Regulator 2.0 The balanced approach: Reimagining Health Regulation for a Compassionate and Resilient Africa.

Joel Okullo highlights the outcomes of the 27th Annual Conference of the Association of Medical Councils of Africa (AMCOA), which focused on "The Balanced Approach" and calls for a new model of health regulation in Africa that balances authority with empathy, prioritising practitioner wellness, digital readiness, and equity alongside patient safety.



Allied Health Professions were represented

Introduction

Across Africa, medical and dental regulators share a unifying mission: to protect patients, uphold professional standards, and sustain public trust. Yet, the dynamic realities of modern healthcare, technological disruption, workforce migration, and the rising burden of practitioner distress demand that regulation evolves.

The 27th Annual Conference of the Association of Medical Councils of Africa (AMCOA), held in Munyonyo, Uganda, in July 2025, provided a pivotal moment for reflection and re-alignment. Under the theme "The Balanced Approach," regulators, educators, and policymakers from over twenty African countries gathered to re-imagine a regulatory paradigm that is both authoritative and compassionate.

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Deliberations emphasised that regulation is not merely about control; it is about care. It is about relationships between regulators and practitioners, between practitioners and communities, and between governments and citizens. This calls for oversight that goes beyond compliance to embrace humanity, adaptability, and inclusivity.

Re-Defining the Regulator's Role

AMCOA President Prof. Joel Okullo and Uganda's Minister of Health, Hon. Dr Jane Ruth Aceng, opened the conference by underscoring that regulators are custodians of public trust, not punitive enforcers. Their remarks set the tone for a meeting that sought to humanise the regulatory enterprise.

The keynote address by Prof. Francis Omaswa contextualised the conversation within the global health workforce crisis. He reminded delegates that Africa,



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home to roughly 25% of the global disease burden, is served by only 3% of the world's health professionals[1]. Regulation, he urged, must therefore address workforce fragility, strengthen training quality, and safeguard both patients and providers.

Participants recognised that effective regulation must integrate ethics with empathy, and compliance with compassion. This envisions a system where disciplinary measures coexist with mentorship, and where regulators lead by example in fostering trust, accountability, and professional wellness.

Balancing Empathy and Authority

One of the earliest and most profound themes explored was how to balance empathy with authority. Historically, regulation has relied heavily on punitive responses to professional misconduct. However, emerging experience demonstrates that compassion can strengthen not weaken compliance [2].

Assoc. Prof. Ethelreda Nakimuli-Mpungu illustrated this through a case study of a physician whose untreated mental illness led to professional difficulties and eventual licence revocation. Without structured support, the punitive decision exacerbated his distress, culminating in a suicide attempt. Rehabilitation and subsequent reinstatement showed that recovery and safe practice are possible when regulators adopt supportive approaches.

Delegates agreed that mental illness does not equate to professional incompetence. Regulatory systems must establish mechanisms for early detection, counselling, and supervised reintegration. Empathy, when codified in procedure, improves fairness and fosters public confidence.

Reflective sessions expanded this dialogue. Panellists from Uganda and Malawi observed that empathy enhances compliance when regulators communicate transparently, explain rationale for decisions, and tailor sanctions to context. Empathy, they concluded, is not leniency but informed judgment rooted in respect for human dignity.

Wellness and Well-Being: The Foundations of Safety

The Southern African Development Community (SADC) regional session highlighted practitioner wellness as an urgent regulatory priority. Data presented indicated that up to 70% of health professionals in some African settings experience burnout[3]. This has direct implications for patient safety, service continuity, and workforce retention.

Debate centred on whether wellness programmes should be mandatory. Proponents viewed compulsion as a means to institutionalise accountability and early intervention; opponents warned that mandatory programmes risk eroding autonomy and perpetuating stigma. The consensus was that wellness must be embedded, not enforced and cultivated through supportive workplace cultures, leadership modeling, and

accessible mental health resources.

Prof. Zukiswa Zingela of the Health Professions Council of South Africa demonstrated that compassionate reintegration of practitioners recovering from substance misuse can be achieved without compromising safety. Early reporting, multidisciplinary assessment, and tailored return-to-practice conditions were key success factors.

Complementary insights from Zambia and Malawi underscored that peer support systems, mentoring, and stress-management training reduce attrition and foster resilience. As delegates concluded, the well-being of practitioners is inseparable from the safety of patients.

Fitness to Practice: Accountability with Compassion

The Economic Community of West African States (ECOWAS) led discussions addressed Fitness to Practise (FTP) as both an ethical and procedural framework. Dr. Divine Banyubala (Ghana) reminded delegates that the objective of regulation is not punishment but prevention and detecting risks early and creating a culture of openness [4].

Presentations from Nigeria, The Gambia, and Sierra Leone detailed practical mechanisms: codes of conduct, structured complaint procedures, continuous professional development (CPD) requirements, and conditional licensing for practitioners under review.

A key debate, whether doctors with mental illness should be permanently barred from practice exposed the tension between patient protection and practitioners' rights. Delegates rejected categorical exclusion, affirming that treatment and monitored reintegration, guided by psychiatric evaluation, can ensure safety while avoiding stigma.

Case studies from Liberia and Ghana demonstrated the effectiveness of early identification and rehabilitation. Ghana's experience with substance misuse cases revealed that timely intervention prevented harm and preserved professional dignity. These examples reinforced a shared principle: impairment is not permanent incapacity.

To institutionalise fairness, regulators were urged to adopt clear policies for conditional licensing, supervised practice, and periodic wellness assessments. Such systems protect patients while affirming that compassion and accountability can coexist.

Evaluating and Harmonising Regulatory Environments

Within the East African Community session, Dr. David Kariuki (Kenya) invited delegates to re-imagine regulation around three pillars, adaptability, compassion, and data-driven governance.

Adaptability means crafting flexible, future-proof laws capable of responding to new technologies, pandemics, and shifting workforce dynamics. Compassion calls for complaint and disciplinary systems that prioritise fairness and rehabilitation over punishment. Data-driven governance ensures that regulatory decisions rest on evidence, not perception.

Reciprocal recognition of professional qualifications emerged as both an opportunity and a challenge.



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While it facilitates mobility and strengthens regional integration, it also raises questions about national sovereignty and standardisation. Delegates emphasised that harmonisation should respect local contexts while aligning with continental benchmarks[6].

Ultimately, regulators agreed that mutual trust, shared standards, and collaborative oversight are essential to achieving a seamless and credible African health workforce ecosystem.

Equity, Bias, and Inclusion in Health Regulation

A plenary on the pervasive impact of racism and systemic bias underscored the moral dimension of regulation. Participants acknowledged that inequities in training, employment, and leadership continue to marginalise practitioners and communities alike[7].

It was resolved that regulators must act as champions of fairness and inclusion by integrating diversity criteria into accreditation, disciplinary, and recruitment processes. Equity audits within councils and institutions were proposed to identify structural barriers and monitor progress.

Ensuring gender balance and geographic representation within regulatory bodies was recognised as a legitimacy issue as much as a moral one. AMCOA reaffirmed its commitment to advocate for inclusive governance and to develop anti-discrimination guidelines for adoption by member councils.

Digital Health Regulation: Governing the New Frontier

The digital transformation of healthcare demands new forms of oversight. A workshop led by Warwick University and Uganda's Ministry of Health examined

the regulation of digital health innovations across Sub-Saharan Africa.

Uganda's evolving model, grounded in the Data Protection and Privacy Act and the Electronic Transactions Act, demonstrates how existing legal frameworks can be adapted to digital health[5]. Yet challenges persist with fragmented systems, weak enforcement, limited infrastructure, and low private-sector engagement.

Regional comparisons revealed wide disparities: South Africa and Kenya possess comprehensive legal frameworks; Rwanda and Eswatini have enacted data-protection laws; while several West African nations remain in early developmental stages.

Delegates agreed that a continental roadmap for digital health regulation is imperative. This roadmap should establish principles of patient data protection, cybersecurity, interoperability, and equitable access. Regulators themselves must become digitally literate, capable of evaluating algorithmic bias, verifying online practice, and safeguarding patient privacy in virtual care.

Digital transformation, participants concluded, is reshaping not only healthcare delivery but also the competencies required of the modern regulator.

Cross-Cutting Insights

Across plenary, panel, and regional sessions, several unifying insights emerged:

- Empathy is a regulatory competency. Embedding empathy in rules and processes enhances compliance, transparency, and trust.
- Wellness is a safety requirement. The health of practitioners is integral to patient protection and system performance.
- Digital fluency is essential. Regulators must understand emerging technologies and associated ethical risks.
- Regional collaboration strengthens resilience. Shared standards and reciprocal recognition enable collective advancement.
- Equity and inclusion underpin credibility. Diversity in regulation ensures that oversight reflects the communities it serves.
- Together, these insights signal a paradigm shift from regulation as control to regulation as collaboration, commitments and strategic priorities.

As the conference concluded, delegates adopted a set of commitments to advance the above across the continent:

1. Institutionalising wellness frameworks: Embedding practitioner wellness within licensing, inspection, and CPD systems.
2. Strengthening digital health governance: Developing national and regional policies that protect patient data and regulate digital practice.
3. Reinforcing fitness-to-practise mechanisms: Ensuring transparent procedures for early intervention, conditional licensing, and monitored re-entry.
4. Harmonising standards regionally: Pursuing reciprocal recognition agreements underpinned by shared quality benchmarks.
5. Mainstreaming equity and inclusion: Adopting anti-bias policies and ensuring gender and regional balance within councils.

These priorities will inform AMCOA's 2025–2026 work plan, supported by strategic partnerships with ministries of health, professional associations, and academic institutions.

Discussion

The 27th AMCOA Conference confirmed that Africa's regulatory community is embracing transformation grounded in compassion, evidence, and collaboration. The Balanced Approach recognises that firmness and empathy are not opposites but complements.

By shifting from punitive to preventive regulation, AMCOA aims to foster a culture where practitioners view regulators as partners in quality improvement rather than adversaries. This requires capacity building for regulatory staff in communication, counselling, mediation, and mental-health literacy [8].

Furthermore, as digital and cross-border healthcare expand, regulators must modernise systems to manage risk across physical and virtual domains. Collaborative data platforms and shared credentialing tools can enhance transparency and mobility without compromising safety.

Our discussions also reaffirmed that public trust hinges on integrity. Regulators must remain independent, accountable, and transparent in decision-making. Regular stakeholder engagement, including patients, civil society, and health professionals will ensure that regulatory reforms align with societal needs.

Conclusion

This vision marks a decisive evolution in African health regulation, from authority-centred to people-centred governance. It calls for systems that protect patients by empowering practitioners, enforce compliance through trust, and advance standards through empathy.

As we look ahead, our collective task is to institutionalise these principles within laws, policies, and daily practice. Collaboration across borders, professions, and generations will be vital.

Through AMCOA, we reaffirm our commitment to shaping a regulatory landscape that embodies Africa's enduring values: resilience, solidarity, and humanity.

Together, we are building systems that are not only compliant but compassionate; not only strong but fair; and not only modern, but authentically African.

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