

# MEDICAL EDUCATION FOR EQUITABLE SERVICES FOR ALL UGANDANS



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# STRUCTURE OF THE PRESENTATION

- Examples of Achievement:
  - A Consortium approach,
  - Competency Based Education,
  - Increase of Community training site, and Evaluation of impact of service learning (COBERS),
  - Research Support,
  - Addressing non-communicable diseases
- Challenges
- Exciting developments



# 1. A CONSORTIUM APPROACH

- Country ownership and leadership
- Integration in institutional structures/mechanisms
- Strengthening in-country S-S partnership (mutual learning & respect)
- Facilitate unified engagement with MoE, MoH
- A national platform (Advocacy & Negotiation)

□ **2. Definition: 9**



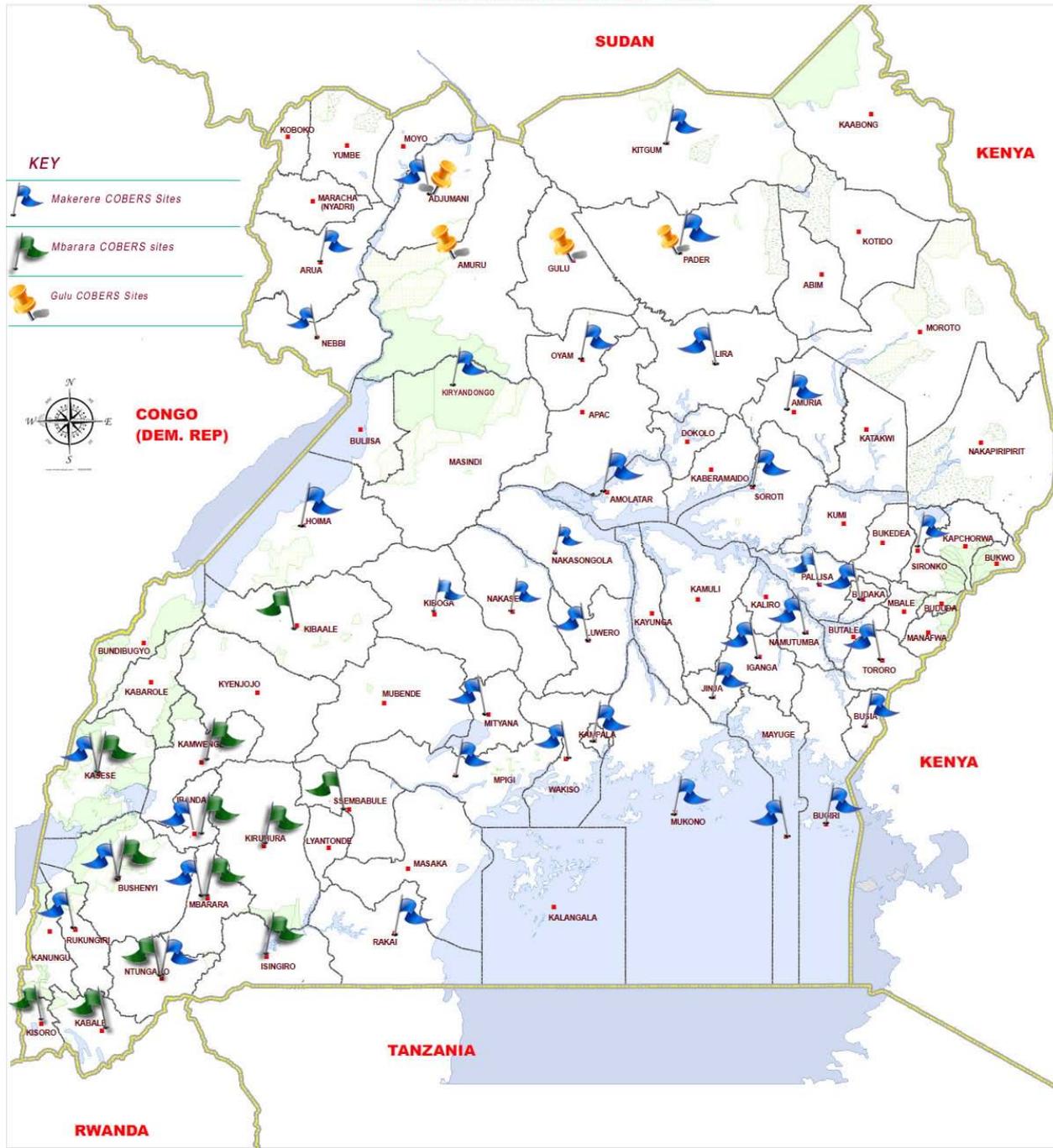




# 3a. INCREASING CAPACITY

- ❑ Improving & expansion of infrastructure
- ❑ Competency based curricula – becoming the norm
- ❑ E-learning and distance learning
- ❑ Education Resource Units & Skills Lab preparation
- ❑ Health Professionals Education (MHPE, FAIMER, SA)
- ❑ Expansion of COBERS teaching sites
- ❑ Potential for Increasing the numbers

# MESAU COBERS SITES - 2012



# 3b. COBERS EVALUATION

- Impact of COBERS on society
  - ▣ The studies – experimental design
  - ▣ Each school to have stand alone study x 4
  - ▣ Longitudinal follow up
- Qualitative study x 4
- Cross sectional comparison study (old vs new sites) x 4

# Evaluation: EFFECTS OF COBERS ON:

1. The range & scope of services at the COBERS sites
2. Community utilization of formal health services
3. Community decision-making/participation 4 health
4. Practice and motivation of COBERS site facility staff
5. Students' attitudes, willingness and intention to work in underserved settings
6. The perceptions and practices of MESAU faculty regarding health professionals education at sites

# Scope of the evaluation - 1

	A	B	C	D	E	F
KIU	10	10	10	30	600	1200
MakCHS	20	20	10	50	1000	2000
MUST	10	10	10	30	600	600
Total	40	40	30	110	2200	3800

The baseline covers 58 of the current 112 districts in Uganda

A = Health facilities which are being used as COBERS placement sites for the first time in 2012

B = Health facilities that match the facilities in A, have never been used and will not be used during the project period

C = Health facilities that have been, and are being used as COBERS placement sites

D = Health facilities for assessment of range and scope of services

E = Households, 20 per site

F = minimum number of individuals in a household who have been interviewed. The number is higher for the households that have more than one eligible woman

# Scope of the evaluation - 2

## Qualitative component

- Only health facilities that hosted COBERS students for the first time in 2012
- The country was divided into 6 regions (Central, Eastern, Middle North, West Nile, Western, South West)
- FGD = focus group discussion, with (1) Men; (2) Women; (3) Youth  
10 participants per group

		Total
New COBERS sites per region	2	12
KII with facility staff per site	3	36
KII with community opinion leaders per site	3	36
Community FGD per site	3	36
FGDs with students per institution	2	8
In-depth interviews with students per institution	20	80

# 4a. Research Funding Support

Category of Recipient	Total Number of Awardees	Institutions
Undergraduate students	60	GU, KIU, MakCHS, MUST
MSc Basic Sciences	11	KIU, MakCHS, MUST
MSc Family Medicine	2	MakCHS
PhDs	13 (11 MESAU, 2 CVD)	GU, MakCHS, MUST
Faculty	17	KIU, GU, MakCHS, MUST,

## 4b. RESEARCH SUPPORT

- Advanced plans to develop Research Support Centers
- Done strategic plan for Bioethics center
- Accreditation of IRBs & preparation for paperless IRBs
- Have an approach for creating evidence bases in education e.g curriculum evaluation





# **5. Addressing non-communicable diseases: MEPI-CVD**

**Building capacity for prevention and control of cardiovascular disease in Uganda**

# MEPI-CVD strategy

- Expand the successful infectious disease collaborations to include CVD to enhance capacity for research and training.
  - Use COBERS sites to train medical students in primary CVD risk assessment and care
  - Masters degree programs
  - PhDS
  - Research project to collect baseline CVD data.

# **Aim 1a. To Improve CVD primary care responses among graduating doctors**

- Integration of CVD curriculum into the COBERS
- Curriculum piloted in the 1<sup>st</sup> year of the project. CVD now fully integrated in Makerere.
- Plans have been completed to duplicate the success in Mbarara
- Student led CVD workshops e.g student CVD awareness day
- Student-led research in the community health centres e.g assessment of capacity for CVD care.

# 1b. For residents and young faculty

- Ten residents (Internal Medicine, Pediatrics and Surgery, Epi, public health) on the program- 2 resident complete in July 2012
- 2 PhD on the program
- Trained beneficiaries in cardiovascular competencies (with UHI)
- Research methodology workshop
- Plan CVD competence workshop with heart institute
- Targeted training at CWRU, UCT

# Hands-on CVD training in MUST



# Presentation of protocols



## Specific Aim 2: Research capacity

- To determine magnitude of the CVD problem in Uganda and the distribution of CVD risk factors so as to formulate appropriate strategies for prevention, early detection, treatment and control.
- Results to feed back into curriculum

# Progress on Aim 2

- Protocol approved by IRB.
  - Taken into consideration the ethics and consent in the survey
- Enumeration and mapping of study area complete.
- Procurement of equipment complete
- Ready to collect data; begins April, 2012

# Enumeration of area facilities

	Nansana	Busukuma
Households	31,000	15,000
Public health facilities	2	2
Private health facilities	150	20
Schools	150	80
Markets	5	2

# THE ROLES OF US PARTNER INSTITUTIONS

- Be responsive to strategic needs e.g. eIRB
- Technical support for COBERS evaluation
- Research capacity building
- Distance education & e-learning
- Curriculum development
- Support capacity development for NCDs

# CHALLENGE 1: LINKING: EDUCATION AND HEALTH SYSTEMS

- Developing the two systems into one partnership with “a shared vision, mission and plan answering to peoples’ needs”
- Redefine University entry requirements
- Distance learning & e-learning
- Community Based Education, Research, and Service (COBERS) as

# Challenges 2-5

- Long term Sustainability
- Consortium maintenance
  - ▣ Distillation of lessons learned so far
  - ▣ A study “Mapping the evolution and landscape”
- Ethical challenges:
  - Distributive justice
  - Student admissions
  - Merit vs equity
- Tracking of graduates

# RETENTION OF GRADUATES

- COBERS takes centre stage as a means to retention
- Tracking graduates through UMDPC
- Tracking graduates through districts
- Generate evidence for changing admissions
- Explore new approaches
  - ▣ Social entrepreneurship

# Exciting Developments:

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- The consortium approach may be a social movement in health professional education: country leadership, ownership and a platform for a national coordinated effort and advocacy
- Strong linkage between education & research
- Institutional capacity enhancements
- Enhanced Student engagement

# ENGAGING STUDENTS IN MEPI SUPPORTED ACTIVITIES

Mbarara  
University  
Students P. 1

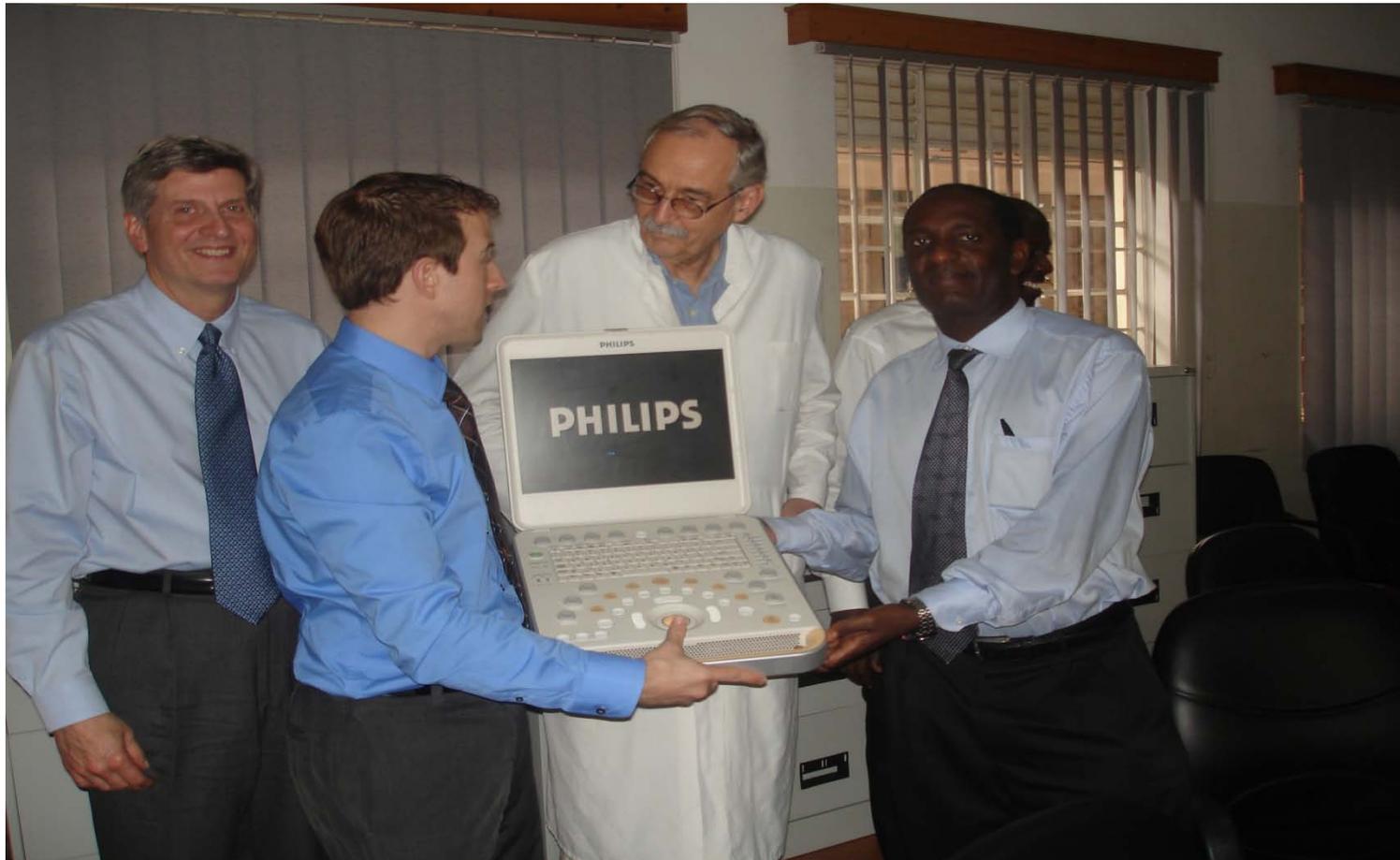
Gulu University  
Medical Students P.2

The day our insight  
into the Medical field  
was heightened P. 14

Engaging Makerere  
University College of Health  
Sciences P. 8

It is a day at a time  
P.15

# Phillips CX-50





**Thank you**