

Learning lessons in health systems delivery from developing countries: Evaluation of personal and professional impact on health volunteers to Ethiopia

The positive impact of global health activities* by volunteers from the United States in low-and middle- income countries has been well recognized and reported. However, the impact of reciprocal learning on both professional and personal life of U.S.-based volunteers and their institutions is not well documented. Here is a summary of the personal and professional impact reported by volunteers who participated in exchange trips to Ethiopia through the University of Wisconsin’s twinning partnership with Addis Ababa University/Tikur Anbessa Specialized Hospital.

Table 1. Ways in which volunteers were impacted PERSONALLY that they attribute to the AAU/UW global health experience

Changed approach and learned new skills for teaching/mentoring of medical students, residents, and nursing students.
Developed a personal interest in being a part of advancing medical care and health systems in Ethiopia.
Gained deeper appreciation and gratitude , especially for their chosen profession and the ability to make a difference in people’s lives.
Broadened understanding of challenges in managing complex systems, and the importance for local ownership of problems and solutions.
Learned about and gained a respect for Ethiopia and the Ethiopian people’s ability overcome adversity.
Changed a person’s worldview of the US health system compared to others’ countries, particularly the inequitable allocation of resources .
Made aware of all the work we have yet to do to create a more just and sustainable world and ensure everyone has access to health resources.
Heightened awareness of the difficulties in working in environments where you do not speak the language .
Learned to let go of expectations . When one gives a gift you don’t get to choose what it is used for.
Inspired renewed enthusiasm to personal and professional goals, and affirmed commitment to continue working in global health.
Increased awareness that global health is our problem .

Table 2. Ways in which volunteers were impacted PROFESSIONALLY that they attribute to the AAU/UW global health experience

Expanded professional network .
Gained an opportunity to provide clinical, academic, or research training/services to others .
Added to professional development, including academic outputs, recognition from supervisor/chair, and promotion .
Developed skills in designing and planning workshops .
Improved skills in curriculum development .
Gained leadership skills.
Provided with first-hand experience of new pathologies not previously witnessed other than in textbooks.
Learned about Ethiopian cultural practices in health delivery, such as end-of-life and post-mortem care .
Asked to participate on a professional committee that is international in scope.
Improved skills in communicating with patients and colleagues/team members.
Changed approach to patient examinations .
Reduced resource consumption of disposable resources at work.
Changed frequency/approach to ordering diagnostic lab studies and imaging studies .
Re-learned basic doctor skills that had been forgotten working in a resource-rich environment, such as process improvement, change management, and leadership.
Reconsidered excessive use of and reliance on technology in the US health system.
Forced to think about health disparities that exist in how patients in the US access the health system, and ways to reduce barriers (particularly those related to language and cultural differences).

In addition to this personal and professional impact, statistically significant changes were seen in the following global health systems competencies:

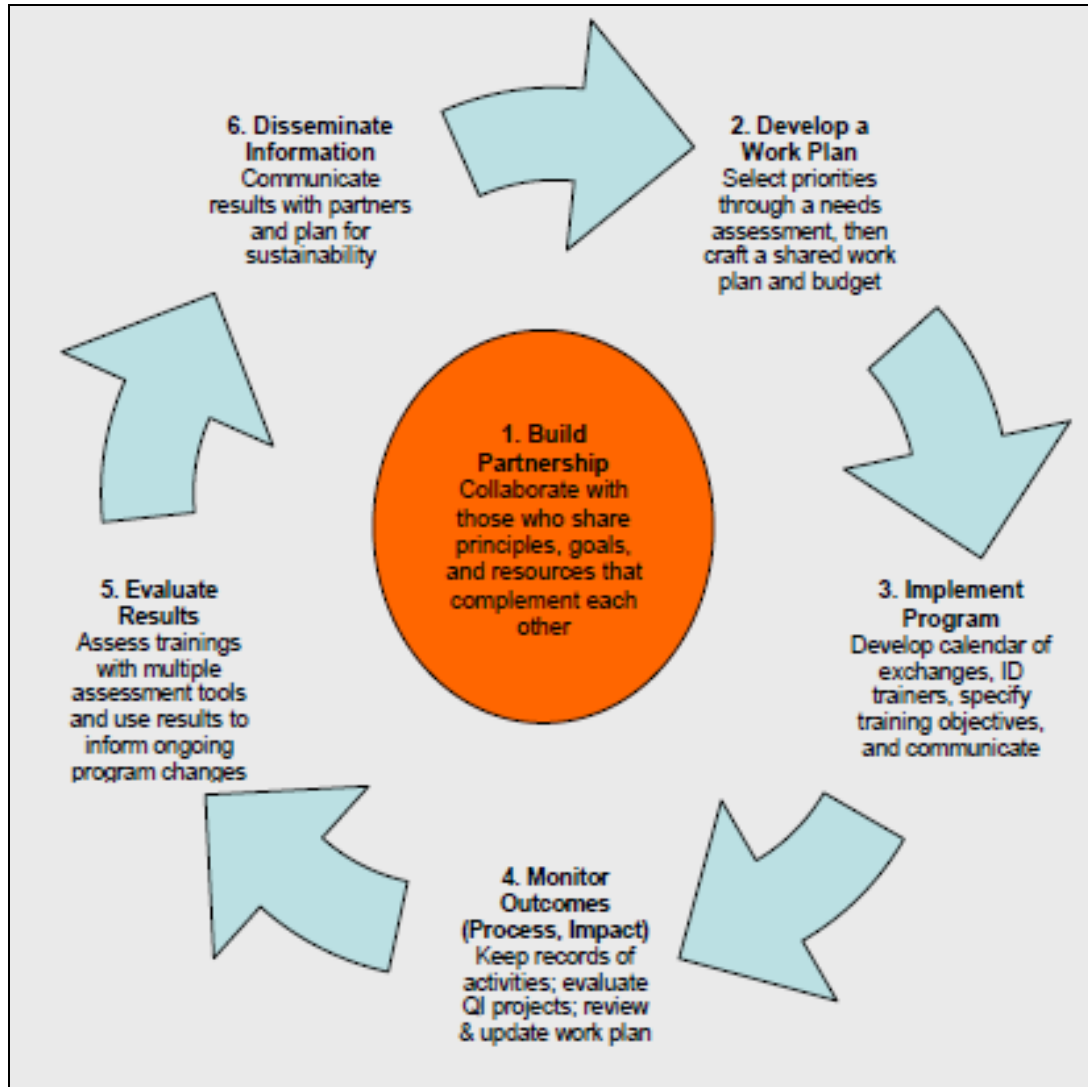
Table 3. Improved global health systems competencies:

1. Capacity strengthening	5. Program management
2. Collaboration and partnerships	6. Cultural awareness
3. Ethical reasoning and professionalism	7. Systems thinking
4. Health equity and social justice	

* Definition of global health experience: international travel to a destination outside of the United States where you engaged in study, research, and/or practice, with your priority being to improve health and achieve health equity within the population of the community you visited.



University of Wisconsin/Ethiopia Global Health Collaborations: The Twinning Partnership Model



A twinning partnership happens when two or more academic institutions or community organizations share collective knowledge and resources to address issues and concerns. They are based on peer-to-peer relationships among health care (or another discipline) professionals to design technologically- and economically-appropriate solutions to problems in the host country. The twinning partnership model was chosen for this collaboration because its principles aligned with our vision, mission and values, and because there were positive outcomes when this model was adapted previously to similarly resource-limited settings. This model differs from traditional professional exchanges or global health partnerships in that it involves all partners in the decision-making process, emphasizes long-

term relationships, builds collective efficacy, requires significant volunteer time from all partners, and values the experience and knowledge of all.

The structure of the twinning partnership to develop emergency medicine at AAU/TASH was designed according to the model developed by the American International Health Alliance (AIHA), a U.S.-based NGO that manages global health twinning partnerships [see figure]. The six phases to developing a twinning partnership are 1) Initiate the partnership, 2) Develop a shared work plan, 3) Implement the program, 4) Monitor outcomes, 5) Evaluate results, and 6) Disseminate information. The Ethiopia emergency medicine partnership followed the twinning partnership 6-phase model to address the entire spectrum of services.