



‘Pamoja Tunaweza’: A Collaborative Program Model for Global Health Training & Education

VIEWPOINT

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ABSTRACT

The past two decades have seen unprecedented student demand for global health education through experiential and engaged learning within institutions of higher education in the United States. This demand created a need for innovative institutional partnerships. Since 2007, faculty from Cornell University’s Global Health Program and Kilimanjaro Christian Medical University College (KCMUCo) have worked together to design, implement, and evaluate an innovative experiential learning program in global health and development policy. Since its inception, 176 Cornell undergraduates and 188 KCMUCo medical students have successfully engaged in the policy case study collaborative program and course, leading to the development of 75 policy case studies.

This long-term partnership between Cornell and KCMUCo has led to an innovative cross-cultural teaching model, funding support, professional presentations for students and faculty, a visiting scholars program at Cornell, and new avenues for research and collaboration. Fifteen years of sustained partnership has required the navigation of several unique and complex challenges, providing the opportunity to reimagine and strengthen this program and partnership. The objective of this article is to share a powerful program model for global health training and education, and discuss the challenges, successes, and lessons learned through this continued collaboration.

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Institutional engagements

From the initial stages, this collaborative program has been developed and sustained through equitable long-term institutional commitments. Many partners at both KCMUCo and Cornell come together each year to prepare, develop, and offer this program. While students and faculty are crucial to the success of this collaboration, this partnership also depends on support from staff members in administrative, legal, and budget offices at both institutions. This requires cultivation of relationships across Cornell and KCMUCo in order to successfully execute contracts, legal agreements, budgets, and logistics. The program also relies on the support of affiliated faculty and staff to offer additional instruction that prepares students to engage in this program. For example, Kiswahili instructors and expert stakeholders teach students about health systems and critical public health issues in Tanzania.

Students

This program brings together equal numbers of students from Cornell and KCMUCo in Moshi, Tanzania. Cornell undergraduates in the program are rising juniors or seniors, representing a diverse collection of academic majors and minors. KCMUCo students are fourth year undergraduate medical students in a five-year postsecondary program with interests in global and public health. Since the inception, KCMUCo and Cornell faculty have recognized the importance of a competitive application and rigorous preparation process for students at both institutions, acknowledging the unique academic knowledge, values, culture, and lived experience that each student brings to the program. The application process requires demonstration of academic excellence and commitment to engagement in the program. As demonstrated in Figure 1, Cornell students are required to complete three semester-long courses, *Introduction to Global Health*, *Preparation for Cross-Cultural Engagement and Collaborative Research*, and *Elementary Kiswahili for Global Health* prior to engaging in the program. KCMUCo students are required to complete a week-long preparation seminar where they are introduced to the policy case study analysis approach, literature search process, citation management strategies, writing skills, and elements of cross-cultural interaction. The preparatory courses are a critical opportunity for students to develop the skills necessary to engage successfully in this program and to demonstrate their preparedness and commitment to fulfilling their academic and professional responsibilities.

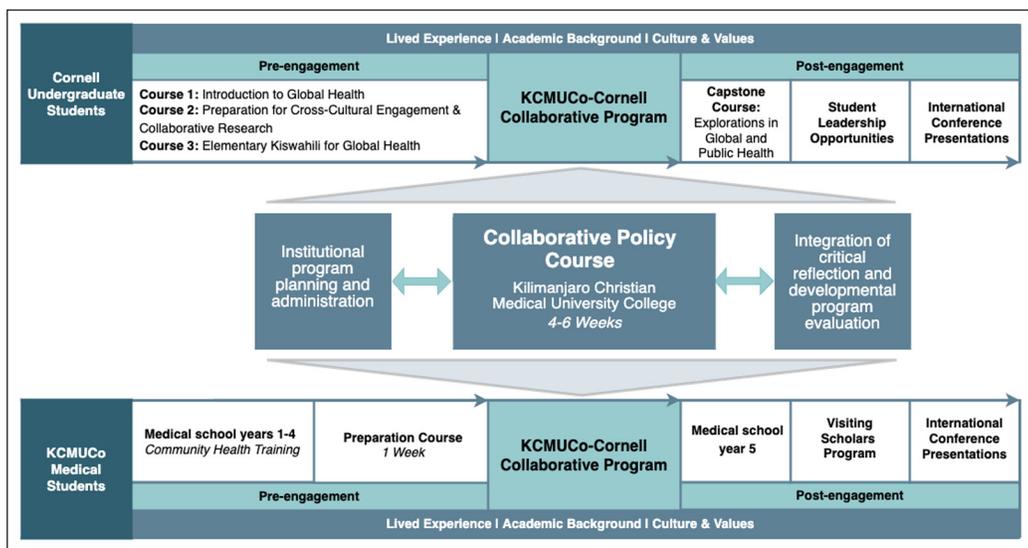


Figure 1 The Cornell-KCMUCo Global Health Collaborative Program Model.

For both groups of students, the collaborative program is integrated into their coursework. For KCMUCo students, the program fulfills their research elective requirement. For Cornell students, the program serves as an Experiential Learning Opportunity, a requirement for students pursuing the Global Health minor or Global and Public Health Sciences major.

A unique aspect of this program structure is the use of a policy case study approach as opposed to other documented frameworks [9, 11]. KCMUCo and Cornell faculty work collaboratively to guide students in utilizing a policy case study approach to research an issue of public health concern in the Tanzanian context [12]. Students spend the first week of the course orienting themselves to the policy case study model and learning from guest experts about a wide variety of global health topics. This teaching pedagogy recognizes students as essential stakeholders and partners in global health dialogue. Problem identification is a collaborative effort between faculty and students with student groups receiving feedback from the teaching team and peers. Students work together to select a topic that is relevant to the Tanzanian context (Table 1). Students then conduct a review of both peer-reviewed and grey literature to understand the topic from a multidisciplinary perspective and inform the process of identifying expert stakeholders. After completing a literature search and gaining insights from stakeholder interviews, students identify policy issues and propose recommendations for policy options. The culmination of this policy research process is an extensive written policy case study and final presentation to faculty and community stakeholders.

TOPIC AREA	TITLE	YEAR
Communicable Diseases	Tuberculosis Infection Control in the Kilimanjaro Region: A Health Care System Perspective	2018
	Analysis of Acute Respiratory Infections in Children Under Five in Tanzania: A Policy Case Study	2019
	Antimicrobial Resistance: A Case Study in Tanzania	2022
Environmental Health	Unequal Access to Human Waste Management in Moshi Urban	2010
	Planetary Health: Energy Security and its Implications on Health Care Access, Delivery, and Quality in Tanzania	2019
	Impact of Outdoor Air Pollution on the Health of School-aged Children in Moshi Municipality	2022
Health Systems	Brain Drain of Health Professionals in Tanzania	2010
	Patient Waiting Times and its Effect on Healthcare Delivery in the Medical Outpatient Department of KCMC	2013
	Self-Medication Without Clinical Consultation in Urban Moshi, Tanzania	2018
Injuries	Increase in Motorcycle Accidents and Resulting Disability and Mortality in Moshi, Tanzania	2013
	Limited Emergency Medical Care Services in the Kilimanjaro Region	2022
Maternal and Child Health	A "Secret Disaster": Intimate Partner Violence and Women's Health in Moshi Urban and Rural	2016
	Barriers to Exclusive Breastfeeding Practices (0–6 months) Among Women in Moshi Urban and Rural	2016
	A Case Study Analysis of Perinatal Mortality in Tanzania	2019
Mental Health	Revealing the High Prevalence of Undiagnosed Mental Health Disorders in Urban Moshi, Tanzania	2015
	An Analysis of Poor Maternal Mental Health in Tanzania	2019
	Depression and Anxiety Among Medical Students in Tanzania and KCMUCo	2021
Non-communicable Diseases	Awareness of Non-communicable Diseases and Their Risk Factors Among Workers in the Urban Moshi, Tanzania Community	2014
	Prostate Cancer and the Burden of Disease in Tanzania	2015
	An Investigation of Type II Diabetes Among Adults in Urban Moshi	2019

Table 1 Examples of topic areas and titles of past case studies (2009–2022).

TOPIC AREA	TITLE	YEAR
Nutrition	Malnutrition in Children Residing in Orphan and Street Children Centers in Moshi, Tanzania	2013
	Aflatoxin Awareness: The Case Study of Moshi/Kilimanjaro	2015
	Undernutrition in Children Under 5 in Moshi Rural: A Health Systems Perspective	2016
Sexual and Reproductive Health	The Persistence of Unmet Need for Family Planning: The Disparity between Female Knowledge Holders and Male Decision Makers	2013
	Human Papillomavirus Vaccination Coverage in Tanzania	2015
	Social Vulnerability of Women Among Infertile Couples in Kilimanjaro Region, Tanzania	2018

COLLABORATIVE LEARNING AND PROGRAM CORNERSTONES

In addition to the academic components of the policy case study structure, this model is guided by further pedagogical cornerstones including open communication, active learning, community building, teamwork, critical reflection, and faculty and program support (Figure 2). These values are intentionally and explicitly cultivated by the teaching team through facilitated group work, formal and informal discussions, establishing clear learning goals, direct feedback mechanisms, weekly critical reflection sessions and written prompts, and problem-based learning.

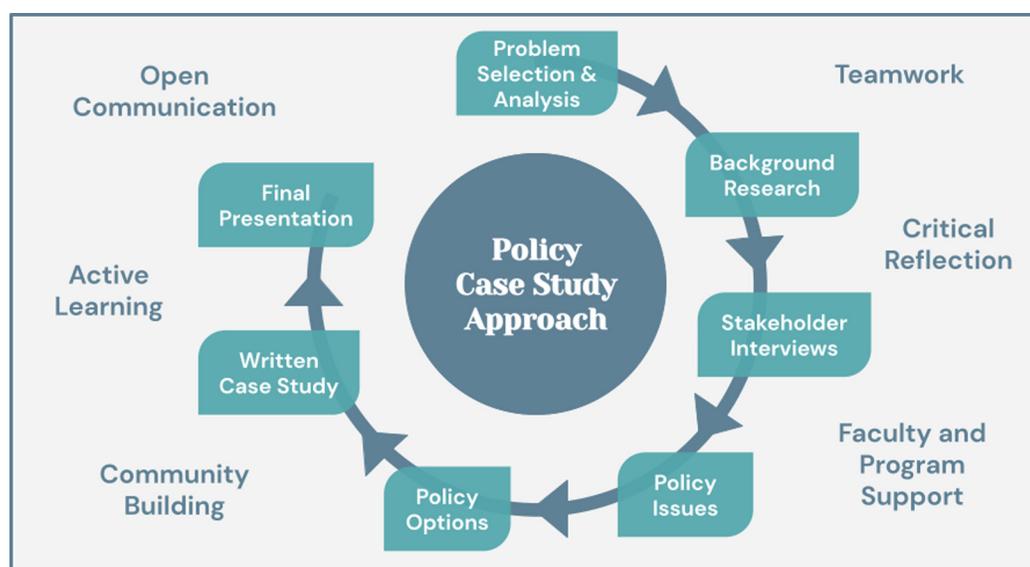


Figure 2 The program’s unique approach, combining a policy case study and critical global health skills and values.

Faculty and program support involves mentorship, direct feedback, faculty presence during group work time, and facilitation of community building activities. The teaching team actively cultivates an environment where students feel valued and cared for which allows them to lean into the challenges of teamwork, ask for support, and learn from their mistakes.

Critical reflection serves as an example of a challenge, an element of support, and a pedagogical cornerstone in this program. Critical reflection is not only a foundational value, but also an invaluable tool of learning, which allows us to respond to diverse forms of dissonance. The program approaches critical reflection in two ways. First, through course-specific reflection related to content, mode of delivery, collaborative learning, newly acquired skills, and expectations for the next phase of training. This is essential to creating a harmonious learning environment. Second, interpersonal and cultural reflections bring in students’ own perspectives and lived experiences. This allows students to reflect on the personal identities that shape their participation in the program, allowing for mutual exchange of shared values and promoting a personalized sense of collaborative learning. Critical reflection is incorporated through weekly individual written

