

Does Africa need another journal?

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Africa is the only world region unlikely to meet the Millennium Development Goals by 2015.¹ At best Africa could hope to do so by 2050! To achieve these goals by 2015 the continent requires one million additional health care workers.² These startling facts paint a very bleak picture of access to basic health care in Africa. Indeed, data from a recent World Health Organization publication show that Africa has the highest burden of disease relative to the available workforce globally.¹ We live on a continent that experiences 24% of the global burden of disease, while having only 2% of the global physician workforce.

These data clearly demonstrate the urgent need to train more health care workers in Africa. Currently there are at least 136 medical schools in sub-Saharan Africa; 11 countries have no medical school and 24 have only one medical school each.³ Furthermore, limited data suggest that sub-Saharan African countries frequently graduate fewer than 100 medical students per year. This means that the training platform in the subcontinent supplies fewer than 8 000 new doctors per year.^{4,5}

While it is clear that the current training pipeline of African doctors is grossly insufficient for our needs, the situation is further compounded by the large-scale emigration of African doctors to well-resourced countries abroad. Currently sub-Saharan Africa is the world region worst affected by the migration of health care professionals.⁶ It is estimated that there were approximately 65 000 African-born physicians and 70 000 African-born professional nurses working in a developed country in the year 2000.⁷ This represents, respectively, about 20% of African-born doctors in the world and about 10% of African-born nurses. Recent data show that South African and Nigerian universities are the biggest producers of graduates who choose to work abroad.

What then should our response to this desperate situation be? I believe that we need to expand the size of the training platform in Africa, specifically sub-Saharan Africa, and address the challenge of large-scale migration. While the latter is a topic of hot debate in the literature, I think that too little attention is being paid to the training of more African health professionals. Some countries have taken on the challenge of building a medical school, for example Namibia and Botswana, and this is clearly a step in the right direction. Expanding the training platform obviously creates a need for more health professions educators. Not only do we need more educators, but we need to train African educators of a high quality. This is where I believe the new journal is set to make a major contribution.

As African health professions educators we face extraordinary challenges that are most acute in developing countries. We, as a collective body, are working creatively to deal with these challenges and we need a platform on which to share these innovations and learn from one another. Solutions for African problems are most likely to originate in Africa and so a forum to write about our work is needed. Not only do we face infrastructural and human resource constraints, but our students frequently enter the higher education sphere from grossly inadequate schooling backgrounds and they face special challenges we need to address. Once again I am of the opinion that we are best able to address these needs. Dissemination of such valuable information is of paramount importance and the need for a journal for our continent is, I believe, essential.

What then is the intention of the new journal? As the editor I wish to develop an academic platform which will allow experienced health



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professions educators to share their work and develop the scholarship of teaching and learning as relevant to our needs. I would also like to see the work of emerging educators published so as to advance their careers and promote educational research. Thirdly, I am of the opinion that we need a journal that will build a profile of educational research in the developing world and make a valuable contribution to the body of emerging literature usually dominated by work from better resourced settings. The challenge to put an African footprint on the map of academic discourse relevant to health sciences education is, I believe, long overdue.

In closing then, I would like to extend an invitation to my African colleagues to make a contribution to the journal and thereby contribute to the scholarship of education in the developing world. Indeed, I would like to be so bold as to extend the invitation to fellow educators in other regions of the developing world to also make a contribution to the journal and foster the growth of a global community of educators who strive to achieve excellence against all odds.

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