Brought to you by Universitas Diponegoro

Global Health Action • *Open Access* • Volume 7, Issue 1 • 2014 • Article number 25412

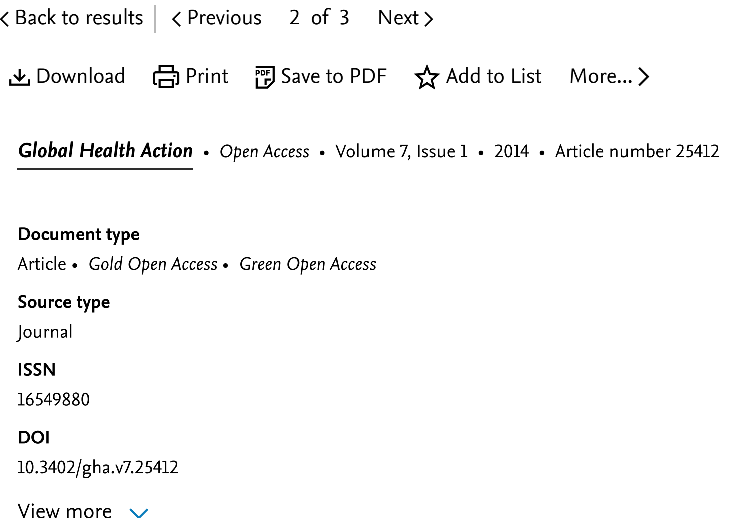
Document type
Article • *Gold Open Access* • *Green Open Access*

Source type
Journal

ISSN
16549880

DOI
10.3402/gha.v7.25412

View more



Embedding operational research into national disease control programme: Lessons from 10 years of experience in Indonesia

Mahendradhata, Yodi[a, b]; Probandari, Ari[a, c]; Widjanarko, Bagoes[d]; Riono, Pandu[e]; Mustikawati, Dyah[f]; Tiemersma, Edine W.[g]; Alisjahbana, Bachti[h, i]

Save all to author list

[a] Center for Health Policy and Management, Faculty of Medicine, Universitas Gadjah Mada, Yogyakarta, Indonesia
[b] Faculty of Medicine, Institute of Public Health, University of Heidelberg, Heidelberg, Germany
[c] Department of Public Health, Faculty of Medicine, Sebelas Maret University, Surakarta City, Indonesia
[d] Department of Health Education and Behavioral Science, Faculty of Public Health, Diponegoro University, Semarang, Indonesia

View additional affiliations

10 60th percentile
Citations in Scopus

0.63
FWCI

47
Views count

View all metrics >

View PDF Full text options Export

Abstract

Author keywords

Indexed keywords

Sustainable Development Goals 2022

SciVal Topics

Metrics

Abstract

There is growing recognition that operational research (OR) should be embedded into national disease control programmes. However, much of the current OR capacity building schemes are still predominantly driven by international agencies with limited integration into national disease control programmes. We demonstrated that it is possible to achieve a more sustainable capacity

Cited by 10 documents

Eleven tips for operational researchers working with health programmes: our experience based on implementing differentiated tuberculosis care in south India

Shewade, H.D. , Frederick, A. , Kalyanasundaram, M.
(2023) Global Health Action

Strengthening research capacity: A systematic review of manuscript writing and publishing interventions for researchers in low-income and middle-income countries

Busse, C.E. , Anderson, E.W. , Endale, T.
(2022) BMJ Global Health

Evaluation of the Tuberculosis Control Program in a state of the Brazilian Amazon Region

Lima Ferreira, M.R. , de Paula Andrade, R.L. , de Oliveira Barros, N.
(2022) Mundo da Saude

View all 10 citing documents

Inform me when this document is cited in Scopus:

Set citation alert >

Related documents

Building global capacity for conducting operational research using the SORT IT model: Where and who?

Zachariah, R. , Rust, S. , Dar Berger, S.
(2016) PLoS ONE

Nationalizing operational research capacity building: Necessity or luxury?

Zachariah, R. , Khogali, M. , Kumar, A.M.V.
(2020) Annals of Global Health

Calling on Europe to support operational research in low-income and middle-income countries

Quaglio, G. , Ramsay, A. , Harries, A.D.
(2014) The Lancet Global Health

View all related documents based on references

Find more related documents in Scopus based on:

Brought to you by Universitas Diponegoro

Scopus

Source details

Global Health Action

Open Access

Scopus coverage years: from 2008 to Present

Publisher: Taylor & Francis

ISSN: 1654-9716 E-ISSN: 1654-9880

Subject area: Medicine: Health Policy | Medicine: Public Health, Environmental and Occupational Health

Source type: Journal

View all documents > | Set document alert | Save to source list

CiteScore 2021
4.5

SJR 2021
0.959

SNIP 2021
1.263

CiteScore | CiteScore rank & trend | Scopus content coverage

i Improved CiteScore methodology

CiteScore 2021 counts the citations received in 2018-2021 to articles, reviews, conference papers, book chapters and data papers published in 2018-2021, and divides this by the number of publications published in 2018-2021. Learn more >

CiteScore 2021

$$4.5 = \frac{\text{2,368 Citations 2018 - 2021}}{\text{528 Documents 2018 - 2021}}$$

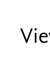
Calculated on 05 May, 2022

CiteScoreTracker 2022

$$4.5 = \frac{\text{2,294 Citations to date}}{\text{508 Documents to date}}$$

Last updated on 05 February, 2023 • Updated monthly

CiteScore rank 2021

Category	Rank	Percentile
Medicine  Health Policy	#52/265	80th
Medicine Public Health, Environmental and Occupational Health	#136/562	75th

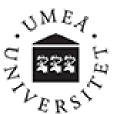
View CiteScore methodology > CiteScore FAQ > Add CiteScore to your site

Global Health Action

An open access journal

Global Health Action is an international journal publishing research in the field of global health, addressing transnational health and policy issues.

by Taylor & Francis in cooperation with Umeå University, Sweden



Published by Taylor & Francis in cooperation with Umeå University, Sweden

Journal overview

Aims and scope

Journal metrics ›

Editorial board ›

Instructions for authors ›

Global Health Action is an open access journal publishing peer-reviewed research on global health, engaging with key public health and policy issues. *Global Health Action* is published in cooperation with Umeå University, Sweden.

Log in | Register Cart

Home ▶ All Journals ▶ Global Health Action ▶ Editorial Board

Global Health Action

Publish with us

Submit an article

About this journal

Explore

Browse all articles & issues

Latest issue

Subscribe

Alerts & RSS feed

Ready to submit?

Start a new manuscript submission or continue a submission in progress

Go to submission site

Submission information

- Instructions for authors
- Editorial policies

Editing services

- Editing services site

About this journal

- Journal metrics
- Aims & scope
- Journal information
- Editorial board
- News & call for papers

Editorial board

Chief Editor

Maria Nilsson - Epidemiology and Global Health, Umeå University, Sweden

Editors (in alphabetical order)

Maria Emmelin - Social Medicine and Global Health, Lund University, Sweden
Julia Schröders - Epidemiology and Global Health, Umeå University, Sweden
Jennifer Stewart Williams - Epidemiology and Global Health, Umeå University, Sweden

Previous Chief Editor

Professor Peter Byass

†

- for the recent special issue in memory of Professor Byass, please click on this

link.

Founding Editor

Stig Wall - Epidemiology and Global Health, Umeå University, Sweden

Advisory Board (in alphabetical order)

Kesetebirhan Admasu - CEO, Big Win Philanthropy, United Kingdom
Gerd Ahlström - Department of Health Sciences, Lund University, Sweden
Julie Ellen Byles - University of Newcastle, Australia
Lucia D'Ambruoso - University of Aberdeen, Scotland
Vinod Diwan - Karolinska Institutet, Sweden
Kristie Ebi - University of Washington, United States
Wendy Graham - University of Aberdeen, United Kingdom
Anneli Ivarsson - Umeå University, Sweden
Ingela Krantz - Skaraborg Institute for Research and Development, Sweden
Raman Preet - Umeå University, Sweden
Hoang Van Minh - Hanoi School of Public Health, Viet Nam
Osman Sankoh – Statistician-General, Sierra Leone

Home ▶ All Journals ▶ Global Health Action ▶ List of Issues ▶ Volume 7, Issue 1

Global Health Action

Publish with us

Submit an article

About this journal

Explore

Browse all articles & issues

Subscribe

Alerts & RSS feed

|

Browse this journal

- Current issue
- List of issues
- Special issues
- Collections
- Most read articles
- Most cited articles

Sample our Politics & International Relations Journals
>> Sign in here to start your access to the latest two volumes for 14 days

networks to reduce potential biases ›

Zacharie Tsala Dimbuene, Jacques B.O. Emina & Osman Sankoh

Capacity Building

Article

Service, training, mentorship: first report of an innovative education-support program to revitalize primary care social service in Chiapas, Mexico ›

Andrew Van Wieren, Lindsay Palazuelos, Patrick F. Elliott, Jafet Arrieta, Hugo Flores & Daniel Palazuelos

Article: 25139

Published online: 03 Nov 2014

923 Views | 12 CrossRef citations | 3 Altmetric

Article

Embedding operational research into national disease control programme: lessons from 10 years of experience in Indonesia ›

Yodi Mahendradhata, Ari Probandari, Bagoes Widjanarko, Pandu Riono, Dyah Mustikawati, Edine W. Tiemersma, Bachti Alisjahbana & on behalf of the Tuberculosis Operational Research Group (TORG)

Article: 25412

Published online: 23 Oct 2014

1055 Views | 9 CrossRef citations | 2 Altmetric

Article

CAPACITY BUILDING

A case study of global health at the university: implications for research and action

Andrew D. Pinto[1,2,3]*, Donald C. Cole[4], Aleida ter Kuile[5], Lisa Forman[4,6], Katherine Rouleau[1,3], Jane Philpott[3,7], Barry Pakes[3,4,8], Suzanne Jackson[4] and Carles Muntaner[4,9]

[1]Department of Family and Community Medicine, St. Michael's Hospital, Toronto, Ontario, Canada; [2]Centre for Research on Inner City Health, Keenan Research Centre, Li Ka Shing Knowledge Institute, St. Michael's Hospital, Toronto, Ontario, Canada; [3]Department of Family and Community Medicine, Faculty of Medicine, University of Toronto, Toronto, Ontario, Canada; [4]Dalla Lana School of Public Health, University of Toronto, Toronto, Ontario, Canada; [5]Department of Family and Community Medicine, Credit Valley Hospital, Mississauga, Ontario, Canada; [6]Comparative Program on Health and Society, Munk School of Global Affairs, University of Toronto, Toronto, Ontario, Canada; [7]Department of Family Medicine, Markham Stouffville Hospital, Markham, Ontario, Canada; [8]Global Health Education Initiative, University of Toronto, Toronto, Ontario, Canada; [9]Bloomberg Faculty of Nursing, University of Toronto, Toronto, Ontario, Canada

Background: Global health is increasingly a major focus of institutions in high-income countries. However, little work has been done to date to study the inner workings of global health at the university level. Academics may have competing objectives, with few mechanisms to coordinate efforts and pool resources.
Objective: To conduct a case study of global health at Canada's largest health sciences university and to examine how its internal organization influences research and action.
Design: We drew on existing inventories, annual reports, and websites to create an institutional map, identifying centers and departments using the terms 'global health' or 'international health' to describe their activities. We compiled a list of academics who self-identified as working in global or international health. We purposively sampled persons in leadership positions as key informants. One investigator carried out confidential, semi-structured interviews with 20 key informants. Interview notes were returned to participants for verification and then analyzed thematically by pairs of coders. Synthesis was conducted jointly.
Results: More than 100 academics were identified as working in global health, situated in numerous institutions, centers, and departments. Global health academics interviewed shared a common sense of what global health means and the values that underpin such work. Most academics interviewed expressed frustration at the existing fragmentation and the lack of strategic direction, financial support, and recognition from the university. This hampered collaborative work and projects to tackle global health problems.
Conclusions: The University of Toronto is not exceptional in facing such challenges, and our findings align with existing literature that describes factors that inhibit collaboration in global health work at universities. Global health academics based at universities may work in institutional siloes and this limits both internal and external collaboration. A number of solutions to address these challenges are proposed.

Keywords: *global health*; *international health*; *academia*; *university*; *collaboration*

*Correspondence to: Andrew D. Pinto, St. Michael's Hospital, 410 Sherbourne Street, 4th floor, Toronto, Ontario, Canada, M4X 1K2, Email: andrew.pinto@utoronto.ca

Received: 2 April 2014; Revised: 2 July 2014; Accepted: 2 July 2014; Published: 27 August 2014

Globalization has accelerated universities' reach in recent decades. National organizations of educational institutions have taken a role in promoting international partnership programs (1), primarily bilateral and consortia relationships (2). Activities have included the recruitment of students from other countries (3), sending students overseas (4), and greater mobility and joint production of graduate students (5–7). Casting universities' response to globalization as 'internationalization', Knight (5) has noted that 'internationalization brings new opportunities, new benefits, new risks, and new challenges'.

One arena of internationalization is 'global health', a term that has gained ascendancy in high-income countries

Global Health Action 2014. © 2014 Andrew D. Pinto et al. This is an Open Access article distributed under the terms of the Creative Commons CC-BY 4.0 License (http://creativecommons.org/licenses/by/4.0/), allowing third parties to copy and redistribute the material in any medium or format and to remix, transform, and build upon the material for any purpose, even commercially, provided the original work is properly cited and states its license.

Citation: Glob Health Action 2014, **7**: 24526 - http://dx.doi.org/10.3402/gha.v7.24526
(page number not for citation purpose)

CAPACITY BUILDING

Sharing perspectives and experiences of doctoral fellows in the first cohort of Consortium for Advanced Research Training in Africa: 2011–2014

Babatunde Adedokun[1]*, Peter Nyasulu[2,3], Fresier Maseko[4], Sunday Adedini[5,6], Joshua Akinyemi[1], Sulaimon Afolabi[6,7], Nicole de Wet[6], Adedokun Sulaimon[5], Caroline Sambai[8], Wells Utembe[2,9], Rose Opiyo[10], Taofeek Awotidebe[11,12], Esnat Chirwa[13,14], Esther Nabakwe[15,16], François Niragire[17], Dieudonné Uwizeye[18,19], Celine Niwemahoro[17,19], Mphatso Kamndaya[2,13], Victoria Mwakalinga[2,20] and Kennedy Otwombe[2,21]

[1]Department of Epidemiology and Medical Statistics, Faculty of Public Health, College of Medicine, University of Ibadan, Ibadan, Nigeria; [2]School of Public Health, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa; [3]School of Health Sciences, Monash University, Johannesburg, South Africa; [4]College of Medicine, Faculty of Community Health, University of Malawi, Lilongwe, Malawi; [5]Demography and Social Statistics, Obafemi Awolowo University Ile-Ife, Nigeria; [6]Demography and Population Studies, Faculty of Humanities, University of the Witwatersrand, Johannesburg, South Africa; [7]MRC/Wits Rural Public Health and Health Transitions Research Unit (Agincourt), School of Public Health, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa; [8]Department of Literature, Theatre and Film Studies, Moi University, Eldoret, Kenya; [9]Department of Physics and Biochemical Sciences, Malawi Polytechnic, University of Malawi, Blantyre, Malawi; [10]School of Public Health, University of Nairobi, Nairobi, Kenya; [11]Department of Medical Rehabilitation, College of Health Sciences, Obafemi Awolowo University, Ile-Ife, Nigeria; [12]Department of Human Kinetics and Health Education, Faculty of Education, University of Ibadan, Ibadan, Nigeria; [13]Department of Mathematics and Statistics, University of Malawi, Blantyre, Malawi; [14]MRC/Wits Developmental Pathways for Health Research Unit, School of Clinical Medicine, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa; [15]Department of Child Health and Pediatrics, College of Health Sciences, Moi University, Eldoret, Kenya; [16]Department of Anthropology and Human Ecology, School of Arts and Social Sciences, Moi University, Eldoret, Kenya; [17]Department of Applied Statistics, University of Rwanda, Huye, Rwanda; [18]Department of Sustainable Development, University of Rwanda, Huye, Rwanda; [19]Centre for Population Studies and Research, University of Dar es Salaam, Dar es Salaam, Tanzania; [20]Ifakara Health Institute, Dar es Salaam, Tanzania; [21]Perinatal HIV Research Unit, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa

Background: Resolution of public health problems in Africa remains a challenge because of insufficient skilled human resource capacity. The Consortium for Advanced Research Training in Africa (CARTA) was established to enhance capacity in multi-disciplinary health research that will make a positive impact on population health in Africa.

Objective: The first cohort of the CARTA program describes their perspectives and experiences during the 4 years of fellowship and puts forward suggestions for future progress and direction of research in Africa.

Conclusions: The model of training as shown by the CARTA program is an effective model of research capacity building in African academic institutions. An expansion of the program is therefore warranted to reach out to more African academics in search of advanced research training.

Keywords: *CARTA*; *JAS*; *doctoral fellow*; *first cohort*; *advanced research training*

*Correspondence to: Babatunde Adedokun, Department of Epidemiology and Medical Statistics, College of Medicine, University of Ibadan, PMB 5017, Ibadan, Oyo State, Nigeria, Email: badedokun@cartafrica.org

Received: 6 June 2014; Revised: 31 July 2014; Accepted: 31 July 2014; Published: 29 September 2014

Global Health Action 2014. © 2014 Babatunde Adedokun et al. This is an Open Access article distributed under the terms of the Creative Commons CC-BY 4.0 License (http://creativecommons.org/licenses/by/4.0/), allowing third parties to copy and redistribute the material in any medium or format and to remix, transform, and build upon the material for any purpose, even commercially, provided the original work is properly cited and states its license.

Citation: Glob Health Action 2014, **7**: 25127 - http://dx.doi.org/10.3402/gha.v7.25127

CAPACITY BUILDING

Service, training, mentorship: first report of an innovative education-support program to revitalize primary care social service in Chiapas, Mexico

Andrew Van Wieren[1], Lindsay Palazuelos[2], Patrick F. Elliott[1,2], Jafet Arrieta[3], Hugo Flores[1,2] and Daniel Palazuelos[1,2,3]*

[1]Division of Global Health Equity, Department of Medicine, Brigham and Women's Hospital, Boston, MA, USA; [2]Partners in Health/Compañeros en Salud, Boston, MA, USA; [3]Department of Global Health and Social Medicine, Harvard Medical School, Boston, MA, USA

Background: The Mexican mandatory year of social service following medical school, or pasantía, is designed to provide a safety net for the underserved. However, social service physicians (pasantes) are typically unpracticed, unsupervised, and unsupported. Significant demotivation, absenteeism, and underperformance typically plague the social service year.

Objective: Compañeros en Salud (CES) aimed to create an education-support package to turn the pasantía into a transformative learning experience.

Design: CES recruited pasantes to complete their pasantía in CES-supported Ministry of Health clinics in rural Chiapas. The program aims to: 1) train pasantes to more effectively deliver primary care, 2) expose pasantes to central concepts of global health and social medicine, and 3) foster career development of pasantes. Program components include supportive supervision, on-site mentorship, clinical information resources, monthly interactive seminars, and improved clinic function. We report quantitative and qualitative pasante survey data collected from February 2012 to August 2013 to discuss strengths and weaknesses of this program and its implications for the pasante workforce in Mexico.

Results: Pasantes reported that their medical knowledge, and clinical and leadership skills all improved during the CES education-support program. Most pasantes felt the program had an overall positive effect on their career goals and plans, although their self-report of preparedness for the Mexican residency entrance exam (ENARM) decreased during the social service year. One hundred percent reported they were satisfied with the CES-supported pasantía experience and wished to help the poor and underserved in their careers.

Conclusions: Education-support programs similar to the CES program may encourage graduating medical students to complete their social service in underserved areas, improve the quality of care provided by pasantes, and address many of the known shortcomings of the pasantía. Additional efforts should focus on developing a strategy to expand this education-support model so that more pasantes throughout Mexico can experience a transformative, career-building, social service year.

Keywords: *global health*; *primary care*; *social service*; *medical education*; *health systems strengthening*; *underserved*; *Mexico*; *Latin America*

Responsible Editors: Isabel Goicolea, Umeå University, Sweden.

*Correspondence to: Daniel Palazuelos, Brigham and Women's Hospital Division of Global Health Equity 75 Francis St. Boston, MA 02115, USA, Email: dpalazuelos@pih.org

Received: 8 June 2014; Revised: 27 September 2014; Accepted: 8 October 2014; Published: 3 November 2014

Ever since the President of Mexico and the Dean of the Universidad Nacional Autónoma de México established an agreement in 1937, graduating Mexican medical students have been required to complete a year of primary care social service (called pasantía) before obtaining their full medical license (1, 2). Distributing social service physicians (pasantes) throughout Mexico is intended to provide a safety net for the underserved. In reality, however, pasantes are typically unsupervised and unpracticed (meaning that they are both inexperienced and have not undergone enough mentored training to adequately practice without further oversight). In addition, they are often distracted by pending residency entrance exams, and regularly try to secure

Global Health Action 2014. © 2014 Andrew Van Wieren et al. This is an Open Access article distributed under the terms of the Creative Commons CC-BY 4.0 License (http://creativecommons.org/licenses/by/4.0/), allowing third parties to copy and redistribute the material in any medium or format and to remix, transform, and build upon the material for any purpose, even commercially, provided the original work is properly cited and states its license.