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Research Article

Nursing Leadership: An Underused Resource to Transform African Health Systems

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ABSTRACT

Nurses make up the majority of the health workforce in Africa and are central to primary health care delivery. Despite their crucial role, their leadership and governance potential remain underutilized, limiting their contribution to the Sustainable Development Goals. Drawing on experiences from Burkina Faso and Senegal, and supported by international evidence, this article highlights the ability of nurses to strengthen health system resilience. From community-based screening to hypertension management, they demonstrate capacity to anticipate crises, innovate, and ensure continuity of care. Yet, barriers such as limited access to decision-making positions, restricted leadership training, and inadequate funding constrain their strategic role. Advancing nursing leadership requires the creation of well-resourced positions, the expansion of specialized training, and recognition of local initiatives. Strengthening this leadership is essential to achieving Universal Health Coverage and building resilient, equitable health systems.

KEYWORDS

Nursing leadership, Health governance, Africa, Primary health care, Universal Health Coverage.

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Introduction

African health systems are confronted with structural challenges, including physician shortages, the rising burden of chronic diseases, persistent inequalities in access to care, and political instability in certain regions. In this context, the nursing workforce represents an indispensable strategic resource. The *State of the World's Nursing 2020* report [1] emphasizes the importance of strengthening nursing leadership to achieve the Sustainable Development Goals (SDGs). Yet in many African countries, the role of nurses remains largely confined to the execution of clinical tasks. This article reflects on the urgent need to reposition nurses as leaders and strategists at the heart of health governance.

Methodology

The analysis was based on a dual approach. First, a literature review was conducted using reports from the World Health Organization (WHO), the International Council of Nurses (ICN) [2], and recent studies published in *BMC Nursing* and the *Journal of Clinical Nursing*. The review covered the period 2010–2025 and used the keywords "nursing leadership," "health systems Africa," and "policy participation." Second, a capitalization of local experiences was undertaken. In Burkina Faso, the SIM Mission Medical-Surgical Center in Piéla, managed by a community health management committee (COGES) led by a nurse, successfully anticipated security challenges, strengthened its surgical and medical capacity, and implemented innovative projects such as large-scale sickle cell disease screening. In Senegal, at the Medical and Social Center Galle Kisal (Dahra Djolof, Senegal), nurse-led initiatives structured community-based hypertension management, introduced internal training programs, and reinforced collaboration with the district

health office. This hybrid approach grounds the advocacy in concrete field realities while being supported by international evidence.

Results/Findings

Nurses emerge as strategic actors within African health systems. In rural areas, they often ensure continuity of care on their own, providing the first point of access for populations. Their role extends beyond direct care, encompassing innovation in community programs, as illustrated by the NIMART model in Southern Africa, where nurses initiate and effectively monitor antiretroviral therapy. In Burkina Faso, a nurse-director strengthened his facility to accommodate patient flows unable to reach major cities due to insecurity. In Senegal, local nurse-led initiatives structured hypertension management through regular follow-up, community sensitization, and data collection. These examples highlight the profession's ability to anticipate challenges, innovate, and maintain the resilience of health facilities.

However, several barriers persist. Between 2016 and 2020, at least 62% of countries in the WHO African Region (29 out of 47) established a position of Government Chief Nursing and Midwifery Officer (GCNMO) or equivalent [3]. Yet in many cases, these positions remain underfunded and lack real decision-making authority, confirming that nursing leadership remains underutilized. The profession continues to be perceived as auxiliary and confined to the execution of tasks. Access to leadership training is limited: while some master's programs in public health and leadership are open to nurses, often through scholarships (WHO, DAAD, USAID), the numbers remain low. In Kenya, only 7.7% of nurses held a bachelor's degree in 2020, and only a handful of universities offer master's degrees in nursing sciences. Initial training, largely focused on technical competencies, inadequately prepares nurses for governance responsibilities. Funding for nursing research and innovations is also scarce, although some NGOs are beginning to support nurse-led projects. Finally, workforce density remains critical: according to WHO/AFRO [3], the Region had 17.78 nurses and midwives per 10,000 inhabitants in 2020 (compared to 11.81 in 2005). By contrast, high-income countries average about 100 per 10,000, while low-income countries are closer to 9 per 10,000 [4].

Discussion

Experiences from Burkina Faso and Senegal demonstrate that, when entrusted with responsibility, nurses become true strategists in public health. They are able to anticipate crises, initiate community-based projects, and sustain the resilience of health facilities. However, most master's programs in public health and leadership remain heavily oriented toward physicians. Yet, when the few available physicians move away from clinical practice to focus on management, the shortage of direct care providers worsens. A revision of curricula is therefore required to open and adapt leadership tracks to nurses. Some positive initiatives exist, such as regional master's programs funded by international donors that include nurses, but these remain insufficient.

Initial training must also evolve to instill, from the outset, a broader vision of the nursing role that includes strategy, governance, and decision-making. Students should understand that becoming leaders in public health is not only possible but necessary for the survival of health systems. Paramedical personnel represent approximately 37% of the total health workforce in the African Region, making their integration into governance an unavoidable priority.

Inspiring figures illustrate this dynamic. In Ghana, Docia Angelina Naki Kisseih, the first Chief Nursing Officer, introduced university-level curricula and partnerships with WHO and UNICEF. In Kenya, Eunice Muringo Kiereini professionalized community health care and became the first African president of the ICN [4]. In Botswana, Sheila Tlou moved from nursing to serving as Minister of Health and raised the African voice globally in the fight against HIV/AIDS. In Malawi, Mauakowa Malata elevated nursing education to the university level and reinforced regional leadership. Finally, in Kenya, Anna Qabale Duba, laureate of the Aster Guardians Global Nursing Award 2022, invested in community education and advocated for women's rights. These examples show that nursing leadership is a reality, though still underexploited.

For donors, investing in the nursing workforce is a sustainable strategic choice: nurses are present everywhere, rooted in their communities, and ensure continuity of service even during crises. In daily contact with families, sharing their living conditions and realities, they develop a nuanced understanding of local needs and vulnerabilities. This proximity provides them with a unique and broader vision of leadership, enabling them to identify culturally sensitive and contextually appropriate solutions. This model aligns with the concept of "proximity leadership," which emphasizes a leader's capacity to act from within their community roots. For ministries, integrating nurses into governance offers an opportunity to ease the burden on physicians and strengthen local health governance.

Limitations

This article is based on a narrative capitalization and a targeted literature review, without a comprehensive systematic analysis. The data used come from international reports and selected field experiences, which may introduce selection bias. Available figures on nursing density and the proportion of Chief Nursing Officers vary across sources and years. The findings presented should therefore be interpreted as general trends rather than absolute measures.

Recommendations and Perspectives

Transforming African health systems through nursing leadership requires several key measures. First, this leadership must be institutionalized by creating Chief Nursing Officer (CNO) positions endowed with real authority and dedicated resources. Leadership and management programs should be expanded, with specialized master's degrees accessible to nurses and adapted to their professional realities. Curricula must integrate modules on

governance, health economics, and strategic management from the earliest stages of training. Nurses should also be represented on hospital boards, district health teams, and national committees. Local experiences, such as community-based hypertension management programs or sickle cell disease screening initiatives, should be recognized and funded. Clear indicators should be incorporated into health policies, such as the number of health facilities led by nurses or their proportion in national committees. Supported by strategic partnerships with donors, these measures would help build more inclusive and sustainable governance.

An essential dimension of nursing leadership lies in its deep community roots. Because nurses share the living conditions of the populations they serve and remain attentive to their needs, they act as privileged witnesses of both inequalities and local resources. This social immersion positions them as natural mediators between health policies and field practices, capable of proposing pragmatic and widely accepted solutions. Public policies should acknowledge and formalize this proximity as a strategic lever, systematically integrating community nursing expertise into planning and evaluation committees. This represents a form of transformational leadership, in which daily frontline experience directly informs a broader vision for systemic change.

Box: Five Strategic Reasons to Invest in Nursing Leadership.

Reason	Description
Largest workforce	Nurses represent the largest share of the health workforce and are present even in the most remote areas.
Continuity of care	They ensure service continuity during conflicts, pandemics, or political instability, demonstrating resilience in times of crisis.
Optimization of resources	Training and equipping nurse leaders reduces the burden on physicians and improves the use of limited resources.
Community-rooted solutions	Embedded in their communities, they provide contextually relevant and sustainable solutions adapted to local realities.
Measurable impact	Clear indicators—such as the number of facilities led by nurses, their representation in health committees, and the financing of nurse-led innovations—allow tangible monitoring of progress.

Conclusion

Africa will not achieve Universal Health Coverage (UHC) without recognizing and promoting nursing leadership. Nurses are not merely executors of care; they are proximity leaders, public health strategists, and governance actors. Their empowerment can transform the resilience of health systems, strengthen equity, and bring services closer to populations. For donors, investing in nursing leadership means relying on a sustainable and effective resource. For ministries, it ensures more inclusive governance rooted in local realities.

This article emphasizes that empowering nurses as leaders is not optional but essential to achieving sustainable health outcomes in Africa.

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