Building a sustainable health workforce and health sytem



The July issue features several thought-provoking articles on the health workforce, an essential pillar of every health system. Often described as the engine that drives the health system, the health workforce determines the effectiveness, equity, and resilience of healthcare delivery. This edition opens with an insightful opinion piece by Francis Omaswa, offering a comprehensive overview of health workforce challenges and opportunities, both in Africa and globally. The issue further highlights emerging trends, policy debates, and innovative strategies aimed at strengthening and sustaining the health workforce to meet current and future health needs. One such article, by Elsie Kiguli-Malwadde, explores the link between quality Health Professions Education (HPE) and Social Accountability (SA). SA ensures that HPE institutions meet the needs of the communities they serve. The key message is that investing in quality, socially accountable health professions training is a proven strategy for building equitable, people-centered health systems.

An article by Natalie Stevens and Quinn Galbraith from Brigham Young University, USA, describes a unique partnership in rural Uganda between public health students, local healthcare professionals, and non-profit organizations making a meaningful impact. It highlights the power of collaboration among students, local health workers, and non-profits in addressing critical health needs. By integrating education with medical care, it demonstrates how innovative partnerships can transform community health, empower individuals, and create sustainable models for global health improvement.

This is followed by two short articles. The first discusses research linking mouth and gut disease to Parkinson's disease. It suggests that promoting a healthy microbiome through consistent oral care, a balanced diet, and potentially targeted probiotic interventions could improve disease management in Parkinson's. The second, by scientists at King's College London, details the mapping of the bacterial flagellum in unprecedented detail, revealing its potential as a novel target in the fight against antimicrobial resistance. By impairing rather than killing bacteria, this approach could slow the evolution of resistance and pave the way for new treatments.

The next article, by Carrie Ngongo, examines the causes and trends of urogenital fistula in sub-Saharan Africa, drawing on 23 years of data from nearly 7,000 women across nine countries. Most fistulas arise during obstructed labor without timely emergency obstetric care, but a growing share now results from surgical injury during cesarean sections. The study underscores the need for timely, high-quality care, appropriate cesarean decision-making, and stronger training in alternatives such as vacuum extraction to reduce maternal morbidity.

Barnabas Nkore's article notes that Africa's aging population is rapidly growing, exposing gaps in health, social protection, and eldercare systems. He offers hope by describing initiatives through Vantage Care Limited and HOCA-Africa in Uganda. Both organizations demonstrate scalable, professionalized, and culturally adapted solutions. He emphasizes that investing in care for the elderly can improve health outcomes, reduce hospital strain, empower youth, and uphold dignity for older adults.

The article by Vinand M. Nantulya and Paul Kizza on the Uganda Country Coordinating Mechanism (CCM) exemplifies how country-led partnerships can align with the Lusaka Agenda to strengthen health systems. By mobilizing billions in resources, coordinating diverse stakeholders, and fostering sustainability, the CCM has become a national asset, showing how pooled, country-driven financing can address pressing health challenges and advance universal health coverage.

An article by Innocent Kabahena Besigye and Robert James Mash provides insight into the growth of Family Medicine in Africa and its role in Primary Health Care. It argues that the current state of family medicine training, practice, and research in Africa cannot yet meet community health needs. The authors call for deliberate efforts to scale up family medicine training models, embed the need for family physicians in policy, and build capacity for context-relevant research to drive this agenda forward.

The paper by Godfrey Katende on nursing education seeks to inform practicing nurses about different forms of Clinical Decision-Making (CDM) models. It describes and critically analyzes clinical CDM models that nurses in low-resource settings, particularly in the East African region, can adopt to strengthen nursing practice.

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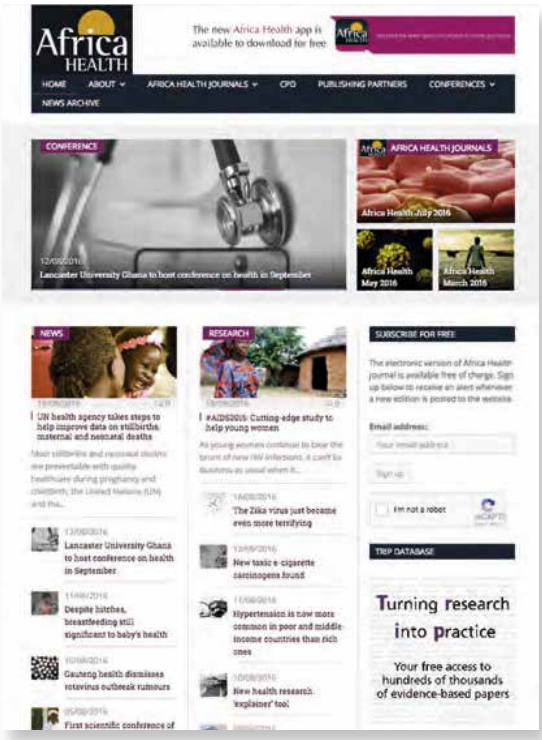
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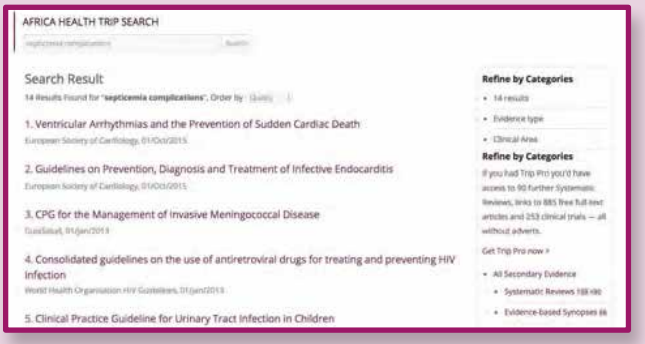
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