World Health Organization
African Region

AFR/RC75/9
25 July 2025

Regional Committee for Africa **Original: English**

Seventy-fifth session
Lusaka, Republic of Zambia, 25–27 August 2025

Provisional agenda item 12

Status of public health and emergency workforce in Africa

Technical paper

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Background

1. A robust public health workforce is pivotal in achieving universal health coverage (UHC) and ensuring health security in Africa. The Region continues to face significant health workforce shortages, exacerbating challenges in infectious disease management, outbreak response and overall health service delivery.

2. The health workforce, or human resources for health, includes all individuals whose primary role is to improve health outcomes. This broad category comprises physicians, nurses, midwives, dentists, allied health professionals, community health workers and others who provide essential health services.[1] Within this wider group is the public health workforce, comprising professionals and support staff specifically focused on improving community health and public health outcomes through prevention, promotion and community interventions.[2]

3. Due to frequent public health emergencies, emergency preparedness, response and recovery are vital to Africa's public health workforce strategy. The emergency workforce consists of trained professionals who are mobilized during crises and play a key role in detecting, containing and managing health threats.[3] This specialized group delivers essential public health functions and is integral to preventing and managing emergencies within the broader public health workforce.

4. Africa's health workforce density is just 1.55 per 1000 population, barely a third of the 4.45 threshold required for achieving UHC.[4] The health workforce gap strains systems, causes burnout and limits service access, especially in underserved areas. COVID-19 revealed critical shortages in staffing and preparedness.[5] Other recent health crises, including mpox and Ebola outbreaks and the increasing burden of noncommunicable diseases, further highlighted the limited health workforce capacity in the Region, including the critical role of a prepared and well-equipped health workforce.

5. The WHO Global strategy on human resources for health underscores the need for continuous investment in workforce capacity to achieve sustainable health outcomes.[6] Ongoing threats like cholera, mpox, Ebola and Marburg virus diseases highlight persistent vulnerabilities. To respond effectively, the Region urgently needs sustained investment in a resilient, skilled and well-equipped health workforce. The 2018 Declaration of Astana on Primary Health Care reaffirmed the global commitment to strengthening primary health care (PHC) as the foundation for achieving UHC. It emphasized the need for a well-trained, supported health workforce to deliver quality and accessible care. In Africa, PHC is the most cost-effective approach to improving health outcomes, but it is hindered by workforce shortages, particularly in rural areas. Strengthening PHC requires scaling up training, improving workforce distribution and ensuring adequate support systems for better service delivery.

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1 World Health Organization. (2006). *The world health report 2006: Working together for health*. Retrieved from (https://www.who.int/publications/i/item/9241563176)

2 World Health Organization. (2022). *National workforce capacity for essential public health functions: A roadmap*. (https://www.who.int/teams/health-workforce/PHEworkforce)

3 WHO Emergency Response Framework (ERF) (2017). (https://www.who.int/publications/i/item/9789241512299)

4 World Health Organization. (2022). Health workforce in the African Region, 2013–2022: Implications for the future. (https://files.aho.afro.who.int/afahobckpcontainer/production/files/Evidence_Brief_on_Health_Wokforce-Edited_Final.pdf)

5 A decade review of the health workforce in the WHO African Region, 2013–2022: implications for aligning investments to accelerate progress towards universal health coverage. Brazzaville: WHO African Region, 2024. (https://www.afro.who.int/publications/decade-review-health-workforce-who-african-region-2013-2022)

6 World Health Organization. (2016). *Global strategy on human resources for health: Workforce 2030*. World Health Organization. (https://www.who.int/publications/i/item/9789241511131)

6. In 2022, the WHO Regional Office for Africa (AFRO) launched emergency flagship initiatives to boost emergency preparedness, detection and response.[7] Through the Joint Emergency Preparedness and Response Action Plan (JEAP) 2023–2026, AFRO and Africa CDC are partnering with regional stakeholders to improve coordination during health crises. A key achievement is AVoHC-SURGE, which is a deployable workforce combining Africa CDC's Africa Volunteer Health Corps (AVoHC) and WHO AFRO's Strengthening and Utilizing Response Groups for Emergencies (SURGE), to ensure rapid, skilled responses in emergencies.

7. Recognizing that all health emergency response activities run on resilient national health systems including a functional PHC system, this document proposes the actions needed by Member States to ensure access to competent and equitably distributed health workers to achieve UHC and ensure health security – a set of bold solutions for the health workforce situation in the Region, including integration of technologies to enable remote consultation and e-redistribution of available health workforce in the Region, while continuing to sustain investment in workforce training, absorption and retention.

Issues and challenges

Workforce development

8. **Workforce shortages.** Africa faces one of the most significant global deficits in health workers, with an estimated shortage of approximately 6 million health workers. The Region needs to meet its disease burden reduction targets by 2030. This shortfall severely undermines emergency preparedness, response efforts and overall health care service delivery, placing immense strain on health professionals.

9. **Training and capacity gaps.** Limited capacity for specialized training constrains the Region's ability to respond effectively to emerging public health threats. Many training institutions lack essential resources, technical expertise, and sustainable funding to deliver high-quality outbreak response and emergency preparedness training. Additionally, there are insufficient opportunities for hands-on, simulation-based, and field training exercises, further limiting practical experience. A critical gap exists in specialized training, particularly in mental health and psychosocial support, an area increasingly recognized as vital in emergency response. Resolution WHA77.3 (2024) on strengthening mental health and psychosocial support before, during and after armed conflicts, natural and human-caused disasters and health and other emergencies, emphasized the need to take urgent action.[8] There is need to maximize existing health workforce training capacities in the Region through an African Union (AU) mandated adoption of continental protocols for free movement of the health workforce across Africa, and facilitated use of unified curricula, assessment and accreditation, and certification systems in one-stop shops for the health workforce throughout Africa.

10. **Limited access to continuous professional development.** Many health workers lack access to ongoing learning and professional development due to funding constraints and structural inefficiencies. This gap weakens their ability to adapt to evolving health challenges and implement best practices in emergency response.

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[7] Regional Committee for Africa. Seventy-second session, August 2022. Regional Strategy for Health Security and Emergencies, 2022–2030; Document AFR/RC72/8

[8] World Health Organization. (2024). Strengthening mental health and psychosocial support before, during and after armed conflicts, natural and human-caused disasters, and health and other emergencies (WHA77.3). (https://apps.who.int/gb/e/e_wha77.html#resolutions)

Workforce absorption

11. **Limited workforce planning.** Many African countries lack comprehensive needs-based workforce planning[9] and management mechanisms, resulting in inefficiencies in hiring, onboarding, and integrating health workers into national health systems. This situation is explained by the limited collaboration between labour markets and health workforce training institutes, and the scant investment in shaping the market for the health workforce, including integrating emigration rates in determining the level of health workforce production in the Region.

12. In some contexts, the lack of clear policies for health worker recruitment and integration and their weak implementation has led to delays in workforce recruitment, affecting the timely delivery of health care services. This contributes to the unemployment of trained health workers.

13. **Insufficient governmental funding and policy gaps:** The planning, development and management of health workers within national health systems remain severely constrained by inadequate governmental funding and weak policy frameworks, which limit efforts to expand and sustain the health workforce.

14. **Fragmented and outdated human resource management systems.** Inefficient and outdated human resource management systems prevent proper workforce coordination, employment and retention, undermining responsiveness and effectiveness during public health emergencies. Strengthening these systems is crucial for improving workforce deployment and crisis preparedness.

Workforce retention

15. **High attrition and lack of workforce support.** Health workers frequently migrate to higher-income countries or shift to other industries due to low wages, poor working conditions and limited career advancement opportunities. Insufficient investment in retention strategies has led to a shrinking pool of skilled professionals. The absence of competitive salaries, clear career pathways and workplace incentives drives many to seek better prospects elsewhere. Front-line workers are especially affected, facing excessive workloads, high burnout, and inadequate psychological and professional support. These factors collectively undermine motivation, reduce workforce stability, and weaken the overall capacity of health systems to respond effectively. Some countries in the Region have adopted policies on private practice for some cadres of the health workforce in the public service as a strategy for enhancing the retention of very specialized health workers.

16. **Job insecurity and limited career development.** A significant proportion of health workers in Africa are employed on short-term contracts, offering little job security or stability. This undermines long-term workforce sustainability and discourages retention. Additionally, limited opportunities for career advancement reduce motivation and contribute to attrition. The absence of structured pathways for professional growth makes it difficult to retain skilled workers, especially in public health systems. Addressing both contractual insecurity and the lack of development opportunities is critical to building a committed, stable and motivated health workforce capable of meeting the Region's evolving health needs.

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[9] Asamani JA, Christmals CD, Reitsma GM. Advancing the Population Needs-Based Health Workforce Planning Methodology: A Simulation Tool for Country Application. Int. J. Environ. Res. Public Health 2021, 18, 2113. (https://doi.org/10.3390/ijerph18042113)

17. **Burnout and mental health strain.** Prolonged emergency deployments and high-stress working conditions leave many health workers vulnerable to burnout. The absence of adequate psychosocial support further diminishes their well-being and productivity, increasing workforce turnover.

18. **Geographic maldistribution of health workers.** The uneven distribution of health care professionals disproportionately affects rural and remote areas, where retaining skilled health workers remains a persistent challenge. Most health workers are based in urban areas, such as national and district capitals, while the greatest needs are concentrated in rural areas. Efforts to address maldistribution over the years have not worked. This imbalance exacerbates health inequities and weakens health care service delivery in underserved communities. The solution lies in deploying technologies. In Europe and the Americas, digitalization of service delivery through eHealth, mHealth and other adaptations has expanded universal health access by enabling remote consultation. In African countries such as Rwanda and Kenya, the integration of digital technologies in health service delivery is being mainstreamed. There is a need to invest in standardized and context-specific schemes for digitalizing health service delivery that include the introduction of point of care (POC) technologies within PHC systems in the Region.

Actions proposed

Member States

19. Member States should collaborate with WHO in integrating technologies into health systems in the Region, including deployment of appropriate POC technologies in PHC, and adopting and implementing continental protocols for liberalizing the movement of health workers across Africa, based on the development of one-stop shops for the training of the health workforce throughout the Region. The objectives of technological integration in health systems should be to enable remote consultation, thus redistributing the available health workforce in the Region, and to enhance the quality of care through the deployment of appropriate POC technologies in PHC systems in the Region. The continental protocols for liberalizing the movement of health workers in the Region should be based on the deployment of unified curricula, joint assessment and accreditation of training institutes, and common and joint certification of the health workforce in Africa. This will be in consonance with the African Continental Free Trade Area (AfCFTA) protocol, which mandates the secretariat "to…facilitate the free movement of people, and spur economic growth and development across the continent".[10]

20. Member States should lead efforts to expand and strengthen their health workforce, focusing on emergency readiness by increasing investments in medical and public health training institutions. Incentive programmes such as scholarships, tuition subsidies and rural service bonuses should target critical cadres, especially those supporting emergency response in underserved areas. Task-shifting and task-sharing policies must include competencies relevant to health emergencies, enabling mid-level and community health workers to deliver front-line outbreak response and emergency services within their national scopes of practice.

[10] (https://researchfdi.com/breaking-down-the-afcta-what-you-need-to-know-about-africas-latest-trade-initiative/)

21. To enhance training capacity, Member States should ensure competency-based educational curricula that explicitly incorporate emergency preparedness, infectious disease management, mental health and psychosocial support (MHPSS), and disaster response. Establishing dedicated public health programmes that embed simulation-based emergency preparedness training within existing health curricula significantly enhances practical competencies and scenario-based training. Furthermore, enhancing collaboration with regional regulatory and professional bodies to harmonize training standards, address tutor-to-student imbalances and align structured continuous professional development (CPD) is essential. This approach facilitates regional mobility and improves workforce competence. Special attention should be given to MHPSS, occupational safety and resilience skills for health workers responding to crises.

22. To improve employment stability and emergency readiness, workforce management policies must guarantee job security, fair wages and career pathways for emergency health personnel. Governments should prioritize absorbing temporary contract workers deployed during emergencies into permanent roles and earmark budget lines for emergency workforce funding to avoid delays in surge deployments during outbreaks and disasters. Member States must prioritize retention strategies that address both general and emergency-specific workforce needs. This includes competitive remuneration, risk allowances for emergency deployments, and well-being programmes for staff exposed to high-stress environments. Policies regulating international migration should also consider critical emergency cadres to prevent health system depletion during outbreaks and emergencies. Strategies should be developed to counter brain drain by providing incentives for health workers to remain in their home countries and by securing mutual support from destination countries to reinforce source-country health systems.

23. Member States are encouraged to mobilize domestic resources to train unemployed health professionals as a reserve surge workforce and to strengthen measures that ensure workforce security, particularly in conflict-affected and fragile settings.

24. Member States should also formally recognize and integrate Emergency Medical Teams (EMTs) and AVoHC-SURGE members into national systems, aligning with the Global Health Emergency Corps (GHEC) to ensure coordinated, timely and emergency responses. The public health workforce needs should be fully integrated within broader national emergency preparedness and response frameworks to ensure a coherent and sustainable workforce strategy.

WHO

25. WHO in the African Region should lead the integration of technologies into health systems in the Region, including the deployment of appropriate POC technologies within PHC. This leadership role should encompass documenting best practices on the integration of technologies into national health systems, both regionally and globally, facilitating South-South learning to foster the scale-up of best practices in the Region, and providing standardized guidance on integrating digitalization and POC technologies into national health systems in the Region.

26. In collaboration with the African Union and AfCFTA, WHO should champion the adoption of continental protocols for liberalizing the movement of the health workforce across Africa. This will ensure that once certified, a health worker in Africa is licensed to work in any part of the Region without the need for additional certifications in countries or subregions of the continent.

27. WHO should provide technical guidance, policy frameworks and guidelines for health workforce planning, education and retention to support sustainable workforce development. This includes advising on competency outcome frameworks and prototype curricula, integrating emergency response training, and developing standardized competency frameworks. WHO should also support regional health workforce tracking and needs assessments to help countries identify needs, plan for and train needed health workers, and optimize health worker distribution.

28. WHO must coordinate the establishment of regional centres of excellence for specialized training in infectious disease management, emergency preparedness and mental health, while addressing disruptions caused by climate change. This includes providing technical and financial support for eLearning platforms and virtual training modules to enhance accessibility, and facilitating international collaboration to ensure alignment with global best practices.

29. WHO should provide technical support for workforce planning and needs-based recruitment in the African Region. This includes facilitating the development of national workforce policies, strategies and guidelines, ensuring alignment with international best practices.

30. To enhance emergency workforce surge capacity, WHO must support training and deployment-readiness programmes for rapid response teams. Pre-deployment training, standby rosters, and surge response mechanisms should be in place to improve responsiveness. WHO should also advocate for mental health and psychosocial support in workforce policies to prevent burnout and improve well-being.

31. WHO should provide technical guidance for evidence generation, sustainable retention strategies, supporting workforce mapping and data-driven planning to ensure alignment with national health needs. Integrating mental health and psychosocial support into workforce policies can help address burnout and promote well-being. WHO should also support curriculum development and training programmes to ensure that health professionals are equipped for emergency response and long-term health system resilience.

32. WHO should work with Member States to develop an Africa health workforce development agenda to ensure the equitable access to competent and motivated health workers through evidence-based planning, need-informed investments and enhanced management and retention practices. WHO should also develop and implement strategic initiatives to accelerate the achievements of the set targets.

Partners (donors, NGOs and academia)

33. Partners should invest in workforce development initiatives, including emergency workforce training, by funding scholarships, grants, research and fellowships focused on outbreak and crisis response. In collaboration with governments and WHO, academic institutions should adopt competency-based curricula that align with emerging public health threats. Leveraging the WHO Academy, WHO collaborating centres and digital platforms − including eLearning and virtual simulation tools − can significantly expand access to high-quality, standardized training and strengthen the capacity of health workers to respond effectively to emergencies. These platforms offer scalable, multilingual and context-specific learning opportunities to build a resilient health workforce.

34. Partners should collaborate with WHO in: (i) integrating technologies into health systems in the Region, including the deployment of appropriate POC technologies in PHC; and (ii) adopting and implementing continental protocols to liberalize the movement of health workers across Africa, based on the development of one-stop shops for training of the health workforce throughout the Region.

35. Partners should provide financial and technical support to strengthen workforce absorption and surge systems. This includes funding for recruitment, training and retention programmes and the integration of emergency trained personnel and health professionals into national systems.

36. Partners should also invest in continuous professional development, scholarships and mentorship programmes to build a skilled and motivated workforce. Collaborating with WHO and Member States, they should strengthen training institutions and expand specialization opportunities. Development partners can facilitate ethical recruitment agreements and support retention-focused policies through advocacy, funding and capacity-building initiatives.

37. The Regional Committee is invited to review the technical paper and note the proposed actions.