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## CS 4: Leicester - Gondar Medical Link

**Author: Dave Burnapp**

### **Summary.**

This case study describes the creation and growth of a professional capacity-building link between medical and academic institutions in Leicester in the English Midlands, and medical and academic institutions in Gondar, Amhara Region, North Western Ethiopia. The initial medical link has developed into a registered charity, Health Action Leicester for Ethiopia (HALE), and there are now wider institutional links involving other faculties going beyond medicine and health care. The case illustrates some of the issues discussed in 'Chapter One: Institutional Internationalisation Strategies' and 'Chapter Five: Development and Discourse'.

The research is based on the following data sources:

- primary interviews with the leader of the project in Leicester;
- documents on the project website;
- other documents on the website of the University of Leicester;
- documents on the websites of other agencies which have been involved.

The link has grown in scope and complexity over several years and has achieved many commendable outcomes: hence it provides important learning points for others considering capacity building links.

### **Key learnings up front**

- **CS 4.1.** When individual initiatives become absorbed into institutional activities, for example if they are absorbed into wider internationalisation strategies, it is necessary to balance the passion and individual sense of responsibility of the early instigators of projects with centralised institutional management and control.
- **CS 4.2.** Although individual initiatives are likely to have been based on voluntary contributions (perhaps most significantly in terms of time), which is often what makes such links very cost effective, if these activities become institutionalised they will need to be resourced in the same way as any other institutional activities.

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- **CS 4.3.** It is essential to recognise that a short term involvement of institutions is unlikely to result in outcomes which are self-sustaining, hence from the beginning plans need to be made for a longer term involvement.
- **CS 4.4.** Within the context of links related to development, it is essential to operate in ways which are in response to requests, rather than to supply needs which outsiders deem necessary.
- **CS 4.5.** It is essential, in order to operate in an ethos of mutuality, to identify intended outcomes which are beneficial for both partners of the links.
- **CS 4.6.** It is necessary to ensure that the aims of the link are aligned with the agendas of the governments in all the countries concerned.
- **CS 4.7.** It is recommended that those envisaging beginning a link should consult the *Good Practice in Educational Partnerships Guide* (Africa Unit 2010<sup>1</sup>) in particular the ten principles provided in that guide, even if the links are not going to be with African institutions.
- **CS 4.8.** It is advisable to encourage the wide participation of stakeholders across the institution as a way to help embed and sustain the link.
- **CS 4.9.** It is to be hoped that original and distinct activities may grow out of the initial link, which then go on to develop independently.
- **CS 4.10.** The advantage of having an overall 'umbrella' link is that it may be possible to articulate different strands, involving different stakeholders and distinct project funding, which can strengthen each other.
- **CS 4.11.** It is hoped that the outcomes of the link may be seen as groundbreaking and hence have a cascading effect beyond a specific region and a specific professional domain.
- **CS 4.12.** It should be noted that radical changes, for example in educational methods of learning and assessment, or in professional practice, are often accompanied by some forms of resistance, hence the leadership of local early adapters is essential.
- **CS 4.13.** It is beneficial to mesh the specific aims of a link with any wider institutional aims of internationalisation, for example if there is an 'internationalisation-at-home' agenda, as this may be a way of embedding and sustaining the link.
- **CS 4.14.** It is always necessary to give over large amounts of time and effort in the search for project funding, and it is necessary to accept that many schemes specifically exclude the funding of staff hours.

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<sup>1</sup> [http://www.ukcds.org.uk/assets/file/publications/Africa-Unit-Good-Practices-Guide\\_final.pdf](http://www.ukcds.org.uk/assets/file/publications/Africa-Unit-Good-Practices-Guide_final.pdf)

## Background to the link

The medical link was first established between 1996 and 1997 involving three parties<sup>2</sup>. The institutions were introduced to each other by the Tropical Health and Education Trust (THET Partnerships for Global Health<sup>3</sup>); the lead UK manager was Mike Silverman, Emeritus Professor at the University of Leicester specialising in Child Health; and the lead Ethiopian manager of the link at its inception was Dr Tesfaye Tessema of Gondar College of Medical Sciences. Although a wider institutional link has more recently been established, and although a large number of people in Ethiopia and the UK have actively participated in the various projects created under the auspices of the link, the UK initiative remains largely with Mike Silverman, hence this case illustrates a crucial dilemma. This concerns balancing the passion and individual sense of responsibility of instigators of projects with centralised institutional management and control. This issue was raised in 'Chapter One: Institutional Internationalisation Strategies' where it was pointed out that:

*The possibility of failing to engage the early champions whilst moving to a more central model is identified as a risk by Middlehurst (2008)<sup>4</sup> who describes one possible pitfall in the internationalisation process as being a failure 'to achieve the right balance between centralised and devolved responsibilities' (p17). Unless handled carefully there is a possible conflict between these early champions, who can be thought of as bottom-up innovators, and the central top-down administrators who come to manage collaborations in institutions which have established a central strategy.*

A mirror dilemma concerns resourcing. While the creation of links usually depends on the passion of their early champions – indeed the cost effectiveness of links is very dependent on their highly motivated voluntary status – if the links then go on to become a mainstream institutional activity then resources should be allocated to them. On the one hand the champions need to retain a sense of ownership, on the other hand their enthusiasm should not be exploited if the links become a mainstream institutional activity. These dilemmas should be borne in mind when reading all stages of this case study.

In his early career Professor Silverman had worked for some time in a newly established medical school in Africa<sup>5</sup>, and his experiences there caused him to question the nature of some of the developmental contacts between North and

<sup>2</sup> A short description of the creation of the link is given as a case study in Good Practices in Educational Partnerships Guide (The Africa Unit 2010) page 30.

<http://www.ukafricapartnerships.org/OneStopCMS/Core/CrawlerResourceServer.aspx?resource=48cb4c51-008d-454b-b640-c811ae5c1bd4&mode=link&guid=fa2c2145ad6c45718b3dbb6b57cdbf34>

<sup>3</sup> <http://www.thet.org/>

<sup>4</sup> Middlehurst, R. (2008) Leadership and Internationalisation, in C. Shiel and A. McKenzie (eds) The Global University: the role of senior managers. London: DEA

<sup>5</sup> Interview data.

South<sup>6</sup>. Examples of behaviours which caused his dissatisfaction included the ways that some expatriates interacted with African institutions; for example collecting research data and then going away, giving nothing in return. Other activities he witnessed were typified by short-termism, such as establishing departments then leaving them in the hope that they would somehow become self-sustaining, so failing to recognise the need for a longer term involvement<sup>7</sup>. Professor Silverman felt that he had gained much personally in the form of experiences, challenges, and early professional autonomy, and wanted the opportunity to be involved in a longer-term relationship in the form of a professional level partnership programme with an African institution. The opportunity to do this came some years later when he started to work in Leicester.

THET is a voluntary organisation which aims to create health training and education, via links with developing countries. THET is described as being:

*Committed to improving health services in developing countries through building long-term capacity. Based in the UK, we have over twenty years experience working with health institutions around the world, promoting action that is practical, sustainable and responsive.*

The way that THET operates is in response to requests rather than supplying needs which outsiders deem necessary: *'Partners in developing countries identify needs and priorities to improve their health services'*<sup>8</sup>, and THET then helps to find linking institutions with relevant knowledge and skills in the UK who are able to collaborate. Key themes of THET's methods of operating are to ensure: that any project is aligned with the health agendas of the governments in the countries where they work; that the projects have long term sustainability; and that the links are seen as beneficial for both partners of the links. These themes would hold true for any form of link in any geographical location.

### **This case-study: what was done**

Chapter Five in this report, concerning the role of collaborative links in development, discusses how changing conceptualisations of issues relating to development have prompted changes in the roles of the parties concerned. THET in general, and the Leicester-Gondar link in particular, are examples of partnerships based on mutuality such as that envisaged in the *Good Practice in*

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<sup>6</sup> The changing conceptualisations of development, and of the role of Higher Educational partnerships within these conceptualisations, are discussed in 'Chapter Five: Development and Discourse'.

<sup>7</sup> A criticism of some forms of funding for partnerships cited in the *'Good Practices in Educational Partnerships Guide'* (The Africa Unit 2010) is that they are often short-term: *'This is problematic given that capacity-building is a cumulative long term process'* (p16).

<sup>8</sup> <http://www.thet.org/about-thet/how-we-do-it/>

*Educational Partnerships Guide* (Africa Unit 2010). That guide provides ten principles<sup>9</sup> for the operation of such links, and cites this link as an example of good practice. Indeed all reports published by the link emphasise that the ownership of initiatives rest firmly in Ethiopia: 'From the first, the plans made in Leicester have been in response to ideas generated by our Ethiopian partners'<sup>10</sup>. Matching this, the Leicester end of the link also gathers benefits, and in the strategic plan which the link developed as a step towards becoming a registered charity (HALE) one of the identified aims is:

*To provide UK health professionals with the opportunity to work in partnership with professionals in a developing country thereby enhancing their understanding of global health issues and enabling personal development in clinical practice, management skills as well as teaching, learning and research*<sup>11</sup>.

Medical students from Leicester are able to take electives in Gondar<sup>12</sup> and academic staff are also encouraged to take part in link projects<sup>13</sup>. Encouraging the wide participation of stakeholders across the institution should be seen as a way to help embed and sustain the link.

There have been many projects which are already completed under the auspices of the link, and several which are now ongoing. In addition there have been activities which have grown out of the link and gone on to develop lives of their own. When interviewed, Mike Silverman stressed that the main emphasis of the link is related to staff development and/or curriculum development one way or another, specifically teaching and training support at professional level. Sometimes, however, this inevitably necessitates some infrastructure building activity, for example linking staff training to construction of related facilities. One example of this concerned upgrading an outdated maternity ward in Gondar<sup>14</sup>,

<sup>9</sup> The ten principles are:

1. Shared ownership of the partnership
2. Trust and transparency amongst partners
3. Understanding each partner's cultural environment and working context
4. Clear and agreed division of roles and responsibilities
5. Effective and regular communication between partners
6. Strategic planning and implementation of partnership plan and projects
7. Strong commitment across from junior and senior staff and management
8. Supportive and enabling institutional infrastructure
9. Systematic monitoring and evaluation of partnership and partnership projects
10. Sustainability

<sup>10</sup> For details see: <http://www2.le.ac.uk/ebulletin/features/2000-2009/2005/12/nparticle-f28-vsfnhd>

<sup>11</sup> Leicester-Gondar Joint Strategy 2009-2012, available at:

<http://www2.le.ac.uk/institution/gondar-information-hub/files/HALESTRATEGY.pdf>

<sup>12</sup> For details see: <http://www2.le.ac.uk/institution/gondar-information-hub/medical-electives>

<sup>13</sup> Details of this (and links to some personal reflections of staff who have participated are at:

[http://www2.le.ac.uk/institution/gondar-information-hub/copy\\_of\\_opportunities](http://www2.le.ac.uk/institution/gondar-information-hub/copy_of_opportunities)

<sup>14</sup> [http://www2.le.ac.uk/institution/gondar-information-hub/projects/copy\\_of\\_current-projects-1/gondar-hospital-maternity-unit-upgrade](http://www2.le.ac.uk/institution/gondar-information-hub/projects/copy_of_current-projects-1/gondar-hospital-maternity-unit-upgrade)

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which performs as many as 30 deliveries each day. Again THET was able to arrange funding, and link staff were able to advise on the redesign of the ward, followed by assisting further training of medical and nursing staff. Another example is a current project concerning the need to develop the children's paediatric service in Gondar<sup>15</sup>. There are various proposals within this specific project which was inspired by the matron in Gondar, these include: to upgrade the currently dilapidated physical structure of children's ward; to improve the equipment in it; to train nursing skills to higher level; and to introduce a pilot programme to improve the accountability and responsibility within the nursing staff.

The advantage of having an umbrella link is that it is possible to articulate different strands which can strengthen each other, hence a 'news and events' item on the website of the University of Leicester in 2005<sup>16</sup> states that:

*It became clear very early in the course of the Programme that the success of individual projects depended heavily on their integration with each other. For instance, a British Council funded programme to develop a Masters Degree in Public Health ... has been successful only with parallel attention to teaching and training methods, and information access. Similarly a training programme for general surgeons, required parallel developments in laboratory technology, nursing skills, research methodology and anaesthesiology.*

The example of the Masters in Public Health (MPH) Programme which is now offered by Gondar University amply illustrates the vision of the link, where the two universities adapted an existing modular master's programme to make it suitable for public health officers working in Ethiopia. The development of this was enabled by a British Council (DFID Education Links) grant to adapt a Leicester Health Services Research modular programme for the Ethiopian context. Staff from Gondar College of Medical Sciences (now Gondar University) went to study the modules in Leicester, and with support from curriculum design staff in Leicester were able to customise the course. Other modules were developed locally within Gondar, and the course was first delivered in October 2003.

Certain aspects of the MPH programme were groundbreaking for continuing professional development (CPD) more generally within Ethiopia, and have had a cascading effect beyond the region and the specific professional domain. The ability to demonstrate such a cascading effect might well be thought of as one of the features of a successful link. Rather than leaving their work for extensive

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<sup>15</sup> <http://www2.le.ac.uk/institution/gondar-information-hub/projects/current/gondar-hospital-childrens-ward-upgrade>

<sup>16</sup> <http://www2.le.ac.uk/ebulletin/features/2000-2009/2005/12/nparticle-f28-vs-f-nhd>



periods of theoretical learning, which had been the expected style for staff development training in Ethiopia, participants on this course attend each module for a week then return to their working situation to apply the skills *in situ*. To match this change in programme delivery there needed to be a change in the required methods of assessment; replacing examinations where students reproduced the theories they had learnt with ways of demonstration of active learning in the work place (the modules relate to professions such as Health Service Management, Epidemiology, Nutrition, Health Informatics, as well as general Public Health). The changes, both in delivery patterns and principles of assessment, require a change in the culture of education, and can be related to the distinction between pedagogy and androgogy<sup>17</sup>, the later being described in this way<sup>18</sup>:

*Malcolm Knowles ... is the theorist who brought the concept of adult learning to the fore. He has argued that adulthood has arrived when people behave in adult ways and believe themselves to be adults. Then they should be treated as adults. He taught that adult learning was special in a number of ways. For example:*

- *Adult learners bring a great deal of experience to the learning environment. Educators can use this as a resource.*
- *Adults expect to have a high degree of influence on what they are to be educated for, and how they are to be educated.*
- *The active participation of learners should be encouraged in designing and implementing educational programs.*
- *Adults need to be able to see applications for new learning.*
- *Adult learners expect to have a high degree of influence on how learning will be evaluated.*
- *Adults expect their responses to be acted upon when asked for feedback on the progress of the program.*

This course has generated much interest in Ethiopia, and has influenced the development of other CPD programmes in other areas and other domains. The link is currently engaged in the creation of another Masters course which builds on the experience of the MPH: an MSc Advanced Clinical and Laboratory Practice, with a common core followed by tracks in Anaesthetics, Laboratory Technology, Physiotherapy, Midwifery, Nursing, Microbiology and Parasitology, Clinical Chemistry, and Haematology and Immunology.

Radical changes in educational methods of learning and assessment are often accompanied by some forms of resistance; hence it is likely that only the

<sup>17</sup> Knowles, M. (1980) *The Modern Practice Of Adult Education: From Pedagogy To Androgogy*. Chicago: Follett.

<sup>18</sup> [http://www.brookes.ac.uk/services/ocsd/2\\_learnth/theories.html#adult](http://www.brookes.ac.uk/services/ocsd/2_learnth/theories.html#adult)



leadership of local early adaptors of the innovation can ease transitions. Professor Silverman (interview data) reports that it is easier to transfer skills and attitudes which are high-level and strictly scientific (e.g. ophthalmic surgery and medical practice) than things which invoke local cultural factors, including interpersonal behaviours such as those involving nurses and support staff. Concerning changes in educational practice, he identifies a core issue of ensuring that staff can put their new knowledge into practice, and then to build assessments around the evidencing of such professional practice, rather than resorting to assessments based on recall of theory. An example of resistance to such changes related to concern about how to justify failing any student based on a subjective decision about whether certain professional behaviours have, or have not, been evidenced. The resistance is being overcome, largely due to the lead of the ex-Dean of Gondar's Medical School Dr Assefa Getachew, so now these modules are being used to emphasise the advantage of active learning.

Apart from introducing new models of CPD, the link has had other 'cascading' impacts, for example the link has helped to introduce clinical audit to the region. Clinical audit has become established practice in the UK but until recently was novel in the Ethiopian situation. Clinical audit is defined thus:

*Clinical audit is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change. Aspects of the structure, process and outcome of care are selected and systematically evaluated against explicit criteria. Where indicated changes are implemented at an individual, team, or service level and further monitoring is used to confirm improvement in healthcare delivery.*<sup>19</sup>

A clinical audit service was introduced in Gondar University Hospital in 2005, in order to enhance the quality of clinical care, motivated by a desire to achieve this in a cost effective way. Various departments were involved, including Paediatrics, Obstetrics, Medicine, Surgery, Nursing, and the Laboratory. Examples given by Dr Elaine Carter in the link newsletter include:

*vaccination status of children admitted to the ward; management of common childhood illnesses including pneumonia, malaria and diarrhoea; management of malaria in adults; laboratory diagnosis of malaria; infection control; admissions and discharge; patient satisfaction; documentation*<sup>20</sup>.

Students from Leicester taking electives in Gondar have participated in audits of patient satisfaction, and such electives can form part of the 'internationalisation-

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<sup>19</sup> See: [http://www.clinicalauditsupport.com/what\\_is\\_clinical\\_audit.html](http://www.clinicalauditsupport.com/what_is_clinical_audit.html)

<sup>20</sup> <http://www2.le.ac.uk/institution/gondar-information-hub/files/Leicester%20Gondar%20Link%20Newsletter.pdf>

at-home' agenda<sup>21</sup>, and this may be seen as a way of meshing the specific aims of a link with wider institutional strategies of internationalisation. The development of clinical audits has required changes in governance, and ongoing training of staff, with impacts beyond the link itself. The link arranged a workshop in April 2010, when a paediatric consultant from Leicester Royal Infirmary visited Gondar and ran a National Audit Workshop. This was attended by representatives of other hospitals in Ethiopia as well as the Ethiopian Ministry for Health. It is likely that this will lead to changes to clinical audit throughout the country incorporated at government level. A recent publication by THET (2008)<sup>22</sup> gives a case study of a one year audit of Surgical Admissions at Gondar University Medical College using a tool adapted from Leicester Royal Infirmary.

An example of a specific scheme which started as a part of the link but which then developed its own distinct identity resulted from a project aimed to equip the ophthalmic service in Gondar. Initially a Rotary club raised £4,000 by running a golf tournament, and this was multiplied to £16,000 by Rotary International. This link project then became transformed in 2003 by Dr Sandy Holt-Wilson into 'GEES Gondar (Ethiopia) Eye Surgery'<sup>23</sup>, which is a charity which supports the Eye Department at Gondar University. As with the cascading activities described earlier, this department intends to: 'act as a template for improved eye care for rural Ethiopia and provide places for students from other parts of Ethiopia and the Horn of Africa'. As with the role of Professor Silverman for the Leicester link, it is evident that much of the impetus for this charity comes from the drive of Dr Holt-Wilson. Again there has been an articulation of professional development and the creation of infrastructure, in this case the building of a specialised eye clinic in Gondar and the training of Nurse Cataract Surgeons. GEES has a challenging 'vision for the future', which includes collaborating with other health centres in other parts of Ethiopia to supply equipment, staff development, and a school for blind children.

Concerning funding, it is interesting that the initial funding for GEES, and indeed ongoing funding, came from Rotary Clubs, and it is evident that there has been a long association of Rotary International and eye health care projects worldwide. In general, however, the funding of collaborative links is often an ongoing problem for those involved in them. On the one hand links are seen to be a very cost effective activity<sup>24</sup>, on the other hand the search for funding is described by

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<sup>21</sup> <http://www2.le.ac.uk/ebulletin/features/2000-2009/2009/12/nparticle.2009-12-01.4667193026>

<sup>22</sup> Gordon, M. and Potts C. (2008) *What difference are we making? A Toolkit on Monitoring and Evaluation for Health Links*. The Tropical Health and Education Trust.

<sup>23</sup> <http://www.gondareyesite.com/index.htm>

<sup>24</sup> A 'News and Events' report describing the history of this link describes such programmes as: 'highly efficient in their use of resources, since they have few overheads, and are managed by groups of enthusiastic individuals'. See: <http://www2.le.ac.uk/ebulletin/features/2000-2009/2005/12/nparticle-f28-vsf-nhd>

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Mike Silverman as being very time-consuming. He suspects that recently it has been harder to raise funds, and he is particularly concerned about the difficulty of raising uncommitted funds, for example for projects at inception which need seed money to get them going: 'it is hard work to raise a small amount of money for that sort of thing' (interview data). The accounting of project budgets from external sources is often so tight that it is not possible to accumulate uncommitted funds, and Professor Silverman feels strongly that a higher degree of trust and looser constraints would benefit all: 'if they trusted us more they would get more for their money'. Added to this is the problem that many funding opportunities for linking schemes specifically do not allow funds to be used to fund the staff hours.

At different times the link has obtained funding from a range of bodies including: THET whose role in establishing the link has been mentioned, The Children's Research Fund<sup>25</sup> which was one of the initial funders of the link; the British Council, DFID Education Links, Education Partnerships in African (EPA)<sup>26</sup>, England-Africa Partnership grants, Rotary Clubs and Rotary International (in particular related to eye health and now supporting GEES), the World Health Organization<sup>27</sup>, 'Pennies from Heaven'<sup>28</sup>, and The Students Union of the University of Leicester<sup>29</sup>.

In addition to engaging in fundraising activities, the involvement of students promises to support wider 'internationalisation-at-home' activities: the Students Union in Leicester claims: 'We have started conversation with the Students' Union Association in Gondar and are keen to continue exploring links between Leicester students and those in Gondar.' An article in 'The Lancet Student'<sup>30</sup> in 2007, written by Rupert Major a fourth-year medical student in Leicester is a praiseworthy contribution. The article avoids overly poignant descriptions of dire need, which such articles can often fall into and hence undermine the ethos of respect and mutuality which those involved in such links seek to establish. The article establishes early on that: 'the core objective of 'the Link' has been

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<sup>25</sup> <http://www.childrensresearchfund.org.uk/index.htm>

<sup>26</sup> A very useful searchable database of current partnerships between UK and African HE and FE institutions is available at:

[http://www.ukafricapartnerships.org/Database\\_of\\_Existing\\_Partnerships](http://www.ukafricapartnerships.org/Database_of_Existing_Partnerships)

<sup>27</sup> The World Health Organization is prioritising 'Patient safety': 'At least half a million deaths per year would be preventable with effective implementation of the WHO Surgical Safety Checklist worldwide.' As part of this initiative it is funding hospital partnerships, and Gondar – Leicester is one of the first of these to be funded. See:

[http://www.who.int/patientsafety/implementation/apps/first\\_wave/ethiopia\\_leicester/en/](http://www.who.int/patientsafety/implementation/apps/first_wave/ethiopia_leicester/en/)

<sup>28</sup> This is a payroll giving scheme run by University of Leicester Hospitals (UHL) NHS Trust. See <http://www2.le.ac.uk/institution/gondar-information-hub/fundraising-events/pfh>. This is raising funds specifically for the children's ward upgrade described earlier.

<sup>29</sup> See: <http://www2.le.ac.uk/ebulletin/news/out-and-about/2010-2019/2010/05/nparticle.2010-05-18.2870473752>

<sup>30</sup> See: <http://www.thelancetstudent.com/2007/10/03/leicester-gondar-an-international-medical-student-link/>

sustainable projects for the benefits of healthcare in both locations' and goes on to identify roles which students can occupy. These roles include sponsorships of students, supplying books and medical equipment, as well as a two-way flow of support in a planned 'information and tutorial exchange system'. Some students who have visited Gondar on medical electives<sup>31</sup> have been involved in data collection for academic publications. This aspect of the link also has had a cascading impact in that in a more recent update<sup>32</sup> Rupert Major outlines a scheme to encourage other medical students to become involved in arranging books for medical schools.

The wider institutional link started in 2006, as part of a British Council scheme to improve management skills in African Higher Education institutions:

*Looking for ways to support development in this area the University of Leicester with its successful working relationship with Gondar made it an obvious choice to award funding to help nurture and grow the existing strong bond and be a model upon which other UK-Third World partnerships can be based. The Leicester-Gondar Link has been awarded a grant of over £60,000 from the British Council to support several areas – staff development, links between the Departments of Economics in Leicester and Gondar and innovative work in development education.*<sup>33</sup>

There are now links between the Faculty of Social Sciences in Leicester and the Faculty of Economics and Management Science in Gondar<sup>34</sup>. An example of a project enabled by having the wider institutional link was an Education Partnerships in Africa funded scheme concerning employability of Tourism Management graduates<sup>35</sup>, another concerns the development of research capacity involving Gondar University and the GENIE Centre for Excellence in Teaching and Learning (CETL) which is currently allowing three academics from Gondar to follow Leicester PhDs as external students<sup>36</sup>. At various times some staff and students have been able to write-up findings originating from participation in the link, for example relating to child health<sup>37</sup> and to respiratory disease<sup>38</sup>.

<sup>31</sup> See an account of such an elective, which is also written from an admirably positive stance at: <http://www2.le.ac.uk/ebulletin/features/2000-2009/2009/12/nparticle.2009-12-01.4667193026>

<sup>32</sup> See: <http://www.thelancetstudent.com/2008/08/14/an-update-on-leicester-gondar-student-link/>

<sup>33</sup> See: <http://www2.le.ac.uk/ebulletin/features/2000-2009/2007/06/nparticle.2007-06-27.2254135383>

<sup>34</sup> See: <http://www2.le.ac.uk/ebulletin/news/2000-2009/2009/01/nparticle.2009-01-08.1608755772>

<sup>35</sup> For the project report see: <http://www2.le.ac.uk/institution/gondar-information-hub/projects/project-reports/EPA1-16CompletionReport.pdf>

<sup>36</sup> See: <http://www2.le.ac.uk/ebulletin/news/out-and-about/2000-2009/2009/07/nparticle.2009-07-24.4186023702>

<sup>37</sup> See: <http://adc.bmj.com/content/84/4/315.extract>

<sup>38</sup> See: <http://www.biomedcentral.com/1472-698X/8/10>

## **Strategic Implications of International Collaborations in Higher Education**