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UK AFRICA HEALTH SUMMIT THEMATIC REPORT: Unpacking the challenges of workforce in the context of the 2025 High-Level meeting on Non-Communicable Diseases

Introduction

The 2025 UK-Africa Health Summit convened key international stakeholders to address urgent global health priorities and explore the evolving role of the UK in international cooperation under the central theme: 'Shared Solutions for Health for All'. Underscored by the UK Government's ambition to modernise its partnerships with African nations and restore trust, the Summit offered a platform for dialogue, knowledge exchange, and collaboration in key areas of health.

A primary theme of the UK Africa Health Summit focused on key issues affecting the health workforce involved in Non-Communicable Diseases (NCDs), aiming to identify priorities and key messages ahead of the High-Level Meeting (HLM) in September 2025. Participants in the relevant sessions included African Ministry of Health (MoH) representatives, Foreign, Commonwealth & Development Office (FCDO), Department of Health and Social Care (DHSC), World Health Organisation (WHO), Health Partnerships and Diaspora organisations.

Background

NCDs are the leading cause of death globally, responsible for over 70% of deaths (about 41 million people) and half of all global disability annually. The burden of NCDs is increasing in Sub-Saharan Africa (SSA), rising from 24% of deaths in 2000 to 37% in 2019, and is predicted to cause 40% of Years of Life Lost by 2040.

At the core of NCD care is the health workforce, which faces significant challenges. The projected global shortage of 11.1 million health workers by 2030, including those with NCD expertise, is deeply concerning. This burden falls largely on sub-Saharan Africa's healthcare workforce, which is always in short supply, particularly in rural areas.

The fourth upcoming 2025 United Nations General Assembly (UNGA) HLM presents another opportunity for governments and global stakeholders to come together and adopt ambitious and achievable political declarations towards combating NCDs.

Purpose and objectives

It is within this context that the UK Africa Health Summit hosted sessions to share learning, promote discussion, and identify priorities for the health workforce involved with NCDs. This included:

- An invitation-only satellite event to hear perspectives of African Ministerial representatives, alongside UK government, WHO, and other strategic stakeholders on the health workforce priorities in addressing NCDs.
- A breakout session to learn from health partnerships in attendance, including a partnership between the University of Huddersfield and Chipata General Hospital; East London NHS Foundation Trust and the MoH in Kenya, Wessex Global Stoke Partnership – Ghana, and a partnership between GHP, advisors from Southampton University and the Federal Ministry of Health in Ethiopia.
- A keynote speech from the Director of Global Health at Novartis.
- A plenary session that reflected on how to contribute to policy shaping in spaces such as the High-Level Meeting.

The sessions under this thematic strand were designed to achieve the following:

- Increase understanding of the current state of the NCD health workforce.
- Enhance learning by sharing best practices from country and global experiences on health workforce priorities in addressing NCDs.
- Build consensus on key priorities and recommendations for consideration at the upcoming UNGA HLM for NCDs.



Key discussions

High level summary of NCD session findings

The sessions outlined three key areas vital to addressing the rising challenge of NCDs:

- **Strategic workforce planning:** Build resilient health workforces through sustainable investment, supportive environments, and structured career development.
- **Locally driven health system innovation:** Advance locally led health system innovations through integrated services, digital solutions, leveraging diaspora expertise and applying context-specific approaches to improve NCD care.
- **Decentralised and community-based care:** Strengthen primary healthcare through task redistribution, community health worker integration, and culturally relevant self-care to enhance NCD prevention, detection, and treatment at the local level.

1) Strategic workforce planning

Across sessions there was a strong emphasis on developing initiatives that enable governments to build a resilient and effective health workforce capable of addressing the growing burden of NCDs and improving overall healthcare delivery. These initiatives were largely focused on:

Sustainable financing for health workforce: Participants acknowledged the need to explore sustainable and innovative financing mechanisms for the health workforce. This includes encouraging domestic funding and reducing reliance on external aid. Governments and donors should be convinced to view improvements to the NCD health workforce and care as an investment, not an expenditure. Sustainable financing models, such as split purchaser systems, capitated system approaches, and paying multi-disciplinary teams rather than individuals, were shared for governments to consider. Although there were concerns that in some countries the private sector prioritises profit over primary health care (PHC) and prevention, delegates agreed that governments should work with the private sector to enhance healthcare resources.

Supportive environment for healthcare workers: High attrition rates of health workforce (including those that are highly specialised) from African nations to the UK and other destination countries was a common problem. Inequitable distribution of the health workforce was reported across the African countries represented, largely because most health workers are not incentivized to work in rural areas. Due to shortages of doctors, nurses are often the frontline of the health service in many countries, especially in the public sector. Therefore, ensuring a supportive environment is essential to promoting the retention, placement and optimal performance of healthcare workers. Initiatives shared for consideration include addressing mental health issues among healthcare workers, providing structural support such as housing and schooling to motivate health care workers to work in remote areas, and offering competitive salaries.

Human resource development: To address the shortage of trained clinicians and nurses, we need to implement programmes focused on recruiting and retaining healthcare workers, especially in rural areas. We should also focus on continuous professional development and career progression. This will help ensure provision of quality services at all levels, including rural areas, and promote equity in healthcare provision.

Structured in-country career progression: Countries can utilise an efficient cascading system for health workforce capacity building. An example was shared of how a well-structured training cascade in a represented country enables their health workforce to acquire additional competencies and progress in their careers.

To effectively address health workforce priorities associated with NCDs, participants suggested that countries should focus on the entire system and aim for senior level leadership. Additionally, countries were urged to consider pulling together to form regional bases to leverage technical and financial resources for tackling NCDs.

2) Locally driven health system innovations

Participants emphasised the need for developing health systems and innovations that are tailored to local needs, resources and contexts. Locally-led innovations can address unique challenges faced by different regions by leveraging community-based approaches, integrating services and utilising available financing to improve healthcare delivery and outcomes for NCDs.

Integration of services: A common and big problem cited throughout Summit sessions was the vertical approach to addressing diseases - much of this was in response to donor funded programmes. Participants agreed that all health interventions should be integrated and focused on the patient, rather than a disease. To do so, nations could develop a unified health sector strategic plan to avoid duplication and inefficiencies. An example was shared of how a represented nation had more than 100 strategies focused on diseases previously in response to donor programmes, but now has a unified strategy focused on the patient, and donors are welcome to support its implementation. Partners agreed that aligning behind country priorities is the way to go.

Data collection: NCDs should be included in data collection tools to provide the evidence that will justify and ensure mandatory funding. Additionally, data on health worker effectiveness should be tracked in order to respond adequately to emerging issues. Although crucially, improved data collection will require digital solutions to be employed.

Digital solutions: WHO is supporting countries with digital solutions to bridge gaps in access to NCD care, among other health concerns. Solutions are being integrated in PHC, digital infrastructure, and are guided by national health objectives. Digital solutions could also enable the provision of community-level education on preventing NCDs.



It is important to consider the available infrastructure and uphold equity while implementing digital solutions, so the inequity gap is not widened, particularly in access to healthcare. Where simple digital tools already exist, they should be supported and similar solutions scaled up. These solutions should empower the health workforce to provide better quality care and increase individuals' ability to have agency over their health. Lessons learned from communicable diseases digital responses should be drawn upon to improve the delivery of services for NCDs. Lessons on sustainable scale-up of digital solutions must be shared within and between national settings.

Innovative skills building: Most African countries possess a huge and highly skilled diaspora community; arrangements for tapping into this resource base should be worked out to provide opportunities for diaspora health workers to contribute to their source countries' skills building initiatives. Bidirectional learning is also another opportunity to draw on expertise between Global South and North health systems. For example, doctors from African contexts often have greater exposure to certain conditions and are more accustomed to working in resource-limited settings, leading to their enhanced knowledge base and resilience, which they apply when working in destination countries.

In line with this, African nations represented at the meeting appreciated the support received from the UK, and the UK acknowledged the contributions of non-UK trained health workers who are strengthening the health of the nation through the NHS. The UK is committed to playing a leading role in building resilience by funding health workforce programmes in many countries.

To better support health interventions in Africa, donors like the UK were urged to “give a hand up, not a hand-out” and there was the sentiment that ‘Africa is now speaking with one voice and needs a common position to address the challenge of NCDs in Africa’.

3) Decentralised and community-based care, and task redistribution

Strengthening primary health care and reducing the burden of NCDs on health systems were some of the priorities at the sessions. Participants discussed the following approaches to effectively address these issues at the health workforce and service delivery levels:

Strengthening Primary Healthcare: NCD interventions should be focused on PHC level. To achieve this, we need to provide incentives to encourage healthcare workers to serve in rural areas. Furthermore, PHC level should be strengthened to deliver quality services including NCD screening and treatment. An experience was shared detailing how adapting the WHO's Package of Essential NCDs- Plus (PEN-Plus) model has enabled decentralisation of services for NCDs at the PHC level.

Task shifting: Shifting tasks creates time for specialised health workforce across cadres to attend to cases requiring specialised skills. Tasks that do not need to be performed by specialised health workers such as doctors can be delegated to nurses or other clinicians as appropriate, who will then refer back to specialists as needed. For example, nurses and other clinicians' capacity can be increased to include prescribing to relieve pressure on specialists' capacity. An efficient referral system is crucial not only to avoid overloading specialists but also to serve as a cascading system for building the capacity of the health workforce. Participants acknowledged that although task shifting could help address the shortage of health workforce, the value of community health workers as a potential resource is still not fully or always acknowledged by other parts of the health workforce.

Community Health Workers (CHWs): CHWs are a significant part of the health workforce across most African nations represented at the roundtable. Session participants highlighted a shared challenge: there are insufficient numbers of trained clinicians and nurses deployed to rural areas due to a lack of incentives. As a result, CHWs form the backbone of the community-level workforce in these areas and play a vital role in preventing and controlling NCDs. They support early detection of NCDs at village level; provide initial care; and can refer cases to hospitals when necessary.



Best practice shared was to ensure that CHWs do not address singular diseases, but that they receive integrated training across a range of issues such as water, sanitation and hygiene (WASH), NCDs and communicable diseases. Ministries of health need to develop and review their curricula for CHWs with input from medical professionals to ensure comprehensive training, including in NCDs. However, caution should be taken not to overburden CHWs as they are often required to attend to various health related issues at community level.

Prevention and the role of self-care: Behaviour change and creating an environment where people can make healthy choices and be supported to do that can help tackle some NCDs and reduce the burden on the health workforce and systems. For example, people need to unlearn unhealthy over-processed food choices and move to traditional nutritious foods. The importance of interventions being culturally appropriate was highlighted.

Self-care such as oral health is a simple solution which can be promoted by training children at schools. Other self-care solutions that can be utilised include self-screening for early detection - and monitoring- of NCDs before they progress to full blown diseases. When diseases are picked up late, highly specialised health workforce and equipment are needed, which a lot of African countries do not have, creating a burden to the patients and health systems.

Conclusions and recommendations

The NCD sessions highlighted the persistent shortage of healthcare workers, in part due to international recruitment and migration, and inequitable distribution of available in-country health workforce in rural areas. Furthermore, it was agreed that diaspora health workers represent a valuable yet underutilised resource for capacity building across global health systems. Another key and repeatedly expressed challenge is financing, and the sessions acknowledged that recent cuts in aid (from both UK and US) will have a big impact on health workforce strengthening initiatives. Siloed approaches to addressing health concerns and opposing priorities of the health sector and private sector were also cited as challenges.

To tackle these challenges, discussions emphasised the need for a unified public health approach, health systems strengthening with a focus on primary health care, and community-level prevention and care. Additionally, there was consensus that a structured means of tapping into the diaspora expertise would contribute to strengthening health systems in source and destination countries.

There is a need for sustainable financing and supportive environments for healthcare workers. Participants stressed the importance of governments viewing improvements to the NCD health workforce and care as an investment and encouraged greater domestic financing. A key quote from the Satellite session was: **"Give us a hand-up, not a hand-out"**, emphasising the need for empowering and supportive partnerships with the Global North, rather than creating dependency. In addition, task shifting, and embracing digital healthcare in preventing and managing NCDs will help address these challenges. Strategic collaboration where African centres of excellence work together to build regional bases- Africans for Africa- will help to strategically address common NCDs and health challenges.

It was agreed that to strengthen the health workforce we not only need policies and innovations but must also focus on providing a supportive environment, training, incentives and mental health support for them. Additionally, participants acknowledged that NCDs intersect with various sectors beyond health. Therefore, to effectively prevent and control NCDs, countries should adapt a comprehensive, collaborative multi-sectoral approach. Consequently, this will alleviate the pressure on the health workforce and system.

The NCD Alliance report recommendations, shared at the satellite meeting, highlight the need to accelerate implementation, break down silos, mobilise investments, deliver accountability and engage with communities. (Please find the summary report in Appendix 5.3).

Moreover, with regards to the upcoming HLM, delegates will prioritise the NCD HLM this year and have a common voice for a strong outcome. “Africa is now speaking with one voice and needs a common position to address the challenge of NCDs in Africa.” To be successful, the HLM needs to have concrete actions and deliverables coming out of it. It is better to have few, actionable statements. These are as follows:

- Take a **decentralised, patient-centred and community relevant approach, integrating NCD care** within other programmes and responsibilities, to maximise the ease and likelihood of patients seeking, accessing and remaining in care.
- Strengthen the health workforce at the **Primary Health Centre** and **Community Levels**, optimising and incentivising the role of Community Health Workers and Task Shifting within the levels of the health system and of health workers, to enhance career development opportunities and provide a more efficient health service closer to the homes of rural patients.
- Harness sustainable digital solutions to facilitate improved access to training and increased use of information and data for higher quality service delivery and health promotion.

Appendix

5.1 NCD Satellite Event Concept Note

5.2 Present, skilled, supported and financed: Opportunities for optimising health workforce ahead of the UN High-Level-Meeting on NCDs 2025

5.3 Summary of recommendations from the NCD Alliance report

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