



The Constitution of the Consortium of Medical Schools-Africa (COMS-A)



ARRANGEMENT OF ARTICLES

ART	TITLE
	PREAMBLE
	PART I
	Preliminary Provisions
1.	Definitions
	PART II
2.	Establishment Of The Consortium Of Medical Schools – Africa
	PART III
3.	The emblem of the Consortium
	PART IV
4.	Aims of the Consortium
	PART V
5.	Membership to the Consortium
	PART VI
	STRUCTURE OF THE CONSORTIUM OF MEDICAL SCHOOLS
6	Composition of the Consortium
7.	Executive Committee of the Consortium
	PART VII
	ADMINISTRATION OF THE CONSORTIUM
8.	Election of Chairperson and Vice Chairperson
9.	Responsibilities of the Executive Committee Members
10.	Termination of Office
	PART VIII
	MEETINGS
11.	Meetings of the Executive Committee
12.	Administration and Powers of the Executive Committee
13.	General Meetings of Members
	PART IX
14	AMENDMENT TO THE CONSTITUTION
	PART X
15.	DISSOLUTION OF THE CONSORTIUM
	PART XI
	GENERAL PROVISIONS
16	Benefits and Conflicts
17	Records and Accounts
18	Code of Ethics

PREAMBLE

We, the leaders of the Medical Schools of Africa

- **Recognizing** the critical role of quality medical education in healthcare systems and improving health outcomes across the continent,
- **Acknowledging** the importance of partnerships and unity in the continent to foster collaboration, resource-sharing, and the exchange of best practices in medical education, research, community accountability, and healthcare delivery,
- **Committed** to the development of a socially accountable medical workforce that addresses the unique health challenges of our African communities,

Hereby establish the **Consortium of Medical Schools – Africa**, an inclusive and representative body that will:

- A. Serve as the unifying organization for African medical schools.
- B. Focus on the quality and relevance of medical education in the continent.
- C. Promote quality leadership in medical schools.
- D. Strive for high-quality and relevant research and innovation in the continent to reduce the suffering of its citizens.
- E. Promote powerful partnerships between global health stakeholders
- F. Ensure African medical education aligns with the health needs of our communities

NOW, THEREFORE,

this Constitution is hereby adopted by the General Assembly of the

Consortium of Medical Schools – Africa (COMS-A)

to serve as the guiding framework for its mission, governance, and collective commitment to advancing medical education and healthcare across the continent.

Done on March 25th, 2025, Kigali, Rwanda

PRELIMINARY PROVISIONS

ARTICLE 1

DEFINITIONS AND TERMS

1. DEFINITIONS AND TERMS

In this Constitution, unless the context indicates otherwise, the following words and phrases shall have the meaning specified:

- **“The Consortium”** refers to the Consortium of Medical Schools in Africa (COMS-A)
- **“The By-laws”** shall mean the regulations set forth in the schedule hereto as from time to time altered in accordance with the provisions hereinafter contained.
- **“Operational Year”**: A year beginning on 1 July and ending on the following 31 June.
- **“Articles”**: Refers to specific articles within this constitution.
- **The “Executive Committee”** is the governing body of the Consortium and is responsible for both administrative and technical issues of the Consortium.
- **“President of the Executive Committee”**: The individual elected to lead COMS-A’s Executive Committee.
- **“Secretary General”**: The individual appointed to fulfill the secretarial duties of COMS-A.
- **“Treasurer”**: The member of the Executive Committee elected to the honorary position of Treasurer, with specific terms of reference as determined by the Executive Committee.
- **“Co-opted members”**: This will be members nominated by the elected executive members to be part of the executive committee.

PART II

ARTICLE 2

2. ESTABLISHMENT OF THE CONSORTIUM OF MEDICAL SCHOOLS – AFRICA

- (a) The full name of the Consortium is the **Consortium of Medical Schools – Africa**, abbreviated as **COMS-A**.
- (b) **REGISTERED OFFICE:** The temporary office of COMS-A will be set at the University of Global Health Equity, Rwanda until a location for a permanent registered office is agreed upon.
- (c) **Mission:** COMS-A is dedicated to fostering excellence in medical education, research, and innovation in Africa while upholding social accountability and ethical practice. Through partnerships and shared expertise, COMS-A seeks to strengthen health-care systems, promote equitable access to quality medical education, and contribute to improved health outcomes across the continent.
- (d) **Vision:** COMS-A envisions being the leading representative body for medical schools in Africa, dedicated to elevating medical education standards, fostering sustainable healthcare research and innovation, and promoting leadership and advocacy. Through its efforts, COMS-A strives to ensure equitable access to high-quality medical education and healthcare, ultimately strengthening health systems across the continent.

PART III

ARTICLE 3

3. THE EMBLEM OF THE CONSORTIUM

The Consortium shall have an emblem that shall be approved by the Executive Committee

PART IV

ARTICLE 4

4. AIMS OF THE CONSORTIUM

- 4.1. **The aims of the Consortium of Medical Schools - Africa (COMS-A) shall be:**
 - a) **Unity in Medical Education:** Serve as the unifying organization for African medical schools.

- b) **Working together:** Work closely with local, regional, and international bodies for success.
- c) **Quality in Education:** Focus on the quality and relevance of medical education in the continent.
- d) **Leadership for Excellence:** Promote quality leadership in medical schools.
- e) **Relevant Research and Innovation:** Strive for high-quality and relevant research and innovation in the continent to reduce the suffering of its citizens.
- f) **Global Health Partnerships:** Promote powerful partnerships between global health stakeholders
- g) **Resource Sharing:** Encourage collaboration and resource sharing among medical schools across the continent to achieve collective success.
- h) **Standardization:** work in unison to promote standardization of medical education, harmonization of curricula, innovative assessment, and licensure of professionals in the continent.
- i) **Social Accountability:** ensure African medical education aligns with the health needs of communities

4.2. **Values:** COMS-A is committed to:

- (a) **Excellence** – COMS-A is committed to promoting the highest standards of medical education, research and Innovation, and healthcare delivery across the continent.
- (b) **Collaboration & Partnerships** – COMS-A fosters strong networks among African medical schools, healthcare institutions, policymakers, and global partners to drive collective progress.
- (c) **Social Accountability** – Ensuring that medical education and training are responsive to the health needs of African communities, particularly underserved populations
- (d) **Equitable Access to Healthcare** – Advocating for equitable access to quality medical education and healthcare services, ensuring that fairness remains at the heart of all initiatives.
- (e) **Leadership & Advocacy** – Developing and empowering leaders in medical education, policy, and healthcare transformation while actively advocating for stronger health systems
- (f) **Integrity & Accountability** – Upholding transparency, ethical practice, and accountability in medical education and institutional governance.
- (g) **Sustainability** – Ensuring long-term impact in healthcare workforce development through resilient policies, resource optimization, and continuous improvement.

ARTICLE 5

5. MEMBERSHIP TO THE CONSORTIUM

5.1. There will be **four levels** of membership at the consortium

A. Full member: all public, private, or not-for-profit medical schools/colleges in Africa that are recognized and accredited in their country are eligible to be full members. These medical schools shall issue medical degrees to medical doctors. (MBBS, MD, MBCHB, MMED, fellowships or equivalent qualifications) to qualify to join the consortium.

B. Affiliate Member: Institutions such as medical councils, professional associations, medical student associations, and medical professional societies.

C. Associate member: Schools and colleges connected to medical education, including schools training allied health professionals and other essential health-care cadres but not offering medical degrees.

D. Honorary member: Recognized individuals, such as retired and meritorious medical educators and leaders, will be granted honorary membership by COMS-A. Former Deans will be invited to become honorary members upon recommendation and approval of their home institutions.

1.2. Upon receipt of the application, the executive committee of the consortium will review the applications.

1.3. Once endorsed by the EC and approved by the AGM, members will be admitted to the consortium.

1.4. Medical schools will be represented by an officially designated representative of the medical school who is in good standing with regulators in their country of origin.

1.5. The Executive Committee shall maintain a record of all registered member Medical School Members and their current leaders.

1.6. **Rights of Full Consortium Members:** Consortium member Medical Schools shall have the following rights:

a) To determine the policies of COMS-A.

b) Attend regular and extraordinary meetings.

c) To elect or be elected into the executive committee

d) To receive COMS-A's annual report and statement of accounts.

e) To respect the vision, mission, constitution, and bylaws of the consortium.

f) To collaborate in enhancing the quality of medical education in Africa.

g) To engage in collaborative research addressing health challenges in Africa.

h) To share best practices and innovative approaches in medical education, research, and community engagement.

i) To develop partnerships with regional and international organizations to support medical schools in Africa.

j) To secure funding for programs and initiatives under COMS-A.

- k) To participate in creating sustainable financial strategies to support member institutions.
- l) To engage in unified responses during public health crises affecting member countries or institutions.
- m) To share resources and expertise during emergencies.
- n) To access programs supporting academic and administrative leadership development within member institutions.
- o) To participate in mentorship programs for emerging leaders in medical education.
- p) To build a dynamic community of practice to advance the identity of Africa in the global discourse on health professions education.

1.7. Termination of Membership: The Executive Committee may recommend terminating a Medical School Member's membership if:

- a) The annual subscription due to COMS-A is not paid within a specified period set by the Executive Committee.
- b) Gross violation of the consortium regulations is committed
- c) Member medical school expresses a desire

The decision to terminate membership shall be approved by the AGM

PART VI

STRUCTURE OF THE CONSORTIUM

ARTICLE 6

6. COMPOSITION OF THE CONSORTIUM

6.1. The Consortium shall consist of the following structures.

- (a) The Executive committee,
- (b) The Secretariat, headed by the Secretary-General

ARTICLE 7

7. THE EXECUTIVE COMMITTEE (EC)

7.1. The Executive Committee shall be the designated body of the consortium that leads and executes the functions of the consortium.

7.2. The Executive Committee will consist of the following members

1. The President,
2. The Vice-President,
3. The Secretary-General,
4. The Assistant Secretary-General
5. The Treasurer,
6. The Immediate Past President,

Members of the EC should not be from the same country.

7. Chairs of the **six** standing committees, with representation from each of the five African regions according to the World Bank classification.

- A. Finances committee
- B. Audit and compliance committee
- C. Education and Curriculum Committee
- D. Advocacy and Partnerships Committee
- E. Leadership and Professional Development Committee
- F. Research and Innovations Committee

ARTICLE 8

8. ELECTION OF THE EXECUTIVE COMMITTEE MEMBERS

- 8.1. The general assembly shall elect all members of the EC.
- 8.2. All members of the EC except the secretary general shall hold office for a term of two years.
- 8.3. The Secretary-General shall hold office for a three-year term.
- 8.4. At the end of their term, EC members may be re-elected for the same position only for an additional one term in office.
- 8.5. The immediate past president will remain as an ex-officio member of the EC for one year.

ARTICLE 9

9. RESPONSIBILITIES OF THE EXECUTIVE COMMITTEE MEMBERS AND COMMITTEES

1. **President**

- a) Provide overall leadership and strategic direction for the consortium.
- b) Chair all meetings of the executive committee and general assemblies.
- c) Represent the consortium in official matters and external engagements.
- d) Ensure effective implementation of the consortium's objectives and policies.

2. **Vice-President**

- a) Support the Chairperson in their duties and step in during their absence.
- b) Lead specific initiatives or projects as delegated by the Chairperson.
- c) Provide guidance and oversight to one or more standing committees.
- d) Chair the Audit and Compliance Committee.

3. **Secretary-General**

- a) Manage the consortium's documentation, including meeting minutes, reports, and records.
- b) Coordinate communication between members and external stakeholders.
- c) Oversee the organization and logistics of meetings, events, and conferences.
- d) Ensure timely dissemination of decisions and updates to all members.
- e) Chair the Advocacy and Partnerships Committee

4. Assistant Secretary General

5. Treasurer

- a) Oversee the consortium's financial matters, including budgeting, financial planning, and reporting.
- b) Ensure compliance with financial regulations and policies.
- c) Present regular financial updates and statements to the executive committee and members.
- d) Manage the consortium's funding, including membership fees, grants, and other sources
- e) Chair the Finance Committee.

6. Immediate Past President

- a) Provide counsel and institutional knowledge to the executive committee.
- b) Support the transition of leadership and ensure continuity of strategic initiatives.
- c) Mentor new executive committee members and provide historical context for decision-making.

7. Chairs of the Six Standing Committees

A. Finance Committee

- a) The treasurer will chair this committee
- b) Develop and monitor the consortium's financial strategies and policies.
- c) Ensure efficient allocation and utilization of resources.
- d) Advise the Treasurer and executive committee on financial planning and investment.

B. Audit and Compliance Committee

- a) Will be chaired by the vice-president
- b) Ensure the consortium's adherence to financial and operational policies.
- c) Oversee internal and external audits and address any identified issues.
- d) Monitor compliance with legal, regulatory, and governance requirements.

C. Education Committee

- a) Develop and promote educational programs and initiatives for consortium members.
- b) Foster collaboration between medical schools to enhance academic quality.
- c) Monitor and evaluate the effectiveness of educational activities.
- d) Advocate for and work on curriculum, accreditation, workforce development, and standards alignment
- e) Experts in medical education shall be members of this committee

D. Advocacy and partnership committee

- a) It will be chaired by the Secretary-General
- b) Lead efforts to promote the consortium's objectives and influence policy at regional and global levels.
- c) Represent the consortium in advocacy campaigns and stakeholder engagements.
- d) Develop communication strategies to raise awareness of key issues in medical education and healthcare.
- e) Resource mobilization

E. Leadership and Professional Development Committee

- a) Design and implement programs to build leadership capacity among consortium members.
- b) Provide professional development opportunities for faculty, staff, and students.
- c) Promote mentorship and career development initiatives.

F. Research and Innovations Committee

- d) Foster collaborative research efforts and innovation among member institutions.
- e) Identify and support funding opportunities for research initiatives.
- f) Develop strategies to advance the consortium's research agenda and impact.

ARTICLE 10

10. TERMINATION OF OFFICE:

The term of office for an Executive Committee member will be terminated if:

1. Their term in office at the executive committee ends
2. Their term in leadership at their home institution expires, or their respective medical school withdraws their delegation.
3. They become incapable, mentally or physically, of managing their affairs.
4. They are absent without permission from three consecutive meetings of the Executive Committee.
5. They commit gross violations of ethical conduct or practice. In this case their home institution recommends a replacement for the position.
6. They resign.

ARTICLE 11

MEETINGS

11. MEETINGS OF THE EXECUTIVE COMMITTEE

- (a) The Executive Committee shall hold four meetings each year. However, the Secretary-General will call for extra-ordinary meetings as needs arise
- (b) The Committee may invite additional persons to attend as observers or to provide reports or advice. Observers and advisors shall not have voting rights.
- (c) A quorum for an Executive Committee meeting shall be 50% and above.
- (d) Meetings may be held preferably in person or through suitable electronic means
- (e) The president or vice-president shall preside over all meetings. If both are unavailable, a member of the Executive Committee chosen by those present shall preside.
- (f) Every issue shall be decided by a simple majority of votes cast at the meeting. Each Executive Committee member shall have one vote. In the event of a tie, the Chair (or presiding officer) shall have a second or casting vote.
- (g) The Secretary-General shall maintain accurate records of all meetings, resolutions, and any professional advice obtained.

ARTICLE 12

12. ADMINISTRATION AND POWERS OF THE EXECUTIVE COMMITTEE

The Executive Committee shall manage the business of COMS-A and hold the following powers:

- a) Establishment and staffing of relevant Committees.
- b) Establishment of the secretariat
- c) The day-to-day running of the consortium:
- d) To establish laws and policies consistent with the Articles in the constitution to govern general meetings, executive Committee proceedings, committee meetings, and COMS-A's administration, including the process of holding ballots.
- e) Dispute Resolution Procedures according to the established procedures
- f) Filling Vacancies: The executive committee can appoint replacement members when vacancies appear until the AGM endorses the appointment.

ARTICLE 13

13. ANNUAL GENERAL MEETINGS OF MEMBERS

1. There shall be at least one Annual General Meeting.
2. However, the Executive Committee can call a general meeting or, upon written request, by at least 10% of the Membership.
3. All Members are entitled and expected to attend annual general meetings in person
4. Notice to the AGM shall be given at least 30 days in advance and not more than 60 days written notice. The notice should indicate the business to be discussed and set out the terms of any proposed special resolutions.
5. A quorum at an annual general meeting requires the presence of at least 50% of the membership.
6. Each member has one vote.
7. Non-voting members from member institutions may attend the General Assembly if invited.
8. Members can attend the AGM in person or virtually.
9. The president or vice-president shall preside over annual general meetings.
10. If neither is available, another Executive Committee member, designated by the president or vice president, will preside.
11. All major decisions (ordinary) need a 2/3 majority vote.
12. The Consortium shall hold its AGM in conjunction with a scientific conference in the country of one of the Constituent Medical Schools on a rotation basis.
13. At the end of each general meeting, the name of the Medical School hosting the next general meeting shall be announced
14. The General meeting shall review the performance of the Executive Committee and shall receive reports on COMS-A's annual and financial performance including the annual audit report.

PART IX

ARTICLE 14

AMENDMENT TO THE CONSTITUTION

- a) Request to amend the constitution shall be forwarded to the Secretary-General by any constituent member at least three months before a general meeting,
- b) The Executive committee shall discuss the details of the request before it is presented to the AGM for discussion,
- c) The AGM has the final right to accept or reject the proposal amendment in the constitution.

ARTICLE 15

DISSOLUTION OF THE CONSORTIUM

14. The consortium shall be dissolved as follows:

1. A notice requesting the tabling of such resolution shall be signed by at least 50% of the members of the consortium
2. The notice shall then be submitted to the Executive Committee through the Secretary-General at least six months before the annual general meeting
3. The president shall forward such request to the legal representative of each constituent Medical School at least 2 months before the general meeting.
4. Dissolution of COMS-A requires a unanimous consensus of all members of the consortium,
5. Dissolution will be governed by the rules and regulations of the country that hosts the secretariat.
6. If COMS-A is dissolved, any remaining assets after settling liabilities will be determined by the rules and regulations that govern civil society organizations in the country that host the secretariat.
7. A final report and statement of accounts must be sent to the regulatory commission upon dissolution.

GENERAL PROVISIONS

ARTICLE 16

15. BENEFITS AND CONFLICTS

1. The property and funds of COMS-A must be used solely to promote its objectives.
2. An Executive Committee member must not receive any payment or material benefit (direct or indirect) from COMS-A except for reimbursement of reasonable out-of-pocket expenses or cost incurred such as hotel accommodation, travel expenses and related costs incurred in carrying out COMS-A duties.
3. Any Executive Committee member who encounters a conflict of interest related to any matter must declare the nature and extent of their interest
4. The member shall withdraw from the meeting for that item after providing any information requested by the Committee.

ARTICLE 17

16. **RECORDS AND ACCOUNTS**

1. The Executive Committee must keep clean records of audits or independent examinations of accounts as required by law, annual returns, annual reports, and annual statements of account.
2. COMS-A should produce an annual report documenting its impact, financial status, and key achievements, providing transparency and accountability to members and stakeholders.
3. The Executive Committee must keep records of all proceedings at Executive Committee meetings, all resolutions in writing, all reports from committees
4. Accounting records related to COMS-A must be made available for inspection by any Executive Committee member or members.
5. Meeting minutes and other internal documents will be reserved for COMS-A's internal use only and will not be made publicly available.
6. COMS-A upholds confidentiality and protects the personal information and institutional data of its members.
7. COMS-A does not share members' contact details with third parties. However, members may be connected on a one-to-one basis when needed.

ARTICLE 18

17. **Code of Ethics**

1. COMS-A members shall adhere to the highest standards of ethics in medical education, clinical practice, and research.
2. COMS-A will establish a code of ethics to guide behavior, foster integrity, and uphold professionalism across all activities.
3. COMS-A may implement disciplinary procedures for violations of ethical standards, including but not limited to written and verbal warnings, suspension or revocation of membership rights, depending on the severity of the violation. COMS-A will develop its disciplinary policy
4. COMS-A is committed to promoting diversity, equity, and inclusion in all its operations, member institutions, and partnerships.

We, the leaders of the Medical Schools of Africa

- **Recognizing** the critical role of quality medical education in healthcare systems and improving health outcomes across the continent,
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Consortium of Medical Schools – Africa (COMS-A)

to serve as the guiding framework for its mission, governance, and collective commitment to advancing medical education and healthcare across the continent.

Done on March 25th, 2025, Kigali, Rwanda

ELECTED EXECUTIVE COMMITTEE

President

Name _____

Signature _____

Vice-President

Name _____

Signature _____

Secretary-General

Name _____

Signature _____

Deputy Secretary General

Name _____

Signature _____

Treasurer

Name _____

Signature _____

Leadership and Professional Development Committee Chair

Name _____

Signature _____

Research and Innovations Committee Chair

Name _____

Signature _____

Education and Curriculum Committee Chair

Name _____

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BENIN

Signature _____

Name _____

Title _____

Institution: **Université d'Abomey Calavi**

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Institution: **Faculty of Medicine and Pharmaceutical Sciences**

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ESWATINI

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Institution: **Eswatini Medical Christian University**

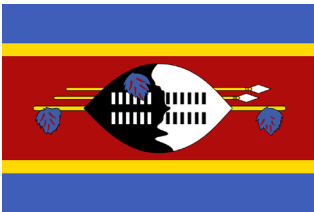
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Institution: **Yekatit 12 Hospital Medical College**



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Institution: **Felix Houphouët-Boigny University**

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Institution: **UNIVERSITE ALASSANE OUATTARA (UAO)**

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MALAWI

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MAURITIUS

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MOZAMBIQUE

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Institution: **University of Licungo**

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NAMIBIA

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NIGER

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Institution: **Dan Dicko Dankaloudo University**

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Institution: **André-Salifou University**

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NIGERIA

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Institution: **Madonna University Nigeria**



NIGERIA

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Institution: **University of Port Harcourt**

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Institution: **Bayelsa Medical University, Yenagoa, NIGERIA**

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Institution: **University of Abuja**

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Institution: **Obafemi Awolowo University, Ile-Ife, Nigeria**

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Institution: **Gombe State University**

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Institution: **University of Calabar, Nigeria**



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Institution: **Rivers State University**

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Institution: **Usmanu Danfodiyo University Sokoto Nigeria**

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Institution: **Ambrose Alli University, Ekpoma, Nigeria**

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Institution: **University of Development Studies**

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Institution: **University of Ibadan**



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Institution: **Abubakar Tafawa Balewa University, Bauchi.**

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RWANDA

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Institution: **University of Rwanda-College of Medicine and Health**

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Institution: **Africa Health Sciences**



SIERRA LEONE

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SOMALIA

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SOMALILAND

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SOUTH AFRICA

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SOUTH SUDAN

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SUDAN

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TANZANIA

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THE GAMBIA

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UGANDA

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Institution: **Uganda Christian University**



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ZAMBIA

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ZAMBIA

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Institution: **Cavendish University Zambia**

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Institution: **Texila American University, Lusaka, Zambia**

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ZIMBABWE

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Institution: **University of Zimbabwe**

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Institution: **Midlands State University, Zimbabwe**

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