This article forms part of the SAPHE Special Edition (2026) of the Journal of Management Perspectives

PARTNERSHIPS FOR BUILDING LEADERSHIP CAPACITY FOR NURSE EDUCATORS IN SUB-SAHARAN AFRICA

https://doi.org/10.64287/jmp.2026.2.7

Dianne Manning; Foundation for Professional Development and University of Pretoria, ORCID 0000-0001-7011-1468
Frances Kelly; Foundation for Professional Development, ORCID 0000-0003-3623-4848
Werner Cordier; University of Pretoria, ORCID 0000-0002-5744-9285
Abigail Dreyer; Paediatric-Adolescent Treatment Africa, ORCID 0000-0002-0499-0094
Lianne Keiller; Stellenbosch University, ORCID 0000-0003-1597-816X
Champion Nyoni; World Health Organisation, ORCID 0000-00001-6229-6984
Jacky van Wyk; University of Cape Town, ORCID 0000-0003-1894-7326
Liz Wolvaardt; University of Pretoria, ORCID 0000-0002-3157-8863

ABSTRACT

Capacity development for educators of health profession students in low-income countries is an essential contributor to improving health outcomes. A multi-stakeholder partnership was created to offer a leadership programme for nurse educators in Sub-Saharan Africa. Partners were the Johnson and Johnson Foundation (grant funder), the Foundation for Professional Development, a private higher education institution, (coordinator and monitoring and evaluation provider), and the Association for Health Professions Education and Leadership (AHPEL), an NGO and community of practice with education providers affiliated to public universities in South Africa.

The aim of the study was to evaluate the success of the programme.

LITERATURE REVIEW

Partnerships between stakeholders from different sectors, public and private, are acknowledged as important contributors to leveraging resources for capacity development in health professions education.(World Health Organisation, 2013) Examples of successful partnerships in Sub-Saharan Africa include the FAIMER/SAFRI fellowships (Frantz et al , 2015; 2019; Keiller et al, 2023), MEPI and AFREHEALTH programmes (Omaswa et al, 2017; 2018).

RESEARCH DESIGN METHODOLOGY

Sixteen fellows were recruited, representing seven Sub-Saharan countries. The 18-month fellowship covered key aspects of educational methodology with a strong focus on leadership. Hybrid delivery included contact sessions, synchronous online engagements and a quality improvement project (QIP). Evaluation included pre-and post-fellowship surveys and participant reflections.

PRELIMINARY FINDINGS AND DISCUSSION

The results of the surveys showed that fellows' self-perceptions of competence and confidence improved in all domains of Education, Research, Leadership and Academic Citizenship. They developed a stronger sense of self and community through engaging with their peers, mentors, and leaders in the nursing profession. Tangible impact was noted in their institutions after completion of their QIP, which created new opportunities for growth. The fellowship helped to develop a community of practice of future nurse educator leaders that can be added to the network in the region. The most significant challenges were access to passports, visas and travel funding, resulting in more than half of the fellows being unable to complete.

CONCLUSIONS

Fellows bolstered their leadership qualities over the 18-month period and developed new skills which supported the value of the partnership approach. The shortcomings will be addressed in future collaborative endeavours.
KEYWORDS: *partnerships, capacity building, health professions education, leadership*

INTRODUCTION & BACKGROUND TO THE STUDY

Developing strong leaders is an essential component of advancing health provision globally, including in Africa (WHO, 2024), but leadership skills are often overlooked in the education of health professionals (WHO, 2013). It is important to recognise the value of equipping the educators of health professionals with leadership skills which will enable them to not only drive change and progress in their own institutions, but instill the values and attributes of leadership in their own colleagues and graduates to take forward in the endeavour to improve healthcare provision.

The United Nations Sustainable Development Goals (SDGs) (United Nations) includes several domains relevant to leadership in health professions education particularly in Goal 3 “Good health and well-being”, targeting inequalities in healthcare, Goal 4 “Quality education” which aims to empower healthy and sustainable lives, Goal 16 “Peace, justice and strong institutions” which focuses on the need for strong and ethical leadership for effective institutions and governance, and Goal 17 “Partnerships to achieve the goals”, emphasising the value of multistakeholder partners to leverage interlinkages between the goals, enhancing their effectiveness, impact and progress towards achievement.

The value of partnerships across different sectors and with different strategies and goals is well recognised to create synergy and growth (Bowser et al, 2024; Thunderbird School of Management, 2025). Healthcare education includes several different and diverse stakeholders across both private and public arenas, including education providers, healthcare providers and employers, regulatory bodies, as well as corporate sponsors, donors and funders. Partnerships between different stakeholders can leverage and complement the expertise and resources available.

The Foundation for Professional Development (FPD) is a non-profit organisation in South Africa with a vision to catalyse social change through developing people, strengthening systems, and providing innovative solutions. It provides a wide variety of training largely related to healthcare

and management including community health worker development, professional continuing development (CPD), short courses and undergraduate and postgraduate programmes registered on the National Qualifications Framework (NQF) of South Africa. The Johnson and Johnson (J&J) Foundation is a charity registered in the USA with the aim of championing health workers to advance equitable healthcare through partnerships and community-led initiatives worldwide, and had an existing relationship in funding projects with FPD. The Association for Health Professions Education and Leadership (AHPEL) is a registered non-profit organisation in South Africa with the mission of creating opportunities and provide platforms for capacity building in health professions education, research and leadership. Its members are mostly current or previous employees of public higher education institutions in South Africa with a particular interest, expertise and experience in advancing the education and leadership skills of health professions educators in Sub-Saharan Africa. AHPEL has an existing partnership with FPD to offer a Postgraduate Diploma in Health Professions Education and Leadership. A partnership was formed between FPD, the J&J Foundation and AHPEL in 2022 to offer a Nurse Educator Leadership fellowship programme in Sub-Saharan Africa with J&J providing funding, FPD the administrative support plus monitoring and evaluation (M&E) and AHPEL the educational programme development and implementation. The programme included skills in education methods and scholarship with a strong focus on leadership.

PROBLEM STATEMENT

The problem addressed was that of the need for capacity building in nursing education leadership in Sub-Saharan Africa. The aim of the study was to determine the outcomes of the FPD-J&J-AHPEL nurse educator leadership fellowship programme and thus the effectiveness of the partnership.

Research questions:

1. How did the participants perceive the overall value of the programme?
2. To what extent did the participants report improved knowledge and skills in education methods?
3. To what extent did the participants report improved knowledge and skills in research and scholarship?
4. To what extent did the participants report improved knowledge and skills in leadership?
5. What were the participants conceptions of leadership after the programme?

LITERATURE REVIEW

The development of leadership among nurse educators in Sub-Saharan Africa is increasingly recognized as a strategic priority for strengthening health systems and improving healthcare delivery. Multistakeholder partnerships, especially those involving international funders, academic institutions, and professional networks, have emerged as effective mechanisms for addressing the region's complex educational and workforce challenges.

Bvumbwe and Mtshali (2018) conducted an integrative review that identified collaboration and partnership as one of six critical themes for scaling up quality nursing and midwifery education in the region. Their findings emphasize that partnerships facilitate the sharing of expertise, promote best practices, and support leadership development through capacity building and curriculum reform. The review also highlights the importance of strategic leadership and networking to drive sustainable improvements in nursing education. Van Wyk et al. (2020) evaluated the Sub-Saharan Africa-FAIMER Regional Institute (SAFRI) fellowship, a faculty development program aimed at enhancing leadership and scholarship among health professions educators. The study found that participants experienced significant professional growth, with many initiating institutional changes and contributing to curriculum innovation. These outcomes underscore the value of structured, long-term partnerships in fostering leadership capacity and academic advancement in nursing education.

The AFREhealth James Hakim Leadership Program (2023) further illustrates the impact of regional collaboration. Designed to bridge leadership gaps in health professions education, the program integrates mentorship, project-based learning, and inter-institutional cooperation. Preliminary evaluations suggest that such initiatives not only build individual leadership skills but also strengthen institutional cultures of excellence and innovation.

In a 2025 study, Cousin et al. explored a community-engaged academic partnership in the U.S. aimed at addressing nursing shortages and promoting diversity. While not Africa-specific, the model demonstrates the broader applicability of mentorship-driven, cross-sector partnerships in developing resilient and representative nursing workforces (Cousin et al., 2025). These insights are relevant for Sub-Saharan Africa, where similar models could be adapted to local contexts.

The World Health Organization's 2025 report on nursing reiterates the need for investment in education, leadership, and service delivery. It calls for intersectoral collaboration and innovative partnerships to address the global nursing workforce crisis, particularly in regions like Sub-Saharan Africa where shortages are most acute (WHO, 2025).

The literature thus affirms that multistakeholder partnerships including those involving international funders, local academic institutions, and professional networks, are valuable for advancing leadership among nurse educators. These partnerships enable resource sharing, mentorship, and the co-creation of contextually relevant solutions that enhance both individual and institutional capacity.

RESEARCH DESIGN METHODOLOGY

An interpretivist paradigm using mixed methods was applied. The study was a single cohort, longitudinal design using a self- reported pre-post survey supported by individual reflections.
The fellowship programme was conducted over an 18-month period from October 2022 to April 2024. It consisted of synchronous online activities with two contact sessions of three days each held in Cape Town in February 2023 and 2024. Between the two contact sessions participants had opportunities to attend synchronous online webinars and a virtual conference. Under the mentorship and guidance of faculty members they designed, implemented and evaluated a quality improvement project (QIP) which was presented in a symposium during the second contact session.

At the start of the first and end of the second contact sessions the participants were asked to complete an online pre-post questionnaire which was analysed using descriptive statistics (means and percentages). The reflections on the overall experience and the implementation of the QIP were analysed qualitatively.

FINDINGS AND DISCUSSION

A cohort of 16 participants was selected using criteria developed by the researchers based on experience in previous similar programmes. Of primary interest were the current position of the applicant and the potential to develop and apply new leadership skills in the education and training of nurses in their own context. Of those selected only eight attended the first contact workshop in February 2023. Challenges included lack of funding for travel, family responsibilities and inability to secure passports and/or visas. By the end of the second contact session in February 2024 a further two had withdrawn leaving a total of 6 (38%) completing the fellowship.

RESULTS OF PRE-POST SURVEY

As shown in Table 1a the average ratings for each of the educator competencies improved after the fellowship. The overall average educator competency rating increased from 3.8 out of 5 before the fellowship to 4.3 out of 5 after the fellowship.

TABLE 1 a: Overall Self-Reported Competency before and after the fellowship

	Average rating		
(Rating scale: Not at all (1), slightly (2), moderately (3), very (4), extremely (5)	**PRE**	**POST**	**Increase**
1. Ability to create learning outcomes and assessment criteria for a learning opportunity	3,5	4,25	0,75
2. Ability to plan for a learning opportunity	4	4,25	0,25
3. Ability to select appropriate educational strategies	4,25	4,5	0,25
4. Ability to design an appropriate assessment	4	4,25	0,25
5. Ability to design a curriculum	3,5	4,25	0,75
6. Ability to evaluate a curriculum	3,25	4,25	1
Average	**3,8**	**4,3**	**0,5**

The average ratings for most of the research competencies improved after the fellowship, except 'the ability to consider possible dissemination strategies in planning a research proposal' and ', which stayed the same. The overall average research competency rating increased from 3.6 out of 5 before the fellowship to 4.1 out of 5 after the fellowship (Table 1b).

Table 1b: Self-Reported Competency in Research before and after the fellowship

(Rating scale: Not at all (1), slightly (2), moderately (3), very (4), extremely (5)	**PRE**	**POST**	**Increase**
1. Ability to read and interpret research from published material	3,25	3,75	0,5
2. Ability to identify and articulate the purpose of a study	3,75	4	0,25
3. Ability to summarize existing literature around a specific research problem	3	3,75	0,75
4. Ability to explain the reason for a specific investigation, with reference to the literature	3,75	4,5	0,75
5. Ability to identify conceptual or theoretical frameworks to contextualize the problem and its investigation	3,5	4	0,5
6. Ability to justify a research design and procedures for the study	3	4,25	1,25
7. Ability to describe benefits to individual participants/societal benefits	4	4	0
8. Ability to describe specific measures to protect privacy and confidentiality	3,75	4	0,25
9. Ability to explain how when where and by whom consent will be obtained	3,75	4	0,25
10.Ability to clarify special protection of vulnerable participants and ethical considerations	3,75	4,5	0,75
11. Ability to consider possible dissemination strategies in planning a research proposal	4	4	0
Average	**3,6**	**4,1**	**0,5**

The average ratings for the majority of the leadership competencies improved after the fellowship, except 'Driving change management' which stayed the same. The overall average research competency rating increased from 3.6 out of 5 before the fellowship to 4.1 out of 5 after the fellowship. (Table 1c)

TABLE 1c: Self-Reported leadership competency before and after the fellowship

(Rating scale: Not at all (1), slightly (2), moderately (3), very (4), extremely (5))	**PRE**	**POST**	**Increase**
1. Managing yourself - understanding your own preferences and leadership style	3,75	4,25	0,5
2. Managing yourself - managing time effectively	3,25	4,25	1
3. Managing yourself - knowing when and how to say 'no	3,75	4,25	0,5
4. Managing yourself - maximising opportunities for professional development	2,75	3,75	1
5. Managing yourself- displaying resilience in challenging times	3	4,25	1,25
6. Managing others - understanding others' preferences and operating styles	3,25	3,75	0,5
7. Managing others - communicating effectively at all organisational levels	2,75	3,75	1
8. Managing others - leading teams confidently and effectively	2,75	4	1,25
9. Managing others - resolving conflict	3,5	4,5	1
10. Managing others - mentoring and role modelling	3,25	3,75	0,5
11. Managing others - delegating effectively	3	4	1
12. Managing others - understanding and using organisational culture effectively	2,75	4,25	1,5
13. Managing others - driving change management	4	4	0
14. Managing others - chairing meetings effectively	3,75	4	0,25
15. Project management - conducting a needs analysis	3,5	4	0,5
16. Project management - carrying out a stakeholder analysis	3,5	4,25	0,75
17. Project management - budgeting and managing resources	3,5	3,75	0,25
18. Project management - time and activity planning & management, including critical path analysis	3,75	4,25	0,5
19. Project management - environmental analysis	3,5	4,25	0,75
20. Project management - writing a project proposal	4	4,5	0,5
21. Project management - planning and implementing communication strategies	4	4,5	0,5
22. Project management - using appropriate monitoring and evaluation tools	4	4,25	0,25
23. Project management - writing project reports	3,5	4	0,5
Average	**3,4**	**4,1**	**0,7**

The average ratings for 14 of the academic citizenship competencies improved after the fellowship. The average ratings stayed the same for eight of the competencies. The two competencies where the average ratings decreased were regarding fieldwork and sharing teaching material or tips with others. The overall average academic citizenship competency rating increased from 4.1 out of 5 before the fellowship to 4.4 out of 5 after the fellowship (Table 1d).

TABLE 1d: Self-Reported competency in Academic Citizenship, Community of Practice, Collaboration and Engagement before and after the fellowship

Rating scale: Never (1), Very rarely (2), Rarely (3), Occasionally (4), Frequently (5)	**PRE**	**POST**	**Increase**
1. How often do you engage with Interprofessional and faculty audiences through social media?	3,5	4	0,5
2. How often have you delivered a faculty lecture or contributed to a faculty debate?	3,5	4,25	0,75
3. How often do you work on faculty or national committees?	4	4,5	0,5
4. How often have you developed teaching materials for the academic programmes?	4	4,5	0,5
5. How often have you submitted work for publication in accredited journals?	4,25	4,25	0
7. How often do you take a leading role in university-wide initiatives or committees?	4	4,25	0,25
8. How often do you provide support to colleagues in your unit/faculty?	4,75	4,75	0
9. How often do you provide support to students in your unit/faculty?	4,75	4,75	0
10. How often do you provide research support to colleagues in your unit/faculty?	4,5	4,75	0,25

11. How often do you provide research support to students in your unit/faculty?	4,5	4,75	0,25
12. How often do you provide support to colleagues and academic peers external to your unit/faculty?	4	4,5	0,5
13. How often do you provide support to students external to your unit/faculty?	3,75	4,25	0,5
14. How often do you organise field work for students?	4,25	4	-0,25
15. How often do you organise any academic activity e.g. workshops?	4,25	4,5	0,25
16. How often are you asked to be involved in an outside organisation such as a network?	4	4,5	0,5
17. How often are you asked to represent your unit/school/university?	4,25	4,25	0
18. How often are you asked to review an academic manuscript for an accredited journal?	3,5	3,75	0,25
19. How often are you asked to serve as an external examiner?	3,75	3,75	0
20. How often do you share any of your teaching material or tips with others?	4,5	4	-0,5
21. How often do you share your research findings with others in conferences or similar forums?	4,5	4,5	0
22. How often do you write references for colleagues and/or students?	4,5	4,5	0
23. How often do you advise students with regard to their studies?	4,75	4,75	0
24. Please indicate how much you engage with your colleagues in the nursing /midwife education field within sub-Saharan Africa. By engage we mean interact or have a conversation with a colleague regarding HPE&L.	3,5	4,25	0,75
25. Please indicate how much you collaborate with your colleagues in the nursing /midwife education field within sub-Saharan Africa. By collaborate we mean to work jointly on a project regarding HPE&L	3,25	4,25	1
Average	**4,1**	**4,4**	**0,3**

Before the fellowship, participants rated the value of engagement and collaboration at 3.3 out of 5. The average rating increased to 4.3 after the fellowship, suggesting that the fellowship increased the value that participants place on collaboration and engagement within their field (Table 1e).

TABLE 1e: Perceived value of engagement and collaboration

Not at all valuable (1), Slightly valuable (2), Moderately valuable (3), Very valuable (4), (Extremely valuable (5))	**PRE**	**POST**	**Increase**
On a scale from 1 to 5, please indicate the value of the engagement and collaboration with your colleagues in the nursing /midwife education field within Sub-Saharan Africa.	3,25	4,25	1,0

Participants provided comments on how the fellowship had influenced how they engaged and collaborated with their colleagues across sub-Saharan Africa.

"Learned more to be part of the community of practice for networking and work together on the different projects"
"Through the fellowship I have identified mentors and research collaborators in my research area. I have formed research networks with my fellow colleagues which will strengthen the relationship between institutions across Africa. "
"The fellowship helped me to network and increase my circle. I will be forever grateful to the fellowship sponsors and team for the rich networking relationships that were provided during the fellowship."

The participants' responses suggest that they found the fellowship 'very' or 'extremely valuable' in improving quality of teaching, improving credibility, improving HPE and L in sub-Saharan Africa, and increasing support for training of nurse educators in education, leadership and research in sub-Saharan Africa (Table 1f).

Table 1f : Value of the fellowship

Not at all valuable (1), Slightly valuable (2), Moderately valuable (3), Very valuable (4), Extremely valuable (5)	**Average**
On a scale from 1 to 5, how much did this fellowship contribute to an improvement in the quality of your teaching?	4,5
On a scale from 1 to 5, how much did this fellowship contribute to an improvement in your credibility as an educator?	4,5
On a scale from 1 to 5, how important are fellowships such as this in improving HPE&L in sub-Saharan Africa?	4,5
On a scale from 1 to 5, how important are fellowships such as this in increasing support for training of nurse/midwife educators in education, leadership, and research sub-Saharan Africa?	4,5

Value of the quality improvement project and overall reflections

The fellows all submitted a written report on their quality improvement project and created a digital story of their journey in the fellowship. In the report they were asked to respond to five questions:

What are your admired leadership traits?
What is your personal vision?
What are your personal barriers towards your personal vision?
What are your strengths as a leader?
what development activities do you plan to engage in to improve your leadership repertoire?

The analysis revealed a strong alignment with values-driven leadership, personal growth and a commitment to impactful practice in healthcare and education. These can be summarised:

1. Admired Leadership Traits

- Integrity and accountability: Seen as foundational to trust and ethical practice.
- Confidence and positivity: Important for inspiring and motivating teams.
- Empathy and supportiveness: Emphasized for fostering inclusive and compassionate environments.
- Effective communication and listening: Critical for clarity, collaboration, and team cohesion.
- Strategic thinking and calmness: Valued for navigating complexity and maintaining focus.
- Respect and justice: Essential for creating fair and respectful workplaces.

2. Personal Vision

- Lifelong learning and growth: A shared aspiration to continuously evolve both personally and professionally.

- Mentorship and inspiration: A desire to empower others, particularly within nursing and health professions education.
- Advocacy and impact: A focus on improving healthcare outcomes and contributing to societal well-being.
- Integrity and evidence-based practice: Grounding leadership in ethical conduct and scientific inquiry.
- Balance and well-being: Striving for harmony between professional responsibilities and personal health.
- Student-centered education: Promoting innovation, technology, and active learning in teaching practice.

3. Personal Barriers

- Time constraints and overcommitment: A major challenge across roles and responsibilities.
- Fear of failure or rejection: Emotional hurdles that impact risk-taking and confidence.
- Distractions and lack of planning: Digital distractions and insufficient time management.
- Resource limitations: Including access to mentorship, funding, and institutional support.
- Technological gaps: A need for upskilling in digital tools and platforms.
- Negative perceptions of nursing: societal views that may affect motivation and identity.

4. Leadership Strengths

- Communication and collaboration: Strong interpersonal skills and team orientation.
- Visionary and strategic thinking: Ability to plan, organize, and inspire toward long-term goals.
- Ethical and transformational leadership: Leading by example and uplifting others.
- Self-awareness and resilience: Growth through reflection and perseverance.
- Mentorship and empowerment: Passion for developing others' potential.
- Cultural competence: Ability to work effectively across diverse backgrounds.

5. Planned Leadership Development Activities

- Mentorship and networking: Seeking guidance and collaboration with experienced leaders.
- Formal training and education: Participation in courses, workshops, and conferences.
- Practical application: Applying leadership skills in real-world settings.
- Strategic risk-taking: Becoming more action-oriented and bold in decision-making.
- Communication and public Speaking: Enhancing clarity and influence.
- Time management and planning: Addressing personal barriers through better organization.

The results clearly demonstrate the value of the fellowship for those who completed it and hence the positive impact of the partnership which enabled it. Not only were the participants able to reflect on their personal gains, but also identify future developmental strategies for themselves.

The greatest shortcoming of the fellowship programme was the low retention rate of participants. Future programmes need to allow for financial support for travel and adequate time to procure travel documents.

RECOMMENDATIONS

The reported successes suggest that a multistakeholder partnership can be recommended in a complex environment such as leadership for health professional education. It is, however, suggested that during recruitment developers investigate and address potential resource constraints of applicants.

CONCLUSIONS

The study results indicate that the multistakeholder partnership was effective in advancing the leadership capacity of the completing nurse educators from Sub-Saharan Africa. The challenge for future collaborative initiatives will be to better understand the resource constraints of applicants and structure budgets to better accommodate these. The longer term impact of the programme on those able to complete will need to be evaluated.

REFERENCES

Bowser, A., Vaughter, P., & Leal Filho, W. (2024). Partnerships for sustainability: Bridging higher education and society. *Sustainable Earth Reviews,* *5*(1), Article 80. https://sustainableearthreviews.biomedcentral.com/articles/10.1186/s42055-024-00080-z

Bvumbwe, T., & Mtshali, N. G. (2018). Nursing education challenges and solutions in Sub-Saharan Africa: An integrative review. BMC Nursing, 17(3). https://doi.org/10.1186/s12912-018-0272-4

Cousin, L., Bowen, C., Behar-Horenstein, L., Lyon, D., & Martinez, K. (2025). Pathways to nurse development and retention: Development of an academic/community-engaged partnership. BMC Nursing, 24(381). https://doi.org/10.1186/s12912-025-03011-1

Frantz, J. M., Bezuidenhout, J., Burch, V. C., Mthembu, S., Rowe, M., Tan, C., & Van Heerden, B. (2015). The impact of a faculty development programme for health professions educators in Sub-Saharan Africa: An archival study. *BMC Medical Education*, *15*, 1-8. **DOI**: 10.1186/s12909-015-0320-7

Frantz, J., Rhoda, A., Sandars, J., Murdoch-Eaton, D. B., Marshall, M., & Burch, V. C. (2019). Understanding faculty development as capacity development: a case study from South Africa. *African Journal of Health Professions Education*, *11*(2), 53-56. **DOI**: 10.7196/AJHPE.2019.V11I2.1120

Gingerich, S. D., Jónsdóttir, G., Wentzel, J., Flaten, C., Pechacek, J., & Bragadóttir, H. (2023). Developing global leaders through international partnership: A collaborative model for graduate nursing programs. International Journal of Partnership Studies, 11(2). https://pubs.lib.umn.edu/index.php/ijps/article/view/6370

Keiller, L., Nyoni, C. N., & Van Wyk, C. (2023). A model for design of online health professions education faculty development courses in Sub-Saharan Africa. *BMC Medical Education*, *23*(1), 60. **DOI**: 10.1186/s12909-023-04039-0

Omaswa, F., Kiguli-Malwadde, E., Donkor, P., Hakim, J., Derbew, M., Baird, S., & De Villiers, M. (2017). Medical education partnership initiative gives birth to AFREHEALTH. *The Lancet Global Health*, *5*(10), E965-E966. **DOI**: 10.1016/S2214-109X(17)30329-730329-7

Omaswa, F., Kiguli-Malwadde, E., Donkor, P., Hakim, J., Derbew, M., Baird, S., & De Villiers, M. (2018). The Medical Education Partnership Initiative (MEPI): Innovations and lessons for health professions training and research in Africa. *Annals Of Global Health*, *84*(1), 160. **DOI**: 10.29024/aogh.8

Thunderbird School of Global Management. (2021). *Cross-sector leadership and collaboration*. Arizona State University. https://thunderbird.asu.edu/thought-leadership/insights/cross-sector-leadership-and-collaboration

van Wyk, J. M., Wolvaardt, J. E., & Nyoni, C. N. (2020). Evaluating the outcomes of a faculty capacity development programme on nurse educators in Sub-Saharan Africa. African Journal of Health Professions Education, 12(4). https://doi.org/10.7196/AJHPE.2020.v12i4.1389

United Nations Sustainable Development Goals https://sdgs.un.org/goals (accessed 3 September 2025).

World Health Organization. (2013). *Transforming and scaling up health professionals' education and training: WHO guidelines*. https://www.who.int/publications/i/item/transforming-and-scaling-up-health-professionals%E2%80%99-education-and-training

World Health Organization. (2024). Strengthening primary health care leadership: Global capacity building course. WHO Academy. https://www.who.int/teams/primary-health-care/evidence-and-innovation/strengthening-primary-health-care-leadership--global-capacity-building-course.

World Health Organization. (2025). State of the world's nursing 2025: Investing in education, jobs, leadership and service delivery. Geneva: WHO. https://iris.who.int/handle/10665/381329