

Medical schools in Africa: seeing momentum

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Africa's health system depends on "the production, distribution and retention" of human resources for health, as the Team Lead for the Health Workforce Unit at the World Health Organization's Regional Office for Africa wrote. Health workers are at "the heart of the region's health system performance."¹ Yet, as of 2016, the region only had 14.5% of required physicians.²

Given the essential role medical schools play in strengthening health systems through the training of health workers, public health planners must assess and invest in the growth and development of medical schools. They must track and monitor progress over time, as with any lever for health system change. When trying to find data and assessments of the medical school landscape in Africa, however, the most updated list of schools found was collected in 2010 through the Sub-Saharan African Medical Schools Study (SAMSS). It identified 169 schools across 40 countries on the continent.³ We decided to aggregate an updated list and make it available to others.

We defined a medical school as 'an institution granting degrees in general clinical medicine, such as MD or MBBS' (Doctor of Medicine or Bachelor of Medicine, Bachelor of Surgery). Whereas most previous data relied on schools completing surveys or self-identifying, we actively searched for schools by compiling various databases, using Google and Google Maps to search for 'medical school' and 'medical degree' by country, and conferring with partners such as the Health Workforce Unit at the WHO's Regional Office for Africa. The online World Directory of Medical Schools, a paid subscription model, offered beneficial, yet incomplete, information.⁴ We also conferred with faculty and staff

at 52 African medical schools with whom we have existing partnerships.

We found that as of 2023, there are 444 public and private medical schools in Africa (see online supplemental table 1). There was less growth in the number of public medical schools (168%) compared with that of private medical schools (338.6%) in the countries included in the SAMSS study. Somalia/Somaliland saw the greatest increase in the number of schools, followed by Nigeria, Ethiopia and Sudan. Seychelles, a small country of less than 100 000, has the highest number of medical schools per population, with one medical school, followed by Mauritius with four, Libya with 13, and Somalia with 31 medical schools.⁵ Mali and Malawi, each home to two medical schools, have the fewest schools per population.

Data about student body size, tuition, per cent of graduating, etc, was scanty and often outdated, especially among private schools. It is also worth noting that of the 39 African countries reporting on their accreditation bodies, 21% reported not having an accreditation mechanism.⁶

While the earliest recorded medical school in Africa was established in 1827 in Egypt, the most recent medical school was founded in 2023, with more than half opening since 2004. The increase in African medical schools in the early 21st century is promising and suggests the workforce may expand in the coming years, reducing, though not alleviating, the continent's shortage of doctors. However, the rate of growth must outpace population growth to make real progress against physician-to-population indicators.

The growth in the number of schools in the private sector, where tuition and fees are likely higher, raises concerns about financial barriers for disadvantaged medical students and the debt with which they may graduate.

Extra consideration must be paid moving forward to ensure that medical students represent the populations most in need of their services and that they are able to remain in the countries where they are being trained without being strained financially and not contribute to 'brain drain'. It is also worth noting that two of the poorest countries have the fewest medical schools, suggesting that the health workforce shortage may be slower to resolve in such places.

Although we have shared the public information we could compile, the data are still limited, as many school websites are inaccessible and changes in school status happen relatively frequently, especially in countries facing political instability or conflict. Analyses also don't account for the number of students per school, percent of students graduating, percent of alumni practicing in-country, or any other measures of impact.

Moving forward, this list can serve as a starting point to further expand data on medical training in Africa and inform resource allocation, collaborations, and policy formation. It will be useful to organizations or institutions looking to invest in the area, allowing them to identify areas with shortages of medical schools; it can potentially raise the visibility and profile of medical schools in Africa on the global stage, allowing them to attract international funding or partnerships; and it can form the foundation for evidence-based policy formulation and strategic initiatives that are in line with the health care needs of the population. It will be important to monitor the sector and support the development of medical schools across the continent as robust training institutions not only help grow the health workforce; but ongoing training and education for physicians has been shown to impact migration and support retention.⁷

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