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The biggest challenges, when you live in a country where there is a lot of problems usually the resources needed to solve the problems will be very great, very much increased. The challenge is we have a lot of problems in front of us and we have limited resources, and since we are living in a country of, a big nation, 80 million, and now we have 23 medical schools and focusing on four medical schools only in Ethiopia out of 23 is a challenge because you know you can't improve the health standard of the country just by changing a few schools, but you have to bring on board most of the schools. So this is one challenge because we cannot reach the other schools.

The other challenge is that we got the fund from the US government and we have to abide to the US government rules and regulations, and this fund goes, since we are a public institution this one goes to the public, through the university accounting and we have also to abide by the university financial rules and regulations. And then we also have to abide by the rules and regulations of the School of Medicine. So this has a challenge for us because the accounting system, the grant management system is very cumbersome. We have to fulfill all of these things. Some of the things which we need to work on the project need to be accepted and there has to be a good awareness of the medical community of our institutions. So people will think a lot and they will think with MEPI funding they can do anything. Anybody will come in and say, I want to do this, can you fund me? That's what they say. We have to explain this is a project and the project has these objectives so it is very difficult for us to go out and be subjective and explain

to them that this is not included in our project. What I am trying to say is they think MEPI will solve all the problems which we have.

The number one success is that we need the MEPI funds for the project. That is 50% success. The other 50% of the success is we are working on improving the medical education quality and quantity, as a MEPI objective, and also we are working on physician retention, and we are also working on bioethics and research. So in all these fields we have done a lot - it is difficult for me to say which one is better or not, but the three aims of MEPI we have contributed a lot. And since we are working on, MEPI came at a good time when the government was working on expanding medical education and also working on improving the quality of medical education. This is an opportunity for us. And because of that there was a higher influx of medical students to all medical schools, and new medical schools were forming. So this was a challenge to manage a lot of students, but we tried to change the challenge to an opportunity. This was an opportunity for us to work in this circumstance and to see the country gaining the work medical health workforce which it needs in a short period of time.

One of the main problems we faced was that reference books, text books are not available in the schools. According to our study, most of the text books were one text book for 25 students. In some places there is four text books for 300 students. So we had to deal with this, so immediately we purchased 15 text books which were suggested by the departments, 300 copies of each and we distributed copies of these books to our consortium universities also (list of names of universities and the Defense College) Then while doing that we are also now working on the capacity for elearning at these institutions. We have done a lot in that area. The first thing, what we did is to work on the platform for elearning. One is to have a good internet and also internet networking and then buying computers and servers. We did that. Now we have established a computer lab which has 120 computers and we have also connected the whole compound of the School of Medicine with wire and wireless. With 120 computers we have also purchased 40 laptops. If the computer lab is full then the students can borrow the

laptops and they can sit somewhere and do their job. So the computer long system the laptop they can borrow for overnight.

And also we have worked on establishing another computer lab for faculty with 50 computers. So now the connectivity also has improved from 6 megabyte to 50 megabyte. It is very fast now, you just click and you get everything immediately downloaded. Now we are working on improving our elearning capacity like having set books and the possible medical textbooks and journals and make it available for the students with internet and also intranet connection. The other thing we did in, in the face of increasing enrollment of students there is still a shortage of faculty. So what we have to do is we have to use the faculty effectively. A small number of faculty effectively. The first thing we did is we encouraged the faculty to give lectures in bedside teaching, tutorials and seminars and small students and asking them to do extra work so we can remunerate them from the MEPI funding. Last year they have given 2000 lecture equivalent hours for the students. Small group discussion and attention to the students. And the second thing we did is, it is also difficult to teach a big number of students on patients in the operating room and other places. So what we did is we are now supporting a skill lab. We support the existing skill lab for post graduates and now a big skill lab for undergraduates is now being established. So they can learn the basic techniques and the basic procedures in the skills lab. So this and other things we did. But on the flip side of this do extra work, extra teaching, they get financial remuneration. So this is another side of MEPI which works on retention. We encourage instructors who are working or would like to work on ?? procedures like infectious disease, neurology, to go for higher education or short term training to the US or to Europe or to anywhere else. Or those who would like to present papers which are relevant to the country come to present in other places. We have dedicated a budget for this. We also encourage female faculty, we work on female faculty, females who are doing their fellowships in the faculty because there was no fellowship program. But there are very few females who want to go to a fellowship program because there is a lot of commitment, you know. Being a woman there is a lot of commitment and responsibility. And to go for higher education is also another big commitment. But to encourage them we support

them on their training program. We gave them laptops and when they want to go to their training program abroad for attachment we support them. All their transport and

Whatever I said here we also work the same thing in other universities. In Jimma, Harawasa, Jamia and Defense College. So our activities are improving the medical education. Regarding the retention of faculty as I told you as part of improving the quality of medical schools we encourage faculty to go for training especially if they are paid for related programs. Females for training and also to do extra work and get some extra remuneration. One of the retention planning is you go through financial problems. To retain doctors working in the countryside, the upcountry doctors we have started, we train them on research methodology and then we select their proposal and their project and we fund them to stay where they are working. So they stay working their project and they have a dual benefit. They publish a paper, they get sent financial remuneration and also above all they share their research outcomes with other colleagues internationally. Good papers will come. We expect next year five or six papers to come because they are doing it with a group. There are 20 students.

The other thing is what we do in improving research capacity building in bioethics we selected 33 students from the four universities young and ?? who are interested in doing research. So we trained them with UCSD on research methodology. It is a diploma program. It is eight modules. They are doing it for two years. So at the end of the day, at the end of this training, these people will do research. So instead of asking people to do research, we have come, we know that, one of the reasons why we don't do research is we don't have the culture of research. And the second thing we lack also some knowledge to do research. We are now boosting the knowledge and also boosting the culture of doing research. These people when they go back to their institutions, they will evolve on research training. We have also reactivated what's called the clinical epidemiology unit in the faculty. This unit helps clinicians in advice and support positions to do research . So those faculty who are interested and capable of doing research which are also researchers are members of the clinical epidemiology unit. So they

support other faculty to do research and train them, going on continuous training for all faculty, especially focusing on the residents. So these are things that we are doing to improve research capacity.

Five years from now, for me now it is a transition. Not only for us to be new, but for the government. The government has dedicated or committed the only way you can improve the medical training education in this country, is by doing a paradigm shift completely. Then we have to work on the quantity and the quality of course. There are some challenges, ups and downs because it is the early stage. But slowly everything will be smooth. And everything we have started now, already the government will be budgeted in and the program of the government will continue by other institutions. And whatever is started now will be re-enforced more and this will also help the policy models as the role model if we bring the change into the four biggest schools can be applied to all medical schools. So five years from now medical education will be well structured, well designed and address both the quantity and the quality as well as retention and research will be very well addressed throughout the country. That's what I am thinking five years from now.

Library or information is a backbone of medicine. Because medicine is just gathering information, knowing something. So if you want a strong medicine then you will have a strong library. Elibrary, digital library or a hard copy library, whatever it is. So it is a backbone of medical education. For that matter it is the backbone of knowledge. So we give emphasis and it has to be given emphasis. The library has to be supported and also very well utilized otherwise you can't talk about medicine without library.

Most of the things which I am doing now are things that I was thinking when I was in management. So the MEPI program has given me freedom and flexibility to implement my ideas. It is not only my ideas but my partners also ideas. I think if I tell you I was trying to buy books for the last four or five years, but I couldn't purchase. It was very difficult. It's not because there was a budget but it was very hard financially to use this budget. But I have done that with the MEPI project. So

this was a good achievement. So the MEPI project has given us an opportunity to work with the government vision, and to have the government vision implemented. So this is one of the greatest achievements, I can say.

The main lesson we learned is a project like this will help as a jump start for some of the activities. And most of the activities will run after this own and it also will help policy makers to see maybe five years from now if we show the impact which we brought through this project to the policy makers, then it may be a good example can be followed.

You have formally two communications in a year, one is the PI council and the other one is the symposium. But also there are many workshops and gatherings which usually include all of us. So we meet together, we discuss together and we share experience among ourselves. And this is what we are doing. We come together very frequently. Every day I can get five or six emails from one of the PIs or the other PI. So we discuss, we communicate now. I just want to thank the US government and the US people for generously offering these opportunities to us. My special thanks goes to the people who came up with this good idea. And I would like also to pledge other PIs to work hard and prove and properly use the funding and make change and support their nations and also support the donors as well and also support the visionaries.

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# Dr. Miliard Derbew: Addis Ababa University (AAU), Department of Surgery

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