

IMPACT EVALUATION

Master of Global Health
Master of Clinical Research –
International Health
Diploma of Fundamentals of
Global Health

Department of Education & Training

ISGlobal **Barcelona**
Institute for
Global Health

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1. Background

As an academic institution, the Barcelona Institute for Global Health (ISGlobal) wants to ensure that its graduates are competent in the field of Global Health (GH). The Education & Training (E&T) Department aims to train high quality professionals capable of positively engaging with employers and succeeding in job recruitment processes. However, the growing number of training programmes in GH worldwide, and the corresponding increase in the number of graduates, raises concerns about a possible oversupply of professionals in this sector. In this context, the goal of this evaluation is to understand how ISGlobal graduates are performing in the GH labour market. In addition, it examines whether the competencies gained through ISGlobal postgraduate programs are appropriate for graduates' career development. Similar evaluations can be found in the GH sector. Specifically, two studies have been used as references for the present report: *Global Health recent graduate study: opportunities and obstacles to employment in Global Health* carried out by the Consortium of Universities for Global Health (CUGH) in 2017¹ and *Fifteen years of the tropEd Masters in International Health programme: what has it delivered? Results of an alumni survey of master students in international health* carried out by Gerstel *et al* in 2013².

In 2012, ISGlobal launched three new postgraduate programmes in collaboration with the University of Barcelona (UB), which represented the evolution of the Master of Tropical Medicine and International Health:

- the Master of Global Health (60 ECTS, one academic year, featuring two tracks, one in Transdisciplinary Studies in Global Health and one equivalent to the tropEd Master in International Health),
- the Master of Clinical Research: International Health Track (60 ECTS, one academic year, as part of the eight tracks of the interuniversity Master of Clinical Research UB-UAB-UPF), and
- the Diploma of Global Health Fundamentals (30 ECTS, four and a half months, postgraduate diploma).

In 2016, the E&T Department carried out its first impact evaluation, involving the first three cohorts (2012-13, 2013-14, 2014-15) of the above-mentioned programmes. The report included a demographic analysis of the three cohorts of students and the graduates' views on the impact of their postgraduate degree on their careers.

In that first survey the sample was very small, a total of 28 out of 59 graduates contacted responded to the survey (47% response rate). Graduates in the 2012-2015 cohorts identified their origin as Spain (52,1%), Latin America (18,3%), Europe (14,1%), the USA and Canada (8,5%), Africa (5,6%), and Asia (1,4%).

Students came to the programmes from a wide variety of backgrounds, but dominantly from health and life sciences (83,1%).

In very general terms, most graduates (85%) of the three programmes felt that they had made a good choice by pursuing the degree. The elements of the programmes that they considered the most useful for their career development were the trans-disciplinary approach, research methods, small interactive classes, final research project, and specific global health courses. What they missed in the programme that could have been helpful to their career development included an internship and/or field experience, career development coaching, and more research methods in relationship to the final project.

The evaluation did not include detailed information on type of employment or the skills most valued by employers. However, the survey showed that 61% of graduates of the Master of Global Health were employed, mainly in NGOs. The same was true for 89% of graduates of the Master Clinical Research – International Health, in this case mainly in research (mostly likely in PhD programmes).

In July 2018, the E&T Department carried out a second impact evaluation and the results are presented in this report.

2. Objectives

The objectives of the evaluation are:

- a. To know the employment situation of ISGlobal graduates, including: employment in GH and in other sectors, job search characteristics in GH, and reasons for unemployment.
- b. To assess whether graduates attribute any impact on their professional careers to their ISGlobal postgraduate programme.
- c. To understand the specific barriers that women who have graduated from the programme face in their career development in the GH sector.

The term “impact” in this report is defined as:

- Graduates’ perception of the appropriateness of skills and competencies acquired during the programme for professional work in the GH sector.
- Graduates’ perception of the impact of the studies on their career, such as an increase in remuneration, new positions and/or responsibilities, increase in seniority, etc.

3. Methodology

An anonymous web-based survey was prepared with *Survey Monkey* and conducted between 9 - 25 July 2018. It was sent to a total of 114 graduates from the first five cohorts of the above-mentioned ISGlobal postgraduate programmes (see Figure 1). Out of the 114 graduates to whom the survey was sent, 42 graduates (37%) responded. This rate is inferior to the one in our previous survey (47%) but is still considered acceptable taking into account that the two reports included as references in this study ^{1,2} obtained a response rate of 59% and 30%, respectively.

Figure 1: Demographic characteristics of the graduates that received the survey

Demographics of the study population		Number		Percentage
Gender	Female	93		82%
	Male	21		18%
Year of Graduation & Course	Master of Global Health (MGH): Transdisciplinary Studies in GH	2012-13	10	9%
		2013-14	9	8%
		2014-15	16	14%
		2015-16	5	4%
		2016-17	20	17%
	MGH: TropEd Master in International Health	2016-17	1	1%
	Total MGH	61		53%
	Master Clinical Research (MCR) – International Health	2012-13	8	7%
		2013-14	9	8%
		2014-15	13	11%
		2015-16	12	11%
		2016-17	7	6%
	Total MCR	49		43%
Diploma Global Health (DGH)	2012-13	1	1%	
	2013-14	1	1%	
	2014-15	1	1%	
	2015-16	1	1%	
Total DGH	4		4%	
Total	114			

4. Results

4.1 Demographics of the respondents

Respondents to the survey were mostly from Europe (70%). The rest came from Central and South America (15%) and North America (10%) and only 5% were from Africa. Most were women (78%), which is not unexpected as 82% of graduates from the study population were women.

Figure 2: Respondents by region of origin

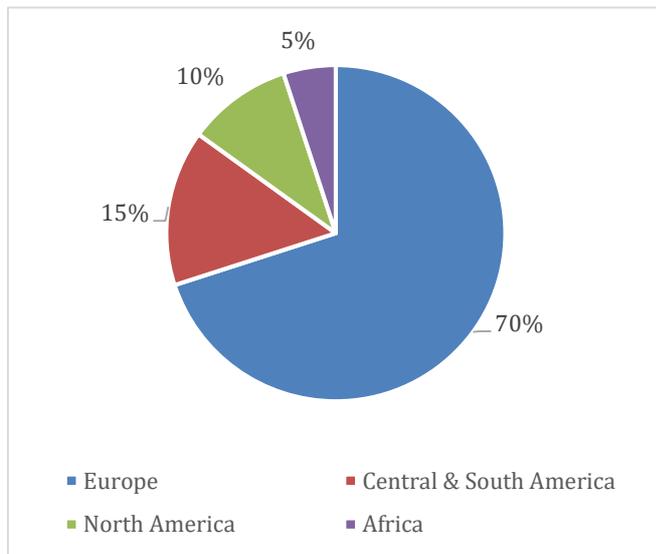
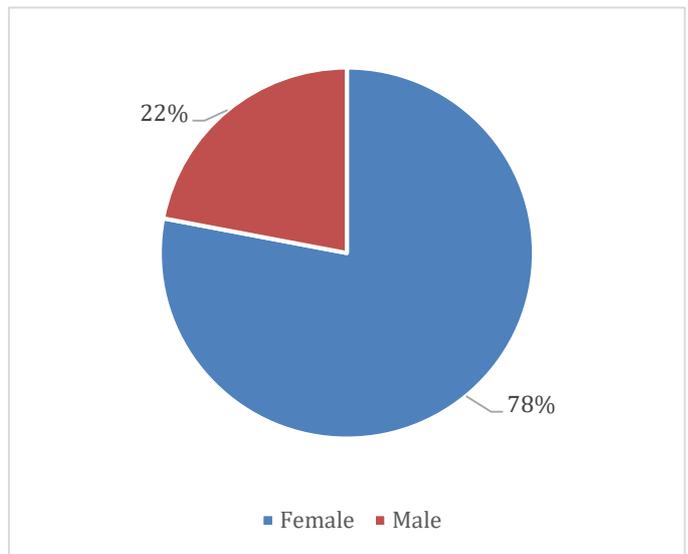


Figure 3: Female/male percentage



Sixty-two percent of respondents studied in the Master of Global Health and 36% in the Master of Clinical Research - International Health Track. Only one respondent completed the Diploma of Global Health Fundamentals, out of four graduates that completed this programme. It is worth mentioning that the rate of response was higher in the study population of the Master of Global Health. In addition, there is an over-representation in the respondents' sample from graduates of the most recent years.

Figure 4: Rate of the total of respondents by programme and year of graduation

Demographics of respondents	Percentage	
Year of graduation	2012-13	8%
	2013-14	5%
	2014-15	26%
	2015-16	18%
	2016-17	43%
Programme	Master of Global Health	62%
	Master of Clinical Research – International Health	36%
	Diploma of Global Health	2%

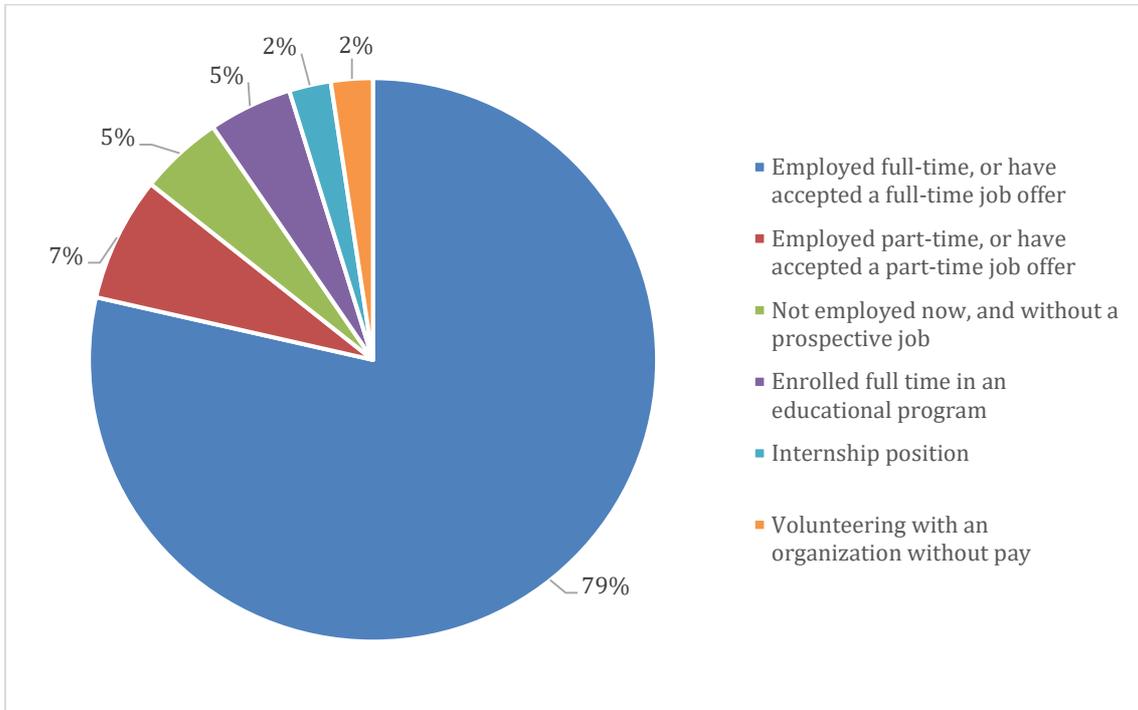
Finally, respondents came to the ISGlobal programmes from a wide variety of backgrounds, but predominantly from health and life sciences. Medicine (16%), pharmacy (16%), biology (14%), nursing (14%) and veterinary medicine (11%) were the main degrees that respondents completed before undertaking ISGlobal programmes.

4.3 Employment

4.3.1 Employment Status

Eighteen-six percent of respondents reported that they were employed or had accepted a full-time or part-time job at the time of the survey. Only 5% of the graduates reported that they were unemployed; the main reason for this was relocating or being between jobs. In addition, 2% were doing an internship, and another 2% volunteer work. Finally 5% of respondents were enrolled in doctoral programmes (see Figure 5).

Figure 5: Respondents' employment status



Of those employed with a full-time/part-time job, internship or volunteer position (90%), 78% were working in GH and 22% reported having a job in another sector (see Figure 6). Of those who reported having a job in another sector (see Figure 7) 43% of stated it was because they couldn't get a job in GH, 14% of could not accept a job in GH because salary, and another 14% were offered a job in another sector. The rest of respondents (29%) (marked as "other" in figure 7), reported having a job in humanitarian aid organisations. As humanitarian aid work can be related to GH, the 29% could be added to the total amount of respondents working in GH, suggesting that, potentially, 84,4% of respondents are working in GH.

Figure 6: Percentage of respondents employed in GH and other sectors. The 22% includes respondents working in humanitarian aid organisations.

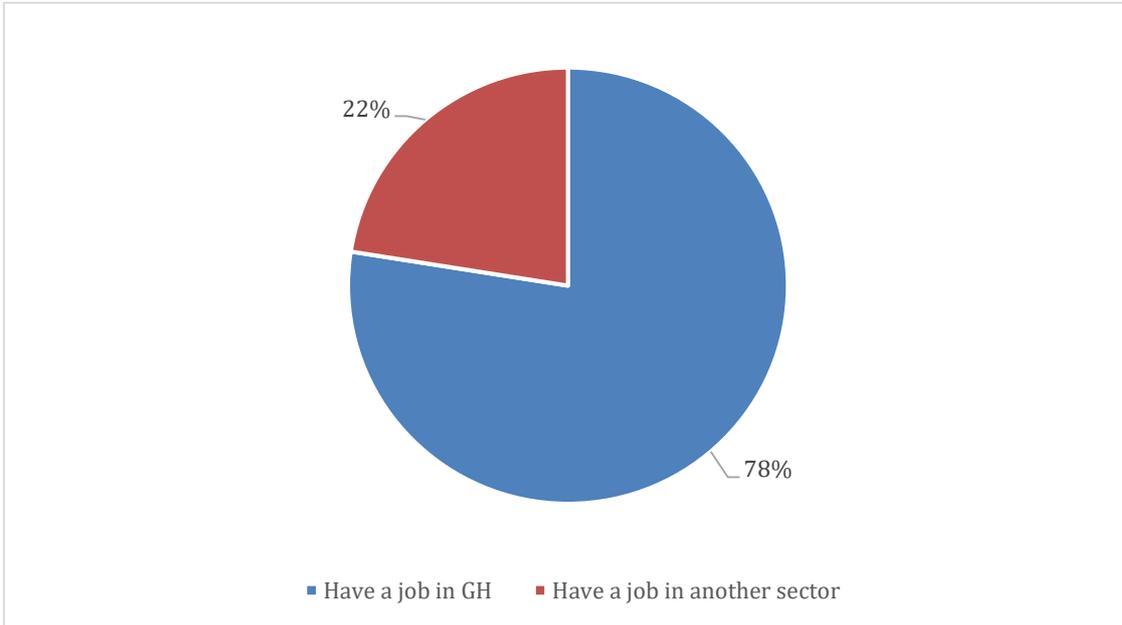
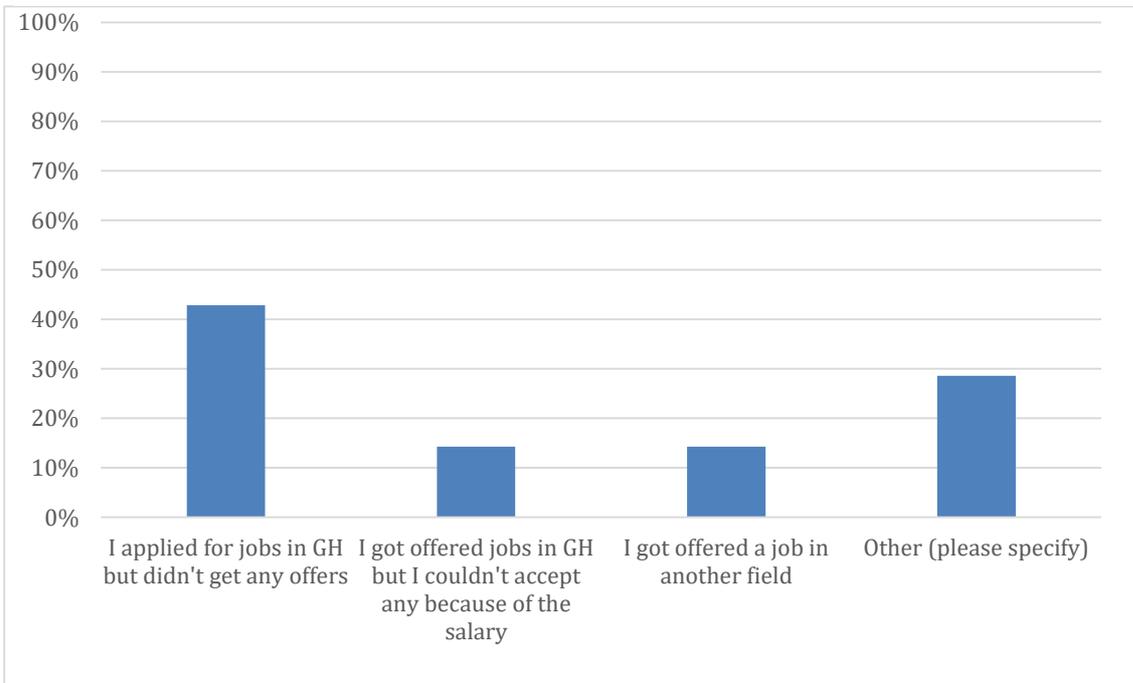


Figure 7: Respondents' reported reasons for having a job in another sector



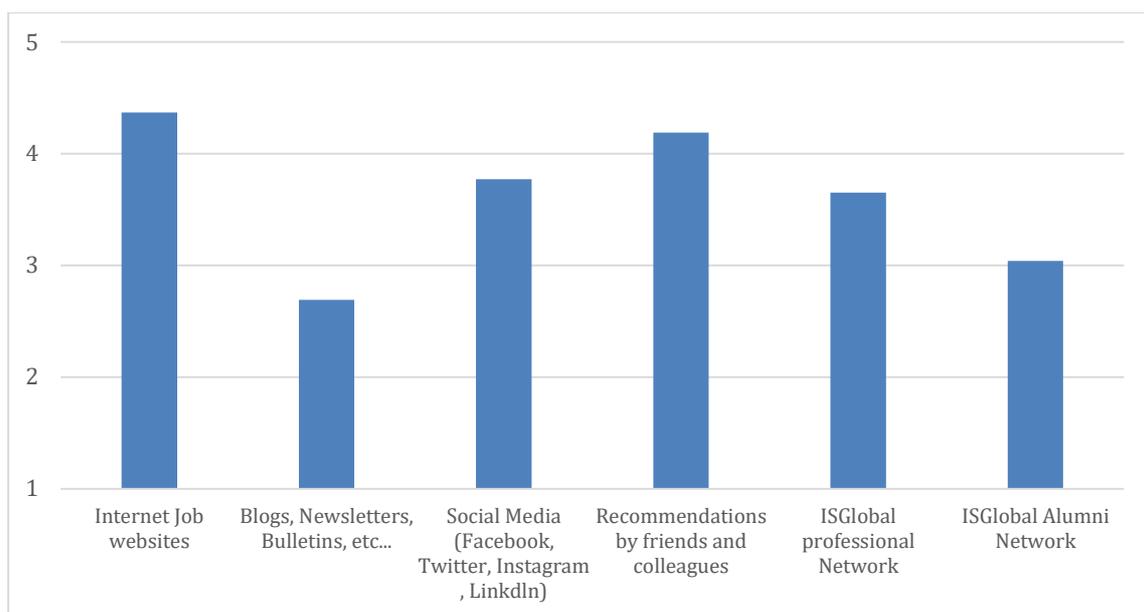
Respondents working in GH were asked about their jobs and results are presented in the following sections. To start with, 92% felt generally satisfied with the job overall.

4.3.2 Job search experience

Respondents were asked about their job search experience after graduating. A majority of them (64%) found a job in GH within three months after graduating and applied to a maximum of 10 jobs before being recruited. Moreover, 96% of respondents working in GH were interviewed a maximum of five times before being recruited for job.

Furthermore, respondents were asked to rank tools and resources used during their job search after graduation (see Figure 8). Internet job related websites and recommendations by friends and colleagues were the options rated above 4.

Figure 8: Resources used for job searching reported by respondents (scale from 1 to 5 responds to: 1-Not Useful, 5 – Very Useful)



Responding graduates were also asked to reflect on the types of skills they felt were most valued by employers based on their job search experience in GH after graduating.

Regarding transferable skills (skills that are used regardless the type of job at which a person is working), graduates felt that *teamwork* and *management skills*, followed by *problem solving* and *communication skills*, were the most important for employers (see Figure 9).

In terms of the “know-how” skills employers look for (see Figure 10) respondents reported that *foreign language*, *data management* and *project cycle management* are most commonly valued by employers. Surprisingly, *social media* appeared to be the least valued skill by employers according to survey participants.

Figure 9: Transferable skills sought by employers. (Scale 1 to 5 responds to: 1-Not valued by employers, 5-Very valued by employers)

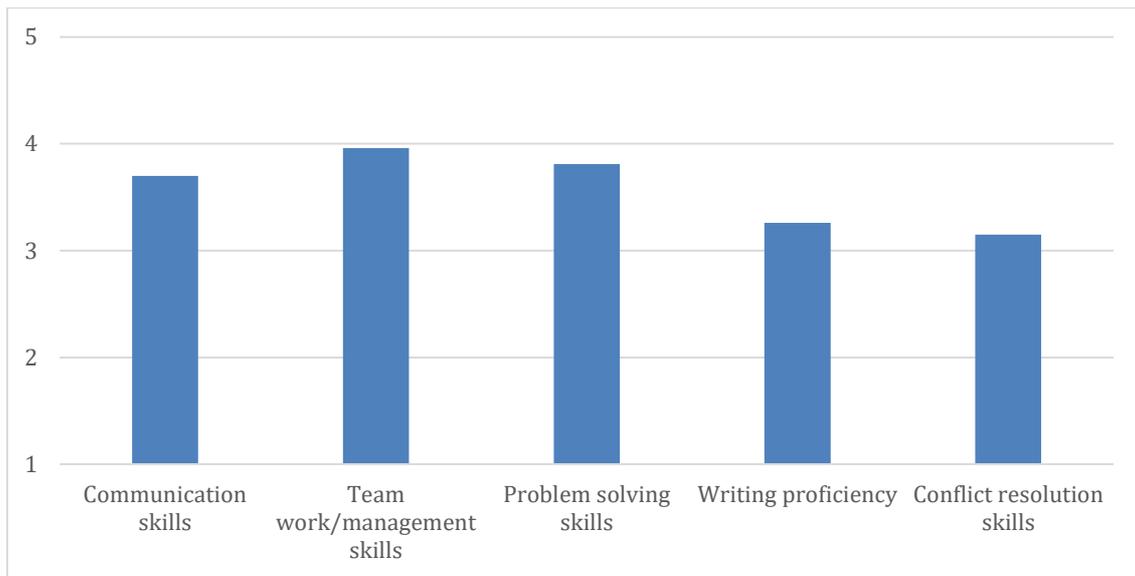
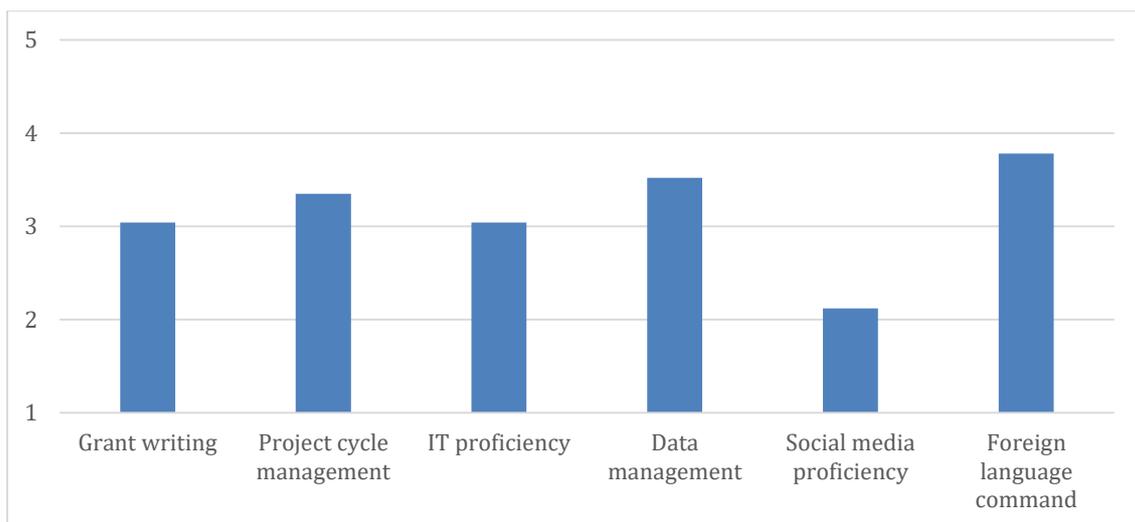


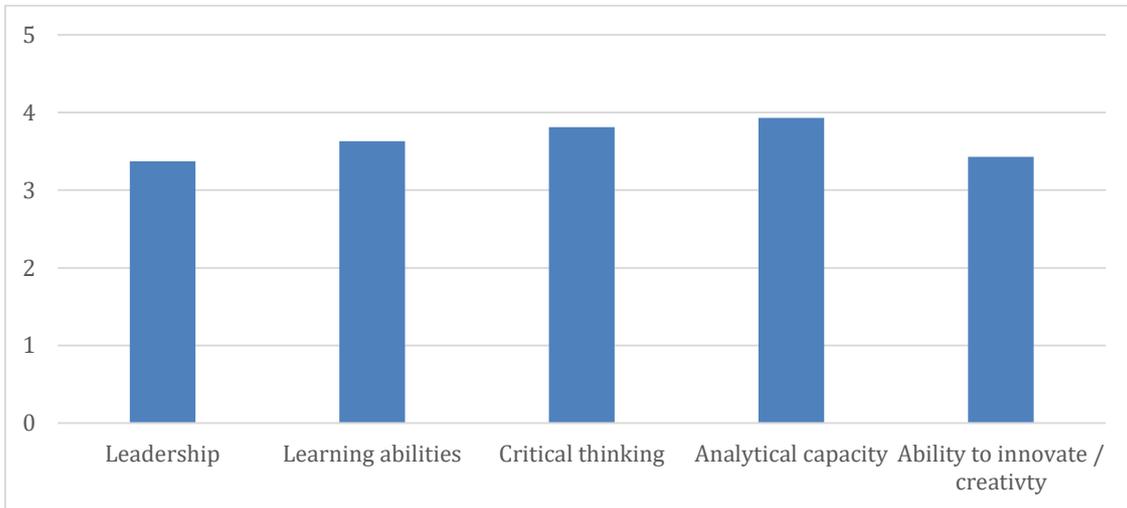
Figure 10: “Know-how” skills sought by employers. (Scale 1 to 5 responds to: 1-Not valued by employers, 5-Very valued by employers)



Finally, respondents were asked to rate five general competencies in terms of their value to employers (see Figure 11). Here, *analytical capacity* and *critical thinking* were identified as the most valued competencies by employers, and *leadership* was the least selected, although the difference between them is small.

This could be related to the fact that leadership skills are better valued at more senior positions.

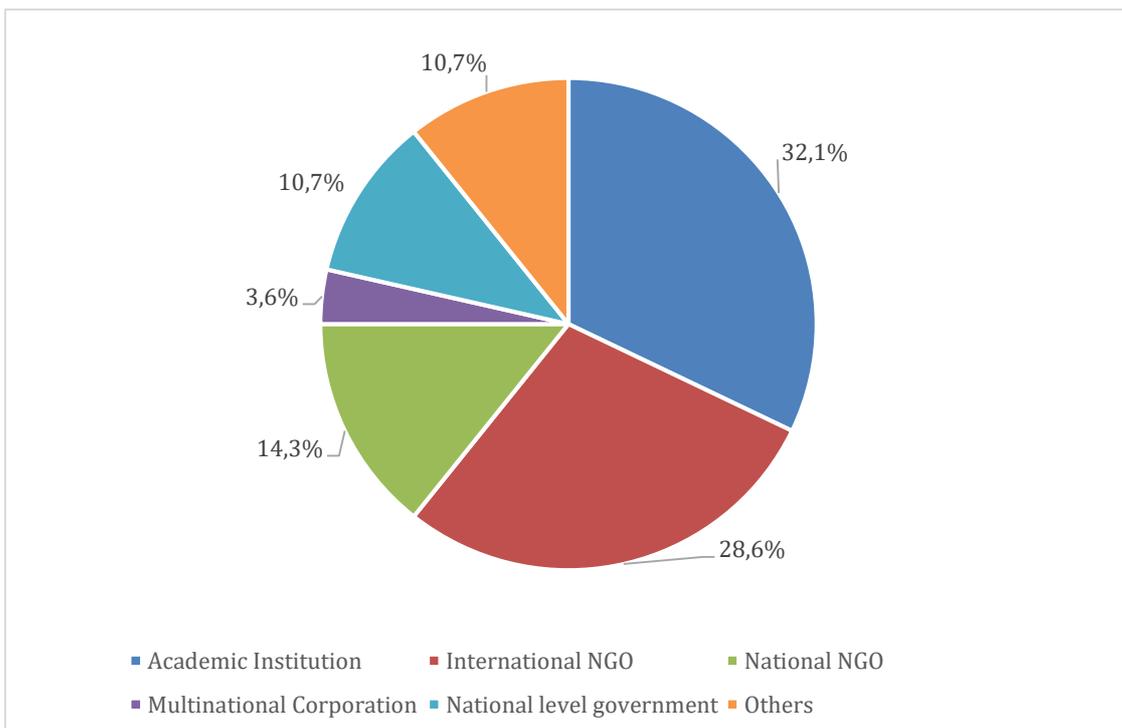
Figure 11: Respondents' perceived level of value by employers. (Scale 1 to 5 responds to: 1 – Not valued, 5-Very valued)



4.3.2 Settings of employment

Common settings where respondents reported working (see Figure 12) at the time of the survey include academic institutions (32,1%) and international NGOs (28,6%), which together represent together 60,7% of work settings.

Figure 12: Respondents' settings of work



Figures 13 and 14 illustrate the types of jobs respondents had at the time of the survey. In this case, data is shown separately for the two master programmes, which highlights the main differences in career paths that graduates take after completing the degree. For respondents from the Master of Clinical Research, it is clear that the common path is to work in research. However, the career path for graduates of the Master of Global Health is much more diverse. Although 34% do research work as well, data management and advocacy are also areas in which they are employed.

Figure 13: Types of jobs held by graduates of the Master Clinical Research – International Health

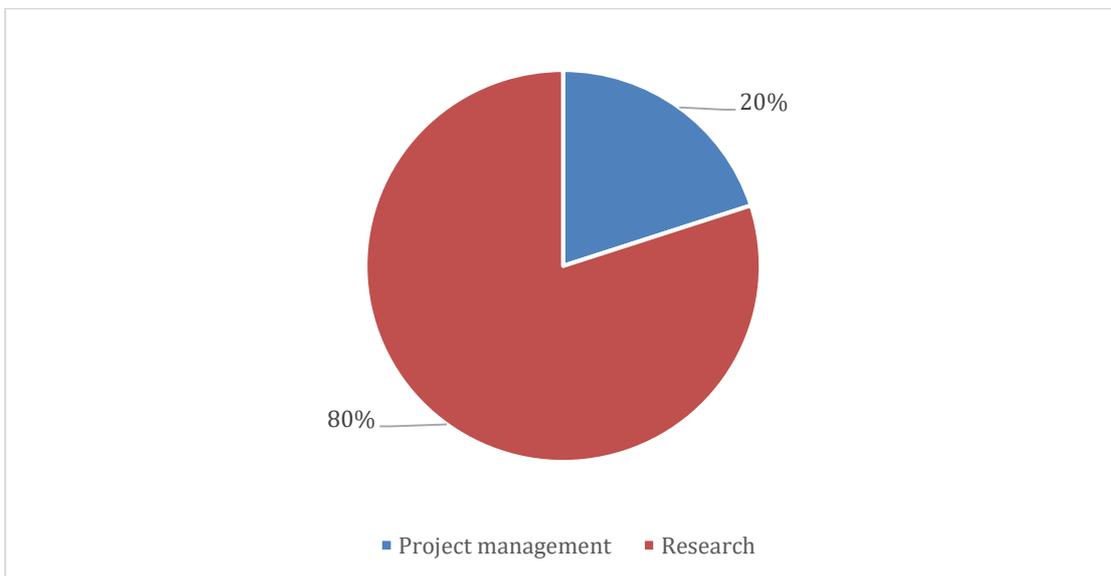
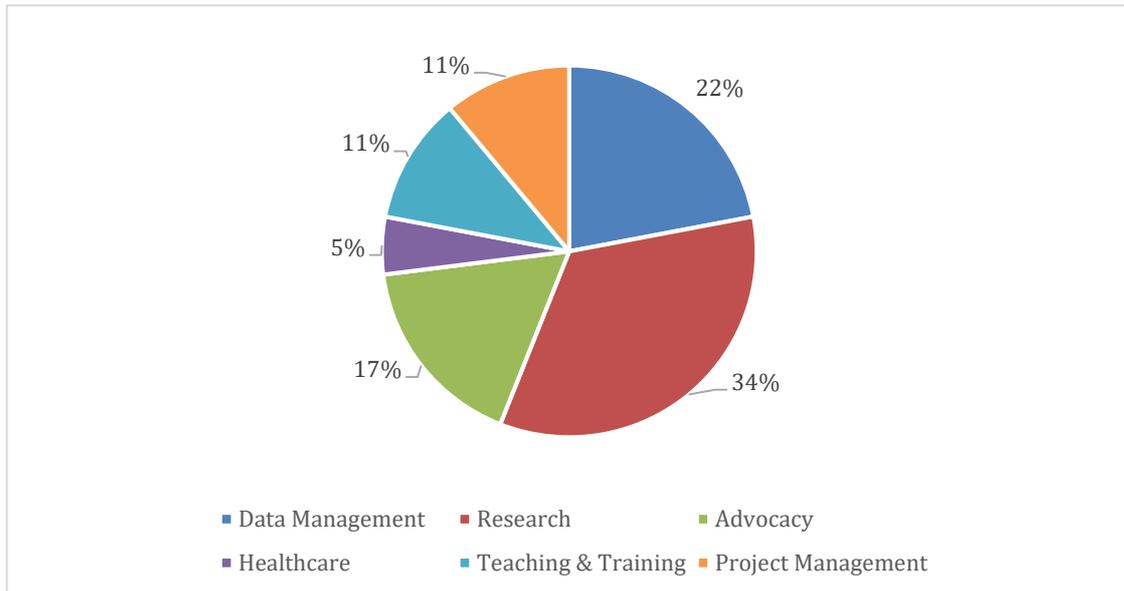


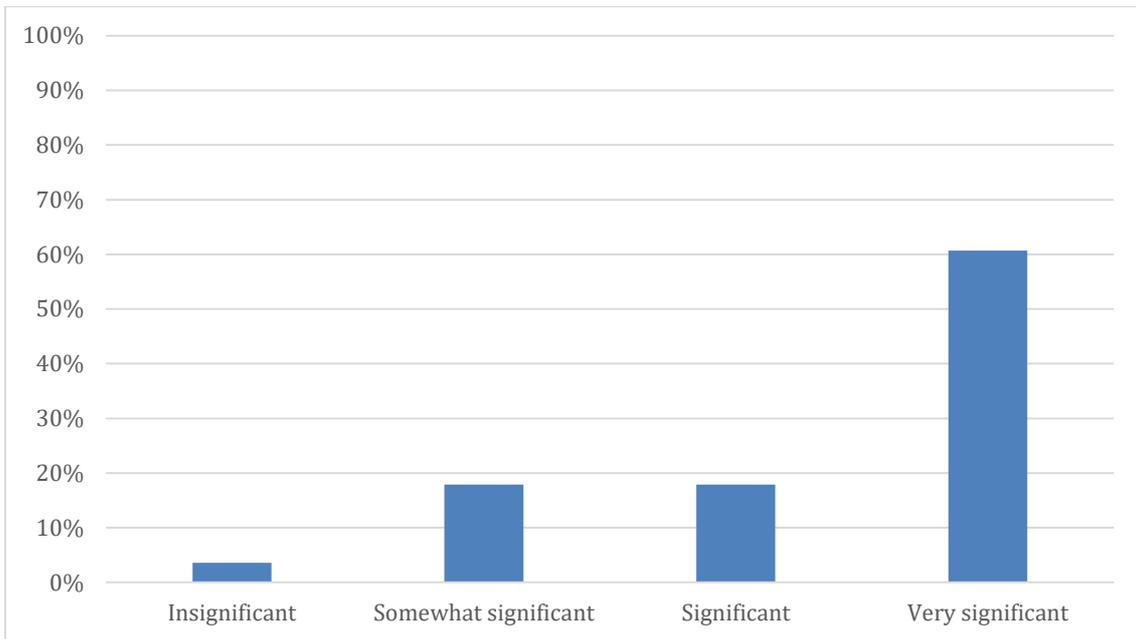
Figure 14: Types of jobs held by graduates of the Master of Global health



4.3.3 Responsibility

Eighty-five percent of the respondents working in GH reported to have increased their level of responsibility at work compared to before the programme. Moreover, respondents were asked to rate the contribution of ISGlobal training on such increase of responsibility in the workplace. Sixty-one percent of respondents felt that ISGlobal training contributed significantly to the increase of responsibility (see Figure 15).

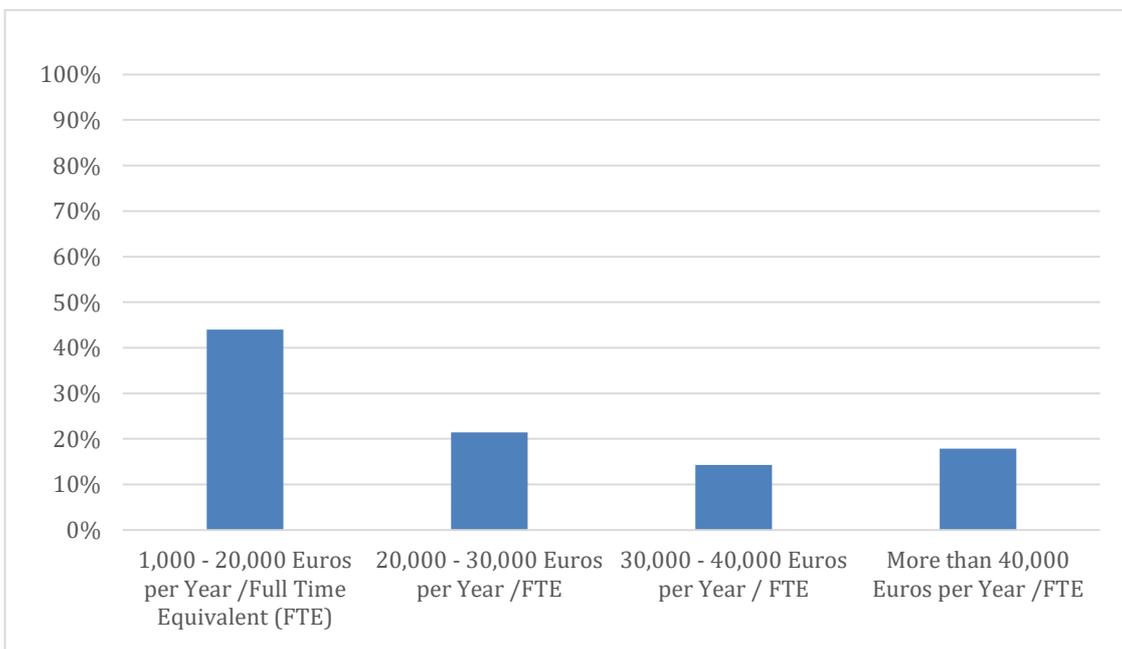
Figure 15: Respondents' perception of the degree to which ISGlobal training led to an increase in responsibility in the workplace



4.3.4 Salary

A total of 44% of respondents working in GH had a gross annual salary up to 20,000 Euros. The rest earned between 20,000-30,000 Euros (21%), 30,000-40,000 Euros (14%) or more than 40,000 Euros (18%) (see Figure 16). Sixty-eight percent of respondents identified their salary as reasonable considering their level of experience and training.

Figure 16: Respondents' annual salaries



Eighty-four percent of the respondents reported having a higher salary compared to their earnings previous to completing the postgraduate degree. Only 12% reported that their salary was lower after graduation, and 4% had the same salary. Sixty-four percent of respondents felt that the ISGlobal programme significantly contributed to their salary increase.

4.4 ISGlobal postgraduate programmes

4.4.1 General observations

The majority of the respondents (84%) felt that the programme was appropriate for them. Respondents were asked to choose the most useful or relevant elements of the programs from the options below:

- Transdisciplinary approach
- Interactive teaching methods
- Diversity of students in class
- Final research project
- Seminars
- Broad range of elective courses

Graduates of both the Master of Global Health and the Master of Clinical Research – International Health Track recognised the *transdisciplinary approach*, *diversity of students*, and *final research project* as very valuable elements. However, there are a few differences that are worth pointing out. *Interactive teaching methods* seemed to be most valued among students from the Master of Global Health, which could be explained by the higher proportion of interactive tools used in that programme. The *broad range of electives* is also an element, which was less selected among respondents from the Master of Clinical Research – International Health, consistent with the fact that they have a more limited range of courses to select from. Finally, it can be observed that seminars were the least selected element among graduates from the Master of Global Health. Only Master of Global Health graduates were asked about seminars as they are a required part of their postgraduate studies. (see Figures 17 and 18).

Figure 17: Master of Clinical Research – International Health graduates’ perception of the usefulness/relevance of different elements of the programme

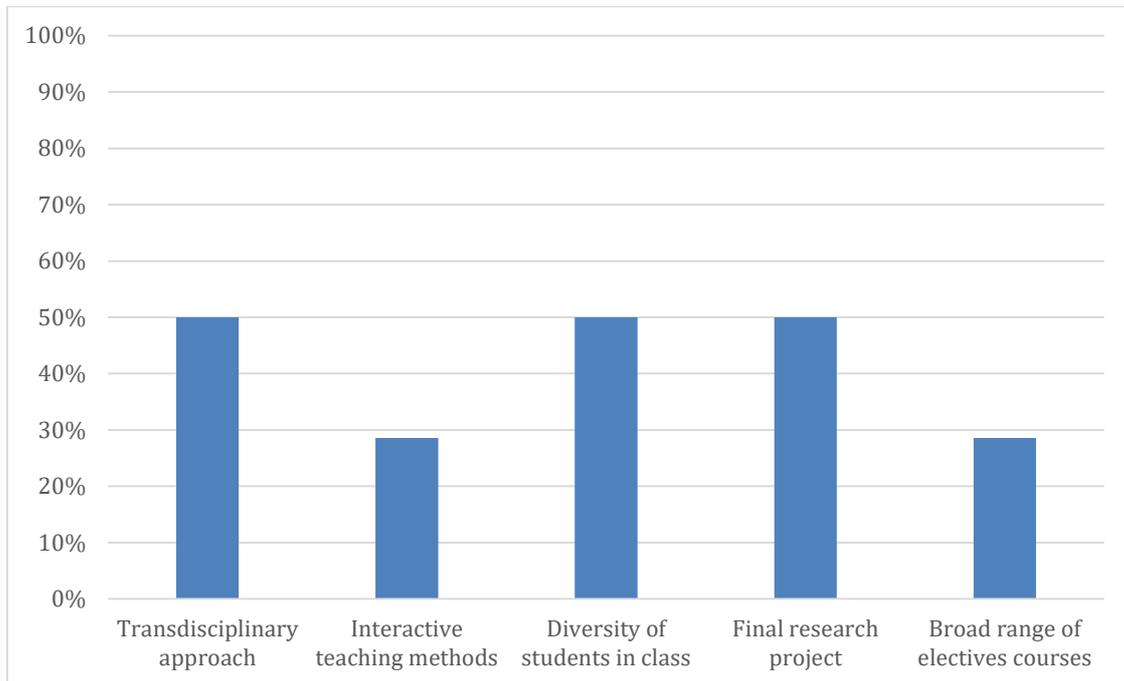
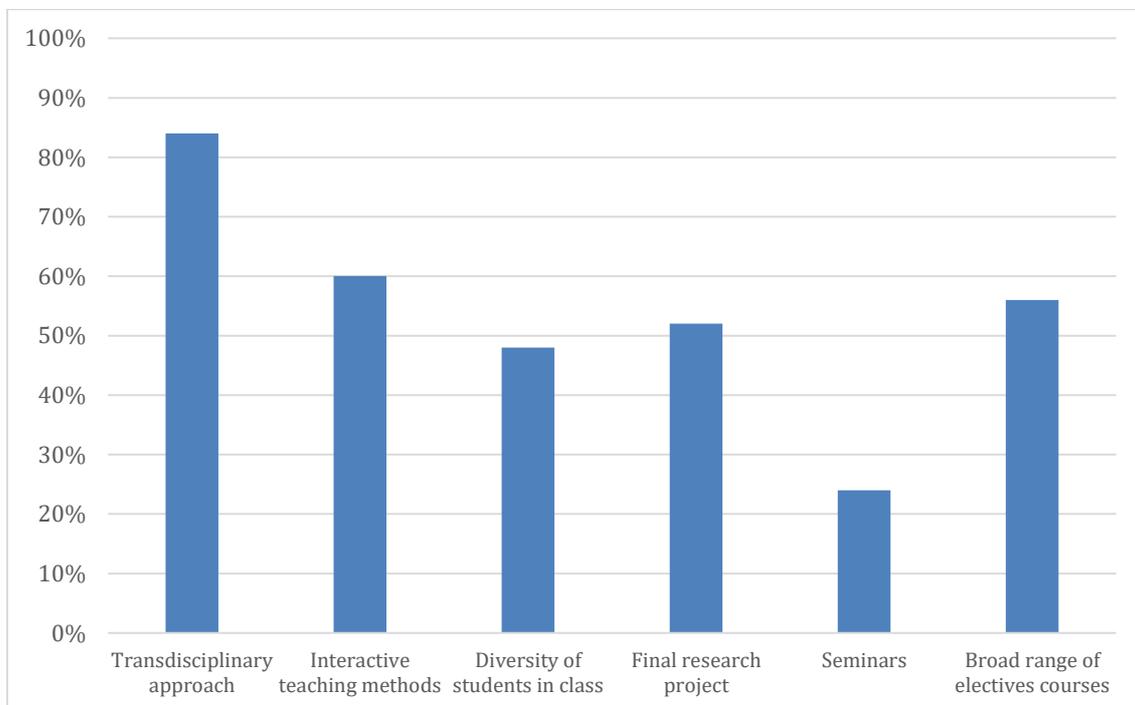


Figure 18: Master of Global Health graduates’ perception of the usefulness/relevance of different elements from the programme



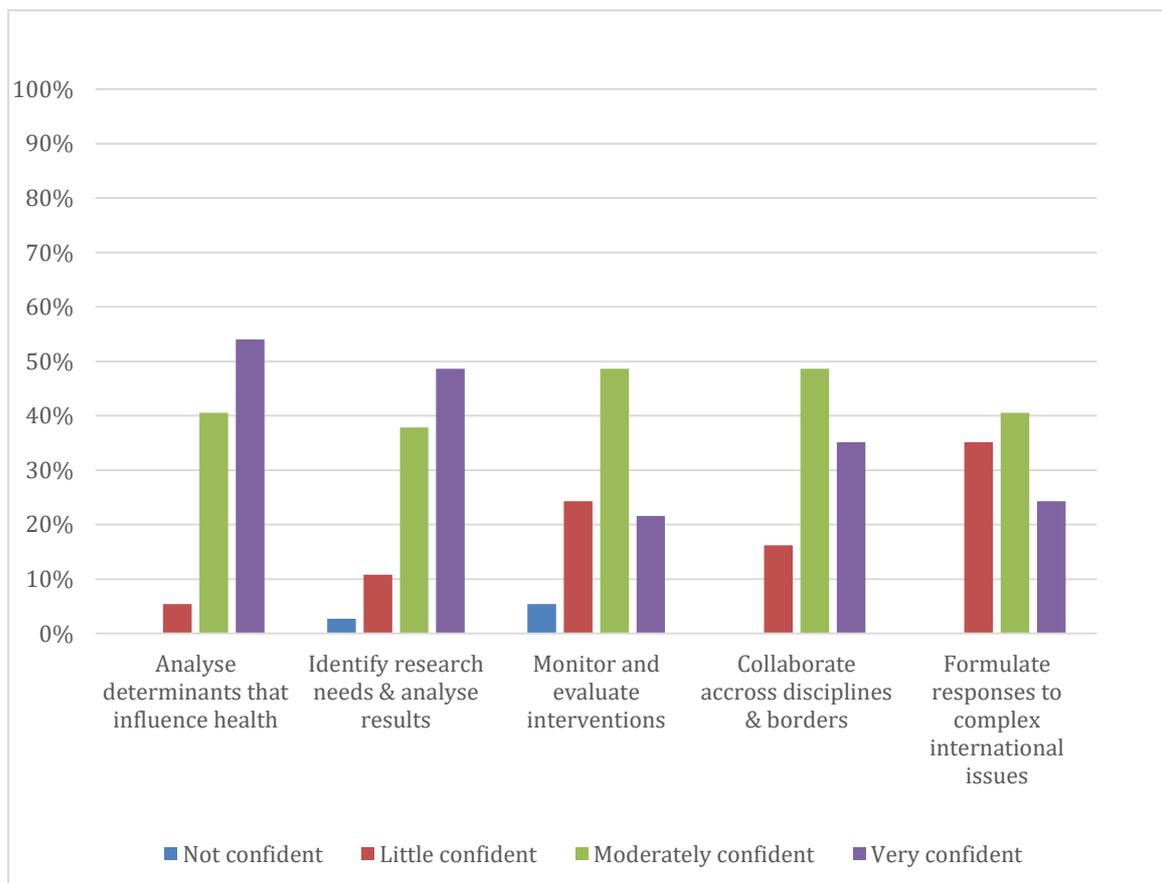
In addition, respondents were asked whether they felt there were any elements missing from their postgraduate programme. *Career development support* was the most common element that respondents from both master programmes

perceived to be missing, including activities like career-oriented seminars, mentorship programmes, access to job banks, and internships as part of the curricula.

4.4.2 ISGlobal postgraduate programme skills and competencies

Respondents were asked to rate their level of confidence in competencies covered by ISGlobal postgraduate programmes. The results were generally positive. Most respondents felt confident with the first two competencies: *analyse determinants that influence health* and *identify research needs & analyse results* (see Figure 19). However, the results are more heterogeneous for the other three competencies: *monitor and evaluate interventions*, *collaborate across disciplines and borders*, and *formulate responses to complex international issues*. Graduates are less confident with *formulating responses to complex international issues*.

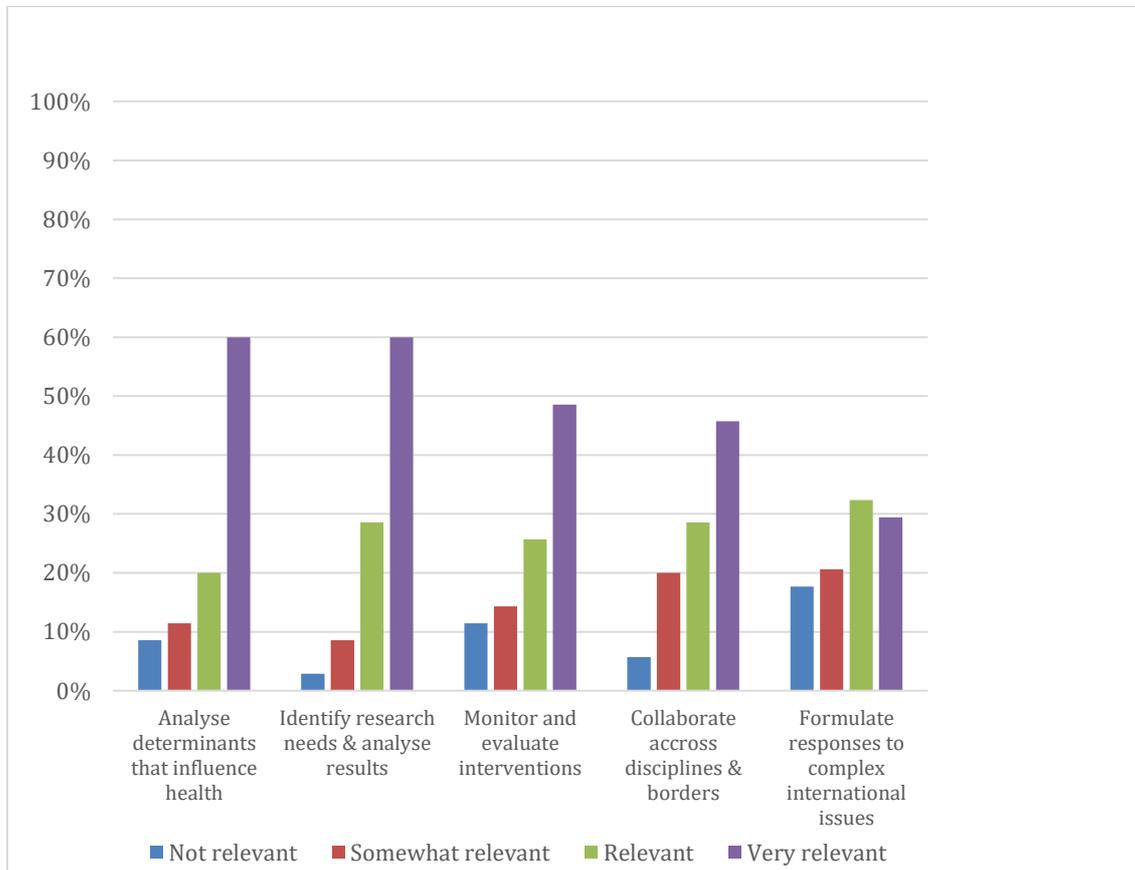
Figure 19: Respondents' reported confidence in competencies covered by the programme



The majority of respondents perceived the competencies they developed in their postgraduate programme to be relevant or very relevant for their current job (see

Figure 20). Finally, it can be said that 62% of respondents reported using the training they acquired in the postgraduate programme in their current job.

Figure 20: Respondents' perception of relevance of competencies for current work



The graduates reported that in order to be more prepared for the job market, there was a need to include or strengthen the skills in the following areas:

Students from Master Clinical Research- International Health:

- Biostatistics
- Data analysis and data management

Students from Master Global Health:

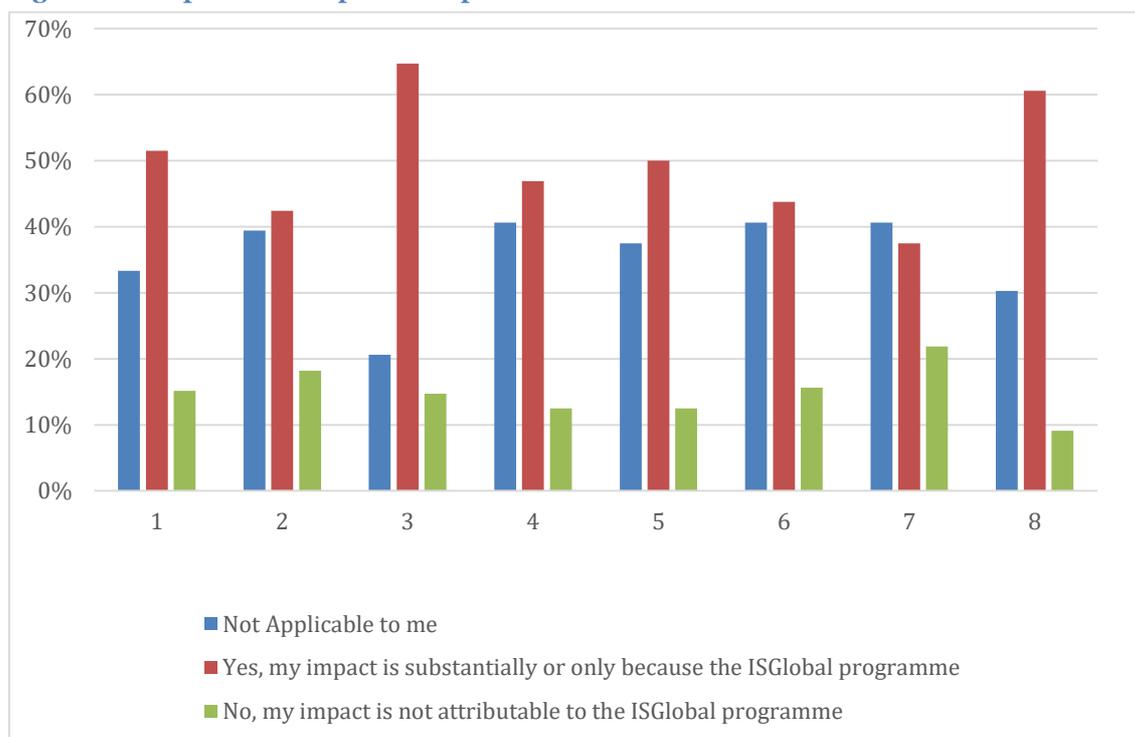
- Project management cycle
- Data analysis
- Grant writing and proposal development.

4.4.3 Graduates' impact on GH

Respondents were asked to rate to what extent the programme had enabled them to contribute to the following:

- 1- Changes in policy or strategy in general
- 2- Changes in guidelines, regulations ordinances beyond the workplace
- 3- Influencing communities, organisations, health sector and other sectors than health
- 4- Equity/pro-poor orientation towards health access at all levels
- 5- Changes in resources allocation for intervention, and research, orientated towards equity and addressing the determinants of health
- 6- Equitable access to quality services
- 7- Increased resource mobilization for disadvantaged groups
- 8- Better understanding of global health values and concepts amongst general population

Figure 21: Respondents' reported impact in the items described above



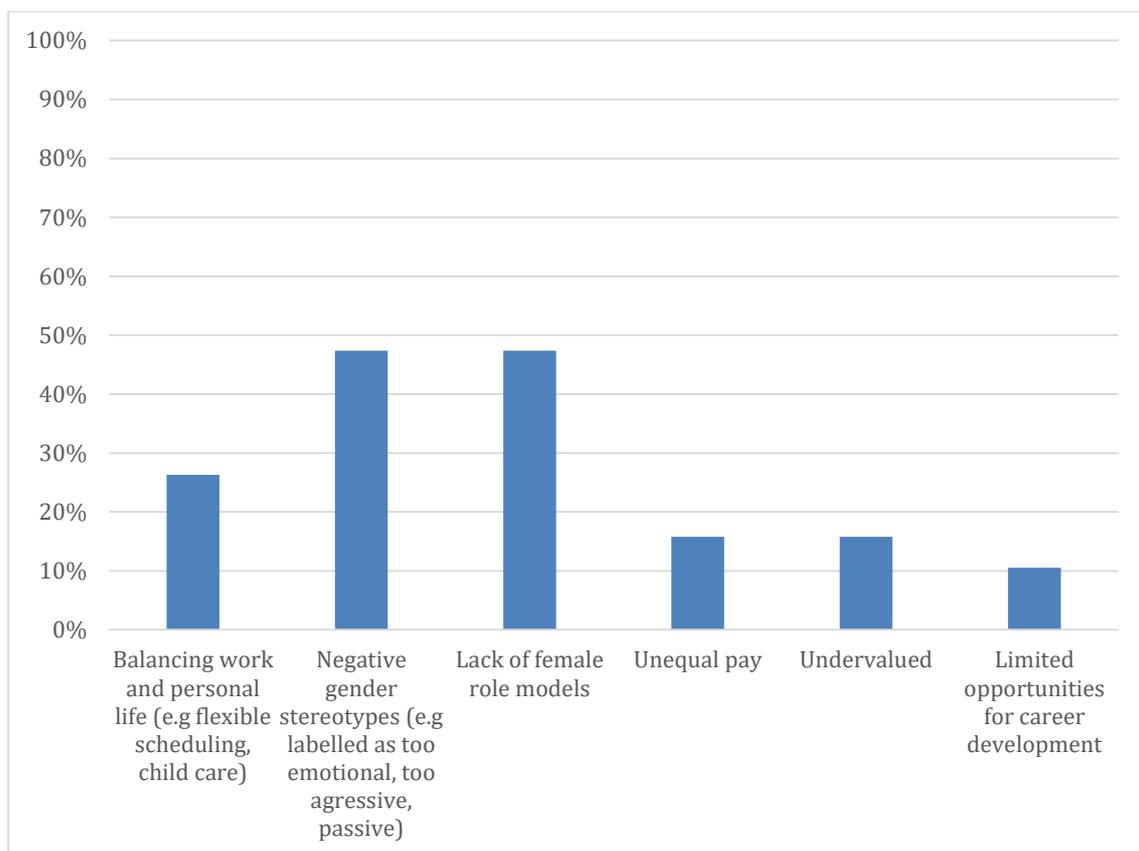
In general, (see Figure 21), a majority of graduates believed that their ISGlobal training help them having an impact in GH. More precisely, above 50% of respondents attributed their impact to the ISGlobal training for items 1, 3, 5 and 8. On the contrary, the percentage of graduates that did not think their impact was attributable to the ISGlobal training did not exceed 22% in any of the items.

4.5 Gender

In this final section, women who had graduated from ISGlobal programmes were asked about which gender challenges they faced in pursuing a career in GH (see

Figure 22). The most selected answers were *negative gender stereotypes* and *lack of female role models*. The first refers to stereotypes that have a negative impact on women, devaluating their performance and denying their capacity to succeed in the labour market. The other most selected answer, *lack of female role models*, is related to the lack of women working in GH who can act as mentors in the broad sense and help other women advance in their careers. This is linked to the fact that the percentage of women progressively decreases at each step in the GH career ladder. Disparities in gender representation should be addressed to achieve gender equity ^{3,4}.

Figure 22: Reported gender challenges for women in Global Health



To deal with these challenges female respondents reported to have taken the following actions:

- Look for female role models
- Work harder and adopt feminist approaches
- Be honest and address issues immediately
- Demonstrate leadership abilities
- Find support through HR policies

5. Conclusions & recommendations

This survey provides some insight into ISGlobal graduates' professional careers and the impact of their postgraduate programme in their development.

Seventy percent of the graduates that responded the survey have a job in GH. The most common areas of work are research, in the case of Master of Clinical Research graduates, and data management, research, and advocacy in the case of the Master of Global Health graduates. Respondents reported having increased their responsibilities and salary after graduation, and a majority of them believe that ISGlobal programmes contributed to that increase. Furthermore, respondents felt generally confident with the competencies they learned in their programme, which are seen as relevant and useful for their current jobs. Respondents reported four main academic gaps in the programmes: biostatistics, data analysis, project management, and grant writing. Although the results of the survey suggest a positive impact of the postgraduate programme on graduates' careers, we cannot attribute such changes to the programme alone. Positive changes could be related to other factors such as increased level of experience and seniority, as well as personal motivation, among other factors. This being acknowledged, it can be concluded that the training acquired at ISGlobal contributed positively to career development and that the competencies and skills acquired through their postgraduate training have been beneficial to graduates. Women who graduated from the programmes reported that the lack of female role models and negative gender stereotypes have played an important role in their careers.

The following recommendations to improve ISGlobal postgraduate programmes are based on the results of this survey:

- Strengthen and/or increase the focus on the skills and competencies identified in this survey as the most commonly demanded by employers.
- Strengthen and/or increase the focus on the skills and competencies that graduates consider most necessary: biostatistics, data analysis, project management cycle and grant writing.
- Revise the goals and contents of the Master of Global Health seminar programme.
- Increase career support activities such as mentorship programs, career-oriented seminars, and activities to support students' professional networking.
- Address gender perspectives within ISGlobal programmes and career development activities.

- Engage with potential employers to identify the skills and competencies that are most relevant within the GH sector. An evaluation including employers' perspectives would be advisable.

6. Limitations

This evaluation was carefully designed and conducted, however there are some limitations that should be mentioned:

- Although the response rate in this survey was the average for this type of study, a larger number of respondents, especially from African and Latin American graduates, would have enriched the results and offered a more accurate picture of graduates' professional careers.
- In addition, the number of respondents from earlier cohorts was lower compared to the number of respondents from the most recent cohorts. Input from earlier graduates would have provided more data on the development of careers over a longer period of time.
- The survey did not include any question to determine whether the respondents working in research were engaged in pre-doctoral studies and, if so, how many were developing these studies at ISGlobal. Only 5% (2) of respondents reported that they were enrolled in a doctoral programme, although when asked to identify type of employment, 34% of Master of Global Health graduates (9) and 80% of the Master of Clinical Research – International Health Track graduates (12) that responded reported working in research.
- For the purposes of the survey being occupied in an internship or a volunteer position was considered being employed.

7. References

1. Consortium of Universities for Global Health (CUGH, 2017). [*The Global Health recent graduate study: opportunities and obstacles to employment in Global Health.*](#)
2. Gertsel L, Zwanikken PAC, Hoffman A, Diederichs C, Borchert M, Peterhans B (2013). Fifteen years of the tropEd Masters in International Health programme: what has it delivered? Results of an alumni survey of masters students in international health. *Tropical Medicines & International Health*, 18 (3), 377-384
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