



# *Master in Tropical Medicine and Global Health*

## *Residential Tutorship 2015*

**PUBLIC HEALTH LABORATORY IVO DE CARNERI, PEMBA  
 16 November – 4 December 2015**

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## Secretariats and Lecturers

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### Lecturers

Marco	Albonico	Ivo de Carneri Foundation
Abdullah S.	Ali	Manager Zanzibar Malaria Control Programme, MoH, Zanzibar
Said M.	Ali	Director, Public Health Laboratory Ivo de Carneri
Suleiman	Ali	Head of the Health Management Information System (HMIS)
Shaali M.	Ame	Head of Laboratory Services, Public Health Laboratory Ivo de Carneri
Yahya	Al Sawafy	IdCF Representative, Manager of Gombani Maternal and Child Clinic, Pemba
Beatrice	Barda	Microbiologist, Swiss Tropical and Public Health Institute
Maria Jose	Caldes	Public Health Specialist, Centre for Global Health, Toscana Region
Mohammed	Dahoma	Director of Preventive Services, MoH Zanzibar
Maalim	Juma	Environmental Engineer, Zanzibar Water Authority (ZAWA), Pemba
Saleh	Juma	Manager NTD Control Programme, Pemba
Sauda	Kassim	Doctor in Charge Chake Chake Hospital
Mohammed	Khalfan	Manager NTD Control Programme, Zanzibar
Corrado	Minetti	Department of Infection Biology, University of Liverpool
Lorenzo	Savioli	NTD expert, Chief Executive Officer, Public Health Laboratory Ivo de Carneri,.
Jaco	Verweij	Molecular biology specialist, St. Elisabeth Hospital, Tilburg, The Netherlands

## The Organizers

**The Ivo de Carneri Foundation** was founded in 1994 by the family, colleagues and students of Professor Ivo de Carneri in memory of his life and work. Professor de Carneri was well known for his knowledge and generosity and contributed significantly to the fight against parasitic and infectious diseases through scientific research, field interventions and training young researchers in this area.

The Ivo de Carneri Foundation mission is “to promote control strategies against parasitic diseases in developing countries and to encourage research in parasitology”.

The main objectives are:

- strengthening public health systems in developing countries and training local health care workers;
- encouraging young researchers, from Italy and developing countries, to conduct operational scientific research in the field of parasitic and infectious diseases.

One of the Foundation's first priorities was to create a public health laboratory on Pemba Island (Zanzibar) in order to provide better support for disease control programmes in the area, an idea Professor Ivo de Carneri had expressed in 1988 while on a mission to Pemba for the Italian Ministry of Foreign Affairs to assess the national schistosomiasis control programme. In the same year an Ivo de Carneri Prize was established in collaboration with the Italian Society of Parasitology, to reward young researchers from sub-Saharan Africa.

The Public Health Laboratory was named after Professor Ivo de Carneri in response to the local Ministry of Health's wishes: **Public Health Laboratory – Ivo de Carneri (PHL-IdC)**, and was officially opened on 12 June 2000. The main activities are: operational research, monitoring interventions for public health priorities, and promoting training courses for local and international staff.

Pemba Island was chosen for the following reasons:

- Pemba Island is in one of the areas of the world most hit by parasitic and infectious diseases, the “neglected diseases” that the Foundation deals with.
- Local and international institutions carrying out health interventions and aid projects have often neglected Pemba Island. However, it was in Pemba that the Italian Cooperation collaborated with the World Health Organization on international projects to control schistosomiasis in the 1980's. At that time important international scientific networks were established for control and research on NTDs which are still operative today; the PHL-IdC has fostered the development of collaborative networks for operational research and training in Zanzibar.
- The results of strategies to control infectious diseases are easily measurable on an island with its natural borders. In the future these strategies may be extended to other countries.

Further information can be found at the Ivo de Carneri Foundation website: [www.fondazionedecarneri.org](http://www.fondazionedecarneri.org) and at the PHL-IdC web site: [www.phlidc.org](http://www.phlidc.org).

## The Partners

### **University of Florence, Department of Infectious and Tropical Diseases**

The Department is engaged in i) Health care (SOD Malattie infettive e Tropicali, AOU Careggi) ii) Training (Scuola di Scienze della Salute Umana, corso di specializzazione in malattie infettive, corso di perfezionamento in *Medicina Tropicale e Cooperazione Sanitaria*, Master in *Medicina Tropicale e Salute Globale*) iii) Research (Italy, Bolivia, Peru) iv) Health cooperation (Bolivia, Peru). The University holds a convention with University of Brescia and Fondazione Don Giovanni Calabria for Tropical Diseases of the Hospital Sacro Cuore (Negrar, Italy) for the organization of the Master in Tropical Medicine and Global Health. In 28/12/2012 a convention for 10 years has been stipulated with the Fondazione Ivo de Carneri, for the support and collaboration in training, research and development for health cooperation in resource-limited countries. The Fondazione Ivo de Carneri contributes to the training programme of the inter-Universities Master of first level in Tropical Medicine and Global Health, coordinated since 2013 by the University of Florence, Department of Infectious Diseases, in collaboration with the University of Brescia and the Fondazione Don Giovanni Calabria. The Fondazione Ivo de Carneri organizes every year an International residential course of advanced training in tropical medicine in Pemba Island, Tanzania, that is included in the Master as tutorship stage.

### **Azienda Ospedaliera Universitaria Meyer, Center for Global Health, Tuscany Region**

The aim and objectives of the AOU Meyer are summarised in its mission: *to take care of children utilizing modern technologies and treatments including the ethic and human aspects that should characterise the relation among the sick child, his/her family, and the health operator*. Beyond health care activities, AOU Meyer is largely committed in health promotion and international relations in health, and has created a specific organizational structure. Sectors: Primary Health Care, AIDS, paediatric care, support to paediatric hospitals, joint research. Mediterranean and East Europe countries were the first traditional beneficiaries from the activities of health cooperation carried out by Meyer outside national borders. The organizational structure of the Hospital was shaped in mid 90's when Meyer and the paediatric hospital of Scutari, Albania, made an agreement for a project of clinical intervention and training. In 1997, the regional referral centre for infant diabetes of Meyer received the request to intervene in Bielorussia, at short distance from Chernobyl disaster, due to the increase of cases of juvenile diabetes. In 1998, training activities and assistance to launch a paediatric hospital in Palestine has started. In 1999 a task force of Meyer intervened again for two months in Albania to give technical assistance on laboratory services. At present, cooperation projects are ongoing in in Libia, Ethiopia, Kenya, China, Uganda and Burkina Faso. AOU Meyer co-supports this

Tutorship for the participants to the Master and is responsible for the dissemination of the outcome and results.

### **Italian Association Carlo Urbani**

The Italian Association Carlo Urbani (AICU) is a non-profit organization founded in July 2003 with the aim to continue the extraordinary humanitarian work of Carlo Urbani, a Doctor Without Borders who died of SARS, a disease that he himself had first identified. The main aim of the AICU is to remember and honour the role of Dr. Carlo Urbani from a human, professional and scientific point of view, through the conduct of activities in one or more areas covered by art. 10 of the Legislative Decree 4th December 1997, n.460, exclusively focused on charitable purposes. The association aims to continue the work begun by Dr. Carlo Urbani pursuing the following targets:

- To raise funds for the acquisition of medicines called essentials, to be allocated to institutions and associations engaged in the care and prevention of infectious and parasitic diseases that affect the populations of developing countries, especially children.
- To promote and finance courses to be held in Italy and abroad, in the field of infectious and parasitic diseases, aimed at doctors and workers resident in developing countries. Since 2005 AICU is co-funding this residential training course in Pemba island.
- To promote, organize and finance events, exhibitions, conferences, meetings and more, in order to improve access to essential medicines and care for the poorest populations.
- To influence, as much as possible, the decisions of pharmaceutical companies and, consequently, their willingness to finalise research on essential medicines and supply them to populations and villages recommended by the Association.
- To award grants, prizes and scholarships named after Dr. Carlo Urbani, dedicated to the study of the prevention and treatment of infectious and parasitic diseases.
- To promote and encourage initiatives, projects and aid of particular humanitarian interest in developing countries.

## **Tutorship introduction**

This training stage is unique in the panorama of tropical diseases and international public health training. It is designed as a practical tool to provide health staff scientific knowledge and skills to tackle the great challenges which are affecting billion of people, especially in developing countries. Malaria is still number one killer among parasitic diseases: despite the world-wide efforts of prevention and control through combination therapy, 90% of the present 700,000 malaria deaths occur in Africa, especially in children from Sub-Saharan Africa. Intestinal parasitic infections, filariasis, schistosomiasis and other neglected tropical diseases (NTDs) carry a major burden on children and adolescents, affecting their health at a crucial step of development. Innovative strategies have been designed for NTDs integrated control.

The AIDS epidemic, with its devastating consequence on economy and on the fate of million of orphanage, is knocking down the African continent and other affected countries and access to ARV therapy is a challenge. Tuberculosis is a global threat, associated with HIV, especially for MDR-TB and XDR-TB, and it is re-emerging in developed countries. New and old outbreaks continue to occur in pockets with the risk of spreading rapidly around the world. Cholera still hits hundreds of thousand people and the surveillance and control of epidemics too often relies on external intervention. Curative services are understaffed and sometimes weakened by lack of resources and poor management. Health planners and health managers should be prepared to tackle endemic and epidemic diseases with appropriate and effective strategies, strengthening the activities of the national health system, with special focus on sub-Saharan Africa and low-income countries.

The initiative of planning training courses for health workers coming both from developed and developing countries is based on the strategy of exchanging resources between North and South. Training of international level carried out in an African Institution reduces costs and maximizes training opportunities for health personnel from Sub-Saharan Africa. The opportunity for health cadres from European countries of having an experience "in the field", i.e. in countries where tropical diseases are endemic, is extremely important for better understanding the reality, the epidemiological scenario and the health challenges of a developing country.

Presentations of control programmes for diseases of public health importance - as they are implemented in endemic countries, laboratory practical sessions on communicable diseases, visits to transmission sites of vector borne diseases, schools, hospitals and dispensaries will offer to participants a unique insight of the health challenges and their possible solutions in an endemic country. Participants will be also guided through group-works to design a project for a public health priority of their choice and will have the chance to be attached to curative services in hospital ward and dispensaries in daily activities.





<b>Organizing Institution</b>	Ivo de Carneri Foundation, Milan (Italy) <a href="http://www.fondazioneocarneri.it">www.fondazioneocarneri.it</a>	
<b>Partners</b>	University of Florence, Department of Infectious and Tropical Diseases, Azienda Ospedaliera Universitaria Meyer Center for Global Health, Toscana Region, Italian Association Carlo Urbani	
<b>Local Counterpart</b>	Public Health Laboratory Ivo de Carneri Ministry of Health of Zanzibar	
<b>Where</b>	Pemba Island – Zanzibar (United Republic of Tanzania)	
<b>When</b>	November 16 – 4 December , 2015	

**Course goal**

The overall goal is to have an overlook of public health challenges, to understand the role of Public Health Laboratory, and to have a first hand experience in health care in a low-resource country from Sub-Saharan Africa.

**Content**

**First and second week:**

- Examples from Control programmes(NTD, TB, Malaria, HIV)
- Maternal and child health

- Safe Water
- Control of epidemics
- Project management
- Practical in the laboratory
- Field visits

**Third week (optional)**

- Clinical work in hospital/dispensary
- How to write a project proposals (group work)

**Participants**

Twenty (20) participants are allowed to participate in the training. Ten (10) applications are reserved for participants from Italy and industrialised countries and other 10 posts are reserved for African applicants. For the 10 participants from industrialised countries, priority is given to trainees of the Italian Master in Tropical Medicine and Global Health.

**Qualifications** required for admission

- Degree in Medicine, Biology, Pharmacy, Nursing, Diploma/Certificate in health-related subjects.
- Good knowledge of written and spoken English, with excellent level of listening and comprehension

**Cost: Euro 1.500**

**Cost of course includes:** Tuition Fee, Full Board Accommodation, Transfer by charter flight from Zanzibar to Pemba, one day trip to Vumawimbi Beach through Ngezi Forest.

**Cost of course not includes:** international flight from the participant's country of origin, Visa, airport taxes, insurance, personal expenses.

**A caution deposit** of Euro 250 must be anticipated by the selected participants beneficiaries of full scholarship within **30<sup>th</sup> September 2015**. Full payment by the other participants is due before **30<sup>th</sup> September 2015**.

**Scholarships**

The trainees of the Master of Tropical Medicine and Global Health will benefit from a partial scholarship and the tuition fee will be 500 Euros only. Two full board scholarships will be offered from AICU to two winners of the Carlo Urbani's Award (only for candidates from Marche Health Institutions, for details see [www.aicu.it](http://www.aicu.it)). In addition, based on availability of sponsors, 10 full scholarships will be offered to African applicants for coverage of all course's expenses, except the international flight from the participant 's country of origin to Zanzibar, Visa, airport taxes, insurance, and personal expenses. In order to avoid late cancellation, a caution deposit of 250 Euros must be anticipated by candidates selected for full scholarships within 30<sup>th</sup> September 2015. The caution will be retained in case of cancellation after that date, or it will be refunded to the candidates with full scholarship at their arrival in Pemba.

**Application**

Application request should be sent between **30<sup>th</sup> May and 10<sup>th</sup> July 2015**. Candidates should fill in and send the **Application Form** (to be downloaded from the website [www.fondazioneocarneri.it](http://www.fondazioneocarneri.it)), Curriculum Vitae

(maximum 5 pages) and a motivation letter (maximum 1 page), to the following email address: [tmtmgh2015@fondazioneidcarneri.it](mailto:tmtmgh2015@fondazioneidcarneri.it) specifying "Application for TMTMGH" in the subject line. Candidates will be informed of the selection outcome by the **31<sup>st</sup> July 2105**. **Due to the high number of applications, only selected candidates will be contacted.** Those who will not hear from IdCF by the 31<sup>st</sup> July 2015 should consider their application as unsuccessful.

## The Venue



The course venue is the **Public Health Laboratory Ivo de Carneri (PHL-IdC)** in Pemba Island (Zanzibar, Tanzania), an advanced Scientific Institution equipped with modern equipment and training facilities. PHL-IdC is located in Wawi, Chake-Chake, Pemba Island. The main building, of 800 m<sup>2</sup>, is divided into several sections: Laboratory (Parasitology, Bacteriology, Virology), Finance and Administration, Training. The conference room can accommodate up to 50 people and is equipped with training facilities (slides and overhead projector, computer link, library). Wireless internet service is available and 24 hours electricity is guaranteed by solar panels and a supply generator. A canteen will take care of the participants with local food. Participants will be accommodated in the PHL-IdC guest house, 2 km away from the PHL-IdC premises, and in nearby hotels; the local staff will be in charge of daily transportation to the venue.

## The Tutorship programme

### FIRST WEEK: PUBLIC HEALTH AND LABORATORY

Monday	<b>Day 1: Introduction</b>	
9.00	Opening of the Course H.E. Italian Ambassador LUIGI SCOTTO JAMALA TAHIB, DG, Ministry of Health Zanzibar	
10.00	Introduction to the Course Introduction of Participants SAID M Ali, MARCO ALBONICO	
10.30	Coffee Break <b>First Session</b>	Case study
11.00	Health system and public health priorities in Zanzibar JAMALA TAHIB / SAID M. ALI	
12.00	Global Health priorities and challenges: from MDG to SMG MARI JOSE CALDES	Front lecture with plenary discussion
13.00	Lunch Break <b>Second Session</b>	Case study
14.15	Research, training and control activities of the PHL-IdC on communicable diseases LORENZO SAVIOLI / MARCO ALBONICO	
15.30	Break	
16.00	Orientation and guided tour of PHL-IdC SHAALI AME	
Tuesday	<b>Day 2: Surveillance System</b>	
9.00	<b>First session</b>  How to use and interpret data from health management information system (HMIS) SULEIMAN ALI  Practical use of surveillance system and health management Information system (HMIS) SULEIMAN ALI	Front lecture with plenary discussion  Case Study
10.45	Coffee Break	
11.15	Digital mapping and use of gis AMOUR TAJO and SULEIMAN ALI	Case Study
13.00	Lunch Break	
14.15	<b>Second session</b> Project cycle management: how to write a project proposal	Front lecture



	MARCO ALBONICO	with plenary discussion
	Break	
16.00	Writing project proposals on Public Health Priorities MARCO ALBONICO	Group Work

Wednesday

<b>Day 3: HIV/AIDS Epidemic</b>		
9.00	<b>First Session</b>  HIV/AIDS Control Programme in Zanzibar: Epidemiology, access to ARV therapy, Prevention of Mother to Child Transmission, counselling and surveillance MOHAMMED DAHOMA	Front lecture with plenary discussion
10.45	Coffee Break	
11.15	VISIT TO VCT and STI CLINIC Dr in charge / SITI MAKAME	Case study
13.00	Lunch Break	
	<b>Second Session</b>	
14.15	HIV cultural barriers and their management ZAFA  Break	Role play
16.15	HIV cultural barriers and their management ZAFA	Focus group discussion

Thursday

<b>Day 4: Tuberculosis</b>		
9.00	<b>First session</b>  Tuberculosis Control Programme in Sub-saharan Africa: DOTS strategy, drug access and standard regimens, multidrug-resistant strains KHAMIS ABUU BAKAR	Front lecture with plenary discussion
10.45	Coffee Break	
11.15	Leprosy management challenges in Pemba HASNU FAKI	Community visit and focus discussion
13.00	Lunch Break	
	<b>Second Session</b>	
14.15	TB diagnosis and culture, quality control SHAALI AME, HAJI SAIDI, BEATRICE BARDA  Break	Laboratory session
16.15	TB diagnosis and culture, quality control SHAALI AME, HAJI SAIDI, BEATRICE BARDA	Laboratory session

Friday

<b>Day 5: Malaria</b>		
9.00	<b>First session</b> The success story of Malaria Control in Zanzibar: combination therapy, IPT, ITN, IRS, Vector control ABDULLAH S. ALI	Case study
10.45	Coffee Break	
11.15	Challenges of sustaining effective malaria control: from hyper to hypo endemicity ABDULLAH ALI	Case study
13.00	Lunch Break	
14.15	<b>Second session</b> Laboratory diagnosis of malaria and quality assurance at district level SHAALI AME and BEATRICE BARDA  Break	Laboratory Session
16.15	Laboratory diagnosis of malaria and quality assurance at district level SHAALI AME and BEATRICE BARDA	Laboratory Session

## SECOND WEEK: PUBLIC HEALTH AND LABORATORY

Monday	<b>Day 6: Helminth infections</b>	
9.00	<b>First session</b> STH and Schistosomiasis control in Zanzibar: learning from the past LORENZO SAVIOLI	Case study
10.00	Elimination of Lymphatic Filariasis in Zanzibar: a success story ? MOHAMMED KHALFAN	Case study
10.45	Coffee Break	
11.15	Progress towards Schistosomiasis elimination and challenges for Intestinal Helminthiasis Control in Zanzibar SHAALI AME and MARCO ALBONICO	Case study
13.00	Lunch Break	
14.15	<b>Second Session</b> Field techniques for the diagnosis of urinary schistosomiasis, intestinal helminthiasis and lymphatic filariasis SHAALI AME and BEATRICE BARDA Break	Laboratory Session
16.15	Field techniques for the diagnosis of urinary schistosomiasis, intestinal helminthiasis and lymphatic filariasis SHAALI AME and BEATRICE BARDA	Laboratory Session
Tuesday	<b>Day 7: Field visits</b>	
9.00	<b>First session</b> Visit to a Primary School SALEH JUMA/AMOUR KHAMIS	Field Visit
10.45	Coffee Break	
11.15	Schisto and intestinal helminths transmission sites SALEH JUMA/AMOUR KHAMIS	Case Study
13.00	Lunch Break	
14.15	<b>Second Session</b> Traditional Medicine OMAR KHAMIS FUNDI / TRADITIONAL HEALERS ASSOCIATION Break	Case Study
16.15	DNA –based methods for diagnosis on NTDs: a potential tool also for low-income countries CORRADO MINETTI / JACO VERWEJI	Laboratory Session

Wednesday	<b>Day 8: Epidemics and Safe Water supply</b>	
9.00	<b>First session</b> Cholera: the global picture MARCO ALBONICO	Front lecture with plenary discussion
10.00	Surveillance of epidemics in Zanzibar SHAALI AME	Case study
10.45	Coffee Break	
11.15	Routine monitoring of water supply in Pemba island MAALIM JUMA	Case study
12.00	Access to safe water in Chake Chake district and dumping site MAALIM JUMA / KHALFAN SHAA	Field Visit
13.00	Lunch Break	
14.15	<b>Second session</b> Water test quality in the laboratory FAKI BAKARI, SHAALI AME	Laboratory Session
	Break	
16.15	Water test quality in the laboratory FAKI BAKARI, SHAALI AME,	Laboratory Session

Thursday	<b>Day 9: Other infectious diseases</b>	
9.00	<b>First session</b> Dengue fever, typhoid and other febrile illnesses BEATRICE BARDA	Front lecture with plenary discussion
10.00	Visit to improved sanitation project (Chake/Kojani) KHALFAN SHAA	Field Visit
10.45	Coffee Break	
13.00	Lunch Break	
14.15	<b>Second session</b> Blood culture and bacteriology practical SHAALI AME and BEATRICE BARDA	Laboratory session
	Break	Laboratory session
16.15	Blood culture and bacteriology practical SHAALI AME and BEATRICE BARDA	

Friday	<b>Day 10: Mother and child health</b>	
9.00	<b>First session</b> Experience of the Mother and Child clinic at Gombani and field introduction YAHYA AL SAWAFY	Case study and field visit
10.45	Coffee Break	
11.15	Management of a Distric hospital SHABAAN / SAUDA KASSIM	Case study
13.00	Lunch Break	
14.15	<b>Second Session</b> Management of malnutrition in a rural dispensary TO BE DETERMINED  Break	Case study
16.15	Maternal and chid health priorities (IMCI) in Pemba SHARIFA HAMOUDI /TBA	Group work/visit to Maternity ward

### THIRD WEEK: CLINICAL MEDICINE AND PROJECT PROPOSAL

Monday	<b>Day 11: Clinical work and project proposal</b>	
9.00	<b>First session</b> Attachment to a MCH dispensary / Chake hospital for clinical stage Dr in Charge	Field work
10.45	Coffee Break	
11.15	Attachment to a MCH dispensary / Chake hospital for clinical stage Dr in Charge	Field work
13.00	Lunch Break	
14.15	<b>Second Session</b> Work on thesis and project proposal  Break	Groupwork
16.15	Work on thesis and project proposal	Groupwork

Tuesday

**Day 12: Clinical work and project proposal**

9.00

**First session**

Attachment to a MCH dispensary / Chake hospital for clinical stage  
Dr in Charge

Field work

10.45

Coffee Break

11.15

Attachment to a MCH dispensary / Chake hospital for clinical stage  
Dr in Charge

Field work

13.00

Lunch Break

14.15

**Second Session**

Work on thesis and project proposal

Groupwork

16.15

Break  
Work on thesis and project proposal

Groupwork

Wednesday

**Day 13: Clinical work and project proposal**

9.00

**First session**

Attachment to a MCH dispensary / Chake hospital for clinical stage  
Dr in Charge

Field work

10.45

Coffee Break

11.15

Attachment to a MCH dispensary / Chake hospital for clinical stage  
Dr in Charge

Field work

13.00

Lunch Break

14.15

**Second Session**

Work on thesis and project proposal

Groupwork

16.15

Break  
Work on thesis and project proposal

Groupwork



Thursday

**Day 14: Clinical work and project proposal**

9.00

**First session**

Attachment to a MCH dispensary / Chake hospital for clinical stage  
Dr in Charge

Field work

10.45

Coffee Break

11.15

Attachment to a MCH dispensary / Chake hospital for clinical stage  
Dr in Charge

Field work

13.00

Lunch Break

14.15

**Second Session**

Work on thesis and project proposal

Groupwork

Break

16.15

Work on thesis and project proposal

Groupwork

Friday

**Day 15: Project proposal presentation**

9.00

Presentations of project proposals  
ALL PARTICIPANTS

Seminar

10.45

Coffee Break

11.00

Presentations of project proposals  
ALL PARTICIPANTS

Seminar

13.00

Lunch break

14.15

Final Course Evaluation  
ALL PARTICIPANTS

15.00

Closing of the Course

## Before departure: general and health information

### Country Data:

**Capital:** Zanzibar

**Population:** 923.000

**Area:** 1.554 km<sup>2</sup>

**Time:** + 2 h difference from Italy; + 1 h when in Italy there is legal time.

**Languages:** Kiswahili and English.

**Religion:** More than 90% of Zanzibar population are Muslim.

**Money:** Tanzanian Schilling

**Phone suffix from abroad:** 00255

### General Information to enter the country

**Passport:** a valid passport is needed with validity of at least 6 months at the moment of entering the country.

**Entry Visa:** need of a TOURIST VISA which can be obtained at the arrival in Zanzibar at the airport. The VISA costs 50 US \$.

### Health Information

Before departure is advisable to consult a travel medicine specialist to be advised about the malaria prophylaxis (which in Zanzibar is presently debatable as transmission is very low - less than 5%) and any other vaccinations against endemic diseases.

In addition, it is recommended to:

- drink bottled water or soft drinks without ice (except in the PHL-IdC where water is tested and drinkable);
- treat the water for alimentary use (boil for 20 minutes and/or filter it)
- avoid raw vegetables and sea food;
- consult a physician if you have any symptoms (fever, diarrhoea, vomiting...)

**Vaccination requested:** none but yellow fever is asked if coming from endemic areas.

## Partners / Sponsors

*Azienda Ospedaliera Universitaria Meyer Center for Global Health, Toscana Region*



Centro  
Salute Globale



Regione Toscana

*University of Florence, Department of Infectious and Tropical Diseases*



associazione italiana carlo urbani

*A special mention to the Italian Association Carlo Urbani (AICU) who has supported the Ivo de Carneri Foundation (IdCF) for the implementation of training activities from the very beginning. Our grateful thoughts go to Dr Carlo Urbani, colleague and friend who initiated this training philosophy based on exchange from developed and developing world in collaboration with the IdCF back in 2000 in Macerata (Italy) and who keeps supporting us, by sharing both principles and ideals, through the Association established in his name.*