Training of Human Resources for Health in the Republic of Guinea-Bissau: Evolution of Structures and Processes in a Fragile State

Formação de Recursos Humanos em Saúde na República da Guiné-Bissau: Evolução das Estruturas e Processos num Estado Frágil

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ABSTRACT

Introduction: In the context of fragility that characterizes the Republic of Guinea-Bissau, there is an absence of effective management of human resources for Health, which begs reflection regarding training that is provided. The purpose of this study was to analyse the training of human resources for Health in the Republic of Guinea-Bissau since 1974, placing it in the national context and relating the analysis to the situation described for Fragile States.

Material and Methods: Using the content analysis of the results of semi-structured interviews, focus group and documentary analysis, we analysed the training offer on human resources for Health in two pillars - at the level of the structures / training institutions; and at the level of processes. The consideration of the context in which it takes place allowed for an integrated analysis in the reality experienced by Fragile States.

Results: We synthesize the historical steps of the establishment of human resources for Health, describing the structures and their procedures, concretely of the public entities like the National School of Health and the Faculty of Medicine, as well as of the private entities that proliferate in the country.

Discussion: The country reflects the problems that have been identified for the African Region, and for Fragile States in particular, namely: weak health leadership / governance; limitation in the implementation of the planned training strategies; inadequate human resources training capacity; total / partial dependence on training funding, proliferation of private, unofficially recognized training providers.

Conclusion: The models that emerge as a response to the fragility in this area partially allow to respond to the training needs of the country but neglect the quality and perpetuate dependencies, aggravating the weaknesses of the State and of the public sector.

Keywords: Delivery of Health Care/manpower; Guinea-Bissau; Health Personnel/education

RESUMO

Introdução: No contexto de fragilidade que caracteriza a República da Guiné-Bissau constata-se uma ausência de gestão eficaz de recursos humanos da Saúde, impondo-se a reflexão sobre a sua formação. Tivemos por objetivo analisar a oferta formativa de recursos humanos da Saúde na República da Guiné-Bissau de 1974 a esta parte, enquadrando-a no contexto nacional e relacionando a análise com o descrito para Estados-Frágeis.

Material e Métodos: Recorrendo a análise de conteúdo dos resultados de entrevistas semi-estruturadas, grupo focal e análise documental, analisámos a oferta de formação de recursos humanos da Saúde em dois pilares – ao nível das estruturas/instituições formadoras; ao nível dos processos de formação. A consideração do contexto em que esta decorre permitiu uma análise integrada na realidade vivida por Estados-Frágeis.

Resultados: Sintetizámos os passos históricos da formação de recursos humanos da Saúde, descrevendo as estruturas e seus procedimentos, concretamente das entidades públicas como a Escola Nacional de Saúde e a Faculdade de Medicina, e também das entidades privadas que proliferam no país.

Discussão: O país enquadra os problemas definidos para a Região Africana, aproximando-se do descrito para Estados-Frágeis, apresentando: fraca liderança/governação em saúde; limitação na implementação das estratégias de formação planeadas; inadequada capacidade de formação de recursos humanos; dependência total/parcial no financiamento da formação, proliferação de entidades formadoras privadas, não oficialmente reconhecidas.

Conclusão: Os modelos que emergem como resposta à fragilidade nesta matéria permitem parcialmente responder às necessidades de formação do país mas negligenciam a qualidade e perpetuam dependências, agravando as fragilidades do Estado e do setor público.

Palavras-chave: Guiné-Bissau; Pessoal de Saúde/educação; Prestação de Cuidados de Saúde/recursos humanos

INTRODUCTION

Republic of Guinea-Bissau, a fragile state

The Republic of Guinea-Bissau (RGB) has lived through political and institutional turmoil from the eighties,[1] leading to the situation in which it has been considered in 2018 as the 16th most fragile country in the world,[3] considering the lack of legitimacy and efficacy criteria.[2] The country is almost

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fully dependent on the international community in sectors such as economy, healthcare and education,[4] with around 90% financial support in this sector provided by cooperation partners.[5,6] The National Health System of the RBG does not respond to the country's healthcare demands, due to different factors,[7] among which the significant lack of any efficient management of human resources for health (HRH) at all levels had a major impact.[5]

The development of health workforce and training has received attention from governments and partners throughout the years. The analysis of what has been done and the results of the deployment of different HRH training initiatives will certainly give a contribution to the proposal of more adequate training supply and adapted to the RBG needs.

This study aimed at analysing the HRH training supply from 1974 onwards in the RGB, especially focused on the events occurred from 2010 onwards and providing a framework for the response given to requirements within the country's healthcare approach, relating the analysis with what has been described in Fragile States (FS) as regards this subject.

MATERIAL AND METHODS

This study was included in the initiative *'Analisando respostas em saúde num Estado Frágil - o caso da Guiné-Bissau'* (Analysing health responses in a Fragile State – the case of Guinea-Bissau) in which HRH training was one case-study unit of analysis regarding 'responses to vulnerability situations in the RGB as a FS.'

HRH training supply was analysed from two main perspectives – according to the facility, i.e. training providing institutions and their functioning and according to training process. The context in which training is provided has allowed for the analysis embedded into the reality of a FS. The methodology that was used is shown in Fig. 1.

A set of specific training in health provided by the *Escola Nacional de Saúde (ENS)*, by the Faculty of Medicine Raul Diaz Arguellez (FM) and other public or private institutions in RGB has been considered as training supply.

Six semi-structured anonymous interviews[8] addressed to stakeholders in the area of HRH training have been carried out, using an intentional non-probabilistic sample.[9] The interview process is described in Table 1.

A group of seven public figures related to HRH training and management in the RGB has been developed[10,11] including four of the six figures who were previously interviewed (Table 2).

The interviews and the focus group were led by two Portuguese researchers in Feb 2016 at the RGB (scripts are shown in Appendix 1 and 2 of this article: Appendix 1: https://www.actamedicaportuguesa.com/revista/index.php/

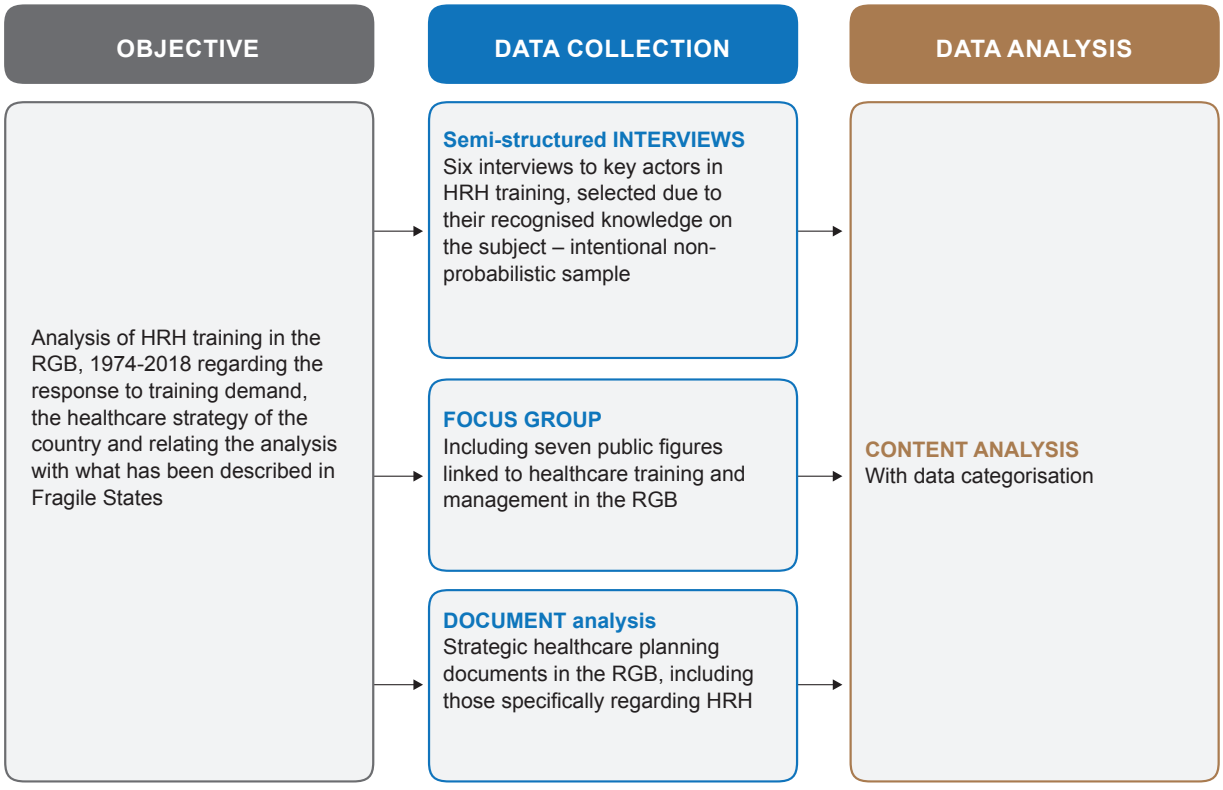

Figure 1 – Methodological synthesis

Table 1 – Interviews

	Characteristics	Rationale	Observations
Interview	Semi-structured interviews[8a]	With this type of interview, the interviewer has established a set of pre-defined issues, even though with the freedom to raise other issues that become relevant throughout the interview; this is a more spontaneous interview than a structured interview. Pre-defined issues are a guideline, even though they do not impose the way that the interview will progress, allowing for higher spontaneity of respondents.	All materials regarding interviews, their transcription and data treatment are available through contact with researchers.
Sample	Intentional non-probabilistic sample.[9] Upon written consent for the use of data, six key actors were interviewed and the sample can be described as follows, without losing anonymity: · Respondents were aged between 39 to 62, at the time of the interview; · Two respondents were female; · All respondents were Guinean; · All respondents are or have been involved in the processes of HRH planning; · Two of the respondents had or currently have management roles at the Ministry of Public Health (MINSAP) regarding HRH issues, · Four respondents have or had management roles in institutions providing health training.	Non probabilistic: No randomised selection was used in sampling process, preventing from any inference of results to the whole population Intentional: Those known to have important information for the study were selected.	The selection of the six respondents was made by researchers, due to the fact that these had the necessary information for the study, due to their direct involvement in the subject of the study.
Data collection	An interview script has been developed (Appendix 1) with questions applied to the specificity of respondents. A record has been obtained upon a written consent and its manual transcription was obtained by researchers.		The script of a semi-structured interview is aimed at supporting the respondent's narrative and is not a hermetic tool, rather adaptable to the respondent's narrative.
Data analysis	Content analysis by categorisation[13]	Content analysis is used as a technique allowing for the interpretation of information, as well as to obtain an objective and systematic description of the content of a communication or a document. The categorisation procedure is aimed at providing a simplified representation of the raw data by condensation and works by separation of the text in units, categories, according to analogical thematic regrouping.	The information processing, categorisation, was made by hand. Two major data categories were analysed: regarding training structures and processes. Data within each one were systematised in topics, according to the methodological recommendation of the authors.

Table 2 – Characterisation of the focus group

	Characterisation	Rationale	Observations
Focus group	This is a data collection method through the group interaction within the discussion of issues prepared by researcher.[10,11]	The moderator of the focus group assumes a position of facilitator of the discussion process and individual opinions as main focus, debated and detailed as a group.	All materials regarding the focus group, its transcription and data treatment are available through contact with researchers.
Participants	Seven public figures linked to healthcare education and to HRH management in the RGB, ensuring anonymity. Four respondents have participated in the focus group.		Participants were selected by researchers due to the fact of being known as key informants in the subject of the study.
Data collection	A script has been developed (Appendix 2). Recording, with respondent's written consent, was obtained and its manual transcription was made by researchers.		The focus group was led by two Portuguese researchers in Feb 2016, at the RGB.
Data analysis	Content analysis by categorisation.[13]	See Table 1	See Table 1

Table 3 – Characterisation of the interviews regarding the document analysis

	Characterisation	Rationale	Observations
Document analysis	Document analysis is an operation or a set of operations aimed at representing the content of a document under a different way from the original, in order to make subsequent consultation and referral easier.[13]	The aim is moving from a primary raw document to a secondary document, making the access to information easier for researchers. The analytical procedure is aimed at finding, selecting, evaluating (or giving sense) and synthesizing data in documents.	All materials regarding the procedures of document analysis are available for consultation through contact with researchers.
Selected documents	*Plano Nacional de Desenvolvimento de Recursos Humanos I* and *II*, *Planos Nacionais de Desenvolvimento Sanitário I, II* and *III*.	The documents were selected by suggestion of HRH training key actors as documents of strategic orientation in this subject.	
Data analysis	Content analysis by categorisation.[13]	See Table 1	See Table 1

amp/article/view/11120/Apendice_01.pdf and Appendix 2: https://www.actamedicaportuguesa.com/revista/index.php/amp/article/view/11120/Apendice_02.pdf).

The documents of health strategic planning in the RGB were analysed considering the historical background and including those specifically regarding HRH (document analysis)[12] (Table 3).

Content analysis was applied to the qualitative data obtained with document analysis, responses to the interviews and focus group interviewing.[13]

RESULTS

Context

Based on the interviews and focus group, data on HRH training in the RGB were obtained, filling in what is included in the official documents that were analysed and widely contributing to the understanding of the different training processes at the current providers.

A National Plan for the Development of Human Resources for Health [*Plano Nacional de Desenvolvimento de Recursos Humanos da Saúde* (PNDRHS)] has been developed[14] in which HRH management was theoretically based up to 2017. This document, which was validated as an attachment to the National Plan for Health Development II [*Plano Nacional de Desenvolvimento Sanitário II* (PNDS

II)], was never approved by the Council of Ministers, which has been strictly followed by some institutions while completely ignored by others. The document was never updated and an update is expected within the implementation of the PNDS III, whose final approval is ongoing and waiting for the approval by the Council of Ministers – and has been technically validated as well as validated by partners.

It was recognised that 'in terms of governance, with a trustworthy leadership, decisions are taken into account and guidelines are met' even though assuming that 'empowering leadership, as well as HRH leadership, have failed in the RGB'. Names of leaders in this area have emerged, with whom 'the processes within the PNDRHS and the functioning of the HRH management department of the Ministry of Public Health [*Ministério da Saúde Pública* (MINSAP)] ran quite easily.' In the absence of these leaders, because they have been replaced by political appointment according to the government turnover, 'an increasing violation of the rules has been found.'

The same sources have also described a poor HRH training in terms of both quality and specificity, not responding to the country's needs. On one hand, a concern regarding HRH training in quantity is worth mentioning even though the quality of training was not a priority. On the other hand, there is currently (June 2018) a HRH shortage mainly regarding specialties: "The country has a high number of nurses and there is no quantitative lack of general practitioners". Nevertheless, there is a significant lack of specialists, corresponding to the poor conditions for training at this level, due to the lack of qualified teachers and resources – equipment and materials, for instance: "How can we train surgeons, neonatologists or cardiologists when there are poor working conditions?"

The relationship between the MINSAP and the Ministry of Education and Higher Education (*Ministério da Educação e do Ensino Superior* (MEES)] was also included in the definition of the context. Higher and middle level education are supervised by the MEES, even though the FM has always been supervised by the MINSAP. "There is a faint relationship between the MEES and the MINSAP, as well as with the Medical Association" as described by one of the respondents. Over time, the supervision of the ENS has been assigned to each of the ministries and to both at the same time and is currently (June 2018) of the responsibility of the MINSAP, as an organic unit of the National Institute of Public Health (*Instituto Nacional de Saúde Pública* (INASA)] (Table 4).

Historical steps in the development of HRH training in the RGB

Based on data, we have reached the conclusion that most of the history of HRH training in the RBG was never written or documented and is part of the memory of those who have faced the challenge of responding to the demands of a country affected by instability upon the independence that was recognised in 1974. Based on the information within the documents regarding strategic planning in health and in the information obtained by the interviews and the focus group, the subsequent steps are summarised in the Fig. 2.

Training facilities

HRH training in the RGB dates back to the national independence in 1974, a time when the Technical School of Healthcare Staff [*Escola Técnica de Quadros da Saúde* (ETQS) *Dr. Fernando Cabral*] was created, even though it was only made official in 1992 by the DL 62-b/92 of 30 Dec.

Up to 1974, mainly from 1950 onwards and during the colonial period, nursing auxiliaries were trained at the National Hospital Simão Mendes, called *Hospital Civil de Bissau* at that time. The best students were sent to Luanda, Angola to attend general nursing courses.

In 1974, a training for the ex-rescuers having fought in the independence war was started at the ETQS in Nhala and then students subsequently went to Bolama where another department existed, to attend specific nursing courses for ex-rescuers. The head office of the school was in Bissau where general nursing courses (middle level) were taught. Subsequently, by the end of the eighties, an auxiliary midwife course was also taught at the Bissau office while the Nhala and Bolama offices were shut down as the need for training of ex-rescuers has ceased to exist in a post-war scenario. The ETQS remained in action up to the nineties.

The ENS was developed in 1997 with the financial support of the World Bank (WB), aimed at assembling the

Table 4 – *Instituto Nacional de Saúde Pública* (INASA)

INASA - (*Instituto Nacional de Saúde Pública*) was developed in 2006 as part of the makeover of the Guinean healthcare system aimed at facing public health challenges and was officially created in 2009 through the publication of the *Decreto-Lei* no. 12/2010 of 26/08/2010 within the BO no. 34, 3rd Supplement and defined as an institute of public law with technical, administrative, financial and patrimonial autonomy under the authority of the Ministry of Health. Some crucial elements for the development of the INASA already existed within the MINSAP and were working independently and with no organisational plan that would integrate them into sectorial strategic goals. Among these, the following are worth mentioning: *Laboratório Nacional de Saúde Pública*; *Projeto de Saúde Bandim*; *Centro de Medicina Tropical* and *Escola Nacional de Saúde*.[15]

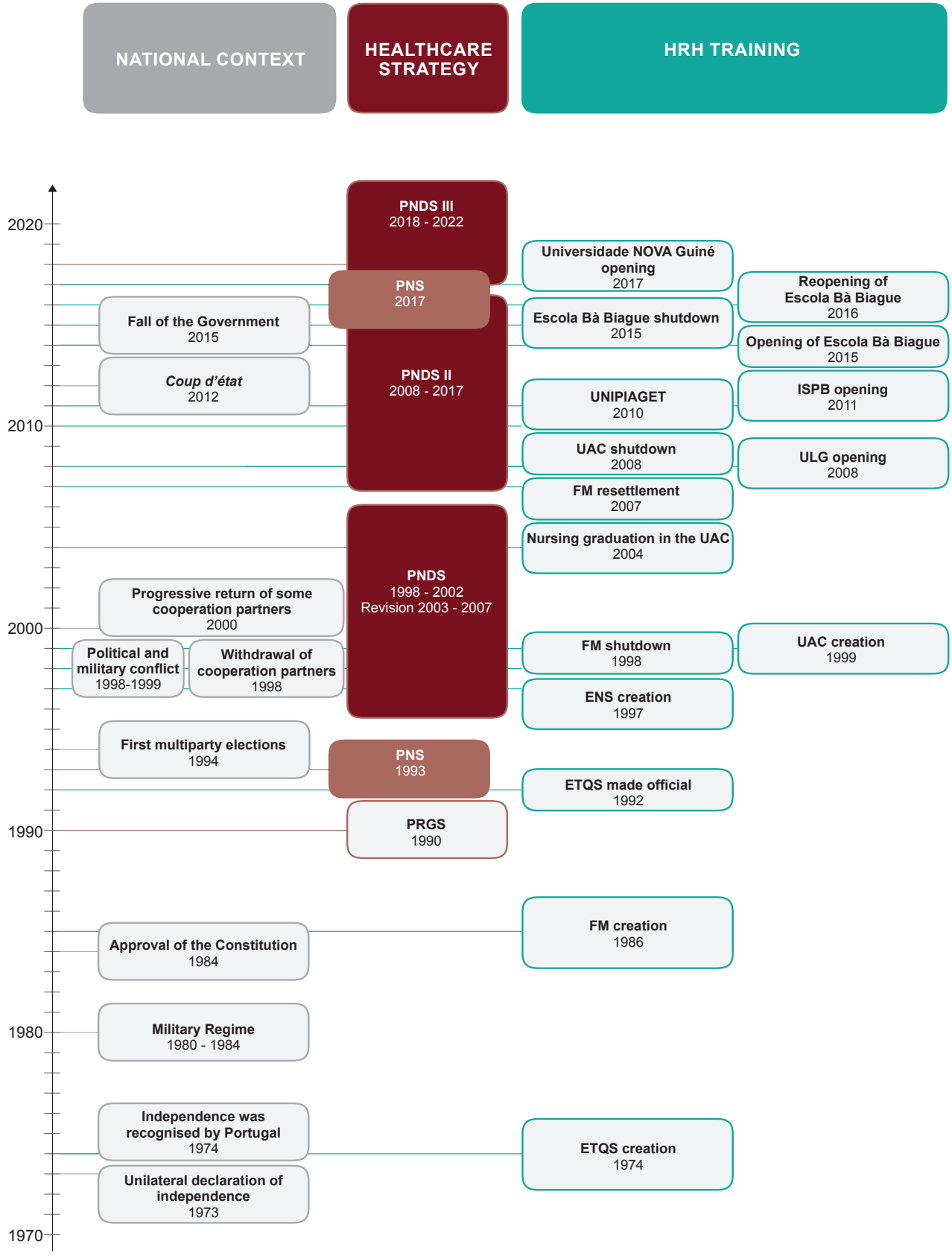

Figure 2 – Historical steps in HRH training in the RGB

whole training that was taught at the ETQS, by then discontinued and at the FM (created in 1986 with the support of the Cuban cooperation) and at merging with the *University Amílcar Cabral* (UAC) in 2006, even though becoming an organizational unit of the INASA in 2009. The aim was not only at improving training efficiency as providing conditions for the development of a coherent and coordinated national teaching staff according to training requirements of the public healthcare system.[16] However, the FM was not formally integrated within the ENS, nor the ENS integrated the UAC, remaining as a middle level training centre.

Ever since it was started, the ENS has been training general nurses and mid-level laboratory technicians in Bissau. Its supply has been extended from 2008 onwards to midwife training and mid-level radiology and pharmacy technicians and aimed at starting an obstetrics nursing specialist training.[5,17] This objective was however replaced by the option of starting a midwife training, against the recommendations of the PNDS II, a category that was planned to be discontinued, according to the PNDRHS.[5] Training at the ENS was decentralised with a project in the south and another in the north with the aim at retaining staff in th poorest regions:[17] the project of Technical Training in General Nursing for the South Region [*Formação Técnica em Enfermagem Geral para a Região Sul* (PFRS)] was developed in 2009 and, in 2010, it was implemented in the Bijagós islands, Bolama, in 2012 in the Tombali region, Catió and in 2013 in the Quinará region, Empada. However, these offices have been discontinued as the objectives were met.

Staff numbers above what has been estimated by the PNDRHS have been delivered at the ENS with the support of the WB, of the Chinese cooperation and with the revenue of tuition and application fees.[17] This has showed the lack of coordination between the ENS and the Department of Human Resources and Health Administration (*Direção de Serviços de Recursos Humanos e Administração em Saúde*) of the MINSAP, the Ministry of Civil Service [*Ministério da Função Pública* (MFP)] and the MEES, contributing for HRH surplus. The case of nursing staff delivery is a good example of this reality, as nurses remain unemployed due to a suboptimal capacity of public recruiting: a total of 420 job vacancies existed in 2017, with 600 unemployed nurses and more than 1,000 students by the end of their graduation at the ENS and other nursing training institutions.[5] The same source has described that, despite this situation, a total of 210 positions were open for the first year of general nursing course in April 2017 at the ENS, without consulting both the MINSAP or the MFP.

The FM has existed from 1986, with both a Guinean and a Cuban dean. The course of Medicine is taught by Cuban teachers, hired under the Cuban cooperation, with a Cuban degree. The educational convergence within the Economic Community of West African States (ECWAS), according to the assessment of the implementation of the PNDS II,[17] is a challenging task, with the commitment with better quality training, aimed at a higher appropriation of the course by local teachers and better integration into the country's higher education system.

A specific HRH was also developed at the UAC and the *Liceu Politécnico SOS Herman*. A Public Health and Environment Sanitation graduation is also offered at the latter.[5]

The UAC was created by the Dec-lei no. 6/99 of 6 Dec 1999 as a public university with private/autonomous management and was initially managed by the *Fundação para Promoção do Ensino e da Cultura*, private entity arising from the partnership of the government of the RGB with the *Universidade Lusófona de Humanidades e Tecnologias*, a Portuguese private university. From 2006 onwards, the ENS, together with the FM, became also part of the UAC. In 2008, due to the funding inability declared by the Government, the UAC was handed over to its partner – *Universidade Lusófona de Portugal* and to the private sector, at the time when the ENS and the FM withdrew from the UAC and became under an autonomous management once again. The UAC remained inactive from 2008 to 2013 and no courses in health sciences were taught. A nursing course was taught at the UAC from 2004 to 2008.

HRH training was also taught in five private institutions, including the *Universidade Lusófona da Guiné* (ULG), the *Universidade Jean Piaget* (UNIPIAGET) in Bissau, the *Instituto Superior Politécnico 'Benhoblo'* and the *Escola Bà Biague* (EBB); these latter two were shut down in 2015 due to the lack of conditions for nursing training and were illegally reopened by the end of 2016[5] and, more recently, training is also offered in the *Universidade Nova da Guiné* (UNG). HRH training options in July 2018 are shown in Table 5, updating the information on the document of the PNDS III, based on information obtained by researchers throughout the study.

Historical details of HRH training options are shown in Table 6.

Nursing staff disparities – mid-level training in the ENS and graduation level in private entities – have been found, mostly within the SNS.

Training in these institutions has been based on the demand identified by the PNDRHS[5,14] and on financial reasons related to the survival of the institutions and staff wage, with an adequate identification and planning of a response to demands lacking and this issue has been dragging on for a long time.

These institutions were submitted to an audit by the ECWAS within the region's educational convergence framework. Education quality was considered as suboptimal by this audit and a regional curriculum convergence and qual-

Table 5 – HRH training in the Republic of Guinea-Bissau in 2017, described in the *Plano Nacional de Desenvolvimento Sanitário III* (PNDS III), updated in June 2018

Entity	Training	Institutional characterisation	Academic Level
Escola Nacional de Saúde	· General Nursing · Pharmacy technician · Laboratory technician · Radiology technician · Midwife	Public education institution	Mid-level
Faculdade de Medicina Raul Diaz Arguellez	· Medicine · Integrated General Medicine Post-graduation	Public education institution	Higher education – graduation and post-graduation
Universidade Amílcar Cabral	· Nursing	Public education institution	Higher education – graduation
Liceu Politécnico SOS Herman	· Public Health and Environmental Sanitation	Public education institution	
Universidade Lusófona da Guiné	· Nursing · Laboratory technician · Social service	Private institution	Higher education – graduation
Universidade Jean Piaget de Bissau	· Medicine · Nursing · Laboratory technician · Nutrition	Private institution	Higher education – graduation
Instituto Superior Politécnico "Benhoblo"	· Nursing	Private institution	Higher education – graduation
Escola Bà Biague	· Nursing	Private institution	Higher education – graduation
Universidade NOVA Guiné	· Nursing · Medicine	Private institution	Higher education – graduation

ity standard process by the ECWAS is ongoing.[5]

HRH training

A more comprehensive description of the ENS and the FM is worth mentioning.

The board of the ENS has remained unchanged from 2009 to 2017, with management based mostly on student's tuition fees: public education has become a business, return has to be ensured and has been the major criterion on which calls for candidates and vacancies should be based on, always meeting the quantitative objectives of the PNDRHS, providing the country with healthcare staff and this has been achieved by implementing a plan aimed at an accelerated HRH training within the PNDRH.

The *Plano Nacional de Desenvolvimento de Recursos Humanos da Saúde* (PNDRHS) and the plan of accelerated HRH training

An estimated 63% workforce reduction up to 2017 and an estimated 34.4% growth in the effective HRH staff throughout the time period of the PNDRHS have been found, in order to respond to the population growth and reaching minimal staff allocation in healthcare as established by the PNDS II.[14]

The plan of accelerated HRH training was based on these conclusions, with the aim at producing the necessary HRH staff within the public healthcare units in order to increase the access of population with an increasing quality up to 2017. The ENS and the Department of Professional Development (*Repartição de Desenvolvimento Profissional*) of the *Direção de Recursos Humanos e Administração em Saúde* at the MINSAP were involved in the implementation of this plan and training was expected to become decentralised by extending the training activity to the Healthcare Regions (*Regiões Sanitárias*) described as having the adequate conditions for it.[18]

The new board of the ENS has been following the same strategy as the previous board.

The ENS is located at a new building of the INASA outside Bissau and higher than expected management challenges of the new structure were found. In addition, nursing training is expected to be taught at the other offices outside Bissau – Bolama, Empada and Catió – with extra cost, which has been one of the reasons for the recent

Table 6 – HRH training in the Republic of Guinea-Bissau, 1974-2018

Entity	Foundation year	Observations
Escola Técnica de Quadros da Saúde Dr. Fernando Cabral (ETQS)	Created in 1974, became official in 1992	Has ceased to exist in 1997, at the time when the ENS was created.
Faculdade de Medicina Raul Diaz Arguellez (FM)	1986	Shut down from 1998 to 2007.
Escola Nacional de Saúde (ENS)	1997	Created with the aim at converging the training taught by the ETQS and by the FM; the latter has never integrated the ENS.
Universidade Amílcar Cabral (UAC)	1999 2013	Created with the aim at merging all the country's higher education entities, was shut down in 2008 and resumed its activity in 2013. A nursing graduation was made available with a partnership with the *Grupo Lusófona* from 2004 to 2008.
Liceu Politécnico SOS Herman	2007	The *Saúde Pública e Saneamento do Meio* course was started in 2009.
Universidade Lusófona da Guiné	2008	The set-up of the *Universidade Lusófona* in the RGB was approved as a higher education institution in November 2008 and students of the nursing course of the UAC were transferred and their studies were completed at the new private university.
Universidade Jean Piaget de Bissau	2010	
Instituto Superior Politécnico "Benhoblo"	2011	Shut down by the MEES in 2015, due to the lack of a laboratory, no license and inadequate facilities. Resumed in 2016 by the indication of the MEES, even though with unauthorised student admission until further notice.
Escola Bà Biague	2014/2015	Shut down by the MEES in 2015, due to the lack of a laboratory, no license. Resumed in 2016, authorised by the MEES
Universidade NOVA da Guiné	Made official in 2017 and functional in January 2018	Licensing was questioned by the MEES at the first semester of 2018

All private institutions are working with no license that should be granted by the MEES. All are working under the Law no. 3/2011 of the higher education, according to the *Suplemento do Boletim Oficial* – BO no. 13 of 29 March 2011.
ENS: Escola Nacional de Saúde; ETQS: Escola Técnica de Quadros da Saúde Dr. Fernando Cabral; FM: Faculdade de Medicina Raul Diaz Arguellez; MEES: Ministério da Educação e do Ensino Superior; RGB: Republic of the Guinea-Bissau; UAC: Universidade Amílcar Cabral

deactivation of these offices.

Internal teachers are included in the teaching staff hired by the MINSAP for the school, mostly including nurses, 14 in total, by June 2018 and visiting teachers (57 in total). The former are paid by the MINSAP with a financial incentive paid by the school and the latter are fully paid by the school.

With the support of the WB, nursing, laboratorial technician and pharmacy technician curriculum plans have been updated and also a midwife curriculum revision process has also been carried out, with the support of the UNFPA (United Nations Population Fund). Curriculum revision processes were developed under the intermediation of the *Instituto de Higiene e Medicina Tropical* of the *Universidade Nova de Lisboa* and ensured by a Portuguese nursing high school as consulting entity and curricula were brought into line with those of the African health region, with the participation of Guinean teachers and experts of the ECWAS. Curriculum plans that emerged from this revision are those in force in 2018 and are according to the ECWAS recommendations aimed at a regional convergence. The acquisition of equipment ensuring IT support and a laboratory for practical classes was also made possible mainly with the support of the WB. A financial support of the UNFPA (tutor training) and of the *Camões - Instituto da Cooperação e da Língua Portuguesa*, a Portuguese public institution (teacher training) has been granted in 2016.

Examinations for admission to the ENS courses have been supported by candidates, representing an important income source for the ENS.

The FM would theoretically be part of the ENS, even though "this really never happened". The aim was to promote the autonomy of the faculty regarding the Cuban tutorial, although this has not happened until the 2017/18 term. "Conditions of government and leadership" for this never

existed, according to the information provided by respondents: Guinean physicians were not able to assume the faculty as they would depend on a public wage and "teachers have a very low wage or are not paid at all". Therefore, those who would have the skills for assuming academia prefer not to do so, in search for better payment conditions.

Emerging private training is worth mentioning, frequently taught without the approval of the MEES, with processes that are entirely autonomous from the public education or international regulation entities. According to the information obtained, this is mainly 'a profitable business'. A practical component has not existed as internships could not be held at the healthcare public system, as these courses were not recognised. As regards nursing, 'the presence of these courses apparently does not reduce the search for the ENS". The training institutions and academic grades have been diversified with these private institutions, moving away from the objectives of the PNDRHS. The fact that nursing courses are taught by private entities is one of the main points of dispute, with no professional internship, conferring an academic degree, rather than the same course at the ENS, which is considered as a mid-level course, even though with better professional experience obtained from internships at the healthcare units of the national health system. This has raised payment and career progression issues, for instance, including doubts associated with the functional content of the different categories in nursing career.

DISCUSSION

The reality of the RGB as a FS, one of the poorest countries in the world and facing continuing political turmoil and lack of stable social and economic institutions for over two decades,[19] is the specific framework that is described in literature regarding HRH, corresponding to a severe, long-lasting crisis affecting HRH in different ways, as shown by this and other articles.[20–23]

Conditions in the RGB lie within the issues defined by the WHO for the African region at the time when the recommendations for the implementation of the Global Strategy on human resources for health: Workforce 2030 were issued, with a weak leadership and governance of healthcare staff and suboptimal HRH education and training capacity.[24]

Even though there is a guideline for HRH management – the PNDRHS, limited implementation and empowerment by different stakeholders is the reality in FS in which planning documents not always reflect a real and coherent work.[22] The same authors have also underlined that some good-quality plans never got off the ground due to the weakness of the implementing institution, to conflicting priorities or risky consequences. As described in literature, the political environment, the existing implementation capability and constraints should be taken into consideration in order to ensure the development of more realistic and feasible plans regarding any HRH management strategy.[22] The lack of regulation in education leads to the proliferation of training structures, public but mainly private, ignoring any national and regional dictates and regional rules.

As regards training supply, the reality in the RGB is almost in line with what has been described in other FS. On one hand, HRH training is totally or partially subsidised; whenever public aids and partner's financial support fail, public training is traded and profit becomes the main motivating factor of these training structures.

On the other hand, training lies mostly within the domain of the public system, of the MINSAP, the MEES or both and, under political turmoil, private training centres have emerged, mainly not approved by any public institution, which may correspond to low quality training whenever adequate resources and capacities lack.[21] The same reality as described for the African Region has been found in the RGB: some training schools have not been approved, meaning that quality of education is not ensured; increasing number of training schools in health sciences, in part due to an increasing involvement of the private sector in education.[24]

This business related to the proliferation of private training entities has also been described in countries as Afghanistan, India, Brazil, Central African Republic, Democratic Republic of Congo, Haiti, Occupied Palestinian Territories and Somalia where professional training is classified as a profitable business.[20] According to the same source, an increasing pressure on the existing HRH numbers and a negligible pressure on training quality caused by an absent regulation has been found in these countries, in line with what has been described in the RGB.

Non-regulated privatisation of training centres, leading to the proliferation of HRH that may become integrated in the public sector, aside from any planning that may exist,[21] in line with what has been described in the RGB, has been described by different authors. Competing interests regarding the relationships within and between the Ministry of Health, Education and training institutions, leading to the fragmentation of efforts with a limited impact on the response to HRH needs has also been found in the RGB, in line with other FS in the African continent.[25]

The FM has developed another business model within the RGB, based on a partnership with the Cuban cooperation in response to the vulnerability regarding medical staff training, even though this was not fully assumed by the country as regards management and functioning. An initially short-term initiative, in support to the development of medical staff training, has become an accepted and almost

unquestionable reality. This situation is in line with what has been described in other FS: response to crisis, such as vertical approaches and projects, initially expected as short-term interventions, have become 'cultural' and becoming embedded in people's way of being, beyond vulnerable situations or leading to a continuing vulnerability. A strategic action is needed to correct these tendencies as no solution is spontaneous.[21]

The diagnosis of HRH issues in terms of strategic planning and training for the African region has been established and the RGB is in line with it.[24] Recommendations were issued by WHO Africa, within the Global Strategy on human resources for health: Workforce 2030 and should be taken into consideration in any HRH planning process strategy that is expected to occur in the RGB within the implementation of the PNDS III.

Obtaining systematic and consistent information has been one of the main constraints throughout the present study, as accurate data regarding HRH training were not available. Literature has shown a weak capacity for collecting, analysing and using HRH information in the African region. There is scarce information available on HRH in the RGB, in line with what has been described for the region.[24]

CONCLUSION

HRH training in the RGB was analysed under different perspectives, including different stakeholders and training processes and was put in context, according to the country's history, its reality and as a FS.

As one of the most fragile countries in the world, reality in RGB is in line with what has been described in FS regarding HRH training: there is a limited training capacity leading to a poor response to the country's needs in addition to leadership and governance failures with an impact on training processes.

Even though we have found an attempt to plan HRH management, including HRH training – mainly through the PNDRHS -, there is limited implementation of strategies, due to reasons related to the political and institutional instability and its consequences, as to the lack of leadership.

This situation has led to the emergence of three business models: marketing of the public sector; proliferation of a profitable private sector operating as free agents; models of cooperation that perpetuate the dependence from external initiative and resources. Even though the country's needs are in part responded by either of these models, public vulnerability gets worse by neglecting quality and perpetuating dependences.

HUMAN AND ANIMAL PROTECTION

The authors declare that the followed procedures were according to regulations established by the Ethics and Clinical Research Committee and according to the Helsinki Declaration of the World Medical Association.

DATA CONFIDENTIALITY

The authors declare that they have followed the protocols of their work centre on the publication of patient data.

CONFLICTS OF INTEREST

The authors declare that there were no conflicts of interest in writing this manuscript.

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