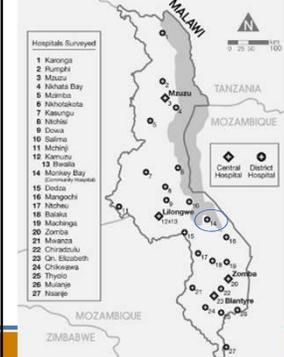




AAFP GLOBAL HEALTH SUMMIT
Primary Health Care and Family Medicine: Health Equity for All

**Rooted in the Rural:
 Creating the District Learning Platform**

Martha Makwero
 John Parks
 Jacob Nettleton
 Anna McDonald



HEALTH SYSTEM

- **Division of care**
 - **Primary level:** dispensaries, health centers, maternity clinics, village health clinics
 - **Secondary level:** community & district hospitals
 - **Tertiary level:** central hospitals

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OBJECTIVES

- The participant will be able to engage in discussion around the challenges of strengthening rural primary care pipelines
- The participant will be able to conceptualize the District Learning Platform as a distinct approach to strengthening the foundation of medical education in rural areas
- The participant will be able to join a discussion around how educational partnerships can be constructed to best contribute to rural systems-strengthening

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DEFINING “RESOURCE LIMITED”

- “All government hospitals experience periods without electricity”
- Strategy: task-shifting
- Outcomes: Limited support for education & supervision (even more pronounced in lower cadres)

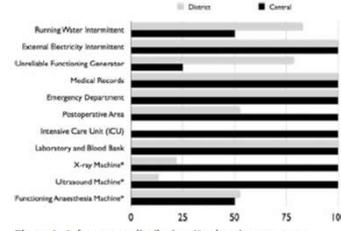


Figure 4. Infrastructure distribution. Numbers in percentages. *denotes always being available.

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THE ORIENTATION TO MALAWI SLIDE

Family Medicine in Malawi:
 Where are we and how did we get here?

- **1991:** Malawi College of Medicine (COM) was founded as a constituent college of the University of Malawi
- **2011:** Department of FM formed within the School of Public Health, first medical student clerkship begins
- **2015:** First class of 3 post-graduate trainees begins training at Mangochi District hospital
- **2019:** First post-graduates finish



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**FM COMPONENTS:
MEDICAL STUDENT
ROTATION**

- **Background**
 - 6-week rotation in Family Medicine operating since 2009 (during MBBS Year 4).
 - Only time in medical school where students work clinically in the districts
- **Successes**
 - Continuous operations since 2009 (sustainable)
 - Currently: 4 Groups of ~25 students per year. (~100 medical students per year)
- **Challenges / Opportunities**
 - Preceptor Consistency at different sites
 - Lodging for students at District sites

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A picture is worth a thousand words....



Picture of Mangochi District Hospital A & E (Emergency Room). Serving a catchment area of ~ 1 million people.

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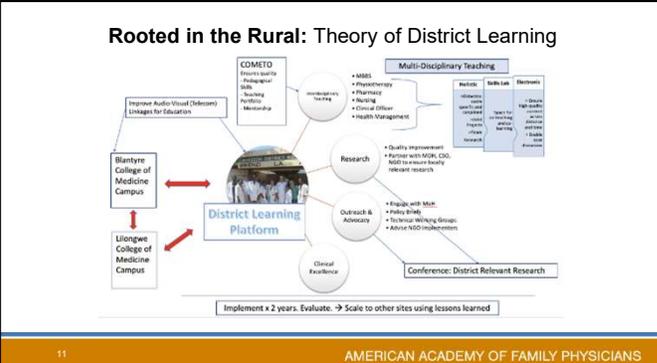
**FM COMPONENTS:
POST-GRADUATE (MMED)**

- **Background**
 - Based in 2 District Hospital sites
 - Training a Family Medicine Specialist (Adult/Pediatrics/Obstetric/Surgical)
 - Strong buy-in from: COM, MOH, Medical Council
- **Successes**
 - 7 enrolled, 1st cohort completed!
 - Applicants in for next cohort
 - Integration of trainees in District sites
- **Challenges / Opportunities**
 - Creating role for FM in Malawi system
 - Recruitment & Retention
 - Faculty / Teachers (GHSP, COM Posts)
 - Financial Sustainability (Scholarships)



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Rooted in the Rural: Theory of District Learning



Implement x 2 years. Evaluate. → Scale to other sites using lessons learned

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**THE FAMILY MEDICINE DIFFERENCE:
Where We Work**



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Clinical Excellence



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Interdisciplinary Teaching



13

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Discussion



16

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Research & QI



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17

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Advocacy & Outreach



15

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18

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