Health Workforce (HWF) Leadership and Governance: A weak point in achieving UHC in Africa



Francis Omaswa urges stakeholders to work together to create a pool of specialized HWF managers with capabilities to plan, develop and manage health workers that respond to population health needs.

The World Health Organization (WHO) Afro convened a meeting in Lusaka, Zambia 12 – 14 November, 2024 on developing competency-based curricula for the education and training of health workers in Africa. This activity is part of the drive to implement the Africa Health Workforce (HWF) Investment Charter, adopted in Windhoek, Namibia in June 2024. The outcome of this meeting is captured in the Lusaka Statement, also published in this issue of the Africa Health Journal.

While I am encouraged by this emerging African momentum on the HWF agenda, I remain concerned by the long journey that still lies ahead to achieve our vision of enabling "access to skilled, motivated and supported health workers by every person in every village everywhere".

The African region has the worst health and development indices and the gap between Africa and other regions, such as South East Asia is big. This should be a source of embarrassment and shame to us in Africa. Yet some of the South Asian countries, that are performing much better, had similar health and development indices to African countries when we all got independence from colonialism some 60 years ago. What is the problem?

The immediate pre and post-independence era in Africa was hopeful, confident and ambitious and significant progress was registered in many countries. This was regrettably overturned into dependency not only for money but also for ideas and loss of the "can do attitude". This resulted from bad governance; characterized by military governments, condoned and facilitated by the cold war between the western countries and the Soviet Union. African countries were reduced to beggar-hood as "Highly Indebted Poor Countries (HIPCs). African indigenous knowledge and value systems were demonized and sidelined, making Africans dependent and helpless. Wrong solutions to many African problems were imposed, resulting in retarded development. This debate continues under the banner of decolonization of global health but is in reality a call to African health leaders and countries to take charge of their agenda and recover the "can-do attitude".

The answer lies in strengthening leadership and governance of health and the HWF agenda. This is the first pillar of the Kampala Declaration and Agenda for Global Action (AGA) on HWF which was adopted at the First Global Forum on HWF in 2008.

In many African countries, the individuals who manage HWF in the Ministries of Health or Public Service are generally trained Human Resources managers who do not have the specialized training to link HWF skills to the health needs of the population. For example, if the country has one million births annually, how many midwives, obstetricians and pediatricians are needed and how should they be deployed? There is a tool known as Workload Indicators of Staffing Need (WISN) which requires special training and experience for determining staffing needs in health. HWF planning is a specialized function for which most ministries of health are not equipped. HWF managers in African countries know how to maintain files on health staff and follow if they have taken annual leave or are due for salary upgrade or retirement but not how to link their skills and performance to the country disease burden and population health needs. There is need to establish in every Ministry of Health an office at a senior level that is responsible for HWF planning, development and management whose core mandate is focused on linking HWF skills to the population health needs.

There is also an urgent need to reform education and training to competency-based model that equips training skills to perform tasks as opposed to acquiring knowledge that is not translated into performance of tasks. The training should ideally take place in an environment which enables learning to take place as apprenticeship by following and observation of the routine work of the teachers and mentors. For example, clinical excellence should be the foundation for teaching clinical skills. If the teachers are not practicing it is not possible for them to teach effectively and to be role models. In some countries I have learnt about the tension and strained relations that exist between teachers and students. Ideally this should be a parental relationship where there is friendship and trust enabling trainees to feel at home to ask questions to learn by observation and the example of professional mentors.

In conclusion, I call upon WHO, academic institutions, professional associations and Ministries of Health and relevant sectors to work together to create a pool of specialized HWF managers with capabilities to plan, develop and manage health workers that respond to population health needs. This will make it possible for Africa to achieve UHC and SDGs as well as close the shameful gap between Africa's health indices and those of other regions.

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