



## Commentary

## Nursing leadership in Africa and health security

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As the COVID-19 pandemic vividly illustrates, nurses are at the epicenter of efforts to respond to global public health crises. Yet, we face a worsening global nursing shortage that threatens nearly every country in the world [1]. The current pandemic was unprecedented but not unexpected [2]. If we are to weather it, and prepare to meet the next pandemic, we must focus on strengthening public health infrastructure, building up health care workforce capacity, and most importantly, recruiting, educating, and retaining more nurses [3]. This is particularly true in low- and middle-income countries across Africa.

The continent's fragile and overburdened health systems, [4] high incidences of infectious diseases like HIV and tuberculosis as well as noncommunicable diseases, and disproportionate lack of basic infrastructure for adequate water and sanitation, conspire to foster a vulnerable population health ecosystem. Public health emergencies are even more dire in countries with overcrowded urban populations or those in the throes of political unrest. We saw this all too clearly during the 2014–2016 Ebola crisis in West Africa, which ravaged poor, war-torn countries that lacked the public health infrastructure to trace, contain, and ultimately treat the disease on their own.

The need for nurses has never been greater. In 2020 and at present—designated by the World Health Organization (WHO) as the Year of the Nurse and the Midwife, [5] in partnership with the Burdett Trust for Nursing and its Nursing Now Campaign and the International Council of Nurses (ICN)—WHO's own State of the World's Nursing report (SOWN) [6] calculated that 5.9 million more nurses are needed to meet the global demand. Almost 90 percent of that shortage affects low- and middle-income countries, with huge gaps in countries in the African, South-East Asia, and Eastern

Mediterranean WHO regions. In Africa alone, nursing stock is expected to increase by 6% by 2030, far below the 8% that the WHO deems necessary. At the same time, some regions face an aging nursing workforce. It is estimated that one out of every six nurses in the world will retire in the next decade.

African and other nations need to gather data on the nursing workforce to see where we are with nursing stock during and post the pandemic. This will be critical in African countries that rely on nurses and midwives to both provide basic services and drive systemic progress. The SOWN report recommended prior to the pandemic that countries should strengthen capacity for health workforce data collection, analysis, and use. The report specifically noted that “actions required include accelerating the implementation of National Health Workforce Accounts and using the data for health labour market analyses to guide policy development and investment decisions. Collation of nursing data will require participation across government bodies, as well as engagement of key stakeholders such as the regulatory councils, nursing education institutions, health service providers and professional associations.” [6] (pg. 9)

To that end, the Africa Centres for Disease Control and Prevention (Africa CDC), the World Bank, Harvard T.H. Chan School of Public Health, Harvard Kennedy School, and Harvard Graduate School of Education have partnered on a continental strategy to develop the next generation of public health leaders in Africa. Central to our efforts is the Harvard Global Nursing Leadership Program, [7] which aims to equip nurse leaders with the skills they need to not only deliver care, but also to lend their voices and experiences to public health strategy. The knowledge gained will help government and national chief nursing and midwifery officers excel in health systems strengthening, emergency preparedness and population health management, human-centered design for health and wellness, health financing, strategic communications and public health law, policy

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and regulations. Put another way, we believe that a strong health care workforce—led by nurses—is critical to carrying out the African Union’s Agenda 2063, the continent’s blueprint for inclusive, sustainable growth [8]. It will also help ensure that Africa achieves its global health security goals, universal health coverage, and its targets under the Sustainable Development Goals (SDGs).

As early as December 2019, when the first reports of coronavirus surfaced, the Africa CDC began preparations [9]. Across the continent, health ministries agreed on a joint strategy and worked together to secure funding and supplies, implement testing and tracing protocols, and access vaccines and cutting-edge treatments. Now, we have an opportunity to seize on this collective momentum and reimagine the future of Africa’s public health. And we can start by focusing on the highest leverage point within health systems: the nurses who care for millions of people around the world.

We see a skilled, empowered nursing workforce as a singularly important component in building that stronger, more resilient public health infrastructure. The Harvard Global Nursing Leadership Program is designed to achieve the WHO’s goal of developing nursing leadership to improve health, promote equality, and support economic growth in line with the SDGs.

Moreover, nursing leaders can and must play a vital role in advancing the goals of the Global Health Security Agenda, [10] a multinational, cross-sector initiative to keep the world safe from the global threat of infectious diseases. As those of us in public health work across governments, nongovernmental organizations (NGOs), and the private sector to strengthen systems, rethink pandemic preparedness, and invest in a health care workforce, we must ensure that nurses are empowered and enabled to lead.

## Declaration of Competing Interest

All authors declare no interest.

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