

# THE ROLE OF AFRICAN NURSING SCHOLARS IN STRENGTHENING HEALTH SYSTEMS ACROSS THE CONTINENT

**Makombo Ganga-Limando**

orcid.org/0000-0003-3392-8406

University of South Africa

gangam@unisa.ac.za

A health system is a set of interrelated sub-systems and activities that function together with the goal of improving the health of the people they serve in ways that are responsive, financially fair, and that make the best use of available resources (WHO 2015a). The global framework for health systems analysis identified six core sub-systems within any national health system. These include the service delivery sub-system; the health workforce sub-system; the health information sub-system; the medical products, vaccine and technologies sub-system; the health financing sub-system; and the leadership and governance sub-system (WHO-AFRO 2010). A well-functioning health system brings together the effects of the functions of the different sub-systems to ensure better health of the population through improvements in access, coverage, quality, and efficiency of services (WHO 2015a). The African Union recognises the importance of well-functioning health systems in the achievement of the sustainable development agenda of the continent. The organisation facilitated several initiatives aimed at strengthening health systems and improving the quality of healthcare of the populations. Of more relevance to this article is the development of a regional health strategy that derived from the harmonisation of all the existing health strategies of the member states (AU 2016).

Strengthening a health system is a process that involves a number of changes, initiatives and strategies aimed at improving one or more of the functions of any sub-system. Several measures are required to ensure that health systems fulfil their core functions. Of more relevance to this article are “the right number and mix of health workers with the appropriate skills, and timely and reliable information, research evidence and capabilities in knowledge management” (WHO-AFRO 2010, 4). The purpose of



this article is to stimulate the interests of the African nursing scholars to engage in the production and dissemination of best practice evidence to support African public policymakers in their efforts to strengthening health systems. The article looks at the contextual determinants of strengthening health systems in Africa. It concludes by providing the rationale and benefits of the involvement of African nursing scholars in the production and dissemination of best practice evidence to support strengthening health systems in the African context.

Over the past decades, the global community has acknowledged the link between health and development. Across the African continent, the recognition of the link between health and development resulted in the integration of measures of improving health outcomes in most national poverty reduction and economic growth programmes (AU 2014). National policymakers on the continent adopted a multisectoral approach in the design of their national health strategies. They acknowledged that improving health outcomes could no longer be the sole responsibility of the Ministries of Health. Other government departments, donor organisations, civil society groups and members of communities have shared responsibilities in improving health outcomes (WHO-AFRO 2013).

The right to health means access to the highest attainable standard of health and medical services, sanitation, adequate food, decent housing, healthy working conditions, and a clean environment. It includes both freedoms and entitlements. Freedom to control one's health and body (for example sexual and reproductive rights) and freedom from interference (for example forced medical treatment and experimentation) (WHO 2015b). The right to health is entrenched in the constitution of the African Union, the African Charter on Human and Peoples' Rights (Article 16), and the national constitutions of all the member states of the African Union ([www.au.int](http://www.au.int)). The enactment of the right to health in the regional and national constitutions makes health a basic human right. Consequently, citizens are not only beneficiaries and consumers of health services, but they are the key actors in driving the health system itself. They participate as individuals, civil society organisations, stakeholder networks, and as key actors in influencing each of the building blocks of the health system (WHO and WBG 2014). One of the implications of the recognition of the right to health is the increasing demand by citizens to access health services, when and where needed (WHO 2015b). This growing demand led to increased needs for expertise and evidence-based health practice and policies.

Africa is the second most populous continent with 1.3 billion people. A total of 60 per cent of this population is under 25 years with 41 per cent under the age of 15 years and 19 per cent aged 15 to 24 years. The remaining 40 per cent is above 24 years with 35 per cent aged 25 to 59 years and 5 per cent aged 60 years and above. This population will reach 1.7 billion in 2030 and 2.5 billion in 2050 (UN 2017). While the large number of people on the continent provides opportunities for sustainable social economic development, the provision of the social services including healthcare to the large populations' majority of whom are children and youth can be challenging.

Universal health coverage is central to the goal of ensuring healthy lives and promoting well-being for all ages by 2030 as set in the Sustainable Development Goal (SDG 3). One of the targets of the SDG 3 is to “achieve universal health coverage, including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all” (SDG 3.8). Universal health coverage is “the desired outcome of health system performance whereby all people who need health services (promotion, prevention, treatment, rehabilitation and palliatives) receive them, without undue financial hardship”. It encompasses a full spectrum of good quality essential health services according to need, and the protection from financial hardship, including possible impoverishment, due to out-of-pocket payments for health services (WHO 2015a, 7). A country is said to achieve universal health coverage when everyone who needs health services irrespective of their capacity to pay receive them; the population-based and personal health interventions of good quality are accessible and available to people in the community, and at primary, secondary, and tertiary levels; and the cost of health services does not put people at risk of financial hardship (WHO-AFRO 2016). Simply stated, it involved answering three questions: who is covered, which services are covered, and what do people have to pay out of pocket?

Efforts to strengthening health systems in Africa should be cognisant of the health risks caused by the outbreak of diseases that have the potential of leading to high morbidity and mortality. African governments have committed to strengthen the capacity of their health systems, for early warning, risk reduction and management of national and global health risks as part of the SDG 3. The outbreak of diseases such as H1N1, H5N1, severe acute respiratory syndrome (SARS), the Middle Eastern respiratory syndrome (MERS), and Ebola put a great amount of strain on the health systems at national and global levels. For example, the 2014 outbreak of Ebola in West Africa resulted in the deaths of thousands of lives causing tremendous suffering, and deep wounds in communities in Guinea, Sierra Leone and Liberia. The multiple failures experienced during the Ebola outbreak exposed the weaknesses of the health systems in the sub-region (WHO-AFRO 2016).

Governance and resources for health are significant building blocks for strengthening health systems. Strengthening of health systems needs a political leadership that defines strategic policies, regulations and avail resources to ensure the achievement of the social goals of the systems. This will require a substantial increase in health financing and the recruitment, development, training and retention of the health workforce as stated in the SDG 3c. In their regional efforts to strengthening health financing, African countries pledged to increase their spending on health to 15 per cent of their annual budgets, and to join their resources to strengthen health systems in the region (WHO-AFRO 2013). The establishment of the African Medicines Regulatory Harmonisation Programme (AMRH) is an example of many of these joint ventures. Through this programme, the East African Community succeeded to register two anti-malaria drugs and three generic

drugs (Falcimon, Misoprostol 200 and Pill 22) in less than a year, resulting in significant cost and time savings (WHO-AFRO 2016). Despite these efforts, countries still face many challenges related to governance and resources for health that undermine the effort to strengthening health systems. For example, the increasing phenomenon of the medical tourism by high government officials and wealthy citizens continues to deplete countries of resources that could have been used to strengthen local health systems and to prevent mistrusts of the public health systems by the citizens (USAID 2008). The inequalities in the distribution of resources including human resources between urban-rural areas and between public-private sectors continue to affect the performance of national health systems in many countries (WHO-AFRO 2016). In addition, the disparity between the ever-growing demands for higher education and the capacities of the existing infrastructures combined with the chronic shortage of senior academics undermine efforts to scale-up the health workforce in many countries (GHWA-WHO 2015).

Over the past decades, there has been a global recognition of the importance of collaboration in strengthening the health systems. In this article the term collaboration is used interchangeably with the term partnership to refer to an open and inclusive process through which two or more people or organisations with common interests pool their resources and professional skills to work together to solve a problem or need or issue that concerns them all and benefit the broader community (Hernandez-Aguado and Zaragoza 2016). In Africa, countries witnessed an increasing number of external health-related investments and initiatives, and a multiplicity of actors with interest in health issues. While these developments contribute to strengthening the health systems, they require some form of collaboration to avoid wastage of resources (WHO-AFRO 2016). Experts argue that health authorities and policymakers in Africa should collaborate with African universities where there is acknowledged expertise, as well as with other partners involved in health professional education at national, regional and international levels in order to formulate and implement programmes relevant to the healthcare and related needs of countries (Dussault and Franceschini 2006). African scholars are involved in regional collaborative interventions or initiatives aimed at strengthening health systems across the continent. Two have drawn my attention because of their scope: the WHO Collaborating Centres' (WHOCC) model and the NEPAD multi-country partnerships interventions.

The WHOCC model is one of the oldest models of collaboration for strengthening health systems around the world. It is an institutional model, where the WHO with the support of the host government designates a national institution as a collaborating centre. This institution assists the WHO to implement its mandated work. Eligible institutions must meet a set of eight well-established criteria and a process of designation. Three of the criteria include "high scientific and technical standing at national and international levels; prominent place in the country's health, scientific or educational structures; and high quality of scientific and technical leadership, and sufficient number of staff with

high-level qualifications” (WHO 2016). The collaboration in this model is guided by the “Terms of Reference” that outline the duration and the activities to be conducted by the designated institution. The designated institution goes through the process of redesignation at the end of each term. By the end of 2017, Africa as a continent had 34 WHOCCs. Fourteen of the 34 centres were based in South Africa. The Department of Health Studies at Unisa is one of the 34 WHOCCs based in Africa. It was designated as a WHOCC in 1999 with the mandate of “Nursing and Midwifery Postgraduate Distance Education and Research Development”. It provided nursing scholars of the department with the opportunity to work in collaboration with the WHO to strengthening health systems across the continent and globally.

The NEPAD multi-country partnerships model is based on the principle of pan-African solidarity whereby universities or higher education institutions with well-established postgraduate programmes (referred to as implementing institutions) join their resources and expertise to support institutions that do not have the resources and expertise (referred to as host institutions) to offer such programmes. The “evaluating institutions” provide support to the implementing and host institutions through process and outcome evaluations. Feedback from the process evaluation is used to improve the implementation of the intervention. NEPAD initiates and coordinates the activities in this model. It also mobilises funding for the implementation of the interventions. The model works with a web of agreements operating at sub-regional, national and institutional levels. The NEPAD model was first implemented in six countries (Mozambique, Rwanda, the Democratic Republic of Congo, Rwanda, Kenya and Tanzania) with six universities. These universities were paired with six implementing universities (the University of KwaZulu-Natal, the University of Pretoria, the North-West University, the University of the Witwatersrand, the University of the Free State, and the University of Botswana) to build postgraduate capacity among nurses and midwives at master’s level.

In conclusion, I need to stress that the prevailing policy imperative on the continent, the ever-changing nature of the health needs and demands of the population, the move towards an integrated Africa and the limited resources within countries require new responses. African scholars can play significant roles in providing those responses. The African Union expects them to play leading roles in areas such as “the promotion of research and original knowledge production; and the promotion, development and assurance of quality in higher education in all its dimensions to facilitate mobility of students and staff” (AU 2006, 8–9). Similarly, African nursing scholars can play an important role in strengthening health systems across the continent. With their affiliations with universities and higher education institutions, they are in a better position to lead the production and dissemination of best practice evidence to strengthening health systems as part of their scholarship of community engagement. In addition, as teaching staff, they are well placed to integrate the evidence generated in the education and training of nurses. However, their interests in generating best practice evidence to support efforts for strengthening health systems should take into account the

dynamics of the link between health and development, the right to health, the changing population profile, the universal health coverage, the capabilities to manage health risks, governance and resources for health, and the need for collaboration. By getting actively involved in the production and dissemination of best practice evidence to inform efforts to strengthening health systems across the continent, African nursing scholars will make significant contributions to the African leadership commitment of “using African solutions to African problems”, to the regional agenda of sustainable development, and most importantly, to providing leadership in the Africanisation and decolonialisation of nursing education and practice.

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