



*Consultative Meeting*

*on*

*Continuing Medical Education*

*and the role of*

*Information and Communication*  
*Technologies*  
*in Kenya*

*AMREF International Training Centre*  
*23<sup>rd</sup> July 2003*

*Report compiled by:*  
*Stephanie Nduba and Martin Kinyua*

## **Acknowledgement**

We would like to take this opportunity to thank all those who took part in the preparation of this meeting. In particular, we would like to thank Caroline Nyamai-Kisia, Christopher Wood, Tom Kwanya, Christine Uyoga, Betty Omore, Stephanie Nduba and Martin Kinyua who were part of the organizing committee. In addition, we would also like to thank the Director General, AMREF, Dr. Michael Smalley for his continued support.

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## **Acronyms**

<b>AMREF</b>	<b>African Medical and Research Foundation</b>
<b>CD-ROM</b>	<b>Compact Disk Read Only Memory</b>
<b>CE</b>	<b>Continuing Education</b>
<b>CHAK</b>	<b>Christian Health Association of Kenya</b>
<b>CME</b>	<b>Continuing Medical Education</b>
<b>CPD</b>	<b>Continuing Professional Development</b>
<b>E-learning</b>	<b>Electronic learning</b>
<b>HIF</b>	<b>Health Information Forum</b>
<b>ICTs</b>	<b>Information and Communication Technologies</b>
<b>KEPI</b>	<b>Kenya Expanded Programme on Immunization</b>
<b>KMTC</b>	<b>Kenya Medical Training College</b>
<b>KNCEP</b>	<b>Kenya National Continuing Education Programme</b>
<b>MOH</b>	<b>Ministry of Health</b>
<b>NGO</b>	<b>Non Governmental Organisation</b>
<b>PDA</b>	<b>Personal Digital Assistant</b>
<b>WHO</b>	<b>World Health Organisation</b>
<b>WWW</b>	<b>World Wide Web</b>

## Background

In a meeting in Addis Ababa (2002) an emerging crisis of health manpower in Africa was highlighted. In this meeting, the World Bank and other partners agreed to establish a joint secretariat to support actions by African countries to address this crisis. Participants to that meeting were asked to take the lead in development of country specific action plans by convening meetings of stakeholders. USAID and Rockefeller Foundation promised to give support in mobilising financial resources.

Late last year (November 2002), a regional consultative meeting on continuing medical education in East Africa was held in Kampala, Uganda, which emphasized that “CME, was at the heart of improving the quality of health care”. Participants in this meeting highlighted the importance of CME for middle level health workers and collaboration across disciplines between institutions of higher learning and across borders.

In a conference held in Moshi, Tanzania (April 2003) for East and Southern Africa, participants looked at concrete strategies and approaches in ICT that can be used to develop and deliver continuing medical education to health care providers particularly those in rural areas.

It was agreed in that meeting that, health workers are the most important asset of any health care system but to ensure that they deliver quality health care, they need to continuously update their knowledge, skills and attitudes. That is for quality assurance; the learning process of a health worker must be life long.

However, the five countries that participated in this Moshi conference indicated that CME activities were falling behind and could not keep up with the demand. Moreover, the approach of workshops was costly for any developing country besides the fact that they were poorly coordinated, donor driven and not always need-based. It was therefore recommended that each country should continue to hold consultative meetings with a view of coming up with a national CME programme.

In these meetings, it was observed that many health professionals in Africa currently have little information but that in future, they will increasingly have the same problem as their colleagues in the ‘developed’ countries: drowning in a sea of too *much* information, most of it irrelevant unless something is done now.

Pointers are needed to practical and relevant sources of information for frontline health care workers. The price of such information should not be a barrier to access - indeed, essential information should be free of charge and universally available.

Regrettably, AMREF was not represented at all these meetings, and in the Moshi conference in particular, as it was holding its annual programme meeting. However, its young partner agency *AfriAfya* was present and their Project Coordinator, Dr. Caroline Nyamai-Kisia, was nominated country liaison person for this. When the two colleagues

from *AfriAfya* returned, they briefed the AMREF Director General who immediately directed some of his officers to work with *AfriAfya* to convene the stakeholders meeting to map out a national way forward.

### **Aim of the meeting**

The aim of the national consultative meeting was to bring all stakeholders together to discuss CME and the role of ICTs in making this accessible to all health care providers, and to come up with recommendations to take this forward.

### **Objectives of the meeting**

The objectives of this meeting were to bring together all the stakeholders to:

1. Share information and exchange ideas on ongoing CME activities
2. Provoke thought on how ICTs can contribute to CME
3. Consultation of relevant stakeholders on what needs to be done in Kenya and what role they can play
4. Provide the Ministry with information to help them clarify a CME policy
5. Make recommendations and develop action plans to take the CME agenda forward.

## **Presentations**

### **Welcome and opening remarks to the meeting**

**The AMREF Director General Dr. Michael Smalley** said in his welcome speech that Continuing Medical Education is extremely important to AMREF as capacity building is key to development and hence its prominence in AMREF's strategic plans.

He told participants how AMREF has over the years been involved in providing continuing education including initiating the use of distance education (print and audio media) and pointed out the need for health workers to continuously update themselves if they are to provide quality health care.

Dr. Smalley further informed the participants that AMREF has continued to produce relevant health learning materials e.g. the rural health series manuals and also organises and runs a number of workshops and short courses on request or following its own training needs assessment.

He talked of AMREF's commitment to the growth and development of information and communication technologies (ICTs) and their disbursement to the communities as well as continuing medical education.

He also assured everyone that AMREF would participate actively and work in partnerships to ensure, where possible, the improvement of health care especially for the disadvantaged people of Kenya

*(The full welcoming speech is attached in Appendix 1)*

**Prof. Miriam Were, the chairperson of the AMREF Board** in her opening remarks stressed the importance of continuing education for health workers and stated the following clear reasons:

- Need for individuals to keep up their medical knowledge
- The need to protect the public
- The need to be equipped with new knowledge, skill and attitudes
- The need for continuing education as a response to access to health care as a human right

The AMREF chairperson also pointed out that in some countries, continuing education is mandatory if a health worker is to continue being a health care provider. She further suggested that this should also be the case in Kenya thus ensuring that continuing education becomes a routine lifetime undertaking throughout life. In addition, Prof Were stressed the importance of ICTs in continuing education. She said that Africa was still lagging behind in the use of ICTs. According to the 2001 Human Development Report, the bandwidth of Sao Paulo in Latin America is bigger than the bandwidth of the entire African continent while the bandwidth of Seoul in South Korea is bigger than that of

Latin America. She added that *AfriAfya* provides an exciting possibility in its focus on access to ICTs for community health in rural communities.

*(The full opening speech is attached in Appendix 2).*

### **Keynote address by Dr. Christopher Wood, Chairman of the *AfriAfya* Executive Board**

#### **Continuing Medical Education - A Piece of Cake?**

Dr. Wood, Chairman *AfriAfya*, who has played a distinguished role in public health and CE for health workers, began his presentation by stressing the importance of CE for health workers. He pointed out that the shelf life of medical knowledge is now only five years, and hence the need for continuing education. In Kenya, there is a high proportion of people who possess old skills, having last attended formal training 5,10 or even 20 years back.

Traditionally, the government dedicates most funds to the training of doctors at the expense of all other health workers. Continuing education has therefore been dormant especially for the majority of health workers. In his presentation, Dr. Wood used the analogy of a “cake” composed of all health workers in need of CE. In the past, some organizations e.g. UNICEF, AMREF, Nursing Council, Mission hospitals, KEPI etc had set up CE programmes to cater for different cadres of staff. Each organization had a piece of the cake, in a rather uncoordinated manner, which made it messy, and indeed with large gaps and overlaps.

After consultations at the regional level, different stakeholders agreed to nominate a “birthday boy” to be responsible for this cake. Naturally, the respective Ministries of Health were given this responsibility. Their role would be to take an active stand on CE and develop policies and plans on how to further the CE agenda. The Ministry was not to go it alone but involve all stakeholders, Dr. Wood continued.

He further added that unlike many years ago, we can now make use of new tools in CE such as use of ICTs, which can help with networking, development and sharing of learning materials, and disseminating the information to the relevant professionals. He concluded by saying that it was our responsibility to stimulate the desire to learn.

## **Continuing Medical Education by the Government**

**Dr. Ahmed E. O. Ogwell the Head, Non Communicable Diseases, Ministry of Health** representing the Director of Medical Services began his presentation by stating that there was a very good plan on Continuing Education in the current MOH strategic plan. He further suggested that it should be Continuing Professional Education to include all the workers.

Dr. Ogwell highlighted the main problems experienced by the ministry as being:

- Lack of focal person at the MOH to coordinate activities
- Lack of resources and need to budget for human resource development.
- No needs assessment has been done yet
- Weak training committees, more so at the district level.
- There are currently no guidelines for evaluation.

In addition, the MOH representative mentioned some CME activities that are currently being carried out

- Post-basic scholarships were being offered. These are mainly local and largely to doctors
- Short courses abroad made possible with funding from our partners. These are mainly abroad.
- Specialized workshops e.g. Disaster Management
- CME at stations
- Conferences
- Budgetary provisions were being made at departmental level
- The Government was also committed to giving paid study leave

### **The future**

- Continuing Medical Education should be basis for promotion
- More CME opportunities should be made available.
- There should be increased regional training e.g. training of trainers at provincial level
- Staff motivation is currently being looked into.

The government is aware of the fact that CME makes a better health worker and thus better quality of care. He reassured participants that the DMS is eagerly waiting for the recommendations that will come out of this meeting and has promised to take them seriously.

*(The full presentation is attached in Appendix 5).*

**Meshak Muturi of Kenya Expanded Programme for Immunization (KEPI), Ministry of Health** who has previously worked in the National Continuing Education Programme for 10 years gave an overview of the programme, which was started in 1961. In 1982, the Continuing Education Unit was integrated into the Kenya National Continuing Programme (KNCEP).

KNCEP together with AMREF used the following strategies when providing Continuing Education (CE)

- A training needs assessment was done in many districts in the country
- KMTC developed/reviewed curricula for courses based on the needs assessment findings
- Mounted management and extension courses for District Health Management Teams
- Management courses for in-charge rural health facilities
- Trained health workers on writing and editing
- Developed small libraries in rural health facilities
- Facilitated refresher courses for rural health workers
- Developed distance education materials (print and radio). Still running through AMREF

### **Challenges**

- Lack of continuity from 1961 to date
- Change of use of some continuing education centers e.g. Mbale
- Mismatch between policy on CE and provision of resources for implementation
- Over reliance on donor funding
- Low hierarchical positioning of KNCEP
- Lack of national level co-ordination since 2000

### **Lessons**

In the time that it run, CME proved to be very popular with health workers, and got very high ratings. Distance learning was also very popular.

Mr. Muturi recommended that KNCEP should be placed higher up in the ministry hierarchy to allow it to carry the required authority, and included in the national budget to ensure sustainability (*The full presentation is attached in Appendix 6*).

## **Continuing Medical Education in the Non Government sector**

**Dr. Peter. M. Ngatia Director of Programmes, AMREF** when giving the organisation's experience said that CE was started in AMREF/Kenya as far back as 1973, although this was run on an ad hoc basis. However, in 1978, a training department was established with assistance from DANIDA and charged with the responsibility of establishing the impact of CE on health service delivery.

From 1982, having demonstrated that CE does not only improve the quality of health care and service delivery but also motivates the health workers particularly those in rural areas, AMREF advocated for the establishment of CE within the ministries of health in Kenya, Uganda, Tanzania, Somalia, Ethiopia and Sudan. Dr. Ngatia went further to give participants some of the lessons learnt and achievements:

### **Lessons learnt**

- There is overwhelming need for continuing education at all levels
- The CE needs of different vertical programmes can be met through integrated refresher courses
- Recognition of CE participation through recognized certification and other reward systems are necessary
- Professional organizations have an important role to play to ensure sustainability of CE
- Distance learning is far much cheaper than other methods of CE. It costs a sixth of the cost of residential training
- A clear national policy is an important precondition for a successful CE programme

### **Achievements**

- Training of several cadres of health providers
- Strengthening of basic training
- Establishment of CE units in the MOH and within district health services
- Creation of a budget line for CE
- Provision of basic resources improved

Dr. Ngatia raised some issues to be addressed in the meeting as:

- The relative merits - cost/benefit ratios - of different types of CE activities
- The impact of CE – has the level of healthcare improved as a result of CE activities?
- Justification of investing scarce resources in CE instead of basic training, drugs, etc.
- Is it CE or remedial education?
- Recognition of CE

In his concluding remarks, he suggested that CE should be strengthened by utilizing all the available technologies e.g. e-learning and other forms of ICTs. He pointed out that healthcare workers were eager to learn if provided with the opportunity.  
*(The full presentation is attached in Appendix7).*

**Dr. Samuel Mwenda Secretary General Christian Health Association of Kenya (CHAK)** informed the participants that CHAK was an association of over 360 Protestant health facilities in Kenya. CHAK was responsible for the provision of CME to all healthcare workers in these facilities, supporting CME programmes in its member institutions. It has done so in the following ways:

- Organising training workshops and seminars for its members. For example, CHAK organises an annual health conference where health practitioners come together and share their experiences.
- Organising facilities-based training where hospital/health centre staff are trained after a needs assessment has been carried out.
- Setting up of a resource centre at CHAK to offer up-to-date information to health professionals
- Recently, CHAK embraced the use of ICT's, by establishing a website and creating databases to manage data.
- Lastly, CHAK has put a lot of emphasis on documentation and dissemination of information.

In addition, the Mission of Essential Drugs Supply (MEDS) was set up to provide cost effective drugs to hospitals and health facilities. It also has a dedicated training department that offers training in drug administration and institutional management in addition to a two-year course for pharmaceutical assistants among other courses in its annual training calendar. It also offers facilities based training; field training and regional MEDS day meetings.

Dr. Mwenda further recommended the following:

- CME should be made mandatory and linked to staff appraisal
- Clinical updates should be adopted in health facilities
- There should be a budget line for CME
- Regional postgraduate seminars should be introduced
- Well-equipped resource centres should be set up
- All should embrace use of ICT's

Like those that had presented before him, Dr. Mwenda cited difficulty in accessing rural areas, staff shortage, lack of clear policy on CME, lack of finance, low staff morale, and limited sharing of resources among health bodies as some of the challenges faced.

*(The full presentation is attached in Appendix8).*

**Ms. Rose Kioko the Executive Officer, Kenya Medical Association (KMA)** defined it as a voluntary organisation of medical doctors in Kenya established in 1968, currently with a membership of over a 1,000 doctors.

She said that over the years, KMA has been taking forward the CME agenda through various activities namely:

- The East African Medical Journal, a monthly journal, that has for 80 years played a key role in ensuring that health professionals are kept up to date on what is going on in the medical profession?
- The Kenya Medical Association also organises talks for its members with sponsorship mainly from pharmaceutical companies.
- The KMA also holds a scientific conference every year for the last 30 years that brings together medical practitioners from all over Kenya and beyond. Such gatherings have proved extremely popular.
- KMA has also established a resource centre where users can get access to the most up to date information in their respective fields.
- Lastly the KMA has 5 standing committees that enable it address specific training issues. These committees provide training to health professionals and the general public all over the country.

At the regional level, KMA has been working with Tanzania and Uganda on ways to harmonise medical education standards in the region. This will eventually lead to cross border registration through the regulatory bodies, as well as cooperation through a Federation of East African Medical Associations.

She pointed out that already in Uganda, CME is mandatory across the country, and Kenya is looking into means to adopt this. In this regard, the Nursing Council is ahead of other professional bodies in CME as they already required a minimum of 20 CME hours per annum to enable one retain their membership.

Finally Ms Kioko said that KMA was keen to be part of all initiatives that aim at taking the CME agenda forward.

## **Use of ICT in Continuing Medical Education**

**Mr. James Onsare, the Chief Trainer and Systems Administrator, Virtual University Enterprise**, said that NairobiNet Online is a Kenyan owned Internet Service Provider that also delivers online training courses through its Virtual University Enterprise. It runs over 700 IT and Management courses with respective professionals contributing to development of learning materials. He stressed the importance of e-learning and its cost effectiveness, for instance in sharing learning materials by placing them on a central server.

Mr. Onsare outline what his company could contribute to this initiative and their achievement in e-learning so far. *(The full presentation is attached in Appendix8).*

**Mr. Silas Mudhekere of AfyaNet** presented the outcome of a three-country study to determine the viability and value of handheld computers in the management of information in the health sector in Africa. The conclusion was that hand held devices can be effectively used. *(The full presentation is attached in Appendix 10).*

**Neil Pakenham-Walsh of the International Networking for Availability of Scientific Publications (INASP) said that his organisation was** working to make information more accessible to those living in the developing nations of the world e.g. through the Programme for the Enhancement of Research Information (PERI). He also added that they have links with other bodies involved in information from all over the world.

INASP recognises the importance of sharing information and experiences both at National and International levels. Sharing however has to begin at the National level.

INASP is committed to both National and International networking. At the international level, INASP and WHO run the Health Information Forum-Network (HIF-NET) at WHO which is a dedicated discussion list whose main focus is on Continuing Medical Education and access to information. It is all about sharing experiences. The list has over 1,000 subscribers currently with over a third of these based in Africa.

At the National level, INASP is ready to support local initiatives that bring people together in order for them to learn from each other. Some of these initiatives include:

- Active networking
- Training workshops on ICT skills e.g. Internet skills
- Training opportunities for health learning material producers e.g. editing and writing skills
- Training in other relevant areas for information professionals e.g. marketing

INASP aims to use local expertise in achieving the above.

*(The full presentation is attached in Appendix11).*

## **Group work**

Participants were split into 5 groups that were charged with the responsibility of looking into what needs to be done in CME at the National level, the role that ICTs should play in CME and to eventually give recommendations on the way forward.

The various groups held lengthy deliberations and came to the following conclusions.

### **Issues that need to be addressed**

1. Formation of a National Steering Committee to coordinate CE activities.
2. Mobilization of resources for CE both from the Government through the Ministry of Health, and from other stakeholders.
3. Formulation of policy to regulate CE issues in Kenya
4. Training needs assessments should be carried out in order to establish the status of CE in Kenya, identify gaps and map strategies for filling these gaps.
5. Establish mechanisms that will be used to monitor and evaluate the quality and effectiveness of CE activities. Involve professional bodies in this.
6. Development of Health Learning Materials
7. Capacity building at institutional levels with the establishment of resource centres that provide up-to-date information.
8. Advocacy and sensitisation of key policy and decision makers.
9. Independent medical regulatory bodies need to come up with policies on Continuing Professional Development
10. Information management needs to be improved at all levels.
11. Provide incentives for those who take part in CE programmes
12. The government should free up airwaves to enable the smooth flow of information
13. Provide basic training in use of ICTs
14. Ministry of Health should develop a database on all CE activities and stakeholders

### **Role of ICTs in CE in Kenya**

1. Delivery of content, e-learning, training
2. Communication, particularly use of email and electronic discussion forums

3. Information management
4. Dissemination of information
5. Virtual interaction between professionals reducing isolation
6. Monitoring and Evaluation
7. Research e.g. in surveys data collection, analysis and presentation
8. Simulation

## **Recommendations**

1. The MOH to identify an appropriate person to coordinate CME activities. This should ideally be a senior official within the ministry to enable effective coordination and quick decision-making.
2. Development of a clear national policy for CME in Kenya. Recognise the use of ICTs.
3. Have a clearly established CME structure within the MOH.
4. Create standardized CME curricular that can be used by all CME providers that provide minimum practice standards.
5. Have an accreditation system for CME providers. This can be run by the MOH and CME providers seek accreditation from the MOH.
6. Resource mobilization and allocation – including the creation of a budget line within the MOH that will allow financial sustainability of CME in Kenya.
7. Distance education should be adopted for easier and more cost effective CME delivery.
8. Analyse, with a view to rationalising, the use of ICTs in healthcare in Kenya, particularly for access and cost-effective delivery of CME learning materials. Utilise existing facilities for information dissemination eg cybercafes, rural Internet access programmes, CD ROMs, radio programmes, videos, WorldSpace technology, and public broadcast media such as KBC.
9. Mandatory annual minimum CE hours for all health workers with accompanying tracking system (booklet). Develop means of enforcing these. This can be made part of an annual appraisal or re-registration and linked to opportunities for future training, sponsorship and award.
10. Have clearly defined roles of professional associations as a means to ensure sustainability of CME activities.

11. Look at ways of integrating the different vertical programmes into integrated refresher courses.
12. Incorporate follow-up supportive supervision in CME programs being developed.
13. Review learning materials that have been developed and left unfinished. Finalise them after looking at what needs to be done.
14. Develop a reward system for CME e.g. recognition, or policy to use this as a basis for promotion.
15. Develop an annual training calendar for different regions (districts/provinces) and different cadres of staff. Equitable distribution of CME opportunities.
16. Create an enabling environment for use of ICTs for CME through the opening up of the airwaves and providing preferential rates for delivery of health content.
17. ICT capacity building amongst healthcare workers. Provide computer literacy and create awareness of the usefulness of ICTs eg the use of email to ease communication.
18. Together with others improve the ICT infrastructure.
19. Encourage the production of open-source CE software. Make use of the already demonstrated existing expertise in Kenyan companies.
20. MOH to develop a database of ongoing CME activities and the players in this as well as a website portal of all ICT in health initiatives. This should be set up and maintained by the MOH with links to the other organizations involved in this.

Before closing the day's business, participants decided to set up a task force to study in detail the issues raised, prioritise what needs to be done and look at concrete ways of taking these forward including seeking the necessary resources. There was great enthusiasm to be part of this task force and after lengthy deliberations, the following organisations were elected to form that committee, represented by the named individuals.

**Task Force Committee:**

- |    |                                   |                      |
|----|-----------------------------------|----------------------|
| 1. | Ministry of Health                | Dr. Ahmed Ogwell     |
| 2. | AMREF                             | Dr. Peter Ngatia     |
| 3. | CHAK                              | Dr. Samuel Mwenda    |
| 4. | Kenya Medical Training College    | Ms. Kanyotu          |
| 5. | Kenya Educational Network         | Victor Kyalo         |
| 6. | Nairobi City Council              | Dr. Elizabeth Wambua |
| 7. | Pharmacies and Poisons Board, MOH | Dr. Julius Ombogo    |
| 8. | AMREF                             | Robert Leitch        |

Finally **Dr. Festus Ilako Head of Programmes AMREF Kenya** thanked all those present and their organization for sparing time to discuss this important issue that would make a difference on quality health care. He echoed the Director General's remark that AMREF is committed to continuing education as it attaches great importance to capacity building. He reassured members that AMREF is looking forward for stronger collaboration and wider networking.

## APPENDIX

*Appendix 1: Programme*

### PROGRAMME

**Consultative Meeting on Continuing Medical Education and the Role of  
Information & Communication Technologies in Kenya**

**Auditorium, AMREF International Training Centre  
23<sup>rd</sup> July 2003**

Time	Activities
<b>Morning session</b>	<b>Chair: Dr. Festus Illako</b>
<b>08.00 am – 08.45 am</b>	<b>Registration</b>
<b>08.45 am – 08.50 am</b>	Welcome address <b>Dr. Michael Smalley</b> <b>Director General, AMREF</b>
<b>08.50 am – 09.00 am</b>	Official Opening <b>Prof. Miriam Were</b> <b>Chair, AMREF Board</b>
<b>09.00 am – 09.15 am</b>	Introduction and housekeeping <b>Stephanie Nduba, International Training Coordinator,</b> <b>Directorate of Learning Systems, AMREF</b>  Background to the Workshop <b>Dr. Caroline Nyamai-Kisia, Project Coordinator, AfriAfya</b>
<b>09.15 am – 09.35 am</b>	Keynote address Continuing Medical Education: A piece of cake? <b>Dr. Chris Wood</b> <b>Chaiman, AfriAfya Board</b>
	PRESENTATIONS
<b>09.35 am – 09.50 am</b>	Vision of Continuing Medical Education in Kenya <b>Dr. Ahmed E. O. Ogwel</b> <b>Head, Non Communicable Diseases, Ministry of Health</b>
<b>09.50 am – 10.05 am</b>	The National Continuing Education Programme Experience in Continuing Education <b>Dr. Meshak Muturi,</b> <b>Kenya Expanded Programme for Immunisation (KEPI),</b> <b>Ministry of Health</b>
<b>10.05 am – 10.15 am</b>	Discussion

<b>Time</b>	<b>Activities</b>
<b>10.15 am – 10.30 am</b>	<b>T E A B R E A K</b>
<b>10.30 am – 10.40 am</b>	AMREF experience <b>Dr. Peter Ngatia</b> <b>Director of Programmes, AMREF</b>
<b>10.40 am – 10.50 am</b>	Continuing Medical Education in the Non Government sector <b>Dr. Samuel Mwenda</b> <b>Secretary General</b> <b>Christian Health Association of Kenya (CHAK)</b>
<b>10.50 am – 11.05 am</b>	CME: The Kenya Medical Association experience <b>Ms. Rose Kioko</b> <b>Executive Officer, KMA</b>
<b>11.05 am – 11.15 am</b>	Discussion
<b>11.15 am – 11.25 am</b>	Use and Implementation of E-learning: The NairobiNet Experience <b>Mr. James Onsare, Chief Trainer, and Systems Administrator,</b> <b>Virtual University Enterprise</b>
<b>11.25 am – 11.35 am</b>	Use of hand held devices: The AfyaNet experience <b>Mr. Silas Mudhekere, AfyaNet</b>
<b>11.35 am – 11.45 am</b>	International Networking for Continuing Medical Education <b>Dr. Neil Prakensham-Walsh, INASP</b>
<b>11.45 am – 12.00 pm</b>	Discussion
<b>12.00 pm – 12.45 pm</b>	Group discussions 1 <b>What needs to be done in Kenya? By whom? By when?</b>
<b>12.45 pm – 02.00 pm</b>	<b>L U N C H</b> and Viewing of Displays
<b>Afternoon session</b>	<b>Chair: Dr. Peter Ngatia</b>
<b>02.00 pm – 02.45 pm</b>	<b>Plenary group reports and discussions 1</b>
<b>02.45 pm – 03.15 pm</b>	Group discussions 2 <b>Developing Action Plans for Kenya</b>
<b>03.15 pm – 03.30 pm</b>	<b>T E A</b>
<b>03.30 pm – 04.30 pm</b>	<b>Plenary group reports and finalising action plans</b>
<b>04.30 pm – 04.45 pm</b>	Summary of days activities and closing <b>Dr. Festus Ilako, Head of Programmes</b> <b>AMREF Kenya Country Office</b>

Appendix 2: Participants list

**LIST OF PARTICIPANTS**

**Consultative Meeting on Continuing Medical Education and The Role of  
Information & Communication Technologies in Kenya**

**Auditorium, AMREF International Training Centre  
23 July 2003**

	<b>Organization</b>	<b>Name of representative &amp; designation</b>	<b>Contact address Postal address, phone, fax, email</b>
1	Ministry of Health	Dr. Ahmed E. O. Ogwel Head, Non-Communicable Diseases	P. O. Box 67427 00200 Nairobi, Kenya; Tel: 2717077 <a href="mailto:ogwell@swiftkenya.com">ogwell@swiftkenya.com</a>
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*Appendix 3: Welcoming address*

**The Director General of AMREF, Dr Michael Smalley, colleagues and friends**

Good morning, ladies and gentlemen and welcome to the Kenya Continuing Medical Education (CME) and Information Communication Technology (ICT) consultative meeting here at the AMREF International Training Centre.

I would like to extend a special welcome to the representatives from the ministry of health, the United Nations agencies, Health/ Medical Professional Bodies, Medical and other Training Institutions, government, private and mission hospitals.

A warm welcome is also extended to ICT institutions and companies with whom we hope to make ICT accessible to disadvantaged communities and our young partner NGO AfriAfya with whom we are coordinating this meeting.

At this juncture I would like to acknowledge the participation of the International Network for the Access of Scientific Publications (INASP) represented here by Dr. Neil Pakenham – Walsh, who has graciously accepted to stay a few days longer so as to participate in this meeting.

Last but by no means least, Professor Miriam Were, the chairperson of the AMREF International Board and the National AIDS Control council who has found time from her busy schedule to join us this morning.

It is indeed a great privilege for AMREF to host this very important meeting. As you may be aware, AMREF has over the years been involved in providing continuing education particularly to the rural health workers who work in isolation with little or no access to vital information and often with not even a more qualified person to consult.

Continuing Medical Education (CME) is extremely important to AMREF as capacity building is key to development and hence its prominence in AMREF's strategic plans. With the rapid changes experienced in the scientific world and in the area of medicine in particular, AMREF realised the need for health workers to continuously update themselves if they are to provide quality health care. AMREF has played a major role in initiating the establishment of Continuing Education including use of distance education to train health workers in developing countries. Some of the AMREF continuing education activities include: production of relevant health learning materials (HLM), I am sure many of you have seen our Rural Health series manuals; it has over the years played a key role in assisting MTCs to review existing and develop new curricula that are relevant for identified needs. It has and continues to organise and run a number of workshops and short courses on request or following its own training needs assessment. You will to day be hearing this in more details from my colleague Dr. Peter Ngatia.

Please allow me to stress the fact that when AMREF initiated the use of distance learning using both printed material and radio broadcasts to provide continuing education to health

workers in developing countries. This way, we were able to reach many health workers who would have otherwise not been reached. This was a big step to providing education to health workers in Africa, and we will therefore not hesitate to further strengthen the use of the new technology to make CME more accessible. AMREF's commitment to capacity building and improvement of quality health care is therefore paramount.

May I also take this opportunity to apologise on behalf of the entire AMREF fraternity for having not attended the Moshi regional conference on ICT and Continuing Medical Education for Eastern Africa. AMREF was at the time holding its annual programme meeting, a convergence of AMREF technical personnel based in our various countries of operation in Africa.

I would like to assure you that AMREF is committed to the growth and development of information communication technologies and their disbursement to the communities as well as continuing medical education. We will participate actively and work in partnerships to ensure where possible to ensure the improvement of health care especially for the disadvantaged people of Kenya.

I wish you all a successful and fruitful deliberation on ICT and CME. Please note that we do have an extremely well equipped library and fully stocked book distribution unit both equally important to your own 'continuing medical education'. Take time to look around, as our facilities are also available for use.

Once again I welcome you all at AMREF and thank you for finding time to participate in this workshop.

**Karibu Sana!**

#### *Appendix4: Official Opening*

### **Official Opening**

Prof. Miriam Were

Chair, AMREF Board

It is very good that the consultation is taking place and has involved a wide spectrum of stakeholders. As you will hear from my brother, Dr. Chris Wood, AMREF has been active in continuing education for a long time. This establishes a basis for AMREF being the place for this consultation.

The need for, and therefore the importance of continuing medical education, is quite clear. As a matter of fact, I think it should have been, “continuing education for health workers”. Since this is a very broad area, I will make just a few general remarks. Firstly this is on why continuing medical education is needed and then on how this can help us promote the culture that would help us benefit from information and communication technology.

1. Some basic reasons for engaging in continuing medical education:

The reasons below are fairly basic but my observation is that they are not always recognized.

#### **1.1 Need for individual upkeep**

It is assumed that everyone will, on their own, ensure that they keep up. That assumption is rather dangerous. Quite often one hears professional people regurgitate what they learned during their training years “way back”. For example, I hear professionals who still say animal protein has a higher nutritional value than vegetable protein. Health professionals on their own are not managing to keep up. When we don't, we can't be effective and we can easily end up embarrassing ourselves in professional discussions.

#### **1.2 The need to protect the public**

We all know that in health care, we do the best we know how at the time. We also know that the best we know at the time of training may not be “the current best”. This is particularly true with respect to medications. To continue to prescribe a medicine with serious toxic effects (which may have been okay years back because there was nothing better) when there are current better options should be viewed as a criminal offence. The public needs to be protected from this kind of danger through mandatory continuing education for health workers.

#### **1.3 The need to be equipped with new knowledge, skill and attitudes**

An example of this need is the HIV/AIDS pandemic. This pandemic has brought up health care needs for people living with HIV/AIDS that were not there when many health workers were trained. Furthermore, the increased diagnosis of cancers is bringing up new challenges. The huge numbers from both HIV/AIDS and diagnosed cancers have brought up the need for organised home-based

palliative care. I, for one, didn't know it was possible to provide oral morphine in the context of home-based care until the Uganda experience came along. One could state many other examples of new challenges needing continuing education.

#### **1.4 The need for continuing education as a response to access to health care as a human right**

We all know how easy it is for health workers to think only of those who come to them for care and continue to ignore the unreached majority. In Kenya what we saw in the 2002 general election pointed out that when people recognize their rights, they demand them. It is sad that demand from people should 'push' health professionals to reach all people with care. Surely this is our basic calling! If we continue to fail to Recognise to do this or to prepare for it, what will happen when people demand it? Nothing is worse than assuming that it is easy to reach out to all people with health care. Disasters have resulted from those who assumed it was "common sense" to Establish community-based health care! There are skills Essential for success. Now that we know people need to attain health equity, at least a good proportion of health workers need to be prepared through continuing education.

#### **2. Use of information and communication technology in continuing medical education**

The **2001 Human Development Report of UNDP** focussed on information technologies in development. One of the shocking revelation in that report went this way:

The band width of Sao Paulo in latin America is bigger than the band width of the entire African continent. And the band width of Seoul in South Korea is bigger than that of latin America.

So where is Africa with respect to accessing information available in the global market? There is a huge challenge to increase access to and use of ICT in Africa as part of the development package.

The use of ICT for greater access to information in the health sector is a practical application that provides an attractive entry point for Kenya to increase its engagement in ICT. ***Afri-Afya provides an exciting possibility in its focus on access to ICT for community health.*** In one of the rural *Afri-Afya* field sites, I have seen that this is, indeed, happening. Through the use of world space radio, connectivity had been established at the rural dispensary I visited in 2001. A young mother with high school education had been trained to manage the computer and to download information. I have since learnt that it is possible to establish an interactive process through which an individual or an institution can request for specific information so that it can be made available for downloading. If this can happen in a rural dispensary, what can be impossible?

### **3. In conclusion**

It seems to me that training institutions for health workers need to ensure that:

3.1 They establish modalities for continuing education

3.2 They include access to and use of ICT in their training curriculum

In some countries, health care providers have to produce evidence that every year they have been involved in a meaningful continuing education event in order to continue to be health care providers. May be this consultative meeting should look into this and what facilities need be provided for this to be possible. You have exciting work before you and I wish you great success.

With these few words, I am happy to declare this consultation open.

*Appendix 5: Vision of CE*  
*Appendix 6:KNCEP*  
*Appendix 7: AMREF*  
*Appendix 8: CHAK*  
*Appendix 9: NAIROBINET*  
*Appendix 10: AFYANET*  
*Appendix 11: INASP*