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Closing Gaps in Health Education

by Craig Harris

In developing countries, educational curricula and research topics for health studies tend to be imported from industrialized countries, often creating serious gaps between the research agendas of the educational institution and community needs.

However, an IDRC-funded project attempts to inspire new models of community participation in health education and research. "University Partnerships in Essential Health Research" involves 18 diverse educational institutions in 13 countries. The project is headed by two co-directors, Dr. Esmat Ezzat of the Suez Canal University in Egypt and Dr. Victor Neufeld of McMaster University in Canada.

For Dr. Neufeld, the aim of the project is to help universities build bridges with communities. The key element lies in encouraging medical students to participate in essential national health research as an integral part of their education. "There was a distinct realization that the education of health care professionals was not always geared to the actual needs of the community," he says.

But reforming university health education and research is a formidable challenge. A more progressive research model involves the creation of projects derived from true partnerships between communities, universities and governments. "In this project, research ideas should not come out of medical students' heads nor from faculty members' favourite areas of interest, but instead directly from community interaction," Dr. Neufeld says.

This new model brings into play the expertise of Dr. Ezzat and the Egyptian coordinating centre. The centre has been instrumental in building a range of capacities not commonly considered in academic circles. These include teaching leadership and partnership skills to medical students so they can listen to communities and make connections between professional and regional groups, allowing time in the curriculum for students to engage in essential health research, and providing an organizational base within the university for health research.

The University of Makerere in Uganda, as one example, has used the centre's expertise to establish a partnership of its own. University students and faculty conducted a survey among Kampala community representatives on local health priorities. It uncovered concerns rarely addressed in the university research agenda: a safe water supply and public information programs about AIDS for families. Both topics have become research projects.

Research at the Christian Medical College in India found that low incomes were the main factor preventing women in the village of Vellore from going to health clinics. The response was to involve young women in local business activity to raise income levels. "Sometimes you need these concrete examples to show students how inter-related health concerns are with broader issues," says Dr. Neufeld.

Increasing information and communication channels between educational institutions is also a key function

of the project, one that has been taken on by the McMaster University coordinating centre.

"We act as a clearing house of information," says Dr. Neufeld. Workshops, newsletters, a mini-library, training resources and the transfer of high-quality information through electronic mail or CD-ROM equipment to universities in developing countries clears a major hurdle in the logistical struggle for all project members "to be on the same page."

Dr. Neufeld and other project members realize that for real health partnerships to emerge, universities, communities and governments must have equal input. "A true partnership does not entail the university acting merely as a liaison, consultant or resource to the community," he points out. "Instead it means a complementary relationship in which all groups recognize the need and importance of working together."

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