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African solutions for African medical education: the strategic establishment of the Consortium of Medical Schools in Africa

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BACKGROUND

As leaders of medical schools across Africa, we articulate our shared commitment to dynamic, innovative and socially accountable medical education on our continent. We represent over 30 countries and 115 institutions, converging through our shared experiences and contextual realities to discuss, imagine and codesign a more inclusive, collaborative and resilient medical education ecosystem situated in the African context. We established the Consortium of Medical Schools in Africa (CoMSA) as a product of this shared commitment to tackle our unique challenges and opportunities. Our stated aim is to respond to the significant demand on our institutions in health education and workforce development in Africa by moving away from colonial legacies and to address the high burden of disease through strengthened education systems. Together, this is a commitment that is both made and carried out by us as African institutions.

To achieve universal health coverage and the Sustainable Development Goals, our continent needs an equitably distributed, qualified and motivated health workforce.[1] Yet while Africa carries almost 25% of the world's burden of disease and 10% of the global population, it is only home to 4% of the health workforce.[2] This inequity is further exacerbated in specific countries and regions, with sub-Saharan Africa having only 18 doctors per 100 000 people, and some countries like Malawi reporting as few as 2 doctors per 100 000 people.[3] Overall, the continent suffers the world's largest gaps in doctors per the population. Bridging this gap not only contributes to the easing of the disease burden and equitable access to medical care, this also has economic benefits, with one study finding that there is a return of about nine dollars for every one dollar invested in the health workforce.[2]

Addressing the workforce gaps and burden of disease must begin with strategic investments in the health professions education system. As of 2023, there were 444 private and public medical schools on the continent, representing a significant 168% and 338.6% growth in public and private schools since 2010, respectively.[4] Despite this significant growth, Africa still contains less than half the number of medical schools per population than high-income countries, a challenge that is further exacerbated by brain drain,

SUMMARY BOX

⇒ Africa's health education systems face a significant demand due to carrying 25% of the global disease burden and only 4% of the health workforce.
⇒ The Consortium of Medical Schools in Africa (CoMSA), established by 115 medical schools across 34 countries, offers a unified African platform to transform medical education through a unified platform representing different geopolitical zones, regions and contexts.
⇒ Anticipated challenges include fragmented regulatory frameworks, uneven resource distribution, geopolitical factors and physician emigration, with up to 25% of African-trained doctors projected to leave the continent.
⇒ Through shared curricula, equitable resource-sharing mechanisms, inclusive governance and strategic partnerships, CoMSA drives African-led solutions for health workforce and system resilience.

or the migration of African physicians to high-income settings.[5] One study found brain drain of up to 70% in some national health workforces, which accounts for nearly one-fifth of African doctors practising in high-income settings overall.[6] From an economic perspective, the financial loss of this brain drain was estimated to be US$2.17 billion.[6]

When considering ways to build the health education system, we hope to shift from brain drain to an African-led model of 'brain circulation,' or increasing mobility, inclusion and resource sharing among African medical institutions to build the overall ecosystem, retain health professionals and strengthen the workforce.[7] This model includes regionally coordinated postgraduate training hubs and faculty development exchange programmes, with the aim of strengthening institutional capacity across institutions. However, promoting this model requires conducive legal frameworks, professional licensure standards and accreditation systems that align across national contexts, which will be achieved through regular engagement with Ministries of Health and Education. This model cannot be achieved, however, without first having a platform in which African leadership can share ideas and resources, collect and disseminate data, and develop contextually relevant programmes and policies for our continent. CoMSA was established as the foundation of this initiative, and in this paper, we describe its establishment, strategic goals, anticipated challenges and plan for the way forward. Drawing inspiration from regional and global medical education associations, we do not aim to replicate Western models but to have a distinctly African identity and mission.

COMSA ESTABLISHMENT

CoMSA was officially established in March 2025 during the Advancing Medical Education Conference 2025, hosted by Rwanda's Ministry of Health and the University of Global Health Equity in Kigali, Rwanda. The 2-day event brought together over 600 delegates, including deans and faculty from 115 medical schools across 34 countries, 36 student leaders, senior policy-makers, global health experts and international partners (figure 1). CoMSA emerges as the first broad-based, inclusive, continent-wide platform dedicated to transforming health professional education in Africa. The conference laid the foundation for a shared vision to strengthen medical education through innovation, collaboration and leadership rooted in African contexts and aspirations.

CoMSA's constitution and governance framework was formally adopted through a majority vote by member institutions during the founding General Assembly, ensuring legitimacy and broad-based endorsement. CoMSA is governed by an Executive Committee, which is the primary decision-making body. There are six standing committees, of which the Chairs are members of the Executive Committee, including Finance; Audit and Compliance; Education and Curriculum; Advocacy and Partnerships; Leadership and Professional Development; and Research and Innovation.

The Secretariat, led by the Secretary-General, supports day-to-day operations and will be headquartered in Rwanda, which was decided on per a majority vote, and with the collective aim to balance geographical accessibility and institutional capacity. Annual general meetings allow member institutions to participate in major decisions, including constitutional amendments and decisions on leadership. Inclusive representation is a priority, and the elected Executive Committee represents all five African regions and demonstrates an appropriate gender balance, all with 2-year terms to enable new leadership to express themselves at regular intervals. To mitigate geopolitical and linguistic divides, CoMSA employs a rotational leadership model and bilingual operations (e.g., English, Portuguese and French), while actively engaging continental accreditation bodies to secure formal recognition and legal standing as a representative entity in African medical education.

STRATEGIC GOALS

The overarching vision of CoMSA is to establish a unified, African-led body that advances the quality, accountability and contextual relevance of medical education across the continent. Specifically, we aim to address the fragmentation of data in African medical education by creating a centralised platform for systematic data collection and reporting, which is an area that currently lacks coordinated oversight on this scale.[4] We also aim to elevate and align educational standards across member institutions, recognising that one study found that approximately 21% of 39 African countries surveyed lacked formal accreditation processes.[4] By promoting shared benchmarks and quality assurance mechanisms, we can strengthen the quality of medical training on a larger scale. Table 1 outlines the detailed strategic goals as outlined in the constitution.

Specifically, to operationalise its goals, CoMSA is developing a shared competency-based framework aligned with WHO standards, supported by regional curriculum adaptation teams to accommodate linguistic diversity, national policies and priority health needs. Quality assurance will be guided by continent-wide benchmarks, which will be codeveloped with national accreditation bodies, and will include alignment with interprofessional education standards to integrate nursing and midwifery, public health and allied health institutions. CoMSA also acknowledges persistent academic barriers, including limited digital infrastructure, uneven faculty qualifications and constrained postgraduate opportunities, which are being addressed through faculty exchange and development programmes, digital learning platforms and targeted investment in training centres of excellence.

To achieve these goals, CoMSA serves as one unified and inclusive voice across African medical schools. It

Figure 1 CoMSA establishment representation. CoMSA, Consortium of Medical Schools in Africa.

Table 1 CoMSA strategic goals

Aim	Description
Unity in medical education	Serve as the unifying organisation for African medical schools.
Working together	Work closely with local, regional and international bodies for success.
Quality in education	Focus on the quality and relevance of medical education in the continent.
Leadership for excellence	Promote quality leadership in medical schools.
Relevant research and Innovation	Strive for high-quality and relevant research and innovation in the continent to reduce the suffering of its citizens.
Global health partnerships	Promote powerful partnerships between global health stakeholders.
Resource sharing	Encourage collaboration and resource sharing among medical schools across the continent to achieve collective success.
Standardisation	Work in unison to promote standardisation of medical education, harmonisation of curricula, innovative assessment and licensure of professionals in the continent.
Social accountability	Ensure African medical education aligns with the health needs of communities.

CoMSA, Consortium of Medical Schools in Africa.

emphasises shifts away from curricula that are rooted in colonial legacies and Western disease patterns, towards those that are more equitable, contextually relevant and aligned with Africa's health priorities.[5] Alongside this, CoMSA is well positioned to collaborate with international partners outside of the continent, but using a new framework that is more equitable, decolonises these collaborations and puts African leadership at the forefront of driving innovation and change based on our needs.[6] Within the continent, CoMSA will not operate in a silo of medical schools only but will engage with other cadres of health professionals, licensing bodies, non-governmental organisations and professional societies.

ANTICIPATED CHALLENGES

As CoMSA expands, we anticipate several challenges in achieving our strategic goals, especially related to regulatory frameworks, geopolitical differences, resource limitations and ensuring equitable resource sharing across institutions and countries. Africa's diversity is a strength but also serves as a challenge when trying to streamline efforts on this scale. Furthermore, political or institutional complexities may hinder stakeholder engagement, as well as the ongoing challenges related to the emigration of doctors to high-income countries, with one study finding that up to 25% of African physicians are projected to leave the continent.[8] However, CoMSA can address some of the push factors contributing to this, including limited postgraduate training, research opportunities and a lack of mentorship structures.[8]

To address these challenges, CoMSA will advocate for equitable resource allocation and sharing initiatives. A phased resource-sharing model, hosted on the continent and supported by grant and partner funding, public–private partnerships and cost-sharing agreements, is being developed to ensure equity and sustainability across diverse institutional contexts. Recognising the complexities of accreditation harmonisation, CoMSA is initiating bilateral discussions with national councils and incorporating safeguards to respect sovereignty while promoting mutual recognition. CoMSA also engages in regular contingency planning to manage political changes, leadership transitions and operational barriers in particularly fragile or under-resourced contexts.

WAY FORWARD

In its first 2 years, CoMSA will focus on formalising its engagement with Ministries of Health and Education, launching a pilot data platform and operationalising the African Women in Medical Education Leadership Forum. A standardised data governance framework will be established to guide secure data collection, interoperability and compliance with national and institutional data protection laws. To ensure long-term sustainability, CoMSA will implement a hybrid funding strategy, combining institutional contributions, grants and public–private partnerships, all while adopting a rotating leadership model and conflict resolution mechanism to mitigate governance disputes and preserve political neutrality. Furthermore, CoMSA will actively engage with established regional bodies (eg, the African Continental Qualifications Framework) to draw lessons from their harmonisation efforts. By collaborating with these bodies, CoMSA strengthens its legitimacy, facilitates broader political and academic buy-in, and positions itself within Africa's evolving higher education and health governance landscape.

As our continent faces increasingly complex health challenges, CoMSA stands as a bold commitment to ensuring that African solutions and African leadership drive the transformation of medical education, healthcare delivery and health outcomes on the continent. Going forward, we aim to establish additional programmes under CoMSA, including a continental data collection system for real-time metrics on medical school enrolment, retention and teaching and learning activities. To further promote our value of equity and inclusion, we are also establishing an African Women in Medical Education Leadership Forum to promote women in high-level positions, provide mentorship and ensure that the next generation of the medical education workforce is inclusive and representative of the populations we serve. As we move forward, we must take charge of solving our own problems, rather than relying on others. It is essential that we engage global partners in our vision, grounded in the unique needs of our continent. Going forward, CoMSA will serve as our unified voice, advancing this vision, driving change through data, moving away from colonial legacies and addressing the health challenges we face in our setting.

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REFERENCES

1 Ahmat A, Okoroafor SC, Kazanga I, *et al*. The health workforce status in the WHO African Region: findings of a cross-sectional study. *BMJ Glob Health* 2022;7:e008317.
2 Asamani JA, Bediakon KSB, Boniol M, *et al*. State of the health workforce in the WHO African Region: decade review of progress and opportunities for policy reforms and investments. *BMJ Glob Health* 2024;7:e015952.
3 Chen C, Buch E, Wassermann T, *et al*. A survey of Sub-Saharan African medical schools. *Hum Resour Health* 2012;10.
4 Rosenberg J, Juvonen M, Ng MZ, *et al*. Medical schools in Africa: seeing momentum. *BMJ Glob Health* 2024;9:e014468.
5 Shah K, Rose ES, Rees A, *et al*. New medical schools in Sub-Saharan Africa –a cross-sectional survey of educational structures, operations, and policies. *Front Educ* 2023;8.
6 Dohlman L, DiMeglio M, Hajj J, *et al*. Global Brain Drain: How Can the Maslow Theory of Motivation Improve Our Understanding of Physician Migration? *IJERPH* 2019;16:1182.
7 Exploring 'brain circulation' as a concept to mitigate brain drain in Africa and improve EU–Africa cooperation in the field of science and technology. In: *Broadening the debate on EU–Africa relations*. 1st edn. Routledge, 2020: 72–84.
8 Ebeye T, Lee H. Down the brain drain: a rapid review exploring physician emigration from West Africa. *Glob Health Res Policy* 2023;8.