

Redefining the Measure of Medical Education: Harnessing the Transformative Potential of MEPI

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Abstract

The massive shortage of skilled health professionals in many parts of the world is a critical constraint to achieving the goal of universal health coverage. This shortfall reflects a generalized failure of leadership: a chronic misalignment between the direction of health professional education and the health goals of society. The Medical Education Partnership Initiative (MEPI) and Nurse Education Partnership Initiative (NEPI)

are outliers in this regard through their deliberate efforts to revitalize education to address the pressing health needs of Sub-Saharan Africa. Inspired by this example, the World Bank Group sees health professional education institutions (HPEIs) as an insufficiently tapped source of knowledge and know-how for accelerating health achievement. The challenge ahead is to articulate clearer expectations for HPEI performance,

marshal more and smarter investments across the public and private sectors, prioritize accountability, incentivize innovation, and strengthen global learning and evaluation. It is time to build on the positive legacy of MEPI/NEPI and ensure that the conditions are made available for a new generation of health workers with the competencies to meet the health and development challenges of today and tomorrow.

Efforts to scale up essential interventions to achieve the health-related Millennium Development Goals have highlighted some of the constraints in developing-country health systems.¹ Chief among these constraints has been a massive shortage of skilled health professionals, especially in the areas of greatest health need, such as Sub-Saharan Africa. The magnitude and multiple dimensions of the global health workforce crisis have been described in detail elsewhere.^{2,3}

The supply and distribution of well-trained health professionals are in large part determined by the presence of health professional schools capable of providing good-quality training. Unfortunately, many countries in Africa today have far too few health professional schools for midwives, nurses, doctors, dentists, and public health practitioners, and/or they are not producing the number of high-quality graduates required to meet the growing and diverse needs of national health systems.^{3,4}

Health workforce challenges require reform and revitalization of health

professional education institutions (HPEIs). On the vanguard of this renewal have been the Medical Education Partnership Initiative (MEPI) and Nurse Education Partnership Initiative⁵ (NEPI), supported by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). MEPI and NEPI have been expanding and enhancing models of medical, nursing, and midwifery education in Sub-Saharan Africa since 2010 and 2011, respectively. These efforts support PEPFAR's goal of increasing the number of new health care workers by 140,000 in the 33 PEPFAR countries and the Caribbean region by 2015. MEPI and NEPI also aim to strengthen African medical education systems and build African clinical and research capacity, as part of a retention strategy for faculty of medical schools and clinical professors.

Linking Educational Leadership to Health

It is time to build on the impressive initial efforts of MEPI and NEPI at improving specific HPEIs in terms of curriculum and faculty and to seize more systematically the potential of all such institutions—and the leaders they produce—to contribute to shared health goals. Foremost among these goals is universal health coverage. Working with our colleagues at the World Health Organization (WHO), the World Bank Group has set two global targets for universal health coverage, one for financial protection and one for service delivery.⁶

For financial protection, the proposed target is by 2020 to reduce by half the number of people who are impoverished because of out-of-pocket health care expenses. By 2030, no one should fall into poverty because of these expenses. This is no small feat: It would mean moving from 100 million people impoverished every year now to 50 million by 2020 and then to zero by 2030. The primary route to these results is through health care financing systems that avoid patients' having to pay for care at the time they fall ill, through various forms of insurance. For service delivery, the proposed target is equally ambitious. Today, just 40% of the poor in developing countries have access to basic health services such as delivering babies in a safe environment and vaccinating children. We propose that by 2030 we double that proportion to 80% coverage. In addition, by 2030, 80% of the poor would have access to many other essential health services, such as treatment for high blood pressure, diabetes, mental health problems, and injuries.

Leadership from HPEIs can accelerate progress toward universal health care coverage. This leadership mission spans the critical functions of education, from preservice to in-service or continuing education; and of research, from basic biomedical to clinical research and the science of health care delivery. Together, education and research provide the

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knowledge and know-how to identify the best ways and means for a country to achieve its health goals.

Articulating Time-Bound Targets

The challenge is to translate these recommendations into tangible actions, in settings that are not always conducive to change. The MEPI and NEPI experiences are instructive. At the start of the new millennium, HIV appeared to be an intractable challenge. Yet just over a decade later, nearly 10 million people living with HIV/AIDS have access to treatment—and most of these are in Africa. Just as time-bound targets such as WHO's "3 by 5" initiative turned the tide on HIV/AIDS, they are also helping to revitalize HPEIs. PEPFAR's goal to train 140,000 health workers through its network of African medical and nursing schools together, with partner institutions in the United States, has helped to revitalize all of the participating institutions—South and North.

Achieving the aforementioned two global targets for universal coverage by 2030—eliminating impoverishment from health care payments and securing access to essential interventions for the poorest 40% of the population—will depend heavily on the ability of HPEIs to rise to the challenge. Supporting comprehensive primary care in hard-to-reach communities with appropriate and timely referral to facility-based care places a wide range of demands on HPEIs.

Against these targets and expectations, clear metrics for HPEI performance are required to assess how well they are delivering related to proven strategies such as locating training close to communities, selecting students from those communities, developing competency-based curricula, and adopting pedagogic innovations such as team learning.⁷ Although MEPI programs are moving quickly in the right direction, standardized metrics related to MEPI's three strategic foci of capacity building, retention, and research capacity could help to advance the accountability and evaluation of efforts to strengthen HPEIs.

Transforming and scaling up fairer financing systems for health require a multitude of expert groups, such as health economists, claims adjudicators,

and actuaries, that are typically beyond the focus of clinical professional training. These diverse bodies and their training institutions related to public health also require explicit articulation, planning, and financing as part of any strategy to achieve universal health coverage. The next generation of MEPI/NEPI programs would be strengthened with a more explicit focus on public health education institutions.

Valuing Higher Education

In many of the MEPI-focus countries, there is severe and chronic underfinancing of medical and other health professional schools and major shortfalls in the recruitment, development, and retention of faculty. The critical state of higher education cannot be overlooked. While most low-income countries face formidable challenges coping with demographic and fiscal pressures to deliver universal primary education, higher education also requires increased attention and investment. That's why helping countries develop strategies for investing in higher education such as the \$129 million Africa Centres of Excellence project is an important element of the World Bank Group's global education strategy.⁸

The growth of higher education institutions also should include the private sector. Indeed, in many parts of Asia, Africa, and Latin America, there is rapid, market-led expansion of HPEIs and universities in the private sector. This growth requires policy and public investment attention to ensure that it contributes to a country's health objectives. The experience of the MEPI project in Uganda, Medical Education for Equitable Services to All Ugandans⁹ (MESAU), where there was explicit inclusion of private-sector institutions, may help countries to understand how to manage the public-private mix more effectively.

Revitalizing Accreditation, Incentivizing Innovation

Accreditation is a critical instrument for accountability in both the public and private HPEIs alike. Efforts to strengthen accreditation, however, must not come at the cost of squeezing out innovative HPEI models. A 21st-century accreditation system must provide incentives and benchmarks for pushing the boundaries

toward higher performance—and not become an excuse for maintaining the status quo. HPEIs must go beyond baseline standards to pioneer ways of integrating new competencies, disciplines, and ICT-based pedagogical methods that enable graduates across the system to address health problems more effectively. Encouraging examples of pushing the boundaries can be found in the distance learning efforts of MEPI partners in South Africa, the efforts of the World Bank in Vietnam to accredit competencies of primary care teams working in disadvantaged areas, and innovative problem-solving-oriented public health curricula in Bangladesh.¹⁰

Investing in Global Learning and Evaluation

The common challenges facing HPEIs around the globe offer opportunities for shared learning about what is working, what isn't, and why—and what constitutes good value for the money. A comparative analysis of HPEIs' performance is extremely difficult, in large part because of the dearth of data and the absence of standardized metrics across institutions. We see a great value in a common set of metrics to assess HPEI performance. We also see the need for more evidence on HPEIs' efficiency and return on investment, to challenge common misperceptions that investing in HPEIs provides no measureable return and/or that investments in short-term training are the only way to go. Available evidence suggests otherwise: A cost-benefit analysis of a Community-based Midwifery Program in Bangladesh, for example, showed that a \$1 investment in midwifery training yielded a \$9 to \$16 financial return on investment.¹¹

Moving Toward 2030

Realization of the World Bank Group's global goals to end poverty and boost shared prosperity by 2030 will require new types of professionals, and new levels of professionalism, oriented toward humanity's most pressing problems. MEPI and NEPI have made a significant contribution to revitalizing HPEIs and increasing the numbers of well-trained health professionals in Africa. The challenge ahead is to articulate clearer expectations for HPEI performance, marshal more and smarter investments

in HPEIs across the public and private sectors, prioritize accountability, incentivize innovation, and strengthen global learning and evaluation. Let's build on this positive legacy and ensure that we invest in a new generation of health workers with the essential knowledge and skills to meet the health and development goals of today and tomorrow.

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