

HEAL Initiative Fellow Role Description

Position title: Primary Care Health Systems HEAL Fellow

Organization: [Muso, Mali](#)

Muso is a rapidly growing global health organization, committed that no one should die waiting for health care. We believe that every person has the right to access health care, and we are committed to designing health care systems to make that right a reality. Our team focuses on how *redesigning* health care systems can improve health outcomes by reaching patients with the right care earlier in the course of their illness—beginning by doorstep care delivered by professional proactive Community Health Workers (CHWs), integrated into quality care at primary care centers and hospitals, without user fees. Muso has spent the past decade partnering with Mali’s Ministry of Health (MoH) to develop and iterate on our Proactive Care model. In February 2019, the President of Mali committed to a bold national health care reform scaling up some of the principles we have piloted together, so as to remake the country’s health care system at the community and the health center level for Mali’s 19 million people. In late 2019, Muso also launched a partnership with the Ministry of Health in Côte d’Ivoire, embedding a team within the Department of Community Health to support the development and adoption of a national approach to professionalized Community Health Workers.

In addition to providing technical support to design and deliver national healthcare reform in both countries, Muso currently works in partnership with Mali’s MoH to directly provide proactive free health care to 450,466 patients via 449 CHWs and across nine primary health care centers, two mobile clinics, and two district hospitals in peri-urban and rural Mali. And since 2020 we have expanded our operational research to Côte d’Ivoire as well, now working with the MoH there to serve more than 90,000 people in rural Côte d’Ivoire through direct care.

Muso embeds rigorous academic research and strategic advocacy to identify and share strategies that can accelerate global efforts for child survival, maternal health, and universal health coverage. We have an academic base at UCSF, and collaborate closely with researchers at Mali’s University of Bamako Medical School, UC Berkeley, the National Institute of Health, and the London School of Hygiene and Tropical Medicine.

Department:

1) *Learning and Innovations Team at Muso:* This position is based at our headquarters in Bamako, Mali with our Learning and Innovations team whose mandate is human-centered design of our healthcare delivery systems, which includes continuously designing, redesigning, testing and iterating upon our model so as to maximize impact and quality in delivery. This team currently includes seven general practitioner (GP) physicians including our department director and a senior clinical training manager, senior digital innovations manager, and multiple project coordinators, assistants, and technical staff.

2) *Medical team at Yirimadjo or Bacorababougou Community Health Centers:* two peri-urban public community health centers (CSCOMs) providing care to about 250,000 people through a partnership between Muso and Mali’s MoH. The CSCOMs evaluate more than 100 patients/ daily for urgent care and routine visits, and both have an inpatient observation unit for stays <24 hours, as well as a wound care unit, pre and postnatal care, labor and delivery and postpartum unit (more than 3,500 deliveries/year), family planning unit, vaccination unit, and inpatient/outpatient malnutrition treatment unit. They are staffed by GP physicians, a part time OB/GYN, midwives, nurse practitioners, nurses, medical assistants, an ultrasound tech, GP interns, and medical and midwifery students.

About the Position

Primary Care Health Systems Fellows play a critical role on the Muso team, working at the juncture of health systems design and clinical quality improvement. The Muso Learning and Innovations team translates our ongoing research findings into changes to improve the design of the health system and increase our impact on population-level health outcomes. HEAL fellows spend about 50% of their time supporting this team's development of best practices, clinical protocols and new clinical initiatives and refining existing clinical care delivery to improve quality, coverage, and timeliness of care. HEAL Fellows spend another about 30% of their time supporting full-time Malian staff as clinical educators, working with them on continuing medical education and clinical quality improvement initiatives. They typically (although this is optional) spend the remaining 20% of their time integrating into the clinical team at one of our primary care health centers to work alongside providers so as to identify their priorities as well as opportunities for quality improvement and clinical mentorship. HEAL fellows participate in clinical teaching activities, rounds, outpatient clinic and depending on the fellow's interests in one or more of the health center units. HEAL fellows do not provide direct patient care—the focus is to improve the healthcare delivery system and to develop Malian clinician capacity. All our work and research happen in partnership with the Malian and/or Ivorian MoHs, so that results can directly inform and shape national health policy.

In addition to the medical education, quality improvement, and clinical mentorship described above, the fellowship year usually focuses on one or several specific health systems projects that are tailored to the fellow's skills and interests and the organization's needs during the fellowship year.

Examples of health systems projects prior fellows have assisted with or future fellows could support:

- Creating a primary care provider training manual about antimicrobial resistance and rational prescribing practices, and assisting with provider training and continuous quality improvement for evidence-based antimicrobial stewardship.
- Developing clinical and referral protocols for a new community-based tuberculosis screening and treatment program spearheaded by CHWs and based on best practices and international and national recommendations.
- Designing new program for a new CHW program for community-based malaria prophylaxis during pregnancy.
- Developing a CHW and CHW Supervisor accreditation program for national scale up including building scenario-based accreditation exams informed by international best practices.
- Developing scalable pediatric and adult clinical protocols for detecting and treating hypoxemia at the community level. This includes protocols for indications for and utilization of supplemental oxygen via concentrators in a rural community health center as well as during emergency transport from village to health center and from health center to district hospital. Includes creating clinical training materials for supplemental oxygen use in this setting, assisting with training of trainers, troubleshooting implementation challenges.
- Developing scalable protocols for use of hypovolemic shock garments for obstetrical hemorrhage in rural community health centers, coordinating foundational training for rural obstetrical providers with UCSF Safe Motherhood team, developing systems for quality assurance and ongoing clinical supervision in collaboration with local MoH partners.
- Developing a scalable system for GP and nurse practitioner training, supervision, and referral for psychological first aid and treatment of moderate/severe mental illness in a rural zone experiencing acute violence. Working with local mental healthcare team and international advisors/mentors to develop clinical protocols and recommendations for type of treatment, site

of care, type of provider based on best practices and international guidelines adapted to local context.

- Collaborating with digital innovations team and clinical teams to improve primary care electronic medical record and CHW cell phone digital application systems so as to improve user experience, increase documentation quality, and permit tracking of clinical indicators to support clinical quality improvement goals.

Clinical Work

- **Clinical hours per week:** 0-8
- **Administrative / Project hours per week:** 32-40
- **Any after hours call or weekends?:** not for clinical work, but occasionally/infrequently there are weekend trainings or other public health activities that fellows might help with if they are available
- **What is typical work schedule on a given week?:** typically about 40 hours a week with flexible hours organized depending on fellows preference and meeting/clinical commitments usually contained within 8am- 6pm weekdays

Project Work

- **Is there an expectation to participate in projects, committees, or other activities outside clinical duties?**

Yes! Project work is the majority of the role.

- **Is there protected time for those activities in the schedule?** Yes!

Additional Details

- **Who does the fellow go to with clinical and/or administrative questions?** Depending on the question, our Country Director Dr Djoumé Diakité or Training and Innovation Director Dr Youssouf Keita who are HEAL fellow alums based in Mali, or our HEAL site coordinator Muso's Chief Medical Officer Dr Jessica Beckerman.
- **Is there any formal or informal mentorship for new clinicians at this site?** Our past few fellows have elected to do a half day or full day clinic or L&D shift each week in a high volume, high acuity ambulatory setting. There is also the possibility of participating in clinical care/ surgical care at a public urban district hospital. All direct clinical care is optional as the focus of this role is on health care delivery systems. For those who do participate in clinical care, public sector physician leaders at these sites provide support and mentorship.
- **How are schedules made?** By the fellow in coordination with their project team(s). **Is there flexibility for shift or schedule requests?** Absolutely!

Job Requirements and Key Qualifications:

- By 1 July 2024 applicants must have completed residency training at a US-based residency program
- Preferences will be given to those who trained in Family Medicine, Med-Peds, Pediatrics, OB/GYN, Internal Medicine, or Psychiatry

- Proficiency in French required
- Ability to go in listening, with humility, in a spirit of solidarity and service, through a partnerships approach required
- Experience with quality improvement, health care delivery systems, or clinical teaching/training is a plus
- Ability to conduct literature reviews to answer focused programmatic, clinical, or health systems questions
- Excellent cross-cultural communications skills
- Adaptability, patience, and a sense of humor
- Resilience and grit; the ability to persevere in the face of challenges
- Capacity to self-manage time and deliver consistently, with quality, on deadline

HEAL Initiative

The HEAL Initiative aims to train and support health providers to thrive in hard places by fostering a community of frontline health professionals dedicated to serving the underserved. HEAL is an immersive two-year fellowship dedicated to health equity and catalyzing life experience serving underserved

MUSO

📍 Mali, West Africa



ORGANIZATION PROFILE

Since 2008, Musso has committed to designing health care systems to ensure the right to access health care. Musso has spent the past decade partnering with Mali's Ministry of Health (MoH) to develop and iterate on their Proactive Care model. In February 2019, the President of Mali committed to scaling up some of the principles they have piloted together, so as to remake the country's health care system at the community and the health center level for Mali's 19 million people.

SINCE 2016

HISTORY OF HEAL

5 rotating fellows total:

IM and Med-Peds

3 site fellows total

FOR MORE INFORMATION

<https://www.musohealth.org>



HEAL Initiative
Health, Equity, Action & Leadership

UCSF