

## **TeamLift: Development of an Institute of Health Training in Malawi**

Jessica Anderson, Courtney Esparza, Andrew Monteyene, David Sant, Matt Williams  
The Healthcare MBA  
Division of Management  
Oregon Health & Science University and Portland State University

### **Abstract**

#### *Background*

TeamLift is a non-profit organization, based in the United States of America, dedicated to eradication of chronic poverty and strategic development of village campuses that address the needs of education, healthcare, and nutrition in Malawi.[1] According to the World Health Organization, Africa manages 24% of global disease burden with only 3% of the global workforce.”[2] Through collaboration with the students at a secondary school it founded, St. Mary’s Girls’ Secondary School, and over the course of 6 years working in Malawi, leadership at TeamLift identified the need to improve access to and the quality of healthcare in and around the communities it already serves. This led to engagement with regional leaders, and identification of the need to lay the foundation for an Institute of Health Training in Malawi. This report is the first step in the creation of that foundation.

#### *Identified and Addressed Opportunities*

Existing health science training programs in the region were identified to serve as aspirational models or assess existing resources.[3-6] The programs evaluated include nursing, midwifery, and medical training in Malawi, as well as internationally renowned institutes in Sub-Saharan Africa such as the University of Global Health Equity in Rwanda.

A current disease profile of Malawi has identified the need to create a curriculum that addresses both medical care and public health challenges. The access to, and quality of, medical care is of primary importance.[7 8] The most common, and damaging, diseases are closely related to the existence of public health initiatives, mainly, nutrition, clean water and basic sanitation.[9-11] As with most of Sub-Saharan Africa, it is also essential that future providers are well versed in prevention, identification, and treatment of highly prevalent infectious diseases including maternal health, infant mortality and causes, HIV/AIDS, malaria, and tuberculosis.[12-14]

Basic infrastructure needs were identified through communication with partners already in Malawi, and based on similar efforts already undertaken in the region.[15 16] While any sufficiently sustainable system cannot be reliant on technology, utilization of existing, widely adopted platforms provides an opportunity to improve efficacy and reach of health care in Malawi.[17]

#### *Future Challenges and Opportunities*

While this report represents an early step in increasing access to and quality of healthcare in Malawi, future opportunities and expected challenges have already been identified. Future work should address, at least, funding, partnership opportunities, a more concrete needs assessment regarding infrastructure, curriculum and staffing, and engagement of the local communities to more fully and appropriately meet their needs.

## References

1. Inc T. TeamLift. Secondary TeamLift 2022. <https://www.teamliftinc.org>.
2. Organization WH. The world health report 2006: working together for health. Geneva, Switzerland: WHO, 2006.
3. Ughe.org. University of Global Health Equity. Secondary University of Global Health Equity 2022. <https://ughe.org/>.
4. The Nurse Education Partnership Initiative. 2022
5. P. GE, von Z. The Medical and Nursing Education Partnership Initiatives. Academic medicine : journal of the Association of American Medical Colleges 2014;**89**(8 Suppl) doi: 10.1097/ACM.0000000000000346[published Online First: Epub Date]].
6. Hughes A. Interview with Andrea Hughes. In: Monteyne A, ed., 2022.
7. E. Z, Kinney MV, Kachale F, et al. Newborn survival in Malawi: a decade of change and future implications. Health policy and planning 2012;**27** Suppl 3 doi: 10.1093/heapol/czs043[published Online First: Epub Date]].
8. Mgawadere F, Unkels R, Kazembe A, van den Broek N. Factors associated with maternal mortality in Malawi: application of the three delays model. BMC Pregnancy and Childbirth 2017;**17**(1):1-9 doi: doi:10.1186/s12884-017-1406-5[published Online First: Epub Date]].
9. V. DH, Nkhana S. Trends and Determinants of Child Growth Indicators in Malawi and Implications for the Sustainable Development Goals. AIMS public health 2017;**4**(6) doi: 10.3934/publichealth.2017.6.590[published Online First: Epub Date]].
10. Cassivi A. Trends in access to water and sanitation in Malawi: progress and inequalities (1992–2017) | Journal of Water and Health | IWA Publishing. 2022 doi: 10.2166/wh.2020.069[published Online First: Epub Date]].
11. Fe, A. AF, Ekumah B, et al. Access to improved water and sanitation in sub-Saharan Africa in a quarter century. Heliyon 2018;**4**(11) doi: 10.1016/j.heliyon.2018.e00931[published Online First: Epub Date]].
12. AIDSinfo | UNAIDS. Secondary AIDSinfo | UNAIDS 2022. <https://aidsinfo.unaids.org/>.
13. usaid. President's Malaria Initiative | Malawi | U.S. Agency for International Development. 2021
14. MacPherson MMP, Effie M, Margaret N, et al. Improving pathways to care through interventions cocreated with communities: a qualitative investigation of men's barriers to tuberculosis care-seeking in an informal settlement in Blantyre, Malawi. 2021 doi: 10.1136/bmjopen-2020-044944[published Online First: Epub Date]].
15. Mbobe W. Interview with William Mbobe. In: Anderson J, ed., 2022.
16. Bukhman G, Binagwaho A, C. C, et al. Enhancing formal educational and in-service training programs in rural Rwanda: a partnership among the public sector, a nongovernmental organization, and academia. Academic medicine : journal of the Association of American Medical Colleges 2014;**89**(8) doi: 10.1097/ACM.0000000000000376[published Online First: Epub Date]].
17. As, C. H, Sukums F, et al. Sub-Saharan Africa-the new breeding ground for global digital health. The Lancet. Digital health 2020;**2**(4) doi: 10.1016/S2589-7500(20)30027-3[published Online First: Epub Date]].

