**ETATMBA External Advisory Board**

**Teleconference**

**Tuesday 29th July 2014 at 10:00hrs BST**

**MINUTES**

Present: Carmi Margolis (chair), David Davies, Nynke van den Broek, Tom Lissauer, Anne-Marie Brennan

Unable to contact: Edgar Kuchingale, Paul Long, Senga Pemba, Cynthia Meanwell

**1. Apologies**

Paul O’Hare, Sam Luboga

**2. Minutes of last meeting held on 15th May 2014**

Approved.

*Action:* AM Brennan to send copies of publications to committee members.

**3. Update on last phase of project**

AM Brennan reported that the project had undergone several months of review by the EC. Following the rejection of a large number of the Period 1 costs, the Description of Work was re-written so that it reflected more closely the way the project has developed. The re-written Description of Work was given to an External Reviewer appointed by the EC. Recommendations were made for the future direction of the project and we are awaiting the formal outcome of this process, although all changes have already been examined and agreed by the EC. The review process has delayed the submission of our Period 2 report, but we anticipate that this may be sent very shortly. We have already started work on the final report.

D. Davies outlined the timescale: work package leaders have been asked to submit their drafts of the final report by 31st August. Warwick will then review and collate the responses into one document by mid-September, to send back to partners for review. The final report should be submitted to the EC by 30th September (60 days after the end date of the project).

*Action:* AM Brennan to give advance notice of the timeline, and send draft report to committee members for review.

T. Lissauer asked if a project extension had been considered. D. Davies responded that it had been discussed, but the preferred option is to keep to the EC timetable. It may be necessary to request an extension to the reporting deadline, depending on how well the Period 2 report is received by the EC.

**4. Research summary (D. Ellard)**

a) Malawi. An RCT is comparing 8 districts to which trained clinical officers returned to 7 control districts. Data collection was problematic throughout. Three years of data were collected but there are gaps and the quality is poor. Statistical analysis is underway but it is unlikely that an effect will be found. There is also a qualitative arm to the research investigation, which involved interviewing both the trainees and those to whom they have cascaded their learning. This is much more positive and has been written up as a process paper and accepted by the BMJ Open.

b) Tanzania. As no research evaluation had been planned in Tanzania, a before-and-after study was implemented, focusing on the districts where the students trained. Masters students have collected the data. Analysis is currently being carried out. One difficulty identified is that the students have returned to their own districts after training but found that their health centres have not been upgraded as planned, giving them no opportunity to consolidate their skills.

c) Differences between Malawi and Tanzania. In Malawi, the Ministry of Health placed restrictions on the length of time the clinical officers could be released for training, so their modules were concentrated into 5-day periods over the course of 3 years. In Tanzania, students were able to train in a single, intensive period of 3-4 months, including hospital internship and supervision in their district health facilities. The courses themselves differed: in Malawi, the modules were built from scratch; in Tanzania, the framework of the CEMOC and EMOC (Comprehensive/Emergency Obstetric Care) was already established so this was utilised for the students, with the addition of a leadership component.

N. van den Broek offered to check whether any of the LSTM “Making it Happen” programmes are running in the ETATMBA districts.

*Action:* D. Ellard to send the list of districts to N. van den Broek.

The role of the Committee was confirmed as advisory only. No input into research analysis is expected.

**5. Sustainability – advice from the Committee**

D. Davies commented that the leadership element has created the most impact in clinical practice. An application is currently submitted, which involves an evaluation of outcomes in leadership training (Malawi and Tanzania for maternal and child health; Kenya for non-communicable diseases). D. Davies suggested that aspects of the leadership elements could be packaged as training modules adopted by other countries – either to neighbouring areas or to a different context such as India or South Asia.

T. Lissauer commented that further development in the existing field would be most useful; C. Margolis concurred. N. van den Broek commented that there is an opportunity to develop an intervention package, but that it would be critical to define ‘leadership’ clearly. Advised also that continuing in a known area such as Malawi would be preferable.

**6. Further meetings**

The Committee expressed interest in having a further meeting with the aim of ensuring all members are present if possible.

*Action:* D. Davies to discuss with Paul and make a decision following this.