

Workforce Considerations, Training, and Diseases in Africa

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KEYWORDS

• Sub-Saharan Africa • Otolaryngology • Training • Fellowships • Workforce

KEY POINTS

- Sub-Saharan Africa (SSA) has extreme shortages of otolaryngologists, speech pathologists, and audiologists; a lack of training opportunities; and a paucity of otolaryngology services.
- In addition to diseases commonly encountered in Western countries, patients have otolaryngology pathologic complications related to the human immunodeficiency virus, tuberculosis, malaria, and trauma.
- Less than 5% of the population has access to timely, safe, affordable surgery.
- It is critical that training centers of excellence be established in SSA.

INTRODUCTION

Sub-Saharan Africa (SSA) has extreme shortages of otolaryngologists, speech pathologists and audiologists, a lack of training opportunities, and a paucity of otolaryngology services (**Table 1**).^{1,2} The population of SSA was 800 million in 2007; the United Nations predicts a population of 1.5 to 2 billion by 2050.³ The inadequacy of services will be aggravated by this rapid population growth. Otolaryngology services in SSA also face an increasing burden of diseases associated with aging because the number of older people has doubled since 1990 and is projected to more than triple between 2015 and 2050⁴ (see **Table 1**).

DISEASES

In addition to diseases commonly encountered in Western countries, patients in SSA present with otolaryngology complications related to, among others, the human immunodeficiency virus (HIV), tuberculosis (TB), malaria, and trauma. Patients are

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Table 1
Number of ear, nose, and throat surgeons, new graduates per annum and training opportunities in 2015

Country	Number of Ear, Nose, and Throat (ENT) Surgeons	ENT Training Centers	New ENTs per Year	Audiology Training Centers	Speech Training Centers
Burundi	6	1	1	—	—
Cameroon	35	1	5	—	—
Democratic Republic of Congo	18	1	2	—	—
Ethiopia	22	1	4	—	—
Ghana	27	2	2	Yes	—
Guinea Conakry	6	3	5	—	—
Kenya	76	1	1	Yes	Yes
Lesotho	2	—	—	—	—
Madagascar	15	1	1	—	—
Malawi	2	1	0	—	—
Mali	15	1	4	—	—
Nigeria	140	37	5	—	—
Rwanda	8	1	2	—	—
South Africa	246	9	6	Yes	Yes
Senegal	15	1	4	—	—
Sudan	105	0	10	—	—
Swaziland	3	—	—	—	—
Tanzania	18	2	3	—	—
Togo	8	1	Unknown	—	Yes
Uganda	35	2	4	—	—
Zambia	7	—	—	—	—
Zimbabwe	8	1	2	—	—

Data from Mulwafu W, Ensink R, Kuper H, et al. Survey of ENT services in Sub-Saharan Africa: little progress between 2009 and 2015. *Glob Health Action* 2017. <https://doi.org/10.1080/16549716.2017.1289736>.

more likely to present with advanced cancers (many of which are incurable), complicated cholesteatoma, and infections of the middle ear and sinuses.

Human Immunodeficiency Virus

SSA harbors greater than 70% of the global burden of HIV.⁵ Up to 80% of HIV-positive patients will develop otolaryngology manifestations of HIV (**Table 2**).⁶

Tuberculosis

SSA has the highest TB burden globally, and greater than 50% of TB patients are coinfecting with HIV. TB may affect the upper and lower aerodigestive tracts; or present with lymphadenitis, cold abscesses, and scrofula; meningitis, causing sensorineural hearing loss (SNHL); and TB of the middle ear, mastoid, and temporal bone, sometimes causing facial nerve paralysis or mastoiditis. Patients with multidrug-resistant TB require ototoxic drugs, the levels of which are not monitored in resource-limited settings, hence causing SNHL. The risk of ototoxicity is increased in HIV-positive TB patients.⁷

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