



## 2<sup>nd</sup> Interprofessional Education and Collaborative Practice for Africa Conference

30 July – 2 August 2019  
Nairobi, Kenya

### Communique issued at the end of the Second Interprofessional Education and Collaborative Practice for Africa Conference

The Second Interprofessional Education and Collaborative Practice for Africa conference took place at the Amref International University, Nairobi, Kenya from July 30 to August 2 2019. The conference was a collaboration between the WHO Regional Office for Africa, the Africa Interprofessional Education Network (AfriPEN), Sigma Theta Tau's International Tau Lambda at Large Chapter, Anglophone Africa APN Coalition, WONCA Africa, the WHO Interprofessional Education Collaborating Centre, the WHO-FIC Collaborating Centre for the African region and Amref International University, with the support of AFREhealth.

The conference was preceded by a two-day workshop on partnership development for Interprofessional Education and Collaborative Practice (IPECP) in Africa and another two days of various technical pre-conference workshops exploring different aspects in which IPECP can accelerate various health goals and targets.

Ninety-three (93) participants from seventeen (17) countries attended the conference. Among the participants were health professions educators, researchers, health and social care practitioners, international civil servants, and representatives of civil society, research institutions as well as professional associations.

As participants,

1. **We desire** to collaborate and partner with professionals, institutions and governments in support of the global sustainable development agenda, particularly the realization of Universal Health Coverage (UHC), in order to leave no one behind in all health gains.
2. **We deliberated** on a wide range of issues informed by available evidence and considered Interprofessional Education and Collaborative Practice (IPECP) as an important catalyst for a bio-psycho-social-spiritual approach to improved person-centred service delivery, contributing to the strengthening of systems for health and improving the health outcomes of service users;
3. **We recalled** various efforts to mainstream IPECP, particularly the World Health Organization (WHO) Framework for Action on Interprofessional Education and Collaborative Practice issued in 2010; the Sydney declaration on IPECP (2010); and the recommendations regarding IPECP in the ASSAf Report (2018).
4. **We wish to emphasise** competency-based curriculum development as pivotal in providing effective IPECP. This includes identifying the needs of all stakeholders regarding IPECP, developing contextualised competency frameworks, milestones, entrustable professional activities, learning and teaching resources in as many languages as possible, assessment tools, implementation and monitoring (including preceptor training, institutional support and managerial commitment to ensure adequate funding and logistics).
5. **We noted** that institutional support, working culture and environmental mechanisms determine how IPECP is introduced and executed. Institutional support mechanisms include governance models, structured protocols, shared operating resources, personnel policies and supportive management practices. Working culture mechanisms encompass communications strategies, conflict resolution policies, and shared decision-making processes. Environmental mechanisms include built environments, facilities, space and design.
6. **We call upon regional and national stakeholders such as the WHO Regional Office for Africa, the African Union and African Ministries of Higher Education and Health to:**
  - i) Mobilise policy makers, professional bodies, institutional leadership, faculty, service providers, funders and other stakeholders to advance IPECP in the Africa Region.

- ii) Collaborate in identifying, developing, adapting and sharing IPECP resources for the African context.
- iii) Utilise relevant global, regional and national networks and platforms to create an awareness of and mobilisation around IPECP.
- iv) Advocate for and facilitate the inclusion of IPECP into scopes of practice of all professions represented in the health workforce.
- v) Advocate for and facilitate the integration of interprofessional collaborative competencies into health workforce curricula offered by health educational institutions.
- vi) Advocate for, promote and facilitate the cultivation of IPECP values and competencies among faculty, preceptors, health and social care workers in the Africa Region.
- vii) Promote interprofessional collaborative research to inform IPECP in the Africa Region.

**7. We therefore recommend:**

- a) Formation and/or strengthening of a single regulatory/accreditation body for health professions education in each country in the Africa Region, which will ensure consistency across the health professions, while at the same time allowing for flexibility in terms of the functions of individual professions.
- b) Formation of national working groups to develop and guide the implementation of a strategic plan for IPECP in each country. Such a working group should consist of patient representation, health professions student representatives, IPECP experts/practitioners, project planners, service providers and professional boards with support from AfrIPEN's community of practice.
- c) Development of a strategic plan with inbuilt:
  - i) Analysis and plans for stakeholder engagement to ensure buy-in from the various regulatory professional councils; national and provincial departments of health; committees of Medical, Dental, Health and Social Sciences Deans; health and social sciences students' representative bodies; service-user (patient) representatives.
  - ii) A plan for the development of a customisable competency-based IPECP curriculum for undergraduate, postgraduate, as well as continuous professional education of health and social care providers, which include:
    - The development and / or adaptation of an IPECP competency framework.
    - The development of an IPECP curriculum, based on this competency framework. Such a curriculum should:
      - provide comprehensive guidance to educators and students on teaching and learning activities to ensure that the required competencies are reached,
      - offer a detailed assessment strategy,
      - take cognisance of the need for IPECP to be integrated longitudinally into existing curricula and modules on a continuum from early exposure to other professions through to collaborative practice in teams in the practice setting,
      - be easily adaptable to changing population needs.
  - iii) A plan for ensuring the required educational capacity development of educators and service providers that will be involved in the integration and implementation of IPECP curricula at the country's educational institutions.
  - iv) A research plan to ensure that the implementation of IPECP in Africa is based on evidence and that impact can be evaluated.
  - v) A plan for overcoming instructional and institutional barriers to IPECP from national to local level.
  - vi) A plan for fostering collaboration with traditional healthcare providers to improve patient outcomes.
  - vii) A plan for the effective dissemination of information, resources and research regarding IPECP in Africa.