Linking the Medical Education Partnership Initiative (MEPI) to universal health coverage

Prof Marietjie de Villiers
Stellenbosch University, South Africa
AFREhealth Vice-President

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Website: http://surmepi.sun.ac.za
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
Sub-Saharan African Medical Schools

- 800 Million People
- 168 Medical Schools

USA

- 160 Medical Schools
- 300 Million People
The Medical Education Partnership Initiative: PEPFAR’s Effort To Boost Health Worker Education To Strengthen Health Systems

ABSTRACT The early success of the President’s Emergency Plan for AIDS Relief (PEPFAR) in delivering antiretroviral medications in poor countries unmasked the reality that many lacked sufficient health workers to dispense the drugs effectively. The 2008 reauthorization of PEPFAR embraced this challenge and committed to supporting the education and training of thousands of new health workers. In 2010 the program, with financial support from the US National Institutes of Health and administrative support from the Health Resources and Services Administration, launched the Medical Education Partnership Initiative to fund thirteen African medical schools and a US university. The US university would serve as a coordinating center to improve the quantity, quality, and retention of the schools’ graduates. The program was not limited to training in the delivery of services for patients with HIV/AIDS. Rather, it was based on the principle that investment in medical education and retention would lead to health system strengthening overall. Although results are limited at this stage, this article reviews the opportunities and challenges of the first year of this major transnational medical education initiative and considers directions for future efforts and reforms, national governmental roles, and the sustainability of the program over time.
FIVE 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
Supporting regionally relevant research

#4 SUSTAINABILITY
Ensuring sustainability of the programs

#5 COMMUNITIES OF PRACTICE
Creating communities of Practice
Linking MEPI to health workforce expansion

- 13 MEPI schools in 12 countries collaborated with medical schools in 60 other African countries
- Facilitated establishment of 10 new medical schools
- Doubled student intake in some schools
Increasing the Number of Graduates

**Increased Enrollment**

Ethiopia - Class sizes at Addis Ababa University from 100 -400
Zambia – Parallel class of private students

**New Schools**

Zambia – Copperbelt, Cavendish Unis
Ethiopia – 13 new state schools
Uganda – Busetima medical school
Increasing the Quality of Graduates

• Need adequate teachers, address faculty recruitment and retention
  – Zambia: 12 New MSc programs
  – University of Nairobi: Adjunct professorship to community physicians

• Need to improve the quality of teaching
  – Makerere, Zimbabwe: Masters in Health Professions
  – Faculty development workshops
  – Medical Education Departments
MEPI Technical Working Groups (TWGs)

Over 40 African Medical Schools and health Science and US Medical schools + MEPI Coordinating Center + USG and other Stakeholders

- Community Based Education
- E-learning
- Monitoring and Evaluation
- Research Support Center
- Graduate Tracking
- Medical Education Research
- Competency Based Education
- Librarian & Information Science

NEW TEACHING METHODOLOGIES


Number of Schools Using

- eLearning
- Skills Lab
- Team-based learning
- Competency-based learning
- Problem-based learning
- Interdisciplinary learning
- Non-electronic distance learning

Teaching Methodology

SOURCE: MEPI Annual Survey, Year 5, 2015
NOTE: Includes data from 13 schools
EXHIBIT 3.1 MEPI’s Impact on Medical School Curriculum (2015)

Core competencies, domains & skills
Observed Structured Clinical Exam
Skills Labs

New since MEPI | Improved since MEPI | Unchanged | Not applicable

SOURCE: MEPI Annual Survey, Year 5, 2015
NOTE: Includes data from 11 schools
EXHIBIT 3.5 Types of MEPI Supported Faculty Training and Continuing Medical Education Activities

- Pedagogy Training: 26%
- Curriculum Development: 8%
- Medical Education Research: 6%
- General Research Training: 2%
- Continuing Medical Education: 31%
- Other: 27%

SOURCE: MEPI Annual Survey, Year 5, 2015
NOTE: Includes 96 activities across nine MEPI schools
Building the primary health care workforce

**Now More Than Ever**

- **Universal Coverage Reforms**
  - to improve health equity

- **Service Delivery Reforms**
  - to make health systems people-centred

- **Leadership Reforms**
  - to make health authorities more reliable

- **Public Policy Reforms**
  - to promote and protect the health of communities
Building the primary health care workforce in Africa

Botswana

Uganda

Zambia

Kenya
MEPI focus on Community-Based Learning

3 Strategies:

1. **Community-exposure** – focus on public health, research, community clinic (Ethiopia, Zambia, Uganda...)

2. **Clinical rotations** (internal medicine, pediatrics, surgery) in the district hospitals (Kenya, Tanzania)

3. **Rural Immersion** – 6 months to 1 year with a family doctor in the rural area (South Africa)
MEPI focus on community-based training

Number of MEPI Schools

- Community Based Training: 7
- Curriculum Development: 4
- Preceptor Training: 4
- Site Expansion: 5
Medical Education in Decentralized Settings: How Medical Students Contribute to Health Care in 10 Sub-Saharan African Countries

Zohray Talib, MD, Susan van Schalkwyk, PhD, MPhil, Ian Couper, MBBCh, MFamMed, Swaha Pattanaik, MPH, Khadija Turay, PhD, MPH, Atiene S. Sagay, MBChB, Rhona Baingana, MSc, Sarah Baird, PhD, MS, Bernhard Gaede, PhD, MBBCh, MMed, Jehu Iputo, PhD, MBChB, Minnie Kibore, MBChB, MPH, Rachel Manongi, MD, PhD, MPhil, Antony Matsika, MBA, MICHA, Mpho Mogodi, MBChB, MPH, Jeremais Ramucesse, PhD, MPH, Heather Ross, MPH, Moses Simuyebca, MBChB, MPH, and Damen Haile-Mariam, MD, PhD, MPH

Abstract

Purpose
African medical schools are expanding, straining resources at tertiary health facilities. Decentralizing clinical training can alleviate this tension. This study assessed the impact of decentralized training and contribution of undergraduate medical students at health facilities.

Method
Participants were from 11 Medical Education Partnership Initiative–funded medical schools in 10 African countries. Each school identified two clinical training sites—one rural and the other either peri-urban or urban. Qualitative and quantitative data collection tools were used to gather information about the sites, student activities, and staff perspectives between March 2015 and February 2016. Interviews with site staff were analyzed using a collaborative directed approach to content analysis, and frequencies were generated to describe site characteristics and student experiences.

Results
The clinical sites varied in level of care but were similar in scope of clinical services and types of clinical and nonclinical student activities. Staff indicated that students have a positive effect on job satisfaction and workload. Respondents reported that students improved the work environment, institutional reputation, and introduced evidence-based approaches. Students also contributed to perceived improvements in quality of care, patient experience, and community outreach. Staff highlighted the need for resources to support students.

Conclusions
Students were seen as valuable resources for health facilities. They strengthened health care quality by supporting overburdened staff and by bringing rigor and accountability into the work environment. As medical schools expand, especially in low-resource settings, mobilizing new and existing resources for decentralized clinical training could transform health facilities into vibrant service and learning environments.
Impact on health facilities
Students contributed to an improved work environment, staffing, and health facility reputation. Many staff reported that having students at their facility created a more dynamic and energized environment. Students created a greater pool of providers staffing the facility, and in some cases the need for adequate supervision allowed facilities to advocate successfully to governments for posting of additional specialists. One site reported,

Because of the students we have been able to get a pathologist ..., an ophthalmologist, we have been able to get [an] extra gynecologist, [an] extra physician, and we are soon going to get an ENT surgeon (Kenya, urban site).

The transformation into a teaching facility also improved long-term recruitment, as students at some facilities returned for work after graduation. Several sites reported that being a training institution resulted in increased community utilization of services.

Thanks
mrdv@sun.ac.za