



Short Course Advertisement

INNOVATION AND ENTREPRENEURSHIP IN HEALTH CARE

Course Description:

Biomedical research has excelled at identifying the causes of many diseases. A few examples are such as the way bioscience has led into understanding our battle with microbes, parasites and their mode of transmission and control; agricultural and nutritional sciences have given an understanding of our diet; information technology has transformed the way we organize and disseminate information; and advancement in communication and transportation has made us be part of global mix. Despite such advancements, the challenge for our society today is how to make use of such advancements to improve health outcome as we are heading towards industrialization and a country of middle income. Through innovation and use thereof, Tanzania can see the accelerated economical and health attainment to meet these ambitious goals. In contributing to the national's vision, MUHAS team up with a network of institutions in the public and private sectors to explore how to identify opportunities to improve health care by applying innovative and entrepreneurial skills in proposing solutions. This course will enable participants to assess health challenges, evaluate potential solutions impediments to their implementation, and ways and means of improving health and health care delivery. Participants will be exposed to useful tools which will motivated them to explore, protect, disseminate and commercialize innovations for further development into business and service.

General Course Information

The course is geared to explore and gain innovation and entrepreneurship skills. Participants should weight contents and select appropriate dates they wish to attend.

Course Title	Innovation and Entrepreneurship in Health care	
Location/s	At CHPE MUHAS, 2nd floor	
Language	English will be the language of Instruction	
Time and Units	The offered program totals 25 contact hours, equivalent to 2.5 CPD Units.	
Who can attend	Preferably, Junior staff and Students who have passion for entrepreneurship and innovation. Others are academicians, researchers and project managers having at least bachelor degree, and students enrolled in higher learning institution	Preferably Senior Staff, Innovators or Mentors. Others are academicians, researchers and project managers having at least bachelor degree, and students enrolled in higher learning institution
Participants	Minimum 20 participants	Minimum 10 participants

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Course Dates	18-22 nd November, 2019	20-22 nd November, 2019
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Participant expected outcome

At the end of the course, participants are expected to be able to

1. Describe the key concepts of entrepreneurship, innovation and intellectual property rights
2. Critically evaluate potential and existing solutions to problems in human health from an entrepreneurial and innovative perspective.
3. Evaluate cultural, ethical and intellectual assets relevant in human health entrepreneurship.
4. Demonstrate interpersonal and leadership skills in networks.
5. Understand innovation procedures and tools for protecting Innovation
6. Understand rules, guideline, regulations and policies that govern Innovation
7. Demonstrate pitching skills for innovative ideas/plans

Registration

You can download the [application forms](#) here, fill and send them to drp@muhas.ac.tz, the deadline for receiving application and payments is **9th November, 2019**.

Fees

The course fee is Tsh 570,000/= for Tanzanias and \$290 for Non-Tanzanian or those residing outside the country. The cost covers fee, stationary, breakfast and lunch during the training. Participants will arrange for their own transport, dinner, and accommodation. MUHAS faculty and students and other public institutions may apply for a sponsorship from MUHAS in their application letters.

Contacts;

If you have any question or inquiry, please do not hesitate to contact us through the following;

The Directorate of research and Publication
Muhimbili University of Health and Allied
sciences
Po Box 65001,
Dar es Salaam.
Email: drp@muhas.c.tz

OR Course coordinator, Prof Ester Innocent
Phone: 0755450465
Email: minza@talk21.com or
einnocent@muhas.ac.tz

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Appendix III

**MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES
DIRECTORATE OF RESEARCH AND PUBLICATION**



**APPLICATION FORM FOR PARTICIPATION IN THE INNOVATION AND
ENTERPRENUERSHIP IN HEALTH CARE COURSE**

A. PERSONAL INFORMATION.

1. Name (Optional):.....
2. Sex (M or F):
3. Year of Birth (YYYY):
4. Employment Status (Public University, Private University, Industry/Company, R&D institution):.....
5. Current Address Postal.....
E-mail..... Tel/Mobile.....
6. Place currently employed:

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- 7. Place currently working:
- 8. Highest degree held (Bachelor, Master, PhD etc):.....
- 9. Current professional rank (Tutorial Assistant, Assistant Lecturer, Lecturer):
- 10. Kindly CIRCLE only ONE that best describe you among the following.
 - a) Academic Supervisor;
 - b). Academic Mentor/advisor (University);
 - c).Undergraduate student;
 - d). Postgraduate student;
 - e). Junior staff;
 - f). Mentor (Industry/employee);
 - g) Entrepreneur (company/owner)
 - h) Others (please specify).....

B. YOUR VIEWS ABOUT THE COURSE

- i. Which training dates do you opt to attend.....
- ii. What motivates you to apply for the course

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- iii. What current research/innovation activity are you engaged in

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C. COURSE FEE:

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Who will pay the fees for this course? Tick appropriately

- a. Yourself
- b. Relative
- c. Sponsor

Give Address or attach covering letter:

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Note

The cost for this course is **Tshs 570,000/= for Tanzanian citizens and USD 290 for non-Tanzanian citizens**. The cost covers tuition fees, breakfast and lunch. Transport, dinner and accommodation costs will be covered by the applicant. The fee should be deposited at NMB Muhimbili Branch, Account Number 2091100002 not later than **9th November, 2019**. Foreign currency can be deposited using Swift Code system. Muhimbili University of Health and Allied Sciences, NBC Samora Branch, Bank Account Number 012105003582, SWIFT NO. SAMORA BRANCH NLCBTZTXXXXX

DECLARATION

I DECLARE THAT THE INFORMATION GIVEN IN THIS FORM IS CORRECT

APPLICANT SIGNATURE:.....DATE:.....

FOR OFFICIAL USE ONLY

THIS APPLICATION FORM HAS BEEN RECEIVED AT THE DIRECTORATE OF RESEARCH AND PUBLICATION

NAME OF OFFICER.....SIGNATURE.....DATE.....

DECISION BY THE DIRECTORATE:.....

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