STATE UNIVERSITY OF NEW YORK
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Investigating the availability of services for individuals with communication disorders in Sub-Saharan Africa

Cynthia-Ann Capurso

Introduction: Scope of the problem

- Studies indicate that 49% of people with disabilities in Sub-Saharan Africa (SSA) seek rehabilitation services for communication difficulties (Wylie, McAllister, Davidson, & Marshall, 2013).
- However, the availability of speech-language therapists (SLTs) in Sub-Saharan Africa are suggestive of a workforce density between 0 and 6 SLT per million population (Wylie, McAllister, Davidson, & Marshall, 2018).
- The characteristics and support of the workforce directly impact the performance of the healthcare system.

Objectives

This review seeks to identify the main factors that contribute to the shortage of healthcare for individuals with communication disorders. The purpose of this review is to clarify solutions pertaining to these factors to ensure the sustainable impact of services on individuals with communication disorders in SSA.

Discussion

- There is an urgent global need to strengthen rehabilitation services for people with communication disorders in SSA.
- It is necessary to increase the workforce of SLTs in order to fill the gaps.
- The SLT employment patterns show that the not-for-profit sector has a high amount of SLT employment. Despite this, the government sector displays the most sustainable and culturally relevant care. Ceaseless services and culturally and linguistically appropriate providers account for the most efficient resources for individuals with communication disorders in SSA.
- It is evident that not-for-profit sector is an unsustainable organization as it accounts for the lowest retention of SLTs, and it contains the largest population of SLTs that are of non-African nationality. Their training generally occurs outside of SSA, which means there is a discrepancy in cultural competency.
- Services provided by an expatriate may demonstrate inefficiency because the therapy process involves much more than direct therapeutic intervention. SLTs must consider a comprehensive holistic approach with patients and families. It is a challenge to be culturally competent as an SLT when working in a non-native country. However, this accounts for a large portion of SLTs practicing in SSA.

The existing challenges:

- There is a shortage of culturally contextual and linguistically appropriate providers.
- Research must investigate how the rural population benefits from the services established in the countries so far.

Conclusion

- Global responsibility and solutions beyond the health workforce are necessary for this issue to be successfully addressed. There needs to be sufficient training of local professionals who are able to offer sustainable, culturally appropriate, nuanced, and accessible services for people with communication disorders.
- Speech and language training programs have commenced in a number of SSA countries in the recent years (Barrett & Marshall, 2013; Topouzkhanian & Mijiyawa, 2013).
- According to the Association of Speech and Language Therapists in East Africa (ASALTEA) (2011), the association is being established with a vision to "ensure delivery of high quality speech and language therapy services through innovating partnership with training institutions, governments, and communities in East Africa and beyond" (as cited in Barrett & Marshall, 2013).

Results

- The most prominent aspects that impede SLT service development are the severely limited availability of health workers, inadequacy of training for professionals, and culturally appropriate care.
- SLTs are employed by the government, private, and non-governmental organizations (not-for-profit) sectors (Wylie et al., 2018). Percentages are shown in Figure 1.
- In this sample, the largest proportion of jobs that employed non-African SLTs were in the not-for-profit sector (58%), followed by the private sector (42%) (Wylie et al., 2018). There were no non-Africans who reported holding a government-funded job. (Wylie et al., 2018).
- Research was conducted to determine the region in which professional training was provided. It was found that more than half of the African nationality respondents had received their training qualifications within Africa (Wylie, McAllister, Davidson, & Marshall, 2016). All non-African respondents reported to be trained in Minority World countries (Wylie et al., 2016).
- It has been shown that centrally-located, short-term, expatriate SLTs cannot provide sustainable support for the large amount of people with communication disorders throughout SSA (Barrett & Marshall, 2013). The permanency of SLT employment is shown in Figure 2 (Wylie et al., 2018).

Figure 1: Total employment by funding sector

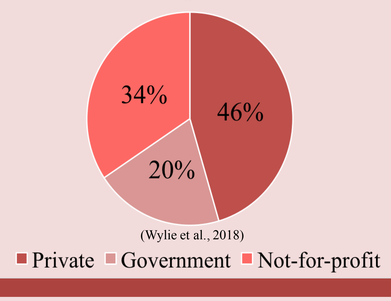
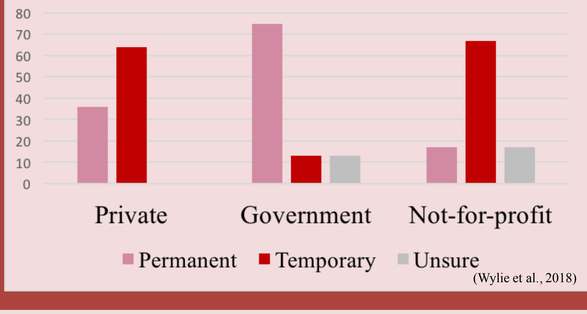


Figure 2: Permanency by funding sector



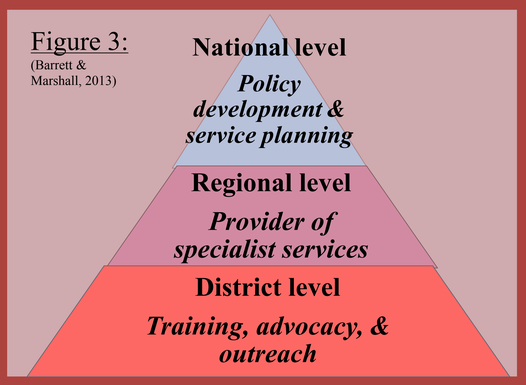
Sustainable solutions through culturally relevant care

- It is crucial that local professionals have the available resources to become trained in the SLT field.
- A degree program is vital to ensure the first group of SLTs will be equipped with the knowledge and skills to assess people with communication disorders.
- To plan structured services for people with communication disorders, SLTs should be employed at national, regional, and district levels to provide varying levels of expertise. Roles are demonstrated in Figure 3 (Barrett & Marshall, 2013).
- Government funding for SLT services is critical. However, to receive support, the government needs to better recognize the scope of the problem.
- More evidence-based research is necessary to determine the most advantageous solutions in order to mitigate the issue holistically.

Rationale:

- Clinical training in the contextual and linguistically relevant resource will assist in developing culturally competent SLTs who can work globally. This will generate an evidence base to advocate for an effective policy in a context where communication disability is highly unrecognized, highly stigmatized, and low on political priority (Barrett & Marshall, 2013).

Figure 3:
(Barrett & Marshall, 2013)



References

Barrett, H., & Marshall, J. (2013). Implementation of the world report on disability: Developing human resource capacity to meet the needs of people with communication disability in Uganda. *International Journal of Speech-Language Pathology, 15*(1), 48-52. doi:10.3109/17549507.2012.743035

Stanford Health Policy. (n.d.). *Sub-Saharan Africa* [Photograph]. Retrieved from https://healthpolicy.fsi.stanford.edu/research/region/sub-saharan-africa

Topouzkhanian, S., & Mijiyawa, M. (2013). A French-speaking speech-language pathology program in West Africa: Transfer of training between Minority and Majority World countries. *International Journal of Speech-Language Pathology*, *15*, 58–64. doi:10.3109/17549507.2012.757802

Wylie, K., McAllister, L., Davidson, B., & Marshall, J. (2013). Changing practice: Implications of the World Report on Disability for responding to communication disability in under-served populations. *International Journal of Speech-Language Pathology*, *15*(1), 1–13. doi: 10.3109/17549507.2012.745164

Wylie, K., McAllister, L., Davidson, B., & Marshall, J. (2016). Communication rehabilitation in sub-Saharan Africa: A workforce profile of speech and language therapists. *African Journal of Disability*, *5*(1), 1-13. doi:10.4102/ajod.v5i1.227

Wylie, K., McAllister, L., Davidson, B., & Marshall, J. (2018). Communication rehabilitation in sub-Saharan Africa: The role of speech and language therapists. *African Journal of Disability, 7*, 1-9. doi:10.4102/ajod.v7i0.338