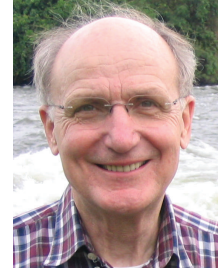




## The promise of an intra-African family medicine network: Connecting Southern and East Africa



The past few decades have been characterized by “a mixed picture of unprecedented human progress and unspeakable human misery.”<sup>1</sup> Much of the world’s population has enjoyed improved health and living conditions in recent years, yet an immense burden of disease persists, especially in low-income countries. In an era of scarce resources and many competing health priorities, the efficient organization of available resources is critical to equitable, cost-effective and relevant health care, particularly for the poor.

Mounting evidence indicates that primary health care teams anchored by generalist physicians are well equipped to deal with frequently occurring illnesses in an equitable and cost-effective manner.<sup>2</sup> Several successful initiatives are ongoing in East and Southern Africa to train district-based primary care physicians, nurses and allied health workers.<sup>3</sup> Effective primary health care training models have the potential to be spread within sub-Saharan Africa through linkages between African training programmes and health professions education institutions. A workshop took place in January 2005 in Pretoria, South Africa that allowed key education and health leaders from Southern and East Africa to exchange experiences and explore potential opportunities to form such a collaborative, regional network.

Sub-Saharan African health systems suffer from pervasive inequities in health services. Skilled health workers are concentrated in urban areas, private health services and in tertiary care hospitals while a large proportion of the population lives in poor, rural communities. Doctors and nurses work within a globalized labor market and recent years have brought acceleration in the migration of health workers from rural to urban settings, as well as from developing to more developed countries. This “brain-drain” problem is compounded by substantially lower status, remuneration and working conditions for doctors in primary care and public service compared to their counterparts in tertiary and private care. Solutions to the workforce challenges in sub-Saharan Africa that focus on training health care providers with appropriate skills and attitudes to serve local populations are an important contribution to the development of effective primary health care systems. Funding for primary healthcare services as well as career tracks which reward service in primary health care are also essential to the development of equitable, high quality health care services. The need for well-trained, well supported health workers is strongly emphasized in the *2003 World Health Report* which concludes that the global health workforce crisis is the “most critical issue facing healthcare systems.” It continues, “In most countries, there will be only small and short-lived advances towards acceptable standards of health without the development of health care systems which are strong enough to respond to current challenges.”<sup>4</sup>

Effective primary care workforce solutions in East and Southern Africa depend upon healthcare providers with appropriate skills and attitudes to serve local populations. In response to these challenges, eight South African departments of family medicine founded the “Family Medicine Educational Consortium” (FaMEC), to develop post-graduate training for family physicians in primary health care in 1997. Since April 2003, Belgium’s Ghent University and the VLIR Own Initiatives Project have provided significant support for FaMEC. Family medicine training complexes have been established in remote and underserved areas and all collaborating departments have cooperated to develop, a “core-curriculum in family medicine” with shared didactic and content materials. Training is now organised within the context of primary health care in district health systems throughout the country. South Africa’s experiences are especially relevant for neighboring African countries. Since they share similar needs they would likely benefit from comparably organized regional networks. Likewise, educational exchanges would reinforce South Africa’s efforts as all parties learn from one another.

For the past two years, Global Health through Education, Training and Service (GHETS) has been working in partnership with universities and physician associations in Uganda, Tanzania and Kenya to develop strategies for improving the training and distribution of primary healthcare physicians through undergraduate, post-graduate and continuing education. The World Organisation of Family Doctors (WONCA) has identified East Africa as a high priority area and appointed an East Africa Project Manager to work with GHETS as a key collaborator. The Network: Towards Unity for Health, a global association of individuals, institutions and organizations committed to improving and sustaining health in the communities they serve, has been a vocal supporter of such training initiatives as well.

These developments led to the January 2005 meeting in Pretoria attended by trainers and practitioners from eight countries in East and Southern Africa. Workshop participants agreed that there is a strong need for community based training in primary health care in sub-Saharan Africa.

This participatory workshop enabled representatives from Uganda, Kenya, Tanzania, South Africa, DRC, Mozambique, Botswana and Zimbabwe to communicate lessons learned and to identify shared challenges they had encountered while establishing district-based family medicine training programs. Participants collaborated to develop a proposal for the establishment of a network of primary health care training programmes and training complexes in East and Southern Africa. With the leadership of Ghent University and coordinating support from GHETS, this proposal has been submitted for consideration by VLIR, a Belgian donor. Furthermore, a group of faculty involved in family medicine education in Uganda visited South Africa in May 2005 to learn from the experience of the South African network and the South African Academy of Family Practice/Primary care. This visit, as well as recent exchanges between Makerere University in Uganda and the Faculty of Medicine at the University of Transkei, will contribute to the development of an intra-African family medicine network.

The shared commitment that emerged from the January Pretoria meeting has created a momentum with both local and regional implications for the development of a truly African family medicine discipline. Through academic/political partnerships, African universities, generalist physicians, and organizations such as VLIR, Wonca, GHETS and the Network: TUFH can combine their resources and expertise to create sustainable, high quality approaches to the education of generalist physicians through integrated undergraduate, post graduate and continuous professional development. The South African experience provides an exemplary blueprint as African countries collaboratively pursue WHO’s elusive goal of a level of health for all citizens of the world that will permit them to lead socially and economically productive lives. We look forward to seeing the fruits of these exchanges and partnerships.

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