



*Umeå  
International  
School of  
Public Health*

# ANNUAL REPORT 2019

DEPARTMENT OF EPIDEMIOLOGY AND GLOBAL HEALTH



UMEÅ UNIVERSITY



# Annual Report 2019

**DEPARTMENT OF EPIDEMIOLOGY AND GLOBAL HEALTH**

Umeå International School of Public Health (UISPH)



# Prologue

## **To all staff, students, collaborators and other colleagues,**

The year 2019 was the first year for us as a department in our own right!

“Epidemiology and Global Health”, or “EpiGH” in short, has more than 30 years of history within Umeå University and is a unique public health environment shaped by committed staff and students. Since gaining departmental status, we have been able to build upon this strong foundation.

Please take a moment to learn more about our activities in this Annual Report!

The Department would be nothing without its people. The Department provides rich opportunities for interactions between colleagues, collaborators and students. The classes, seminars and meetings where we share our ideas, insights and experiences, create spaces for growth and reflection.

We are very proud of our new doctors who successfully defended their PhD theses during 2019. Each has undertaken a personal journey with many joys and challenges, breaking new ground along the way. We similarly acknowledge our MPH students from near and afar who have spent one or two years with us in Umeå during their studies. The graduation ceremony with the Vice Chancellor is a prized celebration of their achievements. We also celebrated the esteemed recognition awarded to Professor Carmen Vives-Cases, when she was conferred with an honorary doctorate of medicine for her contributions within the areas of inequities and health and gender-based violence.

During 2019 we consolidated our research profiles. We continue to combine research within Northern Sweden, which is our home, with collaborative projects around the globe. This is a great strength as challenges for health and wellbeing transcend national borders. Lessons for strengthening health systems and policies must be shared. We have to be flexible and navigate in a world that faces many uncertainties.

The work of the EpiGH Annual Report has over the years been led by Lena Mustonen. This will be her last as she is retiring in mid-2020. Lena does, in many ways, personify the “EpiGH-spirit”, with her open mind, ability to find creative solutions and a strong sense of belief in every human’s absolute value. She will be deeply missed but we hope that she will join us every now and then for a “fika”!

We also thank Jennifer Stewart Williams, Karin Johansson and Miguel San Sebastián for their support and work with this year’s Annual Report.

And thanks to everyone for all your contributions over the year!

**ANNA-KARIN HURTIG**  
Head of Department

**KLAS-GÖRAN SAHLÉN**  
Deputy Head of Department



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## Events & Columns



The Stafesten running team from Epidemiology and Global Health



**Department Day in Skeppsvik, June 2019**



**The administration staff met together with the leadership group at Granö Beckasin in August 2019, discussing administration, communication, and finance issues**



**Christmas dinner, December 2019**

## Faculty, fika and frozen lakes



I had the very good fortune of spending 6 weeks as a guest of Professor Anna-Karin Hurtig in the Department of Epidemiology and Global Health in March and April last year. The visit

formed part of a three year exchange programme between Umeå University and the University of the Western Cape funded by Swedish STINT and the South African National Research Foundation on the theme of Community Health Systems. I stayed in the Lars Färgares precinct next to the mag-

nificent Gammlia Forest where I spent many hours, and also got to witness uniquely Swedish traditions – amongst others, Daniel Rodrigues ‘nailing’ his PhD to the board (my protestant ancestors were smiling), the daily fika (much more than just ‘tea-time’) and walking on the giant frozen Tornetråsk lake in the arctic village of Abisko. Over the six weeks, we also had wonderful conversations on decoloniality, collaborative governance, community health systems and the sometimes unhelpful HIC/LMIC binary – Cape Town and Umeå may be poles apart, but we have a lot in common.

**Helen Schneider, Professor, School of Public Health, University of the Western Cape, South Africa**

## Honorary Doctor

Last 19th of October 2019, I was awarded by the Faculty of Medicine of Umeå University with the mention of Doctor Honoris Causa. It is an honor to see recognized with this distinction my collaborative work with the colleagues of the Department of Epidemiology and Global Health and my dedication to the field of social inequalities in health and Gender-based violence. Thank you very much for joining me in this way to your university.

**Carmen Vives Cases, Public Health Professor, Alicante University**



## Retiring after 40 years at the University



In May 2020 Lena Mustonen will retire from Umeå University after forty years - thirty-four of which were spent working in areas

spanning epidemiology and global health. Here Lena reflects on some of the highlights in her rich and varied professional life.

Lena’s first position at the University was with the Department of Social Medicine where, after graduating in Social Work, she took a position as a research assistant from 1980-1984. She then transitioned into an administrative role for the MEDIFO data registration unit before joining the then Department of Epidemiology and Health Care in 1986. Little did she know then that this move would take her on a long and satisfying career pathway with many unexpected twists and turns.

Lena’s competence at managing data registration systems had been noticed. In 1986 she was asked to manage the Childhood Diabetes Register – a position in which she

continued for more than 20 years. In 2000 yet another new role emerged. Her communication skills and keyboard proficiency led to her appointment as Editorial Assistant with the Scandinavian Journal of Public Health – a role which she relished. The position ceased soon after the Journal's head office was re-located from Umeå to Copenhagen in 2007.

Website development has also been one of Lena's interests and she readily took on that responsibility in the late 1990s. She proudly recalls "we were one of the first groups in the University to have our own website". Lena has since enjoyed posting news of events and publications, announcing meetings, and of course uploading photographs. Her skills as our resident photographer will be sorely missed – although we do have a magnificent photographic archive - courtesy of Lena.

At the beginning of each calendar year Lena works quietly behind the scenes organising people, text and photographs for the Department's annual report. A lot of work goes into its production and Lena's coordinating role is crucial.

One of the unexpected delights in her job has been overseas travel. There have been

visits to Sri Lanka, the UK, Germany and Switzerland for the Dengue Tools project, and to Indonesia, Ethiopia, and many countries in Europe for study visits. During her time with the Scandinavian Journal of Public Health she visited South Africa, the US and all of the Nordic countries. Administrators' meetings have been held in places both in and outside Sweden. She reflects that the travel has been most interesting and that the overseas travel in particular, has given her a greater understanding of and appreciation for global health.

But for Lena, the most enriching aspect of her career has been the people with whom she has worked. She has made friends not only amongst colleagues in the Department but also through her project work with the Childhood Diabetes Register, SIMSAM, SALUT, Dengue Tools, INTREC and ZikaPLAN.

Lena says that working with committed global health researchers for more than thirty years has been a truly rewarding experience. We wish her all the very best as she prepares to retire and open a new chapter in her life.

**Jennifer Stewart Williams**

## Petter's Pathway



Doctoral student Petter Stoor has taken a road less travelled from Umeå to northern Norway and back. Here Petter reflects on his journey as he prepares to defend his dissertation "Suicide among Sámi - Cultural meanings of suicide and interventions for suicide prevention in Nordic parts of Sápmi" at the Arctic University of Norway in Tromsø, in mid 2020.

When Petter undertook his Masters degree in Psychology at Umeå University in 2007-2012, the focus was on mainstream Swedish education and training. There was no

mention of mental health in the context of Sámi culture, yet suicides among young reindeer herding men were on the rise. Hadn't anyone noticed? Why wasn't Sámi mental health part of the curriculum?

Having obtained his Master of Psychology, Petter then looked northward for opportunities to work with Sámi communities and delve further into questions about their mental health and suicide. His next stop was the Sámi Norwegian National Competence Unit - Mental Health and Substance Use (SANKS), in Karasjok, Finnmark county, northern Norway. There Petter undertook both clinical and project work focusing on mental health for Sámi youth. Cultural sensitivity was always at the forefront. He fondly recalls the Youth Psychiatry Ward – with an outside fireplace where clinicians could engage with in-

patient youth in a non-threatening setting. This clever initiative encouraged culturally sensitive communication where the youth themselves could regulate eye contact – which Sámi people can find threatening.

Petter's time at SANKS (18 months during 2102-2014) was one of the highlights in his career. "It was a great place to be – and provided a new and different perspective on mental health and Sámi youth". At the end of his contract he set a new task for himself – to bring the resources and experience that he had gained working in northern Norway back to Sweden, in the hope that Sámi mental health could one day become part of mainstream health education and training.

In 2014, while back in Baláliden, 70 km west of Umeå, Petter's lobbying for more services and research funding for Sámi people paid off. He contracted with Sweden's National Psychiatry Co-ordination Unit at the Ministry for Health and Social Affairs to undertake a compilation of knowledge regarding the psycho-social health of the Sámi population in Sweden. This work consisted of a series of scoping reviews which came together in a report titled "Knowledge Compilation of Psycho-social health among Sámi" released in June 2016 and available online at: [https://www.sametinget.se/rapport\\_psykosocial\\_ohalsa](https://www.sametinget.se/rapport_psykosocial_ohalsa)

The issues connected to suicide among Indigenous peoples in the Arctic have attracted much international political momentum, also enabling Petter to represent Norway on a number of Arctic Council (<https://arctic-council.org/en/>) projects and reports on the matter. This was also the background for the Norwegian Sámi parliament and the Nordic Council of Ministers allocating funding for SANKS and the Sámi Council (the permanent participant organisation representing Sámi's interest at the Arctic Council) which Petter used to develop a "Plan for Suicide Preven-

tion among Sámi in Norway, Sweden and Finland" released in 2017 ([http://www.saamicouncil.net/fileadmin/user\\_upload/Documents/Eara\\_dokumeantt/Suicide\\_plan\\_EN.pdf](http://www.saamicouncil.net/fileadmin/user_upload/Documents/Eara_dokumeantt/Suicide_plan_EN.pdf)).

While undertaking the Suicide Prevention Plan, Petter received the welcome news that he had been awarded a Norwegian scholarship to undertake a PHD. He was offered the choice of being based at a University in Bodø or Tromsø – and he chose the latter and arranged his contract through SANKS, starting December 2016.

Petter's doctoral research project is qualitative and focuses on how Sámi understand suicide among them, as related to cultural and contextual issues. In addition, his body of research includes mapping suicide prevention initiatives amongst Sámi in Sweden and Norway. He says "this is a challenge because there is next to nothing on this topic in the peer reviewed literature and we had to work through informal networks to source material".

Petter was awarded a Fulbright Arctic Initiative scholarship for 2018-19. This provided him with valuable opportunities for interdisciplinary work on Arctic health issues, together with a cohort of Arctic Initiative scholars, as well as allowing him to spend time as a visiting scholar at the University of Alaska in Fairbanks. When he arrived back to Sweden in May 2019, EpiGH welcomed him as an external student. We have all very much enjoyed getting to know him and benefitted greatly from learning more about his research and the Sámi culture. As with all our cross-cultural experiences at EpiGH, the work environment has been enriched by Petter's participation in our activities. Hopefully, Petter will be able to continue his career at EpiGH, through collaboration with Miguel San Sebastián on future research projects concerning Sámi health in Sweden.

**Jennifer Stewart Williams**

## Petite Nobel Day

Inspired by the Nobel Prize, on December 10<sup>th</sup> 2019 our Department participated in organizing the fourth Umeå University Petite Nobel Day. This event is organized under the umbrella of U-CHEC (Umeå Centre of Health Science) which includes EpiGH together with the Nursing Department and the Departments of Community Medicine and Rehabilitation.

The day was attended by around 50 people who had the chance to listen to 16 PhD students and postdocs from the three departments. In addition to the project presentations, two workshops: “Open Access Publishing” and “Using Twitter for Research Purposes”, were organized.

The day ended in a festive atmosphere with certificates handed out to presenters.



## ZikaPLAN –an outstanding example of global health research consortium



The project ZikaPLAN (Zika Preparedness Latin American Network) has now completed its three years of implementation. ZikaPLAN received excellent visibility by being featured as an outstanding example of an international research collaboration by the DG RTD (Directorate-General for Research and Innovation) of the European Commission. The project was featured in a showcase video on international cooperation prepared the DG RTD in which ZikaPLAN was one of only two projects mentioned. It is a remarkable recognition and acknowledgement for ZikaPLAN, which is doing everything that appears as running text and narrative in this video, 'International Cooperation: Open to the World'. [https://www.youtube.com/watch?v=Jqw42\\_1luSo](https://www.youtube.com/watch?v=Jqw42_1luSo)

Research and research collaborations have no boundaries. This was reiterated during ZikaPLAN's fourth consortium meeting at the Universidad del Valle in Cali, Colombia in October, convening over 60 members representing all beneficiaries in the consortium. Among the successes presented was the Global Birth Defects Description and Coding (GBDDC) app. This is the first of its kind and offers a wealth of expert information at the touch of a smartphone. The app contains images of major externally visible birth defects, with definitions and ICD codes, as well as information on the Congenital Zika Syndrome and limited other syndromes.

During this third year, ZikaPLAN became part of another EU funded project **ECRAID-Plan** (European Clinical

Research Alliance on Infectious Diseases) as a beneficiary. This initiative aims to establish a sustainable clinical research organisation and network for infectious diseases. Another consortium, **ISARIC** (International Severe Acute Respiratory and Emerging Infection Consortium) is now also hosting ZikaPLAN as a network member. This is a global federation of clinical research networks providing a coordinated and agile research response to outbreak-prone infectious diseases.

As a consortium, ZikaPLAN has produced more than 85 peer-reviewed publications and made five websites on various topics publicly available. They include: Global Birth Defects; Brain Infections; Global Vector Hub; the International Zika-virus related Guillain Barré Syndrome Outcome study (IGOS-Zika) and Research Capacity Network (REDe). While advancing new knowledge, products and interactive tools, ZikaPLAN has also submitted 32 reports to the Commission, from 15 working groups. Lastly, the year 2019 ended by writing the second periodic report for the Commission. This includes a technical and financial overview of the project that builds on the first report and updates the work done over the project's three year timeframe.

The Department of Epidemiology and Global Health is the coordinator of this large consortium funded by the European Union's H2020 research and innovation programme under Grant Agreement, 734584. It comprises 25 leading research and public health organizations in Latin America, North America, Africa, Asia, and Europe, taking a comprehensive approach to tackle the Zika virus disease. The project was awarded 11.5 million Euros in October 2016.

*Professor Annelies Wilder-Smith (a medical doctor and specialist in public health and infectious diseases) is the scientific coordinator of ZikaPLAN and Guest Professor at Umeå University.*

*Raman Preet (a dentist and global health researcher) is the project manager and co-coordinator and the point of contact for the European Commission and the conso*



## WORK PROCESS

During 2019 EpiGH revised its Vision-Mission-Value statement. Facilitated by two employees with main responsibility for the task, the transparency, participation and legitimacy of the work process has been promoted through group discussion sessions on three occasions, with the majority of the staff participating. In

developing the new statement, consideration was given to the core values and comparable written statements of the Medical Faculty, Umeå University, and Swedish state sector, as well as to the written Pedagogical Vision of the Department's educational environment. The final formulation is as follows:



UMEÅ UNIVERSITY

### EPIDEMIOLOGY AND GLOBAL HEALTH



Our **VISION** is to be an international, collaborative and diverse academic environment committed to social change for equitable health and welfare. Northern Sweden is our home, and the world is our landscape.

Our **MISSION** is to undertake meaningful work through multidisciplinary research and transformative education, and by engaging collaboratively with the surrounding society, both within Sweden and internationally.

The **VALUES** of solidarity, curiosity and integrity guide our daily work. Our environment strives for

- Open minds in an open climate
- Creative and critical thinking
- Inclusive and safe spaces
- Strength in diversity

# Organisational setting

## Organisation, Leadership and Staff

The year 2019 was our first as an independent Department located within the Medical Faculty.

The work of the Department of Epidemiology and Global Health (EpiGH) has been shaped by a set of key values that are central to the way in which we conduct research and education and engage with society. These efforts are underpinned by our aim which is to contribute to equitable and sustainable improvements in health and welfare across the globe. We adopt a broad definition of global health to include public health issues in Sweden, as well as in the rest of the world. Our mission, vision and values are presented on page 9.

EpiGH is a multidisciplinary research and teaching environment. We host Umeå International School of Public Health with Masters Programmes in Public Health (MPH) and we have an extensive PhD programme. From 2019 we have had responsibility for the Master's programme in Working life and Health (ALPHA) which is a one year masters programme for working conditions and health.

A guiding principle of our organization is to ensure that each and every member of staff has the possibility to contribute, as far as possible, to our collective work, both in the short- and long-term. Our Research Strategic Group and the Educational Strategic Group have key responsibilities to guide future developments in this regard. The Midpoint Researchers' Group involves "post-docs" and others at the beginning of their research careers. The Academic Dialogue Spaces, which emerged from bottom-up initiatives to encourage increased scientific dialogue and to promote the development of cutting-edge expertise, continued their activities during 2019 (see page 33). The three research profiles: *Emerging Global Health Challenges*, *Health Systems and Policy*, and *Northern Sweden Health and*

*Welfare*, were established during 2019 (see page 30).

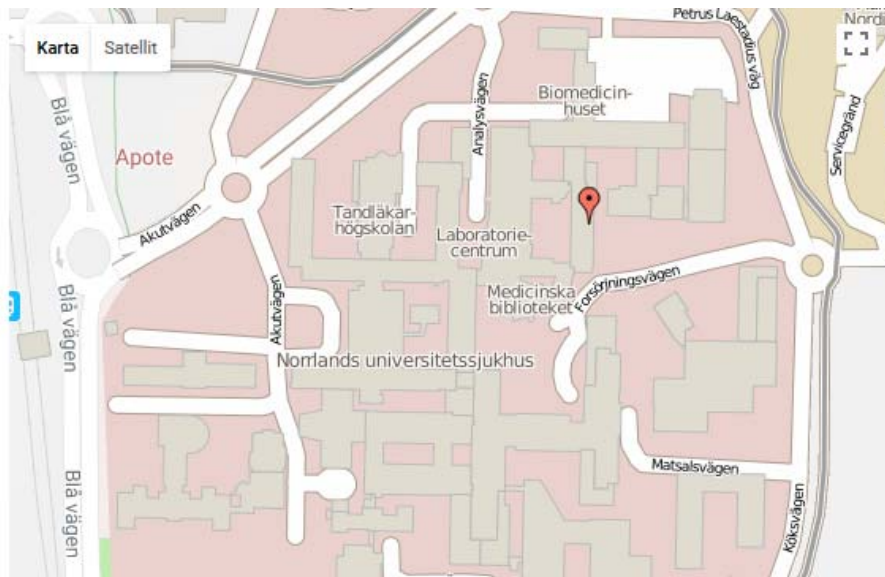
The Leadership Group, which meets once a month, comprised the following members in 2019:

Anna-Karin Hurtig	Head of Department
Klas-Göran Sahlén	Deputy Head of Department
Marie Lindkvist	Study Director, MPH
Karin Johansson	Administrative Coordinator
Sara Forsberg	Finance Coordinator
Miguel San Sebastián	Study Director, Research education
Helene Johansson	Study Director, ALPHA
Anneli Ivarsson	Rep. Research Strategic Group
Isabel Goicolea	Rep. Research Strategic Group
Mazen Baroudi	Rep. Doctoral Students
Paola Mosquera	Rep. Midpoint Group
Fredrik Norström	Rep. Working Environment
Raman Preet	Rep. Equal Opportunities

EpiGH has about 60 employed staff and additionally approximately 60 affiliated researchers and doctoral students. We benefit from wide ranging prior education and experience in our membership. This includes physicians, nurses, psychologists, economists, social workers, dentists, statisticians, physiotherapists and nutritionists. This broad mix of experience - across clinical medicine and the social sciences - greatly enriches our multidisciplinary research and teaching environment.

All staff are encouraged to participate in our monthly staff meetings (PUMP) and the Department Days that are held each semester.

In recent years EpiGH demonstrated commitment to a sustainable environment. We implemented concrete actions for reducing the Unit's carbon footprint, for example by encouraging Skype Business meetings instead of travelling, using train instead of flight travel when possible, and having double-sided printing set as default on all computers.



**Figure 1.** Map showing the location of our offices within the hospital area.

### Information Committee

An Information Committee has been formed to take responsibility for managing the Department's internal and external information. During 2019 the group initiated and developed information for placement on social media platforms (Facebook and Twitter) in order to inform researchers, alumni, prospective students and the general public about our activities. The initiative will be in place until June 2020 when it will be evaluated. Additionally, informative digital screens have been installed at the Department's entrances. These colourful eye-catching screens display calendar events and other information to visitors and colleagues. Members of the Committee are Klas-Göran Sahlén (chair), Klara Johansson, Ulrika Järholm, Lena Mustonen, Göran Lönnberg, and Karl-Erik Renhorn.



**Epidemiology and Global Health on Facebook**

## Finances

The total revenues for this year amounted to 51 MSEK, out of which approximately 70% originated from sources external to the University (Figure 2). Our main activities, i.e. education and research, are reflected in the

budget. Both are key activities in our daily work, although research activities are the largest component (Table 1). This year costs were higher than revenues. A planned deficit resulted in a net loss of 4.6 MSEK.

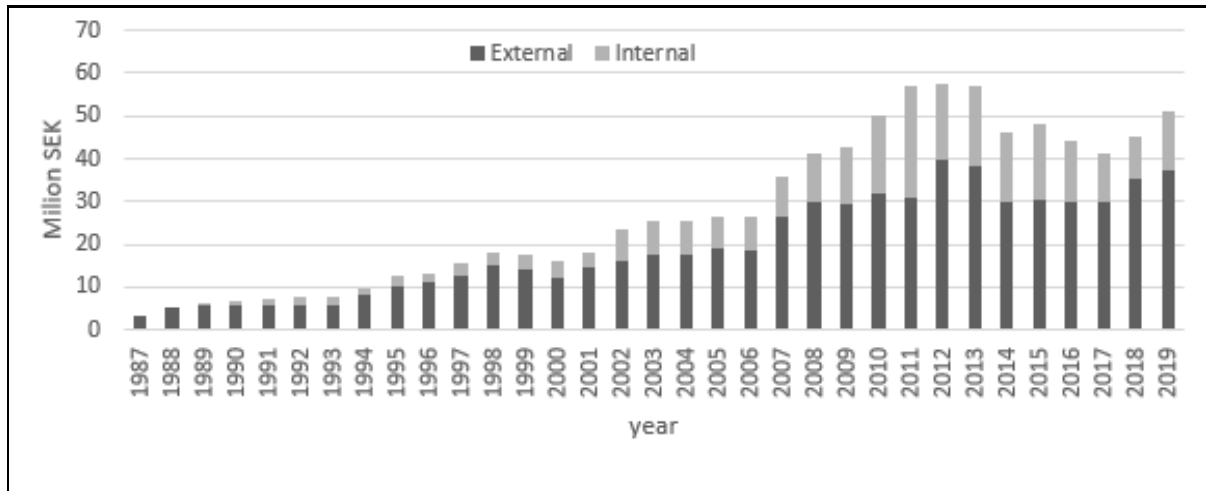


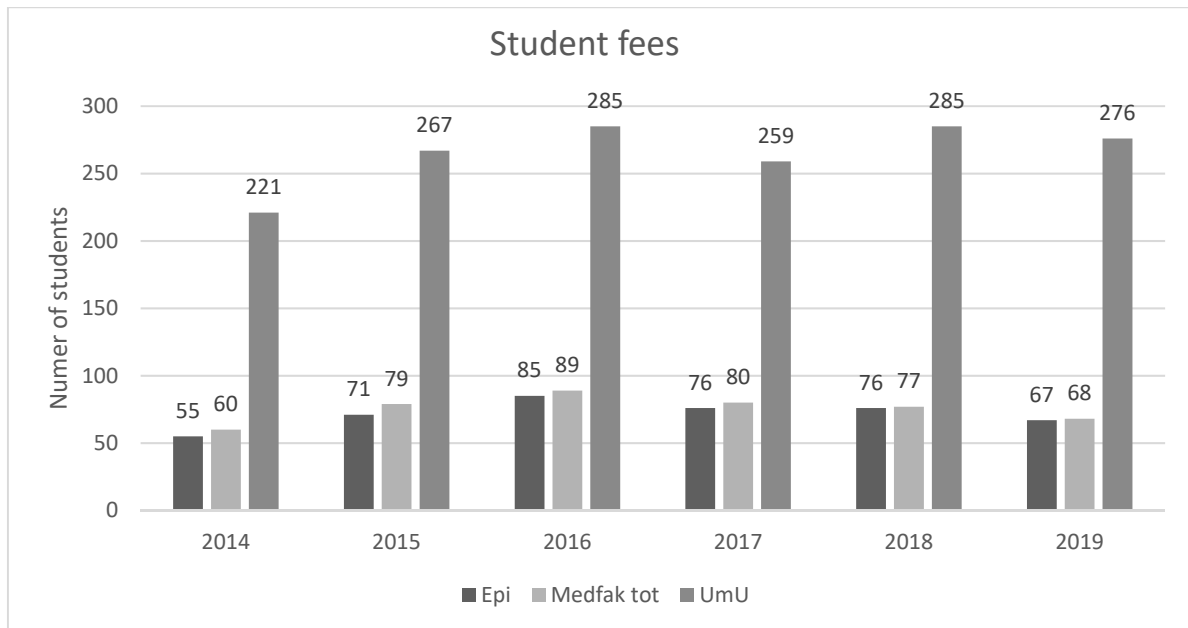
Figure 2. Annual budget, EpiGH 1987-2019, showing internal and external funding.

Table 1. Revenues and costs.

Revenues (1000 SEK)	Education	Research and PhD training	Commissioned research	Total
External grants	4 035	25 956	0	29 991
Accrued external funds		-7 275	823	-6 452
External contracts	0	0	9 633	9 633
Government grants	4 443	10 457	0	14 900
Other revenues	195	2 726	64	2 984
<b>Total</b>	<b>8 673</b>	<b>31 863</b>	<b>10 520</b>	<b>51 056</b>
Costs (1000 SEK)				
Staff	5 529	21 671	7 143	34 343
Premises	98	941	2	1 041
Other operative expenses	2 028	7 480	829	10 337
Depreciation	0	70	0	70
Overheads	2 938	3 975	2 950	9 863
<b>Total</b>	<b>10 593</b>	<b>30 136</b>	<b>10 924</b>	<b>55 653</b>

Our education budget amounted to 8.6 MSEK, out of which 4.4 MSEK was support via governmental grants to our MPH programmes. The other dominating source was tuition fees (Table 1). A few students paid these out-of-pocket, but the majority were awarded scholarships from different

sources: *Umeå University, Erling-Persson foundation, the Swedish Institute, and Science without Borders*. Figure 3 shows that EpiGH is a major source of student fees within the Medical Faculty and the University as a whole.



**Figure 3.** Fee paying students, EpiGH, Medical Faculty, University, 2014-2019.

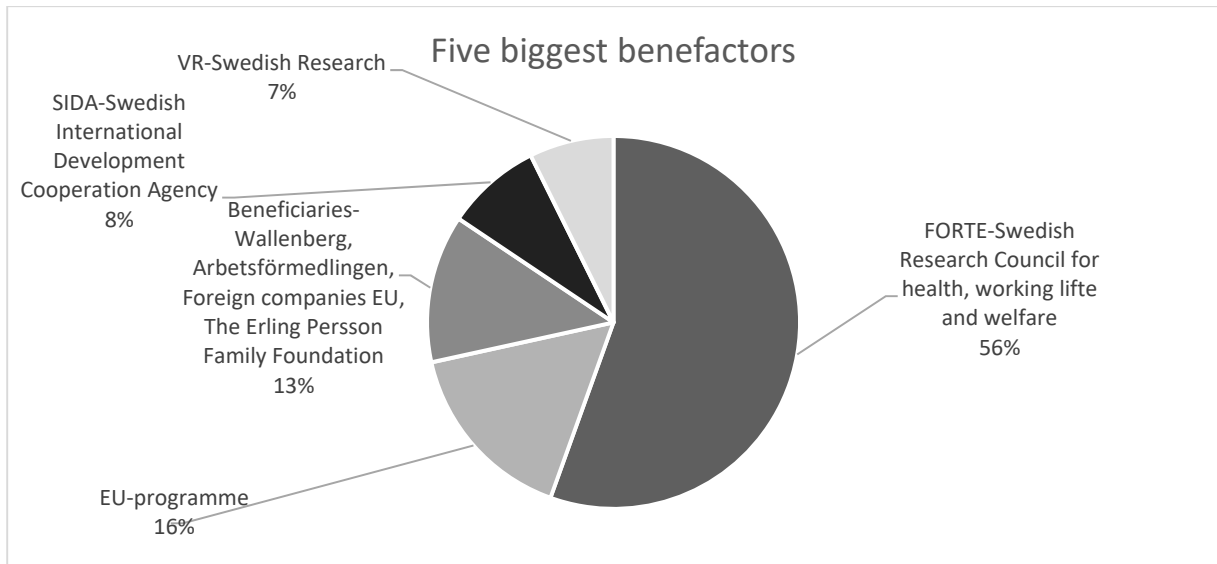
However, as in previous years the major part of research funding in 2019 was from external sources comprising both grants and contracts.

Our external revenues for commissioned research have been increasing year after year, (Table 1). One significant reason for this is that many contracts are with the Swedish Public Health Agency.

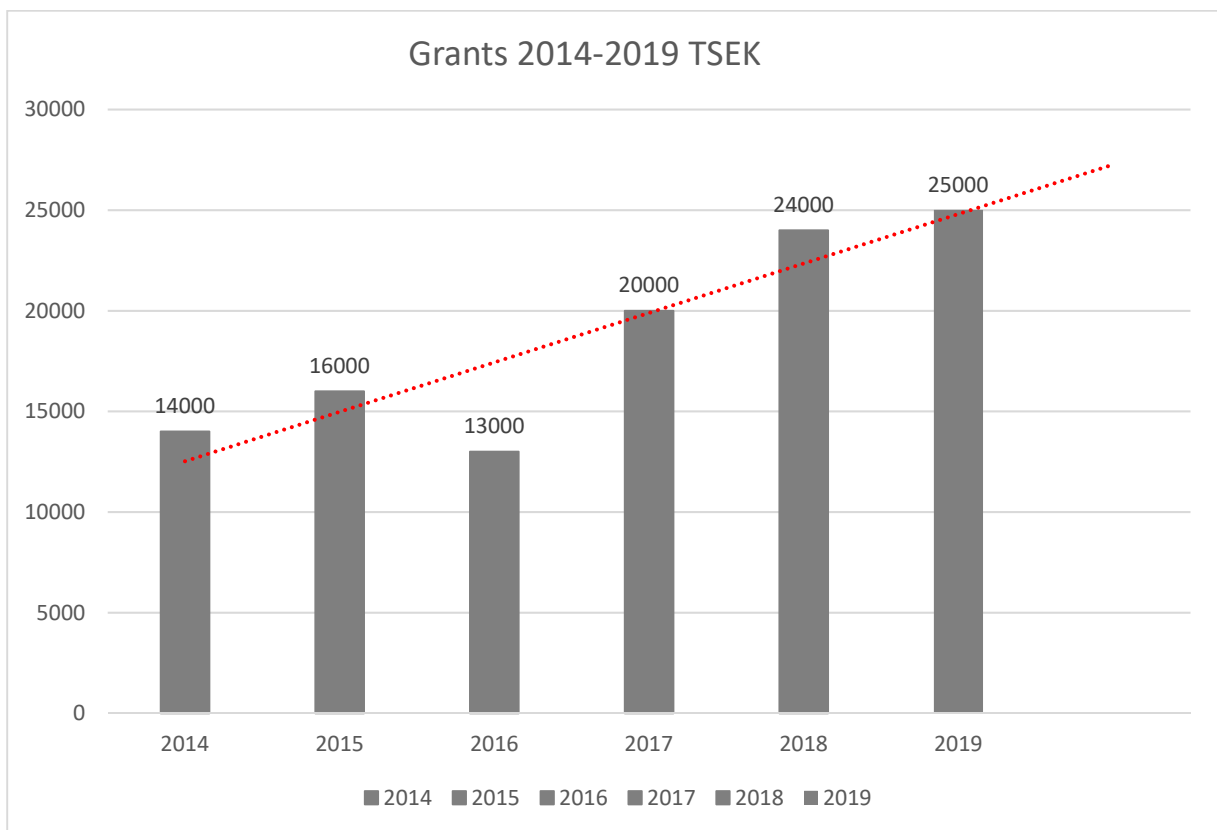
The reason why our education budget had a deficit was due to lower student fees in 2019. Next year we expect to have more income from student fees as a result of the grant from the Erling Persson Family Foundation.

ZikaPLAN is Umeå University's largest EU project and one of our main benefactors. Our biggest contributor (56%) in 2019 was the FORTE-Swedish Research Council for Health, Working Life and Welfare. Other benefactors are the VR-Swedish Research Council and SIDA-Swedish International Development Agency (See Figure 4).

A notable trend in 2019 was the increase in external grant funding (see Figure 4). We are hopeful that this trend will continue in 2020 (see Figure 5).



**Figure 4.** Main grant sources, EpiGH, 2019.



**Figure 5.** Incoming grants, EpiGH, 2014-2019.

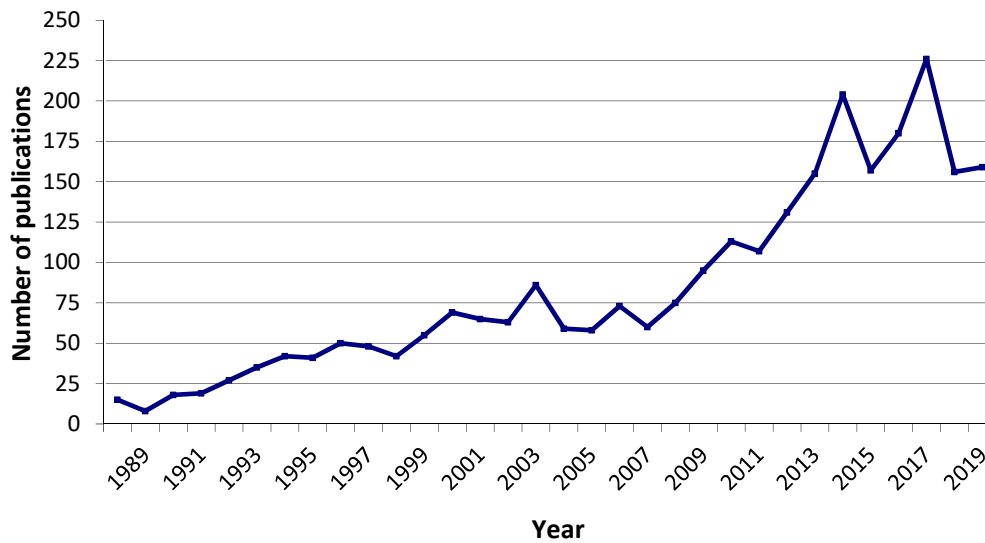
## Outputs

There are no measures that can fully evaluate our activities. However, one outcome criterion is the number of publications (Figure 6). The ups and downs of the curve result reflect the processes leading up to a publication, i.e. from a research idea over project planning, data collection and analysis, and ultimately to the measurable outcome - the published paper.

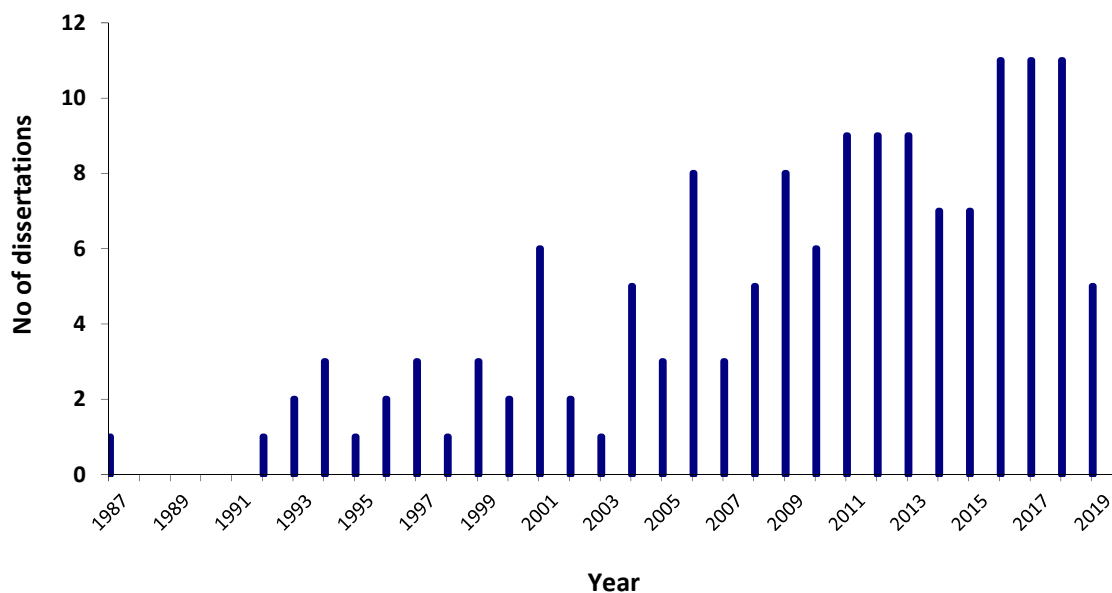
In 2019 five PhD students successfully finalised their studies (Figure 7). At the end

of 2019, 36 PhD students were associated with our Department, including five new students registered during the year.

The Medical Faculty budget model uses three parameters for assessment of productivity: publications, PhD exams, and external grants. Each department is given a budget, based partly on this assessment system. EpiGH has been increasingly competitive in this regard.



**Figure 6.** International peer reviewed publications by EpiGH members, 1986-2019 (registered in the publication database DiVA).



**Figure 7.** EpiGH, doctoral dissertations, 1987-2019.

## Staff



**Omar Alkudaimi.** Service employee. Omar left the Department during 2019.

**Camilla Andersson.** Project assistant in Household Preferences for Reducing Greenhouse Gas Emissions in Four European High Income Countries. Is also working with a project on early warning systems for climate driven infectious disease in Indonesia. Camilla Andersson has a master of arts in media- and communication with specialization in public health. Her main research interest is in climate change, health- and risk communication and information systems.



**Mazen Baroudi.** Doctoral student focusing on young immigrants' sexual and reproductive health and rights and their access to healthcare in Sweden. His main research interests are health system and migration health.

**Peter Byass.** Professor of Global Health. He is Chief Editor of Global Health Action, our open-access journal, at [www.globalhealthaction.net](http://www.globalhealthaction.net). He collaborates closely with the World Health Organization and other international agencies. He also holds honorary Professorships at the University of Aberdeen, Scotland and the University of the Witwatersrand, South Africa. Follow him on Twitter @PeterByass.



**Kjerstin Dahlblom.** Senior lecturer in Public Health, is a social scientist and currently involved in a Swedish collaborative research project entitled "Child health inequalities and place: Kjerstin has expertise in participatory research with children in Nicaragua and in Cambodia.

**Mikael Emsing.** Doctoral student at Epidemiology and Global Health and the Post-graduate school for Educational Sciences. Working on the thesis "Perceptions of conflict management and its association with mental health and quality of life among Swedish police officers". The project seeks to examine the associations of conflict management and personality with mental health and Quality of Life among Swedish Police.



**Eva Eurenus.** PhD in Physiotherapy and Docent in Public Health – working mainly with the Salut Child Health Promotion Programme with studies on the becoming parents' and children's health, lifestyle and living conditions in Västerbotten and the effectiveness and cost-effectiveness of the Salut Programme. Employed at the Public Health Unit, Strategic Management Office, Region Västerbotten and funded half time by ALF.

**Nadja Fagrell Trygg.** PhD student and project assistant in the project Complex inequalities in mental health.



**Osvaldo Fonseca.** Post doc. PhD in Veterinary Science. MSc in Preventive Veterinary Medicine. Also affiliated (Post doc) to the Centre for Demographic and Ageing Research (CEDAR) at Umeå University. Involved in a research project "Health impacts of weather types in Sweden – the context of climatic and demographic change" ..

**Sara Forsberg.** Financial coordinator. Responsible for budgeting, economic planning and accounting. Has worked previous as an accountant for the financial office at Umeå University.



**Isabel Goicolea.** MD, Professor. Her research interests are in gender relations, men's violence against women, young people's health and sexual and reproductive rights. Currently involved in research on youth health in Sweden, India and Zambia.

**Anne Gotfredsen.** Doctoral student at the Department for Epidemiology and Global Health. Also affiliated to the Umeå Centre for Gender Studies (UCGS). The overall aim of my doctoral thesis is to explore and understand how teenagers involved in various civic organizations and leisure activities develop a collective capacity to influence their mental health.







**Per Gustafsson.** PhD in Child and Adolescent Psychiatry, Associate Professor in Epidemiology, and Docent in Public Health. My research falls within social epidemiology with a particular focus on various forms of

social inequities in health and health care, and I teach theory and methods for e.g. basic epidemiology, social epidemiology and philosophy of science at basic, advanced and doctoral levels.

**Ulrika Harju.** PhD research administrator and administrator for Masterprogram in working life and health, ALOHA.



**Jing Helmersson.** Research scientist in epidemiology and global health. PhDs in both public health (2018) and in Physics (1989). Her current research project is mathematical modeling of vector - borne

infectious diseases, i.e., Dengue, Zika and *Aedes* mosquito population dynamics and invasion of uninfected areas. Jing left the department for another position during 2019.

**Anna-Karin Hurtig.** MD, DrPH, DTM&H, MSc. Professor in public health. Head of the Department of Epidemiology and Global Health. Main areas of interest: international health policy and systems research, community based health systems and primary health care, and migrant health. Capacity building.



**Elisabet Höög.** PhD in Public Health. MA in work- and organizational psychology. Research focus on facilitation and support structures for change and development in public organizations. Ongoing partnership with Region Västerbotten, FoU Välfärd, and also working at Karolinska Institutet, LIME/MMC.

**Anneli Ivarsson.** Professor in Epidemiology and Public Health Sciences. MD with specialist training in Paediatrics and a PhD in Paediatrics. International Director of the Medical Faculty. Consultant at the Public Health Unit, Strategic Management Office of Region Västerbotten. Nationally and internationally known for decades of coeliac disease research. Scientific leader of the Salut Child-Health Intervention Programme in Västerbotten. Founder of the Umeå SIMSAM Lab focusing on multidisciplinary register-based research for connecting childhood with life-long health and welfare.



**Urban Janlert.** MD, Professor emeritus in Public Health, specialist in Social Medicine. Research in social epidemiology (unemployment, social deprivation).

**Angelica Johansson.** Programme Administrator of the Public Health Programme. Secretary for the Programme council for master programmes in public health (PRPH) and responsible for the administration in Selma. Also working with student support and course administration.



**Helene Johansson.** PhD in Public Health. Research fellow. Director of studies for the Master's programme in Working life and Health. Research areas: risk communication, community health promotion, prevention, implementation, collaboration/integration. Teaching subjects: health, health promotion, prevention, working life and health, qualitative methodology. Supervision of students at the master's and PhD level.

**Karin Johansson.** Administrative co-ordinator. Responsible for departmental and staff administration.



**Klara Johansson.** PhD, researcher in epidemiology and public health. Research interests: 1) socioeconomic determinants of adolescents' mental health, safety & injury, and sexual health; and 2) interrelations between gender equality versus physical and mental health. Currently working on a project on macroeconomic factors in relation to adolescent mental health internationally.

**Frida Jonsson.** Postdoctoral fellow doing health systems research in rural parts of northern Sweden, focusing on service access among elderly and young people. PhD in public health and a special interest for social inequalities in and determinants of health and health care."



**Håkan Jonsson.** Statistician, associate professor and docent in cancer epidemiology. Research areas are early cancer detection/screening and register based epidemiology. Principal

investigator for projects related to mammography screening with focus on effectiveness, overdiagnosis, tumour characteristics and treatment.



**Ulrika Järholm.** Department administrator. Working with web and communication, research courses, PhD administration and project administration.

**John Kinsman.** Associate Professor in Global Health. Social scientist with a primary focus on preparedness and response to infectious diseases in Africa, Latin America and the EU; and with additional work on health systems strengthening. John left the Department for another position during 2019.



**Ida Linander.** PhD in public health and research fellow. Does qualitative research about sexual consent, LGBTQ people's experiences of safety and transgender people's experiences of health and healthcare. Teaches gender- and queer theory, qualitative methods and LGBTQ perspectives on healthcare. Affiliated with Umeå Centre for Gender Studies (UCGS).

**Lars Lindholm.** Professor in Health economics. Studies on equity in health economic evaluation and the use of epidemiological data in the distribution of health care resources.



**Marie Lindkvist.** Director of Studies at the Unit. Associate professor in Epidemiology and Biostatistics, PhD in Statistics and B.Sc in Mathematics. Appointed as Excellent teacher in Umeå University's pedagogical qualification model. Lecturer in biostatistics and statistical consultant. Responsible for statistical considerations and analyses in the Salut child health intervention programme in Västerbotten.

**Kristina Lindvall.** Researcher, Dietitian, master in Food and Nutrition, PhD in Public Health. Involved in research on Complex interventions and their implementation (in Västerbotten, Sweden and Upstate New York), Weight maintenance (in Västerbotten, Sweden and Upstate New York, US), Risk communication within CVD, and Public Health challenges of drought-related displacement in East Africa.



**Wolfgang Lohr.** Medical data manager, involved in different research projects.



**Curt Löfgren.** Senior lecturer in Economics. PhD in Public Health, particularly issues on health financing in low and middle income countries, e.g. how to protect households from catastrophic health expenditure.

**Göran Lönnberg.** Statistician, data scientist, research assistant, involved in different research projects.



**Kaspar Meili.** PhD student in health economics, working on CALYs - Capability-Adjusted Life Years. CALYs are based on Sen's capability approach and can be used similarly to QALY, for example in economic evaluations. CALYs aim to measure quality of life in terms of accessible capabilities, giving individuals freedom how to realize their lives.

**Paola Mosquera Mendez.** Psy, MSc, PhD. Researcher. Her research focuses on the evaluation of public health policies, the measurement and explanation of health inequalities and the application of an equity lens to public health interventions. She is currently leading a research project exploring how to apply a life course approach to analyze socio economic inequalities in cardiovascular health and another one evaluating the effects of the primary care choice reform on population health and socioeconomic inequalities in health in Sweden..



**Lena Mustonen.** Department administrator, web editor and staff directory coordinator. Also administering the publication database (DIVA). Research administrator within the Umeå SIMSAM Lab, the EU-supported project ZikaPLAN and EQ5D project.

**Nawi Ng.** Guest Professor of Epidemiology and Global Health. His research interests are in non-communicable diseases, ageing and disability in Sweden and in low- and middle-income countries. Lead two research projects at UmU: (i) a multidisciplinary research team in the FORTE Programme on developing digital coaching for behavior change in Västerbotten County (Forte Programme, 2018-2021); and (ii) an implementation research for integrating the tuberculosis, diabetes mellitus and smoking prevention programme in India and Indonesia (VR Research Link, 2019-2020).





**Maria Nilsson.** Associate Professor in public health; social scientist with a PhD in epidemiology and public health sciences. Her main focus is climate change and health, with specific interest in adaptation, policy, communication and vulnerable populations. She also has an interest in research on tobacco control and prevention. Affiliated to the Public health unit, Region Västerbotten.

**Faustine Nkulu Kalengayi.** MD, MPH, PhD. Research fellow. Research on Migrant health and access to health care services. Collaborative research with the Public Health Agency of Sweden on HIV/STIs and migrants' sexual and reproductive health and rights.



**Margareta Norberg.** Researcher, MD, PhD in Family Medicine and Epidemiology. Long term experience of population wide clinical prevention of cardiovascular diseases (CVD) within the Västerbotten Intervention Programme (VIP). Research focused on prevention of CVD, currently Co-PI for VIPVIZA, a pragmatic randomised controlled trial nested in the VIP, ClinicalTrials.gov, NCT 01849575. Affiliated also to the Dep of Public Health and Clinical Medicine.

**Annika Nordström.** PhD. Senior lecturer in public health. Head of Welfare Research and Development Unit, Region Västerbotten. Studies on social services challenges in sparsely populated areas.



**Fredrik Norström.** Associate Professor in Epidemiology and Biostatistics. Principal investigator for the research project: "Is better public health worth the price? - A health economic evaluation of increased staffing in home care". Research interests are: i) health economic modelling, ii) unemployment and health, iii) quality in scientific publications, iv) development of statistical methodology within epidemiology and public health, and v) celiac disease.

**Lennarth Nyström.** Associate Professor in epidemiology, Senior consultant. Research focus on evaluation of the effectiveness of mammography screening in Sweden, effectiveness of treatment of hypertension in Västerbotten and efficacy of



health coaching to promote healthier lifestyle among older people at moderate risk of cardiovascular disease, diabetes and depression in Sweden. Other research includes medical adherence to endocrine treatment for breast cancer in Sweden, epidemiological studies of hip fractures and hip arthroplasty in Umeå.



**Monica Nyström.** Associate professor in Medical management, organisation, and innovation. Leads the FORTE project LST-STRATEGY – Strategies for large system transformations in a decentralized healthcare system and the Vinnova financed projects "Develop the developers of the future!", "Innovative development in the North - New forms for supporting innovative development in large healthcare organizations", and the SALAR funded "FK-Hälsa Works part time at Umeå University with her main employment at Medical Management Centre, Department LIME, at Karolinska Institutet where she is a research group leader for the SOLIID-group.

**Solveig Petersen.** PhD in Pediatrics, Associate Professor in Epidemiology and Public Health. Ongoing research in the fields of epidemiology and prevention of mental ill-health, recurrent pain and overweight in children in Sweden and internationally. Principal investigator of the Study of Health in school-children from Umeå (the SISU project). Also holds an analyst position at the Public Health Agency of Sweden.



**Raman Preet.** A Dental Professional, Research Coordinator and Equal Opportunity Officer. Co-coordinator of EU H2020 Project ZikaPLAN hosted at the Department. Since last 8 years coordinating and collaborating in many large public health research consortia especially European Union funded grants on arboviral diseases. Teach global health to medical, dental and public health students at Umeå University. Give lectures on various topics especially sustainable development goals in global health, health and oral health inequalities and the systems thinking approach to planning and management.

**Anni-Maria Pulkki-Brännström.** MSc, PhD. Researcher and teacher in health economics. Research focuses on the evaluation of multi-sectoral and complex interventions. Coordinator of the Faculty's Equity in Health thematic space.





**Susanne Ragnarsson.** PhD in Epidemiology and global health. Involved in the Study of Health in schoolchildren from Umeå (the SISU project). My PhD Studies were about recurrent pain in school-aged children and the relation to academic outcome. Also a part of Post-graduate School for the Educational Sciences.

**Samson Redae Kahsay.** Service employee. Samson left the Department during 2109.



**Karl-Erik Renhorn.** Research coordinator. Provides information, advice and support in relation to external funding to the researchers at Epidemiology and Global Health. Also assists researchers in the development of grant proposals and the management of research projects. Teaches on and co-ordinates the postgraduate course “How to write grant applications”, and co-ordinates the thesis courses of our Master’s programmes. Also affiliated with Umeå University’s research Support Office.

**Linda Richter Sundberg.** Research fellow/Psychologist. My research focus on evidence-based policymaking and implementation processes in the health system. I have a particular interest in the cross-section between psychology and public health. I coordinate the research profile of Health policy and systems research at the department and the Network for research and practice on Implementation in health and social services.



**Arian Rostami.** Doctoral student at the Department of Epidemiology and Global Health. Also affiliated to the Police Education Unit and the Umeå Centre for Gender Studies (UCGS). The overall aim of my doctoral thesis is to study mental health and job satisfaction in relation to work-related stress, personality and resilience in police officers working in vulnerable areas. Also, gender-based and sexual harassment as one of the main job stressors will be assessed in this investigation with a specific focus on female police officers.



**Klas-Göran Sahlén.** R.N, PhD. Deputy Head of the Department. Studies in the area of aging, prevention and health economics. Lecturer in two subjects; health economics, and qualitative methods. Also senior lecturer at the Department of Nursing.



**Miguel San Sebastián.** Professor in public health; Medical Doctor with a MSc degree in control of infectious diseases and a Ph.D. degree in environmental epidemiology. He practiced public health during 12 years among indigenous communities of the Amazon basin of Ecuador. Currently working as Professor teaching different courses at Master and PhD level. His current research is focused on strengthening health systems in low income countries and social inequalities in health in the Swedish context. He is also the health research leader at Várdduo-Center for Sámi Research.

**Eva Selin.** Study administrator and Study counselor of the Public health programme. Working with student support and course administration.



**Julia Schröders.** (MA & MMedSc) is a social scientist with academic training in medical anthropology, global public health, and epidemiology. Her research interests include health and health care challenges of LMICs with rapidly transitioning societies; determinants and dynamics in disablement processes during midlife and old age; and social network epidemiology. Her ongoing PhD research focuses on understanding the role of social networks for aging adults in Indonesia

**Barbara Schumann.** Associate Professor/research fellow; PhD in epidemiology. Affiliated also with CEDAR (Centre for Demographic and Ageing Research) at Umeå University. Research on health impacts of weather and climate change (weather-related infant mortality in northern Sweden during the demographic transition; weather types and health in Sweden 1991-2080, climate and health in low- and middle income countries). Another focus are public health challenges of drought-related displacement in East Africa.



**Anna Stenling.** MSc. Doctoral student evaluating the Västerbotten Intervention Programme from a health economic perspective.

**Jennifer Stewart Williams.** PhD in Epidemiology and Biostatistics. Editor for Global Health Action. Responsibilities include supervising and mentoring students in scientific writing and manuscript preparation and capacity building among early career researchers in the translation of their research



outputs into peer-reviewed publications. Research focus covers non-communicable diseases, population ageing, and social and economic inequalities in health and health care utilization. Emerging research interests include access to essential medicines and vaccines, and the social and economic impact of antibiotic resistance.



**Sun Sun.** Research Fellow, PhD in Health Economics. Affiliated also with the Health outcomes and Economic Evaluation Research Group at LIME, Karolinska Institutet. Research on

health outcomes especially EQ-5D related topics, health economics and real world evidence. PI for ongoing project on Health outcomes and resource utilization for bariatric surgery: evidence from real-world data in Sweden”.

**Stig Wall.** Professor Emeritus of epidemiology and health care research. Epidemiologist with a social science background. Research on epidemiology and international health, environmental and social epidemiology, prevention and medical technology assessment.



**Susanne Walther.** Financial administrator. Working with budget and departmental administration. Also involved in the project on celiac disease.

**Masoud Vaezghasemi.** Postdoc fellow; PhD in Epidemiology and Public Health. Current research focuses on social-emotional problems among preschool children in Northern Sweden. His research interest lies within social and contextual determinants of health and health inequalities. Also interested in the double burden of malnutrition in Low- and Middle-Income Countries.



**Lars Weinehall.** Senior Professor in Epidemiology and Family Medicine. Was 1985-2007 the coordinator of development and country-wide implementation of one of the world's largest ongoing population-

based intervention program for the prevention of cardiovascular diseases (CVD) and diabetes, the Västerbotten Intervention Program (VIP). Research on analysis of the role of primary care in population-oriented prevention and supervised a number of PhD students both from Sweden, the US, Indonesia and Vietnam.



**Anna Westerlund.** Post doc. PhD. MSc in work- and organizational psychology. Currently her research is focused on knowledge governance and implementation processes in healthcare and social

services.

**Annelies Wilder-Smith.** Infectious disease physician and public health practitioner with a special interest in emerging infectious diseases and vaccine-preventable diseases. The past 15 years have been devoted to dengue research, in particular dengue vaccine development and dengue in international travelers. Prof Wilder-Smith is President of the International Society of Travel Medicine, Editorial Consultant to the Lancet, Senior Advisor to the Dengue Vaccine Initiative, and serves on various WHO committees. She is the Principal investigator of the EU funded project, “Zika Preparedness Latin American Network – ZikaPLAN”.



## Affiliated staff

**Alberto Aulet.** Specialist in family medicine and a resident in dermatology at the University Hospital of Norrland, Umeå. His research interest relates to the epidemiology and quality of care of the psoriasis disease.

**Yulia Blomstedt.** PhD. Head of Centre of Registry Northern Sweden. Research on health interventions, self-reported health, health care management.

**Maria Emmelin.** Professor of Global Health at Department of Clinical Sciences, Social Medicine and Global Health, Lund University. She has a special interest in public health evaluation and the social determinants of health. Her research has focussed on self-rated health and the social aspects of cardiovascular disease prevention in northern Sweden. She has worked with the HIV/AIDS epidemic in Tanzania, smoking cessation in South Africa, reproductive health in Ethiopia, and violence against women (and children) in Ethiopia, Tanzania and Indonesia. She is co-editor with Global Health Action.

**Manuel Gonzáles.** Specialist in general medicine and cardiology. He holds a PhD degree in cardiology since 2013 and has completed Post-doctoral studies in eHealth (2017-2019) at the Commonwealth Scientific and Industrial Research Organisation (CSIRO) in Brisbane, Australia (AU). Manuel is currently employed as senior practicing cardiologist at the University Hospital of Norrland, Umeå. He holds an

Honorary Senior Lecturer position at the University of Queensland, Australia. His research focuses on the use of eHealth to deliver cost-effective care for chronic heart disease's patients and its practical integration in daily health care activities, especially in home-based monitoring and rehabilitation programs.

**Gabriel Granåsen.** Statistician at the Registry Centre Northern Sweden.

**Anne Hammarström.** MD, DrPH, Professor in public health. PI for Northern Swedish Cohort and for several research programmes.

**Alison Hernandez.** PhD. Doctoral studies on Health Service Delivery in Rural Guatemala: Analysis of Strategies to Support the Performance of Auxiliary Nurses. Finalised her PhD during 2015.

**Henrik Holmberg.** Statistician at the Registry Centre Northern Sweden.

**Kathleen Kahn.** PhD, MPH, MBBCh. Collaborative work in child and adolescent health, community-based cause of death assessment, and adult health and aging through INDEPTH multi-site work. Active in forging research and training links with Wits University, South Africa. Also based in the MRC/Wits Rural Public Health and Health Transitions Research Unit (Agincourt), School of Public Health, University of the Witwatersrand, South Africa.

**Per Liv.** Statistician at the Registry Centre Northern Sweden.

**Anna Månsdotter.** Associate professor in public health. Working at the Public Health Agency of Sweden (governmental assignments and scientific support). Research and teaching on public health, economics/ethics, and gender equality.

**Petter Stoor.** MSc, Doctoral student at Sámi Norwegian National Advisory Unit on mental health and Substance Use, Finnmark hospital trust, Norway, and UiT – the Arctic University of Norway. Working on suicide among Sámi, mainly in Norway and Sweden. Involved in multiple wellbeing and suicide prevention projects among Indigenous peoples in the Arctic.

**Hajime Takeuchi.** Guest professor. Paediatrician and child neurologist. Guest Professor at Epidemiology and Global Health, otherwise working as a Professor at Bukkyo University, Kyoto, Japan.

**Stephen Tollman.** (MA MPH MMed PhD), Directs the Medical Research Council/Wits University Rural Public Health and Health Transitions Research Unit (Agincourt) in rural north-east South Africa. Founding Board chair of the INDEPTH Network (2002-2006). Leads Network efforts in Adult Health and Aging.

**Susanne Waldau Wiechel.** PhD, knowledge management strategist at Region Västerbotten. Among relevant knowledge fields (besides medicine) are public health, epidemiology, sociology of medicine, health economics and medical ethics. Member of the Program Council for master programmes in public health.

**Magnus Zingmark.** Head of Research and Development on Active and Healthy Ageing at Municipality of Östersund. His works is with effects and cost-effectiveness of physiotherapeutic interventions among elderly.

**Ann Öhman.** Professor in gender studies and in public health, with special reference to health profession research, violence against women and constructions of masculinity. Theme manager of the research theme Gender and Global Health within Umeå Centre for Global Health Research. She is Professor and Scientific Leader at Umeå Centre for Gender Studies, Umeå University.

# Education



Students and staff, May 2019

Photo: Mattias Petterson

## Umeå International School of Public Health

Public health education and training has been integral to the success of our international research collaborations. Many ad hoc training courses, workshops and short courses in epidemiological methods have provided a springboard for international projects. These activities have helped to build what is now a highly regarded international school within Umeå University. Maintaining a strong research focus in our teaching has been critical for mutual success in education, training and international partnerships.

The first courses in public health in Umeå were given in 1986. Five years later, in 1991, a one-year Master of Public Health (MPH) programme was introduced. The structure of the programme remained fairly similar until 2007, when an additional two-year programme was introduced, covering epidemiology more broadly to include health systems and the social determinants of health.

As a result of a decision taken by the Swedish Parliament, since autumn 2011, students from outside the European Economic Area (EEA) and Switzerland have

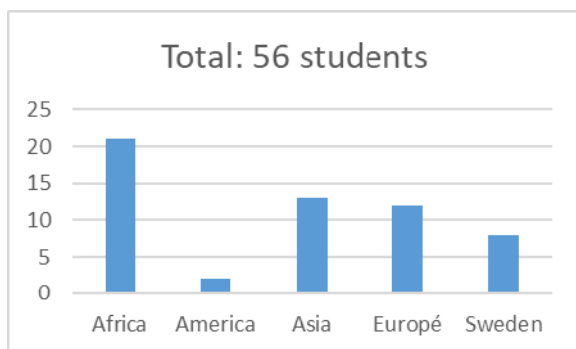
been required to pay tuition fees for higher education in Sweden. This led to a drop in enrolments from non-European students in 2011/12. Despite this challenge we remained committed to promoting the one- and two-year MPH programmes and further developing and diversifying their educational content.

In the autumn of 2015, in collaboration with Umeå School of Business and Economics, we introduced an MPH with a specialization in health economics. This recognises the breadth of health economics across a range of topics that include making evidence-based decisions about the best use of resources for maximising health gains, ways of analysing systems, organizational change and health financing.

To ensure flexibility and offer common ground for students, the first year of the MPH is identical for all students regardless of whether they are undertaking a one- or two-year program, with or without the health economics specialty. This first year includes courses in: global health conditions; health systems analysis; social determinants of and inequalities in health, and

quantitative and qualitative methods useful for developing, implementing and evaluating public health policies. The two profiles for the second year expand on the knowledge and skills developed so far, both when it comes to depth and breadth. They comprise a mix of set courses to ensure a foundation in core topics, but also a selection of elective courses on a range of relevant topics. This arrangement offers students possibilities to shape their own unique profiles according to their interests and needs. Taken together, the programmes provide public health practitioners and researchers with the skills needed to comprehensively understand, analyse and ultimately improve population health.

During the 2019/20 academic year we had an intake of 37 new students comprising 13 one-year students, 11 two-year students enrolled in the regular programme and 13 students enrolled in the health economics specialisation. In addition there were 19 second-year students, eight of whom are in the regular two-year program and 11 of whom are in the health economics programme. In 2019 our incoming students originated from Sweden, Europe, Asia, Africa and America. The multi-cultural composition of the students promotes a diverse academic and social climate, which students frequently highlight as a major strength of our programmes.



**Figure 8.** Masters students 2019/20

Since the introduction of tuition fees, scholarships from the Swedish Institute have been instrumental in the recruitment of students outside the EU. In 2019, 21 of our international students were fortunate enough to receive scholarships from the

Swedish Institute. Two students were supported by the Erling-Persson Family Foundation. We are most grateful to the Foundation for the many years of support in providing scholarships to students from outside the European Economic Area.

Korpen Veteranerna Västerbotten have also made a generous donation that allows us to give financial support to students who participate in the yearly conference arranged by the Swedish network for International Health (SNIH).



EpiGH is a member of tropEd, an international network for higher education in international/global health from Europe, Africa, Asia, Australia and Latin America. The Network provides postgraduate opportunities for education and training which contribute to sustainable development. The focus is on improving the management of health services for disadvantaged populations.

TropEd offers a Masters programme in international health. In 2019 EpiGH held tropEd accredited courses on various public and global health related topics. In June 2019, the tropEd General Assembly meeting was hosted by EpiGH for three days with participants from Europe, Africa and Asia. EpiGH is also part of a Nordic Network on Global Health. This Network, which was established in 2017 with support from Nordplus, currently comprises six universities from five Nordic countries. EpiGH has joined with other Nordic universities in an effort to further expand the course portfolio, and benefit from the learnings in different Nordic higher education environments. This underscores a strong commitment to the principles of equity and global health partnerships. The Nordic countries and their universities aim to build an extensive knowledge network of student and teacher exchange thereby strengthening their strong *profiles within global health education*.



## Master programme courses 2018/19

### First year

Global Public Health, 10 credits  
 Biostatistics 5 credits  
 Epidemiology, 10 credits  
 Qualitative Methods 5 credits  
 Health Systems: Organization and Financing, 5 credits  
 Health Economic Evaluation Methods, 5 credits  
 Social Pathways in Global Health and Health Promotion, 5 credits  
 Master Thesis, 15 credits

### Second year

Evidence Based Public Health, 4 credits  
 Equity and Health, 3.5 credits  
 Qualitative Data Analysis, 7.5 credits  
 Advanced Biostatistics and Epidemiology, 7.5 credits  
 Advanced Topics in Health Economics Evaluation Methods, 7.5 credits **or**  
 Social Epidemiology – Theory and Methods, 7.5 credits  
 Health, Environment and Sustainability, 7.5 credits  
**or**  
 Planning and Management in Health Care, 7.5 credits  
 Evaluation in Public Health, 7.5 credits  
 Master Thesis, 15 credits

### Second year with specialization in Health Economics

Tools and Methods for Economists, 7.5 ECTS **or**  
 Evidence Based Public Health, 4 ECTS **and** Equity and health, 3.5 ECTS  
 Health Economic Theory, 7.5 ECTS  
 Social and Environmental Entrepreneurship, 7.5 ECTS **or**  
 Project Management, 7.5 ECTS **or**  
 Environmental Resource Economics, 7.5 ECTS **or**  
 Advanced Biostatistics and Epidemiology, 7.5 ECTS  
 Advanced Topics in Health Economic Evaluation Methods, 7.5 ECTS  
 Health, Environment and Sustainability, 7.5 ECTS **or**  
 Planning and Management in Health Care, 7.5 ECTS  
 Evaluation in Public Health, 7.5 ECTS  
 Master Thesis, 15 ECTS

## New scholarship for Master programme students

The Erling-Persson Family Foundation will provide 12 million SEK towards scholarships for students from non-EU/EEA countries studying the Master's programmes in Public Health in our

Department. This funding will fully cover tuition waivers, and partially cover living costs, for up to eight students each year, beginning with the autumn intake in 2020-2021. The Foundation already provides generous support to our PhD students.

"This news has energized us immensely, and will now enable us to increase our focus solely on education, and towards building a sustainable health for the future", says Klas-Göran Sahlén, Chair of the Programme Council. "This is the second time we have received such funding, a validation and a sign that we are doing many things right and are headed in the right direction. This is great news on many levels", says Marie Lindkvist, the Director of Studies.

## Other teaching activities

All courses within the MPH can be taken as single subjects. Priority is given to those enrolled in the MPH but a number of non-programme students are also accepted. This is especially true for the more methodologically oriented courses such as *Biostatistics*, *Epidemiology* and *Qualitative Methods*, and courses concerning health systems, policy, organization and financing, e.g. *Health Systems: Organizing and Financing* and *Health Economic Evaluation Methods*. In our view it is essential that these subjects are accessible to research students in related disciplines. Since 2018 we have two single subject courses outside the programme that have also attracted masters students. Those courses are "From a thesis to a paper" and "R-a tool for statistical analyses".

The Department has been responsible for teaching community medicine (since 2002) and global health (since 2005) to medical students. The latter course was introduced in response to student requests. Almost all public health lectures to medical students are given during semester 5. The teaching is done in collaboration with the Unit of Occupational and Environmental Medicine and the Department of Law.

Staff at the Department also teach into several other programmes. Teaching is carried out at all academic levels - from basic to doctoral. During the first semester

of the ‘Biomedical Programme’ (180 credits), our Department is responsible for teaching a 7.5-credit course in Epidemiology and Biostatistics. Members of the Department are teaching (from basic to masters level) into the Departments of Nursing, Community Medicine and Rehabilitation, Ontology, Food and Nutrition, Psychology, Economic History and the Umeå School of Education.

### Educational Strategic Group

The Educational Strategic Group was established in early 2017. The Group is headed by the Director of Studies for the Master of Public Health (MPH) Programmes. The other members are the Chair of the Programme Council, the Director of Research Education and four teacher representatives. The purpose of the Group is to provide a strategic perspective on the educational development of MPH programmes and act as an advisory body for the Director of Studies. Ongoing work includes the review and improvement of the content and structure of different courses from an integrative programme perspective, the discussion of strategies for recruitment

and collaborations, and devising solutions for programme issues as they arise. During 2019 one of the Group’s priorities was to identify ways of increasing collaboration between the MPH programmes and broader society. Another priority was to develop a pedagogical vision for the educational environment at EpiGH.

### Promoting Educational Exchange

Finally, we aim to promote opportunities for educational exchanges with low- and middle-income countries. As part of these efforts, we have launched two “new” MPH initiatives whereby foreign students can take first year courses in their home countries and can continue into a second year in Umeå in 2018.

During 2018-2019 we continued our collaboration with Nordic countries as part of a Nordic-Plus application. Further we have been more engaged in the tropEd network for masters education in Global Health. During 2019 we had European tropEd students in two of our masters courses.

**CONTACT:** *Marie Lindkvist*



**Figure 9.** Home country of Master of Public Health students 1987-2019.



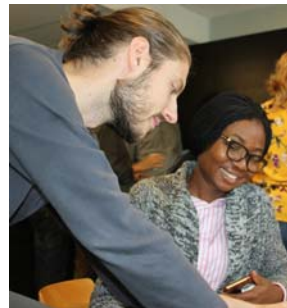
Graduation ceremony for international students in Aula Nordica, May 2019



PH Graduation Day, Receiving diplomas and dancing the “Little Frog’s dance, May 2019



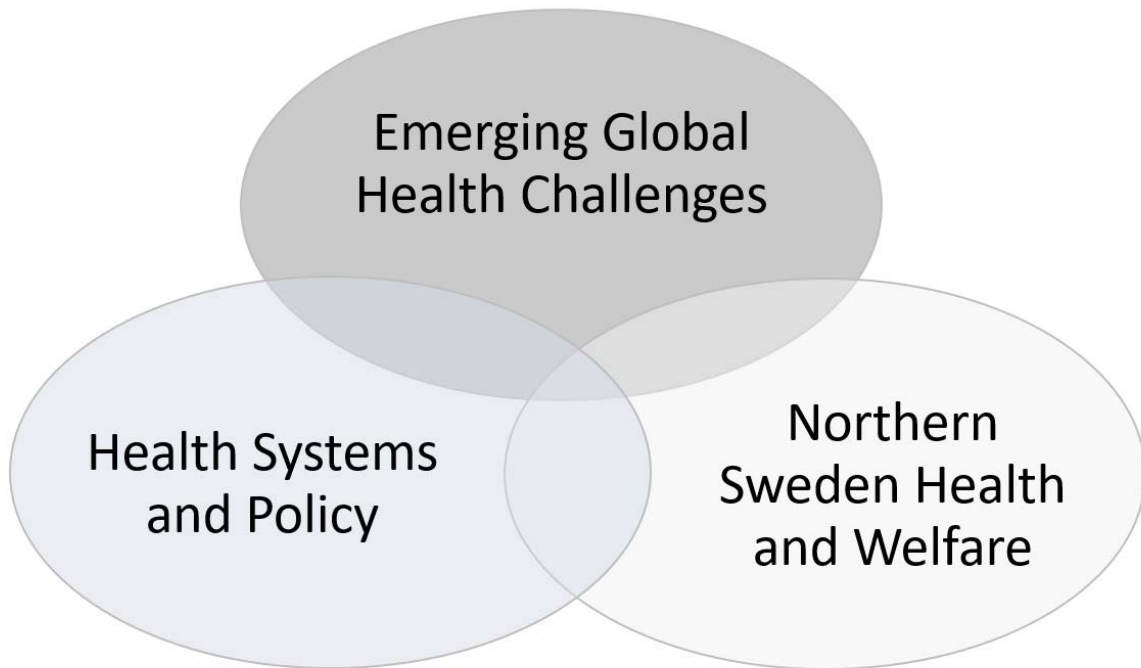
Open House for MPH students, October 2019



# Research

Epidemiology and Global Health is host to a dynamic, multidisciplinary and international research environment. Our research

falls into three broad and overlapping profiles: Health systems and policy; Northern Sweden Health and Welfare and Emerging Global Health Challenges.



**Figure 10.** Research profiles at the Department of Epidemiology and Global health.

## Ongoing research projects – the three profiles

### Emerging Global Health Challenges

The world is becoming increasingly globalized and we are faced with challenges to health which transcend national borders. While migration, climate change and ageing populations are emerging health threats, the negative impacts of poverty and social inequalities still persist.

Over the course of the past decades, our Department has been collaborating with multidisciplinary stakeholders around the

world to address these major global health challenges. Together we strive to fill knowledge gaps by improving our understanding of the dynamic interaction of demographic changes with social, economic and environmental factors influencing population health.

Our endeavor contributes to the implementation of policies and actions needed to create sustainable, resilient and healthy societies globally.

EMERGING GLOBAL HEALTH CHALLENGES		
PROJECT TITLE	CONTACT PERSON	FUNDING AGENCY
Community based interventions for strengthening adolescent sexual reproductive health and rights in Zambia	Anna-Karin Hurtig	Swedish Research Council
Zika Preparedness Latin American Network	Annelies Wilder Smith	European Commission
Adolescent mental health in relation to macroeconomic factors: protective and risk factors	Klara Johansson	Swedish Research Council for Health, Working Life and welfare (FORTE)
Lancet countdown 2030 on climate change and health	Peter Byass	Wellcome Trust
Population dynamics and socioeconomic well-being.	Joacim Rocklöv	Sida
Mitigating poverty and disablement in older age: Understanding the complex interactions of factors influencing equitable healthy ageing in Myanmar	Malin Eriksson	Swedish Research Council
Designing implementation research for integration of tuberculosis, diabetes, and tobacco control programme: research link collaboration between India, Indonesia, and Sweden	Nawi Ng	Swedish Research Council
Strengthening youth resilience and mental health in North India	Isabel Goicolea	Swedish Research Council
Resilient public health in the context of large-scale, drought-related migration in East Africa: Knowledge status and knowledge needs	Barbara Schumann	The Swedish Research Council for Environment, Agricultural Sciences and Spatial Planning (FORMAS)
Can mental health and health care be promoted among young prisoners in Cambodia?	Miguel San Sebastián	Swedish Research Council
Sexual and reproductive health and rights among migrant youth	Anna-Karin Hurtig	Public Health Agency of Sweden
Sexual and reproductive health among HIV positive women in Sweden	Anna-Karin Hurtig	Public Health Agency of Sweden
Complex inequalities in mental health	Per E Gustafsson	Public Health Agency of Sweden
A spectrum of sexual consents. An interview study with sexually active adults in Sweden	Isabel Goicolea	Public Health Agency of Sweden

## Health Systems and Policy

It is essential to understand how societies organize themselves in achieving public health goals, and how different actors interact in policy and implementation processes to contribute to improved health outcomes. Health systems worldwide are struggling to respond to the needs of populations and provide universal health coverage. We conduct interdisciplinary research in

relation to decision makers, service providers and citizens with the aim of contributing to the strengthening of systems and implementation of interventions. During the past decade, the Department has been involved in projects aiming to strengthen the equity, quality and safety of health systems globally, and also in methodological development for more valid and reliable strategies to evaluate health policies and their implementation.

HEALTH SYSTEMS AND POLICY		
PROJECT TITLE	CONTACT PERSON	FUNDING AGENCY
Towards a democratic and equitable health system: Building citizens health literacy and intrinsic motivation to becoming co-creators in health promotion	Maria Nilsson	Swedish International Centre for Local Democracy (ICLD)
Health policy and systems research. Strengthening community based health systems	Anna-Karin Hurtig	STINT
Perceptions of conflict management, association with mental health and quality of life among Swedish police officers	Mikael Emsing	Police Education Unit, School of Education
Validation of the health related life quality instrument EQ5d 5L for Sweden	Klas-Göran Sahlén	EuroQol Foundation, Region Stockholm
How can mental health care services be integrated in youth clinics? A health policy and systems study	Isabel Goicolea	Swedish Research Council for Health, Working Life and welfare (FORTE)
Health Outcomes and Resource Utilization for Bariatric Surgery: Real World Evidence from Sweden	Sun Sun	Swedish Research Council for Health, Working Life and welfare (FORTE)
Capability-adjusted life-years (CALYs) - a novel measure for evaluating welfare interventions	Lars Lindholm	Swedish Research Council for Health, Working Life and welfare (FORTE)
The role of regional collaboration and support structures for knowledge governance within social services.	Elisabet Höög	Swedish Research Council for Health, Working Life and welfare (FORTE)
From outsider to insider. Improved municipal decision support: A new calculation model for interventions aimed at social exclusion.	Anni-Maria Pulkki-Brännström	Skandia – Idéer för livet
Strengthening health system research capacity for enhancing innovations and sustainable socio-economic development	Anna-Karin Hurtig	Sida
The National Celiac Disease Register in Children	Anneli Ivarsson	The national pediatric working group for celiac disease
The times they are a-changin' – Managing change in healthcare to retrain and attract competence	Linda Richter Sundberg	Swedish Research Council for Health, Working Life and welfare (FORTE)
Service design as a tool for creating innovation - how the National Board of Health and Welfare can promote the innovation capacity in the social service in the future	Linda Richter Sundberg	VINNOVA

## Northern Sweden Health and Welfare

Northern Sweden is a large geographical area encompassing both the sparsely populated inland and the more populated coast. This region is rich in natural resources and home to the indigenous Sámi people, but also faces challenges concerning population health and health services. We conduct regionally based research on, for example,

cardiovascular disease prevention and health promotion across the life course, service provision in rural areas and equity in health and health care. We collaborate closely with Region Västerbotten and other public health institutions, and also make great use of high-quality Swedish registers. With point of departure in this unique context, and together with our collaborating partners, we contribute to improved regional public health and global health research across the world.

NORTHERN SWEDEN HEALTH AND WELFARE		
PROJECT TITLE	CONTACT PERSON	FUNDING AGENCY
Implementation of evidence-based practice in rural Sweden - Exploring innovative strategies for realization of national guidelines for treatment and support for people with schizophrenia	Linda Richter Sundberg	Swedish Research Council for Health, Working Life and welfare (FORTE)
How do civically-engaged youth develop the collective capacity to influence alcohol consumption?	Evelina Landstedt	Systembolagets alkoholforskningsråd
STAR-C: Sustainable behaviour change for health supported by person-Tailored, Adaptive, Risk-aware digital Coaching in a social context	Nawi Ng	Swedish Research Council for Health, Working Life and welfare (FORTE)
Strengthening community-based health systems through e-health innovations?	Anna-Karin Hurtig	Swedish Research Council for Health, Working Life and welfare (FORTE)
Health impacts of weather types in Sweden – the context of climatic and demographic change	Barbara Schumann	The Swedish Research Council for Environment, Agricultural Sciences and Spatial Planning (FORMAS)
Causation and Novel Risk Modelling for Person-Centred Prevention and Control of Cardiovascular Diseases	Nawi Ng	Swedish Research Council
Can the health-promoting Salut Programme for children and parents contribute to the health of the population	Anneli Ivarsson	Swedish Research Council for Health, Working Life and welfare (FORTE)
Health care access for rural youth on equal terms?	Isabel Goicolea	Swedish Research Council for Health, Working Life and welfare (FORTE)
Factors contributing to beneficial development of social emotional ability in early childhood	Eva Eurenus	Region Västerbotten
Visualization of asymptomatic Atherosclerotic disease for optimum cardiovascular prevention – a pragmatic randomized controlled trial nested in the Västerbotten Intervention Program	Margareta Norberg	VLL, Swedish Research Council, Svenska Läkaresällskapet, Visare Norr, Stroke Riksförbundet, Norrländska hjärtfonden
The Salut Child-Health Intervention Programme	Anneli Ivarsson	Region Västerbotten
The Västerbotten Intervention Program	Lars Weinehall	Region Västerbotten
Impact of the free patient choice reform on population health and health inequalities in Sweden	Paola Mosquera	Swedish Research Council for Health, Working Life and welfare (FORTE)
Effect evaluation of a comprehensive school-based tobacco prevention method targeting youth	Maria Nilsson	Public Health Agency of Sweden

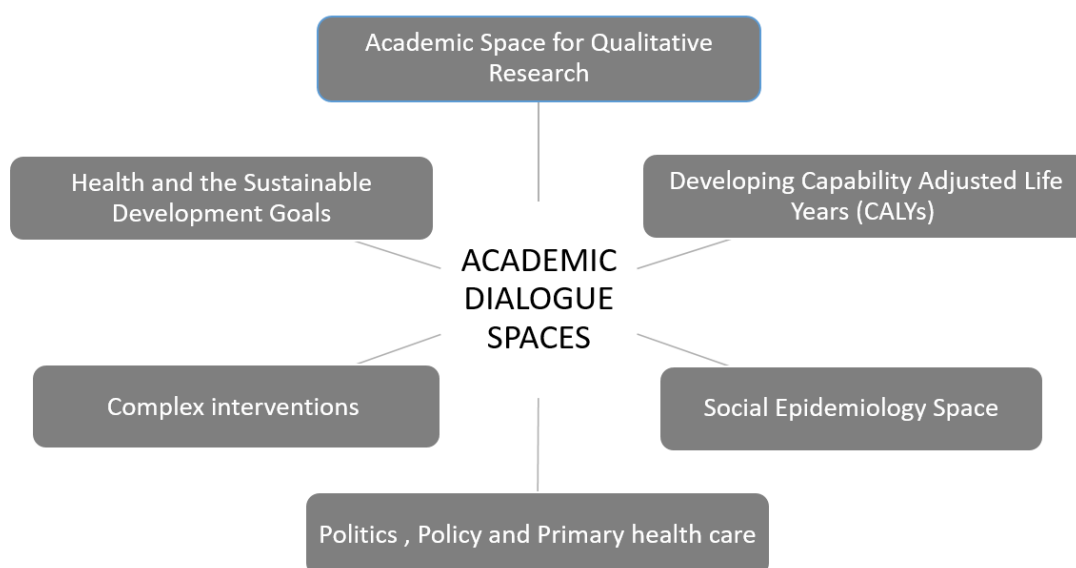


## Research Strategic Group

The Research Strategic Group, consisting of senior researchers at the Department, meets on a monthly basis to discuss short and long-term strategic issues. The Group also meets together with the Education Strategic Group at least once each semester. Discussions aim to identify specific priority areas and recommend strategic development and ways of implementing decisions. During 2019 the focus was on how to strengthen our research profiles (see page 30). Other strategic areas are “Grant application support” which focuses on streamlining and strengthening support structures; “PhD and MPH funding” which covers searching for funds for stipends and “Academic Dialogue Spaces” which encourage researchers to establish meeting places for academic discussions. The “spaces” are presented below.

## Academic Dialogue Spaces

There are currently six Academic Dialogue Spaces in our Department. These are formed around the following themes: 1) Qualitative Research, 2) Developing Capability Adjusted Life Years (CALYs), 3) Social Epidemiology 4) Politics, Policy and Primary Health Care, 5) Complex Interventions, and 6) Health and the Sustainable Development Goals (SDGs). Academic Spaces bring together researchers, often with diverse expertise and experience, around a research topic of mutual interest. They are forums for generating discussions, identifying synergies and promoting research development both for individual researchers and for the Department as a whole. Members of each Space meet periodically. At times the Spaces meet together to discuss research topics from different perspectives. A brief description of each Academic Dialogue Space follows.



### Qualitative Research

The Qualitative Research Space cultivates dialogue among those with interest in the methodological strengths and challenges of qualitative research, e.g. recruiting, interviewing, coding and analysis, and also theoretical discussions. The group meets on

average once a month to discuss texts (our own and others), shared challenges and to plan open seminars. *Coordinators: Ida Linander, Anne Gotfredsen and Isabel Goicolea.*

## Developing Capability Adjusted Life Years (CALYs)

This Space builds upon two research projects in which researchers from the Department have participated. One is about social exclusion, and the costs of preventing exclusion. The second is about capabilities and their potential use in the evaluation of public interventions. These two projects have now joined forces to develop a common research agenda, which stretches from normative philosophy to statistical method. Dialogue on these issues is ongoing. *Coordinator: Lars Lindholm.*

## Social Epidemiology

The Social Epidemiology Space gathers five-six times per year to discuss articles on issues of relevance for social epidemiology and equity in health, and discuss drafts of articles or research proposals from the group. We also meet for semi-regular lunches together for mutual updates and discussions. During 2019 we have continued exploring Latin American Social Medicine, read and problematized Nordic recommendations to combat social inequalities in health, and participated, by applying an “equity lens”, in the development of the research profiles and scholarship calls at the Department. *Coordinators: Miguel San Sebastian and Per Gustafsson.*

## Politics, Policy and Primary Health Care

Here the focus is on health policy and systems research particularly local and community based systems. Methodologies inspired by systems thinking are explored as well as current topics on the politics of health. The group meets once a month to share ideas/ongoing activities and discuss published work. *Coordinators: Lars Lindholm and Anna-Karin Hurtig.*

## Complex Interventions

Members of this academic Space are undertaking research on development, implementation and evaluation of complex interventions across a range of different health settings and this provided a basis for the

Complex Interventions Academic Space. During 2019 the work in the Space mainly focused on discussing the development of the three research profiles of the Department, their possible links to the Complex Intervention Space as well as the contribution of the Space to each of the profiles. *Coordinators: Linda Richter Sundberg and Kristina Lindvall.*

## Health and the Sustainable Development Goals

This Space focuses on health in the SDGs. We discuss health and sustainability with a holistic and broad perspective considering the natural environment, but also urbanization, consumption, and general issues around sustainable lifestyles and sustainable development in low- middle- and high-income regions. In 2019, topics included, among others: role of inter- and transdisciplinary research for achieving SDGs, non-communicable diseases in SDG 3 and other goals, conflicting SDGs, WHO Report “Global Action Plan”. We also discussed the relevance of SDGs in the three research areas at our Department (Northern Sweden Health and Welfare; Health Systems and Policy; Emerging Global Health Challenges). *Coordinator: Barbara Schumann.*



## Academic Seminars 2019

JANUARY	<b>Jenny Samuelsson</b> Digital dengue surveillance, information and decision tool for optimised dengue prevention	
	<b>Lars Lindholm</b> Do we really need Capability Adjusted Life Years (CALYs)?	
	<b>Desirée Enlund</b> Politicizing healthcare and generating low-key resistance in sparsely populated areas	
	<b>Per Nordin – <u>Dissertation</u></b> Control or elimination. Terms for public health interventions against tungiasis and schistosomiasis haematobium	
	<b>Michaela Björneböck</b> Health care access for rural youths. A qualitative study in northern Sweden	
FEBRUARY	<b>Nadja Trygg – <u>PhD admission seminar</u></b> Complex inequalities in mental health	
MARCH	<b>Dean Carson</b> What's 'rural' about rural health? Introducing the Beyond Periphery model	
	<b>Kristina Lindvall and Per Gustafsson</b> Bubble trouble!- The way forward for the profile of Northern Sweden Health and Welfare	
	<b>Helen Schneider</b> Decolonising Health Policy and Systems Research	
APRIL	<b>Rakhal Gaitonde – <u>Pre-defense</u></b> DIVERGENCE, DISSONANCE, DISCONNECT: Implementation of Community Action for Health of the National Rural Health Mission in Tamilnadu, India	
	<b>Barbara Schumann &amp; Kristina Lindvall</b> Public Health implications of large-scale drought-related migration in East Africa.	
	<b>Daniel Eid Rodriguez – <u>Dissertation</u></b> The rough journey to access health care: The case of leishmaniasis in the Bolivian rainforest.	
	<b>Robert Jonzon – <u>Pre-defense</u></b> Health assessments of asylum seekers within the Swedish healthcare system: a study of the interface between control and care, and how structures and procedures may influence access and uptake	
	<b>Kaspar Meli – <u>PhD admission seminar</u></b> Estimating weights for Capability-Adjusted Life Years	
	<b>Sulistyawati – <u>50% seminar</u></b> Supporting Dengue prevention and control in Indonesia: community empowerment, dengue case management, qualitative-GIS	
	<b>Edy Quizhpe – <u>PhD admission seminar</u></b> The health system reform in Ecuador: advancing to Universal Health Coverage?	
	<b>Linda Sundberg and Lars Lindholm</b> Bubble trouble!- The way forward for the profile of Health Policy and Systems Research	
	<b>Kamila Al Alawi – <u>Dissertation</u></b> Team-based Approach in the Management of Diabetes at Primary Health Care Level in Muscat, Oman: challenges and opportunities.	
	<b>Jamila Aden</b> Causes and Contributing Factors of Maternal Mortality in Bosaso District of Somalia: A retrospective study of 30 cases using a Verbal Autopsy approach	
	MAY	<b>Anna Bengtsson – <u>50% seminar</u></b> Improving primary prevention of cardiovascular diseases through pictorial representation of asymptomatic atherosclerosis for physicians and patients in the VIPVIZA project
		<b>Anne Gotfredsen – <u>50% seminar</u></b> Young people's collective responses to everyday stressors within the context of civic engagement in rural Northern Sweden.
<b>Adam Silumbwe – <u>PhD admission seminar</u></b> Evaluating Zambia's Response to Cardiovascular Diseases and Diabetes: A policy and systems analysis approach		

	<p><b>Ichiro Kawachi</b> How to do research about the social determinants of health</p> <p><b>Barbara Schumann and Anne Gotfredsen</b> Bubble trouble! The way forward for the profile of Emerging Global Health Challenges</p> <p><b>Paul Amani – 50% seminar</b> Health care utilization by the elderly: Does insurance status matter? A case study from rural Tanzania</p> <p><b>Robert Jonzon - Pre-defense</b> Health assessments of asylum seekers within the Swedish healthcare system: a study of the interface between control and care, and how structures and procedures may influence access and uptake</p> <p><b>Pamela Tinc – Pre-defense</b> Raising the (Roll)Bar: Exploring Barriers and Facilitators to Research Translation in Public Health Using the Consolidated Framework for Implementation Research</p>
JUNE	<p><b>Robert Jonzon – Dissertation</b> Health assessments of asylum seekers within the Swedish healthcare system: a study of the interface between control and care, and how structures and procedures may influence access and uptake</p> <p><b>Aditya Ramadona – 50% seminar</b> Arbovirus transmission: spatiotemporal risk prediction</p> <p><b>Elia Swai – Admission seminar</b> Children with physical disabilities in Kilimanjaro region, Northern Tanzania; Characteristics, needed services for the families and challenges of care</p> <p><b>Yercin Mamani Ortiz – Pre-defense</b> Cardiovascular disease in Cochabamba Bolivia: Identifying preventable risk factors and assessing social inequalities.</p>
SEPTEMBER	<p><b>Julia Wärnberg</b> Seminarium om projektet PREDIMED-plus samt fysisk aktivitet och accelerometermätning</p> <p><b>Yusuf Hareed</b> Knowledge, perception and practices of self medication among households in children under five years in Borama district, Somaliland</p>
OCTOBER	<p><b>Arian Rostami – Admission seminar</b> Health and job satisfaction in relation to work-related stress, resiliency and personality in police officers working in vulnerable areas.</p> <p><b>Kajsa Törnqvist Netz</b> Trafficking and sex trafficking - Slavery of our time</p> <p><b>Manuel Gonzalez</b> Implementation of e-Health in a global context: Opportunities and Challenges?</p> <p><b>Pamela Tinc – Dissertation</b> Raising the (Roll)Bar: Exploring barriers and facilitators to research translation in US public health using the consolidated framework for implementation research</p> <p><b>Susanne Ragnarsson – Pre-dissertation</b> Att klara skolan när huvudet dunkar och kroppen värker - en studie om återkommande smärta och skolprestation bland skolbarn</p>
NOVEMBER	<p><b>Yercin Mamani – Dissertation</b> Cardiovascular Risk Factors in Cochabamba Bolivia: Estimating its distribution and assessing social inequalities.</p> <p><b>Fredrica Nyqvist</b> Social capital and loneliness amongst older people: A comparative study between welfare state regimes</p> <p><b>Kaspar Meili</b> CALY: Approaches to validation</p> <p><b>Septi Kurnia Lestari – 50% seminar</b> The Role of Social Relationship on Healthy Ageing Among European Population</p>
DECEMBER	<p><b>Petite Nobel Day</b></p>

## Medical Faculty - Theme Equity in Health

The overarching objective of Swedish National Public Health Policy is to create the societal conditions for good health on equal terms for the whole population, and to reduce avoidable health inequalities within a generation. Epidemiology and Global Health is one of the coordinators of the Medical Faculty's thematic space Equity in Health, which offers a meeting platform for doctoral students and senior researchers active in the field, and also anyone interested in issues related to equity in health.

The main activity is a seminar series, which runs throughout the year. Seminars attract 10-25 participants and aim to stimulate debate and creative thinking by offering ample time for discussion. Speakers are

mainly from the U-CHEC departments (Epidemiology and Global Health, Nursing, Community Medicine and Rehabilitation). This year, two seminars were given by external speakers. Upcoming events are available on the website: [www.umu.se/en/research/groups/u-chec/theme-health-equity2](http://www.umu.se/en/research/groups/u-chec/theme-health-equity2)

The course "Equity and Health" (3.5 ECTS) offers PhD and MSc students the opportunity to explore general theories about justice and fairness in society, and their connections with research and practice in public health, health economics, and related fields. [www.umu.se/en/education/courses/equity-and-health2/](http://www.umu.se/en/education/courses/equity-and-health2/)

**Contact:** *Anni-Maria Pulkki-Brännström*

March	Inequities in health and access to sexual and reproductive health services among migrants in Sweden  <b>Faustine Nkulu Kalengayi</b> , Department of Epidemiology and Global Health
April	Chronic obstructive pulmonary disease (COPD) in healthcare – do we see equity?  <b>Sara Lundell and Tobias Stenlund</b> , Department of Community Medicine and Rehabilitation
May	How to do research about the social determinants of health?  <b>Ichiro Kawachi</b> , Harvard University
September	What does cost-effectiveness have to do with equity? Examples from health promotion and social inclusion interventions  <b>Anni-Maria Pulkki-Brännström</b> , Department of Epidemiology and Global Health
October	Living with prostate cancer- a journey on a straight or crooked road?  <b>Per Fransson</b> , Department of Nursing
November	Public health infrastructure – a pilot project for coordination of public health work in Västerbotten  <b>Lisa Harryson and Carl Lundberg</b> , Västerbotten County Administrative Board

## Another good year for Global Health Action



*Global Health Action* is a leading open-access journal covering global health, which is hosted in our Department, and published in collaboration with Taylor and Francis. The journal works

hard to provide a level playing field where all kinds of authors and projects can publish global health science – with a focus on the actions in terms of policy and implementation that might result.

We received over 400 submissions in 2019, more than one per day, and so our editorial team (Peter Byass as Chief Editor, working with Stig Wall, Jennifer Stewart Williams and Maria Emmelin) have been working hard. By the end of the year, 18.6% of those submissions had been accepted, 19.6% were still in progress and 61.8% had been rejected. Mean time to acceptance was 125 days, and mean time to rejection 27 days.

We are always a bit sad when it's necessary to reject papers, because we know that authors have worked hard and have high hopes of acceptance. The reasons for rejection vary – from papers lacking any clear purpose or research question, to poor study design, small sample size, and inappropriate analytical methods, to name a few.

Sometimes there are also more formal reasons why we can't accept a paper. One interesting example is that on the journal's webpage we state clearly as a rejection criterion that "*The study uses primary data that were collected by local researcher(s) in low- or middle-income countries and are*

*not publicly available, but does not include any local researcher(s) as co-authors*". Yet we still get submissions from authors who have parachuted in somewhere, organised research and written it up without apparently collaborating with local institutions and researchers. We wish that other journals would take a similar position so that this kind of neo-colonialist approach to research could be eliminated.

Global Health 50/50, a group founded to accelerate the pace of change towards gender equality in global health, annually assesses gender equality across global health institutions, and included a group of 11 leading global health journals for the first time in 2019. Their report (available at [www.globalhealth5050.org](http://www.globalhealth5050.org)) put *Global Health Action* in the top tier of "very high scorers" overall, as well as being one of the highest-rated global health journals.

Up to the end of 2019, *Global Health Action* had published 1,456 papers since starting in 2008, which had accumulated 28,795 citations in Google Scholar (mean 19.8 citations per paper). The journal's h-index was 67 (meaning that 67 papers had 67 or more citations).

During 2019 we started to publish a Special Issue on Anti-Microbial Resistance, starting with a foreword written by the World Health Organization's Director-General, Dr. Tedros Adhanom Ghebreyesus. This special issue is open for submissions up to the end of June 2020, and we expect to be publishing more articles on this major challenge to global health and well-being. Your submissions for this Special Issue, or to the regular issue on other topics, are very welcome.

**Contact:** Peter Byass

# Research Training

## Our PhD program

During 2019, we offered 15 courses at doctoral level. Five of these (Health, Environment and Sustainability, Equity in Health, Methods in Social Epidemiology Evidence-based Public Health and Qualitative Data Analysis) were given in combination with courses for second-year MPH students.

In 2019, a total of 36 research students (20 men and 16 women) were registered and actively engaged in research activities at the Department.

Twenty-two students were recruited from international research collaborations and fourteen were Swedish based research students. During 2019, four PhD students and one Licentiate defended their theses and seven new students were registered.

During 2019 our PhD students organized two doctoral days. The first was held in Vindeln (56 km outside Umeå). The topic

was integrity in research, and in particular from the perspective of the researcher. In the second one, we met in Strömbäck (outside Umeå). During that day we reflected on observation as an important researcher skill.

In 2019 a group of five students (Uganda, Tanzania, Sudan, Vietnam and The Gambia) were selected as recipients of the Erling Persson Foundation scholarship for PhD studies.

Supervisors typically meet with their doctoral students twice each semester. The content and direction of the meetings was altered in 2019. Instead of being information-based, the meetings have become more discussion-based. A new topic is discussed at each meeting. Topics such as the role of the co-supervisor and the skills that a doctoral student should have, were some of the topics in these meetings in 2019.

**CONTACT:** *Miguel San Sebastian*



**Figure 11.** Home countries of PhD students, 1987-2019.

## Somali-Swedish research training programme

A bilateral research collaboration between Somalia and Sweden was launched in 1981/82. This collaboration has since forged effective partnerships between several faculties of the Somali National University and numerous Swedish universities and research institutions. The research partnership, which focused primarily on capacity building, led to the training of an impressive body of Somali academics and produced some critical research outputs. A major outcome has been the uptake and use of evidence from research in policy formulation in Somalia, particularly in the health sector. However, this “golden era” of the Somalia and Sweden partnership was interrupted by conflict and extended civil war in Somalia which began in the early 1990s.

In late 2013, for the first time in two decades, a health conference was held in Mogadishu, Somalia. The conference was co-organized by the Somali-Swedish Researcher’s Association (SSRA) and co-sponsored by Forum Syd of Sweden through Sida (Swedish International Development Agency) support. As a result of this initiative, contacts were established between six Somali universities (two each

from the south-central zone, Puntland and Somaliland), and five Swedish universities (Umeå, Uppsala, Karolinska, Lund and Dalarna). A joint conference was held in Umeå in 2014 and this was followed up with a workshop in 2015. Both events had active participation from representatives of the above academic institutions and SSRA.

There was broad agreement that it was crucial to continue to develop the partnership and realise the important opportunities that this provided. In particular, this was in regard to generating much needed evidence through implementation research that will ultimately contribute to effective capacity building and health system strengthening.

As a continuum to the joint conferences the first batch of students participating in the 30 credit point course Academic Health Research Training, have been awarded their diplomas. Three of the students were awarded a pass with distinction and eleven more a pass. During 2019 two students spent time at EpiGH working on the tasks of developing material from their theses into manuscripts suitable for publication in peer-reviewed journals.

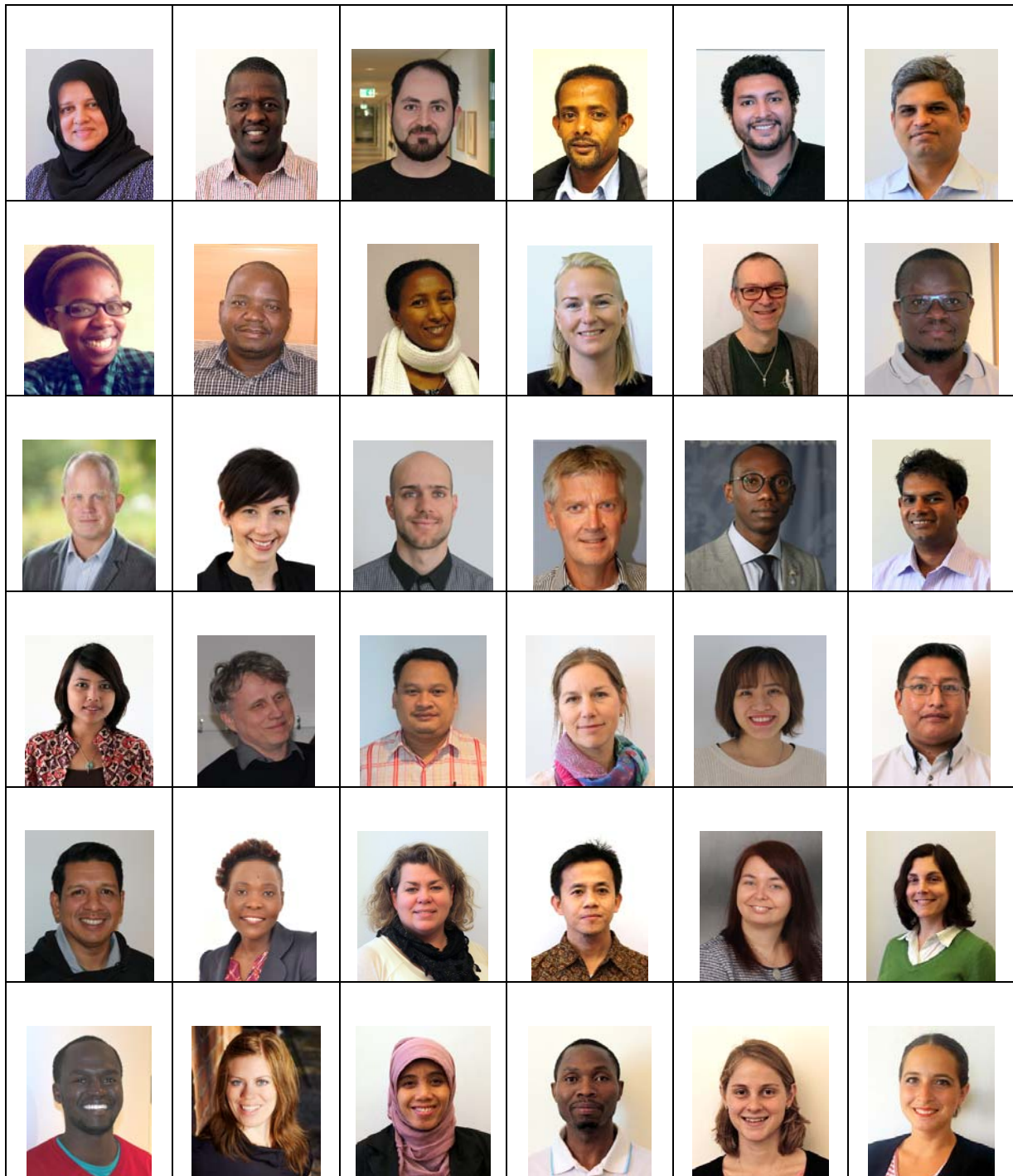
Website: <https://www.umu.se/en/department-of-epidemiology-and-global-health/collaborate-with-us/somali-swedish-research-cooperation/>



The screenshot shows the Umeå University website page for the Somali-Swedish Research Collaboration for Health. The page includes the Umeå University logo, navigation links (Login, Search, Menu), and a group photo of participants. Below the photo, there is a breadcrumb trail: Start > Department of Epidemiology and Global Health > Collaborate with us > Somali-Swedish Research Collaboration for Health. The main heading is "Somali-Swedish Research Collaboration for Health". On the right side, there is a section titled "On this page" with links for "Publications and news in Media" and "Meetings and outcomes".



## PhD students and projects



**Table 5.** PhD students registered at the department 2019.

<b>Name</b>	<b>Background</b>	<b>Country</b>	<b>Thesis subject</b>	<b>Main supervisor</b>
Kamila Al Alawi (Dissertation 2019)	MD	Oman	Exploring the feasibility of interdisciplinary teams in the management of diabetes at primary health care level in Muscat, Oman.	Helene Johansson
Edwinah Atusingwize (Registered 2019)	BA Environ health science	Uganda	Alcohol and social media use among university students: Perceptions, patterns and experiences, and the feasibility of social media based interventions for alcohol prevention	Maria Nilsson
Paul Amani	MA Public policy	Tanzania	Health care utilization by the elderly in Tanzania: Does insurance status matter? A case study of Igunga and Nzega districts.	Miguel San Sebastián
Mazen Baroudi	MD	Sweden	Youth migrants' sexual and reproductive health and access to healthcare services in Sweden	Anna-Karin Hurtig
Anna Bengtsson	MD	Sweden	Visualisering av asymtomatisk arterosklerotisk sjukdom inom VIPVIZA projektet – Aspekter av nya metoder för optimal primärprevention av kardiovaskulär sjukdom	Margareta Norberg
Chanvo Salvador Lucas Daca (Registered 2019)	MA International Health	Mozambique	Understanding the drivers for child and reproductive health in Mozambique: The role of socioeconomic inequality and the gaps between policy and implementation	Barbara Schumann
Atakelti Derbew	MSc Public Health	Ethiopia	Under 5-year morbidity and mortality in Tigray Region, Ethiopia: an equity perspective.	John Kinsman
Daniel Eid Rodriguez (Dissertation 2019)	MD	Bolivia	Public health strategies for the control of Leishmaniasis in Bolivia.	Miguel San Sebastian
Mikael Emsing (Registered 2019)	MA Pedagogics	Sweden	Perceptions of conflict management, association with mental health and quality of life among Swedish police officers	Mehdi Ghazinour
Rakhal Gaitonde	MD	India	Policy formulation and implementation of community accountability & governance mechanisms in the National Rural Health Mission in Tamilnadu, India	Anna-Karin Hurtig
Hendrew Gekawaky	Nurse	DR Congo	Masculinity and HIV prevention in DR Congo	Kerstin Edin
Tsigemariam Teklu Geberessie	BSc Public Health	Ethiopia	Epidemiology of Visceral Leishmaniasis and epidemiological interaction with concomitant infections in north Ethiopia.	Anna Myléus
Anne Gotfredsen	MSc Global Health	Sweden	Samhällsaktiva ungdomars kollektiva förmåga att utöva inflytande över sociala bestämningsfaktorer för emotionellt välbefinnande.	Evelina Landstedt
Johan Hambræus	MD	Sweden	Evaluation of intervention al pain management mainly focused on zygapophysical joint pain	Lars Lindholm
Junia Joffer	BSc Social Science, MPH	Sweden	Adolescents' experiences of health and social status	Lars Jerdén

<b>Name</b>	<b>Background</b>	<b>Country</b>	<b>Thesis subject</b>	<b>Main supervisor</b>
Robert Jonzon <i>(Dissertation 2019)</i>	Nurse, MPH	Sweden	Health examinations of asylum seekers within the Swedish health care system	Anna-Karin Hurtig
Prasad Liyanage	BSc Medicine and bachelor of surgery	Sri Lanka	Implementation of Early warning decisions for control and prevention of dengue in Kalutara (Sri Lanka)	Joacim Rocklöv
Septi Kurnia Listari	BA Nutrition	Indonesia	The role of social relationship on health ageing among European population	Nawi Ng
Vu Thi Quynh Mai	MSc Health economics	Vietnam	Feasibility and applicability of health related quality of life in Vietnam healthcare planning system	Klas-Göran Sahlén
Yercin Mamani Ortiz	MD	Bolivia	Cardiovascular diseases in Cochabamba, Bolivia: Identifying preventable risk factors and assessing social inequalities.	Paola Mosquera Mendez
Kaspar Meili <i>(Registered 2019)</i>	MPH Health economics	Switzerland	Estimating and applying weights for Capability-Adjusted Life Years	Anna Månsdotter
Chama Mulubwa	BSc Biological sciences, MPH	Zambia	Community-based reproductive and health system for adolescents in Zambia: A realist evaluation approach	Isabel Goicolea
Per Nordin <i>(Dissertation 2019)</i>	Statistician	Sweden	Terms for public health interventions against tungiasis and schistosomiasis haematobium	Ingela Krantz
Puthy Pat <i>(Registered 2019)</i>	MA Counselling	Cambodja	Promoting mental health of young prisoners and strengthening the mental health care system in the prisons of Cambodia	Miguel San Sebastián
Susanne Ragnarsson	Nurse	Sweden	Recent pain in school-aged children and the relation to academic performance – an epidemiologic study	Solveig Petersen
Aditya Ramadona	MSc Environmental science	Indonesia	Developing and validating a dynamic model of dengue transmission with application to early warning and climate change projections	Joacim Rocklöv
Julia Schröders	MPH	Sweden	Chronic disease and disability in a transitional lower middle-income country: Exploring the causal role of social networks in Indonesia	Miguel San Sebastián
Melissa Scribani	BS in Biology, MPH	US	Consequences of obesity and determinants of weight maintenance: a study of adult populations in rural New York State and Västerbotten County, moving towards an intervention to stem the tide of the obesity epidemic	Margareta Norberg
Panduleni Penipawa Shimanda <i>(Registered 2019)</i>	MSc Public Health, specialization Health Economics	Namibia	The burden of rheumatic heart disease in Namibia and seeking cost-effective interventions to lower its magnitude	Fredrik Norström
Edy Rolando Quizhpe Ordóñez <i>(Registered 2019)</i>	Medical doctor	Ecuador	The health system reform in Ecuador: advancing towards universal health coverage?	Anni-Maria Pulkki Brännström
Arian Rostami <i>(Registered 2019)</i>	MA Health education	Iran	Mental health and job satisfaction in relation to work-related stress, personality and resilience in police officers working in vulnerable areas	Monica Burman

<b>Name</b>	<b>Background</b>	<b>Country</b>	<b>Thesis subject</b>	<b>Main supervisor</b>
Adam Silumbwe <i>(Registered 2019)</i>	BA healthcare management	Zambia	Evaluating Zambia's response to non-communicable diseases: a policy and systems analysis approach	Klara Johansson
Anna Stenling	Civ engineer, BA economics	Sweden	Hälsoekonomisk utvärdering av hjärt-kärlförebyggande befolkningsintervention – Västerbottens hälsoundersökningar	Fredrik Norström
Sulistyawati	MPH	Indonesia	Mapping human health vulnerability and response to climate change in Yogyakarta, Indonesia	Åsa Holmner
Elia Swai	MA Physiotherapy	Tanzania	Children and adolescents with physical disabilities in Tanzania. Exploring characteristics, needs and challenges in the Kilimanjaro region	Klas-Göran Sahlén
Pamela Tinc <i>(Dissertation 2019)</i>	MPH	US	Translating evidence-based programs into practice: Exploring barriers and facilitators to research translation in public health using the consolidated framework for implementation research.	Kristina Lindvall
Nadja Trygg	Health sciences, MPH	Sweden	Complex inequalities in mental health	Anna Månsdotter
Malale Tungu	MA Economics	Tanzania	Health care priority setting for elderly under decentralized governance system in rural Tanzania; A case of Nzega and Igunga districts.	Lars Lindholm

## Dissertation events and thesis abstracts



**PER NORDIN**



**DANIEL EID RODRIQUEZ**



**KAMILA AL-ALAWI**



**ROBERT JONZON**



**PAMELA TINC**

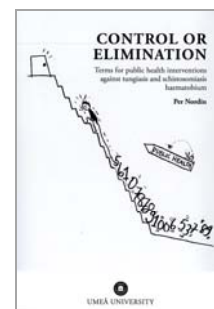


**YERCIN MAMANI ORTIZ**

## PER NORDIN

### Control or elimination: terms for public health interventions against tungiasis and schistosomiasis haematobium

Thesis defended: January 25, 2019  
Supervisors: Ingela Krantz, Stig Wall  
Opponent: Andreas Ruppel



The thesis revolves around diagnosis and treatment of tungiasis (sand flea disease) and schistosomiasis haematobium. The causing parasites, *Tunga penetrans* and *Schistosoma haematobium*, both have the ability to penetrate intact skin.

Tungiasis is a neglected parasitic skin disease, prevalent in resource-poor communities in sub-Saharan Africa, South America and the Caribbean. Its global prevalence has never been properly assessed. The prevalence may be as high as 60 percent in resource-poor urban settings. Repeated infections result in disfigurement and mutilations foremost of the feet, eventually leading to impaired mobility. Schistosomiasis haematobium, or urogenital schistosomiasis, is prevalent above all in Africa with around 100 million infected individuals. It causes damage to internal organs and could lead to serious sequelae in the urogenital tract.

The aim is to examine aspects and prerequisites for control and elimination of the two diseases in an east African context. Even if both diseases are caused by a parasite and associated with poverty, they exhibit distinct differences for public health interventions, especially considering control and elimination.

The thesis contains a dialectic comparison of diagnoses and treatments problematising possibilities and hindrances for public health interventions in rural locations in Uganda, Kenya and Tanzania, from where the empirical data are collected in the four encompassing studies. Two deal with treatment of tungiasis, where the idea is to use silicon-based oils in order to suffocate the parasite. Rigorous clinical treatment trials on humans are so far lacking. The conclusion is that the tested substance works much better than current treatments. It is also shown that an efficient, yet parsimonious treatment procedure can be successful, even in resource-poor settings.

WHO promotes a dose-pole for determining the number of praziquantel tablets in mass treatment campaigns of schistosomiasis. An alternative dosage procedure is proposed to avoid side-effects and promote compliance. Since mass treatment campaigns currently target children and adults at risk in endemic areas, the choice of diagnostic method will have consequences. Prevailing parasitological methods for field surveys are not sensitive enough, especially where the prevalence is seemingly low. The suggested more sensitive diagnostic method, that detects the level of urogenital schistosomiasis in population groups, is a both affordable and manageable approach in resource-poor settings.

Is control or elimination possible for tungiasis and urogenital schistosomiasis? The conclusion is that elimination cannot be achieved without environmental interventions, use of repellants, vaccines and ultimately a fight against poverty. A multidisciplinary approach is needed to understand and sustainably resolve the problems. Important disciplines for this public health endeavour are epidemiology, sociology and ethics.

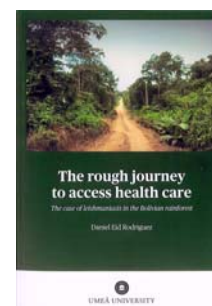
## DANIEL EID RODRIGUEZ

### The rough journey to access health care: the case of leishmaniasis in the Bolivian rainforest

Thesis defended: April 5, 2019

Supervisors: Miguel San Sebastián, Isabel Goicolea, Anna-Karin Hurtig

Opponent: John Porter



**Background:** Leishmaniasis is a parasitic infectious disease transmitted by vectors that cause three main clinical syndromes: cutaneous (CL), mucosal (ML), and visceral (VL). Since VL is not relevant to this thesis, only CL and ML will be further discussed. Leishmaniasis is present in 98 countries, with more than 350 million people at risk of infection. Leishmaniasis disproportionately affects poor countries and, in particular, remote areas where health services are weaker. Bolivia, a lower-middle-income country, is the fifth country with more cases in Latin America, and case detection and management is the main control strategy of the National Leishmaniasis Control Programme (NLCP). The NLCP provides free treatment to patients, which consists of systemic pentavalent antimonials (SPA) for 20 days. This treatment is highly toxic for patients and costly for the government, resulting in long periods of shortage of the drug. A good alternative to SPA is the use of intralesional pentavalent antimonials (ILPA), which are safer and have similar efficacy to SPA in treating CL. Case detection and management depend on a well-structured health-care system, and the primary level of care is responsible for this task in Bolivian endemic areas. It is well known that health-care access for leishmaniasis patients is limited but the extent and the determinant factors of this problem are unknown. The aim of this thesis is to assess health-care access among patients with leishmaniasis in a Bolivian rainforest rural area, addressing four specific questions: Who is most vulnerable to CL?; What is the extent of their lack of access to health care?; How do the dimensions of access and the quality of care influence health-care utilization in a context of vulnerability?; and how can a change in NLCP policy related to the treatment of CL improve the level of access to health care?

**Methods:** This thesis is based on four studies that use quantitative and qualitative methods. Data collection was conducted through surveys, in-depth interviews and revision of official documents. Sub-study 1 was based on a cross-sectional study conducted in two communities of Cochabamba and assessed risk factors for CL using multivariate analysis. Sub-study 2 used the method of capture–recapture to assess the level of under-reporting of the national register for the period of 2013–2014, using Chapman’s formula. Sub-study 3 was conducted through in-depth interviews applied to 14 participants, using thematic analysis. Sub-study 4 was an economic evaluation that used data from surveys with physicians, official documents and key informants and compared the costs of systemic pentavalent antimonials (SPA) and intralesional pentavalent antimonials (ILPA) from the perspective of the Ministry of Health (MoH) and society. Additionally, a budget impact analysis of the implementation of ILPA in hypothetical scenarios of increasing level of demand was carried out.

**Main findings:** Sub-study 1 showed that gender/sex was the only statistically significant factor associated with CL, with men being the most affected group. Other classical factors, such as animal ownership, house materials and protective measures were, however, not related to CL. Sub-study 2 revealed a high level of under-reporting (73%) of CL in the study area, and this under-reporting was higher among men compared to women. Sub-study 3 showed that the lack of availability, accessibility, affordability and quality of care were the main factors that limited the access to care of CL and ML patients. In sub-study 4, the economic analysis pointed out that the use of ILPA was cost-saving for the MoH and society, and the budget analysis confirmed that the implementation of ILPA as first-line treatment was not only cost-saving for the MoH, but it would also increase the number of patients accessing the treatment.

**Conclusions:** The predominance of a sylvatic pattern of transmission, with men as the most affected group, demands new approaches to prevention related to occupational activities. The NLCP policy related to case management has been essential to reducing economic barriers for patients with leishmaniasis; however, there are still a considerable amount of cases who do not have access to the treatment. Lack of health services, equipment and drugs, as well as difficulties in reaching health services, the high costs of seeking health care and the low quality of care are important factors that must be addressed to fulfil the right to health care for these patients. Finally, new therapeutic alternatives, such as ILPA, must be considered to reduce problems of affordability, adherence, as well as side effects to the treatment. This information can be used to develop targeted interventions aimed at increasing the access to health care of people with leishmaniasis in the rainforest of Bolivia.



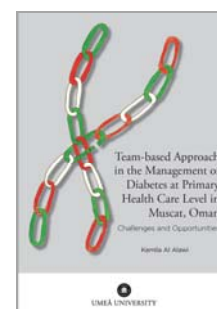
## KAMILA AL-ALAWI

### Team-based approach in the management of diabetes at primary health care level in Muscat, Oman: challenges and opportunities

Thesis defended: April 26, 2019

Supervisors: Helene Johansson, Ahmed Al Mandhari, Lars Lindholm

Opponent: Charli Eriksson



**Introduction:** The growth of type 2 diabetes is considered an alarming epidemic in Oman. The efficient team-based approach to diabetes management in primary health care is an essential component for providing ideal diabetic care. This thesis aimed to explore the current situation related to team-based management of type 2 diabetes in public Primary Health Care Centres (PHCCs) under the Ministry of Health (MOH) in Oman, including the various challenges associated with diabetes management and the most preferable Human Resources for Health (HRH) management mechanism, and to examine how this could be optimized from provider and patient perspectives.

**Materials and methods:** The entire project was conducted in Muscat Governorate and was based on one quantitative and three qualitative studies. In the quantitative study, 26 public PHCCs were approached through cross-sectional study. The core diabetes management team recommended by the MOH for PHCCs in Oman was explored in terms of their competencies, values, skills, and resources related to the team-based approach to diabetes management. For the qualitative studies, five public purposely-selected PHCCs were approached. The diabetes consultations conducted by the core members and other supportive members involved in diabetes management were observed and later the Primary Health Care Providers (PHCPs) were interviewed. The different approaches explored challenges related to diabetes management and the most preferable HRH mechanism by PHCPs. Seven type 2 diabetes patients with different gender, employment status, and education were consequently interviewed to explore their perceptions towards the current diabetes management service and their opinions towards nurse-led clinics.

**Results:** The survey provided significant and diverse perceptions of PHCPs towards their competencies, values, skills, and resources related to diabetes management. Physicians considered themselves to have better competencies than nurses and dieticians. Physicians also scored higher on team-related skills and values compared with health educators. In terms of team-related skills, the difference between physicians and nurses was statistically significant and showed that physicians perceived themselves to have better skills than nurses. Confusion about the leadership concept among PHCPs with a lack of pharmacological, technical, and human resources was also reported. The observations and interviews with PHCPs disclosed three different models of service delivery at diabetes management clinics. The challenges explored involved PHCCs' infrastructure, nurses' knowledge, skills, and non-availability of technical and pharmaceutical support. Other challenges that evolved into the community were cultural beliefs, traditions, health awareness, and public transportation. Complete implementation of task-sharing mechanisms within the team-based approach was selected by all PHCPs as the most preferable HRH mechanism. The selection was discussed in the context of positive outcomes, worries, and future requirements. The physicians stated that nurses' weak contribution to the team within the selected mechanism could be the most significant aspect. Other members supported the task-sharing mechanism between physicians and nurses. However, type 2 diabetes patients' non-acceptance of a service provided by the nurses created worries for the nurses. The interviews with type 2 diabetes patients disclosed positive perceptions towards the current diabetes management visits; however, opinions towards nurse-led clinics varied among the patients.

**Conclusions and recommendations:** The team-based approach at diabetes management clinics in public PHCCs in Oman requires thoughtful attention. Diverse presence of the team members can form challenges during service delivery. Clear roles for team members must be outlined through a solid HRH management mechanism in the context of a sharp leadership concept. Nurse-led clinics are an important concept within the team; however, their implementation requires further investigation. The concept must involve clear understandings of independence and interdependence by the team members, who must be educated to provide a strong gain for team-based service delivery.

## ROBERT JONZON

Health assessments of asylum seekers within the Swedish healthcare system: a study of the interface between control and care, and how structure and procedures may influence access and coverage

Thesis defended: June 3, 2019

Supervisors: Anna Karin Hurtig, Eva Johansson, Pille Lindkvist

Opponent: Michael Knipper



**Background:** Despite lack of evidence, there is a common notion that diseases are brought along with migrants, and thus a threat to people in the host country. In Sweden asylum seekers are to be offered a health assessment (HA), but national statistics show that the coverage is less than 50%. It has been assumed that asylum seekers do not want to attend, but this research data instead indicate structural barriers.

**Objectives:** To explore to what extent the Swedish healthcare system provides optimal conditions for asylum seekers to access the HA and how the HA could meet their own perceived health needs, as well as society's demand on detecting contagious diseases, from a public health perspective.

**Methods:** This research project adopted a mixed method approach. A quantitative cross-sectional design was applied where different questionnaires were used, targeting administrators and healthcare professionals as well as former asylum seekers. In addition a qualitative, interpretative and descriptive research approach was applied, guided by grounded theory. Individual interviews were carried out among former asylum seekers.

**Results:** This research revealed that there is no coherent national system for the HAs on asylum seekers in Sweden. The structures, organizations, procedures and outcomes vary significantly between the 21 counties, and the reasons for the low coverage seemed multifold. The former asylum seekers stated feelings of ambiguity and mistrust due to lack of information on the purpose of the HA and how it might influence their asylum application. Poor communication was identified as one of several barriers to access healthcare. The attitude was positive to the HA as such, but it was considered to be just a communicable disease control, without focus on their own perceived health needs, thus an imbalance between control and care.

**Conclusions:** Although being an important contribution, the HA does not suffice to fulfill the right to health of asylum seekers, due to shortcomings regarding accessibility and acceptability of the information, procedures and services that it includes.

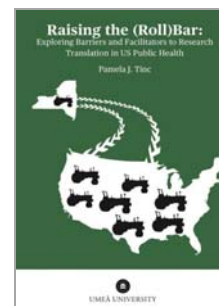
## PAMELA TINC

### Raising the (roll)bar: exploring barriers and facilitators to research translation in US public health

Thesis defended: October 25, 2019

Supervisors: Kristina Lindvall, Lars Weinehall, Julie Sorensen, Paul Jenkins

Opponent: Per Nilsen



**Background:** In public health, implementation science work is crucial to protecting the safety and health of populations. Despite this, such efforts have been extremely limited within the specific public health field of occupational safety and health. The overall aim of this thesis is to examine the concept of research translation, the barriers and facilitators that researchers have faced in translating research to the worker environment, and the process of scaling up an evidence-based agricultural safety program. Additionally, this study will provide an opportunity to adapt the clinically based Consolidated Framework for Implementation Research (CFIR), as well as the Proctor Taxonomy (of implementation outcomes), to occupational safety settings.

The implementation research conducted within this dissertation is focused on a case study in agricultural safety. With an annual fatality rate seven times higher than the all-worker fatality rate, agriculture is one of the most dangerous occupations to work in. Though nearly all aspects of farming can be considered dangerous, tractor overturns claim the greatest number of lives. Rollover protective systems (ROPS) are 99% effective in preventing death and disability in the event of an overturn when used with seatbelts. The ROPS Rebate Program was developed in 2006 to encourage the installation of retrofit ROPS in New York State and has been shown to be effective in this goal and in the long-term goal of reducing overturn fatalities. After expanding to six additional states, the National Tractor Safety Coalition was formed in order to facilitate the scaling up of the ROPS Rebate Programs. The National ROPS Rebate Program (NRRP) was formally announced in June 2017, though implementation of it is currently ongoing.

**Methods:** This dissertation is composed of five sub-studies which applied a mixed methods approach. Sub-study I consisted of a scoping literature review. Manuscripts were identified through six databases to explore how research translation is discussed among the research community. In addition, the review aimed at assessing the To-T4 model of research translation (first developed by the National Institutes of Health) as it applies to agriculture, forestry, and fishing safety and health and used knowledge gained through the review to make modifications to this model.

To apply the CFIR and Proctor Taxonomy to agricultural safety settings (sub-study II), a survey was developed to assess the relevance of the constructs included in each framework to the NRRP implementation. The final survey was distributed to members of the National Tractor Safety Coalition. Using the results from this survey, quantitative and qualitative evaluation tools were developed.

Sub-study III utilized a repeat measure survey collected at four time points to capture changes in CFIR and Proctor constructs over time. Correlational analyses were conducted to compare each survey item to three outcome measures: state *progress* toward securing rebate funding for the Program, farmers *intakes* into the Program, and completed *retrofits*.

Thirteen individuals participated in qualitative research interviews for sub-study IV; nine of these individuals also participated in follow-up interviews. Interview guides were developed based on the survey results in sub-study III. Grounded Theory Situational Analysis was used to analyze each set of data.

Sub-study V was developed as a result of missing data from sub-studies III and IV. To conduct this analysis, media reports published about the ROPS Rebate Programs were collected. Discourse analysis for print media was used to assess the media reports in comparison to the ROPS Rebate Program trajectory in each state and nationally.

**Results:** Sub-study I led to the development of a modified To-T4 research translation model, which takes into account the real-life challenges in moving proven innovations into widespread practice. The remaining sub-studies in this dissertation focused in the T3 phase of this model (widespread adoption). Sub-study II led to the identification of 21 CFIR and Proctor constructs that National Tractor Safety Coalition members believed would be important to the NRRP implementation. Sub-study III demonstrated that eight CFIR and Proctor constructs were highly correlated ( $\rho \geq 0.5$ ) with at least one of the outcome measures (*progress, intakes, or retrofits*). Two primary themes were developed from the qualitative portion of the study (sub-study IV): 1) the implementation strategy evolved inconsistently across stakeholders, and 2) stakeholder engagement is a function of perceived feasibility and "small wins." Finally, sub-study V identified components of successful media strategies for implementation including diversity in actors and messages, timing, and frequency. In total, sub-studies III-V identified 27 CFIR and Proctor constructs that were relevant to the implementation of the NRRP, 10 of which were identified in more than one study.

**Conclusions:** This dissertation has served to examine, specifically, the implementation of the NRRP, and more generally, the field of implementation science as it applies to occupational safety and health. The methods applied in this study as well as the findings have resulted in: application of implementation frameworks to the field of agricultural safety and health, assessment of the unique challenges associated with initiatives to scale up innovations, assessment of implementation from the perspective of the CFIR and Proctor Taxonomy, and assessment of the use of media advocacy as an implementation strategy. The knowledge gained through this research will be helpful in improving the implementation of the NRRP and in developing implementation science efforts within the specific public health field of occupational safety and health.

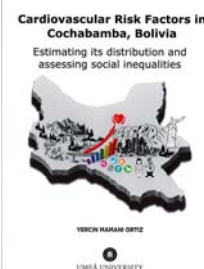
## YERCIN MAMANI ORTIZ

### Cardiovascular risk factors in Cochabamba, Bolivia: estimating its distribution and assessing social inequalities

Thesis defended: November 22, 2019

Supervisors: Paola Mosquera, Miguel San Sebastián, Isabel Goicolea

Opponent: Patrik Wennberg



**Background:** The increase in the prevalence of cardiovascular risk factors (CVRFs) is considered one of the most important public health problems worldwide and especially in Latin American (LA) countries. Although the systematic surveillance of chronic diseases and their risk factors has been recommended, Bolivia has not yet implemented a national strategy to collect and monitor CVRF information. Evidence from previous studies in Bolivia and other Latin American countries has suggested that CVRFs affect women more than men and mestizos more than indigenous people. However, a more accurate and comprehensive picture of the CVRF situation and how ethnicity and gender intersect to affect CVRFs is dearly needed to support the development of health policies to improve population health and reduce inequalities.

**Objective:** to estimate the distribution of CVRFs and to examine intersectional inequalities in Cochabamba – Bolivia in order to provide useful information for public health practice and decision making. The specific objectives are: i) to estimate the prevalence of preventable risk factors associated with CVDs and ii) to assess and explain obesity inequalities in the intersectional spaces of ethnicity and gender.

**Methods:** The data collection procedure was based on the Pan-American version (V2.0) of the WHO STEPS approach adapted to the Bolivian context. Between 2015 and 2016, 10,754 individuals aged over 18 years old were surveyed. The two first stages of the STEPS approach were conducted: a) Step 1 consisted of the application of a questionnaire to collect demographic and lifestyle data; b) Step 2 involved taking measurements of height, weight, blood pressure, and waist circumference of the participants.

To achieve objective 1, the prevalence of relevant behavioural risk factors and anthropometric measures were calculated, and then odds ratios/prevalence ratios were estimated for each CVRF, both with crude and adjusted regression models. Regarding objective 2, an intersectionality approach based on the method suggested by Jackson et al. (67) was used to analyse the ethnic and gender inequalities in obesity. Gender and ethnicity information were combined to form four mutually exclusive intersectional positions: i) the dually disadvantaged group of indigenous women; ii) the dually advantaged group of mestizo men; and the singly disadvantaged groups of iii) indigenous men and iv) mestizo women. Joint and excess intersectional disparities in abdominal obesity were estimated as absolute prevalence differences between binary groups, using binomial regression models. The Oaxaca-Blinder decomposition was applied to estimate the contributions of explanatory factors underlying the observed intersectional disparities.

**Main findings:** Our findings revealed that Cochabamba had a high prevalence of CVRFs, with significant variations among the different socio-demographic groups. Indigenous populations and those living in the Andean region showed, in general, a lower prevalence for most of the risk factors evaluated. The prevalence of behavioural risk factors were: current smoking (11.6%); current alcohol consumption (42.76%); low consumption of fruits and vegetables (76.73%); and low level of physical activity (64.77%). The prevalence of metabolic risk factors evaluated were: being overweight (35.84%); obesity (20.49%); abdominal obesity (54.13%); and raised blood pressure (17.5%). It is important to highlight that 40.7% of participants had four or more CVRFs simultaneously.

Dually and singly disadvantaged groups (indigenous women, indigenous men, and mestizo women) were less obese than the dually advantaged group (mestizomen). The joint disparity showed that the obesity prevalence was 7.26 percentage points higher in the doubly advantaged mestizo men (MM) than in the doubly disadvantaged indigenous women (IW). Mestizo men (MM) had an obesity prevalence of 4.30 percentage points higher than mestizo women (MW) and 9.18 percentage points

higher than indigenous men (IM). The resulting excess intersectional disparity was 6.22 percentage points, representing -86 percentage points of the joint disparity. The lower prevalence of obesity in the doubly disadvantaged group of indigenous women (7.26 percentage points) was mainly due to ethnic differences alone. However, they had higher obesity than expected when considering both genders alone and ethnicity alone. Health behaviours were important factors in explaining the intersectional inequalities, while differences in socioeconomic and demographic factors played less important roles.

**Conclusion:** The prevalence of all CVRFs in Cochabamba was high, and nearly two-thirds of the population reported two or more risk factors simultaneously. The intersectional disparities illustrate that abdominal obesity is not distributed according to expected patterns of structural disadvantages in the intersectional spaces of ethnicity and gender in Bolivia. A high social advantage was related to higher rates of abdominal obesity, with health behaviours as the most important factors explaining the observed inequalities. The information generated by this study provides evidence for health policymakers at the regional level and a baseline data for department-wide action plans to carry out specific interventions in the population and on individual levels.

# Engaging with society - a mission for research and education

At the Department of EpiGH we have excellent opportunities for engagement with society. Our research and education directly relates to the health and social sectors and is therefore relevant for policy development. EpiGH is therefore committed to engaging with society, not only as a way of transferring knowledge but also as a way of keeping informed about societal needs that require further research and/or capacity building.

During 2019, we continued our collaboration with different civil society partners, locally, nationally and internationally. Our researchers have been working on different assignments for the Västerbotten County Council locally, the Public Health Agency of Sweden nationally and several non-governmental organizations such as the World Health Organization, internationally.

In 2019 there were two new examples of collaboration with civil society - one local with the Swedish Sámi Association, and one international involving different institutions at the European level.

## Collaboration with civil society locally

From August 2019, Miguel San Sebastián obtained a 20% position at Vaartoe – Center for Sámi Research with the aim of developing health research among Sámi. This was also an important opportunity allowing EpiGH to initiate research in this area. A significant first step was to define what kind of relationships were to be established with the Sámi civil organization, represented in this case by the Swedish Sámi Association (Sámiid Riikasearvi/Svenska Samernas riksförbund, SSR). In 2019 SSR published a policy document covering research and project collaborations with different stakeholders (<http://pdf.sapmi.se/wp-content/uploads/2019/10/Forskningsriktlinjer-light-eng.pdf>).

Guided by this document, EpiGH and SSR signed an agreement to manage the research collaboration between the two institutions. This agreement is based on a strong participatory approach whereby both institutions plan to work together moving through the different steps involved in a research project. A health impact assessment of a mining project is the first example of such a collaborative study under these guidelines.

## Collaboration with civil society internationally

During 2018-2019, Maria Nilsson was nominated by the Royal Swedish Academy of Sciences as a member of a European Expert Group within the European Academies Science Advisory Council (EASAC). The task was to produce a report on the health impacts of climate change in Europe. The Group comprised members from 13 EU-member states and was led and coordinated by EASAC and the president of the InterAcademy Partnership (IAP). The report was published in June 2019 (<https://easac.eu/projects/details/climate-change-and-health/>).



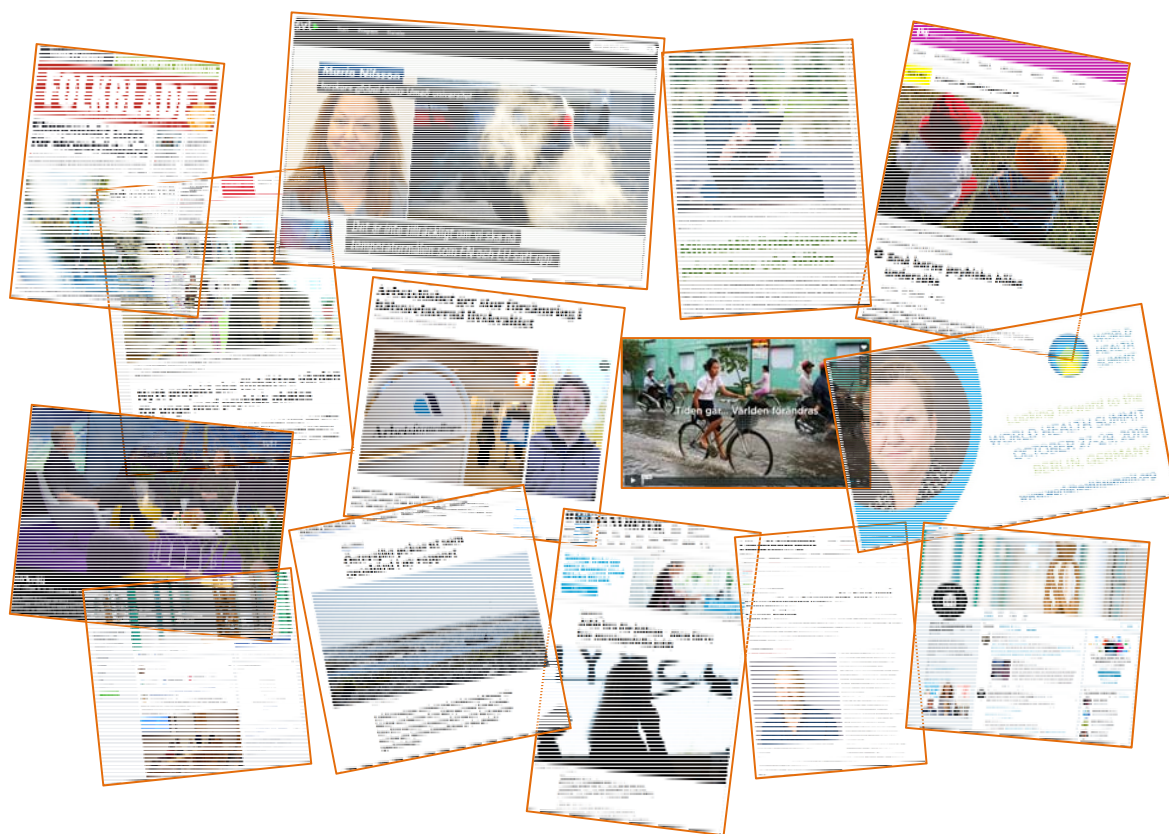
Robin Fears, Director of the Biosciences Programme EASAC, Volker ter Meulen, President InterAcademy Partnership, Maria Nilsson and Johannes Klumpers, Head of the Science Advice Mechanism Unit in the European Commission

In June 2019 Maria Nilsson was invited to Brussels for an Expert Workshop with the European Commission's Group of Chief Scientific Advisors as part of their work on scientific “opinion” for climate change and health for the College of Commissioners. The aim was to gather scientific evidence from experts on adaptation measures that could effectively strengthen the resilience of the health sector in Europe in view of climate change.

Maria Nilsson was an invited speaker at both the World Health Summit in Berlin in October 2019 and the World Science Forum in Budapest at the end of November where main theme was “Science, Ethics and Responsibility”. At these meetings Maria

presented results from the EASAC-report and focused her presentations on climate change health vulnerabilities.

In summary, we are proud to say that engaging with society is at the heart of all our activities. At EpiGH we continuously strive for high quality research and teaching, which gives us rich possibilities for national and international interaction. Rather than being a separate *third mission*, it is important that engagement with and in society is truly incorporated into our research and education, in ways that contribute positively to societal development and lead to improvements in health and welfare.



**Figure 12.** During 2019 we have presented our research through many different media.



## Consultancy and advisory functions

We regularly contribute our time and expertise within Umeå University and externally, the latter at local, regional, national and international levels through a variety of consultancy and advisory functions. Examples of such roles are given below (Table 3). In addition, our researchers are of course referees and on editorial boards for a large number of scientific journals.

We are key advisers behind the Region Västerbotten Public Health Policy programme. On a regular basis we train local

and regional political assemblies, as well as patient organisations and public associations. We participate in many public health education activities, both for basic public health training and the dissemination of public health research. We regularly inform decision-makers, such as politicians and officials from the municipalities and the county councils, of public health issues in the northern region of Sweden.

**Table 3.** Consultancy and advisory tasks among the staff.

Name	Institution	Task
Peter Byass	Ethiopian Federal Ministry of Health	Member, Board of International Institute for Primary Health Care
	INDEPTH	Chair, INDEPTH Network Scientific Advisory Committee
	WHO	Consultant
	Lancet	Member, Lancet Countdown on Climate and Health
Anna-Karin Hurtig	Umeå University	Member of Board of Research, Faculty of Medicine
		Member of Strategic Committee for Internationalization, Faculty of Medicine
		Member of the Committee for Equal opportunities, Faculty of Medicine
	The Swedish Association of Social Medicine	Member of Board and Secretary
	Swedish Medical Association	Member, International Committee for Global Health
	Consortium for Advanced Research Training in Africa (CARTA) Swedish Research Council	Focal person UmU
Anneli Ivarsson	Medical Faculty, Umeå University	International Director
		Chair, Strategic Committee for Internationalisation
		Chair, Council for internationalization of the education
		Member, Reference group for the new 6-year Medical Programme
	International office, Umeå University	Member, Evaluation group for Minor Field Research Studies
	Swedish Institute for Global Health Transformation (SIGHT)	Member, representing Umeå university in a network of Swedish universities
	SASUF – a South African-Sweden University Forum funded by STINT strategic innovation program	Member, Academic Advisory Committee on behalf of Umeå University for the theme “Burden of disease & health systems”
	Swelife – a national strategic innovation program by Vinnova: Zero obesity at school start 2030	Representing Region Västerbotten in a national reference group
	The Swedish Foundation for Humanities and Social Sciences - Riksbankens Jubileumsfond	Member, Assessment group for research infrastructure applications
	Family law and parental support authority	Member, Reference group concerning parental support
	Swedish Medical Association	Member, International Committee for Global Health
	Centre for Demographic and Ageing Research (CEDAR), Umeå University	Board member
	Save the Children Sweden – Rädda Barnen	Chair of the Västerbotten district

Urban Janlert	Swedish Research council for Health, Working Life and Welfare (Forte)	Member of review panel (health promotion and behaviour)
Klara Johansson	Västerbotten County Council	Mapping efforts and activities to counter segregation and inequity in health and healthcare in Västerbotten
	Västerbotten County administrative board	Mapping efforts and activities to counter intimate partner violence and men's violence against women in Västerbotten
Curt Löfgren	Umeå University	Member, Council for the internationalization of education, Faculty of Medicine
Nawi Ng	Hanoi University of Public Health, Vietnam	Member of the International Publishing Adviser
	Gadjah Mada University, Indonesia	Member of Scientific Advisory Committee for Sleman HDSS
	Vetenskapsrådet	Member of the Global Health Panel (UF-5) for Development Research Grant
	Swedish Research council for Health, Working Life and Welfare (Forte)	Member of the Epidemiology and Population-Based Study panel for Research Grant
Maria Nilsson	European Academies Science Advisory Council (EASAC)	Member of working group on Climate Change and Health
	Lancet	Member, Lancet Countdown on Climate Change and Health
	Umeå University	Member, Research Education Committee, Faculty of Medicine
Fredrik Norström	BMC Public Health	Associate Editor
	Swedish Statistical Society	Board Member representing the division of Medical Statistics
Lennarth Nyström	Joint Research Centre, Ispra, Italy	Expert, European Guidelines for breast cancer screening and diagnosis
	Swedish Cancer Society	Board member for assessment of applications of additional support
Linda Richter Sundberg	National Board of Health and Welfare	Scientific project leader Innovation and implementation
	Socialmedicinsk Tidskrift	Board member
	Ministry of Health, Sweden	Scientific advisor concerning Knowledge governance and implementation in the Swedish health system
Klas-Göran Sahlén	Umeå University	Member of the Education Strategic Committee, Medical faculty
	Umeå University	Board member, CERUM
	Umeå University	Hiring and Docent Board, Faculty of Medicine
Miguel San Sebastián	International Journal for Equity in Health	Associate editor
Lars Weinehall	Umeå University	Member, Faculty of Medicine committee on ethical issues
	Swedish Association of Local Authorities and Regions	National program initiative on healthy lifestyle in health service (Chair)

# Publications

## Original articles

Abraha A, Myléus A, **Byass P**, Kahsay A, **Kinsman J**. *The effects of maternal and child HIV infection on health equity in Tigray Region, Ethiopia, and the implications for the health system: a case-control study*. *AIDS Care*. 2019;31(10):1271-1281.

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## Master of Public Health Theses

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2019:2 **Zin Mar Win.** Analysing the performance of health systems in Asian countries: Data Envelopment Analysis What Myanmar can learn from Bangladesh and Vietnam.

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2019:9 **Phu Duy Pham.** Moderator or mediator? The role of perceived social support on the relationship between substance abuse and mental well-being. A population based cross-sectional study in Northern Sweden.

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