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Foreword

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The Sub-Saharan African region suffers 25% of the global burden of disease but has only 3% of the world's health care workers. This continental problem is not news to Africans, but recent reports from the World Health Organization and others have brought this challenge to global attention. The early efforts of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) in delivering HIV treatment, care, and prevention to populations in Africa dramatized the dimensions of the predicament—many countries lacked the health workers needed to efficiently administer antiretrovirals, treat opportunistic infections, and monitor treatment. The 2010 WHO Report on Scaling Up Nursing and Medical Education outlined key opportunities to improve training and retention of the health workforce in low- and middle-income countries.¹ In addition, the 2010 Sub-Saharan African Medical School Study report offered insights into the regional challenges facing African medical schools and recommended infrastructure development, research opportunities, and a focus on primary care as retention strategies for both faculty and students.²

In 2010, PEPFAR launched two programs, the Medical Education Partnership Initiative (MEPI) and the Nursing Education Partnership Initiative (NEPI), in an effort to help address this crisis in regard to medicine and nursing. MEPI is funding 13 medical schools in 12 African countries to improve the quantity, quality, and retention of their graduates in an effort to strengthen health systems in those countries. MEPI also funded a Coordinating Center at George Washington University in Washington, DC, and at the Uganda-based nongovernmental organization the African Centre for Global Health and Social Transformation, which assists the network of schools with collaborative projects and communications. NEPI works through the ministries of health in six African countries to strengthen the capacity of nursing and midwifery educational institutions. The initiatives are funded by PEPFAR through the Office of the U.S. Global AIDS Coordinator in the State Department and by the National Institutes of Health (NIH) and are administered by both the NIH Fogarty International Center and the HIV/AIDS Bureau of the Health Resources and Services Administration in the Department of Health and Human Services.

The MEPI program is built around five core themes:

1. *Capacity development:* enhancing the quality and quantity of medical education in funded schools and in their respective countries,
2. *Retention:* working to retain graduates and faculty in-country and to improve the distribution of medical doctors in underserved areas of all countries,

3. *Regionally relevant research*: enhancing research training to augment national research capacity and for faculty development and retention,
4. *Communities of practice*: strengthening partnerships around common areas of interest in medical education,
5. *Sustainability*: working to ensure the durability of MEPI accomplishments and the continued investment in medical education and health workforce scale-up.

Within these themes, MEPI schools are engaged in a diverse range of educational innovations and research enhancements, including community-based education, eLearning, residency program development, and research training. To facilitate cross-cutting work in areas of common interest, the MEPI network has formed technical working groups that confer regularly, sponsor webinars and conferences, and publish together. Formal and informal partnerships with other medical schools mean that an additional 25 schools in Africa, 20 in the United States, and 2 in the United Kingdom are active participants in the MEPI network. The MEPI community convenes an annual symposium where more than 250 medical educators, health policy leaders, global health organizations, and government representatives gather to share perspectives on MEPI and health professions educational transformation in general.

The MEPI leadership has constituted itself as a Principal Investigators Council (composed of the 13 MEPI schools and the MEPI Coordinating Center Principal Investigators), which meets twice yearly to provide leadership and oversight for the MEPI network. This *Academic Medicine* Supplement is the result of the resolve of the PI Council to make the MEPI achievements more accessible to the larger community of medical educators in Africa and globally. In January 2013, at a meeting of the PI Council in Kumasi, Ghana, after reviewing the scale and variety of educational innovations under way, council members decided that it was time to share the progress that was being made. A proposal to this effect was developed and sent to the editors of *Academic Medicine*, who graciously accepted it. This Supplement is the result.

MEPI is a major venture in international educational innovation that has generated new thinking, energy, and optimism in the field of medical education in Africa. The presence of MEPI has also enabled new partnerships among African medical educators in pursuit of educational and health system strengthening. Although MEPI directly affects only a minority of the more than 170 medical schools in Africa, it is our hope that this Supplement, with its many examples of MEPI achievements and collaborations, will contribute to a continued and expanded investment and innovation in medical education throughout the continent and perhaps serve as a model for other developing regions of the world.

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