African Union

AFRICA CDC
Centres for Disease Control and Prevention
Safeguarding Africa's Health

High Level Consultative Workshop on Health Workforce in Africa

November 23, 2021

"A continent of 1.2 billion people depends on human capital/ human workforce to guarantee its health security."

Dr. John Nkengasong

Director,
African Center for Disease Control and Prevention

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November, 2021

Overview

In the midst of an ongoing pandemic, now is the time to take swift and intentional action to ensure that the health system is transformed and strengthened to address the pressing healthcare challenges facing the continent. The backbone of the system is the health workforce, spanning midwives, doctors, nurses, epidemiologists, information technicians, community health workers, and others. In November 2021, an expert consultation on how to build a sustainable, fit-for-purpose workforce was conducted. This report summarizes both key challenges and recommended action steps for building health systems in Africa.

Opening remarks

Dr. John Nkengasong, Director of the Africa Centres for Disease Control and Prevention, discussed the impact of the Covid-19 pandemic on the healthcare system and outlined three key lessons that this pandemic has taught the global health community: the importance of collaboration among partners; the need to improve the resilience of healthcare systems; and the necessity for the Africa to develop manufacturing capacities to ensure commodity security. An empowered healthcare workforce is necessary to address all future health events. Dr. Nkengasong discussed the need for a more robust, decentralized workforce in Africa to continue to provide adequate and accessible treatment to all Africans, even during public health crises.

Dr. Nkengasong highlighted that to achieve pandemic preparedness and resilience in Africa, we must transform health systems. Africa needs to produce the capacity to keep its population healthy. To reach this goal, he encouraged panelists to think broadly about the possible steps that can be taken in this project to ensure that the plans are ambitious but actionable, measurable, and feasible.

Dr. Githinji Gitahi, Group Chief Executive Officer of AMREF, emphasized that healthcare workers are one of the most important underpinnings in developing sustainable and effective healthcare systems. Dr. Gitahi highlighted that COVID-19 has taught us that future partnerships should be defined by cooperation, collaboration, communication, and coordination to obtain maximum impact for investment. Dr. Gitahi shared his role as the head of the Africa Union Covid 19 Commission Recovery Working Group, a task force designed to help Africa recover from the impacts of the Covid-19 pandemic. The backbone of recovery is developing healthcare systems on the continent which address universal healthcare needs and build health equity by identifying gaps in health systems. To these ends, the working group is focused on developing a strong, resilient healthcare workforce to create an environment conducive for development.

Session 1 - Defining the Kind of Workforce Needed for the 21st century

Workforce has been a critical frontline in our Covid response, a backbone of resilient health systems. Three questions arise; how do we define and build a fit-for-purpose health workforce? How will we know that we have succeeded? What is needed to realize this vision and who are the stakeholders?

Panelists:

Dr. Raji Tajudeen: Head, Division of Public Health Institutes and Research, Africa CDC

Prof. Francis Omaswa: Executive Director, African Center for Global Health and Social Transformation

Dr. Percy Mahlathi: Executive Director, Selizwe Leadership Academy / African Institute of Health

Dr. Shabir Moosa: Professor, University of the Witwatersrand

Ms. Amanda Banda: Global Health Advocate, Wemos

Chair:

Dr. Vanessa Kerry: CEO, Seed Global Health

Summary of remarks:

Covid-19 has demonstrated the undeniable importance of a robust, well trained, and well distributed workforce. The workforce is a critical backbone to serving the health needs of the continent and in turn contributing to our collective global security. Building out the workforce requires a shift from quick fixes to ambitious but appropriate goals to develop the needed, fit-for-purpose workforce. The need spans all cadres: doctors, nurses, midwives; community health workers; epidemiologists and public specialists; medical counter measure manufacturing; laboratory; and administration and management. It also includes capacity building required to innovate and manage homegrown workforce initiatives, like the vision by the Africa CDC for a new Africa Epidemic Intelligence Service, which aims to train and supply the continent's public health workforce needs.

Addressing the acute workforce shortages in Africa will require intersectoral collaboration to plan and implement data-informed, harmonized and nationally led workforce plans. Many health systems are weakened by fragmentation and poor decentralization leading to siloed programs that do not reach those most vulnerable. As the African continent looks to scale the numbers of quality health workers across cadres, countries need to establish the most efficient and equitable ways in which healthcare workers can be deployed and supported. Health systems require an emphasis on primary care models with consistent

"The Covid-19 pandemic has taught us the need for an integrated, responsive, and holistic workforce, because that is the only way we can guarantee a resilient health system going forward."

- Dr. Raji Tajudeen

"We don't only need to build back better; we need to build back transformatively."

- Dr. Vanessa Kerry

"We are talking about health workers who are in different categories - nurses, doctors, laboratory people, pharmacists, and so on - but the message is that they all work as a piece of a jigsaw which fits, every group is needed... Success looks like having this tapestry of health workforce meeting the health needs of the populations in each country."

- Professor Francis Omaswa

community engagement; multidisciplinary, longitudinal team-based care; strong referral pathways to higher levels of care; and structures that can support, motivate, and retain healthcare workers. Functional health systems also require attention to the responsiveness of health budgets and systems to community needs.

Fundamental to all these goals are strong data systems and professional development. Investment in technology will provide the real-time information required for planning, monitoring, and evaluating health workforce initiatives and improvements in research capabilities. Focusing on professional development, cultivation of leadership and management skills, and empowerment can serve as mechanisms to grow existing healthcare systems and provide sustainable economic solutions for health workers. Investments in both data and management will increase the quality of care available and entice young health professionals to stay in the continent.

To be successful, the continent will need to expand existing efforts to provide access to skilled, motivated, and supported workforce members for every individual in every village. While this is not easy, Africa has existing tools, such as the country coordination tool, available.

The health workforce is productive, not consumptive, so ensuring its development is beneficial to the economy. Investing in the health workforce means that more members of the community are kept healthy and can then contribute to other sectors, such as education and technology, further improving the economy of a country. To realize these benefits, resources are required to ensure that the workforce is developing in areas that are needed.

All these efforts must be supported through unified funding and programming involving the Ministry of Health (MOH), Ministry of Finance (MOF), Ministry of Education (MOE), and other relevant stakeholders including healthcare experts, private sector, and civil society.

Key Points

- Health workforce must be clearly defined and developed to meet specific needs of the African continent and individual member states.
- Shortages exist for a range of health workforce roles including midwives, epidemiologists, nurses, and doctors and we should aim to train and retain the full spectrum.
- Investment in developing health workforce supports the economy and has a positive impact on development.
- Decentralized care and primary care are paramount for health system sustainability.
- Investments in data systems, leadership, and management must also be made.

"We need to think through the most efficient way in which health professionals on the ground can in fact be supported...how we put the right mix together of the people that both achieves access but also improves quality."

- Professor Shabir Moosa

"The key answer... is long-term investment in harmonized national health systems."

"The investment must be proportional to the needs and demands. For example, we know that primary health care service demands are the largest, but they're often the least funded."

- Dr. Percy Mahlathi

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"The investment must be proportional to the needs and demands. For example, we know that primary health care service demands are the largest, but they're often the least funded."

- Dr. Percy Mahlathi

"... this conversation will not move much further forward if the Ministries of Finance are not involved and not also in the forefront...that needs a lot of high-level political leadership... Health workforce needs to be seen as one of the key drivers of economic recovery...and pandemic preparedness."

- Ms. Amanda Banda

Action Steps for Africa CDC and AU:

- Share findings with leaders from MOH, MOF, and MOE and plan for additional consultations that include health experts.
- Host a follow up consultation to identify all shortages and prioritize which shortages will be addressed first.
- Plan to focus workforce development on creating a decentralized system that emphasizes primary care.
- Create skill expansion models and opportunities that address non-clinical skills (data management, research, leadership).
- Implement tracking and predictive modeling (health workforce management system) to proactively identify which roles are needed (i.e., epidemiologists).
- Encourage and facilitate ministries (of health, finance, and education) in collaborating to design and fund health workforce plans.

Session 2 – Investments and Female Healthcare Workers

While women constitute the majority of the health workforce, they represent the minority of health workforce leaders. What actions can be taken to ensure that women's contributions are represented, valued, and acted upon? How can gender equity in the health sector be advanced?

Panelists:

Meghan Cross: Partner, Amplify her Ventures

Keo Kgwabi: Principal Nursing Officer, Botswana Ministry of Health & Wellness

Dr. Joy Mugambi: Secretary General, World Organization for Family Physicians (WONCA) Africa Region; Vice President, Commonwealth Medical Association East/Central/South Africa Region

Mr. Bassirou Niang: Head of Investor Coverage, Development Partners International

Dr. Helmut Schuehsler: Chairman and CEO, TVM Capital Healthcare

Dr. Flavia Senkubuge: President, Colleges of Medicine South Africa

Mr. Osman Waheed: CEO, Ferozsons Laboratories Limited

Chairs:

Dr. Ebere Okereke, **Joanne Manrique**

Summary of remarks:

Investments in health enable populations to thrive and positively contribute to other sectors. Health is a prerequisite for economic growth and development, with a return on investment of 9:1. A critical aspect of investing in healthcare is investing specifically in female healthcare workers. Such targeted investments can not only improve returns in terms of health gains, but also facilitate progress on social inclusion and gender equality, which is a key part of the 50-year AU goals.

However, clinical and private sector leaders noted that currently, while women comprise of 70% of the health workforce globally, men are disproportionately represented in leadership positions – a trend that is replicated on the African continent. The under-representation of women in leadership must be changed, to ensure that the needs of women and their families are adequately and comprehensively represented in the healthcare system. It is therefore critical to close the gender gap at all levels and roles in the health sector, spanning direct clinical care to management and planning. Specific attention should be paid to cadres like nurses who constitute a significant proportion of frontline workers and care providers but are often excluded from decision-making spaces.

One approach to promoting gender equality is to mobilize capital for projects that promote women's economic participation. Private investors in the session pointed out that historically, gender-balanced management teams outperform male-dominated management teams, so investing in companies that promote women into leadership makes financial sense. The investors advocated that such investments must be made in the healthcare sector since women can help define needs, solutions, and strategies to address healthcare challenges. Further, a healthcare system that retains women as healthcare workers and has them in a position of power will scale quickly.

Private sector and NGO panelists noted that persistent exclusion of women from leadership and decision-making and a focus on tertiary care threaten the viability of the healthcare system; metrics show that these approaches are associated with underperformance on key health outcomes such as maternal and child mortality. On the other hand, creating a system that harnesses the power of women and focuses on decentralized primary care can vastly increase provision of health services. Critical to this agenda, clinical and academic experts highlighted the importance of mentorship models for women and private investors emphasized investment in women entrepreneurship.

Academic leaders put forward that while the system needs to be changed, women must also demand change. If institutions are not ready to have women as leaders, women must take strides to break down those barriers and fight for leadership positions.

Women have played a vital role in African health systems and will continue to do so. Women healthcare leaders recommended a formal literature review focusing on recognition of existing women voices and gender inequality in the healthcare field with specific attention paid to employment recognition and financial compensation. This review can be used establish a formal framework for change and investment into women in the health workforce.

"It's about valuing the work that women do. We don't want tokenism...We can actually compete, and we add value by bringing a different perspective to the discussion..."

- Dr. Ebere Okereke

"We always say that women are the backbone of health - but they are the backbone of health at the back, they never show up in front..."

- Ms. Keo Kgwabi

"In developing our workforce for health in its broadest sense, we also need to ensure that we're engaging women in setting the research agenda, in defining the technological needs, not just in the caring sector."

- Dr. Ebere Okereke

"We still have situations where we don't have nurses at the decision-making table...then they tell us what to do."

- Ms. Keo Kgwabi

"It's a financial opportunity to invest in women."

- Ms. Meghan Cross

"Clear data...show that gender balanced management teams generally outperform [unbalanced teams] by at least 10 to 20%."

- Mr. Bassirou Niang

"I'm here as a matter of fact to listen."

- Dr. Helmut Schuehsler

Box 1: Investing in women as healthcare workers and leaders

There are several examples of targeted public and private investments in supporting women as healthcare workers and leaders. In Pakistan, the use of technology, training of women as health workers, and task-sharing have improved the health system and financially empowered women. The *Lady Health Worker* program seeks to bridge the gender gap by empowering underutilized health workers with the right tools and training in business and healthcare skills, in order to establish women entrepreneurs who provide healthcare services. This model requires engagement of governments, private sector companies, micro-financiers, and public health experts. While the model does require extensive collaboration, improving female inclusion in the workforce in a formal capacity is massively beneficial to a country's economy and GDP.

Women, especially women healthcare workers, have faced significant challenges during the pandemic. Such challenges include psychosocial issues, childcare accessibility, access to PPE, and physical violence. However, there is evidence that these challenges can be addressed, as seen in Kenya. The Kenya Medical Association brought together all healthcare workers and formed psychosocial support systems. Additionally, a childcare facility in Nairobi was created to allow young women doctors to study and get to work, which is paramount for their empowerment.

Key Points

- Active inclusion of women in roles throughout the health sector, from clinical care providers to leadership and management, with opportunities for continuing professional development will strengthen the health system.
- Applying a gender lens to investing in healthcare yields the strongest returns and results.
- Economically empowered women healthcare workers positively contribute to the GDP.

Action Steps for Africa CDC and AU:

- Collaborate with partners to design and implement formal mentorship models that strengthen the professional network of women healthcare workers.
- Collaborate with partners to deploy business skills and leadership training with technology that will allow women to formally participate in the digital economy.
- Collaborate with partners to deploy health skills training that will upskill existing women healthcare workers and expand provision of primary care services in rural communities.
- Reconvene governments, private sector companies, investors, micro-financiers, and public health experts to sustainable financing models for women healthcare workers and entrepreneurs.

"In developing our workforce for health in its broadest sense, we also need to ensure that we're engaging women in setting the research agenda, in defining the technological needs, not just in the caring sector."

- Dr. Ebere Okereke

"[We should] look at female health workforce and [empower] them in a way that provides... interventions that can be really meaningful and highly impactful at the community level...using the combination of training, technology and task shifting."

- Mr. Osman Waheed

"If you economically empower women, the impact on the economy is massive."

- Mr. Osman Waheed

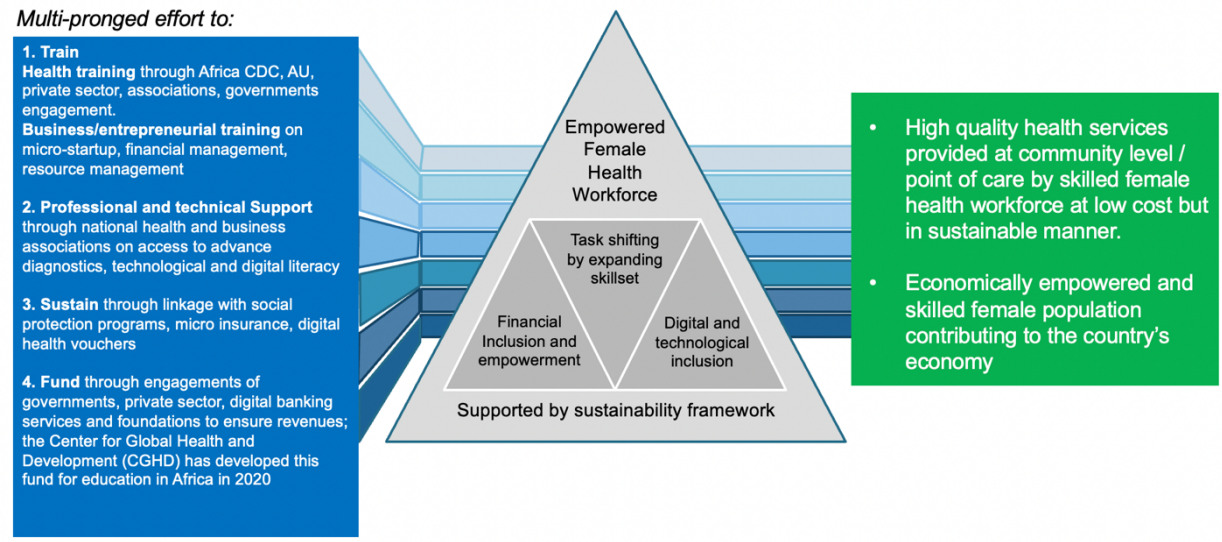
"We must...ask ourselves a critical question - are these structures that we put in place...geared to have women as leaders, and we have to unapologetically answer that question. And if that answer is no, then we must break down those structures."

- Dr Flavia Senkubuge

"Women in health workforce [faced] a lot of challenges...in this pandemic .... There were the psychosocial issues; childcare because we worked hours that were beyond our expectation...; access to PPE, [which] were very male structured; physical violence...But working together as healthcare providers has been one key way that healthcare workers have been able to support each other."

- Dr. Joy Mugambi

Sample slide from private sector partner:



Session 3 - Sustaining Workforce Development in Africa: The Role of the Private Sector

How can we accelerate private sector involvement in setting priorities for health? What strategies can promote multisectoral collaboration? How can we use information systems? How can we optimize the performance and retention of the health workforce?

Panelists:

H.E. Toyin Saraki: Founder-President, Wellbeing Foundation Africa

Professor Justice Nonvignon: Acting Head of the Health Economics Programme, Africa CDC

Mr. Aggrey Aluso: Health and Right Program Manager; Open Society Initiative for Eastern Africa

Dr. Diana Nsubuga: Africa Regional Deputy Director, Policy & Advocacy and Africa Universal Health Coverage Co-Chair, Living Goods

Chair:

Dr. Ahmed E Ogwell Ouma: Deputy Director, Africa Centres for Disease Control and Prevention

Summary of remarks:

Multisectoral partnerships have a role in supporting local needs, priorities, and efforts to rebuild the healthcare workforce, particularly following the Covid-19 pandemic. The role of the private sector often goes beyond provision of funding and includes provision of medical services, medication, and information.

The Africa CDC, private sector participants, investors, and academic leaders advised that an integrated approach is needed to get the private sector involved in every aspect of healthcare. Private sector involvement must align with government and local priorities and can, at times, accelerate the pace at which health care goals are met. While governments invest in healthcare, private sector funding can exponentially increase available healthcare resources for infrastructure, technology, and electricity. Direct private sector investment into primary health care can increase quality of health care services. However, governments must establish clear and transparent regulations to create an enabling environment for private sector while also ensuring that health equity, with attention to accessibility and affordability of services, is prioritized.

One of the biggest challenges for streamlined health care delivery and related investment is the limited interoperability and harmony of disparate health information systems. Discrepancies in information systems – especially between rural and urban areas – and challenges in consistently accessing information make the healthcare needs of specific

"Whatever strategies or plans we come up with, let them be based on local priorities and local institutional capacities."

- Dr. Ahmed E Ogwell Ouma

"Private and public sectors have to collaborate with communities to improve the implementation and impact of the health workforce."

- H.E. Toyin Saraki

"[We need] an integrated approach of getting the private sector involved in every part of the health system, [like] information generation and use of information."

- Professor Justice Nonvignon

"We need to equip our health workforce...to provide an enabling environment that ensures their success."

-Ms. Diana Nsubuga

communities unclear. Additionally, there is a missed opportunity for healthcare workers to engage in information collection.

Currently Africa is over-dependent on external funding and information that is collected by external stakeholders and in other contexts. The lack of contextualized information means that communities respond to needs that are not truly their own. Private sector and development agencies should "mind the gap" rather than trying to "fill the gap" – in ensuring that the priorities they support are not their own but those of the individual countries

The global health workforce, and that of Africa, is predominantly female, and investment in healthcare has significant advantages in low and middle-income countries. Academics and public health experts recommended that the following tenets remain central to health workforce endeavors:

1) Digitally enable the health workforce
2) Equip the health workforce with appropriate supplies, medications, etc.
3) Supervise the health workforce and increase accountability for that supervision
4) Compensate the health workforce adequately so that the workforce remains motivated and remains in the country

Key Points:

- Government and local priorities should be supported by the private sector, as opposed to external partners and stakeholders pursuing their own priorities.
- Governments should establish regulations that enable private sector investment and involvement while simultaneously maintaining health equity as a goal.
- Private sector can help ensure that health workers are digitally enabled, have access to appropriate supplies and medications, and are included in an oversight model that includes accountability.
- The private sector should compensate the health workforce adequately and according to government regulations as a mechanism to promote retention in both the public and private sectors.
- The private sector can develop health information systems as a first step in addressing inequities in the health system.

Action Steps for Africa CDC and AU:

- Ensure that development agencies align with government priorities.
- Consider approaches and best practices regarding how health information management systems can capture disease burden and human resources data.
- Design compensation and implement compensation models for all healthcare workers, considering options including commercial insurance payment and revenue-based financing.
- Engage private sector partners in examining supply chain to address healthcare worker access to medications and supplies.

"The neglected group of women and children must be at the center of our KPIs."

- Dr. Ahmed E Ogwell Ouma

"We don't invest in health information...we rely on a lot of information that is delivered from elsewhere... that creates an opportunity for somebody else to create an agenda for our health system."

- Mr. Aggrey Aluso

"We have a huge mismatch between the kind of information we generate and the needs of our communities."

- Mr. Aggrey Aluso

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- Mr. Aggrey Aluso

Session 4 - Measurement and Metrics of Workforce Development

What are barriers to recruitment and retention of health workers? What needs to be measured? How can we map needs for the clinical and non-clinical health workforce?

Panelists:

Dr. Nelson Sewankambo, fellow and President, Uganda National Academy of Sciences; Vice President, Network of African Sciences Academies (NASAC); Vice President, Accordia Global Health Foundation

Professor Justice Nonvignon: Acting Head of the Health Economics Programme, Africa CDC

Professor Yoswa Mbulalina Dambisya: Director General, East, Central and Southern Africa Health Community (ECSA-HC)

Professor Kjell Arne Johansson: Professor, Deputy Director Bergen Centre for Ethics and Priority Setting (BCEPS)

Chair:

Dr. Agnes Binagwaho: Vice Chancellor, University of Global Health Equity

Summary of remarks:

Health workforce strengthening must be informed by inclusive measurement and data and to support smart evidence-based policy formulation. Current data required for health workforce planning are, in many cases, outdated or incomplete. There is an opportunity to strengthen the quantity and quality of data for human resources for health and to better make the investment and value case for needed large scale investments in health workers. Metrics must be redefined and reported such that they are contextually appropriate, identify and monitor the full spectrum of challenges to expanding the health workforce from funding to policy barriers or enablers to gender disparities, and help measure the full scope of progress and impact across multiple sectors from health workforce investments.

These metrics should consider the following dimensions.

First, academics and policy experts proposed that there is a need to identify what cadres and priorities are missing, to budget appropriately and proactively, to create long-term multi-year plans, and to be accountable for clinical, STEM, public health, manufacturing, and administrative and management services as part of workforce development efforts. The contextual burdens of disease and competencies required for local health needs and goals should be reflected in health interventions and packages and inform the numbers and types of health workers that are trained and employed. Existing models can be used to determine the specific number of lab technicians, epidemiologists, nurses, and doctors in Africa needed to meet demand. Examples of needed data include:

"Covid-19 has demonstrated that to be prepared for the next pandemic, we don't have to only respond to this one, but we have also to create and transform our health sector to be more resilient."

- Dr. Agnes Binagwaho

"When we reflect on metrics, we need to think about long-term ... because it takes time to develop the workforce"

- Dr. Agnes Binagwaho

"We need to consider efficiency, which includes productivity... and then of course the issue of equity, how come some areas are systematically disadvantaged compared to other areas in terms of the health workers that they have...We will need to assess these three defined measures."

- Professor Justice Nonvignon

- Estimates of what resources would be needed to achieve universal healthcare coverage to address specific disease burdens
- How many minutes healthcare workers spend with patients, how often patients are seen, which medications which are required for treatment, etc.
- Metrics for prioritizing and planning the health infrastructure that needs to be built in countries

Second, metrics should include markers of health worker efficiency and productivity. This will require longitudinal and consistent data on *inputs* - including financing, provider payment mechanisms - and health worker *outputs* - including absenteeism, service delivery, and patients reached. This will also require measurements of quality. Public and private sector participants recommended that both sectors must put into place incentives that young people want and that demonstrate that employment in the health sector is a viable pathway to economic security.

Third, data on equity and inclusion, both in health workforce composition and distribution across geographic regions, should be regularly reported. Economists and academics in the session suggested that outcomes in health and healthcare equity must be measured.

Fourth, metrics can be used to capture health workforce flows and recruitment, and the policies that promote healthcare worker retention. For example, strengthening rural healthcare infrastructure can attract healthcare workers into remote areas and facilitate effective decentralization of the healthcare system. Academics and private sector participants agreed that the impacts of such strategies must be measured in terms of interest, recruitment, and retention.

Fifth, measurement and metrics should assess impact across sectors including not only the health and human resources impact but also economic impact, social inclusion, and security.

These data require investment in information systems, higher education institutions, and regional observatories. Supporting higher education to ensure that health research is prioritized also creates accountability in all domains of the health workforce. The establishment of such structures will facilitate development and investment in fit-for-purpose health workforces that are the backbones of responsive health systems.

The comprehensive metrics generated must be integrated and considered as policies, and the healthcare agenda, are developed.

Key Points

- Metrics can be used to identify ideal distribution of health resources.
- Measurement can demonstrate if incentives are sufficient for retaining health care workers.
- Measurement must be disaggregated so that current and future needs are better understood.
- Metrics should drive policy and the healthcare agenda.

"As we think about metrics and how we measure achievements, we need have [gender equity] in mind...to show us where the continent is going in that respect."

- Dr. Nelson Sewankambo

"There are many barriers to the retention of health workers and students...a number of them have lost interest... because they see the health service industry are not doing well, are not looked after well...If there's development of rural areas...and social amenities, then they might be attracted to work there. But also [we need to ensure we're] supporting them, putting in place the tools they need to work so they feel well supported, and at the end of the day, they take home a good income..."

- Dr. Nelson Sewankambo

"We have developed a technical tool that is supposed to make the design of essential healthcare packages, or benefit packages, easier – because...these priorities need to be owned by the countries, need to be owned by the people. They should decide what are important services that should be prioritized when we have limited resources."

- Professor Kjell Arne Johansson

"We have developed a technical tool that is supposed to make the design of essential healthcare packages, or benefit packages, easier – because...these priorities need to be owned by the countries, need to be owned by the people. They should decide what are important services that should be prioritized when we have limited resources."

- Professor Kjell Arne Johansson

Action Steps for Africa CDC and AU:

- Review the African Agenda 2063 plan and revise based on available data.
- Conduct assessments to capture available and needed disease burden data; this will help inform policies and funding.
- Design AU-wide data collection infrastructure to capture structure, process, and outcome metrics. The metrics will inform the healthcare agenda and highlight priorities for consideration.
- Develop incentives to attract educators and students to rural areas.
- Collaborate with stakeholders and experts such as Prof. Kjell Arne Johansson on the panel who can share models of measurement for consideration.

Post Consultation Reflections from Private Investors provided by CGHD

Private capital investors have several strategies on how to work with Africa CDC and the AU as they decide on future investments. They strive to find alignments with realities on the ground including working with public and other private sector actors. Investors would like to find alignment in the following ways:

1. **Through collaboration with the regulators**: to ensure there is: (a) an appropriate regulatory framework for the type of business they are trying to establish, and (b) if necessary, establish a sound and practical reimbursement system/strategy/tariffs as well as a level playing field among private and public sector providers setting key standards of quality and regulatory compliance and controls.
2. **Through collaboration with public sector providers**: to allow coordination with players to drive personal contact, define opportunities to create win-win collaborations, and to explore potential public-private partnerships.
3. **Through collaboration with public sector payors**: to enable competent revenue cycle management topics. Private capital investors would like to ensure their investees have sound and well-functioning payment systems. As a sector, they understand that establishing this synergy is gradual and takes time.
4. **Through collaboration with the government/MOH**: to create a dialogue focused on the role of the private sector in healthcare, areas of private sector activity, industry advocacy, and strategy development. Discussions with governments/MOH would help investors to develop strategies aligned with the Government, MOH and eventually National Health Insurance Schemes.

Private investors were asked for examples of how they could successfully adapt their investment strategy to accommodate public sector needs and priorities, and whether this approach be replicated. Their responses are summarized below.

1. Private investors would like to prioritize investing in companies that addressed unmet needs in health and other sectors; Investors would base initial investment decisions on internal analysis of what is missing and what needs to be added to make the healthcare system (and other sectors) at large function better and address patient needs.
2. Some of the private investors would like to focus on investing outside of the tertiary/secondary hospital environment to increase access for patients. This approach they believe is well suited to strengthen the primary care level for both general and specialty care. Investors are keenly aware of the need to ensure measurable impact on target populations in addition to realizing reasonable commercial returns.
3. Another way of becoming active in private healthcare and other sectors is to follow guidance by the regulator or the MOH with regards to what is needed for the private sector to take on. This is only possible where this kind of guidance exists.

Post-Survey Consultation Survey Results

Following the consultation sessions, a survey was sent to stakeholders - spanning governments, donors and implementers, international finance institutions, private sector, civil society organizations, academia - to identify key themes and concerns in the development and implementation of the initiative. Response rates were low, but a few key themes emerged in addition to those discussed in the report above:

1. There needs to be more investment in training and employment of a fit-for-purpose, well-rounded and adaptable health workforce with the appropriate skills mix to meet local needs, integrating cadres from community health workers to skilled health professionals to laboratory scientists through strong primary care.
2. There was recognition that women health workers are critical to delivering health care, particularly during this pandemic. However, it was noted that the Consultation discussion largely omitted midwives who are both predominantly women and deliver care to women.
3. It was emphasized that the private sector is largely untapped but has the potential to fill in gaps in public sector health workforce initiatives, spanning education to employment. These partnerships, aligned to the national plans, could be catalytic to investments in the health workforce. Several respondents mentioned the importance of regulation, coordination, and collaboration in private sector engagement and to ensure alignment and partnership with national governments and plans.
4. There was agreement that defining health workforce metrics is critical to national planning and policy and to monitoring progress and return on investment. Several respondents noted that there is significant variation on health workforce metrics throughout the continent, and that countries in Africa should "generate, update, and utilize health workforce data" on "availability, quality, acceptability, [and] performance of the health workforce." There is an opportunity to align metrics and build economies of scale.

Challenges and Opportunities

Regarding challenges in health workforce strengthening, the following themes emerged.

1. Inadequate salaries and employment capacity for health workers were identified by several survey respondents as the primary challenge.
2. Poor quality was identified as another challenge, with low competencies and motivations among health workers leading to low performance. One respondent mentioned that low motivation is in part due to poor accountability to and of leadership to support workers. Moreover, it was noted that management and regulation capacities are underdeveloped.
3. The distribution of health workers was an issue, specifically with regards to: unbalanced skills mix, a significant shortage of doctors and nurses; lack of institutionalization, integration, and coordination of community health workers with other health workers, in terms of training, recruitment, and deployment; and outmigration.
4. Finally, one respondent mentioned the weak use of data and evidence in health workforce plans.

Commitments

Regarding the commitments respondents would like to see from key stakeholders, most suggested that more and sustained funding is required across the continuum of health workforce training and retention, including growing the pipeline, continuing professional development, higher salaries, hazard pay, and safe working environments, particularly toward gender equity. Several noted that this requires strong national health workforce plans that bring together stakeholders including Ministries of Health, Education, and Finance. One respondent also recommended that stakeholders must commit to a 20-year fund to ensure sustained financing across the pipeline.

Two respondents mentioned the need to explicitly integrate two cadres often excluded from policies: community health workers and midwives.

The following additional stakeholders were identified for inclusion in the next summit:

- Professional associations
- Universities/Academia
- Private sector
- Community health organizations

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