25 ANNUAL CONFERENCE
ASSOCIATION OF MEDICAL COUNCILS OF AFRICA

CONFERENCE REPORT

TEAM BASED CARE AND REGULATION FOR THE ATTAINMENT OF UNIVERSAL HEALTH CARE

4 – 7 SEPTEMBER 2023
KIGALI, RWANDA

#AMCOA2023 LETS WORK TOGETHER

FOREWORD

The Association of Medical Councils of Africa (AMCOA) is an Association of Medical Regulatory Authorities in Africa.

The primary purpose of the association is to support medical regulatory authorities in Africa in the protection of the public interest by promoting high standards of medical education, registration, and regulation, and facilitating the ongoing exchange of information among medical regulatory authorities.

The Association further exists to provide guidance to healthcare professional registered by member states with a view to ensure the provision of quality healthcare by the way of guidelines on various aspect of healthcare delivery such as setting standards for education and training, ethics guidelines, encouraging Continuous Professional Development (CPD) among others.
AMCOA Strategic Goals are –

i) To have materially/sufficiently supported the functions of regulatory Councils (bodies) in Africa, through governance based Integrated medical and dental regulation by 2025.
ii) To promote and enforce safe and quality healthcare and ethical professional practices.
iii) Create effective mechanisms for promotion of AMCOA, stakeholder relations, and reliable sharing and exchanging of information by 2025.

ABBREVIATIONS

AMCOA	Association of Medical Councils of Africa
HWF	Health Workforce
RMDC	Rwanda Medical and Dental Council
SDG	Sustainable Development Goals
UHC	Universal Health Coverage

TABLE OF CONTENTS

1. CONFERENCE OVERVIEW

The 25th Association of Medical Councils of Africa (AMCOA) International Conference was hosted by the Rwanda Medical and Dental Council from 04 – 07 September2023 at Marriot Hotel, Kigali, Rwanda. The theme of the conference was: *"Team Based Care and Regulation for the Attainment of Universal Health Care".*

The Rwanda Medical and Dental Council is a statutory body established by Law Nº 44/2012 of 14/01/2013 determining the organisation, functioning and competencies of the Medical and Dental Council. The main objective of the Rwanda Medical and Dental Council is **to protect the population** as we guide the profession through establishing standards and guidelines that regulate the medical & dental practice.

The conference theme was broken down into four main themes:

Health Workforce Migration

- Recruitment and Retention Strategies
- Push and Pull factors
- Free movement of Health Practitioners (Trade Agreements)
- Practitioner Mental Health and Wellness

Role of the Regulator and the various Regulatory Models

- Models in different regions
- Innovative Technology
  - Data Technology
- Integrated Regulation

Patient Safety

- Healthcare systems
- Patient Rights and Responsibilities
- Accountability
  - Ethical Tariffs
- Safe practice environment
- The role of a responsive professional regulator
- Malpractice and Litigation prevention strategies
- Responsibility of the Health Practitioners

Training and Education

- Unregulated health practitioners
- Role definition and responsibilities of practitioners in team-based care
- Task shifting and Task Sharing
- Meeting WHO ratio levels
- Harmonisation of Training Standards

This conference was aimed at facilitating an exchange of information and meaningful collaboration among health practitioners, regulatory authorities, which will provide for the development of concepts and new approaches in team-based care and the regulation of healthcare practitioners.

The Conference was highly driven and influenced by Sustainable Development Goal No. 3 on Ensuring healthy lives and promote well-being for all at all ages coupled to the Rwanda Vision 2050 | The Rwanda We Want High Quality and Standards for Life for Rwandans and Universal Access to High Quality Healthcare. It was also aligned to the Ministry of Health Rwanda Strategic Plan which called for –

- people-centred services
- integrated services
- sustainable services
- essential services across the life course
- coverage of essential health
- interventions and strengthening of health systems.

The conference provided an opportunity for delegates across all health sectors, health regulators, policy makers, academics, and service providers amongst others; to engage on regulatory matters pertaining to the healthcare environment.

2. OPENING CEREMONY

2.1 WELCOMING REMARKS

Dr. Afrika Gasana, the Chairperson of the Rwanda Medical and Dental Council (RMDC) welcomed the delegates to Rwanda for the conference. He appreciated AMCOA for identifying the RMDC as fit to host the Conference. He urged participants to experience Rwanda and the authenticity of the culture during their stay. He assured participants of the complete support of the RMDC during their stay. He submitted that the conference is an opportunity for delegates to focus and interact on the challenges related to the public health needs and expectations of our communities as well as discuss a full range of issues facing the regulatory authorities globally.

2.2 OPENING REMARKS

These remarks were made by Prof. Simon Nemutandani, AMCOA President. He welcomed all the participants to the 25th Annual AMCOA conference. He submitted that he was proud of the continuous commitment of the participants to focus and develop best practices in health regulation. He opined that the conference came at an opportune time as it responds to the continent's changing healthcare needs pertaining to human resources for health. He assured the participants that the theme and sub-themes will allow them to explore matters relating to AMCOA's purpose of supporting health regulatory authorities in Africa in promoting and maintaining high standards of medical education and registration. He appreciated Republic of Rwanda through the RMDC for hosting the conference, the AMCOA Management Committee and Secretariat for working tirelessly to ensure a successful conference. He declared the conference officially open.

"Public healthcare is in dire strain and the onus is on us as different healthcare professionals to change the trajectory of how African health systems are and rather focus on how they should be" Prof. Simon Nemutandani.

2.3 CHIEF GUEST ADDRESS

The Chief guest for the conference was the Hon. Dr. Sabin Nsanzimana- Minister of Health, Rwanda. He welcomed all the delegates to Rwanda on behalf of the government of Rwanda. He expressed his appreciation to the RMDC and the AMCOA Management for organizing and coordinating a successful Conference.

He reminded the participants that health has no boarders. He averred that a platform such as AMCOA is an opportunity to benchmark and push the health for all agenda in the delegates respective countries. The constitution of the members present is a mix of skills, experience, and diversity that if brought together could yield explosive results in healthcare. He submitted that it is important to embrace and include technology and innovation in the practice of medicine and to ensure that current training is future oriented.

Finally, Dr. Sabin remarked on the importance of collaboration and partnership in solving the challenges in healthcare. He urged the delegates to learn from each other advancements and attempt to borrow best practices. He urged the AMCOA management to urge its members to open their boarders to their neighbors to allow for training and practice of practitioners from members states.

He concluded by urging the delegates to enjoy Rwanda, the land of a thousand hills and to engage, network and build relations.

"The African health workforce to patient ratio is low and there was need to reduce Human Resources for Health migration by creative a supportive working environment in all practice environments." Dr. Sabin Nsanzimana

2.4 KEYNOTE ADDRESS

Prof. Eugene Ngoga, delivered the Keynote address. He emphasized the need to achieve Sustainable Development Goal 3 " To ensure healthy lives and promote well-being for all at all ages".

Prof. Ngoga spoke on effective and wholistic patient care. This entails the adoption of a patient centered approach. He urged the participants to remember that the patient is their priority. In collaborative healthcare, all health professionals must come together and develop a care plan that best suits the patient regardless of their own self interests. Collaborative care entails communication and regular meetings to ensure that the best outcome possible is achieved always and the patient experience is enhanced. He spoke on humility as a prerequisite for collaborative practice.
He presented on the 4S's, Staff, Space, Stuff and Systems. On **Staff** he focused on the need to ensure training programmes and initiatives are tailored to produce a whole-rounded practitioner and to increase awareness and the quality of health care. He informed the participants that Rwanda has a 4 X 4 initiative that targets to increase the health workforce in the country by four in the next four years. He submitted that this can only be achieved through collaboration and partnerships. Prof. Eugene expounded on **Space** as infrastructure and facilities. He urged the members that it was impended on all of them to demand and ensure that the facilities provided for the practice of medicine and of good and sustainable quality. This includes infrastructure used during training. The other S was on **Stuff**. This represents equipment, medical supplies, diagnostics, and technologies. He submitted that the quality and quantity of medical supplies has a direct impact on the quality of health care and the patient experience in general. He finally spoke on **Systems,** and this includes health systems at the facility level and the government level. He submitted that systems ensure affordability, accessibility, and quality. He concluded by urging the participants to aim to achieve UHC as envisioned by the African Union.

"Universal health coverage is achievable with commitment & teamwork, indeed a health population is a wealthy nation"- Prof. Eugene Ngonga.

3 PLENARY SESSIONS

The Opening Ceremony was followed by various plenary and panel discussions which provided an opportunity for various regional blocs and countries within those blocs to share information and views about a specific issue or topic within the main conference sub themes. The panel discussions assisted the delegates to further clarify and evaluate their positions regarding specific issues or topics being discussed and increased their understanding of the positions of others.

3.1 KP 1: HEALTH WORKFORCE MIGRATION-RWANDA

Speaker:

Dr. Emmanuel Musabeyezu Mb Bch (Nur) Fcp (Sa) - Rwanda

Panel

- Dr. Divine Banyubala - Ghana
- Dr. Jeffrey Carter - FSMB, USA
- Dr. Kgosi Letlape - South Africa
- Hon. Dr. Daniel Yumbya - Kenya

Key discussions and outcomes under this topic were:

i) SDG No 3 cannot be achieved without stable, sufficient, well qualified HWF.
ii) Remuneration plays a significant role in reducing HWF migration.
iii) In health sector, more money goes to the administrators and less to the service providers.
iv) HWF migration also involves moving from public to private institutions.
v) European nations now experiencing exodus of some well qualified and experienced doctors due to better offers and payment terms in their countries of origin.
vi) Develop models to retain HWF. This could include creation of new categories of accreditation and licensing.
vii) The government should ensure the welfare of health workers is prioritized. This includes procurement of necessary equipment and infrastructure. Goodwill from the government is an essential element in achieving UHC and SDG No: 3. Governments must purpose to invest in healthcare.

PowerPoint Presentation (amcoa.org)

3.2 KP2: PATIENT SAFETY (EAC REGIONAL BLOC)

Speaker:

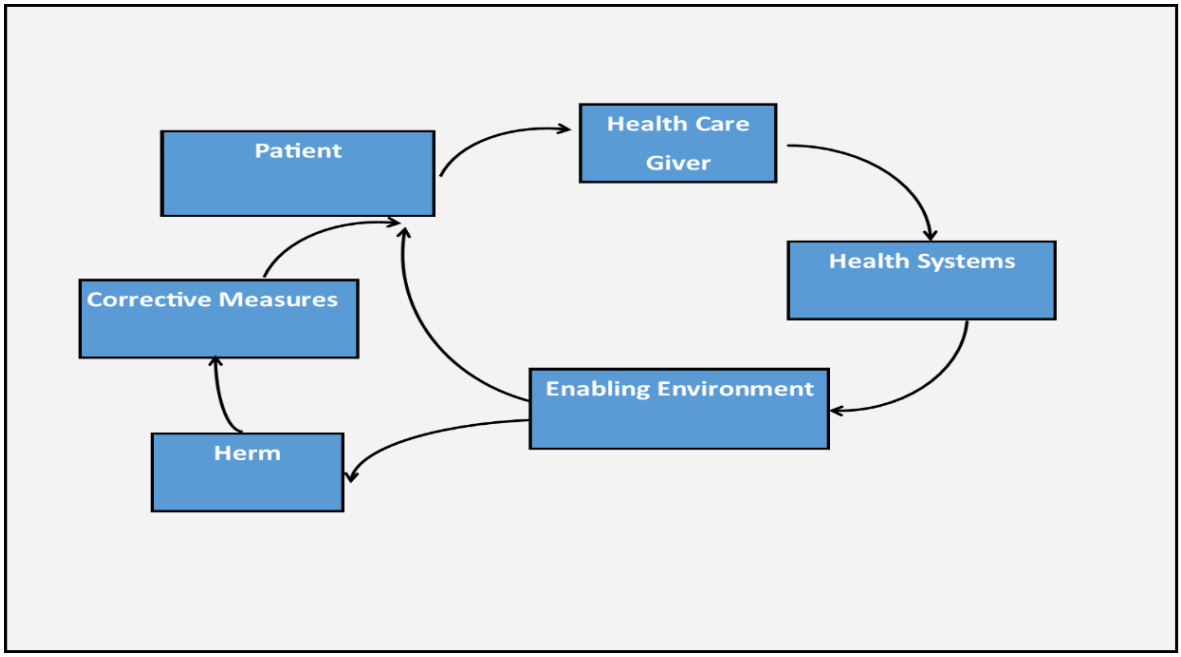
Ass. Prof. Okullo Joel Odom Chairman of the Uganda Medical and Dental Practitioners Council, Uganda

Panel

- Dr. Nahima Caritas - Burundi
- Dr. Claire Karekezi - Rwanda
- Dr. David Kariuki - Kenya

Key discussions and outcomes under this topic were:

i) Patient safety is often neglected. This causes unsafe practices to go unreported and not investigated.
ii) Patient safety is an attribute of quality of health care. Its goal is avoidance, prevention and minimizing adverse outcomes or injuries arising from the process of care.



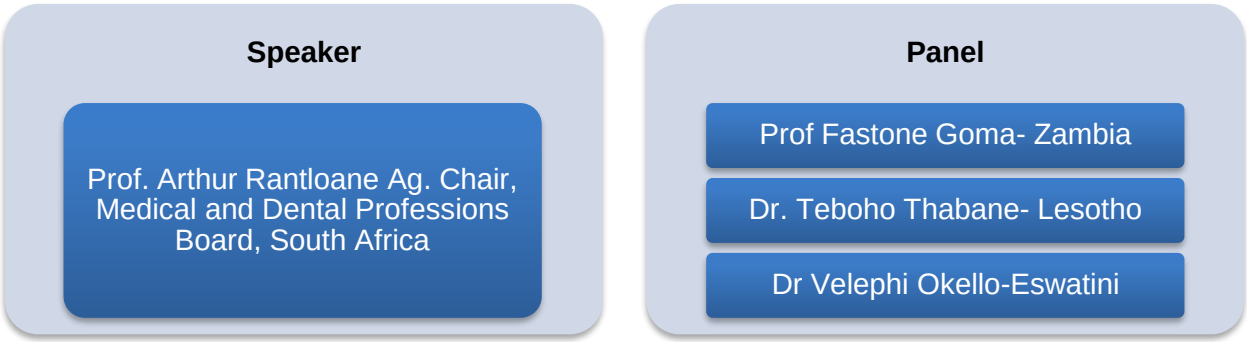
iii) Patient safety should be recognized as an important medical discipline in its own right.
iv) A clear distinction between medical errors and medical malpractice. Training and retraining.
v) There are many ways in which patient safety can be improved. These include:

- Patient education and involvement
- Reporting, Investigation &Monitoring
- SOP/ guidelines
- Quality improvement
- System redesign
- Licensure and Accreditation
- Teamwork and Collaboration

vi) The regulator plays a huge role in ensuring patient safety. This includes setting the practice standards, ensuring monitoring and compliance of set standards, dispute resolution and advising the government among other roles.
vii) There are legislative challenges that limit the scope of a regulator with regards to patient safety. For instance, some regulators do not regulate health facilities or in other countries registration and licensing is optional.
viii) There is need to develop a Quality certification framework to verify and certify the quality of care being delivered.
ix) Customer service and relations ought to be emphasized in health facilities and among practitioners to enhance the patient experience and ensure complaints are addressed as an when they arise.
x) Most African HWF do not explain to their patients the diagnosis and treatment plan. The assumption is that the patient might not understand. This instead negates the importance of "informed consent" and quality healthcare.

PowerPoint Presentation (amcoa.org)

3.3 KP 3: ROLE OF THE REGULATOR AND THE VARIOUS REGULATORY MODELS (SADC RESGIONAL BLOC)

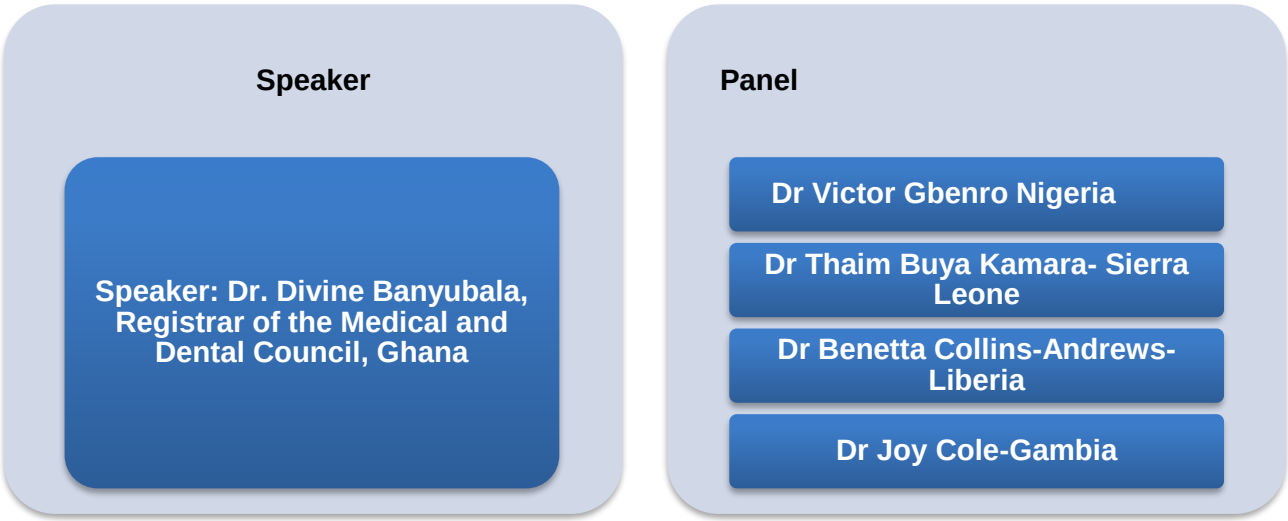


The key areas of focus under this topic were:

i) The role and purpose of regulation is Quality assurance in training and practice. Regulator has an oversight role in training and the setting and enforcement of practice standards.
ii) There are various Medical regulatory models but there is no one size fits all. Every country must decide what fits its citizens, culture, and political dimensions. The key regulatory models are Autonomous, Responsible to government (regional/national), Embedded within government and Hybrid.
iii) Autonomy- freedom, self-determination, self-government, sovereignty- Risk matrix for autonomy, Autonomous Regulatory bodies are usually self-funding. Autonomy also comes from the appointments and composition of the Board.
iv) Responsible to or embedded within government- Variable degrees of autonomy due to the ratios of elected vs appointed members. This model is subject to political interference and this influence increases with government representation on the body.
v) Hybrid model is a mix of both autonomous MRA's and the Hybrid model. Some of the members are appointed and others elected. Some funding could come from the exchequer and some from internal operations.
vi) There are emerging trends in medical regulation that have led to the need to develop and implement policies and guidelines between professions to manage scope creep. Gender issues demand that regulators be committed to gender parity.
vii) There is an overwhelming need to move from pure self-regulation towards regional partnerships as mechanism of strengthening regulation in the medical profession. This will help to seal any loopholes that might arise from lacunas in local jurisdictions.
viii) The ideal composition of an MRA should include lay members, members with critical skills, leadership with professional insights, stakeholder representation and integrated regulation.
ix) Call to member states to review the funding model in the interests of sustainability and autonomy.
x) MRA's are evolving and it is acceptable to review Laws and regulations continuously to suit the needs and efficiency of the regulatory body. Benchmarking plays a huge role in determining what works for each country and what can be borrowed.

PowerPoint Presentation (amcoa.org)

3.4 KP 4: TRAINING AND EDUCATION (ECOWAS REGIONAL BLOC)



The key areas of focus under this topic were:

i) Training and Education can be categorized into: In-School training, Pre-registration/- In-service training.

ii) Successful patient-centered team-based care is premised on effective and efficient coordination of all members of the professional team.
iii) Inter- and intra-professional role definition and clarity of responsibilities are essential to providing quality and safe health care.
iv) Inter-professional-Regulators must ensure effective Coordination of the activities with other Professional Regulatory Sector Agencies, harmonization of complaints processes, Joint monitoring and evaluation and Sharing of Investigations Data
v) Intra-professional- Taking disciplinary actions against professionals who act outside their areas of competencies conferred by their training.
vi) Harmonisation of training standards.

PowerPoint Presentation (amcoa.org)

4 REGIONAL COUNTRY PRESENTATIONS

The conference also focused on specific country presentation sessions which were dedicated to the conference sub themes and sharing of experiences by member countries in the following areas –

4.1 CP:1 PATIENTS' RIGHTS AND RESPONSIBILITIES, RESPONSIBILITY OF THE HEALTH PRACTITIONERS, ACCOUNTABILITY – KENYA

The key areas of focus under this topic were:

i) Competent patients can make decisions about their healthcare and be held accountable for them.
ii) National Patient Rights Charters help to stipulate the rights and responsibilities of patients and thus enforcement.
iii) Some common patient rights include:
    a. Every person, patient or client has a:
    b. Right to access healthcare
    c. Right to the highest attainable quality of healthcare products and services
    d. Right to receive emergency treatment
    e. Right to be treated with respect and dignity
    f. Right to choose a healthcare provider
    g. Right to confidentiality
    h. Right to informed consent to treatment.

iv) Aim to train and support the **"7-star doctor".** This
    a. **Medical Expert** – integrates the 6 other competencies – Drawing from evolving knowledge, clinical skills, and professional values to provide quality, safe, patient-centered care.
    b. **Effective communication** – To understand the patient's perspective and engage with the patient in their own care.
    c. **Collaborator** – Working effectively with other health care professionals to provide quality patient-centered care.
    d. **Leader** – Contribute to a vision of a high-quality healthcare system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars, or teachers.
    e. **Health Advocate** – Working with patients and communities to improve their health.
    f. **Scholar** – a lifelong commitment to excellence in practice through continuous learning, evaluation of evidence, teaching others and contributing to scholarship.
    g. **Professional** – Commitment to the health and well-being of patients and communities through ethical practice, higher personal standards of behaviour, accountability, self-regulation, and maintenance of personal health
v) Healthcare Professionals have the responsibility to maintain the highest standards of personal conduct and integrity. They must respect patient confidentiality, privacy, choices, and dignity and should endeavor to take care of their own health, safety, and wellness, and encourage their colleagues to do the same.
vi) Healthcare professionals also have rights. They have rights as workers and citizens.

4.2 ROLE OF A RESPONSIVE PROFESSIONAL REGULATOR; MALPRACTICE AND LITIGATION PREVENTION STRATEGIES - GHANA

The key areas of focus under this topic were:

i) Professional regulators are interested in three things: Technical Competence, Professional Conduct, Breach of Professional Ethics
ii) As regulators must recognize that even the best regulatory environment complaints about unsatisfactory practice or conduct may still, and do, occur. The responsive regulator must then recognise that mistakes, errors, negligence, or clinical misadventure are an inherent part of the human condition.
iii) Strategies to deal with malpractice must focus on assuring the technical competence, professional conduct, and ethics of practitioners.
iv) Malpractice and Litigation Prevention strategies such as develop and disseminate protocols on the redress mechanism and keep routine records. There is need to set up a proper (possibly a no-fault) redress mechanism for the health system.

4.3 HEALTHCARE SYSTEMS & SAFE PRACTICE ENVIRONMENT – MALAWI

The key areas of focus under this topic were:

i) Practice environment includes physical aspects, psychological aspects, and social dimensions, all considered as essential in optimizing person-centered care and is aimed at preventing and reducing risks, errors, and harm during provision of health care.
ii) Safe practice environments attract new students into the health profession, retain existing practitioners, and develop innovative models.
iii) Positive organisational and workplace cultures consistently associated with a wide range of patient outcomes such as reduced mortality rates, falls, hospital acquired infections and increased patient satisfaction.
iv) Members need to push for investment in infrastructure development and improvement to improve diagnosis capacity. The adjustment and improvements in health systems and safe practice environment due to COVID19 and other pandemic and disasters are much welcome and should be continued.
v) Safe working environments should be guaranteed by providing protective equipment and working tools.

4.4 CP4: REGULATORY MODELS IN DIFFERENT REGIONS - ZIMBABWE

The key areas of focus under this topic were:

i) Professional health regulation situation in the WHO Afro Region (2016)- No one model of regulation fits all.
ii) Regulatory models (statutory, non-statutory, hybrid)- Not all countries in the WHO Afro region have health regulatory bodies, of 46 AFRO region countries 41% had Regulatory bodies, 52% had no regulatory bodies and 7% establishment was work in progress. Most Anglophone countries had some form of structure with varying degrees of functionality.

a. Statutory models- Are established by Government statutes, have a complaints investigation mechanism, and offer accreditation, registration, and licensing.
b. Non-Statutory- e.g., Professional Associations. They are autonomous self-regulating bodies mostly set and enforce standards of practice.

iii) Identify resources for fostering research in professional regulation for innovation, collaboration, best practice, benchmarking, and identification of evidence based regulatory models.
iv) Explore opportunities for innovative models for addressing challenges brought about by the rapidly changing terrain, the 4th industrial revolution e.g., AI and cross boarder virtual care.
v) Identify appropriate medical regulation frameworks to enhance contributions to accelerate the global health agenda SDG 3, UHC, Health workforce development in general.
vi) Important to conduct periodic reviews of regulatory frameworks to ensure "fitness for purpose" models of professional regulation to address the rapidly change.

4.5 CP5: INNOVATIVE TECHNOLOGY IN REGULATION - LIBERIA

The key areas of focus under this topic were:

i) Technology in Regulation can strengthen regulation and support evidence-based decision making and creates easy accessibility to health information.
ii) Can be used to enforce training, for instance a system that provides an enabling environment for its members to take on CPD courses and provides good care.
iii) Innovation and Creativity- Rational use of health technologies can enhance the regulation of health care providers.
iv) Regulators must be privy and prepared for challenges of IT in regulation. These challenges arise on a system Level, environmental Factors, and Individual Level.

4.6 CP 6: INTEGRATED REGULATION - KENYA

The key areas of focus under this topic were:

i) Comprehensive approach to healthcare that considers various factors and disciplines to provide holistic and patient-centered care.
ii) It is important to establish and enforce rules and standards to ensure the coordination and quality of healthcare services across different providers and settings.
iii) Integrated regulation aims to improve healthcare outcomes, reduce costs, and enhance the overall quality of care by breaking down silos between different healthcare cadres/sectors and focusing on the whole person rather than just treating specific ailments.
iv) Effective regulation of integrated healthcare provision is essential to maximize the benefits of care coordination while safeguarding patient interests and maintaining high-quality healthcare delivery.
v) The key goal is to create a regulatory framework that promotes high-quality, safe, and efficient healthcare while considering the unique needs and challenges of the healthcare system in question.

4.7 CP 7: ROLE DEFINITION AND RESPONSIBILITIES OF PRACTITIONERS IN TEAM-BASED CARE - NAMIBIA

The key areas of focus under this topic were:

i) In team-based care, healthcare practitioners come from various disciplines leveraging their diverse skills and knowledge to deliver comprehensive and patient-centred care.
ii) Principles of team-based care:
    a. Shared goals and clearly defined purpose.
    b. Clear roles and expectations for each team member.
    c. Mutual trust and respect.
    d. Effective communication is crucial for teamwork success.
    e. Measurable processes and outcomes.
    f. Effective leadership facilitate, coach.
iii) Team-based care is a promising avenue and a critical strategy for achieving UHC. By addressing challenges and adopting innovative approaches, Africa can enhance its healthcare systems, improve patient outcomes, and move closer to achieving UHC for all.

iv) Barriers to team-based care include Workforce shortages especially in outlying areas, Inadequate training in key professions and political determinants of health resulting in weak policies and resistance to change.

4.8 CP8: TASK SHIFTING AND TASK SHARING; MEETING WHO RATIO LEVELS - NIGERIA

i) Task shifting
    a. Involves the rational redistribution of tasks among health workforce teams.
    b. Specific tasks are moved, where appropriate, from highly qualified health workers to health workers with shorter training and fewer qualifications to make more efficient use of the available HRH (WHO).
ii) Task Sharing
    a. The process of enabling lay and mid-level healthcare professionals such as nurses, midwives, clinical officers, and community health workers – to provide clinical services and procedures, that would otherwise be restricted to higher level cadres, safely.
iii) Some of the goals and objectives of task sharing and task shifting include:
    a. To make more efficient use of the available human resources (HRH) for health.
    b. To increase the productive efficiency through increase in number of healthcare services provided at given quality and cost.
    c. To reduce the time needed to scale up the health workforce.
iv) Global Perspective & Best Practice: WHO Recommendations and Guidelines
v) Adopting Task Shifting as a Public Health Initiative
vi) Creating an Enabling Regulatory Environment for Implementation
vii) Ensuring Quality of Care
viii) Ensuring Sustainability
ix) Organization of Clinical Care Services

4.9 CP9: HARMONIZATION OF TRAINING STANDARDS - RWANDA

The key areas of focus under this topic were:

i) Standardization is the process of setting the norms for practice, acceptance of the norms by all players and follow-up with assessment for compliance
ii) All communities are entitled to quality care regardless of their socio-economic status.
iii) Medical councils should be the custodians of the standards and should aim to graduate the specialist who is proficient at every skill defined in the curriculum. The right tools should be produced to assess every aspect of the prescribed competencies.
iv) Standardization of Medical training through the harmonization of its building blocks at national/ regional and continental level is the way to go if we are committed to quality care for all.
v) Regional professional colleges should be supported by the regulatory bodies in order ultimately get to one Continental qualification.
vi) The traditional University based education has led to Qualifications Frameworks which are academic in nature and don't fit the professional medical qualifications.
vii) It is urgent for the medical practice regulatory bodies to drive the production and adoption of Health workers Professional Qualifications Framework.

Copies of Presentations : https://amcoa.org/index.php/resources/

5 CLOSING KEYNOTE ADDRESS

The conference ended with a keynote address by the AMCOA President, Prof Simon Nemutandani wherein he focused on the Tools of Regulation for the Attainment of Universal Health Coverage.

Prof Nemutandani began with reminding delegates that the goal of universal health coverage (UHC) is to ensure that all people receive the health services they need, including services designed to promote better health, prevent illness, and provide treatment, rehabilitation, and palliative care of sufficient quality to be effective, while at the same time ensuring that the use of those services does not expose the user to financial hardship.

He stated that achieving UHC requires more than just rhetoric; it requires concrete action. Tasked with guiding the allocation of resources to ensure that healthcare systems are sustainable, effective, and efficient, priority-setting institutions help to develop these tangible solutions. Priority-setting institutions are necessary to create a benefits package that covers essential healthcare services while remaining financially sustainable.

He reminded member states that as AMCOA and its members, strive to achieve Universal Health Coverage, there are several tools of regulation and strategies that can be employed to enable them to attain this goal. Whilst application of these tools and strategies may vary by country and healthcare system, it included national healthcare policies, health insurance schemes, regulation of healthcare providers, regulation of pharmaceutical companies, and investments in health information systems and technology.

He emphasised that the health workforce has a vital role in providing people-centered health services and building the resilience of health systems to respond to the health needs of refugees and migrants. This requires health workers with specific competencies. He reflected that as was earlier presented, there is an urgent need not to not only have integrated healthcare, but also urgently work towards integrating the regulation of all health care service providers – with a view of ensuring patient centered care and the best possible outcomes for the citizenry of Africa.

The address was followed by an interactive panel discussion with key role players in the various regional blocs namely –

i)	South Africa	Dr Katlego Mothudi (BHF)
ii)	Rwanda	Prof Emmanuel Rudakemwa
iii)	Ghana	Dr Divine Banyubala
iv)	Kenya	Prof Stanley Khainga
v)	Uganda	Prof Joel Okullo

The summary of the discussion was that the regulation and oversight of the health worker is crucial. This can be done through licensing and accreditation processes to ensure that healthcare facilities and professionals meet certain quality and safety standards. By monitoring and regulating healthcare providers, governments can ensure that the services provided are of high quality and contribute to the goal of universal health coverage.

For Africa, achieving universal health coverage requires multi-faceted approach and a long-term commitment to improving healthcare access and quality. By employing these tools effectively, governments can work towards the attainment of universal health coverage and improve the overall well-being of their populations.

6 CONFERENCE STATEMENT

At the conclusion of the conference, member states declared the following –

WE the participants from the **twenty two (22) AMCOA** member states and **six (6) associate members,** represented by senior officials of respective health regulatory bodies, gathered at the 25th Annual AMCOA Conference held at the **Marriot Hotel in the Kigali of the Republic of Rwanda** from **4th to 7th September, 2023;** affirm the urgent need to re-align our regulatory priorities towards facilitating and preparing for the growth and development of the health workforce towards ensuring that they effectively contribute 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 and inclusion of fit-for-purpose competencies into the core curricula for health workforce.
2. There is need to harmonize terms and conditions of service for health workers to minimize the effects of health workers migration and encourage equitable distribution of the health workforce across the Continent.
3. For the attainment of UHC, there is need for adoption of regulatory methods and tools that support implementation of UHC.
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. Incorporation of integrated regulation in regulatory frameworks to enhance coordination and patient centered care of healthcare.

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. **Health workforce Migration**
   - Establish a collaborative framework geared towards Improving the conditions of service and the work environment for healthcare workers and to tackle issues such as brain drain, equitable distribution, and skewed health worker migration.
3. **Regulation for the attainment of universal healthcare**
   - Regulatory bodies to adopt multifaceted regulatory approach to enable the attainment of UHC.
4. **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.
5. **Integrated Health Regulation**

- Establish a collaborative framework for team-based regulation with an emphasis of stakeholder engagement for sustainable health regulation.

7 NEXT STEPS

Steps/Activity		Date
1.	Compilation and circulation of Final Report to all Member States	15 September 2023
4.	Briefing of Sector Ministries in the various regional blocs for support in implementation of recommendation	November 2023
5.	Timetable for implementation	February 2024
6.	Submission of Quarterly Reports to AMCOA	May 2024
7.	Evidence-based report on progress of implementation of recommendations	September 2024

8 SPONSORS

Special appreciation goes to the following sponsors who played a key role in ensuring support towards the conference:

- Ministry of Health Rwanda
- Rwanda Biomedical Centre
- Allies Health Professions Council Rwanda
- Inthealth – ECFMG Faimer
- Frontier UMST
- Daktari Online
- Polyclinic Du Plateaux
- Dr Agarwals Eye Clinic
- King Faizel Hospital
- Health Development Initiative
- Health Professions Council of South Africa
- Kenya Medical Practitioners and Dentists Council
- Ghana Medical and Dental Council
- Nigeria Medical and Dental Council
- Jpeigho

9 ADJACENT MEETINGS TO THE CONFERENCE

AMCOA Workshop

A workshop was held for the review of the AMCOA Constitution, the aim of the revision was to ensure that the AMCOA Constitution were aligned to current best governance practices within Africa and internationally. The main areas of concern of gender parity and regional bloc presentation was incorporated.

The Constitution was presented and approved at the Annual General Meeting.

AMCOA Committees

AMCOA Sub Committees embarked on a revision of their respective operational plans and terms of reference, which focused on the following aspects –

i. Committees' activities and plans in line with AMCOA's vision, mission, and strategic goals.
ii. Committees' key performance areas /deliverables.
iii. Committees' capacity to delivery on a new strategy including human resources and financial resources.
iv. Finalisation of Committee Terms of Reference; and
v. Revision of any other supporting policies or guides deemed necessary for the functioning of the Committees.

Regional Bloc Workshops

The regional bloc group discussions gave the attendees a chance to meet one another in a context that stimulates interdisciplinary interactions, and to foster post-conference collaborations.

The regional block workshops were aimed at facilitating proactive coordination, cooperation, harmonization of the standards of the education and collaboration among member councils to protect, promote, and maintain the health and safety of the public of the regions.

The attendees were grouped according to regional representation (i.e., SADC; EAC and ECOWAS).

10 PARTICIPANTS

The Health Regulatory Authorities of the following countries were represented, with a total of 220 delegates –

Member States

1. Burundi Health Professions Council
2. Eswatini Medical and Dental Council
3. Medical and Dental Council Gambia
4. Medical & Dental Council of Ghana
5. Kenya Medical Practitioners and Dentists Council
6. Medical, Dental and Pharmacy Council Lesotho
7. Liberia Medical and Dental Council
8. Medical Council of Malawi
9. Medical & Dental Council of Nigeria
10. Health Professions Councils of Namibia
11. Rwanda Medical and Dental Council
12. Sierra Leone Medical and Dental Council
13. Health Professions Council of South Africa
14. Medical and Dental Practitioners Council of Uganda
15. Health Professions Council of Zambia

16. Medical and Dental Practitioners Council of Zimbabwe

Associate Members

1. Allied Health Professions Council of Rwanda
2. Education Commission for Foreign Medical Graduates
3. Health Professions Authority of Zimbabwe
4. Allied Health Professions Council of Uganda
5. Allied Health Professions Council of Zimbabwe
6. Kenya Health Professions Oversight Authority

11 ANNUAL GENERAL MEETING HIGHLIGHTS

2024 AMCOA CAPACITY BUILDING

The 2024 AMCOA Capacity building will be held from 11 - 13 March 2024 and will be hosted by Malawi Medical Council.

AMCOA CONFERENCES

i)	2024 Annual Conference	Zambia
ii)	2025 Annual Conference	Gambia
iii)	2026 Annual Conference	Uganda

CROSSING INTERNATIONAL BORDERS

Member states were advised that the 15th International Conference on Medical Regulation by International Association of Medical Regulatory Authorities is scheduled to be held in Bali from 06-09 November 2023. The Theme for this year's conference is Regulation in a disrupted world: Challenges and Opportunities.

The IAMRA Conference is a unique opportunity to be part of an important meeting exploring common challenges and opportunities for medical regulators. Join with professional regulators from across the globe to explore issues such AI, climate change, cultural safety, regulatory kindness and practitioner health and well-being. More information is available at https://iamra2023bali.org/.

12 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.

We further acknowledge the contributions of all member states and delegates who presented papers and engaged in different sessions.

We appreciate, the AMCOA Management and AMCOA Secretariat for their stewardship and minute-to-minute guidance, support, and encouragement at every point of time throughout the conference.

∞ END OF REPORT∞