

## Educating accountable health professionals for Africa

Francis Omaswa identifies the foundation stones needed for a reorientation of human resources for health



In previous editions of *Africa Health*, we have discussed topics concerning the need to restore the 'can do' attitude among African health professionals, country ownership, the need for committed leadership of individuals needed to close the huge implementation gap at country level, and the place of mentorship and role models in growing a new generation of accountable African techno-professionals. In this issue let us continue the discussion on creating a new generation of accountable health professionals using education and training as a critical entry point for achieving this goal.

The Kampala Declaration and Agenda for Global Action on Human Resources for Health lists education and training as one of six priority areas to be addressed in tackling the global health workforce crisis. The crisis is characterised by widespread shortages, mal-distribution, and poor working conditions. Africa is the worst affected region and urgent and massive training and retention of teams of skilled, motivated, and supported health workers for every person in every village is the battle cry. How can education and training contribute?

The education system, including national policies, training institutions and their managers, can be compared with a factory for producing health professionals. By the time a product leaves a good factory, it should be fit for purpose. A good factory has in-built controls and quality assurance mechanisms to ensure that the final product is right. In the case of health professionals, the graduates should be able to provide skilled healthcare where it is needed in their communities and health systems. However, recent studies and commissions on health professionals' education globally and in Africa have pointed out significant challenges and possible solutions. The Global Health Workforce Alliance (GHWA) Task Force on Scaling up Education and Training, The Sub-Saharan African Medical Schools Survey (SAMSS), the Commission on Education of Health Professionals for the 21<sup>st</sup> Century, and the Global Consensus for Social Accountability of Medical Schools all point out the need for major reforms. What are the challenges to be overcome?

First, there is an urgent need to synchronise the education systems and health systems to facilitate joint planning of curriculum, numbers, and deployment, so that graduates are fit for purpose and will be distributed

and retained where they are needed. In many countries this essential intersectoral collaboration is non-existent and in others the relations between the two sectors are plainly bad. The training of health professionals should be part and parcel of National Development Plans which require consensus from all stakeholders within and outside government. Second, partly as a result of misunderstanding of the meaning of primary healthcare, there has been a tendency to neglect and under-fund all hospitals. As a result, many of the current teaching hospitals are not performing well; overcrowded, poorly equipped, dirty, inefficient, and even corrupt! What type of health professional will come out of such training institutions? Third, SAMSS established that there are huge shortages of teachers in medical schools and the same must apply to nursing, pharmacy and paramedical schools. The few teachers who are there are frustrated and not able to teach and train by the poor quality of the institutions in which they work. Fourth, regulatory bodies such as professional councils are also under-funded and yet they are needed to assure quality of training. The importance of these institutions is becoming even more pertinent due to the rapid increase of the numbers of private training institutions. Professional associations are also weak.

Let us end on a hopeful note as there is evidence of forward movement. There are African countries, such as Ethiopia and Malawi, that are moving very well in implementing health professionals' education reforms that are linked to the health systems and MDGs. GHWA has already developed guidelines for country coordination. WHO is currently developing global guidelines on transformative medical and nursing education. The US government has launched a \$130 million project – the Medical Education Partnership Initiative (MEPI) to improve medical education in 12 countries in sub-Saharan Africa, and there is a sister project on nursing education (NEPI). The government of Japan has committed to training 1000 new African health professionals and other donors, including the African Development Bank, the World Bank, and Norway, have indicated interest. There are moves afoot to revitalise several African health workforce organisations for coordination, communication, and sharing.

So then, if we have health techno-professionals possessed of the 'can do' attitude, who are mentors and role models and there is effective country ownership why should we not succeed? Can anyone tell us why not?

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