

meningitis, non-falciparum malaria, neonatal respiratory arrest, and cardiovascular disease risk factors. GHILT participants have also provided critical assistance in the development of community health worker training in noncommunicable disease in rural South Africa.

**Going Forward:** As the number of GHILT participants grows, so does our need for international partners. Developing these relationships must be gradual and this will continue to be an area of growth. With our current partners we are working on developing bi-directional exchange and increasing our connection through telemedicine case conferences. Finally, we will begin a more intensive evaluation process of our GHILT graduates to better quantify the value of the training they have received.

**Funding:** Funding for the GHILT has been provided by generous support from private donors and from the Associate Dean for International Affairs.

**Abstract #:** 02ETC019

### Collaborations between MEPI and NEPI at addis ababa university

M. Derbew<sup>1</sup>, S. Lulseged<sup>2</sup>, D.H. Mariam<sup>3</sup>; <sup>1</sup>Addis Ababa University School Of Medicine, Addis Ababa, ET, <sup>2</sup>ICAP Ethiopia, Addis Ababa, ET, <sup>3</sup>Addis Ababa University, School of Public Health, Addis Ababa, ET

**Program/Project Purpose:** Collaboration between the Medical Education Partnership Initiative (MEPI) and the Nursing Education Partnership Initiative (NEPI) is critical for achieving the President's Emergency Plan for AIDS Relief (PEPFAR) goals of meeting the health care needs of persons with HIV within the health care systems of developing countries. Objectives: To describe the collaborative activities between MEPI and NEPI in Addis Ababa University, and demonstrate lessons learnt and their relevance for advancing health and workforce capacity and health systems strengthening in Ethiopia.

**Structure/Method/Design:** In 2010 and 2011 respectively, the MEPI and NEPI were launched in Ethiopia through PEPFAR funding awarded under the Health Resources and Service Administration (HRSA). The Addis Ababa University MEPI grant aims to: 1) Improve the medical education system by increasing number of physicians and quality of training; 2) Human capacity building and retention through enhanced recruitment and retention of qualified faculty; and 3) Enhancement of research and bioethics capacity. NEPI Ethiopia aims to produce clinically competent nursing and midwifery graduates to practice professionally, effectively and safely in diverse public health service settings. AAU utilized MEPI and NEPI support to respond to the Ethiopian government's HRH strategy, including dramatically increasing the number of medical students and resulting graduates, working to retain these new physicians in-country, and reaching out to support many of the newly established medical schools. The NEPI program is led by an Advisory Group that includes the Federal Ministry of Health, Ministry of Education, the nursing/midwifery education community, the ICAP Ethiopia NEPI Coordinating Center, and the USG.

**Outcomes & Evaluation:** MEPI has expanded the number of community-based sites, allowing large number of students have greater access to patients. They have launched a textbook initiative to significantly decrease the book to student ratio. Faculty are supported with research training opportunities, IRB resources, resources to present scholarly work at national and international conferences, and incentive pay for extra teaching load. MEPI has also been a leader in supporting the nationwide transition to a modular curriculum to be implemented at all Ethiopian medical schools. MEPI supported enhancement of the IT infrastructure of the College of Health Sciences, including the establishment of computer labs and internet

connectivity, providing wireless access in the compound. CHS faculty and students have been trained on the use of the learning content management system and the e-Library.

**Going Forward:** AAU and MEPI consortium partners are training significant proportion of the Ethiopian medical doctors and nurses. MEPI and NEPI have also enabled innovative ways and improved quality in training, and provided additional opportunities for faculty to ensure that they stay in Ethiopia and train future generations of physicians. MEPI investments have also facilitated improved employee work environment and professional development opportunities by fostering multidisciplinary approaches to patient care.

**Funding:** No funding listed.

**Abstract #:** 02ETC020

### A qualitative assessment of the rapid scale up of medical students in Ethiopia: An evaluation at Addis Ababa University

M. Derbew<sup>1</sup>, B. Hunter<sup>2</sup>, H.M. Blumberg<sup>3</sup>, C. Del Rio<sup>2</sup>, D.H. Mariam<sup>4</sup>, D. Comeau<sup>2</sup>, K. Maura<sup>3</sup>; <sup>1</sup>Addis Ababa University School Of Medicine, Addis Ababa, ET, <sup>2</sup>Emory University, Rollins School of Public Health, Atlanta, GA/US, <sup>3</sup>Emory University School of Medicine, Division of Infectious Diseases, Atlanta, GA/US, <sup>4</sup>Addis Ababa University, School of Public Health, Addis Ababa, ET

**Background:** Ethiopia has one of the most severe physician shortages in the world with only 2.5 physicians per 100,000 persons. To address this shortage, the Ethiopian government initiated a "flood and retain" policy to rapidly increase the number of physicians in Ethiopia. As a result, Addis Ababa University (AAU) School of Medicine has increased enrollment from 100 to approximately 350 medical students per class. The U.S. government funded Medical Education Partnership Initiative in Ethiopia (MEPI-E) has provided new and additional resources to strengthen the quality of medical education at AAU. The objective of this assessment was to evaluate the impact of the rapid scale up of medical students on the quality of medical education at AAU.

**Methods:** Qualitative, semi-structured, in-depth interviews were conducted with key informants in Addis Ababa, Ethiopia. The sample (n=22) consisted of faculty members, administrators and medical students. Respondents were selected for an interview if they were currently enrolled or employed at AAU School of Medicine. A gatekeeper at AAU provided access to respondents and additional medical students were recruited through snowball sampling. Domains of inquiry included perceptions on the quality of medical education as it relates to the rapid increase of incoming medical students, evaluation of newly implemented educational technologies, lessons learned and future programmatic directions. All 22 interviews were transcribed verbatim and analyzed with thematic analysis.

**Findings:** Several key themes were noted in the interviews with regarding the impact of the rapid scale up: 1) perceived decrease in the quality of medical education due to a marked increase in the number of medical students; 2) negative learning and teaching experiences; 4) need for infrastructure improvement to support increased numbers of students; 5) positive initiatives implemented by MEPI-E; and 6) low satisfaction with medical education for students and faculty.

**Interpretation:** The unprecedented rapid scale up of medical students has markedly impacted multiple facets of medical education at AAU. Initiatives developed and supported by MEPI-E are perceived to be enhancing the quality of medical education at AAU during a challenging period. The AAU and MEPI-E partnership provides insight for resource limited countries hoping to expand medical education.