

Realising the potential of African Professional Associations

Francis Omaswa muses on the importance of professional groups and what marks out the successful ones from the non-achievers



Last month, I was a guest speaker at the annual meeting of the Norwegian Medical Association (NMA) which was celebrating 125 years of existence. This was also the 6th Conference on Global Health and Vaccination Research in Norway. There were some 250 participants from all parts of Norway representing a variety of institutions who are active participants in the work of the NMA. I met many delegates from African countries such as Malawi, Tanzania, Sudan, Ghana, and Uganda, representing professional associations and other institutions in their respective countries.

The conference themes included the role of professional organisations, partnerships for capacity building in low- and middle-income countries for research and education, health systems, and vaccination research. My main plenary presentation was taken straight from the motto of the African Centre for Global Health and Social Transformation (ACHEST) namely 'Building Capacities and Synergies for African Health.' I also made two other statements in breakout sessions on the roles of professional associations and medical education. I admired what I saw and wondered how the stature and achievements of NMA over the 125 years could serve as a lesson for African professional associations?

In recent studies carried out by ACHEST it was confirmed that Health Professional Associations (HPAs) have strong potential to work with governments as support and accountability agents. However, HPAs reported a lack of participation and overall lack of support both in terms of legal and legislative frameworks and financial resources. HPAs pointed out that they are left out of strategic meetings whose outcomes directly affect their members. One Minister of Health stated, 'The health professional associations were the most powerful asset and totally underutilised.' What then is needed to strengthen HPAs in African countries?

In my own experience, what should happen first is for the professionals to commit to making a new beginning in each of our countries and regions. Even in countries where HPAs are active there must more that

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can be done through commitment to a new beginning. This calls for the leadership as we have previously discussed. My favourite HPA is the Association of Surgeons of East Africa which has now morphed into the College of Surgeons of East, Central and Southern Africa. In many decades as a member of this group there are seven pillars that I have observed as the critical success factors for an HPA in Africa: (i) fellowship and comradeship needs to be strong among members; (ii) members must be willing to sacrifice their time, own money, and resources; (iii) commitment to professionalism and good governance attracts, and retains, members and ensures leadership succession and transition; (iv) commitment to social accountability to communities ensures relevance; (v) being positive and constructive in engaging governments and partners by informing and inspiring and not naming and shaming; (vi) partnerships with international HPAs is vital; (vii) and most important is persistence – the first rule is 'do not give up.'

My strong recommendation and request to the NMA President and indeed to other development partners is that supporting HPAs in Africa is as important as supporting our governments. In the ideal situation development partners should dedicate a certain percentage of aid to supporting HPAs. What do you think?

We have observed in the past that the following points are important:

- Capacity grows from within, it does not drop down.
- Country context is critical: political, social, cultural, resource factors. This takes time and patience.
- Local institutions are needed to increase the capacity of existing Health Resource Partner Institutions (HRPIs).
- Governments and HRPIs must be supported in order to grow.
 - Expand locally driven research; strengthen management and leadership; improve sharing of information and strengthen networks; close any implementation gaps and improve monitoring and evaluation of performance.
- Investment in HRPIs and governments is essential.
- Investment in regional networks for advocacy, mutual support, and sharing is also a prerequisite.
- Investment in Global Networks for Advocacy and joint learning –i.e. as co-contributors not as leaders.