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Medical Schools Council response to Health Workers in Africa paper by Lord Crisp

1. Do you think (a) that there is scope for the UK to strengthen, develop and coordinate its support for educating and training health workers in Africa and (b) that it would be worth doing so?

It is an impressive achievement that there are already more than 100 partnerships in place. This reflects the mutual benefit that comes from successful programmes: to the individuals and organisations providing expertise and to the individuals and organisations supported by these programmes.

There is a definite need to strengthen current efforts, particularly if the vision is to assist with training of thousands of health care workers. In many countries, infrastructure is rudimentary and support at all levels required. Different approaches, ranging from small initiatives to broader support programmes, may need to be developed, supported, and evaluated. Scaling up of UK efforts would require a fair degree of coordination to ensure coherent strategies and optimal use of resources.

Funding streams need to be identified and accessible to ensure any initiatives are sustainable and effective. Clear lines of communication and robust organisational structures need to be in place to ensure efficient execution of strategy and implementation plans.

Medical Schools Council should be seen to support this actively. It would be supported by students and faculty at medical schools. There is potential for 'enlightened self-interest' here. UK Medical Schools, in playing their part in developing and coordinating support for educating and training health workers in Africa, could develop a much better informed and participatory agenda in global health. It is sometimes challenging for UK medical schools to deliver an appropriate teaching agenda on global health, despite an evident willingness to do so. Warwick Medical School has recently held discussions with Dr Hilary Homans, a Unicef consultant on Public Health, and has a number of promising avenues to pursue

There is a compelling case to assist with the training of health care workers in sub-Saharan Africa. The historical ties between the UK and many of the countries in sub-Saharan Africa, and the overwhelming burden of communicable diseases in that part of the world, justify our involvement. NHS staff who have become involved in the transfer of

knowledge to and development of infrastructure in resource poor countries enrich and provide a source of perspective for their own work environments.

2. If the answers to question 1 are both yes, what do you think are likely to be the most effective things that the UK could do? – eg increase partnerships, support more volunteers or something else. Please don't limit yourself to the ideas in the covering paper.

Improved coordination of existing activity is crucial:

National scoping activity of all current MoUs to see where there is duplication and gaps do not necessarily increase the number of partnerships, but identify and fund a set of significant bilateral ones between UK institutions and health care training units in Africa in which the UK partner is responsible for effectively articulating all external assistance provided to the African partner in accordance with rigorously monitored targets associated with an agreed long-term, holistic and strategic plan for capacity building and with relevant policy developments (eg human resource and funding plans at both national and local levels).

Development of partnerships between UK and local organisations (hospitals and/or universities), and by providing funding for successful partnerships. Activities could include secondment of staff for variable periods, secondment of volunteers, assistance with the set up of electronic links between educational institutions or hospitals in Africa and the UK (teleconferencing, library links, internet access), sharing of educational resources, and fostering support for links in UK educational and NHS institutions. A broad perspective with focus on local needs and long term vision are crucial to successful partnerships.

We believe (a) it is important to develop education partnerships with medical schools in African countries and support the development of their staff and training programmes. We cannot offer financial resources but we can offer our expertise in clinical education. (b) We aim to develop future UK doctors aware of the global health care who are trained to work internationally i.e. understand public health issues , have the appropriate knowledge and leadership and management skills to work internationally and support development in other countries (c) we encourage students during training to take up electives and special study modules related to international health and are (d) developing the opportunity for our students to intercalate through Masters programme in Global Health

Greater transparency of existing voluntary opportunities

Better coordination of possible elective / student exchange opportunities for all healthcare students – and qualified staff perhaps?

More information on independent initiatives which are currently organised by NHS organisations and groups of NHS Staff which seem to be effective in small, ring fenced activities. Usually based around individual contacts, enthusiasm and commitment.

Leverage UK government aid to maximum potential. For example, by offering 'back-fill' moneys to UK medical schools, appropriately trained and skilled clinical educators could be offered periods of paid secondment (e.g. 4 weeks/6 months/1 year) to take part in a co-ordinated programme of local clinical education. Final-year medical students on electives could also be offered bursaries towards flight costs for co-ordinated projects in African Health Education. These projects would offer teaching experience which is a validated method of consolidating the student-teacher's own learning in appropriate areas, and could be structured to achieve learning outcomes in global health.

Partnerships which offer African institutions the opportunity to send health workers to the UK for training, but which also provide for teams from the UK to build training capacity in Africa are probably most useful. It is important that effort is placed into building indigenous capacity to sustain home-based training programmes in Africa. Support for volunteers, and schemes which allow NHS staff leave to enable them to participate in education and training in Africa are important.

The design of schemes also needs to take account of the quite widely varying level of economic development in African countries.

We need to share the experiences of working in a multicultural/ethnically diverse UK with the developing world. The management of chronic diseases – most particularly type 2 diabetes and obesity – are relatively new challenges to the developing world. More particularly, an ageing population is a new phenomenon where experiences from the UK will undoubtedly prove useful. Examples include stroke rehabilitation and dementia with the involvement of a wide and varied team of health carers.

3. Please (a) outline any work you or your organisation are doing in providing education and training for health workers in Africa and (b) describe any plans to start new activities or expand existing ones.

3a) Durham is providing volunteer-based postgraduate training in health and medicine at the University of Kumasi; supporting health workers in Kenya; direct work in malaria and mosquito control in Tanzania and West Africa.

Cambridge University Hospitals' Charity, 'Addenbrooke's Abroad', is building links with Botswana (Princess Marina Hospital), and the University Medical School is helping with curriculum planning for the new medical school at the University of Botswana.

The University of St Andrews has an agreement with the College of Medicine in Blantyre, Malawi, to act, in accordance with the above approach, as, in a sense, its international gateway to capacity-building support and is, therefore, responsible for attempting to achieve greater coordination of assistance in all of those areas of the College's development which, both directly and indirectly, influence its ability to produce and then provide ongoing professional training for a significantly increased number of more skilled and proactive doctors and clinical officers.

KCH has developed a long term partnership with institutions in Somaliland, one of the least developed countries in the world. Most hospitals were destroyed during the civil war of 1988-91 and the country lost many of its health professionals. Recent stability and successful multi-party elections have provided opportunity for real progress in many aspects of the reconstruction process. The King's-THET Somaliland Partnership (KTSP) is a multi-professional long-term initiative which started in 2000. King's staff (doctors [KCH/KCL], nurses and laboratory staff, supported by colleagues from other NHS organisations) have made regular teaching and training trips to Hargeisa Group Hospital (the only general hospital in Hargeisa [population 600,000] and the only referral hospital in the country [population 3.5M], where several KTSP projects have focused on A&E, theatre, general nursing, pharmacy, psychiatry, paediatrics and orthopaedics), the Institute of Health Science (a nursing training college which reopened in 2003 after a 15 year gap), the Edna Adan Maternity Hospital (a 45 bed NGO hospital - part financed by the Somali diaspora - and nurse training school which opened in March 2002 to address the high maternal and child mortality and morbidity rates in the local community), and to Hargeisa University and the Amoud Medical School in Boroma, where altogether 15 medical students are being trained annually and the first 8 locally trained doctors have now graduated. KTSP staff and volunteers have provided support to the medical students, nurses, laboratory staff and interns through regular multi-disciplinary teaching trips utilizing clinical bed-side teaching rounds, student teaching sessions, staff development sessions, staff appraisals, provision of e-learning material, and providing online support. KTSP staff have served as external examiners for the final year medical examinations, provided technical support for the Somaliland Medical Association, and assisted with the development of the medical curriculum.

Kings is also working with Universities in Harare and Bulawayo, Zimbabwe in conjunction with a Zimbabwean Émigré Health Education Organisation (Zimbabwe Health Training Support - ZHTS). The Zimbabwean institutions are operating at higher level than their counterparts in Somaliland and therefore different opportunities arise. In this setting we favour department to department links so that the Zimbabweans can maintain the high clinical, educational and research standards that they have enjoyed for several decades. The link has an active KCL medical student component. They are engaged in fund raising, acquisition of textbooks and medical projects. The project has strong support from the Deans of the Medical Schools in Zimbabwe. This link is in early stages of development.

Manchester is developing a memorandum of understanding with Addis Ababa University in Ethiopia to support their curriculum, staff development and students exchanges. One of the Manchester Health Trusts is has developed a partnership in Uganda. Primary care has links with the development of Family Medicine in Nairobi and Dar Salam

3b) Durham, would like to suggest the establishment of a translational centre for the adaptation of evidence-based work to local settings in Africa. Such a Centre would focus on existing information and work in close collaboration with local partners (in African countries) to adapt existing knowledge for effective use within the local context.

Cambridge has been short listed, with the University of Makerere and the London School of Hygiene and Tropical Medicine, in a bid under the Wellcome Trust 'Research Capacity Building in Africa' scheme. This could involve a substantial component of health-related research training.

St George's, University of London, has developed educational links with Ghana – we wish to extend this by developing an academic health sciences network that includes NHS organisations in south west London (St George's Hospital, St George's Mental Health Trust and Wandsworth PCT). We intend for this to facilitate exchange programmes for health professionals, opportunities for collaborative research and shared educational courses.