

**Public Health Congress Opening Keynote Address, Professor Letlhokwa
Mpedi**

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Esteemed colleagues from government, academia, development partners, and civil society. Ladies and gentlemen. I greet you all.

At the great University of Johannesburg, we say all excellence observed! It is both an honour and a privilege to address you at this important Primary Health Care Congress. I thank the organisers for convening this timely gathering, and for creating a platform where leadership, evidence, and implementation converge in service of Africa's health future.

Ladies and gentlemen, the theme of this congress is not only relevant, but it is urgent and strategic. Across our continent, we face a defining moment. Demographic shifts, epidemiological transitions, fiscal constraints, technological disruption, climate change, and global health security threats are reshaping the health landscape as we know it. Consider what the numbers tell us: more than 150 million Africans are pushed into poverty every year by out-of-pocket health expenses. And the World Health Organisation (WHO) estimates a shortfall of 6.1 million healthcare workers on our continent by 2030. These are not abstract figures. They are mothers, fathers, and children falling through the cracks of systems we have the power to fix. And yet, amidst all this complexity, the pathway remains clear: Primary Health Care is the most powerful and equitable route to Universal Health Coverage and health justice in Africa.

Today, I stand before you with a singular proposition: **Universities must be effectively and intentionally integrated into the Primary Health Care agenda, not as peripheral contributors but as central architects of PHC transformation. Universities are not abstract institutions. They are engines of human capital, knowledge production, and innovation. I refer to this as societal impact. Our mandate stretches well beyond our walls and encompasses the communities around us. Are we doing enough to answer the cries around us?**

Every nurse providing a much-needed service at a rural clinic, every doctor managing a district hospital, every public health specialist designing a vaccination campaign, and every community health practitioner serving households is intellectually, professionally, and ethically shaped within our universities. Beyond producing these professionals, universities generate evidence

that informs policy, improves service delivery models, and evaluates system performance. Without universities, Primary health care systems are likely to remain operationally active, but intellectually stagnant. They risk becoming reactive rather than innovative, fragmented rather than sustainable.

For PHC to be resilient, adaptive, and future-ready, it must be anchored in institutions that continuously generate knowledge and critically interrogate practice. Allow me to briefly reflect on how universities intersect with the core pillars of PHC transformation. Ladies and gentlemen, harnessing technology through digital health, artificial intelligence (AI), telemedicine, and data analytics to enhance PHC service delivery is no longer an aspirational concept, but a present reality. But technology alone does not transform systems. It requires evidence-based design, contextual

adaptation, ethical frameworks, and skilled professionals who can deploy and evaluate solutions.

Universities develop these technologies, test them, train a digitally competent workforce, and assess their impact on scale. Without universities, digital PHC risks becoming fragmented innovation without integration. Furthermore, universities contribute to sustainable financing for PHC through health economics research, policy modelling, leadership development in health systems management and evidence to guide resource allocation. In this changing global landscape marked by fiscal pressure and shifting donor priorities, sustainable PHC financing is critical. Strong PHC financing requires intellectual capital. It requires data, analysis, and policy foresight, and this capacity resides in universities.

Sustainable financing, in particular, is not merely a technical exercise in resource

mobilisation. It is fundamentally a question of ethical leadership that prioritises accountability and good governance. While universities train the next generation of health leaders to cultivate analytical thinking, ethical reasoning, and evidence-based decision-making, health systems do not fail solely because of a lack of technical knowledge. They falter when leadership is weak, governance is fragmented, and accountability mechanisms are underdeveloped. I therefore emphasise that if PHC transformation is to be sustained, leadership development cannot be divorced from academic institutions.

Pandemics and climate-related health threats have reminded us that PHC is the frontline of resilience. Therefore, we have to be proactive, and this requires multidisciplinary research, surveillance systems, modelling capacity, and rapid knowledge translation. However, without academic engagement, preparedness

becomes episodic rather than systemic. Universities remain uniquely positioned to integrate medicine, public health, environmental science, engineering, and social sciences into cohesive responses. As universities, we are communities that shape society and if we are serious about expanding PHC access equitably, universities must be integrated into workforce planning, service redesign, and community engagement strategies

I reiterate that as universities, we are not merely technical institutions; we are communities of values. We shape the mindset and social accountability of future health professionals. As Julius Nyerere of Tanzania, one of Africa's great philosopher-leaders, warned: "The purpose of education is to liberate people, not to prepare them to serve someone else's system." The graduates that we produce determine whether PHC is people-centred or hospital-centric, whether systems are preventive or reactive, or whether health services are equitable or exclusionary.

Therefore, if we exclude universities from PHC reform, we risk producing graduates misaligned with the needs of our communities. Allow me to be direct. PHC reforms that do not meaningfully integrate universities could face workforce shortages and skills mismatches, weak translation of research into policy, training disconnected from community realities, and limited innovation capacity. Exclusion risks a dangerous disconnect between knowledge production and system implementation. In the long term, that disconnect undermines sustainability. If we are tasked with redesigning PHC, and we must, then we must simultaneously rethink how we train, research, and deliver services. Universities should not simply be suppliers of graduates.

They must be co-architects of PHC systems, meaning that inclusion in national PHC strategies, participation in workforce planning frameworks, integration into implementation research platforms, and structured academic–service partnerships.

For institutions such as the University of Johannesburg (UJ), this is not theoretical. It is an institutional commitment. Our responsibility extends beyond campus into communities. Universities do not exist apart from the reality around us. We exist because of it. And so, let this Congress mark a turning point. I call on governments to include universities in the design and planning of PHC policies and to invest in academic–service partnerships and community-based training platforms.

I call on universities to reform curricula toward community-oriented Primary Health Care, strengthen interprofessional education, and embed social accountability into institutional missions. I call on development partners and donors to recognise university capacity as a strategic PHC investment, not an auxiliary expense. If we are able to align policy, academia, and practice, we can create PHC systems that are intellectually robust, socially responsive, and financially sustainable. In closing, Africa cannot achieve strong Primary Health Care systems without strong universities. The

future of PHC depends on knowledge, people, and partnerships. All three are anchored in universities.

My clarion call to you today is thus for universities to move from the margins to the centre of the PHC agenda. As the African proverb reminds us: “Knowledge is like a garden: if it is not cultivated, it cannot be harvested.” Therefore, let us design PHC systems with universities. Let us power them through universities. Let us sustain them because of universities. If we do so, we will not merely strengthen Primary Health Care, we will strengthen the future of our continent.