Universitetet i Bergen
Det medisinsk-odontologiske fakultet

Styresak: 40/16

Sak nr.: 2016/3810

Møte: 20.04.2016

Oppretting av studieprogrammet «Master's Programme in Global Health»

Grunnlagsdokumenter i saken

«Handbok for kvalitetssikring av universitetsstudia», punkt 16 – Oppretting og nedlegging av studietilbod.

https://www.uib.no/filearchive/filetopic_kvalitetshandboka_2013.pdf

Hva saken gjelder

Institutt for global helse og samfunnsmedisin har meldt til fakultetet at de ønsker å opprette masterprogrammet «Master's Programme in Global Health ». Det nye masterprogrammet er tenkt å erstatte de to eksisterende masterprogrammene i internasjonal helse og oral helse.

Omleggingen har flere årsaker. Dagens to masterprogram er begge plassert ved Senter for internasjonal helse, og har til dels det samme faglige innholdet. Blant annet er det stor grad av overlapp i emner i første og andre semester. Skillet mellom de to programmene kan antakelig spores til tiden da dagens fakultetsstruktur var organisert som et medisinsk og et odontologisk fakultet. Faglig spesialisering er i det nye programmet tenkt ivaretatt gjennom studieretninger innen internasjonal helse og oral helse.

Det nye programmet kan også sees i sammenheng med et økt nasjonalt fokus på små studieprogram. For å sikre mer robuste fagmiljø og bedre ressursutnyttelse anbefales det fra både nasjonalt hold og UiB sentralt at det for studieprogram med færre enn 20 studenter vurderes alternative løsningen. Denne sammenslåingen av to små studieprogrammer til ett større er derfor i tråd med denne målsetningen.

Oppstart for det nye programmet settes til høstsemesteret 2017. Ettersom programmet skal ta opp internasjonale studenter må nødvendig saksbehandling gjennomføres våren og sommeren 2016, slik at opptaket kan lyses ut sammen med andre internasjonalt rettede masterprogram førstkommende høst.

Fakultetsdirektørens merknader

Programutvalg for internasjonal helse/oral science vedtok opprettelsen på sirkulasjon 4. april 2016.

Opprettelsen av masterprogrammet er vurdert av ledelsen ved Institutt for global helse og samfunnsmedisin å kunne inngå i plan for videreutvikling av masterprogrammene ved instituttet.

Det foreligger på gjeldende tidspunkt ikke utkast til vitnemålstekst/Diploma Supplement. Fagmiljøet er forespurt om å produsere dette til opprettelsen skal behandles på institusjonsnivå.

Bakgrunnen for den forholdsvis store mengden av saksdokumenter er at Universitetet i Bergen har innført strengere krav om dokumentasjon og kvalitetssikring i prosesser rundt oppretting av studieprogram.

Forslag til vedtak

Styret godkjenner opprettelsen av studieprogrammet «Master's Programme in Global Health» fra og med høstsemesteret 2017.

Styret godkjenner nedleggelse av studieprogrammene «Masterprogram i internasjonal helse» og «Master's Programme in Oral Sciences».

Inger Hjeldnes Senneseth
fakultetsdirektør

Ørjan Leren
seksjonssjef

Vedlegg:

1. Søknad fra instituttet om oppretting
2. Programbeskrivelse «Master's Programme in Global Health»
3. Emnebeskrivelser
4. CV for aktuelle fagpersoner

12.04.16/EIDA

DET MEDISINSK-ODONTOLOGISKE FAKULTET

Søknad om oppretting av

Master in Global Health

04.04.2016

1. Generelt om studiet

Mastergradsstudiet i Global Helse vil ligge ved Senter for internasjonal helse, Institutt for global helse og samfunnsmedisin, Det medisinsk-odontologiske fakultet, men trekker på veilednings- og undervisningskompetanse fra hele fakultetet og samarbeidende institutter både i og utenfor Universitetet i Bergen. Studiet er en videreutvikling av den eksisterende 'Mphil in International Health' og 'Mphil in Oral Sciences' og bygger på grunnleggende prinsipper er fattigdomsorientering og kompetanse- og institusjonsbygging ved partnerinstitusjoner i lav og middel inntektsland (LMIC). Årsaken til at disse to masterstudiene ønskes integrert til ett masterstudieum, er at studiene hver for seg er små (18 studieplasser for Internatnional Health og 7 studieplasser for Oral Siences), men sammen vil studiet være bærekraftig. Disse to masterstudiene har utført sin undervisning i fellesskap i mange år. Det meste av undervisningen i første semester er allerede organisert sammen for de to gruppene av studienter. Sånn sett, er denne søknaden en formalisering av en situasjon som har eksistert lenge i praksis. Begge masterstudiene har den samme visjon om å bedre helsemessige forhold i LMIC via undervisning og kompetanseheving i fagområde, og fagmiljøene samarbeider meget godt om undervisingen; innhold og planer. Med en formess overbygning vil studiet fremstå sterkere og ha større sjanse til å utvikle bedre faglig kvalitet.

Studiet tilhører fagområdet helsefag og har en tverrfaglig profil. Global helse er hovedtema, men studientene lærer også forskningsmetode med epidemiologi som kjerne-metodikk.Studiet omfatter også andre fagfelt som medisinsk etikk, helseøkonomi og helseantropologi.Viktige tematiske forskningsområder er oral helse, mødre og barnehelse; ernæring; smittsomme sykdommer som malaria, tuberkulose og HIV; ikke-smittsomme sykdommer, arbeidsmedisinog helsesystem.

Hver boks kan ha flere kryss:

Typer laveregradsstudium (kryss av)	
	Bachelorgradsstudium
	Kortere studium på lavere grad som ikke fører til en grad (grunnutdanning), årsstudium
	Studieretning innenfor en bachelorgrad
	Fellesgrad
	Videreutdanning
Type mastergradsstudium (kryss av)	
X	Mastergradsstudium 120 studiepoeng – § 3
	Erfaringsbasert mastergradsstudium 90 studiepoeng – § 5
	Erfaringsbasert mastergradsstudium 120 studiepoeng - § 5

	Mastergradsstudium 300 studiepoeng
	Fellesgrad
	Videreutdanning

Hvorvidt studiet skal tilbys som (kryss av)	
X	Heltidsstudium
	Deltidsstudium
	Campus-/stedbasert studium
	Samlingsbasert studium
	Nettstudium
	Nettstudium med samlinger

Tabell som viser studiets oppbygning:

Semester	Innhold	Studiepoeng (ECTS)
Første	**Obligatoriske emner:** • Statistical Methods in Health Science (HELSTA) • Major health problems in developing countries (INTH304) • Epidemiology (INTH302) • Health systems (INTH316) • Basic course in research tools and theory (INTH301)	 5 6 6 6 6
Andre	**Obligatorisk emne:** • Research proposal development (INTH330) **Valgemner eller individuelle studier**	 12 23
Totalt for første og andre semester		**60**
Tredje og fjerde	**Forskning** (feltarbeid eller arbeid på laboratorium) / **Skriving av masteroppgave**	**60**

Valgemner som tilbys v/Institut for global helse og samfunnsmedisin/Senter for internasjonal helse og Institutt for klinisk odontologi:

Kurskode	Kursnavn	Studiepoeng (ECTS)
INTH314	Applied economic evaluation in health care	3
INTH321	Experimental epidemiology	3

INTH323C	Qualitative methods for international public health	4
INTH325	Culture and psychopathology	3
INTH328A	Global tuberculosis	2
INTH329	HIV pandemic	5
INTH310A	Introduction to occupational health	3
INTH331A	Chemical factors at the work place	15
INTH334B	Physical factors at the work place	6
INTH340	War, violence, peace & health*	3
INTH356	Observational epidemiology	5
SYKVIT302	Cultural theory and global perspectives	5
ODO-FORSK/06	Research methods	5
ODO-GEN/06	Genetics*	2
ODO-OBIOL/06	Oral biology*	6
ODO-STAT2/06	Statistics II*	3

* These courses are not held every year

2. Grunnleggende forutsetninger for godkjenning

(studietilsynsforskriften § 7-1)

Studietilsynsforskriften beskriver en del *grunnleggende forutsetninger,* blant annet at institusjonen skal ha Læringsmiljøutvalg (LMU), Klagenemd, bibliotekstjenester osv. Disse punktene i forskriften gjelder hele organisasjonen, og skal derfor ikke beskrives i søknader om oppretting av enkeltstående studietilbud. Informasjon om styringsorganer og deres mandat er fakultetsspesifikk, og må derfor legges ved slik det går fram av i vedleggsoversikten i pkt. 2.4 nedenfor.

Følgende krav i Lov om universiteter og høyskoler skal vurderes for godkjenning:

2.1 Krav i aktuelle forskrifter og rammeplaner skal være oppfylt. For studier som ikke er omfattet av opptaksforskriften, skal det også redegjøres for opptak.

Dette er et toråig masterprogram, og omfattes derfor ikke av den nasjonale forskriften.

2.2 Rekrutteringen av studenter til studiet skal være stor nok til at institusjonen kan etablere og opprettholde et tilfredsstillende læringsmiljø og et stabilt studium.

Vi har i dag 25 studieplasser tilsatmmen for de to studieretningene som skal slås sammen. Søkertalll for høsten 2015 (to masterprogram; International Health og Oral Sciences) var

- Kvotesøkere (som har oppfylt opptakskravene): 87 (totalt 488)
- Søknadsweb (søkere som er bosatt i Norge eller Norden): 126

Av disse ble 28 studenter rekruttert og tildelt veiledere, 3 falt fra før oppstart eller i løpet av de første ukene av studiet. Nåværende kull består av 25 studenter med 10 ulike nasjonaliteter, hvorav 2 er norske. Ut fra våre erfainger er en studentgruppe på 25 studenter ideell. Vi har et forelesningsrom som passer for dette antallet, studentene er mange nok til at det blir dynamikk i gruppen og liten nok til å skape et intimt læringsmiljø med tette relasjoner mellom studentene og mellom studenter og administrativt og faglig ansatte. Mangfoldet av nasjonaliteter virker stimulerende på gruppen og

en viss andel norske studenter synes viktig for sosialt liv og for kontakt med et større studentmiljø i Bergen.

Hovedbolken av studenter er rekruttert fra samarbeidsinstitusjoner i LMIC. Disse studentene er finansiert over kvotesystemet eller gjennom prosjekter (GLOBVAC, NORHED) per i dag.. Vi har generelt lite frafall fra studiet og særlig blant kvote- og prosjektfinansierte studenter. Kvoteprogrammet fases nå ut og ved oppstart av mastergradsprogrammet i Global helse i 2017 vil troligvis en del studenter fra samarbeidsinstitusjoner i LMIC finansieres over NORPART (Norsk parnerskapsprogram for globalt akademisk samarbeid) eller andre nye programmer. NORPART vil gi støtte til prosjekter som inkluderer etablering av «fellesgrader», og det er mulig at vi vil kunne etablere slike. Det vil medføre en større mobilitet i studentgruppen, noe som er svært positivt og ønsket av ledelsen ved UiB. Det er sannsynlig at flere av våre fremtidige studenter vil være norske, eller selvfinansierende fra andre land. Fellesgrader vil gjøre studiet mer interessant også for disse studentene, samtidig som vi arbeider med kapasitetsbygging i sør.

2.3 For studier med praksis skal det foreligge tilfredsstillende avtaler som regulerer vesentlige forhold av betydning for studentene.

Ikke aktuelt

2.4 Vedleggsliste:

Vedlegg til Grunnleggende forutsetninger for oppretting Marker med «Ikke relevant» dersom et vedlegg ikke er aktuelt for studiet	**Vedlegg nr.**
Oversikt over behandlingsorganer, samt tidspunkt for og innhold i vedtak	Se side 19
Organisasjonskart over fakultetets styringsstruktur http://www.uib.no/mofa/71330/organisasjonskart-det-medisinsk-odontologiske-fakultet	2
Mandat for relevante styrer, råd og utvalg	Se side 19
Mal for utdanningsplan	4
Tekst til vitnemål og Diploma Supplement	5
Forslag til praksisavtaler	Ikke relevant

3. Plan for studiet

(studietilsynsforskriften § 7-2)

3.1 Studiet skal ha et dekkende navn.

Norsk navn: Master i global helse
Engelsk navn: Master in Global Health

Studiets navn reflekterer målsetting og innhold i studiet. Programmet definerer global helse bredt som et område for forskning og praksis som søker å forbedre helse og oppnå likhet i helse for alle befolkninger globalt. Uttrykket global helse inkludererr både internasjonal helse og oral helse; hovedtematikken fra de to forrige masterprogrammene. Global helse er orientert mot helse og sykdom i bred forstand og retter oppmerksomheten også mot sosiale, politiske og økonomiske determinanter for uhelse og for dårlig tilgang til helstjenster av tilstrekkelig kvalitet. Navnet Global helse reflekterer i tillgg at lokale helseproblemer ofte er knyttet til globale prosesser og må løses på flere nivå. Studiet tar opp hvordan globale aktører opererer i helsefeltet og hva som pårvirker prioritering av ressurser.

Studieprogrammet legger særlig vekt på fattigdomsrelaterte problemstillinger i helse og helsetjenster og fokuserer på kompetanse og institusjonsbygging ved partnerinstitusjoner i LMIC i Afrika og Asia.

3.2 Studiet skal beskrives gjennom krav til læringsutbytte jamfør Nasjonalt kvalifikasjonsrammeverk for livslang læring. Det formuleres ett læringsutbytte for hvert studium.

Major learning outcome:

Students are qualified to identify and critically analyse key factors shaping the health and well-being of populations in low and middle-income countries using relevant theory and research methods, and to formulate effective and appropriate responses to complex health related issues that enhance equity in health and access to care.*

Knowledge

On completion of the Master´s programme in Global Health the candidate:

- Has advanced knowledge of major global health and poverty- related problems, and interventions in health promotion, disease prevention and control, and specialised insight into the complex interaction between poverty and marginalisation processes, health systems functioning and utilisation, and health- and nutrition outcomes.
- Has thorough knowledge of public health disciplines including epidemiology, demographics, ethics and priority setting, health economics, health policy, health anthropology, and medical- and clinical research.

* Masterprogrammet i Global helse tilbys på engelsk Læringsutbyttebeskrivelsen er hentet fra programbeskrivelsen og er derfor på engelsk.

- Has a clear conceptual understanding of the key determinants of health, development and quality of life of populations, with particular emphasis on low and middle countries

Skills:

On completion of the Master´s programme in Global Health the candidate :

- Can critically assess and analyse information from various sources and use this information to develop scholarly arguments within their specialised fields of global health research
- Can apply methods for research relevant to their specialised fields
- Can analyse and interpret data , using relevant theories and tools of analysis (see above), and work independently to address practical and theoretical problems in global health research
- Can carry out an independent limited research project on masters level under supervision and in accordance with norms of ethics in medical and health research
- Can utilise relevant and appropriate tools and frameworks for planning, developing, managing, and evaluating interventions to address health challenges in resource poor settings
- Can critically analyse and assess health service delivery in diverse settings and formulate
- effective and appropriate responses to inform health policy and implementation.

General Competence

On completion of the Master´s programme in Global Health the candidate :

- Can apply knowledge and skills to new areas of research within global health
- Can communicate research results from their specialised fields of global health to a broader audience of non-experts utilising available and appropriate tools and media
- Understands the evidence base for research and the basic principles of research methodology, and be able to suggest relevant designs for research that is appropriate in diverse environmental, social and cultural settings in low income countries.
- Can design relevant health systems responses to disease control and prevention that promotes equity and fairness

Begrunnelse for valg av læringsutbytte

Mastergraden i Global helse er en videreutvikling av en eksisterende mastergrad i internasjonal helse som har utviklet og endret seg over lang tid. Programmet slik det foreligger i dag er velutprøvet som et tverrfaglig program og vi ønsker å videreføre denne hovedprofilen i den nye mastergraden i Global helse. Læringsutbyttebeskrivelsene reflekterer innholdet i programmet og er basert på Kvalifikasjonsrammeverkets krav til læringsutbyttebeskrivelser på masternivå.

Global helse er et felt som legger vekt på fattigdom og ulikhet i helse. Vi mener at programmets innhold og oppbygging som skissert i punkt 3.3 under legger til rette for at studentene kan oppnå læringsutbytte som beskrevet i punkt 3.2 og som inkluderer både forskningskompetanse og etisk tenkning omkring tilnærminger og proiriteringer i global helse.

3.3 Studiets innhold og oppbygning skal samsvare med og være tilpasset læringsutbyttebeskrivelsen slik at læringsutbyttet oppnås.

Mastergraden består av en kursdel på to semester og en forskningsdel på to semester. Kursdelen tilbyr studentene en bred innføring i global helse som et tverrfaglig praksis- og forskningsfelt og består av et høstsemester med obligatoriske kurs og et vårsemster med elektive kurs der studentene velger kurs som er relevant for eget spesialfelt innen området for global helse. Den obligatoriske delen betår av en generell innføring i det tematiske feltet global helse og en innføring i forskningsmetoder i global helse. I innføringen i det tematiske feltet global helse, legges det vekt på *tilegnelse av kunnskap* om grunnleggende problemstillinger i global helse med særlig vekt på fattigdomsrelaterte sykdommer, utbredelsen av disse og prosessene som skaper sykdom og ulikhet i helse og tilgang til helsetjenester. Helsepolitikk på globalt og nasjonalt nivå, prioriteringer og etikk, helseøkonomi, helseadferd og den sosiale og kulturelle konteksten for denne samt planlegging og implementering av helseprogrammer utgjør viktige tema (INTH 304 og INTH316). Innføringen i metode består av et grunnleggende kurs i epidemiologi (INTH302) og et kurs som driller studentene i ulike forskningsmetoder og det vitenskapsteortiske grunnlaget for disse, forskningsetikk, litterturs øk og planlegging av egen forskning (INTH301). Kurset legger vekt på 'hands on training' der *studentene erverver seg ferdigheter* i planlegging og utføring av forskning. Kurset etterfølges av et kurs der studentene under veiledning anvender sin kunnskap i global helse, metode og etikk i utarbeidelsen ev egen forskningsprotokoll / prosjektbeskrivelse for masteroppgaven (INTH330). Dette emnet løper parrallelt med de elektive kursene som tilbyr fordypning i de forskningsmetodene studentene planlegger å bruke i sin mastergradsforskning (INTH323C, INTH 314, INTH321, INTH356, ODO-FORSK/06, ODO-STA2/06), teori i global helse (SYKVIT302)og tematiske emner (INTH329, INTH325,INTH328A, INTH310A, INTH331A, INTH 334B, INTH340, ODO-GEN/06, ODO-OBIOL/06) Se oversikt over hele kursporteføljen som tilbys ved CIH og samarbeidende institutter ved MOF punkt 1 .

De elektive kursene ivaretar behovet for å gi studentene spesiell kompetanse innen egne fagfelt, som for eksempel oral helse. Oral helse ivaretas spesifikt via sine fagspesifikke elektive kurs.

I mastergradens andre år der studenten utfører datasamling, analyse og fortolkning av funn, og skriver sin forskningsrapport, *tilegner studenten seg ferdigheter* i å utføre selvstendige forskningsprosjekt og en *generell kompetanse* i forskning, kommunikasjon av forskning og planlegging av tilpassede intervensjoner som fremmer helse og likhet i helse.

3.4 Arbeids- og undervisningsformer skal samsvare med og være tilpasset læringsutbyttebeskrivelsen slik at læringsutbyttet for studiet oppnås.

Struktur:

Studentenes arbeidsuke består av 4 dager timeplanlagt arbeid/undervisning delt inn i tre sesjoner: 8.30-10, 10.30-12.00 og 13.14.30. Forelesninger tilbys rutinemessig på formiddagen, mens ettermiddagen er forbeholdt oppgaveløsning/problemløsning individuelt eller i grupper.

Oversikt over arbeids- og undervisningsformer:

- Forelesninger tilbys som introduksjon til ulike tema for å gi studentene en oversikt og referanser de kan arbeide videre med individuelt eller i grupper. Forelesninger bidrar til ervervelse av kunnskap slik det er beskrevet i utbyttebeskrivelsene.

- Forelesninger kombineres med diskusjoner om problemstillingens gyldighet i ulike kontekster og om mulige løsninger på problemet. Bidrar til generell kompetanse både i form av kunnskap, deltagelse og argumentasjon.

- Kasuistikke som angår spesifikke problemstillinger (både individrettet og samfunnsrettet) diskuteres og løses i grupper etterfulgt av plenumspresentasjon og diskusjon. Dette bidrer til studentenes evne til samarbeid, selvstending tenkning, kritisk analyse og løsning av komplekse problemer, og fremmer både kunnskaper om et fenomen, ferdigheter til å hente inn informasjon om fenomenet og generell kompetanse i argumentasjon og kommunikasjon.

- Individuell oppgaveløsning og skriftlig innlevering eller muntlig presentasjon. Fremmer kunnskap og problemløsenende ferdigheter samt ferdigheter i presentasjon / kommunikasjon av problemstillinger i global helse.

- Statistisk analyse utføres i PC lab under veiledning. Fremmer ferdigheter i statistikk og statistisk programvare.

- Forskerseminar med fremlegg av prosektbeskrivelse i 2 semester og funn i 4 semester. Dette bidrar til kristisk analyse og akademisk kommunikasjon og dannelse, og fremmer studentes evne til å legge fram ideer og forskningsresultater (generell kompetase)

- Arbeidsplassbesøk med påfølgende rapport skriving. (Bare for occupational health INTH310, 331, 334). Brukes for å illustrere problemstillinger knyttet til arbeid og helse og inkluderer opplærig i bruk av måleutstyr. Bidrar til evne til observasjon, kritsk analyse av arbeidsforhold og evne til å løse observerte problemer.

- MOOC (Massive open online course) som del av emne INTH310 bidrar til generell kunnskap i occupational health.

- Prosjektarabeid med masteroppgaven under veiledning (INTH330,395) bidar til å utvike studentens ferdigheter i forskning på sitt spesifikke felt og generell kompetanse i planlegging og utførelse av forskning.

- Laboratoriearbeid brukes for å fremme laboratorieferdigheter som mikroskopi, observasjon, analyse av vev ogvevsvæsker, kjemisk analyse, bruk av forskjellige instrumenter Dette er spesifikk kunnskap som formidles i kurs/individuell opplæring til de studentene som inkluderer laboratoriearbeid i sin masteroppgave.

Det planlagte programmet i Global helse vil legge større vekt på studentenes *læringsutbytte*. Dette medfører en omlegging av undervisnings- og arbeidsformer med enda større vekt på studentaktive metoder. 'Team-based learning' med forberedende lesning (evt MOOC) og testing av forhåndskunnskaper, egen og 'peer' evaluering etc fremmes nå ved UIB og IGS og vil videreutvikles i emnebeskrivelsene for masterpgrogrammet i Global helse i de kommende år.

3.5 Eksamensordninger og andre vurderingsformer skal samsvare med og være tilpasset læringsutbyttebeskrivelsen slik at læringsutbyttet for studiet oppnås.

Metoder for vurdering av studentenes læring vil samtidig tilpasses læringsutbyttebeskrivelsene. Per i dag benytter programmet et stort spekter av vurderingsmetoder der noen tester kunnskaper i skriftlig skoleeksamen, mens andre fokuserer på problemløsning. De siste inkluderer essay, refleksjonsnotater, kontinuerlig vurdering, caser i gruppe eller individuelt og masteroppgaven med muntlig fremføring og høring. Studentene vurderes utfra både muntlige og skriftlige besvarelser, i grupper eller individuelt.

I henhold til de nye læringsutbyttebeskrivelsene vil testing av kunnskaper vektlegges i mindre grad fremover, mens vurderingsformer som fremmer evne til problemløsning vil videreutvikles.

3.6 Studiet skal ha en tydelig faglig relevans for arbeidsliv og/eller videre studier.

De som har denne graden vil være kvalifisert til å arbeide i diverse områder av internasjonal/global helse, slik som bistandsarbeid, forskning og undervisning på universitets- og høgskolenivå, sysselsetting innen offentlig sektor eller med frivillige organisasjoner.Dette gjelder i Norge så vel som i partnerinstitusjoner i LMIC.

3.7 Studiet skal ha tilfredsstillende kopling til forskning, faglig og/eller kunstnerisk utviklingsarbeid, som er tilpasset studiets nivå, omfang og egenart.

All undervisning er forskningsbasert og utføres av lærere med doktorgrad på sitt område innen global helse.

Studentene gjør egen forskning gjennom mastergradsarbeidet og benytter andres forskning som bakgrunn og referanser i egen studie.

3.8 Studiet skal ha ordninger for studentutveksling og internasjonalisering, som skal være tilpasset studiets nivå, omfang og egenart.

Majoriteten av studentene er rekruttert fra samarbeidsinstitusjoner i LMIC. Disse utfører feltarbeid ved hjemmeinstitusjonen. Vi har ikke en strukturert studentutveksling med mobilitet begge veier, men studenter fra norsk side utfører ofte sitt forskningsarbeid knyttet til våre samarbeidsinstusjoner.

Ved overgangen til NORPART som legger opp til større grad av moibilitet begge veier, kan dette endres.

Når det gjelder internasjonalisering har SIH internasjonale samarbeidavtaler med følgende partnere:

- http://www.uib.no/en/cih/71807/international-partner-institutions

CIH er medlem av et utdanningenettverk (Trop-ed) og vi mottar mange studenter gjennom dette nettverket som deltar på våre elektive kurs.

- http://www.troped.org/institutions/#

3.9 Studiet skal ha lokaler, bibliotektjenester, administrative og tekniske tjenester, IKT-ressurser og arbeidsforhold for studentene, som er tilpasset studiet.

Lokaler: Senter for internasjonal helse har i dag sitt eget undervisningsrom med plass til 40 studenter (SIH har førsterett til rommet). Det medisinsk-odontologiske fakultetet har et PC rom med plass til 40 studenter rett ved siden av dette rommet; her konkurrerer SIH med andre institutt v/fakultetet.

Det er planer om å endre lokalitetene for undervisningen til lokaler i det nye Odontologibygget.

Bibliotektjenester: Det medisinsk-odontologiske fakultetet (MOF)sitt bibliotek ligger i Jonas Lies vei 91 (e (BB bygget). Universitetsbiblioteket har en søkeportal for elektroniske ressurser: http://bibliotekportalen-e.uib.no/. De elektroniske ressursene er tilgjengelige fra alle PC-er ved Universitetet i Bergen og Haukeland universitetssykehus.

Administrative og tekniske tjenester: SIH har to studiekonsulenter som administrerer masterprogrammet og yter hjelp til studentene. Når det gjelder tekniske tjenester; fårstudentene laboratorie ressurser og assistanse til dette v/MOFs forskjellige laboratorier (alt etter hvor deres hovedveileder har arbeidsplass).

IKT-ressurser: Studenter som trenger IT-brukerstøtte kan registrere en sak på bs.uib.no eller ta kontakt med en PC-vakt (ca. en på hvert bygg). Alle studenter har tilgang til UiBs multifunksjonsmaskiner (MFP) og skrivere med kortlesere (Pullprint-systemet).

3.10 Vedleggsliste:

Vedlegg til Plan for studiet: Marker med «Ikke relevant» dersom et vedlegg ikke er aktuelt for studiet	**Vedlegg nr.**
Studieplan	X
Oversikt over muligheter for studentutveksling og internasjonalisering	Ikke aktuelt
Oversikt over fakultetets eventuelle eksterne leieavtaler	Ikke aktuelt
For nettstudier, eventuelt i kombinasjon med stedbasert studium, kommer i tillegg:	Ikke aktuelt
Oversikt over organiseringen av nettstudiet	Ikke aktuelt
Prosedyre for opplæring i nettstudier for studenter og lærere	Ikke aktuelt
Oversikt over læringsprogram for nettstudentene	Ikke aktuelt

Dokumentasjon av nett-/faglærernes rutiner for oppfølging av nettstudenter	Ikke aktuelt

4. Fagmiljø tilknyttet studiet

(studietilsynsforskriften § 7-3)

4.1 Fagmiljøets sammensetning, størrelse og samlede kompetanse skal være tilpasset studiet slik det er beskrevet i plan for studiet og samtidig tilstrekkelig for å ivareta den forskning og det faglige og kunstneriske utviklingsarbeidet som utføres.

Senter for internasjonal helse (SIH) ble etablert i 1988 som et tverrfakultært senter med sikte på å initiere, koordinere og drive forskning og opplæringsprogrammer til fordel for fattige land. Senteret består av:

i) Vitenskapelig ansatte som arbeider ved Senter (I 2016, 10 heltids professorer, tre 50% professorer, to 20% professorer og en 50% og en 40% førsteamanuensis, tre postdoktorer)

ii) Et nettverk av forskere med Deres primære posisjon som andre avdelinger i Universitetet i Bergen,

iii) PhD (ca. 50)og masterstudenter (ca. 50)

og iv) Et nettverk av samarbeidende institusjoner og forskere hovedsakelig fra land i Afrika og Asia.

Hovedforskningsområdet ('viktig global helseforskning') dekker landspesifikke aktiviteter i samarbeid med lokale institusjoner i LMIC. Det omfatter aktiviteter innenfor på områdene Mother and Child Health, malaria, HIV / AIDS, tuberkulose, helsepolitikk og helsesystemforskning, helsefremmende arbeid og oral helse.

Samarbeidsprosjekter har biltt etablert i forbindelse med våre studenter med forskere som er ansatt mange andre steder, først og fremst ved Det medisinske fakultet, men også ved andre fakulteter. Eksempler er: Institutt for samfunnspsykologi og HEMIL-senteret og ved Det psykologiske fakultet.

De ansatte er involvert i tverrfaglige prosjekter samt undervisning.

I dag er NORHED og Norsk forskningsråd er de viktigste finansieringskilder for prosjekter som inkluderer våre studenter

Senter for internasjonal helse har et “centre of excellence”: Centre of Intervention Studies in Maternal and Child Health (CISMAC). Dette ere n eksellent multidisciplinary gruppe av forskere some r blant de ledende I verden når det gjelder mor og barn helse. Aktiviteten ved CISMAC utføres av flere av forskerne ved SIH, og er en verdifull faglig ressurs.

A drive et Master programme iGlobal hesle er krevende når det gjelder ressurser blant de ansatte, bade akademiske og administsrative. Denne studientgruppern er i stor grad internasjonal og trenger mye hjelp når det gjelder bolig, reise, visum etc. Den tverrfaglige

profilen krever også godt samarbeid mellom forskjellige disipliner. I 2016 er ressursene ved SIH og Institutt for klinisk odontology tilstrekkelige for å drive et slikt stadium sammen.

4.2 Fagmiljøet skal delta aktivt i nasjonale og internasjonale samarbeid og nettverk relevante for studiet.

Som beskrevet i 4.1, er det meste av aktiviteten ved SIH internasjonal SIH hard et meste av samarbeidet sitt med institusjoner i AFrika og Asia.

Africa

- Addis Ababa University, Ethiopia
- Ahfad University for Women, Sudan
- African Medical Research Foundation (AMREF)
- Ambo University, College of Medicine and Health Sciences, Ethiopia
- Arba Minch University, Arba Minch, Ethiopia
- Armauer Hansen Research Institute, Ethiopia
- Busitema University, Uganda
- Centre Muraz, Burkina Faso
- Dilla University, Ethiopia
- Effective Care Research Unit, South Africa
- Gulu University, Uganda
- Haramaya University, Ethiopia
- Hawassa University, Ethiopia
- Haydom Lutheran Hospital, Tanzania
- Ifakara Health Institute, Dar es Salaam, Tanzania
- Institute of Social Work, Gender and Development, Dar es Salaam
- Kilimanjaro Christian Medical Centre (KCMC), Tanzania
- Makerere University, Kampala, Uganda
- Ministry of Health and Social Welfare, Tanzania
- Muhimbili University of Health and Allied Sciences (MUHAS), Tanzania
- National Institute of Medical Research (NIMR), Tanzania
- National meterological agency of Ethiopia (NMAE)
- Sudan University of Science and Technology, Sudan
- University of Dar Es Salaam, Tanzania
- University of Fort Hare, South Africa
- University of Gondar, Ethiopia
- University of Khartoum, Sudan
- University of Kinshasa, Democratic Republic of Congo
- University of KwaZulu-Natal, South Africa
- The University of Lomé, Department of Public Health and Epidemiology, Togo
- University of Malawi, College of Medicine, Malawi
- University of Nairobi, Kenya
- University of Stellenbosch, South Africa
- University of the Western Cape, South Africa
- University of the Witswatersrand, South Africa
- University of Zambia
- Wolaita Sodo University, Ethiopia

Asia

- All India Institute of Medical Sciences, New Dehli, India

- Association for Social Development (ASD), Pakistan
- Centre for DNA Fingerprinting & Diagnostics, Hyderabad, India
- Ghulab Devi Chest Hospital, Lahore, Lahore, Pakistan
- Interactive Research & Development IRD Karachi, Pakistan
- International Assistance Mission (IAM), Herat and Mazar, Afghanistan
- Kathmandu University, Nepal
- National & Provincial Tuberculosis Control Programme, Pakistan
- National Institute of Public Health, Phnom Penh, Cambodia
- Shaukat Khanum Memorial Cancer Hospital & Research, Lahore, Pakistan
- Society for appplied studies, India
- St. John's Research Institute at St John's Medical College, India
- Tianjin University, China
- Translational Health Science and Technology Institute (THSTI), India and Pediatric Biology Centre at THSTI, India
- Tribhuvan University, Kathmandu, Nepal
- University of Science and Technology, Yemen

4.3 Minst 50 prosent av årsverkene knyttet til studiet skal utgjøres av tilsatte i hovedstilling ved institusjonen. Av disse skal det være personer med minst førstestillingskompetanse i de sentrale delene av studiet.

For første syklus gjelder også: Minst 20 prosent av det samlede fagmiljøet må være ansatte med førstestillingskompetanse.

For andre syklus gjelder også: Minst 10 prosent av det samlede fagmiljøet skal være professorer eller dosenter, og ytterligere 40 prosent være ansatte med førstestillingskompetanse.

Den vitenskapelige staben som arbeider med Senter for internasjonal helse I 2016 er: Ti fulltids professorer, 3 50% professorer, 2 20% professorer, 1 50% førsteamanuensis og en 40% førsteamanuensis og 3 postdoktorerAlle disse personene deltar I undervisingen med forskningsbasert undervisining; alle har doktorgrad.

SIH har blitt evaluert som “excellent” av Forskningsrådet to ganger, og har et senter for fremragende forskning – CISMAC.

I tillegg kommer bistand fra undervisere ved Institutt for odontologi, som underviser sine spesifikke studienter, og undervisning av ansatte ved andre institutt og fakultet.

4.4 Fagmiljøet skal drive aktiv forsking, faglig og/eller kunstnerisk utviklingsarbeid.

For første syklus gjelder også: Fagmiljøet skal ha dokumenterte resultater på et nivå som er tilfredsstillende for studiets innhold og nivå.

For andre syklus gjelder også: Fagmiljøet skal ha dokumenterte resultater på høyt nivå.

SIH hare en høy produksjon av internasjonale vitenskapelige tidsskriftarikler, basert på resultater fra sin forskning. Alle professorer publiserer årlig. I tillegg har senteret per I dag 52 PhD kandidater som

også publiserer jevnlig. Så godt som alle PhD kandidatere skriver sin avhandling artikkelbasert, med sammendrag og 3-4 tidsskriftartikler.

4.5 For studier med praksis skal fagmiljøet og eksterne praksisveiledere ha hensiktsmessig erfaring fra praksisfeltet.

4.6 Vedleggsliste:

Vedlegg til Fagmiljø tilknyttet studiet: Marker med «Ikke relevant» dersom et vedlegg ikke er aktuelt for studiet	**Vedlegg nr.**
CV for alle som inngår i studiets fagmiljø (Se mal i Appendix)	
Publikasjonslister for de siste fem årene (før gjeldende søknadsfrist)	
Dokumentasjon på nasjonale og internasjonale samarbeid og nettverk som fagmiljøet deltar aktivt i	
For nettstudier: dokumentasjon av opplæringsprogram for nettlærere	

Appendix

Tabell 1: Studenter og tilsatte (UiBs veiledning, pkt. 2.2)

Tabellen skal gi grunnlag for å se det omsøkte studiets størrelse i forhold til fakultetets øvrige studietilbud.
Oppgi tall fra siste mulige tellingstidspunkt ("X") og sett dette inn i tabelloverskriftsraden (dvs. erstatt X'ene med årstall).

Enheter og program	Registrerte studenter H2015	Opptatte studenter H2015	Kandidater V2015	Vitenskapelige årsverk 2015
Ved fakultetet totalt	1943	574	208	525,06
Ved instituttet for det omsøkte studiet	-	-	-	98,1
Ved det omsøkte studiet				

Kommentar:

Ved Det medisinsk-odontologiske fakultet er studieprogrammene organisert på fakultetsnivå. Dette medfører at DBH ikke rapporterer studenttall og kandidatproduksjon for instituttnivået.

For de to masterprogrammene som erstattes av det nye programmet var det for høsten 2015:

- 31 registrerte studenter
- 20 opptatte studenter
- 8 kandidater (+ 4 våren 2015)

Tabell 2: Forventet antall studenter ved studiet (UiBs veiledning, pkt. 2.2)

Tabellen skal gi oversikt over studenttallet og rekrutteringsbehovet for det omsøkte studiet.

Antall studenter ved det omsøkte studiet	Studenter totalt første studieår	Studenter totalt ved full drift
Antall fulltidsstudenter	25	25
Antall deltidsstudenter	0*	0*
Antall nettstudenter	0	0

Kommentar:

Studiet er først og fremst rettet mot kvotestudenter som kun kan ta studiet på fulltid. De som tas opp fra Norge/Norden må ofte kombinere studiene med en jobb, de kan søke Programutvalget (http://www.uib.no/mofa/64358/programutvalg-internasjonal-helseoral-sciences) om å få ta studiene på deltid.

Tabell 3: Fagmiljøets planlagte faglige bidrag i studiet (UiBs veiledning, kap. 4)

Tabellen skal gi en kvantitativ oversikt over fagmiljøet som skal knyttes til det omsøkte studiet. De samme tallene som framkommer i tabellen skal gjenfinnes i søknaden.

Innsatsen til de ansatte oppgis i årsverk i følgende form: et helt årsverk = 1,0, et halvt årsverk = 0,5 etc. Årsverk under 0,1 årsverk skal oppgis skal oppgis, men inngår ikke i vurdering av stabilitet og kapasitet, kun i vurdering av fagmiljøets kompetanse. Oppgi i kommentarfeltet timetallet for ett årsverk. Vennligst summer alle årsverk i det nederste feltet for kolonner 4-8. (Fra NOKUTs Veiledning til studietilsynsforskriften, Andre syklus, s. 32)

1	2	3	4	5	6	7	8	9	10	11	
Ansatte som bidrar faglig	**Stillings-betegnelse**	**Ansett-elses-forhold**	**Faglige årsverk i studiet**				**Årsverk i andre studier** oppgi studium og inst. navn	**Formell pedagogisk kompetanse**	**Undervisnings-/veilednings-område i studiet**	**Ekstern praksiserfaring**	
			Total	**U&V**	**FoU**	**Annet**				**Antall år**	**Årstall**
		SUM									

Kommentar:

Oversikt over behandlingsorgan (jf. punkt 2.4)

Opprettingen behandles følgende steder:

- Programutvalg internasjonal helse/oral science, sirkulasjon mars/april 2016
- Styret ved Det medisinsk odontologiske fakultet, 20.04.2016
- Utdanningsutvalget ved Universitetet i Bergen, 18.05.2016
- Styret ved Universitetet i Bergen, 02.06.2016

Mandat for relevante råd og utvalg

Mandat for Programutvalgene ved Det medisinsk-odontologiske fakultet, Universitetet i Bergen. Vedtatt i Fakultetstyret 19.01.11, revidert 20.02.2013.

Programutvalgene (PU) er opprettet av Det medisinsk-odontologiske fakultet for å overvåke at fakultetets studieprogram organiseres og gjennomføres med høy kvalitet og skal på vegne av Det medisinsk-odontologiske fakultet sikre:

- At studieprogrammet forvaltes i henhold til gjeldende kvalitetsrammeverk
- Løpende kvalitetsutvikling og fornyelse av studieprogrammene.
- At undervisningen gjennomføres i henhold til gjeldende emne- og programbeskrivelser.
- At det er en helhet i det enkelte program, de enkelte emner og at det er samsvar mellom emnene i programmene.
- At studentenes arbeidsmengde, undervisningen og studentantallet har et omfang som sikrer gjennomstrømmingen for studentene som følger studieprogrammene.

PU er et rådgivende og saksforberedende organ i spørsmål vedrørende fakultetets studieprogram, men kan vedta faglige endringer i undervisningen/ emnene, inkludert mindre endringer i studieplanen, så lenge disse ligger innenfor etablerte budsjettrammer. Tiltak som medfører endringer i ressursrammen for programmene eller berører andre studieprogram må godkjennes av Fakultetsstyret. Vedtak i Fakultetstyret vil gjelde som instruks til emneansvarlige institutt. PU skal da bidra til utarbeidelse av de nødvendige saksfremlegg som fremlegges visedekan for utdanning før videre saksbehandling. PU skal behandle forslag til endringer i undervisnings- eller vurderingsform, profil eller omfang som kommer fra emneansvarlige institutt, studentorganisasjonene og andre fakultetsorgan.

PU skal:

- Arbeide for internasjonal utveksling av studenter og lærere, og foreslå tiltak som sikrer slik internasjonalisering. Ett medlem skal ha særlig ansvar for utvalgets internasjonaliseringsarbeid.
- Ha fortløpende kontakt med programsensor og arbeide for at programsensors forslag til tiltak følges opp, blant annet ved å foreslå studieplanendringer som sikrer dette.
- Kunne bestemme innpassing av studenter /emnefritak/ studieprogresjon
- Fremme forslag til overgangsordninger for studenter som ønsker å skifte lærested/program.
- Delta i mottak av og informasjon til nye studenter

- Påse at tilstrekkelig antall bachelor-, prosjekt-, sær- og masteroppgaver blir foreslått og at veiledere blir oppnevnt.
- Utarbeide en årlig rapport til fakultetet om utvalgets arbeid, hvordan de enkelte studieprogrammene har vært gjennomført siste år og planer for neste år. Rapporten vil inngå i fakultetets arbeid med utdanningsmeldingen.

Sammensetningen av programutvalgene skal reflektere de emnene og evt studieretningene som undervises og de instituttene som bidrar med lærer – og veiledningsressurser i programmene. I tillegg skal hvert programutvalg ha minimum to studentrepresentanter.

Medlemmene oppnevnes av institutt eller institusjonen de representerer. Funksjonsperioden for utvalgene er 4 – fire - år.

Leder

PU ledes av programleder, som foreslås av Dekanus og vedtas av Fakultetsstyret. Lederen skal sammen med sekretær forberede og legge frem saker for PU. Lederen deltar i faste møter i studieledelsen ved fakultetet, ledet av visedekan for utdanning. Leder har fullmakt til å behandle hastesaker på vegne av sitt PU. Hvis vedtak må foretas ved avstemning, har leder dobbelstemme i utvalget.

Sekretær

Sekretærfunksjonen ligger under fakultetet. Sekretæren skal sammen med lederen forberede og legge frem saker for PU. Sekretæren skal ordne med innkalling til møter og utsendelse av sakspapirer.

Møter

PU skal avholde minimum to møter hvert semester. PU er beslutningsdyktig når minst halvparten av medlemmene er til stede. PU-medlemmer skal selv ordne med en vararepresentant ved fravær.

PU skal minst årlig diskutere og eventuelt foreslå/ sette i verk nødvendige tiltak:

- Om undervisningen gjennomføres i tråd med målsetningene inklusive læringsutbytte
- Vurderingsformer og oppnådde resultat ved vurdering (eksamen el.l.)
- Studentevalueringene
- Tolking av PU-mandat mht hva som skal behandles i Fakultetsstyret.

Master programme in Global Health

Godkjenning:

Studieplanen er godkjend av:

Universitetsstyret: …….(02.06.2016)

Programutvalget: …….. .(04.04.2016)

Det medisinsk-odontologiske fakultet: …….(20.04.2016)

Studieplanen vart justert: …….(dd.mm.år)

Evaluering:

Studieprogrammet vart sist evaluert: …….(dd.mm.år)

Neste planlagde evaluering: …….(dd.mm.år)

Kategori	Text
Name of the programme of study	Masterprogram i global helse Master's Programme in Global Health
Name of qualification	Master in Global Health
ECTS credits	120 ECTS credits
Full-time/part-time	Full-time 2 years (full-time is the norm, but can be done part-time 4 years)
Language of instruction	English
Semester	4 semesters (two years)
Objectives and content	The programme defines global health broadly as an area for study, research, and practice that places a priority on improving health and achieving health equity for all people worldwide. It has a particular focus on health problems in low and middle income countries (LMIC) and aims to build capacity through research and post graduate training in partnership with academic institutions in collaborating countries. It promotes interdisciplinary collaboration and involves disciplines both within and beyond the health sciences in the training programmes. The main objective of the programme is to raise awareness of current global/international health concerns and to equip students with research skills and tools to address poverty related health problems in a fair and equitable manner. Students are being qualified to identify and critically analyse key factors shaping the health and well-being of populations in low and middle-income countries and to formulate effective and appropriate responses to complex health related issues. *Content*: The programme covers 2 years of full-time study, and includes compulsory and elective coursework, research and thesis defence. It focuses on major health problems in LMIC affecting the most vulnerable population groups, appropriate responses to complex health related issues and health systems challenges to provide universal access to quality health care. The main thematic areas of research are: maternal and child health; nutrition; communicable diseases, non-communicable diseases and oral sciences. Through interdisciplinary collaboration it offers research training in epidemiology, clinical and community trials, qualitative research, medical ethics, health economics, medical anthropology and biomedical sciences. The students will be assigned supervisors at different departments at The Faculty of Medicine and Dentistry according to the thematic area and research approach selected. The type of master studies that can be performed include literature reviews, research using existing data sets and empirical studies. For the empirical studies field work should primarily be performed in a low- or middle income populations. As a rule, students from LMIC perform fieldwork/data collection in their home country in

	collaboration with partner institutions. An exception is laboratory work which may be performed at the University of Bergen in collaboration with partner institutions in home country.
Required learning outcomes	***Knowledge*** On completion of the Master´s programme in Global Health the candidate: • Has advanced knowledge of major global health and poverty-related problems, and interventions in health promotion, disease prevention and control, and specialised insight into the complex interaction between poverty and marginalisation processes, health systems functioning and utilisation, and health- and nutrition outcomes. • Has thorough knowledge of public health disciplines including epidemiology, demographics, ethics and priority setting, health economics, health policy, health anthropology, and medical- and clinical research. • Has a clear conceptual understanding of the key determinants of health, development and quality of life of populations, with particular emphasis on low and middle countries ***Skills:*** On completion of the Master´s programme in Global Health the candidate : • Can critically assess and analyse information from various sources and use this information to develop scholarly arguments within their specialised fields of global health research • Can apply methods for research relevant to their specialised fields • Can analyse and interpret data , using relevant theories and tools of analysis (see above), and work independently to address practical and theoretical problems in global health research • .Can carry out an independent limited research project on masters level under supervision and in accordance with norms of ethics in medical and health research • Can utilise relevant and appropriate tools and frameworks for planning, developing, managing, and evaluating interventions to address health challenges in resource poor settings • Can critically analyse and assess health service delivery in diverse settings and formulate • effective and appropriate responses to inform health policy and implementation. ***General Competence*** On completion of the Master´s programme in Global Health the candidate : • Can apply knowledge and skills to new areas of research within global health • Can communicate research results from their specialised fields of global health to a broader audience of non-experts utilising available and appropriate tools and media • Understands the evidence base for research and the basic principles of research methodology, and be able to suggest

	relevant designs for research that is appropriate in diverse environmental, social and cultural settings in low income countries. • Can design relevant health systems interventions to disease control and prevention that promote equity and fairness. In addition, some of the students will gain knowledge, skills and competence within specific scientific areas; these are described in relation to the elective courses. Examples are oral sciences and occupational health.
Admission requirements	Students are selected from graduates of schools of medicine or dentistry, and from graduates of related disciplines in health, natural and social sciences. A Bachelor's degree level is required for admission (Minimum 2 nd Class, Upper Division/B or the equivalent). Competence of the English language must be demonstrated by obtaining an adequate score on a TOEFL or IELTS test or an equivalent qualification, according to the regulations of the University of Bergen (http://www.uib.no/education/admission/master/international-applicants-residing-abroad/english-language-requirements). Exemption is granted to applicants fulfilling the criteria listed at the University of Bergen website: http://www.uib.no/education/admission/master/international-applicants-residing-abroad/english-language-requirements#exemptions. Students recruited through the prospective partnership programme will be selected in collaboration with partner institution.
Recommended previous knowledge	
Compulsory courses	

Name	Course code	ECTS
Statistical Methods in Health Science	HELSTA	5
Major health problems in low and middle income countries (LMIC)	INTH304	6
Epidemiology	INTH302	6
Health systems*	INTH316	6
Basic course in research tools and theory	INTH301	6
Research proposal development	INTH330	12

Recommended electives

Depending on the students' master project and recommendation from supervisor(s):

Elective course	ECTS	Course codes
Applied economic evaluation in health care	3	INTH314
Applied statistics (Statistics II)	3	ODO-STAT2/06
Chemical factors at the work place	15	INTH331A
Clinical pharmacology	2	ODO-FARM/06
Culture and psychopathology– mental	3	INTH325

illness in a cross-cultural perspective			
Cultural theory and global perspectives	5	SYKVIT302	
Experimental epidemiology – clinical and field trials	3	INTH321A	
Global TB epidemiology and intervention	2	INTH328A	
Introduction to occupational health	3	INTH310A	
Observational epidemiology: survey, cohort and case-control studies	5	INTH356	
Oral biology	4	ODBIO901	
Physical factors at the work place	6	INTH334B	
Qualitative methods for international public health	3	INTH323C	
Qualitative methodology	6	INTH343	
Radiology	2	ODO-RØNT1/06	
Research methods	5	ODO-FORSK/06	
The global HIV epidemic and research challenges to improve prevention, support and care	5	INTH329	
War, violence, peace & health	3	INTH340	

The student may also take other, relevant open courses at the Faculty of Medicine and Dentistry

Sequential requirements, courses

Semester	**Components**	**ECTS credits**
First	Compulsory courses	60
Second	Elective courses or individual studies	
Third and fourth	Research and preparation of masters thesis*	60

***** A monograph or 1 scientific paper with a mantle consisting of a general introduction and discussion.

Study period abroad

Fieldwork in a LMIC is recommended, preferably in cooperation with a partner institution.

Teaching methods

The programme uses a variety of teaching and learning methods spanning from classroom lectures to team-based learning and site visits. Student active methods constitute at least 50%

Assessment methods

Course level: Assessment methods vary between courses and include: home assignments, written examinations, oral presentations and continuous assessment with elements of peer- and self-assessment.
Programme level: Master thesis including oral examination.

Grading scale

The individual courses, the master thesis and the final master exam are graded with the scale ECTS A – F. One exception: INTH 330 Proposal Development is pass/fail

Diploma

Master in Global Health

Programme committe

The Program committee for the master programme in Global Health, Faculty of Medicine and Dentistry.

Administrative responsibility	Centre for International Health, Department of Global Public Health and Primary Care, Faculty of Medicine and Dentistry
Contact information	Secretary of The Program committee for the master programme in Global Health

Emnebeskrivelse for Basic course in research tools and theory (INTH 301)

Godkjenning:

Emnebeskrivinga er godkjend av:

Programutvalg for internasjonal helse/oral sciences (04.04.2016)

Det medisinsk-odontologiske fakultet: (20.04.2016)

Emnebeskrivinga vart justert: …….(dd.mm.år) av …….

Evaluering:

Emnet vart sist evaluert: …….(dd.mm.år)

Neste planlagde evaluering: …….(dd.mm.år)

Kategori	Tekst
Course Code	INTH301
Course Title, English	Basic Course in Research tools and theory
ECTS Credits	6
Level of Study	Master and PhD
Full-time/Part-time	Full-time
Language of Instruction	English
Semester of Instruction	Autumn
Place of Instruction	Centre for International Health (CIH), and where CIH holds this course as part of a joint degreee
Objectives and Content	**Objectives:** The aim of this course is to provide an introduction to scientific perspectives and skills that are required to address health research, and include research within ethics and philosophy of science, epidemiology and statistics. The course also aims to introduce concepts in basic research studies, and qualitative research. **Content:** This course provides an introduction Research tools and theory. The course includes research within ethics and philosophy of science, research methods, and how to communicate scientific results to the research community and in teaching. The course includes the following main themes: Philosophy and Science Ethics - and scientific conduct - In human and animal studies Methods in - Epidemiology - Basic medical research - Clinical research - Qualitative research Scientific communication - The Library, PubMed and use of EndNote - The scientific paper - Posters - Successful lecturing Grant applications Statistical issues

<table>
<tr><td>Learning Outcomes</td><td>On completion of the course
the student should have the following learning outcomes defined in terms of knowledge, skills and general competence:
<table>
<tr><td>Knowledge</td><td>Skills</td><td>General competence</td></tr>
<tr><td>The student:
• knows how to make systematic searches for scientific knowledge
• can present important statistical concepts and ethical perspectives in research; integrity, accountability and social responsibility
• can explain the main principles of epidemiological research
• can present, explain and justify choice of research methods: public health and epidemiological research, basic biomedical research within life sciences, important statistical methods and qualitative research tools
• can explain the main principles of clinical studies
• can elaborate on the selection and use of basic medical research methods</td><td>The student :
• can critically evaluate scientific knowledge in light of important scientific ideas
• can apply statistical methods
• can apply knowledge to design clinical trials, observational studies (cross-sectional studies, case -control studies, cohort studies), experimental methods (controlled clinical trials, intervention studies) and qualitative research methods (observations, interviews and document analysis)</td><td>The student :
• understands the role of different disciplines and research methods in health research relevant for middle and low-income countries.</td></tr>
</table></td></tr>
<tr><td>Required Previous Knowledge</td><td>Minimum a good Bachelor or equivalent, according to the requirements for the Master programme
Good knowledge of English</td></tr>
<tr><td>Access to the Course</td><td>Students enrolled in the master programme in Global Health, students enrolled in similar programmes at UiB or other partner universities</td></tr>
<tr><td>Teaching Methods and Extent of Organized Teaching</td><td>A mixture of lectures, individual and group exercises and individual study
Contact hours: 100
Group work: 30
Individual assignments: 50</td></tr>
</table>

	Total SIT: 180 hours
Compulsory Assignments and Attendance	80% attendance on practical sessions is required
Forms of Assessment	Written home exam to be delivered in the first week of January Writing an abstract based on a research paper using quantitative or qualitative research methods.
Examination Support Material	This is a Home examination and all support material can be used.
Grading Scale	ECTS credits A-F (F = fail)
Assessment Semester	Autumn/spring
Reading List	• Laake P, Benestad, HB, and Olsen BR. Research methodology in the medical and biological sciences. Academic Press. 2007. Journal articles: • Swift JA and Tischlert V (2010): Qualitative research in nutrition and dietetics: getting started. *Journal of Human Nutrition and Dietetics*, 23:pp 559-566 • Draper A and Swift JA (2010): Qualitative research in nutrition and dietetics: data collection issues. *Journal of Human Nutrition and Dietetics*, 24:pp 3-12 • Fade SA and Swift JA: (2010): Qualitative research in nutrition and dietetics: data analysis issues. *Journal of Human Nutrition and Dietetics*, 24:pp 106-114 • Pilnick A and Swift JA: (2010): Qualitative research in nutrition and dietetics: assessing quality. *Journal of Human Nutrition and Dietetics*, 24: pp 209-214 • Rekdal, O. B. (2014). "Academic citation practice: A sinking sheep?" *portal. Libraries and the Academy* Volume 14, Number 4, October 2014
Course Evaluation	
Programme Committee	The program committee for Global Health
Course Coordinator	Bernt Lindtjørn
Course Administrator	Centre for International Health, Department of Global Public Health and Primary Care, UiB
Contact Information	Centre for International Health E-mail: studie.cih@.uib.no Tel: 55 58 85 69 / 70

Emnebeskriving for Epidemiology (INTH302)

Godkjenning:

Emnebeskrivinga er godkjend av:

Programutvalg for internasjonal helse/oral sciences (04.04.2016)

Det medisinsk-odontologiske fakultet: (20.04.2016)

Emnebeskrivinga vart justert: …….(dd.mm.år) av …….

Evaluering:

Emnet vart sist evaluert: …….(dd.mm.år)

Neste planlagde evaluering: …….(dd.mm.år)

Kategori	Tekst
Course Code	INTH302
Course Title, English	Epidemiology
ECTS Credits	6
Level of Study	Master and PhD
Full-time/Part-time	Full-time 3 weeks
Language of Instruction	English
Semester of Instruction	Autumn
Place of Instruction	Centre for International Health
Objectives and Content	**Objective:** This course provides an introduction to epidemiology **Content** The course includes the following main themes: - Measures of disease occurrence and associations between exposure and disease - Epidemiologic study designs - Evaluation of results from epidemiological studies. - Bias. Confounding - Planning an epidemiologic study - Infectious epidemiology
Learning Outcomes	On completion of the course the student should have the following learning outcomes defined in terms of knowledge, skills and general competence:

Knowledge	*Skills*	*General competence*
This course will give the student knowledge about: • Measures of disease occurrence and associations between exposure and disease • Epidemiologic study designs • Evaluation of results from epidemiological studies. • Bias. Confounding • Planning an epidemiologic study • Infectious epidemiology	This course will give the student the skills to: • Critically evaluate and interpret results from epidemiologic research • Explain the main principles of epidemiological research • Justify and explain choices of different epidemiological research designs • Plan an epidemiologic study	This course will give the student general skills and knowledge in basic epidemiology.

Required Previous Knowledge	Minimum a good Bachelor or equivalent, according to the requirements for the Master programme
Access to the Course	Students enrolled in the master programme in Global Health, students enrolled in similar programmes at UiB or other partner universities
Teaching Methods and Extent of Organized Teaching	Each day has a mixture of lectures and practical sessions, with group work or individual work on specific assignments and the use of the computer laboratory for practical examples. The lectures are interactive, and course participants are encouraged to ask questions and discuss during all sessions. Scientific papers will be handed out for reading, group work and presentations/discussions in plenary together with the course facilitators/lecturers. About 40% of the course is lectures, 40% individual assignments or group assignments with supervision and work/discussions and 20% individual reading and lab exercises.
Compulsory Assignments and Attendance	Compulsory 80% attendance Active participation in group work
Forms of Assessment	4-hour written exam consisting of short questions and problem-solving questions and calculation.
Examination Support Material	Dictionary, calculator (not on cell phone)
Grading Scale	ECTS credits A-F (F = fail)
Assessment Semester	Autumn
Reading List	The reference literature will be made available by 01.06 through internet
Course Evaluation	Students evaluate the teaching according to the quality assessment requirements of the University of Bergen. The evaluation method is anonymous and through an online electronic form or a paper form
Programme Committee	The program committee for Global Health
Course Coordinator	Cecilie Svanes
Course Administrator	Centre for International Health, Department of Global Public Health and Primary Care, UiB
Contact Information	Centre for International Health E-mail: studie.cih@.uib.no Tel: 55 58 85 69 / 70

Emnebeskriving for Major global health problems (INTH 304)

Godkjenning:

Emnebeskrivinga er godkjend av:

Programutvalg for internasjonal helse/oral sciences (04.04.2016)

Det medisinsk-odontologiske fakultet: (20.04.2016)

Emnebeskrivinga vart justert: …….(dd.mm.år) av …….

Evaluering:

Emnet vart sist evaluert: …….(dd.mm.år)

Neste planlagde evaluering: …….(dd.mm.år)

Kategori	Tekst
Course Code	INTH304
Namn på emnet, nynorsk	Dei viktigaste globale helseproblema
Namn på emnet, bokmål	De viktigste globale helseproblemene
Course Title, English	Major global health problems
ECTS Credits	6
Level of Study	Master og PhD
Full-time/Part-time	Full-time
Language of Instruction	English
Semester of Instruction	Autumn
Place of Instruction	Centre for International Health
Objectives and Content	The course consists of the following components: - The historical trends in international health and demography - The causes and cofactors of and control strategies for major infections among children - Basic concepts of disease control - Basic concepts of nutrition and growth and interaction between nutrition and infection - The interaction between socio-economic factors, nutrition and the use of health care systems - The major causes of ill health among adults such as HIV, tuberculosis and trauma
Learning Outcomes	On completion of the course the student should have the following learning outcomes defined in terms of knowledge, skills and general competence:

Knowledge	*Skills*	*General competence*
The student is able to: - outline essential aspects of major global health problems, demography and health promotion - describe the impact of different interventions in disease prevention and control - explain the interaction between socio-economic factors, health, nutrition and utilisation of health care systems.		

Required Previous Knowledge	Minimum a good Bachelor or equivalent, according to the requirements for the Master programme Good knowledge of English
Access to the Course	Students enrolled in the master programme in Global Health, students enrolled in similar programmes at UiB or other partner universities
Teaching Methods and Extent of Organized Teaching	Lectures, group work and group discussions, home assignments (essay writing)
Compulsory Assignments and Attendance	Participation in lectures and group work (requirement; at least 80 % attendance)
Forms of Assessment	Written test, essay writing, group work.
Examination Support Material	Dictionary
Grading Scale	ECTS credits A-F (F = fail)
Assessment Semester	Autumn
Reading List	Lindstrand et al. GLOBAL HEALTH: An introductory textbook. Studentlitteratur, 2006
Course Evaluation	Students evaluate the teaching according to the quality assessment requirements of the University of Bergen. The evaluation method is through an online electronic form (Mitt UiB).
Programme Committee	The program committee for Global Health
Course Coordinator	Thorkild Tylleskär
Course Administrator	Centre for International Health, Department of Global Public Health and Primary Care, UiB
Contact Information	Centre for International Health E-mail: studie.cih@.uib.no Tel: 55 58 85 69 / 70

Emnebeskrivelse for Introduction to Occupational Health in developing countries (INTH310A)

Godkjenning:

Emnebeskrivinga er godkjend av:

Programutvalg for internasjonal helse/oral sciences (04.04.2016)

Det medisinsk-odontologiske fakultet: (20.04.2016)

Emnebeskrivinga vart justert: …….(dd.mm.år) av …….

Evaluering:

Emnet vart sist evaluert: …….(dd.mm.år)

Neste planlagde evaluering: …….(dd.mm.år)

<table>
<tr><th>Kategori</th><th>Tekst</th></tr>
<tr><td>Course Code</td><td>INTH310A</td></tr>
<tr><td>Course Title, English</td><td>Introduction to Occupational Health in developing countries</td></tr>
<tr><td>ECTS Credits</td><td>3</td></tr>
<tr><td>Level of Study</td><td>Master</td></tr>
<tr><td>Full-time/Part-time</td><td>Part time, this is a MOOC – massive open online course</td></tr>
<tr><td>Language of Instruction</td><td>English</td></tr>
<tr><td>Semester of Instruction</td><td>Spring (maybe also autumn, not confirmed)</td></tr>
<tr><td>Place of Instruction</td><td>This course includes completion of a MOOC, this teaching is online, produced at University of Bergen. In addition, the course participants must give an assignment in written and present it orally at Centre for International Health at the University of Bergen.</td></tr>
<tr><td>Objectives and Content</td><td>Aim: The students should acquire basic knowledge in occupational health and understand how this work will prevent development of diseases and injuries caused by conditions at work in developing countries
Contents of this study:
• Occupational health – basic definitions and concepts
• Chemical, biological and physical factors at work and development of diseases and injuries
• Psychosocial factors and health at work
• Structures and functions of Occupational Health Services and how to care for the worker’s health
• Methods for measurements of work environment factors and health in occupational health settings
• Prevention of occupational diseases and injuries</td></tr>
<tr><td>Learning Outcomes</td><td>On completion of the course
the student should have the following learning outcomes defined in terms of knowledge, skills and general competence:
<table>
<tr><th>Knowledge</th><th>Skills</th><th>General competence</th></tr>
<tr><td>The students shall be able to:
• describe the basic concepts in occupational health
• outline the tasks and structure of occupational health services
• recognize the most important risk factors for illness and injuries at work places, both nationally and globally
• describe the major occupational diseases nationally and globally
• explain the different steps in risk</td><td>The student shall be able to:
• conduct a primary risk evaluation of a work place
• advice on how to prevent work-related</td><td>The student will be able to:
Understand the interaction between the actors within occupational health; employers, employees, health and safety personnel, occupational health services, occupational health clinics and the Labour Inspection
- reflect on occupational health in a global perspective, and know how to work on the issue in a low income setting</td></tr>
</table></td></tr>
</table>

	assessment at the workplace • describe the association between workplace exposure and health effects • describe the main steps in risk prevention on exposure to health hazards in the work environment		

Required Previous Knowledge	Students admitted to a Master's degree program may join this course. A good Bachelor's degree in Medicine, Dentistry, Health Sciences or Natural Sciences and good knowledge of English is required.
Access to the Course	The MOOC part of this course is open to anyone who will attend. However, ECTS can only be acquired by completion of the MOOC and in addition presenting an assignment in written and oral. This is possible only for Master students at the University of Bergen, Norway.
Teaching Methods and Extent of Organized Teaching	This course is an online course with 6 weeks, consisting of 4 lectures each, as a MOOC. Each lecture shows texts illustrated by videos and photos from developing countries. The lectures have topics for discussion in a joint discussion group of the attending students online. Each lecture has a quiz, which can be repeated. At the end, the MOOC has an multiple choice exam. In addition, the individual students are given an assignment for written and oral presentation.
Compulsory Assignments and Attendance	For a confirmation of the course, the student must finalize all quizzes in the MOOC and pass a final quiz at the end of the MOOC. In addition, for ECTS achievement, the individual student must make a written and oral presentation after the last MOOC lecture has been completed.
Forms of Assessment	Self-assessment by participation in discussion groups and quizzes during the course. Exam will be given by performing a risk assessment; solving a written case situation from a work place, giving possibility for reflection.
Examination Support Material	
Grading Scale	ECTS credits A-F (F = fail)
Assessment Semester	Spring 2016 (maybe autumn 2016 as well, not yet confirmed)
Reading List	• As TC, Gardiner K, Harrington JM. Occupational Health or • Snashall D, Patel D. ABC of occupational and environmental medicine • Alli BO. Fundamental principles of occupational health and safety
Course Evaluation	Evaluation by two professors of the presentation in written and oral
Programme Committee	The program committee for Global Health
Course Coordinator	Bente E. Moen
Course Administrator	Centre for International Health, Department of Global Public Health and Primary Care, UiB
Contact Information	Centre for International Health

	E-mail: studie.cih@.uib.no Tel: 55 58 85 69 / 70

Emnebeskrivelse for Applied economic evaluation in health care (INTH 314)

Godkjenning:

Emnebeskrivinga er godkjend av:

Programutvalg for internasjonal helse/oral sciences (04.04.2016)

Det medisinsk-odontologiske fakultet: (20.04.2016)

Emnebeskrivinga vart justert: …….(dd.mm.år) av …….

Evaluering:

Emnet vart sist evaluert: …….(dd.mm.år)

Neste planlagde evaluering: …….(dd.mm.år)

Kategori	Tekst
Course Code	INTH314
Course Title, English	Applied economic evaluation in health care
ECTS Credits	3 The module has a Student Investment Time of 90 hours: Contact time = 30 hours, Directed study (group work) = 30 hours, Self-directed learning (individual) = 30 hours
Level of Study	Master
Full-time/Part-time	Full-time
Language of Instruction	English
Semester of Instruction	Spring
Place of Instruction	Centre for International Health
Objectives and Content	The objective of the course is to equip students with knowledge about the basic theoretical foundations of Economic Evaluation, and to enable them with the practical skills to undertake health economic decision modelling. The module is divided into one theoretical part, where the focus in on developing an understanding the basic principles, potential roles and limitations of economic evaluation, and one practical part with focus on developing economic evaluation modelling skills.
Learning Outcomes	On completion of the course the student should have the following learning outcomes defined in terms of knowledge, skills and general competence: By the end of the theoretical part, students should be able to: • Know how different types of economic evaluations and modelling techniques can help address policy questions in health care • Be able to describe and discuss issues on measuring and valuing resource use in health and non-health service costs • Be able to describe and discuss issues on measuring and valuing health consequences • Know the basic requirements for presenting output from economic evaluations, be able to correctly interpret results and discuss how results should be applied in priority setting • To be able to appraise the quality and usefulness of economic evaluations in low-income settings. By the end of the practical part, students should in addition be able to: • Build and apply a decision analytic model based on a decision-tree • Build and apply a decision analytic model based on a Markov life cycle model • Incorporate and analyse uncertainty through one-way and probabilistic sensitivity analyses

	• Understand the basic principles of Expected Value of Perfect Information and Microsimulation analyses • Present and interpret cost-effectiveness results *Knowledge*: This course will give the student knowledge about: • *Skills*: This course will give the student skills to: • *General competence*: This course will give the student general skills
Required Previous Knowledge	Good working knowledge of English (TOEFL score of at least 550 points paper-based or 213 points computer-based, or an equivalent approved test). Economists, other social scientists, medical doctors, psychologists, nurses, dentists and others with training at the bachelor level or higher in a relevant subject at a recognized institution can be admitted to the MSc level course.
Recommended previous Knowledge	Candidates with practical experience from policy making at local, national or international level will be given priority
Access to the Course	Priority: PhD and Master students working in the field of international public health enrolled at the University of Bergen, in the Erasmus Mundus program and tropEd students who plan to use qualitative methodology in their research.
Teaching Methods and Extent of Organized Teaching	The teaching is based on residential teaching at University of Bergen. The first five days are largely theoretical, and consists of a mixture of lectures and group work/discussions on the main topics described above. Students are required to participate in group work on assigned topics. This includes daily student active teaching exercises, with alternating group compositions and presentation of results for the class. The following five days are largely practical, and students will work through exercises on their own laptops on a “learning by doing” principle. Each day will be organized around a number of assignments that must be completed individually. The softwares TreeAge Pro Suite 2013 and Microsoft Excel will be used throughout the module.
Compulsory Assignments and Attendance	Compulsory attendance in lectures and group work. Compulsory use of personal computers with preinstalled software (see below)
Forms of Assessment	The module in continuously assessed and all the daily mandatory assignments must be accepted in order to pass the module.
Examination Support Material	
Grading Scale	Students will receive separate grades (ECTS credits A-F) for the theoretical and practical parts of the module, as well as a final grade (ECTS credits A-F) that will appear on the course certificate. The grades of the two weeks are weighted equally in the final grade.
Assessment Semester	Spring

Reading List	***Main text book:*** • AM Gray, et al. (2011). *Applied Methods of Cost-effectiveness Analysis in Health Care*. Oxford. Handbooks in Health Economic Evaluation. ISBN 978-0-19-922728-0. • Supplementary scientific articles (will be provided during the course) • Personal computer (laptop), with adequate specifications ***Mandatory software (must be obtained and installed before the start of the course):*** • Microsoft Excel • TreeAge Pro Suite (www.treeage.com)
Course Evaluation	
Programme Committee	The program committee for Global Health
Course Coordinator	Bjarne Robberstad
Course Administrator	Centre for International Health, Department of Global Public Health and Primary Care, UiB
Contact Information	Centre for International Health E-mail: studie.cih@.uib.no Tel: 55 58 85 69 / 70

Emnebeskriving for Health systems (INTH316)

Godkjenning:

Emnebeskrivinga er godkjend av:

Programutvalg for internasjonal helse/oral sciences (04.04.2016)

Det medisinsk-odontologiske fakultet: (20.04.2016)

Emnebeskrivinga vart justert: …….(dd.mm.år) av …….

Evaluering:

Emnet vart sist evaluert: …….(dd.mm.år)

Neste planlagde evaluering: …….(dd.mm.år)

Kategori	Tekst
Course Code	INTH316
Course Title, English	Health systems
ECTS Credits	6
Level of Study	Master
Full-time/Part-time	Full time 4 weeks
Language of Instruction	English
Semester of Instruction	Autumn
Place of Instruction	
Objectives and Content	The objective of the course is to equip the students with concepts and perspectives relevant for the analysis and strengthening of health systems. This course aims for an understanding of health systems as complex interdependent systems that are anchored in specific political, socio-economic, cultural and epidemiological contexts that condition their functioning. Health systems are discussed from a governance perspective, an economic perspective, a social and cultural perspective and a health behavior perspective. Health systems are seen as shaped by both structural and social elements. While the structural elements include the particular organizational, policy, legal and financing frameworks, the social elements encompass the institutions, the norms, traditions, values, roles and procedures embedded within the system. In this perspective health systems are not merely seen as mechanical structures to deliver technical interventions, but rather as core social institutions. The course has four content areas that are taught one week each: - Health systems policy and governance - Health economics - Culture, health and society - Health behaviour
Learning Outcomes	On completion of the course the student should have the following learning outcomes defined in terms of knowledge, skills and general competence:

Knowledge	*Skills*	*General competence*
The student - Knows the main historical developments in international health; - Understands the role of health systems management and leadership in attaining the goals of the health system - Knows how health policy impacts health	*The student* - Can apply knowledge on health system governance in planning responsive and equitable health care. - Can apply health economic evaluation to	*The student* Can integrate knowledge on the health system from the different areas taught in the course and apply this knowledge in solving challenges in concrete health

	systems, the health workforce, health care delivery and the health of the people - Knows how health care spending differs across the world - Can explain advantages and disadvantages of different ways of financing health care - Understands basic health economic evaluation - Understands the health system as a social institution - Understands the cultural context of health and disease and how it affects health seeking and care provision - Can discuss how the social and political determinants of health produces inequity in access to quality health care - Knows theoretical frameworks to analyse and change health behaviour - Understands WHO's health systems framework and its limitations	prioritize between health interventions. - Can apply knowledge on social and cultural dimensions of health care provision, access and health seeking in health care programming. - Can apply theory to plan health behavior change interventions in a local community - Can apply the WHO health systems framework in the analysis of health systems challenges	systems contexts.
Required Previous Knowledge	Good working knowledge of English (TOEFL score of at least 550 points paper-based or 213 points computer-based, or an equivalent approved test)		
Access to the Course	Students enrolled in the master programme in Global Health, students enrolled in similar programmes at UiB or other partner universities		
Teaching Methods and Extent of Organized Teaching	**Teaching methods:** A combination of lectures, seminars, discussions, group work on weekly assignments. **Extent of organised teaching:** Total working hours 162: - 56 contact hours - 24 hours group work - 82 hours individual work / readings Monday, Tuesday, Thursday, Friday: Classroom sessions every morning (08.30-12.00) and individual study/group work in the afternoon (13.00-14.30) Wednesday: Individual study and group work		
Compulsory Assignments and Attendance	Attendance at seminars and group work.		

Forms of Assessment	- Continuous assessment through participation in group work (Pass – Fail) - Home exam: Individual essay (A – F) - The student should participate in and pass at least 80% of the group work. The group work is related to the individual sub-areas of the course and their specific learning outcomes. - The individual exam asks for integration of knowledge from the various sub-areas taught in the course through a case and relates to the learning outcome general competence.
Examination Support Material	
Grading Scale	ECTS credits A-F (F = fail)
Assessment Semester	Autumn
Reading List	
Course Evaluation	Every 3 years
Programme Committee	The program committee for Global Health
Course Coordinator	David Lackland Sam and Karen Marie Moland
Course Administrator	Centre for International Health, Department of Global Public Health and Primary Care, UiB
Contact Information	Centre for International Health E-mail: studie.cih@.uib.no Tel: 55 58 85 69 / 70

Emnebeskriving for Experimental epidemiology (INTH321A)

Godkjenning:

Emnebeskrivinga er godkjend av:

Programutvalg for internasjonal helse/oral sciences (04.04.2016)

Det medisinsk-odontologiske fakultet: (20.04.2016)

Emnebeskrivinga vart justert: …….(dd.mm.år) av …….

Evaluering:

Emnet vart sist evaluert: …….(dd.mm.år)

Neste planlagde evaluering: …….(dd.mm.år)

Kategori	Tekst
Course Code	INTH321A
Namn på emnet, nynorsk	Eksperimental epidemiologi
Namn på emnet, bokmål	Eksperimental epidemiologi
Course Title, English	Experimental epidemiology
ECTS Credits	5
Level of Study	Master and PhD
Full-time/Part-time	Modular full-time
Language of Instruction	English
Semester of Instruction	Spring
Place of Instruction	Centre for International Health, University of Bergen
Objectives and Content	This course addresses critical methodological aspects of clinical and field trials and a special effort is made to address trials that will measure the impact of relevant interventions against poverty related diseases, for instance HIV infection, diarrhoea and pneumonia. The lectures in the course cover the following: General principles of field trials, literature review: what & how to read, randomisation & blinding, review of basic statistics (Mean, SD, SE, 95%CI), proportions, 2 x 2 tables, trial size for adequate precision and power, cluster design, data management and study implementation, interaction & confounding, effect measures (Risk ratio, rate ratio, difference in means), relative risk reduction, measurement: validity & reproducibility, analysis plan, data exploration, baseline comparison, main effects, analysis of community-based studies, hypothesis tests & precision of effect, analysis of repeated outcomes, data collection (questionnaire design, field organisation, training & standardisation) & quality control, interpretation of negative trials and ethical aspects of clinical trials in developing countries. The group work covers the development of proposal and protocol, the structure of baseline and main effect tables, randomisation & blinding. The computer laboratory exercises include generating random numbers, calculating trial size, importing files, data exploration, baseline comparisons, main effects, adjustment for confounding, adjustment for confounding, sub-group analysis and interaction.

Learning Outcomes	On completion of the course the student should have the following learning outcomes defined in terms of knowledge, skills and general competence:		
	Knowledge	*Skills*	*General competence*
	The student should be able to: - Demonstrate understanding of the principles of clinical and field trials, - Understand the principles behind adjustment for repeated measurement of outcomes in the same individuals	The student should be able to: - Genuinely contribute to the planning and conduct of clinical and field trails in accordance with the EU Directive 2001/20/EC on Good Clinical Practice and the highest ethical principles, including those reflected in Article 6 of the Treaty on the European Union, in the Charter of Fundamental Rights of the European Union and the Council of Europa's Convention on Human Rights and Biomedicine - Assess and select relevant designs for clinical/field trials, - For both individually and community-randomized trials, conduct: sample size estimations, random allocation and blinding/masking - Analyze clinical and field trial data-sets, also from community-randomized trials - Identify interaction (in trials with stratified as well as un-stratified randomization) - Be able to identify and adjust for any confounding effect (mainly relevant for trials with limited sample size).	The student should be able to: Critically interpret published results from clinical/field trials, write a competitive research grant proposal for funding of a clinical/field trial.

Required Previous Knowledge	Proficiency in English at a level corresponding to TOEFL 550 (paper-based) or 213 (computer-based) or IELTS band 6.0 is expected. It is also a requirement to have knowledge of basic epidemiology and biostatistics, and the applicants should describe their background, including that in epidemiology and biostatistics in their applications. Certificates from biostatistics and epidemiology courses and workshops should be submitted along with the applications.
Access to the Course	Students admitted to a Master's or PhD Programme may join this course (e.g. tropEd network).
Teaching Methods and Extent of Organized Teaching	Daily sessions. Each day has a mixture of lectures and practical sessions including computer lab sessions. The course includes group work on specific topics as well as literature review.
Compulsory Assignments and Attendance	Groups of 4-5 students work together on a research grant proposal for funding of a clinical/field trial. Documented contribution to this proposal, which is presented in a plenary session is a prerequisite for taking the course examination.
Forms of Assessment	Written exam
Examination Support Material	Dictionary, calculator
Grading Scale	ECTS credits A-F (F=fail)
Assessment Semester	Spring
Reading List	Essential: Lecture notes and handouts. ICH. Integrated addendum to ICH E6(R1): Guideline for good clinical practice. E6(R2) Current Step 2 version, dated 11 June 2015 http://www.ich.org/fileadmin/Public_Web_Site/ICH_Products/Guidelines/Efficacy/E6/E6_R2__Addendum_Step2.pdf Peter G. Smith, Richard H. Morrow, and David A. Ross (eds). Field trials of health interventions A Toolbox, 3rd ed. 2015. Paperback 480 pages, ISBN 978 0 19 873286 0 Available as: eBook Download from: http://fdslive.oup.com/www.oup.com/academic/pdf/openaccess/9780198732860.pdf Parts of this book: WHO. WHO Handbook for guideline development. 2nd ed. 2014. Paperback 170 p. ISBN 978 92 4 154896 0. Available as eBook Download from:

	http://www.who.int/kms/handbook_2nd_ed.pdf
Course Evaluation	Students evaluate the teaching according to the quality assessment requirements of the University of Bergen. The evaluation method is through an online electronic form.
Programme Committee	The program committee for Global Health
Course Coordinator	Thorkild Tylleskär
Course Administrator	Centre for International Health, Department of Global Public Health and Primary Care, UiB
Contact Information	Centre for International Health E-mail: studie.cih@.uib.no Tel: 55 58 85 69 / 70

Emnebeskriving for Culture and psychopathology - mental illness in a cross-cultural perspective (INTH325)

Godkjenning:

Emnebeskrivinga er godkjend av:

Programutvalg for internasjonal helse/oral sciences (04.04.2016)

Det medisinsk-odontologiske fakultet: (20.04.2016)

Emnebeskrivinga vart justert: …….(dd.mm.år) av …….

Evaluering:

Emnet vart sist evaluert: …….(dd.mm.år)

Neste planlagde evaluering: …….(dd.mm.år)

Kategori	Tekst
Course Code	INTH325
Namn på emnet, nynorsk	Kultur og psykopatologi – mental sjukdom i eit kryss-kulturelt perspektiv
Namn på emnet, bokmål	Kultur og psykopatologi – mental sykdom i et kryss-kulturelt perspektiv
Course Title, English	Culture and Psycopathology - Mental illness in a cross-cultural perspective
ECTS Credits	3
Level of Study	Master and PhD
Full-time/Part-time	Full-time
Language of Instruction	English
Semester of Instruction	Spring
Place of Instruction	Centre for International Health
Objectives and Content	Like all systems of healing, biomedicine is a cultural product arising from Western industrialised countries. Yet practice of medicine to a large extent has shown very little cognisance to cultural and social factors. Biomedical conception of health and its practice are often transported from one part of the world to the other in packages of absolute truths. Notwithstanding great results, they have sometimes proven to be ineffective and even detrimental to the receiving group of people. Central to this problem is failure on the part of biomedicine to take into account culture's influence on people's attitudes, belief systems, conception of illness and disease, disease aetiology, and health-care seeking behaviour. In addition, while certain health problems (e.g. culture-bound syndromes) are difficult to understand using imported biomedical models from the West, they are readily understood within the cultural societies where they are manifested. The crux of this course is to examine mental illness, their manifestations, diagnosis, and treatment in different cultural societies. The following areas of topics will be addressed during the 5-days of lectures. - Culture and mental illness: Concepts, issues, models and theories - Classification/grouping of mental disorders in diagnostic manuals: culture and methodology - Review of some common mental illness (anxiety, mood, somatoform disorders and schizophrenia from a cultural perspective - Culture bound syndromes, cultural validations and their possible links with mental illness in the classification manuals - Acculturation, multiculturalism and mental health - Cross-cultural and multicultural psychotherapy: Help-seeking behaviour, treatment and prognosis Number of weeks: 2 week (1 week face-to-face contact): 1 week self study

<table>
<tr><td>Learning Outcomes</td><td>On completion of the course the student should have the following learning outcomes defined in terms of knowledge, skills and general competence:
<table>
<tr><td>Knowledge</td><td>Skills</td><td>General competence</td></tr>
<tr><td>The student:
• Can describe and identify the role of cultural variables in the aetiology of mental disorder.
• Can explain how cultural variables interact with biological, psychological and environmental variables to influence psychopathology.</td><td>The student:
• Can appraise cultural variations in standards of normality and abnormality.
• Can critically evaluate cultural variations in the classification and diagnosis of psychopathology.
• Can describe and determine the cultural variations in the expression, course and outcome of psychopathology</td><td>The student:
Can assess how cultural change affects adaptation outcome</td></tr>
</table></td></tr>
<tr><td>Required Previous Knowledge</td><td>Proficiency in English at a level corresponding to TOEFL 550 or IELTS band 6.0 is expected.
Physicians and dentists specialising in public health, general practitioners and other health workers with special interest in culture and psychopathology.</td></tr>
<tr><td>Recommended previous Knowledge</td><td>Even though previous knowledge of psychology (clinical, or cross-cultural), anthropology (medical) will be very helpful they are not pre-requisites to the course.</td></tr>
<tr><td>Access to the Course</td><td>Students admitted to a Master’s degree Programme may join this course (e.g. tropEd network).</td></tr>
<tr><td>Teaching Methods and Extent of Organized Teaching</td><td>The course will involve formal lectures, interactive group discussions. Otherwise, the students will do a lot of reading and self-reflection on mental disorders from their own society, as well as discuss and interview people from other cultures how mental disorders are defined, identified and treated in their particular society.</td></tr>
<tr><td>Compulsory Assignments and Attendance</td><td></td></tr>
<tr><td>Forms of Assessment</td><td>Continuous assessments involving the short (up to 500 words) and long (up to 2500 words) essays to be written at home.</td></tr>
<tr><td>Examination Support Material</td><td></td></tr>
<tr><td>Grading Scale</td><td>In all students have to submit 5 different assignments:
(i) A report (i.e., an annotated summary) of self-defined reading. This will be about 2500 words)
(ii) 3 short ones essays (ca 500 words in length), based on the daily home work during the first week of</td></tr>
</table>

	the course: and (iii) An essay (ca 2500 words) to be submitted after the self study. The 3 short essays will form 30 % of the final grade, 10% for each essay): The two assignments after the self-study period (i.e., the annotated summary and 4th essay) will respectively account for 40%.and 30% of the final grade. A student who does not submit at least 2 of the 3 short essays will automatically **fail**. Similarly, failure to submit any of the two assignments from the self-study (i.e., the annotated summary and the essay) will automatically fail. Essays will be graded using letter grading ranging from A-F, where A = Excellent and F = Fail. All essays should be submitted online through MY SPACE <u>NB: There will not be any school exam.</u>
Assessment Semester	Spring
Reading List	**Suggested reading (This will regularly be revised)** There are 2 main textbooks to the course, 2 desk reference books, and a number of selected articles and book chapters. <u>Textbooks</u> • Bhugra, D., & Bhui, K (eds). (2007). Textbook of cultural psychiatry. Chapters 1, 4, 5, 7, 8, 10, 11, 16, 17, 24, 26 – 33; Cambridge: Cambridge University Press. • Tseng, W-S (2001). *Handbook of cultural psychiatry*. Chapters 9 - 11, 13, 14, 15 – 19, 31 32 San Diego: Academic Press. <u>Desk reference books</u> • American Psychiatric Association (2000). *Diagnostic manual and statistical manual of mental disorders 4th edition, Text revised (DSM-IV-TR).* Washington: APA. • World Health Organization (1990). *International classification of diseases- 10 for the classification of mental and behavioural disorders*. Geneva: World Health Organization http://www.who.int/classifications/icd/en/bluebook.pdf <u>Selected articles and book chapters</u>. • Berry, J. W., Poortinga, Sam, D. L.,. Breugelmans, S. M., & . Chasiotis, A (in press). l Cross-cultural psychology: Research and application. (Chapters 14 – Acculturation: Chapter 17 – health)). Cambridge: Cambridge University Press. • Bhugra, D & Mastrogianni, A. (2004). Globalization and mental disorders. An overview in relation to depression. *British Journal of Psychiatry, 184,* 10 – 20 • Carter, J. H. (Guest Editor) (2004). Culture, race and ethnicity in psychiatric practice. Psychiatric Annals, vol 34, number 7. papers by 1. Ruiz, P. Addressing culture, race and ethnicty in psychiatric practice (pp 527 – 532) 2. Adebimpe, V. R. A second opinion on the use of white norms in psychiatric diagnosis of black patients (pp 542 – 551) 3. Clark, M. O. Challenges and controversies of designing mental health treatment programs for blacks (pp

	555-560) • Cuéllar. 1, & Paniagua, F. (2000.). *Handbook of multicultural mental health.* (Chapters 1, 2, & 7). London: Academic press. • Draguns, J. G. (1990). Normal and abnormal behaviour in cross-cultural perspective. Specifying the nature and their relationship. In J. J. Berman (ed.), *Nebraska symposium on motivation. 1989: Cross-cultural perspectives.* (pp. 235 - 277). Lincoln: University of Nebraska Press. • Hare-Mustin, R. T. & Marecek, J. (1997). Abnormal and clinical psychology: The politics of madness. In D. Fox & I Prilleltensky (eds.).,*Critical psychology: An introduction.* (pp. 104-120). Thosand Oaks: Sage Publications • Kleinman, A. (2004). Cultue and depression. *New England Journal of Medicine, 351*, 951-953 • MacLachlan, M (2002). *Culture and health* (Chapters 3, 4, 6 & 7). Chichester: John Wiley & Sons • Marsella, A. J. (2003). Cultural aspects of depressive experience and disorders.. In W. J. Lonner, D. L. Dinnel, S. A. Hayes, & D. N. Sattler (Eds.), *Online Readings in Psychology and Culture* (Unit 9, Chapter 4), (http://www.wwu.edu/~culture), Center for Cross-Cultural Research, Western Washington University, Bellingham, Washington USA. • Prince, M., Patel, V., Saxena, S., Maj, M., Maselko, J., Phillips, M. Rahman, A (2007). No health without mental health *The Lancet*, Volume 370, Issue 9590, Pages • Ryder, A. G., Yang, J., & Heini, S. (2002). Somatization vs. psychologization of emotional distress: A paradigmatic example for cultural psychopathology. In W. J. Lonner, D. L. Dinnel, S. A. Hayes, & D. N. Sattler (Eds.), *Online Readings in Psychology and Culture* (Unit 9, Chapter 3), (http://www.wwu.edu/~culture), Center for Cross-Cultural Research, Western Washington University, Bellingham, Washington USA. • Sam, D. L., & Moreira, V. (2002). The mutual embeddedness of culture and mental illness. In W. J. Lonner, D. L. Dinnel, S. A. Hayes, & D. N. Sattler (Eds.), *Online Readings in Psychology and Culture* (Unit 9, Chapter 1), (http://www.wwu.edu/~culture), Center for Cross-Cultural Research, Western Washington University, Bellingham, Washington USA. • WHO (2001). *The world health Reaport. Mental health*. Geneva: WHO. http://www.who.int/whr2001/2001/main/en/index.htm
Course Evaluation	
Programme Committee	The program committee for Global Health
Course Coordinator	Professor David Lackland Sam
Course Administrator	Centre for International Health, Department of Global Public Health and Primary Care, UiB
Contact Information	Centre for International Health E-mail: studie.cih@.uib.no Tel: 55 58 85 69 / 70

Emnebeskrivelse for Research seminars (INTH 326)

Godkjenning:

Emnebeskrivinga er godkjend av:

Programutvalg for internasjonal helse/oral sciences (04.04.2016)

Det medisinsk-odontologiske fakultet: (20.04.2016)

Emnebeskrivinga vart justert: …….(dd.mm.år) av …….

Evaluering:

Emnet vart sist evaluert: …….(dd.mm.år)
Neste planlagde evaluering: …….(dd.mm.år)

Kategori	
Course Code	INTH326
Course Title, English	Research Seminar at CIH including two presentations
ECTS Credits	6
Level of Study	Master
Full-time/Part-time	N/A
Language of Instruction	English
Semester of Instruction	Spring/Autumn
Place of Instruction	Centre for International Healt
Objectives and Content	The students are recommended to give their first presentation (protocol of their study) in the spring semester and the second presentation (results of their study) in their last semester
Learning Outcomes	*Knowledge* The student: • Knows how to organize the study protocol in a short presentation • Knows how to organize the research results in short presentations • Knows good presentation techniques *Skills* The student: • Can present a project proposal in a clear and structured manner for staff and students in the 2. Semester • Can present research findings in a clear and structured manner for staff and students in the 4. semester *General competence* The student: Is able to critically and constructively comment on research in other fora
Access to the Course	Only for students enrolled in the Master programme in Global Health
Teaching Methods and Extent of Organized Teaching	The master students should give two presentations during their study period and it is compulsory to attend the seminars. The seminars are usually held once a week and each presentation should last about 15 minutes.
Compulsory Assignments and Attendance	80% attendance
Forms of Assessment	Two oral presentations
Grading Scale	Pass / Fail
Assessment Semester	Autumn/spring
Reading List	Recommended: ”How to write and publish a scientific paper” Rober A. Day, Ed.5, chapter 27, pp 167-172
Course Evaluation	
Programme Committee	The program committee for Global Health

Course Coordinators	Bente Moen/Gunhild Koldal
Course Administrator	Centre for International Health, Department of Global Public Health and Primary Care, UiB
Contact Information	Centre for International Health E-mail: studie.cih@.uib.no Tel: 55 58 85 69 / 70

Emnebeskriving for Global TB epidemiology and intervention (INTH 328A)

Godkjenning:

Emnebeskrivinga er godkjend av:

Programutvalg for internasjonal helse/oral sciences (04.04.2016)

Det medisinsk-odontologiske fakultet: (20.04.2016)

Emnebeskrivinga vart justert: …….(dd.mm.år) av …….

Evaluering:

Emnet vart sist evaluert: …….(dd.mm.år)

Neste planlagde evaluering: …….(dd.mm.år)

Kategori	Tekst
Course Code	INTH328A
Namn på emnet, nynorsk	
Namn på emnet, bokmål	
Course Title, English	Global TB Epidemiology and Intervention
ECTS Credits	2 Student investment time: 60 hours (35 contact hours, 25 hours group work and individual studies)
Level of Study	Master and PhD
Full-time/Part-time	Full-time
Language of Instruction	English
Semester of Instruction	Spring
Place of Instruction	Centre for International Health
Objectives and Content	**Objectives:** **Content:** A one-week course on tuberculosis, dealing with epidemiology, clinical characteristics, microbiological aspects, intervention- and control strategies with focus on the global TB control aspects. Each day there is a mixture of lectures and work in groups on specific topics covered during the day. A manual on the group work is distributed to the participants at the start of the course
Learning Outcomes	On completion of the course the student should have the following learning outcomes defined in terms of knowledge, skills and general competence:

Knowledge	*Skills*	*General competence*
The student shall be able to: • outline important historical milestones in the management of TB • explain the major transitions in TB epidemiology • understand the basic immunological response to mycobacterial exposure • explain the role of the laboratory in TB control • describe symptoms and signs of	*The student shall be able to:* **After the course students should be able to:** • identify important determinants of exposure, infection and disease • assess advantages and disadvantages of various diagnostic methods	*The student shall be able to:* **After the course students should be able to:** • Understand the global TB epidemiology • understand the global strategy to identify sources of transmission and to manage TB patients • understand the role of various stakeholders in the Stop TB initiative

Commented [TM1]: How are these 2 different. S

	the TB patient • explain how drug resistance may develop and how it is monitored • explain how multidrug resistance influences the TB epidemic • explain how HIV influences the TB epidemic • describe the principles of chemotherapy for TB • describe the role of technical assistance in national TB programmes		• understand socio-cultural aspects of importance to the TB epidemic understand potential benefits from reviews of national TB programmes
Required Previous Knowledge	Good working knowledge of English. Students admitted to a Masters Degree Programme may join this course (e.g. TropEd European Network). Physicians and dentists specializing in public health, general practitioners and other health workers with special interest in global TB epidemiology and intervention. A bachelor's degree in medicine, dentistry or related disciplines of science or social sciences. Good working knowledge of English. Pre-reading: see Reading list below		
Recommended previous Knowledge	Minimum a good Bachelor degree according to the requirements for the Master programmes		
Credit Reduction due to Course Overlap			
Access to the Course	International programmes and agreements, including tropEd and Erasmus Mundus. Master programmes in International Health and Oral Sciences. Master programmes in Health Sciences and Health Promotion. PhD programme at the University of Bergen. Max. number of students: 30?; minimum number: 10?		
Teaching Methods and Extent of Organized Teaching	Each day starts with introductory lectures of 3 - 4 hours. The lectures are interactive, and participants are encouraged to comment or ask questions during the session. After lunch there is a 75 to 90 minutes group session related to the lecture topics. At the end of each day one of the groups presents the assignment of the day and discusses in plenary with all course participants. A workbook/manual is handed out to participants at the start of the course. A CD-ROM with all course material is distributed after the course		
Compulsory Assignments	Full time participation (lectures, group work, presentations)		

Commented [TM2]: Either we should add a specific section on it with proper lecture and exercise or we should not highlight it as a separate point

and Attendance	
Forms of Assessment	2 hours written exam
Examination Support Material	
Grading Scale	ECTS A – F (F = fail)
Assessment Semester	Spring
Reading List	Toman: Tuberculosis: Case detection, treatment and monitoring. 2004. Free download from : http://www.who.int/tb/publications/toman/en/ Free downloadable from The Union at www.theunion.org , link "Educational Material/Technical Guides") H.Rieder: Interventions for Tuberculosis Control and Elimination. 2002. Ait-Khalid&al. Management of TB. 2010 H.Rieder. Epidemiologic basis for tuberculosis. 1999 Rieder & al. Crofton's Clinical Tuberculosis". 1999.
Course Evaluation	Students evaluate the teaching according to the quality assessment requirements of the University of Bergen. The evaluation method is through an online questionnaire (Mitt UiB)
Programme Committee	
Course Coordinator	Professor Sven Gudmund Hinderaker
Course Administrator	Centre for International Health, Department of Global Public Health and Primary Care, UiB
Contact Information	Centre for International Health E-mail: studie.cih@.uib.no Tel: 55 58 85 69 / 70

Emnebeskriving for The HIV pandemic: research challenges to improve prevention, support and care (INTH 329)

Godkjenning:

Emnebeskrivinga er godkjend av:

Programutvalg for internasjonal helse/oral sciences (04.04.2016)

Det medisinsk-odontologiske fakultet: (20.04.2016)

Emnebeskrivinga vart justert: …….(dd.mm.år) av …….

Evaluering:

Emnet vart sist evaluert: …….(dd.mm.år)

Neste planlagde evaluering: …….(dd.mm.år)

Kategori	Tekst
Course Code	INTH329
Namn på emnet, nynorsk	
Namn på emnet, bokmål	
Course Title, English	The HIV pandemic: Research challenges to improve prevention, support and care
ECTS Credits	5 (SIT 150 hours: 50 contact hours, 50 individual-study hours for reading of reference literature, 50 hours writing essay)
Level of Study	Master and PhD
Full-time/Part-time	Full-time
Language of Instruction	English
Semester of Instruction	Spring
Place of Instruction	Centre for International Health
Objectives and Content	**Main Objective:** To create awareness of the complexity of the biomedical, epidemiological, health systems, social and cultural challenges related to the HIV epidemics in different parts of the world, and the need for interdisciplinary approaches in research and interventions. **Content:** The course is multi-disciplinary and all sessions will discuss challenges in research. The scope is global, but with particular focus on sub-Saharan Africa. Main topics: • HIV epidemiology and research challenges: transmission biology, global dynamics and trends, conceptual framework in epidemiological research as a basis for priority setting; • Demographic and social impact; stigma • Current bio-medical understanding and challenges in research: diagnostics, natural history, opportunistic infections, vaccine development and antiretroviral therapy • Prevention of Mother to Child Transmission (PMTCT) programmes: strategies, successes and challenges in practice and research (biological and socio-cultural) • The value of understanding the local ethnic-cultural contexts in HIV interventions • Sexual and reproductive health and rights • HIV counselling and testing: policies, effects and research on innovative delivery models • Cost-effectiveness and priority setting; cost effective prevention and care interventions; criteria for priority setting. • What works in prevention: scientific evidence and limitations

<table>
<tr><td></td><td>

- Monitoring and evaluation systems to guide programmes
- Ethics and HIV
- Global initiatives related to HIV

</td></tr>
<tr><td>Learning Outcomes</td><td>
On completion of the course
the student should have the following learning outcomes defined in terms of knowledge, skills and general competence:
<table>
<tr><td>Knowledge</td><td>Skills</td><td>General competence</td></tr>
<tr><td>The student is be able to:

- explain bio-medical research challenges in HIV diagnostics, vaccine development, ART, and prevention of mother-to-child transmission of HIV;
- recognise the importance of understanding socio-economic and cultural contexts of HIV transmission and identify related challenges in research;
- discuss core methods used in epidemiological HIV research (prevalence and incidence) and debate challenges in research;
- differentiate demographic, social and economic impact of HIV epidemics;
- interpret major priority setting challenges related to HIV interventions and key ethical issues involved in research

</td><td>The student is able to:

- illustrate the value of the proximate determinants conceptual framework (the epidemiological context approach) in priority setting of preventive HIV interventions and discuss related challenges in research;
- identify global patterns of HIV transmission, their possible explanations and relate them to research evidence on what works in prevention;
- judge research evidence on models of HIV testing and counselling and debate research challenges;

</td><td>The student is able to discuss major priority setting challenges in international funding of HIV prevention and care.</td></tr>
</table>
</td></tr>
<tr><td>Required Previous Knowledge</td><td>Proficiency
in English at a level corresponding to TOEFL 550 or IELTS band 6.0 is expected.</td></tr>
<tr><td>Recommended previous</td><td></td></tr>
</table>

Knowledge	
Credit Reduction due to Course Overlap	
Access to the Course	Students admitted to a Masters' degree Programme may join this course (e.g. TropEd Europe network). Max. number of students: 30; max. number of tropEd students: 10, Minimum number: 8. Selection: Psychologists, social scientists, medical doctors, nurses and dentists specialising in public health and other health workers and managers with special interest in HIV epidemics and research challenges. Priority: master students and PhD candidates. Max. number of students: 30; minimum number: 10
Teaching Methods and Extent of Organized Teaching	Interactive presentations by lecturers (morning sessions related to given literature); literature review (individually and with group discussions and student presentations; panel and group discussions. During the 2 weeks in Bergen the students are receiving lectures on scientific essay writing, select a relevant topic for a scientific essay and receive individual supervision, and after the 2 weeks in Bergen students write an individual scientific essay. Literature: Scientific papers, reports and handouts.
Compulsory Assignments and Attendance	
Forms of Assessment	Based on the assessment of prepared essay; length 2000-2500 words (list of references excluded). During the 2 weeks in Bergen the students are to attend sessions on scientific essay writing, and will receive individual supervision related to selected topic. Essays are evaluated independently by 2 of the professors (anonymous). Appeals.
Examination Support Material	Home exam
Grading Scale	ECTS credits A-F (F = fail)
Assessment Semester	Spring
Reading List	Scientific papers, reports and handouts
Course Evaluation	Yearly written student evaluation
Programme Committee	The program committee is responsible for the academic content and structure of the course and for the quality of the program and all the courses.
Course Coordinator	Professor Knut Fylkenes
Course Administrator	Centre for International Health, Department of Global Public Health and Primary Care, UiB
Contact Information	Centre for International Health E-mail: studie.cih@.uib.no Tel: 55 58 85 69 / 70

Emnebeskriving for Proposal development (INTH 330)

Godkjenning:

Emnebeskrivinga er godkjend av:

Programutvalg for internasjonal helse/oral sciences (04.04.2016)

Det medisinsk-odontologiske fakultet: (20.04.2016)

Emnebeskrivinga vart justert: …….(dd.mm.år) av …….

Evaluering:

Emnet vart sist evaluert: …….(dd.mm.år)

Neste planlagde evaluering: …….(dd.mm.år)

Kategori	Tekst
Course Code	INTH330
Course Title, English	Proposal development
ECTS Credits	6
Level of Study	Master
Full-time/Part-time	Full-time
Language of Instruction	English
Semester of Instruction	**Spring**
Place of Instruction	Centre for International Health
Objectives and Content	Overall objective is to help students conceptualize and prepare a research proposal in their research area and to nurture a sense of inquisitiveness and active participation in research. One week is used for introductory lectures covering all chapters of a complete research proposal and interactive teaching where each student presents his/her preliminary research proposal and the rest of class and teacher/s discuss these proposals in a systematic manner. This allows students to practice identifying what logical steps must be taken to accomplish one's research goals. They learn to use the research methods taught in the research tools course (INTH301) into practical examples, and refine their individual research proposals. The main body of the course is the actual work the students carry out on their proposals after this introductory week. Regular discussions with supervisor(s) are an important element of the process. The "exam" is the final proposal submitted to the CIH educational staff for evaluation and approval.
Learning Outcomes	On completion of the course the student should have the following learning outcomes defined in terms of knowledge, skills and general competence:

Knowledge	*Skills*	*General competence*
The student should have knowledge about: • identifying relevant research question/s • preparing a comprehensive research plan taking into account limited time for data collection • data collection tools • process and requirements for ethical clearance	The student should have skills on how to: • write a comprehensive proposal on a research topic • choose relevant literature as justification for the study • clearly formulate the research question(s), broad objective(s) and	The student should have general competence in independently conceptualizing and preparing a good & comprehensive research proposal

	• dissemination of results	specific objectives • choose the relevant data collection tools/instruments • choose proper statistical methods in data analysis • formulate expected outcomes • make a research budget	

Required Previous Knowledge	Minimum a good Bachelor or equivalent, according to the requirements for the Master programme
Recommended previous Knowledge	Introductory lectures of proposal writing and group work in course INTH301.
Access to the Course	Open to students enlisted at the Master programme in Global Health
Teaching Methods and Extent of Organized Teaching	Introductory lectures, exercises in groups and individually, group discussions and plenary discussions. Regular sessions with supervisor team during proposal development. Presentations of proposals to fellow students during research seminars at CIH, and plenary discussions with feedback from students and scientific staff.
Compulsory Assignments and Attendance	Participation in lectures and group work
Forms of Assessment	A committee consisting of supervisor and an independent teacher at CIH shall evaluate the proposal and decide whether it is acceptable by grading "pass" or "fail", and may also suggest changes to improve the proposal if appropriate
Grading Scale	Pass/fail
Assessment Semester	Spring
Reading List	Lecture notes and handouts. Individual literature list decided by the individual supervisory teams.
Course Evaluation	Students evaluate the teaching according to the quality assessment requirements of the University of Bergen. The evaluation method is through an online electronic form. (Mitt UiB).
Programme Committee	The program committee for Global Health
Course Coordinator	Tehmina Mustafa
Course Administrator	Centre for International Health, Department of Global Public Health and Primary Care, UiB
Contact Information	Centre for International Health E-mail: studie.cih@.uib.no

	Tel: 55 58 85 69 / 70

Emnebeskrivelse for Chemical factors in the work environment (INTH 331A)

Godkjenning:

Emnebeskrivinga er godkjend av:

Programutvalg for internasjonal helse/oral sciences (04.04.2016)

Det medisinsk-odontologiske fakultet: (20.04.2016)

Emnebeskrivinga vart justert: …….(dd.mm.år) av …….

Evaluering:

Emnet vart sist evaluert: …….(dd.mm.år)

Neste planlagde evaluering: …….(dd.mm.år)

Kategori	Tekst
Course Code	INTH331A
Namn på emnet, nynorsk	
Namn på emnet, bokmål	
Course Title, English	Chemical factors in the work environment
ECTS Credits	15
Level of Study	Master
Full-time/Part-time	Full-time
Language of Instruction	English
Semester of Instruction	Spring
Place of Instruction	Centre for International Health
Objectives and Content	**Objectives:** To obtain detailed knowledge on chemical and biological exposure assessment in the work environment, associated health effects and preventive measures to reduce these health risks. **Contents:** - Overview of air pollution in the working atmosphere - Sources of contaminants in the industry - Physical and chemical properties of chemical hazards - Risk assessment; terminology, principles and methods - Sampling strategies, methods and analysis of gases, vapours and aerosols in the workplace atmosphere - Occupational hygiene standards and limit values - Regulations on classification and labelling of chemicals - Excursions and field exercises with exposure measurements in the industry - Calculation, interpretation and presentation of results from field exercises - Report writing in occupational hygiene - Dermal exposure and related health effects - General industrial toxicology - Biological measurements in blood, urine and exhaled air - Effects of inhaled materials on the lung and other target organs - Lung function measurements - Occupational cancer - Toxic responses of the nervous system - Toxic effects of metals

<table>
<tr><td></td><td>- Statistical analysis of measurement data
- Analysis of determinants of chemical exposure
- Exposure data in epidemiological studies
- Case studies with industry examples
- Hierarchy of control measures - content and rationale
- Workplace control principles
- Control banding strategy in occupational hygiene
- Elimination and substitution of chemicals; strategy, criteria and methods
- Engineering and administrative controls
- Industrial ventilation principles including natural, dilution and displacement ventilation
- Local exhaust ventilation
- Measurement of air velocity and flow in ventilation systems
- Personal protective equipment
- Methods for selection of aerosol and gas respirators
- Criteria for selection of protective gloves
- Communication and training in control measures in the industry
- Evaluation of interventions in the work environment
- Industry examples
- Scientific articles on the impact of preventive measures at the workplace; Reading and discussions
- Sources of bioaerosols (bacteria, viruses, moulds, cell fragments)
- Exposure and health effects of biological factors
- Preventive measures regarding biological hazards
- Indoor air and health</td></tr>
<tr><td>Learning Outcomes</td><td>On completion of the course
the student should have the following learning outcomes defined in terms of knowledge, skills and general competence:
<table>
<tr><td>Knowledge</td><td>Skills</td><td>General competence</td></tr>
<tr><td>The students shall be able to:
• outline the main chemical hazards in the industry
• describe the physical/chemical properties of chemical hazards such as aerosols, fibres, gases and vapours
• explain body uptake routes and uptake mechanisms for chemicals</td><td>The students shall be able to:
• anticipate, recognize and evaluate chemical risk factors in the industry
• select and use appropriate methods and strategies for air sampling and biomonitoring of chemical hazards
• compute air concentrations of contaminants</td><td>The students shall be able to:
• integrate knowledge from different disciplines
• promote positive interaction and collaborative relationships between the different actors within occupational health
• a scientific way of thinking and a</td></tr>
</table></td></tr>
</table>

	• describe biomonitoring of hydrocarbons and metals • describe the toxicological mechanisms and occupational diseases in different organ systems associated with exposures to organic solvents, pesticides, inorganic gases, toxic metals and inorganic aerosols • explain results from lung function measurements • describe the details of risk assessment methods • recognize and explain different methods for air sampling and analysis of aerosols, fibers, gases and vapours in the workplace atmosphere • define occupational exposure limit values • explain how to analyse and evaluate results from sampling of chemical hazards by statistical methods • describe how to use exposure measurement data in epidemiological studies • describe the range of approaches to risk reduction embodied in the hierarchy of control and select appropriate strategies for implementation • use control-banding strategy for decisions on type and level of chemical control • analyse the effect of a substitution based on physical/chemical properties of chemical hazards • describe the different principles of general industrial ventilation, and their strengths and weaknesses • describe the elements of a local	• examine and evaluate sampling and analytical errors • give feedback (report and presentation) to the industry after exposure assessment • write a scientific report on the results from exposure assessment/measurement • conduct a detailed risk assessment of chemical hazards • search for relevant literature within toxicology, occupational diseases, chemical hazards and exposure assessment • use the control banding strategy to decide type and the degree of control measures • analyse the effect of substitution based on physical and chemical properties of the agent • select appropriate personal protective equipment • analyse statistically the effect of control measures • plan and conduct indoor air assessments in non-industrial work places • advice on how to perform a risk assessment and improve the indoor climate • use appropriate assessment methods for different classes of bio-aerosols	critical approach to research results • written and oral communication and dissemination

	exhaust ventilation system, select appropriate installations and know how to carry out the necessary measurements to assess whether a local exhaust ventilation system is effective and operating to the design specification; recognise the limitations of local exhaust hoods and enclosures and the means to optimise their effectiveness • recognise and describe specific hazards related to work in confined spaces, and how to reduce the health risk in such environments • examine and analyse factors to take into account in order to calculate/determine the necessary protection factor when selecting respiratory protective equipment • describe factors to consider when selecting chemical protective gloves • describe how personal protective equipment programmes may be integrated into communication/training of workers in the industry • analyse statistically the effects of interventions in the working environment • describe different types of bio-aersols and their sources • define the most relevant bio-aerosols at various work places • describe health effects caused by the different bio-aerosols • explain exposure prevention • describe work-related allergy; sources, agents, mechanisms • describe health effects associated		

	with poor indoor air quality • explain ventilation systems in non-industrial buildings • describe how to improve the indoor air quality		

Required Previous Knowledge	Students admitted to a Master degree Programme may join this course. A good Bachelor's degree in Medicine, Dentistry, Health Sciences or Natural Sciences. Good knowledge of English.
Recommended previous Knowledge	
Credit Reduction due to Course Overlap	
Access to the Course	
Teaching Methods and Extent of Organized Teaching	The course lasts eleven weeks and comprises lectures (90 hours), two field works in the industry, group work, student presentations, critical analysis of relevant scientific articles, and individual assignment based on a relevant topic from an industry.. The two field works carried out in different industries are essential parts of the course, with work load distributed throughout the course. The field works include preparatory theoretical and practical work, literature review, workplace visits, industrial process description, data collection/exposure measurements, data analysis, two reports/assignments and presentation of results and conclusions for discussion in the research group.
Compulsory Assignments and Attendance	Field exercise including group work and assignments
Forms of Assessment	Written exam (3h), student presentation and assignments
Examination Support Material	
Grading Scale	ECTS credits A-F (F = fail)
Assessment Semester	Spring
Reading List	
Course Evaluation	
Programme Committee	The program committee is responsible for the academic content and structure of the course and for the quality of the program and all the courses.
Course Coordinator	Magne Bråtveit
Course Administrator	Department of Global Public Health and Primary Care, UiB
Contact Information	Department of Global Public Health and Primary Care, Occupational and Environmental Medicine

	E-mail: studie@igs.uib.no (Magne.Bratveit@uib.no) Tel: 55 58 60 73

Emnebeskrivelse for Physical factors in the work environment (INTH334A)

Godkjenning:

Emnebeskrivinga er godkjend av:

Programutvalg for internasjonal helse/oral sciences (04.04.2016)

Det medisinsk-odontologiske fakultet: (20.04.2016)

Emnebeskrivinga vart justert: …….(dd.mm.år) av …….

Evaluering:

Emnet vart sist evaluert: …….(dd.mm.år)

Neste planlagde evaluering: …….(dd.mm.år)

Kategori	Tekst
Course Code	INTH334A
Namn på emnet, nynorsk	
Namn på emnet, bokmål	
Course Title, English	Basic Course in Research tools and theory
ECTS Credits	6
Level of Study	Master
Full-time/Part-time	Full-time
Language of Instruction	English
Semester of Instruction	Spring
Place of Instruction	Department of Global Public Health and Primary Care
Objectives and Content	**Objectives:** To provide knowledge on noise, vibration, radiation and extreme temperatures as workplace health hazards. **Contents:** - Sound and noise; Acoustics, decibel, frequency analysis, legislation - Noise exposure and hearing loss - Trauma, tinnitus, damage to hair cells - Temporary and permanent threshold shifts - Otoacustic emissions - Non-audiological effects of noise; cardiovascular effects, cognitive function, annoyance etc. - Measurements of noise; strategy and instruments - Noise measurements at workplace - Calculation, interpretation and presentation of results from field excercise and finally written feedback report - Hearing conservation program - Noise control measures - Control at source; Machines/tools - Control of transmission; Room acoustics, barriers, enclosure, etc. - Personal hearing protection; Attenuation and leakages - Whole-body and hand-arm vibrations; definitions, evaluation of exposure, regulations - Monitoring and assessment of vibrations - Prevalence of hearing loss in different work places

<table>
<tr><td></td><td>- Scientific articles on noise and vibration exposures; reading and discussions
- Heat stress at work
- Cold work environment
- Illumination at the workplace
- Ionizing- and non-ionizing radiation</td></tr>
<tr><td>Learning Outcomes</td><td>On completion of the course
the student should have the following learning outcomes defined in terms of knowledge, skills and general competence:
<table>
<tr><td>Knowledge</td><td>Skills</td><td>General competence</td></tr>
<tr><td>The students shall be able to:
• describe the physical characteristics of noise and vibrations in the working environment
• describe the consequences to health and well-being of excessive exposure to noise
• describe the characteristics of whole-body and hand-arm vibrations and its health effects
• outline the range of approaches to risk reduction embodied in the hierarchy of control of noise and vibrations
• describe effects of very hot and very cold work work environments on the employee
• describe different types of radiation with regards to physical properties, measurements, risk evaluation and control measures</td><td>The students shall be able to:
• conduct field measurements in the industry to investigate and assess risks from noise and vibrations
• analyse field measurements (including dosimetry) of noise and vibrations in relation to risk of health effects and to current standards
• write a feedback report on noise and vibration measurements to the industry
• apply appropriate strategies for implementation advise on the need and means of control measures regarding exposure to noise, vibration and radiation by control at the source, at transmission and at the receiver
• produce a plan for the control of heat stress and cold climate for selected occupations</td><td>The students shall be able to:
• integrate knowledge from different disciplines
• promote positive interaction and collaborative relationships between the different actors within occupational health
• a scientific way of thinking and a critical approach to research results
• written and oral communication and dissemination</td></tr>
</table></td></tr>
<tr><td>Required Previous Knowledge</td><td>Students admitted to a Master degree Programme may join this course. A good Bachelor's degree in Medicine, Dentistry, Health Sciences or Natural Sciences. Good knowledge of English.</td></tr>
<tr><td>Recommended previous Knowledge</td><td></td></tr>
</table>

Credit Reduction due to Course Overlap	
Access to the Course	
Teaching Methods and Extent of Organized Teaching	The course lasts four weeks and comprises lectures (38 hours), field work in the industry with assignment, student presentations and critical analysis of relevant scientific articles. The field work carried out in the industry and the assignment is essential parts of the course, with work load distributed throughout the course. The field works include preparatory theoretical and practical work, literature review, workplace visits, industrial process description, data collection/noise measurements, data analysis, reports/assignment and presentation of results and conclusions for discussion in the research group.
Compulsory Assignments and Attendance	
Forms of Assessment	Written exam (3hrs) and group presentation
Examination Support Material	
Grading Scale	ECTS credits A-F (F = fail)
Assessment Semester	Spring
Reading List	
Course Evaluation	
Programme Committee	The program committee is responsible for the academic content and structure of the course and for the quality of the program and all the courses.
Course Coordinator	Magne Bråtveit
Course Administrator	Department of Global Public Health and Primary Care, UiB
Contact Information	Department of Global Public Health and Primary Care, Occupational and Environmental Medicine E-mail: studie@igs.uib.no (Magne.bratveit@uib.no) Tel: 55 58 60 73

Emnebeskriving for Observational epidemiology (INTH 356)

Godkjenning:

Emnebeskrivinga er godkjend av:

Programutvalg for internasjonal helse/oral sciences (04.04.2016)

Det medisinsk-odontologiske fakultet: (20.04.2016)

Emnebeskrivinga vart justert: …….(dd.mm.år) av …….

Evaluering:

Emnet vart sist evaluert: …….(dd.mm.år)

Neste planlagde evaluering: …….(dd.mm.år)

Kategori	Tekst
Course Code	INTH356
Namn på emnet, nynorsk	
Namn på emnet, bokmål	
Course Title, English	Observational epidemiology: Survey, cohort and case-control studies
ECTS Credits	5
Level of Study	Master and PhD
Full-time/Part-time	Full-time
Language of Instruction	English
Semester of Instruction	Spring
Place of Instruction	Centre for International Health
Objectives and Content	**Objectives:** **Content:** The course addresses critical methodological aspects of observational epidemiological studies - Epidemiology - an overview - Sampling methods and design effects - Sample size and statistical power - Measures of disease occurrence and of exposure-disease association - Bias, confounding, effect modification - Surveys and surveillance. - Cross-sectional study - Cohort study - Case-control study - Points to remember in the planning and evaluation of the different study designs
Learning Outcomes	On completion of the course the student should have the following learning outcomes defined in terms of knowledge, skills and general competence:

Knowledge	*Skills*	*General competence*
This course will give the student knowledge about:	This course will give the student the skills to:	This course will give the student general skills to understand and plan

	- Sampling methods and design effects - Sample size and statistical power - Measures of disease occurrence and of exposure-disease association - Bias, confounding, effect modification - Surveys and surveiannce. - Cross-sectional study - Cohort study - Case-control study - Points to remember in the planning and evaluation of the different study designs	- Critically evaluate epidemiological research - Explain the main principles of epidemiological research - Distinguish the principles of surveys, case-control and cohort studies - and how the these designs differ from each other and from the design of randomized controlled trials - Calculate sample sizes for surveys, cohort studies, and matched and unmatched case control studies - Compare alternative sampling methods - Calculate precision and account for design effect in cluster sample surveys. - Distinguish the different types of cohort studies, i.e. prospective, retrospective and double cohorts - Distinguish the different types of case-control studies - Suggest relevant designs (plan) for case control studies, cohort studies and surveys - Evaluate selection- and information biases in these three study designs and discuss how to minimize such bias	observational epidemiological studies.

		- Evaluate confounding and interaction, how to differentiate between these, how to deal with these	

Required Previous Knowledge	Students admitted to a Master's degree Programme may join this course (e.g. TropEd Europe network). Good working knowledge of English (TOEFL score of at least 550 points paper-based or 213 points computer-based, or an equivalent approved test).
Recommended previous Knowledge	
Credit Reduction due to Course Overlap	
Access to the Course	Open to all registered students at Master and/or PhD level at the University of Bergen. Students admitted to a Master's Degree Programme may join this course (e.g. tropEd network).
Teaching Methods and Extent of Organized Teaching	The pre-reading provides necessary background information to follow the course. Each day has a mixture of lectures and practical sessions, with group work or individual work on specific assignments and the use of the computer laboratory for data analysis under supervision. The lectures are interactive, and course participants are encouraged to ask questions and discuss during all sessions. The reference literature will be made available on the first day of the course through internet ("my space"). Scientific papers will be handed out for reading, group work and presentations/discussions in plenary together with the course facilitators/lecturers. About 40% of the course is lectures, 40% individual assignments or group assignments with supervision and work/discussions and 20% individual reading and lab exercises.
Compulsory Assignments and Attendance	Compulsory 80% attendance Contribution with group work
Forms of Assessment	4-hour written exam consisting of short questions and problem-solving questions and calculation.
Examination Support Material	Open book (course material), dictionary, calculator (not on cell phone)
Grading Scale	ECTS credits A-F (F = fail)
Assessment Semester	Spring

Reading List	*Litteraturlista vil vere klar innan 01.06. for haustsemesteret og 01.01. for vårsemesteret.*
Course Evaluation	Students evaluate the teaching according to the quality assessment requirements of the University of Bergen. The evaluation method is anonymous and through an online electronic form or a paper form.
Programme Committee	
Course Coordinator	Cecilie Svanes
Course Administrator	Centre for International Health, Department of Global Public Health and Primary Care, UiB
Contact Information	Centre for International Health E-mail: studie.cih@.uib.no Tel: 55 58 85 69 / 70

Emnebeskrivelse for Global nutrition (INTH 360)

Godkjenning:

Emnebeskrivinga er godkjend av:

Programutvalg for internasjonal helse/oral sciences (04.04.2016)

Det medisinsk-odontologiske fakultet: (20.04.2016)

Emnebeskrivinga vart justert: …….(dd.mm.år) av …….

Evaluering:

Emnet vart sist evaluert: …….(dd.mm.år)

Neste planlagde evaluering: …….(dd.mm.år)

Kategori	
Course Code	INTH360
Namn på emnet, nynorsk	
Namn på emnet, bokmål	Global ernæring
Course Title, English	Global nutrition
ECTS Credits	5
Level of Study	Master
Full-time/Part-time	Full-time
Language of Instruction	English
Semester of Instruction	*Spring*
Place of Instruction	Centre for International Health, Faculty of Medicine and Dentistry, University of Bergen
Objectives and Content	The course content is divided into three parts: **Overview of global nutrition:** Overview of the world nutrition situation in relation to other critical issues for our common future, including: Poverty, demographic changes, water, sanitation and other environmental issues, the UN Sustainable development goals and food as a Human Right, epidemiology of global nutritional problems and their current trends. **Health and nutrition.** The influence of nutrition on the health status, including: Immunity, diseases of poverty, maternal and child health, breastfeeding, HIV/Aids and tuberculosis. **Food production and nutrition in low-resource settings.** Overview of crop and livestock systems, household fuel, food production, post-harvest technology, marketing and participatory rural appraisal. Food security and gender issues in food production are key areas. The course is full-time and comprises lectures, demonstrations, seminars, and group work and individual studies and assignments. The course will have a research oriented focus through presentations, discussions and reading material and present relevant activities at our faculty. A group project is assigned as an educational tool to depict current issues in the field of nutrition.
Learning Outcomes	On completion of the course the student should have the following learning outcomes defined in terms of knowledge, skills and general competence:

	Knowledge	*Skills*	*General competence*
	The student will: • Have an updated overview of the nutritional challenges globally in our world today, and regional trends in nutritional indicators. • Have an increased awareness of the interdisciplinary nature of nutritional problems in low-income countries. • Be familiar with the concept of food as a human right. • Have a good understanding of the interaction between nutrition and health, especially in low-resource settings. • Have a good understanding of constraints in food production globally and in low-resource settings. • Be familiar with the commonest food crops in the world, smallholder's production systems, subsistence farmers' strategies and livestock.	The student will: • Have an updated overview of the nutritional challenges globally in our world today, and regional trends in nutritional indicators. • Have an increased awareness of the interdisciplinary nature of nutritional problems in low-income countries. • Be familiar with the concept of food as a human right. • Have a good understanding of the interaction between nutrition and health, especially in low-resource settings. • Have a good understanding of constraints in food production globally and in low-resource settings. • Be familiar with the commonest food crops in the world, smallholder's production systems, subsistence farmers' strategies and livestock.	The students will improve geographical knowledge, demographic knowledge and improve reading, writing and presentation skills in English which is the course language. Further, for many – this will be an introduction to research relevant for low-income areas and increase their awareness for issues relevant for development in poor areas.

Required Previous Knowledge	The course is targeted for those holding a bachelor's degree in agriculture, food and nutrition, medicine, social anthropology or other allied health professions. Previous work experience in a low-income country is a merit. Precedence will be given to those registered for an MSc or PhD programme.
Recommended previous Knowledge	The course is targeted for those holding a bachelor's degree in agriculture, food and nutrition, medicine, social anthropology or other allied health professions. Previous work experience in a low-income country is a merit. Precedence will be given to those registered for an MSc or PhD programme.
Credit Reduction due to Course Overlap	N/A
Access to the Course	International programmes and agreements; Master`s programme in International health; Nutrition; Oral Sciences; and in Health sciences; Health promotion; PhD candidates or guests at Faculty of Medicine and dentistry

Teaching Methods and Extent of Organized Teaching	The course is full-time and comprises lectures, demonstrations, seminars and individual studies. Group discussions guided by the faculty highlight ongoing research, debate and relevant articles. Individual reading and presentation assignments are also included. A group project is assigned as an educational tool to depict current issues in the field of nutrition.
Compulsory Assignments and Attendance	Participation and attendance in the course programme is expected and participation at lectures, demonstrations, group/individual assignments, computer sessions and examination will be compulsory.
Forms of Assessment	Written 4 hour exam, presentations of group and individual assignments
Examination Support Material	None
Grading Scale	ECTS credits A-F (F = fail)
Assessment Semester	Spring
Reading List	• The literature list will be updated 2016: • The 5th and 6th UN report on the World Nutrition Situation (RWNS) http://www.unscn.org/en/publications/ • UNICEF. The state of the world´s children, Annual Yearbook. • Handouts • Lindstrand A, Bergström S, Rosling H, Rubenson B, Stenson B, Tylleskär T. Global health - an introductory textbook. Studentlitteratur, Lund 2006. • Antonsson-Ogle, B, Gustafsson, O, Hambraeus L and Holmgren G, Tylleskär T. Nutrition, agriculture and health when resources are scarce. 2nd ed. Uppsala University, Uppsala 2000.
Course Evaluation	Online evaluation and feed-back on group and individual assignments
Programme Committee	Global Health
Course Coordinator	Ingunn Marie S. Engebretsen
Course Administrator	Centre for International Health, Department of Global Public Health and Primary Care, UiB
Contact Information	Centre for International Health E-mail: studie.cih@.uib.no Tel: 55 58 85 69 / 70

Emnebeskrivelse for **Master thesis in Global Health** (INTH395)

Commented [LKF1]: Nytt navn på masteroppgaveemnet, men beholder emnekoden

Godkjenning:

Emnebeskrivinga er godkjend av:

Programutvalg for internasjonal helse/oral sciences (04.04.2016)

Det medisinsk-odontologiske fakultet: (20.04.2016)

Emnebeskrivinga vart justert: …….(dd.mm.år) av …….

Evaluering:

Emnet vart sist evaluert: …….(dd.mm.år)

Neste planlagde evaluering: …….(dd.mm.år)

Kategori	Tekst
Course Code	INTH395
Namn på emnet, nynorsk	
Namn på emnet, bokmål	
Course Title, English	**Master thesis in Global Health**
ECTS Credits	60
Level of Study	Master
Full-time/Part-time	Full-time
Language of Instruction	English
Semester of Instruction	Autumn/Spring
Place of Instruction	Centre for International Health
Objectives and Content	The general aim of the master thesis is for the student to acquire general research skills and experience , and to gain skills in independent critical thinking. There are three possible approaches to organizing the content of the thesis work: - Narrative literature review, combined with new data collection and data analysis - Semi-systematic literature review, combined with minimal or no data collection, but with analysis of existing research data - Extensive literature review on a topic with a solid rationale, grounded in a well-described theoretical framework, and including a detailed evaluation of each paper's methodological strengths and weaknesses
Learning Outcomes	On completion of the course the student should have the following learning outcomes defined in terms of knowledge, skills and general competence: The thesis is expected to show that the student has the following knowledge, skills and general competence.

Knowledge	*Skills*	*General competence*
The student : • Knows how to compose a research report using the IMRAD structure and the template provided by CIH.	The student is able to: • Develop one or several specific *research questions* based on a solid rationale and grounded in an appropriate theoretical framework • Carry out a critical *literature*	The student is able to: • Use the acquired research competence in other areas of global health • Communicate research findings to a broader audience and the general public through

		review on a well-defined and relevant health-related topic • To design, carry out or critically evaluate *research methods* using the standards of the qualitative or the quantitative variant of the scientific method, and according to appropriate ethical and efficiency standards • To *present* a written thesis with the structure and logical composition that characterizes an academic text • To *discuss* research findings with due attention to the internal and external validity	oral presentations and written media using appropriate language and presentations tools.	

Required Previous Knowledge	Only for students on the Master programme in Global Health
Recommended previous Knowledge	
Credit Reduction due to Course Overlap	
Access to the Course	Only for students on the Master programme in Global Health
Teaching Methods and Extent of Organized Teaching	The thesis is to be written individually in the last year of study (full time), and corresponds to 60 ECTS credits. The student is entitled to in total 30 hours of supervision individually and in groups. Parts of this supervision may be ICT based. In addition, the student may attend courses in literature search, proper use of sources and source references, as well as research ethics related to use of sources etc.
Compulsory Assignments and Attendance	
Forms of Assessment	The thesis must be defended in an oral thesis examination. Internal and external examiner.
Examination Support Material	
Grading Scale	ECTS credits A-F (F = fail)
Assessment Semester	Spring

Reading List	The students need to find literature relevant for the thesis, in consultation with supervisor
Course Evaluation	
Programme Committee	The program committee is responsible for the academic content and structure of the course and for the quality of the program and all the courses.
Course Coordinator	Karen Marie Moland
Course Administrator	Centre for International Health, Department of Global Public Health and Primary Care, UiB
Contact Information	Centre for International Health, E-mail: studie.cih@.uib.no Tel: 55 58 85 69 / 70

CV for alle som inngår i studiets fagmiljø

NAVN	**Espérance Kashala Abotnes**
AKADEMISK TITTEL	MD, specialist in neuro-psychiatry, PhD
STILLING	Forsker
UTDANNING	• **Doctor of Medical Sciences (PhD)**, 2005, Faculty of Medicine, University of Bergen, Norway • **Specialist in Neuropsychiatry**, 2002, Faculty of Medicine, University of Kinshasa, Dem. Rep. of Congo. • **Medical Doctor**, 1996, Faculty of Medicine, University of Kinshasa, Dem. Rep. of Congo.
FORSKNING OG UTVIKLINGSARBEID	• Enfance Africaine-Child mental health in francophone Africa (**Project manager**), funded by the Research Council of Norway. • Saving Brains in Uganda and Burkina Faso (**co-investigator**) • GrowNut: Postgraduate program in Nutrition epidemiology at Kinshasa School of Public Health, Dem. Rep. of Congo (**Co-investigator**), funded by NORHED. • Global mental health of children affected by neglected diseases in the Dem. Rep. of Congo: case of konzo and onchocerciasis (**Co-investigator**), funded by NIH. • Mental health reactions after HIV-disclosure among children and adolescent in the Dem. Rep. of Congo (**Co-investigator**). • Sexual abuse among children and adolescent girls in the Dem. Rep. of Congo in collaboration with Kalembelembe Paediatric Hospital (**Co-investigator**). • Research groups: Child health and nutrition & Global mental health
ØVRIG RELEVANT KOMPETANSE/ ERFARING	• **Forsker**: Department of Global Public Health and Primary Care, University of Bergen, Norway (July 2014 – current). • **Førstamanuensis**: Department of Global Public Health and Primary Care, University of Bergen, Norway (Avril 2014 –June 2014). • **Forsker**: Department of Global Public Health and Primary Care, University of Bergen, Norway (January -March 2014). • **Overlege**: Department of Child and Adolescent Psychiatry / Institute of Mental Health, Singapore (September 2008- June 2013). • **Postdoc:** University of Cape Town, South Africa (Janvier-July 2007: position interrupted due to family relocation in Singapore). • Mental health, Child & adolescent psychiatry, Child and Maternal health, Global Public Health, Epidemiology and Nutrition.
SPRÅK	• French, English, Norwegian, Spanish (reading knowledge) • Lingala, Tshiluba, Swahili

PUBLIKASJONER:

1. Sung Min, Chin Chee Hon, Lim Choon Guan, Liew Hwee Sen Alvin, Lim Chau Sian, Espérance Kashala & Weng Shih-Jen. What's in the pipeline? Drugs in development for Autism Spectrum Disorders. Neuropsychiatric Disease and treatment Dove press (2014) 10:371-381.
2. Kashala E, Lundervold A, Sommerfelt K, Tylleskär T, Elgen I. Co-existing symptoms and risk factors among African school children with hyperactivity-inattention symptoms in Kinshasa, DR Congo. European Child and Adolescent Psychiatry (2006) 15: 292-299.
3. Kashala E, Tylleskär T, Elgen I, Kayembe KT, Sommerfelt K. Attention deficit and hyperactivity disorder among African school children in Kinshasa, DR Congo. African Health Sciences (2005) 5: 172-181.
4. Kashala E, Elgen I, Sommerfelt K, Tylleskär T, Lundervold A. Cognition in African school children with attention deficit hyperactivity disorder. Pediatric Neurology (2005) 33: 357-364.

5. Kashala E, Elgen I, Sommerfelt K, Tylleskär T. Teachers ratings of mental health among school children in Kinshasa, Democratic Republic of Congo. European Child and Adolescent Psychiatry (2005) 14: 208-215.

NAVN	**Astrid Blystad**
AKADEMISK TITTEL	Professor
STILLING	Professor: - Department of Global Public Health and Primary Care, UoB (2008-) - Centre for International Health, UoB (2008-)
UTDANNING (kun utdanninger over fire måneder)	• PhD: Doctor Politicarum in Social Anthropology, UoB, 2000 • Visiting Research Fellow, Department of Anthropology/ Department of Social Medicine, Harvard University, Cambridge, 1995/96 • Cand Polit. (Candidatus Polititicarum in Social Anthropology), 2002 • - Nursing College, Aust-Agder Sykepleierhøyskole, Arendal, Norway, 1981-84
Forskning og utviklingsarbeid de siste fem årene	**PROJECT MANAGEMENT (selected the past 5 years)** • *Competing discourses impacting girls' and women's rights: Fertility control and safe abortion in Ethiopia, Tanzania and Zambia. R*esearch Council of Norway (RCN), 2016-2019. Blystad PI. • *Gender, Generation and Social Mobilisation: Challenges of Reproductive Health and Rights among Vulnerable Groups in Sudan, Tanzania and Ethiopia*'. NUFU funding, 2007-12. Blystad PI. • '*Strengthening Human Resources for Health*'. Funding from Research Council of Norway (RCN), 2006-12. Blystad PI. • 'Searching for effective HIV-prevention and care in sub-Saharan Africa: focusing on local contexts'. Research council of Norway funding 2008-10. K.Fylkesnes PI. Blystad PI for one work package. **LEADERSHIP RESEARCH GROUP** * Head of Research Group in Global Health Anthropology, IGS/UoB (2013-) * Head of research group, Global Health: Ethics, Economics and Culture, UoB (2010-2012) **VSITING SCHOLAR** * Visiting Scholar, Department of Anthropology, Yale University, US (2012/2013)
Øvrig <u>relevant</u> kompetanse/erfaring de siste fem årene (inkludert erfaring fra praksisfeltet dersom relevant)	**SUPERVISION:** ***Completed 10 PhDs the past five years (short title):*** * Elizabeth Shayo: Prevention of mother to child transmission of HIV, (main supervisor), 2015 * Bodil Bøe Våga: The politics of prevention of mother to child transmission of HIV, Tanzania, 2015 (main supervisor)

	* Huda Sharfi: Obstetric fistula and the challenge of reintegration, Sudan, 2008-13 (co-supervisor) * Getaneh Mehari: The impact Gamo *gome* institution for women's sexual rights, 2009-13 (co- supervisor) * Marit Østebø: A critical look at the export of gender policies in Norwegian foreign aid, 2009-13 (main supervisor) * Karine Jansen: Otherness and disease in Reunion: The politicisation of the 2005-2007 Chikungunya epidemic, 2008-13 (co-supervisor) * Nils Gunnar Songstad: Human resources for health, Tanzania, 2007-2012 (main supervisor) * Marte Jurgensen: Voluntary testing and counselling for HIV in Zambia, 2007-2012 (co-supervisor) * Tine Eri: Experiences of Labour onset and early labour, 2008-2011 (main supervisor) * Mercy Njeru: Challenges of equity and adherence in HIV interventions, Kenya, 2007-11 (co-supervisor) **TEACHING** • HELVIT 300 Helsefagleg relevant vitskapsteori og forskingsetikk • HEL310 Vitskapsteori og sentrale helsevitskaplege tema • HEL320A Forskningsmetode og -etikk • SYKVIT302 Kulturteori og globale perspektiv • INTH301 Basic Course in Research Tools and Theory • INTH316 The Health Systems • INTH323A Qualitative Methods for International Public Health • MEDMET1 Grunnkurs i medisinsk og helsefagleg forsking • INTH329 / The HIV pandemic

PUBLIKASJONER:

1. *Peer reviewed articles / book chapters*
2. -Vestbøstad, E: Blystad, A (2014) Reflections on Female Circumcision Discourse in Hargeysa, Somaliland: Purified or Mutilated? *African Journal of Reproductive Health June 2014; 18(2):* 22
3. -Byskov, J., Marchal, B., Maluka, S., Zulu, J. M., Bukachi, S. A., Hurtig, A. K. (React Consortium) (2014). The accountability for reasonableness approach to guide priority setting in health systems within limited resources - findings from action research at district level in Kenya, Tanzania, and Zambia. *Health Research Policy and Systems, 12*(1), 49.
4. -Blystad, A.; Haukanes, H.; Zenebe, M. (2014) Mediating Development? Exchanges on Gender Policies and Development Practices in Addis Ababa, Ethiopia. *Africa Today.* Vol. 60, No. 4 (Summer 2014), pp. 25-45
5. -Shayo, E. H., Vaga, B. B., Moland, K. M., Kamuzora, P., & Blystad, A. (2014). Challenges of disseminating clinical practice guidelines in a weak health system: the case of HIV and infant feeding recommendations in Tanzania. *Int Breastfeed J, 9*(1), 188.
6. -Zulu, J.M.; Michelo,C.; Msoni, C.; Hurtig, A.K., Blystad, A. (2014) Increased fairness in priority setting processes within the health sector: the case of Kapiri-Mposhi District in Zambia. *BMC Health Services Research*
7. -Gjerde, J.L.; Rørtveit, G.; Muleta, M.; Blystad, A. (2012) Silently waiting to heal - Experiences among women living with urinary incontinence in northwest Ethiopia. *International Urogynecology Journal.*
8. -Jürgensen, M.; Tuba, M.; Fylkesnes, K.; Blystad, A. (2012) The burden of knowing: balancing benefits and barriers in HIV testing decisions. a qualitative study from Zambia. *BMC Health Services Research* Volum 12: 2. doi: 10.1186/1472-6963-12-2
9. -Megabiaw, B.; Adefris, M.; Rørtveit, G.; Degu, G.; Muleta, M.; Kiserud, T.; Blystad, A.; Melese, T.; Kebede,

Y. (2012) Prevalence of pelvic floor disorders among women in northwest Ethiopia: the DABINCOP pilot study.. *International Urogynecology Journal*

10. -Sandøy, I.F.; Blystad, A; Shayo, E.H.; Makundi, E.A; Michelo, C.C.; Zulu, J.; Byskov, J. (2012). Condom availability in high risk places and condom use: a study at district level in Kenya, Tanzania and Zambia.. *BMC Public Health* 2012 (12) s. 1030-
11. -Songstad, N.G., Lindkvist, I.; Moland, K.M.; Chimhutu, V.; Blystad, A. (2012). Assessing performance enhancing tools: experiences with the open performance review and appraisal system (OPRAS) and expectations towards payment for performance (P4P) in the public health sector in Tanzania. *Globalization and Health*; Volum 8:33.
12. -Shayo, E.H., Norheim, O.F., Mboera, L.E.G., Byskov, J., Maluka, S., Kamuzora, P., Blystad, A. (2012). Challenges to fair decision-making processes in the context of health care services: a qualitative assessment from Tanzania. *International Journal for Equity in Health. Vol. 11.*
    -Songstad, N. G., Moland, K. M., Massay, D. A., & Blystad, A. (2012). Why do health workers in rural Tanzania prefer public sector employment? *BMC health services research, 12*(1), 92. doi: 10.1186/1472-6963-12-92
13. -Våga, B B; Moland, K.M., Evjen-Olsen, B.; Leshabari, S.C; Blystad, A. (2012) Rethinking nursing care: An ethnographic approach to nurse-patient interaction in the context of a HIV preventive programme in rural Tanzania.. *International Journal of Nursing Studies* 2012
14. -Østebø, M.T.; Haukanes, H.; Blystad, A. (2012). Strong State Policies on Gender and Aid: Threats and Opportunities for Norwegian Faith-Based Organisations. *Forum for Development Studies* 2012
15. -Eri, T.S., Blystad, A., Gjengedal, E., & Blaaka, G. (2011). 'Stay home for as long as possible': Midwives' priorities and strategies in communicating with first-time mothers in early labour. *Midwifery 27*(6), E286-E292. doi: 10.1016/j.midw.2011.01.006
16. -Songstad, N.G., Rekdal, O.B., Massay, D.A., & Blystad, A. (2011). Perceived unfairness in working conditions: The case of public health services in Tanzania. *BMC Health Services Research*, 11, 34.
17. -Njeru, M. K., Blystad, A., Shayo, E. H., Nyamongo, I. K., & Fylkesnes, K. (2011). Practicing provider-initiated HIV testing in high prevalence settings: consent concerns and missed preventive opportunities. [Research Support, Non-U.S. Gov't]. *BMC Health Services Research, 11*(87). doi: 10.1186/1472-6963-11-87
18. -Blystad, A., van Esterik, P., de Paoli, M. M., Sellen, D. W., Leshabari, S. C., & Moland, K. M. (2010). Reflections on global policy documents and the WHO's infant feeding guidelines: lessons learnt. *International Breastfeeding Journal, 5*(1), 18. doi: 10.1186/1746-4358-5-18
19. -Koricho, A.T., Moland, K.M., & Blystad, A. (2010). Poisonous milk and sinful mothers: the changing meaning of breastfeeding in the wake of the HIV epidemic in Addis Ababa, Ethiopia. *International Breastfeeding Journal,* 5(1), 12. doi: 10.1186/1746-4358-5-12
20. -Moland, K. M., van Esterik, P., Sellen, D. W., de Paoli, M. M., Leshabari, S. C., & Blystad, A. (2010). Ways ahead: protecting, promoting and supporting breastfeeding in the context of HIV. *International Breastfeeding Journal, 5*(1), 19. doi: 10.1186/1746-4358-5-19
21. -Moland, K. M., de Paoli, M. M., Sellen, D. W., van Esterik, P., Leshabari, S. C., & Blystad, A. (2010). Breastfeeding and HIV: experiences from a decade of prevention of postnatal HIV transmission in sub-Saharan Africa. *International Breastfeeding Journal, 5*(1), 10. doi: 10.1186/1746-4358-5-10
22. -Njunga, J., & Blystad, A. (2010). 'The divorce program': gendered experiences of HIV positive mothers enrolled in PMTCT programs - the case of rural Malawi. *International Breastfeeding Journal, 5*(1), 14. doi: 10.1186/1746-4358-5-14
23. -Eri, T. S., Blystad, A., Gjengedal, E., & Blaaka, G. (2010). Negotiating credibility: first-time mothers' experiences of contact with the labour ward before hospitalisation. *Midwifery. , 26*, e25-e30. doi: 10.1016/j.midw.2008.11.005
24. -Eri, T. S., Blystad, A., Gjengedal, E., & Blaaka, G. (2010). 'The waiting mode': First-time mothers' experiences of waiting for labour onset. *Sexual & Reproductive Healthcare,* 1(4),

NAVN	**Ingunn Marie Stadskleiv Engebretsen**
AKADEMISK TITTEL	PhD
STILLING	Forsker

UTDANNING (kun utdanninger over fire måneder)	2009 PhD, MOFA, UiB: Title "Feeding and growth of infants in Eastern Uganda: Methodological challenges and associated factors" 2007 Autorisasjon som lege 2003 Cand. Med, Universitetet i Bergen 1997 Cand. Mag. Historisk-Filosofisk fakultet, Universitetet I Oslo
Forskning og utviklingsarbeid de siste fem årene	2010-2015: 2009-2012: Post. doc. CIH, UiB. 2010: Utveksling University of Western Cape, Cape Town som ledd i post. doc. 2013 -> Young scientist grant: "SeeTheChild – mental child health in Uganda. Innebærer p 2014: Mottok evenmidler fra RCN: «ATTACH» og ledet gruppe i Uganda, Tanzania og Norge som sendte felles søknad til RCN 2014: Startet forskergruppen: Global mental health research group (Bergen)
Øvrig <u>relevant</u> kompetanse/erfaring de siste fem årene (inkludert erfaring fra praksisfeltet dersom relevant)	Feb 2011- Sept 2013, 80% (2 års tellende tjeneste) stilling ved Avdeling for psykisk helse, barn- og unge, Helse Bergen som lege i spesialisering.

PUBLIKASJONER:

1. Ramokolo V, Lombard C, Chhagan M, Engebretsen IM, Doherty T, Goga AE, Fadnes LT, Zembe W, Jackson DJ, Van den Broeck J: Effects of early feeding on growth velocity and overweight/obesity in a cohort of HIV unexposed South African infants and children. *Int Breastfeed J* 2015, 10:14.
2. Engebretsen IM, Nankabirwa V, Doherty T, Diallo AH, Nankunda J, Fadnes LT, Ekstrom EC, Ramokolo V, Meda N, Sommerfelt H, Jackson D, Tylleskar T, Tumwine JK, group P-Es: Early infant feeding practices in three African countries: the PROMISE-EBF trial promoting exclusive breastfeeding by peer counsellors. *Int Breastfeed J* 2014, 9:19.
3. Engebretsen IM, Jackson D, Fadnes LT, Nankabirwa V, Diallo AH, Doherty T, Lombard C, Swanvelder S, Nankunda J, Ramokolo V, Sanders D, Wamani H, Meda N, Tumwine JK, Ekstrom EC, Van de Perre P, Kankasa C, Sommerfelt H, Tylleskar T, group PE-s: Growth effects of exclusive breastfeeding promotion by peer counsellors in sub-Saharan Africa: the cluster-randomised PROMISE EBF trial. *BMC Public Health* 2014, 14:633.
4. Doherty T, Jackson D, Swanevelder S, Lombard C, Engebretsen IM, Tylleskar T, Goga A, Ekstrom EC, Sanders D, group PEs: Severe events in the first 6 months of life in a cohort of HIV-unexposed infants from South Africa: effects of low birthweight and breastfeeding status. *Tropical medicine & international health : TM & IH* 2014, 19:1162-1169.
5. Babirye JN, Engebretsen IMS, Rutebemberwa E, Kiguli J, Nuwaha F: Urban settings do not ensure access to services: findings from the immunisation programme in Kampala Uganda. *BMC Health Services Research* 2014, 14:111:12.
6. Van den Broeck J, Brestoff JR, Engebretsen IMS: Interpretation of Findings. In: *Epidemiology: Principles and Practical Guidelines.* edn.: Springer; 2013: 621.
7. Chola L, Fadnes LT, Engebretsen IM, Tumwine JK, Tylleskar T, Robberstad B, Group PES: Infant feeding survival and Markov transition probabilities among children under age 6 months in Uganda. *Am J Epidemiol* 2013, 177:453-462.
8. Doherty T, Sanders D, Jackson D, Swanevelder S, Lombard C, Zembe W, Chopra M, Goga A, Colvin M, Fadnes LT, Engebretsen IMS, Ekström E-CM, Tylleskar T: Early cessation of breastfeeding amongst women in South Africa: an area needing urgent attention to improve child health. *BMC Pediatrics* 2012, 12:105:10.
9. Babirye JN, Engebretsen IMS, Makumbi F, Fadnes LT, Wamani H, Tylleskar T, Nuwaha F: Timeliness of childhood vaccinations in Kampala Uganda: a community-based cross-sectional study. *PLoS ONE* 2012, 7:6.
10. Tylleskar T, Jackson D, Meda N, Engebretsen IMS, Chopra M, Diallo AH, Doherty T, Ekström E-CM, Fadnes LT, Goga A, Kankasa C, Klungsøyr JI, Lombard C, Nankabirwa V, Nankunda JK, Van de Perre P, Sanders D, Shanmugam R, Sommerfelt H, Wamani H, Tumwine JK: Exclusive breastfeeding promotion by peer counsellors in sub-Saharan Africa (PROMISE-EBF): a cluster-randomised trial. *The Lancet* 2011, 378:420-427.
11. Nankabirwa V, Tylleskar T, Nankunda JK, Engebretsen IMS, Sommerfelt H, Tumwine JK: Malaria

Parasitaemia among Infants and Its Association with Breastfeeding Peer Counselling and Vitamin A Supplementation: A Secondary Analysis of a Cluster Randomized Trial. *PLoS ONE* 2011, 6:8.
12. Falnes EF, Moland KM, Tylleskar T, de Paoli MM, Msuya SE, Engebretsen IM: "It is her responsibility": partner involvement in prevention of mother to child transmission of HIV programmes, northern Tanzania. *J Int AIDS Soc* 2011, 14:21.
13. Falnes EF, Moland KM, Tylleskar T, de Paoli MM, Leshabari SC, Engebretsen IM: The potential role of mother-in-law in prevention of mother-to-child transmission of HIV: a mixed methods study from the Kilimanjaro region, northern Tanzania. *BMC Public Health* 2011, 11:551.
14. Fadnes LT, Nankabirwa V, Sommerfelt H, Tylleskar T, Tumwine JK, Engebretsen IM, Group P-ES: Is vaccination coverage a good indicator of age-appropriate vaccination? A prospective study from Uganda. *Vaccine* 2011, 29:3564-3570.
15. Fadnes LT, Jackson D, Engebretsen IM, Zembe W, Sanders D, Sommerfelt H, Tylleskar T, Group P-ES: Vaccination coverage and timeliness in three South African areas: a prospective study. *BMC Public Health* 2011, 11:404.
16. Babirye JN, Rutebemberwa E, Kiguli J, Wamani H, Nuwaha F, Engebretsen IMS: More support for mothers: a qualitative study on factors affecting immunisation behaviour in Kampala, Uganda. *BMC Public Health* 2011, 11:11.
17. Babirye JN, Nuwaha F, Engebretsen IMS, Tylleskar T: Timeliness of child vaccinations in Kampala, Uganda. In: *Tropical medicine & international health.* vol. 16; 2011: 308-308.
18. Falnes EF, Tylleskar T, de Paoli MM, Manongi R, Engebretsen IM: Mothers' knowledge and utilization of prevention of mother to child transmission services in northern Tanzania. *J Int AIDS Soc* 2010, 13:36.
19. Fadnes LT, Engebretsen IM, Moland KM, Nankunda J, Tumwine JK, Tylleskar T: Infant feeding counselling in Uganda in a changing environment with focus on the general population and HIV-positive mothers - a mixed method approach. *BMC Health Serv Res* 2010, 10:260.
20. Engebretsen IM, Tylleskar T: [HIV, breast feeding and antiretroviral agents]. *Tidsskr Nor Laegeforen* 2010, 130:520-522.
21. Engebretsen IM, Shanmugam R, Sommerfelt AE, Tumwine JK, Tylleskar T: Infant feeding modalities addressed in two different ways in Eastern Uganda. *Int Breastfeed J* 2010, 5:2.
22. Engebretsen IM, Moland KM, Nankunda J, Karamagi CA, Tylleskar T, Tumwine JK: Gendered perceptions on infant feeding in Eastern Uganda: continued need for exclusive breastfeeding support. *Int Breastfeed J* 2010, 5:13.

NAVN	**Lars T Fadnes**
AKADEMISK TITTEL	PdD, Dr.med.
STILLING	Post-doc
UTDANNING (kun utdanninger over fire måneder)	• PhD (University of Bergen, 2011) • Medical doctor (University of Bergen, 2009) • DTM&H (London School of Hygiene & Tropical Medicine, 2010)
Forskning og utviklingsarbeid de siste fem årene før gjeldende søknadsfrist	**Main collaboration institutions:** • School of Public Health and Department of Paediatrics and Child Health at Makerere University, Uganda • Department of Epidemiology and Biostatistics, School of Public Health, Imperial College, London, United Kingdom • Chitwan Medical College, Tribhuwan University, Nepal • Medical Research Council, Cape Town, South Africa **Synopsis of research interests:** • Nutritional patterns and chronic diseases • HIV including prevention of mother-to-child transmission of HIV • Child health in a global perspective including interventions to reduce child

	morbidity and mortality • Nutrition, anthropometry and child growth • Meta analyses, experimental and observational epidemiology o Currently supervising/co-supervising three PhD students within these topics

PUBLIKASJONER:

Ten selected publications:

1. Birungi N, Fadnes LT, Okullo I, Kasangaki A, Nankabirwa V, Ndeezi G, Tumwine JK, Tylleskär T, Lie SA, Åstrøm AN. Effect of Breastfeeding Promotion on Early Childhood Caries and Breastfeeding Duration among 5 Year Old Children in Eastern Uganda: A Cluster Randomized Trial. PLoS One. 2015
2. Ramokolo V, Lombard C, Chhagan M, Engebretsen IM, Doherty T, Goga AE, Fadnes LT, Zembe W, Jackson DJ, Van den Broeck J. Effects of early feeding on growth velocity and overweight/obesity in a cohort of HIV unexposed South African infants and children. Int Breastfeed J. 2015.
3. Ramokolo V, Lombard C, Fadnes LT, Doherty T, Jackson DJ, Goga AE, Chhagan M, Van den Broeck J. HIV Infection, Viral Load, Low Birth Weight, and Nevirapine Are Independent Influences on Growth Velocity in HIV-Exposed South African Infants. J Nutr. 2014.
4. Engebretsen IM, Jackson D, Fadnes LT, Nankabirwa V, Diallo AH, Doherty T, Lombard C, Swanvelder S, Nankunda J, Ramokolo V, Sanders D, Wamani H, Meda N, Tumwine JK, Ekström EC, Van de Perre P, Kankasa C, Sommerfelt H, Tylleskär T. Growth effects of exclusive breastfeeding promotion by peer counsellors in sub-Saharan Africa: the cluster-randomised PROMISE EBF trial. BMC Public Health. 2014.
5. Fadnes LT, Doherty T, Jackson D, Engebretsen IM, Goga A. Book chapter on "Nutrition of infants and HIV" for the book "Nutrition in infancy" (Springer) with the editors Ronald Watson, Victor Preedy and George Grimble. ISBN 978-1-62703-253-7 (e-book ISBN 978-1-62703-254-4). Humana Press. 2013. http://www.springer.com/book/978-1-62703-253-7
6. Fadnes LT, Van den Broeck J, Nankabirwa V, Brestoff JR. Three book chapters on "Basic concepts in epidemiology", "Data cleaning" and Epidemiological modelling" for the book "Epidemiology" (Springer) with the editor Jan Van den Broeck. ISBN 978-94-007-5988-6. Springer. 2013. http://www.springer.com/book/978-94-007-5988-6
7. Chola L, Fadnes LT, Engebretsen IM, Tumwine JK, Tylleskar T, Robberstad B; PROMISE EBF Study Group. Infant feeding survival and markov transition probabilities among children under age 6 months in Uganda. Am J Epidemiol. 2013.
8. Fadnes LT, Nankabirwa V, Sommerfelt H, Tylleskär T, Tumwine JK, Engebretsen IM, for the PROMISE-EBF Study Group: Is Vaccination Coverage a Good Indicator of Adequate Vaccination? A Prospective Study from Uganda. *Vaccine* 2011.
9. Tylleskär T, Jackson D, Meda N, Engebretsen IMS, Chopra M, Diallo AH, Doherty T, Ekström EC, Fadnes LT, Goga A, Kankasa C, Klungsøyr JI, Lombard C, Nankabirwa V, Nankunda JK, Perre PVd, Sanders D, Shanmugam R, Sommerfelt H, Wamani H, Tumwine JK, for the PROMISE-EBF Study Group: Exclusive breastfeeding promotion by peer counsellors in sub-Saharan Africa (PROMISE-EBF): a cluster-randomised trial. *Lancet 2011*.
10. Fadnes LT, Engebretsen IM, Moland KM, Nankunda J, Tumwine JK, Tylleskar T: Infant feeding counselling in Uganda in a changing environment with focus on the general population and HIV-positive mothers - a mixed method approach. *BMC Health Serv Res* 2010.

NAVN	**Knut Fylkesnes**
AKADEMISK TITTEL	DMD, MpH, Dr. Philoss
STILLING	Professor

UTDANNING (kun utdanninger over fire måneder)	• 1991: Dr. Philos (PhD). Thesis: "Factors affecting self-evaluated general health status - and the use of professional health care services", University of Tromsø. • 1981: Diploma in Pedagogy, University of Tromsø. • 1978: Master Community Oral Health, University of Oslo. • 1972: DMD, University of Bergen.
Forskning og utviklingsarbeid de siste fem årene	Research the past 5 years has mainly been related to major health problems in Southern Africa, i.e. HIV/AIDS, health care delivery, quality assurance systems, maternal mortality, mental health. Methodologically th eresearch has been covering a broad range of disciplines: HIV epidemiology, intervention research, cluster randomised trials, health systems research, mixed methods approaches, mortality estimates based on population census data. Pedagogical involvement: Teaching in majot courses organized by the Centre for international Health (epidemiology, health systems. Furthermore, developed a new master in Master in Epidemiology in Zambia (regional coverage) and took part in the teaching of several courses.
Øvrig <u>relevant</u> kompetanse/erfaring de siste fem årene (inkludert erfaring fra praksisfeltet dersom relevant)	• Member of the Strategic Advisory Committee of the European & Developing Countries Clinical Trials Partnership (EDCTP) - from 2014. • Scientific co-ordinator for a Cluster Randomised Trial in Zambia on home-based voluntary counselling and testing (acceptability, effects) with grants from NORAD, Research council of Norway (RCN) and Regional AIDS Team for Africa. • Scientific co-ordinator for a long-term research project with grants from Research Council of Norway (2004-2013), "Searching for effective HIV-related interventions in sub-Saharan Africa: focussing on local contexts" • Scientific co-ordinator for a long-term research and capacity building project "Strengthening HIV-related interventions in Zambia: cooperation in research and institution capacity building" 2002-2011, funded by the Norwegian Programme for Development, Research and Education (NUFU). • Work package coordinator in the EU-funded project "Improving priority setting for strengthening Health Systems at district level in Tanzania, Kenya and Zambia" (2005-2010), with other European partners being DBL, Denmark; Institute of Tropical Medicine – Belgium; Umea International School of Public Health – Sweden. • Initiated/implemented and acting as North PI in a NOMA (NORAD Master Programme) project to run a two-year Master in Epidemiology in Southern Africa /2010-2015). Partners: Department of Public Health, University of Zambia, College of Medicine, University of Malawi.

PUBLIKASJONER:

1. Fylkesnes K and Michelo C. Home-based voluntary HIV counselling and testing rooted in a community-oriented strategy in low resource settings. In: Community-Oriented Health Services, Practices Across Disciplines. Edited by Elias Mpofu. Springer Publishing Company, New York 2015 (e-book ISBN 978-0-8251-9818-1) - https://books.google.no/books?id=8qqgBQAAQBAJ&pg
2. Selia Ng'anjo Phiri1,2*, Knut Fylkesnes1,2, Karen Marie Moland1, Jens Byskov3, Torvid Kiserud. Rural-Urban Inequity in Unmet Obstetric Needs and Functionality of Emergency Obstetric Care Services in a Zambian District. Under revision.
3. Mwangala S, Musonda KG, Monze M, Musukwa KK, Fylkesnes K. Accuracy in HIV rapid testing among laboratory and non-laboratory personnel in Zambia: Observations from the national HIV proficiency testing system. Plos 1 accepted
4. Mwangala S, Fylkesnes K, Musonda KG, Nkamba HC, Monze M, Musukwa KK, Moland KM. Quality of HIV testing services in Zambia: Provider's perspectives and experiences. Plos1 accepted
5. Sheila Mwangala, Sverre Sandberg, Kunda G Musonda, Mwaka Monze, Katoba K Musukwa, Knut Fylkesnes. Quality of HIV testing in Zambia (2009 – 2012): the impact of national quality assurance systems. Under revision.

6. Richard Banda, Knut Fylkesnes & Ingvild Fossgard Sandøy. Rural-urban differentials in pregnancy-related mortality in Zambia: estimates using data collected in a census. (Under revision)
7. Richard Banda, Ingvild Fossgard Sandøy, Knut Fylkesnes & Fanny Janssen. Differentials in the risk of dying a pregnancy-related death among females aged 15 in Zambia: district level estimates from the 2010 census. (under revision).
8. Richard Banda, Ingvild Fossgard Sandøy, Knut Fylkesnes & Fanny Janssen. Impact of pregnancy-related deaths on female life expectancy in Zambia: application of life table techniques to the analysis of census data. (Under revision)
9. Ng'anjo Phiri s, Kiserud T, Kvåle G, Byskov J, Evjen-Olsen B, Michelo C, Echoka E and Fylkesnes K. Factors associated with health facility childbirth in districts of Kenya, Tanzania and Zambia: a population based survey. BMC Pregnancy and Childbirth 2014, 14:219 http://www.biomedcentral.com/1471-2393/14/219
10. Ng'anjo Phiri S, Fylkesnes K, Ruano AL and Moland KM. 'Born before arrival': user and provider perspectives on health facility childbirths in Kapiri Mposhi district, Zambia. BMC Pregnancy and Childbirth 2014, 14:323. http://www.biomedcentral.com/1471-2393/14/323.
11. Jürgensen, M., Fylkesnes, K., Sandøy, I.F., Chola, L., Mwangala, S. & Blystad, A.: The seven C's of the of the high acceptability of home-based VCT: results from a mixed method approach in Zambia. Social Science & Medicine 2013. http://dx.doi.org/10.1016/j.socscimed.2013.07.033
12. Kayeyi N, Fylkesnes K, Wiium N, Sandøy IF. Decline in sexual risk behaviours among young people in Zambia (2000-2009): do neighbourhood contextual effects play a role? PLoS One. 2013 May 23;8(5):e64881. doi: 10.1371/journal.pone.0064881. Print 2013. Erratum in: PLoS One. 2014;9(1). doi:10.1371/annotation/c9ea65f1-b9ff-41e3-998d-e7bdb722ae8c.
13. Fylkesnes, K., Sandøy, I. F, Jürgensen M, Chipimo, P., Mwangala, S, Michelo C.: Strong effects of home-based VCT on acceptance and equity: a cluster randomised trial in Zambia. Social Science & Medicine 2013. DOI information: 10.1016/j.socscimed.2013.02.036.
14. Jürgensen, M., Sandøy, I. F., Michelo, C. & Fylkesnes, K.: Changes in HIV-related stigma over time: Findings from a cluster-randomized trial in Zambia. Social Science of Medicine. Social Science of Medicine 2013;81:18-25. doi: 10.1016/j.socscimed.2013.01.011
15. Chipimo PJ, Fylkesnes K. Human Immunodeficiency Virus Infection and Co-Morbid Mental Distress. INTECH 2013. In Current Perspectives in HIV Infection. http://dx.doi.org/10.5772/53696
16. Zyaambo C, Siziya S, Fylkesnes K. Health status and socio-economic factors associated with health facility utilization in rural and urban areas in Zambia. BMC Health Serv Res. 2012 Nov 13;12(1):389.
17. Thanh DC, Moland KM, Fylkesnes K. Persisting stigma reduces the utilisation of HIV-related care and support services in Viet Nam. BMC Health Serv Res. 2012 Nov 25;12:428. doi: 10.1186/1472-6963-12-428.
18. Chipimo PJ, Fylkesnes K. Case-finding for Mental Distress in Primary Health Care: an evaluation of the performance of a five-item screening instrument. Health 2013, 5, No.3A, 627-636. doi:10.4236/health.2013.53A083
19. Zyaambo C, Siziya S, Fylkesnes K. Health status and socio-economic factors associated with health facility utilization in rural and urban areas in Zambia. BMC Health Serv Res. 2012 Nov 13;12(1):389.
20. Tesfaye H Leta, Ingvild F Sandøy, Knut Fylkesnes. Factors affecting voluntary HIV counselling and testing among men in Ethiopia: a cross-sectional survey. BMC Public Health, BMC Public Health. 2012 Jun 15;12(1):438. [Epub ahead of print].
21. Makasa M, Fylkesnes K, Sandoy IF. Risk factors, healthcare-seeking and sexual behaviour among patients with genital ulcers in Zambia. BMC Public Health 2012, 12:407 doi:10.1186/1471-2458-12-407.
22. Jürgensen, M., Tuba, M., Fylkesnes, K. & Blystad, A. (2012). "The burden of knowing: balancing benefits and barriers in HIV testing decisions. A qualitative study from Zambia." BMC Health Services Research 2012, 12(1): 2.
23. Kayeyi N, Fylkesnes K, Michelo C, Makasa M, Sandøy I. Decline in HIV Prevalence among Young Women in Zambia: National-Level Estimates of Trends Mask Geographical and Socio-Demographic Differences. PLoS One. 2012;7(4):e33652. Epub 2012 Apr 4.
24. Sandøy IF, Zyaambo CM, Michelo CC, Fylkesnes K. Targeting condom distribution at high risk places increases condom utilization - Evidence from an intervention study in Livingstone, Zambia. BMC Public Health. 2012 Jan 5;12:10.
25. Makasa M, Fylkesnes K, Michelo C, Kayeyi N, Chirwa B, Sandoy I. Declining Syphilis Trends in Concurrence With HIV Declines Among Pregnant Women in Zambia: Observations Over 14 Years of National Surveillance. Sex Transm Dis. 2012 Mar;39(3):173-81.
26. Knut Fylkesnes, Marte Jürgensen, Ingvild Fossgard Sandøy. The battle against HIV is not over--invest locally. Tidsskr Nor Legeforen 2011, 131(19):1910-11.
27. Chipimo PJ, Tuba M and Fylkesnes K. Conceptual models for Mental Distress among HIV-infected and uninfected individuals: A contribution to clinical practice and research in primary-health-care centers in

Zambia. BMC Health Services Research 2011, 11:7doi:10.1186/1472-6963-11-7
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NAVN	**Sven Gudmund HINDERAKER**
AKADEMISK TITTEL	Dr.Med.
STILLING	Professor
UTDANNING (kun utdanninger over fire måneder)	Cand.Med
Forskning og utviklingsarbeid de siste fem årene	Operational research SORTIT Tuberculosis control, Tanzania and Pakistan

PUBLIKASJONER:

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3. Vincent Nsabuwera, Hedt-Gauthier B, Khogali M, Edginton M, Hinderaker SG, Nisingizwe MP, Tihabyona DJ, Sikubwabo B, Sembagare S, Habinshuti A, Drobac P. Making progress towards food security: evidence from an intervention in three rural districts of Rwanda. Public Health Nutr. doi:10.1017/S1368980015002207
4. Kilale AM, Ngadaya E, Kagaruki GB, Lema YL, Muhumuza J, Ngowi BJ, et al. Experienced and Perceived Risks of Mycobacterial Diseases: A Cross Sectional Study among Agropastoral Communities in Northern Tanzania. PLoS ONE 2015; 10(6): e0130180. doi:10.1371/journal. pone.0130180.
5. Kilale AM, Ngadaya E, Kagaruki GB, Lema YL, Muhumuza J, Ngowi BJ, et al. Experienced and Perceived Risks of Mycobacterial Diseases: A Cross Sectional Study among Agropastoral Communities in Northern Tanzania. PLoS ONE 2015; 10(6): e0130180. doi:10.1371/journal. pone.0130180.
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38. Letter to the Editors: Re: 'Applying the ICMJE authorship criteria to operational research in low-income countries: the need to engage programme managers and policy makers' by Zachariah et al. (2013) TMIH 2014; 19(1):1025-1028.
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65. Harries AD, Rusen ID, Reid T, Detjen AK, Berger SD, Bissell K, Hinderaker SG, Edginton M, Fussell M, Fujiwara PI, Zachariah R. The Union and Médecins Sans Frontières approach to operational research. Int J Tuberc Lung Dis. 2011 Feb;15(2):144-54.
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NAVN	**Kjell Arne Johansson**
AKADEMISK TITTEL	MD, PhD
STILLING	• Førsteammanuensis i medisinsk etikk og vitenskapsteori (50%) • Lege i Spesialisering i rus og avhengighetsmedisin, Helse Bergen (50%)
UTDANNING (kun utdanninger over fire måneder)	• PhD in Bioethics, University of Bergen, 2010 • Visiting Scholar, Harvard University Program in Ethics and Health, Harvard Medical School, Aug 2006 – Jan 2007 • Cand. Med, University of Bergen, Norway, 2003 • Basic international, national and local history course, University of Stavanger, Aug 1996 – July 1997 • Second Lieutenant, Officer training school in the Norwegian Cavalry, July 1994 – July 1996
Forskning og utviklingsarbeid de siste fem årene	**Aug 2012-** • Leader of research project Global Health Priorities 2020 (see below), Norwegian Research Council research grant (grant number 218694), Aug 2013. Working closely with the Ministry of Health in Ethiopia, Ethiopian Public Health Institute, and Addis Ababa University, we will create a country-specific disease control priorities (DCP-Ethiopia) study. There are two major objectives of DCP-Ethiopia. First, to inform Ethiopia's move towards universal health coverage (UHC) including the implementation of Ethiopia's Health Sector Transformation Program (HSTP), by identifying efficient and cost-effective pathways towards UHC. Second, to build capacity at the FMOH, EPHI and AAU in conducting cost-effectiveness analyses, and translating these into policy. • Activity set 1: Country capacity building in health economics and economic evaluations within the FMOH, EPHI and AAU • Activity set 2: Establish a process to support health priority setting in Ethiopia, including assessing the cost-effectiveness of selected health sector interventions, packages, and platforms. • Postdoctoral fellow at Helse Vest in the project "Priority setting across disciplines" (20%), Jan 2013- • Leader of Research Group in Global Health Priorities, Aug 2013-May 2015 • Leader of Profession Group in teaching of Public Health and Epidemiology, Aug 2013- Aug 2014 • Postdoctoral fellow at the Helse Vest, Jan 2012 – Jan 2013 (50%) • Postdoctoral fellow at the University of Bergen, Jan 2012 – Aug 2012 (50%, Norwegian Research Council research grant (grant number 218694)) • Research fellow (100% research): July 2010 – January 2011; Research group in Global health: Ethics, economics and culture, Department of Public Health and Primary Health Care, University of Bergen
Øvrig relevant kompetanse/erfaring de siste fem årene (inkludert erfaring fra praksisfeltet dersom relevant)	**Clinical competence** • Resident doctor at the Addiciton Medicine Ward at Haukeland University Hospital (50%), Jan 2014 – • General practitioner (50%), Eidsvåg legekontor, temporary position, 01.01.13-01.04.13 and 01.08.13-01.01.14 • Resident doctor at the Obstetric and Gynaecolocal ward at Haukeland University Hospital, 01.01.11 – 01.01.12 **Teaching** *Global Health:* • Organising and teaching in a one-week specialist course in Global Public

	Health for Norwegian medical doctors in their Public Health specialisation track (spring 2013 and 2014) • General global health course for medical students (3.year), University of Bergen, fall 2008-2015. Key in planning and organizing the start of this course in global health for medical students at the University of Bergen together with Nina Langeland and Ingrid Miljeteig during 2007-2008. • Priority setting in global health (3 hour lectures) for 5. year medical student (2010-2015) • Ethics of priority setting in global health for graduate students at masters level, Centre for International Health, University of Bergen, fall 2007, 2008 and 2009, 2012-15 • Global HIV epidemics course, graduate students, Centre for International Health, University of Bergen, spring 2006, 2008-2010 and 2012-2015 • Global health: Ethics, politics and human rights, graduate students, University of Bergen, The Centre for the Study of the Sciences and the Humanities, spring 2010 • Global health course (one day) for nursing students. Haraldsplass sykepleierhøyskole. Fall 2010. • Health among refugees in Norway, 3. year medical students, Section for General Practice, University of Bergen, fall 2007 *Medical ethics / priority setting:* • Biomedical ethics introduction course for medical students (1. year), University of Bergen, fall 2005-2014 • Ethics of abortion (5. Year medical students), 2013-2015 • Reproductive ethical challenges and priority setting in gynaecology and obstetrics. Specialist course in gynecology and obstetrics (emnekurs), 2011 and 2012 • Full day seminar on autonomy for 200 health workers at Haukeland University Hospital (fall 2014) **Supervision of PhD students** *Solomon Tessema Memirie:* Main supervisor, funding ends June 2016. Topic: Equity adjusted health economic evaluations and financial risk protection of maternal and neonatal health care in Ethiopia. *Mieraf Tadessa:* Main supervisor, funding ends January 2017. Topic: Equity adjusted health economic evaluations and financial risk protection of cardiovascular health care in Ethiopia. *Frode Lindemark:* Main supervisor, funding ends June 2017. Topic: Priority setting in Norwegian Intensive Care units, a registry based study. **Supervision of PhD-track students** *Kirsten Pedersen* (main supervisor, topic: Equity adjusted health economic evaluations of mental health care in Ethiopia), **Eirin Skaftun** (co-supervisor, topic: Historical inequalities in life expectancy in Norway).

NAVN	**Stein Atle Lie**
AKADEMISK TITTEL	Dr.Philos
STILLING	Førsteamanuensis
UTDANNING (kun utdanninger over fire måneder)	2002: Ph.D. (dr.philos) at Section for Medical Statistics, Medical Faculty, University of Bergen 1992: MSc. (cand.scient.) at the Department of Mathematical (Section for statistics) University of Bergen.
Forskning og utviklingsarbeid de	Principal researcher and Research leader for the research group Stress, Health and Rehabilitation ("Stress, helse og rehabilitering") at Uni Health, with

siste fem årene før gjeldende søknadsfrist	approximately 10 researchers and an annual budget of approximately 7mill NOK (100% externally financed). The research group was rated as "Very good" by the Norwegian Research Council (NFR) in 2011 Initiated the Research Centre for Sick Leave and Rehabilitation («Forskningssenter for sykefravær og rehabilitering»). Collaboration between Uni Health and Uni Rokkansenter PI for the project "Evaluering av Senter for Jobbmestring" ("At Work and Coping - Effect Study of Workcoping for Patients With Anxiety and Depression (AWaC)"). ClinicalTrials.gov Identifier: NCT01146730 PI for "IMS-treatment and Canalis Carpi Syndrome". ClinicalTrials.gov Identifier: NCT01102868 «Prediktorer og årsaker i forløpet mellom ytelser fra NAV og jobb» financed from Forsøksmidler Arbeid og Velferd (FARVE) fra AV-direktoratet (the Norwegian Labour and Welfare Administration) «Forløp av sykefravær» financed from Forsøksmidler Arbeid og Velferd (FARVE) fra AV-direktoratet (the Norwegian Labour and Welfare Administration) «Delprosjekt: Tidlig eksponering og risikofaktorer i forløpet aktiv sykemeldt-rehabilitering-attføring-uføre». NSD-18794, A sub-project in the Norwegian research council (NFR) project "187885 - Reasons for sickness leave and disability pension" Initiating these projects (project leader at time of the application): «Youth and Working Life: Preventing Early Disability», the Norwegian research council (NFR-227002). A project at Uni Research Health. «Effekt av arbeidsrettet rehabilitering – en randomisert klinisk studie (RCT)», Partly financed from South-Eastern Norway Regional Health Authority (Helse Sør-Øst) H-index: Web of Science: 31
Øvrig relevant kompetanse/erfaring de siste fem årene før gjeldende søknadsfrist (inkludert erfaring fra praksisfeltet dersom relevant)	2011-2013: Prinsipal Researcher (statistician), deputy research director, Uni Research Health, Bergen. Leader for the Research Centre for Sick Leave and Rehabilitation and Stress, Health and Rehabilitation at Uni Health. 2009-2013: Professor II at the Institute for Surgical Sciences, University of Bergen 2009-11 (12 months): Research director at Uni Research Health

PUBLIKASJONER:

1. Johnsen A, Iversen AC, Lie SA, and Sandbæk M. Does Poverty in a Scandinavian Welfare State Influence School Competence in Adolescents? Poverty & Public Policy, 2015. 7:3, 277-297
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NAVN	**Bernt Lindtjørn**
AKADEMISK TITTEL	Dr Med
STILLING	Professor

UTDANNING (kun utdanninger over fire måneder)	PhD (Dr Med). University of Bergen, 1992 Medical specialist - General Surgery (Norway, 1996) Cand Med (Medical Degree) - Faculty of Medicine, University of Oslo. 1976
Forskning og utviklingsarbeid de siste fem årene før gjeldende søknadsfrist	Centre for International Health, University of Bergen (www.uib.no/cih/en; Professor, 1998 to date (http://www.uib.no/persons/Bernt.Lindtjorn#profil), Director, 1998 - 2000 and 2004 to October 30, 2007) Medical doctor Arba Minch and Gidole Hospitals (September 2008 – 2014) Coordinating project: "Sustainable hospital function". (Yirga Alem, Arba Minch and Gidole Hospitals (2000 - 2014) Strengthening management of HIV/AIDS and tuberculosis control (2002 – date)
Øvrig relevant kompetanse/erfaring de siste fem årene før gjeldende søknadsfrist (inkludert erfaring fra praksisfeltet dersom relevant)	Coordination of research groups: Norwegian Coordinator for support to: South Ethiopia Network of Universities in Public Health (SENUPH): improving women's participation in post-graduate education (2014 – 2018); see http://bernt.b.uib.no/public-health-network/ Coordinator "Combining indoor residual spraying and long-lasting insecticidal nets for preventing malaria: Cluster randomised trial in Ethiopia" (2012 – 2016) see http://malaria.b.uib.no/maltrials/ Coordinator of research and intervention programme "Reducing Maternal Mortality" in south Ethiopia (2008 – 2014). A programme in cooperation with the Regional Health Bureau of South Ethiopia. Funded by NORAD and Norwegian Lutheran Mission. (See http://bernt.b.uib.no/health-work/) Coordinator: On-going research in south Ethiopia on tuberculosis control (2000 – 2015; see http://bernt.b.uib.no/my-research-areas/tuberculosis/). Supervision in progress, 9 PhD. Completed supervision 14 PhD students 19 Master students.

PUBLIKASJONER:

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2. Dangisso MH, Datiko DG, Lindtjorn B. A Ten-year Study on Childhood Tuberculosis Case Notification and Treatment Outcomes in the Sidama Zone. BMC Public Health 2015; in press.
3. Yaya Y, Data T, Lindtjørn B (2015) Maternal Mortality in Rural South Ethiopia: Outcomes of Community-Based Birth Registration by Health Extension Workers. PLoS ONE 10(3): e0119321. doi:10.1371/journal.pone.0119321.
4. Woldesemayat EM, Datiko DG, Lindtjørn B. Follow-Up of Chronic Coughers Improves Tuberculosis Case Finding: Results from a Community-Based Cohort Study in Southern Ethiopia. PLoS ONE 2015; 10(2): e0116324.
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6. Dangisso MH, Datiko DG, Lindtjorn B. Trends of tuberculosis case notification and treatment outcomes in the Sidama Zone, southern Ethiopia: ten-year retrospective trend analysis in urban-rural settings. PloS ONE 2014; 9(12): e114225.
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11. Hamusse SD, Demissie M, Lindtjorn B. Trends in TB case notification over fifteen years: the case notification of 25 Districts of Arsi Zone of Oromia Regional State, Central Ethiopia. BMC public health 2014; 14: 304.
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19. Woyessa A, Deressa W, Ali A, Lindtjorn B. Malaria risk factors in Butajira area, south-central Ethiopia: a multilevel analysis. Malaria journal 2013;12:273.
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32. Woyessa A, Deressa W, Ali A, Lindtjørn B. Prevalence of malaria infection in Butajira area, south-central Ethiopia. Malar J 2012;11:84.
33. Mulissa Z, Jerene D, and Lindtjørn B. Patients Present Earlier and Survival Has Improved, but Pre-ART Attrition Is High in a Six-Year HIV Cohort Data from Ethiopia. PLoS ONE 5(10): e13268. doi:10.1371/journal.pone.0013268

NAVN	**Alemnesh Hailemariam Mirkuzie**
AKADEMISK TITTEL	PhD
STILLING	Postodoctoral fellow
UTDANNING **(kun utdanninger over fire måneder)**	• PhD from the Centre for International Health, University of Bergen, Norway 2012 • Master of Philosophy in Public Health from the University of Bergen, Norway 2008 • Master of Medical Sciences from Uppsala University, Sweden 2004 • Bachelor of Science in Nursing from Jimma University, Ethiopia, 2001 • Diploma in Nursing from Addis Ababa University, 1993, Ethiopia
Forskning og utviklingsarbeid de siste fem årene før gjeldende søknadsfrist	• A principal investigator for an intervention project that has been conducted in Addis Ababa, Ethiopia to improve maternal and new-born outcomes from 2012 till today • Conducted a study to evaluate the national programme for the Prevention of Mother to child HIV transmission in Addis Ababa, Ethiopia from 2008 -2012
Øvrig relevant kompetanse/erfaring de siste fem årene før gjeldende søknadsfrist (inkludert erfaring fra praksisfeltet dersom relevant)	• Teaching International health courses at CIH and public health courses in Addis Ababa university, Ethiopia • Masters student supervision and advising at CIH and Addis Ababa, university • Examining master students and evaluating PhDs in mid-way evaluation at CIH and Addis Ababa University, Ethiopia • Undertaking qualitative, quantitative and mixed methods researches • Developing proposals and writing grant applications • Organizing, coordinating and conducting training, seminars and workshops • Consultancy work on HIV and most at risk population • Leading and participation in penal discussions at international and national conferences • Involved in developing and evaluating training modules
For nettstudier: Oppgi relevant digital kompetanse og kurs/kunnskap om nettpedagogikk	• Received course on Information seeking in Medicine. Tapping the internet in Uppsala university, Sweden • Attended two weeks Teaching-learning Workshop organized by Carter Center in Debrezeyit, Ethiopia • Received nursing education and curriculum development course in Jimma University, Ethiopia. • Received a course on Women's Leadership and Empowerment organized by the ministry of foreign affairs of the state of Israel, Awassa, Ethiopia • Received training on Behavioural change communication (BCC); in the context of Essential nutrition action (ENA) approach, Hwassa, Ethiopia

	• Have skills using the internet, social medias, accessing and retrieving online sources. • Have skills using computer based statistical programmes such as SPSS, STATA, epicalc2000, epidata as well as Microsoft word and exel programmes

PUBLIKASJONER:

1. Mirkuzie AH: Implementing guideline revisions for the prevention of
2. mother-to-child HIV transmission and exposed babies outcomes in Mothers Support Programme, Addis Ababa, Ethiopia. BMC Public Health, MS: 1984832002155691
3. Mirkuzie AH: Exploring inequities in skilled care at birth among migrant population in a metropolitan city Addis Ababa, Ethiopia; a qualitative study. International journal for equity in health 2014, 13(1):110.
4. Mirkuzie AH, Sisay MM, Reta AT, Bedane MM: Current evidence on basic emergency obstetric and newborn care services in Addis Ababa, Ethiopia; a cross sectional study. BMC Pregnancy Childbirth 2014, 14:354.
5. Mirkuzie AH, Sisay MM, Bedane MM: Standard basic emergency obstetric and neonatal care training in Addis Ababa; trainees reaction and knowledge acquisition. BMC medical education 2014, 14:201.
6. Mirkuzie AH, Hinderaker SG, Sisay MM, Moland KM, Mørkve O. Comparing HIV prevalence estimates from prevention of mother-to-child HIV transmission programme and the antenatal HIV surveillance in Addis Ababa. BMC Public Health. 2012. 12, 1113
7. Mirkuzie AH, Hinderaker SG, Sisay MM, Moland KM, Mørkve O. Current status of medication adherence and infant follow up in the prevention of mother-to-child HIV transmission programme in Addis Ababa: A cohort study. The International Journal of AIDS Society, 2011, 21,14:50
8. Mirkuzie AH, Sisay MM, Moland KM, Åstrøm AN. Applying the Theory of Planned Behaviour to explain HIV testing in antenatal settings in Addis Ababa - A cohort study. BMC Health Services Research. 2011; 11:196
9. Mirkuzie AH, Hinderaker SG, Sisay MM, Moland KM, Mørkve O. A cohort study on obstetric care for HIV-positive women in Addis Ababa: Intra-partum transfers and associated delays. Journal of Public Health and Epidemiology. 2011; 3(6): 275-83
10. Mirkuzie AH, Hinderaker SG, Mørkve O. Promising outcomes of a national programme for the prevention of Mother-to-Child HIV transmission in Addis Ababa: a retrospective study. BMC Health Services Research. 2010;10:267
11. Mirkuzie AH, Pia O: Reproductive health problems in Sri Lankan adolescents. African Journal of Midwifery and Women's Health. 2008; 2(4): 169 - 173

NAVN	**Bente E. Moen**
AKADEMISK TITTEL	PhD, MD
STILLING	Professor
UTDANNING (kun utdanninger over fire måneder)	1981; Cand.med. University of Bergen,1983;Authorisation as a physician in Norway, 1991; Dr.med. University of Bergen, 1996; Specialist in Occupational Medicine
Forskning og utviklingsarbeid de siste fem årene før gjeldende søknadsfrist	From 1997 Professor in occupational medicine at the University of Bergen. From 2013 Professor in global health at the University of Bergen. Ass. head physician at Haukeland University Hospital 20% position until 2013. Director of Centre for International Health since 2013. The leader of several large scientific project groups the past five years, among them NUFU-respiratory disorders in industry in developing countries 2002-2012, a cooperation between MUHAS, Tanzania and University of Bergen, Norway. This project developed into a Norhed project from 2013; including partners from Tanzania and Ethiopia.

	The leader of a project in the Royal Norwegian Navy on noise and health, started in 2011. The leader of a cohort study on shift work and health among Norwegian nurses, started in 2008.
Øvrig relevant kompetanse/erfaring de siste fem årene før gjeldende søknadsfrist (inkludert erfaring fra praksisfeltet dersom relevant)	2010 Expert committee for health effect of electromagnetic fields (EMF) 2006-2009 Member of faculty board, University of Bergen 2002-2006 Project leader in network project in oil industry and health (NFR) 2013-2015 leader of the Programme Committee for Master's in International Health and Oral Sciences 2015- Leader of Norwegian Forum for Development Research

PUBLIKASJONER:

2014

1. Buhaug, Kristin; Moen, Bente Elisabeth; Irgens, Ågot. Upper limb disability in Norwegian workers with hand-arm vibration syndrome. Journal of Occupational Medicine and Toxicology 2014 ;Volum 9:5.
2. Flo, Elisabeth; Pallesen, Ståle; Moen, Bente Elisabeth; Waage, Siri; Bjorvatn, Bjørn. Short rest periods between work shifts predict sleep and health problems in nurses at 1-year follow-up. Occupational and Environmental Medicine 2014 ;71:555-561.
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6. Irgens-Hansen, Kaja; Sunde, Erlend; Bråtveit, Magne; Baste, Valborg; Oftedal, Gunnhild; Koefoed, Vilhelm F; Lind, Ola; Moen, Bente Elisabeth. Hearing loss in the royal Norwegian navy: a cross-sectional study. International Archives of Occupational and Environmental Health 2014.
7. Moen, Bente Elisabeth; Hanoa, Rolf Otto Høe; Lie, Arve; Larsen, Øivind. Duties performed by occupational physicians in Norway. Occupational Medicine 2014 ;Volum 65.(2) s. 139-142.
8. Nigatu, Amare Workiye; Bråtveit, Magne; Deressaq, Wakgari; Moen, Bente Elisabeth. Respiratory symptoms, fractional exhaled nitric oxide & endotoxin exposure among female flower farm workers in Ethiopia. Journal of Occupational Medicine and Toxicology 2015.
9. Reknes, Iselin; Pallesen, Ståle; Magerøy, Nils; Moen, Bente Elisabeth; Bjorvatn, Bjørn; Einarsen, Ståle. Exposure to bullying behaviors as a predictor of mental health problems among Norwegian nurses: Results from the prospective SUSSH-survey. International Journal of Nursing Studies 2014 ;Volum 51.(3) s. 479-487.
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NAVN	**Karen Marie Moland**
AKADEMISK TITTEL	Dr polit Registered nurse
STILLING	Professor
UTDANNING (kun utdanninger over fire måneder)	School of Nursing Oslo and Akershus 1979 Cand mag Antropology and Political Science University of Bergen 1988 Can polit Political Science, University of Bergen 1992 Dr polit Political Science, University of Bergen 2002
Forskning og utviklingsarbeid de siste fem årene	Extensive experience from health care work, capacity building and research collaboration through RCN, NUFU and NOMA programmes in Tanzania, Uganda, Sudan and Ethiopia. Main research interests are reproductive and maternal health and health care, HIV prevention, community health and health systems development. Using ethnography and qualitative research methods, I have worked with global policies and programmes implemented in low income settings, access and quality of care in maternal health, patients' encounter with the formal health care system, and community participation in health. **Role in externally funded projects last 5 years:** NUFU project: 'Gender, generation and social mobilisation: Challenges of reproductive health and rights among vulnerable groups in Ethiopia, Sudan and Tanzania' which produced 7 PhDs at home universities in collaborating countries. (2007-2012). Coordinating team. NOMA project: 'Master training in nursing in Uganda, Tanzania and Ethiopia which established master programmes and strengthened south – south collaboration in midwifery/nursing (2011-2015). Coordinating team. CISMAC: Centre for excellence in intervention research in maternal and child health (2012-2022). Part of interdisciplinary team (TAG) to integrate anthropological thinking and methods in formative research phase of the interventions. Currently working in cross-country, interdisciplinary team planning a school based intervention to increase age at first delivery in Zambia (formative phase finished and pilot ongoing) **Course development:** -Bergen Summer Research School (BSRS) June 21-July 2 2014: Global Governance for Health (With Astrid Blystad, Kristine Onarheim, Johanne Iversen, Andrea Melberg), 2 weeks. -Bergen Summer Research School (BSRS) June 21-July 2 2010: Global Challenges in reproductive health. (With Torvid Kiserud, Astrid Blystad and Sven Gudmund Hinderaker at UiB), 2 weeks. -Qualitative methods for international public health (one week course to be taught at partner institutions in NORHED programmes) 2015 -Research tools and theory (INTH301) with Jan ven den Broeck), master level, Centre for International Health, University of Bergen, 4 weeks (2012) -Vitenskpasteori og etikk. (MASYK 5), master Bergen University College (2011) **Research groups:** -Reproductive health and HIV research group 2011-13 (with I. Sandøy) -Global Health Antropology Research Group 2013- (with A. Blystad) A cross disciplinary group working to develop methods to study sensitive reproductive health issues with particular emphasis on adolescents, gender relations, access to contraceptives and abortion in different low income contexts.

Øvrig <u>relevant</u> kompetanse/erfaring de siste fem årene (inkludert erfaring fra praksisfeltet dersom relevant)	Professor 2 position at Bergen University College, Department of Nursing **Supervision:** PHD: 11 (main 3 co-supervsior 8) Master: 23 (main supervisor 9, co-supervisor 14) **Teaching experience:** Courses master in International Health: INTH 301: Research tools and theory: qualitative methods (2 days) INTH 316: Health systems: Culture and society (5 days) INTH 330: Project proposal (5 days) INTH 323/Trop-ed: Qualitative research methods for international public health (2,5 weeks) INTH /Trop-ed The HIV pandemic: Research challenges to improve prevention, support and care (2 days on reproductive health, HIV and culture). **Ma and PhD committees:** Master: Internal and external examiner: 23 PhD comittees 7: Leader of committee 4, opponent 2, external examiner 1 **Boards:** - Head programme committee Centre for International Health 2015- - Norwegian Forum for Global Health Research 2006-2010 -NORAD constituted FGM (female genital mutilation) advisory Group 2007-2008

PUBLIKASJONER:

1. Kismul H, Hatløy A, Andersen P, Mapatano P, Van den Broeck J, Moland KM, "The social context of severe child malnutrition: a qualitative household case study from a rural area of the Democratic Republic of Congo", International Journal of Equity in Health 2015, 14(1): p. 47.
2. Chimhutu, V, Tjomsland M, Songstad NG, Mwifadhi M, Moland KM. 2015. Introducing payment for performance in the health sector of Tanzania- the policy process. *Globalization and Health* (2015) 11:38
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4. Shayo EH; Bø Våga B; Moland KM; Kamuzora P; Blystad A. 2014. Challenges of disseminating clinical practice guidelines in a weak health system: the case of HIV and infant feeding recommendations in Tanzania. *International Breastfeeding Journal* (2014) 9:188
5. Spjeldnæs, I.O., Moland, K.M, Harris, J., Sam, D.L. 2014. Mothering in Limpopo, South Africa: Perspectives of adolescents. *Psychology and Society* 11/2014:57-78
6. Ng'anjo Phiri, S, Fylkesnes K, Ruano AL and Moland KM. 2014. 'Born before arrival': user and provider perspectives on health facility childbirths in Kapiri Mposhi district, Zambia *BMC Pregnancy and Childbirth* 2014, 14:323 doi:10.1186/1471-2393-14-323
7. Bø Våga, B; Moland KM, Evjen-Olsen B, Blystad A. 2014. Reflections on informed choice in resource-poor settings: The case of infant feeding counselling in PMTCT programmes in Tanzania. *Social Science & Medicine*, Volume 105, Issue null, Pages 22-29
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11. Bø Våga, B; Moland KM, Evjen-Olsen B, Leshabari S, Blystad A. 2012. Rethinking nursing care: An ethnographic approach to nurse-patient interaction in the context of HIV prevention programmes in rural Tanzania. International Journal of Nursing Studies, PII: S0020-7489(12)00427-0

12. Thanh, D.C., Moland, K.M., & Fylkesnes, K (2012) Persisting stigma reduces the utilisation of HIV-related care and support services in Viet Nam. *BMC Health Services Research*

13. Songstad NG, Lindkvist I, Moland KM, Chimhutu V, Blystad A (2012) Assessing performance enhancing tools: experiences with the open performance review and appraisal system (OPRAS) and expectations towards payment for performance (P4P) in the public health sector in Tanzania. Global Health. 2012 Sep 10;8:33. doi: 10.1186/1744-8603-8-33.

14. Mselle L.T., Evjen-Olsen B., Moland K.M., Mvungi A., and Kohi T.W. (2012). Hoping for a normal life again: reintegration after fistula repair in rural Tanzania. *Journal of Obstetrics and Gynaecololy* Canada 2012;34(10):927–938

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19. obstetric fistula as an outcome of labor. BMC Pregnancy and Childbirth 2011, 11:75

20. Mselle L.T., Moland K.M. Mvungi A., Evjen-Olsen B ,Kohi T.W (2011) "I am nothing": Experiences of loss among women suffering from severe birth injuries in Tanzania. *BMC Women's Health* 2011, 11:49 doi:10.1186/1472-6874-11-49

21. Kahabuka C., Kvåle G., Moland KM , Hinderaker SG (2011) Why caretakers bypass Primary Health Care facilities for child care - a case from rural Tanzania. *BMC Health Services Research* 2011, 11:315

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28. Moland K.M, de Paoli M, Sellen D., van Esterik P., Leshabari S. and Blystad A. (2010) Breastfeeding and HIV: Experiences from a decade of prevention of post natal HIV transmission in sub-Saharan Africa (Editorial) *International Breastfeeding Journal* 2010, 5:10

29. Engebretsen I.M, Moland K.M. Nankunda J., Karamagi C., Tylleskär T, Tumwine J. (2010) Gendered perceptions on infant feeding in Eastern Uganda: continued need for exclusive breastfeeding support. *International Breastfeeding Journal.* 2010, 5:13

30. Koricho A.T., Moland K.M, Blystad, A. (2010) Poisonous milk and sinful mothers: The changing meaning of breastfeeding in the wake of the HIV epidemic in Addis Ababa, Ethiopia. *International Breastfeeding Journal* 2010, 5:12
31. Blystad A., van Esterik P., Sellen D., de Paoli M., Leshabari S. and Moland KM. (2010) Reflections on global policy documents and the WHO's infant feeding guidelines: Lessons learnt. *International Breastfeeding Journal* 2010, 5:18
32. Moland K.M, van Esterik P., Sellen D., de Paoli M., Leshabari S. and Blystad A.(2010) Ways ahead: Protecting, promoting and supporting breastfeeding in the context of HIV. *International Breastfeeding Journal* 2010, 5:19
33. Fredriksen, E., Harris, J., Moland, K.M., & Sundby, J. (2010) "A defeat not to be ultra-fit". Expectations and experiences related to pregnancy and employment in contemporary Norway. *NORA - Nordic Journal of Feminist and Gender Research*. 2010:18:3:167-184
34. Fadnes Lars, Engebretsen Ingunn, Nankunda Jolly, Moland Karen Marie, Tylleskär Thorkild and Tumwine James. (2010) Infant feeding counselling in Uganda in a changing environment with focus on the general population and HIV-positive mothers - a mixed method approach. *BMC Health Services Research* 2010, 10:260
35. Moland Karen Marie and Blystad Astrid (eds). 2010. 'HIV and infant feeding: Lessons learnt and the ways ahead' Thematic series. *International Breastfeeding Journal* 2010:5

NAVN	**Tehmina Mustafa**
AKADEMISK TITTEL	MD, PhD
STILLING	Professor (50%)
UTDANNING (kun utdanninger over fire måneder)	Professional Medical Degree (MBBS):1988 Bachelor of Science (BSc): 1989 Doctor Medicinae (PhD): 2000
Forskning og utviklingsarbeid de siste fem årene	TM developed a new and better diagnostic test for extrapulmonary tuberculosis during her PostDoc (PMID 16980944). This test was further validated on material from India, South Africa, Ethiopia (PMID 17894882, 18698260, 21416644, 25421972). This test being robust and relatively cheaper has a potential to be used in low-resource settings, can contribute significantly to the strongly needed new diagnostic tools for tuberculosis. Currently TM is leading a muticenter study in 4 countries, funded by the Research Council of Norway and the Western Norway Regional Health Authority on the implementation of the test in routine diagnostic settings.
Øvrig <u>relevant</u> kompetanse/erfaring de siste fem årene (inkludert erfaring fra praksisfeltet dersom relevant)	Supervision of 6 PhD 50% position as physician at the Department of Thoracic Medicine, Haukeland University Hospital.
PUBLIKASJONER (i internasjonale tidsskrift m/referee):	
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UTDANNING (kun utdanninger over fire måneder)	**PhD** (2005) University of Bergen **Thesis:** *Economic evaluation of health interventions in sub-Saharan Africa. Applied economic evaluations and studies on time preferences for health in Tanzania*. **MSc** (cand agric). (1997) Department of Economics and Social Sciences, The Norwegian University of Life Sciences.
Forskning og utviklingsarbeid de siste fem årene før gjeldende søknadsfrist	**Project management** 1. Project manager of Malaria Chemoprevention for the post-discharge management of severe anaemia in children in Malawi, Uganda and Kenya (IPTpd): Moving towards policy. Funding: Research Council of Norway, GLOBVAC programme. Budget 32.8 mill NOK (2014 – 2019). 2. Technical advisory committee member and health economics coordinator for Centre of Excellence in Maternal and Child Health (CISMAC). www.cismac.org . 3. Norwegian co-ordinator (30%) of "Master Programme in Health Policy and Management" – a joint programme between the University of Bergen and Muhimbili University College of Health Sciences (Tanzania). Funding: NORAD's programme for Master studies (NOMA). Budget: 10.3 mill NOK (2007-2014). 4. Initiation of research project "The Health-Related Quality of Life Estimation of people living with HIV/AIDS in sub-Saharan Africa". 5. Leader of Workpackage 9 in the project "Promoting infant health and nutrition in sub-Saharan Africa: Safety and efficacy of exclusive breastfeeding promotion in the era of HIV (www.promiseresearch.org). Funding: EU. Total budget: 1,3 mill EURO. 6. Co-ordinator for seminar and workshop: "Priority setting and Planning in Tanzanian Health Care", April 2005. In co-operation with Tanzanian National Institute for Medical Research.
Øvrig relevant kompetanse/erfaring de siste fem årene før gjeldende søknadsfrist (inkludert erfaring fra praksisfeltet dersom relevant)	2012 (March): Professor in Health Economics, University of Bergen 2009 – 2012: Associate Professor in Health Economics, University of Bergen 2007 – present: Co-ordinator and module responsible for the NOMA supported "Master of Arts in Health Policy and Management", in co-operation with Muhimbili University of Health and Allied Sciences (Dar es Salaam). 2005 – 2008: Post doctor, Department of Public Health, UiB 2000 – 2005: PhD research fellow, Department of economics and Centre for International Health, UiB 1997 – 2000: Manager, Nordhordland Forsøksring (agricultural research trial and extension organization) 1995 – 1996: Group teacher in introductory macroeconomics Agricultural University of Norway (NLH) 1988 – 1990: Volunteer in northern Tanzania, NORAD 1986-1988 and 1990-1991: Agricultural extension worker, "Rogalandsmeieriet"

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NAVN	**David Lackland Sam**
AKADEMISK TITTEL	PhD, Psychology
STILLING	Professor (of Cross-cultural Psychology)
UTDANNING (kun utdanninger over fire måneder)	**Cand Psychol. Degree** University of Bergen, Norway, 1989 **PhD** Dissertation at the University of Bergen, January 1995.
Forskning og utviklingsarbeid de siste fem årene	As a cross-cultural psychologist DS's research activities have involved collaboration with colleagues in several countries, particualry Europe, Asia and Africa.As a Ghanaian by birth, his actitives in Africa has been in Ghana, but he has also been involved in research activities in South Africa and in Kenya. DS main research interest is on immigrants and their adaptation, socioculturally and psychologically. He is also interested in understanding the effect or the role of culture on child development and on health, as well as understdnign culture as a concept from a psychological point of view

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1. **Sam, D. L**. & Berry, J. W. (2010). Acculturation: when individuals and groups of different cultural backgrounds meet. *Perspectives on Psychological Science*, 5, 472 – 481
2. Berry, J. W, Phinney, J. S., **Sam, D. L**., & Vedder, P. (2010). Immigrant Youth: Acculturation, Identity and Adaptation. Zeitschrift für Pädagogik. 17-43
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4. Sam, D. L., (2012). Psychology of acculturation: New advances and future directions. *International Journal of Psychology. 47*: 221-221.
5. Kunst, J. R., Tajamal, H., **Sam, D. L**., & Ulleberg, P. (2012). Coping with Islamophobia: The effects of religious stigma on Muslim minorities' identity formation. International Journal of Intercultural Relations, 36(4), 518-532. doi: 10.1016/j.ijintrel.2011.12.014
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9. Kunst, J. R. & **Sam, D. L.** (2013). Relationship between perceived acculturation expectations and Muslim minority youth's acculturation and adaptation. *International Journal of Intercultural Relations, 37*. 447-490
10. **Sam, D. L**., Jasinskaja-Lahti, I., Horenczyk, G., Vedder, P. (2013). Migration and Integration: Some psychological perspectives on mutual acculturation. *Zeitschrift für Psychologie 221*. 203-20
11. Horenczyk, G., Jasinskaja-Lahti, I., **Sam, D. L**., & Vedder, P. (2013) Mutuality in acculturation. Toward an Integration. Zeitschrift für Psychologie (Journal of Psychology) 221 205-213
12. Bye, H. H., Horverak, J. G., Sandal, G. M., **Sam, D. L.**, & van de Vijver, F. J.R. (2014). Cultural fit and ethnic background in the job interview. *International Journal of Cross Cultural Management, 14, 7 - 26*
13. Kunst, J. R. & **Sam, D. L.,** (2013). Expanding the margins of identity: A critique of marginalization in a globalized *world. International Perspectives in Psychology: Research, Practice, Consultation, 2, 225 -241*
14. Iversen, V. C., **Sam, D. L.,** & Helvik, A-S (2014) Psychological distress and perceived health in inmates in Norwegian prisons. Scandinavian Journal of Public Health, 42, 171 – 176
15. Kunst, J. R., & **Sam, D. L**., (2014) "It's on Time That They Assimilate" – Differential acculturation expectations towards first and second generation immigrants. *International Journal of Intercultural Relations, 39,* 188 – 196
16. Kunst, J R.; Thomsen, L., & **Sam, D. L.** (2014). Late Abrahamic reunion? Religious fundamentalism negatively predicts dual Abrahamic group categorization among Muslims and Christians. *European Journal of Social Psychology*, 44, 337 -348
17. Sandal, G. M., van de Vijver, F. J.R., Bye, H. H., **Sam, D. L**., Amponsah, B., Cakar, N., Franke, G. H., Ismail, R., Kjellsen, K., Kosic, A., Leontieva, A. M., Shahrnaz, Sun., & Tien-Lun, C. (2014). Intended Self-Presentation Tactics in Job Interviews: A 10-Country Study. *Journal of Cross-Cultural Psychology. 45: 939-958. doi:* 10.1177/0022022114532353
18. Spjeldnæs, I. O., Moland, K-M., Harris, J & **Sam, D. L**. (2014). Responsible mothering in Limpopo, South Africa: *Perspectives of adolescents. 6* (2), 57 – 77
19. Kunst, J. R., Thomsen, L., **Sam, D. L.**, & Berry, J. W., (2015). "We Are in This Together": Common Group Identity Predicts Majority Members' Active Acculturation Efforts to Integrate Immigrants. *Personality and Social Psychology Bulletin*. doi: 10.1177/0146167215599349
20. **Sam, D. L**. 2015). Acculturation. In . In: James D. Wright (editor-in-chief), *International Encyclopedia of the Social & Behavioral Sciences*, 2nd edition, Vol X. Oxford: Elsevier, pp. 68 – 74. doi:10.1016/B978-0-08-097086-8.24034-8
21. **Sam, D. L.,** Tetteh, D. K., Amponsah, B (in press). Satisfaction with life and psychological symptoms among International students in Ghana and their correlates. *International Journal of Intercultural Relations.*
22. **Sam, D. L**., (2015). Heart and mind. In Hua, Z., & Komisarof, A. (eds). Crossing Boundaries and Weaving Intercultural Work, Life and Scholarship in Globalizing Universities. London: Routledge.
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24. Bye, H. Sandal. G. M., Horverak, J. G., Markova, V., Guribye, E., & **Sam, D. L**. (2011). Med døren på gløtt: Jobbintervjuet som arena for kompetansevurdering i flerkulturelle samfunn. Bergen: Institutt for samfunnspykologi, Universitet i Bergen
25. Berry, J. W., & **Sam, D. L**. (2011). Accultuazione e adattamento dei giovani. I: Strnieri in Italia La generazione dopo. Mulino: Spcieta Editrice il Mulino ISBN 978-88-15-15005-9. s. 53-74 NOTE: This paper is in Italian. Written originally in English and translated
26. Muthukkrishna, A. & **Sam, D. L.,** (2012) Deconstructing counselling psychology for the African context. In E. Mpofu (Eds). Counselling people of African ancestry. (Chapter 5). Cambridge: Cambridge University Press.
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28. **Sam, D. L.,** (2014). Relationship between culture and psychology. In C. S. Akotia & C. C. Mate-ole. Contemporary psychology: Readings from Ghana. Pp 231-247. I: ISBN: 978-9988-1-9153.

NAVN	**Ingvild Fossgard Sandøy**
AKADEMISK TITTEL	PhD, Cand. med.
STILLING	Førsteamanuensis (50%), postdoktor (50%)
UTDANNING (kun utdanninger over fire måneder)	Medisinsk embetsstudium Psykologi delfag PhD
Forskning og utviklingsarbeid de siste fem årene før gjeldende søknadsfrist	Nestleder i SFFen Centre for Intervention Science in Maternal and Child Health (CISMAC) <u>Prosjektledelse</u> • A community randomised trial on acceptability, feasibility and preventive impact of home-based voluntary HIV counselling and testing in Zambia, (Co-Investigator) *2008-2011* • Targeting Interventions at Venues Where Risk of HIV Transmission is High (PLACE). Ikke-randomisert intervensjonsstudie. (Co-Principal Investigator) *2008-2010*. • Randomized cluster trial on the effectiveness of a girls' empowerment programme on early childbearing, marriage and school dropout among adolescent girls in rural Zambia, (Principal Investigator). 2013- <u>Innvilgete søknader</u> • **A community randomised trial on acceptability, feasibility and preventive impact of home-based voluntary HIV counselling and testing in Zambia,** (Co-Investigator) *2008-2011.* Finansiering: Norwegian Programme for Development, Research and Education (NUFU), Research Council of Norway, and Swedish-Norwegian Regional HIV/AIDS Team for Africa (4 mill. NOK). • **Randomized cluster trial on the effectiveness of a girls' empowerment programme on early childbearing, marriage and school dropout among adolescent girls in rural Zambia** (prosjektleder). 2015-2020. Finansering: GLOBVAC-programmet til Norges Forskningsråd (25 millioner NOK) **Forskningsgruppeledelse** Koordinator for forskningsgruppen på HIV i 2009 og 2011-2013, og leder for HIV-forskningsgruppen i 2013.
Øvrig <u>relevant</u> kompetanse/erfaring de siste fem årene før gjeldende søknadsfrist (inkludert erfaring fra praksisfeltet dersom relevant)	**Emneansvar for kurs** • Jeg etablerte masteremnet "War, violence, peace and health" (3 ECTS) og er emneansvarlig. Emnet har vært gjennomført vår 2013, 2014 og 2015. • Emneansvar for masteremnet «The HIV Pandemic» (5 ECTS) i 2014, delt emneansvar for dette kurset i 2013 • Emneansvar for MEDTRYGD (trygdemedisin for medisinstudentene, 2 ECTS) i 2013 og 2014 og utarbeidet et nytt teambasert læringsopplegg for kurset. • Delt emneansvar for MEDSAM (samfunnsmedisin for medisinstudentene, 14 ECTS) 2014 og 2015. • Delt emneansvar for*"Severe HIV epidemics and multidisciplinary research challenges in prevention"* på Bergen Summer Research School 2010 (10 ECTS) • Delt emneansvar for profesjonsgruppeordning kull 2014 **Undervisning** Har undervist i emnene "The global HIV epidemic and research challenges to

	improve prevention, support and care", "Observational epidemiology", "Major Global Health problems", "Globalization and Health", "Basic course in research tools and theory", "Epidemiology", MEDINTH "Internasjonal helse" (kurs for medisinstudenter), MEDSAM (samfunnsmedisin for medisinstudenter) og MEDTRYGD (trygdemedisin for medisinstudenter) ved UiB. Har også undervist ved Universitetet I Zambia og Høyskolen i Bergen **Veiledning** *Mastergrad:* • Fullført: 4 MPhil-studenter og 3 MSc-studenter i internasjonal helse ved UiB og 3 MSc i epidemiologi ved Universitetet i Zambia (UNZA) (biveileder for 2, hovedveileder for 8) PhD: • Fullført: 2 PhD-kandidater (som hovedveileder) ved UiB • Pågående: veileder 3 PhD-kandidater (hovedveileder) Veileder to forskerlinjestudenter **Kurs i universitetspedagogikk** • Kurs i forskningsveiledning V2010, UiB (5 stp) • Basismodul i universitetspedagogikk, V2013, UiB • Kurs i muntlig formidling V2015, UiB (5 stp) **Utvalgte verv:** • Medlem i Programutvalget for master i internasjonal helse H2013-t..d. • Medlem Prosjektgruppe for studieplan i medisin, H2013- t.d. • Medlem i Arbeidsgruppe for ny makroplan for medisinstudiet V2012-V2013 • Medlem Prosjektgruppe for studieplan i medisin, V2010-H2010 **Annen arbeidserfaring:** Turnus Molde sjukehus og Aukra kommune, februar 2003-august 2004 Underordnet lege ved Bergen legevakt i 52% fast stilling2010-2011

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Fagfellerefererte tidsskrift

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2. Wijeratne M, Seneviratne R, Gunawardena N, , Lynch C, Sandøy IF, Ostbye T. *Correlates of peer violence among 13-15 year olds in Gampaha district schools in Sri-Lanka: Findings from a comparison between violent and non-violent adolescents.* SAGE Open 2014; 4:1-14..
3. Wijeratne M, Seneviratne R, Gunawardena N, Ostbye T, Lynch C, Sandøy IF. *Development of the Sri lankan early teenagers' violence inventory: an instrument to measure peer violence in schools.* Biomed Res Int. 2014; 563143.
4. Marte Jürgensen, Ingvild F. Sandøy, Charles Michelo, Knut Fylkesnes, Sheila Mwangala, Astrid Blystad. *The seven Cs of the high acceptability of home-based VCT: results from a mixed methods approach in Zambia..* Social Science & Medicine 2013; 97: 210-219.
5. Kayeyi N, Fylkesnes K, Wiium N, Sandøy IF. *Decline in sexual risk behaviours among young people in Zambia (2000-2009): do neighbourhood contextual effects play a role?* PLoS ONE 2013; 8(5): e64881.
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9. Mpundu Makasa, Anne Buve, Ingvild F. Sandøy. *Etiologic pattern of genital ulcers in Lusaka, Zambia: has chancroid been eliminated?* Sexually Transmitted Diseases 2012, 39 (10): 787-791.
10. Mpundu Makasa, Knut Fylkesnes, Ingvild F Sandøy. *Risk factors, healthcare-seeking and sexual behaviour among patients with genital ulcers in Zambia.* BMC Public Health 2012 Jun 6;12(1):407.
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13. Ingvild Fossgard Sandøy, Cosmas Zyaambo, Charles Michelo, Knut Fylkesnes. *Targeting condom distribution at high risk places increases condom utilization-evidence from an intervention study in Livingstone, Zambia.* BMC Public Health 2012 Jan 5;12:10.
14. Mpundu Makasa, Knut Fylkesnes, Charles Michelo, Nkomba Kayeyi, Ben Chirwa, Ingvild Sandøy. *Declining syphilis trends in concurrence with HIV declines among pregnant women in Zambia: observations over 14 years of national surveillance.* Sexually Transmitted Diseases 2012 Mar;39(3):173-81.
15. Knut Fylkesnes, Marte Jürgensen, Ingvild Fossgard Sandøy. *The battle against HIV is not over--invest locally.* Tidsskr Nor Legeforen nr. 19, 2011.
16. Tuba M, Sandoy IF, Bloch P, Byskov J. *Fairness and legitimacy of decisions during delivery of malaria services and ITN interventions in Zambia.* Malar J. 2010 Nov 1;9:309.
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Lærebokkapitler

1. Jan Van den Broeck, Ingvild Fossgard Sandøy, Jonathan Brestoff. Chapter 9: The Recruitment, Sampling, and Enrollment Plan, in Epidemiology: Principles and Practical Guidelines, J. Van den Broeck and J.R. Brestoff (red.) 2013, Elsevier
2. Douladel Willie, Jan Van den Broeck, Ingvild Fossgard Sandøy. Chapter 16: Managing the Informed Consent Process, in Epidemiology: Principles and Practical Guidelines, J. Van den Broeck and J.R. Brestoff (red.) 2013, Elsevier
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Faglig formidling

1. Medforfatter på poster på «XVIII International Aids Conference 2010 Vienna»: Tuba, Mary; Sandøy, Ingvild Fossgard; Svensen, Erling; Michelo, Charles; Fylkesnes, Knut.
   "I will also tell my mother": Clients', lay and professional counsellors' perspectives on consent procedures for HIV testing in Zambia.

2. Presentasjon for prosjektmedarbeidere, Livingstone aug 2010: **"Findings from the PLACE study in Livingstone"**
3. Internundervisning Bergen Legevakt nov 2010: **"HIV-epidemien i verden"**

4. Foredrag for medisinstudenter på AIDS-dagen 01.12 2010: ”**HIV-forebygging: Muligheter og utfordringer”**
5. Presentasjon på Afrika nettverk-seminar 22.03.2011: **"Does home-based VCT lead to changes in sexual risk taking among clients? What is the potential role of home-based VCT in primary prevention of HIV infection?"**
6. Poster på “6th Conference on Global Health and Vaccination Research”, Oslo, sept. 2011 og på Ministry of Health conference i Zambia, oktober 2011: Ingvild Fossgard Sandøy, Cosmas Zyaambo, Charles Michelo, Knut Fylkesnes. “**Targeting condom distribution at high risk places increases condom utilization - Evidence from a intervention study in Livingstone, Zambia. “**
7. Medforfatter på poster på “6th Conference on Global Health and Vaccination Research”, Oslo, sept. 2011: Marte Jürgensen, Charles Michelo, Ingvild Fossgard Sandøy, Knut Fylkesnes. **“Home-based voluntary counselling and testing (VCT) for HIV yields very high uptake compared to clinic-based VCT: Results from a cluster-randomized trial in Zambia”**
8. Medforfatter på poster på “6th Conference on Global Health and Vaccination Research”, Oslo, sept. 2011: Marte Jürgensen, Charles Michelo, Ingvild Fossgard Sandøy, Knut Fylkesnes. “**Changes in HIV-related stigma – findings from a cluster-randomized trial in a rural district in Zambia**”
9. Medforfatter på muntlig innlegg på “Tropical medicine & international health”-konferanse i Barcelona okt. 2011: Makasa, Mpundu; Fylkesnes, Knut; Sandøy, Ingvild Fossgard. “**Syphilis trends in Zambia: a 14-year observation**.”
10. Medforfatter på poster på “Tropical medicine & international health”-konferanse i Barcelona okt. 2011: Jürgensen, Marte; Michelo, C; Sandøy, Ingvild Fossgard; Fylkesnes, Knut. “**Home-based voluntary HIV counseling and testing yields very high uptake compared to clinic-based: results from a cluster-randomized trial in Zambia.**“
11. Medforfatter på poster på “Tropical medicine & international health”-konferanse i Barcelona okt. 2011: Jürgensen, Marte; Michelo, C; Sandøy, Ingvild Fossgard; Fylkesnes, Knut. “**Reduction in HIV-related stigma: findings from a cluster-randomized trial in Zambia**.”
12. Medforfatter på poster på “Tropical medicine & international health”-konferanse i Barcelona okt. 2011: Kayeyi, Nkomba; Fylkesnes, Knut; Makasa, Mpundu; Michelo, Charles; Banda, R; Kamocha, S; Sandøy, Ingvild Fossgard. “**Convincing HIV prevalence declines in Zambia among young people (15-24 years): analysis and review of different data sources.**”
13. Medforfatter på poster på “6th Conference on Global Health and Vaccination Research”, Oslo, sept. 2011: Nkomba Kayeyi, Knut Fylkesnes, Charles Michelo, Mpundu Makasa, Stanley Kamocha, Ingvild Sandøy. **“Convincing HIV prevalence declines in Zambia among young people (15-24 years): analysis and review of different sources”**
14. Presentasjon på CMI-dager november 2011: **Challenges in intervention research in Africa: HIV-related examples**
15. Presentasjon for distriktshelseteam og NGOer, Livingstone, Zambia, mai 2012: “**Effects of condom distribution and youth peer education in high risk places in Livingstone on condom utilization**”
16. Medforfatter på poster på “7th Conference on Global Health and Vaccination Research”, Trondheim, sept. 2012: Nkomba Kayeyi, Knut Fylkesnes, Nora Wiium, Ingvild F. Sandøy. “**Declines in Sexual Risk Behaviours among Young People in Zambia (2000 – 2009): Do Neighbourhood Contextual Effects Play a Role?**”
17. Medforfatter på poster på “8th European Congress on Tropical Medicine and International Health”-konferanse i Barcelona sept 2013: Banda, R; Sandøy, Ingvild Fossgard. “**Measuring maternal mortality in a census: results of the Zambia 2010 Census of Population and Housing**”.
18. Medforfatter på poster på “8th European Congress on Tropical Medicine and International Health”-konferanse i Barcelona sept 2013: Banda, Richard; Sandøy, Ingvild Fossgard. “**Measuring Maternal Mortality Via a Census: Results of the Zambia 2010 Census of Population and Housing**”.
19. Medforfatter på poster på “8th Conference on Global health and Vaccination Research”-konferanse i Bergen, okt 2013: Banda, Richard; Sandøy, Ingvild Fossgard. “**Measuring Maternal Mortality Via a Census: Results of the Zambia 2010 Census of Population and Housing**”.
20. Medforfatter på poster på “9th Conference on Global health and Vaccination Research”-konferanse i Bergen, mars 2015: Richard Banda, Ingvild Fossgard Sandøy, Knut Fylkesnes, Fanny Janssen. “**Impact of pregnancy-related deaths on female life expectancy in Zambia: application of lifetable techniques to census data**”.

21. Medforfatter på poster på "9th Conference on Global health and Vaccination Research"-konferanse i Bergen, mars 2015: Hanne Hegdahl, Knut Fylkesnes, Ingvild Fossgard Sandøy. "**Changes in female to male HIV prevalence ratio over time in sub-Saharan Africa**".

NAVN	**Catherine Schwinger**
AKADEMISK TITTEL	
STILLING	PhD candidate
UTDANNING (kun utdanninger over fire måneder)	2002-2007 Diplom in Sports Science, spezialized in Rehabilitation and Prevention (Diplom is the equivalence to a Master's degree), Sports University Cologne, Germany 2011-2012 Master in International Health, University of Bergen, Norway (upgrade to PhD after 1st year)
Forskning og utviklingsarbeid de siste fem årene før gjeldende søknadsfrist	Besides my PhD project, I have been involved in preparing and writing of the proposal for the NORHED funded project GROW NUT, which is establishing a Master and PhD degree in Nutritional Epidemiology at the University of Kinshasa, DR Congo. In collaboration with the School of Public Health, Univeristy of Kinshasa, I was responsible for designing, conducting and analysing an acceptibility study of a novel ready-to-use-therapeutic food from the company GC Rieber Compact AS.
PUBLIKASJONER:	
1. Kismul, Hallgeir; Schwinger, Catherine; Chhagan, Meera K.; Mapatano, Mala; Van den Broeck, Jan. 2014. Incidence and course of child malnutrition according to clinical or anthropometrical assessment: A longitudinal study from rural DR Congo. BMC Pediatrics. 14. doi: 10.1186/1471-2431-14-22 2. Schwinger, Catherine; Lunde, Torleif Markussen; Andersen, Peter; Kismul, Hallgeir; Van den Broeck, Jan. 2014. Seasonal and spatial factors related to longitudinal patterns of child growth in Bwamanda, DR Congo. Earth Perspectives. 1. doi: 10.1186/s40322-014-0026-8 3. Van den Broeck, Jan; Brestoff, Jonathan R.; Kaulfuss, Catherine; Robberstad, Bjarne. 2013. Statistical Modeling. Chapter 24, sider 451-490. In: Van den Broeck, Jan; Brestoff, Jonathan R. 2013. Epidemiology: Principles and Practical Guidelines. Springer. 621 sider. ISBN: 978-94-007-5989-3.	

NAVN	**Halvor Sommerfelt**
AKADEMISK TITTEL	MD, PhD
STILLING	Professor
UTDANNING (kun utdanninger over fire måneder)	**Medical School.** 1976-1984, University of Bergen, Norway **PhD** Dissertation at the University of Bergen 01.06.90.
Forskning og utviklingsarbeid de siste fem årene	Through international collaborative ventures with research groups in India, Nepal, Uganda, Europe, and the U.S. and with external funding from the EU, NORAD, WHO, NUFU and the Research Council of Norway, HS coordinates research aimed at improving maternal and child health and survival in developing countries. The research includes basic molecular biological studies of microbes aimed at vaccine development [e.g. PubMed Identifier (PMID) 8698489], experimental immunological studies (PMID

	11502245), molecular microbiological and epidemiological studies (PMID 12195345, 12447759, 12892959, 12958251, 15243067, 20534806, 24372618, 25625766), vaccine trials (PMID 12819076, 25091668), human experimental infection studies (PMID 25190096) and intervention trials of downstream interventions to prevent and treat severe infectious diseases and to identify improved ways of treating these childhood illnesses and reducing their nutritional insult (PMID 11986453, 12042580, 12052800, 12410197, 15500284, 18567626, 20375190, 20351618, 20631326, 22438367, 22656335). HS has published more than 95 papers reporting on original scientific work in international peer-reviewed journals (44 in the period 2010-2015). He has since 2007 been member of the Independent Assessment Committee for Advance Market Commitment for vaccines (http://www.vaccineamc.org).

PUBLIKASJONER:

1. Mathisen, M. T.A. Strand, B.N. Sharma, R.K. Chandyo, P. Valentiner-Branth, S. Basnet, R.K. Adhikari, D. Hvidsten, P.S. Shrestha , and H. Sommerfelt. 2010. Clinical Presentation and Severity of Viral Community-Acquired Pneumonia in Young Nepalese Children. Ped. Infect. Dis. J. e1-6.
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3. Valentiner-Branth, P.S. Shrestha, R. K. Chandyo, P, M. Mathisen, S. Basnet, N. Bhandari, R.K. Adhikari, H. Sommerfelt, and T.A. Strand. 2010. A randomized controlled trial of the effect of zinc as adjuvant therapy in children 2-35 mo of age with severe or nonsevere pneumonia in Bhaktapur, Nepal. Am J Clin Nutr. 91:1667-74.
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7. Diallo, A. H, N. Meda, E. Zabsonre, H. Sommerfelt, S. Cousens, and T. Tylleskär and the PROMISE-EBF Study Group. 2010. Perinatal mortality in rural Burkina Faso: A prospective community-based cohort study. BMC Pregnancy and Childbirth. 10:45.
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30. Lindsay, B, B. Ochieng, U. Ikumapayi, T. Aliou, D. Ahmed, S. Li, S. Panchalingam, M. M. Levine, K. Kotloff, D. A. Rasko, C. R. Morris, J. Juma, B. S. Fields, M. Dione, D. Malle, S. M. Becker, E. R. Houpt, J. P. Nataro, H. Sommerfelt, M. Pop, J. Oundo, M. Antonio, A. Hossain, B Tamboura, and O. C. Stine. 2013. Quantitative Polymerase Chain Reaction for Detection of Shigella Improves Ascertainment of Shigella Burden in Children with Moderate to Severe Diarrhea in Low Income Countries. J Clin Microbiol. 51:1740-6. Epub 2013 Mar 27.
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37. Rongsen-Chandola, T., T. A. Strand, N. Goyal, E. Flem, S. S. Rathore, A. Arya, B. A. Winje, R. Lazarus, E. Shanmugasundaram, S. Babji, H. Sommerfelt, K. Vainio, G. Kang, and N. Bhandari. 2014. Effect of withholding breastfeeding on the immune response to a live oral rotavirus vaccine in North Indian infants. Vaccine. 32 Suppl 1: A134-9.
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Wallevik, D. H. Skutlaberg, M. G. Tellevik, D. A. Sack, J. P. Nataro, and A. B. Guttormsen. 2014. Experimental infection of healthy volunteers with enterotoxigenic *Escherichia coli* wild-type strain TW10598 in a hospital ward. BMC Infect. Dis. 14: 482. http://www.biomedcentral.com/1471-2334/14/482.

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NAVN	**Hans Steinsland**
AKADEMISK TITTEL	PhD
STILLING	Seniorforsker
UTDANNING (kun utdanninger over fire måneder)	1995 – Cand. Scient., Institutt for bioteknologi, Universitetet i Bergen 2003 – PhD, Senter for internasjonal helse, Universietetet i Bergen
Forskning og utviklingsarbeid de siste fem årene	De siste 5 årene har jeg hatt ansvar for arbeidspakker og forsknings-oppgaver i to GLOBVAC-finansierte og ett EU-finansiert prosjekt. Arbeidet har vært sentrert rundt utvikling av nye vaksiner for den diarrè-patogene bakterien enterotoksigenisk *E. coli* (ETEC), hvor oppgavene mine har variert mellom å identifisere nye vaksine-antigener og å utvikle kliniske modeller som kan brukes til å estimere hvor gode nye vaksiner potensielt kan være. I samme periode har jeg også bidratt til utvikling av nye metoder for statistisk analyse av data fra kasus-kontrollstudier hvor en ønsker å måle assosiasjon mellom gitte eksponeringer og andre utfall enn den som dikterer kasus/kontroll status.

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5. Aase, A., H. Sommerfelt, L. B. Petersen, M. Bolstad, R. J. Cox, N. Langeland, A. B. Guttormsen, **H. Steinsland**, S. Skrede, P. Brandtzaeg. 2015. Salivary IgA from the sublingual compartment as a novel non-invasive proxy for intestinal immune induction. Mucosal Immunology. In press.
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NAVN	**Tor Arne Strand**
AKADEMISK TITTEL	Professor, Dr.Med
STILLING	Midlertidig Professor II (Universitetet i Bergen -20%) Professor (Sykehuset Innlandet - 80%) Professor II (Høgskolen i Lillehammer – 20%)
UTDANNING (kun utdanninger over fire måneder)	PhD Ernæring / Internasjonal Helse :2003 Lege (ferdig turnus): 1996 Ferdig legeutdanning: 1994
Forskning og utviklingsarbeid de siste fem årene	**Pågående forskning** **Main ongoing research (working titles)** 1) Zinc and vitamin D as risk factors for infections in a Norwegian population. 2) Factors in early life that predicts the risk of poor neurodevelopment, adiposity, and cardiovascular diseases later. 3) The effect of routine administration of folic acid and vitamin B12 on childhood infections, growth and development. 4) Case control study on viral etiology of community acquired pneumonia. 5) Micronutritional status in lactating women and breastfed babies in Nepal, a cross sectional survey. 6) Prevalence of micronutrient deficiencies among women of reproductive age in Nepal. Fieldwork completed, currently undertaking data analysis. 7) The effect of zinc administration on the immune response to cholera vaccination. **Prosjekter siste 5 med hovedansvar** 1) 2014-19: Norwegian Research Council (NRC), “Impact of vitamin B12 on neurodevelopment and cognitive function from early life into school age” NOK 12,000,000 2) 2014-17: Thrasher Research Fund “The effect of vitamin B12 supplementation in Nepali infants on growth and development” US$ 348,000 3) 2012-14: CG Rieber foundation: The association between nutritional status in infancy and cognitive development in early childhood. NOK 870,000 4) 2012-16: South-Eastern Norway Regional Health Authority: Studies on zinc, vitamin D and respiratory infections: observational studies and clinical trials. NOK 4,000,000 5) 2010-14: Norwegian Research Council (NRC), "Rotavirus Vaccine Trials,

	bilateral competence building." NOK 7,000,000. (201208/S50) 6) 2008-11: Thrasher Research Fund "Routine administration of folic acid and vitamin B12 to prevent childhood infections" US$ 398,000 (02827-3) **Noen andre prosjekt (ikke hovedansvar)** 7) 2015-20: RCN: An effectiveness trial to evaluate protection of pregnant women by a HEV vaccine in Bangladesh and risk factors for severe HEV infection NOK 41 M 8) 2014-19: RCN: Efficacy of zinc in reducing case fatality in children with severe bacterial illness. (CO-PI) NOK 18 M 9) 2014-24: RCN Centre of Excellence: "Centre for Intervention Science in Maternal and Child Health" 10) 2009-14: Bill and Melinda Gates Foundation. "Etiology, Risk Factors and Interactions of Enteric Infections and Malnutrition and the Consequences, International research consortium" (MAL-ED) coordinated from the National Institute of Health and the University of Virginia (USA) Role: associated investigator for the component in Nepal. This network consist of eight research sites in Peru, Brazil, India, Pakistan, Nepal, Bangladesh, South Africa, and Tanzania that is using common and harmonized protocols. 11) 2007-11: RCN: Evaluation of the Impact of the Integrated Management of Neonatal and Childhood Illness Strategy on Neonatal and Infant Mortality.
Øvrig relevant kompetanse/erfaring de siste fem årene (inkludert erfaring fra praksisfeltet dersom relevant)	1) Visiting Professor: School of Public Health, Harvard University, Boston MA, USA, 2013-14 2) Senior Scientist: Department of Virology, Norwegian Institute of Public Health (50%), 2010-12 **Relevant memberships** Scientific: Norwegian Scientific Committee for Food Safety Professional: American Society of Nutrition and Norwegian Medical Association **Supervision** 1) Postdoctoral: Mentored Ram K Chandyo 2) PhD: Supervised Maria Mathisen MD, Ph.D (main), Ram K Chandyo MD (main), Sigrun Henjum (Co) and Mari Manger (Co), Currently supervising: Ingrid Kvestad (main), Sudha Basnet (main), Temsunaro Rongsen-Chandola (main), Inger Aakre (Co), Johanne Haugen (main), Sanjaya Shrestha (main) Jasmin Shrestha (main), and Catherine Schwinger (main). 3) Master: Supervised 5 students in international health and nutrition 4) Medical Students: Supervised 4 medical students (student theses and research school, University of Bergen) 5) Bachelor: Medical biotechnology, 5 students from Oslo University college

NAVN	**Cecilie Svanes**
AKADEMISK TITTEL	MD, PhD
STILLING	Professor
UTDANNING (kun utdanninger over fire måneder)	1981-87 MD from University of Bergen 1995 PhD from University of Bergen

Forskning og utviklingsarbeid de siste fem årene	Through international collaborative studies in Europe, Australia and South-Africa, and with external funding from H2020, NIH, WUN, Research Council of Norway, HelseVest and Bergen Research Foundation, CS coordinates research aimed at understanding the developmental origins of asthma, allergies and respiratory health, with a view to prevention of a global increase in these diseases. The research is based on large international multicenter studies of respiratory health and disease. CS is in the Steering Committee of the European Community Respiratory Health Study (www.ecrhs.org), and leads the field of "Early life origins of chronic lung disease" in the ECRHS and RHINE studies. These are large international multi-center respiratory health studies that have followed general population samples over 20 years, and that provide an important basis for current knowledge of asthma and allergies in adults. CS has initiated and leads the generation study RHINESSA (www.rhinessa.net) which investigates the offspring and parents of these study populations. This study is an important source to expand knowledge on preconception and transgenerational origins of asthma and allergies. The research is translational with collaboration with expert environments within the fields of a.o. epigenetics, immunology, microbiome and environmental assessment. Svanes has published a range of much cited publications in high-impact journals, with more than 110 original scientific publications in international peer-reviewed journals (36 during the period 2010-15).
Øvrig relevant kompetanse/erfaring de siste fem årene (inkludert erfaring fra praksisfeltet dersom relevant)	Cecilie Svanes is also a specialist in pulmonary and in internal medicine, and work every second week as a consultant in occupational respiratory diseases at the Dept Occupational Medicine, Haukeland University Hospital.

PUBLIKASJONER (i internasjonale tidskrift):

1. **Svanes C**, Sunyer J, Plana E, Dharmage S, Heinrich J, Jarvis D, Demarco R, Norback D, Raherison C, Villani S, Wjst M, Svanes K, Anto J. Early life origins of chronic obstructive pulmonary disease. Thorax. 2010 Jan;65(1):14-20. Epub 2009 Sep 2. PubMed PMID: 19729360. **Editorial**: Mannino D. COPD as a disease of children: hype or hope for better understanding? Thorax 2010;65:1-2.
2. Sundberg R, Torén K, Franklin KA, Gislason T, Omenaas E, **Svanes C**, Janson C. Asthma in men and women: Treatment adherence, anxiety, and quality of sleep. Respir Med. 2010 Mar;104(3):337-44. Epub 2009 Nov 10. PubMed PMID: 19910178.
3. Cazzoletti L, Marcon A, Corsico A, Janson C, Jarvis D, Pin I, Accordini S, Bugiani M, Cerveri I, Gislason D, Gulsvik A, de Marco R; Therapy and Health Economics Group of the European Community Respiratory Health Survey. Asthma severity according to Global Initiative for Asthma and its determinants: an international study. Int Arch Allergy Immunol. 2010;151(1):70-9. Epub 2009 Aug 7. PubMed PMID: 19672098.
4. Antó JM, Sunyer J, Basagaña X, Garcia-Esteban R, Cerveri I, de Marco R, Heinrich J, Janson C, Jarvis D, Kogevinas M, Kuenzli N, Leynaert B, **Svanes C**, Wjst M, Gislason T, Burney P. Risk factors of new-onset asthma in adults: a population-based international cohort study. Allergy. 2010 Aug;65(8):1021-30 2010. Epub Feb 4. PubMed PMID: 20132157.
5. Macsali F, Gómez Real F, Plana E, Sunyer J, Anto JM, Dratva J, Janson C, Jarvis D, Omenaas E, Zemp E, Wjst M, Leynaert B, **Svanes C**. Early Age of Menarche, Lung Function and Adult Asthma Am. J. Respir. Crit. Care Med. 2011 Jan 1;183(1):8-14. Epub 2010 Aug 23. PMID: 20732985.
6. Voll-Aanerud M, Eagan TML, Plana E, Omenaas ER, Bakke PS, **Svanes C**, Siroux V, Pin I, Anto JM, Leynaert B. Respiratory symptoms in adults are related to impaired Quality of Life, regardsless of asthma and COPD. Results from the European Community Respiratory Health Survey. Health and Quality of Life Outcomes 2010, Sep 27;8:107. PMID: 20875099.

7. de Marco R, Accordini S, Marcon A, Cerveri I, Antó JM, Gislason T, Heinrich J, Janson C, Jarvis D, Kuenzli N, Leynaert B, Sunyer J, **Svanes C,** Wjst M, Burney P; for the European Community Respiratory Health Survey (ECRHS). Risk Factors for Chronic Obstructive Pulmonary Disease in a European Cohort of Young Adults. Am J Respir Crit Care Med. 2011 Apr 1;183(7):891-7. Epub 2010 Oct 8. PMID: 20935112.
8. Norbäck D, Zock JP, Plana E, Heinrich J, **Svanes C,** Sunyer J, Künzli N, Villani S, Olivieri M, Soon A, Jarvis D. Lung function decline in relation to mould and dampness in the home: the longitudinal European Community Respiratory Health Survey ECRHS II. Thorax. 2011 May;66(5):396-401. Epub 2011 Feb 16. PMID:21325663.
9. Matheson MC, Dharmage SC, Abramson MJ, Walters EH, Sunyer J, de Marco R, Leynaert B, Heinrich J, Jarvis D, Norbäck D, Raherison C, Wjst M, **Svanes C**. Early-life risk factors and incidence of rhinitis: Results from the European Community Respiratory Health Study-an international population-based cohort study J Allergy Clin Immunol. 2011 Oct;128(4):816-823.e5. Epub 2011 Jul 12. PMID: 21752439.
10. Bakolis I, Doekes G, Heinrich J, Zock JP, Heederik D, Kogevinas M, Guerra S, Norbäck D, Ramasamy A, Nevalainen A, **Svanes C**, Chen CM, Verlato G, Olivieri M, Castro-Giner F, Jarvis D. Respiratory health and endotoxin - associations and modification by CD14/-260 genotype. Eur Respir J. 2012 Mar;39(3):573-81. PMID: 21885391.
11. Leynaert B, Sunyer J, Garcia-Esteban R, **Svanes C**, Jarvis D, Cerveri I, Dratva J, Gislason T, Heinrich J, Janson C, Kuenzli N, de Marco R, Omenaas E, Raherison C, Gómez Real F, Wjst M, Zemp E, Zureik M, Burney PG, Anto JM, Neukirch F. Gender differences in prevalence, diagnosis and incidence of allergic and non-allergic asthma: a population-based cohort. Thorax. 2012 Jul;67(7):625-31. [Epub 2012 Feb 14]. PubMed PMID: 22334535.
12. Holm M, Kim JL, Lillienberg L, Storaas T, Jögi R, **Svanes C**, Schlünssen V, Forsberg B, Gíslason T, Janson C, Torén K, Group OB, Europe N. Incidence and prevalence of chronic bronchitis: impact of smoking and welding. The RHINE study. Int J Tuberc Lung Dis. 2012 Apr;16(4):553-7. doi: 10.5588/ijtld.11.0288. PubMed PMID: 22325166.
13. Olivieri M, Zock JP, Accordini S, Heinrich J, Jarvis D, Künzli N, Antó JM, Norbäck D, **Svanes C**, Verlato G; Indoor Working Group of the European Community Respiratory Health Survey II. Risk factors for new-onset cat sensitization among adults: a population-based international cohort study. J Allergy Clin Immunol. 2012 Feb;129(2):420-5. Epub 2011 Dec 9. PMID: 22168997.
14. Lodge CJ, Lowe AJ, Gurrin LC, Matheson MC, Balloch A, Axelrad C, Hill DJ, Hosking CS, Rodrigues S, **Svanes C**, Abramson MJ, Allen KJ, Dharmage SC. Pets at birth do not increase allergic disease in at-risk children. Clin Exp Allergy.2012 Sep;42(9):1377-85. doi: 10.1111/j.1365-2222.2012.04032.x. PMID:22925324.
15. Lillienberg L, Andersson E, Janson C, Dahlman-Höglund A, Forsberg B, Holm M, Gilslason T, Jögi R, Omenaas E, Schlünssen V, Sigsgaard T, **Svanes C**, Torén K. Occupational Exposure and New-onset Asthma in a Population-based Study in Northern Europe (RHINE). Ann Occup Hyg. 2013 May;57(4):482-92. doi: 10.1093/annhyg/mes083. Epub 2012 Dec 1. PMID: 23204511.
16. Macsali F, **Svanes C**, Sothern RB, Benediktsdottir B, Bjørge L, Dratva J, Franklin KA, Holm M, Janson C, Johannessen A, Lindberg E, Omenaas ER, Schlünssen V, Zemp E, Real FG. Menstrual Cycle and Respiratory Symptoms in a General Nordic-Baltic Population. Am J Respir Crit Care Med. 2013 Feb 15;187(4):366-73. doi: 10.1164/rccm.201206-1112OC. Epub 2012 Nov 29. PMID: 23204251.
17. Canova C, Heinrich J, Anto JM, Leynaert B, Smith M, Kuenzli N, Zock JP, Janson C, Cerveri I, de Marco R, Toren K, Gislason T, Nowak D, Pin I, Wjst M, Manfreda J, **Svanes C**, Crane J, Abramson M, Burr M, Burney P, Jarvis D. The influence of sensitisation to pollens and moulds on seasonal variations in asthma attacks. Eur Respir J. 2013 Oct;42(4):935-45. doi: 10.1183/09031936.00097412. Epub 2013 Mar 7. PMID: 23471350
18. .Norbäck D, Zock JP, Plana E, Heinrich J, **Svanes C**, Sunyer J, Künzli N, Villani S, Olivieri M, Soon A, Jarvis D. Mould and dampness in dwelling places, and onset of asthma: the population-based cohort ECRHS. Occup Environ Med. 2013 May;70(5):325-31. doi: 10.1136/oemed-2012-100963. Epub 2013 Feb 8. PMID 23396522
19. Marcon A, Cerveri I, Wjst M, Antó J, Heinrich J, Janson C, Jarvis D, Leynaert B, Probst-Hensch N, **Svanes C**, Toren K, Burney P, de Marco R. Can an airway challenge test predict respiratory diseases? A population-based international study. J Allergy Clin Immunol. 2014 Jan;133(1):104-10.e1-4. doi: 10.1016/j.jaci.2013.03.040. Epub 2013 May 15. PMID: 23683511.

20. Granslo JT, Bråtveit M, Hollund BE, Irgens Å, **Svanes C**, Magerøy N, Moen BE. Airway symptoms and lung function in the local population after the oil tank explosion in Gulen, Norway. BMC Pulm Med. 2012 Dec 12;12:76. doi: 10.1186/1471-2466-12-76. PMID: 23234609.

21. Accordini S, Janson C, **Svanes C**, Jarvis D. The role of smoking in allergy and asthma: lessons from the ECRHS. Curr Allergy Asthma Rep. 2012 Jun;12(3):185-91. doi: 10.1007/s11882-012-0260-9. **Review**. PMID: 22528471.

22. Lodge CJ, Zaloumis S, Lowe AJ, Gurrin LC, Matheson MC, Axelrad C, Bennett CM, Hill DJ, Hosking CS, **Svanes C**, Abramson MJ, Allen KJ, Dharmage SC. Early-life risk factors for childhood wheeze phenotypes in a high-risk birth cohort. J Pediatr. 2014 Feb;164(2):289-94.e1-2. doi: 10.1016/j.jpeds.2013.09.056. Epub 2013 Nov 14. PMID: 24238860.

23. Scholtens S, Postma DS, Moffatt MF, Panasevich S, Granell R, Henderson AJ, Melén E, Nyberg F, Pershagen G, Jarvis D, Ramasamy A, Wjst M, **Svanes C**, Bouzigon E, Demenais F, Kauffmann F, Siroux V, von Mutius E, Ege MJ, Braun-Fahrländer C, Genuneit J; GABRIELA study group, Brunekreef B, Smit HA, Wijga AH, Kerkhof M, Curjuric I, Imboden M, Thun GA, Probst-Hensch N, Freidin MB, Bragina EIu, Deev IA, Puzyrev VP, Daley D, Park J, Becker A, Chan-Yeung M, Kozyrskyj AL, Pare P, Marenholz I, Lau S, Keil T, Lee YA, Kabesch M, Wijmenga C, Franke L, Nolte IM, Vonk J, Kumar A, Farrall M, Cookson WO, Strachan DP, Koppelman GH, Boezen HM. Novel childhood asthma genes interact with in utero and early-life tobacco smoke exposure. J Allergy Clin Immunol. 2014 Mar;133(3):885-8. doi: 10.1016/j.jaci.2013.08.049. Epub 2013 Dec 6. PubMed PMID: 24315450; PubMed Central PMCID: PMC3969577.

24. Johannessen A, Verlato G, Benediktsdottir B, Forsberg B, Franklin K, Gislason T, Holm M, Janson C, Jögi R, Lindberg E, Macsali F, Omenaas E, Real FG, Saure EW, Schlünssen V, Sigsgaard T, Skorge TD, **Svanes C**, Torén K, Waatevik M, Nilsen RM, de Marco R. Longterm follow-up in European respiratory health studies - patterns and implications. BMC Pulm Med. 2014 Apr 16;14:63. doi: 10.1186/1471-2466-14-63. PubMed PMID: 24739530; PubMed Central PMCID: PMC4021078.

25. Lodge CJ, Lowe AJ, Allen KJ, Zaloumis S, Gurrin LC, Matheson MC, Axelrad C, Welsh L, Bennett CM, Hopper J, Thomas PS, Hill DJ, Hosking CS, **Svanes C**, Abramson MJ, Dharmage SC. Childhood wheeze phenotypes show less than expected growth in FEV1 across adolescence. Am J Respir Crit Care Med. 2014 Jun 1;189(11):1351-8. doi: 10.1164/rccm.201308-1487OC. PubMed PMID: 24796409.

26. Timm S, **Svanes C**, Janson C, Sigsgaard T, Johannessen A, Gislason T, Jogi R, Omenaas E, Forsberg B, Torén K, Holm M, Bråbäck L, Schlünssen V. Place of upbringing in early childhood as related to inflammatory bowel diseases in adulthood: a population-based cohort study in Northern Europe. Eur J Epidemiol. 2014 Jun;29(6):429-37. doi: 10.1007/s10654-014-9922-3. Epub 2014 Jun 11. PubMed PMID: 24916994; PubMed Central PMCID: PMC4065648.

27. Bakolis I, Heinrich J, Zock JP, Norbäck D, **Svanes C**, Chen CM, Accordini S, Verlato G, Olivieri M, Jarvis D. House dust-mite allergen exposure is associated with serum specific IgE but not with respiratory outcomes. Indoor Air. 2015 Jun;25(3):235-44. Indoor Air. 2014 Jun 11 doi: 10.1111/ina.12137. [Epub ahead of print] PubMed PMID: 24920489.

28. Granslo JT, Bråtveit M, Hollund BE, Lygre SH, **Svanes C**, Moen BE. Airway symptoms and lung function among male workers in an area polluted from an oil tank explosion. J Occup Environ Med. 2014 Sep;56(9):953-8. doi: 10.1097/JOM.0000000000000201. PubMed PMID: 25153304.

29. Leander M, Lampa E, Rask-Andersen A, Franklin K, Gislason T, Oudin A, **Svanes C**, Torén K, Janson C. Impact of anxiety and depression on respiratory symptoms. Respir Med. 2014 Nov;108(11):1594-600. doi: 10.1016/j.rmed.2014.09.007. Epub 2014 Sep 16. PubMed PMID: 25282543.

30. Aanerud M, Carsin AE, Sunyer J, Dratva J, Gislason T, Jarvis D, deMarco R, Raherison C, Wjst M, Dharmage SC, **Svanes C**. Interaction between asthma and smoking increases the risk of adult airway obstruction. Eur Respir J. 2015 Mar;45(3):635-43. doi: 10.1183/09031936.00055514. Epub 2014 Nov 27. PubMed PMID: 25431272.

31. Amaral AF, Minelli C, Guerra S, Wjst M, Probst-Hensch N, Pin I, **Svanes C**, Janson C, Heinrich J, Jarvis DL. The locus C11orf30 increases susceptibility to poly-sensitization. Allergy. 2015 Mar;70(3):328-33. doi: 10.1111/all.12557. Epub 2014 Dec 24. PubMed PMID: 25546184.

32. Tischer C, Zock JP, Valkonen M, Doekes G, Guerra S, Heederik D, Jarvis D, Norbäck D, Olivieri M, Sunyer J, **Svanes C**, Täubel M, Thiering E, Verlato G, Hyvärinen A, Heinrich J. Predictors of microbial agents in dust and respiratory health in the Ecrhs. BMC Pulm Med. 2015 May 2;15(1):48. doi: 10.1186/s12890-015-0042-y. PubMed PMID: 25929252.

33. Storaas T, Zock JP, Espinosa Morano A, Holm M, Bjørnsson E, Forsberg B, Gislason T, Janson C, Norback D, Omenaas E, Schlünssen V, Torén K, **Svanes C**. Incidence of rhinitis and asthma related to welding in Northern Europe. Eur Respir J. 2015 Jul 23. pii: ERJ-02345-2014. doi: 10.1183/13993003.02345-2014. [Epub ahead of print] PMID: 26206878
34. de Marco R, Marcon A, Rossi A, Antó JM, Cerveri I, Gislason T, Heinrich J, Janson C, Jarvis D, Kuenzli N, Leynaert B, Probst-Hensch N, **Svanes C**, Wjst M, Burney P. Asthma, COPD and overlap syndrome: a longitudinal study in young European adults. Eur Respir J. 2015 Jun 25. pii: ERJ-00086-2015. doi: 10.1183/09031936.00008615. [Epub ahead of print] PMID: 26113674
35. Svanes Ø, Skorge TD, Johannessen A, Bertelsen RJ, Bråtveit M, Forsberg B, Gislason T, Holm M, Janson C, Jögi R, Macsali F, Norbäck D, Omenaas ER, Real FG, Schlünssen V, Sigsgaard T, Wieslander G, Zock JP, Aasen T, Dratva J, **Svanes C**. Respiratory Health in Cleaners in Northern Europe: Is Susceptibility Established in Early Life? PLoS One. 2015 Jul 13;10(7):e0131959. doi: 10.1371/journal.pone.0131959. eCollection 2015 PMID: 26168149
36. Vara EJ, **Svanes C**, Skorge TD, Berstad A, Florvaag E, Jarvis D, Omenaas E, Waatevik M, Johannessen A, Lied GA. Functional Gastrointestinal Symptoms Are Associated with Higher Serum Total IgE Levels, but Less Atopic Sensitization. Dig Dis Sci. 2015 Aug 12. [Epub ahead of print] PMID: 26264700

Reviews and other publications in international journals

37. Macsali F, **Svanes C**, Bjørge L, Omenaas ER, Real FG. Respiratory health in women: from menarche to menopause. Expert Rev Respir Med. 2012 Apr;6(2):187-202. PubMed PMID: 22455491. Review.
38. **Svanes C**. A step towards understanding asthma in low- and middle-income countries. International Journal of Epidemiology 2012;1–2. doi:10.1093/ije/dys051. Commentary.
39. Accordini S, Janson C, **Svanes C**, Jarvis D. The Role of Smoking in Allergy and Asthma: Lessons from the ECRHS. Curr Allergy Asthma Rep 2012. doi: 10.1007/s11882-012-0260-9. Review.
40. Tjalvin G, Hag R, Skorge TD, Aasen TB, Moen BE, **Svanes C**. Two men who acquired acute respiratory symptoms while working at a water treatment plant. Tidsskr Nor Laegeforen. 2012 Aug 21;132(15):1763-6. Norwegian. PubMed PMID: 22929946. Case report.
41. Kirkeleit J, Aasen TO, Svansen LL, **Svanes C**. A baker with asthma.Tidsskr Nor Laegeforen. 2015 Aug 11;135(14):1263-5. doi: 10.4045/tidsskr.14.1568. eCollection 2015 Aug. Norwegian. PMID: 26269070. Case report.

NAVN	**Thorkild Tylleskär**
AKADEMISK TITTEL	MD, PhD
STILLING	Professor
UTDANNING (kun utdanninger over fire måneder)	1987: Maîtrise en Linguistique Africaine, MA African Linguistics, Paris III La Sorbonne Nouvelle 1988: Läkarexamen, MD: University Medical Degree, Uppsala University 1994: Doktorexamen i medicinsk vetenskap, PhD: Doctor of Medical Sciences, Uppsala University 2001: Specialist i barn- och ungdomsmedicin, Specialist in Paediatrics, National Board of Health and Social Welfare, Sweden
Forskning og utviklingsarbeid de siste fem årene før gjeldende søknadsfrist	3 ongoing NORHED projects, 1 as PI (SURVIVAL PLUSS) and 2 as co-PI (HI TRAIN and GROW NUT), 2013-2018 (each 15 M NOK) Co-chair for ANRS 12174; clinicaltrials.gov # NCT00640263 (2009-2013, 11 M Euro) Co-PI for PROMISE Saving Brains (Grand Challenges Canada) (2012-14, 1M CAD)
Øvrig <u>relevant</u> kompetanse/erfaring de siste fem årene før	2013-2014: Visiting professor (Forskningstermin) , (6 months), Alliance for Health Policy and Systems Research, World Health Organisation, Geneva 2010-2011: Visiting professor (Forskningstermin) , (12 months), INSERM U1058 , Université de Montpellier 1, Montpellier

gjeldende søknadsfrist (inkludert erfaring fra praksisfeltet dersom relevant)	2001-2007: Senior consultant, part-time 20%, Dept of Paediatrics, Haukeland University Hospital **Committee work:** • President of the NUFU/NOMA board 2013- • Member of the UiB strategic committee for development research 2010- • Deputy member of the board of Faculty of Medicine and Dentistry 2014- • Coordinator for the UiB-Makerere collaboration

PUBLIKASJONER:

1. Awor P, Wamani H, Tylleskar T, Peterson S.Drug seller adherence to clinical protocols with integrated management of malaria, pneumonia and diarrhoea at drug shops in Uganda. Malar J. 2015 Jul 16;14:277. doi: 10.1186/s12936-015-0798-9.
2. Finger JD, Varnaccia G, Tylleskär T, Lampert T, Mensink GB. Dietary behaviour and parental socioeconomic position among adolescents: the German Health Interview and Examination Survey for Children and Adolescents 2003-2006 (KiGGS). BMC Public Health. 2015 May 19;15:498. doi: 10.1186/s12889-015-1830-2.
3. Birungi N, Fadnes LT, Okullo I, Kasangaki A, Nankabirwa V, Ndeezi G, Tumwine JK, Tylleskär T, Lie SA, Åstrøm AN. Effect of Breastfeeding Promotion on Early Childhood Caries and Breastfeeding Duration among 5 Year Old Children in Eastern Uganda: A Cluster Randomized Trial. PLoS One. 2015 May 4;10(5):e0125352. doi: 10.1371/journal.pone.0125352. eCollection 2015.
4. Nankabirwa V, Tumwine JK, Mugaba PM, Tylleskär T, Sommerfelt H; PROMISE- EBF Study Group.Child survival and BCG vaccination: a community based prospective cohort study in Uganda. BMC Public Health. 2015 Feb 22;15:175. doi: 10.1186/s12889-015-1497-8.
5. Okware SI, Omaswa F, Talisuna A, Amandua J, Amone J, Onek P, Opio A, Wamala J, Lubwama J, Luswa L, Kagwa P, Tylleskar T. Managing Ebola from rural to urban slum settings: experiences from Uganda.
6. Afr Health Sci. 2015 Mar;15(1):312-21. doi: 10.4314/ahs.v15i1.45.
7. Awor P, Wamani H, Tylleskar T, Jagoe G, Peterson S. Increased access to care and appropriateness of treatment at private sector drug shops with integrated management of malaria, pneumonia and diarrhoea: a quasi-experimental study in Uganda. PLoS One. 2014 Dec 26;9(12):e115440. doi: 10.1371/journal.pone.0115440. eCollection 2014.
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