

COVID-19 and its impact on health professions education in Africa

Elsie Kiguli-Malwadde highlights the impact of lockdowns and school closure on HPE

The COVID-19 pandemic has caused major disruption worldwide, but its impact on all aspects of life is yet to be established. Although Africa has been the least affected region globally, with 1.5% of the world's reported COVID-19 cases and 0.1% of the world's deaths,¹ the wider effects on the continent could be far-reaching given its fragile social economic status.

The pandemic finds Africa celebrating a significant improvement in the state of health in the region with healthy life expectancy increasing from 50.9 years to 53.8 between 2012 and 2015 – the most marked increase of any region in the world.² However, Africa still faces numerous health challenges. For example, it has 24% of the world's total disease burden and only 3% of the world's health workforce (HWF).³

Health Professions Education (HPE) is the starting point for the trajectory of HWF development. Although there has been a rapid increase in the number of health professionals' training institutions in Africa over the past three decades, HPE still faces many challenges, such as a static curriculum, poor physical infrastructure, lack of accreditation systems, skewed student selection, limited faculty recruitment, migration of health workers and an inability to attract and retain them.⁴

Lockdowns and school closures

When COVID-19 was declared a pandemic on 11 March 2020 by the World Health Organization,⁵ Africa was as unprepared as the rest of the world. Many countries reacted by declaring lockdowns and school closure. This included HPE Institutions. Physical closure of education institutions (schools, colleges and universities) was an efficient way of minimising the spread of the virus, but it brought many challenges for both students and teachers, their families, friends and employers.⁴ The closure caused disruption of the training of future health care professionals, loss of learning time, challenges with programming and inability to continue clinical training. Students were concerned about their safety, the risk of infection, loss of learning time, and shortage of Personal Protective Equipment (PPE). Faculty were also affected as many became redundant; others had their research disrupted; and those working in clinical areas faced anxiety over the risk of infection. The existing lack of support for the health workforce in clinical

practice in many African countries was exacerbated by lockdown, with little transport available. The focus on COVID-19 was causing other health issues to be neglected. This was made worse by the fact that this was a novel disease, so there was variability in information, knowledge and quality of care of COVID-19 patients. There is as yet no vaccine, no standard treatment and no cure. With the lockdowns came the realisation that students may not complete their studies for 2020 and so there will be no release of fresh graduates, especially the interns who are usually the backbone of tertiary health institutions' workforce in African countries.

E-Learning

Along with the challenges, however, came the opportunity to innovate. Many countries realized the need to continue with education of health professions.⁶ Schools that had already started to dabble in distance learning, virtual/eLearning/ online training and blended learning, now found it inevitable; those that had not found themselves having to make quick decisions in order to meet the needs of their students and faculty. The COVID-19 pandemic has given the institutions an opportunity to embrace technology-based learning, prioritising investment or diverting resources into e-Learning and strengthening their capacity to use ICT. They have also had to revisit the clinical teaching hours. Therefore e-Learning has become a very important 'new normal' for the institutions.

While in-person learning will always remain an essential component of the clinical curriculum, distance-based learning may prove to be a highly effective, flexible and thorough supplement or even alternative.⁵ This has already pushed clinical medical education for medical students, residents, and practising professionals towards the use of online eLearning portals. It has become imperative that the HPE systems prepare to adapt to this challenge sooner rather than later.⁷ The situation after the reopening of the educational institutions after the lockdowns will not be the same as it was before the COVID-19 pandemic. It has been rightly stated that the standards of normality in many parts of our lives will be reformulated in the post-pandemic context⁸ and the profound effects of this disease will forever change how future workforce is educated.⁹

The impact of the COVID-19 pandemic on HPE will therefore be managed through the concepts of early response, alternative education options, and future changes and actions.¹⁰ Ahmed and colleagues noted that the combination of reduced exposure to clinical sessions and the suspension or cancellation of attachments and

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electives will have noticeable impacts on HPE, particularly on final-year health professions students who are expected to gain certain structured competencies and skills before starting their careers.¹¹ The clinical setting has been greatly affected. If the schools remain closed these students will miss out on the opportunity to learn how to manage a pandemic. At the same time, patient-centred learning raises many questions that will reshape HPE. How can future health professionals be trained within the limitations of social distancing? In addition to web-based learning and digital content, can virtual patient encounters be simulated? All these questions must be considered by educators.

Schools are embracing e-Learning, but although Africa has experienced an increase in internet connectivity over the past decade, many areas are still poorly served. Even where the internet is available, it is too expensive for most. At the same time there is a lack of technical support and limitations with availability of hardware.

Virtual learning also has a lot of uncertainty, and it is difficult to engage students adequately and ensure that nobody is left behind. However, it also has its benefits in that it accommodates everyone's needs considering timing and pace of learning; material can be accessed any number of times as it offers access to content anytime. It may also make education more accessible for remote geographical locations.¹²

Bottom line

UNESCO has made recommendations for all areas of education, including HPE. If these are adapted or adopted, they will make HPE in the COVID-19 era more meaningful. However, challenges with clinical teaching may need to be thought through and improved with time. According to UNESCO, it is important to assess the capabilities of students, teachers, and infrastructure to adopt high-technology and low-technology solutions as well as explore various options for distance learning tools including: online virtual lessons, downloadable lessons, Massive Open Online Courses (MOOCs), mobile-phone and social media blasts and accessible material for students. It highlights the importance of training teachers on how to instruct and engage all students through distance learning tools and appreciate that e-learning has limitations with interactive work. It emphasises the need to blend appropriate approaches and limit the number of applications and platforms since not all tools are adaptable to all contexts. It also advocates

the use of tools that are compatible with smartphones because they are cheaper and more readily available. It urges institutions to engage in agreements with telecoms to reduce the cost of internet. It also urges them to create support communities among teachers and students so that they support each other and ensure accessibility and availability of education services for disadvantaged students so that no body is left behind.¹³

Much as the COVID-19 pandemic has disrupted HPE, in Africa it has ushered in an era of increased innovative use of ICT in education and has encouraged the faculty to be more innovative in the way they deliver material. However, challenges still exist with regard to clinical training and ensuring that all faculty and students are brought on board. In spite of the challenges there is a need to embrace Nelson Mandela's famous words: "It always seem impossible until it is done".

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