

State of the health workforce in Africa 2026: a glass half full or half empty

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The State of the health workforce in Africa 2026 presents not only an informative report but also a challenging one in so far as what actions need to be taken by African governments. Unlike past conversations which identified the shortages of health professionals and largely called for increased production, the 2026 report notes the shortages, but also identifies the increased production to plug the gaps. The availability of highly trained health workers who remain idle as national budgets cannot fully absorb them into the work place is an unusual Africa problem. This is happening also when many countries and strategists continue to be anti-migration of health professionals from Africa. One therefore rightly wonders whose interests are being served by such policy decisions.

The State of the health workforce in Africa 2026 compared to previous ones is that is mostly similar in that while the availability and distribution of clinical staff is well described, little attention is made to outline clearly what are the shortages in health professionals in research and evidence generation, as well as in leadership and management. For instance, what is the basic minimum of doctors and nurses are required in a ministry for health headquarters?

The State of the health workforce in Africa 2026 has reported that there were an estimated 5.72 million health workers. This number represents an improvement in density of core professionals from 22 to 24 per 10 000 population since 2022. These improvements need to be celebrated and represent investments by national governments, bilateral and multilateral partners and the sacrifices and commitments of health educationist and trainers in all the concerned countries.

The State of the health workforce in Africa 2026 recognises that nearly 30% of trained health professionals are either unemployed or underemployed. The main reason for this state of affairs is that there is not just the money to employ all these people; an estimated 43% increase in the wage bill in the public sector will be needed to absorb all these professionals. Many countries do not have the money to fund such increases. Many countries are bogged down by wastefulness, fraud, cronyism, nepotism, corruption and incompetent leadership and other vices that make the national budget thin while politically-connected individuals and cabals flourish. The health worker shortages are happening on a continent which hosts 60% of the global arable land and 60-60% of critical minerals. Africa's health workforce challenges will not be addressed if we continue to massage these vices. Looking the other way, while pretending these vices are non-existent, is not a viable solution. I have chosen not to be overly negative. The (next) State of the health workforce in Africa 2027 will be able to document that as of June 2026, the following were the registered Malawian neurosurgeon in situ in the country:

Table 1: Names, Place of training and work stations for neurosurgeons in Malawi 2026 (Source: Dr Patrick Kamalo)

	Name	Place where trained	Work Station
1	Dr Yolamu Makanjira	QECH	QECH
2	Dr Ruth Chitsudi	KCH	KCH
3	Dr Sithembile Chimaliro-Chipeta	QECH	MCH
4	Dr Leonard Chafewa	QECH	QECH
5	Dr Davis Mpando	Morocco	QECH
6	Dr Geoffrey Ndekha	Morocco	MDF
7	Dr Ken Keller Kumwenda	Ethiopia	KCH
8	Dr Patrick Kamalo	South Africa	QECH

KCH= Kamuzu Central Hospital; MDF= Malawi Defence Forces; MCH= Mzuzu Central Hospital; QECH=Queen Elizabeth Central Hospital, Blantyre, Malawi