Strengthening public health and research capacity through S-S collaboration: Reflections on UWC’s WHO Master’s Programme in Health Workforce Development

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Introduction

Lack of capacity is pronounced and pervasive across sectors in sub Saharan Africa and continues to undermine progress and realization of development goals outlined in national and international documents. The issue of capacity development has, thus, been a central concern of governments, donors, and development agencies. Lessons drawn from decades of experience in capacity development underline the need to move away from prescriptive and one-size-fits-all approach/calls to successful capacity development, stressing the importance of demand-driven capacity development processes that are aligned to local priorities, local ownership, and mutual accountability. This brief shares experiences of an innovative capacity development program that has distinct features of South-South and Triangular Cooperation. The program is innovative not only for the less charted and critical public health issue it tries to address, but also the pattern of cooperation for capacity development that addresses drawbacks of traditional capacity development interventions such as technical cooperation: the cooperation is configured in a way that while a northern partner provides critical financial resource and contribute technical inputs, the program is designed and led by southern partners, and involves the transfer of knowledge and experience amongst them. The program is also characterized by flexibility and appreciation of difference in dynamics across contexts (institutions/countries), which influence process and outcome of capacity development.

Most importantly, the program has the potential to play crucial role in strengthening public health through building capacity and networks, developing joint teaching platform, and sharing resources (teaching materials) in the area of health workforce development in Sub Saharan Africa.

Program Description

The programme, which was launched in 2009, originated from WHO’s recognition of the crisis in the health workforce and the multi-faceted repercussions this has on efforts to attain a range of critical national and international development targets. When UWC decided to respond to WHO’s call, it did so with expressed intention to make this an African endeavour, and thus contacted sister institutions in Africa that share its strategic goal. The initiative is implemented by a consortium of academic institutions, particularly public health departments/schools/units, in four countries in sub Saharan Africa namely University of the Western Cape, South Africa; National University of Rwanda; University of Eduardo Mondlane, Mozambique; and Addis Ababa University, Ethiopia. The rationale for the program was to focus on building capacity and networks, developing joint teaching platform, and sharing resources (teaching materials) with a focus on Health Workforce Development.

The program has different components that revolve around building joint capacity by drawing on UWC experience. UWC has two decades of experience running postgraduate programmes and distance
learning with the majority of its students spread across countries in sub Saharan Africa. The MPH training with specialization in Health Workforce Development aims to train a critical mass of experts that are expected to spearhead integration of the program in the partner institutions in a manner that suit local need and context. Eighteen students (six from each country) are enrolled in the program. The MPH has five modules (including two specialization modules focused on health workforce development), and a final project (mini-thesis) on HRH related topic. Partner institutions are on the way to adapt different aspects of this program into their institution, with this ranging from two partners considering having a special track or certificate program of the HRH modules to one partner planning to run a similar MPH locally. The collaboration also extends to sharing experience in designing and implementing distance learning through training workshops. Preparations are underway in two partner institutions to adapt a mixed approach (face-to-face plus distance learning) while one partner is considering implementing a distance MPH program in 2013.

Sharing teaching materials and collaboration in material development and adaptation are integral to the program. UWC currently has 24 modules, which it will readily share with partners. All partners expressed strong interest to adapt UWC’s HRH related module materials. One partner is in the process of translating eight teaching materials to local language. Discussion is underway on how to jointly work in developing new teaching materials or strengthening existing ones. The partners also collaborate on curriculum development, co-teaching, and co-supervision. Students have been supported by local mentors, experienced academicians and practitioners, who also co-supervise their mini-thesis.

**Challenges and lessons along the way**

The program has great potential and is providing opportunities for building the field and community of practice, strengthening staff and organizational capacity of participant institutions, and may continue to have greater impact in the region. Institutions could continue to collaborate beyond this program in sharing knowledge and experience in teaching and research though it is imperative to have sustained financial support.

Partner institutions face multitude of challenges, which impact negatively efforts to build capacity and networks. These include shortage of human resource, inadequate resources, competing priorities, and lack of infrastructure. Maintaining mentoring program has proved to be a real struggle. The shallow pool of senior academics and practitioners who are both able and available to provide supervision, mentoring, and coaching support remains to be one of the greatest constraint on providing support to capacity building. Finding solutions to addressing the tension between providing access and ensuring adequate support to health professionals, particularly outside of Africa’s capital cities, remains a challenge, even where additional resources are available. Those staff with sufficient expertise and experience to provide such support are usually enormously overstretched and have limited time available – which in turn limits ability to build additional capacity; a vicious cycle which this programme hopes to help reverse in the medium-term by building a critical mass of practitioners as well as academics in the field.

It has been a struggle to root program in academic institutions due to long standing challenges related to few and overstretched staff, and high turnover. This has led to a shift in focus in second phase of the program on jointly building capacity in local academic institutions. Experience thus far also suggests importance of having champions/lynchpins in institution/country to promote and sustain the agenda, and partners have made provisions to distinguish and support champions to further push embedding of the program in the respective institutions.

There have been uncertainties and divergence from set plan to a certain extent emanating from complex and dynamic relationship between the institutions and external environment including health ministries, which highlights importance of examining and taking into account influence of context and organizational culture on capacity development processes. The program’s aim initially was to train clusters of staff from same academic institution in order to build critical mass. This has proved to be difficult due to local rules and dynamics around selections, which were not taken into full account. There is quite a lot of ministerial participation, which resulted in unanticipated challenges and opportunities. Documenting and sharing experiences and reflections of the joint capacity development process in the future is one of the priority area for partners.