From Continental Vision to Collective Action: Reflections from the Second Consortium of Medical Schools–Africa Conference in Addis Ababa

The second annual conference of the Consortium of Medical Schools–Africa (COMS-A), known as MedEdAfrica 2026, was held from 6–8 July 2026 at the Ethiopian Skylight Hotel in Addis Ababa, Ethiopia. Hosted by the Ministry of Health of Ethiopia in partnership with COMS-A and the University of Global Health Equity (UGHE), the conference brought together medical educators, academic leaders, policymakers, regulators, students, researchers, health professionals and development partners from across Africa and beyond.

The conference marked an important milestone for COMS-A. Established in Kigali, Rwanda, in March 2025, COMS-A emerged from a shared recognition among African medical education leaders that the continent requires a stronger, coordinated and African-led platform to transform medical education and, ultimately, health systems. Its mission is to promote excellence in medical education, research and innovation while strengthening social accountability, partnerships and equitable access to quality education.

The Addis Ababa meeting therefore represented more than another scientific conference. It provided an opportunity to move from the formation of a continental network towards implementation of a shared agenda for medical education and health workforce transformation.

A continent coming together

The scale and diversity of participation demonstrated the growing relevance of COMS-A. More than 750 participants from 46 countries and 117 institutions attended, including approximately 195 student delegates. The scientific programme featured 22 sessions, six plenary sessions, 86 oral presentations and 117 abstracts.

This diversity was particularly important because Africa's medical education systems operate in highly varied linguistic, socioeconomic, regulatory and health-system contexts. COMS-A seeks to provide a common platform while respecting these differences. Its membership model includes full membership for accredited medical schools, as well as affiliate, associate and honorary membership categories, thereby creating opportunities for medical councils, professional associations, allied health institutions and distinguished educators to participate.

The conference also demonstrated the importance of students as partners rather than simply recipients of medical education. Their participation reinforced the need for education systems that are responsive to learners, communities and the changing demands of health systems.

Preparing the health workforce for uncertainty

The theme of the conference, "Preparing Africa's Health Workforce for an Uncertain Future: Harnessing Partnerships, Technology, Innovation, and Leadership," captured the central challenge confronting medical schools. Africa's health systems are experiencing rapid demographic, epidemiological, technological and environmental changes. Medical schools must therefore prepare graduates not only to provide clinical care, but also to lead change, work across disciplines, use emerging technologies responsibly and respond to complex population health needs.

Four broad areas dominated the conference: leadership, governance, African ownership and partnerships; transformative technologies, artificial intelligence and simulation; alignment of medical education with maternal, newborn and child health and broader health-system priorities; and learner-centred education, assessment and accreditation.

The emphasis on African ownership was particularly significant. For decades, medical education reform on the continent has sometimes been shaped by externally developed models, standards and financing priorities. The COMS-A approach provides an opportunity for African institutions to define their own priorities while engaging global partners as collaborators rather than substitutes for African leadership.



Countries that have medical schools that are belong to COMS-A

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Some of the attendees of COMS-A

Technology and artificial intelligence: opportunity with responsibility

Artificial intelligence, digital health, simulation and other educational technologies featured prominently. These technologies have enormous potential to expand access to learning resources, support clinical reasoning, strengthen simulation-based education and facilitate collaboration between geographically dispersed institutions.

However, the conference discussions also highlighted an important principle: technology should serve educational and health-system objectives rather than become an objective in itself. African medical schools need appropriate infrastructure, faculty capacity, ethical frameworks, digital literacy and context-sensitive approaches to ensure that technological innovations reduce rather than deepen inequities.

From harmonisation to quality improvement

Another important issue was the need to strengthen the quality and relevance of medical education across Africa. COMS-A is already collaborating with WHO AFRO on curriculum harmonisation, with the aim of supporting competency-based education and greater alignment of training with African health needs.

Harmonisation, however, should not mean uniformity. African medical schools differ considerably in their resources, populations, health systems and institutional missions. The challenge is to establish appropriate continental standards while allowing institutions sufficient flexibility to respond to local needs.

Similarly, accreditation and assessment must increasingly focus on whether graduates possess the competencies required by their communities and health systems, rather than simply whether institutions comply with prescribed processes.

Building partnerships that produce results

A recurring message from Addis Ababa was that collaboration must move beyond meetings and memoranda of understanding towards measurable results. COMS-A's strategic priorities include expanding membership, supporting curriculum harmonisation, developing faculty and higher education leadership academies, establishing regional training centres and centres of excellence, creating digital platforms for sharing educational resources and data, and developing student and faculty exchange mechanisms.

These initiatives have the potential to create a genuinely connected African medical education ecosystem. Medical schools can share faculty expertise, curricula, simulation resources, research capacity and digital learning materials. Such collaboration is particularly valuable for institutions with limited resources.

Looking forward

The Addis Ababa conference demonstrated that COMS-A has rapidly evolved from an idea into an increasingly influential continental platform. Its greatest strength is its African ownership and collective institutional voice. Its greatest challenge will be translating this collective enthusiasm into sustained programmes, financing, research, policy influence and measurable improvements in medical education and health outcomes.

The second COMS-A conference therefore should be understood not simply as a successful gathering of medical educators, but as part of a broader movement to redefine how Africa educates its health workforce. The next phase must focus on implementation: strengthening institutions, investing in educators and learners, embracing appropriate technology, improving accreditation and assessment, promoting research and ensuring that medical education remains socially accountable.

If COMS-A can sustain the partnerships and momentum generated in Addis Ababa, it can become a powerful mechanism for ensuring that African medical schools are not merely preparing graduates for today's health challenges, but are shaping the health systems Africa will need tomorrow.