

Master of Science in Global Health

GHENT UNIVERSITY

CONDUCT-TAILORED ACCREDITATION • ASSESSMENT REPORT

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PROF. DR. KERSTIN KLIPSTEIN-GROBUSCH (CHAIR) • PROF. DR. ALASTAIR AGER, DR.
ELIES VAN BELLE, DR. NÚRIA CASAMITJANA, SALOMÉ AMERTEY (PANEL MEMBERS)
• ELEONOR TCHERNOFF (SECRETARY) • LIEN BEYLS (PROCESS COORDINATOR)



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1 Executive summary

The panel unanimously considers the quality of the Master of Science in Global Health to be sufficient, and advises NVAO to take a positive accreditation decision.

The Master of Science in Global Health is a two-year advanced master's programme, offered jointly by Ghent University, Vrije Universiteit Brussel, Katholieke Universiteit Leuven, University of Antwerp, and transnational University Limburg/Hasselt University. Ghent University acts as programme coordinator. The programme, which started in 2019, focuses on global health issues and takes an interdisciplinary approach. It is open to all students with a previous master's degree qualification.

The panel had a positive first impression of the programme, given not only by the coherent and varied study programme, but also by the high-quality of the self-assessment report itself. The openness, self-awareness, and clear sense of direction and strategic thinking that came across in the report, were also visible during the visitation. The panel identified five themes that it wanted to discuss with the programme: the positioning and profile of the programme, the programme's coherence, the subject of diversity, quality assurance, and sustainability.

The programme sets out to train students to become agents of change for 21st century global health issues. The panel learnt that the programme prepares students for employment at the global decision-making level (policy level) rather than operational level. The panel believes the programme reaches its goal by offering a strong (mostly) skills-based curriculum that allows students to build on their prior studies. The programme's commitment to interdisciplinarity is a strong point. The panel considers the internship to be an important element of the learning process. The programme has clear learning outcomes, and a continuous process of quality control, which ensure that the programme keeps improving. Diversity is interwoven in all elements of the programme; however, the panel believes there is still room for improvement. The panel learnt that the programme's sustainability is assured by the strong partnership between the five Belgian universities.

Management actively gathers feedback and remains open to developments and the knowledge and experiences brought in by students and employers. The programme's approach of learning by doing and the flexibility shown is commendable. The panel was also taken by the enthusiasm and strong motivation of all stakeholders.

Mindful of the ongoing development of the programme, the panel would like to offer three recommendations:

1. Prioritise the development of the mentorship programme. The panel acknowledges that the programme is working on improving the mentorship programme. The panel advises the programme to focus on developing a more formalised and structured format less dependent upon student initiative, and exploring further what mentorship can offer to the student experience. The programme may wish to reflect on whether the mentor should be involved in the decision-making on the allocation of electives and internship selection/development. Overall, the panel believes mentorship could play an important role in the programme.
2. Sharpen the programme's profile to better reflect its focus. The panel understood that the programme does not specifically focus on low- and middle-income countries neither on a specific health issue, and aims to train generalists in global health. Next to that, the programme aims to train future professionals who work at the global level within decision-making organisations / bodies in global health. The panel believes both aspects could be communicated more clearly.
3. Continue to reflect on the implications of diversity and the discourse of decolonisation in global health for the programme. The panel sees that the programme is aware of its position in the field of global health, and has spent some time thinking about how to increase staff and student diversity in the programme and how to approach the topic of decolonisation in global health. The panel recommends that the programme continues to

reflect on these themes, consciously considering the different topics under the umbrella of diversity, whilst promoting a global perspective. The panel encourages the programme to explore what is needed to reflect this global perspective in all elements of the programme (e.g. curriculum, recruitment, teaching staff, student body, external partners), and how best to achieve this. The panel advises to pay particular attention to improving the inclusivity of the student body.

The Hague, 29 June 2023

On behalf of the expert panel convened to assess the Master of Science in Global Health:

Kerstin Klipstein-Grobusch
(chair)

Eleonor Tchernoff
(secretary)

2 Examination of the panel

2.1 About the programme

The Master of Science in Global Health is a two-year advanced master's programme, offered jointly by Ghent University, Vrije Universiteit Brussel, Katholieke Universiteit Leuven, University of Antwerp, and transnational University Limburg/Hasselt University. Ghent University acts as programme coordinator. The programme, which started in 2019, focuses on global health issues and takes an interdisciplinary approach. It is open to all students with a previous master's degree qualification.

2.2 The panel's first impressions

The programme's self-evaluation report is called the Global Health Monitor, and presents an overview of the programme's quality assurance process and outcomes. It reflects the PDCA-circle¹ and indicates clearly to what extent goals have been met, and what future activities are planned. The panel considers the monitor a high-quality report that demonstrates valuable self-assessment. The many annexes provide further insight.

The panel values the programme's clear mission and vision, as well as the consultation process that led to its conception, involving various stakeholders. The programme-specific learning outcomes (OLRs) are well-aligned with the mission and vision. The panel feels that the study programme provides a coherent and varied whole of different methods, tools, and skill-learning opportunities, which seems challenging and well thought-through. The program covers a wide range of global health topics, including the epidemiology of major diseases, and health systems and policy aspects, which provides students with a comprehensive understanding of the field. The focus on societal impact as a transversal theme in the master is very relevant.

The programme's ability to provide diverse and (inter)national internship opportunities that expose students to different healthcare systems and contexts is commendable. The panel also values the networking opportunities that the programme offers, as well as the collaboration with global health organisations, enhancing students' professional connections.

Finally, the panel feels that the process of competency benchmarking with respect to national and international frameworks is very clear.

2.3 Themes identified to be discussed with the programme

2.3.1 Positioning and profile

The panel wished to learn more about how the programme positions itself, and how the programme differs from other global and international health programmes (both nationally and internationally). Closely connected was the programme's profile. The panel wished to have a better understanding of the programme's values and principles, and the rationale behind some of the choices made. And what makes the programme unique according to the course organizers, students and alumni?

2.3.2 Programme coherence

The theme "programme coherence" covers questions about the curriculum. There was interest in teaching methods, work forms and assessment, in particular with a view to the interdisciplinary backgrounds of students. The cooperation (agreements) between five universities needed further clarification. The second year of the programme was of particular interest to the panel, as this is when students choose a major and take corresponding elective courses, as well as perform an internship and write a thesis. The panel also wished to hear more about both the staffs' and students' experiences with mentorship.

¹ PDCA stands for plan, do, check, act.

2.3.3 Diversity

Diversity is a broad term. It is used here as a capstone for various questions that the panel had relating to equity, inclusiveness, interdisciplinarity and decolonisation. The theme was approached from different perspectives, such as learning, study programme, teaching staff, students and partner organisations. The panel wanted to gain a better understanding of how diversity takes shape in practice, what developments there are, and what diversity challenges and opportunities the programme and its stakeholders identify.

2.3.4 Quality assurance

While the Global Health Monitor – a quality assurance tool – had already provided much insight, the panel wanted to gain a better understanding of how quality assurance is dealt with in practice, in particular with five collaborating institutions, each with their own approaches to quality assurance. Student involvement was another angle that the panel wished to explore.

2.3.5 Sustainability

The panel wanted to hear more about the programme's long-term sustainability. This included the sustainability of the student body, financial programme sustainability, and the sustainability of and buy in into the partnership between the five Belgian universities.

2.4 What did the panel learn from the dialogue?

2.4.1 Positioning and profile

The panel learnt that the programme's management distinguishes a number of features that sets the programme apart from other programmes in Belgium and abroad. First, it is an advanced master's programme, thus only accepting students who have already obtained a master's degree. As a result, the entry level is high, which students said they appreciate. Students' previous academic background and working experience is incorporated into their studies. They can build on their previous knowledge, or, as a representative of the programme put it: "We add global health to their existing degree." Second, the programme takes two years instead of one, which allows for embedding a substantial internship period (10 weeks, an important part of the 4th semester). Students and alumni stressed the value of a two-year programme. Because they have different academic backgrounds, they need time to get acquainted with (often) new jargon and new concepts, with new research methods, and to develop a broad view on global health. Several students mentioned that they enrolled in the programme to foster a career change. Here, the internship plays an important role. A third element that the programme's management suggested sets the Master Global Health apart from other programmes is that it accepts students from all academic backgrounds. The panel believes this is the case with many other programmes in global health. However, what the panel believes does distinguish the Master in Global Health is the way it uses this wide range of disciplines that students bring to it: to foster a cohort experience that equips students for the debates and discussions shaping key decision-making roles in the field of global health. The panel met students with a background ranging from political sciences to dance education. For students, having an interdisciplinary student body and access to diverse academic discipline is very important: they learn from each other.

Another element that sets the Master of Global health apart, according to students and alumni, is the flexibility of the programme (particularly in the second year). The collaboration between the five universities wasn't mentioned by students as such, but they do appreciate the broad offer of elective courses. Electives are offered as part of other existing study programmes, so Global Health students work alongside "regular" master's students. The Global Health students explained that this contributes to their learning. "I learnt from seeing how they [other students] perceive health, how there are different backgrounds and belief systems, to see this in perspective. It gave me a push.", said a student. A representative of the programme referred to the collaboration between the five universities as "multiplying opportunities".

Representatives of the programme stressed that the programme does not only focus on low- and middle-income countries (LMICs) or the global south, since there are other well-recognized programmes in Belgium that cater for this. “In our vision, there is a distinction between global health and international health.” The panel believes the programme could make this distinction even more explicit.

The panel learnt that most Belgian students start the Master Global Health right after graduating from their first master’s, whereas international students often have (some) work experience. Students believe the mix of younger and more experienced students is enriching, although some felt that a higher level and more diverse work experience from other participants in the master would lead to more enriched discussions. A representative of the programme said that the programme initially hoped to attract students with work experience, but that it is a deliberate choice not to have it as a requirement. It was suggested that this has worked out well, given younger students have other forms of contributions to make.

An important difference with other programmes is the target audience. “We aim at students who see their future jobs at the global level, not the local level”, a representative of the programme said, adding: “people who will be at international fora, in international health diplomacy.” The representative explained that the programme does not aim at people working on health promotion “in their own country”, as there are other programmes for this. This programme aims to create “generalists” in Global Health, working at higher decision-making levels where different professions meet. Another representative talked about alumni as “almost lobbyist, who put health on the agenda”. The panel sees this as an important sharpening of the profile of the Master Global Health, which – at least for the panel – was not so evident in the Global Health Monitor and might usefully be made more explicit in the documentation regarding the programme.

The panel understands that the programme’s profile is still evolving. It is – naturally – being influenced by the students who are accepted into the programme, their backgrounds and future plans. Several times, management representatives talked about unexpected developments or side effects, such as alumni pursuing a PhD while this wasn’t what they originally aimed for in terms of their major. The panel appreciates the programme’s approach of learning-by-doing. At the same time, the panel recommends sharpening the programme’s profile to better reflect the focus on raising future professionals who work at the global level.

2.4.2 Programme coherence

In the first year of the programme, all students follow the same programme “to get everyone at the same level”. Students attend classes on three campuses: Leuven, Ghent and Antwerp, and spend one day each week at each location. The programme deliberately encourages group work and interactive work forms, making the most of students’ interdisciplinary backgrounds and different nationalities, as well as training skills – which is an important element of the programme’s profile. Among other things, students learn to plan, organise, communicate, collaborate, and to be flexible. Students seem to feel empowered, talking about newly found confidence and learning to speak out.

The teaching staff seem to have found different strategies to deal with the interdisciplinary student backgrounds, and the corresponding differences in entrance level. A recurring theme is that students are asked to apply their specific expertise to a given topic, and are invited to reflect from their own (national) background. The focus is often on developing skills, rather than knowledge. The differences in academic backgrounds also led to changes in the curriculum. An example the panel heard about was about differences in prior knowledge of statistics, which led to a statistics course being split into a more general course and an advanced course.

Students also often “teach each other”, the panel heard several times. Students with a medical background help others with medical terminology, while students with a background in, for example, law or social sciences help students get familiar with concepts from their academic field. All students feel that they can bring something to the table.

Because of the intensive period together in their first year, students form a close-knit group. “We wanted to create a community, but it grew bottom-up”, said a representative of the programme. While Covid-19 led to more online teaching, students and the programme’s management prefer on-site teaching post Covid-19. This contributes to the cohort feeling, and is also considered important for foreign students, who sometimes feel lonely.

Flexibility is the keyword for the second year of the programme. The programme’s management openly shared that they are still trying to find the right balance between flexibility and manageability, with this year showing that they were leaning too much towards flexibility. Some students recognised this: several times, their chosen electives were rejected, for reasons that were not entirely clear to them. The panel learnt that mentors are not involved in the decision-making process regarding acceptance of electives, while they are the ones who are best informed about the students’ reason for selecting a specific course. The panel would encourage the programme to reflect on this.

Students can choose between two majors: Global Health Policy and Programmes, or Research Methods and Tools. The panel learnt that this division was based on the presumed profiles of graduates. However, representatives of the programme explained that students often want both, and that the distinction between the profiles is less clear than initially thought. The programme is reflecting on this, and is deliberating exploring a new pathway, possibly in collaboration with the Institute of Tropical Medicine (ITM).

An internship is a compulsory element of the programme. The panel learnt that students and alumni highly value the opportunity to get work experience. “For many of us, the internship was the bridge to the professional field”, one of the alumni said. For students who want to make a career change, the internship is especially important. Working field representatives spoke highly of the students, describing them as independent, collaborative and flexible, with a positive attitude, “almost as colleagues”. During the internship-period, students get back together every two weeks for intervision sessions. They are in charge of these sessions; the teacher is just present. Students told the panel that they appreciated these moments very much; being together as a cohort and sharing their experiences.

All students are paired with a mentor in the second semester of the first year. The mentor’s task is to guide students in making choices that support their professional ambitions (choosing a major, electives, an internship company and a theme for the thesis). The panel heard that most mentors are teachers; however, if a student has a specific profile, the programme can help find a mentor outside the teaching staff but from within one of the five universities. Mentors are assigned to students by the programme based on the students’ professional aspirations. In contrast to the first cohort, students are informed about why they are matched with a specific mentor. Students and alumni have had varying experiences with mentoring; some really positive, others less so (“it is hit and miss”, said one alumnus). A student who did not feel a match with a mentor indicated this and was assigned a new mentor.

Representatives of the programme explained that while there is a document explaining the mentor’s roles and tasks, there is room for improvement. This impression is corroborated by the mentors’ experiences and their need for a more structured approach. The panel learnt that mentoring is student-driven, meaning that students themselves need to take initiative. Whether or not this happens “really depends on the student”, a mentor said, although the process has been formalised more compared to its start. The mentor’s task is to guide and support, and generally, “students have a good idea of what they want”.

Overall, mentors, students, and alumni experience that the mentorship programme is improving, with the role of the mentor being clearer than before. The panel believes this is an important development that should continue. The panel advises the programme to focus on developing a formalised and structured format less dependent upon student initiative, and

exploring further what mentorship can offer to the student experience. The panel believes mentorship could play an important role in the programme.

The panel wondered how the five universities cooperate to implement the programme. The panel learnt that the programme deliberately chose to use existing courses and limit the number of newly developed ones to the first-year common core/common courses. For newly developed courses, teachers collaborate. When it comes to assessment, “all universities have a similar standard”, said a teacher. “It is similar to working with people in different faculties; they may have different ways of working”. Teachers discuss group work amongst colleagues, as a form of benchmarking. This has shown “no big differences between grading”. The alignment of assessment with the programme’s learning outcomes is part of the programme’s internal quality assurance system. The panel considers this a well-functioning system, that assures the quality of the assessment.

The annual Education Day seems to play an important role. This day brings together all teachers involved in the programme from all participating universities, and is facilitated by the programme management. Here, teachers meet their colleagues and work on course development and alignment. Teachers indicate that they feel involved in the programme, “which isn’t the case with some other programmes”, even if they teach a limited number of courses.

There are many networks and consortiums in the field of global health. The programme already collaborates with ITM (with regard to master research projects and internships) and is in the process of formalising this in a cooperation agreement. There are also existing Erasmus agreements, the panel heard, that the programme wants to explore in the future. The panel suggests that the programme, being located in Belgium, could explore if and how it could make use of its proximity to European institutions. This could perhaps offer interesting opportunities. Representatives of the programme explained that they will explore further collaborations, but that they have been focusing on consolidating the programme first. Working field representatives told the panel that they believe the programme should foster connections with the private sector. The panel would encourage the programme to reflect broadly on collaboration possibilities.

2.4.3 Diversity

The word diversity came back often during all dialogues with the various stakeholders. Most often, the panel noted, the word diversity was used referring to academic backgrounds of students (interdisciplinarity), or nationalities and different cultures of students and staff. Socio-economic diversity was mentioned less often.

The panel wondered who the programme caters for. Even though formally all students with a master’s degree can start the programme, students with a medical background are overrepresented. The management stated that around 55% of students is Belgian, which is more than anticipated. This may reflect Covid-19 travel restrictions. A number of non-Belgian students had taken up residence in Belgium before enrolling in the programme. Management, students and alumni indicated that the tuition fee forms a financial barrier for prospective students. The panel believes that the duration of a full-time two-year programme could also be a barrier for some students, for example those who live abroad and are self-sustained, or those with families. The panel heard from students that working alongside the programme “is not welcomed but tolerated”. The programme may wish to consider whether and how it could support students’ part-time work, especially during the second year of the programme.

Students are aware that they are a privileged group, being able to enrol for a two-year full-time master programme. They acknowledge that the cultural and socio-economic diversity of their group could be broadened. At the same time, several (mainly international) students and alumni said that the Belgian tuition fees are relatively low compared to some other European countries or e.g. the USA. Travel costs between university campuses were reported to be higher than expected by some foreign students. Students emphasised that they are

highly motivated and work really hard, feeling that they have earned their place in the programme. The panel understands this sentiment and could really see the students' commitment – students shared personal stories of working many hours alongside the programme, or saving up for years to be able to afford the tuition fee. However, the panel notes that there are many students worldwide who – despite their hard work – will never be able to afford the tuition fee for the Master Global Health and the associated costs of living and travelling in Belgium. There are also restrictions for non-EU students to work in Belgium. The panel believes this underlines the importance of scholarships: not just to foster diversity, but to foster inclusivity.

The programme wants to diversify its teaching staff. It is also an important issue for students, the panel heard, because the teaching staff is – in the teachers' own words – “white and Belgian”. Students added that, in their experience, some teachers have working experience in Africa and Asia “but not elsewhere”. Another student felt that teaching staff from or with experience working in South and Central America are generally underrepresented. The programme's options are limited because staff is employed by the universities, not the programme itself. Students feel that the programmes “does the best it can do with the available resources”. Teachers said “things have changed” with regards to recruitment by their universities, which are now also making efforts to recruit from abroad for e.g. programmes like the Master in Global Health. The panel heard that the programme wants to invest in “structurally embedded positions for visiting professors”, which is a matter of budget. Meanwhile, the programme management and teaching staff actively invite colleagues from their own networks to contribute to the programme, with different nationalities and backgrounds. Students mentioned that the Meet Your Future Colleague-sessions, where they meet professionals from the field of global health, also offer different perspectives.

The current decolonisation debate is important to the programme, as well as to students, the panel learnt. It is acknowledged to be a complex topic. A student said that the programme is very open minded, but “can still learn a lot”. There have been several discussions and presentations on decolonisation, and the panel notes that the programme is clearly aware of the challenges for the coming years. The first solutions that are foreseen are diversifying the teaching staff and student body.

The panel heard that some students struggled to find internships; it is especially challenging for non-EU students who do not speak Dutch. Even though students realise that finding an internship is a learning process in itself, they suggested that the programme might consider offering a few permanent internships. The programme may want to reflect on this.

The panel sees that the programme is aware of its position in the field of global health, and has spent some time thinking about how to increase staff and student diversity in the programme and how to approach the topic of decolonisation in global health. The panel recommends that the programme continues to reflect on these themes, consciously considering the different topics under the umbrella of diversity, whilst promoting a global perspective. The panel encourages the programme to explore what is needed to reflect this global perspective in all elements of the programme (e.g. curriculum, recruitment, teaching staff, student body, external partners), and how best to achieve this. The panel advises to pay particular attention to improving the inclusivity of the student body.

2.4.4 Quality assurance

As mentioned earlier, the panel was impressed by the level of self-assessment presented in the Global Health Monitor, the programme's quality assurance tool. It shows a desire to continuously improve the programme, which the panel saw confirmed in discussions with the various stakeholders. The panel learnt that students are asked to give feedback “a lot”, and that they feel that the programme's management really listens to them. Students are (self-proclaimed) “very critical”, but only with the aim to further improve the programme.

Ghent University is responsible for the programme's quality assurance, the panel learnt. There is an Internal Quality Assurance unit in which the other universities are represented.

The programme's teaching team is relatively small, so lines of communication are considered short both by staff and students. Relevant outcomes of student focus groups are shared directly with the teaching staff – "I just pick up the phone" – and the programme committee.

A member of the teaching staff mentioned that the programme's management is very involved, and that the teaching staff feels supported by it: "If there is student feedback, the programme helps you to improve. They follow up. I appreciate this." Another colleague said: "The interaction and collaboration with the programme leader and the coordinators is tighter than in my own university".

2.4.5 Sustainability

The programme's financial sustainability was addressed in a presentation by the programme's manager at the start of the site visit, and was further discussed later in the day. The panel learnt that the programme's financial situation is tight, and that the programme does not generate a surplus. However, the programme has been able to save and has almost reached its target budget needed to be able to continue the programme for one year – covering the core costs of programme administration - should any problems occur. Going forward, the programme wants to invest in either diversifying the teaching staff (by offering structurally embedded part-time positions for visiting professors), or offering its own scholarship programme (waiving (in part) the tuition fee). Additionally, the programme is considering submitting an application to a call (from VLIR-UOS) for projects for the global south, that would entail up to 12 scholarships as well as budget to develop a network with institutions in the global south. The programme's management said that they see "no other options" for further scholarships, that could e.g. cater for Belgian, European or international students.

The panel learnt that the programme needs 12-13 students paying the full course fee each year to meet existing course coordination and running costs. There is a budding demand and the programme has managed to reach or exceed these numbers every year, but there is room for growth in student enrolment. The more students, the more the programme can invest (financially) in the developments noted above. The programme aims for a total number of 20-25 students, not more, as this would change the dynamic and make elements like group work more difficult.

The panel discussed the opportunities for studying part-time, as this could open up the programme to new groups of students, for example those who need to work part time to be able to make a living or those that are not able to move to Belgium. The students that the panel spoke to unanimously advised against this, as they feel that it would work against the programme's cohesion and cohort feeling. An alumnus stressed the importance of the "intense group feeling" that students develop and described a possible part-time student as "a dissonant to the vibe". For raising the diversity of the student body, students believe offering scholarships is best.

Working field representatives stated that they (or their colleagues or staff) would probably not be interested in taking a two-year full-time master's programme. It would also be challenging to accommodate a colleague for such a period of time. However, taking courses and receiving a certificate would be supported.

The panel was interested in learning more about the sustainability of the partnership between the five Belgian universities. As students' tuition fees are almost entirely used to pay for programme coordination staff at Ghent University, the panel wondered whether there is a flow of funds to the four other universities. The panel learnt that this is not the case. Teaching staff are also not formally recognised in university resourcing for their time spent on the programme. However, there is "a lot of goodwill" between the five universities, and all see the importance of the programme. "It is added value, and we all benefit from it", a representative of the programme said. "Not one university could run this programme on its own." The panel heard that the five universities run other shared programmes, with other universities taking on the role of coordinator: "It is give and take".

Representatives of the programme explained several times that they have aimed first at

focussing on building a solid foundation for the programme. The programme management shared ideas about follow-up steps and possible routes (such as offering post-graduate models and exploring collaborations with networks or consortia) but these have yet to be planned and “strategically thought through”.

3 Judgement

The panel unanimously considers the quality of the Master of Science in Global Health to be sufficient, and advises NVAO to take a positive accreditation decision.

First of all, the panel is impressed by the openness and self-awareness of the representatives of the programme. The SWOT-analysis presented at the beginning of the site visit highlighted several challenges that the panel had identified as well. There is a real sense of direction and strategic thinking, while at the same time, management actively gathers feedback and remains open to developments and the knowledge and experiences brought in by students and employers. The approach of learning by doing and the flexibility shown is commendable.

The programme sets out to train students to become agents of change for 21st century global health issues, preparing them for employment at the global decision-making level (policy level) rather than operational level. The panel believes the programme reaches its goal by offering a strong (mostly) skills-based curriculum that allows students to build on their prior studies. The programme's commitment to interdisciplinarity is a strong point. The panel considers the internship to be an important element of the learning process. The programme has clear learning outcomes and a continuous process of quality control, which ensures that the programme keeps improving.

The panel was taken by the enthusiasm and strong motivation of all stakeholders. The teaching staff makes a real effort to instil a global health perspective, and to cater for an interdisciplinary group.

The panel acknowledges that the programme has been focusing on building a solid foundation, and is convinced the programme is not only aware of which areas need attention or developing next, but also has ideas for solutions and sees additional partnering opportunities.

Mindful of the ongoing development of the programme, the panel would like to offer three recommendations:

1. Prioritise the development of the mentorship programme. The panel acknowledges that the programme is working on improving the mentorship programme. The panel advises the programme to focus on developing a more reliable structure less dependent upon student initiative, and exploring further what mentorship can offer to the student experience. The programme may wish to reflect on whether the mentor should be involved in the decision-making on the allocation of electives and internship selection/development. Overall, the panel believes mentorship could play an important role in the programme.
2. Sharpen the programme's profile to better reflect its focus. The panel understood that the programme does not specifically focus on low- and middle-income countries neither on a specific health issue, and aims to train generalists in global health. Next to that, the programme aims to train future professionals who work at the global level within decision-making organisations / bodies in global health. The panel believes both aspects could be communicated more clearly.
3. Continue to reflect on the implications of diversity and the discourse of decolonisation in global health for the programme. The panel sees that the programme is aware of its position in the field of global health, and has spent some time thinking about how to increase staff and student diversity in the programme and how to approach the topic of decolonisation in global health. The panel recommends that the programme continues to reflect on these themes, consciously considering the different topics under the umbrella of diversity, whilst promoting a global perspective. The panel encourages the programme to explore what is needed to reflect this global perspective in all elements of the programme (e.g. curriculum, recruitment, teaching staff, student body, external partners), and how best to achieve this. The panel advises to pay particular attention to improving the inclusivity of the student body.

4 Review process

The assessment was carried out in line with the 'Assessment framework programme accreditation customised to own conduct – June 2020', as ratified by the Flemish Government on 27 November 2020.

The panel prepared itself for the assessment on the basis of the self-assessment report submitted by the institution when applying for accreditation. Prior to the preparatory meeting of the panel, each panel member formulated initial impressions and questions were listed. During a preparatory online meeting on 31 May 2023, the panel discussed all information received in the application file and also prepared the dialogue with the programme. Impressions and questions were updated before the first dialogue with the programme.

A site visit was planned on 5 June 2023, where the panel visited the campus in Ghent. During the dialogue the panel investigated the context of the programme and collected all required information to make a judgement on the quality of the programme.

During a closed meeting of the panel on 5 June 2023 the panel discussed all information obtained and translated it into a holistic judgement. The panel took this conclusion in full independence.

All information obtained led to a draft assessment report that has been sent to all panel members. The feedback from the panel members has been processed. The assessment report adopted by the chairman was submitted to NVAO on 29 June 2023.

Annex 1: Administrative data regarding the institution and the programme

Institution	<ul style="list-style-type: none"> • Ghent University (coordinating institution) • Katholieke Universiteit Leuven • University of Antwerp • transnational University Limburg/Hasselt University • Vrije Universiteit Brussel
Status institution	Registered institution
Programme	Master of Science in Global Health
Level and orientation	Master after master, master of science
(Additional) title	-
(Parts of) field of study(s)	<ul style="list-style-type: none"> • Biomedical sciences • Political and social sciences • Medicine • Social health sciences
Specialisations	-
Programme routes	-
Location where the programme is offered	<ul style="list-style-type: none"> • Ghent • Antwerpen • Brussel • Diepenbeek • Leuven
Teaching language	English
Study load (in credits)	120
New training in Flanders	No
Programme-specific learning outcomes	(see annex 2)
Connecting options and potential further education	-

Annex 2: Programme-specific learning outcomes

1. Having an advanced understanding of the theory, analysis and decision-making in Global Health. (*competency in one or more scholarly disciplines*)
2. Making critical and creative use of the international research and policy on Global Health in analysing complex challenges in the field of Global Health. (*competency in one or more scholarly disciplines*)
3. Applying analytical and methodological skills in a holistic manner in the study of diverse and transnational Global Health challenges. (*scholarly disciplines*)
4. Designing, planning and executing a Global Health research project independently in a national or international multidisciplinary setting. (*profession-specific competency*)
5. Critically evaluating various stances towards complex transnational and interdependent Global Health challenges and developing a personal opinion. (*intellectual competency*)
6. Independently and critically reflecting on their personal role and that of others in a Global Health context. (*intellectual competency*)
7. Applying insights from different interrelated disciplines to Global Health challenges. (*competency in one or more scholarly disciplines*)
8. Having a long-term vision, which aims to eliminate avoidable morbidity and mortality and promoting well-being, social equity and justice on a global scale. (*social competency*)
9. Taking up a catalytic role in promoting a transnational and interdisciplinary approach to Global Health challenges in countries at all stages of development.
10. Obtaining the knowledge, attitudes, and skills to continuously evolve professionally with the help of self-guided learning. (*intellectual competency*)
11. Communicating effectively and efficiently, both orally and in writing, on Global Health research, problems, and solutions with scientists from different disciplines and with other stakeholders (including policymakers and interest groups). (*competency in collaborating and communicating*)
12. Collaborating and taking on leadership in a multidisciplinary environment with a diversity of actors with diverse cultural and social backgrounds. (*competency in collaborating and communicating*)
13. Integrating societal implication of new developments in a complex Global Health context into scientific, policy, and practice work. (*social competency*)
14. Integrating ethical, normative, and cultural aspects of Global Health into scientific, policy and practice work. (*profession-specific competency*)

Annex 3: Composition of the panel

The assessment was made by a panel of experts convened and appointed by the NVAO. The panel is composed as follows:

Prof. dr. Kerstin Klipstein-Grobusch (*chair*), Associate Professor of Global Health at the Julius Center for Health Sciences and Primary Care, University Medical Center Utrecht, The Netherlands, and Visiting Professor at the Institute of Tropical Medicine, University of Tübingen, Germany, and the School of Public Health, University of the Witwatersrand, Johannesburg, South Africa;

Prof. dr. Alastair Ager (*panel member*), Emeritus Professor of Global Health and Development, Queen Margaret University, Edinburgh, UK;

Dr. Elies van Belle (*panel member*), General Director of the Belgian medical NGO Memisa;

Dr. Núria Casamitjana (*panel member*), Director of Education & Training, ISGlobal, Barcelona Institute for Global Health, Universitat de Barcelona, Spain;

Salomé Amartey (*student panel member*), student Master in International Health, KIT Royal Tropical Institute.

The panel was assisted by:

- **Lien Beyls**, policy advisor Flanders NVAO, process coordinator;
- **Eleonor Tchernoff**, secretary.


All panel members and the process coordinator/secretary have signed NVAO's code of deontology.

Annex 4: Schedule of the site visit

5 June 2023

Time	What?	Who?
09.00-09.30	Welcome, pre-meeting accreditation committee	Accreditation Committee
09.30 – 10.45	Session 1 – Programme management	<ul style="list-style-type: none"> • Chair of the programme committee, representative from UGent, lecturer • Vice-chair of the programme committee, representative from UGent, lecturer, chair of Internal Quality Assurance Unit • Assistant academic staff and alumnus • Representative from KULeuven, lecturer • Representative from UAntwerp, lecturer • Representative from UHasselt, lecturer, chair of taskforce Master Dissertation (absent due to force majeure) • Representative from VUB, Quality assurance officer 'Life Sciences' • Representative of the Faculty board of Medicine and Health Sciences, Ghent University • Curriculum manager
10.45 –11.15	Break	Accreditation Committee
11.15 – 12.30	Session 2 – Lecturers	<ul style="list-style-type: none"> • Lecturer • Lecturer • Curriculum manager and member of taskforces Internship and Master Dissertation

		<ul style="list-style-type: none"> • Lecturer • Lecturer
12.30 – 13.30	Lunch	Accreditation Committee
13.30 – 14.30	Session 3 – Students	<ul style="list-style-type: none"> • Student (Ma2) • Student (Ma2) • Student (Ma2, student representative in programme committee) • Student (Ma2) • Student (Ma2) • Student (Ma1, student representative in programme committee) • Student (Ma1)
14.30 – 15.00	Break	Accreditation Committee
15.00 – 16.00	Session 4 – Alumni and professional field	<ul style="list-style-type: none"> • Alumni: PhD-student • Alumni: Policy/alumni-association • Alumni: NGO • Professional field 1: Flemish government, member of the programme committee, • Professional field 2: Access-to-Medicines-Research Center, PhD supervisor alumnus • Professional field 3: SANIPORT Public Health Authority
16.00-16.30	Break	Accreditation Committee



16.30-17.00	Free walk-in	
17.00-18.00	Final meeting Accreditation Committee	Accreditation Committee
18.00-19.00	Closing reflection	

Annex 5: Overview of the material studied

Information file

- Global Health Monitor (including all available annexes)

PART 1: The Study Programme's Educational Vision and Policy

1.1. The Study Programme's Vision and Learning Outcomes

1.1.1. The Study Programme's Vision, Mission Statement and Context

1.1.2. Study Programme Competencies (Programme-specific Learning Outcomes - OLRs)

1.1.3. Additional Information

1.2. Study Programme

1.2.1. Implementation of Competencies/Learning Outcomes in the Study Programme

1.2.2. Teaching Methods and Active learning

1.2.3. Master's Dissertation

1.2.4. Internships

1.2.5. Additional Information

1.3. Assessment and Exit Level

1.3.1. Assessment Policy and Practice

1.3.2. Additional Information

PART 2: Permanent Quality Assurance

2.1. Embedding the External Perspective

2.2. Study Programme Committee: Procedures and Improvement Policy

2.3. Transparency and Communication

PART 3: Ghent University's strategic Objectives

3.1. Dare to Think and Multiperspectivism

3.2. Education Based on Excellent Research

3.3. Student and Staff Talent Development

3.3.1. Student Talent Development

3.3.2. Staff Talent Development

3.4. Stakeholder Participation

3.5. Internationalization

Annex 6: List of abbreviations

ECTS	European Credit according to the European Credit Transfer and Accumulation System
ITM	Institute of Tropical Medicine
LMIC	Low- and middle-income country
NVAO	Accreditation Organisation of the Netherlands and Flanders (Nederlands-Vlaamse Accreditatieorganisatie)
OLR	Programme-specific learning outcomes (opleidingsspecifieke leerresultaten)
PDCA	Plan, do, check, act

Colophon

MASTER OF SCIENCE IN GLOBAL HEALTH
GHENT UNIVERSITY (VL130274-23)
Conduct-tailored accreditation • Assessment report
29 June 2023
Composition: NVAO • Flanders



Nederlands-Vlaamse Accreditatieorganisatie
Accreditation Organisation of the Netherlands and Flanders

Parkstraat 83 • 2514 JG Den Haag
P.O. Box 85498 • 2508 CD The Hague
The Netherlands

T +31 (0)70 312 23 00
E info@nvaio.net
www.nvaio.net