Leadership training to build sustainable workforces and improve health in Africa

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Program Purpose: Established in 2009, the Afya Bora Consortium is a partnership of nine African and U.S. universities to prepare future global health leaders with practical skills that are not part of traditional training. There is an urgent need for African-based training programs that teach leadership skills to prevent 'brain drain' and improve health. The Afya Bora Fellowship is based in Botswana, Cameroon, Kenya, Tanzania, and Uganda.

Structure: Afya Bora Fellows are embedded in African systems for their 12-month fellowship consisting of two components. They participate in two 4.5 month experiential learning attachments at governmental (Ministries of Health) and non-governmental organizations (NGOs). Fellows take four online and eight in-person courses to develop technical and leadership skills. African institutions host the in-person trainings which are co-taught by African and U.S. faculty. Fellows are assigned African mentors who provide support in achieving Fellowship and personal goals. Evaluations of Afya Bora alumni about their careers were conducted in March 2015.

Outcomes & Evaluation: The Afya Bora Fellowship contributes to a sustainable workforce in Africa through reducing 'brain drain'. Alumni apply skills learned during the Fellowship to lead sustainable institution-based changes that improve health. Content analysis of alumni interviews showed all 68 Fellows have remained in their home countries. Fellows returned to positions in Ministries of Health, non-governmental organizations, and academic institutions. One alumnus developed and implemented a continuing professional development certification to train nurses on current topics in Botswana. Another led a change to routinely use Continuing Quality Improvement practices in the Uganda Ministry of Health. Fellows attribute their success to skills learned in Afya Bora, such as quality improvement, stakeholder engagement, communication, and leadership.

Going Forward: Leadership training programs embedded in African systems with clearly defined roles of African mentors may ensure program sustainability. The Afya Bora Fellowship offers transformative education that does not cause 'brain drain'. This aspect of the Afya Bora Fellowship is of great value, and can be used as a model for other training programs.

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Awareness and practice on the use of World Health Organisation surgical safety checklist among operating room personnel in Dar-es-salaam, Tanzania and Dartmouth, United States

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Background: The WHO developed the surgical safety checklist whose information on awareness and use is less available especially in developing countries. This study aimed to assess the knowledge and practice of the tool among operating room personnel in Tanzania and USA.

Methods: Operating room personnel from Muhimbili National Hospital in Dar-es-Salaam, Tanzania and Dartmouth Hitchcock Medical Centre, United States were asked to participate in the study by emails in Dartmouth and brief presentation in Dar es Salaam. The responded 94 operating room personnel from Dartmouth filled questionnaire by survey Monkey whereby 107 participants from Dar-es-Salaam were interviewed with the structured questionnaire. The researcher also did non-participatory observation in the operating rooms during the procedures.

Finding: About 73.4% of personnel in Dartmouth and 67.3% in Dar-es-Salaam, were aware of the checklist. Attending doctors were majority of participants in both hospital with 36.2%($p = 0.008$) and 34.7%($p = 0.000001$) at Dartmouth and Dar -es-salaam respectively.

Furthermore, 94.2 % of the procedures done in Dartmouth and 55.6% in Dar-es-Salaam use the checklist as a compulsory tool. The observation of each tool component varies between 26.6% and 93.6%% with the component of patients concern being the most observed (93.6%) in Dartmouth while in Dar-es-Salaam, the percentages were between 6% and 77.6% with identification of instrument, sponge and needle being the most observed in 77.6%. Provision of training prior the use of checklist is still low in both hospitals where by only 55% of personnel in Dartmouth had received training and 34.7% in Dar-es-Salaam.

In addition, at Dartmouth 75.36% of personnel were extremely comfortable with the use of the checklist as oppose to 5.6% in Dar-es-Salaam.

Conclusion: There was no big difference on the awareness of WHO surgical safety checklist between the two hospitals although it is applied more in Dartmouth where operating room personnel have more positive attitude towards the tool than in Dar-es-Salaam. This shows the need to promote more awareness in Dar-es-Salaam and in addition, improve its performance in Dartmouth.

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