



# EDUCATIONAL ASSESSMENT **Institute of Tropical Medicine**

An evaluation of the quality of the Master of Science in Public Health and  
the Master of Science in Tropical Animal Health, Institute of Tropical Medicine in Antwerp

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**EDUCATIONAL ASSESSMENT  
INSTITUTE OF TROPICAL MEDICINE**

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## PREFACE BY THE CHAIR OF THE VLUHR QA BOARD

In this report, the assessment panel Institute of Tropical Medicine announces its findings with regard to the Master of Science in Public Health and the Master of Science in Tropical Animal Health at the Institute of Tropical Medicine in Antwerp. These study programmes were assessed in the autumn of 2015 on behalf of the Flemish Higher Education Council (VLUHR). The assessment procedure is part of the VLUHR activities in the area of external quality assurance in Flemish higher education.

The assessment report is first of all intended for the study programmes involved and primarily aimed at quality maintenance and improvement. In addition, the report intends to provide objective information to the outside world about the quality of the evaluated study programme. For this reason, the report is posted on the VLUHR website.

This assessment report provides a snapshot of the study programmes and is only one phase in the process of ongoing concern for educational quality. After a short period of time the study programmes may already have changed and improved significantly, partly in response to the results of internal educational evaluations by the institution itself, or in response to recommendations by the assessment panel.

I would like to sincerely thank the chairman and the members of the assessment panel for the time they have invested and for the high level of expertise and dedication with which they have performed their task. This assessment has only been made possible thanks to the efforts of all those involved within the institution in the preparation and implementation of the assessment site visit.

I hope the positive comments formulated by the assessment panel and the recommendations for further improvement provide justification for their efforts and encouragement for the further development of the study programmes.

**Nik Heerens**

*Chair VLUHR QA Board*



## PREFACE BY THE CHAIR OF THE ASSESSMENT COMMITTEE

In November 2015 the international peer review panel assessed two masterprogrammes, the Master of Science in Public Health and the Master of Science in Tropical Animal Health at the Institute of Tropical Medicine (ITM) in Antwerp.

These Master programmes are special as they are particularly aimed at students from or with relevant professional experience in low and middle income countries and the ultimate goal is to strengthen health care in developing countries.

The panel likes to thank Govert Van Heusden and colleagues for the interactions and information provided in the report and during the visit. The interviews and discussions were held in an open atmosphere and really led to a valuable exchange of ideas contributed to a better impression of the strong quality elements of the programme. We conclude that the programme management teams may be proud of what has been accomplished and still will be accomplished with the renewal of the Masters in Tropical Animal Health.

As chairman I would like to take this opportunity to thank the members of the assessment committee for their constructive and professional way of operating by which the assessment became a good team effort and an agreeable experience. The assessment committee is very grateful to Maarten Deboosere. He has been a great support to the assessment committee. His commitment facilitated the achievement of our assessment tasks. For the final steps in the completion of the report we like to thank Marleen Bronders.

**Prof Gerda Croiset**

*Chairman of the assessment committee for  
the master in Public Health and Tropical Animal Health at ITM.*

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<sup>1</sup> See [www.vluhr.be/kwaliteitszorg](http://www.vluhr.be/kwaliteitszorg)





# **SECTION 1**

## General Section



# CHAPTER I

## Educational assessment Institute of Tropical Medicine

### 1 INTRODUCTION

In this report, the assessment panel Institute of Tropical Medicine announces its findings with regard to the master of Science in Public Health and the Master of Science in Tropical Animal Health at the Institute of Tropical Medicine in Antwerp. These study programmes were assessed in the autumn of 2015 on behalf of the Flemish Higher Education Council (VLUHR).

This assessment procedure is part of the VLUHR activities in the domain of external quality assurance in Flemish higher education, which is designed to ensure that Flemish universities, university colleges and other statutory registered higher education institutions are in compliance with the relevant regulatory framework.

### 2 THE ASSESSED STUDY PROGRAMMES

In accordance with its mission, the assessment panel visited:

- Institute of Tropical Medicine from November 17th to 19th, 2015
  - Master of Science in Public Health
  - Master of Science in Tropical Animal Health

## 3 THE ASSESSMENT PANEL

### 3.1 Composition of the assessment panel

The composition of the assessment panel Institute of Tropical Medicine was ratified on May 2nd, July 4th and October 12th, 2014 by the VLUHR Quality Assurance Board. The NVAO sanctioned the panel composition on November 17th, 2014.

The assessment panel was composed in the following way:

- Chairman of the assessment panel:
  - **Prof. dr. Gerda Croiset**, Professor of Medical Education and director of VUmc School of Medical Sciences Center Amsterdam, The Netherlands
  
- Other panel members:
  - **Prof. dr. Flavie Goutard**, Researcher Epidemiologist from CIRAD hosted as an Adjunct professor at Kasetsart University, Thailand (domain expert)
  - **Prof. dr. Kabir Sheikh**, Senior Research Scientist and Adjunct Associate Professor, Public Health Foundation India (domain expert)
  - **Prof. dr. John Owusu Gyapong**, Director of the Research and Development Division of the Ghana Health Service (domain expert)
  - **Miss Shanna Boodhoo**, Advanced Master in Development Evaluation and Management, University of Antwerp, Belgium (student member)

Due to unforeseen circumstances prof. dr. John Owusu Gyapong could not participate in the visit.

**Mr. Joeri Deryckere**, staff member of the Quality Assurance Unit of the Flemish Higher Education Council (until June 30th, 2015) and **Mr. Maarten Deboosere**, staff member of the Quality Assurance Unit of the Flemish Higher Education Council (until December 31st, 2015) were project managers of this educational assessment and acted as secretary to the assessment panel. As of January 2016, **Mrs. Marleen Bronders**, coordinator Quality Assurance Unit of the Flemish Higher Education Council took over this assignment.

The brief curricula vitae of the members of the assessment panel are listed in Appendix 1.

## 3.2 Task description

The assessment panel is expected:

- to express substantiated and well-founded opinions on the study programme, using the assessment framework;
- to make recommendations allowing quality improvements to be made where possible;
- to inform society at large of its findings.

## 3.3 Assessment Process

### 3.3.1 Preparation

The study programmes were asked to compile an extensive self-evaluation report in preparation for the educational assessment. An assessment protocol, with a detailed description of the expectations regarding the content of the self-evaluation report, was presented by the Quality Assurance Unit of VLUHR for this purpose. The self-evaluation report reflects the accreditation framework.

The assessment panel received the self-evaluation reports some months before the on-site assessment visit, which allowed for adequate time to carefully study the document and to thoroughly prepare for the assessment visit. The members of the assessment panel were also asked to read a set of recent Master's theses for the study programmes before the site visit took place.

The assessment panel held its preparatory meeting on November 16th, 2015. During this meeting, the panel members were given further information about the assessment process and they made specific preparations for the forthcoming on-site assessment visit. Special attention was given to the uniformity of the implementation of the accreditation framework and the assessment protocol. The self-evaluation reports were collectively discussed and the interviews were prepared.

### 3.3.2 On-site visit

During the on-site visit the panel interviewed all parties directly involved with the study programmes. The panel spoke with those responsible for the study programmes, students, teaching staff, educational support staff, alumni, and representatives from the professional field. The conversations and interviews with all these stakeholders took place in an open atmosphere and provided the panel with helpful additions to and clarifications of the self-evaluation reports.

The panel visited the programme-specific infrastructure facilities, including the library, classrooms, and computer facilities. There was also a consultation hour during which the assessment panel could invite people or during which people could come and be heard in confidence.

Furthermore, the institution was asked to prepare a wide variety of documents to be available during the on-site visit for the assessment panel to consult as a tertiary source of information. These documents included minutes of discussions in relevant governing bodies, a selection of study materials (courses, handbooks and syllabuses), indications of staff competences, testing and assessment assignments, etc. Sufficient time was scheduled throughout the assessment visit for the panel to study these documents thoroughly. Additional information could be requested during the on-site visit if the assessment panel deemed that information necessary to support its findings.

Following internal panel discussions, provisional findings were presented by the chairman of the assessment panel in conclusion of the on-site assessment visit.

### **3.3.3 Reporting**

The last stage of the assessment process was the compilation of the panel's findings, conclusions, and recommendations into the present report. The panel's recommendations are separately summarised at the end of the report.

The study programmes were given the opportunity to reply to the draft version of this report. The assessment panel considered this response and included elements of it into the final version when deemed appropriate.

## CHAPTER II

### Table with scores

The following table represents the assessment scores of the assessment panel on the four generic quality standards set out in the assessment framework.

For each generic quality standard (GQS) the panel expresses a considered and substantiated opinion, according to a four-point scale: satisfactory, good, excellent or unsatisfactory. The panel also expresses a final opinion on the quality of the programme as a whole, also according to a four-point scale: satisfactory, good, excellent or unsatisfactory.

In the report of the study programmes the assessment panel makes clear how it has reached its opinion. The table and the scores assigned ought to be read and interpreted in connection to the text in the report. Any interpretation based solely on the scores in the table, is unjust towards the study programme and passes over the assignment of this external assessment exercise.

Explanation of the scores of the generic quality standard:

<b>Satisfactory (S)</b>	The study programme meets the generic quality standards
<b>Good (G)</b>	The study programme systematically exceeds the generic quality standards
<b>Excellent (E)</b>	The study programme achieves well above the generic quality standards and serves as an (inter) national example
<b>Unsatisfactory (U)</b>	the generic quality standard is unsatisfactory

Rules applicable to the final opinion:

<b>Satisfactory (S)</b>	The final opinion on a programme is 'satisfactory' if the programme meets all generic quality standards.
<b>Good (G)</b>	The final opinion on a programme is 'good' if at least two generic quality standards are additionally assessed as 'good', including in every case the third one: final outcomes achieved.
<b>Excellent (E)</b>	The final opinion on a programme is 'excellent' if at least two generic quality standards are additionally assessed as 'excellent', including in every case the third one: final outcomes achieved.
<b>Unsatisfactory (U)</b>	The final opinion on a programme – or a mode of study – is 'unsatisfactory' if all generic quality standards are assessed as 'unsatisfactory'.
<b>Satisfactory for a limited period (S*)</b>	The final opinion on a programme – or a mode of study – is 'satisfactory for a limited period', i.e. shorter than the accreditation period, if, on a first assessment, one or two generic quality standards are assessed as 'unsatisfactory'.



	<b>GQS 1 - Targeted Outcome Level</b>	<b>GQS 2 - Learning Process</b>	<b>GQS 3 - Outcome Level Achieved</b>	<b>GQS 4 Structure and Organisation of Internal Quality Assurance</b>	<b>Final Opinion</b>
<b>Institute of Tropical Medicine Antwerp</b>					
Master of Science in Public Health	E	E	E	E	E
Master of Science in Tropical Animal Health	G	S	G	G	G



## **SECTION 2**

### Assessment Report and Summary



# INSTITUTE OF TROPICAL MEDICINE ANTWERP

Master of Science in Public Health  
Master of Science  
in Tropical Animal Health

## SUMMARY OF THE ASSESSMENT REPORT Institute of Tropical Medicine

*From 17 to 19 November 2015, the study programmes the Master of Science in Public Health (MPH) and the Master of Science in Tropical Animal Health (MSTAH) organised by the Institute of Tropical Medicine (Antwerp), a statutory registered non-university institution for higher education in Flanders, were assessed by a panel of independent, external experts. In this summary, the main findings of the panel are listed.*

### Profile of the programme

**The Master of Science in Public Health (MPH)** is a one-year master's programme, aimed specifically at students with relevant professional experience in low and middle income countries (LMIC) and settings. It is a subsequent master (master after master) comprising 60 ECTS, that targets experienced health professionals and researchers. The programme has three orientations: Disease Control (DC), Health Systems Management and Policy (HSMP) and International Health (IH) and is offered in both French and English (the language changes yearly). The programme is organised by the ITM Department of Public Health (DPH). During the academic year 2013–2014, 45 students were enrolled in the MPH.

**The Master of Science in Tropical Animal Health (MSTAH)** is a one-year master's programme, aimed specifically at students from low and

middle income countries (LMIC). The programme is organised by the ITM Department of Biomedical Sciences (DBS). The MSTA master is in transition: from January 2016 on, a new “blended programme” with web-based and on-campus components is offered in close collaboration with the University of Pretoria (UP) in South-Africa. Depending on the subject of the thesis, students have their primary registration in one institution. During the academic year 2013–2014, 22 students were enrolled in the MSTA.

Most students from developing countries study at ITM with a full scholarship covering both tuition and living expenses. The Belgian Directorate-General for Development (DGD) is the main sponsor.

### **Programme**

The MPH programme is coherent, with clearly defined pathways. The programme covers the most important aspects of public health and offers electives and a thesis. It is a rich and – from the perspective of the students – quite demanding programme. Students largely experience a good balance between the fixed programme and choices available to them. There is a rich variety of teaching methods, depending on the aim of the topic. The course material is very good and up to date. Because of the small sizes of the group there is a lot of interaction with the students.

The old MSTA-programme was well designed, but a little out of date. The new blended programme fixes some issues of the old one: the new programme focusses on the skills that are expected from modern international tropical animal health specialists (such as lab management and field work), course material is updated, there are different types of activities that are adequate and diverse.

The teaching staff and support staff form a cohesive team, providing a good learning environment with a shared vision. The staff is very transparent and open towards students. In general students are satisfied with the teaching quality of the staff. Lecturers are also researchers and have lots of experience in LMIC, which makes their perspective very relevant and interesting to the students. The staff which is predominantly Belgian, jointly accumulates an extensive and varied international professional experience. The ground experience in LMIC of all staff creates an international organization which welcomes people from all over the world.

## **Evaluation and testing**

Both programmes use assessment and evaluation methods that are varied and on the right level. For the new MSTAHA programme assessment methods have been specifically chosen for assessing web-based modules.

The theses of the MPH are thoroughly assessed by an independent jury, the entire thesis process is transparent and the theses are of high quality and accurately rated. The theses of the MSTAHA are judged by an external jury and with a grid of criteria to be taken into consideration. The theses are generally of good quality.

## **Services and student guidance**

The facilities are excellent. ITM has modern classrooms and labs, its own student housing and student restaurant, all at a very convenient location in Antwerp. The library and online access to relevant information enables students to do more research than in their home country.

In the MPH attention for the individual background of the student starts at the point of selection and is well maintained throughout the programme. The institute provides additional exercises and support or coaching classes for students to eventually be on the same level with each other. The old MSTAHA programme applied a very good system to follow the progression level of the students during their time at ITM, helping weaker students from the very beginning with personal coaching. The panel notes that this needs to be maintained in the new programme, where specific attention should be given to the follow-up of the students during the web-learning time.

Students do not only get help from teachers and supporting staff. Within their own small community, they help each other. Some students indicated that “they learn as much at the coffee machine as in class”.

## **Study success and professional opportunities**

Alumni from both programmes report that they benefit from their education at ITM in tangible and intangible ways. They make clear steps forward in their careers resulting from obtaining their diploma. They also form a strong professional network and contribute to other influential networks for advocacy, capacity building and policy change. Alumni are extremely happy and satisfied with having attended ITM. They either progressed to a PhD or were promoted upon return to their home country.

**ASSESSMENT REPORT**  
**Master of Science in Public Health**  
**Master of Science in Tropical Animal Health**  
**Institute of Tropical Medicine in Antwerp**

**Preface**

This report concerns the Master of Science in Public Health (MPH) and the Master of Science in Tropical Animal Health (MSTAH) organised by the Institute of Tropical Medicine (shortened to ITM; the official Dutch name is “Instituut voor Tropische Geneeskunde”) in Antwerp, Belgium. The assessment panel visited the study programmes during its visit at the ITM, from November 17th to November 19th 2015.

ITM is a statutory registered non-university institution for higher education in Flanders. The Institute therefore is not subject to an institutional review. The panel assesses the study programmes on the basis of the four generic quality standards (GQS's) of the VLUHR programme assessment framework. This framework is designed to fulfil the accreditation requirements, applied by the NVAO. For each generic quality standard the panel gives a weighted and motivated judgement on a four point scale: **unsatisfactory, satisfactory, good or excellent**. In assessing the generic quality assurance, the concept of ‘*generic quality*’ indicates that the GQS is in place and that the programme – or a specific orientation of the programme – meets the quality level that can reasonably be expected, from an international perspective, of a master's programme in higher education. The score **satisfactory** points out that the programme meets the generic quality because it demonstrates an acceptable level for the particular GQS. If the study programme scores **good** than the programme systematically exceeds the generic quality for that standard. When the programme scores **excellent**, it achieves well above the generic quality for the particular GQS and serves as an (inter)national example. The score **unsatisfactory** indicates that the programme does not attain the generic quality for that particular GQS.

The panel's opinions are supported by facts and analyses. The panel clarifies how it has reached its opinion. The panel also expresses a final opinion on the quality of the programme as a whole, also according to the same four-point scale. Judgements and recommendations made relate to the programme with all subordinate orientations or majors, unless stated differently.



The panel assesses the quality of the programme as it has been established at the time of the site visit. The panel has based its judgement on the self-evaluation report and the information that arose from the interviews with the programme management, with lecturers, students, alumni and personnel responsible at programme level for internal quality assurance, internationalisation, study guidance and student tutoring. The panel has also examined the course materials, master's theses, test- and evaluation assignments and standard answering formats, and numerous relevant reports available. For the student success rate, the panel called on the data provided by the study programme. The panel has also visited the educational specific facilities such as classrooms, labs and library during the site visit at the institute.

For the Master of Science in Tropical Animal Health, the panel has also taken into consideration the new "blended programme" with web-based and on-campus course components that will start in January 2016 in cooperation with the University of Pretoria. In order to do this, the panel has looked into all available documents concerning vision, learning outcomes, curriculum, assessment, etcetera. In the text, a distinction will be made between the old programme and the new when necessary.

In addition to the judgement the panel also formulates recommendations with respect to quality improvement. In this manner, the panel wants to contribute to improving the quality of the programme. The recommendations are included in the relevant sections of the respective generic quality standards. At the end of the report an overview is made of improvement suggestions.

### Context of the study programmes

**The Master of Science in Public Health (MPH)** is a one-year master's programme, aimed specifically at students with a relevant professional experience in low and middle income countries (LMIC) or settings. It is a subsequent master (master after master) that targets experienced health professionals and researchers. The programme has three orientations: Disease Control (DC), Health Systems Management and Policy (HSMP) and International Health (IH) and is offered in both French and English (the language changes yearly). The programme is organised by the ITM Department of Public Health (DPH). It is managed by a steering group, consisting of the course director, the director-elect, all file holders of course components, all lecturers with a teaching load of more than 30 contact

hours, the departmental education coordinator and the coordinators of the three MPH orientations. A smaller coordination team, consisting of course directors and coordinators, is in charge of the daily management. The flexible IH orientation has a separate coordination team, given the specificities of the orientation. It includes a representative of each of the three departments, as the individual student trajectories draw on course components from all respective academic domains. Major changes also need endorsement of the Academic Council (AC), and the Board of Governors of ITM has to approve the programme yearly.

Over the last 10 years the flexibility in the MPH has progressively increased. Within the orientations HSMP and DC, students can now choose between two optional course components: the options “Strategic Management of Health Systems” (SCMAN) and “Health Policy” (SCPOL) in the MPH-HSMP (10 ECTS); and the options “Tropical Disease Control” (SCTD) and “Reproductive Health” (SCRH) in the MPH-DC (15 ECTS). In 2012 the even more flexible orientation International Health (IH) – mainly for junior European health professionals – was created in collaboration with the tropEd network. MPH students can now, after the 20 credits common core, also choose for a part-time tailor-made IH study-path, and build their portfolio with credits obtained at ITM, at NVAO-accredited institutions or in tropEd member institutions. Additionally, students who successfully followed the 20 credits Postgraduate course Introduction to International Health (PG-IIH) can get an exemption for the MPH 20 credit core course and enrol for the remaining 40 advanced credits of the HSMP, DC or IH orientation. At present the orientations HSMP and DC each enrol between 20 to 25 students yearly (selected from more than 150 eligible applicants every year for either course). Since August 2012 the orientation IH enrolled its first six students. As of yet, the interest for the IH, measured by the yearly number of applicants, is still limited albeit slowly increasing.

**The Master of Science in Tropical Animal Health (MSTAH)** is a one-year master’s programme, aimed specifically at students from LMIC. The programme is organised by the ITM Department of Biomedical Sciences (DBS). The programme management is taken up by a steering committee consisting of the course director, the course coordinator and all appointed module coordinators. The steering committee reports to the departmental council. Major changes also need endorsement of the Academic Council (AC) before decisions are taken by ITM Management Committee or Board of Governors”.

The MSTAH is in transition. The programme presented in the self-assessment report is not taught anymore. In January 2016, a new “blended programme” with web-based and on-campus course components is offered. It is a programme offered in close collaboration with the University of Pretoria (UP) in South-Africa. This programme is the result of a longstanding relationship between staff of ITM and UP. Since 2008 web based modules were jointly developed. Depending on the subject of the thesis, students will have their primary registration in one institution. The University of Pretoria has a longstanding reputation in veterinary education and the ‘one health’ concept. Staff of the DPH will be involved in a module on public health.

Most students from developing countries study at ITM with a full scholarship covering both tuition and living expenses. The Belgian Directorate-General for Development (DGD) is the main sponsor.

During the academic year 2013–2014, 45 students were enrolled in the MPH. The curriculum consists of 60 ECTS credits, offered in one year.

During the academic year 2013–2014, 22 students were enrolled in the MSTAH. The curriculum consists of 60 ECTS credits, offered in one year.

### Generic quality standard 1 - Targeted Outcome Level

**The assessment panel evaluates the targeted outcome level for the Master of Science in Public Health as EXCELLENT and for the Master of Science in Tropical Animal Health as GOOD.**

According to the Flemish Act on the qualifications structure of April 30th 2009, issued by the Flemish Parliament, the programmes have drafted **discipline-specific learning outcomes (DSLO)**. These DSLO have been recognised by the Dutch-Flemish Accreditation Organisation (NVAO) on March 9th 2015.

The programmes have also formulated their own **Programme Learning Outcomes (PLO)**. Both MPH and the old MSTAH used seven common learning outcomes, to be attained by all orientations/majors, combined with a few specific learning outcomes for each orientation/major. The new MSTAH will use one set of PLO for all students. The panel saw that all PLO were clearly linked with the DSLO and even surpass them. They are

definitely on the right level and aim rather high for a one-year programme. In the MPH and also in the new MSTAH (at least in the courses the panel saw during the visit), the PLO were linked with learning goals for each course component and specific criteria for evaluation, making sure that all teaching staff know what topics they are supposed to discuss with the students. This is particularly important because there is a range of external lecturers. Overlap is prevented as much as possible. Also, the students know beforehand what to expect and how they will be assessed. The panel was impressed by the logical flow between the vision of the programmes and the execution. In the old MSTAH, this logical flow and explicit integration of PLO into the programme was missing.

The **MPH-PLO** also include effective teamwork and a grounding in values and equity in the common LO, multi-level health systems assessment (local / national / international) in the HSMP LO and implementation planning based on a health policy and systems research perspective in the DC LO. These are advanced learning outcomes in relation to other comparable international programmes.

The **old MSTAH-PLO** were well-specified but they were a bit old fashioned and were not completely corresponding with the skills that are expected from tropical animal health specialists (such as lab management and field work). Most learning outcomes were targeting 'understanding' and 'applying'. The common PLO on multidisciplinary teams was not so visible in the courses, with no clear one health perspective and no clear collaboration with the DPH.

This was improved in the **new MSTAH-PLO**. They are corresponding better to the skills of modern international tropical animal health specialists. The documents that the panel saw during the site visit clearly showed that each course will be linked to specific PLO, in the same way MPH does already. This is a good development. However, the panel could not assess the way PLO3 (on the economic importance of animal health) will be targeted in the courses, because these modules are still being developed. The panel thinks that if the programme wants to focus more on one health approaches in LMIC, maybe a PLO on indigenous knowledge, community approaches to health, qualitative and participatory approaches should be added. The panel also suggests an overall document be made together with UP, standardising all the PLO and how they are distributed between the different modules of the programme. This will ensure all teachers know what is done in the different modules (as they will not see each

other as often as now, given the online nature of important parts of the new programme). Also, this will avoid overlap and missing competences.

Concluding, the MPH has PLO that surpass the DSLO and the international standards. They are well integrated into the programme and the assessment criteria. Therefore, the panel evaluates the targeted outcome level for the MPH as 'excellent'. The MSTAH also have PLO that surpass the DSLO. The PLO of the new programme are better than those of the old one. It also seems like they will be integrated better into the programme. They however miss one LO to be excellent, and also they need to be fully implemented in the new programme and the assessment criteria. Therefore, the panel evaluates the targeted outcome level for the MSTAH as 'good'.

## Generic quality standard 2: Learning Process

**The assessment panel evaluates the learning process for the Master of Science in Public Health as EXCELLENT and for the Master of Science in Tropical Animal Health as SATISFACTORY**

The **MPH programme** is coherent and there are clearly defined pathways to demonstrate how it addresses the stated learning outcomes. The programme covers the most important aspects of public health and offers electives and a thesis. It is a rich programme, but it is quite demanding from the perspective of the students. The programme consists of a rich variety of teaching methods, depending on the aim of the topic. Because of the small sizes of the group there is a lot of interaction with the students.

Attention for the **individual background of the student** starts at the point of selection and is well maintained throughout the programme. Because of the diverse educational and professional background of students (which ITM encourages), the institute also provides additional exercises and support or coaching for students to eventually be on the same level with each other. The track and the topic of the thesis are discussed as early as possible. Students largely experience a good balance between the fixed programme and choices available to them. They sometimes would like to have some time to go in-depth into certain subjects. The panel thinks the programme could experiment with offering more choice to the students. The IH orientation is a good development, but it is aimed at, at intake, less experienced students. So the other orientations could still profit from a bit more choice.

The old **MSTAH** programme applied a very good system to follow the progression level of the students during their time at ITM, helping weaker students from the very beginning with personal coaching. This will need to be maintained in the new programme. Specific attention should be given to the follow-up of the students during the web-learning time, in order to quickly identify any students that would need more help or support and to avoid drop-outs. The panel also saw some modules of the new MSTAH. The different types of activities proposed appeared adequate and diverse in order for the students to achieve the learning outcomes.

The panel looked at a lot of **course material** for both programmes. This was very good and up to date. In the old MSTAH, some of the reading materials seemed a bit out of date, but it seems like this will be updated in the new programme. The examples in the MSTAH course material were mostly about (southern) African countries. It would be good to focus on countries and diseases outside Southern part of Africa as well, in order to really achieve an international coverage of tropical animal health and to train international specialists.

The students are in general satisfied with the teaching quality of the **staff**. Although there is no formal training programme for teachers, there is some training for the teachers on didactics and on the validity, reliability and transparency of the assessments. MSTAH staff also received training on web-based learning from experts at UP. This training programme could be more structured, according to the panel. Students liked that lecturers were also researchers and had lots of experience in LMIC. This made their perspective very relevant and interesting to the students. Students expressed that they were told the learning objectives, how the courses will be taught and how they will be assessed. This shows that the staff is very transparent and open towards students. The MSTAH lacks specialised staff in some areas. This is not optimal for thesis supervision, as some topics are not within the scope of the staff. This is the result of a reduction of staff, but the problem will be resolved in the new programme, since UP has complementary specialisations.

The teaching staff and support staff are collectively observed to be a cohesive team, providing a good learning environment with a shared vision. The panel was pleasantly surprised that all staff (even supporting staff) at ITM have on the ground experience in LMIC. This creates an international organization which welcomes people from all over the world. The senior management of the DPH demonstrated a belief that education is one of the important

core tasks. Staff corroborated that they feel valued by their department management for teaching, and this is supported by strong contributions of many senior and mid-level staff to the teaching programme.

The time spent on teaching should however be protected institutionally. To attain this, innovative ways have to be found to demonstrate the (added) value of the teaching programme. The 'ITM 2020' vision aims to strengthen the scientific approach of the institute. The panel hopes this will be synergistic with the emphasis on the teaching and capacity building programme. There is a policy allowing a limited number of staff to have/develop a profile on capacity building, education or research. However the three profiles are always related to each other, and ultimately need each other. This needs to be emphasized, and care should be taken that one aspect does not crowd out the other. Excellence in relevance is what the staff strives for, and the panel support this wholeheartedly. Therefore the panel hopes that possibilities remain to get on the ground experience for young staff members. Lastly, the time spent on web-learning should be valued the same way in-class teaching is.

The staff jointly accumulates an extensive and varied international professional experience, yet is predominantly Belgian. Students have not expressed concern over the latter, but the impact of diversity in teaching staff ranges from benefits to fellow teachers to other students. It creates a rich learning environment with differing life experiences, cognitive reasoning and teaching styles.

Students do not only get help from teachers and supporting staff. Within their own small **community**, they really help each other. Some students indicated they learn as much at the coffee machine as in class. The programme knows this, and tries to include as many discussions as possible, to encourage sharing information and points of view. This 'community feeling' is really important, and the new MSTAH will have to find an online equivalent to this.

It was acknowledged that students and professionals alike are expected to perform in the world with English as the "official" language. Yet there does not seem to be a major focus on the **level of English** theses are written in. The panel suggests having the first report students write during the semester be checked with an official language institute and feedback given early on. Including one class on academic writing at the beginning of the semester would also be beneficial to students.

The **facilities** are excellent. Students housing in Antwerp tends to be expensive and of low quality, so ITM built their own student housing and student restaurant. This accommodates for all student needs, at a very convenient location. The panel also visited some modern classrooms and labs. Students expressed how having library and online access to relevant information enabled them to do more research than in their home country. The technical and supporting staff does not only help students, it also tries to empower them. Students should be able to end up doing everything themselves. The panel appreciates this approach.

The scope of the institute is going to be widened and they will also try to attract students from high income countries. This is important for collaborative learning in a diverse student group. Furthermore students from LMIC are mostly depending on **scholarships**, and if the largest provider of these scholarships – DGD – stops, the programmes would be in trouble. The programmes are also looking into funding from middle income countries, such as Thailand. Those countries are starting to set up scholarships as well.

Concluding, the MPH is an international example for this standard. The curriculum is well designed. It is quite demanding, but students receive a lot of support in a coherent and stimulating learning environment. The facilities are excellent. That is why the panel scores the learning process as ‘excellent’. The MSTA<sup>H</sup> offered a programme that was well designed, but a little out of date. The new programme fixes some issues in the old one, but attention should be paid to supporting the students in this new online environment. Therefore, the panel evaluates the learning process of the MSTA<sup>H</sup> as ‘satisfactory’.

### Generic quality standard 3 - Outcome Level Achieved

**The assessment panel evaluates the outcome level achieved for the Master of Science in Public Health as EXCELLENT and for the Master of Science in Tropical Animal Health as GOOD.**

The **MPH** uses **rubrics** for student evaluation in some courses. The panel advises to develop these for all courses, in order to limit variation in evaluation standards resulting from differential interpretations. Also, training sessions on how to assess and evaluate (possibly even on developing rubrics) would put assessors on a level playing field and ensure



a standard is used. After looking at a selection of assignments, the panel concluded that the questions are varied and aimed at the right level.

The **theses**, the final product of the MPH, are of high quality and are accurately rated. They are thoroughly assessed by an independent jury, which is an appreciable and credible procedure. The entire thesis process is transparent. There are two readers, five jurors at the oral defense and clear feedback for the students.

The **MSTAH** uses **assessment and evaluation methods** that are well-designed, even if some students asked for more standardisation between the different lecturers. The thesis is judged by an external jury and with a grid of criteria to be taken into consideration. The panel appreciated this thesis procedure, just like the one of MPH.

The overall **level of the MSTAH theses** was good. The panel noticed that a few theses were over-graded, where they probably deserved a little less. After an explanatory talk with the teaching staff, the panel completely understands why this is done. The mission of the programme is to support students from LMIC, with several years of working experience, who come to Antwerp on a scholarship. Their level might not be high, but they still go back with a lot of useful knowledge and skills to start a process of capacity-building. To make sure everyone knows what the level of the graduated students is, an overview of all marks in the past five years is added to every diploma. This way, it is clear that the student with 10/20 succeeded, but did not excel. Sometimes, this is also due to their lack of proficiency in English.

For the **new web-based MSTAH programme**, the panel concluded that (at least for the teaching materials that were made available) **assessment methods** have been specifically chosen for assessing web-based modules. They also seem in coherence with the PLO. No students have yet been evaluated so it was impossible for the panel to assess the level achieved by future students. However, the panel is confident that this will be good, if sufficient attention is paid to the fine-tuning of the new programme.

In the new MSTAH programme, the **theses** are going to be defended in ITM or in UP. So in order to have a standardised evaluation system in both institutions, it is essential to prepare a joint document describing the way the jury should be organised and the criteria used for scoring, in order to insure an equivalent level of diploma in both institutions.

**Alumni** from both programmes report that they benefit from their education at ITM in tangible and intangible ways. They make clear steps forward in their careers resulting from obtaining their diploma. They also form a strong professional network and contribute to other influential networks for advocacy, capacity building and policy change. Alumni are extremely happy and satisfied with having attended ITM. They indicated they either progressed to a PhD or were promoted upon return to their home country. For the new programme, it will be important to monitor student's careers after the programme in order to assess if the change in the teaching methods impacted the employability level of graduates.

The panel thinks the programmes should consider developing robust **impact parameters** (for internal reflection and for sharing with stakeholders) that demonstrate the value of the programmes in careers of alumni, policy impact on countries in LMIC, and knock on effects, including building community and network strength for advocacy and knowledge uptake. The United Kingdom Department for International Development (DFID) Research Programme Consortium (RPC) projects have a robust template for such assessment, which could be used as a reference.

Concluding, the programmes successfully prepare their students for a next step in their career. Students clearly benefit from their time at ITM. The assessment and evaluation methods are varied and on the right level. The theses are generally of good quality as well. The MSTAHA will have to make sure all assessment and evaluation methods are adapted to the new format. Therefore, the panel evaluates the outcome level achieved of the MPH as 'excellent' and that of the MSTAHA as 'good'.

#### **Generic quality standard 4 - Structure and Organisation of Internal Quality Assurance**

**The assessment panel evaluates the structure and organisation of the internal quality assurance of the Master of Science in Public Health as EXCELLENT and for the Master of Science in Tropical Animal Health as GOOD.**

The panel was impressed by the attention that is paid to quality and quality assurance at ITM. It is not just a matter of formal rules, but quality is valued and treasured. Regular course evaluations, alumni surveys, staff meetings and student evaluations (both quantitative and qualitative) are undertaken. Typically complaints and concerns are viewed constructively,

problems are identified and often handled quickly. There is a clear organizational procedure for receiving information, discussing concerns and implementing changes. Concerning adaptation of the programme, the students notice that the required changes were adequately dealt with if student representatives brought them up. The small nature of the programmes also allows for close contact between everyone involved, so informal feedback is also given and used on a daily basis. The MPH in particular is a thorough and elaborate programme, and is often dynamically modified and updated.

The panel noted that both programmes had addressed some issues that came up during the self-assessment phase even before the site visit started. This shows that they are continuously improving.

ITM is part of TropEd and LINQED. TropEd is the Network for Education in International/Global Health. This is the only international accreditation system for course components for a master in International/Global Health. TropEd aims at improving student mobility and credit transfer between the 28 member institutions (as happens in the MPH-IH). LINQED is the Network for Quality in International Health Education. This is a DGD supported initiative, which links 14 institutional partners. They exchange experiences and good practices, review evidence and develop blueprints for seminars on specific quality assurance topics of common interest.

For the new web-based master, UP has someone who is specifically in charge of monitoring web-based learning. She makes sure students and staff receive all support necessary and even intervenes if module coordinators forget to reply in a discussion or to grade an assessment. There is also a plan to have a web-based questionnaire after each module to enable the students to evaluate the contents and teaching methods. The panel couldn't assess this questionnaire, because it was not yet available at the time of the site visit. It will be important to make this questionnaire short and to the point. If students realise actions are taken based on what they mentioned in the questionnaire, they will also take more time to fill them out. So continued attention is required for this. The informal small scale of the old programme is lost, but the quality culture should stay.

It will also be important to standardise the internal quality assurance system in both institutions. A document should be drafted, outlining who is responsible for what, as well as clear criteria. This framework for quality assurance will ensure the programme's quality into the future.

In short, the MPH has a true quality culture and is continuously evolving and improving. That is why the panel rates the structure and organisation of internal quality assurance of the MPH as 'excellent'. The MSTAHA also has a sound system for quality assurance. However, attention should be paid to this system in the transition to a new master. The quality assurance should evolve with the programme and a clear framework needs to be constructed together with UP. Therefore, the panel rates the structure and organisation of internal quality assurance of the MSTAHA as 'good'.

## Final judgement of the assessment panel - MPH

### Master of Science in Public Health

Generic quality standard 1 – Targeted Outcome Level	E
Generic quality standard 2 – Learning Process	E
Generic quality standard 3 – Outcome Level Achieved	E
Generic quality standard 4 – Structure and Organisation of Internal Quality Assurance	E

As the **Generic quality standard 1** is evaluated as 'excellent', the **Generic quality standard 2** is evaluated as 'excellent', the **Generic quality standard 3** is evaluated as 'excellent' and the **Generic quality standard 4** is evaluated as 'excellent', the final judgement of the assessment panel about the Master of Science in Public Health is 'excellent', according to the decision rules.

## Final judgement of the assessment panel - MSTA

### Master of Science in Tropical Animal Health

Generic quality standard 1 – Targeted Outcome Level	G
Generic quality standard 2 – Learning Process	S
Generic quality standard 3 – Outcome Level Achieved	G
Generic quality standard 4 – Structure and Organisation of Internal Quality Assurance	G

As the **Generic quality standard 1** is evaluated as 'good', the **Generic quality standard 2** is evaluated as 'satisfactory', the **Generic quality standard 3** is evaluated as 'good' and the **Generic quality standard 4** is evaluated as 'good', the final judgement of the assessment panel about the Master of Science in Tropical Animal Health is 'good', according to the decision rules.

## Summary of the recommendations for further improvement of the study programme

### Generic quality standard 1 – Targeted Outcome Level

- If the new MSTAHA programme wants to focus more on one health approaches in LMIC, add a PLO on indigenous knowledge, community approaches to health, qualitative and participatory approaches
- Make an overall document together with the University of Pretoria, standardising all the PLO and how they are distributed between the different modules of the new MSTAHA programme.

### Generic quality standard 2 – Learning Process

- Experiment in the MPH-programme with offering more choice to the students.
- Give specific attention in the MSTAHA programme to the follow-up of the students during the web-learning time, in order to quickly identify any students that would need more help or support and to avoid drop-outs.
- In order to really achieve an international coverage of tropical animal health and to train international specialists, focus in the MSTAHA programme on countries and diseases outside Southern part of Africa as well.
- Focus on the level of English theses are written in. Have the first report students write during the semester be checked with an official language institute and give feedback early on. Include one class on academic writing at the beginning of the semester.

### Generic quality standard 3 – Outcome Level Achieved

- Develop rubrics for all courses of the MPH programme, in order to limit variation in evaluation standards resulting from differential interpretations. Training sessions on how to assess and evaluate would put assessors on a level playing field and ensure a standard is used.
- In order to have a standardised evaluation system of the theses in the new MSTAHA programme and to insure an equivalent level of diploma in ITM and UP prepare a joint document describing the way the jury should be organised and the criteria used for scoring.
- Consider developing robust impact parameters (for internal reflection and for sharing with stakeholders) that demonstrate the value of the programmes in careers of alumni, policy impact on countries in LMIC, and knock on effects, including building community and network strength for advocacy and knowledge uptake. The United Kingdom Department for International Development (DFID) Research Programme

Consortium (RPC) projects have a robust template for such assessment, which could be used as a reference.

#### **Generic quality standard 4 - Structure and Organisation of Internal Quality Assurance**

- Pay attention to the system of quality assurance MSTA in transition to a new master. Standardise the internal quality assurance system in ITM and UP. Construct together with UP a clear framework. Outline who is responsible for what and define clear criteria.
- The panel wishes to express its appreciation for the initiatives that are and will be taken to implement its suggestions. These include – based on the reflections during the first feedback round – for example an initiative that has been developed for the master students to get formal feedback on their level and academic use of English and the further development of a framework for quality assurance with mutual responsibilities taking into account the academic regulations and quality assurance procedures of both (UP and ITM) institutions.





# **APPENDIX**

Curricula vitae of  
the members of  
the assessment panel

**Prof. dr. Gerda Croiset** studied medicine (MD in 1995) and biology (MSc cum laude in 1989) at Utrecht University (UU). She did research in the field of neuroscience and immunology and completed her PhD in 1989 at the Rudolf Magnus Institute for Neurosciences (UU). In 2002 she was appointed as Associate Professor of Medical Pharmacology at the Rudolph Magnus Institute for Neurosciences of the University Medical Center Utrecht. She also coordinated the development and implementation of two educational programmes: the international research master titled 'Neuroscience and Cognition' and a 4 year joint MD-PhD degree programme, the Selective Utrecht Medical Masters (SUMMA). She was appointed in 2006 as Professor of Medical Education at Utrecht University and in addition in 2007 as the Educational Director for Health Care Sciences which included the Master of Science programmes in nursing, physical therapy and speech therapy. In 2007, Gerda Croiset was also appointed as the Chairperson of the Educational Advisory Committee of the Board of Directors at Utrecht University. In 2009 she moved to the VU University Medical Centre in Amsterdam, where she became director of VUmc School of Medical Sciences which included the Bachelor of Science programme in Medicine, and the Master of Science programmes in Medicine, Oncology, Cardiovascular Research and Epidemiology. She does research of medical education and heads a group of one assistant professor and six PhD students. Since 2015 she is the chairmen of the Dutch committee of medical education directors.

**Dr Flavie Goutard** is a veterinarian specialised in applied epidemiology. She worked as a technical assistant for the French Cooperation in Namibia, where she spent 5 years (200-2005) and developed an animal surveillance network in the Northern provinces. She did her Master degree in Epidemiology and Public health, by long distance with the Royal veterinary college, in London. She is now working for CIRAD since 2005 within the research unit AGIRs. She has 15 years of experience in the field of infectious diseases epidemiology in tropical countries, working mainly on the development of adapted surveillance and control strategies for animal diseases in rural settings. She worked as an international consultant for the FAO and OIE in the development of training course in epidemiology. Her recent research focus on participatory epidemiology, evaluation of surveillance, risk assessment and on the ways to improve zoonotic diseases detection with risk-based methodology. She received her PhD in Public Health Security in 2015 with the CNAM, Paris. She is actually adjunct professor at Kasetsart University, Bangkok, Thailand, coordinating a new Master Program in One Health, InterRisk and coordinating the CIRAD research platform GREASE.

**Dr Kabir Sheikh**, Senior Research Scientist and Associate Professor at the Public Health Foundation of India (PHFI), New Delhi, is a field-leading global health practitioner and health policy and systems researcher. He is a public health physician with a Masters in Public Health and a PhD in Health Policy from the London School of Hygiene and Tropical Medicine. At PHFI, Dr Sheikh directs the Health Governance Hub, a programme of research on diverse themes including the health workforce, community participation and decentralisation, health regulation and stewardship, primary health care, access to medicines, and universal health coverage, with research collaborations spanning across six continents. He also directs the WHO nodal centres for Health Policy and Systems Research and Implementation Research at PHFI.

Through a career of 15 years, Dr Sheikh has extensively engaged in building the global field of health policy and systems research (HPSR) – through research leadership, authorship of signal field-building publications, and various roles supporting and convening key knowledge translation initiatives and capacity and community building initiatives in different settings globally. His contributions to the HPSR field have ranged from advancing the question-driven, socially constructed and change-oriented character of the field, to innovating with social science approaches in the study of health policy implementation processes and health systems improvements and reforms in low and middle-income countries, to promoting norms for global HPSR practice as a silo-breaking enterprise spanning the boundaries of formal research, policy and field practice.

Dr Sheikh is Vice Chair of Health Systems Global, the first international membership organization dedicated to promoting Health Systems Research and knowledge translation. He is Honorary Senior Lecturer at the London School of Hygiene & Tropical Medicine, Asian Century Visiting Fellow at the University of Melbourne, and Visiting Professor at BRAC University Dhaka. He has been a Rockefeller Foundation Bellagio scholar-in-residence (2011) and Aga Khan Foundation International Scholar (2003–06). Dr Sheikh is health systems editor of the journal *Health Policy & Planning*, and an editorial board member of *BMJ Global Health* and *Health Policy & Planning*. He has authored numerous widely cited publications on health systems strengthening and health systems research. In 2011, he led the technical team (citizen and private sector participation) for the Government of India commissioned Expert Group recommendations on Universal Health Coverage.

**Prof. dr. John Owusu Gyapong**, Bachelor of Medicine and Surgery at the University of Science and Technology, Ghana, MSc. Public Health in Developing Countries, London School of Hygiene and Tropical Medicine, University of London, England and Ph.D Public Health Epidemiology, London School of Hygiene and Tropical Medicine, University of London, England. His main area of research is infectious disease epidemiology, especially lymphatic filariasis and other neglected tropical disease and malaria. He has been involved in several large scale field epidemiological trials in Ghana including the Ghana on Vitamin A Supplementation, Malaria intervention studies and Social and economic impact of lymphatic filariasis. For over 10 years he was Director for Research and Development of the Ghana Health Service where he was responsible for health systems research.

Before assuming responsibility as Pro-Vice Chancellor he was the Vice-Dean and Professor in Epidemiology and Disease Control at the School of Public Health of the University of Ghana, and an Adjunct Professor of International Health at the Georgetown University in Washington. He serves on several international research review committees and boards. He is Fellow of the Royal Society of Tropical Medicine and Hygiene, the American Society of Tropical Medicine and Hygiene and the Ghana College of Physicians and Surgeons.

**Ms. Shanna Boodhoo** earned an Advanced MSc in Development Evaluation and Management from the Institute of Development Policy and Management (IOB) at the University of Antwerp in January 2016. Her specialization was on National Institutions, Poverty Reduction Strategies and Aid, focusing on the national Monitoring and Evaluation strategy of her home country (Guyana) specific to its extractive industry. Before completing this master she received a BSc in Sociology (distinction) from the University of Guyana. Professionally, she is a social development researcher with five years' experience conducting various types of research for international aid agencies and local governments. Prior to the evaluation of ITM, she has experience representing student interests in her capacity as elected student committee representative during her recently completed master programme.

KEY FIGURES

## Institute of Tropical Medicine

An evaluation of the quality of the master of Science in Public Health and the master of Science in Tropical Animal Health, Institute of Tropical Medicine in Antwerp

[www.vluhr.be/kwaliteitszorg](http://www.vluhr.be/kwaliteitszorg) Brussels - May 2016

vluhr

## KEY FIGURES

- Chapter I** Time schedule of the site visit
- Chapter II** List of programme-specific learning outcomes related to the validated discipline-specific learning outcomes drafted according to the VLUHR-manual
- Chapter III** Schematic overview of the curriculum, stating the number of credits available for each part of the study programme
- Chapter IV** Staff numbers, measured in FTEs, divided by category of post
- Chapter V** Intake data, student progression data and total student numbers
- Chapter VI** The length of study until receiving the qualification for each intake cohort and the average study duration for each graduating cohort
- Chapter VII** Summary of the most important activities of the study programme in relation to internationalisation, in accordance with the vision of the study programme, with as a minimum mobility on the basis of internationally accepted definitions

## Visit schedule

vlhr

## Visit schedule Institute of Tropical Medicine – Antwerp

Tuesday 17 November 2015

start	end	duration	master	NL	EN
9:00	10:00	1:00		intern beraad visitatiecommissie	private meeting of the panel and study of the information provided by the institute
10:00	12:00	2:00	ALL	opleidingsverantwoordelijken, opstellers van het zelfevaluatie rapport, student betrokken bij onderwijskundig overleg - de twee programma's	programme management, SAR team, including students and staff involved in educational debate - all programmes
12:00	13:30	1:30		middagmaal visitatiecommissie + inkijken materiaal	lunch assessment panel and private meeting
				<b>MPH</b>	<b>MPH</b>
13:30	14:30	1:00	MPH	studenten inclusief student betrokken bij onderwijskundig overleg (en student IH via skype)	students, including student involved in educational debate (and IH student via skype)
14:30	15:00	0:30		intern werkoverleg	private meeting of the panel
15:00	16:30	1:30	MPH	zelfstandig academisch personeel, inclusief docenten betrokken bij onderwijskundig overleg	teaching staff, including lecturers involved in educational debate
16:30	18:00	1:30	ALL	bezoek commissieleden aan opleidingsspecifieke onderwijsruimten, practicumlokalen, bibliotheek e.d., de twee programma's	visit of the programme specific facilities and library - all programmes
18:00	19:00	1:00		nabespreking commissie + extra gelegenheid tot inzage cursussen, nota's en examenopgaven	private meeting of the panel and study of materials
19:00				avondmaal visitatiecommissie	dinner of the assessment panel

Wednesday 18 November 2015

start	end	duration	master	NL	EN
				<b>MSTAH</b>	<b>MSTAH</b>
9:00	10:00	1:00		intern beraad en inzage documenten	private meeting of the panel and study of materials
10:00	11:00	1:00	MSTAH	studenten (2015 alumni) inclusief student betrokken bij onderwijskundig overleg (en student onlinecursus Pretoria via skype)	students (2015 alumni), including student involved in educational debate (and Pretoria online course student via skype)
11:00	11:30	0:30		intern werkoverleg	private meeting of the panel
11:30	13:00	1:30	MSTAH	zelfstandig academisch personeel, inclusief docenten betrokken bij onderwijskundig overleg	teaching staff, including lecturers involved in educational debate
13:00	14:30	1:30		middagmaal commissie en werkoverleg	lunch assessment panel and private meeting
14:30	16:00	1:30	ALL	opleidingsspecifieke ondersteuning	personnel (at programme level) with respect to support, facilities and services
16:00	17:00	1:00		nabespreking, gelegenheid tot inzage cursussen, nota's en examenopgaven	private meeting of the panel and study of materials
17:00	18:00	1:00	MPH	gesprek met de afgestudeerden + beroepenveld	alumni MPH and delegation from the professional field
18:00	18:15	0:15		pauze	break
18:15	19:00	0:45	MSTAH	gesprek met de afgestudeerden MSTAH + beroepenveld	alumni MSTAH and delegation professional field
19:00				avondmaal commissie	dinner panel



**Thursday 19 November 2015**

start	end	duration	master	NL	EN
9:00	10:00	1:00	ALL	spreekuur en aanvullende gesprekken op uitnodiging van de commissie	consultation hour
10:00	10:30	0:30		intern beraad commissie	private meeting of the panel
10:30	12:00	1:30	ALL	gesprek met de opleidingsverantwoordelijken	programme management team, SAR team
12:00	15:00	3:00		intern beraad van de commissie, voorbereiding mondelinge rapportering (met broodjeslunch)	private meeting of the panel, preparation of presentation of first findings
15:00			ALL	mondelinge rapportering	presentation of first findings

MPH	Master of Science in Public Health
MSTAH	Master of Science in Tropical Animal Health

KEY FIGURES  
INSTITUTE OF TROPICAL MEDICINE

**Master of Science in Public Health**

vlhr

## Appendix II. Comparative summary of MPH programme learning outcomes (MPH-PLO related to the validated discipline specific learning outcomes (DSLO))

Discipline specific learning outcomes (DSLO) →	Demonstrate insight and knowledge in public health related disciplines such as epidemiology, demography and bio-statistics, management and political sciences, social and behavioural sciences, and environmental sciences	Discuss the relative role of health care and other determinants in improving health and wellbeing of populations	Apply theoretical frameworks and appropriate research methods to analyse health systems at local and (supra-)national levels taking all stakeholders' perspectives into account	Apply quantitative and qualitative research methods to analyse, monitor and evaluate specific health problems, their determinants and prevention/control interventions	Formulate policy advice for health systems' management	Formulate evidence-based and context-specific health programmes/interventions and plan their implementation, taking the resources, perspectives and priorities of providers and beneficiaries into account	Retrieve, appraise, synthesise and report scientific and colloquial evidence for decision-making in public health in a systematic and transparent way	Effectively communicate the analysis of health (care) problems and related solutions in a scientifically grounded way to expert and non-expert audiences, both in writing and orally	Function responsibly and independently in a professional team, demonstrating analytical and problem solving skills as well as communication and negotiation skills	Demonstrate abilities for life-long learning	Critically reflect on underlying values and normative frameworks in public health
MPH programme learning outcomes (MPH-PLO) ↓											
HSMP/DC Common LO											
• Perform a comprehensive analysis of a health system.	X	X	X		X						implicit
• Formulate an evidence-based and context-specific health programme.	X	X		X	X	X					implicit
• Master relevant quantitative and qualitative research methods.	X		X	X							
• Master relevant health system and policy research methods	X		X		X						
• Search, select, appraise, summarize and translate evidence.	X				X	X	X			implicit	
• Clearly communicate orally and in writing to professional and scientific audiences.							X	X	X		
• Effectively work in a team.									X		

Discipline specific learning outcomes (DSLLO) →	Demonstrate insight and knowledge in public health related disciplines such as epidemiology, demography and bio-statistics, management and political sciences, social and behavioural sciences, and environmental sciences	Discuss the relative role of health care and other determinants in improving health and wellbeing of populations	Apply theoretical frameworks and appropriate research methods to analyse health systems at local and (supra-)national levels taking all stakeholders' perspectives into account	Apply quantitative and qualitative research methods to analyse, monitor and evaluate specific health problems, their determinants and prevention/control interventions	Formulate policy advice for health systems' management	Formulate evidence-based and context-specific health programmes/interventions and plan their implementation, taking the resources, perspectives and priorities of providers and beneficiaries into account	Retrieve, appraise, synthesise and report scientific and colloquial evidence for decision-making in public health in a systematic and transparent way	Effectively communicate the analysis of health (care) problems and related solutions in a scientifically grounded way to expert and non-expert audiences, both in writing and orally	Function responsibly and independently in a professional team, demonstrating analytical and problem solving skills as well as communication and negotiation skills	Demonstrate abilities for life-long learning	Critically reflect on underlying values and normative frameworks in public health
MPH programme learning outcomes (MPH-PLO) ↓											
HSMP Specific LO											
• Assess the performance of local and national health organisations, systems and policies.	X	X	X				X				Implicit
• Formulate evidence-based and context-specific strategies for health systems strengthening.	X				X	X	X				implicit
• Communicate and negotiate with relevant stakeholders								X	X		
DC Specific LO											
• Master relevant quantitative and qualitative research methods.	X		X	X							
• Assess the importance of different aspects of a comprehensive range of tropical diseases / sexual and reproductive health problems and their main determinants at national or more local levels.	X	X		X			X				

Discipline specific learning outcomes (DSLO) →	Demonstrate insight and knowledge in public health related disciplines such as epidemiology, demography and bio-statistics, management and political sciences, social and behavioural sciences, and environmental sciences	Discuss the relative role of health care and other determinants in improving health and wellbeing of populations	Apply theoretical frameworks and appropriate research methods to analyse health systems at local and (supra-)national levels taking all stakeholders' perspectives into account	Apply quantitative and qualitative research methods to analyse, monitor and evaluate specific health problems, their determinants and prevention/control interventions	Formulate policy advice for health systems' management	Formulate evidence-based and context-specific health programmes/interventions and plan their implementation, taking the resources, perspectives and priorities of providers and beneficiaries into account	Retrieve, appraise, synthesise and report scientific and colloquial evidence for decision-making in public health in a systematic and transparent way	Effectively communicate the analysis of health (care) problems and related solutions in a scientifically grounded way to expert and non-expert audiences, both in writing and orally	Function responsibly and independently in a professional team, demonstrating analytical and problem solving skills as well as communication and negotiation skills	Demonstrate abilities for life-long learning	Critically reflect on underlying values and normative frameworks in public health
MPH programme learning outcomes (MPH-PLO) ↓											
DC Specific LO											
• Critically appraise possible strategies in tropical disease control / sexual and reproductive health based on evidence and contextual elements.	X			X			X				implicit
• Prioritise and formulate specific strategies related to tropical disease control / sexual and reproductive health within the framework of the existing health system and social context.	X	X	X		X	X	X				implicit
• Plan implementation of those strategies considering the existing health system organisation; the actors involved including the community, the available resources; human rights and gender aspects.	X		X			X	X				X

Discipline specific learning outcomes (DSLO) →	Demonstrate insight and knowledge in public health related disciplines such as epidemiology, demography and bio-statistics, management and political sciences, social and behavioural sciences, and environmental sciences	Discuss the relative role of health care and other determinants in improving health and wellbeing of populations	Apply theoretical frameworks and appropriate research methods to analyse health systems at local and (supra-)national levels taking all stakeholders' perspectives into account	Apply quantitative and qualitative research methods to analyse, monitor and evaluate specific health problems, their determinants and prevention/control interventions	Formulate policy advice for health systems' management	Formulate evidence-based and context-specific health programmes/interventions and plan their implementation, taking the resources, perspectives and priorities of providers and beneficiaries into account	Retrieve, appraise, synthesise and report scientific and colloquial evidence for decision-making in public health in a systematic and transparent way	Effectively communicate the analysis of health (care) problems and related solutions in a scientifically grounded way to expert and non-expert audiences, both in writing and orally	Function responsibly and independently in a professional team, demonstrating analytical and problem solving skills as well as communication and negotiation skills	Demonstrate abilities for life-long learning	Critically reflect on underlying values and normative frameworks in public health
MPH programme learning outcomes (MPH-PLO) ↓											
DC Specific LO											
• Monitor and evaluate tropical disease control/ sexual and reproductive health programmes.	X			X			X				
• Communicate and negotiate with relevant stakeholders								X	X		

## Appendix III Overview curriculum MPH-Health Systems Management & Policy

CC N°	CC-Abbr	Mod. N°	Course Component Name / Module Name	Student Invest Time (SIT)	Credits
<b>MPH - CORE</b>				<b>575</b>	<b>20</b>
<b>CC1</b>	<b>LHS</b>		<b>Local Health Systems</b>	<b>170</b>	<b>6</b>
	LHSA	1	Local Health Systems Analysis	125	
	LHSV	2	Local Health Systems Visits	45	
			Local Health Systems Visits		
<b>CC2</b>	<b>QQRM</b>		<b>Quantitative &amp; Qualitative Research Methods</b>	<b>244</b>	<b>8</b>
	EPISTAT	1	Basic Epidemiology & Statistics	134	
	DATA	2	Data Analysis	50	
	QQA	3	Quantitative and Qualitative Approaches	60	
<b>CC3</b>	<b>HPF</b>		<b>Health Programme Formulation</b>	<b>161</b>	<b>6</b>
	BURDEN	1	Health Problem Burden		
	MODEL	2	Health Problem & Determinants Model		
	INTERV	3	Intervention Analysis & Priority Setting		
	IMPLEM	4	Implementation & Evaluation		
<b>MPH-HSMP ADVANCED COURSE COMPONENTS</b>				<b>750</b>	<b>25</b>
<b>CC4</b>	<b>HPSR</b>		<b>Health Policy &amp; Systems Research</b>	<b>180</b>	<b>6</b>
	HP	1	Health Policy	45	
	HSR	2	Health Systems Research	45	
	EDM	3	Evidence for Decision-Making	90	
<b>CC5</b>	<b>LHSM</b>		<b>Local Health Systems Management</b>	<b>120</b>	<b>4</b>
	LHSM		Local Health Systems Management		
<b>CC6</b>			<b>ORIENTATION SPECIFIC OPTIONS - HSMP</b>	<b>450</b>	<b>15</b>
<b>CC6- a</b>	<b>NHS</b>	<b>a</b>	<b>National Health System (for both HSMP-options)</b>		<b>5</b>
	HFSP	1	Health Financing & Social Protection		
	NHSV	2	Study visit to the Belgian Health Services		
<b>CC6- b1</b>	<b>MAN</b>	<b>b1</b>	<b>Strategic Management of Health Systems</b>		<b>10</b>
		1	Introduction to Strategic Management of Health Care Organisations		
		2	Mapping Health Care Organisations		
		3	Assessing Performance		
		4	Making Strategic Choices		
		5	Managing Change		
<b>CC6- b2</b>	<b>POL</b>	<b>b2</b>	<b>Health Policy</b>		<b>10</b>
	HPA	1	Health Policy Analysis		
	RTH	2	Right to Health		
	RHS	3	Reforming Health Systems		
<b>SUBTOTAL CORE + ADVANCED CC</b>				<b>1325</b>	<b>45</b>
<b>CC7</b>	<b>Thesis</b>		<b>MPH - THESIS</b>	<b>450</b>	<b>15</b>
CC7	Thesis_W		Thesis Document (written work)		
CC7	Thesis_D		Thesis Defence		
<b>TOTAL SIT and CREDITS MPH</b>				<b>1775</b>	<b>60</b>

## Appendix III Overview curriculum MPH-Disease Control

CC N°	CC-Abbr	Mod. N°	Course Component Name / Module Name	Student Invest Time (SIT)	Credits
<b>MPH - CORE</b>				<b>575</b>	<b>20</b>
<b>CC1</b>	<b>LHS</b>		<b>Local Health Systems</b>	<b>170</b>	<b>6</b>
	LHSA	1	Local Health Systems Analysis	125	
	LHSV	2	Local Health Systems Visits	45	
			Local Health Systems Visits		
<b>CC2</b>	<b>QQRM</b>		<b>Quantitative &amp; Qualitative Research Methods</b>	<b>244</b>	<b>8</b>
	EPISTAT	1	Basic Epidemiology & Statistics	134	
	DATA	2	Data Analysis	50	
	QQA	3	Quantitative and Qualitative Approaches	60	
<b>CC3</b>	<b>HPF</b>		<b>Health Programme Formulation</b>	<b>161</b>	<b>6</b>
	BURDEN	1	Health Problem Burden		
	MODEL	2	Health Problem & Determinants Model		
	INTERV	3	Intervention Analysis & Priority Setting		
	IMPLEM	4	Implementation & Evaluation		
<b>MPH-DC ADVANCED COURSE COMPONENTS</b>				<b>750</b>	<b>25</b>
<b>CC4</b>	<b>HPSR</b>		<b>Health Policy &amp; Systems Research</b>	<b>180</b>	<b>6</b>
	HP	1	Health Policy	45	
	HSR	2	Health Systems Research	45	
	EDM	3	Evidence for Decision-Making	90	
<b>CC5</b>	<b>MVA</b>		<b>Multivariable analysis</b>	<b>120</b>	<b>4</b>
	LINREG	1	Linear regression		
	LOGREG	2	Logistic regression		
	SURV	3	Survival analysis		
<b>CC6</b>			<b>OPTIONS - DC</b>	<b>450</b>	<b>15</b>
<b>CC6- A</b>	<b>TD</b>	<b>A</b>	<b>Planning &amp; Management of TD Control Programmes</b>		
		1	Project Formulation		
		2	HIV		
		3	Malaria		
		4	Tuberculosis		
		5	Neglected Tropical Diseases		
<b>CC6- B</b>	<b>RH</b>	<b>B</b>	<b>Planning &amp; Management of RH Programmes</b>		
		1	Project Formulation		
		2	HIV		
		3	Sexually Transmitted Infections		
		4	Family Planning & Unsafe Abortion		
		5	Maternal & Neonatal Health		
		6	Integrated Sexual & Reproductive Health Services		
<b>SUBTOTAL CORE + ADVANCED CC</b>				<b>1325</b>	<b>45</b>
<b>CC7</b>	<b>Thesis</b>		<b>MPH - THESIS</b>	<b>450</b>	<b>15</b>
	CC7 Thesis_W		Thesis Document (written work)		
	CC7 Thesis_D		Thesis Defence		
<b>TOTAL SIT and CREDITS MPH</b>				<b>1775</b>	<b>60</b>



## Appendix III ECTS sheets MPH

The ECTS sheets are presented separately for the MPH orientations HSMP and DC  
[www.itg.be/itg/Uploads/Onderwijs/2015/MPH\\_DC\\_HSMP\\_1314\\_CC\\_descriptions.pdf](http://www.itg.be/itg/Uploads/Onderwijs/2015/MPH_DC_HSMP_1314_CC_descriptions.pdf)

and the MPH orientation IH  
[www.itg.be/itg/Uploads/Onderwijs/2015/MPH\\_IH\\_1314\\_SC\\_descriptions.pdf](http://www.itg.be/itg/Uploads/Onderwijs/2015/MPH_IH_1314_SC_descriptions.pdf)

For the orientation International Health the ECTS sheets of additional short courses (additional to the course components of the MPH-HSMP/DC) and the PG-IIH core course are presented.

Note: alumni from the PG-IIH course can apply for an exemption for the MPH Core CCs.

## Appendix IV ITM staff and external lectures - MPH DC/HSMP 2013-2014

Staff Category (in 2014)	Surname	Name	MPH lecture contact hours	MPH coaching contact hours	Jury hours	Total investment time	File-holder of CC:	File-holder for total credits	Teaching in CCs:	Other functions
<b>ITM Faculty</b>										
<b>Full professor</b>	Coosemans	Marc	7,5			30			CC3-HPF, CC6-TD	
	Laga	Marie	73	16	26	382	CC6-RH	15	CC6-MAN, CC6-RH, CC6-TD	MPH course director, chair EPC, jury member
	Van der Stuyft	Patrick	14	8	28	116	CC2-QQRM	8	CC2-QQRM	Jury member
<b>Professor</b>	Boelaert	Marleen	42	4	35	219	CC2-QQRM, CC5-MVA, CC6-TD	27	CC2-QQRM, CC5-MVA, CC6-TD	Jury member
	Buvé	Anne	13,5	8		86	CC2-QQRM	8	CC2-QQRM, CC6-RH, CC6-TD	
	Criel	Bart	142	20	27	675	CC1-LHS, CC6-NHS	9,5	CC1-LHS, CC6-NHS, CC6-MAN	MPH course director, jury member
	D'Alessandro	Umberto	26			104			CC6-TD	
	De Brouwere	Vincent	116,5	16	27	557	CC3-HPF	6	CC3-HPF, CC4-HPSR, CC6-RH, CC6-TD	Jury member
	Kolsteren	Patrick	16,5	16		130			CC3-HPF, CC4-HPSR	
	Lynen	Lutgarde	4	8		48			CC6-RH	
	Van Damme	Wim	61	16		308	CC4-HPSR,	16	CC4-HPSR, CC6-POL,	

Staff Category (in 2014)	Surname	Name	MPH lecture contact hours	MPH coaching contact hours	Jury hours	Total investment time	File-holder of CC:	File-holder for total credits	Teaching in CCs:	Other functions
							CC6-POL		CC6-MAN, CC6-RH, CC6-TD	
<b>Associate professor</b>	Bottieau	Emmanuel	4			16			CC3-HPF, CC6-TD	
	Kegels	Guy	103	16	25	501	CC4-HPSR, CC6-MAN	16	CC3-HPF, CC4-HPSR, CC6-MAN	Jury member
	Marchal	Bruno	96	16	25	473			CC4-HPSR, CC6-MAN, CC6-TD	Jury member
	Polman	Katja	27,5	8		142			CC5-MVA, CC6-RH, CC6-TD	
	Unger	Jean-Pierre	69,5	4		294	CC5-LHSM	4	CC5-LHSM	
<b>Assistant professor</b>	Meessen	Bruno	51	12	22	274	CC6-POL	10	CC3-HPF, CC4-HPSR, CC6-POL	Jury member
<b>Academic Fellow</b>	Battaglioli	Tullia Carla Enrica	22	8		120			CC2-QQRM, CC3-HPF, CC6-TD	
	Jaspers	Veronica	8			32			CC2-QQRM	
	Marcotty	Tanguy	3			12			CC3-HPF	
	Ooms	Gorik	14			56	CC6-POL	10	CC4-HPSR, CC6-POL, CC6-RH	
	Roberfroid	Dominique	28			112	CC4-HPSR	6	CC4-HPSR	
<b>Academic Assistant</b>	Van den Bergh	Wim	8			32			CC2-QQRM	
<b>ITM (Senior) Scientific and Medical Staff</b>										
<b>Research</b>	Hasker	Epc	74	16		362			CC2-	

Staff Category (in 2014)	Surname	Name	MPH lecture contact hours	MPH coaching contact hours	Jury hours	Total investment time	File-holder of CC:	File-holder for total credits	Teaching in CCs:	Other functions
<b>Fellow</b>									QQRM, CC6-RH	
	Nöstlinger	Christiana	12	8		80			CC2-QQRM, CC6-RH	
	Peeters	Koen		8		32	CC2-QQRM	8	CC2-QQRM	
	Vanlerberghe	Veerle	81,5	8		358			CC2-QQRM, CC3-HPF, CC5-MVA, CC6-TD	
	Verdonck	Kristien	60,5	8		274			CC2-QQRM, CC5-MVA, CC6-RH	
	Vuylsteke	Bea	21	8		116			CC6-RH	
<b>Research Assistant</b>	Decoster	Kristof	2			8			CC4-HPSR, CC6-POL	
	Dkhimi	Fahdi	4	8		48			CC6-NHS, CC6-POL	
	Hammonds	Rachel	42			168			CC6-POL, CC6-RH	
	Shahabuddin	A.S.M.	3,5	4		30			CC6-RH	
	Utz	Bettina	16	4		80			CC6-RH	
	Verstraeten	Roosmarijn	10			40			CC4-HPSR	
<b>Senior co-ordinator Education</b>	Pirard	Marjan	179			716			CC1-LHS, CC2-QQRM, CC3-HPF, CC4-HPSR, CC6-POL, CC6-MAN, CC6-RH, CC6-TD,	Departmental education coordinator, MPH course coordinator, member EPC

Staff Category (in 2014)	Surname	Name	MPH lecture contact hours	MPH coaching contact hours	Jury hours	Total investment time	File-holder of CC:	File-holder for total credits	Teaching in CCs:	Other functions
									CC7-THESIS	
	Stevens	Mieke	3			12			CC3-HPF	
	Zolfo	Maria	6,5	8		58			CC3-HPF, CC6-RH, CC7-THESIS	
co-ordinator Education	Garcia Lopez	Marlon	20			80			CC1-LHS, CC4-HPSR, CC6-NHS, CC6-POL, CC6-MAN, CC6-RH, CC6-TD	MPH coordinator
	Ortuño	Nimer	80			320			CC1-LHS	
Scientific Unit Head	Ravinetto	Raffaella	4			16			CC6-POL	
	Rigouts	Leen	2			8			CC6-TD	
Senior Scientific Fellow	Van Deun	Armand	2			8			CC6-TD	
Scientific Fellow	Campos da Silveira	Valéria	51	8		236			CC4-HPSR, CC6-MAN	
	Corbex	Marilys	7	16		92			CC3-HPF	
	Delespaux	Vincent	6			24			CC7-THESIS	
	Delvaux	Thérèse	88,5	16	27	445			CC3-HPF, CC6-RH, CC6-TD	Jury member, course coordinator (option RH)
	Jiang	Lai	2			8			CC7-THESIS	

Staff Category (in 2014)	Surname	Name	MPH lecture contact hours	MPH coaching contact hours	Jury hours	Total investment time	File-holder of CC:	File-holder for total credits	Teaching in CCs:	Other functions
	Lucet	Catherine	116			464			CC6-POL, CC6-MAN, CC6-RH, CC6-TD	
	Luyckx	Christophe	4	8		48			CC6-POL	
	Ostyn	Bart	2			8			CC6-TD	
Scientific Assistant	Rasschaert	Freya	6	8		56			CC6-RH	
	Soors	Werner	34	16		200			CC6-HFSP	
	Thys	Séverine	5			20			CC6-TD	
	Van der Vennet	Jean	99,5			398			CC1-LHS, CC5-LHSM	
Medical unit head	Fransen	Catharina	2			8			CC6-RH	
Senior Medical Specialist	Crucitti	Tania	2			8			CC6-RH	
Administrative and technical staff	Assayag	Joseph	42			168			CC6-POL, CC6-RH	
	Bokros	Ildikó	28			112			CC4-HPSR	
	Coenen	Jan	21			84			CC6-RH	
	Depoortere	Evelyn	19			76			CC6-RH	
	Mehta	Pankti	14,5			58			CC3-HPF, CC4-HPSR	
	Schoonbaert	Dirk	5			20			CC4-HPSR	
van Heusden	Govert	6			24			CC7-THESIS		
<b>Non-Staff (students, external lecturers etc.)</b>										
PhD student	Bermejo	Raoul	26			104			CC6-POL	Philippines
	Delamou	Alexandre	18			72			CC6-RH	Researcher at Maferinyah, Guinea
	Kaswa	Michel	1			4			CC3-HPF	National TB Programme, R.D. Congo

Staff Category (in 2014)	Surname	Name	MPH lecture contact hours	MPH coaching contact hours	Jury hours	Total investment time	File-holder of CC:	File-holder for total credits	Teaching in CCs:	Other functions
	Ku	Grace Marie	6			24			CC3-HPF	Philippines
	Prashant	Srinivas	4			16			CC7-THESIS	IPH, India
	Tashobya	Christine	4			16			CC6-POL	PhD Makerere University, Uganda
External lecturers	Alexander Karlin	Sophie	2			8			CC6-RH	New Association Périnatalité, Belgium
	Baly	Alberto	4			16			CC6-TD	Instituto Pedro Kourí (IPK), Cuba
	Bigdeli	Maryam	4			16			CC6-POL	Alliance HPSR, WHO, Switzerland
	Bisi	Alimi	2			8			CC6-RH	Consultant on Sexual Orientation and Gender Identity issues, UK
	Blaise	Pierre	10			40			CC6-MAN	Agence Régionale de Santé de Pays de Loire, France
	Bleumink	Marijke	9			36			CC6-TD	TB and Leprosy Consultant, The Netherlands
	Borchert	Matthias	32			128			CC5-MVA	Charité – Berlin, Germany
	Bridts	Caro	2			8			CC6-NHS	Expert by experience, Belgium
	Caluwaert	Ann	12			48			CC6-RH	MSF, Belgium
	Chapman	Audrey	4			16			CC6-POL	University of Connecticut,

Staff Category (in 2014)	Surname	Name	MPH lecture contact hours	MPH coaching contact hours	Jury hours	Total investment time	File-holder of CC:	File-holder for total credits	Teaching in CCs:	Other functions
										USA
	De Clerck	Birgit	13			52			CC6-TD, CC6-RH	South Research, Belgium
	Decroo	Tom	13			52			CC6-RH	MSF, Belgium
	Deschamps-leire	Isolde	12			48			CC6-RH	Retired ITM, Belgium
	Donnay	France	4			16			CC6-RH	Gates Foundation, USA
	Dubourg	Dominique	2			8			CC6-RH	Observatoire Wallon de la Santé, Belgium
	Eide	Asbjorn	2			8			CC6-POL	Centre for Human Rights, Oslo, Norway
	Essolbi	Amina	24			96			CC3-HPF	ENSP, Rabat, Morocco
	Forlack	Emmanuel	1			4			CC3-HPF	Centre Malaria Control Unit, Yaoundé, Cameroun
	Forman	Lisa	4			16			CC6-POL	University of Toronto, Canada
	Gopal	Kusum	4			16			CC6-RH	UN Expert, India
	Henkens	Myriam	2			8			CC6-TD	International Med. Coord., MSF, Belgium
	Hoérée	Tom	4			16			CC1-LHS	General Practitioner, Belgium
	Kabatereine	Narcis	10			40			CC6-TD	Vector Control, Ministry of Health, Uganda
	Gamble	Allison	4			16			CC6-POL	Consultant,



Staff Category (in 2014)	Surname	Name	MPH lecture contact hours	MPH coaching contact hours	Jury hours	Total investment time	File-holder of CC:	File-holder for total credits	Teaching in CCs:	Other functions
	Kelley									Geneva, Switzerland
	Lachat	Carl	10			40			CC4-HPSR	University of Ghent, Belgium
	Lagarde	Mylene	2			8			CC6-RH	LSHTM, London, United Kingdom
	Lamprea	Everaldo	4			16			CC6-POL	Universidad de los Andes, Bogotá, Colombia
	Lengeler	Christian	6			24			CC6-TD	Swiss Tropical and Public Health Institute, Basel
	Maertens	Jean	11			44			CC6-MAN	CIPF, Belgium
	May	John	4			16			CC6-RH	Pop. Ref. Bureau Washington DC, USA
	Mayaud	Philippe	4			16			CC6-RH	LHSTM, London, United Kingdom
	Michielsen	Joris	2			8			CC6-NHS	University of Antwerp, Belgium
	Mulumba	Moses	4			16			CC6-POL	Makerere University, Uganda
	Neyt	Mattias	4			16			CC4-HPSR	Consultant, META-Europe, Ghent, Belgium
	Ombelet	Willem	2			8			CC6-RH	Hospital Oost-Limburg, Belgium
	Parker	Melissa	4			16			CC6-TD	LSHTM, UK
	Peeters	Bob	42,5			170			CC6-TD,	South Research,

Staff Category (in 2014)	Surname	Name	MPH lecture contact hours	MPH coaching contact hours	Jury hours	Total investment time	File-holder of CC:	File-holder for total credits	Teaching in CCs:	Other functions
									CC6-RH	Belgium
	Por	Ir	30			120			CC6-POL	National Institute of Public Health, Phnom Penh, Cambodia
	Richard	Fabienne	2			8			CC6-RH	GAMS, Brussels, Belgium
	Rieder	Hans	6			24			CC6-TD	Tuberculosis Control Advisor, The Union, Switzerland
	Roosen	Tim	2			8			CC6-POL	Plan International, Inc., Brussels, Belgium
	Simaey	Barbara	3			12			CC6-RH	South Research, Belgium
	Soucat	Agnes	10			40			CC6-POL	African Development Bank
	Swart	Charles	10			40			CC6-POL	PhD, University of Western Cape, South Africa
	Talisuna	Ambrose	15			60			CC6-TD	KEMRI-Wellcome Trust Programme, Kenya
	Turusbekova	Nonna	2			8			CC6-TD	TD consultant, KNCV, the Netherlands
	Vanden Hole	Wouter	2			8			CC6-POL	Human Rights, University of Antwerp,

Staff Category (in 2014)	Surname	Name	MPH lecture contact hours	MPH coaching contact hours	Jury hours	Total investment time	File-holder of CC:	File-holder for total credits	Teaching in CCs:	Other functions
										Belgium
	Vandenhoudt	Hilde	2			8			CC6-RH	Katholieke Hogeschool Kempen, Geel, Belgium
	Waelkens	Maria-Pia	4			16			CC6-NHS	Consultant, Belgium
	Warris	Attiya	4			16			CC6-POL	School of Law, University of Nairobi, Kenya
	Wolf	Jonathan	2			8			CC6-POL	University College London, UK
	Wouters	Edwin	8			32			CC6-POL	University of Antwerp, Belgium
Total			2574	328	242	11852				

## Appendix V and VI Student intake, progression rate and pass rate MPH-DC 2006-2014

course	academic year	total N° students	Passed 1st session	Pass rate	Course interrupted	Course completed & passed in later session (Year)	Failed in 1st session	Passed in 2nd session (Year)
MDC	2005-2006	19	18	95%	1	1 (2007)		
MCM	2006-2007	19	19	100%				
MDC	2007-2008	21	21	100%				
MCM	2008-2009	25	24	96%	1	1 (2011)		
MDC	2009-2010	24	23	96%			1	1 (2011)
MCM	2010-2011	24	24	100%				
MDC-DC	2011-2012	23	23	100%				
MPH-CM	2012-2013	24	23	96%			1	1 (2014)
MPH-DC	2013-2014	22	22	100%				

## Appendix V and VI Student intake, progression rate and pass rate MPH-HSMP 2006-2014

course	academic year	total N° students	Passed 1st session	Pass rate	Course interrupted	Course completed & passed in later session (Year)	Failed in 1st session	Passed in 2nd session (Year)
ICHD	2005-2006	35	35	100%				
PMSS	2006-2007	36	34	94%			2	1 (2010)
HSMP	2007-2008	38	36	95%			1	
PMSS	2008-2009	21	21	100%				
HSMP	2009-2010	25	24	96%	1			
PMSS	2010-2011	20	18	90%	1		1	
MPH-HSMP	2011-2012	24	24	100%				
MPH-PMSS	2012-2013	20	19	95%	1			
MPH-HSMP	2013-2014	23	23	100%				

## Appendix VII Summary internationalisation activities (including mobility)

### Credit mobility in the MPH orientation IH

“International credit mobility” is defined as minimum 15 credits, or less than 15 credits however within a stay abroad of at least 3 months, during a Bachelor or Master programme.

In the case of ITM (Master after Master programme), credit mobility is possible in the flexible orientation IH of the MPH. The table below gives examples of mobility by recent MPH-IH students.

Stud. number	Nationality	Year of registration in MPH-IH	Credit mobility realized to-date (May 2015), place and credits	Stage
827	Belgium	2012	Heidelberg university, 6c.	Graduated 17/09/2014
7677	India	2013	Charité Berlin, 11.5 c. Heidelberg University, 3c. Umeå University, 5c.	In progress
7466	Portugal	2013	Charité Berlin, 4,5c.	In progress
5774	France	2013	Heidelberg University, 3c., University of Bergen, 11c.	In progress
6527	Germany	2014	KIT Amsterdam, 4c., LSHTM London, 5c.	In progress
5733	Belgium	2014	Charité Berlin 3c.	In progress

## Nationalities of MPH DC/HSMP students

Nationality	Ac. Years										Grand Total Students
	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014		
<b>Africa</b>	<b>27</b>	<b>47</b>	<b>28</b>	<b>39</b>	<b>25</b>	<b>35</b>	<b>23</b>	<b>41</b>	<b>24</b>	<b>289</b>	
ALGERIA		2				2		1		5	
ANGOLA				1						1	
BENIN		2		2		3		3	3	13	
BURKINA FASO		3	1	3		4	2	5		18	
BURUNDI	1	2		1		2	1	1	2	10	
CAMEROON	3	6	4	4	3	5	2	4	2	33	
CENTRAL AFRICAN REP.		3		1						4	
CHAD		2								2	
CONGO, THE DEM. REP.	4	8	2	10	1	5	2	9	1	42	
COTE D'IVOIRE	1	3		5	1	2		5	1	18	
ETHIOPIA	3		4		2		1		1	11	
GHANA	1									1	
GUINEA		3		1		3		3	1	11	
KENYA	1		1		1		2		4	9	
LIBERIA	1		1		3				1	6	
MADAGASCAR		2		1		2		3		8	
MALAWI	1		1							2	
MALI		6		4	1	3		3	1	18	
MAURITANIA		2								2	
MOROCCO				1	1					2	
MOZAMBIQUE	1		2				2			5	
NIGER				2	1	3		2		8	
NIGERIA			3							3	
RWANDA		1		2		1	2		2	8	
SENEGAL				1	1			1		3	
SUDAN			3							3	
TANZANIA, UNIT. REP. OF	2		2		1		2		1	8	
TOGO		2								2	
TUNISIA								1		1	
UGANDA	4		2		5		4		1	16	
ZAMBIA			1		1		1			3	
ZIMBABWE	4		1		3		2		3	13	
<b>Asia</b>	<b>17</b>	<b>2</b>	<b>19</b>		<b>11</b>		<b>16</b>		<b>14</b>	<b>79</b>	
AFGHANISTAN			1							1	
AZERBEIDZIAN			1				1		1	3	
BANGLADESH	1		2		1		3		2	9	
CAMBODIA	5	2	3		3		1		1	15	
CHINA	1		1		1		1			4	
INDIA	3		3		2		3		4	15	
INDONESIA			1		2				1	4	
JAPAN			1							1	
JORDAN	1									1	
MYANMAR	1				1		2		1	5	
NEPAL			1						1	2	
PALESTINIAN TERR., OCCUP.	1						1			2	
PHILIPPINES			2		1					3	
THAILAND	3		2				2		2	9	
VIET NAM	1		1				2			4	
<b>Belgium</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>5</b>	<b>4</b>	<b>2</b>	<b>3</b>	<b>1</b>	<b>20</b>	
BELGIUM	2	1	1	1	5	4	2	3	1	20	
<b>EU</b>	<b>2</b>	<b>2</b>	<b>3</b>	<b>3</b>	<b>2</b>		<b>1</b>		<b>2</b>	<b>15</b>	
FRANCE		1		1			1			3	
ITALY	2	1	1	2	1					7	
NETHERLANDS			2						2	4	
SPAIN					1					1	
<b>Latin America</b>	<b>4</b>	<b>1</b>	<b>8</b>	<b>2</b>	<b>5</b>	<b>2</b>	<b>3</b>		<b>4</b>	<b>29</b>	
BOLIVIA	1		2		1				1	5	
CHILE									1	1	
COLOMBIA			2		1		3			6	
COSTA RICA	1									1	
CUBA	1			1	2					4	
ECUADOR			1							1	
NICARAGUA			1						1	2	
PERU	1			1	1	2			1	7	
SURINAME			1							1	
VENEZUELA		1								1	
<b>Other</b>	<b>2</b>			<b>1</b>	<b>1</b>	<b>3</b>	<b>2</b>			<b>9</b>	
CANADA						1	1			2	
FIJI	1									1	
HAITI				1	1	2	1			5	
UNITED STATES	1									1	
<b>Grand Total Students</b>	<b>54</b>	<b>53</b>	<b>59</b>	<b>46</b>	<b>49</b>	<b>44</b>	<b>47</b>	<b>44</b>	<b>45</b>	<b>441</b>	
<b>Number of different countries</b>	<b>30</b>	<b>19</b>	<b>35</b>	<b>21</b>	<b>29</b>	<b>16</b>	<b>27</b>	<b>14</b>	<b>29</b>	<b>66</b>	

KEY FIGURES  
INSTITUTE OF TROPICAL MEDICINE

**Master of Science  
in Tropical Animal Health**

vlhr



## Appendix II. Translation of discipline- specific learning outcomes into programme-specific learning outcomes

PLO DSLO	Common							EPI				DC		
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Demonstrate knowledge and insight in the biology, eco-epidemiology and diagnostics of tropical animal diseases and zoonoses in function of prevention, surveillance and control.	x			x	x	x	x		x	x	x	x	x	x
Analyse the One Health approach and its potential to prevent or control negative effects of interactions between animal, human and ecosystem health.			x	x			x							x
Analyse the need for prevention, surveillance and control strategies related to the socio-economic impact of tropical animal diseases and zoonoses in low and middle income countries.				x			x			x				
Identify and select appropriate tools to analyse experimental and epidemiological data and perform a detailed risk analysis to prevent and control tropical animal diseases and zoonoses.					x	x	x		x	x				x
Develop a research protocol conform current norms and standards.					x	x	x							
Apply and interpret diagnostic methods and techniques for tropical animal diseases and zoonoses.						x	x	x	x	x				
Critically assess the quality of empirically obtained research results and identify solutions for limitations and shortcomings.	x				x	x	x	x	x	x				
Plan, lead and follow-up research activities on tropical animal health and zoonoses in low and middle income countries.						x	x			x				x
Formulate recommendations for prevention, surveillance and control strategies of tropical animal diseases and zoonoses in low and middle income countries.		x					x			x				x

Effectively communicate in writing and orally with experts and other stakeholders in the domain of tropical animal health, in a local and international context.		x	x				x	x		x	x	x				x
Effectively collaborate in an interdisciplinary and international research team.		x	x				x	x			x	x				x
Demonstrate abilities for lifelong learning.				x	x	x	x	x	x	x	x	x				x

## Appendix III Schematic overview of the curriculum

<b>COMMON MODULE</b> <b>14 credits</b> <ul style="list-style-type: none"><li>• Research Methodology (10)</li><li>• Epidemiology of specific diseases (4)</li></ul>	<b>MAJOR EPIDEMIOLOGY</b> <b>26 credits</b> <ul style="list-style-type: none"><li>• Statistics (11)</li><li>• GIS (5)</li><li>• Risk Analysis (10)</li></ul> <hr/> <b>MAJOR ANIMAL DISEASE CONTROL</b> <b>21 credits</b> <ul style="list-style-type: none"><li>• Vector borne disease control (7)</li><li>• Infectious disease control (4)</li><li>• Helminthic disease control (4)</li><li>• Laboratory diagnosis (6)</li></ul>	<b>THESIS</b> Epidemiology (20) Animal disease control (25)
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## Appendix IV Number of staff deployed, analysed by appointment category

	Contact Hours	N° of theses for coaching*	N° theses as reader	Jury Hours	Module coordinator total credits
<b>Retired Dr ITM</b>	<b>40</b>		<b>1</b>	<b>10</b>	
De Deken Redgi	40		1	10	
<b>Retired Professor ITM</b>	<b>2</b>				
Geerts Stanny	2				
<b>Post-doc research assistant</b>	<b>94</b>	<b>3</b>	<b>3</b>	<b>9</b>	<b>9</b>
Abatih Emmanuel	94	3	1	1	9
Meurs Lynn			1	1	
Rovira-Vallbona Eduard			1	7	
<b>Assistant professor</b>	<b>15</b>	<b>1</b>	<b>1</b>	<b>7</b>	
Anna Rosanas		1			
Deborggraeve Stijn	15		1	7	
<b>Administrative and technical personel</b>	<b>74</b>				
Assayag Jos	3				
De Deken Gill	9				
De Ridder Karin	9				
De Witte Jacobus	9				
Didden Kris	8				
Janssen Famke	9				
Matetovici Irena	9				
Van Hul Anke	9				
Vermeiren Lieve	9				
<b>Professor</b>	<b>177</b>	<b>11</b>	<b>3</b>	<b>15</b>	<b>32</b>
Berkvens Dirk	124	6			21
Büscher Philippe		1	1	5	
Dorny Pierre	25	2	1	5	4
Madder Maxime	28	2	1	5	7
<b>Senior researcher</b>	<b>21</b>	<b>4</b>	<b>3</b>	<b>22</b>	
Caljon Guy	8	1	1	10	
De Goeyse Ine		1			
Eddyani Miriam			1	7	
Gabriel Sarah	13	2	1	5	
<b>Scientific expert</b>	<b>42</b>		<b>1</b>	<b>10</b>	
Claes Leen	4				
Delespau Vincent	38		1	10	
<b>Full professor</b>	<b>18</b>				
Coosemans Marc	3				
Kestens Luc	15				
<b>Associate professor</b>	<b>99</b>	<b>4</b>	<b>1</b>	<b>5</b>	<b>6</b>
De Jong Bouke		1			
Van Den Abbeele Jan	99	3	1	5	6
<b>Junior researcher</b>	<b>5</b>				
Deblauwe Isra	5				
<b>Senior scientific expert</b>		<b>1</b>			
Rigouts Leen		1			
<b>Education coordinator</b>	<b>35</b>		<b>1</b>	<b>10</b>	
Stevens Mieke	35		1	10	
<b>Retired Education coordinator</b>	<b>67</b>		<b>1</b>	<b>1</b>	<b>14</b>
Thys Eric	67		1	1	14
<b>PhD student</b>	<b>5</b>				
Thys Séverine	5				
<b>Invited lecturer</b>	<b>140</b>		<b>8</b>	<b>63</b>	
Akoda Komlan Gilbert			1	10	
D'Haese Marijke	4				
De Clercq Kris			1	10	
Dewals Benjamin	2				
Godfroid Jacques	2				
Losson Bertrand			1	10	
Oosthuizen Marinda			1	5	
Saegerman Claude	6		1	8	
Schandevyl Peter	6				
Schiffelers Remy	6				
Soumare Baba			1	7	
Speybroeck Nico			1	8	
Tack Wesley	95				
Thiry Etienne	6				
Van den Berg Thierry	5				
Van Vuuren Moritz	4				
Vercruysse Jef	4		1	5	
<b>Grand Total</b>	<b>834</b>	<b>24</b>	<b>23</b>	<b>152</b>	<b>61</b>

\* some students have 2 supervisors, for each of the supervisors it is counted as 1

## Appendix 4 Number of staff deployed, analysed by appointment category.

### Continued

Staff (internal and external)	Coordinator of the following modules	Teaches in the following modules	Other functions
<b>Post-doc research assistant</b>			
Abatih Emmanuel	GIS, ECS	Stat, GIS, RA, ECS	Jury Member
Deborggraeve Stijn		LAB	Jury Member
<b>Administrative and technical personnel</b>			
Assayag Jos		RM	
De Deken Gill		VBD, HELM	
De Ridder Karin		LAB	
De Witte Jacobus		VBD, HELM, LAB	
Didden Kris		RM	
Janssen Famke		VBD, HELM	
Matetovici Irena		LAB	
Van Hul Anke		VBD, HELM	
Vermeiren Lieve		LAB	
<b>Professor</b>			
Berkvens Dirk	Stat, RA	RM, IDC, RA	
Büscher Philippe			Jury Member
Dorny Pierre	HELM	HELM	Jury Member, Course Director
Madder Maxime	VBD	RM, VBD	Jury Member
<b>Senior researcher</b>			
Caljon Guy		LAB	Jury Member
Eddyani Miriam			Jury Member
Gabriel Sarah		HELM	Jury Member
<b>Scientific expert</b>			
Claes Leen		HELM	
Delespau Vincent		RM, VBD, LAB	Jury Member
<b>Full professor</b>			
Coosemans Marc		VBD	
Kestens Luc		LAB	
<b>Associate professor</b>			
Van Den Abbeele Jan	LAB	RM, VBD, LAB	Jury Member
<b>Junior researcher</b>			
Deblauwe Isra		VBD, IDC	
<b>Education coordinator</b>			
Stevens Mieke		RM, ECS	Jury Member, Course Coordinator
<b>Retired Education coordinator</b>			
Thys Eric	RM, IDC	RM, IDC	Jury Member
<b>PhD student</b>			
Thys Séverine		RM	
<b>Invited lecturer</b>			
Akoda Komlan Gilbert			Jury Member
D'Haese Marijke		RM	
De Clercq Kris			Jury Member
Dewals Benjamin		IDC	
Godfroid Jacques		IDC	
Losson Bertrand			Jury Member
Oosthuizen Marinda			Jury Member
Saegerman Claude		IDC	Jury Member
Schandevyl Peter		RM	
Schiffleers Remy		RM	
Soumare Baba			Jury Member
Speybroeck Nico			Jury Member
Tack Wesley		GIS	
Thiry Etienne		IDC	
Van den Berg Thierry		IDC	
Van Vuuren Moritz		IDC	
Vercruyse Jef		HELM	Jury Member

## Appendix V Nationalities of MSTAH students from the academic year 2006-2007 till

### 2013-2014

Countries	Academic year									
Row Labels	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	Grand Total
<b>Africa</b>	<b>19</b>	<b>15</b>	<b>15</b>	<b>16</b>	<b>15</b>	<b>18</b>	<b>12</b>	<b>23</b>	<b>12</b>	<b>145</b>
Benin		3		5		4		1		13
Burkina Faso		1		2		3				6
Burundi		2				1				3
Cameroon	3	1	1	2	2	2	1	2	1	15
Congo		1		2		4		6		13
Egypt	1									1
Ethiopia	3		5		5		5		7	25
Gambia	1									1
Ghana	2									2
Guinee								1		1
Ivory coast		1		3				4		8
Kenya			1		2				1	4
Lesotho	1									1
Madagascar								1		1
Mali				1				1		2
Mauritania		2								2
Mozambique							2		1	3
Niger		3			2	1		4		10
Nigeria			2							2
Rwanda			1	1	1	2	1	2	1	9
Senegal	1					1		1		3
Sudan			1							1
Swaziland	1									1
Tanzania	3		4		1					8
Togo		1								1
Uganda					1				1	2
Zambia	1						1			2
Zimbabwe	2				1		2			5
<b>Asia</b>	<b>3</b>		<b>5</b>	<b>1</b>	<b>5</b>		<b>6</b>		<b>7</b>	<b>27</b>
Bangladesh	1		4		3		4		3	15
Cambodia				1						1
China									1	1
India									1	1
India									1	1
Indonesia					1					1
Philippines					1				1	2
Vietnam	2		1				2			5
<b>Europe</b>	<b>1</b>	<b>1</b>	<b>1</b>		<b>1</b>				<b>2</b>	<b>6</b>
Belgium	1		1		1				1	4
Netherlands									1	1
Spain		1								1
<b>Latin America</b>	<b>1</b>	<b>1</b>	<b>2</b>		<b>1</b>	<b>2</b>	<b>2</b>			<b>9</b>
Ecuador	1		2			1				4
Guatemala							1			1
Haiti						1				1
Nicaragua					1					1
Peru		1					1			2
<b>Grand Total</b>	<b>24</b>	<b>17</b>	<b>23</b>	<b>17</b>	<b>22</b>	<b>20</b>	<b>20</b>	<b>23</b>	<b>21</b>	<b>187</b>

## Appendix VI Study length until graduation per intake cohort

### 3.4.1 Time until graduation of the student cohorts per academic year

Duration until graduation (months)	Academic year							
	2005-2006 (n=21)	2006-2007 (n=17)	2007-2008 (n=23)	2008-2009 (n=17)	2009-2010 (n=22)	2010-2011 (n=21)	2011-2012 (n=20)	2012-2013 (n=22)
10	21	15	18	14	16	21	19	19
11				2				
12			1		1			
22					2			

### 3.4.2 Number and country of students who don't obtain the degree per academic year.

Country	Academic Year*								Grand Total
	2005-2006 (n= 21)	2006-2007 (n=17)	2007-2008 (n=23)	2008-2009 (n=17)	2009-2010 (n=22)	2010-2011 (n=21)	2011-2012 (n=20)	2012-2013 (n=22)	
Bangladesh					3				3
Benin								1	1
Cameroon	1								1
Congo				1				2	3
Niger		2							2
Rwanda			1						1
Soudan			1						1
Tanzania			2						2
Vietnam							1		1
<b>Grand Total</b>	<b>1</b>	<b>2</b>	<b>4</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>1</b>	<b>3</b>	<b>15</b>

\* Years in blue are lectured in French