NORTH-SOUTH COLLABORATION FOR HEALTH AND DEVELOPMENT

Experience from Makerere University Medical School

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Outline of the presentation

- Background
- Examples from Makerere University collaborative initiatives
- Characteristics of a successful collaboration
- The failures – what went wrong
- Concluding remarks
Background

- Collaboration in a very unequal world (infrastructure, tools, skills, personnel, finances etc)
- Many ethical challenges
- Strong committed leadership and coordination with a passion
- Institutional programme leading to mutual benefit
- Not medical tourism but a well planned marathon
- Need a shared vision based on local needs & priorities
Examples of Makerere Collaboration

• Academic Alliance for AIDS Care and Prevention in Africa (2001)
  ➢ 9 Ugandan + 5 North American Physicians
  ➢ IDI 2005

➢ Accordia Global Health Foundation (Formerly AAF)
IDI Mission and Governance

- **Mission**
  - *To build capacity in Africa for the delivery of sustainable, high quality care and prevention of HIV/AIDS and related infectious diseases through training and research*

- **Governance**
  - Ugandan-registered NGO owned by Makerere University
  - IDI Board : a progressive model
  - IDI is a Government institution
    - part of Faculty of Medicine, Makerere University
    - IDI clinic is a Mulago Hospital clinic and thus part of MoH
Makerere-Case Western Research Collaboration

Improving care and prevention of TB
MU-UCSF
MAKERERE UNIVERSITY
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO
MALARIA RESEARCH COLLABORATION
MU-JHU
RESEARCH HOUSE
P. O. BOX 23491 K’LA.
TEL/FAX: 541044
... the surge of collaborations has generated concerns about the unintended consequences of creating a fragmented array of programmes supported by multiple academic institutions and donors that Makerere must struggle to manage.
Memorandum of Understanding
Benefits HIC Vs LIMC

- Publication rights
- IPP rights
- Data ownership
- Specimen ownership
- Funding
University Funding

“The combined shortfall of university funding has forced deans of medical schools to behave like managers of Premier Division soccer clubs, recruiting potential research stars … at the expense of teaching and clinical practice.”

*Lancet volume 365  pages 447-556 February 5-11, 2005*
Example of a Shared Vision

“…. to improve the quality of health care services and education of physicians at Mekerere and …. Moon University…”
“When I returned from Uganda in July ‘07, people who asked about my reporting trip to Mulago Hospital assumed that the HIC attendings and residents had gone there to teach. It would seem to make sense that professionals coming from one of the leading universities in one of the richest countries in the world and with access to the latest medical technologies would have much to teach the doctors and medical students at a hospital in one of the world’s poorest countries. In fact, the reverse was often true. In the middle of one HIC doctor’s first day on the wards at Mulago, he lamented how ineffectual he felt”
“when people come here they can really feel bewildered. They find a hospital full of patients without drugs, without supplies”

Sam Luboga

“Denied all the accoutrements of modern medicine that are part of their daily lives, the physicians fall back on the most basic tool of medicine – the history and physical exam”
Mutual Benefit: Makerere and Karolinska Institutet Sign for Joint PhD 2003
Characteristics of Successful Collaborations for Development

• A shared vision and mutual benefit
  ➢ The goal: “to improve the quality of education of physicians and health care services”
  ➢ The lessons that the students and residents learn go much deeper than improving clinical skills and acquiring knowledge. The rotations provoke soul searching and bring into question basic notions about medicine and the very concept of what it means to be a doctor.
  ➢ “When people come here they can really feel bewildered. They find a hospital full of patients without drugs, without supplies”
Other Characteristics

• Start small but with potential for growth in breadth and depth
• Committing resources: a critical mass of multidisciplinary team (skills, disciplines, experience, expertise etc)
  – Funding
• Excellent management relationship with host
  – Valuing and respecting local talent, transparency, empower hosts
• Capacity enhancement
AIDS International Training and Research Program - Goals

- To train foreign scientists in disciplines necessary for the control of the HIV/AIDS epidemic in developing countries
- To advance knowledge about HIV/AIDS and related diseases, such as STDs, TB, and opportunistic infections
- To promote international exchange of research findings
- To enhance technology transfer of essential information and technologies
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Number of Uganda and Congo HIV/AIDS Research Publications by Year: 1983-2008
Structure of the Rakai Health Sciences Program

Human Subjects Review Boards (Uganda, US), Community Advisory Board

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**Observational Research (Qualitative/Quantitative)**
- ARV effects in the community
- ARV effects on HIV epidemiology and behaviors
- HIV epidemic trends
- Behaviors
- Circumcision and HIV
- Hormonal contraception and HIV
- Condoms and HIV/STDs
- VCT impact
- Coercion/violence, alcohol and HIV
- Ethics research
- Demographic of HIV (mortality, fertility, marital stability, orphanhood)
- HIV vaccine preparedness

**Randomized Trials**
- STD control for HIV prevention
- STD control to improve pregnancy outcomes
- Male circumcision for HIV/STD prevention in men
- Male circumcision: safety and effects in HIV + men, women and the community
- HSV 2 suppression

**Operations Research**
- Nevirapine pMTCT
- Cervical cancer/HPV
- VCT
- Family planning
- Adolescent health

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**Rakai Community Cohort Study**

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**Basic science**
- HIV subtypes
- HIV genomics
- Immunology
- Microbiology

**Molecular epidemiology**
- HIV transmission dynamics
- Resistance to ARV drugs
- HSV-2, HIV-2, Malaria/TB
- STDs

**Time trend analyses**
- HIV/STD incidence and prevalence
- Behaviors
- Morbidity, mortality, fertility

**Clinical care**
- OIs
- ARVs
- STD treatment
- General health care
- Provision of safe circumcision

**Training**
- Uganda
- USA
Are there Tangible Benefits to Institution and Society?

- Improvements in physical infrastructure
- Publications (are not enough)
- Capacity enhancement
- Knowledge generated is useful at a local level
- Collective impact on health addressing a national need
- Sustainability
Challenges for N-S Collaboration

- Many challenges but out weighted by benefits.
- Egos and personal ambitions.
- Differences in culture and method of work.
- At times lack of clarity or uniformity regarding procedures.
- Infrastructure and resources outpaced by extremely rapidly increasing demands.
- Increased administrative/coordination challenges.
- Sustaining the momentum.
Conclusions: Need for Improvement

- Defining a common vision
- Equitable contracts between institutions in LMIC and HIC
- Pay greater attention to the local political economy, values and cultural dimensions of the health care system
- Avoid verticalization of programmes
- Enhance impact to local institutions and society
- Attention to local needs and priorities.