

SPEECH PRESENTED BY THE MINISTER OF HEALTH, DR JOE PHAAHLA, AT THE OPENING OF THE 24TH ASSOCIATION OF MEDICAL COUNCILS OF AFRICA (AMCOA) INTERNATIONAL CONFERENCE, AT THE SUN CITY RESORT, NORTH-WEST, SOUTH AFRICA ON 3 OCTOBER 2022.

Programme Director,

Ministers of Health of Namibia

World Health Organization Director-General, Dr Tedros Adhanom Ghebreyesus, Geneva, Switzerland

World Health Organization (WHO) Regional Director for Africa: Dr Matshidiso Moeti

Premier of North-West Province, Hon Bushy Maape

MEC of Health, NorthWest Province, Hon Madoda Sambatha

DirectorGeneral, National Department of Health, Dr Sandile Buthelezi

Health Professions Council of South Africa (HPCSA) President, Prof Mbulaheni Simon Nmutandani

Acting HPCSA Registrar/CEO, Dr Thabo Pinkoane

Association of Medical Councils of Africa (AMCOA) President, Dr Kgosietsile Letlape

AMCOA Members

Distinguished guests,

Ladies and gentlemen

Good evening and welcome to our wonderful country. I am pleased that finally, we could meet in person to engage on matters that are critical to our health systems.

The theme of this conference “*The Future of the Health Workforce and its Regulation*” places focus on some aspects that have been challenging health systems for many decades. It also provides us with an opportunity to reflect on lessons recently learnt from COVID-19. This pandemic forced health workers to modify not only the way we provide health services but also forced humankind to modify certain behaviours. It challenged the basic tenets of health systems development and provision. In the process, the centrality of community engagement became more prominent than before.

As we were all grappling with emergency measures to respond to the pandemic, the chronic problems of serious shortages of skilled health workforce especially in our African continent became pronounced. These shortages continue to undermine access to and provision of health services, particularly in the primary care settings. This is the most critical challenge to achieving universal health coverage. Without the availability of a competent and appropriately skilled health workforce, adequate numbers and proportionately distributed, many citizens of our continent struggle to get access the services they need. Most of our countries’ health budgets are getting constrained due to subdued economic growth or even decline in some instances. This certainly puts a lot of pressure on the whole health ecosystem.

South Africa is honoured and privileged to be chosen as the venue for the hosting of the Association of Medical Councils of Africa (AMCOA). I hope that this conference will provide an opportunity for delegates across the Continent to identify and engage on key issues that will propel our health systems into a better future. I am aware that participants are from a wide range of key players – administrators, regulators, policymakers, academics, and service providers. The conference should reflect on how best Africa’s health systems could provide appropriate protection of the public interest, what this means and how this should find expression in the actual delivery of health services.

Ladies and gentlemen

Health care is a fundamental human right — but without health workers, there cannot be health services. As mentioned previously, the world has been grappling with a serious shortage of health care workers, even before the devastating toll of the COVID-19 pandemic. The chronic under-investment in education and training of health workers in many countries and the mismatch between education and employment strategies in relation to health systems and population needs are contributing to a continuous shortage of health workforce. These are compounded by difficulties in recruiting and retaining the health workforce in rural, remote, and underserved areas. There are other associated challenges and problems that regulators must deal with. One of these is what used to be referred to as scope creep. The shortage of health workers appropriately trained and registered for specified scopes of practice often lead to those not trained in that category taking over. This is sometimes borne out of a desire to save a life but ending up violating the regulations. It is therefore important that the health professions councils give attention to this.

At the height of the HIV and AIDS epidemic in South Africa, we had to devise mechanisms to address the issue of prescribing medicines which was strictly restricted to medical practitioners at that time. Through cooperation between the National Health Department, Pharmacy Council, Nursing Council and the HPCSA, we managed to find innovative ways in legislation that allowed our nurses to prescribe antiretroviral medication. This is just an example of the cooperation which is required of policymakers, regulators, and practitioners.

We are well aware that the COVID-19 pandemic has also thrown a stark light on the vital role of health and care workers in enabling the health system's capacity to respond to emergencies and other stressors.

Let me take time to reflect on the current reality, of which all of us know:

On the front lines of health emergencies, health workers are often the most vulnerable to infectious diseases when outbreaks strike. In the early months of the pandemic, health workers made up 14% of all new COVID-19 cases. It is estimated that anywhere between 80,000 and 180,000 health and care workers died from the virus between January 2020 and May 2021. The COVID-19 pandemic has highlighted a fundamental truth: that as society moves quickly, regulations and laws tend to be more static. Therefore, regulatory frameworks need to be made nimbler, agile, and responsive to meet the needs of modern society. This is also true in the regulation of scopes of practice as modern team-based care and technological advances are increasingly transforming health professional work. Despite the nexus between modernizing regulation and optimizing the health workforce, there is still a gap in knowledge around the impact of different regulatory models on health professional scopes of practice in Africa and globally. Therefore, this conference needs, as I argued before, to reflect on the kind of regulatory mechanisms needed for the scopes of practice to deliver health services in our modern societies.

The 'crisis in human resources' in the health sector has been described as one of the most pressing global health issues of our time. A global undersupply of these threatens the quality and sustainability of health systems in Africa and worldwide. This undersupply is concurrent with globalization and the resulting liberalization of markets, which allow health and care workers to offer their services in countries other than those of their origin. Health and care workers based in rural and poor areas move to cities for better working conditions and environments. Urban-based healthcare workers move from the public sector to the private sector. Finally, these professionals and their colleagues in the public sector eventually emigrate to more developed countries to obtain greater pay, better working conditions, the overall

better quality of life and improved opportunities for themselves and their families. It is important to remind ourselves of an important fact that migration to “greener pastures”, particularly in the case of professionals with exportable skills, has always occurred and will continue to do so.

This global migration pattern has sparked a broad international debate about its consequences for health systems worldwide, including questions about sustainability, justice, and global social accountabilities. Developing effective policies to address Africa’s health human resource needs has historically been complex but globalization trends such as the outsourcing of medical education and increased physician migration have introduced new challenges for policymakers, educators, and regulators. This necessitates the need to reconsider the international community's approach to solving the workforce crisis, focusing in particular on the WHO Code of Practice, established in 2010.

The demand for health services is also increasing in light of population ageing and the increasing prevalence of communicable, non-communicable diseases and multimorbidity, which has created greater demand for health and care workers in primary health in particular – a level of the health system characterized by difficulties in attracting and retaining workers, especially in our African region. The need for health and care workers is increasing in the context of global shortages, which paradoxically exist side by side with workforce underutilization and unemployment (especially among young workers) in many countries. This situation, as well as suboptimal working conditions and neglect of labour protection and rights, has contributed to the international mobility and attrition of workers, which further exacerbated worker shortages. Furthermore, pervasive inequalities in the workforce, particularly biased against women, people living with disabilities and the youth, call for concerted action and investment.

We need to recognize the importance of gender dynamics in this sector. Women constitute 67% of the health and care workforce globally – noting important variations across many WHO regions. Improving gender equity is essential to strengthening workforce numbers, distribution, and skill mix and that HR policy and planning failures. We are aware that women still encounter gendered issues such as occupational segregation, pay inequality and underrepresentation in leadership and decision-making in many countries. The informal and unpaid health and care workforce, including community health workers and home-based caregivers, who are also predominantly women, are profoundly affected by health and workforce challenges, particularly those related to social protection, working conditions and safety. Therefore, Future Human Resource for Health and its Regulations should systematically address issues such as wage disparities, occupational discrimination, and other forms of discrimination.

So, we expect this conference to reflect on these complex matters. AMCOA conference has therefore come at an opportune moment, and we are indeed looking forward to this conference to come up with practical recommendations for the regulation of medical practice in order for us to be better prepared to confront the Future of the Health Workforce and its Regulation. This cannot be achieved without collaboration with the regulators of other health professions like nurses and pharmacists.

Ladies and gentlemen, I urge all of us to take advantage of this conference that the AMCOA has provided and use it to strengthen our health care systems. Deliberations from the AMCOA-2002 conference should encourage and support research, policy analysis and policy development related to licensure and regulation of our health industry, including serving as an information source to regulatory authorities, the public and national organizations. I have no doubt that this conference will provide an opportunity for delegates across all health sectors, health

regulators, policymakers, academics, and service providers amongst others; to engage on regulatory matters pertaining to the healthcare regulatory environment. This conference has created a platform to exchange information and ensure meaningful collaboration among health practitioners' regulatory authorities, which will provide for the development of concepts and new approaches in the regulation of healthcare practitioners in the African context.

It is therefore my privilege to officially open the 24th Conference of the Association of Medical Councils of Africa. I would also like to take this opportunity to wish you well as you continue to engage and learn from each other on “The Future of the Health Workforce and its Regulation” in the next four days.

To our visitors, I hope you will have an enjoyable time in our beautiful country.

I thank you.