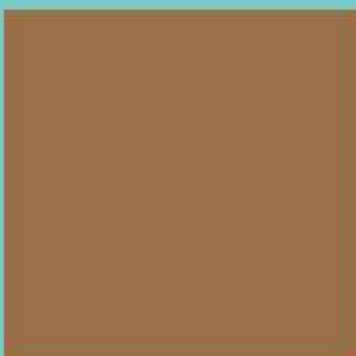


NURSING AND MIDWIFERY EDUCATION IN AFRICA

Nursing and Midwifery Education: The Millennium Development Goals and Beyond

Education: Training: Youth

NEPAD Agency Science and Technology Innovation Hub (NSTIH)



NURSING AND MIDWIFERY EDUCATION IN AFRICA

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A separate title page should be included, to show the title of the article, first name, initial(s) and last name of the author(s).

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Quotations. Short quotations are incorporated in text and enclosed by double quotation marks followed by a page number. Longer quotations of 35 words or more should be indented from the text as a free block with no quotation marks followed by a page number.

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Nursing And Midwifery Education In Africa: The Millennium Development Goals and Beyond

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KARIEN JOOSTE

Abstract

The capacity of human resources for health in terms of magnitude and quality has been recognised as beneficial constituent of strengthening health care systems with the purpose of achieving the targets of the MDGs. However, Sub-Saharan Africa is lagging behind badly in meeting MDG 4 (reduce child mortality) that poses many challenges for nurses and midwives in Africa. Postgraduate programmes should therefore assist with the production of optimum human resources for an effective nursing and midwifery workforce. This paper addresses the prioritising of human resources for health and argues for services with sufficient numbers of capable workers. Nurses and midwives need to achieve higher levels of education and training that will also lift the status of nursing as a profession. Education includes a focus on research and new ways of thinking that enhances best practices, by integrating knowledge of research evidence in clinical practice. It is the assumption that knowledge and education enable nurses and midwives to provide the highest quality of care in meeting the multifaceted needs of the community.

Introduction

This paper focuses on the challenge for Africa to build, nurture and sustain knowledge societies for the 21st Century and beyond. Africa must not only develop knowledge relevant to its own conditions, but also heighten the value of that knowledge to enhance her position in the globalised world. Knowledge is an important factor for people to gain distinctive advantages in their society and the solution to understand and gain better insights in a complex healthcare environment (PAAUW, 2013). Our paper provides an input to that thinking with special reference to Nursing and Midwifery Higher Education in Africa.

Millennium Development Goals and Health in Africa

The emphasis on health in the Millennium Development Goals (MDGs) is evident in the first six Goals as agreed upon by the

United Nations (UN) Member Countries and other international organisations. These MDGs include the eradication of poverty, reducing child mortality rates, fighting diseases such as epidemics and AIDS and advancing a global developmental partnership by 2015 (Hulme, 2009). Yumkella, the Director General of the United Nations Industrial Development Organization (UNIDO) at the African Union (AU) Summit in January 2013, stated that a new partnership is needed to support the achievement of new goals and the well-being of all mankind (Kamara, 2013).

Internationally, the need for amplifying the capacity of human resources for health in terms of magnitude and quality has been recognised as beneficial constituent of strengthening health care systems with the purpose of achieving the targets of the MDGs (WHO, 2009). Governments around the world are more seriously committed to ensuring the achievement of the MDG targets. At the highest African policy level, the African Union (AU) recognises the importance of human resources for health in the development agenda of the continent and in the achievement of the MDGs. The contribution of education, more precisely tertiary institutions, to achieving the continent's vision of a peaceful, integrated and prosperous Africa is well-documented in regional policies and strategic documents (AAU, 2009; ADB, 2008; AU/EXP/EDUC/2 (II), 2006; AU/COMEDAF/II+, 2007; AU/EXP/EDUC/2 (III) Part I, 2007; AU/EXP/EDUC/4 (IV+) Rev, 2011; NEPAD, 2009).

It is acknowledged that the effectiveness of health care delivery systems depends largely on the amount and quality of human resources that are available for responding to the

changing health needs of populations. However, existing reports still show a growing disparity in the way that existing human and financial resources for health are deployed. For example, Social Security Administration (SSA) shoulders 24% of the global burden of disease, but accesses only 3% of the health workforce of the world and accounts for less than 1% of global health expenditure (WHO, 2008). Reports indicate that SSA requires an additional one million health workers to achieve the minimum estimated levels that are required for a country to attain the health-related MDGs. These levels have been estimated at a minimum of 2.3 health workers per 1 000 members of the population (ICN, 2010; WHO-Afro, 2006).

In 2007, the number of nurses and midwives in Sub-Saharan Africa has been estimated at 503 850, with an estimated shortage of 709 900 (WHO, 2008). Yumkella (2013) emphasised the need for clear global goals which included simplifying or refining the Millennium Development Goals (MDGs) and the eradication of poverty in all its forms. He made a passionate call for “Hope, Opportunity and Responsibility” for Africa’s human development at the 20th Extraordinary Summit of African Union Heads of State and Governments meeting in the Ethiopia, Addis Ababa.

The Challenge: Nurses and Midwives in Africa

Sub-Saharan Africa is lagging behind badly in meeting MDG 4, that is, reduction in child mortality. Although the child mortality rate under five years old in this region has decreased, an estimated 4 million neonatal deaths still occur each year, accounting for almost 40% of all deaths in the region. The challenge for Africa mainly involves finding ways of reducing

child and maternal mortality in an environment of limited resources, with weak health systems, a workforce crisis, and an HIV/AIDS epidemic. The main focus should be on neonatal mortality and health facility-based treatments for better health outcomes of the ill child (Sayem, Taher, Nury & Hossain, 2011). Child mortality is also closely linked to MDG 5, that is, improving maternal health.

The shortage of qualified nurses and midwives in Africa has been highlighted as one of the obstacles to achieving the MDGs (Hoope-Bender, Liljestrand & MacDonagh, 2006, Gerein, Green & Pearson, 2006). The International Council for Nurses (ICN) estimates that the shortage of more than 600,000 nurses in Sub-Saharan Africa needs to be vigorously attended to in order to meet the MDGs (ICN, 2004). This anomaly is further aggravated by the loss of health care professionals to external migration, urban drift and a movement to a sometimes more lucrative unrelated private sector in the same country (Mathai, 2008).

Many countries in Africa do not offer Master's programmes in nursing and midwifery. Most of the nurse or midwife educators and tutors, where available, have only a diploma or a basic degree and most of them do not even have clinical experience. Exposure to new knowledge by conducting research becomes farfetched. These circumstances have disadvantaged the quality of teaching and learning in most African countries. Undoubtedly, it will continue to impact on the type of nurses and midwives who are trained, the level of competencies and the ability to intervene in the health of the people of the continent that aims at achieving and maintaining the MDGs.

Due to extreme shortages of professional nurses and midwives, many of them in Sub-Saharan Africa find themselves in situations where their scope of practice greatly exceeds their formal educational training (e.g., enrolled nurses who are working autonomously at rural primary health care facilities). In many other countries, the roles and tasks that such nurses and midwives perform (e.g., conducting clinical examinations, prescriptions and diagnoses, performance of minor surgical procedures, as well as managerial and administrative duties) would be classified as advanced practice (Dolvo, 2005; GHWFA, 2008).

The African Union and Higher Education

The African Union (AU) in its Second Decade of Education in Africa (2006 – 2015) expresses its fourth goal as the “...complete revitalisation of higher education in Africa” by promoting research and original knowledge production (AU, 2006, p.8). It is obvious that partnerships between universities in Africa will need to be further enhanced in order to develop postgraduate programmes that will assist with the production of optimum human resources for the nursing and midwifery workforce. Harnessing the capacity of certain more advanced African universities in assisting with the development of resources at less prosperous institutions appears to be a useful strategy in dealing with the existing human resource issues of nursing and midwifery in Africa. Related to this strategy are the following action plans: 1. The building of partnerships among African institutions and organisations, 2. The improvement of institutional leadership, 3. Mobilisation of resources for investment in infrastructure, human resources

and teaching/research facilities, and 4. Knowledge production activities.

NEPAD and Capacity Building for Health

The New Partnership for Africa's Development (NEPAD) maintains a strong position about capacity building for health, recognising that health is a labour intensive sector, and its success is integrally dependent on human resource capability (NEPAD, 2003). Therefore, NEPAD recommends that African countries need to prioritise human resources for health and seek staff services with sufficient numbers of capable workers. The strategy (NEPAD, 2005) identified includes: the need to strengthen and increase capacity of training programmes for multi-purpose clinic personnel; the need to increase capacity for public health training in Africa in order to establish the required cadre cost-effectively; the need to build capacity for health research that is relevant to the challenges and the needs of the continent and its health systems; the need to proactively provide support for the programmes to alleviate the major burdens of disease by creating a synergy between practice and the approach in the strategy with the purpose of delivering at scale and building the capacity that is required; as well as the need to support the establishment of an effective programme for the reduction of mortality from conditions associated with pregnancy and childbirth, and to enable effective integration of maternity services in the health system.

The Backbone of Health Care Delivery

It is a known fact that nurses and midwives form the backbone of health care delivery in Africa and it has been established all

over the world that well-educated and highly skilled nurses and midwives can save lives and improve the health of the people (Munjanja, Kibuka & Dovolo, 2005). Therefore, in order to respond to the demands of an evolving health care system and to meet the health-related MDGs, African nurses and midwives need to achieve higher levels of education and training. One way of achieving this goal is to ensure that a greater number of nurses and midwives enter the workforce with a basic degree or progress to such a degree early in their career, while opportunities for achieving higher levels of education and training up to the doctoral level are created (Institute of Medicine, 2011; SIDIIEF, 2011; WHO, 2009).

Research and Knowledge Production

The magnitude of the essential human resource development in nursing and midwifery means that there is a need to think unconventionally about human resource development practices by exploring new and innovative strategies. MDGs will only find meaning when countries recognise that their achievement is knowledge driven (Bryan, 2002; Dussault & Franceschini, 2006). The World Health Organization Report (WHO, 2012) indicates that new training approaches are required for strengthening health systems and for improving health outcomes.

Research activities are part of the basic activities that can facilitate the development of any profession. During the past several decades, nursing education curricula have increasingly emphasised the research process and application of research findings in health care delivery (Keepnews, 2011). In addition, the integration of the best research evidence in the clinical

expertise of nurses leads to best-practice and enables nurses and midwives to provide the highest quality of care in meeting the multifaceted needs of the patients and their families (Dall, Chen, Seifert, Maddox & Hogan, 2009). One initiative to enable health care professionals towards best practices is The Baby Friendly Initiative, that is a worldwide programme of the World Health Organization and UNICEF. The programme introduces new standards that reflect new evidence and best practice in breastfeeding and strengthening of mother-baby and family relationships (<http://www.unicef.org.uk/babyfriendly/>).

Scholars such as Dall, Chen, Seifert, Maddox & Hogan (2009), Happell (2009), Horwitz, (2011), Keepnews (2011), and Sidiief, (2011) have recommended that a practised profession like nursing needs to generate its own body of scientific knowledge with the view to contributing to the development of nursing as a science and of improving the practice of nursing.

Improving the knowledge and skills of the existing nursing and midwifery workforce in Africa is also a matter of urgency if the performance of the health system is to improve. Evidence and anecdotal reports suggest that initiatives aimed at enhancing the education level of nursing and midwifery workforce in countries should go hand in hand with the clarification of the practice roles and the career pathway of the new graduates.

Harmonisation of Educational Programmes

The AU recognises the importance of human resource development and the harmonisation of educational programmes in the integration and development process of the African continent (AU/EXT/EDUC/2-II, 2006 p8-9). The harmonisation could take the form of curriculum development

and the promotion, development, and assurance of quality at Regional Economic levels. Such an intervention would also facilitate the mobility of students and personnel anywhere in the region. The AU also emphasises the importance of the relevance of the academic contributions to the needs of the African people while recognising the global context (AU/EXP/EDUC/2-II, 2006; AU/EXP/EDUC/2-III-Part I, 2007; AAU, 2004; AAU, 2009; NEPAD, 2003). It acknowledges the fact that the current educational systems in African countries are based on different national and international legacies that limit the mobility of students, staff exchange and the recognition of qualifications (AU/EXP/EDUC/2-III-Part I, 2007).

Common Development : Nursing and Midwifery

Nursing, midwifery upliftment and the enhancement of the profession of primary health care services to everybody, with special reference to the rural and low-income urban population, are major challenges facing African countries. The rural and low-income urban areas remain severely deprived of essential primary health care services. Access to health care is often sadly deficient in these unfortunate, underprivileged and deprived sectors of societies. A concerted effort needs to be developed by partners including governments, business and industry, universities and civil society organisations. Furthermore, nurses and midwives need to constitute the pivotal change agents to address the primary health care services.

The lack of cooperative development in nursing and midwifery education is evident when one analyses the colonial linguistic division. A case in time is evident in Anglophone countries that

have a long history of working collaboratively at regional and continental levels with the purpose of harmonising and unifying their nursing and midwifery education by means of sub-regional colleges (for example, West African College of Nursing, East, Central and Southern African College of Nursing). However, little is known about such educational interventions in the Francophone African region (Ganga-Limando, 2001; SIDIIEF, 2011). Another example is found in scholarship. In Sub-Saharan Africa, five well-established scientific peer review nursing and midwifery journals are published in English and are based in Anglophone African countries (Adejumo & Lekalakala-Mokgele, 2009). In Francophone African countries, however, a scientific mode of communication is yet to be born. Africa is one continent and there is a need to develop a strategy that could enhance mutual and common development. This could be realised by a collective vision of nursing and midwifery education in Africa articulated by the professionals and practitioners.

With regard to health, AU member states and their regional and international partners have embarked upon several initiatives with the aim of improving the quality of health care of the populations and achieving the targets of the MGDs. At the highest technical level on the continent, the New Partnership for Africa's Development Planning and Coordinating Agency (NPCA) has initiated sub-regional interventions to strengthen capacity for nursing and midwifery higher education and research in Africa. These interventions are implemented at multi-country and regional levels (Mboya & Uys, 2012).

The first intervention started in Eastern and Southern African countries (Democratic Republic of Congo, Kenya, Mozambique, Rwanda, South Africa and Tanzania). The second intervention is due to start in 2013 and it includes the three countries of the Economic Community of the Central Africa States (ECCAS) (Cameroon, Gabon and the Republic of Congo) (Mboya & Uys, 2012). Every effort has to be made to develop strong partnerships and cooperative arrangements for postgraduate training in nursing and midwifery at African universities.

Partnerships exchange experiences that could provide a platform for learning from other professionals at multi-country and regional levels, need to be developed. Ministers from central and state governments, leaders from the private sector, civil society, media and multilateral organizations, academia and funding agencies came together in February 2013 for a follow-up summit to last year's Child Survival Call to Action, convened in Washington D.C. by the Governments of India, Ethiopia and the United States, in conjunction with UNICEF. This event, which is one example to end preventable deaths of children under-five, provides a platform to launch a strategic roadmap for accelerating child survival and development in the near future and beyond 2015 (www.who.int/pmnch/en/).

Regulatory Bodies: Nursing and Midwifery

The regulatory bodies of nursing and midwifery education exist to ensure that minimum standards for education and practice are established and maintained. Such standards provide criteria for evaluating and benchmarking the quality of nursing and midwifery education and the effectiveness of the nursing

and midwifery practice (ICN, 1997; WHO, 2009). The importance of setting and maintaining the quality of academic programmes is well-articulated in the various strategic policies and plan of action documents on the continent (AU/EXP/EDUC/2-II, 2006; AU/EXP/EDUC/2-III-Part I, 2007; AU/EXPT/EDUC/4-IV Rev, 2011; AAU, 2004; AAU, 2009; NEPAD, 2003).

It has been observed that the lack of an autonomous professional regulatory body may result in lower quality of patient care and slow development of the profession in general. This view is congruent to the global and African policies that emphasise the significance of such bodies in the current context of globalisation and the General Agreement on Trade in Services (GATS) agreement (UNESCO/OECD, 2005; AAU, 2004). In Africa, Anglophone countries have well-established nursing and midwifery councils that regulate the education and practice of nursing and midwifery. In Francophone countries, nursing and midwifery councils have only been established in two countries (Cameroon and Seychelles).

Regional Centres of Excellence: Nursing and Midwifery

Regional Centres of Excellence research on nursing and midwifery could make a major contribution, directly and indirectly, to the implementation of the health development agenda in Africa. NEPAD is currently involved in a research project on African Centres of Excellence and Database of African Experts to be published later in 2013.

Regional Centres of Excellence in Nursing and Midwifery in Africa can focus on research and development projects that can bring together existing skills and resources with the purpose of enabling participants to work collaboratively across national borders on major long-term projects to meet the needs of Africa and to enhance her human potential in the areas of health.

While contributions to the health plan of Africa (NEPAD Health Strategy, AU Africa Health Strategy) may yield short term outcomes, the major rewards for Africa will arise from the establishment of a collection of continental resources that diffuses a transnational culture of collaborative excellence in creative teaching, innovative research, high level personnel development and practical delivery. It is important that specific modalities, criteria and standards are employed when defining these Regional Centres of Excellence on nursing and midwifery education. Attention needs to be paid to the contributions of the centres to solving typical African health problems and the extent to which these centres are going to produce and convey new knowledge to address the health challenges. For the Regional Centres to make an impact in the development of Africa, they will have to provide long-term benefits to the different communities in which they may be located.

Conclusion

The provision of primary health services to all requires a comprehensive set of actions in Africa. Comprehensive policies and plans are needed in the various African countries to provide the necessary frameworks for action. Political awareness, commitment and leadership are no doubt,

essential to ensure that child health receives the attention and resources needed to accelerate progress towards MDG4. Better information on the number and causes of under-five child deaths will help leaders to decide on the best course of action (www.who.int/pmnch/media/press_materials/fs/fs_mdg4_childmortality/en/index.html).

Delivery systems structured to reach more of the rural and low-income urban population are of special importance, as is the education of the community in nutrition and in the prevention and control of common diseases. Other requirements include the availability of community health workers, control of locally endemic diseases, basic complementary services such as safe water and sanitation, and the maternal and child health services. At the centre of all these interventions will be the qualified nurses and the midwives who will constitute the fulcrum on which much of the change processes will revolve.

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Editorial Policy

NEPAD: Research Series On Development In Africa was conceived as an initiative that will bring new life in research excellence for development in Africa. This project will provide a platform where scientists and scholars will share and develop greater awareness on priority areas for development in Africa. Our main purpose with NEPAD: Research Series On Development In Africa is to pursue research excellence by presenting scientific and scholarly papers that will serve as guides to policy formulation, planning and action; serve to prompt theoretical replies and serve to communicate insights which will aid in development in Africa. In essence we plan to stimulate the collection and facilitate the dissemination of information about development, present discussions involving critical appraisals of proposals relating to development and to stimulate and sponsor investigations of issues incident to development in Africa. We are publishing NEPAD: Research Series On Development In Africa because we feel that the most critical need is some reliable communication system that is scientific and scholarly, yet contains what is necessary to stimulate thought and action that pertains to development in Africa. At the core of these series will be a set of projects of national, regional and continental significance led by researchers as well as collaborative links with world-renowned scholars. Papers will be accepted for publication on the basis of scientific quality, clarity of exposition and contribution to understanding development in Africa.

Submission of Manuscripts

Manuscript should be submitted to:

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