

Postgraduate training in sub-Saharan Africa: Fitting in Family medicine training

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**Nelson K. Sewankambo
Prof. Emeritus
Makerere University**

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- Context & Variations
- Phases of Postgraduate training
- Moving to 4th Universities
- How family medicine fits in PG training
- A movement going forward

Context including development phases

- Context & Variations: country region, language, time, colonial history, partnerships, ownership
- Phases
 - Colonial period
 - Post-independence
 - Liberal policies on higher education
 - Massive rapid Univ changes
 - College Based-Training and Fellowships
 - 4th Universities:

Massive rapid changes

- Massive rapid changes: Geo-political, global & planetary health, digital/ technological innovations, foreign aid uncertainties
- Competition between Universities
- Uncertain Funding climate

Puzzles in PG Training

- Context moving with times
- Available resources
- Plans for national needs
- Prioritizing content and steps
- Challenges
- Opportunities.
- Responsibilities

Challenges for FM Training

- A conviction: A convincing value proposition of having FM practitioners
- How successful is advocacy and communication?
- How to successfully scale up training
- Success matrix and impact in training

Identifying and Exploiting Opportunities

- Absorption, retention and prosper in FM practice
- Training: Curriculum, Quality trainees, faculty, training environments, mentorship
- What opportunities for partnerships (individual, institutional, professions)
- Need to go fast and far, move together

Our Responsibilities

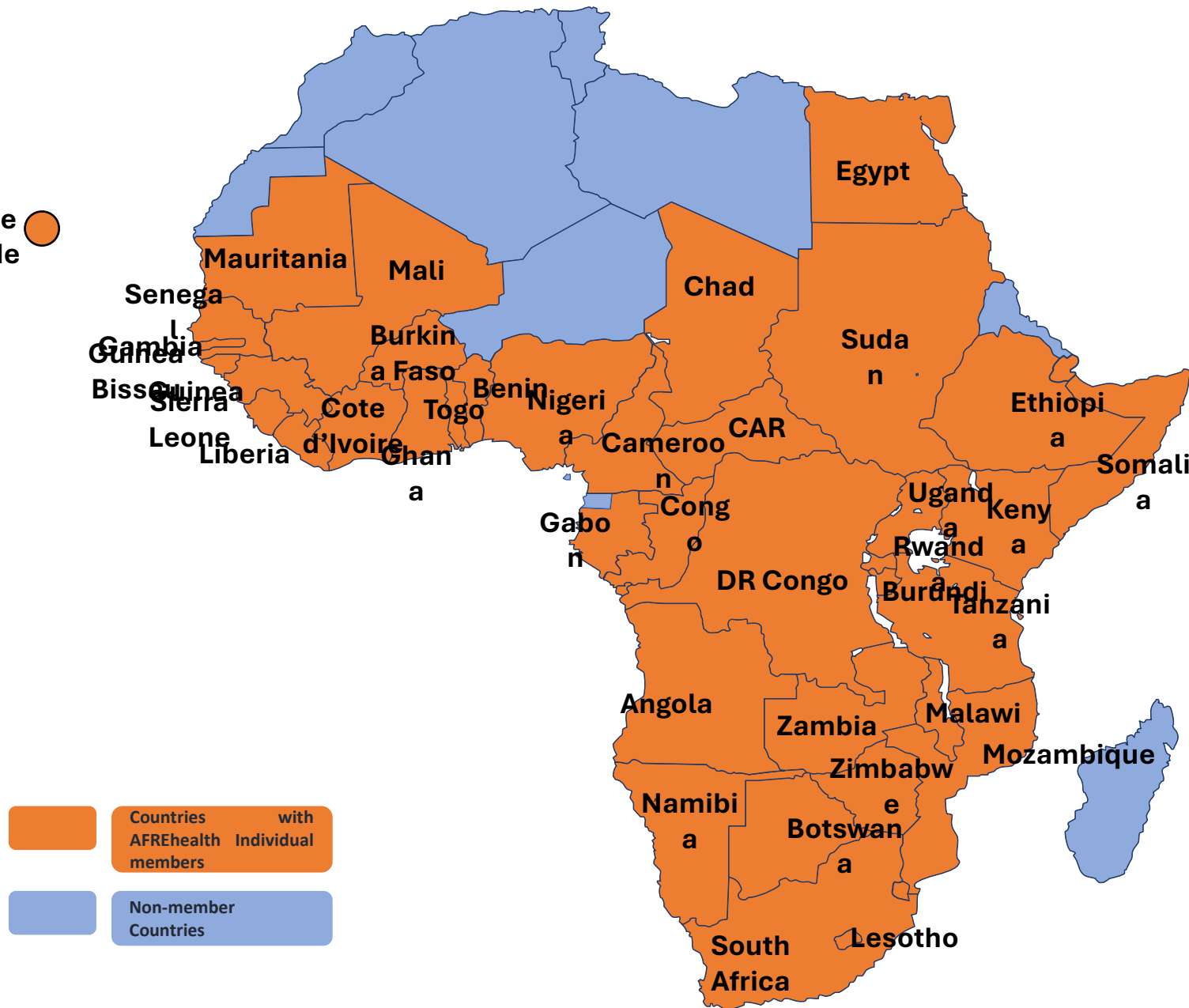
- Avoid talking to ourselves: Inbreeding
- Use an engineering approach - Start with end in mind and work back words
- Engage stakeholders: current and former students, employers (public and private), regulators, other HCWs & professionals,

AFREhealth Platform

- Building on the MEPI/NEPI innovations
- Working together across professions
- Include non-health professions
- Pan–continental organization
- Membership across Africa
- There are regional chapters

AFREhealth Members by Country

Cape
Verde



AFREhealth has
individual members in

39

countries across Africa

The approach to training

- **Engineers:** What are the needs of the users: trainees, employers, communities, and the future generation of FM practitioners?
- Training for fit-for-purpose
- Do not let the best be the enemy of the good

Training Models: Flexibility

- Distance learning: Univ Gezira
- Train at one's own work-place
- Distributed learning
- Upgrade existing generalists
- Professional Colleges
- Univ – More FM departments
- Fellowships
- Across borders S-S/ beyond

Opportunities

- Need Bold ideas and implement them
- Many Universities to train FM practitioners
- Professional Colleges of e.g ECSA-CFP
- Distributed or decentralized learning
- General practitioner to train in FM
- Training and Market as core partners
- Model FM training centers & Role models

Planning for the Future

- Ability to see beyond/ over the horizon
- What will the future Family medicine practice look like?
- The good side of the Trump effect: Bold overwhelming decisions
- The Goal of financial Self-sufficiency
- The Value proposition in SSA context

Reflection on the Value proposition for FM

- What is FM? What is unique?
- Context: Most generalist doctors have no training in FM and primary care is offered by nurses, clinical officers/physician assistants
- Why are FM practitioners essential? Example
Picking up emerging health threats, us emerging technologies, promote use of local data.

Asks for the Future

- A movement for PHC health & wellbeing of people and planet
- A Commission to advocate for implementation of key reforms
- A strong family medicine identity as a distinct medical specialty
- Advocacy for practice, retention & career path

To fit FM in Postgraduate Training: Not Business as usual

- Extra-ordinary time need Bold ideas
- The Trumpism approach
- What is your legacy?
- To be a different type of academic
- The best not to be the enemy of the good
- Need disciples and determined followers

AFREhealth – PRIFAMED PARTNERSHIP

- Should build a strong partnership for mutual benefit
- Many opportunities for example:
 - Institutional and Individual membership
 - AFREhealth annual conferences and Regional chapter activities
 - Online training webinars, workshops etc
 - Capacity building to enhance regional primary health care
 - Joint advocacy on matters of mutual interest
 - Joint projects (research, education, policy advisories etc)
- Joint leadership meetings of both organisations