Preparing Future Nurses and Midwives for Health Emergencies

Côte d’Ivoire’s large and porous borders with the Ebola-affected countries of Liberia and Guinea put it at risk for future outbreaks. This, paired with the lack of basic response-focused training in public medical schools, raises concerns about Côte d’Ivoire’s capacity to respond to health emergencies.

Abt Associates, through USAID’s Health Finance and Governance (HFG) project, worked with the Government of Côte d’Ivoire to address this growing issue by rapidly expanding health curricula and improving the ability of Ivorian doctors, nurses, and other health workers to recognize and respond to Ebola and other health emergencies.

Abt’s previous HFG experience developing the existing curriculum for nurses, midwives, and other para-professionals at the National Training Institute for Health Agents (INFAS in French), provided a distinct awareness of the possible months-long, consensus-driven process required to implement new curricula. Strict logistical, financial, and time limitations of these programs made this unfeasible, so Abt shifted focused towards building trust with educators and using the existing educational structure and curricula to steer around long implementation times.

Institutional reforms on education in the region have resulted in a reorganization of pre-service courses into lectures, tutorials, practical work, and the self-directed time of the student. Specifically, students’ self-directed time has increased to 50 percent of the total course time over the semester, equivalent to 30 credits or 750 hours. Recognizing the flexibility available through the self-directed component, Abt focused on this structure for introducing new content on a sensible timeline. To increase the possibility of buy-in, Abt looked at ways to minimize the impact of the added materials by convening all teaching teams from INFAS to identify courses already providing instruction on diseases similar to Ebola.

When courses with teaching objectives linked to hemorrhagic fever and zoonotic diseases – those transferred between animals and humans – were identified, the HFG project team collaboratively reviewed the content of the syllabi to ensure alignment, and proposed introducing the Ebola materials during the self-directed time linked to these courses. By approaching the materials integration challenge in this way, Abt helped demonstrate the additional Ebola training content could be linked without increasing the existing time commitments and course load volumes of the students.

Making a commitment to improving health worker training while minimizing disruption to the existing curricula and time requirements was crucial in helping build trust amongst the educator community. In view of the potential risk of change, a professor from the INFAS site in Korhogo was the first to agree to...
work with the HFG team to provide information on Ebola to his students during courses. Viewing this partnership success in context, it took nearly five years for HIV and AIDS to be seen as a high enough priority to warrant segments in the curricula of these institutions.

Ultimately, INFAS professors agreed to phase the Ebola homework materials into the Public Health module in Year 1, the Tropical Diseases module in Year 2, and are considering the inclusion of a checklist for Ebola moving into Year 3 (as was done for HIV). The planned integration of Ebola training into the training curriculum of health workers includes finalizing, introducing, and revising materials that are informative and engaging, and is targeted for the school year beginning later in 2017. Preparing the next generation of health workers for an outbreak through this approach will lead to further strategic success in improving the country’s surveillance, prevention, and treatment capacity.