



## **ANNUAL CONFERENCE**

**ASSOCIATION OF MEDICAL COUNCILS OF AFRICA**

Health workforce of the Future and its Regulation

Proudly Hosted By: Health Professions Council of South Africa



**Health Professions Council of South Africa**

**#AMCOA 2022**

# **HEALTH WORKFORCE OF THE FUTURE AND ITS REGULATION**

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## 1 PURPOSE

The purpose of this document is to present the Report on the 24<sup>th</sup> Annual Association of Medical Councils of Africa to Council.

## 2 INTRODUCTION

The members of AMCOA meet on an annual basis to discuss means of ensuring an integrated process of medical regulation, standardization/harmonization of education and training, the enhancement of quality healthcare, etc.

The vision of the Association of Medical Councils of Africa [AMCOA] is to be globally recognized as the leading organization for regulatory bodies in protecting the public and guiding health professions in Africa.

The primary purpose of AMCOA is to create an environment for best practice by health professions regulatory bodies in partnership with member councils and engagement of other stakeholders through:

- harmonization of standards for medical education, training, practice and fostering compliance thereof.
- promotion of professional and ethical practices; and
- capacity building & information exchange
- Improved Access to Health

The Conference was pitched at the level of an international Conference (a premier global forum) where delegates across all health sectors, health regulators, policy makers, academics and service providers were afforded an opportunity to engage on regulatory matters pertaining to the healthcare environment, including the shifting local and global healthcare trend.

## 3 APPROACH TO THE REPORT

This report is a summary of scientific reports for the AMCOA 2022 Conference.

Under **Section A**, the report will further address the scientific conference and the key issues covered in the oral presentations made. It does not attempt to address each presentation made during the meeting but rather seeks to highlight areas, which were duly considered and placed into the final AMCOA Conference Statement as best practices for possible application by its members.

Under **Section B**, the report will focus on the highlights of the Annual General Meeting as well as the proposed way forward for AMCOA activities.

## 4 SECTION A – SCIENTIFIC CONFERENCE PROCEEDINGS

- a) This report is a summary of events over the 5-day conference, which comprised of
- Opening Ceremony
  - Keynote addresses and round table discussion;
  - Main plenary sessions;
  - Concurrent sessions; and
  - Closing Ceremony

The Health Regulatory Authorities of the following countries were represented –

1. Botswana
2. Burundi
3. Eswatini
4. Ghana
5. Kenya
6. Lesotho
7. Malawi
8. Namibia
9. Nigeria
10. Rwanda
11. Seychelles
12. South Africa
13. Sudan
14. Tanganyika
15. Zanzibar
16. Uganda
17. United States of America
18. Zambia
19. Zimbabwe

The main conference speakers and panelist were –

- Dr Mathume Joseph Phaahla, MP, Honourable Minister of Health of South Africa
- Dr. Kalumbi Shangula, Honourable Minister of Health, Namibia
- Dr Tedros Adhanom Ghebreyesus [Director General WHO]
- Mr. Kaobitsa Maape, Honourable Premier of Northwest
- Mr Madoda Sambatha, MEC of Health
- Dr M Moeti World Health Organisation Regional Director
- Dr TKS Letlape [South Africa]
- Dr P Ramathuba [South Africa]
- Dr R Narwal WHO South Africa Representative [South Africa]
- Prof A Macheke [Zimbabwe]
- Dr E Njenga [Kenya]
- Dr S Magagula [eSwatini]
- Prof R Agatha Kambarami [Zimbabwe]
- Prof J Okullo [Uganda]
- Prof A Rhoda SAHSCOD [South Africa]
- Prof E Buch [South Africa]
- Ms K Oylen ECFMG [USA]
- Prof M Motswaledi [Botswana]

- Dr N Crisp NDOH [South Africa]
  - Prof M D Phasha [South Africa]
  - Prof T Mariba [South Africa]
  - Prof L Rispel [South Africa]
  - Dr D Yumbya, EBS [Kenya]
  - Dr M Molepo [South Africa]
  - Prof D Ngassapa [Tanzania]
  - Dr E Yorke [Ghana]
  - Dr M Mzukwa [South Africa]
  - Dr S Terkando FSMB [USA]
  - Dr D Banyubala [Ghana]
  - Prof A Hassan [Nigeria]
  - Dr C Weyulu [Namibia]
- b) **Under Sub Section (i)**, the report will focus on the Opening Ceremony and Keynote addresses.
- c) **Under Sub Section (ii)**, the report will address the key issues identified, challenges, and recommendations regarding the following themes –
- i) How do we move to Pan-Africanization within the Health Regulatory Environment?
  - ii) The future of the workforce and its regulation
  - iii) Reforming Training, Education and Practice for the future
  - iv) Use of Innovation and Digital Technology in Healthcare
  - v) Distribution of the health workforce to deliver universal healthcare
  - vi) Health Workforce Wellness: Building a Resilient Workforce
  - vii) Strengthening Sustainable Health Regulation
- d) **Under Sub Section (iii)**, the report will focus on the AMCOA Protocol on MCCOD (Medical certificate on the cause of death)
- e) **Under Sub Section (vi)**, the report will focus on the conference closure, overall recommendations to be considered by member states and its governing structures for implementation in their various jurisdictions.

### **Sub Section (i) Opening Ceremony**

The conference commenced with a warm welcome by the Premier of North-West Province in South Africa: Mr Kaobitsa Maape, Prof. Mbulaheni Nemutandani: President of HPCSA and Dr Kgosi Letlape: AMCOA President

This was followed by a conference statement by Dr Tedros Adhanom Ghebreyesus [Director General WHO] wherein he welcomed all delegates and stated that there is no health without health workers. He urged the discussions to focus on the rising health worker migration, continuous collaboration between regulations, unions and stakeholders, and the rights, dignity, education and safety of health workers.

After these inspiring words, the Honourable MEC of Health in Northwest: Mr Madoda Sambatha welcomed all delegates. In his address he advised that the deliberations during the conference must include workforce of the future, resource allocation and workforce distribution.

The Honourable Minister of Health (South Africa), Dr Joseph Phaahla welcomed all the delegates and further advised that the conference should focus on discussions around modernization of regulations, migration of the workforce, training institutions to produce high caliber workforce.

He stated that the theme of the conference is aligned to the experiences in Africa and thus appropriate: There is recognition that working conditions of the workforce needs to improve and further that the training of specialist in compromised due to the pressure on the fiscus.

In closing, he appreciated that there is a shift in gender equalization in the field of medicine, further indicating that that currently majority of women are graduating in medicine however, men still dominate at leadership level. This is identified as an area of improvement to ensure gender equalization at leadership level.

### **Sub Section (i) Keynote Addresses**

The conference featured opening remarks by the Vice president of HPCSA, Dr Sobuwa followed by the President of HPCSA, Prof M Nmutandani and the AMCOA President, Dr. Kgosi Letlape.

Country introductions were made by Dr. D Yumbya who is the CEO and Registrar of Kenya Medical Practitioners and Dental Council who introduced all members of AMCOA.

The opening keynote addresses were delivered by the Honourable Minister of Health (South Africa): Dr. J Phaahla and the Honourable Minister of Health (Namibia): Dr. Kalumbi Shangula

In his opening remarks, the Honourable Minister of Health (South Africa) extended a word of thanks to the organisers for choosing such a very topical and thought-provoking theme as it was a conversation that was trending globally and not just in the countries of Africa.

He moved into delivering an inspirational talk wherein he highlighted the following issues –

- i) The health systems in Africa should be ready to respond to the emerging challenges
- ii) Shortage of health workforce due to global migration
- iii) Remunerative work outside the public service as issue of concern
- iv) Use of technology to answer some of the challenges that are faced in training of doctors and other health professionals must be considered
- v) There is a need to leverage off the use of technology to improve service delivery
- vi) Proposes that as part of specialist training, a rotation must be included (probably ¼ of the duration of training) that is undertaken in a marginalized and/or under-serviced area

vii) Primary role as regulators is to protect the public and guide the profession

He concluded the talk with a question which must be answered as to how Africa is going to adapt to the changing working environment, for example, use of Artificial Intelligence, to offer services in an ethical manner?

The Honourable Minister of Health (Namibia) also extended word of thanks to the organisers and commended AMCOA for the theme chosen for the conference as it is relevant to Africa and globally as well. He delivered an inspirational talk focusing on the following issues-

- i) There is need to response to health needs in Africa as pertains to the health workforce, health workforce training and emergency preparedness
- ii) There is need for brain sharing in the region better so that the continent does not lose its very capable health professionals.
- iii) AMCOA needs to examine the push and pull factors for brain drain
- iv) Examine some of the limiting factors in our regulatory process that end up pulling back our advancement

He further highlighted areas of concern and proposed remedies in the following areas:

- i) Education and Training
- ii) Accreditation of training institutions
- iii) Scope of Practice
- iv) Cumbersome registration processes
- v) Lack of recruitment policies
- vi) Lack or research data: Policies related to recruitment and training of health professionals
- vii) Uniform practice standards
- viii) Sharing of teaching staff
- ix) Harmonisation of regulatory framework

In his conclusion he emphasised that there is need for further promotion of the AMCOA to have other partner states to join the organization and benefit from AMCOA and a need for Pan-Africanisation and try to seek solutions for problems within the African continent

### **Sub Section (ii) Conference Discussions on Identified Themes**

The conference moved into the round table discussions, plenary sessions and concurrent sessions which focused on different themes, namely –

- How do we move to Pan-Africanisation within the Health regulatory Environment
- The future of the workforce and its regulation
- Reforming Training, Education and Practice for the future
- Use of Innovation and Digital Technology in Healthcare
- Distribution of the health workforce to deliver universal healthcare
- Health Workforce Wellness: Building a Resilient Workforce
- Strengthening Sustainable Health Regulation

## Round Table Discussion

The round table discussion with four (4) panelists across Africa was focused on the question: ***How do we move to Pan-Africanisation within the health regulatory environment?***

Key issues raised during the discussions were as follows –

- Ensure collaboration within Africa to achieve Pan-Africanisation
- Harmonization and standardization of training curricula for health professionals
- Develop criterion for inspection of programs and assessment of the work force
- Innovative ways for universal coverage
- Innovative ways to deal with cross border migration
- Quality health care can only be achieved if the health professionals are on board to meet set standards
- Quality health care needs health financing
- More resources must be available for health regulation
- Policies or regulations developed by regulators must not leave the workers behind
- Share human resources for knowledge development

The panel further identified that challenges such as language barrier, cross border migration, poor remuneration of health workers and lack of commitment of resources that match international standards

***The following recommendations were made after the discussions:***

- ***Development of advocacy packages***
- ***Identification of leadership and infrastructure for the realization of Pan-Africanisation concept***
- ***Development and implementation of sustainability and growth plans***
- ***Establishment of regional centres of excellence and share the resources***

## Plenary and Group Discussions

### a) THE FUTURE OF THE WORKFORCE AND ITS REGULATION

Plenary sessions and group sessions were held to discuss the future of the workforce and its regulations, and the following were identified as key issues:

- i) Inadequate Human Resource Planning in the African region
- ii) The need to future-proof of the health professions
  - a. Fit-for purpose competencies for health workers to prepare for the future
  - b. The health worker of the future should have:
    - People centred interpersonal skills
    - Decision making and analytical skills
    - Digital technology competence
    - Evidence-based and professional knowledge
    - Professional and personal conduct of the highest level



- iii) Regulatory bodies dealing with misinformation, complex and conflicting regulations even in the same country as well as sources of best practices and evidence-based health information
- iv) Equipping the health workforce for current and future needs of the health system

The sessions identified the following as challenges –

- i) Brain drains
  - a. Migration of the health workforce which occurs both within the continent and abroad
  - b. Increase in health professional training not matched with the health worker to population ratio in Africa – remains low at 4.3 to 100,000
  - c. Global resignation with poaching of scarce HRH from Africa
- ii) Regulatory bodies
  - a. Loss of public trust
  - b. Complex regulations which are not well understood by the workforce and not well implemented
  - c. Independence of regulators from government interference
  - d. Multiple regulators working in silos and not collaborating on common issues
- iii) Different standards for training and recognition of health workers across the continent
- iv) Hospital based health service delivery with a focus on curative approach versus the preventative approach
- v) Inadequate emergency preparedness and responsiveness
- vi) Low uptake of digital technology in healthcare

***The following recommendations were made to be considered for implementation-***

- i) Training:***
  - a. Standardisation and harmonisation of health workforce training across the continent – including core curricula and entry requirements***
  - b. Integrate fit-for-purpose competencies into the core curricula for health workforce training***
- ii) Regulation of health professionals***
  - a. Mutual recognition of health professionals across the continent***
  - b. Standardise requirements for registration and licensure***
  - c. Regulation of unregulated health cadres***
- iii) Research and innovation***
  - a. Framework for sharing research and developing evidence-based health regulation and information for Africa***
- iv) Healthcare financing and resource allocation prioritisation***

## **b) REFORMING TRAINING, EDUCATION AND PRACTICE FOR THE FUTURE**

Plenary sessions and group sessions were held to discuss reforming training, education and practice for the future and the following were identified as key issues:

- i) There is mismatch between the training and the consumer
- ii) Education and health departments to work together on the training of health workers
- iii) Develop regional common core curriculum
- iv) Electronic medical record keeping and telemedicine to be included in the curriculum
- v) Formulation of policy to support health curricular review
- vi) Promotion of collegiate training, creation of medical education fund
- vii) Form inter-sectoral committee on health workforce
- viii) Offer postgraduate diploma registrable with the regulator to train in areas that are not so well-developed e.g., geriatric medicine, ophthalmology
- ix) Enhance the curriculum & training reform in line with best practices to augment its diploma value
- x) Provide online platforms in line with embracing digitalization
- xi) Substandard training has been observed especially in private colleges
- xii) There are discrepancies between institutions training the same programme
- xiii) Curriculum not integrative of indigenous perspective with westernized methodologies
- xiv) For the competent medical expert, collaboration and leveraging the wealth of experience and skills of allied practitioners and clinical associates is critical

The sessions identified the following as challenges –

- i) Insufficient human resources
- ii) Underfunding of health training programs

***The following recommendations were made to be considered for implementation-***

- i) To strive for same entry criteria, learning objectives, exposure to learning processes, accreditation standards and exit criteria***
- ii) Standardize both summative and formative assessment methods***
- iii) Use same accreditation standards and processes across all learning institutions***
- iv) Shift from traditional methods of training to modern ones to prepare for the future workforce***
- v) Develop training that meets population growth***

***In conclusion, the discussions emphasized on the following:***

- Formulation of policy to support health curricular review and standardize it in Africa***

### **c) THE USE OF INNOVATION AND DIGITAL TECHNOLOGY IN HEALTHCARE**

Plenary sessions and group sessions were held to discuss the use of innovation and digital technology in healthcare and the following were identified as key issues:

- i) Establish communication pathways to facilitate the use of telehealth technologies in response to health care emergencies such as COVID-19**
- ii) Regulation of software as a medical device in South Africa is unclear**
- iii) Artificial Intelligence in South Africa has insufficient post deployment surveillance mechanisms**
- iv) Regulation of the sector is lagging, leaving it vulnerable to fraud and loss/inappropriate disclosure of patients' health information**

The following challenges were identified –

- i) The implementation of technological changes would need resources and budget allocation which sometimes is an issue depending on the Country**
- ii) Creating a digital database requires awareness from the health practitioner which sometimes is not there.**
- iii) Digital databases are subject to confidentiality issues**

**Recommendations made are as follows –**

- i) Government to increase budget allocation to the health sector***
- ii) Collaboration between different regulators to ensure all their practitioners have their data loaded on a single database***
- iii) Policies developed to address challenges in use of AI in medical tests will reduce health related costs and elevate staff shortage in low resource settings***
- iv) New regulation for telemedicine practice which will lead to better health care.***

**d) DISTRIBUTION OF THE HEALTH WORKFORCE TO DELIVER UNIVERSAL HEALTHCARE**

Plenary sessions and group sessions were held to discuss the distribution of the health workforce to deliver universal healthcare and the following were identified as key issues –

- i) Inadequate Human resources for health (HRH) in Africa
- ii) There is need to have a robust conversation on training, absorption, distribution, remuneration and retention of HRH.
- iii) National Health Insurance (NHI) is introduced to create accessible, affordable, and equal health Service for everyone in South Africa
- iv) Ensure access beyond distribution of health workforce especially in rural areas
- v) There is need for inter-professional education and collaborative practice for better patient outcomes.
- vi) Regulation and professionalization of epidemiology practice.
- vii) Distribution of healthcare should start with recruitment from relevant areas where there is a need
- viii) Collaborative approach in tackling the factors leading to HRH attrition.
- ix) Need for multi-sectoral approach to address sustainability of a dynamic workforce.
- x) Equipping the health workforce by inclusion of management training
- xi) A move from task shifting between the health workforce to task sharing
- xii) Training institutions follow the role of distribution of healthcare workforce to deliver universal
- xiii) Health coverage, government has huge role to play

- xiv) Harmonization of data (healthcare regulators to ensure regulator remain information source of health professionals)

The following challenges were identified which contributes negatively towards the distribution of the workforce –

- i) Low density of HRH with a high disease burden
- ii) Reliance of provision of health care by professionals from other countries
- iii) Increased attrition of health professionals such as Dental hygienists
- iv) Inadequate distribution of HRH affects the attainment of Sustainable Development Goals (SDGs)

***The following recommendations were made-***

- i) Enhance collaborative approach to address sustainability of a dynamic HRH and ensure that HRH is equitably distributed***
- ii) Inclusion of management training for health care professionals.***
- iii) Thorough research into the reasons for HRH attrition***
- iv) Government (National Department of Health) to take accountability in equal distribution of health workforce***
- v) While considering universal coverage resources need to be considered***
- vi) AMCOA to channel the health professional training***

#### **e) HEALTH WORKFORCE WELLNESS: BUILDING A RESILIENT WORKFORCE**

Plenary sessions and group sessions were held to discuss health workforce wellness: Building resilience workforce and the following were identified as key issues:

- i) The responsibility of the practitioner towards the wellbeing of the patient as well as their own wellbeing to build resilience
- ii) Factors influencing a psychological safe environment at work (social factors at work, how work is organized and the working environment)
- iii) Social and organization factors including failure to adapt to coping mechanisms among nurses which contribute to psychological distress.
- iv) Building fulfilled healthcare practitioners as opposed to resilient healthcare practitioners.

The following challenges were identified regarding the wellness of the workforce –

- i) Conflict between the best interests of the patient versus the best interests of the practitioner
- ii) Compassionate fatigue: Try to abide to the ethical responsibility to serve the patient at the expense of the practitioner which leads to burn out and fatigue
- iii) Risk in practitioners not to stay for long within the public healthcare system
- iv) Challenges targeting the psychological interventions to improve the quality of nursing care to clients
- v) Certain social and organizational factors contribute to psychological distress.

***The following recommendations were made –***

- i) Improve the conditions of service for the workforce within the government facilities. (From resource point of view as well as the human capital point of view)***
- ii) Managing key psycho-sociological factors to improve healthcare worker wellbeing and reduce psychological harm***
- iii) Creating a work environment that motivate healthcare professionals to retain them and to attract new professionals into the workplace***
- iv) Establishment of committees or structures within the government facilities to deal with these risk factors.***
- v) Enhancing career longevity***

#### **f) STRENGTHENING SUSTAINABLE HEALTH REGULATION**

Plenary sessions and group sessions were held to discuss strengthening sustainable health regulation health workforce wellness and the following were identified as key issues and recommendations:

- i) Regulators need to embrace the team-based regulations
- ii) Regulatory autonomy
  - a. Flexibility observed during COVID-19 pandemic by temporary waiver of medical licensure requirements to meet the health workforce needs.
  - b. Expansion in the use of telemedicine was observed

- iii) Threats to the licensing board authority
  - a. Troubling legislative trend around the US aimed at limiting SMB authority to investigate patient harm in relation to Covid-19
- iv) Balancing Human Rights, Ethics and Law
- v) Law plays a role in regulation
- vi) Shared morality on norms and values is required
- vii) Regulators have a responsibility to protect the public
- viii) Regulators must regulate without fear or favour
- ix) Arrests of practitioners observed as a new trend where there is possible malpractice

The following challenges were identified:

- i) Challenge in not being able to regulate those who are not registered and as such failing to protect the public

***Recommendations were as a way forward in strengthening sustainable health regulation:***

- i) Legal and regulatory foresight by visiting the methods and principles to reflect values of people impacted by the regulations***
- ii) Regulations must be clear and easily implementable***
- iii) Role clarification must be clearly defined***
- iv) Implementation of training for health regulators***
- v) Collaboration between health regulators is essential***
- vi) Practitioners to practice self-regulation which requires cooperation of all health workforce***

## SUB SECTION (iii) MEDICAL CERTIFICATION OF CAUSE OF DEATH

### Background and Rationale

The process of medical certification of cause of death is a challenging task for most healthcare practitioners and physicians who are tasked with this responsibility. Across most of the low-income countries, particularly in Africa, medical certification of cause of death is not systematic and where it is done, medical practitioners are still challenged to correctly perform this role; for example, in many cases, majority of practitioners still document cause of death as “process event” (or modes of dying) such as physiological process, e.g., “cardiac or respiratory failures” and “not clinical condition.

Challenges related to medical certification of cause of death related to:

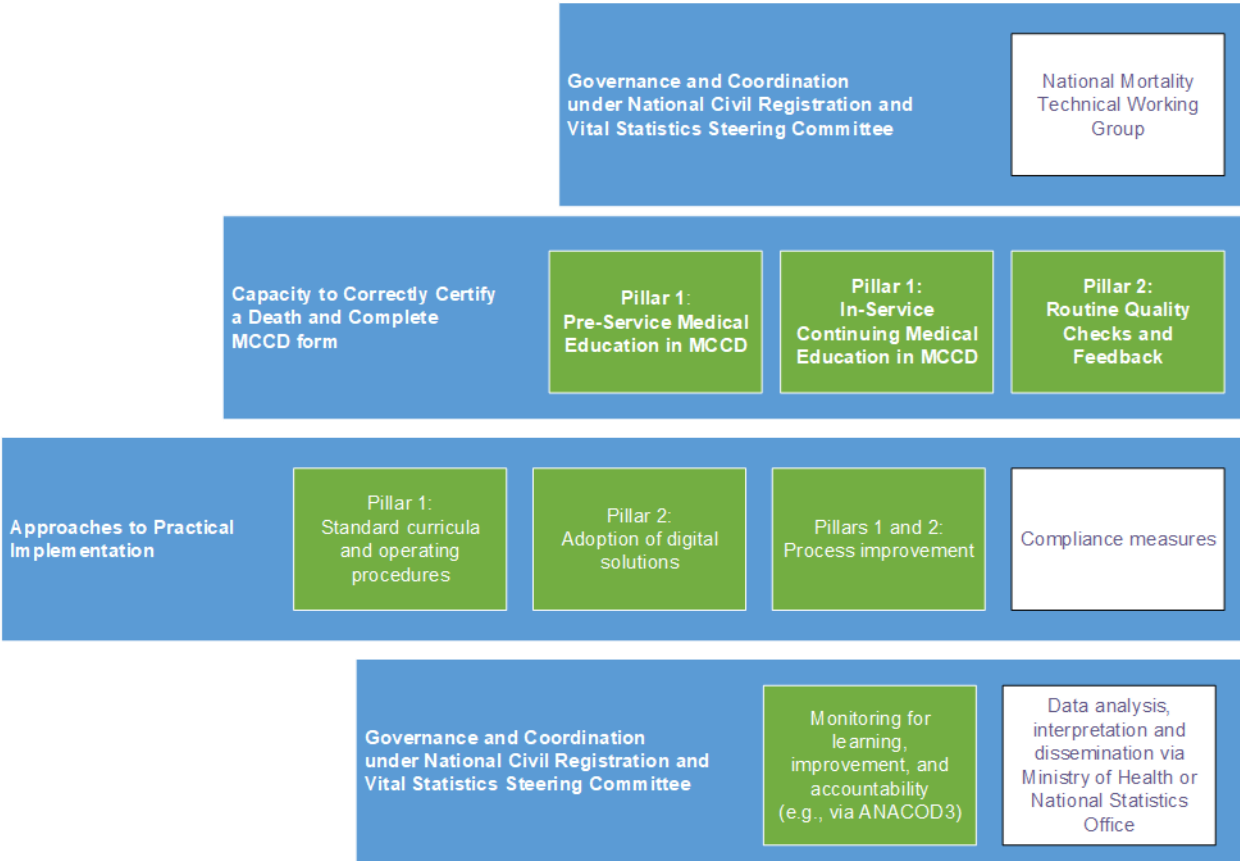
- i) Rigid structure of the form, lack of training in its completion and lack of real-time feedback
- ii) Clinical uncertainty and the varied approaches providers take to determine the cause of death based on their perception of the purpose of the medical certificate of cause of death
- iii) Choosing to cause of death in decedents with a history of diseases condition, like cancer.

These challenges called for the need to develop a policy tool that shall guide the improvement of the existing efforts in reporting cause of death data in Africa.

Proposed Framework for Countries to Strengthen Their Vital Statistics System

The proposed protocol to AMCOA members is for strengthening their vital registration based on the framework (Figure 2).

AMCOA Protocol Framework for Medical Certification of Cause of Death





Four Key enablers to this process:

**(a) Leadership, Coordination, and Review**

This component refers to governance and coordination mechanisms that should be in place and leveraged for sustainable impact. Should there be a National CRVS Steering Committee but no Mortality Technical Working Group, there may be an opportunity to work with the Steering Committee to establish one. If neither a National CRVS Steering Committee nor a Mortality Technical Working Group exists, decision will have to be made about whether to proceed with protocol implementation, and if so through which channels, if not the Ministries of Health and Education.

**(b) Priority Setting and Planning**

This component revolves around identifying and planning for key priorities.

**(c) Implementation**

The third section provides indicative practical approaches to implementing the two enablers. These include: the development of standard curricula; adoption of digital solutions; process improvements. Other practical matters such as compliance measures (e.g., with government mandated reporting timelines) are the purview of other stakeholders such as the National Mortality Technical Working Group.

**(d) Establishing a monitoring system**

This is to assess improvements or declines in the quality of MCCD. These may range from simple output measures (e.g., number of MCCDs produced to ICD standard); before-and-after tests; examination of misclassification in cause of death; quality checks for paper-based or digitized MCCDs; application of COD-Edit; and routine use of ANACOD3.

Countries are to use this framework only as a reference and shall adapt the process to their specific contexts and stage of MCCD implementation.

**Implementation Framework**

The proposed MCCD implementation is based on a WHO framework developed to support countries at different stages of MCCD process. The framework considers that countries may be at different stages and hence inputs, support, and choices to be made may vary accordingly.

**Monitoring & Evaluation**

The monitoring and evaluation of the implementation of this protocol be done through established activities designed to track progress of programs. Member states shall develop indicators that most reflect their contexts and use them to measure the progress being made on their highest priorities

illustrative matrix table for monitoring MCCD indicators

Strategic Objective	Output	Indicator	Source
To produce and disseminate reliable vital statistics including causes of death according to international standards	All Health facilities have adopted the use of the international form of the MCCD form and ICD mortality coding system	% Of deaths with a medically certified COD <sup>1</sup>	CRVS or HIS
	Medical certification of cause of death is part of the medical school curriculum	# Of medical schools with the new Curriculum with a course unit on medical certification of cause of death	CRVS or HIS
	The MCCD is an integral part of the CPD course	% Health professionals who completed the MCCD training course as a requirement for licensure/re-licensure	CRVS or HIS
	The quality of cause of death for ICD-coded data-measured as the percentage of records with ill-defined or unknown causes of mortality	Percent of deaths with unusable COD <sup>3</sup>	ANACoD tool

Evaluation: shall take the form of assessments, such as assessing the performance of CRVS systems, and other and seek to highlight possible impact will be carried out. Contrary to monitoring, evaluation shall be periodic and targeted to the most pressing processes of MCCD implementation. Partnership research institutions such as universities should be considered to bolster soundness of the research and/or evaluation results.

***In conclusion, key issues arose from the discussions and recommendations made based on the themes of the sessions. There were certain recommendations which were common, and delegates were vocal about as areas of immediate attention, and they were as follows***

–

- ***AMCOA to provide progress on implementation of recommendations made in previous conferences***
- ***Identification of leadership and infrastructure for the realization of Pan-Africanisation concept***
- ***Establishment of regional centres of excellence and share the resources***
- ***Development of policy on curriculum review and standardization***
- ***Standardize requirements for registration and licensure***
- ***Enhance collaborative approach to address sustainability of a dynamic HRH and ensure that HRH is equitably distributed***

- *Improve the conditions of service for the workforce (From resource point of view as well as the human capital point of view)*
- *Managing key psychosociological factors to improve healthcare worker wellbeing and reduce psychological harm*
- *Creating a work environment that motivate healthcare professionals to retain them and to attract new professionals into the workplace*
- *Move from task shifting to task sharing*
- *Policies developed to address challenges in use of AI in medical tests will reduce health related costs and elevate staff shortage in low resource settings*
- *New regulation for telemedicine practice which will lead to better health care.*
- *Implement MCCD protocol, to improve Medical Certification of cause of death in AMCOA member countries as recommended by WHO.*

#### **Sub Section (iv) Conference Statement**

The conference statement as approved by AMCOA read as follows –

WE the participants from the twenty-two (22) AMCOA member states and five (5) associate members, represented by senior officials of respective health regulatory bodies, gathered at the 24th Annual AMCOA Conference held at the Sun City Resort in the North West Province of the Republic of South Africa from 2nd to 6th October, 2022; affirm the urgent need to re-align our regulatory priorities towards facilitating and preparing for the growth and development of the health workforce of the future and its regulation.

This will also be geared towards ensuring that the future health workforce effectively contributes towards achieving Universal Health Coverage (UHC) within the African Continent, by the year 2030.

HAVING shared widely on various issues concerning the health worker there is consensus among members present that –

1. There is urgent need to reform training, education, and practice of health care in the Continent towards increasing reciprocity and harmonization across our borders;
2. There is need to incorporate and spearhead sustainable health regulation that does not stifle, but facilitates the practice of health professionals in the Continent;
3. There is an urgent need to prioritize the wellness of the health workers with a view to building a wholesome, and resilient workforce;

4. The use of innovation and digital technology in healthcare within the Continent should be embraced, and effectively regulated to protect patient information and address security concerns;
5. Human Resources for Health play a pivotal role in the realization of UHC and therefore the equitable distribution of the health workforce across the Continent will play a key role in its realization.

THAT having agreed on the above matters, the Member States commit to:

1. Reforming training, education and practice for the future • Develop a policy to support health curricular review and standardization of Core curricula for undergraduate training among the AMCOA Partner States by June 2024;
2. Strengthening Sustainable Health Regulation • Establish a collaborative framework for team-based regulation with an emphasis of stakeholder engagement for sustainable health regulation
3. The use of Innovation and Digital Technology in Healthcare • Develop a policy that will guide the use of innovation and digital technology in the training of health professionals and provision of healthcare to the citizens of our Partner States by December 2024.
4. Health workforce wellness: building a resilient workforce • Establish a collaborative framework geared towards Improving the conditions of service and the work environment for healthcare workers.
5. Distribution of the health workforce to deliver universal healthcare • Develop a collaborative framework to address sustainability of a dynamic human resource for health and to tackle issues such as brain drain, equitable distribution, and skewed health worker migration

For realization of the above, the AMCOA Member States shall review and evaluate all the existing AMCOA Protocols by January 2023.

## 5 SECTION C – ANNUAL GENERAL MEETING

Highlights from the Annual General Meeting are –

### ELECTED LEADERSHIP FOR THE TERM 2022 - 2025

The following persons were appointed to the leadership of AMCOA for the term of office 2022 – 2025:

#### Office Bearers

- President Prof S Nmutandani South Africa
- Vice President Prof H Abba Nigeria

#### Management Committee Members

- Dr E Njenga Kenya
- Dr W Benjamin Namibia
- Prof J Okullo Uganda
- Dr D Banyubala Ghana

### ANNUAL CONFERENCES

The future Annual AMCOA Conference Hosts were confirmed as follows –

- |      |                                    |      |         |
|------|------------------------------------|------|---------|
| i.   | 25 <sup>th</sup> Annual Conference | 2023 | Namibia |
| ii.  | 26 <sup>th</sup> Annual Conference | 2024 | Nigeria |
| iii. | 27 <sup>th</sup> Annual Conference | 2025 | TBC     |

## 6 CONCLUSION

On behalf of AMCOA we extend our gratitude to the various Committees for their constant guidance and support and for putting together an impressive and instructive programme for the Conference.

-END OF REPORT-