

Communication as the key to guide workforce development in the health sector in public stakeholder partnerships: a case study in Liberia

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Abstract

Background To improve the academic capacity of disciplines that contribute directly to the training of the health-care workforce in Liberia, the University of Liberia, in partnership with American counterparts at Indiana University and University of Massachusetts, launched the Center for Excellence in Health and Life Sciences, funded by USAID and Higher Education for Development.

Methods With a participatory approach, academics, government representatives, and community constituents developed a Certificate in Public Health (CPH). Targeting midlevel governmental health workers, the programme model combined traditional coursework with intensive community-based practice experiences, allowing students and faculty to move outside traditional academic and technical disciplinary boundaries. With a participatory approach to define measurable outcomes that were relevant to health-care planning for the country, the programme continually aligned its content with stakeholder expectations.

Findings The first cohort of ten students completed the core course curriculum plus 90 h of internship activity at five government facilities around Monrovia. Findings are the facilitating and challenging factors associated with the programme's development, implementation, and evaluation. Challenges include increased home-based delivery by semitrained traditional midwives and increase in malaria, diarrhoea, and acute respiratory infection in children younger than 5 years.

Interpretation The Ministry of Health and Social Welfare has already provided a framework to guide the rehabilitation of the health sector in a plan called Rebuilding Basic Health Services. To align public institution outcomes to workforce needs, communication, collaboration, and synergy between stakeholders is key. Tracking the improvement of data being reported and the health outcomes of communities served by the CPH graduates will be important. Further analysis needs to be done to ensure training fills health worker gaps.

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Contributors

MF is a Public Health Specialist for the Center for Excellence in Health and Life Sciences, and catalysed the partnership between the Ministry of Health and Social Welfare and University of Liberia through creation of the CPH proposal and justification, obtained approvals for implementation, codesigned the courses and evaluation methods, and acted as director for the programme. TN coordinated approval of the CPH at the Ministry of Health and Social Welfare, mobilised key stakeholders, provided continual guidance during the inception and development of the project, participated in the curriculum development, defined catchment areas, guided candidate selection and interview process, and identified evaluative outcomes. WW led the public health working group and acted as liaison with University of Liberia. SB guided candidate selection, mobilised county health officers from the pilot counties to identify and send candidates for interview and selection, provided support for the interview process, provided direction for the practicum, and identified outcomes for the Ministry of Health and Social Welfare. MT was a major catalyst in creating the buy-in of the programme by JFKMC, and provided administrative support for the programme collaborated on curriculum development and designed courses. SK collaborated on curriculum development and designed courses for CPH, and helped to provide logistic and administrative support from the Tubman National Institute for Medical Arts. MR served as faculty lead on the project from Indiana University. KS is corresponding author and served as coordinator of all administrative aspects of the project. All authors have seen and approved the final version of the Abstract for publication.

Declaration of interests

We declare that we have no competing interests.

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