

Innovative collaboration of Royal College of Physicians and West African College of Physicians; M-PACT – improving knowledge in HIV/AIDS, tuberculosis and malaria in west Africa

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Aims

To improve the capacity and sustainability of physicians in West Africa, to tackle the World Health Organization Millennium Development Goal 6; and combat HIV/AIDS, malaria and other diseases, in collaboration with the West African College of Physicians (WACP).

Methods

The programme sought to establish three centres of excellence across west Africa (Ghana, Nigeria and Senegal) to be the regional hubs from which training would be coordinated. In parallel, an identification of leaders within the physician communities of these regions were to be trained as trainers. In addition they were identified to work alongside the Royal College of Physicians (RCP) to develop teaching curricula, suggest target audiences, and manage and advertise the courses. The training was to be delivered as a week-long intensive course in HIV/AIDS, tuberculosis and malaria over a 3-year period at the centres and in wider regional hubs. The courses were adapted to suit each region and to include Ebola response.

Training was a mixed learning model including plenary sessions, small groups work, case studies, workshops, practical sessions and presentations from course attendees.

Results

Eighteen clinical training courses were delivered over a 3-year period: Ghana, five courses; Nigeria, seven courses; Senegal, five courses; and Sierra Leone, one course. To increase the reach, these courses were held outside of the centres too. Five-hundred and eighty-two physicians came from 12 nations across west Africa (Senegal, Gambia, Guinea, Sierra Leone, Liberia, Ivory Coast, Ghana, Togo, Benin, Nigeria, Burkina Faso and Mali). Out of these, 101 physicians were trained in teaching and leadership skills.

Participants were from a range of specialties and geographical areas. The Ebola crisis evolved during the period of this programme which resulted in an increased readiness for response, not just to Ebola but Lassa fever and other haemorrhagic infectious diseases. Feedback indicated an increase in knowledge and an enthusiasm to implement new knowledge and affect change in their areas of work.

Conclusion

The programme was effective beyond the number of physicians trained. Through joint working with the WACP, regional capacity in regards to leaderships, training, education and knowledge has increased and an embedded workforce has remained. The training centres are now established and ready to be involved in any other programme. The trainers have the skills to run the programme again or set up a further training programme. It is too early to measure but the use of the knowledge learnt is expected to contribute to the reduction in the prevalence of these disease, thus indicating a positive population impact. Furthermore the links between the WACP and RCP have been further cemented. ■

Conflict of interest statement

No conflict of interest.

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