

Virtual Campus (in cooperation with the Pan American Health Organization).

More recently, in a joint venture with the Ministry of Health and universities, the Federal Nucleus of the School of Government was set-up. Under the coordination of the National School of Public Health (ENSP), it will develop advanced courses directed to the upper echelons of government, with a view to enabling various sectors to take a stronger role in the social construction of health. ■

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## Setting-up in a transitional country

Maksut Kulzhanov<sup>a</sup>

Kazakhstan is a new independent country formed after the dissolution of the Soviet Union. The health-care system of the Kazakh Republic has been reformed dramatically. The results of this reform process show that the national health-care system needs new types of public health specialists. In 1997, the Kazakhstan School of Public Health (KSPH) was established with the support of WHO, the United States Agency for International Development (USAID) and other international agencies. During the 10 years of its history, the KSPH has had a partnership programme with the Virginia Commonwealth University in Richmond, Virginia, United States of America, and collaborates with many other institutions that provide public health education in Europe and in the Americas. We have now created and adopted in our legislation a two-year master's programme in public health (MPH), as well as a one-year certificate programme and more than 30 short-term programmes for existing managerial staff of health facilities.

In the past five years, more than 100 MPH students have graduated from the KSPH and most of them returned back to their "oblast" (province) health-care system. Some of our MPH graduates have taken up high-level administrative positions and influenced the regional health-care reform process.

## Research

We are building research capacity in the KSPH with projects from the Ministry of Health and collaboration with other universities. From the research done at the school, the students learn issues and challenges in global health. The students choose a topic from among the many health reform plan activities in Kazakhstan for their final end-of-course thesis.

To support public health research in central Asia, the KSPH created the *Central Asian Health Services Research* journal (<http://journal.ksph.kz/indexe.htm>), which is published quarterly in two languages – English and Russian. The annual scientific conference organized by the KSPH every September is now the platform for health professionals from central Asia to present and share their experiences.

## Training

A short training course started in 1999 and the first master's degree course began in 2001. The faculty has grown by re-

cruiting from the school's own graduates. The KSPH now has five departments with 40 full-time professors. To overcome staff shortage and to bring diversity, we have adjunct faculty from partner institutions who also train our faculty in good teaching practices.

Curriculum development is an ongoing process and we constantly review it for further improvement and relevance. A priority is to introduce distance-learning. The KSPH promotes a field- and problem-based learning approach.

The summer school network for central Asia is an important KSPH activity and supports close collaboration with neighbouring countries, including Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan. ■

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## Lessons, challenges and future plans from Kerala, India

K R Thankappan<sup>b</sup>

The Sree Chitra Tirunal Institute for Medical Sciences and Technology (SCTIMST), an institute in Kerala established by an act of the Indian parliament in 1980, introduced India's first master's programme in public health (MPH) in January 1997, and so far, nine batches of students have graduated. Today, it remains the only MPH programme recognized by the Medical Council of India, the accrediting body for medical degrees in India.<sup>1</sup> It was implemented when the MPH was not a required qualification for any job position in India. Despite this, the course has gained demand and recognition, and all the graduates have been able to find gainful and meaningful employment. Several institutions in India are now planning to start an MPH programme and the demand for guidance from the SCTIMST for such initiatives is increasing. Demand for the MPH programme is also increasing from the student community, as is evident from the increase in the number of applications for the entrance test at SCTIMST since 2006.

Over 40% of our graduates work with the various Indian state government health departments, 21% with nongovernmental organizations, 16% with academic institutions, 10% with WHO/United Nations Children's Fund (UNICEF), 8% work outside India, while the remainder are enrolled for advanced (PhD) studies. Obtaining employment for our graduates is easy, as the demand for qualified public health professionals in India is huge. It has been estimated that more than 10 000 public health professionals at different levels are required by the Indian government health system alone every year and the current availability is less than 400.<sup>2</sup> In addition, there are several opportunities for short-term appointments with the WHO-supported polio eradication programme, revised national tuberculosis control programme and several other vertical programmes.

The major challenge for the programme is recruiting and retaining good faculty; this is consistent with the expected challenge for a developing country, even in an innovative educational setting. Ours is a multidisciplinary programme

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