

A Paradigm Shift: Collaboration instead of competition at African medical schools.

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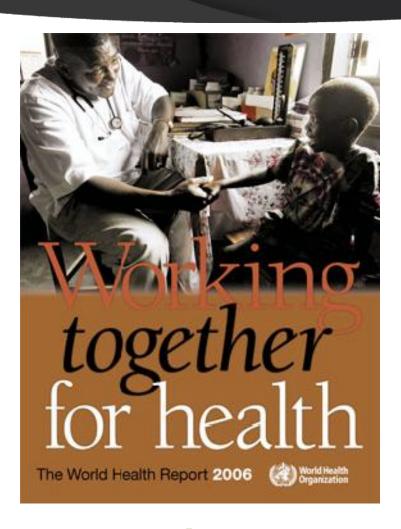
Introduction

 African medical schools have historically turned to northern partners to provide technical assistance and resources to strengthen their education and research programs.

Despite similar challenges African schools collaborated minimally

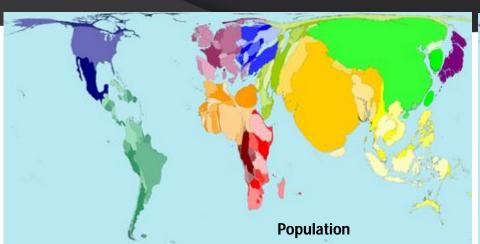


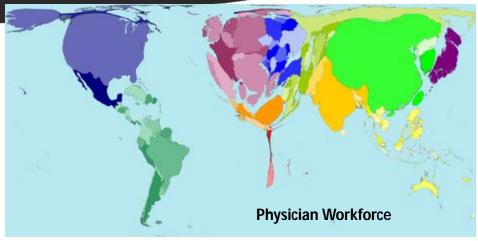
Challenges: The Global Health Workforce



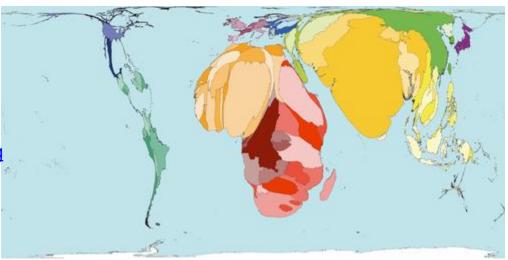
- 36 of 57 countries with a critical shortage are in Africa
- Africa has 25% of the global burden of disease yet only 4% of the workforce

Need for Trained Health professions





Source: Worldmapper (www.worldmapper.org



* Includes:

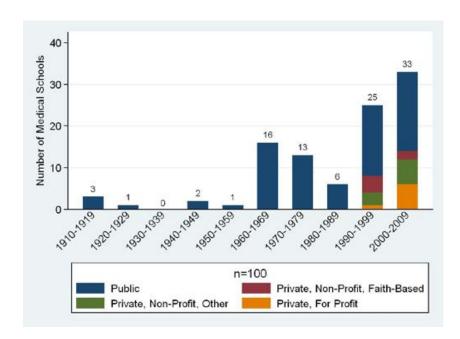
- Infectious diseases
- Parasitic diseases
- Maternal conditions
- Perinatal conditions
- **Nutritional** deficiencies

Burden of Often Preventable Deaths * Pedical Education Partnership Initiative



Challenges

• 1980- present



SSAMS study 2010

- New schools
- Private for profit
- Illegal ones
- Big intakes >200
- Overstretched physical structures
- Low funding
- High fees
- Struggle for the fittest or richest
- Lack of faculty
- Brain drain





- Remuneration, motivation, incentives, etc.
- Status of country's health systems
- Coordination of MOH, MOE, Training institutions
 - MOE trains, MOH hires
- Shortage of medical school faculty
- Limited and inadequate infrastructure
- Recruitment of medical students

The Lancet, Volume 377, Issue 9771, Page 1047, 26 March 2011, The Lancet, <u>Volume 377, Issue 9771</u>, Pages 1113 - 1121, 26 March 2011



Consortia formation

Change with MEPI in 2010

•MEPI triggered a no of S-S collaboration



What is MEPI

- 130 million project funded by the US government
- 13 schools in 12 countries in sub Saharan Africa
- A network of 40 regional partners, health and education ministries and more than 30 U.S Collaborators.





5 MEPI AIMS

#1 CAPACITY

Increasing the numbers and quality of HCWs trained

#2 RETENTION

Retaining HCWs over time and in areas where they are most needed

#3 RESEARCH

#5

Supporting regionally relevant research

#4 SUSTAINABILITY

Sustainability of the programs

COMMUNITIES OF PRACTICE

Creating communities of Practice

Medical Education Partnership Initiative

Objective of the study

To examine the goals of these partnerships and their impact on medical education and health workforce planning

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Methods

- Four consortia Uganda, Nigeria, Zambia
 & Ethiopia
- Semi-structured interviews were conducted with Consortia leaders
- Via Skype and recorded using MP3 Skype Recorder.
- Transcribed and entered into QSR-NVivo for data analysis.



Results Description of Consortia

- All initiated by the oldest school in the country
- 3 started with MEPI, 1 was formed later
- 2 have acronyms MESAU & MEPIN
 - MESAU-Medical Education for Equitable Services to All Ugandans Consortium
 - MEPIN MEPI in Nigeria



Composition

- MESAU- 4 schools,3 public-1 private
- MEPIN-6 schools and an NGO
- Ethiopia- 6 schools
- Zambia 4 school,2 public-2 private



Common Goals

- Influenced by their country health priorities
- Getting a unified voice to engage and influence policy
- Share scarce resources



Delivering High Quality Education

- Establish national standards and sharing best practices e.g. MESAU CBE
- Examine, compare, evaluate, and, in some cases, disseminate education strategies. (CBE)

Delivering High Quality Education

 Sharing the early success stories of this program through the consortium has motivated other schools, and even the Ministry of Health e.g. adoption of CBE in 3 consortia

 In Ethiopia, it spurred the formation of a national network of HPE Schools



Sharing Limited Resources

- Working towards national goals, and sharing and distributing in-country resources to collectively achieve a robust national health workforce
- Refined relationships between public and private institutions (MESAU & UNZA)
- Sharing faculty, skills lab (UNZA)
- MESAU Electronic IRB form
- MESAU, MEPIN- Sharing Research grants
- Sharing MEPI funds



Implications for National Health Workforce Planning

- strengthened the relationship between academia and policy-makers
 - MEPIN-conducting a study with the Medical and Dental Council Ministry to examine current compulsory service policies. Their findings will ultimately advise the Council how to strengthen licensing requirements to improve the in-country health workforce geographical distribution.
 - MESAU, UNZA- common voice to MOE, MOH



- Ugandan consortium is conducting a government-commissioned study to examine student recruitment over the last ten years.
- In Zambia, the consortium is working with the government to avoid the duplication of training programs.



Supporting New Schools

- Pipeline for Faculty
 - Share- Ethiopia
 - Training e.g. UNZA training basic scientists for the region
 - MEPIN- phenomenon research capacity building
 - Research grants- shared in Nigeria & Uganda



Challenges

- transforming the culture from competition to collaboration
- policies to support collaboration across institutions
- uneven pace of different schools
- Delays because of differences in institutional cultures, hierarchies, or approval processes
- Sustainability



Sustainability

- local ownership
- institutionalization of collaborative activities



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Critical Success Factors

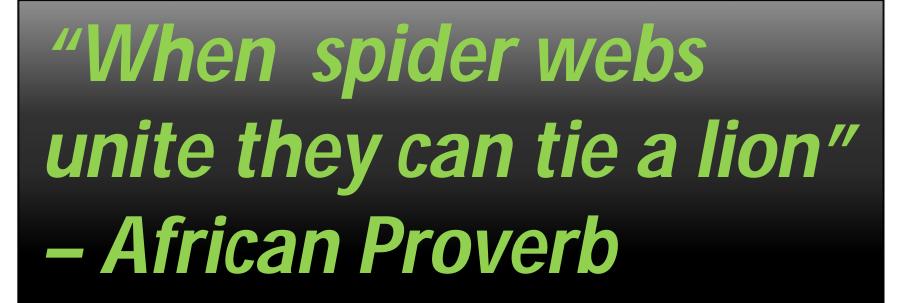
- MEPI grant
- effective management of the partnership
- sense of purpose and common goals
- interactions between schools such as site visits, meetings, and video-conferences
- senior management of the Universities involvement
- Local ownership



Conclusion

- Providing resources for in-country partnerships has enabled schools to pool and mobilize resources creatively, standardize and generate locally-relevant curricula based on best-practices, and provide critical support to new schools.
- public and private medical schools in-country partnerships are innovative
- Funding south-south partnerships to optimize outcomes from education investments.





Thank you / Murakoze



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"If you want to go fast, go alone. If you want to go far, go together" – African Proverb