World Health Organization
African Region

AMCOA
ASSOCIATION OF MEDICAL COUNCILS OF AFRICA

28TH ANNUAL CONFERENCE
ACCRA, GHANA
23 – 27 AUGUST 2026

IAMRA
INTERNATIONAL ASSOCIATION OF MEDICAL REGULATORY AUTHORITIES

HEALTH PRACTITIONER

REGULATION DESIGN, REFORM AND IMPLEMENTATION PRINCIPLES:

A peer learning focused workshop

Tuesday August 25, 2026

COLLABORATION & PARTNERSHIP

INNOVATION & IMPACT

EFFECTIVE REGUALTION

TUESDAY
25 AUGUST 2026

Official Welcome

- Dr. Sunny Okoroafor - Regional Advisor, WHO AFRO
- Ms. Nicole Krishnaswami – Chair, IAMRA
- Dr. Divine Ndonbi Banyubala – CEO and Registrar, Medical and Dental Council of Ghana and Chair Elect, IAMRA

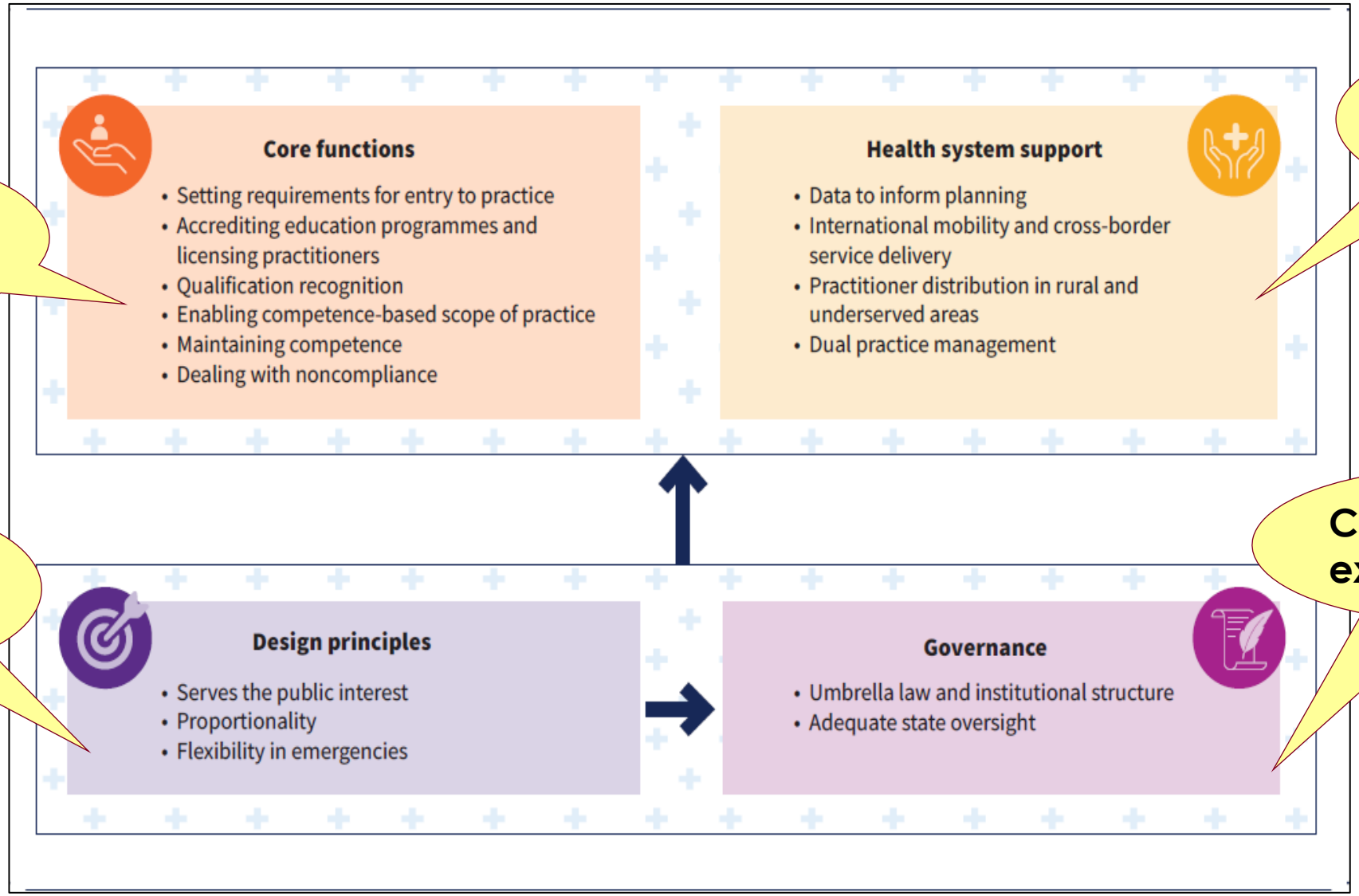
Purpose

- Advance health practitioner regulation as a foundation for a quality health workforce
- Share African leadership and country experiences in regulatory reform to support workforce development and health system goals
- Identify actions to strengthen regulatory capacity, workforce quality and health system performance

Workshop Overview

- Session One - What is regulation for?
- Session Two - Competence and regulation
- Session Three -Country experiences: Burkina Faso and Malawi
- Session Four - Exploring the regulatory practice gap
- Session Five - Panel discussion: From insights to action

Some key policy considerations



Regulatory Practice Gaps

Health systems context

Foundations

Country examples

Workshop Presenters

- **Prof. Jishnu Das**, Distinguished Professor Georgetown University, USA
- **Adj. Prof. Martin Fletcher**, Board Member IAMRA
- **Dr. Sunny Okoroafor**, Health Workforce Management, Performance and Retention Advisor, WHO AFRO
- **Dr. Abdoul-Guaniyi Sawadogo**, President, Ordre National des Médecins du Burkina Faso
- **Prof. Sindisiwe L. Shangase**, Vice President, Health Professions Council of South Africa
- **Dr. Davie Zolowere**, Registrar, Medical Council of Malawi

Session One: What is regulation for?

Adj. Prof. Martin Fletcher

www.who.int/publications/i/item/9789240095014

Why regulate health professionals?

- To reduce harm
- To maintain clinical standards and ethics
- To support workforce planning and development
- To improve patient access
- To advance the public interest
- To promote trust in health systems and practitioners

Core functions of licensing systems

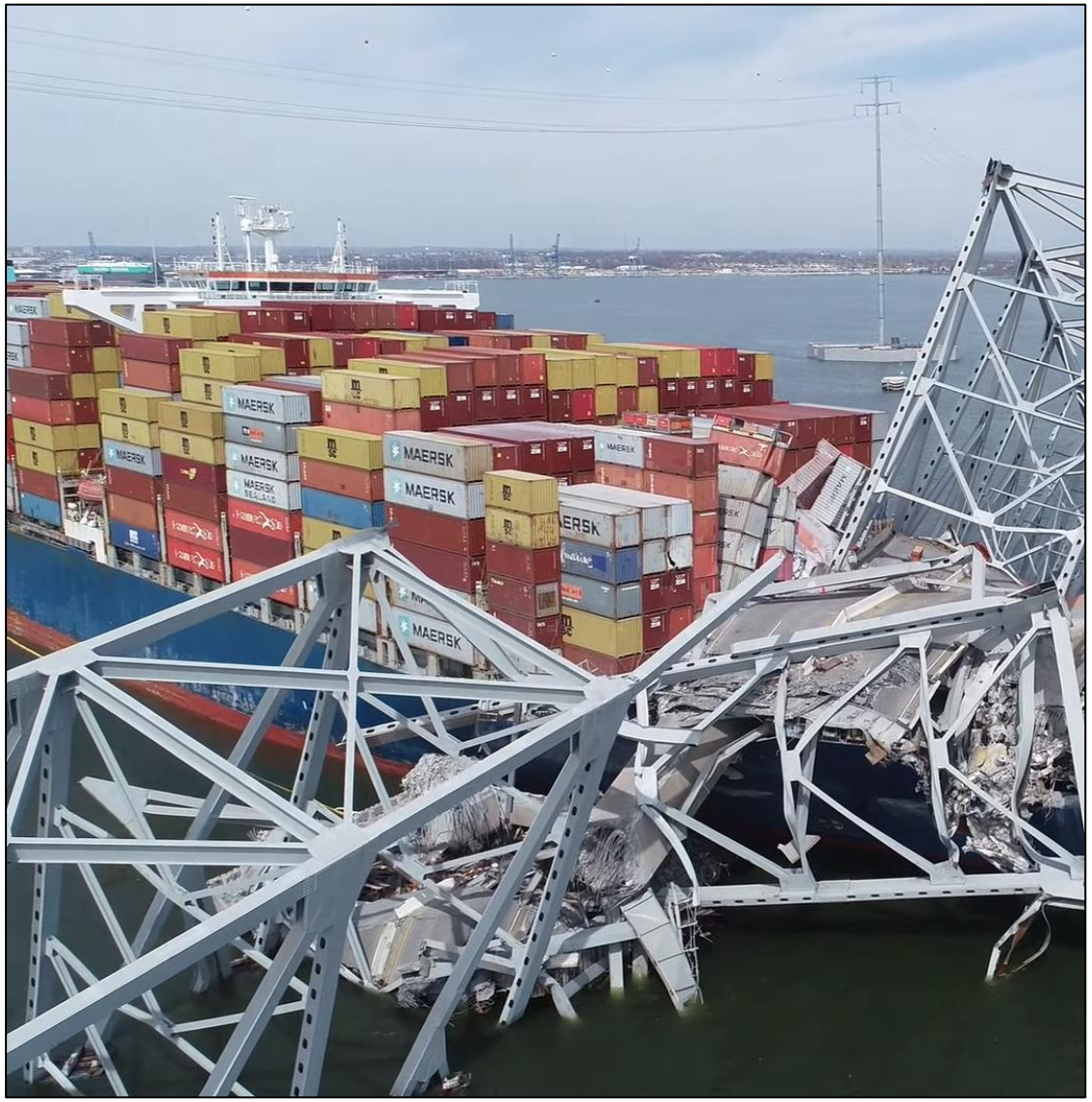
- Setting and enforcing education standards
- Informing the public about health practitioners who meet minimum standards through a registry
- Assuring the competence of practitioners entering practice
- Setting standard for ethical, personal and professional conduct
- Monitoring compliance with standards and continued competence
- Investigating non-compliance with standards and taking necessary action

Additional functions of licensing systems

- Influencing the supply of health practitioners
- Limiting the cost of health practitioner education incurred by students
- Improving the geographical distribution of health practitioners
- Facilitating practitioner mobility and cross-border service delivery
- Informing workforce planning
- Managing dual practice

(Some) challenges in systems under pressure

- Changed and changing public expectations
- Workforce shortages and maldistribution
- Pandemics
- Climate change
- War and conflicts
- Misinformation
- Declining trust
- New technologies

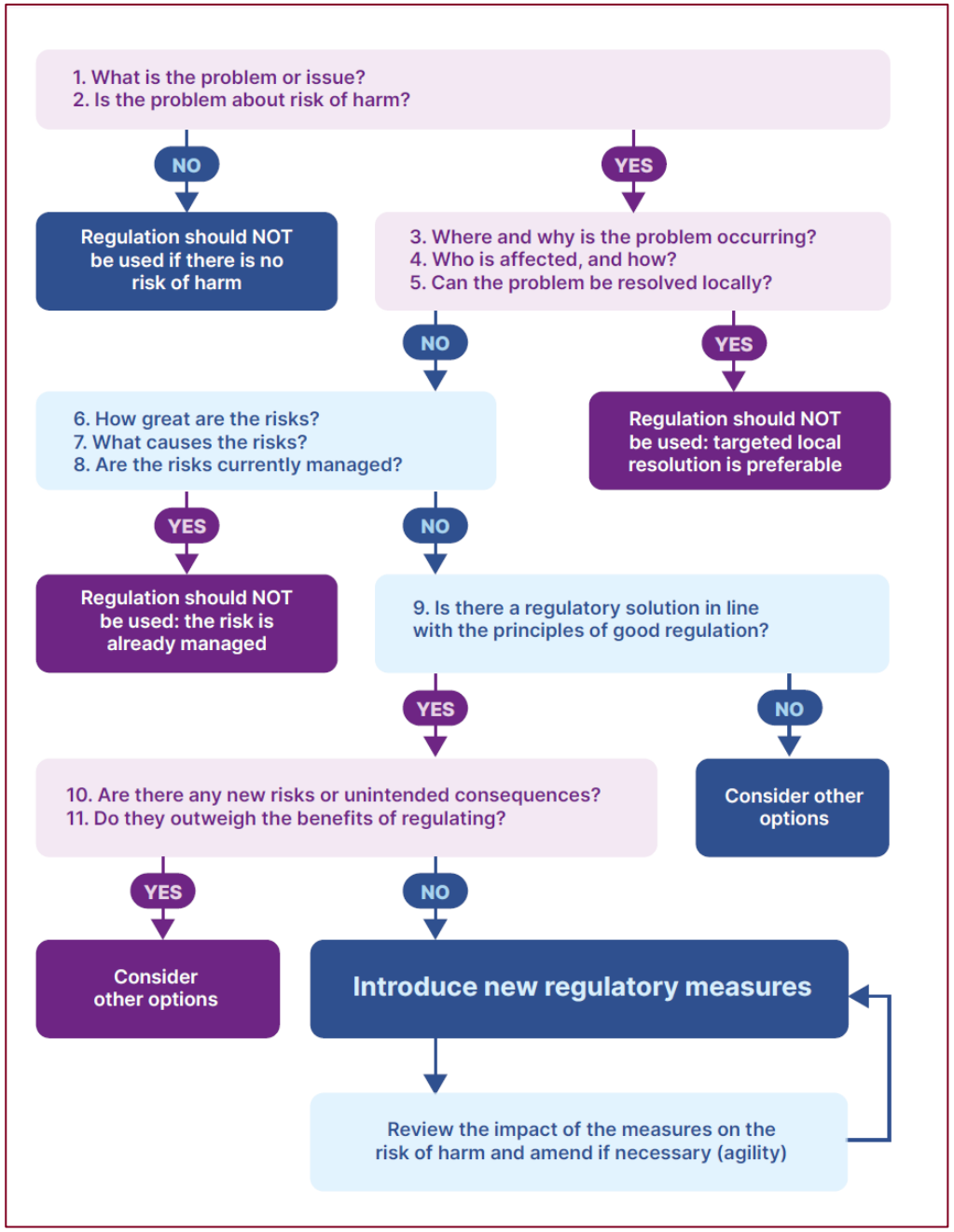


Right Touch Regulation

- Identify the problem before the solution
- Quantify and qualify the risks
- Get as close to the problem as possible
- Focus on the outcome
- Use regulation only when necessary
- Keep it simple
- Check for unintended consequences
- Review and respond to change.

www.professionalstandards.org.uk/publications/right-touch-regulation-2025

Right touch Regulation Decision Tree



Bamboo not steel

- How is regulation governed?
- Which occupations are included?
- Who is responsible for licensing/registration?
- How are training and education linked to regulation?
- How is quality maintained?
- Are the public(s) and patients involved?

Session One: What is regulation for?

Dr. Sunny Okoroafor

Placing regulation in the wider context of the health labour market in Africa

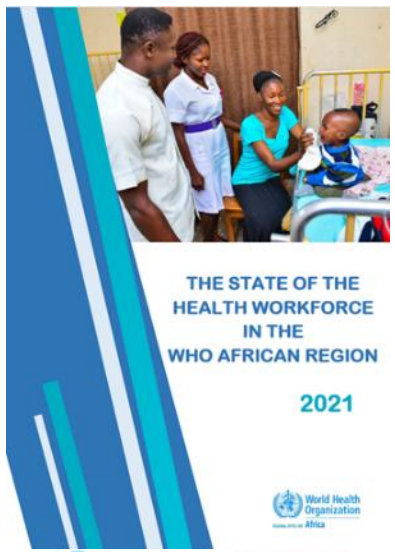
Plan. Train. Retain

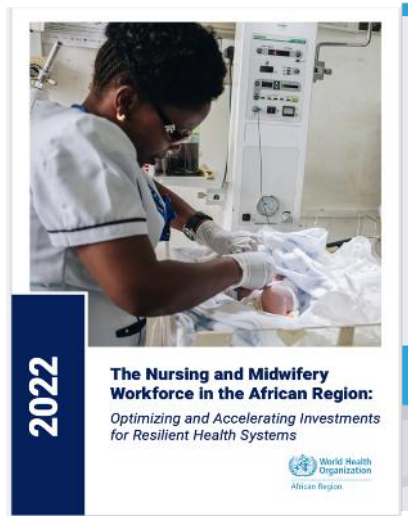
August 25, 2026

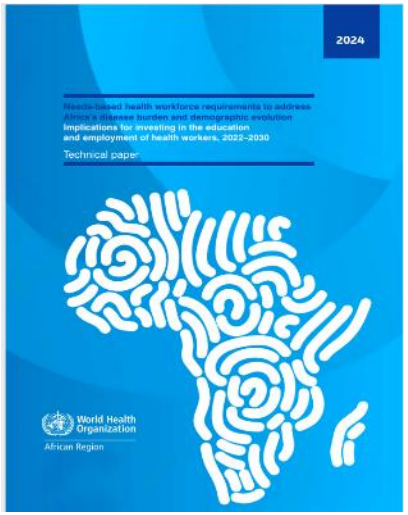
Africa’s Ambition of 3 Million More Health Workers by 2035

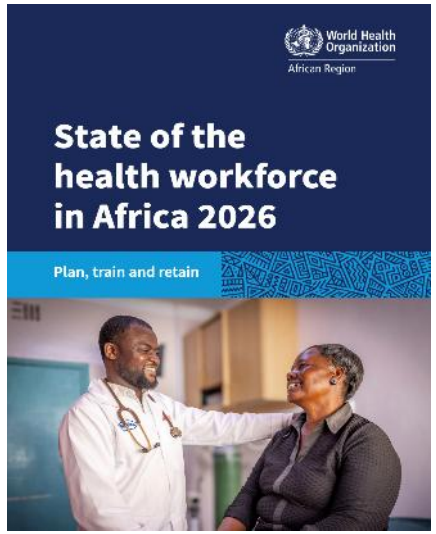
Plan.Train.Retain

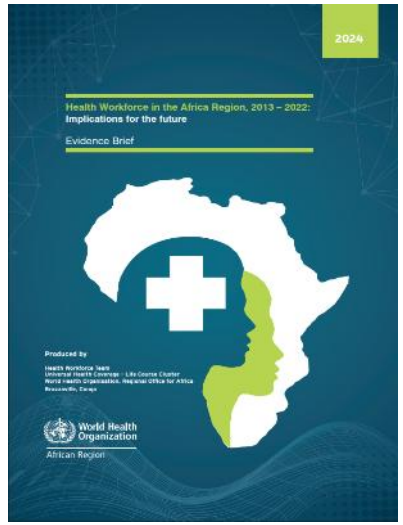
Africa's health workforce evidence is widely published in various formats to inform discourse, policy and planning

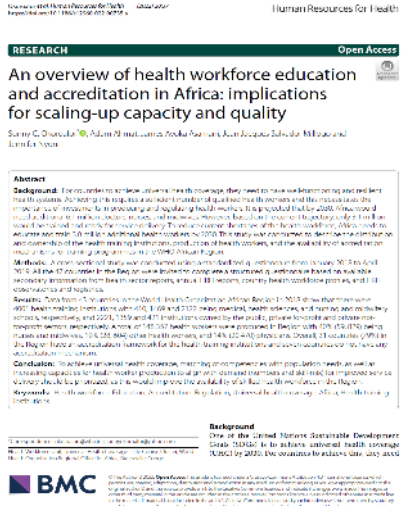


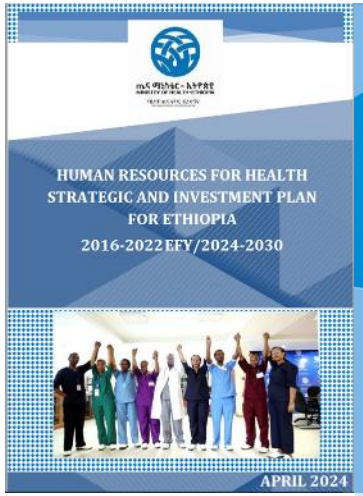




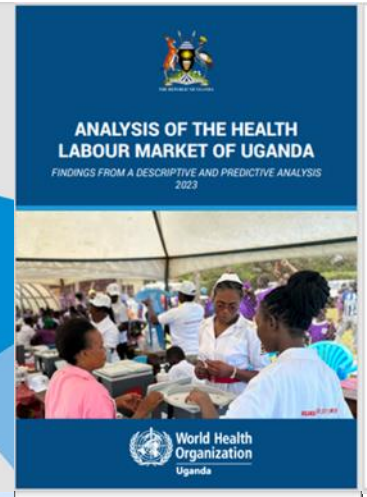




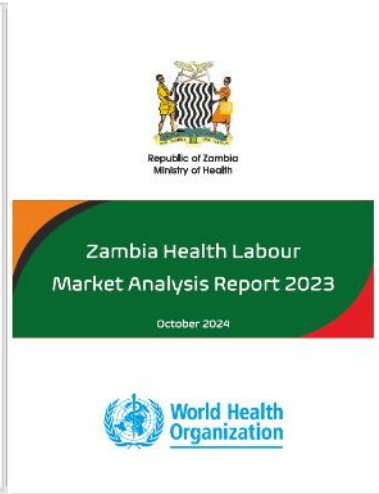



HUMAN RESOURCES FOR HEALTH
STRATEGIC AND INVESTMENT PLAN
FOR ETHIOPIA
2016-2022 EFY/2024-2030
APRIL 2024

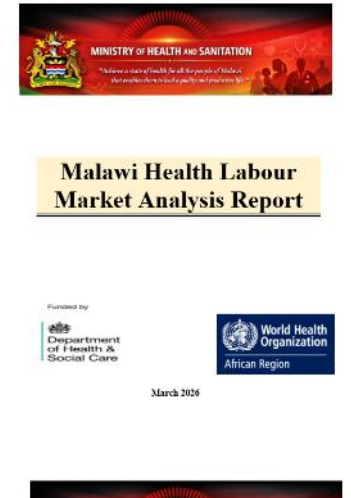

REPUBLIC OF KENYA
MINISTRY OF HEALTH
Health Labour Market Analysis for Kenya
September 2023
World Health Organization

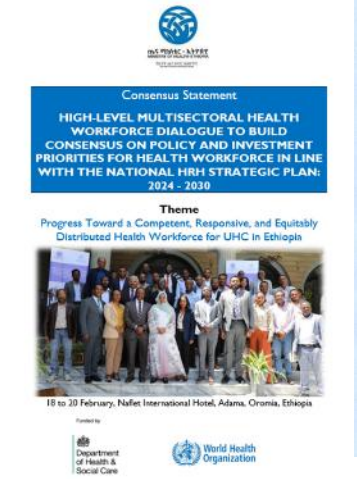

ANALYSIS OF THE HEALTH LABOUR MARKET OF UGANDA
FINDINGS FROM A DESCRIPTIVE AND PREDICTIVE ANALYSIS
2023
World Health Organization
Uganda

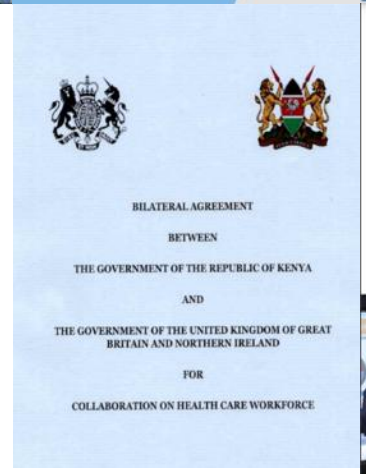

HEALTH LABOUR MARKET ANALYSIS FOR ESWATINI
August 2023
Supported by
World Health Organization
Eswatini

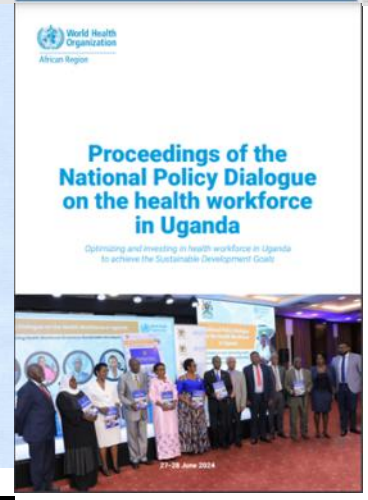

Republic of Zambia
Ministry of Health
Zambia Health Labour Market Analysis Report 2023
October 2024
World Health Organization


2023
ANÁLISE DO MERCADO DE TRABALHO PARA SAÚDE EM MOÇAMBIQUE - 2023
Maputo. Julho de 2025

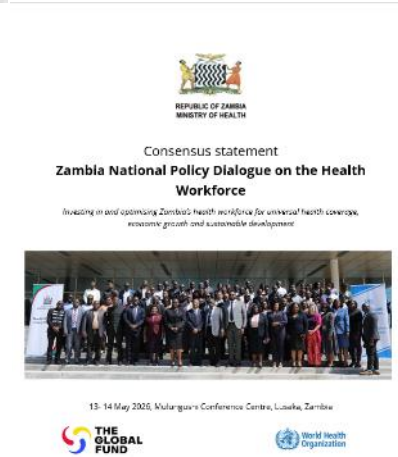

MINISTRY OF HEALTH AND SANITATION
Malawi Health Labour Market Analysis Report
Department of Health & Social Care
World Health Organization
African Region
March 2026


Consensus Statement
HIGH-LEVEL MULTISECTORAL HEALTH WORKFORCE DIALOGUE TO BUILD CONSENSUS ON POLICY AND INVESTMENT PRIORITIES FOR HEALTH WORKFORCE IN LINE WITH THE NATIONAL HRH STRATEGIC PLAN: 2024 - 2030
Theme
Progress Toward a Competent, Responsive, and Equitably Distributed Health Workforce for UHC in Ethiopia
18 to 20 February, Nafiet International Hotel, Adama, Oromia, Ethiopia
Department of Health & Social Care
World Health Organization


BILATERAL AGREEMENT
BETWEEN
THE GOVERNMENT OF THE REPUBLIC OF KENYA
AND
THE GOVERNMENT OF THE UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND
FOR
COLLABORATION ON HEALTH CARE WORKFORCE


World Health Organization
African Region
Proceedings of the National Policy Dialogue on the health workforce in Uganda
Optimizing and investing in health workforce in Uganda to achieve the Sustainable Development Goals
27-28 June 2024


TRANSFORMING THE HEALTH WORKFORCE IN THE KINGDOM OF ESWATINI
POLICY BRIEF ON HEALTH LABOUR MARKET ANALYSIS

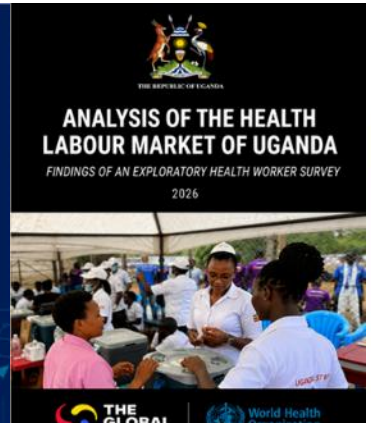

REPUBLIC OF ZAMBIA
MINISTRY OF HEALTH
Consensus statement
Zambia National Policy Dialogue on the Health Workforce
Investing in and optimizing Zambia's health workforce for universal health coverage, economic growth and sustainable development
13- 14 May 2025, Mulungushi Conference Centre, Lusaka, Zambia
THE GLOBAL FUND
World Health Organization


Health Labour Market
Analysis for Zimbabwe
Investing in the Health Workforce towards attainment of Vision 2030

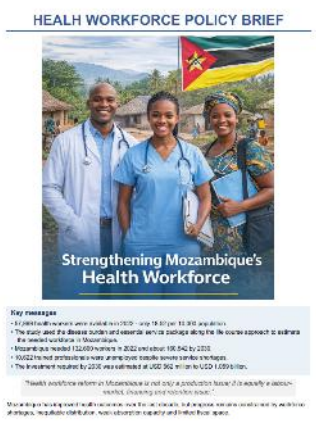

MINISTRY OF HEALTH AND SANITATION

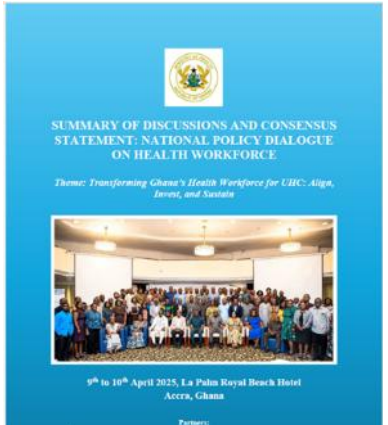

POLICY BRIEF
Building a Fair and Resilient Health Workforce for Malawi
Evidence from the 2024 Health Labour Market Analysis
Department of Health & Social Care
World Health Organization
African Region
July 2026

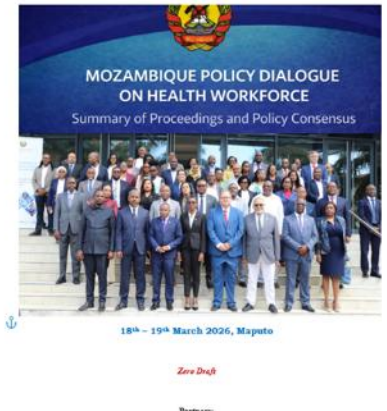

World Health Organization
African Region
Health labour market analysis support tool
Beta version 3.0
User manual
2024

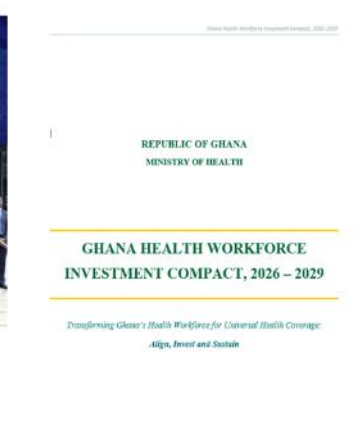

ANALYSIS OF THE HEALTH LABOUR MARKET OF UGANDA
FINDINGS OF AN EXPLORATORY HEALTH WORKER SURVEY
2026


World Health Organization
Uganda
POLICY BRIEF
Health worker education, practice and migration: mechanisms for enhancing management and regulation in Uganda
Key messages
What is this policy brief about?
Why is equipping health workers through competency based education needed?


HEALH WORKFORCE POLICY BRIEF
Strengthening Mozambique's Health Workforce
Key messages


SUMMARY OF DISCUSSIONS AND CONSENSUS STATEMENT: NATIONAL POLICY DIALOGUE ON HEALTH WORKFORCE
Theme: Transforming Ghana's Health Workforce for UHC: Align, Invest, and Sustain
9th to 10th April 2025, La Palm Royal Beach Hotel
Accra, Ghana


MOZAMBIQUE POLICY DIALOGUE ON HEALTH WORKFORCE
Summary of Proceedings and Policy Consensus
18th – 19th March 2026, Maputo
Zero Draft


REPUBLIC OF GHANA
MINISTRY OF HEALTH
GHANA HEALTH WORKFORCE INVESTMENT COMPACT, 2026 – 2029
Transforming Ghana's Health Workforce for Universal Health Coverage
Align, Invest and Sustain

AFRICA HEALTH WORKFORCE SITUATION IN 2026

Africa has expanded its health workforce, but major gaps remain in availability, competencies, employment and performance.

5.72 MILLION
health workers across 27 occupational groups

1.15 MILLION
community health workers
+35% since 2022

24 per 10,000
density of doctors, nurses, midwives, pharmacists and dentists

46%
need–availability ratio
current stock meets less than half of estimated need

5.85 MILLION
projected shortage by 2030

27%
unemployment / underemployment among trained health professionals
approximately **1 million** health workers are likely unemployed or underemployed

1 Regional inequalities (need-availability)

Southern Africa:	60%
Western Africa:	51%
Eastern Africa:	34%
Central Africa:	33%

2 Education and production

>4,000
training institutions

325,800
graduates per year

3 Quality and performance

~62% correct diagnosis

~40% treatment accuracy

27% treatment accuracy in complex cases

4 Regulation

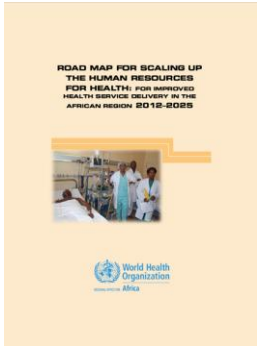
39/47 countries (83%)
national accreditation bodies or qualification authorities for health-professions education.

41/ 47 countries (87%)
Regulatory bodies/authorities responsible for enforcing standards of practice and professional safety.

Evidence-driven and consultative process of developing the Africa HWF Agenda, 2026 - 2035

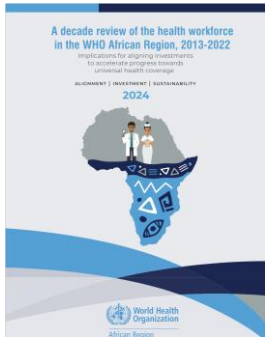
Regional Framework , 2012-2025

Adopted by RC62



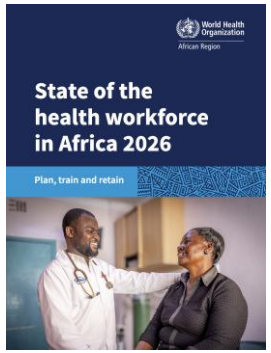
10-year Review, 2013 - 2024

May, 2024



State of HWF in Africa

May, 2026



Expert Working Group

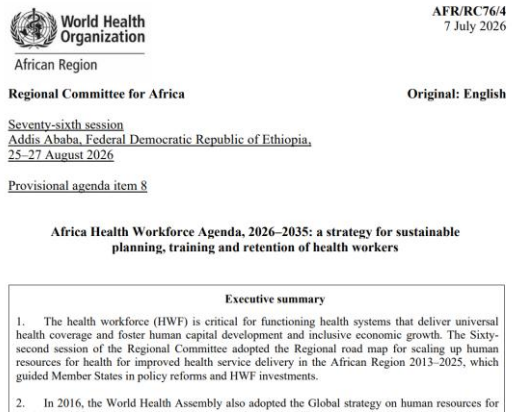
August 2025, Johannesburg

Member States Consultation

Nov. 2025, Pretoria

Adoption by Africa's Ministers of Health

RC 76, August 2026, Addis Ababa, Ethiopia



World Health Organization
African Region

AFR/RC76/4
7 July 2026

Regional Committee for Africa — Original: English

Seventy-sixth session
Addis Ababa, Federal Democratic Republic of Ethiopia,
25–27 August 2026

Provisional agenda item 8

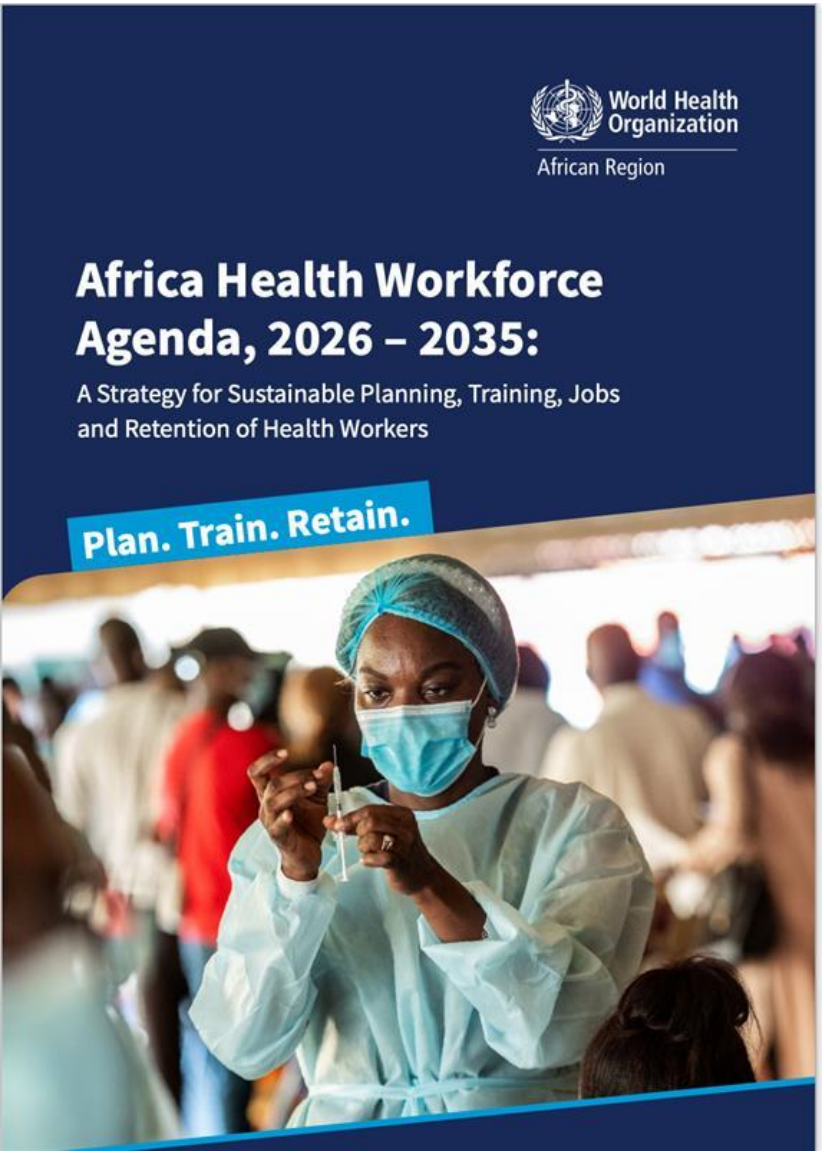
Africa Health Workforce Agenda, 2026–2035: a strategy for sustainable planning, training and retention of health workers

Executive summary

1. The health workforce (HWF) is critical for functioning health systems that deliver universal health coverage and foster human capital development and inclusive economic growth. The Sixty-second session of the Regional Committee adopted the Regional road map for scaling up human resources for health for improved health service delivery in the African Region 2013–2025, which guided Member States in policy reforms and HWF investments.

2. In 2016, the World Health Assembly also adopted the Global strategy on human resources for

The Africa Health Workforce Agenda 2030!



The Africa Health Workforce Agenda 2030 was launched in Accra, 6 May 2026

Theory of Change: Strengthening the Health Workforce for Stronger Systems & Healthier Populations

Health workforce core functions drive measurable health workforce outcomes, stronger health systems and improved population wellbeing.

1. Health Workforce Core Functions

Leadership, Governance and Stewardship

- Health Labour Markets, data & Analytics
- HWF Policies, Planning and Investments
- HWF Education, Training & Lifelong Learning
- HWF Management, Retention and Public Policy

Sustainable Financing & Investment

Data Systems and Optimization Analysis

Digital Technology & Artificial Intelligence

2. Intermediate HWF Outcomes

HWF Availability
- Graduation rates
- Density
- Distribution
- Skill mix
- Attrition rates

Decent work
- Employment
- Recognition, fair and equal pay
- Safety and protection
- Satisfactory remuneration and incentives

HWF Competence
- Diagnostic accuracy
- Treatment & procedural accuracy
- (adherence to clinical guidelines)

HWF Performance
- Absenteeism rate
- Productivity levels
- Accountability

3. Health System Outcomes

- **Access to quality health services** *(Service Coverage)*
- **Health System Efficiency**
- **Health System Resilience**

4. Population Impact

Healthy Life and Wellbeing for All Ages

Equitable, inclusive and sustainable wellbeing.

CONTINUOUS LEARNING & ADAPTATION | Evidence informs action. Action generates evidence.

Africa Health Workforce Agenda 2026–2035

32 country actions across 5 strategic objectives

1
Operationalize the Investment Charter
(6 actions)

FOCUS AREAS

- Link planning with HLMAs
- Policy dialogue & annual reviews
- Costed HWF investment plans and compacts linked to budgets

2
Optimize education capacity and quality
(8 actions)

FOCUS AREAS

- Competency-based education
- Enhance education capacity and quality
- Digital learning & assessment

3
Increase employment, retention and performance
(9 actions)

FOCUS AREAS

- Create public and private sector jobs to absorb health workers
- Retain staff in underserved areas
- Improve productivity and decent work

4
Strengthen leadership and governance
(6 actions)

FOCUS AREAS

- Build strong HRH institutions
- Improve regulation and leadership
- Strengthen decentralized planning

5
Improve data and evidence for decision-making
(3 actions)

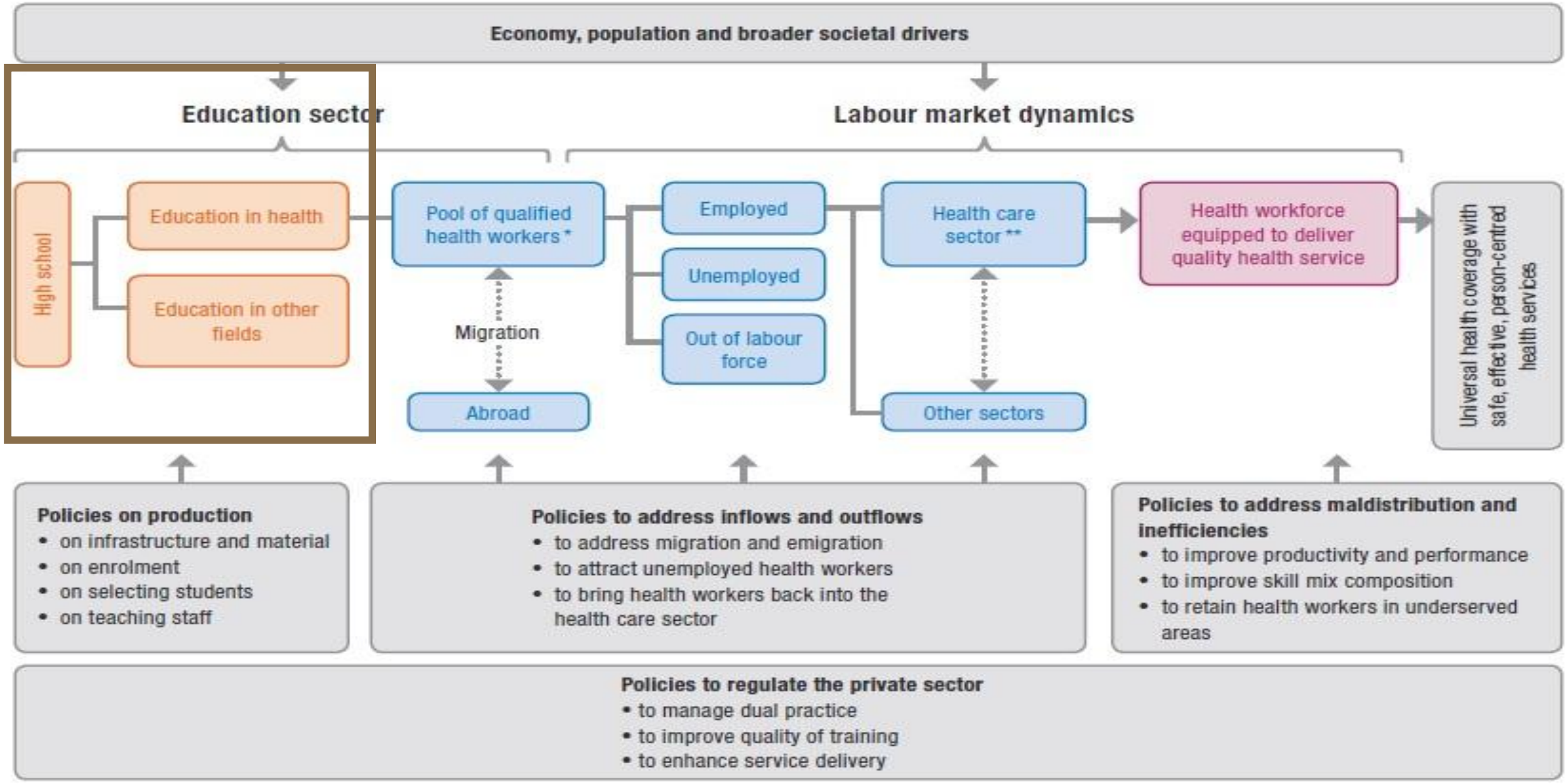
FOCUS AREAS

- Strengthen HR information systems
- Use NHWA and analytics
- Track vacancies, staffing and performance

PLAN. TRAIN. RETAIN. — TO ENABLE AN ADDITIONAL 3 MILLION HEALTH WORKERS BY 2035.

Regulation in Africa's Health Labour Market

Health Labour Market Framework for UHC



The Africa Health Professions Education Transformation and Harmonisation Initiative

A regional-to-national process from shared competencies to reciprocal recognition of qualifications

REGIONAL FOUNDATIONS | COUNTRY ADAPTATION & ASSURANCE | CONTINENTAL OUTCOME

01 — Shared Regional Competencies › **02 — Health Professions Education Quality Standards** › **03 — Country-led curriculum adaptation** › **04 — Benchmarking and assessment** › **05 — Mutual/Reciprocal recognition**

Regional prototype competency-based curricula

- **Regional competencies** and outcomes framework
- Curricula structured around measurable competencies and outcomes
- **10 curricula completed**; additional curricula in progress

Quality reference points

- Evidence-informed, consensus-based standards for health professions education
- Benchmarking tools to support consistent application

Core & Context Model (CCM)

- Country-led adaptation through national reference curricula
- **60–70% alignment** with the regional curriculum
- Target: **80% national alignment**

Three-tier quality assurance

- **Institutional** self-assessment
- **National regulator** assessment
- **Independent external** benchmarking and maturity scoring

Regional portability

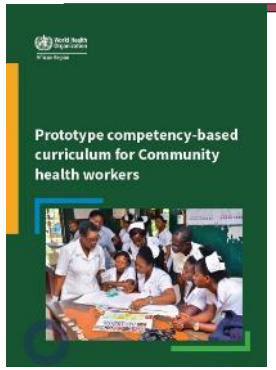
- Comparable curricula, education standards and outcomes enable mutual recognition
- Enhanced workforce mobility and health labour market integration

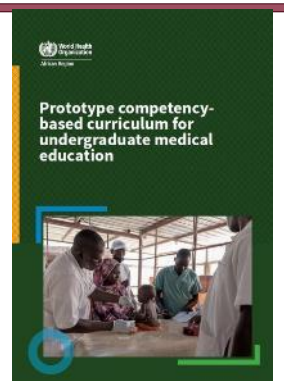
EXPECTED SYSTEM RESULT

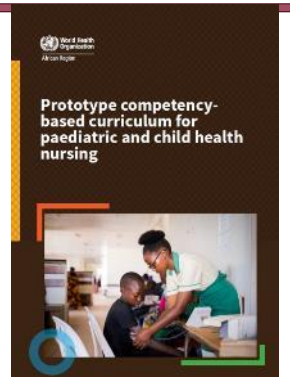
Shared competencies → comparable quality → recognised qualifications → workforce mobility

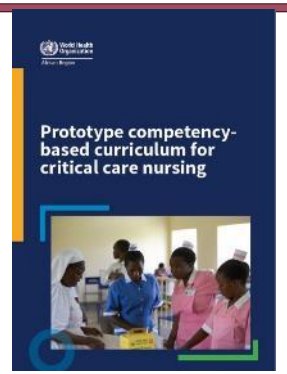
01 – Shared Regional Competencies

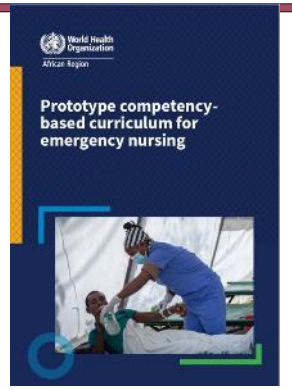
10 Regional Competency-based curricula were developed and launched in 2025. Another batch is being planned.

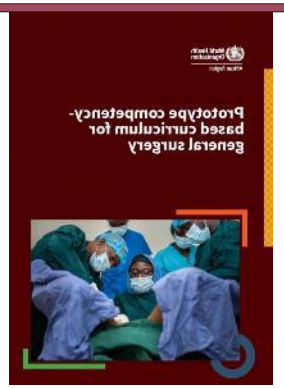


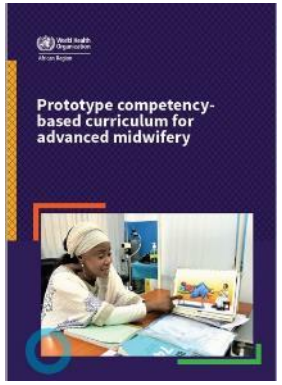


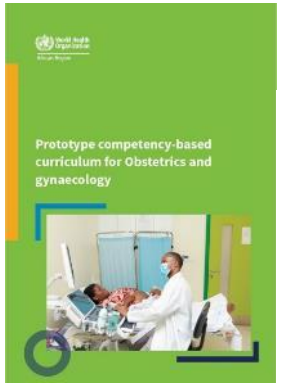


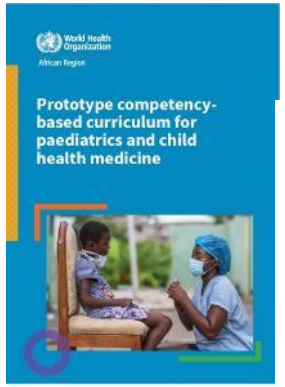










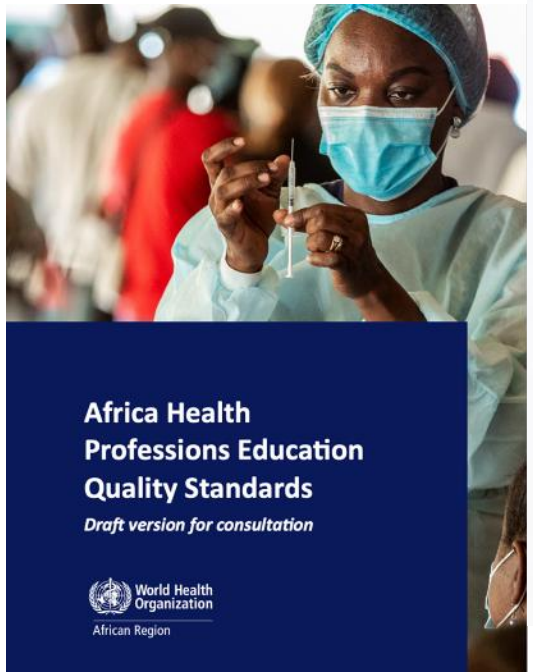


02 – Africa Health Professions Education Quality Standards

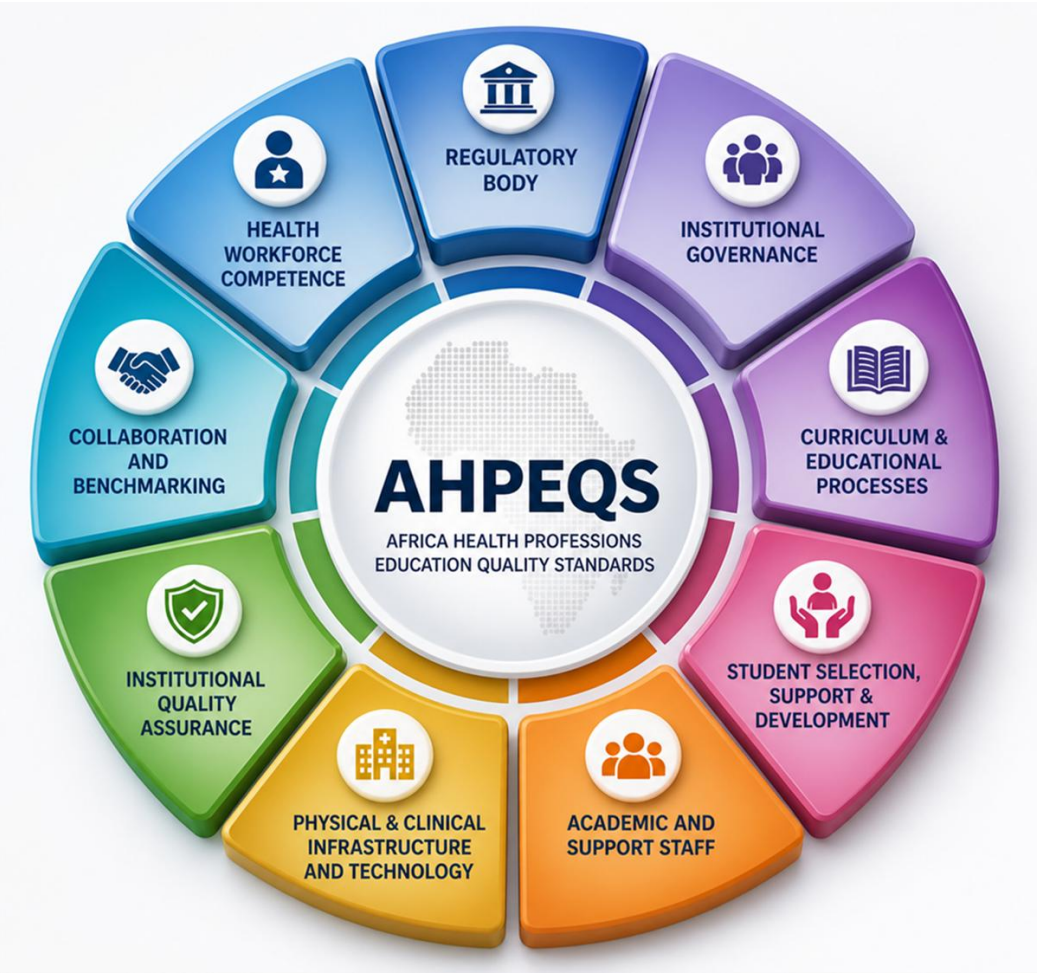
AIMS: Harmonize HPE framework, Strengthen HPE quality, Promote Health Professional Qualifications Comparability, and Patient safety through evidence-based education Standards

DEVELOPMENT PROCESS

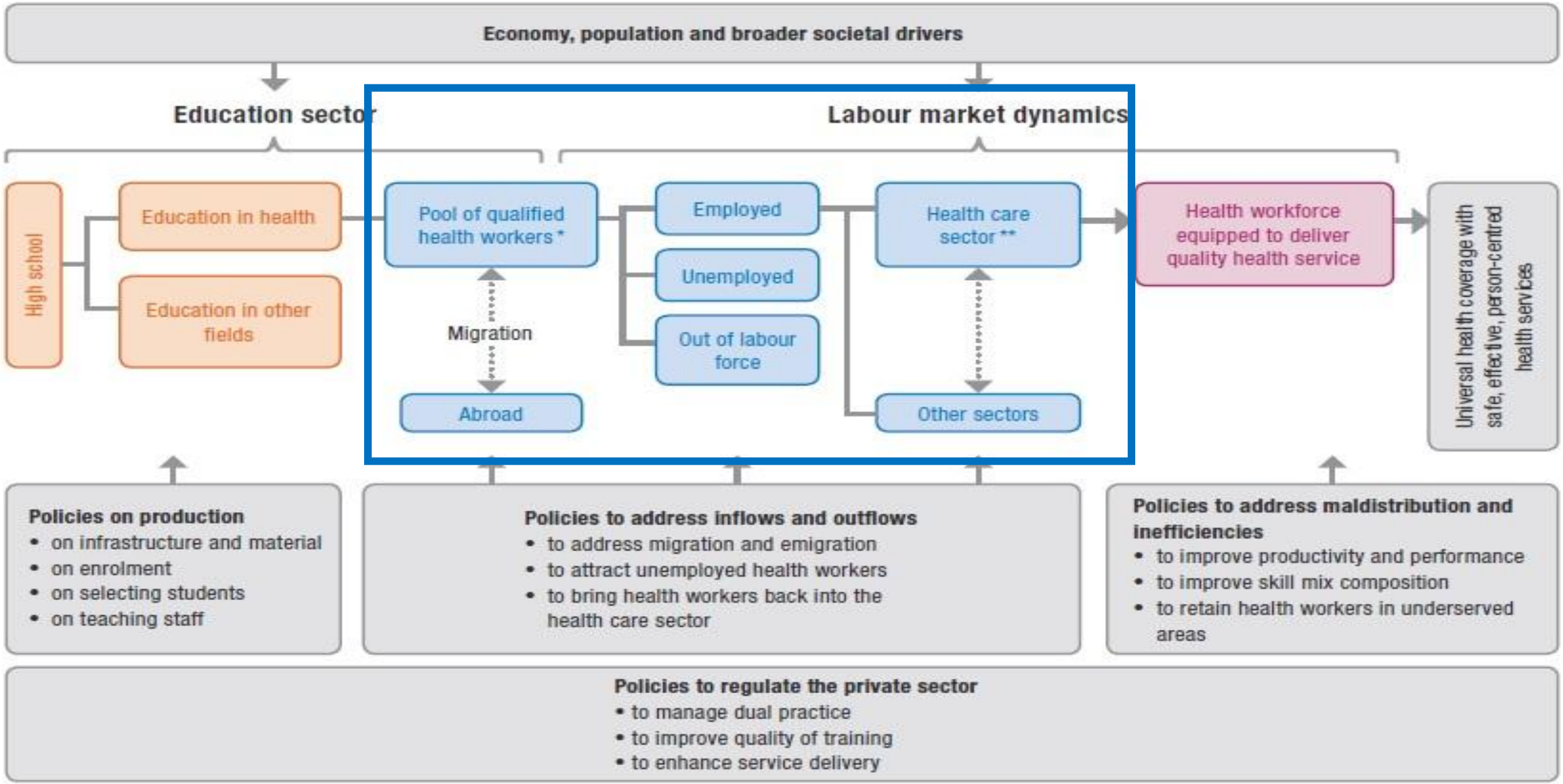
1. Evidence synthesis and best practice
2. Drafting the quality standards
3. Consensus building with regulators and experts
4. WHO technical review
5. Consultation with regional and continental bodies
6. External validation/public feedback
7. Adoption and Publication



9 DOMAINS



Health Labour Market Framework for UHC



WHO Guidance on Health Practitioner Regulation

Health practitioner regulation
Design, reform and implementation guidance

World Health Organization

Health practitioner regulation: a conceptual framework

Regulation goal(s)
- Patient and public safety
- Workforce accessibility and quality
- Health system goals

Occupational groups within health workforce and their division of labour

Criteria for regulation, subjects of regulation, regulatory approach (compliance, deterrence, protective, punitive, or risk-based), and exercise of regulatory authority

High risk | Low risk

Statutory regulation

Nonstatutory regulation

No regulation
Generic State regulation

Regulatory organization(s)
For all or specific function(s) and/or occupation(s)

Mechanism
- Employer responsibility
- Disclosure of quality
- Voluntary insurance
- Voluntary registration
- Nonstatutory certification

Mechanism
- Licensing (and suspension/removal)
- Registration (and suspension/removal)
- Certification
- Accreditation of educational institutions/programmes
- Indemnity coverage
- Inspection (with quality scores)
- Employer responsibility
- Negative licensing

Higher risk → Lower risk

Evaluation

Regulatory intervention areas in Africa's health Labour Market

From licensure to employment, practice and retention

1	2	3	4
Licensing and Practice*	**Private Sector Service Delivery***	**Health Workforce Migration Policies**	**Working Conditions**
5	**6**	**7**	**8**
Scopes of Practice*	**Optimal utilization of health workers (Task sharing)**	**Occupational Safety**	**Performance Accountability**

**Regulators have direct responsibilities*

Regulatory Actions by Countries

9 KEY INTERVENTIONS BY MEMBER STATES

1. Design & Governance - Legislative authority for independent/functional regulatory institutions
2. Design & Governance - Coordination between regulators, education institutions and employers
3. Capacity - Competent Regulators
4. Capacity - Digital Regulatory Systems
5. Capacity - Adequate financing of regulatory authorities
6. Function - Inspection and Accreditation
7. Function - Competency Assessment
8. Functions - Disciplinary Mechanisms
9. Functions - Clear Standards

REGULATION REQUIRES MORE THAN PASSING LEGISLATION

Thank you

For more information, please contact:
Sunny C Okoroafor PhD
Email okoroafors@who.int

Session Two: Competence and Regulation

"Beyond credentials: what evidence tells us about medical competence and health practitioner regulation."

Prof. Jishnu Das (virtual)

LUNCH BREAK

A word from our sponsor…

Mr. John Ogunkeye

Executive Vice President

ACGME Global Services

Session Three: Country presentations

Dr. Abdoul-Guaniyi Sawadogo

Dr. Davie Zolowere

Experience of Burkina Faso: Regulation in Humanitarian and Fragile Settings

Session 4 – AMCOA 2026 : 26 August 2026, Accra (GHANA)

Dr Abdoul-Guaniyi SAWADOGO, President, CNOMBF

Regulatory Model Overview: Objectives, Scope & Governance

ONMBF: Legal Basis & Mission

- **Legal basis:** Law n°028-2012/AN, Decree n°2014-048/PRES/PM/MS (code of ethics), Order No. 2014-149/MS/CAB (Internal Regulations)- the Order has legal personality
- **Mission (Art. 2):** uphold the profession's fundamental values; ensure ethics and deontology; require recognized competence for safe, quality care
- **Scope:** all physicians authorized to practice nationwide public, private, self-employed, military and humanitarian
- **Governance:** National Council and 4 Regional Councils

A Model Distinct from the Anglophone Approach

- Burkina Faso applies the French-inspired “Ordre” model, shared with other UEMOA/WAEMU member states, not the anglophone statutory council model
- **Governance:** physician-led elected peer body, vs. boards including lay/public and government-appointed members
- **Discipline:** internal disciplinary chamber (regional and national) with ordinal jurisdiction, vs. separate statutory fitness-to-practice tribunals
- **Both traditions safeguard the same outcome:** competent, ethical, accountable medical practice

Burkina Faso Health Workforce: Setting the Scene

Workforce Growth & Structure

- **Rapid expansion:** medical student numbers up 250% in 10 years
- **Registered vs. licensed:** ~ 8,000 physicians registered with the Medical Council, of whom 4,700 are licensed to practise in 2026
- **Rising new registrations:** 469 (2023) → 872 (2024) → 859 (2025); ≥ 750 graduates/year expected for the next 7 years
- **Young physicians population :** 75% have ≤10 years' seniority; mean seniority 6.54 years
- **Density:** ~1 physician per 6,500 inhabitants (0.15 per 1,000: population 23.3 million (2025)

Geographic & Specialty Distribution

- **Specialty imbalance:** 77.66% general practitioners;
- **Sharp urban concentration:** Kadiogo (Ouaga) ~45% and Guiriko (Bobo) ~20% of physicians, ~2/3 in the two major regions
- **Sparse elsewhere:** Liptako, Goulmou, Kuilsé, each under 10%
- **Medical deserts:** over 40% of health districts; some provinces have 1 physician per 40,000-60,000 people
- **Physician shortage vs unemployment**

Innovation & Service Delivery

Institutional Modernization

- **2026 - 2030 Strategic Development Plan** adopted
- **Revised** administrative, financial, accounting and budget **procedures manual** including registration, disciplinary and electoral procedures
- **Strengthened internal and external communication**
- **Improved dialogue with the Ministry of Health** for greater Council involvement in drafting texts governing medical practice

Regulatory & Service-Delivery Innovations

- **Digitalization** of Council services: registration, membership-fee payment, certificate requests, complaint submission
- **Decree regulating private medical practice** by civil servants (Ministry of Health)
- **Revised medical school specifications**, with the Ministry of Higher Education, to improve training quality
- Contribution to **national guidelines on professional practice evaluation** (Ministry of Health)

Collaboration with Regulators & Stakeholders

National Ecosystem

- **Health professions:** physicians, pharmacists, dental surgeons, nurses, midwives grouped in the Inter-Order of Health Professionals
- **Government:** Ministries of Health, Justice, Security and National Defence
- **Health financing:** CNAMU (national universal health insurance fund) and insurance companies

Regional & International Partners

- UEMOA/ WAEMU Commission: regional regulatory harmonization
- United Nations agencies and international NGOs
- Embassies
- AMCOA (ECOWAS board) : international peer learning and benchmarking
- African College of medical council

Practicing in Insecurity: Protecting Physicians and Patients

Security-driven erosion

31%

Facility disruption

of health facilities affected by the security crisis; nearly 18% fully closed

Supply & workforce strain

Medicine supply-chain disruptions and health workers fleeing attacks

6M

Humanitarian scale

people affected; 2 million in urgent need of healthcare access

Rising epidemic risk

Resurgence of diseases once under control — measles, meningitis, dengue

Practicing in Insecurity: Protecting Physicians and Patients

Threats to Practitioners

- Abduction and unlawful kidnapping of MD
- Psychological trauma among physicians, including vicarious trauma
- Localities inaccessible to the Council, preventing Order -physician outreach and engagement
- A chilling effect: reluctance of the Council to take decisions that could be seen as opposing the authorities of the moment

Threats to Patients & Care Quality

- Task-shifting beyond authorized scope of practice, including for abortion procedures
- Medical desertification of insecure areas
- Breakdown in continuity and quality of care: illegal practice of medicine, quackery
- Resurgence of public health events (epidemics) once under control

Priority Challenges I: Institutional & Regulatory

Governance & Resources

- **Funding of the Council and of medical regulation**
- Acquisition of Council premises : current facilities are very limited
- Operationalization of the 7 technical committees

Legal & Regulatory Framework

- Ongoing revision of governing texts (law, code of ethics, by-laws) to clarify Council/MoH roles and address medical practice in conflict settings
- Dissemination and appropriation of the code of ethics among physicians
- Harmonization of regulatory practice within UEMOA/WAEMU and between francophone and anglophone countries

Priority Challenges II: Practice, Training & Partnerships

Training & Practice

- Annual medical demographics atlas
- **Formal pathway for foreign-trained physicians to complete supplementary training** aligned with the Burkina Faso/WAHO curriculum, within the diploma-equivalence procedure
- **Continuing professional development (CPD) framework**
- **Medical simulation centre, with the Ministries of Higher Education and MoH**
- Promotion of private medical practice and medical entrepreneurship (regulatory texts, tax incentives, investor identification)

Security & Partnerships

- Strengthened collaboration with the defence and security forces and humanitarian actors
- **Strengthened partnerships and networking**

These are not admissions of failure : they are our reform agenda

AMCOA
ASSOCIATION OF MEDICAL COUNCILS OF AFRICA

28TH ANNUAL CONFERENCE
ACCRA, GHANA
23 – 27 AUGUST 2026

IAMRA
INTERNATIONAL ASSOCIATION OF MEDICAL REGULATORY AUTHORITIES

Ordre National des Médecins du Burkina Faso

Thank You
for Your Attention

TUESDAY
25 AUGUST 2026

AMCOA
ASSOCIATION OF MEDICAL COUNCILS OF AFRICA

28TH ANNUAL CONFERENCE
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IAMRA
INTERNATIONAL ASSOCIATION OF MEDICAL REGULATORY AUTHORITIES

HEALTH PRACTITIONER REGULATION DESIGN, REFORM AND IMPLEMENTATION PRINCIPLES:

A peer learning focused workshop

COLLABORATION & PARTNERSHIP

INNOVATION & IMPACT

EFFECTIVE REGUALTION

Sharing the Malawi Experience on Regulation and competency maintenance

Dr Davie Zolowere, Registrar and CEO Malawi

TUESDAY
25 AUGUST 2026

Functions of the Medical Council of Malawi

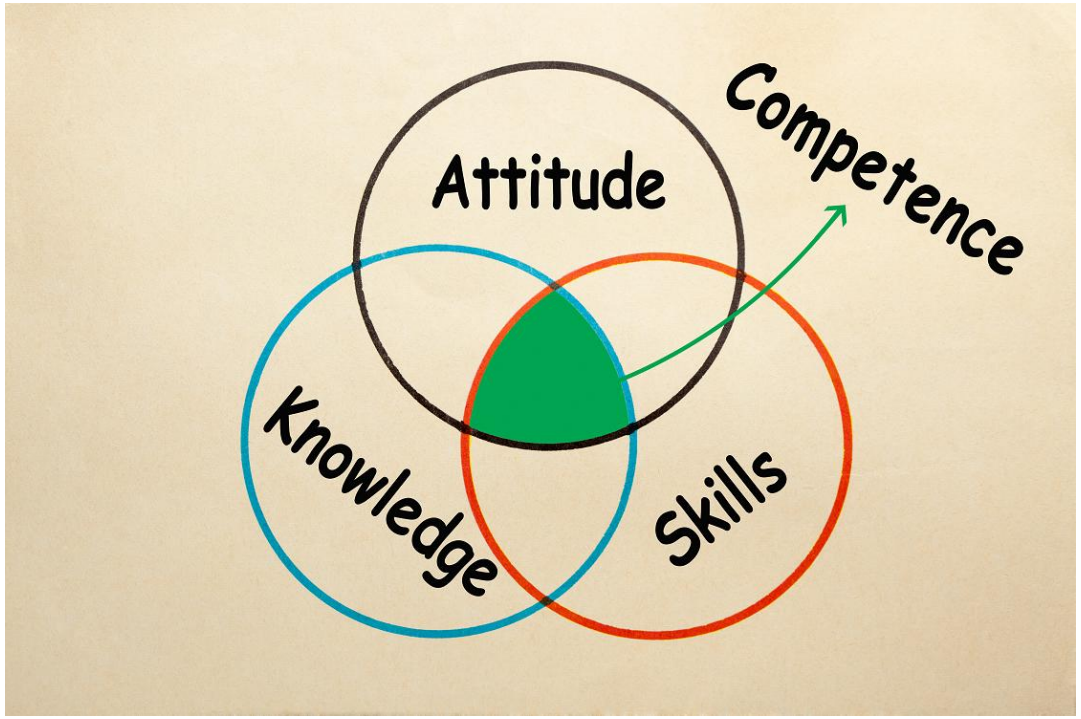
- **Practitioners:** registration and licensing of medical, paramedical, dental and allied health practitioners.
- **Health facilities:** registration, licensing and inspection.
- **Training:** regulating education and training, including CPD.
- **Disciplinary:** managing health care complaints from patients, clients and the public.
- **Advisory:** to advise on matters falling within the scope of the Act.

MCM exists to protect the public and guide the professions

Vision: To be a **transformative** health regulator of **excellence** that guarantees provision of **competent health practitioners** and delivery of **quality healthcare**

Maintaining competency in Malawi

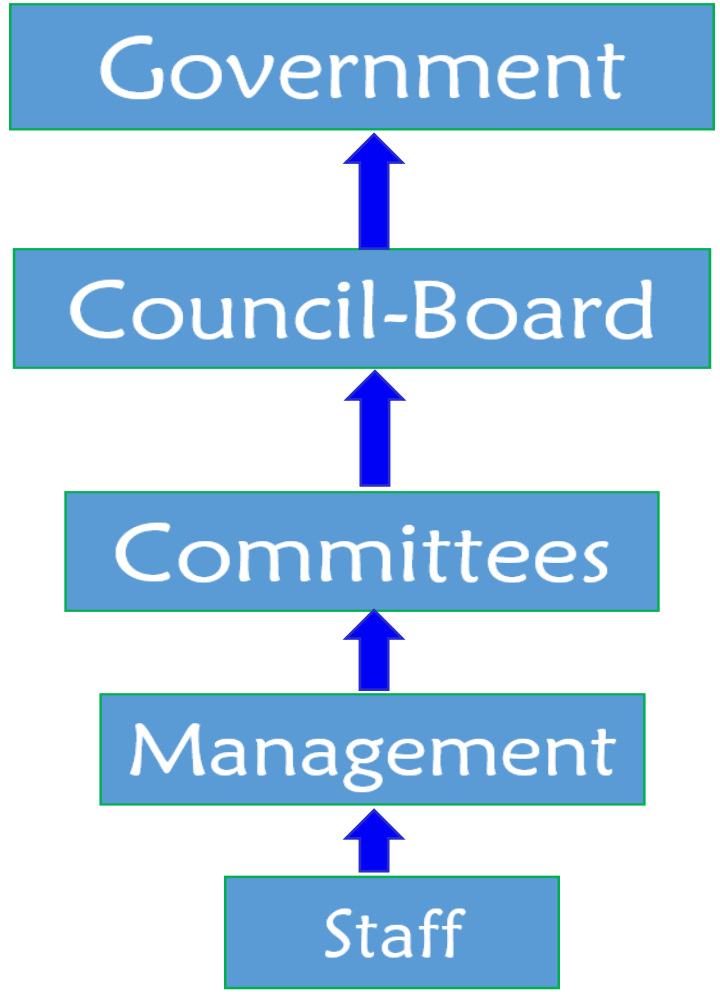
Competency maintenance is a continuous process



We understand competency is an interplay of multiple factors
Requires concerted efforts by multiple players including regulators

Governance of the MCM

- Self regulation: Government, Practitioners, Health facilities, Training Institutions involved at all levels.
- Good collaboration with other local regulators in healthcare (NCHE, NMCM, PMRA, AERA), and internationally (AMCOA, IAMRA, ECFMG, DataFlow).
- Regulatory independence and coordination with Government.
- Good political will.



Implementation of innovations aligned with service delivery

- Regulator involvement at development of clinical guidelines and policies to ensure alignment.
  - Standardized guidelines help ensure good knowledge among in service practitioners.
- Linkage to existing frameworks ensures easier implementation
  - MCM strategic plan (innovation) to Health Sector Strategic Plan to Malawi 2063
- Regulations readily adopted by practitioners, health facilities, and training institutions since MCM serves as the unified regulator:
  - Penalties for non-compliance
  - Use diverse means for dissemination
- The involvement of multiple stakeholders ensures broad acceptability and facilitates smoother implementation.

Successes

- Implemented diverse regulatory innovations that impacts practice:
  - Improvement in training and education, advancement of telehealth, revision of the Code of Ethics and Professional Conduct, and strengthening of disciplinary processes with dissemination of findings for service improvement.
- Involvement of key stakeholders at all levels.
- High MCM visibility among stakeholders, thereby enhancing its relevance and active involvement.
- Relatively high competencies among practitioners driven both by policy and regulatory approaches.

Challenges

- Inadequate financial resources limit the ability to do more e.g. inadequate inspections.
- Human resource challenges remain, with co-opted members serving as the current solution.
- Practitioner knowledge of laws and regulations was low; however, MCM's awareness initiatives and integration into curricula have both been instrumental in closing this gap.
- Public and patient reporting on misconduct and illegal practice has been limited due to fear of retaliation, though it is now improving.

Slides from Dr. Zolowere

- Overview of regulation, its scope and governance
- Initiatives underway to close the gap between regulatory policy and real-world practice
- How competence is currently assured, monitored or supported and links to registration/licensure
- Challenges and priority reform directions

Session Four: Understanding the regulatory practice gap

Adj. Prof. Martin Fletcher

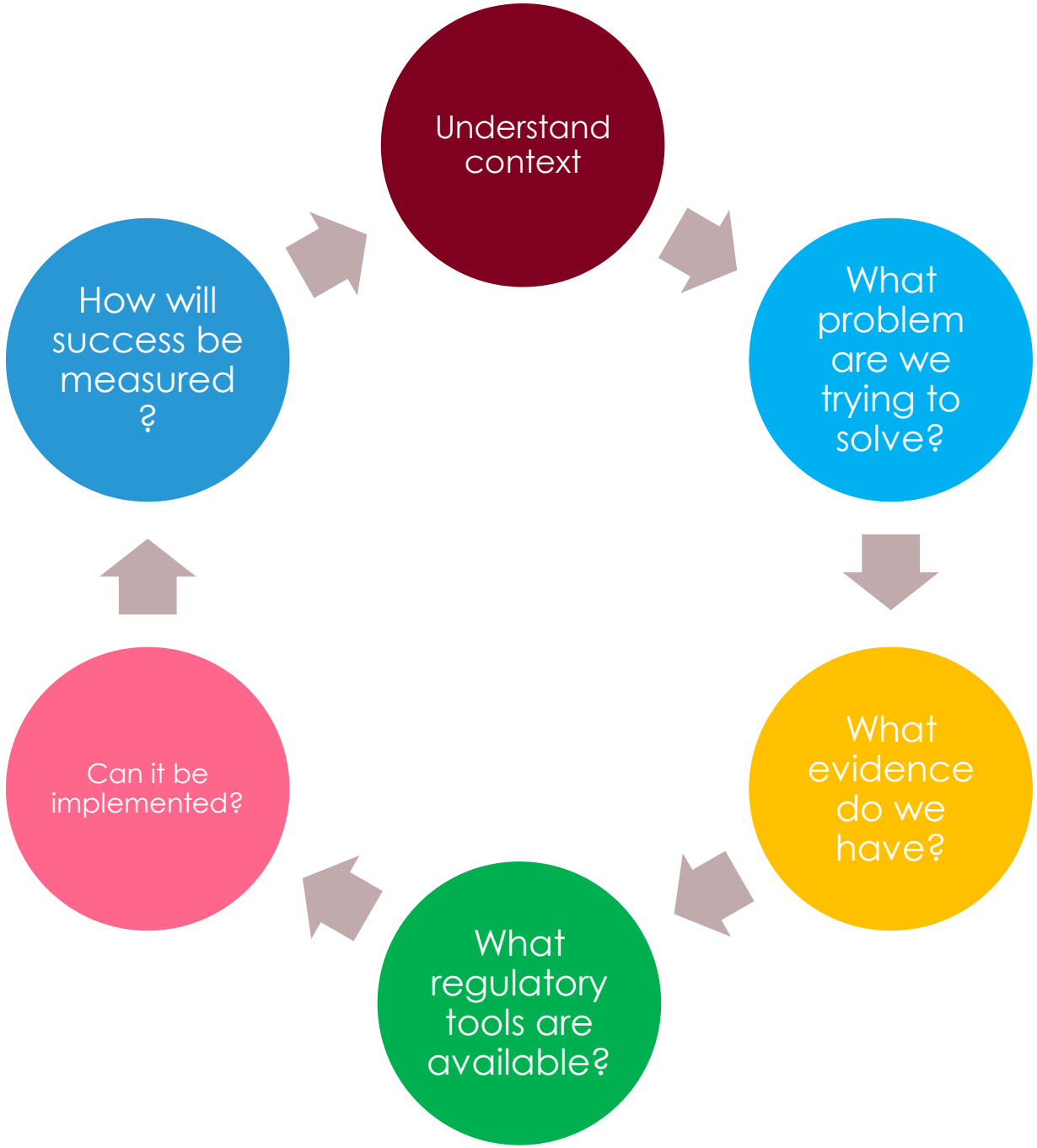
Understanding the regulatory practice gap

- Most regulatory systems are well designed on paper
- The challenge is often translating regulatory intent into practice
- Capacity, data, technology, financing, governance and workforce realities can all create a ‘regulatory practice gap’
- Where are the biggest gaps in your experience?

Regulatory practice gap

Before introducing a reform, WHO encourages regulators to ask:

- **What problem are we trying to solve?**
  - Workforce shortage? Quality? Patient safety? Distribution?
- **What evidence do we have?**
  - Data or assumptions?
- **What regulatory tools are available?**
  - Registration, licensing, standards, accreditation, CPD, scopes of practice
- **Is implementation feasible?**
  - Skills, budget, systems, workforce capacity
- **How will success be measured?**
  - Better competence? Safety? Access?
- **Which of these questions do regulators often spend the least time on?**


Understand context
What problem are we trying to solve?
What evidence do we have?
What regulatory tools are available?
Can it be implemented?
How will success be measured ?

Group Discussion

Think of one regulatory requirement in your country:

- What is the intended outcome?
- What happens in practice?
- Why does the gap exist?
- What is one realistic action that could help close the gap?

Examples:

- CPD requirements
- Professional registration
- Accreditation of education and training programs
- Licensing examinations
- Complaints and disciplinary processes

Report back

1. The requirement we discussed was…..
2. A key gap is……
3. One action to close the gap is….

Session Five: Closing Panel – from insights to action

Session Chair: Ms. Nicole Krishnaswami

Dr. Sunny Okoroafor

Prof. Sindisiwe Shangase

Dr. Divine Banyubala