African Health Workforce Force (HWF) Agenda Gaining Momentum



Francis Omaswa provides a comprehensive overview of health workforce challenges and opportunities in Africa and across the globe.

Over the past 25 years of following the global and African health workforce (HWF) agenda, I find this period the most encouraging. In December 2024, I joined the 25th Anniversary of COSECSA, now active in 14 countries and the largest surgical college in Africa, with over 1,500 delegates. In 2025, I attended key meetings by Africa CDC in Addis Ababa and WHO AFRO in Lusaka, following the July 2024 launch of the Africa HWF Investment Charter in Windhoek, where Africa CDC pledged collaboration with WHO for its rollout. I also spoke at the AMCOA Conference in Kampala (July 2025) and virtually at the 70th Anniversary of the Colleges of Medicine of South Africa in Pretoria (August 2025), which focused on specialist training and retention. Several more meetings on this vital agenda are planned in the coming months.

What messages have we learnt from all these events? The most important message is that government leadership is critical for success to be achieved. There is need to adopt the new paradigm that recognizes health as central to economic and social development. In the past there was uncoupling of relationship between economic growth and wellbeing. The new economic thinking is to re-couple, economic growth and well-being of the people; to achieve human capital development and the demographic dividend. This is needed to enable increased domestic resource allocation for health and not to regard investment in health as merely consumption that lacks economic returns. This government leadership should be from the top and all levels, multi-sector and apply the whole of government approach.

These Multi-sector Country Partnerships should result in a national Health Sector Strategic Plan (HSSP) in which there is a Comprehensive costed HWF Plan in line with Health Sector Strategic Plan and the National Development Plan. It should include HWF Information Systems (Observatory) with annual reporting and response which targets optimal HWF densities across the health system including Community level. Strong and competent HWF governance and leadership is essential. HWF governance and leadership is one to the current areas of weakness. There should also be national, regional, global, links and partnerships and health Professional Associations should be engaged.

Quality competency-based education is important and Education Institutions should be supported to produce fit for purpose health workers who are willing and able to work where their services are needed and to work with available resources among their communities. The Sub Saharan African Medical Schools Study which we conducted in 2010 found prevalence of faculty shortages, infrastructure deficits and a growing and sometimes worrying role of the private sector in HWF education.

Quality assurance is therefore needed through Strong Regulatory Bodies, strict and independent accreditation, strong Professional Associations and supportive supervision including the ability for self-assessment by the HWF and health leaders. The population has a key role in ensuring that demand for quality health services is felt by and informs the health system. Managing the pressures of the international HWF market and its impact on migration is an important area that cannot be ignored. Indeed, one of the meetings that I participated in recently is the Uganda-UK Health Summit in Kampala where HWF migration was discussed. HWF migration is inevitable and is taking place in most African countries. There is need for African countries to engage with the international community to sign bilateral or multilateral agreements which are guided by the WHO Code on the International Recruitment of Health Personnel.

In conclusion, the most critical need is to strengthen health workforce (HWF) leadership and governance across African countries. Building this capacity is essential to optimize the utilization, retention, and performance of existing health workers, while improving workforce data and evidence for decision-making. In many countries, HWF management is handled by personnel officers lacking the skills to align workforce competencies with national disease burdens. I call upon institutions such as the WHO Academy and African universities to develop dedicated training programs for HWF leaders. These programs should equip them to plan, train, employ, and retain health workers with the right skills to meet population health needs, and to advocate for greater investment in the health system. Strong, visionary leadership will be key to achieving excellence and closing implementation gaps in health service delivery.

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