

The MEPI legacy

The Medical Education Partnership Initiative fostered lasting south-south collaboration. Elsie Kiguli-Malwadde shares a success story

African medical schools have long looked to northern partners for technical assistance and resources to strengthen their education and research programmes. But in 2010, this paradigm shifted when the United States government provided resources to support African medical schools in ways that would promote south-south collaboration between medical schools in Africa.

The creation of the Medical Education Partnership Initiative (MEPI) was a response to the continent's health workforce crisis. In 2006 the WHO reported that Africa's shortage of health workers was the highest anywhere in the world.¹ The MEPI goals were to increase the capacity of the 13 African medical schools to produce more and better doctors, strengthen locally relevant research, promote retention of the graduates within their countries and ensure sustainability of the programmes.

Over the five years in which it operated, MEPI stimulated a broad range of improvements in the grantee schools and countries, centred on a number of south-south collaborations between African medical schools.² This took place through the formation of a Principal Investigator Council (PIC), in-country consortium arrangements, technical working groups, site visits, annual symposia and a MEPI website. This article looks back at how each of these functioned and continue to have benefits today.

The PIC

A unique innovation of MEPI was that unlike some other donor grants, it was awarded directly to African institutions through the institutions' Principal Investigators (PIs). The PIs determined the direction of their programmes and together constituted a PIC along with representatives from the National Institutes of Health (NIH), the Health Resources and Services Administration (HRSA), the Office of the US Global AIDS Coordinator and the MEPI Coordinating Centre comprising George Washington University and the African Centre for Global Health and Social Transformation (ACHEST). It served as the steering committee for MEPI and met twice each year at a member school. This highlighted the strengthening of administrative and financial management capabilities in each school.

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MEPI symposium

The PIC was itself a significant and lasting achievement of MEPI. It continues to play the role of a credible partner for the international community. African PIs expanded the programme from the 13 grantees to over 60 medical schools in Africa, creating vibrant south-south and south-north partnerships in medical education and research. The PIC expanded to engage new health professional cadres and launched a new pan-African multidisciplinary forum named the African Forum for Research and Education in Health (AFREHealth) in 2016.³

Consortia

Through MEPI, consortia were formed to enhance south-south collaboration. Schools within the same country typically compete against each other, but through MEPI joined forces to share resources, knowledge, skills and research as well as collaborating with schools across the African continent. This was a major achievement. Many of these partnerships in form of consortia have continued beyond MEPI, and many of them continue to make major contributions to education in their countries. For example, the Medical Education for Services for all Ugandans (MESAU) of Uganda comprised five medical schools and developed a competency framework for Ugandan doctors.⁴ Other consortia were formed in Zambia, Nigeria, Ethiopia, Zimbabwe and Mozambique.

Technical Working Groups

During the course of MEPI, schools identified a number of common areas of collaboration. Technical working groups were created out of these areas of interest,



MEPI Technical Working Group workshop

among them community-based education, competency-based education, eLearning and graduate tracking.⁵ Interested members from the schools met regularly to share experiences, plan presentations, share training in research and plan publications. List serves were created for the groups to communicate virtually between face-to-face meetings at conferences or workshops. These proved to be an important way of sharing information and joint learning, leading to webinars and joint publications.

PI site visits

Originally the plan was to have yearly site visits to all the schools for monitoring and evaluation of the programs with teams from NIH, HRSA and the Coordinating Centre. The PIs started joining the site visit teams in the second year. This enabled a lot of cross-learning for the schools and facilitated the sharing of resources. Visiting PIs added a lot of value to the site visits as they brought vast and varied experiences. They often shared the challenges their programmes had faced and insights into how they had overcome them, and offered solutions to their host institutions' problems. These interactions increased the collaboration among schools by initiating sharing of curricular, faculty and student exchanges.

Annual Symposium

The MEPI community, partners, and international medical education groups converged for annual three-day meetings with up to 250 participants. Guest speakers came from Africa, America, Europe, and Asia. Schools showcased their work through oral and poster presentations. This was a great opportunity for networking and building communities of practice. Five symposia were convened during the MEPI programme and these have been followed by the AFREhealth Symposia which continues to be convened every year in different African countries. These offered and still offer an opportunity for sharing the schools innovation, best practices, challenges and an occasion for strengthening partnerships and networking. This is now the largest health professions education event in Africa which attracts more than 250 participants from all over the world every year. It gives Africans a platform to share their work.³

MEPI website

The MEPI website which has now transitioned into the AFREhealth website was formed to serve as a platform for communication and knowledge sharing between schools and the international community. The website became a popular resource for information on Medical Education. It showcased school activities and accomplishments and allowed others in Africa and beyond to learn about the programme. This was a successful way of sharing through partnership; over five years the website was accessed by people from 51 African countries and 85,000 people from 190 countries. It made over 1300 resources freely available to academics and policy makers globally. The information included webinars, annual symposium recordings of presentations, articles, documents and reports relevant to the MEPI community. The monthly MEPI newsletters were always posted on the website and served as a link for communication within the MEPI community.

MEPI publications

The MEPI community worked together across schools, countries and continents to publish in local, regional and international journals. Publication generation grew dramatically during the MEPI period. Over 376 original research papers were published, 35% of them were related to medical education. One notable example was the 2014 supplement in *Academic Medicine*, the journal of the Association of American Medical Colleges. The 33 articles represented 225 authors, 60% of whom were from Africa.

Sustaining partnerships

Maintaining the communities of practice formed under MEPI has its challenges. The lack of continued programmatic coordination and financial support, for example, has made it difficult for the technical working groups to continue. The virtual meetings require human resources and information technology facilities which are no longer available. However, most other modes of collaboration have been maintained.

MEPI is an example of a partnership or community of practice that has continued for over eight years and has been sustained beyond the project span. It has evolved into a larger community of practice that is inter-professional, across nations and across continents.

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