Fostering institutional collaboration: Building global virtual partners

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Program/Project Purpose: International student exchange experiences are increasingly popular, particularly in developing countries. The Global Education in Medicine Exchange (GEMxSM) was developed to facilitate multilateral partners among schools by committing to shared values that transcend differences in culture, curricula, resources, and local health care needs. GEMx is comprised of three components: a web-based system, a Charter, and regular virtual meetings. The Charter outlined school roles and responsibilities and defined activities that would be undertaken by home schools (those sponsoring students) and host schools (those receiving students). GEMx promoted development of the partner school network through face-to-face and virtual meetings. The use of collaborative technology is increasing because it can reduce expense and can be effective, particularly for information sharing (1). However, the virtual environment can be void of contextual cues that promote trust, and can leave participants feeling isolated (2). The purpose of this investigation was to evaluate the extent to which new collaborations between schools could be developed through the GEMx partnership.

Structure/Method/Design: In 2013, partners at 20 medical schools were recruited. GEMx hosted three face-to-face meetings with representatives from eight of the 20 schools and six virtual meetings (webinars, conference calls) to promote multilateral partnerships. In October 2014, representatives of partner schools were

Primary care development in Southeast Asia: Building an essential foundation for health systems


Program/Project Purpose: Many improvement efforts in global health are consistently hampered by insufficient and unprepared health systems lacking a sufficient primary care workforce and delivery system. Whether managing infectious outbreaks or the increasing burden of chronic disease, there is an acute need to address inequities in health by shifting global health efforts towards a stronger focus on primary care development. We share our approach to primary care systems strengthening over nearly 20 years in countries of southeast Asia that are early on the continuum of development. Our aim has been to develop systems to effectively train, support and integrate competent primary care physicians for health systems as part of an effort to address human resource development of the primary care workforce.

Structure/Method/Design: Primary efforts have targeted capacity building through training of a competent primary care workforce, initially focused on developing formal specialist training for primary care physicians. We have applied this approach in Vietnam with over 600 family physicians trained, and are currently working with the Ministry of Health on further scale-up and policy supports. We have completed a similar pilot program in Laos, and are in the early stages of supporting similar programs in Cambodia and Myanmar. Key to the sustainability of this approach has been the engagement of local stakeholders for policy integration coupled with implementation performed exclusively by local partner universities to train and support primary care physicians.

Outcomes & Evaluation: The success and sustainability of the training programs in Vietnam is evident now with over 600 family physician graduates and continued training at most universities. Quantitative evaluation results have shown that knowledge and confidence of physicians are improved in multiple clinical areas, and measured observations of clinical practice indicate improvements. Similar results were seen in our pilot program in Laos, with qualitative results identifying far-ranging improvements in practice, especially in community and maternal health. Most importantly, Ministries of Health and local health authorities are highly supportive of these programs and continue to seek enrollment of their health staff in these programs.

Going Forward: Maintaining training capacity and carrying out national-level scale-up remain the biggest challenges. The World Bank has recently entered into a $126 million Health Professionals Education and Training for Health System Reforms Project with Vietnam to implement primary care physicians. We have applied this approach in Vietnam with over 600 family physicians trained, and are currently working with the Ministry of Health on further scale-up and policy supports. We have completed a similar pilot program in Laos, and are in the early stages of supporting similar programs in Cambodia and Myanmar. Key to the sustainability of this approach has been the engagement of local stakeholders for policy integration coupled with implementation performed exclusively by local partner universities to train and support primary care physicians.

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