



Address by
DR ALA ALWAN
REGIONAL DIRECTOR
WHO EASTERN MEDITERRANEAN REGION
to the
INTERCOUNTRY MEETING ON STRENGTHENING MEDICAL EDUCATION IN
THE EASTERN MEDITERRANEAN REGION
Cairo, Egypt, 27–29 November 2014

Ladies and Gentlemen, Dear Colleagues,

I am delighted to welcome you to the intercountry meeting on strengthening medical education in the Eastern Mediterranean Region. This meeting on medical education, after a gap of 19 years, is unique and very special because of the diversity of participants representing leaders from different sectors, including deans of medical schools, heads of accrediting and regulatory councils, as well as representatives of ministries of higher education and health. This multidisciplinary representation will provide the opportunity to discuss the situation of medical education in the Region and to recommend appropriate actions towards transforming medical education so as to improve the health of the people. Since I took office as Regional Director, reforming health professionals' education has been high on my priorities. I hope that the outcome of this meeting will help us in providing a road map for strengthening medical education in the Region.

Ladies and Gentlemen,

Many challenges in medical education are ahead of us, regionally and globally. Increasing globalization has affected all aspects of health, including health professionals' education, both directly and indirectly. The rapid growth of privatization of health services and medical education has had an impact on the quality and outcomes of medical education. Other challenges include the epidemiological transition, changing burden and emergence of new diseases, raised patient and community expectations, political instability and civil strife.

In our region the majority of medical schools are still using traditional approaches. This means they are teacher-centred, discipline-based and disintegrated, with a focus on factual knowledge and recall, rather than critical thinking and clinical reasoning. Prevention and health promotion does not receive adequate focus and many challenges facing health development in the region are not adequately addressed. Additionally, clinical training is mainly conducted in tertiary teaching hospitals with less exposure to the community and primary health care settings.

Moreover, many countries in the Region lack an independent national accreditation body and a reliable internal quality assurance system to ensure that medical schools are producing physicians who are fit for purpose and fit for practice.

These common challenges affect the majority of medical schools in the Region. However, each group of countries faces more specific challenges. For instance, high-income countries face challenges relating to improving the quality of education, and rely heavily on an expatriate workforce. Middle-income countries face a wide range of challenges; some produce more physicians than the health system can absorb, others have severe shortages of physicians due to migration to other parts of the world. Low-income countries face basic challenges relating to the availability of essential educational resources, such as classrooms, educational technologies, well equipped training sites and qualified faculty, as well as a severe drain of both faculty and graduates to other countries within and beyond the Region.

To address such challenges, we need to define practical and feasible actions that are evidence-based and guided by reliable information. The starting point is a comprehensive situation analysis of the current status of medical education in the Region which we hope to discuss with you during this meeting. To prepare for the meeting, we conducted an extended survey of medical schools in the Region. The survey included questions covering eleven areas of medical education. I am very pleased to note that more than 50% of 300 medical schools responded to the online survey questionnaire. The findings of this study and the results of other tools used to gather information will guide the deliberations and discussions during this meeting.

I hope by the end of this meeting we will: 1) agree on the priority challenges facing medical education; 2) discuss feasible, practical and appropriate actions to tackle these challenges; and 3) reach consensus on the way forward and hopefully an outline for a roadmap to transform medical education in the Region.

In 2012, when I took office as Regional Director, Member States and WHO agreed to focus on five key priorities which represent the main challenges to health development in the Region. These are: health system strengthening; maternal, reproductive and child health; noncommunicable diseases, communicable diseases and emergency preparedness and response. We believe that strengthening health professional education is an essential component of the strategies to address these priorities. WHO is committed to improve medical education in the Region. Health professionals are leaders and policy-makers, as well as providers of health services. It goes without saying that no health system can function properly without competent health professionals. Any improvement in the health workforce will not occur without working downstream at the level of pre-service education and ensuring its relevance to future practice and the requirements of the health system, as well as community expectations.

WHO has a long history of investing in human resources development and has provided significant sustenance to this important field since its inception. For example, in the early years, in the 1950s and 1960s, WHO supported the establishment of departments of public health and preventive medicine in a number of medical schools. These departments succeeded in introducing significant changes in the way we teach and practise medicine by making medical education relevant to community needs and health priorities. This approach, when applied, was able to move training from tertiary hospitals to different community sites, including primary care, villages and rural areas. In the late 1970s and early 1980s, WHO provided support to several medical schools to establish educational development centres (EDCs). EDCs played an important role in developing curricula and enhancing the skills of faculty in the field of medical education.

WHO also started the movement towards social accountability of medical schools in the early 1990s. This was a real milestone in making medical education relevant to societal needs. I am pleased to say that Charles Boelen, who led this initiative, is present here in this important meeting. Recently, WHO accelerated the movement towards accreditation and quality improvement through supporting Member States in establishing accrediting bodies and identifying standards for accreditation.

Last year, the World Health Assembly, at its Sixty-sixth session, passed resolution WHA66.23 transforming health workforce education in support of universal health coverage. The resolution calls on Member States to strengthen policies, strategies and plans through intersectoral policy dialogue among the relevant ministries, including ministries of higher education, health and finance, to ensure that health workforce education contributes to achieving universal health coverage.

Ladies and Gentlemen,

Despite these achievements over the years, we now need to do much more, to ensure medical education is in harmony with the needs of the health system. This can only be done in collaboration with our partners in academia, higher education, professional organizations and health systems.

I look forward to our discussions over the next three days and how we can support each individual medical school in moving forward in terms of quality improvement, social accountability and production of competent graduates – graduates who can function effectively and efficiently and who meet the needs in the rapidly changing and complex environment of the health system. This will definitely help countries in realizing the goal of universal health coverage.

I wish you fruitful discussions, a productive meeting and an enjoyable stay in Cairo.