



Academic Health Development Meeting between the
Medical Faculty at the Balkh University, North Afghanistan
and the
Medical Faculty at the Albert-Ludwigs-University Freiburg, Germany

Protocol Working Group

Freiburg, February 22nd

Co-Moderation:

Prof. Dr. med. W. Niebling, Prof. Dr. med. M. Wirsching

Participants:

S.E. Prof. Dr. Abdul Rahman Ashraf, Ambassador Afghanistan, Dr. med. Arsalan Asadi, Prof. Dr. med. Fazal Ahmad Bawar, Dr. med. Klaus Böhme, Dr. med. Arndt Dohmen, Dr. med. Nabeel Khaled Naji Farhan, Dr. phil. Nayeong Ko, Prof. Dr. med. Axel Kröger (WHO), Dr. Alexander Kupfer (DAAD), Bettina v. Lingelsheim-Seibicke (GIZ), Dr. med. Andreas Graf von Luckner, Dipl. Psych. Anne-Maria Müller, Dr. med. Zahir Nazary, Dr. med. Ghausudin Awari Neda, Prof. Dr. med. Wilhelm-Bernhard Niebling, Prof. Dr. med. Horst-Michael Runge, Christian Tischer

Protocol: Ines Welz

Prof. Wirsching: the aim is to get practical results, step by step

Dr. Kupfer:

- summary of the work done, since 2003 some activities every year:
 - courses made in Afghanistan: sonography (Kabul), female doctors in endoscopy, cardiology.
 - Financing of short study visits of afghan doctors in Germany (financial aid and aid in work permit)
 - “students teach students”
 - Text book project: more than 100 books published, prepared by Afghan lecturers, now used in universities
- Criticism: very divers, no unifying scheme
- Lesson: there must be a strong basis, because it is very difficult to put all interests under one umbrella
- Establishment of medical centre at Balkh, problems and solutions:
 1. hospital under supervision of Ministry of Health, faculty under supervision of Ministry of Higher Education – difficult to build a cooperation.
-> we have to show them what they would win in a cooperation
 2. other stakeholders: governor, health authority and others have to be talked to and get involved

Prof. Kröger: we look at needs of doctors but not those of the population and what they are suffering from. There is a big problem of infant mortality, different causes of death here in Afghanistan than in Germany. How can we bring this together?

(discussion about language: the Afghan colleagues don't understand everything in English. Solution: language of conference will be English, Dr. Nazary will translate, everybody can respond in language he is most comfortable with)

Prof. Bawar: to problem 1): conflict between the two ministries but not locally between the faculty and the hospital, they have a good relationship. Problem with ministries will rest till there is a teaching hospital. Hope, that situation will improve with this cooperation

Prof. Wirsching: We have to make a decision, start bottom up: What can we do? We don't have to deal with this problem, starting easy: with the curriculum and training and not with the political problems.

Dr. Neda: The conflict isn't between two ministries, it is between two persons, so when they are gone, the problem will be solved. Students were always trained in teaching hospital until now and it works.

Dr. Kupfer: we have to concentrate on what we can do and what we want to do, and that's to start at the basis

Prof. Runge: We have to think about: what are the structures? Faculty has the mind and knowledge, hospital runs by business as usual because the intellectual input is missing. Russian system: divide power, so it is better governable, to unite clinic and intellect would give too much power.

What can be the output of the project? If we don't have a clear statement of the faculty, where the training will be, who and what, we can't do it. How could we implement the training into daily practice? We can't do that, we can lecture, we can teach, but not provide the outcome and the implementation in the periphery. It is important to think about sustainable output and how to implement it.

Dr. Neda: There is a wrong image about this conflict here. I agree with Prof. Runge: we have to change something, but it is only one problem that students are taught in this hospital, it worked the last years, a dependency is still present. Moreover, there are competitors from other authorities. Maybe it is a possibility to think about cooperation with a private hospital.

Dr. Luckner: the problem is to bring the needs of the doctors and those of the population under one umbrella. How can Freiburg help here, to bridge this gap?

Frau Lingelsheim-Seibicke: question of finding solutions to political economy -> how to operate input into output. Conclusion: we are more effective in the small, than trying to find a solution for the political situation. We need a realistic timeframe. Maybe Mr. Adasi can make a proposition how

Dr. Asadi: There is a big chance for Balkh in this cooperation. If we support the *faculty and the trainers in the hospital*, we support the students as well by this. The help can be directly in the hospital, a university clinic won't exist in the next 5-10 years

Prof. Runge: Trainers of all clinics should get the opportunity to participate, by this we give them the feeling of being more important. Hospitals should work on guidelines

Dr. Asadi: the universities, DAAD and GIZ should work together to develop a concept for how students could come to Germany and for how long they could stay

Prof. Wirsching: we were focusing too much on undergraduates. We have to start with trainers, they earn less than clinical doctors, we can make them stronger by postgraduate training. If they are offered training, they will improve the teaching of medical students. Concentration could be on specialized doctors (Fachärzte). The key issue is: postgraduates.

Moreover, we have to identify the key problems of health in Afghanistan, where we can make the easiest and fastest success.

Prof. Bawar: There are big needs of undergraduates: there is no laboratory of chemistry, histology and pathology doesn't exist in northern Afghanistan: we need a laboratory for histology.

Prof. Kröger: We shouldn't forget about what is first: respiratory infections for example are more important.

Dr. Dohmen: We should concentrate on what Freiburg can give first, then think about how to implement it. Much of the research here doesn't have any importance in Afghanistan. Which material do they need there, which tools-boxes?

Prof. Wirsching: What do you think would be important of your domain?

Dr. Dohmen: nothing really. Important is: gynaecology and obstetrics

Prof. Wirsching: mother infant mortality and infectious diseases should be main issues

Dr. Neda: Family medicine and gynaecology can't be divided -> general medicine takes care of gynaecology

Prof. Wirsching: Focus is on: primary care, mother-child, obstetrics, basic mental health (trauma, anxiety, depression, somatoform disorders)

Prof. Runge: I understand the objections of Prof. Bawar, the most important problem is the lack of basic sciences, like microscopes. From this point of view I understand that supporting undergraduates is the most important thing for him. It is only a question if we could help there. But basic sciences are a precondition!

Prof. Kröger: Microscopes aren't basic science

Dr. Nazary: emphasizes the importance of basic sciences, if this can't be supported by this cooperation, others should be found to do this

Dr. Farhan: In Freiburg there are people interested to support those topics, like anatomy and physiology

Dr. Kupfer: we (DAAD) could support those domains like basic knowledge of undergraduates (curriculum, literature and facilities like microscopes). But how extensive would be such a project?

Prof. Wirsching: to summarize, there are two major tasks:

1. undergraduate basic training -> exclusively at the faculty of medicine
 2. postgraduate, focusing on primary care -> strategy to get faculty into unavoidable contact with hospitals
 3. our partner is the faculty of medicine
- @ Farhan; important to motivate your people

Dr. Farhan: What's the language level of the students there? For if they come here, could they understand?

Prof. Wirsching: We cannot train students, we have to train teachers

Prof. Runge: much cheaper to go there than to have one or two people come here, also in other summer schools some students stayed illegally. For basic science you don't need expensive machinery, only good teachers, knowledge how medicine functions.

Prof. Ashraf: was 3 years ago at university of Kabul, there was the same problem: in which language the course should be hold? There is a problem of translation, for example for the geology books they translated, they invented new words, nobody understood afterwards. So it is better to teach in English with English terms right from the beginning. The young generation is learning English so they should learn the technical terms in English. The training should be on-site, that's cheaper and better, so it is very important to have s.b. there.

Prof. Kröger: What you're talking about isn't basic science; basic science is the human genome etc. We should call it basic knowledge

Prof. Wirsching:

Two basic strategies:

- 1) training of trainers/multipliers
- 2) Curriculum development, undergraduate and postgraduate, including teaching material

Two areas of development

- 1) Undergraduate: focus on MPBC (maths, physics, chemistry, biology; but also anatomy, histology, microbiology) -> basic knowledge and basic technology + equipment
- 2) Postgraduate: primary care level, obstetrics, infectious diseases, basic mental health, training of teachers

The next step should be to continue this discussion in Balkh

Prof. Wirsching: We would need seven:

1. preclinic, mpcb (NN)
2. primary care/family (Prof. Niebling)
3. gynaecology (Prof. Runge)
4. mental health (Prof. Wirsching)
5. infectious diseases (Prof. Kern)
6. paediatrics (Prof. Korinthenberg)
7. project coordinator (Anne-Maria Müller)

Dr. Kupfer: you could talk to Prof. Stahl, whom we support since a while, about infectious diseases

Prof. Wirsching: we are in close contact with him but at the given moment it is better to have a person who is active here

Dr. Neda: infectious disease, malaria and tuberculosis are also important

Prof. Wirsching: so still open is the domain of paediatrics. Our study dean Prof. Korinthenberg wants to cooperate, but he is on a conference today and tomorrow

Dr. Kupfer: Also research should be thought of

Prof. Ashraf: several topics concerning pollution, plumb and sulfur in groundwater

Prof. Runge: research is important, but first methodology is necessary

Prof. Wirsching: For methodology → Health Service Research, e-learning

Dates for Fact Finding Mission: 29.04.-05.05.

19h00 end of meeting