

## Regional Training and Research Collaboration in Internal Medicine

The East, Central, and Southern African College of Physicians (ECSACOP) is a college that spans Kenya, Malawi, Tanzania, Uganda, Zambia and Zimbabwe. It is dedicated to addressing the critical issue of workforce shortages of well-trained specialist physicians in the region.

ECSACOP is one of the constituent colleges of the ECSA College of Health Sciences, which was established following a resolution passed at the 52nd Health Ministers Conference held in Harare, Zimbabwe, in 2010. (ECSA/HMC52/R9: Strengthening Partnerships for Health). The college was officially inaugurated in 2015 and has been incubated within the Infectious Diseases Institute in Kampala, Uganda, since 2017.

The ECSACOP region has a population of about 250 million<sup>1</sup> with about 1200 physicians. This gives a Physician: Population Ratio of 1: 250,000. The World Health Organization stipulates a Ratio of 1: 1000<sup>2</sup>. The primary aim of ECSACOP is to work towards bridging this gap by increasing the number of highly trained physicians in the region. Achieving the WHO Physician: Population ratio will inspire economic growth. This is in tandem with the ECSACOP Vision: "Healthy communities through access to well-trained physicians." A healthy community actively engages in economic development activities.

With a growing network, the college has registered over 600 Founding Fellows from all member countries. ECSACOP has also launched its training program in five member countries: Kenya, Malawi, Uganda, Zambia, and Zimbabwe, marking a significant step towards its mission. The college collaborates with institutions such as the Royal College of Physicians of London and Edinburgh, WHO-AFRO, the West African College of Physicians, and the British Infection Association. This global collaboration is a testament to the quality and relevance of ECSACOP's programs.

ECSACOP has accredited 20 training sites spread across the five countries. The emphasis is on having appropriately accredited training sites outside the traditional capital cities, and training site accreditation is rigorous. University-based training of physicians has traditionally been in major cities; hence, quality healthcare has been skewed to urban centers. We know that any healthcare institution

that trains locally enhances the quality of care. We encourage equitable in-country distribution of training sites. One hundred thirty doctors are currently undergoing internal medicine training throughout the region.

The college has undertaken Training-of-Trainer (ToT) workshops for over 180 physicians in Kenya, Malawi, Uganda, Zambia and Zimbabwe to deliver the ECSACOP program. The emphasis of the ToT has been on conducting appropriate work-based assessments, both formative and summative. Diligent work-based assessments ensure ongoing lifelong learning amongst the trainees.

While the ECSACOP's current membership comprises physicians from Kenya, Malawi, Tanzania, Uganda, Zambia and Zimbabwe, the college receives applications from other countries within and outside the ECSA region. The college has completed the two cycles of the training program, with the graduation of the two cohorts, the first cohort in September 2022 in Malawi and the second cohort in September 2023 in Vic Falls, Zimbabwe.

The college has organized eight annual conferences, bringing together physicians from across the globe to share best practices and research findings. This year, it is hosting its 9<sup>th</sup> Annual Scientific Conference in Kampala, Uganda. The theme is, "Towards Collaborative, Equitable, and Enhanced Healthcare Delivery in Sub-Saharan Africa." This Theme aligns very well with the ECASCOP Vision. The conference has registered well over 200 attendees, 45 oral presentations, and 16 Poster presentations by researchers from different countries.

There are original presentations that stress key challenges encountered in the clinical management of patients in Sub-Saharan Africa (SSA). These challenges include delayed diagnosis and presentation to healthcare facilities for varied reasons such as availability, accessibility, and affordability of healthcare facilities and well-trained physicians. A glaring example, as highlighted in one study, is that there are several advances in excellent care of patients presenting with acute stroke, yet our patients still need such services. This is despite dedicated pre-hospital care with mobile CT scans in ambulances being introduced nearly 15 years

ago<sup>3,4</sup>. The essence of Mobile Stroke Units is to treat as many patients as possible in the “Golden Hour.” Another study highlights the clinical inertia in the commencement of appropriate insulin therapy in patients with Type-2 diabetes mellitus. This inertia is palpable in both clinicians and patients alike. There is ample evidence that delayed adequate control of diabetes mellitus results in significant end-organ damage and that early institution of insulin therapy, where indicated, improves care<sup>5</sup>. It is hoped that the ECSCOP training program, in collaboration with regional governments and external agencies, would strive to solve such challenges and difficulties in healthcare provision in the region.

There is an urgent need to foster close collaborative clinical and research activities with countries within the region. The ECSACOP population of approximately 250 million provides a rich environment for collaborative research to answer the myriad issues concerning healthcare in the area. Enhancing South-South collaboration with West African, Northern African, and Southern African colleges is in keeping with the ECASOP Vision and Mission. This conference will play a pivotal role in this regard.

## References

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