



# Hebrew University-Hadassah Braun School of Public Health & Community Medicine International MPH Alumni Newsletter

*Special 40<sup>th</sup> Anniversary Edition*  
*February 2015*



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## **IMPH Alumni Academic Coordinator's Note**

### **Dr. Maureen Malowany**

Dear Alumni,

Happy New Year -2015! We hope you enjoyed a holiday break in December and returned to your work refreshed and energized. The world's public health challenges are still with us but you, on the front line, are working hard to meet those challenges.

Thank you so much for the information many of you sent to Reut and Yehuda for Yehuda's visits to various foundations in North America. We continue to be inspired by your commitment to public health. Please do keep us up-to-date with your work, research, practice, public health insights and anecdotes. Your updates provide us with the information we need to take to potential funders for scholarships.

Last month, Dr. Peter A. Singer, CEO of Grand Challenges Canada came to speak to the IMPH class. He asked us to encourage you to visit their website (<http://www.grandchallenges.ca/>) and consider how you could submit your innovative ideas in health to their Grand Challenges/Global Innovations funding program. You can follow Dr. Singer on Twitter @peterasinger.

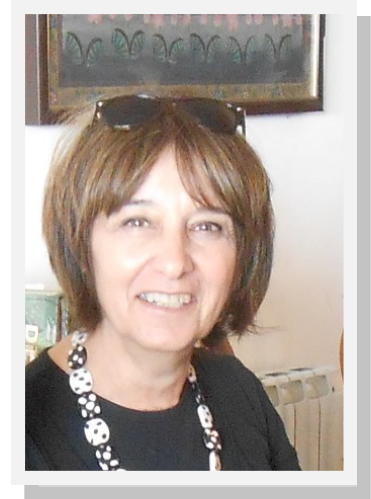
We will report on the Pears Seed Grant Awards next newsletter. Thank you to those who submitted proposals and to those whose proposals are in process.

For our Alumni in West Africa, in the next month we will return to planning for next year's meeting! Think of Health Systems innovators and experts we could bring to this meeting as key-note speakers. We will need to book a year in advance – the time is now!

Warm regards to you all,

Maureen

IMPH Alumni Academic Coordinator



## Editor's Note

This issue of The Braun School IMPH Alumni Newsletter is the first in a series of four special editions celebrating the upcoming anniversary of our 40<sup>th</sup> graduating class.

In 1971 ten students from India, Israel, Malawi, Swaziland, Thailand, The Philippines and Uruguay graduated the first IMPH program. Since then over 770 graduates from 90 countries were added to the prestigious list of The Braun School International MPH Alumni. Forty years is a long period of time. We have Alumni just starting their career, some, some are at the prime of their career doing marvelous things, some are already retired and some are no longer with us.

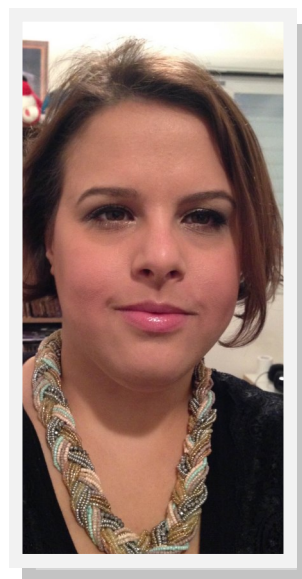
Keeping in touch with our Alumni is important for us. In the past few months we have managed to re-connect with some of our "lost" Alumni. We are still trying to reach out to other "lost" Alumni, and would appreciate any information you can provide on your former classmates or colleagues in your country.

Learning the life and career paths of our Alumni after graduation reminds us of the important skills and tools we work so hard to provide our students. Knowing about the outcomes of our mutual effort is truly an inspiration, one we are proud and honored to share with you on this special issue of inspiring Alumni stories.

The next issue if the newsletter will be dedicated to IMPH Alumni in Academia. Please share with us experiences from your academic career and of information on some of your research! Please submit your letters to me at [reutkra@savion.huji.ac.il](mailto:reutkra@savion.huji.ac.il) by March 26<sup>th</sup>.

In this issue, marking the beginning of our Anniversary Year, it seems only appropriate that the first story would be of our very own Director, not an IMPH Alumna, but an informal member of the 1986-87 class Prof. **Ora Paltiel**. **The article appeared in the Toronto Shalom Magazine in January 2015.**

It was a great pleasure working on this issue. Enjoy!  
Reut.



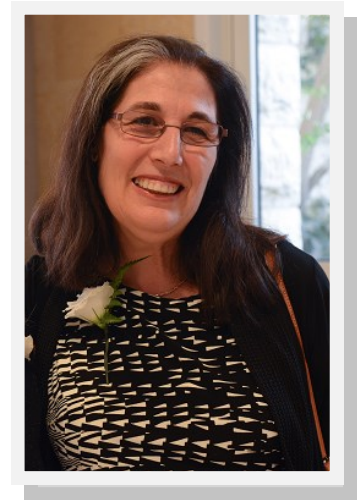
*Prof. Paltiel adds:*

"Word of the IMPH spreads to Canada. We are all inspired by your incredible accomplishments and dedication to Public Health. Keep up the great work and keep us informed!  
Ora".

## **Canadian Directs Israeli World Health Master Program**

**By Peter Davis**

"Sitting in a modest but busy office, overlooking beautiful Jerusalem, Ora Paltiel, born in Windsor, Ontario, talks about her life and career as a senior physician in the Department of Hematology at Hadassah in Jerusalem. She is also the Director of the International Program in Public Health at the Joseph and Bella Braun School of Public Health (Hebrew University/Hadassah).



Ora first arrived in Israel in 1958 when she was 1 year old with her parents, both Montrealers and three siblings on the SHALOM passenger liner. Her father received a PhD in Israel but the family returned to Canada in 1963 for career opportunities. He became a professor of Political Science at Carlton University and her mother served in the Canadian Ministry of Health for over thirty years.

After growing up in Ottawa, Ora obtained a Bachelor of Science degree at U of T and a medical degree from McGill, married another doctor, Mark Clarfield and they both decided to make Aliyah in 1992. Mark is now Director of the Medical School for International Health at Ben Gurion University. They have three children and two grandchildren. Their daughter teaches yoga and has two boys. One of Ora's sons is a student and bartender and the other is a squad commander in the Golani Brigade. Both sons served in the recent Gaza war.

Each year, for the past forty years, the International Masters in Public Health Program prepares approximately twenty-five health professionals (70% physicians) from around the world to tackle public health challenges when they return to their own communities. Graduates benefit from Israel's unique experience in transitioning rapidly from a developing to a developed nation with a highly advanced medical system.

Supported totally by donations, the program is highly selective; only one in five applicants are admitted. The World Health Organization has recognized the Joseph and Bella Braun School as a centre for "capacity building" in public health. Graduates who receive a Masters Degree in Public Health are equipped to make significant and lasting contributions to programs in their own countries. A recent graduate became the Minister of Health in his country's government.

In addition to formal academic instruction in English, students are exposed to Israel and Jewish values through numerous activities and events. Lior Zornitski, a recently married fourth year medical student whose wife is from Toronto, is the program's Social Coordinator. He is responsible for ensuring that students feel welcome, engaged and "experience the rich social, cultural and historical milieu that a year in Israel offers".

Some of the students asked Lior about the recent violence in Jerusalem; he told them:

"Jerusalem is basically a very safe city, but there is no such thing as an absolute guarantee." Stu-

dents receive significant financial support; however, they must suspend their medical practices and leave their families in the hope of advancing their medical careers. Based on the reports of thirty-nine graduating classes with over eight hundred alumni, it has proven to be a winning investment.

Alumni attend reunions, develop lifelong friendships and impart a positive image of Israel and its people when they return home. As well, the program offers alumni ongoing academic support and encouragement for their public health practices and research projects in their home countries. The 2014-2015 class includes students from Cameroon, East Jerusalem, Guatemala, India, Ivory Coast, Kenya, Kosovo, Malawi, Nepal, Sierra Leone, Tanzania, Uganda, USA and Vietnam. Ora is a Humanitarian who loves Israel. Her manner is calm, professional and focused, yet there was a clear emotional signal in her voice when she told me that: "although the program is designed solely to further the cause of world health, I feel it is by far the best goodwill generator that comes out of Israel".

*Quoted from <http://shalomtorontoweeklyn newspaper.blogspot.ca/2015/01/canadian-directs-israeli-world-health.html>*



**Patrick Buruga** (south Sudan, 2011/2012, [patricoruga@yahoo.co.uk](mailto:patricoruga@yahoo.co.uk))

"My name is Patrick Buruga; I am an alumnus of the Braun School of Public Health and Community Medicine of 2011/2012. Following my completion of the IMPH program, I returned to South Sudan and was warmly welcomed back by my former organization IntraHealth International and offered a job on promotion as HIV Prevention Technical Manager. I currently work in collaboration with the Ministry of Health (MOH), South Sudan HIV/AIDS Commission (SSAC) and other stakeholders at the national and state levels to provide expert technical and programmatic guidance and assisting national partners in the development of HIV service delivery policies, guidelines, protocols norms and standards as part of the national system with all stakeholders. Studying at Braun School of Public Health was quite challenging but very exciting indeed. It gave me a fine blend of skills and expertise to effectively contribute to my current work."

**Raphael Mando** (Kenya, 2012/2013, [raphael.mando@mail.huji.ac.il](mailto:raphael.mando@mail.huji.ac.il))

During my activities with Ecofinder Kenya (an NGO operating in three counties in the Former Nyanza Province i.e. Homabay County, Kisumu County and Siaya County), between 2008 and 2013, I was the "brain child" and Team Leader of the Health, Water Sanitation and Hygiene Team. During this time we formed the Water and Sanitation Entrepreneurs Association (WATSAN Entrepreneurs), an association operating under the auspice of Ecofinder working towards provision of water and sanitation services to poor neighborhoods and wetland villages around Lake Victoria region, in means of grass-root water and sanitation entrepreneurs

As a team leader I supported the development and use of methodologies for health and sanitation projects implementation. I took part in the development and use of methodologies for health and sanitation projects implementation and participated in designing and preparing of Hygiene Promotion Sessions and supporting them on household level (PHAST, CLTS). I guided construction of demonstration latrines in target communities and facilitate these communities to take ownership and responsibility to construct similar latrines and assisted in the implementation of the demand led sanitation construction, which includes the provision of information for materials supply & procurement and ongoing financial management.

I also took part in Education Theatre for mobilization of community for health promotion; ecological Sanitation appropriate Technology Promotion and Marketing around the Lake Victoria region and Social Marketing (Promotion and marketing and distribution of Household Water Treatment Kits, bed nets in conjunction with the government (Ministry of Health) and private entities-public health companies.



**Saranchuluun Otgon** (Mongolia, 2007/2008, [saranchuluuno@yahoo.com](mailto:saranchuluuno@yahoo.com))

At the recent graduation ceremony, Prof. Yehuda Neumark, director of the Braun School, revealed a story Saranchuluun, that she has finally allowed him to tell:

“Toward the end of the year of her studies, Saranchuluun Otgon came to my office. Without saying anything, coloring in embarrassment, she rolled up her pant leg. Beneath the cloth were the metal wires of a prosthetic foot. Until then, no one on the staff knew. The reason for her divulging this to me was that the device wasn’t working right. We quickly found our way to a prosthetic devices repair lab in the Talpiot neighborhood of Jerusalem.

When I asked Saranchuluun if anyone in her class knew about her foot, she said no one did except her roommate – her colleague and friend from Mongolia. I suggested that it would per-

haps be beneficial to share this with others in the public health class, and she replied respectfully but adamantly that she didn’t want to. She explained that in her country, people with disabilities are stigmatized and there is no awareness for handicap accessibility issues, and if it became known, she would never get promoted very high in the system.”

Back in Ulan Bator, she became a fulltime lecturer at the School of Public Health in the Health Sciences University of Mongolia. Then she spent time at Columbia University in New York. Today, she’s back in Mongolia, working on her PhD. In the meantime, she’s married and given birth to a son.

A few months ago, Saranchuluun outed her disability, showing the world her sneaker-clad artificial foot on Facebook. She founded an NGO called Chain of Success and in April launched a Facebook group, “Let’s Run Mongolia!” This summer, she organized Mongolia’s first-ever public running event welcoming people with disabilities. Her prosthesis showing, she ran with men and women in wheelchairs, missing arms and legs, blind and deaf. Three-hundred participants and 180 volunteers participated in the Let’s Run Together marathons.

Saranchuluun also presented a TED talk for TED-Mongolia on stigma and social change. She was named the Mongolian Junior Chamber of Commerce International person of the year. <https://www.youtube.com/watch?v=pJ2V8FyVUsA>

Saranchuluun s wrote to Prof. Neumark: “It’s a big challenge! I am running to change social stigma and discrimination toward people like me. Also, I am trying to support other disabled people who like sports in my country. Now I am working on the website to gather money to buy another prosthetic leg for someone, another hand-cycle, a travel ticket for the New York Marathon, etc.”



*Excerpts from the Jerusalem Post. The full article can be found at <http://www.jpost.com/Opinion/The-Human-Spirit-Out-in-Mongolia-378859>*

## **Margaret Pelo Chuene (Swaziland, 1971/1972, Deceased 2006).**

*We are always very sorry to hear of the passing of one of our alumni. We want to acknowledge the very special work of Dr. Margaret Pelo Chuene whose passing 8 years ago has recently come to our notice. We quote verbatim the following tribute published in 2006, written by Dr. Chuene's colleague, Professor KP Mokhobo.*

K P Mokhobo. "In Memoriam". *SAMJ* ,2006;96(5).

Margaret Chuene was a thoroughbred pioneer. Her medical career entailed exploring many areas for potential medical services, especially poor rural communities. She belongs to an era when medicine was a calling and not a career. She was also a community worker, compassionate doctor, spiritual person and political activist. She graduated MB BCh at Wits University in 1952, where she was the fourth black woman to obtain a medical degree in South Africa.

Having come from a society which in those days still believed in the notion that educating women is wasteful, it is remarkable that she successfully completed her university education – at Fort Hare (B Sc) and Wits. She had to do an internship away from her home town, Benoni, at McCord Zulu Hospital, after having been caught up in the Defiance Campaign in her final year, playing an active role. Even though she was a town girl Margaret Chuene worked only in rural areas – Zululand, Swaziland and Bophuthatswana. While in Swaziland she had a short break (one year) during a scholarship to Israel for a degree in public health (MPH, 1971). In Zululand she was elected President of the ANC Women's League and was in the forefront of the campaign against passes for women in 1956.

Margaret never allowed any distractions, such as other interests, however good or necessary, to keep her from her chosen vocation – medical practice. She remained a dedicated doctor until she retired in 1992 on account of ill health. This humble, modest, gregarious woman was predeceased by her husband, Richard Mncadi, a school teacher, and her middle daughter, Dr Thandi Mncadi, with whom she worked in general practice for a while. In the 1960s she worked with Dr W Z Conco in rural Zululand.

**Eugene Kongnyuy**, (Cameroon, 2005/2006, [kongnyuy@gmail.com](mailto:kongnyuy@gmail.com)).  
**Engelbert Luchuo** (Cameroon, 2012/2013, [engelber.luchuo@mail.huji.ac.il](mailto:engelber.luchuo@mail.huji.ac.il)).  
Pears Scholars.

*Luchuo writes:* "As current head of the HIV - AIDS Day Care Centre and the Hospitalization Unit of the Garoua Military Hospital, I must confess the skills from the IMPH have been exceptionally important in "controlling for confounding" of the numerous confounders (research, health promotion and clinical care challenges) I have been facing since I left the IMPH. Uptake and use of condoms by soldiers has improved lately but remains sub-optimal. Our next move is carrying out a study to identify determinants of condom use in the months ahead.

Dr. Eugene Kongnyuy, and I are currently working on a pilot project: a Randomized Control Trial to compare the effectiveness of using mobile phone technology to improve adherence to type 2 Diabetes in the Garoua Military Hospital in the North of Cameroon. The intention is scaling up and adapting this strategy to improve adherence amongst patients on treatment with HIV in this region of the country. We envisage extending this to patients on Highly Active Anti-Retroviral Therapy (HAART).

I first met Dr Eugene back in Cameroon as a medical student, while he was a resident physician in Gynecology. He introduced the IMPH to me and wrote a recommendation letter for me. He has been a mentor to me ever since. He has, and still guides me in all academic / project endeavors I engage in and remains a great inspiration to me.

Thanks so much and Hi to all staff and Alumni of the Braun School. The year in Jerusalem is unforgettable. I shall forever be indebted to Pears Foundation for making this happen. To the Staff and all IMPH Alumni, Happy New Year to you all and to family and friends. I can't wait to meet you all sometime soon in the Alumni conference."

*Eugene writes:* "Luchuo and I have developed a healthy collaboration over the past decade. Before the IMPH training our cooperation was not strong as it is now. I acknowledge that the training in public health we had from Braun School of Public Health and Community Medicine has gone a long way to strengthen our collaboration because we now have a common sense of direction of how to tackle public health issues. I do support Luchuo providing him with necessary mentorship to tackle practical public health issues, while I benefit from his fresh knowledge and innovative ideas. Our relationship is thus mutually beneficial."

**Luis Rosa Sosa** (Dominican Republic, 2006/2007, [luis1979sosa@yahoo.com](mailto:luis1979sosa@yahoo.com))

"Scaling up the process from emergency to long term interventions" was the status of actions in the first quarter of 2013 when I started working with Doctors of the World - Medecins du Monde France (MdM) in Jordan as a Medical Coordinator. The civil war in Syria is going on for four years now.

Working as a Medical Coordinator requires expertise in today's evidence based approaches, especially in Jordan where the Health System is running pretty well. I have much appreciation to the Kingdom of Jordan who opened its gates to thousands of refugees in need. MdM strategy of intervention in Jordan targets Syrian refugees but also vulnerable Jordanians. Under these circumstances the program needed to adapt constantly and offer a better response through immediate actions. My role was to implement a basic package of Essential Primary Health Care in different settings (Zaatari camp that holds Syrian Refugees and outside in community level -Ramtha town in Irbid Governorate). Activities could not be possible without the help of major authorities from central to rural areas and their constant support as problems rise and solutions should be found.



The basic support provided by MdM is given by a couple of doctors and nurses. The following comprehensive services are also provided: Outpatient Care, ante-natal and post-natal care, immunizations, prevention and treatment of childhood diseases, mental health consultation.

To better target these patients and offer other services, a network of volunteer community health workers was set up in the camp and rural area. Team work and constant coordination between the community and the government level were essential in order to make things happens. All services are offered free of charge.

My work as Medical Coordinator with MdM ended in September 2014. I have taken with me the tool box learnt in Jerusalem Braun School of Public Health, and a second Master degree in Epidemiology done in France. Now it is time to put in practice all lessons learnt from interventions done Afghanistan, The Philippines, Haiti and Jordan-Lebanon where I have been working for the last 5 years and to implement them in Dominican Republic's rural areas."

**Dolf Sutherland** (Ghana, 2007/2008, [dolfsutherland@yahoo.co.uk](mailto:dolfsutherland@yahoo.co.uk))

"Water is the driving force of all nature." Leonardo da Vinci

"I have been working as DDHS (District Director of Health Systems) for the past 12 years. I am responsible for planning, budgeting, implementing intervention programs, controlling and monitoring finances of the district and sub-districts health administration. I am supervising Sub-district Directors, Disease Control Officers, Health Information officer, Nutrition Officer, Accountant and District Public Health Nurse.

I also advise political leaders of District Assemblies on health matters and spearhead the implementation of health policies in the district. My advising has really helped in providing water for thousands of people.

I learned about European Union Small Town

Water System from a friend who was a consultant to this project. I informed my District Chief Executive about the possibility of the EU funding for the construction of Small Water System for towns and about the monetary contributions that should be provided by the towns Dixcove and Abura before the construction. We wrote proposals for the European Union Small Town Water Systems Project Office stating the importance of fresh clean water in preventing diseases and they were accepted. The District Chief Executive paid an amount of twelve thousand US dollars from the District Assembly Common Fund and the water systems were constructed for the Abura and Dixcove and commissioned in 2010. I also managed to convince a new DCE in December 2013 to lobby Kosmos Energy using data on diarrhea diseases and skin diseases to commit part of their Social Responsibility Fund to construct three small town water systems for Egyambra, Princess Town and Butre, which are yet to be commissioned."



**Delia Haustein, (Peru, 1986/1987, [dhaustein@prisma.org.pe](mailto:dhaustein@prisma.org.pe))**

"In Perú, one of the most important causes of Child Chronic malnutrition (CCM) now is lack of access to water and sanitation. For example, in Piura, a desert district with very little annual rain (except when there is an El Niño Phenomenon and then it gets flooded) in north of Peru, where PRISMA has been working since 1991, the rate of CCM has not changed from 2006 to 2014 whereas the national average has dropped from 29 to 14.3%. .

Despite official statistics, our estimate is that in rural areas only 35% of the population has access to safe water and only 1% has access to adequate sanitation."

We are now engaged in two Access to Safe Water projects in Piura:

With Clorox in Tambogrande- we are installing chlorine dispensers in areas that have a single source of water so kids could come with their donkeys loaded with empty containers to the NOQUE, use the dispensers and fill the containers with water so that on the way home they are very well mixed with the chlorine and the water is ready to be used. We have tried the technology over a two year period and now are scaling it up to reach 10 and then 25 thousand people by 2017.

The other project consists of installing water filters (Sawyer point one filters) donated by a Rotary Club in Brisbane Australia in schools. That way, school children can have a safe source of drinking water in each classroom. I received the filters December 2013 but we still await the hiring of a person to carry out the training of school personnel in how to use them.

We also constructed in 2013 a sewage system for 5 communities in Pisco after the 2007 earthquake for 250 families (each of them constructed a bathroom inside their homes as counterpart to the project investment).

From 2008 to 2011 we constructed 44 water systems, over 2500 latrines, over 2500 improved cooking stoves, among other things for 67 rural communities in the districts of Ayacucho and Huancavelica along the Camisea gas duct. CCM went down by 13% according to an external evaluation done by MACROconsult, a consulting firm in Peru."

