

## The massive non-accreditation of medical schools in Angola: A call for urgent reform

The publication of the first phase of evaluation results by Angola's Instituto Nacional de Avaliação, Acreditação e Reconhecimento de Estudos do Ensino Superior (National Institute for Evaluation, Accreditation and Recognition of Higher Education Studies (INAAREES)) on 15 March 2025 revealed that of the nine currently existing medical schools in Angola, only three (two private and one public) met the minimum quality standards, and were accredited. Specifically, the accredited institutions were the Faculty of Medicine of Mandume ya Ndemufayo University (UMN, 60.49% of criteria met), the Private University of Angola (UPRA, 63.19%) and Jean Piaget University (Piaget, 63.30%).<sup>[1]</sup>

The accredited programmes were awarded a 'Level C' rating (60 - 79% of criteria met), indicating that, although they received valid accreditation for 2 years, quality gaps and requirements remain that need improvement or more consistent fulfilment.<sup>[2]</sup> These programmes were assessed based on indicators, standards and verification criteria such as mission and development plan, governance, curricula, faculty, student body, technical and administrative staff, research, outreach, exchange programmes, infrastructure and compliance with current legislation.<sup>[3]</sup>

This situation is highly concerning, and raises a red flag for medical education in Angola, with direct implications for the quality of health professional training and the services provided to the population, especially in the context of the country's healthcare workforce capacity.

The limited number of physicians in the country further underscores the urgency of the situation. According to the Minister of Health of Angola, speaking at the 30th Health Advisory Council, the country has 7 715 physicians.<sup>[4]</sup> The World Bank report on human resources for universal health coverage<sup>[5]</sup> estimates a medical density of 2.2 physicians per 10 000 population in Angola. The same report notes that ~30% of the country's medical specialists are expatriates.

Although difficult, the INAAREES decision not to accredit the majority of medical programmes of most universities in the country, is necessary to align with global medical education standards, and to safeguard both educational quality and patient safety. However, this non-accreditation exposes persistent structural issues: insufficient laboratory and clinical infrastructure; lack of qualified faculty; and an inadequate number of supervised practical hours – conditions essential for safe and effective clinical training. These gaps compromise not only the technical competence of recent graduates but also public trust in educational institutions and the health system.

The practical consequences are manifold. In the short term, students and institutions face uncertainties regarding course continuity, diploma recognition and admissions. In the medium term, the limited availability of training places may exacerbate shortages of health professionals in already vulnerable provinces. In the long term, the quality of care and population health indicators could be adversely affected if corrective measures are not implemented promptly and consistently.

A similar situation occurs in Brazil, where the rapid expansion of medical schools has raised concerns regarding educational quality. The Federal Council of Medicine and the Brazilian Association of Medical Education report that ~60% of schools lack teaching hospitals or adequate practical training facilities, compromising clinical education.<sup>[6,7]</sup>

The Brazilian Society of Paediatrics warns that inadequately trained and unqualified professionals are less effective, impose higher costs on the healthcare system, request more supplementary examinations and unnecessarily prolong hospital stays.<sup>[8]</sup>

In the USA, a study from the Mount Sinai School of Medicine in New York estimated that USD 6.7 billion were spent in a single year on unnecessary tests and prescriptions in primary care.<sup>[9]</sup>

Each indication for unnecessary complementary diagnostic tests – whether imaging, microbiological, histopathological, functional, or endoscopic – represents both economic waste and additional risks to patients. The most serious consequence is iatrogenesis. The economic impact is substantial: a study published in *BMJ Quality and Safety* estimated that the global number of patient harms related to medical treatment increased from 11 million in 1990 to 18 million in 2019, a 59% rise, many of which could be prevented in countries with better-trained healthcare professionals.<sup>[10]</sup>

The World Health Organization (WHO) estimates that one in 10 patients suffer harm during healthcare delivery, and that 3 million deaths annually could be prevented through safe practices.<sup>[11]</sup>

The gap between the objectives of the Republic of Angola's 2013 - 2020 National Workforce Training Plan<sup>[12]</sup> and the actual outcomes of the evaluation of medical institutions highlights the urgent need for structural and regulatory reforms in medical education in Angola.

Accordingly, priority actions are proposed, co-ordinated between the supervisory bodies of higher education and other stakeholders in the training process, aiming to establish mandatory national minimum standards to guide curricula aligned with best international practices, while simultaneously ensuring appropriate adaptation to local specificities.

These standards should include explicit requirements for clinical rotation hours, faculty qualifications and essential teaching infrastructure.

It is further recommended to implement a regular accreditation cycle, supported by periodic reassessments based on internationally validated metrics. To ensure high-quality practical training, the establishment of partnerships and consistent investment in university hospitals, clinical simulation centres and adequately equipped laboratories are essential.

Equally imperative is the development of a coherent and sustainable strategy to strengthen medical education in the country over the long term, in line with the recommendations of Angola's Human Capital Development Plan 2023 - 2037,<sup>[13]</sup> and aligned with demographic and epidemiological projections, particularly in light of the continuous population growth evidenced by the most recent census.<sup>[14]</sup>

These recommendations will provide a concrete framework for implementing remedial plans in non-accredited programmes, ensuring that medical education in Angola aligns with international standards.

It is equally essential to promote strategic international partnerships that include mechanisms for continuous faculty development and structured exchange programmes, constituting a key pillar for strengthening the quality and sustainability of training programmes. Rather than relying solely on training professionals abroad, it is imperative to consolidate structural and academic conditions that ensure robust, sustainable local training aligned with the real needs of the healthcare system. The health of millions of Angolans depends

on the quality of the professionals we train today. This moment represents a unique opportunity to rebuild the medical education system with responsibility, transparency and competence. If the recent decision by INAAREES is neglected, cycles of inadequate training may be perpetuated, producing adverse effects on health indicators for generations to come.

The WHO unequivocally emphasises that investing in the quality of medical training is equivalent to investing in patient safety and in the efficiency of the health system.<sup>[15]</sup>

Ultimately, inadequate medical training entails a double cost: the initial investment in substandard education and, subsequently, the expenses arising from its clinical and systemic consequences.

## Conclusion

The INAAREES results show that the majority of medical programmes in Angola do not meet minimum standards. It is imperative to implement structural reforms, strengthen faculty and infrastructure and promote international partnerships, ensuring high-quality medical education, patient safety and efficiency within the national health system.

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