

# **The Sub-Saharan African Medical Schools Study (SAMSS): Retention and Rural Health**

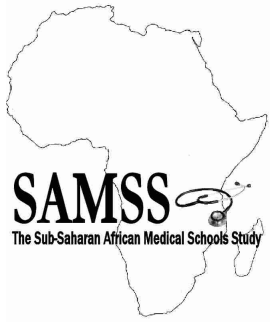
**Increasing access to health workers in remote and rural areas through  
improved retention  
Launch of the Global Recommendations and Joint Symposium  
on Rural Health**

---

**7–9 September 2010, Johannesburg, South Africa**

**Seble Frehywot and Eric Buch  
and  
The SAMSS Advisory Committee Members  
and  
The SAMSS George Washington University Secretariat Members**

**[www.samss.org](http://www.samss.org)**



# SAMSS Teams

## ADVISORY COMMITTEE MEMBERS

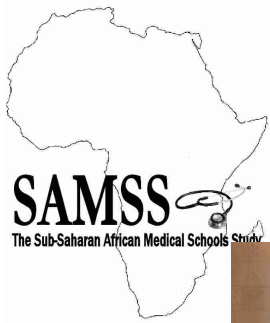
Dr. Francis Omaswa (*Advisory Com Co-Chair*)  
Dr. Magda Awases (*AFRO-WHO*)  
Dr. Charles Boelen (*France*)  
Dr. Dela Dovlo (*Ghana-WHO*)  
Dr. Diaa Eldin El Gaili (*Sudan*)  
Dr. Josefo João Ferro (*Mozambique*)  
Dr. Abraham Halieamlak (*Ethiopia*)  
Dr. Jehu Iputo (*South Africa*)  
Dr. Marian Jacobs (*South Africa*)  
Dr. Abdel Karim Koumare (*Mali*)  
Dr. Mwapatsa Mipando (*Malawi*)  
Dr. G.L. Monekosso (*Cameroon*)  
Dr. Emiola Oluwabunmi Olapade-Olaopa (*Nigeria*)  
Dr. Paschalis Rugarabamu (*Tanzania*)  
Dr. Nelson Sewankambo (*Uganda*)

## George Washington University Team

Dr. Fitzhugh Mullan (*Advisory Com Co-Chair, SAMSS PI*)  
Dr. Seble Frehywot (*SAMSS CO-PI*)  
Dr. Candice Chen  
Dr. Huda Ayas  
Dr. Jordan Cohen  
Dr. Ryan Greysen  
Dr. Tenange Haile-Mariam  
Dr. Ellie Hamburger  
Dr. Gilbert Kombe (*deceased*)  
Dr. André-Jacques Neusy  
Dr. Mike Whitcomb  
Ms. Soeurette Cyprien  
Ms. Heather Ross  
Mr. Travis Wassermann  
Ms. Selam Bedada

## University of Pretoria Partner

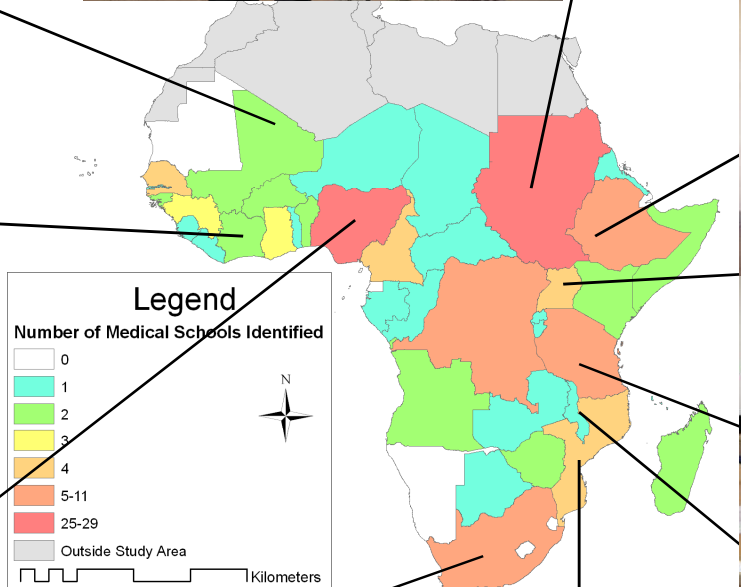
Dr. Eric Buch



# SAMSS Medical Schools



ences,  
ine  
ty



h  
niversity



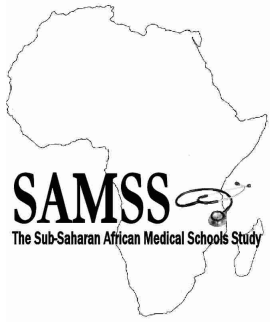
Medical



Faculty of Health  
Walter Sisulu U

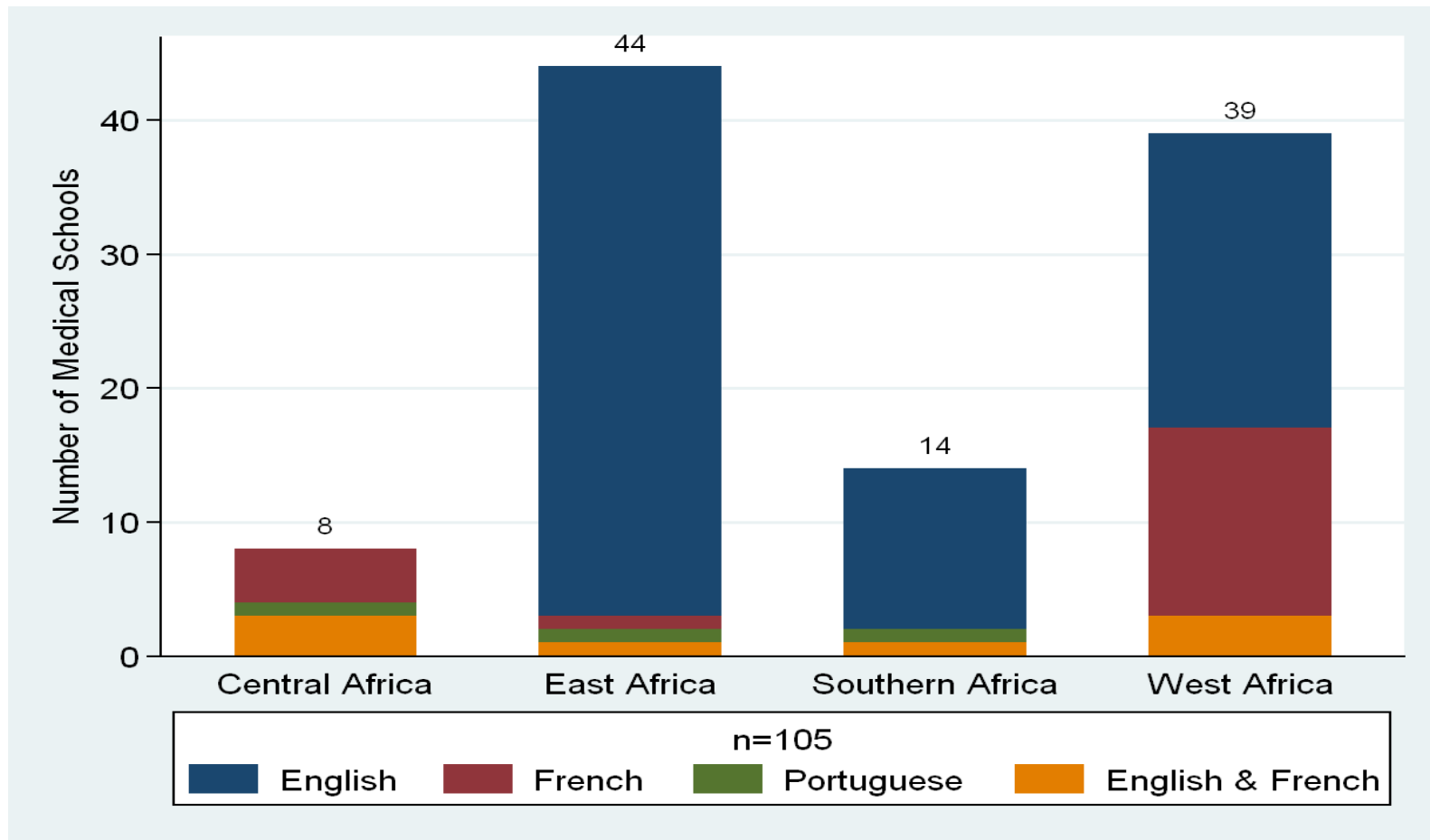


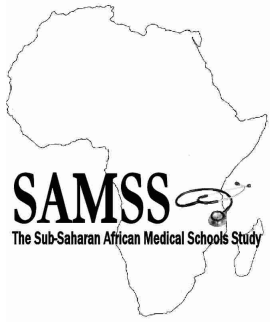
ne  
twi



# Survey

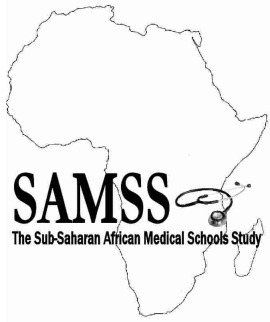
**162 schools, 148 included, 105 responses**



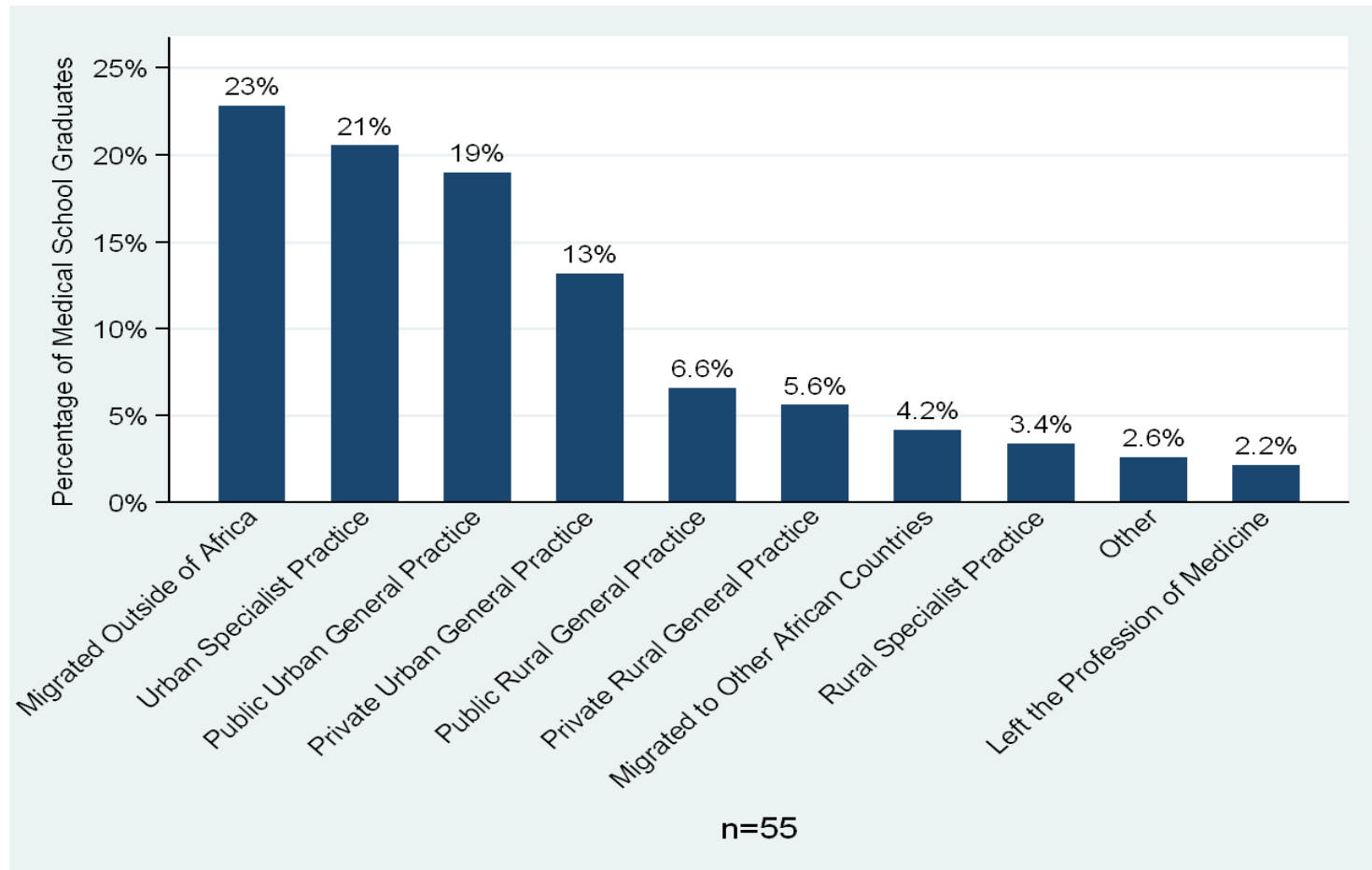


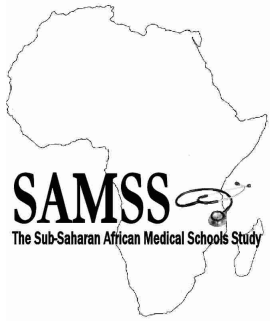
# Profile of SAMSS

- **Most started after independence**
- **Private schools have started in the last 20 years**
- **7,861 graduates (n=83)**
- **72% > enrolment in last 5yrs, 45% plan to in the next 5**
- **56% charge US \$1000 or less/annum**
- **Ministry of Education is main public school funder**
- **63% have gov't or professional council set competencies**
- **34% have formal agreements to train for other countries**
- **Major resource challenges esp. communications, labs**
- **42% have < 75 teaching staff - most staff from country**
- **23% graduates out of Africa in 5 years**



# Mean Location of Medical School Graduates Five Years after Graduation

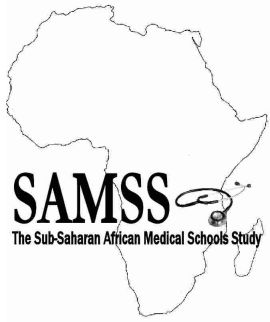




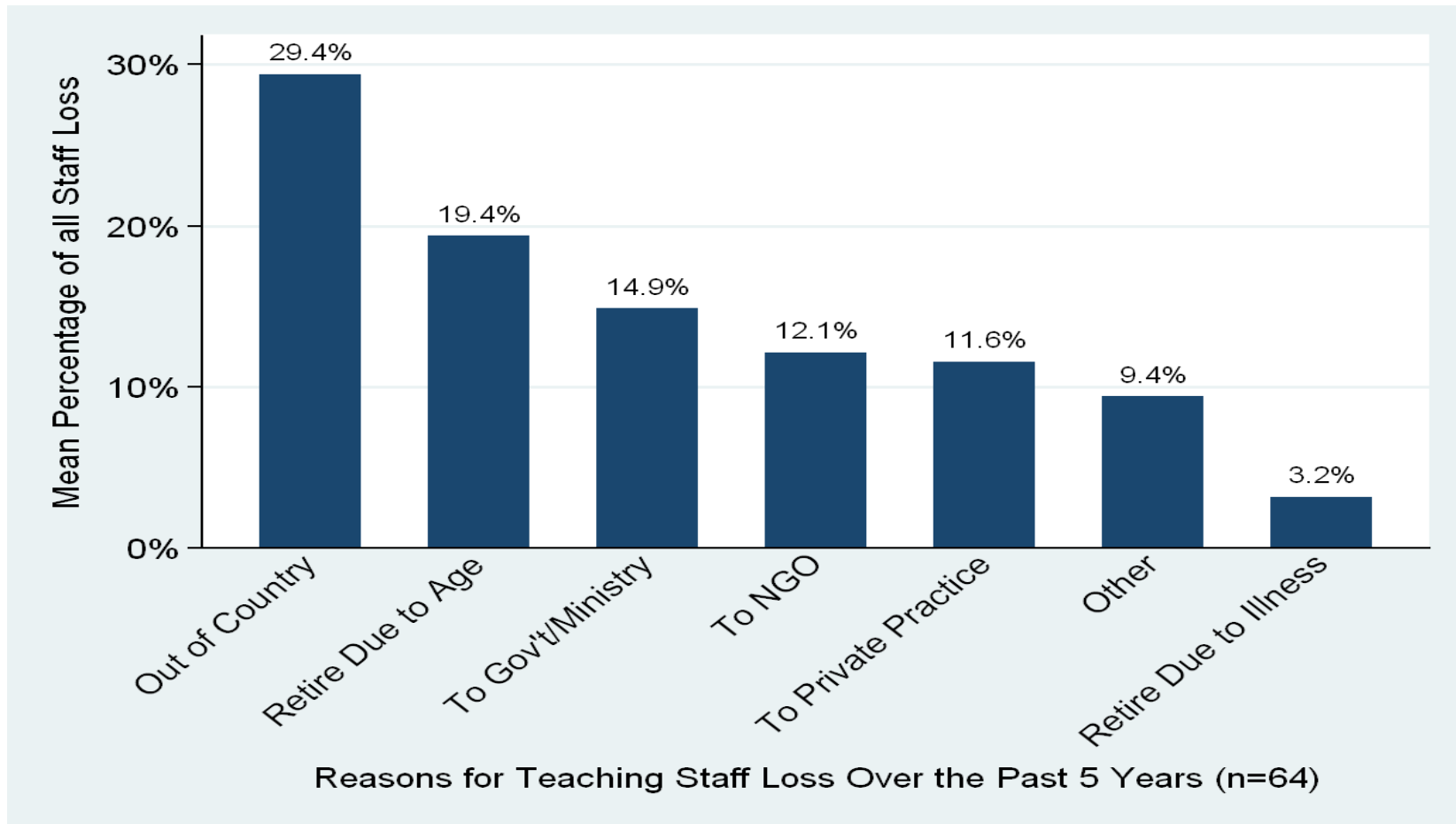
# Challenges in Education and Retention

---

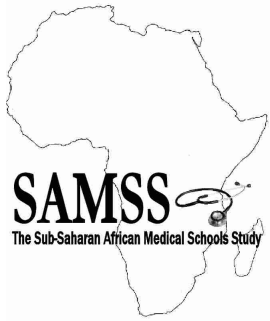
- **The status of the country's health system affects medical education and physician retention**
- **Brain drain is a problem (South to North, but also South to South and to the Gulf countries)**
- **Shortages of medical school faculty - clinical and basic science - and retention of existing faculty are endemic and problematic**



# Retention of staff a special problem for medical education

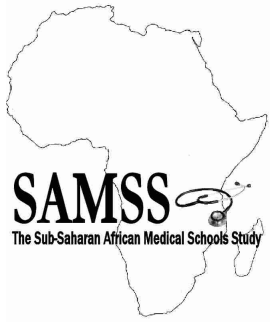




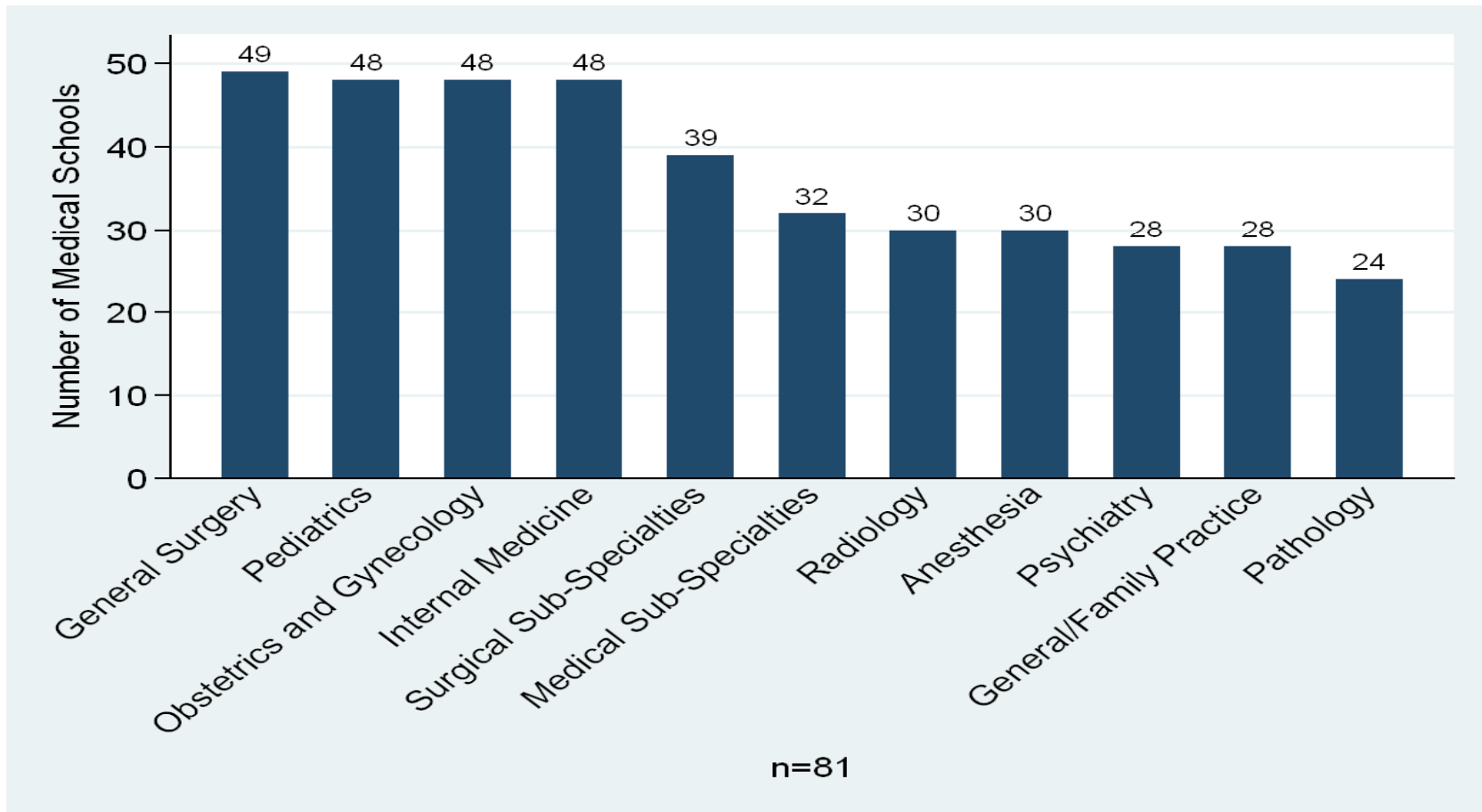


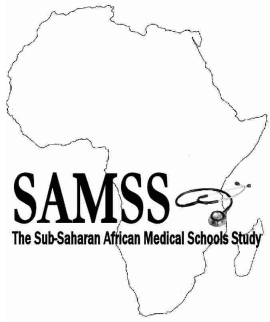
## **Innovations in education and retention**

- **Educational planning that focuses on national health needs and *Community Based Education (CBE)* is improving the ability of medical graduates to meet the needs of the community and increases their social awareness**
- **Impressive curricular developments**
- **40% specifically recruit rural students, 24% reserve places**
- **38% offer student preparatory programs**
- **Post-graduate medical education is an important element of a national health system development strategy and a way to recruit and retain faculty**



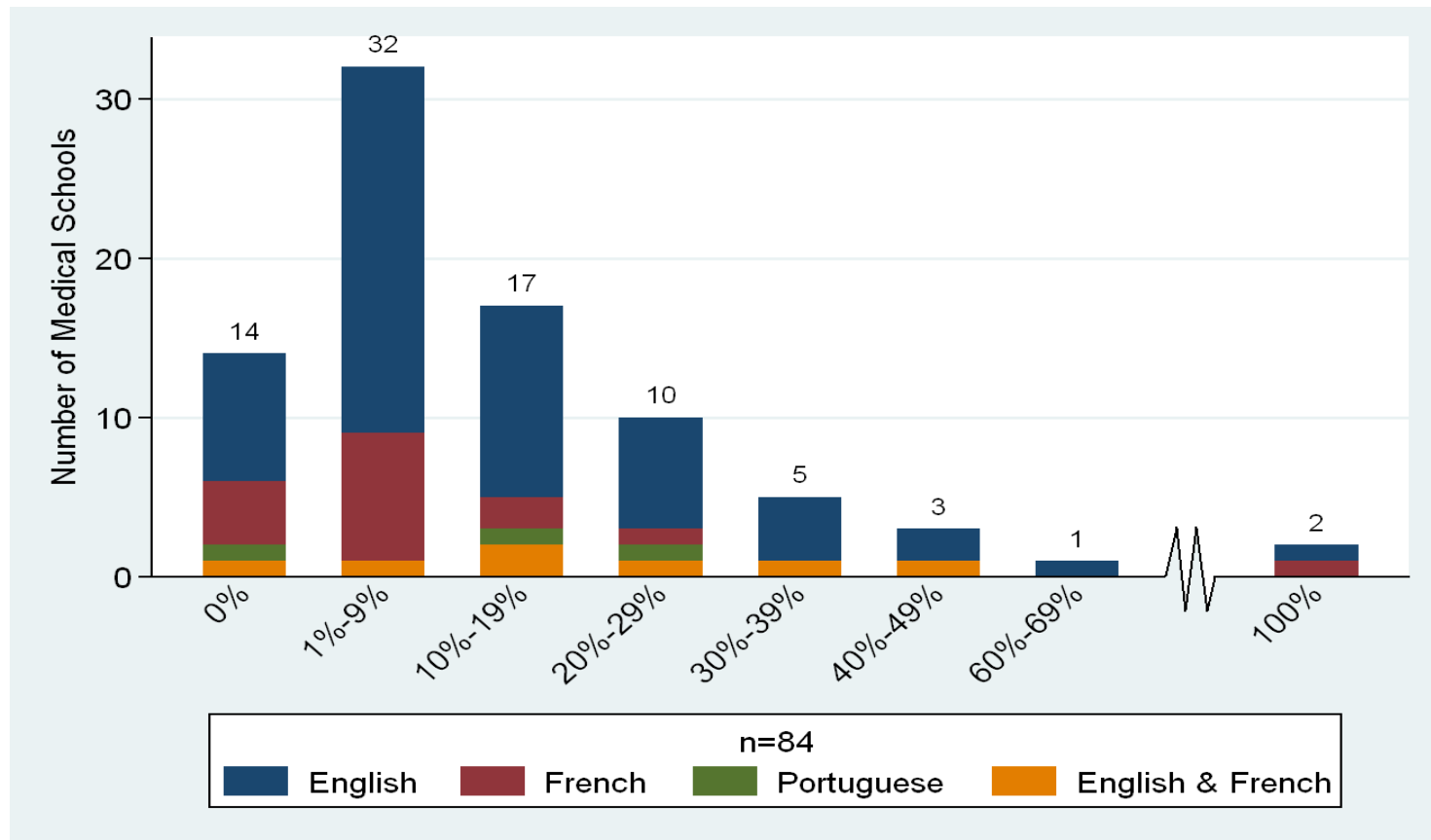
## Strong specialist training base ~60% in core disciplines, ~40% in others

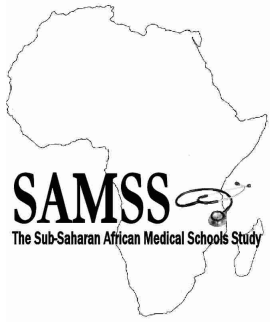




# Research is a tool for attraction, retention, infrastructure

## Research support, but few involved

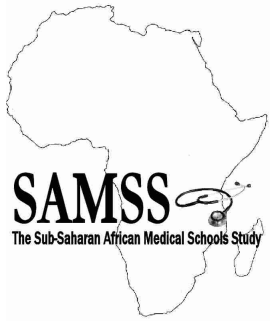




## **Compulsory service** **one tool to retain graduates**

---

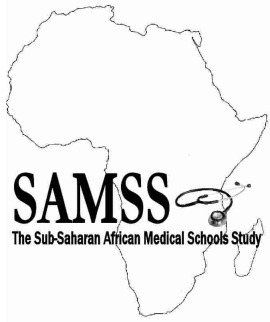
- ✓ **69% require community service**
- ✓ **Exists in 21 of the 36 responding countries**
- ✓ **In most instances in both urban and rural areas**
- ✓ **Largely paid**
- ✓ **A year in 59% of schools, two in 27%, >2 years in 14%**



## Strategies by schools to retain doctors in the country include:

⇒ Incentives for newly trained doctors	21
⇒ Ministry pushed to improve facilities	12
⇒ Better incentives for work in remote areas	12
⇒ Specialty training started/ improved	11
⇒ Write research grants/com based	9
⇒ Separate payments / incentives	6
⇒ Long rural clerkships	4

**\*From an open question**



# CONCLUSION

---

**SAMSS offers information that may be useful to retention and rural practice and to strategies to promote these**

- ✓ **Great appreciation to the Deans and key informants for their support and to the Advisory Body and SAMSS teams at both GWU and UP**