

The UK contribution to increasing the number of health workers in Africa through supporting education and training

**Report of surveys undertaken in August 2008 in
Africa and the UK**

Susana Edjang and Nigel Crisp

30th September 2008

Preface

Growing international awareness of the need to increase the number of trained health workers in Africa is leading to action. The G8 countries committed themselves in July to helping African countries to increase their health workforces by 1.5 million people. Last week, in the UN Summit on the Millennium Development Goals, the UK and other Governments confirmed this commitment and allocated specific funds.

This level of expansion means that there needs to be a truly massive increase in health worker education and training – perhaps four or five fold - in the short term and a doubling of sustainable education and training capacity in the longer term.

Over the summer I discussed with several UK health and education leaders the potential for UK organisations to help African countries achieve this level of increase. We agreed that it was worth testing opinion more widely and seeking ideas for how the UK could increase its contribution. I therefore contacted a number of leaders in African ministries of health, universities and colleges to ask their views and undertook a short survey of UK health and education organisations.

Susana Edjang has undertaken a detailed analysis of the responses. This shows:

- There are some very concrete things that Africans leaders want support with, both immediately and in the longer term
- There is enormous commitment in the UK to doing more to help - and this is backed up by a great deal of very practical experience of what works in Africa and, as importantly, what doesn't work
- Much better coordination of effort is needed to have the maximum impact

I am very grateful to everyone who replied to the two surveys – despite the fact that I only gave them 4 weeks in August to do so!

Next steps

My discussions with the NHS, DFID and others in September have suggested that we now need to find ways to:

- Ensure that the new International Health Links Centre has a role in coordinating support for education and training and is properly funded to do so. It needs to have the capacity to be able to work with African and UK organisations to identify opportunities and support the negotiation of subsequent agreements.
- Identify priorities – either specific countries or areas of training – on which to concentrate efforts. This may mean creating a specific alliance or framework to take this forward with one or more African countries.
- Secure greater NHS and DFID support for this work if it is to be truly effective

Nigel Crisp, The House of Lords

30th September 2008

1. Report summary

Overview

One billion people around the world have no access to healthcare – and millions are disabled or die for want of help and advice from health workers. The World Health Organisation (WHO) estimates that there is a global shortage of 4.3 million health workers – with Sub-Saharan Africa worst affected.

Of the 57 countries with a critical shortage of health workers, 36 are in sub-Saharan Africa. The region has only 10% of the global population and yet bears 24% of the global disease burden with only 3% of the world's health resources.¹

The health related Millennium Development Goals (MDGs) will not be achieved without a massive increase in the health workforce in Africa.

The number of health workers being trained at the moment is, however, insufficient. In the recent report by the Global Health Workforce Alliance (GHWa) *Scaling up, Saving Lives* it is estimated that Sub-Saharan Africa needs to train at least 1.5 million more health workers to add to its current workforce of 1.7 million to reach a total of 3.2 million.²

Many African countries and institutions have drawn up ambitious workforce strategies and plans – tackling everything from initial education and training to retention and workplace issues. This report deals only with one part of these plans.

It focuses exclusively on the need to increase pre-service education and training of health workers in Africa as a means of increasing the number of health workers able to serve the local populations. It recognises, however, that any action on this has to take place as part of a wider group of actions designed to deal with all aspects of the workforce problem.

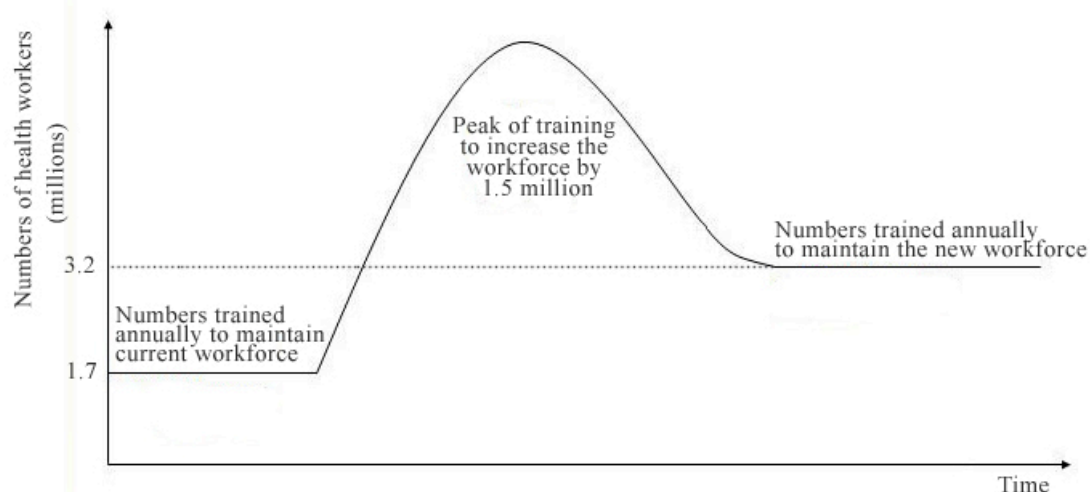
This level of expansion means that there needs to be a truly massive increase in health worker education and training – perhaps four or five fold - in the short term and a doubling of education and training capacity, sustainably, in the longer term. The following graph shows that there are two related targets:

- A massive short term expansion of training by perhaps 4 or 5 fold from current levels in order to increase the workforce
- A doubling of existing training capacity to sustain the workforce at the new level

¹ WHO. World health report 2006: working together for health. Geneva: World Health Organisation, 2006.

² WHO. GHWa report: Scaling Up, Saving Lives 2008. Geneva: World Health Organisation, 2008.

Figure 1. Scaling up process



The action taken to address both parts of this graph needs to be linked. There is no point doing things in the short term that may be damaging in the longer term. There is a need both for very focussed emergency short term action to deal with a real crisis immediately and for longer term developmental activity to create new sustainable education and training capacity.

An example of the approach needed in the short term might be to increase the number of trainers in existing African institutions and to make better use of existing facilities. The longer term approach might involve curricula development for new institutions as well as building the capacity in existing ones.

The political and policy background

The current political environment, in the UK and overseas, could hardly be better. In July 2008, the G8 countries committed themselves to supporting African countries to increase their health workforce by 1.5 million. The UK Government and others followed this up at the MDGs Summit in New York in September with specific pledges and budgetary allocations.

These commitments come as the international community is starting to grapple with other very important and related issues. The migration of health professionals and issues of retention, for example, are being dealt with by other complementary initiatives such as the development of a global Code of Practice for the international recruitment of health workers³ and through national schemes for the development of continuing professional development and back to work schemes.⁴

These developments are matched in Africa. Heads of State have agreed the Abuja target to commit 15% of the annual national budget to the health sector, for example,

³ WHO Code of Practice on the International Recruitment of health personnel (in progress) http://www.who.int/hrh/public_hearing/draftcode/en/index.html.

⁴ See for example Palmer D. Tackling Malawi's Human Resource Crisis. *Reproductive Health Matters* 2006; **14** (27): 27-39 for information on the Emergency Human Resources Programme as part of the Sector Wide Approach programme in Malawi.

and Health Ministers have adopted the findings of *Scaling up, Saving Lives* as their policy for the education and training of health workers.⁵

The UK position

The UK is very well placed to support the increase of health workers in Africa. In 2007 the UK government in collaboration with other donor countries, major funding bodies and several developing countries, launched International Health Partnerships (IHP), as part of a global campaign for the Health MDGs.

In the spirit of the Paris Declaration (2005) on aid effectiveness, IHP will offer support to government-led national health plans in the partner countries. It will do this through strengthening coordination and thus the impact of existing harmonization and implementation initiatives. The IHP offers a useful framework in which to address the health workforce constraint.⁶

Scaling up the workforce requires political will and good planning in the countries concerned as well as funding from development partners. It is also likely to mean, in the short term at least, that countries will need to look abroad for some of the expertise and experience that they need to educate and train their staff and, more generally, develop their health systems.

This survey confirms the existence of enormous goodwill from organisations and individuals across the UK to help with the task of scaling up the health workforce. The evidence provided by respondents shows that there are opportunities to enhance the impact of the UK's contribution to the training of more health workers in African countries, on Africa's terms, and it suggests many practical ways to do so.

The UK is well placed to provide this support because:

- it has a remarkable record in education, training and accrediting health care internationally and has very strong links in many African countries;
- there are more than 100 partnerships between UK and developing country institutions – many of which focus on providing education and training;
- many individuals work voluntarily in Africa – many in education and training;
- there are many good education programmes working in both distance and face to face learning;
- the evidence shows that the individuals involved and the NHS more generally benefit from these links and voluntary placements.

⁵ Third Session of the African Union Conference of Ministers of Health (2007) *Africa Health Strategy: 2007-2015*. African Union, Addis Ababa, Ethiopia. 2001.

⁶ See International Health Partnerships background information on DFID's website <http://www.dfid.gov.uk/news/files/ihp/default.asp>.

The survey also highlights the problems with lack of coordination. This, in some cases at least, prevents projects from transforming their hard work and good will into sustainable health outcomes. This coordination is particularly relevant because, in the survey sample, the countries with the most UK links tended to be aid dependent (e.g. Uganda, Malawi, Tanzania) thus reinforcing the need for maximising the effectiveness of the interventions.

There are several existing mechanisms for coordination.

Existing coordinating mechanisms in the UK:

- The Tropical Health & Education Trust (THET) is the UK support organisation for institutional health partnerships with a particular focus on this work in Ghana, Ethiopia, Sierra Leone, Somaliland, Tanzania and Uganda and Zambia;
- In Scotland, the Scottish Government offers support at regional level through the international health coordination unit;
- In Wales, the Welsh Assembly Government launched as part of its *Wales for Africa* initiative supports health partnerships between the region and sub-Saharan Africa through the Welsh for Africa Health Links Group;
- In England, some strategic health authorities are taking on a similar coordinating role at regional level;
- At institutional level, some NHS Trusts and universities have set up designated units or identified members of staff that support the coordination of international their international health activity.

In 2008, the UK government accepted the proposal that coordination needed to be further strengthened and agreed to set up the International Health Links Centre to support and coordinate activity across the whole range from individual volunteering to institutional partnerships. The Centre, which should be established by April 2009, will also seek to make sure that there is alignment with national plans in Africa and with wider UK and international initiatives such as the IHP.⁷

Survey findings

In August we sampled the opinions of a number of African leaders in health ministries and educational institutions as to whether the UK could contribute in the way proposed. At the same time we also sent out a short written survey to UK educational and institutional bodies.

⁷ Global Health Partnerships: the UK contribution to health in developing countries – The Government Response, 2008.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_083509.

The responses both from Africa and the UK came from very senior people – this was truly a sampling of the opinions of leaders in both cases. Moreover, the UK respondents were generally very well aware of all the traps that well meaning initiatives can fall into. They had the experience and knowledge necessary and, in many cases, illustrated this with examples and comments in their replies.

The summary findings are very clear:

- There are some very concrete things that Africans leaders want support with, - both, immediately, to deal with the short term expansion and in the longer term to create new and sustainable education and training capacity
- There is enormous commitment in the UK to doing more to help - and this is backed up by a great deal of very practical experience of what works in Africa and, as importantly, what doesn't work. This needs to be undertaken within the context of internationally agreed wider initiatives such as International Health Partnerships, Sector Wide Approaches and others
- Much better coordination of effort is needed to have the maximum impact. The survey shows that many of these organisations are going to expand their activities whether or not there is better coordination. Such coordination becomes ever more important as interest and activity levels grow.

Very importantly, there was overwhelming support for the question of whether this was worth doing. Many people mentioned that it was as worthwhile for the UK organisations and their workforces as for Africa's.

African governments and health institutions identified what they believe is the main constraint at least in the short term: enough trainers to help them train the next cadres of health workers and to help them train future trainers. The development of distance education training and materials, and the provision of appropriate funding to address motivation and retention of the workforce could also contribute towards African countries efforts to scale up the training and education of health workers.

The main constraints to African countries' request are thus the availability of qualified trainers who can deliver quality training targeted to the local needs. In addition, sufficient funding to support ICT expansion to deliver distance learning as well as for the development of the physical infrastructure to accommodate the planned increased intakes of students and the, perhaps, growing faculty.

UK organisations and individuals suggested ways in which they could help their African counterparts meet these goals. Trainers can be made available through partnerships and volunteering schemes. Partnerships between health organisations can also help develop curricula and programmes and disseminate distance learning materials. The main obstacles that UK organisations and individuals encounter are finding imaginative ways to be released from their jobs, funding and the recognition of their work experience overseas

Next steps

We have had initial reviews of these findings with DFID, the NHS centrally and a number of education and health leaders. Our current thinking is that the next steps need to be to:

- Ensure that the new International Health Links Centre has a role in coordinating support for education and training and is properly funded to do so. It needs to have the capacity to be able to work with African and UK organisations to identify opportunities and support the negotiation of subsequent agreements.
- Identify priorities – either specific countries or areas of training – on which to concentrate efforts. This may mean creating a specific alliance or framework to take this forward with one or more African countries.
- Continue discussions about how the NHS and DFID can best support this initiative.

We will follow this up over the next few weeks in an effort to get some practical action taken to achieve what survey respondents want - and care passionately about – better ways to help support African countries and their populations with this health crisis.

About this report

This report contains the following three further sections:

2. Results of the Africa survey
3. Results of the UK survey
4. The UK survey form

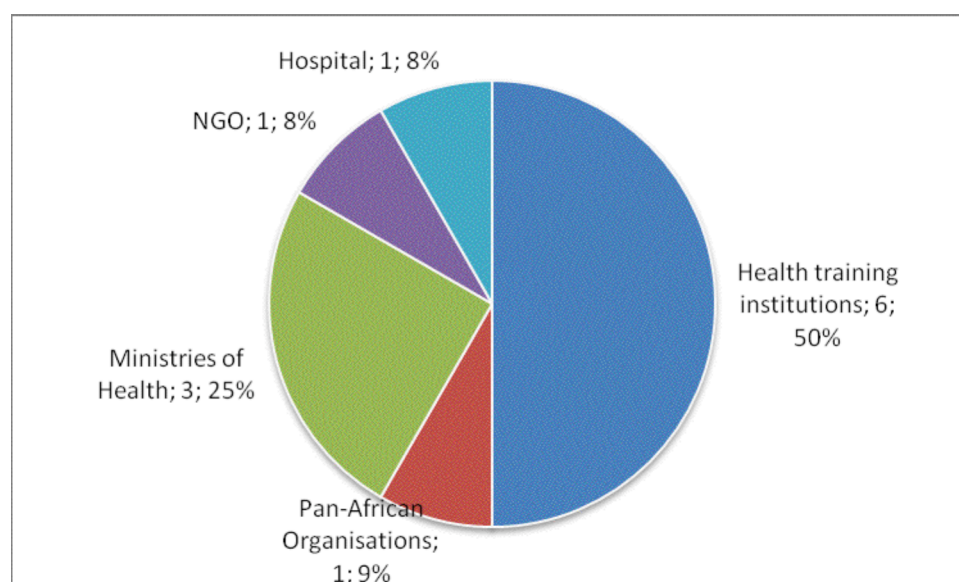
2. Results of the Africa survey

This survey was conceived as a very limited exercise to check with leaders in African Ministries and educational institutions whether it was worth considering increasing UK support in education and training and, if so, what would be the most useful areas to explore.

Each respondent was contacted individually and whilst there was no set questionnaire, the same broad areas question areas were discussed. In some cases this involved a number of emails, where we asked for supplementary information. In two cases it involved face to face meetings and phone calls.

The 12 respondents came from 7 countries – from East, West, South and the Horn of Africa and the African Union. There were 6 educational institutions, 3 Ministries, 2 NGOs and 1 Hospital in the sample.

Figure 2. African responses by type of organisation (n=12)



Question area 1: Can the UK strengthen, develop and coordinate its support for education and training of health workers in Africa? Would it be worth doing?

There was unanimous agreement that there was scope for the UK to strengthen, developed and coordinate support for training and education in Africa and that it would be worth doing.

The need for coordination among UK organisations “to maximise economies of scale and prevent overlap” and the need to value their local knowledge and appropriately target interventions were highlighted within the replies.

Question area 2: What are African countries doing to scale up the health workforce?

“We are currently working with our Cooperating Partners seriously investing in increasing capacity of our training schools through construction and expansion of hostel and classroom accommodation to increase students’ intakes, reviewing curricula and coming up with more effective training programmes such as the direct entry for midwives to deal with the critical shortage of this cadre.”

African Ministry of Health

This question area elicited a wide range of replies with some common patterns and some references made to published documents.

How are African countries trying to scale up training and education of health workers?

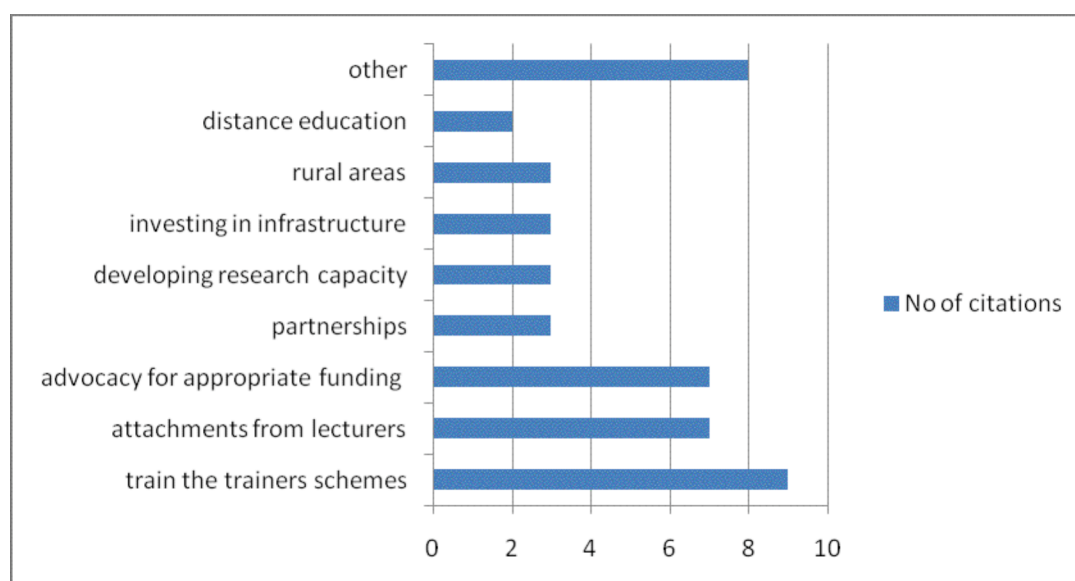
- Many African countries, supported by the African Union and international donors, have plans for very large increases in health workers, educated and trained locally.⁸
- Plans to scale up the health workforce are being included in African countries national health plans and/or human resource for health’s strategies.
- As a result, health leaders from some African countries have explicitly asked for practical help as well as for funding for the pre-service education and training of health workers. They are looking for both short-term assistance to deal with the peak of training, and long term partnerships to sustain training capacity.
- Their policies envisage large numbers of community health workers who are supported by mid-level workers, who are supported in turn by nurses, doctors and the globally recognised professions. They are also looking for substantial increases in all the scientific, managerial and administrative functions such as research, development, logistics, finance and planning.
- African health institutions are also innovating. For instance, to deal with the shortages of midwives, some countries are devising direct entry programmes. Others are investing in distance education to train new cadres and as a means for continuing professional development.

Question area: What do African countries need?

Respondents offered very concrete replies across the board. The majority of them want support with improving their training capacity, either through long-term or short-term attachments of lecturers or through *training the trainers* programmes. Other responses include distance learning, partnerships and part-time faculty and funding as shown in Figure 2 below.

⁸ AU. *Africa Health Strategy 2007-2015*, African Union, Addis Ababa http://www.africa-union.org/root/UA/Conferences/2007/avril/SA/9-13%20avr/doc/en/SA/AFRICA_HEALTH_STRATEGY_FINAL.doc

Figure 3. Type of support requested by African governments and institutions (n=12)



“Train the trainers” schemes

“We need to train locally. One of the limiting factors, is highly skilled teachers, to train the trainers.”

African University

Training the trainers is identified by 75% of respondents as the most effective intervention. The method is expected to build capacity of the local health institutions by improving the quality of teaching. This not only refers to nurses and clinicians; administrators, managers and other support staff are mentioned as well.

Extra tutors

“There is no question that lack of trainers is a bottleneck to the expansion of trainers. We have expanded Nursing Training Institutions without significant increases in the numbers of tutors and training infrastructure. As a result the quality of training is becoming compromised. Access to more trainers will contribute immediately to improved quality of training.”

African Ministry of Health

“The greatest challenge is of course to find the trainers, build their capacity for curriculum development that is relevant to the local needs yet contemporary as well as ensure that the training staff find employment post training. The financing of these efforts perhaps presents the highest threat to the success of the efforts in education and the other efforts to scale up production. Innovative approaches to train mid-cadre and community workforce and mainstream them as paid health workers in the formal health workforce and systems are also of great importance.”

African-based NGO

58% of respondents wanted extra tutors, for both long-term as well as short-term attachments, to enhance the quality of training and increase the numbers of trainees. Different training institutions targeted the increase of different cadres of health workers and thus mid-level workers, doctors, public health workers, nurses and managers are identified.

Funding

Some respondents (58%) believe that more funding is needed to address not only the education and training issues of the health workforce but also to support strategies to increase their retention and motivation.

Partnerships and part time faculty

25% of respondents believe that establishing new partnerships or strengthening existing ones will stimulate sustainability and increase the impact of short-term interventions.

Focus on rural areas

Some respondents (25%) thought that supporting rural health training institutions to scale up training and education would be beneficial for the overall country strategy.

Distance learning

“Distance learning is the answer to most of the training needs. [The increase in the intake of students planned by the Ministry of Health each year] will be impossible without a significant change in the way they are taught and an increase in the number of trainers.”

African University

Support with the development, set up and delivery of distance learning is mentioned in 16% of replies. Respondents believe that this approach will help them train more numbers of health workers without a massive increases in the intake of students that cannot be matched by a relative increase in the number of tutors.

3. Results of the UK survey

In the UK, the questionnaire was sent at the beginning of August to about 30 people who were invited to pass it on as they saw appropriate. 133 responses were received by early September. More than one response was received from 4 organisations. Given the short time scale and the holiday period, this seems to be a very good response.

Responses were broadly representative of the types of English organisation that might be expected to have an interest in training in Africa. Whilst we sent no questionnaires to the other UK nations, there were 6 Scottish and 6 Welsh responses and none from Northern Ireland.

The people who replied were generally very senior and included a Vice Chancellor and many other heads of organisations. The majority, 22%, were from NHS Directors.; 11% were Chief Executives; 8% of replies were from University Heads of Departments and 7% were Medical, Nursing and Midwifery Deans. These people are the organisational leaders.

The majority of replies (43%) came from NHS organisations. Universities provided 25% of the total number of responses. Professional associations (including Royal Colleges), NGOs and individuals also participated in the survey as shown in Figure 3.

Figure 4. Respondents by type of UK organisation (n=133)

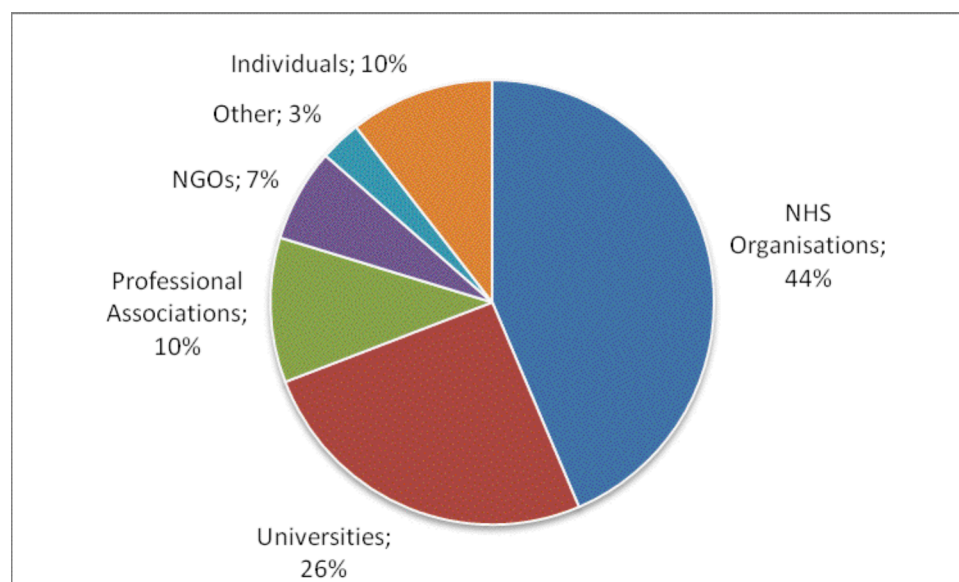
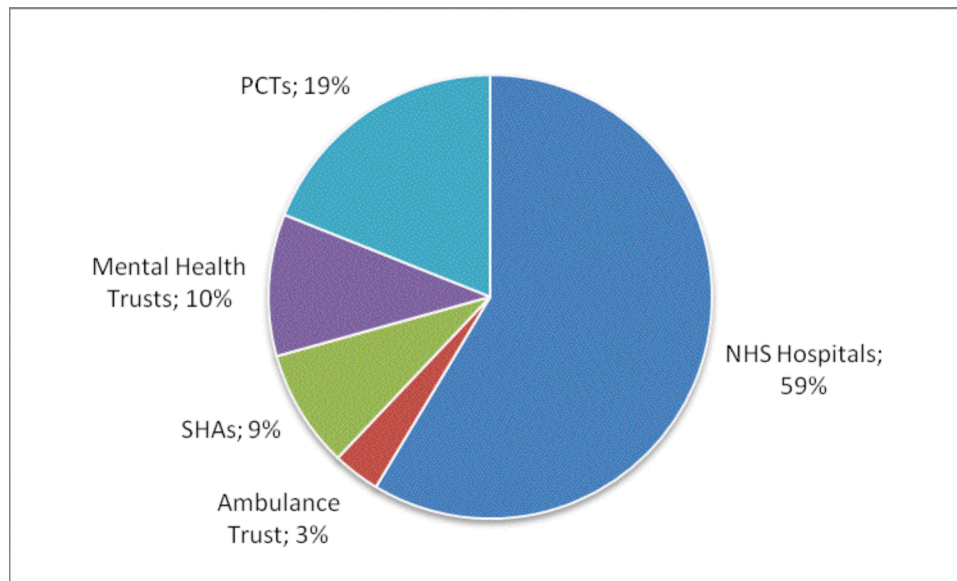


Figure 4 shows the various types of NHS organisations that participated in this survey. NHS Acute and Teaching Hospitals made up 59% of the NHS sample; with Primary Care Trusts (PCTs), Strategic Health Authorities (SHAs), Mental Health Trusts and Ambulance Trusts also responding.

Figure 5. Responses from the NHS by type of organisation (n=58)



Question 1: Do you think (a) that there is scope for the UK to strengthen, develop and coordinate its support for educating and training health workers in Africa and (b) do you think it would be worth doing so?

“Yes, there is scope to do this and there is a great need to do so with a real sense of urgency. It is worth doing, partly because of realistic humanitarian reasons but also because of the positive impact this would have on the UK.”

Dean of Medicine

99% of respondents agreed that there is scope for the UK to strengthen, develop and coordinate its support for education and training in Africa. One person didn't answer this question.

Out of the total, 86% gave their answer extra emphasis in some way using words such as “definitely” or “enthusiastically yes”. 17% of replies made specific points such as: there is knowledge and expertise in the UK in the NHS, DFID, universities and NGOs; it is the UK responsibility to support African countries; the benefits will be reciprocal; relatedness of this initiative to NHS values and the opportunity to build upon existing and robust links between UK organisations and their counterparts in Africa.

98% of respondents agreed that it would be worth supporting the education and training of health workers in Africa. Two people didn't answer the question.

“We consider this to be worthwhile, particularly if the UK is prepared to truly support in-country initiatives, led by in-country requirements, with efforts to engage culturally relevant pedagogy.”
University President

“It is worth doing if it is done in a way which enriches the lived experience of both African and British health workers and populations i.e. that there is reciprocal learning and sharing and not a one way process.”
Assistant Director for Health Improvement

“Yes, however the worth should be primarily for Africa, not for the UK.”
Emeritus Professor

26% made various qualifying points: expressing the need, for example, to make the training Africa-based and relevant to the needs on the ground, and to ensure that the initiative was driven by African partners, whilst securing reciprocal benefits.

Question 2: What do you think are likely to be the most effective things that the UK could do?

“It is important to ensure that any intervention is tailored to the needs of the individual country and that we resist simply transferring the way UK Trusts do things to countries with completely different cultures and needs. This requires a coaching style of partnership – working to support African organisations to take forward what they have identified they need and is sustainable within the constraints of their environment.”

Director of HR

“Long term institutional partnerships are likely to be the most effective route to building a sustainable system for provision of training and education.”

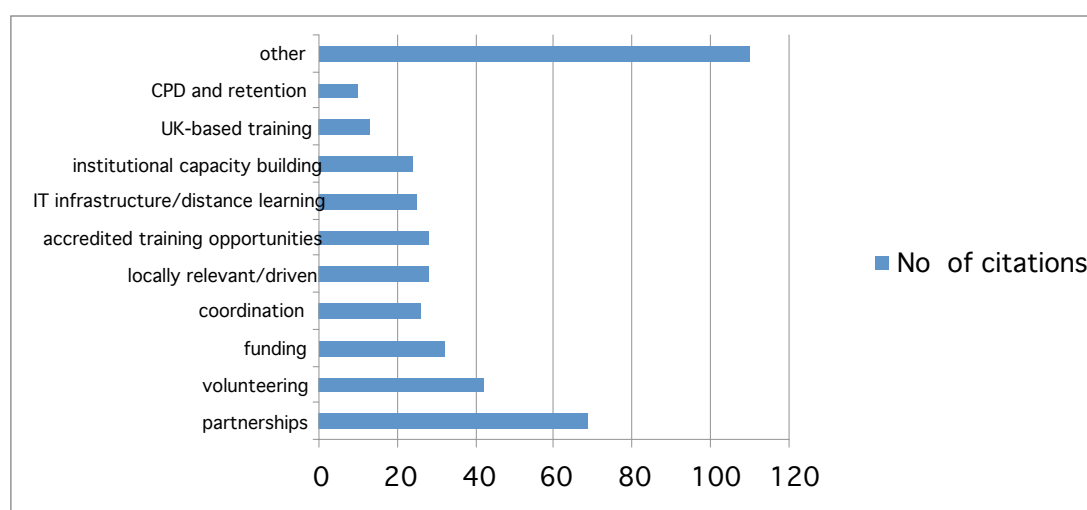
University President

“It is important that effort is placed into building indigenous capacity to sustain home-based training programmes in Africa.”

Professor

This question was answered by 99% of respondents. As shown in Figure 5, most respondents (52%) identified the development of new partnerships, or the strengthening of existing ones, as the most effective mechanism. These partnerships included not only North-South partnerships but North-North and South-South as well.

Figure 6. Strategies identified by UK respondents to support education and training in Africa (n=132)



Other approaches mentioned by respondents were to release UK health staff through volunteering schemes (32%) and to increase on the international aid allocated to the training and education of health workers in Africa (24%). Support with ICT infrastructure, local knowledge and relevance of what would be needed overseas and the need for coordination featured also highly among the responses.

Several respondents, reflecting their own experience, identified the problems that need to be addressed for UK support to be effective. The following box illustrates well the sort of issues that need to be tackled.

Barriers that need to be overcome within the NHS

1. ***Developing Good Governance Systems.*** *There is a perception by some that it would be wrong to use NHS money to support work in developing countries and yet that sum is spent on supporting other training and education that may be less productive. The promotion of corporate and social responsibility from within the NHS needs to be encouraged.*
2. ***Conflict of Interests for Training and Education Organisations.*** *Commercially organisations driven to optimise income have targeted developing countries generally and their aspirant workers in particular as a potential income source; rather than a long term market for development opportunity. There needs to be encouragement for the offering of more materials in open sources.*
3. ***Balancing the Power of Individual Volunteerism with the Sustainability of Corporate Links.*** *Individual enthusiasm is a far greater engine for productivity and outcome improvement than corporate planning and administration. However the latter will provide more sustainable benefits, if the benefits of a voluntary ethos can be supported and maintained.*
4. ***Investing in Overseas Capacity Growth not Talent Importation.*** *There is a danger that as individuals gain international qualifications they are encouraged to move away from the area of need to where the training/education originated. Whilst this can sustain individual growth and provide development for a community through (repatriated income) it is not ideal. Therefore, mechanism need to in place to enable newly trained persons to use their expertise and be adequately rewarded for it in their home country.*

Andy Bacon, North West NHS

The biggest area of problem identified, however, which came up here, in response to other questions and from the African survey was the need for coordination.

“Coordination is crucial to avoid a large number of well meaning contributors duplicating and omitting, and sometimes competing.”

Professor

The responses described some of the things that were already happening, as in the box below; but also made it clear that much more is needed.

How coordination is being improved

- Since 2001 the Tropical Health & Education Trust (THET) organises annual meetings where UK institutions, professional networks and individuals involved in international health work meet and share information and best practice. As requested, THET also organises similar events focus on specific countries or themes.
- The Faculty of Health and Social Care Sciences (FHSCS) and the joint universities (Kingston University and St George's, University of London) have developed an infrastructure to support their overseas partnerships led by an executive member of staff.
- The Medical Schools of Zambia, Zimbabwe, Malawi, Cape Town (Stellenbosch and UCT) and the University of Botswana are setting up a network to learn from each other and draw expertise from British university partners.
- The Universities of Liverpool and Malawi have formed a large 'North South Consortium' with other regional Universities (SACORE) to develop research capacity in biomedical sciences.
- Royal College International Forum (RCIF) is an independent body that brings together the representatives of the international departments of medical, nursing, midwifery and other health professionals Royal Colleges and Associations. The Forum aims to coordinate the international activities of its members in order to improve health through education and training.
- As a measure to strengthen their educational link with Ghana, St George's University of London is developing an academic health sciences network that includes NHS organisations in South West London (St George's Hospital, St George's Mental Health Trust and Wandsworth PCT) that aims to facilitate exchange programmes for health professionals, opportunities for collaborative research and shared educational courses.

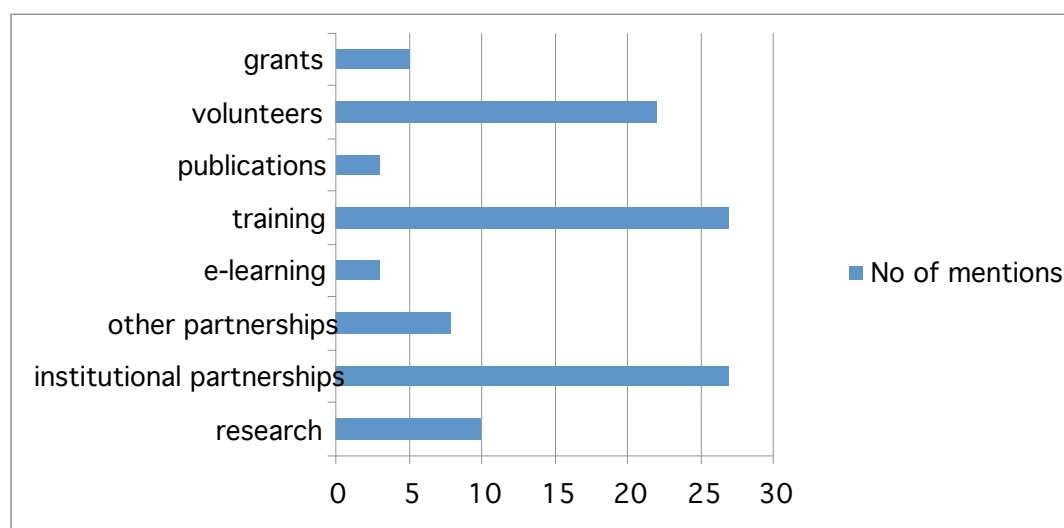
Question 3: Please (a) outline any work you or your organisation are doing in providing education and training for health workers in Africa and (b) describe any plans to start new activities or expand existing ones.

“Ashamedly none – yet we employ and serve one of the most diverse populations in England with a high concentration of Africans.”

Director of People and Organisational Development and Non Executive Director and Deputy Rector

69% of respondents, however, reported that they were involved in providing education and training for health workers in Africa. Figure 6 shows that of these, 29% are involved through institutional partnerships, another 29% through training projects and 23% as volunteers. Respondents also mentioned research, other type of partnerships and giving grants.

Figure 7. How are UK organisations supporting training and education in Africa



Respondents were not limited to commenting only on their work in Africa. However, most of these initiatives took place in African countries that were members of the Commonwealth. The top five countries favoured by respondents were Uganda (18 mentions), Malawi (17), Tanzania (12), Ghana (11) and South Africa (8).

Current activities cover a whole range of different specialities and topics. The following box lists just some of those concerned with maternal and child health.

Addressing Maternal and Child Health (MCH)

- The University of Aberdeen and the London School of Hygiene and Tropical Medicine are part of *Impact* (www.immpact-international.org), a global research initiative that to strengthen capacity in developing countries for evidence-based decision-making and for rigorous outcome evaluation of maternal health programmes. *Impact* also provides technical assistance through its service arm *Ipact* (www.ipact-int.com).
- A partnership between Abertawe Bro Morgannwg University NHS Trust and Ola Doring Children's Hospital and Princess Christian Maternity Hospital in Sierra Leone, will be focus on enhancing the skills of nurses through training.
- The Institute for Women's Health at University College London works in collaboration with health organisations in Uganda and Nigeria. Together they train health workers on MCH issues such as prevention of post-partum haemorrhage and training nurses and midwives in neonatal resuscitation and training doctors in vesico-vaginal fistula repair.
- For the last three years, the Royal College of Obstetricians and Gynaecologists International Office has been developing and rolling out multi-professional training for staff providing intra partum care in under resourced countries – the Life Saving Skills – Essential Obstetric and Newborn Care. To date this training has been delivered to 678 health workers in countries including Somaliland, Swaziland, Zimbabwe, Tanzania, Malawi and Kenya.

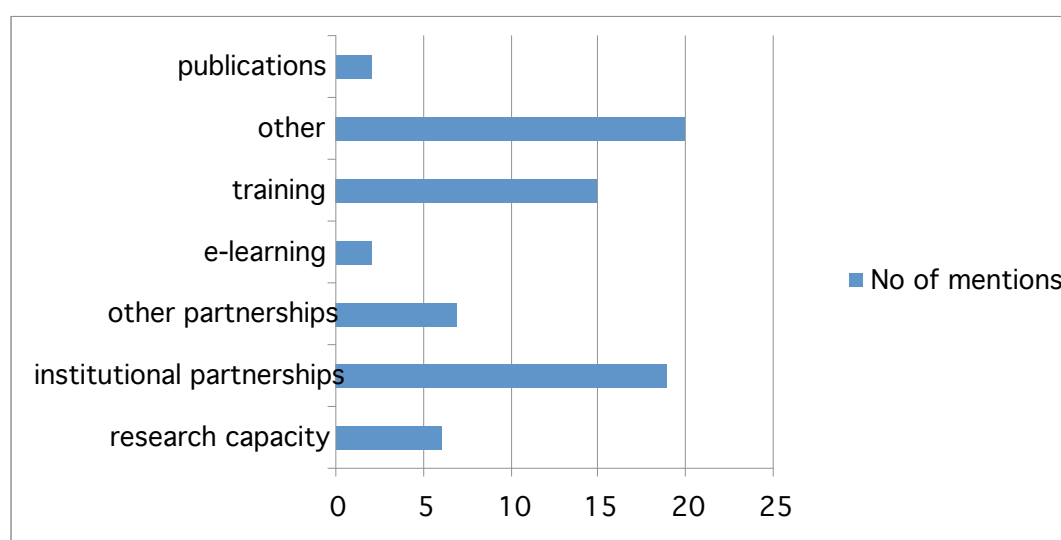
Looking forward, many organisations have ambitious plans – some as part of international consortiums – as shown below.

- Guys' and St Thomas' NHS Foundation Trust, University Hospital Birmingham NHS Foundation Trust and University Hospitals Bristol NHS Foundation Trust; Munich University Hospital and Vienna University, are supporting the Eastern African College of Ophthalmology (EACO) in its plans to train 150 ophthalmologists over the next 5 years to address the shortage of ophthalmic manpower and improve the quality of service. This initiative is coordinated by Sightsavers International and funded by the European Commission amongst others.
- The Royal College of Physicians has signed a 5-year Memorandum of Understanding with the West African College of Physicians aiming to give assistance to postgraduate curriculum development, development of examination and educational faculty development.
- The BMA is working in conjunction with medical education authorities, medical royal colleges, deaneries, and NHS workforce to address the challenges facing doctors taking time out of employment and training to work overseas. All parties agreed to jointly develop a guidance document to clarify the process.

- Taunton and Somerset NHS Foundation Trust and Somerset Partnership NHS Foundation Trust have agreed a project plan with the Zanzibar Ministry of Health and Social Care. The plan is informed by the Zanzibar Millennium Declaration and involves supporting the development of the main acute hospital, Mnazi Mmoja, the Mbweni College of Health Sciences, Kidongo Chekundu Mental Hospital and community units, and the development of a programme for medical electives.
- Hampshire Partnership NHS Trust and the Rural Health Training School in Kintampo, Ghana, and in collaboration with the University of Winchester, are working on a 10-year project to enable the creation of two new cadres of community based mental health workers.

60 % of respondents said they have plans to start new activities or expand existing ones to support training and education in Africa. Figure 7 offers a breakdown of their responses. As can be seen, most respondents will do so through institutional partnerships (23%), training programmes (18%) and through initiatives that aim to build capacity for research (7%).

Figure 8. How UK organisations plan to continue supporting training and education in Africa



These plans from NHS organisations and universities were echoed by two of the larger NGOs working in this field.

“With sufficient funding, AMREF could work with its partners to deliver a multi-dimensional approach to training, resulting in the training of up to 400,000 mid and lower level cadres of health workers across Africa within the next 3-5 years.”

CEO, AMREF

“VSO would like to send many more health workers as international volunteers – the demand in VSO programmes far exceeds the supply available from recruitment in the UK.”

Regional Director Southern Africa and Global Health Leader, VSO

4. The UK survey form

The education and training of health workers in Africa

The problem is clear cut:

- About a billion people around the world have no access to healthcare – and millions are disabled or die for want of help and advice from health workers
- The World Health Organisation estimates that there is a global shortage of 4.3 million health workers – with Sub-Saharan Africa worst affected
- Whilst migration is a very important part of the problem, it only accounts for about 12% of the shortfall of 1.5 million health workers in Sub-Saharan Africa. The biggest problem is that not enough people are being trained.
- The Millennium Development Goals will not be achieved without a massive increase in the number of health workers.

There has been progress since the WHO published its report on the problem in 2006:

- All major donors and international organisations now recognise the problem
- Last month, the G8 countries committed themselves to supporting African countries to increase their health workforce by 1.5 million – but have not allocated budgets or set timescales
- The evidence of what has worked in middle and low income countries which have successfully scaled up their workforce has been brought together in *Scaling up, Saving lives* and its recommendations adopted by the African Union Council of Health Ministers – see the Global Health Workforce Alliance web site

There is now a need for a massive increase in the education and training of health workers in Africa – which will require both funding and practical support.

The opportunity

Given the need both for speed and to support an early peak of training, much of the education, training and technical support must come initially from more developed countries - whilst the recipient countries build up their capacity to the levels needed in the longer term. The UK is well placed to provide this support:

- It has a remarkable record in education, training and accrediting health care internationally and very strong links in many African countries

- There are more than 100 partnerships between UK and developing country institutions – many of which focus on providing education and training
- Many individuals work voluntarily in Africa – many in education and training
- There are many good education programmes working in distance and face to face learning
- The evidence shows that the individuals involved and the NHS more generally benefit from these links and the voluntary placements

Can the UK strengthen, develop and coordinate these activities – and make a significantly larger contribution to educating and training the 1.5 million more health workers that are needed in Africa?

If so, it will need to

- Work with and support a country's own plans – responding to the local demand, not imposing its own ideas
- Educate and train the range of workers needed in these countries – very many of whom will be community health workers, combining primary care and public health skills, and mid-level workers with particular technical expertise in maternity care, aspects of surgery, general medicine or anaesthesia.
- Secure funding – and find the most cost effective way to deliver the support through imaginative combinations of voluntary and paid activity.

Consultation and feedback

I have discussed these ideas with several health and education leaders including David Nicholson, the NHS Chief Executive; Sir Andrew Haines, Chair of Universities UK's Health and Social Care Committee; Sir John Tooke, Chair of the Medical Schools Council; Dame Karlene Davies, General Secretary of the Royal College of Midwives; Dr Peter Carter, General Secretary of the Royal College of Nursing; and Steve Barnett, acting Chief Executive of the NHS Confederation.

We have agreed that it is worth testing opinion more widely and seeking ideas for how the UK could increase its contribution.

I am therefore asking interested organisations and individuals in the UK to answer the questions on the attached form by the end of August. I am also discussing these ideas with leading figures in a number of African countries.

I will review the responses in early September, decide whether it is worth working these ideas up into concrete proposals and, in any case, provide feedback.

Nigel Crisp

4th August 2008

The education and training of more health workers in Africa - Response Form

Please email your response to crisp@parliament.uk by 31st August – earlier if possible. Please keep the response to a maximum of 2 pages and do not add any supporting material – at this stage I am simply testing opinion and seeking ideas.

1. Do you think (a) that there is scope for the UK to strengthen, develop and coordinate its support for educating and training health workers in Africa and (b) that it would be worth doing so?

2. If the answers to question 1 are both yes, what do you think are likely to be the most effective things that the UK could do? – eg increase partnerships, support more volunteers or something else. Please don't limit yourself to the ideas in the covering paper.

3. Please (a) outline any work you or your organisation are doing in providing education and training for health workers in Africa and (b) describe any plans to start new activities or expand existing ones.

Name and contact details

Thank you.

4th August 2008