

Transforming health professions education in Africa: A vision for alignment through competency-based education

In the face of a looming health workforce crisis and entering the final third of the sustainable development goals era, the African region has witnessed modest progress but stands at a critical crossroads. By 2030, the World Health Organization (WHO) African Region projects a shortage of 6.1 million health workers across the region alongside a paradox of 27% unemployed or underemployed health workers, which requires a 43% budget increase to address.^[1] This staggering figure reflects not only an urgent need for greater investment in health workforce development but also a call to fundamentally rethink how we prepare the next generation of health professionals to overcome the growing concerns of incompetence among health workers. Made up of 47 Member States, the African Region has only 4% of the global health workforce while carrying 24% of the global disease burden.^[2] Such a stark imbalance demands more than incremental adjustments – it calls for transformative action.

Notwithstanding the fact that substantial progress has been made in the region in terms of development of health workers, more still needs to be done. From 2018 to 2022, the number of health professional graduates in the region increased from approximately 150 000 to over 255 000.^[1] These gains, although notable, are not just a result of increased institutional capacity but also reflect improved tracking of training programmes and intentional efforts by countries to strengthen health education systems. However, producing more graduates does not guarantee improved health outcomes, as what matters is whether these graduates are able to respond to the complex and evolving needs of the communities. To ensure quality in education, the WHO has placed transformation of health professions education at the centre of its agenda, working alongside regional and national stakeholders to adopt competency-based education (CBE) in addressing workforce challenges.^[3]

Unlike traditional education models that prioritise knowledge transmission, CBE shifts the focus to clearly defined outcomes and real-world relevance. It is learner centred, underpinned by strong pedagogy, diverse learning resources, and the attainment of predetermined competencies. In CBE programmes, students are active participants in their learning, progressing as they demonstrate mastery of specific competencies. Assessment is authentic, continuous, and directly aligned with the capabilities required in professional practice.^[4]

Within this transformative agenda, the WHO is spearheading the development of regional curricula for 16 priority health occupations, covering pre-service and specialist programmes including community health workers. These curricula are being co-created with stakeholders from across the continent, including a Curriculum Development Advisory Group of eminent experts constituted by the WHO Regional Office for Africa, ensuring alignment with the principles of CBE and reflecting the best practices in health professions education. This initiative was launched at the inaugural Africa Health Professions Education Dialogue, held in Lusaka, Zambia, in 2024. At this gathering, experts and key stakeholders convened to build consensus on the core competencies for the priority health occupations, at the same time adopting the Lusaka Statement on Transforming Health Professions Education in Africa.^[5]

The regional curricula will provide a much-needed benchmark for institutions, educators and Member States by outlining core competencies,

detailed module outcomes, assessment criteria and recommended content. While this may seem ambitious, the standardisation of curricula across countries is not without precedent. The Bologna Process in Europe, for example, successfully established a harmonised higher education framework across multiple countries, facilitating comparability, mobility and quality assurance.^[6] Africa now stands at a similar crossroads, with the opportunity to develop a common framework for the education of health professionals that is responsive to its specific context. Greater equity, improved quality and shared accountability in health professions education can be promoted through aligning efforts in the African Region.

Yet, while curriculum development is a necessary step forward, it is by no means a silver bullet. The WHO acknowledges that the curriculum is only one piece of a complex puzzle. Transforming health professions education requires systemic change – starting with the educators themselves. For a curriculum to succeed, it must be implemented by educators who understand and embrace its principles. Consequently, there is a need to invest in faculty development programmes that move beyond superficial workshops and instead foster deep shifts in mindset, culture, pedagogy and assessment.^[7] Educators must be supported to unlearn outdated didactic models and adopt facilitation approaches that empower students to think critically, work interprofessionally, and apply their learning in authentic contexts.

Furthermore, institutions need to be equipped and resourced to deliver CBE effectively. Such support includes access to appropriate learning environments, materials, simulation laboratories and technology that can support innovative teaching and assessment practices. Financial and human resources may need to be repurposed to align with the demands of CBE, and cost-effective models for implementation will be essential – especially in resource-constrained settings. The WHO, through the Africa Health Workforce Investment Charter of 2024, proposes to Member States high-level approaches for concerted efforts in investments in health professions education.^[8]

Policy and regulatory alignment are also critical. All too often, newly developed curricula are rolled out in environments governed by outdated laws and policies that undermine their intent. For example, implementing a competency-based programme while still applying teacher-centred evaluation standards, time-based progression rules or restrictive professional licensing frameworks creates a fundamental mismatch that can erode the credibility and impact of reform.^[9] National governments must be supported to review and update their educational and professional regulatory frameworks to ensure coherence with the principles of CBE.

Strategic leadership will be a determining factor in sustaining this change. Leaders at institutional, national and regional levels must be champions of transformation – articulating a compelling vision, mobilising resources, removing policy bottlenecks, and fostering cultures of continuous improvement.^[10] Importantly, they must resist the temptation to view curriculum reform as a one-off intervention. Instead, curriculum reform must be seen as part of a larger movement to reimagine health workforce education as dynamic, context sensitive, and future ready.

The value of regional curricula lies not only in the content they prescribe but in the conversations they ignite – conversations about standards, accountability, quality and collaboration. The regional curricula offer

countries a starting point from which they can adapt and contextualise according to their own needs while remaining connected to a shared regional vision, and further, create opportunities for peer learning, cross-country benchmarking, and collective problem solving.

We must also not forget the community voices in this effort. Health systems exist to serve people, and the quality of healthcare delivery is ultimately judged by those who receive it. Part of transforming health professions education must involve listening to the communities who interact with our graduates – understanding their expectations, their challenges, and their experiences. Community-informed education, particularly in the African context, has the power to ground curriculum content in lived realities and ensure that education is not only clinically sound but socially responsive.

Conclusion

The transformation of health professions education in Africa is not only timely, it is essential. The WHO is committed to working with Member States, academic institutions, professional bodies, and communities to co-create solutions that are both ambitious and grounded. CBE offers a compelling framework for change, but its success will hinge on the degree of achievable holistic reforms in supportive policies, empowered educators, resourced institutions, and sustained leadership.

The African Region has a unique opportunity to take bold steps – ones that will shape not just the future of education, but the future of health. The work ahead is complex, but the direction is clear. We must educate to transform – not only our graduates, but the systems they enter, the care they provide, and the lives they touch.

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