org/wiki/European_Credit_Transfer_System

General information on Modules

Duration and ETCS: See duration of the core module and advanced modules in the diagram

(next page) Language: English

Participants: 10 to 20

Methodologies: In the morning sessions usually formal teaching (lectures); in the afternoon exercises, excursions, group work and self-study.

Module overview

Core MODULE

Research methods, epidemiology/statistics, health services and other general issues of health and risk factors in urban settings

Convener: Prof. Dr. Axel Kroeger

Advanced MODULES:

MODULE 1: Environmental determinants of health in urban areas: magnitude, measurement and interventions

Convener: Dr. Richard Gminski

MODULE 2: Social determinants and behavioral risk factors of NCDs (Non Communicable Diseases) in urban environments: Identification and preventive programs

Convener: Prof. Dr. Ursula Wittwer-Backofen-Backofen

MODULE 3: Mental health in urban environments: Diagnosis, treatment and program management

Convener: Dr. Peter Scheib

MODULE 4: Managing communicable diseases and outbreaks in urban environments

Convener: Prof. Dr. Winfried Kern

MODULE 5: Needs assessment, planning tools and quality assurance in health systems for the urban poor

Convener: Dr. Sonia Diaz-Monsalve

MODULE 6: Migration in urban environments: Social-political determinants and search for solutions

Convener: Prof. Dr. Anna Lipphardt, Prof. Dr. Katrin Töns / Prof. Dr. Cornelia Helfferich

RESEARCH PROJECT

Convener: Prof. Dr. Sabine Dabringhaus, Dr. Sonia Diaz-Monsalve

Research Project

Convener: Prof.Dr.Sabine Dabringhaus, Dr. Sonia Diaz-Monsalve

Week	Mon	Tues	Wed	Thurs	Fri	
Induction	Administrative issues					
1	Research Methods Core Module (3 months = 12 weeks) 16 ECTS		Special Topics			Epidemiology
2						Statistics
3						Qualitative stud
4						Surveys
5						Econ. appraisals
6						Urbanization
7						Health systems
8						Urban planning
9						Tradit. Medicine
10						Health promot.
11						Prosocial behave.
12						Excursions
	Holidays					
13	Advanced Modules (6 months)	1.1 Environmental determinants of health in urban areas (2,66 ECTS)			1.Environmental Management and Control of NCDs in urban areas	
14		1.2 Non communicable diseases in urban environments (2,66 ECTS)				
15		1.3 Revision + Assessments (1,33 ECTS) of Module				
16		2.1 Communicable diseases and outbreaks (2,66 ECTS)			2.Communicable diseases & quality assured programs	
17		2.2 Quality in urban health programs & systems (2,66 ECTS)				
18		<i>Revision + Assessments (1,33 ECTS) of Module</i>				
19		3.1 Mental Health in urban environments (2,66 ECTS)			3. Migration, violence and mental health among the urban poor	
20		3.2 Migration (2,66 ECTS)				
21		<i>Revision + Assessments (1,33 ECTS) of Module 5&6</i>				
22		<i>Revision + Assessments (1,33 ECTS) of Module 5&6</i>				
23		Overall Course assessment. Core Module & Advanced Modules. Written exam. Oral exam for borderline candidates. External examiner (4 ECTS)				
24		Research Project (20 ECTS)				
25		Graduation				
26						
27						
28						
29						
30						

CORE MODULE: Research methods, epidemiology/statistics, health services and other general issues of health and risk factors in urban settings (12 weeks)

Learning objectives: *At the end of the module participants are able to:*

- Define key terminology, concepts and different perspectives of global health and urban health
- Analyze urban health and risk factors from different angles: Social sciences view (historical, political, behavioural and others), biological-medical view (environmental contamination, toxic substances, mental stress, transmission dynamics of infectious diseases and others), health systems view (governance, financing, access issues and others)
- Measure and analyze health, disease, risk factors, economic issues, health services and social phenomena
- Summarize major health interventions in urban areas particularly of LMICs (low and middle income countries)
- Conduct a research project
- Describe the main aspects for responding effectively to global and urban health challenges through improved global health governance, international laws and other forms of international cooperation

Topics to be covered

- 1) **Concepts and challenges in Global Urban Health:**
 - Key terminology and conceptual frameworks
 - Determinants of health

- 2) **Research Methods and Evidence Base for Global Urban Health:**
 - Principles of epidemiological study designs
 - Basic statistical and epidemiological concepts
 - Qualitative research
 - Critical appraisal skills
 - Systematic literature reviews
 - Translating research into policy

- 3) **Governance in Global Urban Health:**
 - History (from Primary Health Care until MDGs and post MDGs)
 - Key stakeholders in the Global Urban Health Arena
 - Issues of governance

- 4) **Health Systems in Global Urban Health:**
 - Key elements of health systems
 - Economic appraisals. Performance based funding
 - Caring for the elderly
 - Policy responses for promoting equity, quality and sustainability
 - Health systems research

The module includes practical exercises, field trips as well as study tours to World Health Organization (WHO) and UN Environmental Program (UNEP) in Geneva, Swiss Tropical Institute (STI) in Basel and Freiburg-Vauban.

Module convenor: A. Kroeger

Lecturers: B. Lang, W. Vach (IMBI), G. Antes (Cochrane Centre), S. Dabringhaus, M. Wirsching, U. Wittwer, A. Kroeger, V. Mersch Sundermann, S. Diaz, F. Dreves, HC Stahl (Freiburg), M. Koerner, Gaertner (palliative care), R. Schumacher (GIZ), F. Konold, J. , NN Versorgungsforschung; A. Lipphardt (Cultural Anthropology); K. Knauth (European Commission, Brussels) , F. J. Brüggemeier, T. Epkenhans, J. Pink

Core MODULE: Research methods, epidemiology/statistics, health services and other general issues of health and risk factors in urban settings

1st week	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	Introduction to Freiburg and the course (Dabringhaus; Wittwer- Backofen, Wirsching, Diaz, Mersch-Sundermann)	Preparation of self-presentation with posters (Diaz)	Poster preparation	Introduction to the core module (Kroeger)	Urbanization: A global & historical view (Wittwer-Backofen, Dabringhaus)
Afternoon	Guided Tour	Poster preparation	Poster presentation (Diaz)	Self-study	Self-study on urbanization
Comments					

2nd week	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	Epidemiology (1) (B. Lange)	Statistics (1) (Vach)	Urbanization in Thailand (Matissek?)	Alternative medical systems (Kroeger)	International cooperation; Post-MDGs (R. Schumacher, Bonn)
Afternoon	Self-study	Self-study	Self-study	Visit to Trad. Med. Dpt. (IUK)	Self-study
Comments					

3rd week	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	Epidemiology (2) (B. Lange)	Statistics (2) (Vach)	Demographic indicators and their relevance in urban health (Wittwer- Backofen)	Demographic indicators and their relevance in urban health (Wittwer- Backofen)	Caring for the elderly in urban settings (Gaertner)
Afternoon	Self-study	Self-study	Self-study	Self-study	Self-study
Comments			Demographischen Grundlagen (allgemeine Beziehung zwischen Lebenserwartung, Mortalität, und Migration und deren Messparameter (z.B. Sterbetafeln u.a. Sterblichkeitsmaße, TRF u.a. Fertilitätsmaße, demografische Messung von Mobilitätseffekten).		

4th week	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	Epidemiology (3) (B. Lange)	Statistics (3) (Vach)	Policy analysis, governance (NN. Soc. Sci. Phil Fac)	Urban planning for Health (Freiburg city planner)	Urban agriculture (F. Konold)
Afternoon	Self-study	Self-study	Visit to NGO in Freiburg	Visit to Vauban	Self-study
Comments					

5th week	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	Epidemiology (4) (B. Lange)	Statistics (4) (Vach)	Visit to Geneva (WHO, IRCCC, UNEP, CERN, GAWI, Global Fund)	Visit to Geneva (WHO, IRCCC, UNEP, CERN, GAWI, Global Fund)	Visit to Geneva (WHO, IRCCC, UNEP, CERN, GAWI, Global Fund)
Afternoon	Self-study	Self-study	Visit to Geneva (WHO, IRCCC, UNEP, CERN, GAWI, Global Fund)	Visit to Geneva (WHO, IRCCC, UNEP, CERN, GAWI, Global Fund)	Visit to Geneva (WHO, IRCCC, UNEP, CERN, GAWI, Global Fund)
Comments					

6th week	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	Epidemiology (5) (B. Lange)	Statistics (5) (Vach)	Introduction to migration and violence in urban settings (Lippert, Dobler)	Health Systems Research (NN Versorgungsforschung)	Health Systems Research (NN Versorgungsforschung)
Afternoon	Self-study	Self-study	Self-study	Self-study	Visit to Kinzig Tal
Comments					

7th week	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	Epidemiology (6) (B. Lange)	Statistics (6) (Vach)	Sampling; sampling exercises (Kroeger)	Household interview surveys (Kroeger)	Practical of HH interview surveys (Kroeger)
Afternoon	Self-study	Self-study	Outdoor practical exercise	Group analysis of survey	Questionnaire analysis
Comments					

8th week	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	Epidemiology (7) (B. Lange)	Statistics (7) (Vach)	Questionnaire analysis (by group)	Questionnaire analysis (by group)	Group presentation of Survey & questionnaire analysis
Afternoon	Self-study	Self-study	Questionnaire analysis (by group)	Questionnaire analysis (by group)	Self-study
Comments					

9th week	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	Epidemiology (8) (B. Lange)	Statistics (8) (Vach)	Urbanization and development in the Islamic World (Epkenhans, Pink)	Alternative medical systems (Kroeger, Schlehe)	Prosocial behavior, Social marketing, social dynamics (Dreves, NN)
Afternoon	Self-study	Self-study	Introduction to the Research Project: Possible topics, arrangements, requirements (S.Dabringhaus, S. Diaz)	Needs assessment and planning tools (Diaz, Kroeger)	Self-study
Comments					

10th week	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	Repetition, Epidemiology (9) (B. Lange)	Repetition, Statistics (9) (Vach)	Qualitative research (NN Soc. Scientist)	Qualitative research (NN Soc. Scientist)	Qualitative research (NN Soc. Scientist)
Afternoon	Self-study	Self-study	Self-study	Self-study	Self-study
Comments					

11th week	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	Evidence based Medicine, systematic reviews; translational research (G. Antes)	Evidence based Medicine, systematic reviews; translational research (G. Antes)	Economic appraisal (Drevs, Stahl)	Economic appraisal (Drevs, Stahl)	Economic appraisal (Drevs, Stahl)
Afternoon	Self-study	Self-study	Self-study	Self-study	Self-study
Comments					

12th week	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	Evidence based Medicine, systematic reviews; translational research (G. Antes)	Evidence based Medicine, systematic reviews; translational research (G. Antes)	Visit to Basel (urban planning, Spitalfriedhof, Schweizer Inst.f. PH and Trop Med)	Module Assessment	Module Assessment
Afternoon	Self-study	Self-study	Visit to Basel (urban planning, Spitalfriedhof, Schweizer Inst.f. PH and Trop Med)	Module Assessment	Module Assessment
Comments	The “in-depth” assessment will be done after completing the specific modules				

Advanced Modules 1 – 6

MODULE 1: Environmental Management and Control of Non-Communicable Diseases in urban areas

SUB-MODULE 1: Environmental determinants of health in urban areas: magnitude, measurement and interventions

Learning objectives: *At the end of the module participants are able to:*

- Define the major types, sources and spatial distribution of environmental agents
- Recognize and use environmental indicators
- Describe how the agents interact with systems and describe the mechanisms by which they exert adverse effects
- Use models for prediction the magnitude of adverse effects in biological systems
- Identify gaps in current knowledge concerning health effects of environmental agents
- Describe current legislation and regulation regarding environmental issues
- Formulate practical interventions to improve environmental problems in the risk-assessment process

Topics to be covered

- 1) **Concepts and challenges in environment and urban health:**
 - Key terminology and conceptual frameworks and models
 - Sustainable development
 - Current debates in environment and human health

2) **Key environment and human frontiers in urban health:**

- Environmental pollution (air, water and soil)
- Noise
- Housing conditions
- Microclimate in urban environments
- Biodiversity, climate change and resilience
- Human health policies

3) **Measurement environment and health effects:**

- Environmental pollution (air, water): Measurement and health effects
- Noise: Measurement and health effects

4) **Interventions at micro and macro level:**

- Healthy housing
- Indicators for healthy housing
- Fauna and Flora in urban environments

Module convener: Richard Gminski

Lecturers: I. Nazarenko, V. Mersch-Sundermann, R. Gminski, Schuster, M. Matzarakis (Metereologie), Hydrologie (C. Leibund- gut), Inst f. Forst-u. Umweltpolitik, C. Dora (WHO, Geneva)

SUB-MODULE 1.1: ENVIRONMENTAL DETERMINANTS OF HEALTH IN URBAN AREAS

1 st week	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	Introduction (Mersch- Sundermann, Narazenko) Environmental Indicators (Gminski)	Weather, Climate, climate change (Matzarakis)	Urban climate & micro-climate (Matzarakis)	Models and data for micro climate (Matzarakis)	Water & soil pollution (Gminski)
Afternoon	Exercise on environmental Indicators	Workshop: Climate change (Matzarakis)	Urban climate walk (Freiburg city centre)	Workshop: Create better micro-climates in cities	Visit to IUK departments
Comments		Weather, Climate, Climate Change Formation of weather Atmospheric circulation Extreme events Climate classification Greenhouse phenom. Effects of clim. change	Urban climate and micro climate Urban climate and urban heat island Urban bioclim.– indices Mapping issues Urban micro climate Mitigation & adaptation	Models and data for urban micro climate Data for climate and micro climate Application of models: RayMan, SkyHelios, ENVI-met Limitations of models	

2nd week	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	Environmental pollution: Air (Gminski) Health outcomes of environmental risk factors (Narazenko)	Noise pollution: Measurement and health effects (Gminski)	Other health related pollutants (Nazarenko)	Healthy housing (Carlos Dora, WHO)	Fauna and Flora in urban environments (NN Forst- u. Umweltpolitik)
Afternoon	Measuring air pollution: practical aspects(Schuster)	Exercises on noise measurement (Schuster)	Summary of pollutants and interventions (Gminski, Schuster)	Indicators for healthy housing	Overall summary of environmental factors
Comments					

2,5 days module assessment

SUB-MODULE 1.2: Social determinants and behavioral risk factors of NCDs (Non Communicable Diseases) in urban Environments: Identification and preventive programs

Learning objectives: *At the end of the module participants are able to:*

- Define the complex of urban NCD risk factors
- Appreciate and measure the different behavioral risk factors for obesity and hypertension and other causal factors for cardio-vascular diseases
- Detect the complex of child growth and developmental risk factors
- Assess risk behavior and possible causal factors including public policies
- Design locally adapted response mechanisms

The specific *learning objectives* for participants are:

- To be able to perform a situation analysis of social determinants, risk factors and non-communicable diseases (NCDs) including identifying data sources and data constraints
- To identify and be able to apply survey instruments such as WHO STEPS to collect and analyze population level biological and behavioral risk factors for NCDs
- To design and implement case studies of urban neighborhood/schools/workplace social context determinants of physical inactivity, tobacco consumption, harmful alcohol consumption and unhealthy diets including the market environment, physical environment, political and regulatory environment
- To design community based advocacy initiatives aimed at advancing healthy environments that promote physical activity and healthy eating and discourage alcohol abuse and smoking particularly in vulnerable, marginalized populations

Topics to be covered

1) **Concepts and historical aspects in Global Urban Health:**

- Key terminology
- Burden of NCDs
- Political issues

2) **Social determinants of NCDs:**

- Urban Inequalities and NCDs risk factors
- Qualitative social research
- Quantitative research
- Data management and analysis
- Ethical issues

3) **Policy in NCDs:**

- Healthy eating
- Enhancing physical activity
- Surveillance of child growth and development, detecting growth and developmental disorders

4) **Putting healthy life in urban contexts into practice :**

- Intersectoral approach
- Community based initiatives

Module convener: U. Wittwer-Backofen-Backofen

Lecturers: U. Wittwer-Backofen, R. Fuchs (Sportpsychologie), S. Schlegel (Psychosomatik); F. Drevs, A. Zeek, J. Sommerfeld (WHO), Andreas Ullrich (WHO, Cancer), NN Social Sciences, K. Michels

MODULE 1: Non-communicable diseases and risk factors

1 st week	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	NCD burden and its complexity (Wittwer-Backofen-Backofen)	Healthy eating	Enhancing physical activity (R. Fuchs)	Motivational factors for enhancing physical activity (R. Fuchs/S. Schlegel)	Longitudinal risk factor studies (Wittwer-Backofen-Backofen)
Afternoon	Exercises: NCDs in the history of mankind	Visit to Super Market	Self-study: NCDs in interdisciplinary research perspectives	Visit to playing grounds	Visit to Natural History Museum Basel (History of Health)
Comments					

2 nd week	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	Social determinants of growth and development (Wittwer-Backofen-Backofen)	Social Determinants of Health (Sommerfeld, WHO)	Policies favoring healthy life in urban environments (F. Dreves)	The burden of Cancer (Ullrich, WHO)	The National Cohort Study: Relevance for urban health K. Michels
Afternoon	Self-study: NCD prevention programs (preparation of presentations)	Exercises: Ecopolicy- A simulation game on kybernetic strategies	Presentations: Evaluation of prevention programs	Exercises: NCDs in model cities (Cape Town, Pune, Freiburg)	Mass Disaster- The international work of identification commissions ((NN, Wittwer-Backofen)
Comments					

Additionally 2,5 days assessment

MODULE 2. Communicable diseases in urban environments and quality assured health programs

SUB-MODULE 2.1: Managing communicable diseases and outbreaks in urban environments

Learning objectives: *At the end of the module participants are able to:*

- Recognize the principles of early identification, management and control of communicable diseases in urban environments
- Interpret key indicators related to control of communicable diseases in urban environments
- Develop a proactive and creative approach in controlling infectious diseases
- Implement in their work environment epidemiological investigations and formulate strategies for effective control of communicable diseases with community involvement
- Understand the role of different health professionals and apply the concept of team work in their work environment

General topics:

Understanding communicable diseases in urban environments

- Pathogens and transmission routes

Transmission dynamics and outbreak detection

- Disease surveillance, vector surveillance
- Dengue fever: transmission dynamics and interventions
- Tuberculosis: transmission risk in crowded environments and migrants
- Urban malaria: determining the magnitude and interventions
- HIV-AIDS and other sexually transmitted infections in urban environments

Establishing disease control and epidemic response

- Social mobilization
- Vaccination programs
- Resistance management

Module convener: W.V. Kern

Lecturers: Axel Kroeger, Georg Haecker, T. Calleja (WHO), F. Pagnoni (WHO), Winfried V. Kern, Berit Lange, Siegbert Rieg, Dirk Wagner, Manfred Kist, Marcus Panning, Hartmut Hengel, Alexander Mischnik

MODULE 2.1: COMMUNICABLE DISEASES IN URBAN ENVIRONMENTS

1st week	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	Introduction, pathogens, infection and infectious disease epidemiology (Kern, Lange)	Important pathogens and infections for urban planning (Haecker, Hengel)	Transmission routes, infection surveillance (Kroeger)	Urban epidemics: tuberculosis and other respiratory infections) (Kern, Wagner, Lange)	Urban epidemics: Dengue and other emerging viruses, alarm signals and response (Kroeger, Panning)
Afternoon	Self-study on infection epidemiology	Self-study on surveillance and transmission	Group work on epidemic response in hospitals	Exercise	Excursion to diagnostic laboratories
Comments					
2nd week	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	HIV/AIDS pandemic and other STIs (Callejas, Rieg)	Urban malaria (Pagnoni)	Vaccination strategies (Hengel)	Antimicrobial resistance as a global threat (Kern, Mischnik)	Urban epidemics: gastrointestinal infections (Kist)
Afternoon	Self-study of selected materials	Group presentation of work on epidemic response in hospitals	Self-study on vaccination	Self-study: antimicrobial stewardship quality indicators	Self-study of selected materials
Comments					

Additionally 2,5 days assessment

Module 2.2: Quality assurance, needs assessment and planning tools in health systems for the urban poor

Learning objectives: *At the end of the module participants are able to:*

- Apply the elements of planning and quality assurance in health programs
- Initiate the process of monitoring quality defined indicators for their own institutions, including data collection, data analysis, interpretation and dissemination
- Use the information as a quality assurance tool to aid local decision making
- Encourage a multidisciplinary approach and team work in solving problems related to quality of health service delivery
- Create a “culture of quality”, sensitive to clients’ needs (urban poor/displaced)

Topics to be covered

- 1) **Concepts, QA models and management tools:**
 - Key terminology and conceptual frameworks and models
 - QA cycle
 - Management tools
- 2) **Applying tools at local urban level:**
 - Nine epidemiological questions
 - Risk Approach
 - Causal models
- 3) **Identifying areas for quality improvement and measuring progress at urban level:**
 - Developing and monitoring defined quality indicators
 - Sources of Information, how to analyze and present data
 - Barriers and enabling factors when establishing QA systems

Module convener: S. Diaz Monsalve Lecturers: Mirijam Körner (Social Medicine, Freiburg), Vicki Doyle (Liverpool), A. Kroeger; Versorgungsforschung (Freiburg), Kirsten Hackenbroch (Geography, Freiburg), Xavier Bosch (Basel)

Module: Needs assessment, planning tools and quality assurance in health systems for the urban poor

1st week	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	Introduction QA tools, planning and management, Nine epidemiological question (Diaz, Kroeger)	Quantification of health services problems and health problems (Diaz, Körner)	Risk- assessments (Körner, Diaz)	Analysis of health problems and health services problems, Problem tree (Diaz)	Planning tools (ZOPP, SWOT, etc), planning matrix and planning and local level (Kroeger, Diaz)
Afternoon	Self-study on QA tools	Self-study on quantification of problems	Group work on Risk-assessments	Exercise on use of analysis tools	Preparation of a poster of needs assessments
Comments					

2nd week	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	Land use and urban planning (Hackenbroch)	Development of planning matrix at urban level (NN Versorgungsforschung, Diaz)	Quality Assurance of vertical health programs (Xavier Bosch, Basel)	Overview of QA, models of QA, QA tools (Doyle, Diaz)	Measuring QA progress Establishing QA systems in urban settings (Doyle, Diaz)
Afternoon	Land use and urban planning (Hackenbroch)	Poster presentation on Needs Assessment	Self-study on Quality Assurance	Self-study on patient questionnaires, data entry forms, QA checklists	Self-study of preparation of a QA plan for their own institution (Doyle, Diaz)
Comments					

MODULE 3. Migration, violence and mental health issues among the urban poor

SUB-MODULE 3.1: Mental health in urban environments

Learning objectives: *At the end of the module participants are able to:*

- Understand psychosocial problems and needs in an Urban Health Care System
- Recognize psychic and psychosomatic problems by applying the Bio-Psycho-Social Model and Anamnesis of Psychosomatic Medicine
- Know and measure the burden of disease in an urban context related to mental health caused by:
 - Environmental threats and strain
 - Occupational stress
 - Poverty
 - Migration
- Explain the concept of Family Systems Medicine and the Systems approach to mental health
- Apply practical skills in health related helpful professional communication, deriving from Psychosomatic Medicine and the Bio – Psycho- Social Model
- Understand ways of cooperation and networking in the medical care system, mental health care and professional psychosocial support systems and the related health care professionals such as psychiatrists, medical and psychological psychotherapists, psy- cho-social consultants, social workers and others.
- To develop strategies for establishing primary mental care in urban settings

Topics to be covered

1) **Concepts and challenges of global urban mental health:**

- Key terminology and conceptual frameworks and models
- Critiques and challenges in global mental health

2) **Models for primary mental care in urban settings:**

- Common mental disorders and diagnostic criteria relevant for urban health care
- Urbanisation and Stress (modern live stress) Family Systems Approach / Family Systems Medicine
- Culture and mental health

Module convener: Peter Scheib

Lecturers: M. Wirsching, Peter Scheib, Nora Witte, Thomas Bay, Edda Wetzler-Burmeister, Angelika Sandholz, Werner Geigges (extern)

MODULE 3.1: MENTAL HEALTH IN URBAN ENVIRONMENTS

1 st week	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	<p>Psychosocial problems and needs in an Urban Health Care System</p> <p>(Michael Wirsching, Peter Scheib)</p>	<p>The Bio-Psychosocial Model and Anamnesis</p> <p>(Edda Wetzler-Burmeister, Peter Scheib)</p>	<p>The burden of disease: Stress – theories and interventions I : Environmental threats, strain and (mental) health</p> <p>(Nora Witte, Peter Scheib)</p>	<p>The burden of disease: Stress – theories and interventions II: Stress at the work place. Occupational stress related (mental) health problems</p> <p>(Eva Schneid, Peter Scheib)</p>	<p>The burden of disease: -Poverty – and mental health in an urban setting -Migration as a health risk factor</p> <p>(Angelika Sandholz, Peter Scheib)</p>
Afternoon	<p>practice:</p> <p>Problem oriented group work. Exploring psychosomatic aspects of urban living</p>	<p>practice:</p> <p>Helpful communication in an urban health care setting</p>	<p>practice:</p> <p>Stress-related mental health consequences (somatization, depression, anxiety, addiction, violence, social deviation...)</p>	<p>practice:</p> <p>Dealing with stress: mindfulness based psychotherapeutic interventions</p>	<p>practice:</p> <p>specific mental disorders (e.g. adaptation disorder posttraumatic stress disorder); working with social risk groups</p>
Comments					

2nd week	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	<p>Family Systems Medicine I: Changing family structures in modern societies</p> <ul style="list-style-type: none"> -Developmental Psychology - Attachment theories and urban stressors during childhood -Family relations and health <p>(Peter Scheib Thomas Bay)</p>	<p>Family Systems Medicine II: Psychological wellbeing: determinants, needs and helpful strategies</p> <ul style="list-style-type: none"> -Collaborative (Mental) Health Services -Psychosocial health care networks: Systems approach in a multiproblem context <p>(Werner Geigges Peter Scheib)</p>	<p>Cross - Cultural Mental Health Care Culture and its influence on the individual and the families</p> <p>(Peter Scheib, Nora Witte)</p>	<p>Resources and solutions for a better health care system in an urban living context</p> <p>(Edda Wetzler-Baumeister, Peter Scheib)</p>	<p>Guided self-study on psychosomatic aspects of urban living (or: excursion, e.g. visit of psychosomatic hospital or local urban development projects (whole day) <i>N.N.</i></p>
Afternoon	<p>practice: Family therapy techniques:</p> <ul style="list-style-type: none"> - Genogram 	<p>practice: Family therapy techniques:</p> <ul style="list-style-type: none"> - Family Sculpture 	<p>practice: Encounter of various communication styles from different cultures</p>	<p>practice: Introduction of Balint Group technique</p>	
Comments					

Additionally 2,5 days assessment

MODULE 3.2: Migration in urban environments: Social-political determinants and search for solutions

Learning objectives: *At the end of the module participants are able to:*

- Understand the key aspects of the relationship between migration and inequalities at global and local levels
- Differentiate the terms of migration in terms of motives and dynamics
- Recognize the impact of migration on social mobility, poverty, violence, identity, gender and education
- Familiarize with the key political discussions about the effect of brain drain of health professions on sending and receiving countries

Topics to be covered

1) Concepts, history and challenges of global migration:

- Key terminology, definition of “migrants”
- Migration flows and processes (including economic, demographic and ethnographic approaches)
- Brain drain and migration in the public health arena

2) Institutional frameworks Models for primary mental care in urban settings:

- State Policy, legal and institutional framework
- Culture and Identity
- Trauma therapy for migrants

3) The effects of migration:

- Change in fertility, mortality and other health indicators
- Violence and its determinants

4) **Interventions at macro and micro level:**

- Options
- Raising public awareness
- Addressing irregular migration
- Challenges in research on health problems of migrants

Module convener: Anna Lipphardt, Katrin Töns / Cornelia Helfferich

Lecturers: N. Dreesch (Wien), A. Furmaniak (Lörrach, lawyer), C. Helfferich (EH Freiburg), T. Karakut (Freiburg), A. Scherr (PH Freiburg), K. Töns (EH Freiburg), J. Wägerle (PH Freiburg), A. Lipphardt, D.Zinn (Phil.Fac.), Thomas(Phil. Fac.), J. Pink, G. Dobler; NGOs working for migrants

MODULE 3.2: Migration in urban environments: Social-political determinants and search for solutions

1 st week	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	<p>Introduction: Characteristics of “migrants”; Migration, Urbanization and social inequality in Germany</p> <p>(K. Töns)</p>	<p>Legal aid for migrants, demands and entitlements for health care – legal aspects</p> <p>(A. Furmaniak)</p>	<p>Governing migration: Local politics and Municipality</p> <p>(T. Karakut)</p>	<p>Migration, Health and Violence: Health problems of migrants; experience of violence: The specific case of trafficking human beings and exploitation</p> <p>(C. Helfferich)</p>	<p>Reproductive health of migrants, especially asylum seekers</p> <p>(J. Wägerle)</p>
Afternoon	<p>Self-study</p>	<p>Visiting AIDS-Hilfe</p>	<p>Visiting “Büro für Migration” (local administration City of Freiburg)</p>	<p>Visiting Freya, Center for trafficked women</p>	<p>Visiting SKF-Counselling Reproductive health (East European women)</p>
Comments		<p>A. Furmanik is a lawyer for migrants</p>		<p>C. Helfferich has carried out research on trafficking human beings for BMI</p>	<p>J. Wägerle is writing her doctoral thesis on reproductive health of asylum seekers</p>

2nd week	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	Causes, reasons and forms of forced migration (A. Scherr)	Special needs of refugees and legal and institutional constraints of their access to health care (A. Scherr)	Case studies on migration (Lipphardt, Dobler, Rohrer)	Case studies on migration (Lipphardt, Dobler, Rohrer)	Conclusions and current state of the art: Methodological challenges in research on health problems of migrants (quantitative and qualitative studies) (A. Lipphardt, K. Töns / C. Helfferich)
Afternoon	Visting Medi-Net, a voluntary service organisation	Meeting S. Rothkegel (Berlin): Trauma therapy for	Visiting hospital /or medical practitioner Praxis A.	Self-study	Coming together
Comments					

Additionally 2,5 days assessment

RESEARCH PROJECT

The research project will be introduced in the core module at the beginning (possible topics, arrangements, requirements, marking) and will be followed throughout the whole course. Learning objectives have been integrated into the objectives of the core module. Each student will have a tutor who will advise through the whole process and be the first marker of his thesis.

Conveners: Prof. S. Dabringhaus (for social sciences topics), Dr. S. Diaz-Monsalve (for public health topics)

Zusammenfassung der Marktanalyse zum geplanten postgraduierten Master Studiengang

MSc Global Urban Health

Methode:

Über verschiedene Verteiler wurde weltweit an akademische Institutionen, Gesundheitsministerien, Internationale Organisationen und Nichtregierungsorganisationen ein Faltblatt mit Informationen zu dem geplanten MSc Global Urban Health verschickt. Es wurde gefragt, ob Bedarf an einem solchen Studiengang besteht, ob es ähnliche Ausbildungsgänge schon gibt, ob man eine Zusammenarbeit ins Auge fassen würde und ob es Verbesserungsvorschläge gibt.

Ergebnis

Das Echo war überwältigend und die Kommentare durchweg positiv. Es wurden auch einige Anregungen zum Kursinhalt gegeben.

Die Antworten kamen aus allen oben genannten Institutionstypen und zwar aus:

Deutschland, Grossbritannien, Portugal, Spanien, Österreich, USA, Brasilien, Bolivien, Kolumbien, Panama, Barbados, Dominikanische Republik, Iran, Malaysia, Bangladesh, Indien, Nepal, Indonesien sowie von Internationalen Organisationen: WHO, UNICEF, Internat. Rotes Kreuz, Global Fund, UNEP (United Nations Environmental Programme).

Erfahrungen im Heidelberger Kurs (MSc International Health)

Es wurden die Organisatoren des MSc International Health in Heidelberg gefragt, wie hoch die Ablehnungsquote bei ihren jährlichen Anmeldungen ist. Die Antwort lautete: Bei selbstzahlenden Bewerbern wird etwa die Hälfte genommen und bei Stipendiaten (die weniger Kursgebühren zahlen) nur etwa 10%. Ausserdem würden sich zu den einzelnen meist 2-Wochen-Modulen noch zahlende Kurzzeiteilnehmer anmelden.

Eine tabellarische Zusammenstellung der Marktanalyse steht zur Verfügung.

Kalkulation über vier Jahre, Global Urban Health

Raumkosten	bei externe Anmietung			
	2016		2017	
Kalkulation (Über mehrere Jahre)	Ausgaben2016	Einnahmen2016	Ausgaben	Einnahmen
Ausgaben Personal und Sachkosten				
Honorare Koordinat./administratives Personal TVL 13 Stufe 3 30% 12 Monate	€ 19.620,00		€	
Honorare Koordinat./administratives Personal TVL 13 Stufe 3 25% 12 Monate	€ 16.350,00		€	
Honorare Koordinat./administratives Personal TVL 13 Stufe 2 25% 12 Monate	€ 15.150,00		€	
Honorare Koordinat./administratives Personal WiHi 12 Monate / 450€	€ 5.400,00		€	
Honorare Dozenten UNI	€ 13.520,00		€	
Honorare Dozenten Extern	€ 8.960,00		€	
Reisekosten Dozenten Extern	€ 1.477,90		€	
Übernachungskosten Dozenten Extern	€ 415,10		€	
Welcome Services (ext. Dienstleistung)	€ 3.000,00		€	
Entwicklung Lernmaterial (Dozierende)	€ 2.000,00		€	
Entwicklung Lernmaterial (Sachkosten)	€ 500,00		€	
Evaluation und QS (Fragebögen und „EvaSys“)	€ 800,00		€	
Alumni-Arbeit	€ 500,00		€	
E-Learning Plattform ILIAS	€ 3.000,00		€	
Exkursion (Transport (Bus/Bahn) 1tägige Exk.)	€ 2.000,00		€	
Marketing und Werbung	€ 8.000,00		€	

Kommunikation	€ 766,00		€ 766,00	
Raummiete f. Events. Büro = Eigenanteil	€ 240,00		€ 240,00	
Sachmittel (Büromaterial, Kopien)	€ 1.800,00		€ 1.800,00	
Verbrauchsmittel	€ 2.000,00		€ 2.000,00	
Programm-Akkreditierung (2x6.000)	€ 6.000,00		€ 6.000,00	
Beiträge Studierendenwerks-, Verwaltungsgebühr, Studierendenschaftsbeitrag 2x142€	€ 2.840,00		€ 2.840,00	
Einnahmen				
Förderbeitrag WHO (Pers. TVL 13 Stufe 3 30%)		€ 19.620,00		€ 20.012,40
Förderbeitrag ZMG (Pers. TVL 13 Stufe 3 25%)		€ 16.350,00		€ 16.677,00
Projektförderung (z.B. MWK)				
Förderbeitrag evtl. DAAD-Stipendien				
Teilnehmerbeiträge		€ 120.000,00		€ 120.000,00
Ausgaben Total	€ 114.339,00		€ 111.456,05	
Einnahmen Total		€ 155.970,00		€ 156.689,40
Defizit - Überschuss Jahr	€ 41.631,00		€ 45.233,35	
Defizit - Überschuss Gesamt	€ 41.631,00		€ 86.864,35	
Vermutete TeilnehmerInnen- Anzahl		10		10
		Hier geschätzte TeilnehmerInnen-Anzahl eingeben. Automatischer Übertrag		
Teilnehmerbeitrag eingeben.		12000		12000
		Hier das Teilnehmerbeitrag pro Person Automatischer Übertrag		

Raumkosten						
	2018		2019		2020	
Kalkulation (Über mehrere Jahre)	Ausgaben	Einnahmen	Ausgaben	Einnahmen	Ausgaben	Einnahmen
Ausgaben Personal und Sachkosten						
Honorare Koordinat./administratives Personal TVL 13 Stufe 3 30% 12 Monate	€ 20.412,65		€ 20.820,90		€ 21.237,32	
Honorare Koordinat./administratives Personal TVL 13 Stufe 3 25% 12 Monate	€ 17.010,54		€ 17.350,75		€ 17.697,77	
Honorare Koordinat./administratives Personal TVL 13 Stufe 2 25% 12 Monate	€ 15.762,06		€ 16.077,30		€ 16.398,85	
Honorare Koordinat./administratives Personal WiHi 12 Monate / 450€	€ 5.400,00		€ 5.400,00		€ 5.400,00	
Honorare Dozenten UNI	€ 13.520,00		€ 13.520,00		€ 13.520,00	
Honorare Dozenten Extern	€ 8.960,00		€ 8.960,00		€ 8.960,00	
Reisekosten Dozenten Extern	€ 1.629,38		€ 1.710,85		€ 1.796,40	
Übernachungskosten Dozenten Extern	€ 457,65		€ 480,53		€ 504,56	
Welcome Services (ext. Dienstleistung)	€ 3.600,00		€ 4.500,00		€ 4.500,00	
Entwicklung Lernmaterial (Dozierende)	€ 500,00		€ 500,00		€ 500,00	
Entwicklung Lernmaterial (Sachkosten)						
Evaluation und QS (Fragebögen und „EvaSys“)	€ 800,00		€ 800,00		€ 800,00	
Alumni-Arbeit	€ 1.000,00		€ 1.000,00		€ 1.000,00	
E-Learning Plattform ILIAS	€ 3.000,00		€ 3.500,00		€ 3.500,00	
Exkursion (Transport (Bus/Bahn) 1tägige Exk.)	€ 2.400,00		€ 3.000,00		€ 3.000,00	
Marketing und Werbung	€ 6.000,00		€ 4.000,00		€ 4.000,00	

Personal TVL
Erhöhung 2% /
Jahr

Reisekosten
plus 5%/Jahr
Übernachtung
plus 5%/Jahr

Kommunikation	€		€		€	
Raummiete f. Events. Büro = Eigenanteil	€		€		€	
Sachmittel (Büromaterial, Kopien)	€		€		€	
Verbrauchsmittel	€		€		€	
Programm-Akkreditierung (2x6.000)						
Beiträge Studierendenwerks-, Verwaltungsgebühr, Studierendenschaftsbeitrag 2x142€	€ 3.408,00		€ 4.260,00		€ 4.260,00	
Förderbeitrag WHO (Pers. TVL 13 Stufe 3)		€		€		
Förderbeitrag ZMG (Pers. TVL 13 Stufe 3 25%)						
Projektförderung (z.B. MWK)						
Förderbeitrag evtl. DAAD-Stipendien						
Teilnehmerbeiträge		€		€		€
Ausgaben Total	€		€		€	
Einnahmen Total		€		€		€
Defizit - Überschuss Jahr	€		€		€	
Defizit - Überschuss Gesamt	€		€		€	
Vermutete TeilnehmerInnen-Anzahl		12		15		15

Nebenkosten

Aufschlüsselung der

Kostenart	Kommentar	Anzahl Teilnehme	Anzahl Stunden/Präsen z- Tage/Module	Sat	Summe	Summe Kostena	Anzahl Teilnehme
Sachmittel (Büro, Durchführung, Catering)						10.680,00 €	10
Catering	Anlässe bzw. Events/Jahr	10	12	€ 8,00	€ 960,00		
Lizenzen	(z.B. Software, Labor,	10	2	€ 30,00	€ 600,00		
Handouts (papierfreie	x €/Modul	10	6	€ 2,00	€ 120,00		
Marketing	pro Kohorte/Durchführung		1	€ 6.000,00	€ 6.000,00		
Lehrmaterial:	pro Durchführung/Jahr		1	€ 1.000,00	€ 1.000,00		
Exkursion	x Exkursionen * 100 €??	10	2	€ 100,00	€ 2.000,00		