Author's response to reviews

Title: Public Health Education: A Report from Mosul and A Plan for Change

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In the first section, the "General" comments, our reviewer requested that more be written about the situation in Iraq today. She mentioned Iraq's decline in health indicators, especially from pre-1980 levels. She also felt that our description of the Iraq situation was understated and that it could be best described as a "shambles".

The second section, "Major Compulsory Revisions" repeated these themes as well as asking for clarifications in the description of the project we outlined. We are glad to have the opportunity to address these questions. They are basically divided into three parts, which are dealt with in turn below.

I. **Give examples of current problems in Iraq and set them into a temporal context.**

This section, the first of the paper, has been expanded from one to two and one-half pages. In preparation, a literature search for all publications in 2003-4 dealing with Iraq was carried out in PubMed; we reviewed the 99 publications that were found. There was a wealth of current data on child health in Iraq, and because children make up nearly half the Iraqi population, we frequently used these data as examples of the current problems. An historical example of the decline in health indicators is provided by the trends in the under-five mortality rate from 1974 until 1998, and a comparison with the rate in 2003. Under-five mortality is also used as an example of where Iraq now ranks
worldwide in health indicators. Other health problems such as communicable diseases and malnutrition are touched on, and their relation to the lack of health care facilities, supplies and personnel is explained. Finally, we note the need for trained public health personnel, setting the stage for description of the program now in progress in Mosul. In this review, it was rewarding to see, among the many Medline entries, a publication with a title describing the Iraqi health system as a "shambles", enabling us to be more forceful in the description of the chaos there.

II. What is the Mississippi Consortium of International Development? How and why did it design the HEAD Project with the University of Mosul addressing the problems in public health education in Iraq? Was the Project based on an historical perspective?

In this new version of our paper, we have explained that the HEAD Project is a partnership between the Mississippi Consortium of International Development (MCID) and the University of Mosul. Established in 1989, the Mississippi Consortium for International Development (MCID) represents a collaborative endeavor of four historically black institutions of higher learning in Mississippi: Alcorn State University, Jackson State University, Mississippi Valley State University, and Tougaloo College. Headquartered in Jackson, Mississippi, MCID has offices in Washington, D.C., Nigeria and Iraq. Additionally, MCID has representatives in South Africa, Russia, Ukraine, Kyrgyzstan and Romania. Since its establishment, MCID has been awarded more than 700 international human resource development training and technical assistance contracts by U. S. Government entities such as the Agency for International Development
USAID), Department of State, and Department of Education. In addition, MCID has implemented development activities for the Governments of South Africa, Nigeria, Russia, Ukraine, and private entities such as British Petroleum and The United Negro College Fund. MCID maintains formal partnerships with more than 50 universities worldwide as well as other institutions and organizations. MCID is currently involved in university partnership projects in India, Africa, the Russian Far East, and the Middle East. The MCID strategy in Iraq is informed by a partnership with Agostinho Neto University, in war-torn Angola, which increased the University’s capacity to train public managers and resulted in the establishment of the only Faculty of Letters and Social Sciences at any institution of higher learning in Angola as well as the only Departments of Political Science and Management and Public Administration in the country. Thus the Mosul project has been developed after many years of experience, not "hatched without benefit of historical example". We regret that we did not make this point clear in the original version of the paper.

The University of Mosul partnership was forged out of a desire to contribute to the revitalization of the second largest University in Iraq, which suffered from isolation and diminished resources during the last 12 years of the Hussein regime. MCID is also assisting the University of Dohuk and the Dohuk Technical Institute in rebuilding and revitalization efforts. Of course, one would hope that any success at the University of Mosul would "stand as an example for other universities in Iraq" and other war-torn countries.
III. Describe the phases of the HEAD Project in greater detail.

We have greatly expanded these sections of the paper, nearly tripling the amount of description. For example, we have clarified who will receive acquisitions (distributed to all university departments), who are the Partner Institutions (MCID and University of Mosul), the inclusion of distance learning (yes), the basics of the program that increases the nurse-researcher pool, the program in the Department of Community Health, and how mini-grants are judged. We agree that the original version of this information was "too light and superficial to be useful", and welcome the opportunity to go into greater detail.

Balancing brevity with information is always difficult. Conditioned by the stress on minimizing space that exists in today's print journals, we wrote too brief a paper. We are pleased to have had the opportunity to tell BMC Public Health readers more about this difficult and rewarding work in Iraq, and hope that it may be useful to others.