AFREHEALTH NEWS

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8TH EDITION

Editorial:

Prof. Fatima Suleman

At the time of writing this editorial, the world is starting to emerge from the restrictions of COVID-19. After these long months of isolation, face to face meetings and travel to other countries is now possible. We must however, not forget to reflect on what this time has taught us.

Firstly, this pandemic brought to light vulnerabilities in our systems and our coping strategies. Now more than ever, we need to pay attention to out public health infrastructure and early warning systems. We also need to learn from our experience to ensure that we are more adaptable to these extreme situations such that we can still run a health care system that deals with the usual conditions and services and the unexpected or unusual.

Secondly, Africa has used her voice to point out inequities and to fight for access to vaccines, diagnostics and information of prices of therapeutics. We must continue with this advocacy in order to ensure that we reduce inequities in access, supply and production of essential goods. Equity is not confirm to access to services or goods. An article in this issue talks about the Research Fairness Initiative and describes the move to ensure that collaborations work better and leave partners more developed in the process.

Thirdly, we are moving into a phase where we will only now begin to see the long term effects of the pandemics on the health of individua patients. It will be important to collaborate, and share information, so that patients, clinicians and governments can work out how to manage this. To do so information needs to be open access, and resources need to be allocated for this purpose.

It will become important for training of healthcare workers to include training in resilience. We might be facing more pandemics in the future, and our workforce needs to adapt. In addition, we will need to think through the support systems that need to be put in place for our existing workforce who have gone through indescribable experiences in this period.

The other two most pressing issues that will need to be faced are the effects of climate change on our health care systems. Already in the first part of this year countries in Africa have experienced disastrous flooding. Infrastructure has been damaged and destroyed, including health facilities. Limited access to clean water brings its own problems. Other countries will begin to feel the effects of extreme heat. We need to start now to plan our delivery of services for these extreme weather conditions, and be prepared in terms of resources to tend to the accompanying conditions.

While we all might want to turn our backs on these long and dreadful months and move forward, we should be mindful that we pay heed to the lessons learnt, and not make the same mistakes again. As we face our new “normal” AFREhealth will continue to strive to work to strengthen systems, education and training, and cross country research collaborations so that we can adequately prepare for our future.

President's Report to the Governing Council, February 2022

Dear distinguished Members of the AFREhealth Governing Council (GC), representatives from funder and partner organizations, and AFREhealth staff. It is indeed a pleasure for me to deliver the AFREhealth President's interim report at the Governing Council meeting.

In the past six months since the August 2021 virtual Symposium, AFREhealth has continued to grow despite limitations imposed by the COVID –19 Pandemic.

2022-2026 Strategic plan:

The new strategic plan for the period is now completed and the plan is being costed by the Secretariat.

Partnerships:

AFREhealth has partnered with two new organizations namely:

♦**Project ECHO of the University of New Mexico** to establish and operate an ECHO higher education virtual community of practice (vCOP) learning hub at member institutions. The partnership involves two universities: the Universities of Kwa-Zulu Natal and Stellenbosch. The purpose of the partnership is to facilitate discussions about the development, implementation and management of personal and professional coping and wellbeing strategies in the context of COVID-19 and future pandemics with respect to management and administration, teaching and learning, research, clinical training and selfcare.

The project which is expected to begin in March 2022 will be replicated in other AFREhealth member institutions thereafter.

♦**Gairdner Foundation** (Canada), which focuses on mentoring early and mid-career scientists. A total of 31 AFREhealth mentees from 14 countries were mentored by seasoned scientists from around the globe in October and December 2021.

Associate Professor Abigail Kazembe, AFREhealth President

Two existing partners have started working with AFREhealth after finalizing their memorandum of understanding (MOUs). They are:

♦**Stanford University Center for Health Education**, together with AFREhealth is running a COVID-19 course for health workers. The course is available on our LMS.

♦**University of Birmingham** on Capacity Building on Health Economics. The Secretariat will soon start hosting webinars on health economics for low-and middle-income countries.

Awards:

- **STRIPE-HIV Project:** The Year 2 of the project closed out on 29th September 2021.

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A total of 5,683 learners were trained by twelve (12) schools across eight (8) African countries using the LMS. The schools included two Francophone schools, one (1) Lusophone school and nine (9) Anglophone schools. A total of 304 facilitators were engaged from diverse health professions background including medicine, nursing, midwifery, and pharmacy.

The University of California, San Francisco (UCSF) and 'AFREhealth also implemented the Prof James Hakim Leadership Development Program and graduated 31 mid-career health professionals in September 2022.

♦**STRIPE COVID Project:** The UCSF provided a contingency grant to AFREhealth covering October 2021 to April 2022, amounting to $50,000.00. The award is supporting post-COVID-19 conditions and Vaccine- related issues.

I would like to thank the University of California, San Francisco (UCSF) for the partnership and funding the project.

♦**Momentum for Country Global Leadership – Midwifery Landscape (MCGL):** The team has completed a scoping review on pre-service midwifery education and the manuscript has been sent to the publishers. A framework has also been developed and is ready for testing with midwifery institutions, thereafter the framework will be used to select potential centres of excellence and define areas for investment in high quality midwifery education in sub-Saharan Africa midwifery.

♦**Global Reach II**: AFREhealth was part of the consortium that successfully applied for the HRSA Global Reach II Project, which was led by Jhpiego. The program will emphasize new and innovative approaches in four major categories of support: HIV Direct Service Delivery, Human Resources for Health, Quality Improvement, and Health System Strengthening. The geographical focus for Year 1 is Sierra Leone and Liberia. Currently AFREhealth is working on implementation activities.

♦ **Africa CDC/Master Card Saving Lives and livelihood Program**: AFREhealth in partnership with the Infectious Diseases Institute (IDI) of the Makerere University - Uganda, was successful in their application for the Africa CDC/Mastercard Foundation Call on Implementation Science Research on COVID-19 Vaccine Roll-out. The project will cover 15 AU member states from the five regions of Africa. It involves conducting research on the real-world vaccine effectiveness and public health impact and identifying and codifying barriers and success factors for rapid immunization.

AFREhealth Annual Symposium:

Plans for hosting the 2022 Annual Symposium (2-4 August, 2022) are underway and the host country is Zimbabwe.

Appreciation:

I am grateful to our past president: Professor Marietjie De-Villiers for supporting me during the past six months; Elsie Kiguli-Malwadde, Vice President and the Executive Committee for their support and hard work.

I would like to extend my heartfelt thanks to our funders: US National Institutes of Health (NIH) Fogarty International Centre (Roger Glass and Unja Hayes), the US Health Resources and Service Administration (HRSA) (Myatt Htoo Razak and Suzanne McQueen), the Office of the US Global AIDS Coordinator (OGAC) (Vamsi Reddy) and PEPFAR and the UCSF STRIPE team: Mike Reid and Deborah von Zinkernagel for supporting AFREhealth.

Again, I want to thank everybody that has made this possible. In particular, I would like to single out the Executive Director Mrs. Georgina Yeboah for effectively leading the organization's Secretariat.

NEWS AND UPDATES FROM THE SECRETARIAT

The AFREhealth Secretariat is strong, and we thank you for standing with us. It is a great honor to update you, our cherished community member, on the happenings at the Secretariat from January 2020 to March 2022.

♦ GOVERNANCE AND MANAGEMENT

The New Phase: AFREhealth Strategic Implementation Plan

AFREhealth has a new five-year Strategic Plan (2022 –2026). Hurray! The Secretariat wishes to thank its funding partners and all persons who contributed to the development of the Strategic Plan. To operationalize the plan, the Secretariat coordinated the development of the Implementation Activities which has been approved by the AFREhealth Governing Council. The Plan has been disseminated to key stakeholders within the AFREhealth community. Access the Strategic Plan (2022 – 2026) and the Implementation Activities on our website at https://afrehealth.org/resource/strategic-plan.

Based on the Strategic Plan, the various AFREhealth Subcommittees and Technical Working Groups are developing their work plans and budgets to expand the impact and reach of AFREhealth. We count on your support as we continue to grow and advance interprofessional excellence in health professions education, research, and service for Africa.

We Adapt Rapidly: Secretariat Host Governing Council Meeting Virtually

COVID-19 and its associated restrictions affected the in-person meeting of the AFREhealth Governing Council (GC). However, due to the adaptive capacity of AFREhealth, the Secretariat successfully hosted the Governing Council Meeting for the year 2022 virtually in February. The GC received updates and assessed the progress of the work of the Secretariat, Principal Investigators of various Grants, the Sub-Committees[1] and Technical Working Groups[2]. The GC called on the various structures within AFREhealth to ensure alignment with the Strategic Plan. There was also a call on all members of AFREhealth to contribute to the achievement of the Strategic Plan.

Mrs Georgina Yeboah, Executive Director

Coordination Support to AFREhealth Program Structures

The key mandate of the Secretariat is to ensure seamless operations of the various AFREhealth management and Program Structures to ensure functionality. In line with this mandate, the Secretariat continued to provide coordination and administrative support to the Executive Committee, Sub-Committees, Technical Working Groups, and project leads (Principal Investigators). The support enabled the structures to perform their functions: hold meetings, increase AFREhealth reach, implement work plans/activities, and undertake external and partnership engagements.

[1]**AFREhealth Sub-Committees:** Finance and Fund Development, Student Advisory, Membership & Public Relations, Skills Development and Training, Research

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[2]**Technical Working Group:** Health Professions Education & Research, Competence-Based Education, Community-Based Education, Interprofessional Education, Monitoring & Evaluation, Research Support Centres, Graduate Tracking, Health Economics, E-learning, Library and Information Sciences

The Executive Director is leading engagement with key stakeholders within the AFREhealth community to establish awareness and engender support.

Staffing Update

Mr. Samuel Owusu-Sekyere and Mr. Michael Adisu have joined the AFREhealth Secretariat as the Senior Program Manager and Program, Monitoring & Evaluation Officer respectively. The profile of the current Secretariat staff can be found at https://afrehealth.org/about/know-the-secretariat-staff

♦ PROGRAM UPDATES

Grants

Currently, AFREhealth runs two major grants: the National Institute of Health (NIH) grant (managed by Infectious Disease Institute, Makerere University, Uganda) and the University of California, San Francisco (UCSF) grant.

The NIH Grant

AFREhealth is partnering with the infectious Diseases Institute (IDI) at Makerere University to implement the five-year NIH grant. The grant is managed and disbursed by the infectious Diseases Institute (IDI). The grant has supported the set up of the AFREhealth Secretariat at the Kwame Nkrumah University of Science and Technology, Ghana. The grant also supported AFREhealth to undertake key activities including coordinating meetings of AFREhealth structures (GC, ExCo, Sub-Committees, and TWGs), hosting webinars, and undertaking cross-country research including:

- *Mortality associated with COVID-19 and hypertension in sub-Saharan Africa. A systematic review and meta-analysis.*
- *Children and adolescents in African countries should also be vaccinated for COVID-19.*
- *World Tuberculosis Day 2022: aligning COVID-19 and tuberculosis innovations to save lives and end tuberculosis*

See detailed publications by AFREhealth members at https://afrehealth.org/resource/publications-by-members.

The University of California San Francisco STRIPE COVID

AFREhealth successfully managed and closed the STRIPE HIV Project. The project run for one year, from October 2020 to September 2021. Following the reach and impact of the project and the strong coordination from AFREhealth, UCSF has approved another funding for the implementation of the Strengthening Interprofessional Education (STRIPE) for COVID. The STRIPE COVID which commenced in October 2021, will support three health professions training institutions to provide online and physical capacity-building assistance to medical and nursing students on COVID-19 in Ethiopia, the Democratic Republic of Congo, and Lesotho. The three implementing schools are the Arba Minch College of Health Sciences of Ethiopia, the ITM Immaculee Conception of the Democratic Republic of Congo, and the National Health Training College of Lesotho. The training modules are complete and currently hosted on the Learning and Management System (LMS), the AFREhealth online learning platform. The training is part of AFREhealth's efforts to promote interprofessional education and collaboration in Africa.

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The AFREhealth 2022 Symposium is in August

AFREhealth is collaborating with the University of Zimbabwe to host the 5th Annual AFREhealth Symposium in Harare, Zimbabwe from 2nd – 4th August 2022. The annual symposium provides an opportunity for health professionals to present research findings, discuss continental health and related issues and make recommendations and network. The Secretariat has already sent out the "Call for Abstracts" (https://afrehealth.org/2022symposium/submitabstract) with weekly reminders. Abstract submission has been extended to 15 April 2022. The LOC has confirmed the Harare International Conference Centre as the venue for the symposium and finalized logistical arrangements. The Symposium Steering Committee is identifying and engaging speakers for the plenaries and facilitators for the various sessions.

The symposium is being organized under the theme: *COVID-19 Pandemic and Post-pandemic issues for Health Professions Education, Research, and Service Delivery*. The sub-themes are:

1. Innovation in health professions education – lessons from COVID-19 pandemic state for a post -pandemic period.
2. Collaboration in research-African initiatives for strengthening research and collaboration across the continent and beyond
3. Impact of the COVID-19 pandemic on service delivery and the requirements for quality-of-care post-pandemic.
4. Leadership in Africa on decolonization, climate change, research and development.

Please visit the website at https://afrehealth.org/2022symposium/index.php for registration, regular updates, travel guidelines, speakers, agenda, etc.

Positioning for Growth: Update on Pipeline Projects

Africa CDC/Mastercard Saving Lives and Livelihood Program

AFREhealth partnered with the Infectious Disease Institute of Makerere University to apply for the CDC/ Mastercard fund for implementation science research on the COVID-19 vaccine. The project will enable AFREhealth to coordinate the research in 15 Africa Union member States. Preparatory activities such as stakeholder engagement and in-country micro-planning are ongoing. AFREhealth will recruit in-country Principal Investigators to oversee research activities. Visit https://afrehealth.org for more information on recruitment.

The Africa CDC/Mastercard Saving Lives and Livelihood Program will support inter-country research on COVID-19, strengthen country capacity and enhance access to real-time data on vaccine effectiveness and impact on public health, and codify barriers and success factors for effective vaccination.

Global Reach II

AFREhealth is partnering with Jhpiego and other consortium organizations to implement the HRSA Global Reach II Program. The program is funded by the US Department of Health and Human Services through the Health Resources and Services Administration (HRSA). Engagement and preparatory activities are ongoing. The Global Reach II program promotes a new and innovative approach in four major categories of support: HIV Direct Service Delivery, Human Resources for Health, Quality Improvement, and Health System Strengthening. For the first year, the program will be implemented in Sierra Leone and Liberia.

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Ongoing Partnerships

University of Birmingham (UoB)

With the establishment of the Health Economics Technical Working Group (HE TWG) from the AFREhealth and the University of Birmingham partnership, the two have started working together towards building health economics capacity in low- and middle-income countries. The HE TWG hosted a webinar on March 23 2022 on **Health Economics and Health Workforce Modelling** (access the webinar recording at https://afrehealth.org/webinars/previous-webinars/372-title-health-economics-and-health-workforce-modelling). AFREHealth is excited about this partnership and we invite you to join the Health Economics Technical Working Group at https://afrehealth.org/technical-working-group/344-health-economics

Stanford University

Stanford University through the Stanford Center for Health Education is leveraging AFREhealth's expertise and learning platform to run the COVID-19 course for Healthcare Workers. The course is online-based and self-paced. The modules are fully uploaded to the AFREhealth LMS. The course will prepare healthcare workers to recognize, stabilize, and treat affected patients and will be available in English, French, and Portuguese.

Gairdner Foundation (Canada):

A session with Prof. Vikram Patel, the 2019 Canada Gairdner Global Health Laureate took place on 11th January 2022. Dr. Patel was acknowledged for his pioneering research on the disease burden and determinants of mental health problems in LMICs and his approaches to the prevention and treatment of mental health concerns in low-resource settings. Fourteen (14) health professionals from 9 countries nominated by paid-up AFREhealth member institutions participated in the session.

Prof. Patel shared 10 lessons from his 25 years of career journey with the participants which was followed by a Q&A session. Please find the recording at https://afrehealth.org/webinars/previous-webinars

Webinars

The Research Support Centres Technical Working Group held a webinar in January 2022 on "Strengthening Grant writing for Early Career Researchers". The webinar provided an overview of the nuts and bolts of grant writing. It also provided a platform for sharing best practices lessons and opportunities for strengthening grant writing skills for early career researchers. 121 persons across the globe, participated in the webinar. The recording is available at https://afrehealth.org/webinars/previous-webinars/345-title-strengthening-grant-writing-for-early-career-researchers.

Upcoming webinars

Look out for high-level webinars from the Research Subcommittee; the Health Professions Education Research TWG; and the Research Support Centres TWGs. Please check upcoming webinars at https://afrehealth.org/webinars/upcoming-webinars

Upcoming Capacity Building Program

UCSF COVID-19 facilitated training ***Post COVID Condition ('Long COVID')*** on April 6, 2022, at 2:00 PM GMT (4:00 PM SAST). https://afrehealth-org.zoom.us/meeting/register/tZAld-ihrz0sHdfwV22HDd7c80nOJHtJlVIt. This webinar is the second in a series of STRIPE COVID webinars. The webinar will outline the new STRIPE module developed on Post COVID Condition (also known as 'Long COVID'). In addition, the webinar will provide an overview of the exciting COVID Training Course which will include all three STRIPE COVID modules, starting on Monday 18 April 2022.

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Continue to Support Us!

We salute everyone whose contribution, has brought AFREhealth this far and positioned it for growth and impact. It is our hope that we can continue to count on your support, especially as we commence the implementation of our new Strategic Plan. We, at the Secretariat, wish you well.

CUGH DR JAMES HAKIM GLOBAL HEALTH AWARD

AFREhealth, the Fogarty International Center (FIC) of the National Institutes of Health (NIH), and the Consortium of Universities for Global Health (CUGH) with the permission of Dr. Hakim's family, created the **Dr. James Hakim Global Health Award** in response to the passing of Dr James Hakim, a giant in healthcare across Africa and globally; who exemplified the best in academia and a leader in the development of the African Forum for Research and Education in Health. His research, teaching and leadership provided scholarship and guidance to countless students and junior faculty throughout his long career.

This award is given to an individual who exemplifies the outstanding qualities Dr. Hakim possessed. Dr. Mubuuke Gonzaga a faculty member at the College of Health Sciences at the Makerere University, Uganda is the inaugural winner of this Award, in part for receiving the highest scoring abstract from the candidates for CUGH 2022: '*Equipping the next generation of health professions education leaders for Africa through an innovative training initiative'*.

It is also to recognize the excellence he has shown in radiology, teaching, research, and building partnerships.

As the awardee, Dr Mubuuke received waived registrations for CUGH 2022 (virtual) and CUGH 2023 Conferences.

We congratulate Dr. Mubuuke on this well-deserved recognition.

Research Fairness Initiative (RFI) – an evidence-based tool to build equitable and sustainable (research) partnerships

The COVID-19 pandemic has raised many challenges – not in the least crises of 'vaccine inequity'. While the focus has correctly been on the immediate correction of 'vaccine inequity' through donations, the key to finding more permanent solutions for this and other 'inequities' is through restating the problem as 'achieving vaccine sovereignty'.

'Achieving vaccine sovereignty' may be aspirational in the short-term. Nevertheless, turning the problem from 'vaccine inequity' into a 'challenge to develop the continental and national infrastructures for vaccine development and production' creates a goal that can and should be achieved. Africa cannot always remain at the receiving end of donations to solve its inequity problems – whether it concerns infectious diseases or any other condition.

In addition to creating a common goal and priority for the continental efforts on scientific development, an emphasis on 'vaccine sovereignty' rather than 'donations' allows countries to tackle many more global challenges than COVID-19 alone. Countries being able to implement and lead production provides so many more development opportunities than a temporary, 'one-time problem' solution can.

After all, building research, innovation, health care and higher education institutions and manufacturing capabilities at national, regional and continental levels to produce vaccines for future conditions does give Africa more than the possibility to take the lead in solving COVID-19 or any other infectious diseases within the continent.

The development of such capabilities, institutions and systems can also be used to address the many other sustainable current and future challenges, that require more equitable access to technologies, medicines and socio-economic tools. For example, consider the solutions that will be needed to deal with the impending environmental and global warming related health challenges, and those related to water scarcity, inequitable access to energy or growing economic inequities. All of these require capable research and higher education individuals, institutions and systems.

The vision and mission of AFREhealth are vital in making Africa less dependent on external goodwill and more able to take a lead and determine its priorities, investments, distribution and implementation, and select and collaborate with partners who can help build the institutions and systems that Africa needs.

The key question that the Research Fairness initiative addresses is : how do we get research collaborations and research partnerships to work better – in the sense that results and academic papers are great but not enough. Once research is over, institutions and countries should be (measurably) more able to use research and innovation for national and continental development.

While MEPI and NEPI are needed, these are 'just' two partnership support programmes among so many in Africa that last for 5 to 10 years and then stop. In terms of pandemics, it may even be shorter: as soon as the 'epidemic or pandemic pressure is off'. It is quite predictable now, for example, that many of the great collaborations resulting from well-intended efforts to help Africa and the world combat COVID-19 will end.

Certainly, now with the tragic Ukraine conflict and a decline in global COVID-19 cases and mortality, it is probable that many COVID-19 collaborative efforts involving African research and academic institutions will end, like with Ebola Virus Disease (is Africa now really better able to deal with Ebola virus outbreaks than it was in 2008?).

The **Research Fairness Initiative (RFI)** framework starts from the premise that low- and middle-income countries (LMICs) require capable researchers, research institutions and research

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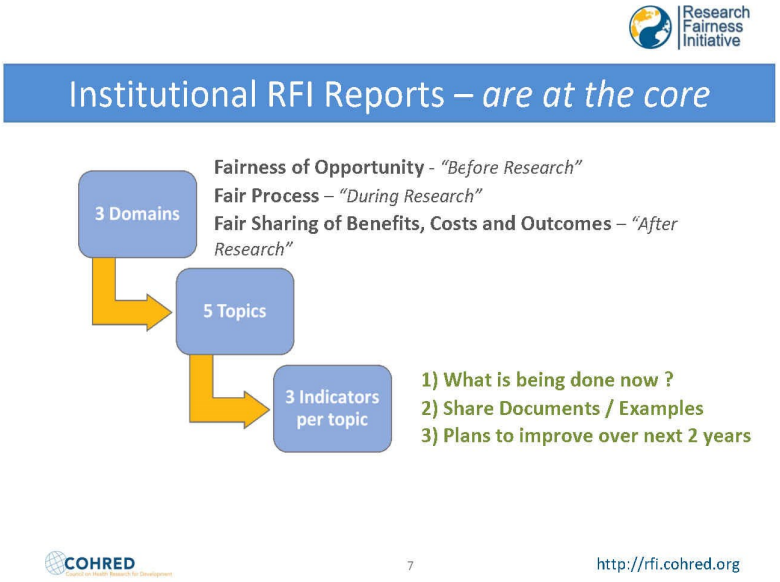
systems to prioritize their own challenges requiring research and then to select the partners to achieve this. The second premise is that the world of global health research does not work this way: financing research are largely determined in high-income countries, and funder priorities are not necessarily in line with national priorities. In addition, grants tend to be 'competitive' – giving high-income country institutions an edge in getting grants – and are 'short-term'. Finally, they rarely include a substantive budget for any capacity building other than staff training, travel and workshops and, perhaps, a laboratory. Partnership development, communication departments, research management staff or legal contracting competencies are rarely, if ever, included in joint project grants even though these are essential capabilities needed by research institutions that are globally competitive and that nurture excellent, relevant and competitive researchers.

The third premise is that funders may provide specific 'research system building' grants – but these are small, of short duration and usually focused on an area of interest of the funder. MEPI and NEPI are great examples of this.

Given these limitations of global research funding (focus on research outcome not on partnership; competitiveness, short-term goals), the well-intended support grants (with many conditionalities for focus and participation) and the chronic low investments in science and technology by African public and private sectors. The RFI was co-designed to increase the impact of research collaborations on institutional and system capabilities without requiring major additional funding. The way RFI movement believes that it can get there is through better, fairer and more equitable research partnerships.

The RFI tool is pragmatic and simple – it can and should be used by any actor in research, be it government departments, national research agencies, funders, academic institutions, large non-profits, business and more. ***Through wide global consultation, the RFI was co-designed as a forward-looking instrument for institutions to keep improving the way they behave as partners and the way they want to be treated as partners***.



Fairness and equitable partnerships start before research has even started (who sets the agenda, for example), during the conduct of research (who decides when problems arise, for example), and after research has ended (who shares in authorship, intellectual property, and job creation, for example).

The RFI was designed to ask institutions these questions – what policy or practice do you have (related to the research partnership topics) – and what do you intend to do to improve over the next 2 years.

The first impact of the RFI is for the institutions themselves:

- It can identify the areas where action is needed, urgently (for example, is there a policy on promoting the role of women in science?) or in the medium-term (risk assessment of research, perhaps?).
- All staff will become aware of the institutional values – and can align with them (or suggest improvements).
- And, as a matter of fairness and respect towards

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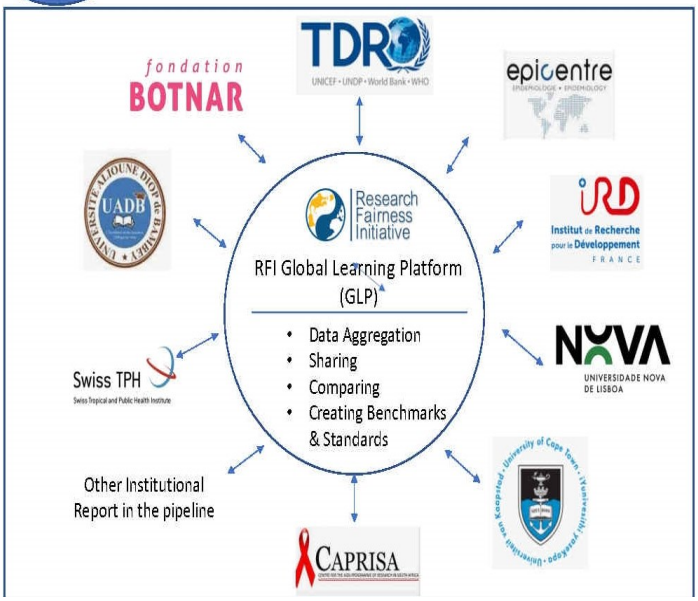
your partner institutions: your institutional RFI Report can be read by your partners, who can agree or negotiate changes and also to resolve conflicts.

- Fairness of opportunity sets the scene for the fair and efficient research conduct and the fair and efficient sharing of costs and benefits later on.

The second impact is on global learning about best practices or policies in research collaborations. At this time, there is insufficient global sharing or agreement on what constitutes 'equitable partnerships', on sharing of Intellectual Property Rights, on reducing environmental footprint of academic activities, for example. The RFI Team at COHRED would conduct aggregate analysis of reports received – and so help create regional, sectoral, national, and other analyses, and help steer the development of criteria that could become 'benchmarks' or 'standards' in future.

The RFI's global learning platform is meant to bring the 'scientific method' to bear on the continuing improvement of research partnership practice and policy. Its ultimate goal is to support institutional and system development for research and innovation, particularly in LMICs.

Figure 2 2022: Optimizing RFI Global Learning Platform (Proposal)



'Excellent, relevant and ethical research requires excellent, relevant and ethical institutions'. From that point of view, it becomes obvious that 'equitable research collaborations and partnerships' should not just result in research papers but also in research institutions that are better able to be partners and leaders.

Most partners in AFREhealth will subscribe to this idea. But AFREhealth itself, including its partners and members, lack a pragmatic tool that can be applied by all partners to assess how well research collaborations work – in terms of institutional or national research capacity building, and, more importantly, what can be done to improve this over the life of AFREhealth and its many research collaborations. The mission of AFREhealth lists "Partnership/Collaboration" as first strategy, "Networking" as second, "Sharing best practices" as sixth and "capacity building' as seventh. But it is unclear how any of the partners or members account for these, nor how AFREhealth will monitor or evaluate these, let alone outline interim strategies to improve these while the programme is being funded.

The Research Fairness Initiative (RFI) is the only tool intended to create transparency and continuing learning in research partnership policies and practices – and the RFI should be considered by AFREhealth and other consortia as a key strategic tool to ensure that research collaboration does not only produce knowledge and papers (which is clearly important) but also better, stronger, more capable research institutions and systems in Africa that are more globally competitive and able to contribute to sustainable African and global development.

The RFI was started by COHRED as a means to achieve its core value – better research and innovation systems in low- and middle-income countries. Since this was co-designed with global support, and was now put in practice by over 11 major institutions (3 African already, one in Senegal (Univ Alioune Diop de Bambey), one in South Africa (Univ of Cape Town is nearly ready, and CAPRISA is process), two donors (including a branch of the

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World Health Organization – the TDR), two major research institutions in France (IRD, EpiCentre Paris) and one university in Switzerland (Swiss TPH), it is now also being tested in the field of programme implementation. Emory University School of Public Health, the Univ of KwaZulu-Natal and COHRED are working with other partners to see how the RFI can be adapted to suit fairness in partnerships in other domains.

The RFI principles of equitable partnership apply equally well to education as they do to research – it is just that some of the domains, topics or indicators may need to change.

We encourage AFREhealth to consider recommending the RFI to its research partner, and to consider adapting the RFI to collaboration in education as well.

https://rfi.cohred.org

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IPE Virtual Student Elective Program Fact Sheet 2021
An ECFMG|FAIMER- GEMx _AFREhealth Partnership

Program Overview

About the Initiative

Student exchanges within the context of Interprofessional Education (IPE) is a priority for AFREHealth in moving forward its capacity-building efforts through student electives placements in African nations. AFREhealth has partnered with ECFMG FAIMER through its GEMx program, to develop an IPE student exchange model, to provide a cohort of African students from various health disciplines, with a platform to engage in a virtual 6-week elective placement in another country to gain global exposure, taking an IPE learning approach that cultivates collaborative practice among future health professionals.

Background

IPE refers to occasions when students from two or more professions in health and social care learn together; with, from, and about each other during all or part of their professional training, to cultivate collaborative practice for providing client or patient-centered health care (WHO 2010). Interprofessional Collaborative Practice (ICP/IPC) in health care occurs when multiple health and non-health workers from different professional backgrounds provide comprehensive services by working with patients, their families, careers, and communities to deliver the highest quality of care across settings (WHO 2010).

Why IPE exchanges in Africa

The current global burden of disease which includes emerging and re-emerging diseases calls for interprofessional partnerships even beyond one's country of practice (O'Keefe, Henderson, and Chick 2017). A vivid example is the West African Ebola outbreak in 2014 that required multinational health teams to halt the epidemic (WHO 2018). Currently, it's COVID-19 that is a Pandemic. Hardly any opportunities that cultivate interprofessional learning experiences through

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attachments in health care settings different from that at home are available.

Due to the COVID-19 pandemic and our role in promoting safety in the international learning space, a decision was - made to run a pilot for virtual IPE elective mobility last year 2021 with the 15 AFREhealth participating institutions as we observed the situation for safety in actual mobility in the future. This approach was approved by AFREhealth executive leadership and ECFMG|FAIMER leadership.

The program is running in its year two in 2022 using the same format of program implementation as last year. Research and program evaluation activities will commence this year and conclude in 2023.

Virtual mobility involves students and teachers in higher education working with another institution outside their own country to study or teach for a limited time, without physically leaving their home (Vriens 2010). It involves a set of information and communication technologies (ICT) supported activities organized at the institutional level to facilitate international collaborative experiences in the context of teaching and learning (Vriens 2010).

The IPE virtual elective program is aimed at equipping medical students and other health professionals with IPC skills stemming from the IPE/ IPC core values. These include; Teamwork, Communication Skills, Ethics, Roles, and Responsibilities (IPEC2010). The IPC skills gained will in the long run contribute to enhanced health care outcomes as they go out to practice in the future as well as addressing health emergencies.

Virtual IPE Elective Approach

Each partnering institution has developed a country-specific case study/ problem statement of choice in a given discipline on a particular health concern/ disease. These case studies have been incorporated into IPE elective curriculum with each having teaching plans and activities to probe students to work interprofessionally and collectively come up with an innovative approach to address the key issue they have found. Each school has selected a cohort of two faculty that have been trained on IPEC competencies and training in a virtual elective setting. The curriculum has been posted in the GEMx web system by the managers at each institution as a virtual elective.

Student participation

We had a total of 65 students from various disciplines participating in last year's program

The 13 participating institutions selected a cohort of 5 students in a multidisciplinary representation. These students were assessed online for prior knowledge on IPE using an online survey, taken through the Precourse online program orientation and accepted to an elective of choice as a cohort through the online GEMx web-based system. Students participated as per the times that worked best for them by Dec 2021 for 6 weeks. At the end of the program, a post elective online survey and a detailed group report was submitted by each cohort of students. This is the same approach going to be followed this year.

Online student-faculty interactions

We had a total of 27 faculty from various disciplines that participated in this program last year.

Students were introduced to their supervising faculty and manager at the host institution by email. The students and the faculty harmonized dates and times for their weekly one- hour sessions for the 6 weeks and recurring zoom links were provided by GEMx. Furthermore, email consultations and WhatsApp interaction groups were initiated. Teaching plans and learning materials were shared with the selected students.

Program Assessment

Students must fill out a Pre- and post-assessment survey using survey monkey to enable us to capture the various IPC skills gained and the learning experience. Each student cohort will also record a short video on their experience.

Mangers, faculty, and leadership will also be sent a post-program survey to collect their feedback.

A general virtual symposium with students, leadership, and faculty to exhibit a group experience narrative and feedback at a later time will be held. A full program evaluation has been developed and will be launched and completed by Dec 2023.

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Funding

The funds for this initiative are provided for under the AFREhealth NIH grant under the auspice of the ECFMG|FAIMER-GEMx program. Last year 2021, the supervising faculty were given a stipend for their time with the students. adequate internet connectivity and online platform to meet. IPE experts were paid too and each institution - received an administrative fund to cater for administrative costs.

Knowledge Experts

The program has 4 knowledge experts in IPE to guide the program and faculty.

Current progress Summary

IPE Program Progress Update 2021
1. Approval from AFREhealth and FAIMER leadership to implement the program virtually
2. 13 institutions from 10 African countries participated in the program
3 . Development of country-specific case studies done in partnership with each institution faculty
4. Development of elective curriculum in line with IPE done and completed
5. online web-based system for centralized application done and all managers retrained on the system to post their elective and manage applications.
6. **Faculty selection** done and I would like to report we have a total of **26 faculty**, 2 from each institution and all in interprofessional representation. These will as well guide the student learning in this year 2022.
7. 5 step student orientation process to monitor and track activity done and will apply for this year 2022 too.
8. MOUS for grant dissemination and wire transfer details were disseminated to all schools and collection was complete. Same procedure to be done for this year's program.
9. IPE experts in interprofessional representation were obtained, worked closely with them to guide the development of the program with an emphasis on IPEC competencies in international electives. These will again work with the team for this year 2022.
10. Pre and Post elective surveys were developed and built in the ECFMG FAIMER MS forms for utilization. These were adapted from ICCAS 2018 and modified to suit the program and setting. Pre-participation. Same surveys will be utilized for this year's program as well.
11. 65 students were selected from disciplines of Medicine, nursing, pharmacy, physiotherapy, public health, laboratory medicine, nutrition, etc. Each school selected 5 students.
12. Student online pre-orientation course on IPEC competencies and students' expectations were developed and delivered using voice overpower points to students who had completed the pre elective survey
13. Zoom platform to facilitate virtual interactions between the students and faculty were developed and provided for by GEMx.
14. Teaching plans and reference and teaching materials were developed with the faculty at each training institution and delivered to the students as per the timetable of their sessions
15 **Faculty training workshop** with the GEMx FAIMER team and the IPE experts was developed and conducted on 19th July 2021
17. Program Evaluation Plan was developed with Snigdha and the consultants and its already being developed into a proposal for Local IRB approval
18. Reporting guide was developed and sent to the students
19. End Program Evaluation to be completed Dec 2023.

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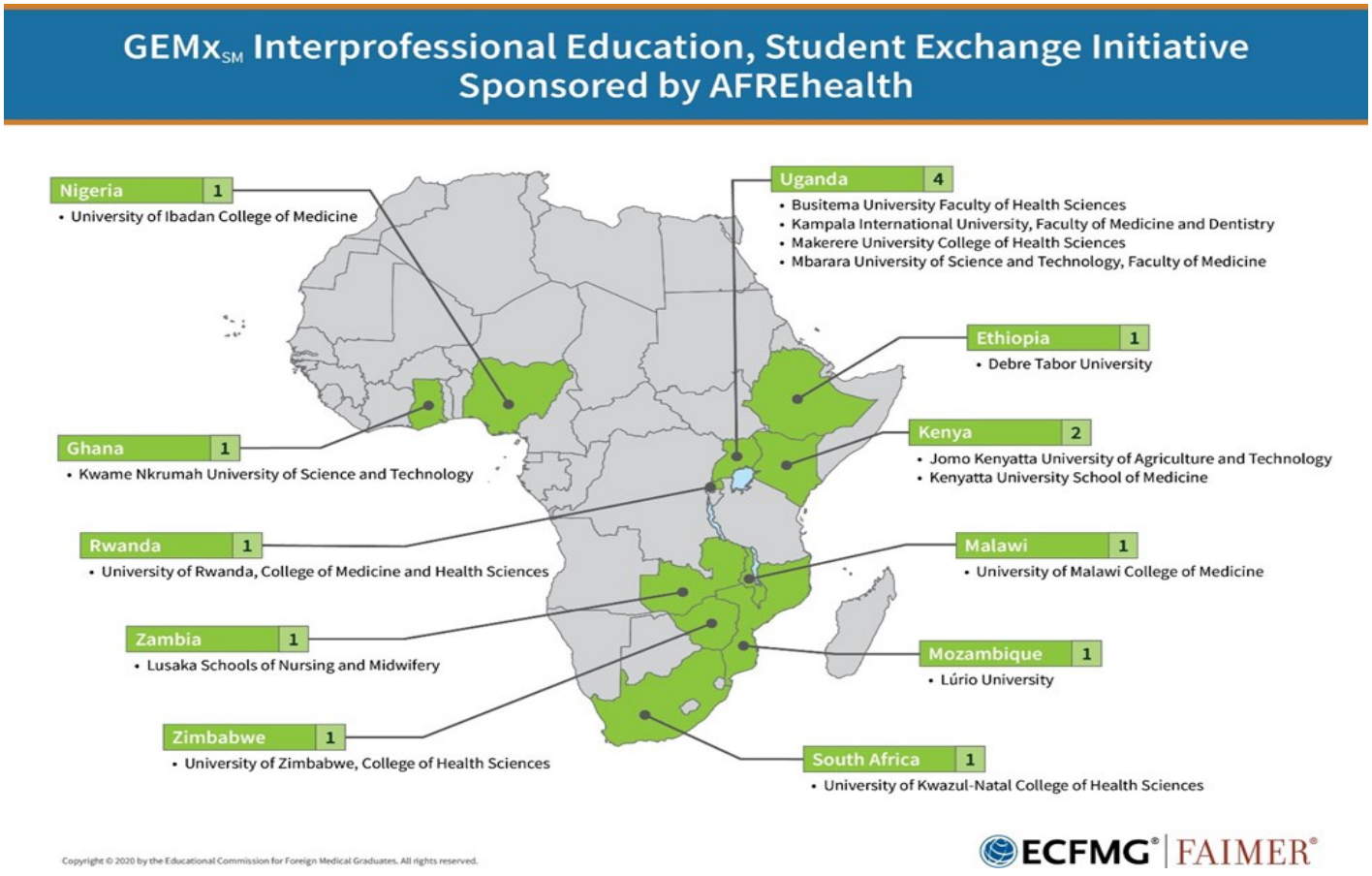
2021 Student enrollment and Participation dates

No	Home School	Host School	Period
1	Kenyatta	MUST	26th July – 3rd Sept
2	Lusaka	Busitema	2nd Aug – 10th Sept
3	Busitema	KNUST	2nd Aug – 10th Sept
4	MUST	Ibadan	2nd Aug – 10th Sept
5	Lurio	Kenyatta	2nd Aug – 10th Sept
6	JKUAT	Zimbabwe	16th Aug – 24th Sept
7	Debre	Rwanda	23rd Aug – 1st Oct
8	Rwanda	Lurio	30th Aug – 8th Oct
9	Ibadan	JKUAT	1st Sept– 15th Oct
10	MakCHS	Debre	6th Sept – 15th Oct
11	Zimbabwe	Malawi	13th Sept – 22nd Oct
12	Malawi	MakCHS	13th Sept – 22nd Oct
13	KNUST	Lusaka	4th Oct – 12th Nov

IPE-AFREhealth Network: Participating Institutions



STrengthening InterProfessional Education to Improve COVID Care across Africa (STRIPE COVID)

STRIPE COVID – a new opportunity

Starting in April 2019, AFREhealth, in partnership with the University of California, San Francisco (UCSF) and with funding from Human Resources and Services Administration (HRSA) embarked on an ambitious project, *STrengthening InterProfessional Education to improve HIV care Across Africa* (STRIPE HIV). At the end of September 2021, the project completed two years of an exceptionally successful project implementation and roll out, thanks to a productive partnership between UCSF, AFREhealth, and the STRIPE schools in Africa.

Whilst new funding opportunities have been explored, there is no outcome to date. In the meantime, UCSF has generously provided modest funding, through Gilead, to develop some training resources in the COVID field. This smaller project will be active for a period of six months.

STRIPE COVID aims to enhance the AFREhealth learning management system (LMS), develop and implement some COVID related training, and action strategies for the long-term sustainability of the STRIPE HIV trainings.

The objectives for the STRIPE COVID project are as follows:

1. To maintain the LMS at its current functioning levels, with some improvements on functionality, perform updating actions to streamline the system as needed, and implement relevant governance procedures for the LMS.
2. To (a) enable limited period access via the LMS to the 18 current STRIPE HIV modules for existing cohorts to complete; and (b) a STRIPE course (STRIPE AFRICA) where new learners can be enrolled from STRIPE schools as well as other AFREhealth institutional and individual members.
3. To develop and implement COVID related training with a particular focus on (a) vaccines and vaccine hesitancy; and (b) Post COVID Condition (Long COVID).
4. To provide small vendor contracts to three health professions education schools to perform Interprofessional HIV and COVID training, further expanding the vendor contract model and exploring a continuous professional development model (CPD).
5. To develop and action a medium- and long-term sustainability plan for the STRIPE HIV training program and the AFREhealth LMS.

STRIPE COVID will continue to maximize the impact of HRSA's investment and PEPFAR's continued commitment to building health workforce capacity across Africa to achieve HIV and COVID epidemic control. The focus will firmly remain on strengthening inter-professional training to pre-service health professions students as well as in-service trainings to health care workers to deliver the highest quality, collaborative, evidence-informed patient care. Effort and attention will again be on interactive educational strategies that enhances adult learning and ensure translation from theory to practice. Remote, online, and face-to-face modes of trainings will be used. AFREhealth will manage the project and the funding for the STRIPE COVID work.

Ongoing activities include the following:

The contract between AFREhealth and the University of KwaZulu-Natal (UKZN), to host and coordinate the maintenance and updating of the LMS infrastructure and system, has been renewed for another 12 months. Roger Lawrence, AFREhealth LMS Administrator, will be receiving training and be capacitated to take over most of the functions needed for managing the LMS in the medium to long term.

The AFREhealth Secretariat is taking the lead in the process to outline and establish processes and procedures for the governance of the LMS through the relevant AFREhealth governance structures

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namely the Training and Skills Development Committee and E-learning Technical Working Group. This process will build governance and quality control systems for the LMS. AFREhealth will stimulate demand for the LMS by marketing and dissemination amongst members and partners. Capacity building to use the LMS will be coordinated by AFREhealth.

UCSF has updated the 18 STRIPE HIV modules on the LMS in a course format called STRIPE AFRICA. In this format the modules will be available to all AFREhealth members. This will go live on the LMS towards the end of February 2022.

Two STRIPE COVID modules are under development namely COVID Vaccines and Vaccine Hesitancy; and Post COVID Condition. The former is completed and will be piloted in the next few weeks. These modules will be available on the AFREhealth LMS during March to all AFREhealth members.

A series of webinars will be held to introduce the COVID modules. The first of such webinars was held on 10 February and was well attended. Members will be kept up to date with the proposed dates and topics of these webinars.
Three vendor contracts have been awarded to three Nursing Schools who will use the COVID modules to train an interprofessional learner audience.

These schools are National Health Training College (NHTC) in Lesotho, Immaculee Conception, School of Midwifery in DRC, and Arba Minch College of Health Sciences, School of Nursing in Ethiopia. These small grants through a vendor contract mechanism will be awarded to these schools starting 1 March 2022 to do the COVID training. The schools will also be supported in terms of capacity development to manage USG external funding through vendor contracts and to build expertise in grant management. The schools will also be assisted to obtain CPD credits in their respective countries for this training.

The AFREhealth Secretariat and Governing Council are engaging in a process to review the new AFREhealth strategic plan to integrate a sustainable STRIPE model going forward. Together with UCSF, AFREhealth will actively embark on seeking funding at appropriate sources, including specific funding for the continuation of the very successful Prof James Hakim Leadership Programme. This will include Ministries of Health, funding agencies for HIV/AIDS as well as the broader funding agency community. Inquiries on STRIPE COVID can be addressed to Senior Programme Manager Samuel Owusu-Sekyere at email: sosekyere@afrehealth.org.

A study carried out by the AFREhealth Students Advisory Subcommittee

Knowledge, preparedness, and attitude towards COVID-19 among health profession students in Sub-Saharan Africa: A cross-sectional survey

Introduction

Our study focused on students' perspectives on the COVID-19 pandemic; To the best of our knowledge, this is the first study to assess the preparedness of healthcare students for the COVID-19 pandemic in Sub-Saharan Africa. This study provides empirical evidence of the preparedness of individuals, institutions and governments against future pandemics in Africa..

Our findings show that students have good knowledge of the cause, mode of transmission and preventive measures against COVID-19. However, only nursing students reported that their curriculum was sufficiently structured to prepare

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themselves for the prevention of infectious diseases, including COVID-19.

Objective

We assessed the knowledge, preparedness, and attitude of health profession students towards COVID -19 outbreak in Sub-Saharan Africa.

Methods

This was an online descriptive cross-sectional study conducted between November 2020 and February 2021 among undergraduate and postgraduate health professions students in their clinical years of training at institutions connected with the African Forum for Research and Education in Health. The survey was developed in QuestionPro software covering the participants' socio-demographic characteristics, knowledge, attitude, and preparedness towards the COVID-19 outbreak.

Data were analysed and the association between variables was tested. Participants were recruited using the convenience sampling method through the permission and support of the AFREhealth focal persons in their institutions.

All the institutions training health profession students in Africa were targeted for this study but those that are not affiliated with AFREHealth were excluded.

The study group comprised undergraduates and postgraduates in their clinical years of study from 16 countries. Using the Kish and Leslie formula, a minimum sample size of 360 participants was proposed to be recruited at a level of significance equal to or less than 0.05. The sample size was adequately generated to estimate the process parameters. With G*Power 3.1 software 16 the appropriateness of the sample size was determined and an effect size of 0.60, an alpha of 0.05 and 0.80 power was ensured.

Data were collected from 362 students out of which 336 completed responses were considered for reporting of findings and analysis. Responses were collected from 16 health institutions in the Anglophone, Francophone, and Lusophone regions using the questionnaire prepared by the study team.

It elicited information about the participants' sociodemographic characteristics, knowledge about COVID-19, level of preparedness in handling the pandemic, and the participants' attitude towards it. A reliability test of the questionnaire was run and a calculated Cronbach alpha value of 0.718 was considered acceptable.

The self-administered questionnaire was uploaded to QuestionPro that limits participation to once. Advertisements with the survey link were sent biweekly to the AFREhealth mailing list for 4 months.

The collected data were downloaded and exported to IBM SPSS Statistics for Windows, version 21 for cleaning, coding, and analysis. Descriptive statistics including mean, median, standard deviation, and inter-quartile range were determined for continuous variables. Bivariate analysis, chi-square test, and Fischer's test were performed to establish an association between the sociodemographic characteristics and the responses related to knowledge, preparedness, and attitude.

Approval to collect data was obtained from the ethical committees of the participating institutions. Details of the study were stated in the consent forms in English, French, and Portuguese. Data were only accessible to the study team through a password.

Results

Students from 16 African countries of the Western, Central, Eastern, and Southern regions of Africa were included. Of the 336 study participants, 50•3% were men and 49•7% were women. The mean age of the respondents was 25•75 7•88 years with majority of them at the undergraduate level of training. The majority of the students were studying

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medicine, followed by those studying physiotherapy. About two-thirds of them were from Anglophone countries, 15.2% from Francophone countries, while 21.1% were from Portuguese-speaking countries. Most (99 •7%) knew the cause of COVID-19 which could be transmitted via droplets (97 •3%). Almost all the students (99•7%) knew that COVID-19 was caused by a virus and that disease transmission occurs through droplets after sneezing (97•3%) or close contact with an infected person (97•0%).Very few students (28•3%) knew that the incubation period for the disease is 1– 14 days.

Most of the students (99•1%) reported that washing hands with soap and clean water is key to disease prevention. They also recognised that polymerase chain reaction tests are highly effective in the diagnosis of COVID-19 (88•7%). Further, a majority of the students reported that they would not consider changing their profession (91•7%) as a result of COVID-19 and would adhere to the preventive measures (92•3%). They also emphasised the need for leadership to ensure total transparency regarding the facts of disease (92•6%). They also indicated that COVID-19 does not have any association with stigmatization (75.3%). A majority of the students considered COVID-19 real and not a mere myth (86•3%) and more than three-quarters of the students (71•1%) considered themselves psychologically competent to volunteer as caregivers at COVID-19 isolation centres.

More than half (55•1%) the students claimed their curriculum equipped them with skills addressing infectious disease outbreaks (63 •6%), and believed their clinical experience rendered them competent in managing COVID-19 cases (62•4%). Above half the number of students (55•2%) considered that school closures were a barrier to their preparedness in dealing with the pandemic, although many of them reported that their training continued through virtual classes during the lockdown (56•1%). Almost all the students reported that their home country governments had made efforts towards the promotion of COVID-19 preventive measures and that health professionals received training for COVID-19 management (91•9%).

Nursing students were better prepared than other students (p = 0 •001). Students from West African regions were more prepared (p = 0 •001) and aware they could contract COVID-19 if they cared for infected persons (p = 0 •001).

Conclusion

Health profession students in Africa demonstrated good knowledge and a positive attitude towards the COVID-19 outbreak. However, despite the participants' claims that their institutions of training and government protocols prepared them for infection prevention and control, it is still important that necessary measures be put in place by the government, institutions, and individuals to ensure that the preventive protocols are strictly adhered to, especially with the emergence of the new wave of the pandemic in which the disease manifests differently in separate individuals. Such measures should also include adequate vaccination strategies and improve existing care protocols.

Our study has some limitations. The data obtained in this study were unequally distributed. We received more responses from some regions than others and only focused on sub-Saharan Africa since northern Africa is often considered to be part of the Eastern Mediterranean region. This is the result of an online approach of data collection coupled with a non-probability sampling method. Furthermore, the institutional membership of AFREhealth is still very limited in northern Africa.

However, dichotomisation of data was done to enhance the power and reporting of results and more variables were considered to establish knowledge.

Future studies should aim at all health profession institutions across Africa without restrictions. The training curricula should also be assessed for the extent to which they prepare the future healthcare professionals for a pandemic. The training should also lay more emphasis on emergency preparedness, infection, prevention and control, personal protective equipment, oxygen administration, and interpretation of laboratory results.

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Finally, given that vaccination is a key factor in controlling the pandemic, it is important that the understanding of students regarding vaccinations against COVID-19 be established in a detailed manner because they are the future health workforce who will largely contribute to COVID-19 vaccination advancement and implementation.

Students have acknowledged the extent of national/ government preparedness towards pandemics, which should also be upheld by various training institutions even at the individual level. Also, the Government and higher health institutions might improve teaching of COVID-19 and infectious disease. Students must know how to cope with dangerous pathologies.

Future qualitative and quantitative research is recommended in light of our findings.

Ethical Approval statement

The study protocol was approved by the Research and Ethics Boards of the University of Ibadan (Nigeria) with IRB number UI/EC/20/0305, the Makerere University (Uganda) with IRB number: UNHLSREC/L50/ 01/07/2020, the Eduardo Mondlane University (Mozambique) with IRB number: CIBS FM&HCM/P074/2020, and the University of Lubumbashi (Democratic Republic of Congo) with IRB number: UNILU/CEM/014/2020.

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We invite you to share updates on research, awards, programs, events, etc. for publication in in the next edition

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