

Letter to the editors



Promoting an attractive and effective health education system for health promotion in Africa: a viewpoint (letter to the editor)

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Promoting an attractive and effective health education system for health promotion in Africa: a viewpoint (letter to the editor)

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To the editors of the PAMJ One Health

In Africa, the health system almost everywhere organized on the same model and in a pyramid fashion. There are first-level structures for common pathologies, community care and maternal health: first aid dispensaries, health huts, district or regional hospital-type structures with fifty-two hundred beds, which normally offer a range of outpatient care with hospitalization (medicine, pediatrics, surgery, maternity and sometimes emergency department). National reference structures offering specialties; and university hospital centers, which concentrate almost all the specialists, responsible for teaching in the faculties of medicine [1]. The current situation of Health Promotion in sub-Saharan Africa in general, and the French-speaking one in particular, is worrying given the many challenges to be taken up for improving the health of populations. However, at the regional level, WHO African Member States are all committed to health systems management including the Health Promotion approach. There is a problem of coordinating these commitments made at the international level within countries. The lack of qualified human resources in health promotion for their monitoring and implementation, which is important for improving the health of populations, is one of the explanations for the slowness of change [2]. For a long time we have been subject to a health education system where the student remains depend on his parents for almost 12 years after high secondary school for those who sign up for a specialization and on average 7 years for those who finish generalists medical doctor.

For African doctors trained outside their country in Europe, for example, manage to cope by their 6th year of study and end up specialists without resorting to financial help from parents. This allows for a good focus in training with less financial problems during his long studies. Many young people in Africa prefer to choose other fields

such as engineering, finance, informatics, and telecommunications. The world is becoming more and digital, even in medicine. However, we will have to realize that health is essential and covers everything and without health, we could not do anything like work regardless the sector of activity. We do not need statistical studies to prove it. In addition, one of the major challenges to be met will be the establishment of a training process (diploma and on-the-job) which will allow the region's health systems to have this critical mass of qualified professionals for health promotion [2]. Our policies on health education and training need to review and might better organized. We must at all costs slow down the brain drain, especially in the field of health sciences and motivate learners at medical school to want to stay in work or return after stays in high income countries for refresher courses or complementary training like internships or fellowships, and thorough to return to their country of origin in Africa. We must banish the ideas of conflict of interest between us Africans that are only barriers to development.

The Ministry of Health and the Ministry of Higher Education must take their responsibilities and work to find consensus to support medical students from their externship to internship and from the end of their internship to professional integration within the hospitals under its supervision. Many economic problems certainly plague the health education system. In addition, the lack of awareness and political will remain the major problems of the precarious and unattractive state of the health education system and the training of young doctors. Africa experiences a triple burden of communicable, non-communicable and socio-behavioral diseases to which can be added illiteracy, poverty and underdevelopment [3]. Diseases of the nervous system are still unrecognized by a large number of our populations in Africa. Very few specialists are present in our countries. The equipment and materials adequate to deal with these pathologies of the central nervous system and peripherals remain precarious and non-existent in some regions, even though we

all know that our essential vital organs are very dependent on the nervous system. Most of our policies find it horrible to equip hospitals with human and material resources. They prefer to spend colossal budgets on medical evacuations which are however avoidable. An African who obtains his doctorate degree in Africa considered an intern in most high-income countries. Many African doctors being despise, poorly paid in their country of origin in Africa prefer to go out in search of better working conditions and salary income. In addition, a considerable loss of investment might take into account by our governments in Africa, our ministries of public health and economics, as emigration from sub-Saharan Africa costs US \$ 2.17 billion [4].

Conclusion

The future generation must stand up and fight for the health of their people, Africans must be able to honor their Hippocratic Oath in their continent. We must train our medical doctors at home; participate in exchanges between Africa and high-income countries to deepen our knowledge and our adaptive capacities. WHO will not be able to do everything for Africa.

Competing interests

The author declare no competing interests.

Authors' contributions

Nourou Dine Adeniran Bankole: conceptualization, methodology, writing, original draft preparation, reviewing and editing. The author read and agreed to the final manuscript.

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