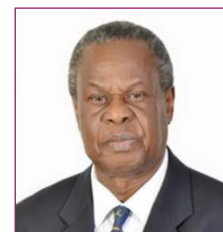


Realizing the Social Mission of Universities & training institutions.



There is a lot of renewed activity in Africa and globally on the subject of health professionals' education and training. A meeting took place at the beginning of February, 2023, in Kigali, Rwanda, of the Governing Council of the African Forum for Research and Education in Health (AFREhealth). In November, 2022, two meetings took place; in Miami, USA and in Accra Ghana on this topic. In May 2022, there was a Forum in Canada; McGill University School of Population and Global Health on "Nurturing Leadership for Health: are Universities Stepping Up?" Another meeting will take place late February, 2023 in Pretoria, South Africa. So, what is going on? Are we making any progress? Are health professional training institutions contributing to better health globally, regionally and nationally? Are they just about themselves?

The Lancet Commission on the Education of Health Professionals for the 21st Century issued its report ten years ago recommending a new generation of reforms in health professionals' education. Universities, especially university leaders, are called upon to become the change agents among the people that they serve. These leaders should demonstrate social accountability and teach their students to be societal change agents; engaging with their ministers of health, cultural, religious and civil society leaders. This engagement is to ensure that better population health is visible in practice as a result of teaching and research. Failure to achieve this qualifies universities to be described as ivory towers that are disconnected from their communities.

University leadership, including all Faculty should engage proactively with politicians and the public to ensure that knowledge, research and training are aligned with efforts to improve the performance of health systems and advocate and guide investments in health. This requires reviewing incentives for promotion of university lecturers that are currently skewed towards research and publications with insufficient emphasis on teaching and service. When students see this as a dominant role model, they also aspire to become researchers resulting in a gap in service and teaching.

Clinical excellence through services delivery is a pre-requisite for clinical teaching followed by the need to undertake research to address identified gaps in knowledge for improved services and teaching. This was described at Makerere Medical School as the three-legged African stool. If the legs of the stool are not of equal length or one of the legs is missing, the stool is unstable and unsafe. Growing up at Makerere, it was a requirement for all heads of clinical departments to be university employees alongside many non-university employees at the Mulago national referral and teaching

hospital. These university leaders were also advisors to the Ministry of Health in their respective clinical specialties.

In order for universities to have a social mission and be change agents, it is important for them to track and follow the performance of their graduates. Graduate tracking is a source of feedback that improves teaching and contributes to improved quality services delivered by the graduates. This is also needed to improve health workforce management. There are many reports from African countries where graduates remain unemployed for long periods of time and many migrate especially to the developed countries at a huge cost to the source countries of migrant health workers. Tracking graduates by universities in partnership with their governments can also be an entry point into negotiating bilateral and multi-lateral agreements with other countries on managed migration, guided by the WHO Code on the International Recruitment of Health Personnel adopted by the World Health Assembly in 2010.

The Sub Saharan African Medical Schools Survey that looked at all Medical Schools in Sub Sharan Africa, found that many private medical and nursing schools have emerged with the primary business aim to make money with questionable attention to the quality of graduates. Regulation and accreditation of these schools is challenging because many have connections to politicians who interfere with the roles of regulatory and accreditation agencies. In some cases, regional accreditation mechanisms are in place which help to protect the independence of the regulatory bodies and assure quality of the training institutions and graduates.

Another set of key players are the professional associations in the countries. These have a key role in ensuring the universities and training institutions are supported to play their rightful roles and that the standards of teaching and service, including ethics are responsive to societal health needs. The Global Health Workforce Alliance recommended a tool known as Country Coordination and Facilitation (CCF); a forum that creates partnership structures in countries comprising, Ministries of Health, Education, Public Service and Finance along with Professional Associations, to develop National Health Workforce Plans and ensure that these are implemented to scale. Effective CCF committees would guarantee the achievement of the required competencies, skill mix, numbers and budget so that all graduates get employed. This will make it possible for every person, in every village, everywhere have access to a motivated, skilled and supported health worker responding to population health needs.

This is a call to action to universities and training institutions. They should commit to pursuing social accountability by engaging with health professional associations in all disciplines and advocate with political leaders and the public for the creation of CCFs in the countries as vehicles for realizing their social mission and achieve better health of the people.

Francis Omaswa, CEO, African Centre for Global Health and Social Transformation (Kampala); Founding Executive Director of the Global Health Workforce Alliance; and publisher of Africa Health.