



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

**October 2014**



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## Director's Message

Dear Friends,

Another graduating class of IMPH scholars has just left us and we are now planning for the arrival of the new class. With the graduation of the 2013-14 cohort we have surpassed the 800 mark (graduates) and with 90 countries to our repertoire. This year's students had an especially enriching experience. The year of intensive studies was punctuated by dramatic natural events (a major snowfall) as well as a summer of conflict in Gaza, with several missiles reaching the Jerusalem area. Our students and staff handled the crises with grace and calmness. We did not discern any delays or lack of motivation to complete the final theses and papers due to these external events and distractions. In fact we spent a wonderful day listening to the presentations of the Masters Papers on various and important themes in public health.

This year we also had the opportunity to hear the presentations of four of our students who completed their theses. It was a truly inspiring morning. We ended the year with a trip to a cave, with beautiful forms of stalactites and stalagmites, to remind us all that there is nothing more beautiful, more forceful, more ancient and more creative than nature itself.



Soreq Cave

On October we had a short faculty retreat for IMPH lecturers where we discussed issues related to curriculum, evaluation and student feedback. Twenty teachers and staff members got together to discuss these important issues, showing their dedication and their desire to maintain and even improve our top-notch program. Dr Revital Heiman, an expert on research in education and evaluation gave a guest lecture on evaluation and feedback and we all learned so much.

In the upcoming year we will have students from Cameroon, Ethiopia, Guatemala, India, Ivory Coast, Jordan, Kenya, Kosovo, Malawi, Nepal, Nigeria, Russia, Sierra Leone, Tanzania, Uganda, USA and Vietnam and We are very grateful for the votes of confidence from our donors who have kept up or increased their support for the coming year.

We are looking forward to another stimulating and rewarding year of studies, trips, cultural activities and professional visits (our 40th IMPH cohort!). Public health problems have not gone away. The world is currently facing Ebola and other epidemics. Natural disasters are predicted to take an even greater toll with global warming, and the MDG's are all staring us in the face! In the coming year we will stare back and attempt to provide our students with the tools to make the world safer and healthier, in an ever-changing climate of global health challenges.

We wish you all a *Shana Tova v' metuka* ( a good and sweet year)

Sincerely,

**Ora Paltiel, MDCM, MSc, FRCPC**

**IMPH Director**

Dear Alumni,

We have just begun a New Year here in Israel and the IMPH team is looking forward to meeting our new students later this month. We extend a warm welcome to the graduates of 2013-2014 who are now members of our wonderful global IMPH alumni community. Please keep in touch with any personal changes, updates and public health news from your respective part of the world.

We are very sorry to have to postpone the West Africa Regional Alumni Meeting, scheduled for February 2015, due to the current Ebola epidemic. We cannot put our alumni at risk travelling in the region. We send our thoughts and prayers to all as health officers and government struggle to save lives and contain the epidemic. We will reschedule the event just as soon as conditions allow.

With regard to the Seeds Grant Project (for Pears Alumni), given the challenges in West Africa, we are open to receiving project proposal submissions until the 30th of October (an extended deadline).

Stay healthy – keep up your wonderful work.

With all best wishes,

Maureen

**Maureen Malowany, PhD., MHIthSc.**

IMPH Alumni Academic Coordinator

Dear Alumni,

September 2014 was a very exciting month here at the Braun School. I had the honor and privilege to take part in our 2013/2014 class graduation events. The graduation ceremony was very exciting and colorful. Like every year, the graduates wore their traditional national costumes. That was absolutely beautiful! So many distinguished guests and proud family members made it all the way to Israel to see their sons and daughters, brothers and sisters, uncles and aunts, graduate.

Congratulations, Class of 2013/2014!

Now that all of the excitement of graduation is behind us, we are looking forward to welcoming our 2014/2015 class and entering our yearly routine. We have decided that during this coming year, in which our 40<sup>th</sup> class will eventually graduate, we will make a special effort to re-connect with our senior graduates. It seems that over the years we have lost touch with some of our senior graduates and we would love to re-connect with them and keep in touch. We will need help from all of our graduates: if you know graduates from the Braun School IMPH Program who are not receiving our newsletters, kindly send us their updated contact details, and we will reconnect with them. All information will be much appreciated!

Wishing you all a great year!

Reut.

## **Our 39th Graduation Ceremony**

On September 15 we had the honor and pleasure of celebrating our IMPH 39<sup>th</sup> Graduation Ceremony. The ceremony took place at the Saligman Auditorium of the Faculty of Medicine. We were lucky to enjoy a pleasant sunny afternoon for our beautiful event.

At the beginning of the ceremony, graduates marched into the auditorium in their national costumes to take their seats. The colorful march of our 21 graduates from 17 different countries had the audience on their feet. They were greeted by Professor David Lichtstein, Dean of the Faculty of Medicine; Professor Oron Shagrir, Vice-Rector, Hebrew University of Jerusalem; Professor Tamar Peretz-Yablonski, Interim Director General, Hadasah Medical Organization, and Ambassador Mattanya Cohen, Head of Training at MASHAV in Israel's Foreign Ministry.

Following the greetings the graduates sang a song for peace "Shalom, Salaam" which was very appropriate and touching after the difficult summer we experienced here in Israel. We all join in their beautiful prayer and hope for peace to come.

The keynote speaker in the ceremony was Dr. Anna Marzec-Boguslawska (1998/1999 graduate, Poland), M.D., M.P.H. an epidemiologist, and since 2001 the Director of the National AIDS Centre in Poland. She is the author of many articles regarding HIV/AIDS, has presented in numerous national and international congresses and at the United Nations, where in 2005, 2006 and 2008 she chaired a special round table session on HIV/AIDS prevention. In 2011/2012 she was an expert coordinator of vice- and Chairmanship of Poland to the PCB UNAID. In 2013 she was awarded with the Officer's Cross of the Order of Polonia Restituta by the Polish President for her professional activity . She also served as a short term expert for WHO and UN-AIDS.

Dr. Marzec-Boguslawska's speech entitled "Bringing it all together: building on the IMPH experience for effective responses to public health threats in an ever-changing world" was truly inspiring. At the close of her speech, Dr. Marzec-Boguslawska shared some pictures and memories of her year here at the Braun School. We had the privilege to enjoy Dr. Marzec-Boguslawska's presence for two days before the ceremony in various meetings and events. Thank you again, Dr. Marzec-Boguslawska!



**Graduates before the ceremony.**



**Dr. Anna Marzec-Boguslawska**



Our graduates singing: “Shalom, Salaam”



Dr. Ehima Sosa Morales (Guatemala, right) and Mr. Nathan Martin Reynolds (USA, left) greeting their classmates

After the fascinating speech, class representatives, Dr. Ehima Sosa Morales (Guatemala) and Mr. Nathan Martin Reynolds (USA) greeted their colleagues and thanked The Braun School faculty and IMPH administrative staff for their hard work during the year. Their families were in the audience and able to take pride, first hand, in their achievements. After their speech we were then treated to a delightful farewell movie produced by graduates Dr. Andrew Bucu (Philippines) and Dr. Kandyang Jansuk (South Sudan). Professor Yehuda Neumark, Director of the Braun School, then presented his closing remarks. After the ceremony everybody enjoyed a reception in honor of the graduates.

Congratulations, Class of 2013/2014! We already miss you here and look forward to hearing about your new exciting post-IMPH adventures after graduation. **Good Luck!**



Graduating Class of 2013/2014

## The Ebola Crisis.

It is absolutely impossible to ignore such an important topic that many of our graduates face now, and all of you must be interested in- the Ebola outbreak in West Africa. Two of our alumni wrote to us about their part in combating this crisis.

Dr. **Amusa N. Ntatin** (Cameroon, 2001/2002, [ntatin@gmail.com](mailto:ntatin@gmail.com)) wrote:

I travelled from the US with my wife (who is also a physician) with our church group. Our group had 3 other doctors and 6 RNs all from the US where I'm based. We were in Freetown for 10-12 days and left before they started their controversial national lockdown procedure. There were about 150 doctors expected to arrive from Cuba after we left.

The Ebola crisis in West Africa is like nothing that has ever happened in the region. The healthcare system of the affected countries has been overwhelmed. The economies are faltering. There is a very high likelihood that this could get even worse in the coming months. You just have to listen to how panicky normally-level headed people in the CDC, WHO and UN are beginning to sound. When I completed my MPH program at the Braun School, I envisioned working in exactly this kind of environment. Now, I'm just saddened that faced with the worst Ebola epidemic ever the best we have to offer is starting a blog page or a Facebook site!

I know the morbidity/mortality numbers look minuscule compared to what Malaria, HIV/AIDS, TB and lots of other conditions that contribute to disease burden. The fact remains that none of those conditions have resulted in total collapse of health systems. Because of the morbid fear of Ebola, doctors and nurses have abandoned the hospitals. Health centers in many regions are leaving the population with nowhere to turn for treatment of the most common ailments. Another way to discern the scale of this crisis is that the USA assigned just over 1700 soldiers to combat the threat of ISIS in Iraq but has assigned 3000 soldiers to help combat the Ebola crisis. As for the CDC, it is their biggest health campaign ever outside of the US.

**Jessica Koval** (USA, 2011/2012, [jlynnkoval@hotmail.com](mailto:jlynnkoval@hotmail.com)) wrote:

I joined Direct Relief about 5 months ago and was brought on as an International Program Manager. My focus has been on programs for mothers and children. For the past few months my team and I have been working diligently to get medical aid to areas affected by the Ebola outbreak. My organization has chartered a 747 cargo jet and will be sending 100 tons of medical aid to Liberia and Sierra Leone next Saturday. The shipment is valued at over \$12 million dollars (wholesale). This shipment will be the LARGEST shipment-to date-provided by the United States. There will be 330 pallets heading out. Most of the items included in the shipment will be personal protective equipment and gloves for front-line health workers and a large amount of essential medicines.

The MOH and other NGOs in most countries have had to divert their financial and material resources to increase the response in order to control the outbreak. Due to this, it is expected that healthcare systems in countries affected will experience additional material shortages; which is why the global community must not focus only on the Ebola response at this time, but the entire healthcare system with a holistic approach.

At the 2014 Clinton Global Initiative Annual Meeting that took place in September, Direct Relief and several of its close partners were recognized by Bill and Chelsea Clinton for their commitment to stopping Ebola.



**Direct Relief's shipment of Ebola supplies to West Africa**

For more information: <http://www.keyt.com/news/direct-relief-sends-100-tons-of-medical-relief-to-africa-in-ongoing-ebola-battle/28021492>

<http://www.directrelief.org/2014/09/ebola-response-recognized-at-clinton-global-initiative-meeting/>

<https://www.clintonfoundation.org/blog/2014/09/26/leveraging-resources-fight-ebola>

**We welcome more news from our graduates dealing with this and other epidemics and other public health challenges.**

## Highlighting an IMPH Graduate

**Dr. Osegbeaghe Okoye (Ose)**, (Nigeria, 2008/2009,  
osegbeag.okoye@mail.huji.ac.il)

The incidence of Sexual Violence worldwide is rising. Western societies are more open to talking about sexual violence and working to prevent it.

In cultural societies, like in Nigeria, issues pertaining to sex, whether criminal or not, remain taboo subjects. People don't want to talk about Sexual Violence let alone deal with it.

Sexual violence is prevalent in Nigeria. Though there are no reliable official statistics, the media is replete of news with Sexual Violence almost on a daily basis. Because of the taboo of sexual issues and the stigmatization that goes with being sexually assaulted particularly in cultural societies like mine what is reported is just a tip of the iceberg, a far cry from the actual prevalence.

I work to raise concern about Sexual Violence in my community, sharing ways by which Sexual Violence can be prevented as well as promoting medical care for victims of Sexual Violence.

We do this by raising awareness of the prevalence of Sexual Violence, educating our target audience on the short term and long term physical, social as well as psychological/psychiatric consequences of Sexual Violence. We also elaborate on the different ways by which Sexual Violence can be prevented, counselling victims of sexual assault, as we encourage reporting of sexual assault to relevant authorities as well as helping victims of sexual violence to get necessary medical care.

Our target population have been children (paying particular attention to parents, care givers and teachers) - boys and girls of primary and secondary school ages, teenagers, young adults, as well as adults while not leaving out the general public.



**Dr. Osegbeaghe Okoye at a radio show raising public awareness about Sexual Violence. Today FM 95.1,**



We've been able to reach our target population in their schools, in teenage camps, parents and teachers fora, women group meetings, as well as reaching the public by mass media.

So far I've had several moments that have been very touching to me. I'd like to share 3 of such:

1. I was asked to give a seminar to a group of parents on "Protecting Your Child from Sexual Violence". There were about 250 people in attendance that evening. I left our contact information as we would usually do at the end of our outings. A few days after this particular meeting I got an anonymous call from a young man, a father, who was at that meeting. He said he was calling to say thank you for the seminar that he never knew that sexually assaulting a person can affect the person so adversely even resulting in long term social, psychological or even psychiatric consequences. He further mentioned that a couple of years ago himself and a few other young men would abduct a female acquaintance and would gang rape her in one of his friend's home. That they did this as a "sport"! But now he realises that no one should ever be treated in such a way.

2. I was asked to speak to the graduating class in a primary school. This class was made up of boys and girls between the ages of 9 and 11, who begin secondary school in the new academic session starting September 2014. 90% of these students were going off to boarding schools. I spoke to them on sexual violence, its consequences and how to prevent being sexually assaulted. They listened with rapt attention and asked questions afterwards and were really glad to have someone speak to them on such a subject. I was really very glad doing this because there is a growing new trend in boarding schools in my country just now of students being sexually assaulted in their dormitories.

3. I was asked to speak to the Parents Teachers Association (PTA) of a primary school on "Recognizing and Preventing Sexual Violence". There was a flurry of questions afterwards. At the end of the meeting, a woman, a mother of two young children walked up to me and was thanking me for the presentation and soon she veered into how she and her younger sister were repeatedly sexually abused by her maternal uncle in her home. As she talked about these events that happened many years ago! she burst into tears in full view of all the people around. I had to just manage the situation quickly.

We do get calls from people who were sexually abused many years ago, who never got any help whatsoever at the time of the assault. Some of these persons are just so relieved to be able to talk about the sexual assault they have suffered in the past.

The bane of sexual violence is not only in the occurrence itself but the consequent short and long term emotional, psychological and or psychiatric consequences on the individual who have suffered sexual violence This is of great public health significance.

## Food and Nutrition Security - Prof. Elliot Berry

Food and nutrition security exists “when all people at all times have physical, social and economic access to food, which is safe and consumed in sufficient quantity and quality to meet their dietary needs and food preferences, and is supported by an environment of adequate sanitation, health services and care, allowing for a healthy and active life”. In this scheme food production, food systems and socio-economic aspects which are the basis for the concept of food security are complemented by the biological approach in which the human being is considered as the starting point and not at the end of the food chain.



**Prof. Elliot Berry**

Food Security is best considered as a causal, linked pathway from production to consumption. A number of domains are recognized in Food Security. 1) Availability of food produced and imported; 2) Accessibility. The food can reach the consumer and the latter has enough money for purchase. To such physical and economic accessibility is added socio-cultural access to ensure that the food is culturally acceptable and that social protection nets exist to help the less fortunate. 3) Utilization. The individual must be able to eat adequate amounts both in quantity and quality in order to live a healthy and full life to realize his or her potential. Food and water must be safe and clean, and thus adequate water and sanitation are also involved at this level. A person must be physically well to be able to digest and utilize the food consumed. A fourth domain is called Stability. This deals with the ability of the nation/ community / person to withstand shocks to the food chain system whether caused by natural disasters (climate, earthquakes) or those that are man-made (wars, economic crises). Thus, it may be seen that Food Security exists at a number of levels. Availability - National; Accessibility – Household; Utilization – Individual; Stability – may be considered as a time dimension that affects all the levels. All four of these dimensions must be intact for full food security. It is also of note that food losses from the farm or port to the shop and food waste thereafter may account for up to one third of total food availability. Reducing these amounts is a major challenge for securing world food availability in the future.

More recent developments emphasize the importance of sustainability which may be considered as the long-term time dimension to food security. Sustainability involves indicators at a supra-national / regional level of ecology, biodiversity and climate change. These will affect the food security of future generations.

There are many methodologies and indicators by which to measure food security which depend on the analysis of data from primary sources (expert opinion and community perspectives) and secondary sources (owned by governments). However, the people with the most problems with

Food Security are rarely included. These are the marginalized members of society: unemployed, homeless, special needs, elderly, single parents, mentally frail and more. Much more efforts need to be made to reach out to and help these sectors in the population.

The Food and Agriculture Organization of the UN (FAO) has the most comprehensive data bases of the relevant indicators for the 4 dimensions of food security (as above) and I worked with a team to develop a composite index to help track world-wide changes to help governments and policy makers.

For more information please contact Prof. Berry at: [elliottb@ekmd.huji.ac.il](mailto:elliottb@ekmd.huji.ac.il)

*Professor Berry formally retired on October 1<sup>st</sup>. Although he will continue an active agenda in promoting global nutrition and food security, we wish him much success in the next stage of his life.*



## **A visit to the school**

On the 17th of September we had the pleasure of welcoming our graduate Moyinoluwa (Moyin) Adejuwon (Nigeria, 2006/2007, [moyinolu@gmail.com](mailto:moyinolu@gmail.com)). Moyinoluwa was visiting with her husband and mother.

Moyinoluwa is a Program Director at Lifescope Integrated Services. She is currently working on her PhD in Public Health here at the Braun School having been awarded a Milstein Doctoral Scholarship. Her PhD title is "The Effects of Antiretroviral Therapy on Growth, Body composition and Metabolism in Children Living with HIV in Lagos, Nigeria", under the joint mentorship of Prof. Ram Weiss and Prof.

Yehuda Neumark. Highly Active Antiretroviral Therapy (HAART) is the globally accepted standard treatment for children (and adults) living with HIV. It usually entails a combination of three antiretroviral drugs from at least two different classes. These drugs have great benefits yet also have adverse long term effects which might compromise future growth and development of HIV positive children receiving antiretroviral therapy. Moyin's research examines the growth and metabolic effects of HAART on children living with HIV in Lagos, Nigeria thereby contributing to evidence based guidance for the management of HIV-infected children.



**Prof. Yehuda Neumark (left), Dr. Maureen Malowany (middle) with Moyinoluwa (Moyin) Adejuwon (second from the right), her mother and husband**

