



**Koninklijk Instituut voor de Tropen  
Royal Tropical Institute**

**Master Public Health  
Master International Health**

**Limited Framework Assessment**



## Summary

In June 2022 the Master programme Public Health (MPH) and the Master programme International Health (MIH) were visited by an NQA audit panel. The programmes are offered by the Royal Tropical Institute (KIT) and embedded in the Faculty of Science of the Vrije Universiteit. Through these programmes KIT aims to improve health and equitable socio-economic development in low and middle income countries (LMIC) by empowering health professionals. These advanced-career study programmes are unique in the Netherlands. The first programme is designed to develop the capacity of public health managers. The second programme is designed to develop the capacity of health professionals working in clinical care. The audit panel assesses the quality of both study programmes as **positive**.

The programmes have a long history in educating public and international health professionals. The programmes are delivered by professionals who besides education, work as professionals in the fields of public and international health. The comprehensive expertise present in both programmes lead to well geared intended learning outcomes and constant finetuning towards the expectations in the professional field of both programmes. The focus on lower and middle income countries is a unique feature in the domain of public and international health.

The teaching-learning environment of both programmes is impressive because of the various learning methods applied. The programmes manage to create an environment in which students are addressed as participants. The approach of social constructive learning is appropriate. Participants are encouraged to contribute and use their knowledge and experience to start their professional development. Participants experience a great educational culture, with a lot of freedom. In the learning process they can apply their previous work experiences. Typical for the programmes is the celebration of student diversity. There is special attention for a safe and social environment for participants in order for them to be able to support each other and learn from each other. It is not without surprise that the staff involved is motivated, committed and dedicated to the programmes, taking the opportunity to educate professionals in this unique multicultural setting.

Student assessment is well organised and executed in line with the learning environments. In both programmes candidates are assessed in a wide variety of examinations, such as open book exams, essays, presentations and professional products like a policy brief. For several types of examinations objective criteria have been introduced and are used in order to improve continuous learning and development of participants. With the grading a lot of feedback is given. This feedback is rich and informative and supports the participants' development. The next challenge is to connect this rich feedback better to the grades based on objective criteria.

The programmes succeed in empowering public and international health professionals. Alumni experience more responsibilities in their profession and an increase in managing and coordinating tasks. Because participants in both programmes can use their previous work and educational experiences throughout the programmes, the thesis projects are relevant and contributing to their career after completing the programme. Conducting an applied research at master level is quite an effort for most participants. Both programmes offer extensive supervision and support. In the thesis reports the professional master level is sufficiently demonstrated. Continued attention is requested regarding the research methods and the use of conceptual

frameworks to structure the research. It is advised to pragmatically apply these frameworks in order to increase the focus on the subject of research. To conclude, it is clear that both programmes contribute to the improvement of health and equitable socio-economic development in lower and middle income countries.

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## Introduction

This is the assessment report of the programmes Master Public Health and Master International Health. The programmes are offered by the Royal Tropical Institute (KIT) and embedded in the Faculty of Science of the Vrije Universiteit. The assessment was conducted by an audit panel compiled by Netherlands Quality Agency (NQA) commissioned by KIT. Prior to the assessment process the audit panel has been approved by NVAO.

In this report NQA gives account of its findings, considerations and conclusions. The assessment was undertaken according to the *Assessment Framework for the Higher Education Accreditation System of the Netherlands* of NVAO (September 2018) and the *NQA Guideline 2021 for Limited Programme Assessment*.

First an agenda setting visit took place on June 2<sup>nd</sup>, 2022 and the audit visit took place on June 23<sup>rd</sup>, 2022. The audit panel consisted of:

- T. (Tineke) de Groot-de Greef, MPH RN (chair),
- Dr. J.L. (Joyce) Browne, MD PhD (domain expert),
- Dr. C. (Charles) Abongomera, MD MPH PhD (domain expert),
- V.S. (Viviënne) Wolterink, MA (student member),
- Ir. A.B.C. (Alfons) Hoitink, NQA auditor, acted as secretary of the panel.

The master programmes are unique programmes in the Netherlands. Therefore, there is no assessment cluster with other comparable programmes in the Netherlands. The audit panel has been instructed by NQA about the NVAO assessment framework. The assessment criteria calibrated between Hobéon and NQA are part of this instruction.

### *Method of working of the panel and process*

For the assessment, the study programmes offered a critical self-reflection with appendices. For the assessment of the achieved learning outcomes, the panel has studied sixteen graduate products of graduates who recently finished their studies. These sixteen graduate products have been selected from the list of alumni of the last two academic years. In this selection, the variety in grading, modes of study and learning paths have been taken into account.

Three weeks before the site visit the preliminary meeting was held, together with the document study at the location of the study programmes. During this agenda setting visit the panel met representatives of the study programme. In the preliminary meeting the panel members have been instructed about NQA's method of working and about the *NVAO-Assessment Framework*. In this meeting the panel members also discussed their tentative findings. During both the agenda setting visit and during the audit visit, the panel members shared their findings with each other continuously. During the site visit the panel spoke with various stakeholders of the study programme, such as students, facilitators (examiners) and representatives of the work field, see appendix 1 for the programme of the site visit. At the end of the site visit the panel incorporated all the information it had obtained in an overall picture and in a tentative substantiated assessment. In the final oral feedback session, the panel chairperson communicated the conclusive assessment and the major findings of the panel. The site visit finished with a development dialogue between the panel and representatives of the study programme.

Staff members and students of the study programme have had the opportunity to approach the panel (via mail) in confidence to bring to the attention of the panel those matters they deem of importance to the assessment. No staff member or student made use of this opportunity.

After the site visit a draft report was formulated, which was presented to the panel. Based on the panel's input a second draft was made, which was presented to the study programme for a check on factual inaccuracies. The panel members have taken note of the reaction of the study programme and if necessary, adapted the report. Subsequently, the report was established as definitive. With all information provided (orally and in writing) the panel has been able to make a deliberate judgement.

The audit panel declares that the assessment of the study programme was carried out independently.

Utrecht, September 21, 2022

Panel chair



T. (Tineke) de Groot-de Greef, MPH, RN

Panel secretary



ir. A. (Alfons) Hoitink



## Characteristic Features of the Study Programmes

The Master programme in Public Health (MPH) has a long history. Almost sixty years ago the programme started as an international course on health development. From 1970 onwards this course is awarded with a Master degree in Public Health. The history of the Master programme International Health (MIH) is somewhat shorter. About twenty years ago the MIH programme originated from a training course for Dutch Tropical doctors. The core course of the MIH programme today is still a part of the training of Dutch programme 'Arts Internationale Gezondheidszorg en Tropengeneeskunde' (*Physician International Health Care and Tropical Medicine*).

Both programmes are carried out by the Royal Tropical Institute. Because the programmes are awarded with a Master degree, the programmes are embedded in the Faculty of Science of the Vrije Universiteit (VU). The mission of the Royal Tropical Institute is specifically linked to both programmes. KIT aims to improve health and equitable socio-economic development in lower and middle income countries (LMIC). The key objective is to empower health professionals through context-specific, evidence-informed and sustainable approaches. In addition to the master programmes, KIT offers several short courses on Health Systems, Disease Management and Sexual and Reproductive Health and Rights. The target group for the master programmes and these courses are (Public) health professionals from lower and middle income countries.

The MPH-programme is a twelve-months full-time master programme designed to develop the capacity of health managers. The aim is to develop participants' competencies on how to use an integrated, multi-disciplinary approach to address health problems in their country. Throughout the past years, the number of participants enrolling in this programme has been steady. The enrolment varies between 44 and 56 participants per year of whom about two thirds are female.

The MIH-programme is also a twelve-months full-time master programme but can also be studied part-time to a maximum of five years. The aim of this programme is to develop the capacity of health professionals working in clinical care. Specific for this programme is the flexible design. The programme starts with a three-months core course; the Netherlands course on global Health and Tropical Medicine (NTC). After completing this core course participants choose advanced modules to develop their competencies and attitude according to their individual needs of development. The enrolment for the MIH programme is between 10 and 15 participants per year. The first core course is studied together with Dutch health professionals as part of their training to work in LMIC countries. The enrolment of the NTC course varies between 40 and 50 students per year.

KIT has the ambition to increase the flexibility of the programmes. The flexibility is now mainly visible in the MIH programme. Participants have the opportunity to select advanced modules offered by KIT, by any other NVAO-accredited programme or by members of the TropEd network. This network consists of institutions for higher education in international health care within Europe, Asia, Africa and Latin America. TropEd aims to equip International medical students to become more effective in a multicultural and multi-professional environment. The network offers students the opportunity to study abroad temporarily. This international flexibility is considered to be of value for both programmes. This is one of the reasons why a proposal for programme

conversion is currently discussed. The idea is to offer a flexible master programme in public health and health equity according to the current views and values on health equity, health justice and postcolonial legacies. The idea is also to bring students from high and low income countries more together to ensure input from students from all over the world.

## Basic Data of the Study Programmes

Name of study programme as in CROHO	M Public Health
ISAT-code	70047
Orientation and level study programme	Higher profession-oriented education
Level study programme	Master
Degree	Master of Science
Number of study credits	60 EC
Variant	Full-time
Location	Royal Tropical Institute, Amsterdam
Teaching language	English

Name of study programme as in CROHO	M International Health
ISAT-code	70048
Orientation and level study programme	Higher profession-oriented education
Level study programme	Master
Degree	Master of Science
Number of study credits	60 EC
Variant	Full-time and part-time
Location	Royal Tropical Institute, Amsterdam
Teaching language	English

## Retrospective of the Previous Accreditation

Since the previous accreditation in 2017 the programmes have paid additional attention to clarify the differences between the two programmes. The panel notes that communication to candidates about the differences between the programmes has been improved as is explained in Standard 2. Another recommendation of the previous accreditation panel concerned applying the entire grading scale from zero to ten. The panel notes that the programmes have adjusted the grading scales as recommended. Also, the programmes have introduced objective grading scales for certain examinations. In standard 3 the panel gives their findings regarding the grading in relation to the feedback given. Finally, the previous accreditation panel also addressed the research methods used in the thesis projects, the critical approach to data and the attention for practical implications and recommendations. The panel acknowledges that the programmes have taken these recommendations into consideration. In standard 4 the panel reports further about its findings regarding these recommendations.

## Standard 1 Intended Learning Outcomes

*The intended learning outcomes tie in with the level and orientation of the programme; they are geared to the expectations of the professional field, the discipline and international requirements.*

### Conclusion

Based on the considerations mentioned below, the audit panel assesses that both study programmes **meet** the generic quality requirements for standard 1. The intended learning outcomes of the programmes are valid for the master level and relevant for the professional field of public and international health. It is demonstrated that the intended learning outcomes are on a master level. The scientific degree is considered to be appropriate because of the focus in the programmes on generating and evaluating evidence and new knowledge and insights in public and international health. The panel appreciates the applied orientation of both study programmes. Both programmes have a clear vision on the professional aspects of the public and international health professional. The educational profiles are well aligned to the professional field. The panel supports the focus on lower and middle income countries, which gives these programmes a unique position in the international domain of public and international health.

### Substantiation

#### *MPH Professional Profile*

The panel acknowledges the professional profile of the MPH programme. Public health managers work in the health system of low or middle income countries. They are employed by either a public or private sector organisation. In their profession they are responsible for policy making and regulation, strategic planning, resource mobilisation and management of routine and emergency activities in the field of public health. This responsibility can be on a national level, but can also be on a regional, district or community level. The work of a public health manager is comprehensive. It involves human resources management, financial management and the management of logistic resources. It also involves applied research, information management, knowledge transfer, advocacy, managing multi-stakeholder processes and inter-sectoral collaboration. Typical is the working in multi-cultural settings in which wider determinants of health and health inequities are addressed.

#### *MPH Programme Profile*

The panel endorses also the MPH programme profile and objectives. In the study programme the competencies of health managers are to be developed through an integrated, multidisciplinary approach. In the study programme participants learn to analyse the health status of a community, the performance of its health care system and the contextual factors that influence both. Participants learn to identify points at which interventions can be made to improve health and the health care system. They learn to plan, implement and evaluate the effectiveness of such interventions. The panel notes that compared to similar master courses offered in the Netherlands or abroad, the study programme has a strong position on health systems, sexual and reproductive health, human resources for health, fragile states and use of data for decision

making. Specific for the study programme is also the focus on LMIC and the work experience that is requested for this programme and used in this programme.

### *MPH Learning outcomes*

The MPH learning outcomes are valid according to the panel. They are regularly discussed by consulting experts in the field. In the last discussion with the work field, it was concluded that the list of learning outcomes is complete. Some aspects of the learning outcomes could be emphasised more, but it was concluded that the current set of competencies do not need to change. The MPH programme uses the following nine competencies:

1. Critically assess population health status, identify population health problems, risk factors and determinants, and determine health needs.
2. Appraise the role of health systems in terms of fundamental goals, functions, actors and performance.
3. Identify research needs, commission research, and critically analyse and translate research results into policy and practice.
4. Creatively implement cost effective, quality client-centred strategies and interventions.
5. Effectively influence policy making and strategic planning concerning interventions aiming at improving public health, taking into account scientific evidence, good practice and local context.
6. Monitor and evaluate health interventions by effectively managing human, financial and logistic resources in the dynamic global and local context.
7. Work professionally across different sectors, different cultures, disciplines and institutional levels, with private and public actors, and through advocacy, communication and networking.
8. Incorporate a pro-poor and equity approach in all actions.
9. Continuously examine and critically self-reflect on their own cultural competence, motivation, practice and values, adjust them accordingly, and act as an agent of change.

### *MIH Professional Profile*

International health experts work in the field of international health, focusing on health problems of disadvantaged populations. They have a multidisciplinary approach to health. They generate and apply evidence from their own work or from other contexts, disciplines and actors. The international health professionals need to take into consideration health systems management and organisation across the continuum of healthcare. This includes health promotion, prevention, diagnosis, and treatment follow-up of diseases, palliative care and rehabilitation. They function as an advocate and assist in the mobilisation of resources and capacity building. The panel agrees that the programme emphasizes an equity-based approach to health problems and health services.

### *MIH Programme Profile*

The MIH study programme aims to develop the competencies to analyse international health issues, problems and situations, to participate in applied research and develop adequate and appropriate responses in a local and global perspective. The programme wants to provide health professionals with the knowledge and skills required to deal effectively with health challenges. Participants learn to understand and analyse international health issues, conduct applied research, and develop adequate and appropriate responses in a global context. The study programme aims to develop the capacity of health professionals planning to work at the interface of international organisations and national health systems. The panel supports the

flexible approach to offer the option to design its own programme through advanced modules. It is valuable that health professionals can focus on areas related to their professional position, such as child health, HIV and AIDS, maternal health, disaster settings or any other area. The following six competencies are developed in the MIH programme:

1. Identify current and emerging health problems in different population groups and analyse the key factors that influence these problems.
2. Identify the needs for and generate ethically sound evidence to address health problems through research and evaluation.
3. Formulate effective responses and contribute to their implementation taking into consideration health systems management and organization across the continuum of healthcare.
4. Initiate and manage collaborative relations; communicating and interacting effectively across disciplines and cultures within complex environments.
5. Advocate for, and work to address the principles of equity and human rights in international health.
6. Continuously examine and critically self-reflect on their own cultural competence, motivation, practice and values, adjust them accordingly, and act as an agent of change.

#### *National and international standards*

The panel acknowledges the professional orientation of the study programmes. Participants acquire knowledge and develop integrative, analytical and communication skills in the context of international and public health. The panel finds that the master level is justified for both programmes. To attend the programmes, a bachelor degree and several years of appropriate work experience are required. The knowledge and skills that are acquired contribute to knowledge creation and new insights for health in LMIC. Therefore, the panel finds the science degree to be appropriate also because of the strong focus on the generation and evaluation of evidence. The programmes also substantiate the master level through linking the intended learning outcomes with the Dublin descriptors of the second cycle on master's level. Finally, through the membership of the international TropEd network the international benchmark on MSc level is assured especially for the courses of both programmes.

#### *Tuning with the work field*

The panel finds the tuning with the work field to be adequate. The programmes have close relationships with national and international organisations in the field of public and international health. The facilitating staff is involved in projects related to health programmes and bring in updates, new insights and trends. The participants themselves bring in their own work experiences in public/international health. Throughout the programmes, learning from each other's experiences is continuously facilitated in both programmes. Periodically, work field representatives are asked to give advice on developments in the work field. The panel notes that the tuning with the work field is of a rather informal nature. The panel is convinced that this tuning is adequate but advises to formalize the tuning to ensure optimal alignment to new developments in public and international health.

## Standard 2 Teaching-Learning Environment

*The curriculum, the teaching-learning environment and the quality of the teaching staff enable the incoming students to achieve the intended learning outcomes.*

### Conclusion

Based on the considerations mentioned below, the audit panel assesses that both study programmes **meet** the generic quality requirements for standard 2. The courses of both programmes are clearly linked to the competencies of the intended learning outcomes. The panel is impressed by the diverse nature of the teaching and learning environments. The wide variety of didactic methods applied is admirable. The didactical approach of social constructive learning is well organised and deployed. It gives the flexibility to cater for the diverse backgrounds and expectations of participants. Participants can apply different learning styles and are adequately supervised by the facilitators. The teams of facilitators and experts is motivated, committed and feel honoured to participate in the two programmes. This devotion towards the programmes leads also to the risk of a high workload. In the self-steering teams staff members look after each other and the social atmosphere is similar as in the learning environment; there is the safety to decline tasks or to ask for assistance if needed. The physical and digital learning environments on Virtual Grounds are good. There is special attention for the well-being of participants especially during the covid restrictions. The panel notes that both study programmes celebrate the diversity in backgrounds of the participants and create a positive atmosphere. Overall, the teaching-learning environment is well-designed and well-deployed for participants from various backgrounds with different learning strategies to educate them in public and international health.

### Substantiation

#### *Structure of the MPH programme*

The MPH programme is a full-time programme, running from September until August the following year. The study programme consists of three parts. It starts with a core course of 20 EC, which has several modules. In these modules the foundations of public health are introduced. The second part of the programme consists of a 20 EC specialisation course. In this course participants study the track “Health systems policy and management” (HSP&M) or the track “Sexual reproductive health and rights” (SRHR). Finally, the programme is completed with a thesis project. Figure 1 gives an overview of the structure of the MPH programme. The outline of the core course and advanced course is described further on. The thesis project is described in standard 4.

<b>Core course (20 EC)</b>	
Introduction	
Epidemiology and Statistics 1 (2.5)	
Epidemiology and Statistics 2 (4)	
Learning and Communication Skills (3)	
Social Determinants of Health (3.5)	
Health Systems & Policy Making (4)	
Health Planning (3)	
<b>Specialisation course (20 EC)</b>	
Qualitative methods in Health Systems Research (4)	
Human Resource for Health (3)	
Sexual Reproductive Health and Rights including HIV and AIDS (4.5)	
Track Health systems, policy and management	Track Sexual and reproductive health and rights
Control Strategies for Communicable and Non-Communicable Diseases (4.5)	Organizing Effective Responses (4.5)
Health Policy & Financing (4)	Policy Governance & Financing (4)
<b>Thesis (20)</b>	

Figure 1: Structure of the Master in Public Health study programme.

#### Outline of the Core Course

The core course gives a solid introduction on several topics of public health. The course begins with an introduction week in which participants are introduced to the programme and the Dutch culture. Also, practical arrangements needed for the students' stay in the Netherlands are addressed. Subsequently, the basic tools and concepts for analysing and managing problems in health, health care organisations and health systems are studied. First, two modules on Epidemiology and Statistics are offered. These modules deal with how diseases are measured, the principles of their spread, their causes and natural history. Participants learn to formulate a hypothesis based on disease measurements and how to interpret different epidemiologic study designs. They learn to identify risk factors and to do a systematic review of randomized controlled trials. For participants who want to focus more on epidemiologic practice, the programme offers an additional optional course of one week. If participants successfully complete the Epidemiology and Statistics modules, they can further improve their skills in appraising the planning of an epidemiological study.

In the module Social Determinants of Health, various determinants of health are introduced. This includes also core values such as equity, rights, pro-poor approaches and good governance. In public health, understanding of health determinants and core values is vital for improving health inequity. Besides concepts of health and public health, a historical overview of reforming health sectors is given. In the following module, Health Systems & Policy-Making, various concepts and theories on health systems are introduced. This involves subjects like health policy, health care and the organisation of health services. Next to these modules, runs the module Learning and Communication Skills. In this module presentation, writing and other communication skills are trained. Participants also improve their skills in working in groups and professional skills such as

networking, debating, self-reflection and time management. The skills learned in this module are subsequently applied in the final module, the Health planning module. In this module participants work together on an assignment in which they elaborate a public health project proposal. At the end of the core course this project is presented and defended.

#### *Outline Specialisation Course*

After completing the core course, participants choose a track with advanced specialisation modules. The tracks provide the same competencies but have a different focus. The HSP&M track refers to the broader public health field. The SRHR track is more focused on sexual and reproductive health and rights. If participants choose the SRHR track the assignments of the specialisation modules and the thesis subject are focused on sexual and reproductive health and rights. The first three modules have the same content but are studied in the context of the chosen track. The last two modules are different per track. Participants are satisfied with the content level of the modules. The learning is context specific and previous work experiences are applied in the modules. The panel notes that the programme succeeds in catering to the various needs of the students, which is considered to be quite an achievement.

#### *Structure of the MIH programme*

The MIH programme can be studied full-time and part-time. The structure is similar to the MPH programme. It begins with the core course “Netherlands Course in Tropical Medicine and Hygiene” (NTC). This course is also offered as a separate course to health professionals (doctors, nurses and midwives) who are planning to work in low- and middle income countries (LMIC). The second part of the MIH programme consists of advanced modules according to an agreed individual study plan. The modules can be taken at KIT, at institutes of the TropEd network or at NVAO-accredited Dutch and Flemish institutes. Finally, a thesis project completes the MIH study programme. Figure 2 gives an overview of the MIH study programme structure, followed by an outline of the NTC course and advanced modules. The thesis project is described in standard 4.

<b>Core course</b>
<b>Netherlands Course on Global Health and Tropical Medicine (20 EC)</b>
Introduction module (0.5)
Basic Research Methods (4.5)
Social Determinants of Health (3)
Health systems (4.5)
Health Needs and Responses (7.5)
<b>Advanced modules (20 EC)</b>
Modules according to agreed study plan taken from
TropEd accredited modules
KIT health modules
NVAO accredited modules form Dutch and Flemish universities
<b>Thesis (20)</b>

Figure 2: Structure of the Master in International Health study programme.



### *Outline NTC Course*

The NTC course gives a comprehensive introduction on international health. The course consists of five modules. It begins with an introduction module to introduce the basic learning and communication skills, needed for further personal studying in this course. This module also includes literature search, presentation skills and self-reflection skills. This basic knowledge and skills are further developed in the module “Basic Research Methods”. In this module the basic principles of Statistics and Epidemiological research are introduced. Participants learn how to present study results and how to conduct qualitative and participatory research. The remaining three modules run parallel with this module. The module Social determinants of health is comparable to the same module in the MPH study programme. In the Health System module, the emphasis is on the practical implementation of health programmes and the organisation of health care at district level. After introducing and defining topics such as health systems and basic health economic concepts, attention is paid to project management. Throughout the module the focus is on a pro-poor approach and gender implications of health policies. Next to the module Health Systems, runs the module Health Needs and Responses. In this module key issues regarding diagnosis and treatment of the most important diseases and health problems occurring under resource-poor conditions are covered. The main topics are major tropical diseases, diseases in children, sexual and reproductive health and other neglected diseases. The panel notices that the clinical aspects of health are mainly focused on individual and micro level. The panel suggests to include in this NTC course also more the bird view approach of clinical health.

### *Outline Advanced Modules*

During the second part of the programme participants deepen their competencies on selected topics by composing a programme of advanced modules. Participants select advanced modules within the framework provided and in agreement with MIH course management. To align the advanced modules with the MIH intended learning outcomes, participants are advised to choose modules from the following five categories: health topic, health systems, policy, research and general skills such as writing and management. The MIH facilitators encourage participants to consider the plans for the thesis project already when they design the advanced module plan. The panel supports this approach, because the individual module plan can be adapted to the interests, professional experiences and future plans of the participants. Finally, the chosen modules and agreed thesis subject are laid down in a learning agreement.

### *Internationalisation and teaching language*

For the panel it is obvious that the programmes are offered in the English language, because of the international classroom and the objectives of the programmes. The teaching-learning environment is truly an international environment. Furthermore, KIT is a member of the TropEd network. This is an international network of institutions for higher education in international and global health. Educational institutes in Europe, Africa, Asia, Australia and Latin America are members of this network and offer short courses that are mutually accredited. It gives participants the opportunity to attend modules from member institutions and it contributes to the international experiences in the MIH programme. In general, it is quite a challenge for international students starting in the Netherlands to study the advanced modules at an institute in another country. Therefore, the panel supports the ideas to design an exchange programme for international students to alleviate the practical burdens of studying temporarily in several countries abroad.

### *Research*

From the beginning of both programmes attention has been given to research methods and statistics. In the MPH programme this starts with the modules Epidemiology and Statistics 1 and 2 and the Learning and Communication Skills. The MIH programme starts with the module Basic Research Methods. In the MPH programme the research competencies are further developed in the advanced module Qualitative methods in Health Systems Research. In the MIH programme students are expected to select a module to develop further their research competencies. The panel acknowledges that qualitative, quantitative research and scientific writing are new skills for many participants. Therefore, the panel supports the attention that is given to research and writing essays throughout the programmes. To ensure that the requirements needed at the end of the thesis project are met, the panel advises to carefully align the research components throughout the whole programmes. Developing and discussing a detailed learning line in applied research knowledge and skills is advised in order to conduct a thesis project at the desired level.

### *Teaching-learning strategy*

The panel finds the educational approach of social constructive learning to be relevant because of the main objective to improve the participants' competencies. In social constructive learning the different backgrounds, experiences and learning styles amongst participants are fully used. Participants are encouraged to contribute to the learning processes. Their knowledge and experiences are taken as starting positions for further learning and to discuss subjects and problems. These subjects and problems are derived from real situations coming from experienced facilitators, theories and from the participants' own experiences. This strategy fits with the programmes' aim to improve competencies, the combination of knowledge, skills and attitude. Participants develop competencies to implement and evaluate different context-specific approaches rather than to learn and reproduce new knowledge.

The panel is impressed by the way the programmes manage to meet the participants' expectations. The panel does agree that the diversity in backgrounds is valuable for the learning but sees at the same time that the variety of participants' needs is quite a challenge to meet. A good example of this achievement is the core course NTC of the MIH programme. The differences in participants' backgrounds are comprehensive but is well utilized. Participants find the differences in learning methods and the interactivity in the course to be very valuable for their learning process. The panel finds this achievement unique and encourages the programmes to disseminate this teaching-learning strategy to similar study programmes within VU or even in the Netherlands as a whole.

### *Admission*

The panel finds the admission for both study programmes to be thorough and complete. An admission board is installed to assess whether candidates meet the requirements for admission. Applicants are required to submit relevant documentation about previous education, work experience and language skills. For both study programmes a Bachelor degree or equivalent academic training is needed. For the MPH programme this is either in medicine or another field related to health care, such as health sciences, economics, social science or nursing. For MIH the previous education has to be in medicine or in any paramedical science. Next to previous education and training, work experience is required. At least three years of work experience for the MPH, and two years for MIH programme. This work experience has to be relevant for the programme. To be admitted to the MPH programme, for instance, some managerial

responsibilities in health-related services in a low resource country is needed and this has to include some experience in public health. For MIH the work experience has to be in low and middle-income settings and/or marginalized communities. Next to this, in order to be able to study the programmes successfully, language skills criteria are defined for applicants from non-native English speaking countries. Required are a minimum written TOEFL score of 550, iBT TOEFL score of 80, computer based TOEFL score of 213, or an IELTS academic score of 6.0.

#### *Social and cultural integration and Tutoring*

The programmes pay good attention to social and cultural integration. Participants are coming from very diverse cultures. This integration is important to enable learning together and working as a team. Several options for social activities are organised, such as intercultural meals and outings. The Dutch culture is appropriately introduced, and several trips are organised, such as a weekend trip to one of the Dutch islands. To ensure a safe learning environment attention is paid on ground rules of learning and working together as a team.

The tutoring is well executed. Every participant is assigned an academic tutor, who will guide him or her throughout the whole study programme. After the individual intake interview, two (MIH) or three (MPH) meetings are scheduled during the programme. One of the course coordinators is usually the tutor of an individual participant. In these meetings participants reflect on the programme and on their development. Also, any personal or programme-related difficulties are discussed and if needed advice is given. During the periods with Covid-restrictions the tutors managed well to stay in close contact with participants. An example of the close attention paid to the well-being of participants is the app that is used to support mental health of participants. The app gives the option to self-assess your personal wellbeing. Depending on the results of this self-assessment, participants can be connected to a coach via WhatsApp or videoconferencing.

#### *Staff*

The staff involved in the programmes is experienced, motivated and very dedicated to the programmes. The core teaching staff is to a maximum of 50% of their time involved in the courses of the programmes. For the other part they are engaged in activities such as policy advice, research, capacity building and teaching courses in lower and middle income countries. Because of the part-time employment, the contact of the staff with the work field is strong. The extensive and varied work field experiences are available to review, update and develop the programmes.

The total number of staff members involved is around 35 persons. A variety of educational backgrounds is present. Besides doctorates in medicine, masters in epidemiology, public health/international health, other specialisations like psychology, public administration, international development and anthropology are also involved. The team is organised in several self-steering teams, such as the education team, epidemiology team, health systems team and the SHRH team. The panel notes that within the teams the assigned work is divided effectively. Since the workload is rather high, the panel is pleased to experience that work is planned way ahead and staff is looking after each other. If needed staff members help each other in providing the programmes. Close attention is also paid to the educational competencies and skills. Besides basic teaching qualifications, professionalisation in social constructive education is adequate. Students value the staff for their experiences, educational backgrounds and support in the teaching-learning environment.

## Standard 3 Student Assessment

*The programme has an adequate system of student assessment in place.*

### Conclusion

Based on the considerations mentioned below, the audit panel assesses that both study programmes **meet** the generic quality requirements for standard 3. The assessment system is organised well. The programmes apply a wide variety of examinations. The examinations are in a good alignment with the modules. The professional experiences and background of participants is used as much as possible in the examinations. Examiners give rich and comprehensive feedback, which together with formative assessment, supports well the participants' development. The feedback is provided in writing, during group meetings and on an individual basis. The panel notes that there is a lot of expertise on assessing. The panel advises to pay more attention on documentation in order to improve the professionalisation of examiners and to train new examiners. The quality assurance is functioning well. The examination board advises on long-term improvements and monitors current examinations. Together with the programme coordinators they work effectively on the quality assurance and improvements of assessing.

### Substantiation

#### *Assessment policy*

The assessment policy is well aligned to the teaching-learning strategy of both programmes. In the assessments the aim is to make use of the participants' experiences whenever this is applicable. This implies, besides linking assessments to the learning outcomes, the linking with real-life situations of the participants' professional field. The assessment policy is also in line with the general VU assessment policy. The programmes apply both formative and summative assessing. Whenever possible, the formative assessments are similar to the summative assessments in order to support adequate learning by the participants. On the other hand, through assessing facilitators are informed if additional teaching on certain subjects is needed. The formative assessments are also meant to improve participants' development throughout the programmes. Finally, the assessment policy addresses adequately the requirements for validity, reliability, transparency, comparability and efficiency of assessments.

#### *Construction and execution of examinations*

The panel is positive about the construction and execution of examinations. The tasks and responsibilities in constructing and executing examinations is described in detail. Module coordinators are responsible for constructing the examinations. In assessment specification tables they elaborate per examination which learning objectives are assessed and what the relation is between the questions and the competencies. Prior to execution, the examinations are reviewed by another staff member and adjusted if needed.

The panel notes that the programmes apply a wide variety of examinations, such as open book exams, essays, oral presentations, news releases and policy briefs. Participants are informed through course handbooks and detailed information is also provided via the online learning platform Virtual Grounds. If participants are not familiar with certain examinations, such as open book exams, tips and preparation sessions are provided.

The panel has studied some written exams and examination specification tables, for example a written assignment for the module Health Planning and an open book exam on Organising Effective Responses. The examinations are of an adequate quality and the relation between exam and learning outcomes is specified. Participants are satisfied with the information and preparation provided upfront and with the way examinations are executed. The panel notes that multiple-choice exams are also used in the programmes, although they were not mentioned in the documentation provided. The panel advises the programmes to pay attention to the documentation underlying the examinations for a complete overview and to share the comprehensive expertise that is present within the team and with new examiners.

### *Grading and feedback*

The panel is positive about the rich and comprehensive feedback that is provided. It gives the motivated participants the insights requested and supports their development during the programme. The feedback provision is well organised in writing as well as in explaining of the grading via feedback sessions. Most of the written essays and reports are graded by two examiners. In case of tutoring during a module, the tutors are not involved in examining participants they have tutored. A point of attention is the linking of the feedback with the grading. Both programmes use predefined and objective criteria for several types of examinations. The rubrics with criteria are designed for different examinations, such as written reports, presentations and defence, group participation and a reflective narrative. The panel notes that the grading of the rubric can be connected better with the specific feedback that is given. Next to this, students experience differences in grading of short essay style examinations. Based on the materials examined and on these remarks from students the panel recommends improving the consistency of grading and improving the relation between the grades and the specific feedback given.

### *Quality assurance*

According to the panel, the quality assurance of assessing functions well. This starts with the construction of examinations according to the four-eyes principle. The panel is also positive of the use of specification tables, because of the clear relation between examination and competencies to be assessed. Students are informed well beforehand via information in the handbooks, Virtual Grounds and from facilitators. Evaluation of modules and examinations is standard. The panel has established that these evaluations lead to improvements such as new examination questions or improved preparation. An example of this is the clearer explanation about and preparation for the policy brief that students have to write in the assessment of the module Sexual Reproductive Health and Rights.

The panel notes that the examination board is positioned well and gives advice on long term improvements. Periodically, examinations are reviewed by the examination board. This leads to suggestion for improvement. The examination board mentions that KIT carefully considers the subjects that are addressed. Recently the transformation of feedback into a grade was addressed. According to the examination board, the feedback has become more detailed as requested but the link to the final grade has become more difficult. Another recent subject is the online presentation and defence of the MIH thesis project. Before the Covid restrictions examiners were reluctant to allow the presentation and defence online. Because of positive experiences during the Covid restrictions, these objections have disappeared. Recently it was

decided that from the next academic year onwards the online presentation and defence will become a part of the MIH thesis assessment.

## Standard 4 Achieved learning outcomes

*The programme demonstrates that the intended learning outcomes are achieved.*

### Conclusion

Based on the considerations mentioned below, the audit panel assesses that both study programmes **meet** the generic quality requirements for standard 4. The panel is convinced that the intended learning outcomes are achieved in both programmes. Participants are well prepared for the professional fields of public and international health. This is also demonstrated by the advanced developments in the careers of the health professionals after completing the study programmes. The focus on professional applied research is demonstrated throughout the programmes and in the thesis project. The reports delivered relate to the professional field and demonstrate that participants have acquired the level of the professional Master. The programmes try to diversify the type of research and the use of data, but this remains a point of attention. The panel realizes that participants have only one year to conduct and report on a thesis project. The supervision is good and well adapted to the various backgrounds of the participants. The panel recommends giving sufficient attention to the consistent use of research methods and advises to apply conceptual frameworks pragmatically, so participants focus more on the research topic itself.

### Substantiation

#### *MPH and MIH thesis projects*

Participants complete their programme through a thesis project on a certain topic of public health (MPH) or an important health problem (MIH). Through the thesis report they demonstrate that they have learned to critically analyse and discuss (public) health problems at an academic level. It is expected that the concepts and methods taught in the programmes are applied in the thesis project. The MPH thesis examination consists of two parts: the thesis report constitutes 75% and the oral presentation and defence 25% of the final grade. In the MIH examination the presentation and defence are optional because participants who follow the programme part-time might not be able to be present at KIT for an examination. If MIH participants do not present and defend the thesis project, the final mark is fully based on the written thesis report. As mentioned in standard 3 from the academic year 2022-2023 onwards the thesis presentation and defence will also become part of the MIH thesis examination. There is another difference in the completion of the programmes. The MPH participants write a reflective essay on their learning experiences from the beginning until the completion of the study programme including the thesis project. This is not the case for MIH participants.

The panel notes that the thesis trajectory is described in detail. The panel agrees that the thesis trajectory is quite a challenge for participants to take in and learn from. Therefore, it is sensible that each participant is assigned to a thesis advisor and to an academic advisor. The supervision of the thesis trajectory is the responsibility of the thesis advisor. The academic advisor has the

responsibility to assist participants in choosing a relevant topic and to assist participants in selecting an appropriate supervisor related to the thesis topic.

#### *Achieved learning outcomes in the thesis projects.*

The panel examined eight MPH and eight MIH thesis projects, because the programmes share one examination board and have a similar programme design and thesis trajectory. From the thesis projects examined the panel concludes that the supervision of the thesis trajectory is adequately organised and adjusted to the participants. The panel notes that the programmes focus on applying a conceptual framework to structure the thesis trajectory. The panel agrees with this approach, but also notes that participants tend to spend a lot of time on understanding and applying the framework. Therefore, the panel advises a more pragmatic approach of the conceptual frameworks, to avoid that the framework itself becomes a part of the research topic and to focus more on the research subject itself.

All thesis projects examined are relevant for the public or international health domains. The subjects are related to the tracks of the MPH programme or to the MIH programme. The thesis topics of the HS&PM track concern policy and managerial aspects related to Health issues, such as a literature review on how the national health act and policies will lead to attaining universal health standards. Sometimes additional information is collected from interviews with key informants. The topics of the SRHR track are more related to sexual health rights. The panel reviewed topics such as the analysis of factors predicting the use of modern contraceptives among young people in Nigeria. Another topic is the addressing of menstrual health and hygiene needs of girls and young women in Zimbabwe. The MIH theses are addressing various health issues such as antibiotic resistance in Afghanistan, or a case study of the impact of COVID-19 on utilization of hospital services in Sierra Leone. Sometimes the theses tend to be locally oriented and global perspectives or global guidelines could contribute to the thesis project.

The participants of both study programmes demonstrate in their theses in general that they are able to apply research skills on a professional master level. In the reports sufficient attention is given to the practical implications and recommendations. Most of the projects concern a literature study. In some projects secondary data or primary data are used. Because of the professional orientation, the panel advises both programmes to continue their efforts to promote the usage of primary and secondary data for the thesis project. The panel notes a variation in the quality of the research applied. The panel recommends a more consistent structure in reporting and in the research methods applied. This concerns also the weighing of evidence of the literature used. The reports now tend to be rather lengthy in order to demonstrate the knowledge and competencies acquired. The panel advises to focus more on concise and precise writing in reporting on the thesis topics. This is also more in line with recent developments in the professional field, in which reporting about research topics often follows a manuscript-style or recommended reporting guidance. The panel suggests this more modern approach in writing (see also [Equator-network.org](http://Equator-network.org)).

#### *Functioning of alumni in the work field*

The panel is convinced that both programmes prepare the participants well for the domains of public and international health. The panel notes that the programmes succeed in empowering health professionals. The panel sees a lot of learning that is constructed with the students present in the programmes. The education focuses on learning from each other in a multicultural setting



and promotes self-teaching. According to the panel, this contributes to the sustainable development of participants, with a lot of context-specific development. This is also demonstrated in a recent survey amongst MPH alumni. Eighty percent of the respondents indicate an increase in work-related responsibilities and an increase in the proportion of management and coordination tasks. Sixty percent of the respondents indicate an increase in involvement in activities related to policy making, research and training. These findings demonstrate that the programmes succeed in achieving the aim of the Royal Tropical Institute. The programmes clearly contribute to the improvement of health and equitable socio-economic development in lower and middle income countries.

# Final Conclusion

## Assessments of the Standards

The audit panel comes to the following judgements regarding the standards:

Standard	M Public Health	M International Health
1 <i>Intended Learning Outcomes</i>	Meets the generic quality requirements	Meets the generic quality requirements
2 <i>Teaching-Learning Environment</i>	Meets the generic quality requirements	Meets the generic quality requirements
3 <i>Student Assessment</i>	Meets the generic quality requirements	Meets the generic quality requirements
4 <i>Achieved Learning Outcomes</i>	Meets the generic quality requirements	Meets the generic quality requirements

The judgements have been weighed in accordance with the NVAO assessment rules. Based on this, the audit panel assesses the quality of the existing Master study programme Public Health and the existing Master study programme International Health as **positive**.

# Recommendations

The audit panel has the following recommendations for the study programme:

## **Standard 3**

- The panel recommends improving the consistency of grading and improve the relation between the grades and the specific feedback given.

## **Standard 4**

- The panel recommends for the thesis project a more consistent structure in reporting and in the research methods applied.

# Appendices

## Appendix 1: Programme for the Site Visit 23 June 2022

Time	Subject	Participants	Names
10.15-10.30	Reception Panel members		Programme Director
10.30-11.15	Conversation with teachers and examiners.	Lecturers and examiners	Thesis examiner MIH, Health Systems Team, Thesis examiner MPH, KIT associate, lecturer in diverse modules including epidemiology and health policy, examiner diverse modules Thesis examiner MPH, Health system team, Thesis examiner MPH, module coordinator SRH pol module, SRHR team lead Thesis examiner MPH, SRHR team, module coordinator SHR responses module, Module coordinator of epidemiology and statistics II module MPH (core module), Lecturer and examiner in statistics and epidemiology in core modules, Module coordinator SHR/HIV module,
11.15-11.30	<b>Break</b>		
11.30-12.15	Conversation with students	Students	2 MPH students, programme committee, HS track MPH graduate 2021-21, SRHR track MIH Part-time student with mobility MIH full-time student 2 MIH students
12.15-13.00	<b>Lunch</b>		
13.00-13.40	Conversation on assurance	Examination board, Programme committee and work field committee	Chair examination board (VU) Secretary examination board (KIT) Staff member Programme committee Student member Programme committee (MPH) Student Member Programme committee (MIH) Two members work field committee
13.40-13.55	<b>Break</b>		
13.55-14.45	thematic conversation	All aspects thesis process	Thesis module coordinator MPH, Course coordinator MIH Programme Director Examination board member Examination board member MPH graduate 2020-21 part time thesis student MIH using secondary data
14.45-15.00	<b>Break</b>		
15.00-15.30	Conversation with programme management	Management	Head Knowledge Unit Programme Director Course coordinator MIH 2 Course coordinators MPH
15.30-16.15	Assessment meeting panel		
16.15-16.30	Feedback panel		Course management, all KIT health colleagues, all KIT Master students, VU Colleagues Hybrid meeting.
16.30-16.45	<b>Break</b>		
16.45-18.00	Development meeting Advice panel on converted programme MPHHE		Head Knowledge Unit Programme Director Course coordinator MIH 3 Course coordinators MPH Member Epidemiology Team Team leader SRHR Team Team leader HS Team

## Appendix 2: Documents Examined

Annual report Examination Board 2020 – 2021  
Annual report Programme Committee MIH 2020 – 2021  
Annual report Programme Committee MPH 2020 – 2021  
Assessment Policy  
Course Handbook 2021 – 2022 MIH  
Course Handbook 2021 – 2022 MPH  
Guide to new teaching and learning delivery modules at KIT  
KIT Health Policy on the Educational Approach for the Master's programme  
Minutes Work field advisory Board Meeting  
NTC course handbook  
Overview teaching staff KIT Master programmes  
Proposal for programme conversion from MPH and MIH to MPHHE  
Self-Reflection Report Master in Public Health and Master in International Health.  
Teaching and Examination Regulations MIH  
Teaching and Examination Regulations MPH  
Test specification table module Health Planning Module  
Test specification table module Sexual Reproductive Health and Rights.  
Thesis Guidelines 2021 – 2022 MIH  
Thesis Guidelines 2021 – 2022 MPH  
8 MIH Thesis Projects  
8 MPH Thesis Projects