

## The Global Health Service Partnership: An Academic-Clinical Partnership to Build Nursing Capacity in Sub-Saharan Africa

**Eileen M. Stuart-Shor, PhD<sup>1</sup>**

Julie Anathan, MPH<sup>1</sup>

Linda Jacobsen, MPH<sup>1</sup>

Laura Foradori, MPH<sup>2</sup>

Elizabeth Cunningham, MPH<sup>1</sup>

(1)Seed Global Health, Boston, MA, USA

(2)Global Health Service Partnership, Peace Corps, Washington, DC, USA

### Background:

Well-prepared and adequately resourced educators of nurses, physicians and other health professionals are the basic building blocks of stronger health systems. Quality education is a prerequisite for other investments in health infrastructure and care delivery to be most effective. Despite these facts, education of health professionals in resource-limited settings is chronically underfunded. The World Health Organization estimates a global deficit of about 12.9 million skilled health professionals (midwives, nurses and physicians) by 2035.(Campbell et al., 2013) Health care provider shortages limit the ability of countries to deliver basic healthcare, to respond to emerging and more complex needs, or to teach their future health professionals – a vicious cycle that is perpetuated.(Global Health Workforce Alliance, 2015) Previous research has highlighted the positive correlation between increased health worker density and improved health outcomes,(World Health Organization, 2006) particularly in maternal and child health. A thriving nursing workforce is foundational to any long-term health workforce strategy. The shortage of faculty in many resource-constrained settings limits countries' ability to graduate and retain basic nurse clinicians, specialists, and produce future generations of nurse leaders.(Frenk et al., 2010; Mullan et al., 2011)

### Project Description:

The Global Health Services Partnership (GHSP) is a unique collaboration between the Peace Corps, Seed Global Health and the US President's Emergency Plan for AIDS Relief (PEPFAR). The primary purpose of GHSP is to strengthen health education and delivery in places with dire shortages of health professions, particularly nursing. There are four objectives of the project. 1) Deploy qualified and committed volunteers for one year in Sub-Saharan Africa (SSA) to work alongside local faculty counterparts to expand and enrich health professional education in a sustained way. 2) Provide urgently needed resources and expertise that improves the learning environment, with a priority on clinical education enrichment and health specialties in greatest need. 3) Provide financial assistance to and practical support for volunteers that facilitate effective and fulfilling service. 4) Align efforts and resources with the priorities of host governments and bilateral and multilateral institutions committed to health system strengthening.

### Methods:

Mixed methods were used to examine the feasibility, outcomes and impact of GHSP in the first two years of a multi-year project. Quantitative data was obtained by a robust data tracking and monitoring system reported to a central office in the US. Quantitative measures of productivity (activities, hours, number of trainees and deliverables) were collected monthly using detailed, validated, quantitative reporting forms. Regular check-in's with the volunteers by Seed research staff assures timeliness and accuracy of the data tracking. Qualitative measures of program outcomes and impact were derived from semi-structured surveys and key stakeholder focus groups and face-to-face interviews. The qualitative data was gathered at the In-Service Training conferences held annually in each of the three countries, at year's end during the Close of Service Conference and through individually scheduled interviews or focus groups. Ongoing process evaluation was conducted through post-event feedback surveys and analysis

of the application database. Results from the semi-structured interviews and key stakeholder interviews were transcribed and checked for accuracy by the lead researcher. Validation and member checking in the US and partner countries was carried out to strengthen the trustworthiness of the data. The evaluation team was committed to assuring that the evaluation is embedded in local context, that the tools and procedures were culturally appropriate and that any recommendations generated are locally tailored to maximize relevance and uptake. Nurse-specific outcomes are reported in this abstract.

## Results:

Between July 2013 and June 2015 38 GHSP nurse educators were deployed to universities in Uganda (n=2), Tanzania (n=5) and Malawi (n=3). These nurse educators provided 36,736 hours of service (classroom/clinical/skill lab teaching, student/faculty mentoring, professional development, practice improvement projects); to a total of 3,619 trainees. Over the two years the nurse educator volunteers taught 173 courses across the curriculum (mental health, medical/surgical, midwifery, pediatrics, critical care, community health). PhD and Master's prepared GHSP volunteers participated in curriculum development, integrating clinical instruction into the curriculum and the development of masters programs which focused on specialties including: Nursing Education, Public Health, Pediatric Nursing, and Critical Care. Important academic-clinical linkages were made which facilitated the implementation of 17 practice improvement projects; examples include: care to post-flood refugee camps in Chickawawa district; mental health activities at primary care sites; participated in Operation Smile; World Malaria Month Prevention; Orphan care; hand washing stations in the pediatric ward; hepatitis B immunizations; development of guidelines for Ebola care and NICU incubator care. Infrastructure enhancements included the addition of simulation and skills lab materials in several sites. Qualitative data suggest that enhanced (quantity/breadth) clinical supervision improved student clinical skills, confidence and ability to connect theory to practice. Faculty reported enhancements in curricula pedagogy resulting in improved student critical thinking skills and the promotion of an open, collegial working environment.

## Conclusions and Next Steps:

Taken together these data suggest that an innovative, locally-tailored and culturally appropriate multi-country academic nursing partnership program is feasible and generated new knowledge and best practices relevant to capacity strengthening for nursing education. Key features of the program include the intentional pairing of the US/African nurse educators, emphasis on faculty supervised clinical instruction and a sustained commitment over time. Continued evaluation of the model over time will hopefully help inform optimizing classroom and clinical pedagogy in resource-constrained settings and improve the health and well-being of populations who suffer a high burden of disease.

## References:

Campbell, J., Dussault, G., Buchan, J., Pozo-Martin, F., Guerra Arias, M., Leone, C., . . . Cometto, G. (2013). *A Universal Truth: No Health Without a Workforce. Forum Report, Third Global Forum on Human Resources for Health, Recife, Brazil*. Geneva: Global Health Workforce Alliance and World Health Organization.

Frenk, J., Chen, L., Bhutta, Z. A., Cohen, J., Crisp, N., Evans, T., . . . Zurayk, H. (2010). Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. *The Lancet*, 376(9756), 1923-1958. doi:10.1016/S0140-6736(10)61854-5

Global Health Workforce Alliance. (2015). *Annual Report 2014*. Geneva: Global Health Workforce Alliance and World Health Organization

Mullan, F., Frehywot, S., Omaswa, F., Buch, E., Chen, C., Greysen, S. R., . . . Neusy, A.-J. (2011). Medical schools in sub-Saharan Africa. *The Lancet*, 377(9771), 1113-1121. Retrieved from <http://linkinghub.elsevier.com/retrieve/pii/S0140673610619617>

World Health Organization. (2006). *Working together for health: the world health report 2006*. Geneva: World Health Organization.

---

**Title:**

The Global Health Service Partnership: An Academic-Clinical Partnership to Build Nursing Capacity in Sub-Saharan Africa

**Keywords:**

global health, nursing education and nursing workforce

**References:**

Campbell, J., Dussault, G., Buchan, J., Pozo-Martin, F., Guerra Arias, M., Leone, C., . . . Cometto, G. (2013). A Universal Truth: No Health Without a Workforce. Forum Report, Third Global Forum on Human Resources for Health, Recife, Brazil. Geneva: Global Health Workforce Alliance and World Health Organization. Frenk, J., Chen, L., Bhutta, Z. A., Cohen, J., Crisp, N., Evans, T., . . . Zurayk, H. (2010). Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. *The Lancet*, 376(9756), 1923-1958. doi:10.1016/S0140-6736(10)61854-5. Global Health Workforce Alliance. (2015). Annual Report 2014. Geneva: Global Health Workforce Alliance and World Health Organization. Mullan, F., Frehywot, S., Omaswa, F., Buch, E., Chen, C., Greysen, S. R., . . . Neusy, A.-J. (2011). Medical schools in sub-Saharan Africa. *The Lancet*, 377(9771), 1113-1121. Retrieved from <http://linkinghub.elsevier.com/retrieve/pii/S0140673610619617>. World Health Organization. (2006). *Working together for health: the world health report 2006*. Geneva: World Health Organization.

**Abstract Summary:**

In 83 countries in the world there is a severe shortage of nurses to care for the world's most vulnerable populations, a situation made worse by the dire shortage of nursing faculty. The proposed model seeks to strengthen nursing education/delivery by working with partner countries to meet their long-term health care human resource needs.

**Learning Activity:**

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
1) Compare and contrast factors associated with the global shortage of nurses.	1) Resource constrained countries – data relative to nurse/nurse faculty shortages and brain drain in the context of high burden of disease a. Challenges in nursing education in developing countries; constraints relative to resources, infrastructure, human capital and funds. b. Challenges specific to clinical education; lack of integration into the curriculum, lack of faculty and facilities for skills labs c. Academic – clinical disconnect
2) Identify two key elements in the GHSP model that contributed to the positive outcomes.	2) Main purpose is to strengthen health education and delivery in places with dire shortages. a. Four objectives; embed volunteers partnered 1;1 with African colleagues; augment resources; financial assistance; align goals with the host country and institution goals

**Slot:**

C 02: Friday, April 8, 2016: 3:15 PM-4:30 PM