EMERGING TRENDS IN
HEALTH PROFESSIONS EDUCATION
&
COVID-19

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These are (un)precedented times
Wide angle pictures
Key messages

• More than ever before, we need to see “health professions education” in the context of health systems and services (HSS) and population needs

• The great leaps: Inequity, models of care, PHC, investment, gender

• Digital education for building health workforce capacity

• MDH - Moral Determinants of Health
The inequity leap
THE GREAT LEAPS

Models of care

Investment
HRH & Infrastructures

Feminization

MDH/ Moral Determinants of Health

THE DIFFERENCE IS CLEAR

HOT DEAL!
We are all here, facing the new normal together ...

Undergraduates
Faculty
Interns/Residents
Post-graduates
Continuous education

Administrative cadres
Support personnel
Transformational effects of COVID-19

• Support a Robust Public Health **Response to the Pandemic**
• **Adapt Curriculum** to Current Issues in Real Time
• Graduate a Class of Well-Prepared Health Professionals Each Year, on Time and **Without Lowering Standards**
• Protect Limited Educational Resources and **Treat Learners Equitably**
• Engage in **Crisis Communication** and **Active Change Leadership**

Lucey & Claiborne @ JAMA September 15, 2020 (324-11):1034
Pandemia de COVID-19 y educación médica en Latinoamérica

Luis F. Abreu-Hernández, Ricardo León-Bórquez, José F. García-Cutiérrez

www.fundacioneducacionmedica.org  FEM 2020; 23 (5): 237-242
Digital education for building health workforce capacity
What is next?

Choosing at the crossroad

“The future aint’t what it used to be” (Yogi Berra)
“Education is the most powerful tool that can be used to change the world"

Nelson Mandela

telegraph.co.uk
When the fabric of communities upon which health depends is torn, then healers are called to mend it. The moral law within insists so.
THE BIG PICTURE
Salud Universal en el Siglo XXI:
40 años de Alma-Ata
Informe de la Comisión de Alto Nivel
PACTO 30 • 30 • 30
APS PARA LA SALUD UNIVERSAL

Salud Universal
Para todos y todas, en todas partes.
Día Mundial de la Salud
Ciudad de México, Gto.
Three areas of focus: the three 30s (+1)

• Transform health system by 2030, based on PHC

• Reduce by at least 30% barriers to access health.

• Allocate at least 30% of public health expenditure to the first level of care.

• ... 30% HWF in PHC
Universal health care in 21st century Americas

Despite considerable progress, the Pan American Health Organization (PAHO) estimates that 30% of the population of the Americas still do not have access to the health care they need because of multifaceted barriers. On April 9, leaders, including Mexico’s President Andrés Manuel López Obrador, PAHO director Carissa Etienne, and UN High Commissioner for Human Rights Michelle Bachelet, gathered with academics, activists, and representatives of social movements in Mexico City to hear the report of the Commission on Universal Health in the 21st Century.

The Commission emphasises that achieving health for all in the Americas will only be possible by ensuring effective financing, enshrining the right to health for all in legal and regulatory frameworks, and pursuing models of care that are based on primary health care. These care models must be people centred, account for human diversity, and facilitate genuine social participation. The Commission is unflinching in its acknowledgment of social inequality as a barrier to health. It recommends intersectoral interventions in economic, housing, and infrastructure conditions, and the creation of regulatory and oversight mechanisms for the private sector. However, it notes that the social determinants approach to health, although useful, can compartmentalise these factors without critically examining why these determinants have arisen and whom they are serving. The Commission criticises the consolidation of a worldwide economic model based on globalisation and increasing commercialisation and urbanisation, which it sees has led to climate change, migration, an increase in non-communicable diseases, mental health disorders, road traffic injuries, and violence.

In response to the Commission, López Obrador announced changes that would enshrine the right to health in the Mexican Constitution. PAHO also announced a new Regional Compact, PHC 30-30-30, which sets goals for countries to, by 2030, commit themselves to allocating 30% of the health budget to first-level care and to reduce health access barriers by 30%. By examining health beyond its social determinants, the PAHO Commission not only delivers actionable recommendations with regional impact but also presents the global order of the 21st century as a barrier to health for all. The Lancet
THE SMALL PICTURE
Human resources for health, for all people, in all places

Intersectoral Policies
Intersectoral policies are required to ensure the availability, accessibility, acceptability, and competence of human resources for universal health.

Investment
Increasing public investment in human resources for health promotes employment and improves people's health, thereby contributing to national economic development.

Strategic Planning
Strengthening strategic planning and establishing information systems on human resources for health are vital for long-term planning.

Interprofessional Teams
Trained, motivated, and interprofessional teams are essential for addressing people's health needs, wherever they live.

Jobs
Providing stable and decent jobs for health workers helps strengthen the health system and promotes national economic and social development.

Human Resources for Universal Health

Training Health Professionals According to What Communities Need
The education of health teams requires changes, including training and working actively with the community.

Intersectoral Agreements
High-level agreements between the education and health sectors facilitate the attainment of quality standards in training health workers to meet the needs of communities.

Health Professionals
The education of health professionals should be planned with a view to the present and future needs of health systems.

Remote Areas
Implementing strategies that motivate health teams — through economic incentives, professional development, and quality of life — encourages retention and continued presence in remote and underserved areas.

Gender
Incorporate a gender perspective in future models for organizing and contracting health services.
Social Accountability / Social Mission in health professions education

A growing option
Social mission is about making health not only better but fairer—more just, reliable, and universal.

Fitz Mullan @ JAMA 2017
Social Accountability @ PAHO/WHO
THE CONSORTIUM

PAHO / WHO Collaborating Centers on Medical Education
Medical Schools Advancing Social Mission in the Americas

Sherbrooke (Canada)
New Mexico (USA)
Rockford (USA)
UNAN Leon (Nicaragua)
UDELAR (Uruguay)
Cusco (Perú)
FAFEMP (Argentina)
MM schools (Brazil)
UNAM (Mexico)
UWI (Caribbean)
....
UNA GUIA EN LA SENDA HACIA LA EXCELENCIA EN LA MISION SOCIAL DE LAS FACULTADES DE MEDICINA

I-SAT (Indicators of Social Accountability Tool)

The I-SAT Working Group*
The powerful driver of innovative accreditation

Cacms-cafmc.ca
The big secret

Students
(with them, not only for them)
THANKS