



**World Health
Organization**

REGIONAL OFFICE FOR **Africa**

**OPENING SPEECH DELIVERED BY DR LUIS G. SAMBO, WHO REGIONAL
DIRECTOR FOR AFRICA AT THE TECHNICAL CONSULTATION ON MEDICAL
EDUCATION AND TRAINING: MEETING THE NEEDS FOR IMPROVING QUALITY
AND RELEVANCE IN AFRICA, BRAZZAVILLE, CONGO, 9-11 JULY 2014**

- Prof. Stefan Lindgren, President, World Federation of Medical Education (WFME),
- Prof David Gordon, President-Elect of the World Federation of Medical Education and President of the Association of Medical Schools in Europe,
- Prof Margaret Mungherera, President of the World Medical Association,
- Prof. Bertrand Mbatchi, Secretary-General of the *Conseil Africain et Malgache pour l'Enseignement Supérieur (CAMES)*,
- Mr Jean-Claude Rolland, Director-General of the *Conférence Internationale des Doyens des Faculté de Médecine d'Expression Française*,
- Prof. Antonio Manuel Rendas, Rector of the *Universidade Nova de Lisboa*,
- Prof Armand Moyikoua, Rector of the *Université Marien Ngouabi, Brazzaville, Republic of Congo*,
- Deans and Representatives of Faculties of Medicine and the Health Sciences, Public Health Schools, Medical and Public Health Associations, Heads of Regulatory bodies and Research Institutions,
- Distinguished Experts and Participants,
- Dear Colleagues and Friends,
- Ladies and Gentlemen,

It is a great honour and pleasure for me to host this first technical consultation on medical education and training, here at the WHO Regional Office for Africa. This consultation aims to seek your advice on how best to transform and elevate medical education in countries of the African Region in order to support the implementation of the WHO Africa Regional Roadmap for scaling up the training of Human Resources for Health.

It is a pleasure for me to welcome our distinguished participants and experts to this consultation, at this time when Africa is facing major health and demographic challenges. The current public health challenges in Africa involve the double burden of communicable and noncommunicable diseases and recurrent epidemic and pandemic diseases including the emergence of new pathogens; against the background of a growing youth population, and an increasing population of older persons as life expectancy increases.

Africa is facing all these challenges at a time when the world community is assessing the extent of achievement of the Millennium Development Goals and preparing for a new set of sustainable development goals beyond 2015.

The progress made by African countries towards achieving the health MDGs has been constrained by continuing Health Systems challenges including the shortage of well-trained human resources for health.

Of the 52 countries considered to be in a *human resources for health crisis worldwide*, 37 are in our Region! Of the 47 countries in the WHO African Region, 22% are actually having a declining density of core health workers — namely doctors, nurses and midwives.¹ We are therefore in a situation whereby the need for health care tends to increase while the availability of human resources for health is either stagnating or declining.

We shall need to share critical knowledge and experiences from our successes and challenges and lay down concrete steps to prepare the African Region to continue to work on its MDG targets, while, at the same time, bracing ourselves to address the new health challenges that are anticipated.

I have therefore decided to call this consultation to bring together a unique gathering of partners and stakeholders around the same table, to engage in a constructive dialogue that should result in concrete suggestions and decisions on how best to scale up the quantity and quality of Africa's medical graduates.

Obviously, such an undertaking should take into account Africa's unique epidemiological context and public health threats and their underlying cultural, social and economic determinants. Furthermore, such undertaking should be designed to make a sustained health impact on Africa's population. We have to raise the level of education of medical and health workers to the highest standards that address the specific health needs of people in Africa.

Sub-Saharan Africa accounts for 24% of the global burden of disease. Yet it has only 3% of the world's health workers! The deficit of health workers in Africa is estimated at about 820 000 persons! Yet, one out of every four doctors, and one out of every 20 nurses trained in Africa, work in developed countries.

The majority of countries in our Region are unlikely to meet the health MDGs and this places the countries at a disadvantage in the light of the rapidly changing global health and development trends.

¹ The health workforce is defined to be all persons, skilled and unskilled, engaged in actions whose primary intent is to enhance the health status of the population. This includes persons who directly provide health care (prevention, curative and rehabilitative care, ancillary services, medical good provision and public health) as well as administration and support workers who – as a kind of invisible backbone – help the health system function. Both employed and self-employed health workers are included.

The poor performance of many African countries as regards the health MDGs raises some questions about our health workforce:

- Do we have the right professional profiles to address our health needs?
- Are the numbers of health professionals being produced adequate?
- Are our health professionals trained to meet new challenges in communicable diseases, noncommunicable diseases and emerging epidemic and pandemic-prone diseases?
- How can we concretely enhance the quality and relevance of our medical graduates to suit our situation?
- Are our graduates the right ones for the priority health conditions of our countries?

In 2012, the WHO African Region developed, with the valuable contribution of some of you, a Regional Roadmap that assessed the key challenges of the health workforce and proposed strategic directions to help African governments to respond to the human resource crises; and together with relevant partners, to increase the production and retention of qualified and motivated health workers.

I am convinced that most of the countries in Africa can rapidly implement strategic policy and operational mechanisms in order to mobilize stakeholders and leverage domestic as well as external resources towards achieving this end.

I would like, at this juncture, to highlight and share with you some insightful developments that could provide support for this consultation's agenda. For example:

- *The sub-Saharan Africa Medical Schools Survey* has provided us with substantial information on medical education resources and the expanded number of faculty.
- *The African and National Observatories for Human Resources for Health* have enabled us to have better data on our workforce and training capacity.
- *The Medical Education Partnership Initiative (MEPI)* supported by PEPFAR has initiated collaboration in training capacity building in Africa.
- *The World Federation of Medical Education (WFME)* has helped us to acquire many tools related to standards and norms for effective medical education.
- *The Africa Medical Schools Association (AMSA)* has been re-established to provide a focus for collaboration and mobilization of learning approaches and resources.
- *Other partners* represented here (CIDMEF, CAMES) have provided opportunities for the sharing of experiences and provision of support in expanding human and institutional capacities.
- Distinguished participants,

Despite these efforts, health worker education capacity remains constrained by shortages or absence of qualified faculty, inadequate teaching infrastructure and limited access to learning aids and materials.

A key challenge, which I hope we can start to address with practical suggestions, is the professional development, motivation and retention of medical educators and trainers in Africa. Available evidence shows that the nature of most academic remuneration and benefits hampers the recruitment and retention of faculty members.² With the recent proliferation of new medical schools — which is most welcome, though needing better accreditation and regulatory systems — the need to scale up and enhance faculty numbers and skills becomes even greater.

Some young faculty members I have spoken with indicated that, in Africa, the long career pathways are discouraging, and the opportunities to grow as independent researchers are limited.

Furthermore, health policy-makers and medical educators have lamented the rather weak dialogue between the two sides, on what is best for the countries and how to advocate for and obtain the investments needed for health worker education to make a visible impact on their national health systems.

Besides, medical education has to take place in a context of the required skill mixes and complementarity between the training of doctors and other health workers and professionals. We all recognize that synergy between doctors and the health team as a whole is essential in view of the diversity and complexity of health challenges.

Let me ask you a question: are you, as medical educators, working, shoulder-to-shoulder, with ministries of health, in defining national health policies and are you participating in the development of effective human resource strategies and plans?

Distinguished outgoing and incoming Presidents of the World Federation of Medical Education, the Vice Chancellors of invited Universities, the leaders and stakeholders representing International and African Institutions, the Deans of Medical Schools, members of faculty, experts and practitioners, we are very inspired in having you all gathered here with us at this consultation. In you, distinguished participants, I perceive an excellent skill-mix, a wealth of knowledge and a myriad of experiences with the potential to fully grasp the problems identified and help to design and build a new and better future for medical education in Africa.

I would like to end my speech by recalling the core strategic areas of the African Regional Roadmap on human resources for health, which are as follows:

1. Strengthening health workforce leadership and governance capacity;
2. Strengthening HRH regulatory capacity;
3. Scaling up education and training of health workers;
4. Optimizing the utilization, retention and performance of the active health workforce;
5. Improving health workforce information and generation of evidence for decision making;
and
6. Strengthening health workforce dialogue and partnership.

² **Fitzhugh Mullan and all (2010):** Medical schools in sub-Saharan Africa, *The Lancet*, **Volume 377, Issue 9771**, Pages 1113-1121, 26 March 2011.

I believe that each of these areas remain extremely relevant to our discussions and I hope that your deliberations shall provide us with a set of innovative and concrete actions to enhance medical education and prepare Africa to meet the challenge of *Universal Health Coverage* and of achieve better health and quality of life for all its population.

We expect to have open and frank discussions and I look forward to your deliberations with great expectation. We shall do our best to document and share the outcome of this consultation, expecting that it contributes to advancing the implementation of the African Roadmap to scale up human resources for health.

- Distinguished participants,

I would like to thank my colleagues of the Health Systems Strengthening Cluster of the WHO Regional Office for making every effort to ensure the successful preparation of this meeting. Indeed we can all be proud of the outcome of their hard work.

Last but not least, I hope you will take time to make new friends and engage in partnerships which could add value to your individual capacities and those of the institutions you represent. To those participants coming to our office for the first time, we would be pleased if you could take time to visit the WHO Regional Office, established in this international territory since 1952.

I want to thank you, once again, for taking time to attend this meeting, despite your very busy schedules. We are very honoured by your presence and I wish you a very happy and fruitful stay in the "*cit  de l'OMS au Djou *".

Thank you for your kind attention.

