

HOW THE ANGOLAN NATIONAL FAMILY MEDICINE TRAINING PROGRAM ADDRESSES THE ISSUE OF RESILIENCE OF HEALTH FACILITIES AND SERVICES

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Introduction

Like many Sub-Saharan countries, Angola struggles with a shortage of trained health professionals, especially for primary care. In 2021, the Angolan Ministry of Health in collaboration with the Angolan Medical Council, launched the National Program for the Expansion of Family Medicine as a long-term strategy for the provision, fixation and training of family physicians in community health centres.

Three main aspects make this National Programme unique in the Angolan context:

- (1) Common effort and engagement of the Ministry of Health with the Angolan Medical Council in designing and implementing this programme;
- (2) Decentralisation of the training sites,
- (3) Using community health centres as the main site of practice and training

Training Program Objectives

- Meet the country's epidemiological needs,
- Train highly qualified professionals to provide comprehensive, continuous, person-centered healthcare, manage health services, and make rational use of existing services and resources.



The Angolan National Training Program in Family Medicine's key strategies for developing resilient health facilities and services

1. Decentralization of training sites: The program has residents in all 18 provinces, including rural areas, which helps build capacity and resilience across the country's primary care network.
2. Using community health centers as the main training sites: This embeds the training within the primary care delivery system, strengthening the linkages between health facilities and the communities they serve. This is a key aspect of building resilient health services.
3. Engagement of multiple stakeholders: The program was designed and implemented through the collaborative effort of the Ministry of Health, the Angolan Medical Council, and local health authorities. This multi-stakeholder approach helps ensure ownership and sustainability of the program.
4. Producing family physicians for community health centers: By training and deploying new family physicians to work in community health centers, the program is strengthening the primary care foundation, which is critical for resilient health systems.
5. The engagement of the Ministry of Health and the Angolan Medical Council in designing and implementing the family medicine training program helps maintain high standards and quality in the training of family physicians.
6. The supervision of the training units by the Medical Council, along with the rigorous monitoring and support provided, can help ensure the quality, relevance, and continuous improvement of the family medicine training program. This, in turn, can contribute to strengthening the primary health care system by producing competent and well-integrated family physicians

Highlights

1. The program offers training to residents in humanitarian emergencies, including diseases such as COVID-19, cholera, dengue, and other emerging and re-emerging tropical diseases.
2. The residents are trained to manage key endemic disease control programs in the country and region, such as malaria, tuberculosis, HIV, and schistosomiasis.
3. This approach aims to strengthen the capacity to respond to crises and improve the effectiveness of health services, promoting a more integrated and resilient delivery of care.
4. Political commitment plays a crucial role in advancing primary health care through training programs, fostering resilience in services by providing sustained support, aligning policies, allocating resources effectively, engaging stakeholders, and driving quality improvement initiatives. .

TABLE 1: Aspects of the National Programme for the Expansion of Family Medicine in Angola responsible by pulling the four core strategic levers from the WHO Operation Framework for primary health care.

Four core strategic levers	Description
Political commitment and leadership	<ol style="list-style-type: none"> 1. PHC as the main strategy to promote UHC in the National Development Plan for Healthcare (2012–2025) and (2023–2027)^{13,14} 2. Angola-MoH increasing the number of health workers to be recruited and facilitating the admission process in the country 3. Angola-MoH leading the decision-making process for training medical specialties in the country.
Governance and policy frameworks	<ol style="list-style-type: none"> 1. Angola-MoH and the Angolan Medical Council working in partnership designing and implementing the National Program for Family Medicine. 2. Shared responsibilities regarding the implementation process: (a) the Angolan Medical Council responsible for designing the curriculum, delivering the educational programme and evaluating the residents; (b) the Angola-MoH responsible for financing the programme, hiring tutors from the Cuban cooperation, and evaluating the working process.
Funding and allocation of resources	<ol style="list-style-type: none"> 1. Angola-MoH guaranteeing that residents and tutors will be paid in the CHC they will be allocated in large cities or in remote areas.
Engagement of communities and other stakeholders	<ol style="list-style-type: none"> 1. Local authorities, district health managers and local representatives of the Angolan Medical Council engaged in the educational process of the residents. 2. Local authorities playing a major role in facilitating the interaction between the communities and the CHC and supporting residents as part of the staff.

CHC, community health centres; Angola-MoH, Ministry of Health of Angola; PHC, primary health care.

<https://phcfm.org/index.php/phcfm/article/view/4458>



Limitations related to the context of PHC

The current model of care, centered around programmatic actions, has limitations that impact the continuity of care and the performance of family physicians. This model restricts the seamless delivery of care and hinders the optimal performance of family doctors due to its programmatic nature.

To effectively address the health needs of communities, a more comprehensive approach is required to improve primary health care (PHC) beyond just family medicine. Family medicine is just one component of the health workforce for PHC. The health workforce is just one of the fourteen key levers that must be activated to fully promote and strengthen PHC.

Conclusion

Although the program is still in the process of being optimized due to changes in the healthcare system, it has been a unique experience and we believe it will be an added value in improving primary healthcare.