



THE UNIVERSITY OF  
MELBOURNE

# THE NOSSAL INSTITUTE FOR GLOBAL HEALTH

## AMS in International Health

### Introduction

The Australian International Health Institute (AIHI), a working arm of the Nossal Institute for Global Health, commenced offering the AMS in International Health program in July 2003, in response to student enquiries for such a program. The year, with the coursework element, the opportunity to learn at the Jamkhed Institute in India and then the field placement, provides a learning experience that is not to be found anywhere else in Australia.



The Nossal Institute for Global Health, of the Faculty of Medicine, Dentistry and Health Sciences, was established in 2006. It is the University of Melbourne's new hub of expertise and knowledge in global

health. The Institute is committed to making a difference to global health practice (knowledge transfer), learning and research and blends the best of science with the best of public health. It encompasses all the programs and resources of AIHI, and concentrates its effort in global health practice, learning and research in priority areas:

- Disease prevention and health promotion
- International health education and learning
- Health systems strengthening
- Infectious disease and tropical health, and
- Program Development and Management

The institute is active in Southern Africa, South and South-East Asia and the Pacific Islands. Focus countries include:

- India
- Cambodia
- Vietnam
- Indonesia
- Mozambique

The AMS program in International Health seeks to build on the extensive links that exist between personnel at the Nossal Institute and partner institutions in Asia and Africa. These personal links mean that we have existing relationships with the people at the field placement sites.

Nossal Institute staff are passionate about equity in health care with particular emphasis within low income settings. They have many years of experience working in India, China, Nepal, the Pacific, Africa and Southeast Asian countries and are current practitioners. There are many opportunities for AMS students to learn from them and to experience what it means to work in international health.

### Significance of International Health

Medical personnel need to have an understanding of global health issues to appreciate the wider aspects of health and the context of their work. Currently more than 150 million women who want to space or limit child bearing do not have access to contraceptives, more than 40 million

people are HIV positive and increasingly, globalisation means that the health indicators in one population impact on the health of another population. All doctors can benefit from a greater understanding of the global trends that have major health implications within different populations.

## Objectives of the AMS year in International Health

The program will provide students with an overview of the issues which impact on global health. Through course work students will develop skills in qualitative/quantitative research and an understanding of the principles of public health in international settings. An attachment to an

institution in a resource-poor setting will provide the opportunity to apply this knowledge through undertaking a research project applicable to the health needs of the local population.

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## Course Structure

### SEMESTER 6

Coursework component (between 25 - 50 points):

#### Compulsory Units (12.5 each)

1. International Health Essentials  
and
2. Intermediate Epidemiology and Biostatistics *or*  
Qualitative Health Research *or*  
Research Methods

#### Elective Units

1. Primary Health Care Course at Jamkhed India – a 3-week residential training course offered by the Nossal Institute in collaboration with the Comprehensive Rural Health Project in Jamkhed, Maharashtra State of India (12.5 points)  
*or*
2. Where a student is undertaking a project on child health, adolescent health or disability, they may take the MPH subjects offered by the Nossal institute that apply to their research.



**Assessment:** Most subjects require written assessment consisting of essay(s), a class presentation and in some subjects, an examination.

**Workload:** Average workload per week consists of 10 to 12 contact hours of lectures and tutorials, over 20 hours of reading, plus 5 hours on the research project.

### SEMESTER 7

Research component (between 50 – 75 points):

Where possible the research will be undertaken in a developing country. Existing opportunities include Cambodia, China, India, Nepal, Thailand and Vietnam. Other opportunities in Asia and the Pacific are being explored. There will be a supervisor in Melbourne and a field supervisor in the country where the research is conducted. Students will spend around two months doing field research. Students are to return to Melbourne before March and to complete data analysis and write-up of the research report between March and the third week of May.

**Assessment:**

A research report of 8,000-10,000 words (80%)

An oral presentation at the AMS in International Health Conference at the end of the AMS year (10%)

Supervisor's evaluation. (10%)

Workload: 30 to 40 hours per week

### ***How to decide on a research topic?***

As far as possible we want the research to assist the communities within which the research is conducted. Early in the year we ask the field partner groups to suggest topics that they would like to have researched. A list of possible locations and topics is then compiled from which students can select those that are of interest.

Areas of research could include reproductive health, HIV/AIDS prevention and care, infection control, social barriers to health service delivery, adolescent health and child health. Please see the attached list for previous students' research topics.

### ***How to find a supervisor and how often do we meet?***

An appropriate supervisor will be suggested by the International Health Unit Co-ordinator for each student, depending on the research topic. Students meet with their supervisors on a regular basis, to be determined by both

parties. On average this will be fortnightly, though more often at the commencement of the project when students are doing the design and completing ethics approval and in the final stages of the write up of the research project.

### ***What will my project 'look' like?***

Projects generally take the form of small evaluations, needs assessments or looking at attitudes to particular health problems. Projects for the previous groups were nearly all based on qualitative research, and it is likely that this will also be the case for future groups. This means that each student will be looking at many aspects of a topic and will be accessing data from many different modes –

interviews, observation, discussion groups, etc to 'build' the answer to the research question.

There is also a large component of the project that involves looking at the existing published literature for the topic. Students will be expected to read as widely as possible around their research questions, and a large part of their reports will be a summary of this literature.

### ***What is involved in ethics approval?***

For research that involves human subjects, it is important that ethics approval is gained to make sure that research is not exploitative or harmful for either the researcher or the subjects. All AMS research projects that involve research

in international settings will need to have ethics approval. This can take some time and is often completed as early as possible in Semester 6. Students will work closely with their supervisors in gaining this approval.

### ***What costs will be involved, in addition to University of Melbourne enrolment fee?***

Students will have to pay for their travel (which can be combined with the travel to Jamkhed for those doing the course there), living expenses and insurance during their fieldwork overseas.

meals during the course period are included, but not travel, visa fee and insurance.

For students enrolling in the Jamkhed Primary Health Care course, the fee will be \$1650. Accommodation and all

As a rough guide, the total cost of the three to four months' travel (including airfare, insurance, visas, Jamkhed course and expenses involved in research fieldwork) in south or Southeast Asia is likely to be about \$6500.

## **Resources and support**

Nossal Institute provides a special office area for AMS students. They have access to computers, printing and photocopying facilities as well as Nossal Institute library resources.

## **The fine print**

In six years we have been able to place and supervise students in eight different countries. Even the student doing his Sri Lanka field work two weeks after the tsunami was able to complete his project. However, it is worth remembering that at all times the University of Melbourne will be acting in the way that is safest for the students. Department of Foreign Affairs and Trade travel advisories will be followed.

Tutorials on research, writing and presentation skills will be provided at different times throughout the year. Advice can also be sought from supervisors and the Unit Co-ordinator.

In the circumstances of any international events such as the tsunami or an avian/swine influenza epidemic, there is a chance that a student's planned travel may have to be cancelled. Should this occur, we will try to arrange an alternative site for the research, or reconstruct the research around a literature review or an existing data set if an alternative placement is unavailable.



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## Project Titles of AMS Students in International Health 2003-2009

- Urban understanding of HIV/AIDS and TB in high school students in Nepal
- Motivation and impact of neighbourhood health promoters in urban Nepal
- Community attitudes towards malaria prevention
- Adolescent health needs in rural North India
- Male adolescent perceived health needs in Oddanchatram, India
- Using the principles of Primary Health Care in setting up a care and support program for HIV-positive persons in an urban centre within rural Eastern Nepal
- What are the post partum mental health issues for the Herbetpur community in North India?
- Blood and beliefs: an investigation into beliefs informing the practice of blood donation
- Health seeking behaviour after snakebite in rural Nepal
- Evaluation of effectiveness of the School Health Education Program in rural South India
- An exploratory study mainstreaming disability within the World Vision Area Development Program, with special reference to India
- Determinants of vesico vaginal fistula in Ethiopia
- Exploration of health needs of adolescent girls in Oddanchatram, India
- Sanitation - evaluation of whether a new odourless latrine can be accepted by a community
- Health seeking behaviour among female migrant workers in Chengdu, China
- Barriers to antenatal care in a town of rural North India
- Early childhood care and development (in Sri Lanka)
- What is the experience of tuberculosis and tuberculosis treatment at a Lakhnadon ( India ) hospital and what are the perceived barriers to diagnosis and treatment
- Photovoice with non-governmental organisations in north east India
- What are the attitudes, beliefs and understanding of tuberculosis in a rural setting in Lakhnadon ( India )
- An evaluation into whether the adolescent girls program is making any difference to age of marriage/staying at school in Jamkhed ( India )
- Putting worms back in the community vocabulary: a study in rural India on community knowledge, attitudes and practices regarding intestinal helminths in children
- Knowledge, attitudes and practices of health care workers and other key informants regarding disability and disability issues in Kalutara District, Sri Lanka.
- Mangoes or mothers in law: a study into the knowledge, attitudes and practices surrounding food in pregnancy in Tamil Nadu, India
- Exploring young men's reproductive health in rural south India
- What are the factors that promote or hinder a successful TB control programme in a rural North India community?
- Uncovering the 'bad works': a health needs assessment of young men in rural north India
- A training needs assessment of Cluster Health Guides in Jharkhand, India
- An explorative study to identify determinants of maternal healthcare utilisation and decision making in the rural setting of the Palani Hills, India

- The challenge of matching health provision to community needs: a study of maternal services in KC Patti, India
- An explorative study of World Vision Myanmar's health education program for street children
- Living with hope for the future: using photovoice to explore the felt needs of participants of the HIV Care and Support Program of World Vision Myanmar
- Infant feeding practices of mothers in Kalutara, Sri Lanka
- What challenges do the Public Health Midwives in Beruwala, Sri Lanka face? What are their roles and expectations, and what is the impact of their current training and supervision?
- Assessing the socio-cultural acceptability of a locally adapted depression-anxiety screening tool in the Oddanchatrum region of Tamil Nadu, South India
- Home is where the heart is: exploring the experiences, ideas, beliefs and perceptions of disability of mothers of children with disabilities in the Dharan region of Nepal and the impact of these on their lives.
- Pilot study for evaluation of the impact of Rain Water Collection Systems provided by the organisation RainWater Cambodia to villagers in Rural Cambodia.
- The barriers to the effective diagnosis and treatment of epilepsy in Eastern Nepal.
- Factors that affect access to delivery care in Eastern Nepal
- Hidden Dangers: An Exploration of Community Knowledge and Handling of Pesticides in Oddanchatrum, Tamil Nadu, India.
- Youth-Friendliness in Sexual and Reproductive Health Care: What are the knowledge, attitudes and practices of policy-makers, programme managers and providers in post-abortion care for young women in Ho Chi Minh City, Vietnam?
- Mental Illness – Recovery and Reintegration in Resource-Poor Settings (Bangalore, India)
- Factors that promote and impede antiretroviral adherence in men and women living with HIV/AIDS in Ho Chi Minh City, Vietnam
- A qualitative study into HIV-related stigma and discrimination among health care professionals in Chengdu, China
- A Mother's Rites: a study of the factors affecting the decision to have skilled delivery care in Herbertpur, India
- "Let us hope that the child gets better..." An exploration of the health-seeking behaviour of mothers for their sick child in rural North India
- Ventilator-associated pneumonia in paediatric intensive care patients in a developing settings: the diagnosis, incidence and preventive strategies
- The Curse of the Snake. Experiences of impairment secondary to leprosy infection: A Qualitative Study in the Kathmandu Valley, Nepal
- Online peer counsellors of Vietnam: challenges, barriers and needs
- An evaluation of Rainwater Cambodia's dengue mitigation project
- An exploration of the knowledge, attitudes and practices of school-age youth towards tobacco use in Cambodia
- Rheumatic heart disease: quality of life for patients and their families in eastern Nepal
- Nepali success stories: an exploratory study of successful participation and its associated factors in individuals affected by leprosy in Nepal
- "Why didn't I learn about contraception in high school?" Contraceptive choices of young, unmarried women in Hanoi, Vietnam
- 'Struggling at every step': a qualitative study of access to health care for women with disabilities in rural Nepal
- Mental illness is like any other illness: a qualitative study