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Optimisation of the Medical Education Partnership Initiative to address African health-care challenges

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The Medical Education Partnership Initiative (MEPI) is an innovative and potentially transformative 5-year programme, established by the US Government in 2010, to increase the number of doctors to meet crucial human resource needs in sub-Saharan Africa.¹ MEPI allows African institutions that are the direct grantees to define and direct programmes to address their own crucial gaps in medical education and workforce shortages in partnership with US academic partners.

MEPI supported the creation of the Medical Education for Equitable Services to All Ugandans (MESAU), an innovative new partnership framework in Uganda that engaged all the public universities and one private university with existing undergraduate medical education training. MESAU is addressing several challenges to the Ugandan medical education system through infrastructure development, strategic planning, and strengthening of health research capacity. Innovative strategies have emerged during the past 3 years of the programme. MESAU institutions are investing in retaining and training existing faculty through curriculum development training and providing core resources through research support. To optimise the quality of medical student training and retention of graduates, information technology (simulation training) and video-based distance learning have been used. The setting of standards through consortium-wide consensus on community-based education (CBE) and competencies needed for medical education have helped to ensure high-quality education. We have also incorporated other health professions in our innovative learning programmes.

With reference to the MESAU experience, there is an opportunity to strategically optimise the scope and effect of MEPI. We propose the following strategic priorities for the future of

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MEPI. First, access to primary health care should be a central theme of MEPI as a basic human right; poor access remains a key challenge for most Africans, particularly those in rural communities.² MEPI is uniquely positioned to leverage resources in PEPFAR-supported, community-based HIV/AIDS care services to improve the quality of both service delivery and CBE.

Second, MEPI must prioritise the quality and relevance of medical education and ensure that ongoing programme evaluation is an integral component of curriculum implementation. Primary performance metrics should be revised from simply counting the number of doctors trained and retained to include measurements of quality. MESAU defined and adopted core competencies that emphasise the development of culturally competent health-care professionals who can effectively apply research evidence to provide the best expected quality of care to communities with a health systems approach.

Third, MEPI should increase focus and funding for CBE. Many medical graduates in Africa might not be interested in working in rural placements, where they are needed most.² Globally, absenteeism among providers is pervasive and widespread. As part of CBE, MESAU has created opportunities for students to interact with communities to engender enthusiasm about service in underserved communities, increase student research with local relevance, and to practise academic social responsibility.³

Finally, MEPI should focus on interprofessional medical education. The health workforce crisis in Africa is exacerbated by promotion of physicians to administrative positions, and delineation of duties by profession rather than engagement of physicians as part of a health-care service delivery team.⁴ If the criteria for promotion in the health sector were based more on health-care effect (eg, pay-for-performance schemas⁵), it could encourage team building and interprofessional education innovation. Expansion of MEPI beyond doctors to train and task-shift health-care provision to other cadres to promote interprofessionalism and team building will most likely be a more effective path to improve human health resource coverage, especially in rural and other underserved areas.

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