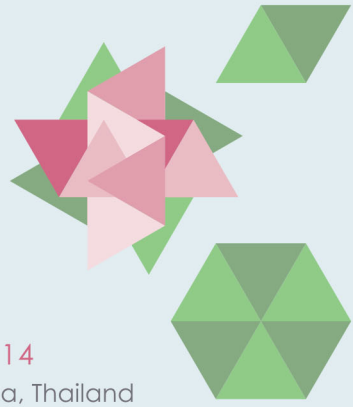
PRINCE MAHIDOL AWARD CONFERENCE

REPORT

on the 2014 Conference on

TRANSFORMATIVE LEARNING FOR HEALTH EQUITY

PRINCE MAHIDOL AWARD CONFERENCE 2014



27-31 JANUARY 2014

Royal Cliff Grand Hotel, Pattaya, Thailand

True success is not in the learning, but
in its application to the benefit of mankind

Shahid Mansha M.D.

Report

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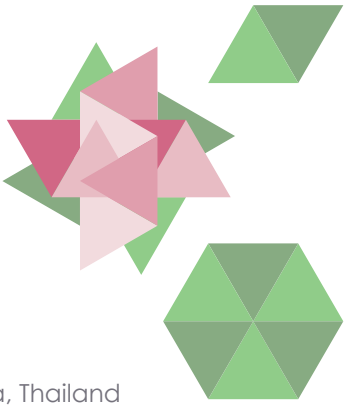

27-31 January 2014

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BACKGROUND OF
PRINCE MAHIDOL AWARD

The Prince Mahidol Award was established in 1992 to commemorate the 100th birthday anniversary of Prince Mahidol of Songkla, who is recognized by the Thais as 'The Father of Modern Medicine and Public Health of Thailand'.

His Royal Highness Prince Mahidol of Songkla was born on January 1, 1892, a royal son of Their Majesties King Rama V and Queen Savang Vadhana of Siam. He received his education in England and Germany and earned a commission as a lieutenant in the Imperial German Navy in 1912. In that same year, His Majesty King Rama VI also commissioned him as a lieutenant in the Royal Thai Navy.

Prince Mahidol of Songkla had noted, while serving in the Royal Thai Navy, the serious need for improvement in the standards of medical practitioners and public health inThailand. In undertaking such mission, he decided to study public health at M.I.T. and medicine at Harvard University, U.S.A. Prince Mahidol set in motion a whole range of activities in accordance with his conviction that human resources development at the national level was of utmost importance and his belief that improvement

of public health constituted an essential factor in national development. During the first period of his residence at Harvard, Prince Mahidol negotiated and concluded, on behalf of the Royal Thai Government, an agreement with the Rockefeller Foundation on assistance for medical and nursing education in Thailand. One of his primary tasks was to lay a solid foundation for teaching basic sciences which Prince Mahidol pursued through all necessary measures. These included the provision of a considerable sum of his own money as scholarships for talented students to study abroad.

After he returned home with his well-earned M.D. and C.P.H. in 1928, Prince Mahidol taught preventive and social medicine to final year medical students at Siriraj Medical School. He also worked as a resident doctor at McCormick Hospital in Chiang Mai and performed operations alongside Dr. E.C. Cord, Director of the hospital. As ever, Prince Mahidol did much more than was required in attending his patients, taking care of needy patients at all hours of the day and night, and even, according to records, donating his own blood for them.

Prince Mahidol's initiatives and efforts produced a most remarkable and lasting impact on the advancement of modern medicine and public health in Thailand such that he was subsequently honoured with the title of "Father of Modern Medicine and Public Health of Thailand".

In commemoration of the Centenary of the Birthday of His Royal Highness Prince Mahidol of Songkla on January 1, 1992, the Prince Mahidol Award Foundation was established under the Royal Patronage of His Majesty King Bhumibol Adulyadej to bestow international awards -Prince Mahidol Awards, upon individuals or institutions that have made outstanding and exemplary contributions to the advancement of medical, and public health and human services in the world.

The Prince Mahidol Award will be conferred on an annual basis with prizes worth a total of approximately USD 100,000. A Committee, consisting of world-renowned scientists and public health experts, will recommend selection of laureates whose nominations should be submitted to the Secretary-General of the Foundation before May 31st of each year. The committee will also decide on the number of prizes to be awarded annually, which shall not exceed two in anyone year. The prizes will be given to outstanding performance and/or research in the field of medicine for the benefit of mankind and for outstanding contribution in the field of health for the sake of the well-being of the people. These two categories were established in commemoration of His Royal Highness Mahidol's graduation with Doctor of Medicine (Cum Laude) and Certificate of Public Health and in respect to his speech that:

"True success is not in the learning,
but in its application to the benefit of mankind."

The Prince Mahidol Award ceremony will be held in Bangkok in January each year and presided over by His Majesty the King of Thailand.

For more information see:
www.princemahidolaward.org/index.en.php

On Tuesday, 28th January 2014,

Her Royal Highness Princess Maha Chakri Sirindhorn, as the representative of His Majesty the King, presented the Prince Mahidol Awards for the year 2013 in the field of Medicine to Professor Dr. David D. Ho, USA, and Dr. Anthony Fauci, USA; i n the field of Public Health to Prof. Peter Piot, Kingdom of Belgium, and Dr. Jim Yong Kim, USA; at the Chakri Throne Hall, Grand Palace.

PROF. DR. DAVID D. HO

The Prince Mahidol Award Laureate 2013
In the field of Medicine

Director and CEO of The Aaron Diamond AIDS Research Center, New York
The United States of America

Dr. David D. Ho is a leader in HIV/AIDS research who pioneered the highly active anti-retroviral therapy (HAART) treatment for HIV-infected patients. His work is based on the study of the dynamics of HIV replication which is active even during the asymptomatic phase, leading to better understanding of the mechanisms of HIV infection and a new method of applying HAART treatment at an early stage of infection by applying the maximum level of viral suppression to effectively control viral replication.

DR. ANTHONY FAUCI

The Prince Mahidol Award Laureate 2013
In the field of Medicine

Director of the National Institute of Allergy and Infectious Diseases (NIAID), National Institutes of Health
The United States of America

Dr. Anthony Fauci has made influential contributions to the understanding of how HIV destroys the body's defenses, leading to the progression to AIDS. His discovery demonstrated that HIV replicates extensively in lymph nodes during the early asymptomatic phase and continuously destroys CD4+ T lymphocytes, which leads to the deterioration of the immune system. Dr. Fauci showed that early treatment by using highly active anti-retroviral therapy (HAART) will effectively control HIV replication, demonstrated by the reduction of the HIV viral load and number of CD4+ T lymphocytes.

The approach taken by Prof. Dr. David D. Ho and Dr. Anthony Fauci has been widely embraced and set a new standard for HIV/AIDS patient treatment – changing AIDS from a lethal, untreatable disease to a chronic one, and saving millions of lives throughout the world.

PROF. PETER PIOT

The Prince Mahidol Award Laureate 2013
In the field of Public Health

Director of the London School of Hygiene and Tropical Medicine, the United Kingdom and Former Executive Director of UNAIDS
Kingdom of Belgium

Prof. Peter Piot began his study on HIV/AIDS epidemiology in 1980 while working on Project SIDA, the first AIDS research project in Africa. He then joined the World Health Organization's (WHO) Global Program on AIDS in 1992 and later served as the first Executive Director of UNAIDS between 1994 – 2008. He has played a major role in raising global HIV/AIDS awareness and promoted the inclusion of HIV/AIDS prevention in national development agendas among politicians, businessmen, scientists, and spiritual leaders. He has been instrumental in the rise of the global anti-AIDS movement, championed HIV prevention and lower prices for Anti-Retroviral Therapy, as well as greater access to medication for patients in less developed countries.

DR. JIM YONG KIM

The Prince Mahidol Award Laureate 2013
In the field of Public Health

President of The World Bank
Former Director of the WHO's HIV/AIDS Department
The United States of America

Dr. Jim Yong Kim was the leader to promote universal access to anti-retrovirals while serving as Director of the WHO's HIV/AIDS Department. After launching the "3 by 5 initiative" to support HIV/AIDS patients in low- and middle-income countries receiving Highly Active Anti-Retroviral Therapy (HAART), he managed to help 3 million patients to receive this therapy in 2007 by coordinating with UNAIDS, governments and agencies concerned with arranging funding, training courses and capacity building programs for the treatment, reducing the cost of HAART therapies, and enhancing treatment, prevention, and care for HIV/AIDS patients.

The earnest efforts of Prof. Peter Piot, during his tenure as Executive Director of UNAIDS, and Dr. Jim Yong Kim, during his leadership as Director of WHO's HIV/AIDS Department, have made HIV/AIDS treatment and prevention a global agenda, enabling faster, more comprehensive treatment that has saved millions of lives and benefited people's health throughout the world.


PRINCE MAHIDOL
TRANSFORMATIV
FOR


HEALTH EQUITY
TRANSFORMATIVE
LEARNING
FOR HEALTH EQUITY

MESSAGE FROM CHAIRS

OF THE INTERNATIONAL ORGANIZING COMMITTEE

Recently, there has been a strong movement to foster and deepen health professional education reform in the world, in particular inAfrica, Asia and the Americas. These reforms have been supported by various actors, including the Commission on Education of Health Professionals for the 21stCentury, the Global Health Workforce Alliance, the Asia Pacific Action Alliance on Human Resources for Health, U.S. Agency for International Development, the President's Emergency Plan For AIDS Relief, the Medical Education Partnership Initiative, the Nursing Education Partnership Initiative, and others.

The imperative for transformation of health professional education has been driven by deepening social concerns over the persistence or worsening of health equity. The equity challenge is conditioned by changing contexts of globalization, cross-border health risk transfer as well as migration of health professionals. These contextual shifts are accompanying transitions in demography of aging and urbanization and epidemiology of shifts from infectious to non-communicable disease threats. All of these changes have highlighted challenges in health care systems, including access and quality, escalating

costs, and the competencies of health professionals to work effectively in these new contexts.

This year, the Prince Mahidol Award Conference has joined forces with international partners including the World Health Organization, the World Bank, U.S. Agency for International Development, Japan International Cooperation Agency, the Rockefeller Foundation, and the China Medical Board, with the support from other key related partners, to host the Prince Mahidol Award Conference 2014.

The Conference theme "Transformative Learning for Health Equity" highlights the need and the opportunity for continued improvement of the health professional's education in order to keep pace with the scientific, social and economic changes transforming the healthcare environment to further advance the health equity agenda.

As Chairs of the International Organizing Committee, we are delighted to welcome you to Bangkok, Thailand to join more than 500 fellow health leaders and educators from around the world. We encourage your active participation and ideas to develop new strategies and interventions in order to transform health professional education systems.

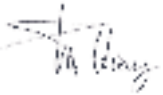
We hope you will be able to take advantage of the varied range of side meetings organized by our partners. Please also take the opportunity to join the field trips that demonstrate Thailand's efforts at health education reform. In addition, please visit the exhibition area, where you will find poster displays that present current health professional education systems in different country contexts. The exhibition area will also honor health professional educators whose work has had a strong impact on the improvement of health care.

We would like to thank the many committed individuals and organizations that have worked together to prepare and execute the plan for this conference, in particular the

international partners, the Prince Mahidol Award Foundation, and the Royal Thai Government. We would also like to express our thanks to all speakers, moderators, discussants, and participants whose wealth of experience and knowledge will benefit us all this week.

This conference provides an opportunity for all stakeholders to work together to effectively reform health professional education to ensure that health professionals worldwide deliver better healthcare services in response to the changing health needs of communities in every corner across the globe.

Dr. Vicharn PANICH
Chair
Prince Mahidol
Award Conference

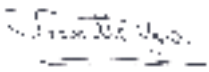


Dr. Marie-Paule KIENY
Co-Chair
World Health
Organization

Dr. Timothy EVANS
Co-Chair
The World Bank

Dr. Ariel PABLOS-MENDEZ
Co-Chair
U.S. Agency for
International Development

Mr. Kiyoshi KODERA
Co-Chair
Japan International
Cooperation Agency



Dr. Jeanette VEGA
Co-Chair
The Rockefeller Foundation

Dr. Lincoln C. CHEN
Co-Chair
China Medical Board

SUMMARY IN BRIEF

PROGRAM

Monday, 27 January 2014

There were 23 side meetings and workshops convened by partners. A list of side meetings is shown in ANNEX IV

Tuesday, 28 January 2014

There were 5 optional field visit sites, where 91 PMAC participants attended.

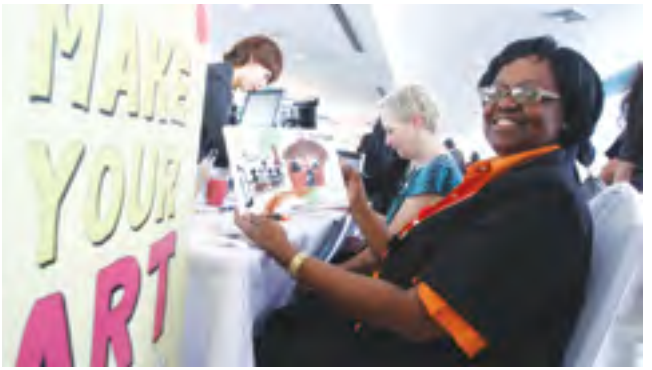
Wednesday 29 – Friday 31 2014

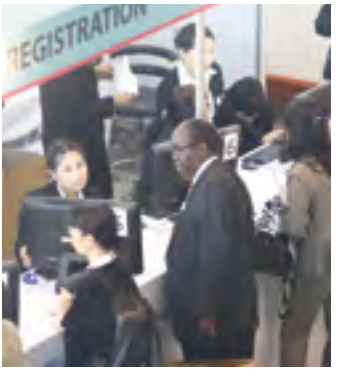
7 Keynote addresses
5 plenary sessions
21 parallel sessions

PARTICIPANTS

There were 549 participants from 62 countries

Australia, Bangladesh, Belgium, Bhutan, Botswana, Brazil, Cambodia, Cameroon, Canada, China, Costa Rica, Croatia, Cuba, Denmark, Egypt, Fiji, France, Georgia, Germany, Ghana, India, Indonesia, Italy, Japan, Kenya, Lao People's Dem. Rep., Lebanon, Lesotho, Libya, Malawi, Malaysia, Mali, Mozambique, Myanmar, Nepal, Netherlands, Nigeria, Norway, Oman, Pakistan, Peru, Philippines, Poland, Portugal, South Africa, South Korea, Spain, Sri Lanka, Sudan, Swaziland, Switzerland, Taiwan, Tanzania, Thailand, Tunisia, Turkey, Uganda, United Kingdom, United States of America, Vietnam, Zambia, Zimbabwe


MAKE
YOUR
ART


REGISTRATION

CONFERENCE PROGRAM
IN BRIEF

BACKGROUND

The Prince Mahidol Award Conference (PMAC) is an annual international conference focusing on Global Health policy-related health issues of global significance. The conference is hosted by the Prince Mahidol Award Foundation, the Thai Ministry of Public Health, Mahidol University and other global partners. It is an international policy forum that Global Health Institutes, both public and private, co-own and use for advocacy and for seeking international perspectives on important global health issues.

The Conference in 2014 was co-hosted by the Prince Mahidol Award Conference, the World Health Organization, the World Bank, U.S. Agency for International Development, Japan International Cooperation Agency, the Rockefeller Foundation and China Medical Board with the support from other key related partners. The Conference was held in Pattaya, Thailand, from 27 -31 January 2014.

The 1910 Flexner report led to the integration of modern science into medical curricula at university-based medical schools. The reforms equipped medical professionals with scientific

knowledge which contributed to the doubling of life span during the 20th century.

At the beginning of the 21st century, however, there are several changes affecting worldwide health care services. Inequities in terms of access to healthcare and quality underscore failure to share health gains across rich-poor, urban-rural population, domestically and internationally. Emerging and re-emerging infectious diseases across national borders, environmental degradation and behavioural risks, various socio-economic factors and social determinants which contribute to ill-health, increased ageing population and demands for long-term care, all have major ramifications on the appropriate profiles and skills of health professional and the way they are trained and deployed. Healthcare cost, driven by ageing population, technology advancement and increased demands by population becomes increasingly unaffordable and unsustainable. Universal health coverage has been recommended by the World Health Organization to be the most important strategy for achieving health equity; and this will present new demands and opportunities for the health professionals.

Advancement in biomedical knowledge as well as information technology (IT) are also progressing at an unprecedented pace, and will be much faster in the near future. These will very much affect healthcare systems worldwide.

Today, health professional education has not been well adapted to address these challenges; largely, because of outdated, static and fragmented, content oriented curricula, which produce graduates with insufficient knowledge, skills and competencies necessary to understand determinants of ill health and become more responsive to the changing population and

communities' health needs. The problems also aggravated by various factors; poor teamwork and inadequate collaboration within and across health professionals, narrow contextual understanding, episodic encounters with patient illnesses rather than continuous health care, emphasizing treatment rather than disease prevention and health promotion, lack of understanding in social determinants of health and imbalance between health workforces and health needs in both qualitative and quantitative aspects. There is also inadequate collaboration and communication between health professional training institutes and health delivery systems in terms of competencies of various health professionals and effective deployment after graduation.

There is also increasing global consensus that the education of health professionals is failing to keep pace with the scientific, social and economic changes transforming the healthcare environment. Fresh visions, revitalized energy, new actors and others have joined to tackle these problems. Starting with the Joint Learning Initiative in 2004, the WHO World Health Report 2006 sparked a series of global initiatives including the advent of the Global Health Workforce Alliance (GHWA), the Asia Pacific Action Alliance on Human Resources for Health (AAAH), USAID CapacityPlus Project, PEPFAR's MEPI-NEPI, and others. The Second Global Forum on HRH was conducted by PMAC 2011 fostering the global momentum on human resources for health, and Brazil hosted the Third Global Forum on HRH in November 2013. Complementing this broad perspective, the PMAC 2014 will focus on health professional and leadership education with its distinctive aspects including enhancing local-global linkages in competencies, team work, the revolution in IT-based learning, and new organizational forms like networking.

The Commission on Education of Health Professionals for the 21st Century chaired by Lincoln Chen and Julio Frenk released the Commission report on "Education of Health Professionals for the 21st Century: A Global Independent Commission" on December 4th, 2010. There has been a strong movement in health education reform in many regions; Africa, Asia, and the Americas.

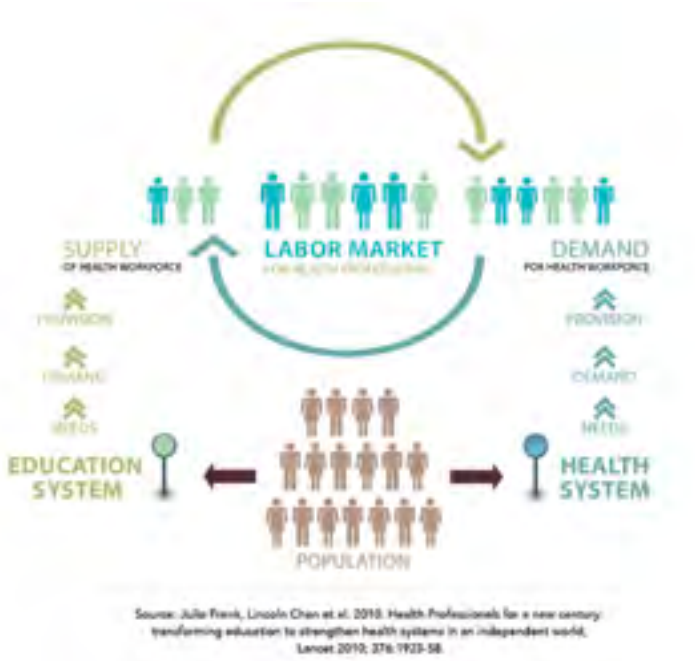
Since 2011, a network of 5 countries, including Bangladesh, China, India, Thailand and Vietnam, was formed and volunteered to conduct in-depth analyses of health professional training (medical doctors, nurses and public health) in these five countries which contribute to evidence-based reform. Assessment covers national level, institutional (faculty) level and outcome through quantitative surveys of the last year students who are about to graduate and among the professional in the service sector to assess their rural attitudes, clinical and nursing competencies and job preference or transition. Success and good practices will be identified for scaling up and deficiencies for improvement. Appropriate practical health professionals education intervention in line with the nation's socio-economic, cultural and health system context will be developed, implemented and evaluated; as part of the evidence-based reform.

Similar activities such as the MEPI and NEPI in Africa are exciting. Gathering and sharing these information and experience among global, regional and national health leaders would provide further momentum for the global HRH education reform. It is thus quite timely to convene the Prince Mahidol Award Conference 2014. The theme for PMAC 2014 is "***Transformative Learning for Health Equity"***.

OBJECTIVES

- To identify, share and learn strengths and weaknesses of the current health professional education, teaching and learning systems in different country contexts.
- To identify how health professional education, teaching and learning systems be transformed in advancing health equity agenda and be responsive to health of people in the dynamic socio-economic environment.
- To support the development of strategies and interventions in transforming health professional education systems at the national levels.
- To strengthening the regional network contributing to evidence for health professional education transformation.

CONCEPTUAL FRAMEWORK



Source: Julia Frenk, Lincoln Chen et al. 2010. Health Professionals for a new century: transforming education to strengthen health systems in an independent world. Lancet 2010; 376:1923-58.

The conference program was developed starting with the conceptual framework in the figure above, comprising 3 main components: (1) education system including innovation and technology on health professional learning; (2) health system, and (3) labor market and demographic transition that will have impact on both education and health systems. These 3 components are divided into 4 key areas with various issues under each area as follows:

1.

Health Professional Education Reform: Instructional Dimensions

Ensuring skills and competency of teachers and faculties

- Fostering leadership and cultivating transformative learning to teachers and faculties, and learners, students.
- Competency driven design of curriculum, teaching and learning modalities and outcomes of different models
- Technology supporting effective learning, including revolutions in IT-based learning, on-site and distant learning experiences

Ensuring skills and competency of graduates

- Innovative methods for transferring, practicing and measuring skill development and mastery
- Nurturing a culture of critical inquiry
- Adequate responses to emerging health needs of population and structure of health systems
- Community-based and field-based education, policy, implementations and outcome of different modalities
- Inter-professional education which promote the practice of team work in health and its outcomes after graduation?
- Outcome measurement: the assessment of clinical/nursing and public health competencies among graduates based on different instructional modalities

Ensuring quality and responsiveness of health professionals

- Pre-service: Quality assurance of health professional education such as accreditation of curriculum and training institutions, requirement of national license examination
- In-service: Continue professional education: policy, implementation, effectiveness and outcome, learning and lessons drawn; requirement of continuing professional education (CPE) as conditions for re-licensing. What are the effective models of CPE, what are the discourses between mandatory versus voluntary CPE and requirement of mandatory re-licensing of different professionals?
- Student assessment and evaluation methods and outcome
- Debates on health professionalism versus ethics, role of health professionals in the society and their social responsibilities

Ensuring number and quality of health professional after graduation

- Workforce development and in-service training: e.g. short courses, long courses, distant courses, refresher courses, application of e-learning in the workplace
- Discourse on the balance between pre- and post-service training and education, demand for and supply of general doctors versus specialists and sub-specialty, in the context of national health systems and health needs and demand for health care by the population
- What are the opportunities in reorienting CPE in line with demographic and epidemiological transition in order to improve skill and competency of in-service health workforce in response to these changes?

2.

Health Professional Education Reform: Institutional Dimensions

- Developing and sustaining faculty and teaching staffs capacity: recruitment, remuneration, incentives, retention strategies and sustainability
- Facilitating health professional education reform to strengthen health systems
- Policies and processes to strengthen capacity of health training institutions
- New models of training institutions for primary care
- Public and private ownership of training institutes, public and private sources of financing health professional education and its outcome in terms of access to education, contributions to health systems of countries, attitude and responsiveness to health systems
- Stewardship, accreditation and certification of health education programs
- Health professional education in favour of equity and offer opportunities to the socially disadvantaged group and mechanisms to ensure contributions to their ethnic groups, rural areas

- Linkage between tertiary education and secondary education
- Perspectives of stakeholders in health professional education reforms: students, graduates, teachers or educators, and users and system managers
- Expand academic centers to academic systems encompassing networks of hospitals and primary care units
- Link together through global networks, alliances, and consortia

3.

Advancing Health Equity Through Health Workforce Education, Training and Deployment

To achieve health equity, government needs to move closer to and finally reach universal health coverage by ensuring equitable access to healthcare by all socio-economic groups: rich-poor, urban-rural and vulnerable populations, with adequate financial risk protection. All these pose a huge challenge on financing and service provision, for which adequate number and proper mix of health workforce cadres, commitment play a vital role. A number of questions or issues may be raised, such as:

- Universal health coverage has major ramification on health professional education and training, what cadres (diploma, bachelor, and post graduates, as well as other paramedics), how many to be trained? Can the government and private sector employ all these graduates and ensure they properly contribute to health needs of the population?
- What are the relative contributions of different cadres of health professionals (in a broad sense) in enhancing health equity?
- What skill-mix, cadre-mix, types of training (pre-services, in-service and post-services) are required to improve access to health services and achieving UHC?
- What are the models, and good practice of inter-professional and trans-professional team works in practice? Lessons from different country settings

- Evolution of education programmes and plans towards UHC: different country experiences
- Contributions of different tracks of student recruitment into health professional education e.g. national entrance examination, special quota for rural, ethnic minorities on rural retention and home town services
- At clinical and public health practice context, how health professional recognize and understanding the contributions of social determinants to (ill) health of population, how health professional education support such skills and attitudes?
- What are effective models of strengthening capacity of health workforce to
    - facilitate intersectoral actions in order to address social determinants contributing to ill health?
    - facilitate community participation and social mobilization?
    - effectively communicate with public and strengthen health literacy?
- Trends in the application of technology and ICT in health service delivery
- Contributions of health of the population such as burden of diseases, risk factors, poverty and ill health, health systems configuration to the design and reform of health professional education curriculum. What are the effective interface between health professional training institutes, health systems and the national health authority (MOH)?

4.

Changing Context and Impact on Labour Market and Health Professional Training

At country level, the social determinants of health, demographic and epidemiological transition (increased NCD in almost all countries and double burden of communicable and non-communicable diseases in low income countries) have impact on demand for health professionals. Government needs to plan for number and cadres mix requirement for the country health needs; and understand the labour market dynamics to achieve better results in the distribution, retention and performance of the health professionals.

At global level, the trends in economic and health systems in one country have major ramification on health workforce in another country. In the light of rights to employment, migration and settlement, free international migration of health workforce will have major impact to health systems and patients in the source countries. Demands of elderly and chronic patient care coupled with high purchasing power in rich countries trigger exodus of trained health workforce from poorer countries. Many countries also face acute mal-distribution of health workers within their borders, due to unattractive employment conditions in remote and rural areas, which create barriers to recruitment and retention of health workers, and inequities in the availability of health services for the population.

In low income countries where Global Health Initiatives (GHI) plays a significant financing role in health sector in general or in diseases specific, migration of health workforce to accommodate these GHI programmes may

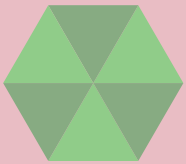
have either positive or negative impact on retention of health workforce in areas where health needs are urgent but not funded by GHI. Understanding these issues would help mitigate impact.

Economy which changes from export-led growth to stimulating domestic consumption of services will have major impact on demand for health workforce. In the economic boom, the increased demand for private health care triggers domestic migration of trained health workforce from public to private; and vice versa, in a economic bust situation; reverse migration was observed. Public sector reform, downsizing government and opening up for increased private sector role have major impact on the choice of employment, including migration of health workforce. Employment conditions matter, such as the emergence of flexible career pathway and alternative careers, changing demographic profile of the health workforce, availability of part-time and full-time work, and multi-task generation have major impacts on the performance of and employment options accessible to the health workforce. Therefore, understanding these economic factors and labour market context and determinants are important contributions to effective strategies and solutions to protect public interests and to prepare the health professionals for a productive and fulfilling career.

The abovementioned four key areas and issues under each area were used as a guideline in the design of organized sessions for the conference.

CONFERENCE CO-HOSTS

The conference is co-hosted by the Prince Mahidol Award Conference, the World Health Organization, the World Bank, U.S. Agency for International Development, Japan International Cooperation Agency, the Rockefeller Foundation, and China Medical Board.



KEYNOTE SESSION

SUMMARY OF THE OPENING SESSION & KEYNOTE ADDRESSES

Global health situations are now more complex, and inequities in health remain a challenge at national and international levels. However, the current health profession education systems fail to address these challenges mainly due to fragmented, outdated, and static curricula, that produce health personnel with insufficient knowledge, skills and competencies needed to recognize determinants of health problems and to become more responsive to fulfill population and communities' health needs.

Anthony S. FAUCI

Prince Mahidol Award Laureate 2013
Director
National Institute of Allergy and Infectious Diseases,
National Institutes of Health

USA

Starting from health professional education, it should shift from treatment to health promotion, individual to population, disease-centric to patient-centric, knowledge and skill to holistic, teacher-centric to student–centric, and elite health professional to primary care giver. The young health professional leaders represented at PMAC also suggested that medical curricula should include public health programs from which students learn to approach healthcare with holistic perspectives and understand entire community needs. In addition to strengthening the health system, improving the universal coverage can minimize the coverage gap and reduce health problems. Another effective model is to facilitate community participation, including community-funded training of healthcare providers. Finally, Dr. Anthony Fauci proposed that successful implementation of intervention in treatment and prevention needs to be concerned about biomedical intervention and human behavior/ social determinants. This can be achieved only if the healthcare workforce is primarily trained to address the complexity of global health situations.

Crisis in the global health workforce distribution has caused unmet population health and health service needs. Apart from the shortage of human resources in disadvantaged areas, other social determinants of health such as cultural barriers, stigma and discrimination need to be taken into account when discussing treatment accessibility and healthcare coverage.

Another fundamental problem affecting health inequity is incomparable medical education and social needs, that have resulted in health professionals with lack of public health skills and an inability to understand health systems as a whole.

To solve the problem of health workforce distribution, we learnt from Daisyrie Aidyl Pamogas, a young student nurse from the Philippines, that community-selected candidates for healthcare personnel and community-funded scholarships for local candidates increase workplace adherence of healthcare personnel especially in disadvantaged areas. She also emphasized the importance of community empowerment through her quotation "by the people with the people and for the people".

Despite community participation, community diversity needs to be considered when developing strategic health plans. The best health strategy in one country may not be appropriate in another setting. Experience from Haiti and Rwanda community-based programs taught us that the key success factor in implementation is a power of community engagement.

Paul FARMER

Kolokotrones University Professor
Chair of the Department of Global Health
and Social Medicine
Harvard Medical School

USA

Yang KE

Executive Vice-President
Peking University
Peking University Health Science Center

China

Health professional education improvement needs to start from the administration (improving of administration mechanisms, increasing the attractiveness of needed health positions, enhancing propaganda, strengthening admission management and enacting favorable admission policies for needed health positions, attaching importance to research in education of health professionals), the institutional measures (promoting comprehensiveness of health professionals education, optimizing disciplinary structures to train needed health professionals, emphasizing the importance of the development of teaching bases, strengthening faculty development), and instructional measures (pushing forward student-centric teaching, strengthening education of humanistic skills and implementing visions of holistic education, making full use of modern educational technology).

In conclusion, the implementation of intervention needs to find a way to close the inequity gap, to increase life expectancy, and to ensure well-being of the population which can not be made possible without "transformative learning", the most important fundamental aspect of health professional education.

“

By the people with
the people and
for the people.

”

Josko MISE

President, International Federation of Medical Students' Associations, Switzerland

Pablo Torres AGUILERA

Executive Director, HIV Young Leaders Fund, Netherlands

Tatiana VOROVCHENKO

Dentist, MSc Candidate in Global Health Science, University of Oxford, United Kingdom

Daisyrie Aidyl T. PAMOGAS

Licensed Midwife and Student Nurse, University of the Philippines Manila - School of Health Sciences, Philippines

CONFERENCE SESSIONS


PRINCE MAHIDOL
AWARD CONFERENCE
2014

HEALTH EQUITY

HEALTH SYSTEM REFORM

PS 2.2, 2.4,3.3, 3.7

EDUCATIONAL SYSTEM REFORM

Instructional
PS 2.1,2.3,2.7, 3.1,3.4,3.5,3.6, 4.5,4.6,4.7

Institutional
PS 4.1,4.2,4.4

CROSS-CUTTING ISSUES

PL1, PL2, PS2.6, PL3

CONTEXT

e.g. demographic, economic change, globalization, HR lifecycle

PS 2.5, 3.2, 4.3, 4.7, PL4

FIGURE 1

EMERGING CONFERENCE THEMES

The conference was organized into five plenary sessions and three sub-themes followed each plenary with 21 parallel sessions. All these conference sessions result in four emerging conference themes (see Figure 1). To achieve health equity, two major reforms are required: health systems reform in favour of improved access and financial risk protection; and health professional education systems reform for which two main elements, instructional and institutional reform are required. In such reforms there are a few cross cutting issues as well as other contextual environments such as demographics, economic change, globalization and health workforce life cycles that should be addressed in synergy. The ID number of Plenary Sessions (PL) and Parallel Sessions (PS) which contributed to each of the four sub-themes are depicted below each sub-theme.

PMAC 2014
in Global Context

MOVING FROM HRH TO LEARNING

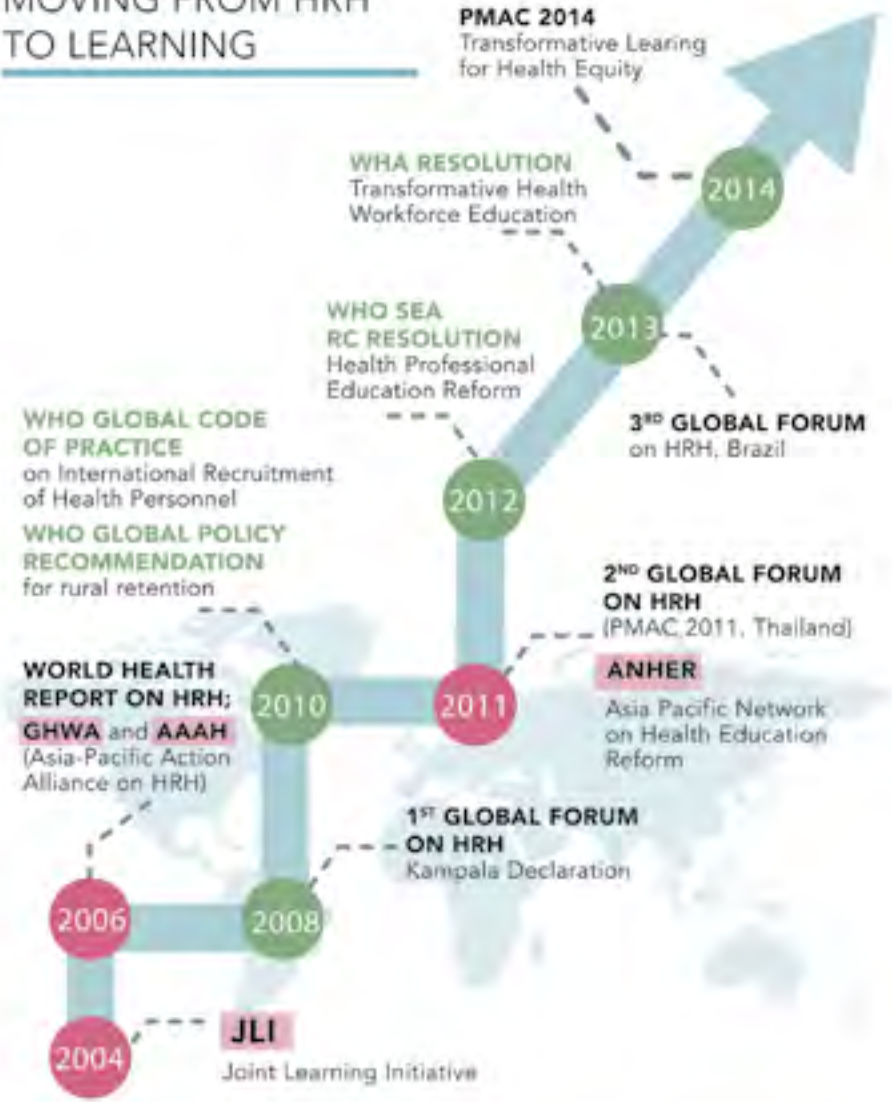


FIGURE 2

MAIN HISTORICAL EVENTS ON HEALTH WORKFORCE 2004-2014

Figure 2 depicts several key historical milestones which contributed to the global health workforce agenda movement. The 2004 Joint Learning Initiatives, set the scene and called for global attention on the health workforce. The 2006 WHO World Health Report offered the problems stream, introducing 2.28 health workforce (including doctors, nurses and midwives) per 1000 population as an indicative benchmark for minimum threshold of health workforce density contributing to high level of ANC and Skilled Birth Attendance. The 2006 advent of the Global Health Workforce Alliance at global level and the 2006 Asia Pacific Action Alliance on HRH at the Asia Pacific Regional level, contributed to national movements and several notable achievements.

After the 2006 GHWA inception, three consecutive global forums on HRH were convened: first in 2008 in Kampala, Uganda; second in 2011 during the Prince Mahidol Award Conference in Bangkok; and the most recent third forum in 2013 in Recife, Brazil. All forums contributed to sustaining global momentum on HRH. The WHO also contributed significantly, such as in the 2010 WHO Global Policy Recommendation on rural retention, the WHA resolution in 2013 on Transformative Health Workforce, the WHO SEA Regional Committee Resolution on Health Professional Education Reforms, and the 2013 WHO Recommendation on Scaling and Transforming Health Professional Education. These historical milestones have paved the way to convening the Prince Mahidol Award Conference in 2014.

CHANGING CONTEXT

As countries' health systems respond to significant demographic, epidemiologic and economic transitions, one of the most important responses will be that of health workforce policy, planning, and management. Understanding the labor market dynamics in each country, increasing proportion of ageing population, and changes of disease burden from communicable to chronic non-communicable diseases,- is therefore essential to coming up with the right solution. Supply problems in many countries have been exacerbated by out-migration and skills imbalances and quality of education (know-do gap), and HRH policies and regulations have failed to capture broader labor market dynamics (nationally and internationally), with too little attention on the growth of private sector and impact on health labor markets.

Health workforce challenges facing the majority of counties are numerous. Evidence shows that increased demand for health service, better pay and work environment are contributing factors to domestic and international migration. Along




with increased demands for health and social care, demographic and epidemiologic transitions in high and low and middle income countries are occurring, requiring more effective health workforce policy, planning and management at the global level. These concerns led to the advent of the WHO Global Code on International Recruitment of Health Personnel in 2010. The growth of domestic private health markets and internal migration are key issues in these countries.

With improved socio-economic development, an increased proportion of middle classes, and the increased expectation of populations, international

labor market dynamics are driving demand for health workforce in rich countries, resulting in large scale international migration and recruitment from low and middle income countries. The WHO Global Code would redress the international migration issues, though it is the right of citizens to migrant and seek job opportunities. Added to this, student expectations for returns on medical education, private practices and specialization for higher compensation, social prestige and leisure time is resulting in over-specialization and lack of generalists and family medicine practitioners.

The structural health inequity, inadequate access to health services by the poor in rural and hard to reach areas occurring in many countries can be traced to a general lack of social accountability, both by health professional training schools, and by students and graduates themselves. The schools have yet to adequately equip students with social commitment and inspirations to work for the poor in rural areas. Concepts of health equity and social justice are generally not in the curriculum, and this results in the "white (coats) following the green ($$$)" (student debits and career choices).

Concepts of social accountability need to be firmly embedded into medical curriculum and instructional methods of medical schools and all other associated health care professional education. Better understanding of the role professional bodies (medical association, unions and other regulators such as legally mandated health professional councils) in influencing labor markets outcomes

will allow intervention in the markets to make social returns as valuable as private returns – through regulation, training, and setting social values.

Health equity embedded in UHC is high on the global/regional/national agenda, and yet health delivery systems, especially primary health care usually is not equipped to provide adequate quality services. Human resources for health are still a key bottlenecks in most settings, both in number, skill mix

and responsiveness. Investment needs to be made in both number, competency and skill-mix to deliver UHC and services that are socially necessary and address skills portability (though not creating two-tier career systems). Added to this, inadequate financing and government spending on health poses a major challenge.

CROSS CUTTING ISSUES AND HEALTH SYSTEMS



> …if I can influence
> their heart,
> I can influence
> their mind, then hands
> and feet follow.

There was a general consensus among the conference delegates that health equity, social justice, human rights, and social accountability are not explicitly embedded in the curricula and learning platforms in schools, right from primary level through to higher education. Embedding curricula with social values and concepts in addition to evidence based medicine, competencies, etc. is the way forward to create the next generation of socially responsible and responsive health care workers. Equally, educators with a 'good heart', as inspirational role models and with good leadership are essential for this to succeed. As one delegate stated,

"…. if I can influence their heart, I can influence their mind, then hands and feet follow".

However it was equally recognized that there is no easy, single solution or "silver bullet"; a combination of engagement and empowerment of the community, long term vision to guide reform directions, and reforms to encompass 'broader pool of stakeholders' are all needed.

A concept that was raised many times was to apply "best practice", "best buys options" i.e. use what is known to work and what provides the best value for money. Both of these require a robust evidence base for policy making support, and a meta-analysis approach was suggested to underpin this approach.

The regular "tracking of graduates" to provide important inputs for improved school performance does not seem to happen with any prevalence or continuity. It would seem clear that it is in the best interest of all educators to collect this data and use it to push the necessary reforms i.e. respond to the marketplace and provide the right sort and numbers of graduates, with the right knowledge, skills and experiences. Data collection can be done through multiple cross sectional survey or establishment of professional cohorts.

Any reforms require stable investment in health workforce underpinned by long term political and financial commitment. A systems approach to long term solutions for improved health equity, inclusive of different cadres: mid level professionals, community healthcare workers, social workers, managers, regulators etc. is proposed. Better tools to measure and evaluate process and outcome of transformative education and health workforce performance are now becoming available e.g. the 3 Gaps model, that was widely discussed.

Several parallel sessions discussed the role of health system reform, looking at how transformative learning can improve the performance of health workers, responding to the health needs of populations by striking a balance between generalists and specialists, achieving a more integrated approach to health profession education through integrating policies, training strategies and institutional collaboration, and the importance of social accountability.

Several approaches to measuring health workforce performance / competencies were presented including vignettes, direct clinical observation, standardized patients, and the three-gaps framework. It was recognized that measuring performance helps inform HRH policy decision-

making, and that health workforce performance is linked to reforms in health professional education. Problem solving skills and a move from "know all" to "know how" requires promoting, but is being hampered by

- A dearth of evidence in the area of education investment
- Sustainability of the funding (external funding)
- Competition for good instructors across education institutes
- The need to transform routine information system to collect evidence of performance

There is a consensus that generalists add important value in health care systems and play important and effective roles to resolve population health needs and health equity. Generalists relate to many concepts and perspectives, including patient-centered care, person-centered care, people-centered care, community based care, rural doctor perspectives, and holistic approaches. However, the number of generalists versus specialists in each country is very different; in most cases, specialists significantly outnumber generalists.

To strike a balance between generalists and specialists, outcome measurements and evidence are needed to support health policy reorientation. However, all involved parties, including policy makers, health care professional, and people need to collaborate to resolve this issue for ensuring that resolution will serve the needs of the population.

Factors that influence and drive medical students or physicians to specialise were discussed. Hospital based learning for medical students is an important issue. In general, medical students are trained in and

customarily exposed to tertiary care facilities rather than in primary care facilities and communities per se; therefore, tertiary care systems are the powerful magnet to increase specialists. This factor is found in countries that have a number of specialists higher than generalists, such as Thailand. However, it is not only formal medical curricula, but also other related factors that influence perceptions and attitudes of medical students toward generalism and specialism. Dr. Nick Busing raised an interesting issue related to "hidden curriculum" that is identified as "a set of influences that function at the level of organizational structure and culture," affecting the nature of learning, professional interactions, and clinical practice of medical students.

Incentives for and retention of generalists, especially in rural areas were also discussed. Many countries reported that generalists are paid less than specialists, except in United Kingdom. Although it is a consensus that financial or salary is an important incentive for generalists, other incentives were also discussed. Dr. Steve Reid shared his opinion and experiences as a rural doctor that money plays a small part in this equation; other social recognition factors also play important roles. Job satisfaction and

self actualization are very important for retaining generalists in the health system or rural area. However, social status may influence medical students and physicians toward specialists, as found in Indonesia.

Definitions of terms "generalists" and "specialists" as well as their scopes of practices, roles, and professional identity also needed to be clarified for better understanding of these terms at the global level because balance between generalists and specialists is an important issue of health workforce and human development worldwide.

To balance generalists and specialists in health care systems, political support to strengthen capacity of primary health care is highly needed. Universal health coverage is also an indirect force toward necessity of generalists in health care systems. As a fact, most of the diseases or

illness that the impact health of people can be cured or treated by generalists rather than specialists. However, there is no ideal of the exact ratio between generalists and specialists. It depends on needs of populations, capacity of primary health care, and the context of each country. Working environment, team work, and job satisfaction are also important aspects rather than absolute number of generalists and specialists in health care systems.

To strike a balance between generalists and specialists, interconnected reforms for medical education that need to transform and change focus toward community based and holistic perspectives, health system to support generalists, and economic related to payments and incentives are required. Although compulsory or mandatory service after graduation may be an effective way to retain generalists in rural areas, in the long term however, retention strategies also need to be developed.

Based on the discussion, it is clear that each country puts a lot of their endeavors to find balance between generalists and specialists in their countries to reach optimal health outcomes and health equity of their population. Many continuous studies have been conducted at both national and international levels. However, the resolution of each country will vary depending on culture, health system, and contexts. Because this issue is complex, it needs complex systematic thinking, and evidence from research to

support and resolve this important challenge.

The issue of social accountability was widely discussed. There is a need to train health professions to understand and respond to people's health. Transformative education should focus on and emphasize social accountability in regard to contributing to the constructive relationship between health professions and patients. This transformation in education can be achieved by changing the information landscape, which can be improved by making it more global, more accessible, and more instrumental.

Social accountability in transformative education should focus on values of quality, equity, relevance and cost-effectiveness in health care. Social accountability is needed as changes in information technology and increased electronic access to information has created more expectation from patients. The core value of social accountability has a huge impact on society and responding to society's priority health challenge.

Health rights are for the patient, and have changed the accountability to society in general. There should been a clear change from what has been seen as a human right, to have more focus on community, because community orientation is also an important foundation in transformative learning. On the other side, health professional education curricula should address social determinants and social accountability and how to apply these skills and knowledge in their practice. The transformation implies not just improving the content of

education but assuming responsibility for outcomes and eventual impact of the educational institution on the overall performance of the health system.

There are challenges to address to integrate social accountability into the curriculum. Health professional associations and education institutions can play an active role in supporting transformative education that will facilitate social accountability. The social accountability movement that emerges in educational institutions should also affect other key stakeholders in the health system, such as health professions, health care organizations, and the pharmaceutical industy, as current and prospective needs and challenges will only be effectively addressed if a strong partnership is established and supported to improve quality, equity, relevance and cost-effectiveness in health care.

Another problem is the communication between doctor and patient which is often poor and professional ethics and conduct consequently suffer. This needs to be changed as the implementation of medical ethics is often poor and the teaching of ethics is not successful in many education institutions. We should also look at the public and private sectors which are very competitive, making access to healthcare distinct in a negative way. The inequality of healthcare providers in terms of telling people their rights in a clear, understandable way, particularly in private hospitals, must be tackled with more transparency.

Education leaders should include ways to address the social accountability issues in education, health professional councils and other groups of people in society. The address here is to focus on the key principle of social accountability and fairness in delivery of health services. Inter profession teamwork is a very important approach to provide health services and

improve health equity. Transparency of information, more instructional and more global are three key areas to address. A practical guide to implementing social accountability will vary depending on country context. Also, implementing the teaching system of health equity in medical schools, where not already being undertaken, should start immediately. Therefore, students who will be the future healthcare providers will understand about this very basic concept from their formative school years. Being in the community, to see the community perspective is very important and should be increase. Public and private sectors in this part should work together, to make a public and private partnerships. It is clear that we cannot generalize the system, therefore it should be flexible. But together the following points could be developed: regulation, supervision, alternative options, and financing the healthcare system. The discussion about accountability for community and society should be continued because equal access to healthcare is the key for social justice.


PRINCE MAHIDOL


WARD CONFI

INSTRUCTIONAL REFORMS

Julio Frenk opened the discussion on institutional reforms with an intriguing view of the strategic shift from tubular vision to open architecture to include both education and health systems reform. He presented education redesign principles based on:

- competency based learning, in terms of breadth and depth
- inter- and trans-professional learning and team building
- flexible and modular designs of curriculum
- experiential learning with community engagement
- level of learning: a balance between online and onsite learning for three goals of development: information (more online than on site), formative and transformative learning. It is noted that more onsite, inspirational, face to face on site learning is critical for transformative learning while online contributes effectively to information learning.
- the need to integrate instructional learning: based on balance across online, on site and in-field learning sites

These principles will not be achieved without continuous leadership development: both pre-service and in-service. The broader requirement for health system reforms need to be coupled with reform of the health education system to better equip health workers to address the societal shifts and local health needs and to perform within their health system environment. Despite some advances and successes in health professional curricula reforms, more often than not education remains outdated and stagnant – locked into the "ivory tower" model of education. However, there are emerging initiatives e.g. MEPI/NEPI, ANHER/AAAH, PMAC2014, and other key global achievement, in particular the WHO Global Code of practice on international recruitment of health personnel in 2010, the WHO global guideline 2010 on rural retention, and the 2013 recommendation on transformative scaling up of health professional education .

We now need to continue to build on these momentums, and challenge the current ivory tower models that cannot meet health needs of populations, with innovative learning environments, essential for transformative health professional education and training in the field.

We need to involve stakeholders beyond the health sector - intersectoral actions, inter- and intra-professional collaborative practice, and team building. A first step is to review competencies across different curricula to avoid "silos" and ensure better alignment across health professionals.

Better engagement of multi-stakeholders through networking and involving professional councils, associations, civic society organizations (CSO), and community engagement will help to achieve accountable health professional education.

The current overemphasis on hospital-based learning was felt to be detrimental to provision of equitable healthcare. Learners in these environments are exposed to unrepresentative groups of very ill patients, which is not the reality in society. Many students are not acquiring key clinical, problem-solving, collaboration and teamwork competencies as needed for the health workforce this century.

Most people feel that currently, many students have lost internal motivation and altruistic drive, and tend to focus on career paths of highly specialized care, and not community/ rural practice. There is a "hidden curriculum" in favour of over-specialization versus the need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to be balanced with community based exposures and seamless linkages between the two. The over-representation of children of high achievers e.g. doctors' children entering medical schools perpetuates this situation.

Highlighted was the great potential benefits of eLearning if managed correctly. Incorporation of on-site learning throughout a learning continuum can open many opportunities for enhanced and transformative learning.

In addition, curricula should be updated regularly, with investment in information systems (DHS survey and facility-based surveys). With limited policy relevant research available, educators must invest in the metrics that will help policy making. It is time to address the interface between education and technology.

INSTITUTIONAL REFORMS

There is need for action and change because of the increasing complexity of work, workforce shortages and mal-distribution, and the need to shift to a primary healthcare approach because of shifting disease burdens, epidemiology and demographics transitions, and evolving scopes of practice. More collaborative practice is required where there is migration.

The distribution of public and private education institutes such as medical and nursing schools is different among the countries, depending on the countries' contexts and resource availability. The pros and cons of having private (medical and nursing) schools have been raised. On the one hand, private schools will produce and strengthen health care providers to serve the health care demand of countries. On the other hand, the cost of the tuition fees is high, leading to the inequitable selection among students. Private schools are profit driven and overwhelmingly lack intention on social accountability. Additionally, there is a debate on the educational capacity and quality control of the private schools.

To ensure the quality and accreditation of education institutes, standard criteria need to be developed. Japan, for example, has regulated the health professional education institutes (HPEI) to provide the good quality

of standards for establishing a university, and to develop strategies to strengthen students' positive attitudes on their careers. Japan also has the Japan University Accreditation Association (JUAA) for ensuring the quality of higher education institutions within the country. Apart from the regulations and standards, there is also an active social, moral and political intervention to improve quality and to make the private education institutes socially acceptable.

Using accreditation to drive faculty development and evidence based health professions education is essential. Accreditation is the process of review and approval by which institution or program is given a time limited status of academic quality. Accreditation helps promoting improvement of education, quality assurance and accountability, safeguard public and professional accountability, ensures patient safety and good quality clinical outcomes and allows students to make informed choices.

Most countries are facing real challenges with both public and private health professional education institutes. The challenges among those are less alignment to the health system needs and HRH production, and missions and objectives regarding the health equity. Moreover, almost all public institutes are perennially underfunded and have difficulties retaining qualified teachers, resulting in slow progresses in educational innovation and adaptation.

The main difference between public and private health professional education institutes is the issue of profit. Undoubtedly, the cost of private schools is higher and there is little control on tuition fees charged, apart from market forces. Moreover, in some countries, there is no entrance examination. It is then hard to see the responsiveness to health needs of the population.

Private education institutes are less inclined to show compliance with goal standards of higher education and universal health care coverage. For example, the Philippines has a large number of the private nursing schools, but some of them are substandard and do not meet the basic criteria. A similar situation can be seen in Nepal where there was a mushrooming of substandard private medical schools. Lack of quality and unmet standards of health professionals leads to distrust in private education institutes.

Clear HRH policy is needed in order to regulate the health professional education industries, such as tuition fee controls. Also, the accountability of medical and nursing schools (both public and private) needs to meet with societal perspectives. To close the gaps between public and private educational institutes, a balancing of public and private institutes is needed. Increasing collaboration among public and private education institutes is suggested.

Accreditation of public and private education institutes, along with other quality assurance mechanisms seems to be a necessity. Furthermore, many countries have faced the problem of scaling up the quality on HRH education due to

resource constraints. Innovative financing approaches have been created to mobilize more financial resources, for example the set up loans and tuition fees which are accessible to all groups of students.

The WHO recognizes the crucial contribution of nursing and midwifery in increasing access to comprehensive health service and achieving MDGs. Thus the main recommendations were to scale up nurses and midwives education, create better linkages between academic settings and hospitals and community, joint appointments from MOPH, and encourage baccalaureate graduates to quickly move into masters or doctoral programs. Institutions should monitor progress in this area and increase financial aid for students on an academic career path and create salary and benefit packages that are marketplace competitive in order to "enhance skills and retain faculty".

Addressing faculty development as a continuous process and not a one point issue, especially taking into account the heterogeneity between and within faculties, requires faculty development to be seen as a new paradigm. Different faculty members have different needs and thus any major reforms within the system must take into account teaching and not only research productivity. However, reconceptualising means that thinking needs to move from focus on the individual teacher to organizations as a whole. Organizational change is needed so that teachers accept faculty evaluation, and include reflection on this continuum and ongoing process.

THE KEY ISSUES
TO ADDRESS ARE

Faculty development

- ensure teaching-research-services congruence

Building / strengthening the teaching capacity

- learning physical space, pedagogical materials, and technology platforms

Management -strengthening management capacities

- mobilizing more financial resources, bursaries and fellowships

Creating, sustaining an enabling culture and environment

- values, merits, assessment and reward systems, identity, collaboration, peer reviews, strive for excellence

Better collaboration between public and private education institutes

Institutional, legal, regulatory reform

- key instruments for improving the quality

Training institutes and curriculum: quality assurance, accreditation and re-accreditation

Professional quality: national license examination, relicensing processes, continuous professional development

Licensing of public and private health facilities

Regulation as a double edge sword

- can be ineffective, constrain the needed reform and undermine quality improvement.

CONCLUSIONS & RECOMMENDATIONS

There was a consensus among the delegates that we need to set goals for health workers in 21st Century. The vision is that health professionals are life time learners who

- Have intrinsic values of human rights, social justice, health equity, altruism, social accountability and ethical conduct
- Are able to enquire, search, interpret and use evidence for their clinical and public health interventions
- Are competent in clinical settings and public health, and are able to understand and address the social determinants of health in other sectoral policies
- Are able to communicate and work with other professionals, families and communities with mutual respect, and collaborate in a multi-disciplinary inter-professional team
- Are responsive and accountable to the health needs of the population

A number of cross cutting policies we identified during the conference encompass both heath system reform and instructional and intuitional educational reform. The need for transformative learning embedded in broader country policy commitment towards health equity, social and economic justice was raised in many sessions. To support policy makers commitment to this reform, out responsibilities are to generate convincing evidence showing that there is added value in transformative learning and it gives a return on investment, both in the short and long term.

Concerning responding to and influencing international migration of health personnel, better monitoring of market trends, not only static retrospective information but more prospective market intelligence are required, with collection of data from both host country and country of origin. The WHO Global Code of practice on international recruitment of health personnel, although voluntary, fosters and supports improved reporting from low and middle income countries.

Empowering health workers to be active "change agents" through leadership training should also be transformative. However more active public action is needed, and global collaboration required across rich and poor nations. The discourse on policy coherence between "health and wealth" and the "health for all and job for all or economic gain from remittance" mentalities need to be challenged (for which consensus cannot easily reached) though consistent discussion would seek better compromised solutions.

A few policies emerged endorsing that schools and health professions shall be socially accountable for safe, quality, efficient and equitable services.

Incremental small gains can be made, or "big bang" reforms depending on the political context and windows of opportunity. Legal, regulatory and institutional reforms will provide the necessary framework for this to occur, supported by evidence, regular update and feedback, building institutional capacity to monitor and enforce, offering appropriate incentives and having sanction actions in place, managed by good governance. The reform process needs multi-stakeholder engagement and political ownership to ensure sustainability.

Instructional reform needs to encompass both recruitment and curriculum. Recruitment needs to be inclusive of students from disadvantaged groups / communities, and needs to ensure they return to serve their communities. Learning capacities among rural students may be a problem, and thus special attention such as remedial learning / tutorials to support their education completion within given a timeline are essential. Curriculum reform needs to embody health equity, social justice, and social determinants of health as integral values and components. Competency based curricula should be delivered with early exposure to the community, and ownership of community, with the community involved in the solutions. Experiential learning based in the community provides a promising novel



approach, improved knowledge and competencies, patient-centered and team-based care, student and community satisfaction, and supports rural retention i.e. "Learning and practice in the community, for the community".

Institutional strengthening will require huge investment on infrastructure in some countries. Effective faculty development and retention of teachers, importance of "role models", "inspirational teachers" must be supported by appropriate accreditation and quality across both public and private institutions.

“Learning and Practice
in the Community,
for the
Community”

A CALL FOR ACTION BY PMAC 2014

We have come a long, long way, from the 2004 Joint Learning Initiative. Momentum has accumulated and global, regional and national commitment is growing, though uneven. Global/regional networks have been formed and are functioning, but need further nurturing. The post 2015 MDG challenge is positioning the health workforce in the global goals in light of universal health coverage. Without adequate number of competent, committed and responsive health workforce at primary health care and backed up by tertiary care services, UHC seems to be out of reach. A Global HRH strategy addressing the health workforce in 21st century is emerging. So join us – hand in hand to make this vision happen.

CONFERENCE
ACTIVITIES


GNITION FOR EXCE

Recognition for Excellence in Health Professional Education

Health and the health care system have been continuously evolving throughout the history of mankind. The momentum for change has substantially increased during the last few decades. Globalisation has increased the quantity of information available to us both as individuals and as societies and therefore has been re-shaping the way we think about health. These changes have major impact on health systems and health professionals. People expect to have health care systems of a high standard. In addition, people expect the health system to be cost-effective and accessible to all, across all economic strata. Improvement of health relies mainly on the quality of health care providers.

Therefore, there is no doubt that health professional education is of utmost importance in the process of producing health professionals. Like the health system, health professional education has been influenced by changes in society. This year the Prince Mahidol Award Conference would like to honour health professional educators whose work has had a strong impact on the improvement of health care.

The criteria for selecting the awardees include:

- He/she has demonstrated dedication in teaching by receiving outstanding assessment from the university or from the students; or
- He/she has demonstrated innovation or has developed teaching modules or techniques that have transformed learning and that have been used as part of an evidence-base for producing quality health personnel; or
- The teaching module has been adopted as a model for the implementation in other countries and/or rolling out of the module in his/her country. The adopted model must also show a positive outcome; or
- He/she has demonstrated commitment in teaching either by dedication of time or duration of work in teaching services; or
- He/she has shown commitment in actually delivering training in difficult circumstances, e.g. remote areas; or
- He/she is a visionary leader who has changed paradigms of learning.

Out of 26 nominees which come from any level and any type of teaching or training institution, 7 health educators from 5 different continents were awarded the Recognition for Excellence in Health Professional Education.

- **Fortunato L. CRISTOBAL**
  Dean, Ateneo de Zamboanga University, Philippines
- **Gwen SHERWOOD**
  Professor and Associate Dean for Academic Affairs
  University of North Carolina, Chapel Hill School of Nursing, USA
- **Ian COUPER**
  Professor and Director, Centre for Rural Health
  University of the Witwatersrand, South Africa
- **Jan De MAESENEER**
  Secretary General, The Network: Towards Unity For Health, Belgium

- **Nelson K. SEWANKAMBO**
  Principal, College of Health Sciences, Makerere University, Uganda
- **Roger STRASSER**
  Dean, Northern Ontario School of Medicine (NOSM), Canada
- **Yang KE**
  Executive Vice-President, Peking University, Peking University Health Science Center, China

All winners were invited to receive the award on 31 January 2014 at the Closing Ceremony of PMAC 2014. They received grand recognition and applaud not only from our prestigious co-host representatives but also by our PMAC 2014 participants.

> It is not resources that are the biggest limitation; but if there are transformative ideas, and people willing to try them out, the RESOURCES WILL BE FOUND.

Fortunato L. CRISTOBAL

Dean, Ateneo de Zamboanga University, Philippines

A true visionary, Dr. Fortunato L. Cristobal is the founding Dean of the Ateneo De Zamboanga University School of Medicine (ADZU-SOM) in Zamboanga City, Mindanao Philippines. Dr. Cristobal has worked in the health field for over thirty years and has revolutionized the field of medical education by advancing and demonstrating the concepts of community based medical education, service learning, and by aligning the curriculum and the schools' programs with priority health needs in the region it serves. He has inspired and supported many others working with underserved communities through his significant works and humble personality and has truly dedicated his life to giving back to the communities in his conflict ridden region and beyond.

To address the immediate chronic shortage of doctors he initiated a trimester training program in general pediatrics for GPs. Within a few years close to 50 rural physicians trained were able to perform life saving procedures previously unavailable in their communities.

Recognizing the value of community based researches he established the Zamboanga Medical Research Foundation, a non profit organization to advance the region's medical research, education, training. This laid the impetus to the formation of the Zamboanga Medical School Foundation with only $500 as the initial seed money and a pioneering 27 students with volunteer faculty. The shoe string budget of the school and the use of existing clinical facilities served as proof of concept that it does not require millions of dollars and dozens of PhD Faculty to start a high quality health professional school.

To date, the school has graduated 210 certified physicians with a cumulative board pass rate of 94%. Ninety percent of its graduates are still in the Region, with 50% serving in doctorless areas while only 4% went abroad. Perhaps, this retention of graduates has bearing to the decrease in infant mortality of the region from 55.6/1000LB in 1995 to 14.6/1000 LB in 2003, and 8.2/1000 LB in 2008.

As developing countries struggle to find solutions to health workforce and health outcome disparities, the volunteers of Zamboanga have shown a way forward for even the poorest regions to assert that historical disadvantage does not have to be on going destiny. It is not resources that are the biggest limitation; but if there are transformative ideas, and people willing to try them out, the resources will be found.

Gwen SHERWOOD

Professor and Associate Dean for Academic Affairs
University of North Carolina, Chapel Hill School of Nursing, USA

My dedication in teaching is rooted in a deep commitment to provide caring leadership in a global society, enhance access to education for increasing diversity in nursing, and expand the leadership capacity of health care professionals. I seek to help shape nursing education policy through a proactive vision of changing access to education and influencing international health policy through new educational partnerships.

My commitment is reflected in creating new nursing education programs and interactive broadcasts in the geographically remote Texas-Mexico border area of the US; crafting innovative, interactive transformative learning models grounded in reflective practice; and leading faculty development in Kazakhstan, Sakhalin, China, Thailand, Taiwan, Mexico, Kenya, and England. I worked with the team representing Thailand and China to develop the first Master's in Nursing degree for China in 1993 with 81 graduates who helped lead the paradigm shift across China. For the past two years, I have led three reflective practice faculty development

> My dedication in TEACHING IS ROOTED IN A DEEP COMMITMENT TO PROVIDE ...caring leadership in a global society, ENHANCE access to education for increasing diversity in nursing, and EXPAND the leadership capacity of health care professionals.

seminars for Thai health professions educators who are bringing change in nursing education across Thailand.

Our work in developing QSEN (Quality and Safety Education for Nursing) changed the paradigm of nursing education in the US by transforming mindsets to focus on improving quality of care through the science of safety and is being replicated in other world regions.

A core component of my work is continually expanding faculty capacity to be able to vision a future in education that is learner-centered, change oriented, and transformative. I seek connection with learners by applying transformative methods so classrooms become an interactive arena for developing professional artistry and expertise. Through Reflective process learners integrate didactic learning with past experience in case study application; a process-oriented change model, reflective practice is the ideal way to improve performance by examining context and thinking through practice situations.

> We place medical and clinical associate students in REMOTE AND RURAL AREAS, where they are supported by a network of local generalist medical and nurse practitioners

Ian COUPER

Professor and Director, Centre for Rural Health
University of the Witwatersrand, South Africa

I lead two teams delivering innovative teaching programs at the University of the Witwatersrand (Wits), South Africa.

Firstly, the Integrated Primary Care (IPC) rotation is a unique 6-week clerkship for final year medical students, which integrates the learning from all other disciplines at primary care level, in rural and underserved sites, with a focus on the management of patient problems rather than disease, in the context of understanding and seeking to improve health systems and the health of communities. Seven departments in the faculty work together to deliver this program, under my leadership. With our support, the IPC rotation has been adapted and is being used in district-based medical student rotations in two other countries in the region, at the University of Malawi College of Medicine and the Universidade Catolica de Mozambique in Beira.

Secondly, the Bachelor of Clinical Medical Practice degree program for clinical associates (midlevel medical workers), launched in 2009, involves students becoming involved in patient care at district hospital level from

early in their first year and integrating theoretical input (including basic sciences) around patient problems, with one integrated course being delivered per year. The curriculum objectives are structured around the needs of district hospitals, based on a national collaboration.

We place medical and clinical associate students in remote and rural areas, where they are supported by a network of local generalist medical and nurse practitioners. In one of these sites, Lehurutshe Community Hospital, we have established a district training centre, in collaboration with the North West provincial department of health, where students from a range of programs – medical, clinical associate, physiotherapy, occupational therapy and dentistry – are accommodated and can learn together. This model is being rolled out to other districts.

I initiated the adaptation and roll out of two educational programmes for practising rural doctors in South Africa, viz. a neonatal resuscitation training program and the Basic Emergency Skills Training (BEST) program, in collaboration with Australian and local colleagues. Both follow a model of identifying and equipping locally based trainers who have continued to provide the training to doctors and nurses in their districts, with minimal fees involved.

In 2003, I established a scholarship scheme, the Wits Initiative for Rural Health Education (WIRHE), for disadvantaged rural students who want to become health professionals, in partnership with the North West provincial department of health. Students are linked to their local district facilities, working there in their vacations, are supported and mentored during their training, and are required to work back in their districts on completion of their studies. By the end of 2012, there were 33 graduates already serving their communities, or completing internships prior to undertaking this service, and 57 students being supported across 7 health science programs.

I lead the Wits Centre for Rural Health, which is seeking to develop and nurture STAR health workers in rural areas, through Service support, Training, Advocacy and Research in rural health care, thus impacting on the health of rural people.

Jan De Maeseneer (1952) trained as a medical doctor and family physician at Ghent University (Belgium). He started the development of an interdisciplinary team in the Community Health Center Ledeberg – Ghent, a deprived area that became more and more multicultural. He joined the department of Family Medicine and Primary Health Care (www.primarycare.ugent.be), made the first PhD-thesis in Belgium on family medicine (1989) and was appointed Head of Department. Since 2010 the department became a WHO-Collaborating Centre on PHC.

Jan De MAESENEER

Secretary General,
The Network: Towards Unity For Health, Belgium

> "Equity, Solidarity, Learning from diversity, Intersectoral cooperation, Person- and People-Centeredness and SUSTAINABILITY"

In 1997, the faculty asked him to lead the Educational Committee for a fundamental reform from a traditional discipline-based curriculum towards an integrated contextual curriculum, problem-based, patient- and community-oriented. In 2005, the innovative curriculum received a very positive evaluation by an International Accreditation Board, and a special "Quality Award" for its "social accountability and community orientation". The assessment of the new curriculum indicated that students did perform better for knowledge acquisition and used more self-directed and active learning.

Since 1990, Jan De Maeseneer contributed to the development of an interuniversitary family medicine training program in Flanders (Belgium), based on distance learning with over 400 training practices in the community.

In 1997, Jan De Maeseneer started a project to support family medicine training in South-Africa. In 2005, the Family Medicine Educational Consortium in South-Africa, became part of the "Primafamed-network" (www.primafamed.ugent.be) that spread from South-Africa to Kenya, Tanzania, Rwanda, DRC, Uganda, Ghana, Sudan, Mali, Nigeria,…and developed strong south-south cooperation. In 2004, Jan De Maeseneer received the "Wonca-Five Star Doctor Award for Excellence in Health Care", for his contribution to the development of training in family medicine worldwide.



In 2007, Jan De Maeseneer became Secretary-General of the Network: Towards Unity for Health (www.the-networktufh.org), focusing on community orientation and social accountability of education.

Since 2012, Jan De Maeseneer is a member of the Global Forum on Innovation in Health Professional Education at the Institute of Medicine in Washington.

Jan De Maeseneer served at different levels as advisor for health policy development: he chairs the Health Council of the City of Ghent, is the chairman of the Strategic Advisory Board on Health, Welfare and Family of the Flemish government, the chairman of the European Forum for Primary Care (www.euprimarycare.org) and recently became the chairman of the Expert-Panel "Investing in Health" advising the European Commission.

In all his activities the focus of Jan De Maeseneer was on: equity, solidarity, learning from diversity, intersectoral cooperation, person- and people-centeredness and sustainability.

Roger STRASSER

Dean, Northern Ontario School of Medicine (NOSM), Canada

Socially Accountable Medical Education in Canada's North

The Northern Ontario School of Medicine (NOSM) was established in 2002 with a social accountability mandate to contribute to improving the health of the people and communities of Northern Ontario. Uniquely developed through a community consultative process, the holistic cohesive curriculum for the MD program is grounded in Northern Ontario, organized around five themes, and relies heavily on electronic communications to support Distributed Community Engaged Learning (DCEL). Clinical education takes place in over 70 communities, so that the students explore cases from the perspective of physicians, and experience the diversity of communities and cultures, across Northern Ontario. Third year is a community-based longitudinal integrated clerkship. NOSM was the first medical school in the world in which all students undertake a longitudinal integrated clerkship.

Local Engagement, Global Leadership

After eight years of recruiting applicants from an underserved health workforce region, there are signs that NOSM is successful in graduating health professionals who have the skills and the desire to provide healthcare in rural and remote communities. NOSM has become a world leader in Community Engaged Medical Education, while staying true to its social accountability mandate.

About Professor Roger Strasser

Professor Strasser came to Canada in 2002 from Australia where he was Head of the Monash University School of Rural Health. Professor Strasser has received many prestigious awards including: Honorary Fellowship of the Royal College of General Practitioners (UK); the Louis Ariotti Award for excellence and innovation in rural and remote health in Australia; Fellow of Wonca; the inaugural Small, Rural and Northern Award of Excellence by the Ontario Hospital Association; and, the Australian College of Rural and Remote Medicine Life Fellowship Award. In 2011, Professor Strasser was appointed a Member in the General Division Order of Australia (AM) and a Fellow of Monash University.

“The FIRST MEDICAL SCHOOL IN THE WORLD in which all students undertake a longitudinal integrated clerkship”

“SCHOOL OF PUBLIC HEALTH WITHOUT WALLS”

Nelson K. SEWANKAMBO

Principal, College of Health Sciences,
Makerere University, Uganda

When Prof Sewankambo became Dean in 1997, the 75 year old famous Makerere Medical School had very well-established educational traditions and cultures making it very resistant to change. However, from the late nineties the piloted ‘School of Public Health Without Walls’ concept became the standard approach for the Master of Public Health training in Uganda. It enhances relevancy by facilitating trainees to learn as they work with district level managers and practitioners to identify and solve public health issues in real time.

Based on the country-wide survey results in Uganda of what policy makers, employers, alumni and community members felt about our graduates Prof Sewankambo and his faculty introduced full scale medical, nursing, pharmacy and dental curriculum reviews which led to introduction of

innovative student centred learning and 2-3 months annually of compulsory community based education and services (COBES) placement in rural communities. To overcome the implementation challenges (like high cost, logistics, accommodation) the college has engaged stakeholders including non-governmental organizations to support the training.

A consortium approach to medical education in Uganda was initiated in 2009 with support from the US Government funded Medical Education Partnership Initiative (MEPI). The 'Medical Education for Equitable Services for All Ugandans' (MESAU) Consortium has become a legitimate platform used by training institutions to speak with one voice regarding their challenges and needs in medical education. The consortium vision is to change medical education and training, define required competencies, minimum standards, with a view to improving health service delivery. The consortium encourages sharing of resources available in all institutions and there is relatively rapid diffusion of ideas and innovations across consortium partners.

Professor Sewankambo endured protracted personal criticisms by fellow professionals and government officials for encouraging deviation from the traditional educational approaches and was breaking traditions for which Makerere medical school was world renown.

“She not only taught us knowledge and skill, but also gave us the STRENGTH TO PURSUE OUR DREAM in medical careers.”

Yang KE

Executive Vice-President, Peking University,
Peking University Health Science Center, China

Professor Ke Yang, Executive Vice-president of Peking University (PKU) and Peking University Health Science Center (PUHSC), is in charge of all issues related to education of health professionals in the two entities. In the past 10 years, Professor Ke and her team played an important role in studying China's education of health professionals and provide the government with research evidences and suggestions in an era of social transition, medical technology development, healthcare reform, and education reform.

Professor Ke is a passionate leader in reforming teaching modules at PUHSC, which aims to strengthen medical students' professionalism and overall competencies, reform curricular systems under the principles

of autonomous learning and problem-based learning, and provide medical students with more exposures to primary care practice. Under her leadership, a number of new majors/disciplines were established or strengthened at PUHSC, such as general medicine, global health, health system research, and medical humanity. Thanking to the strenuous efforts of Professor Ke and her team, an innovative teaching module is primarily established at PUHSC, which is characterized as comprehensive, integrated, and demand oriented. The innovative teaching module also plays an important role in affecting other China's higher medical education institutions, shaping a number of reform policies on the education of health professionals, and finally facilitating education of health professionals in the country.

In addition to being a leader and researcher in education of health professionals, Professor Ke is an outstanding professor on oncomolecularbiology at PUHSC. As one of the most popular faculty members in the university, she won two consecutive "excellent teacher and friend" titles in 2010 and 2012 through campus wide anonymous votes. One of her graduate students talked about Professor Ke like this, "She not only taught us knowledge and skill, but also gave us the strength to pursuit our dream in medical careers. We are so lucky to be her student."

FIELD TRIP PROGRAM

SITE NO. 1.
Lifestyle for Disease Prevention in Private Hospital
(Location: in Bangkok)

SITE NO. 2.
Proactive Roles of the Medical Technology Profession on Health Promotion and Well-being
(Location: 40 km. from Bangkok)

SITE NO. 3.
Transformative Medical Education at Maharat Nakhon Ratchasima Hospital
(Location: 300 km. from Bangkok)

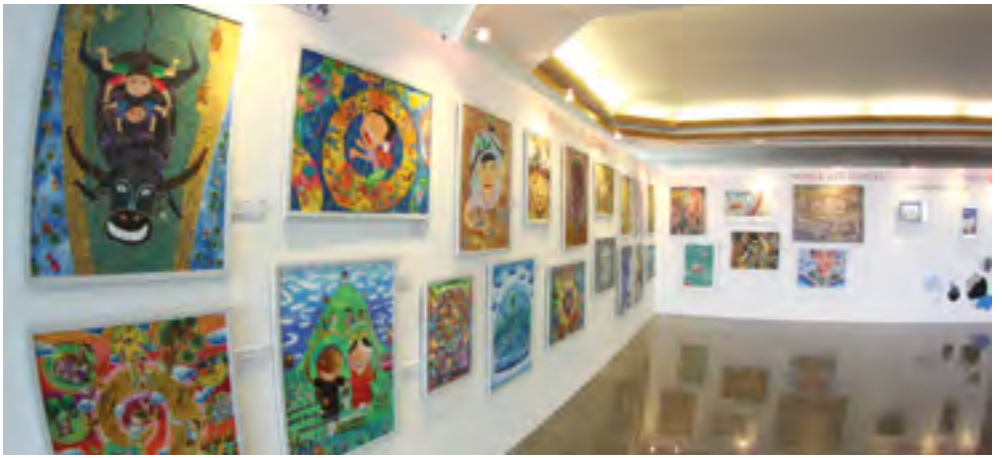
SITE NO. 4.
Health Education Programs: Transforming for Medical and Paramedical Professional Development in the Faculty of Medicine Siriraj Hospital
(Location: in Bangkok)

SITE NO. 5.
Transformative Education in Khon Kaen Province
(Location: 500 km. from Bangkok)

PMAC 2014
WORLD ART CONTEST

This year the Prince Mahidol Award Conference invited young people around the world to take part in our special activity, PMAC 2014 World Art Contest under the topic "Learning Space", which not only brought the public audience closer to the PMAC concept, but also encouraged children and youth to present new perspectives on achieving knowledge.

The Art Contest project was launched as an instrument to communicate the idea of the PMAC 2014 theme "Transformative Learning for Health Equity" to the public audience. PMAC believes that true learning is not just limited to the classroom, but we can also learn from the internet, society and the environment around us. As the world today is growing in technology and communications, and rapidly expanding, the creation of two dimensional and digital video on the topic "learning space" from the students aged under 9-25, also presented a clearer view on how the upcoming generation of the 21st century enhance their understanding and experience around them.



This project has again received positive response nationally and internationally from young students, parents and schools. Out of 13 nationalities from 4 continents that participated, 223 entries were sent in. Two International and 30 Thai young artists won the prizes. All the winners were invited to receive their awards at the PMAC 2014 World Art Contest Award Ceremony on 26 February 2014, at the Institute for Population and Social Research, Mahidol University. The award ceremony event was a fulfilling and enjoyable experience for the winners and participants, as most of the winners came from very difficult and remote areas of Thailand for example, schools located in the mountains in the Northern provinces, schools from three Southern border provinces, schools from poor North-Eastern provinces.

Moreover, for both the PMAC 2013 and PMAC 2014, an Art Charity Auction was organized. The purpose was to donate financial contribution from our prestigious PMAC participants to schools which supported the art program

for their students. This activity from both years has raised more than 128,651.79 Baht (2013: 60,751.79 Baht and 2014: 67,900 Baht). Art teachers from 8 schools in different areas of Thailand were also invited to receive these generous supports and scholarships.

All winning art pieces were exhibited at PMAC 2014. The idea was to introduce in vice-versa how the young 'Students' illustrated the message of "Learning Space" by presenting their high quality artistic skill and also creativity to PMAC participants who mostly represent 'Educators' this year. The image of the classic 'School' as learning space may finally be out of date for the 21st century since knowledge actually is all around us.

TWO DIMENSIONAL MEDIA CATEGORY

UNDER 9 YEARS OLD

First Prize : Natcha KANSOPHON
Second Prize : Achita KAEOKAMKONG
Third Prize : Kittiya SAREETHO
Honorable Prize
Maria Angelica TEJADA
Kamonnet KHAMKLONG
Narathip CHOEMUE

9-13 YEARS OLD

First Prize : Surayut KUABRAM
Second Prize : Pimlapat PHUKKAO
Third Prize : ISA ALI
Honorable Prize
Chiratchaya KAEOKAMKONG
Yanisa VARARAKSAPONG
Suparat BOONYAPREEDEE

14-17 YEARS OLD

First Prize :
Porndanai WATTANAPRADITCHAI
Second Prize : Waranya TUNSAKUL
Third Prize : Tiwtus KANAMA
Honorable Prize
Kanokwan SUTTHANG
Noppakorn AONTHONG
Thanyamon SILAMOM

18-25 YEARS OLD

First Prize : Jaran BOONPRADERM
Second Prize :
Kiattisak RUNGRATTANAPATTANA
Third Prize : Terdtanwa KAMANA
Honorable Prize
Napaporn INLEE
Supalak THIPSING
Kittachaphol WATCHARACHAISAKUL

DIGITAL VIDEO CATEGORY

First Prize :
Chakkanata PENGUDOM

POPULAR VOTE CATEGORY

First Prize : Natcha KANSOPHON
Second Prize : Terdtanwa KAMANA
Third Prize : Porndanai WATTANAPRADITCHAI

Honorable Prize
Kamonnet KHAMKLONG
Nantana JANTAWEE
Pattima KANJANAAKORN
Kanokwan KHANPET

ANNEX I

INTERNATIONAL ORGANIZING COMMITTEE MEMBERS

NAME - SURNAME	POSITION	ORGANIZATION	ROLE
Dr. Vicharn PANICH	Chair, International Award Committee and Scientific Advisory Committee	Prince Mahidol Award Foundation / Mahidol University, Thailand	Chair
Dr. Marie-Paule KIENY	Assistant Director-General for Health Systems and Innovation	World Health Organization, Switzerland	Co-Chair
Dr. Timothy EVANS	Director for Health, Nutrition and Population	The World Bank, USA	Co-Chair
Mr. Kiyoshi KODERA	Vice President	Japan International Cooperation Agency, Japan	Co-Chair
Dr. Ariel Pablos-MENDEZ	Assistant Administrator, Bureau for Global Health	United States Agency for International Development, USA	Co-Chair
Dr. Lincoln C. CHEN	President	China Medical Board, USA	Co-Chair
Dr. Jeanette VEGA	Managing Director	The Rockefeller Foundation, USA	Co-Chair
	Board Chair	Global Health Workforce Alliance, Switzerland	Member
Dr. Roger GLASS	Associate Director for International Research	National Institute of Health, USA	Member

ANNEX I

NAME - SURNAME	POSITION	ORGANIZATION	ROLE
Dr. Patrick KELLY	Director of the Board on Global Health	Institute of Medicine, USA	Member
Dr. Fiona GODLEE	Editor-in-Chief	British Medical Journal, United Kingdom	Member
Dr. Nelson SEWANKAMBO	Chair, MEPI PI Council	Medical Education Partnership Initiative, Uganda	Member
Dr. Julia Tainijoki-SEYER	Secretariat	World Health Professions Alliance, France	Member
	President	International Federation of Medical Students' Associations, France	Member
Dr. Junhua ZHANG	Deputy Director-General	Health Human Resources Development Center, the National Health and Family Planning Commission, PR China	Member
Dr. Narong SAHAMETHAPAT	Permanent Secretary	Ministry of Public Health, Thailand	Member
Mr. Sihasak PHUANGKETKAEW	Permanent Secretary	Ministry of Foreign Affairs, Thailand	Member
	Secretary General	Office of the Higher Education Commission, Thailand	Member
Dr. Supat VANICHAKARN	Secretary General	Prince Mahidol Award Foundation, Thailand	Member
Dr. Rajata RAJATANAVIN	President	Mahidol University, Thailand	Member

NAME - SURNAME	POSITION	ORGANIZATION	ROLE
Dr. Wanicha CHUENKONGKAEW	Vice President for Education	Mahidol University, Thailand	Member
Dr. Udom KACHINTORN	Dean, Faculty of Medicine Siriraj Hospital	Mahidol University, Thailand	Member
Dr. Winit PUAPRADITT	Dean, Faculty of Medicine Ramathibodi Hospital	Mahidol University, Thailand	Member
Dr. Pisake LUMBIGANON	Professor, Faculty of Medicine	Khon Kaen University, Thailand	Member
Dr. Suwit WIBULPOLPRASERT	Vice Chair	International Health Policy Program Foundation and Health Intervention and Technology Assessment foundation	Member
Dr. Viroj TANGCHAROENSATHIEN	Senior Advisor	International Health Policy Program, Thailand	Member
Dr. Pongpisut JONGUDOMSUK	Senior Expert	National Health Security Office, Thailand	Member
	Director	Health Systems Research Institute, Thailand	Member
Dr. Sopida CHAVANICHKUL	Director, International Health Bureau	Ministry of Public Health, Thailand	Member
Dr. Somsak LOLEKHA	President	The Medical Council of Thailand, Thailand	Member
Dr. Wichit SRISUPHAN	President	Thailand Nursing and Midwifery Council, Thailand	Member

ANNEX I

NAME - SURNAME	POSITION	ORGANIZATION	ROLE
Dr. Darunee RUJKORAKARN	Chair	The Consortium of Deans and Heads of Nursing Educational Institutes, Thailand	Member
Dr. Phitaya CHARUPOONPHOL	Chair	Thailand Public Health Education Institutes Network	Member
Dr. Erica WHEELER	Technical Officer, Department of Health Workforce	World Health Organization, Switzerland	Member & Joint Secretary
Dr. Toomas PALU	Sector Manager for Health, Nutrition and Population	The World Bank, Thailand	Member & Joint Secretary
Dr. Estelle QUAIN	Senior Technical Advisor	United States Agency for International Development, USA	Member & Joint Secretary
Ms. Hiroe ONO	Director, Health Division 4, Human Development Department	Japan International Cooperation Agency, Japan	Member & Joint Secretary
Dr. Stefan NACHUK	Associate Director	The Rockefeller Foundation, Thailand	Member & Joint Secretary
Dr. Piya HANVORAVONGCHAI	Southeast Asian Regional Coordinator	China Medical Board	Member & Joint Secretary
Dr. Manee RATTANACHAIYANONT	Deputy Dean for Academic Affairs, Faculty of Medicine Siriraj Hospital	Mahidol University, Thailand	Member & Joint Secretary
Dr. Churnrurtai KANCHANACHITRA	Director	Mahidol University Global Health, Thailand	Member & Joint Secretary

ANNEX II

LIST OF SCIENTIFIC COMMITTEE MEMBERS

DR. VIROJ TANGCHAROENSATHIEN Senior Advisor, International Health Policy Program Thailand	Chair
DR. NOBUTARO BAN Professor and Head, Department of General Medicine/ Family & Community Medicine, Nagoya University Graduate School of Medicine Japan	Member
MS. BJORG PALSDOTTIR Executive Director, THEnet Belgium	Member
DR. JUNKO TASHIRO Professor and Associate Director of WHO Collaborating Center for Nursing Development in PHC, St. Luke's College of Nursing Japan	Member
PROF. PAUL WORLEY Dean of Medicine, Flinders University Australia	Member
PROF. SANJAY ZODPEY Vice President [North], Public Health Foundation of India Director, Public Health Education, Public Health Foundation of India Director, Indian Institute of Public Health, Delhi India	Member

DR. ERICA WHEELER Technical Officer, Human Resources for Health Unit, World Health Organization Switzerland	Member
DR. AKIKO MAEDA Lead Health Specialist Health, Nutrition & Population Human Development Network, The World Bank USA	Member
DR. AYE AYE THWIN Director, USAID Regional Development Mission for Asia USA	Member
DR. STEFAN NACHUK Associate Director, The Rockefeller Foundation USA	Member
PROF. DR. WANICHA CHUENKONGKAEW Vice President for Education, Mahidol University Thailand	Member
PROF. DR. PISAKE LUMBIGANON Professor, Faculty of Medicine, Khon Kaen University Thailand	Member
DR. PIYA HANVORAVONGCHAI Southeast Asian Regional Coordinator, China Medical Board Thailand	Member

CONFERENCE

SPEAKERS/PANELISTS, CHAIRS/MODERATORS AND RAPPORTEURS

SPEAKERS I PANELISTS	CHAIR I MODERATORS	RAPPORTEUR
KEYNOTE SPEAKERS (OPENING)		
Anthony Fauci Paul Farmer Yang Ke Josko Mise Pablo Torres Aguilera Tatiana Vorovchenko Daisyrie Aidyl Pamogas		Trassanee Chatmethakul Chiraporn Kheedee Prowpanga Udompap Monthita Urairoj
KEYNOTE SPEAKER (BEFORE PLENARY 1)		
Julio Frenk		
KEYNOTE SPEAKER (BEFORE PLENARY 2)		
Keizo Takemi		
KEYNOTE SPEAKER (WELCOME DINNER)		
Jim Yong Kim		

SPEAKERS I PANELISTS	CHAIR I MODERATORS	RAPPORTEUR
PLENARY SESSION 1 : **Transformative Learning for Health Equity: Working beyond Customaries / Breaking Down the Boundaries / Opening New Possibilities**		
Rima Afifi Harvey Fineberg Marie-Paule Kieny Francis Gervase Omaswa Charas Suwanwela Mitsuhiro Ushio	Suwit Wibulpolprasert	Giorgio Cometto Chanwit Tribuddharat Kamolrat Turner
PLENARY SESSION 2 : **Implementing Global Human Resources for Health Education Reform; Examining Experiences and the Evidence**		
Rebecca Bailey Julio Frenk Jehu Erapu Iputo Noel Pabalan Roger Strasser Erica Wheeler	Marie-Paule Kieny	Julian Fisher Manasigan Kanchanachitra Chaaim Pachanee
PARALLEL SESSION 2.1 : **Overview of Innovative Approaches for Transformative Education**		
Raymundo Baquiran Jane Doherty Makarapan Jutarosaga Masahiro Zakoji	Yojiro Ishii	Sukjai Charoensuk Takahiro Hasumi Thunthita Wisaijohn

ANNEX III

SPEAKERS I PANELISTS	CHAIR I MODERATORS	RAPPORTEUR
PARALLEL SESSION 2.2 : **Responding to Health Need of the Population:** **Strike a Balance between Generalists and Specialists**		
Yongyuth Pongsupap Stephen Reid Niurka Taureaux Díaz	Barbara McPake	Saipin Hathirat Agostinho Sousa Panarut Wisawatapnimit
PARALLEL SESSION 2.3 : **Looking beyond the Health Sector: Broadening Perspectives**		
Michael Marmot Margaret Mungherera Maria Neira Ramon Paterno David Williams	Rüdiger Krech	Pedro Miranda Jaratdao Reynolds Weranuch Wongwattanakul
PARALLEL SESSION 2.4 : **What Difference Can Transformative Learning Make to Improving Performance of Health Workers?**		
Timothy Evans Taufique Joarder Christophe Lemiere Cheick Oumar Toure	Akiko Maeda	Eva Jarawan Payao Phonsuk Orarat Wangpradit

SPEAKERS I PANELISTS	CHAIR I MODERATORS	RAPPORTEUR
PARALLEL SESSION 2.5 : **Young and Poor, Old and Rich: Health Workforce Responses to the Economic and Demographic Transition**		
Edward Cruz Ayako Kondo Walaiporn Patcharanarumol Kate Tulenko	Toomas Palu	Laura Rose Angkana Sommanustweechai Boontuan Wattanakul
PARALLEL SESSION 2.6 : **Partnering for Impact: Scaling Up the Health Professional Workforce**		
Rebecca Bailey Pisake Lumbiganon Address Malata Bjorg Palsdottir David Sanders Nelson Sewankambo Tomohiko Sugishita	Nelson Sewankambo	Kanang Kantamaturapoj Srisuda Ngamkham Lois Schaefer
PARALLEL SESSION 2.7 : **Ensuring Community Engagement in Health Professional Education**		
Ian Couper Fortunato Cristobal Jim Hanna Roger Strasser Paul Worley	Andre-Jacques Neusy	Chanankarn Boonyotsawad Simone Ross Nathan Satienchayakorn Arnat Wannasri

ANNEX III

SPEAKERS I PANELISTS	CHAIR I MODERATORS	RAPPORTEUR
PLENARY SESSION 3 : **Achieving Universal Health Coverage:** **Addressing Health Workforce Inequity**		
Rosa Maria Borrell Ian Couper Charles Godue Weerasak Putthasri Kate Tulenko	Anne Mills	Eva Jarawan Chaaim Pachanee Kamolrat Turner
PARALLEL SESSION 3.1 : **Operationalization of Curriculum Reform – Innovative Content and Promising Strategies for Enabling Change**		
Nobutaro Ban Fortunato Cristobal Sorarat Lermanuworat Andre-Jacques Neusy Tana Wuliji	Jan De Maeseneer	Diana Frymus Kanang Kantamaturapoj
PARALLEL SESSION 3.2 : **Analyzing Health Workforce Policies and Education Strategies:** **Insights from Labor Economics**		
Francisco Campos Barbara McPake Fitzhugh Mullan Michael Rowson Agnes Soucat	Timothy Evans	Edson Araujo Manasigan Kanchanachitra Monthita Urairoj

SPEAKERS I PANELISTS	CHAIR I MODERATORS	RAPPORTEUR
PARALLEL SESSION 3.3 : **Designing for Impact: Education and Training Strategies Empowering Community Health Workers**		
Lola Dare Antony Matsika Hitoshi Sohma Wanapa Sritanyarat	David Sanders	Sirinya Phulkerd Harun Al Rasyid Aye Aye Thwin Arnat Wannasri
PARALLEL SESSION 3.4 : **A New Era for Health Professional Education through Innovative Technologies?**		
Najeeb Al-Shorbaji Josip Car Rishi Desai Julio Frenk Martin Kinyua Feng Zhao	Najeeb Al-Shorbaji	Chanankarn Boonyotsawad Julian Fisher Simone Ross
PARALLEL SESSION 3.5 : **Implementing Interprofessional Education for Health Equity: Challenges & Solutions**		
John Gilbert Brenda J Myers Hideomi Watanabe	Masamine Jimba	Yodying Dangprapai Thongsouy Sitanon Ahmad Dian Whyudiono
PARALLEL SESSION 3.6 : **Leadership and Management for Equitable Change** Leadership Skills Development across the Learning Continuum through Diverse Modalities		
Robert Armstrong Issac Kibwage Kawther Mahmoud Jim Rice	Estelle Quain	Jintana Jankhotkaew Natawan Khumsaen Borwornsom Leerapan Halit Onur

ANNEX III

SPEAKERS I PANELISTS	CHAIR I MODERATORS	RAPPORTEUR
PARALLEL SESSION 3.7 : **Social Accountability: Frictions and Cohesion between Health Professional Councils, Associations and Civic Organizations**		
Frances Baum Komatra Chuengsatiansup Roopa Dhatt Otmar Kloiber Somsak Lolekha	Aphaluck Bhatiasevi	Farhan Marisa Jaratdao Reynolds Angkana Sommanustweechai
PLENARY SESSION 4 : **Impact of Globalization of Health Market on Health Workers and Health Professional Education**		
Manuel Millar Dayrit Jean-Christophe Dumont David Sanders Agnes Soucat	Timothy Evans	Chalermpol Chamchan Christophe Lemiere Kanitsorn Samritdejkajohn
PARALLEL SESSION 4.1 : **Transforming Health Professional Schools through Faculty Development**		
Payal Bansal Mary Jean Barry Ian Couper John Norcini Tarun Sen Gupta Yvonne Steinert	Ian Couper	Wannapha Bamrungkhet Pedro Miranda Simone Ross Chanwit Tribuddharat

SPEAKERS I PANELISTS	CHAIR I MODERATORS	RAPPORTEUR
PARALLEL SESSION 4.2 : **Quality of Health Professional Education: Do Institutional and Regulatory Reforms Matter?**		
Mukesh Haikerwal Takatoshi Makino Glory Sibongile Msibi Minh Tam Nguyen Irawan Yusuf	Eva Jarawan	Kari Hurt Chiraporn Kheedee Michalina
PARALLEL SESSION 4.3 : **Health Workforce Lifecycle: Challenges Health Workers Face in Dynamic Contexts**		
Elisabeth Dibongue Noriko Fujita OK Pannenborg Sarah Strasser Erica Wheeler	Naoyuki Kobayashi	Heng-Hao Chang Takahiro Hasumi Pennapa Kaweewongprasert
PARALLEL SESSION 4.4 : **Strengthening Responsive Health Workforce: The Contributions of Public and Private Health Professional Education Institutes**		
Arjun Karki Fely Marilyn Lorenzo Stephen Reid Lois Schaefer Junko Tashiro	Nima Asgari	Farhan Isa Payao Phonsuk Yumiko Yamashita

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SPEAKERS I PANELISTS	CHAIR I MODERATORS	RAPPORTEUR
PARALLEL SESSION 4.5 : **Learning to Practice in the Community for the Community**		
Alayne Adams Susan Berry Somdej Pinitsoontorn Paul Worley	Roger Strasser	Giorgio Cometto Pensom Jumriangrit Suparpit Von Bormann
PARALLEL SESSION 4.6 : **Achieving Universal Health Coverage and Equity:** **Changing the Way Schools Define and Measure Success**		
Richard Murray Richard Odoi Adome Jusie Lydia Siega Sur	Robert Donald Whaleboat	Jintana Jankhotkaew Halit Onar Viera Wardhani
PARALLEL SESSION 4.7 : **Impact of Globalization on Health Workforce:** **Is There a Trade-off between Equity and Economic Opportunities?**		
James Buchan Manuel Millar Dayrit Akiko Maeda David Sanders	Jean-Christophe Dumont	Edson Araujo Agostinho Sousa Weranuch Wongwattanakul
PLENARY SESSION 5 : **Reaffirming Commitment/Visioning the Future:** **Advancing Health Equity through Health Workforce Education, Training, and Deployment in Post 2015 Agendas and Beyond**		
Timothy Evans Marie-Paule Kieny Margaret Mungherera Rajata Rajatanavin	Lincoln Chen	Maki Agawa Chalermpol Chamchan Yodying Dangprapai Julian Fisher

LEAD RAPPORTEUR TEAM

Jeff Johns
Ruediger Krech
Akiko Maeda
Estelle Quain
Viroj Tangcharoensathien

RAPPORTEUR COORDINATOR

Walaiporn Patcharanarumol

ANNEX IV

LIST OF SIDE MEETINGS AND WORKSHOPS

ID	MEETING TITLE	ORGANIZER
SE001	**Inter professional education, for whom?**	World Health Organisation (WHO)
SE002	**The Path to Capacity Building and Networking for Research in HRH: Perspectives from AAAH Members**	Asia Pacific Action Alliance on Human Resources for Health (AAAH)
SE003	**How can we enhance the competency of nursing and midwifery? : Current approach and challenge of continuing education and future commitment in Southeast Asia.**	National Center for Global Health and Medicine (NCGM) Japan International Cooperation Agency (JICA)
SE004	**Transforming Health Workforce Education: The role of the future generation of Health Professionals**	International Federation of Medical Students' Associations (IFMSA)
SE007	**The USG/PEFAR Nurse Education Partnership Initiative (NEPI)**	Human Resources and Services Administration, Department of Health and Human Services, United States Government (HRSA/ HHS/USG)
SE008	**Approaches and tools for transforming the education and training of the supply chain management workforce to ensure equitable and sustainable access to critical, life-saving medicines and commodities**	The People that Deliver Initiative

ID	MEETING TITLE	ORGANIZER
SE009	**Private Sector Models for Pre-Service Training for Health Workers**	Africa Bureau, United States Agency for International Development (USAID)
SE010	**Optimizing the use of scarce resources in order to scale up and transform health professional education: The role of good management practices.**	The CapacityPlus Project, and the United States Agency for International Development (USAID)
SE011	**Transformation across the Health Worker Continuum of Learning- strengthening coordination and collaboration between Pre-Service Education, Continuing Professional Development (CPD) and In-service Training (IST) Systems**	United States Agency for International Development (USAID), USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project
SE012	**Integrating improvement competencies as part of transformative pre-service education reform: building a frontline health workforce of change agents**	USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project, United States Agency for International Development (USAID), Regional Center for Quality in Health Care (RCQHC)
SE014	**People's Health Movement: Strategising and coordinating commission meeting**	People's Health Movement

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ID	MEETING TITLE	ORGANIZER
SE015	**Transforming health workforce education in support of universal health coverage; mobilising interest in young people as early as possible!**	United Nations Educational, Scientific and Cultural Organization (UNESCO) and World Health Organisation (WHO)
SE016	**Working together for health; re-examining the health professionals' education dialogue**	World Health Organisation (WHO), Human Resources for Health Department of Health Systems Policies and Workforce (HPW)
SE017	**Asia-Pacific Network on Health Professional Education Reform**	Asia-Pacific Network Health Professional Education Reform (ANHER)
SE018	**Prince Mahidol Award Youth Program Conference 2014**	Prince Mahidol Award Youth Program
SE020	**The Medical Education Partnership Initiative (MEPI): Strengthening Medical Education and Health Systems in Africa**	Medical Education Partnership Initiative (MEPI)

ID	MEETING TITLE	ORGANIZER
SE021	**Asia Alliance on Global Health (AAGH)**	Mahidol University Global Health (MUGH)
SE023	**EcoHealth Network Meeting: Trans-Regional Movement on EcoHealth/One Health Education**	Ecohealth Network
SE024	**Nursing education in ASEAN : A challenge for networking to improve nursing quality**	The Princess Srinagarindra Award Foundation, Consortium for Deans and Heads of Nursing Education Institutes, Thailand Nursing and Midwifery Council
SE026	**Analyzing Markets for Health Workers: Insights from Labor and Health Economics**	The World Bank
SE027	**Measuring the impact health workforce education institutions on health equity and universal health coverage**	Training for Health Equity Network: THEnet and World Health Organization
SE029	**Global Strategy for HRH in the Post-2015 Agenda**	Asia Pacific Action Alliance on Human Resources for Health (AAAH) and United States Agency for International Development (USAID)
SE030	**Steering Committee AAAH**	Asia Pacific Action Alliance on Human Resources for Health (AAAH)

ANNEX VI

LIST OF POSTERS

P 1 **Validation of Public Health Competencies and Impact Variables for Low- and Middle-Income Countries**
Prisca ZWANIKKEN, Royal Tropical Institute, Netherlands;
Lucy ALEXANDER, School of Public Health, University of the Western Cape, South Africa;
Nguyen Thanh HUONG, Hanoi School of Public Health, Vietnam;
Xu QIAN, School of Public Health, Fudan University, China;
Laura Magana VALLADARES, National Institute of Public Health, Mexico;
Nazar A MOHAMED, Ministry of Health, Sudan;
Xiaohua YING, School of Public Health, Fudan University, China;
Marwa SE Abuzaid WADIDI, Federal Ministry of Health, Sudan;
Sunisha NEUPANE, School of Public Health, University of the Western Cape, South Africa;
Albert SCHERPBIER, Faculty of Health, Medicine and Life Sciences, Maastricht University, Netherlands

P 2 **Outcome and impact of MPH programmes across six countries**
Prisca ZWANIKKEN, Royal Tropical Institute, Netherlands;
Lucy ALEXANDER, School of Public Health, University of the Western Cape, South Africa;
NGUYEN Thanh Huong, Hanoi School of Public Health, Vietnam;
Xu QIAN, School of Public Health, Fudan University, China;
Laura Magana VALLADARES, National Institute of Public Health, Mexico;
Nazar A MOHAMED, Ministry of Health, Sudan;
Xiaohua YING, School of Public Health, Fudan University, China;
Maria Cecilia Gonzalez ROBLEDO, National Institute of Public Health, Mexico;
Marwa SE Abuzaid WADIDI, Federal Ministry of Health, Sudan;
Albert SCHERPBIER, Faculty of Health, Medicine and Life Sciences, Maastricht University, Netherlands

P 3	**Innovations in scaling-up education of midwives in areas of greatest need: the "hub and spoke" model from Bangladesh** Ismat BHUIYA, Timothy G EVANS, Maliha BASSAM and Asiful Haidar CHOWDHURY, BRAC University, Bangladesh
P 4	**Integrating One Health Into Existing Curricula: A Field-based Approach** Irwin F. CHAVEZ, Saengduen MOONSOM, Ronald Enrique Morales VARGAS, Faculty of Tropical Medicine, Mahidol University, Thailand; Karin HAMILTON, Jeein CHUNG, College of Veterinary Medicine, University of Minnesota; Amy PEKOL, Pratap SINGHASIVANO; College of Education & Human Development, University of Minnesota
P 7	**Competitive Posture of Selected Medical School Deans** Harivelle Charmaine T. HERNANDO, University of Perpetual Help Rizal Jonelta Foundation School of Medicine, Philippines
P 8	**Faculty development training through FIMC project in Bangladesh and its impact evaluation on pedagogic reform of medical education** Kawkab MAHMUD and Timothy Grant EVANS James P Grant School of Public Health, BRAC University, Bangladesh
P 9	**Core competencies for health policy and systems researchers and educators in Africa: development and curriculum design** Nonhlanhla NXUMALO, Centre for Health Policy, School of Public Health, University of the Witwatersrand, South Africa; Marsha Orgill, School of Public Health and Family Medicine, University of Cape Town, South Africa; Lucy GILSON, School of Public Health and Family Medicine, University of Cape Town, Cape Town, South Africa; Department of Global Health and Development, London School of Hygiene and Tropical Medicine, United Kingdom
P 10	**Strengthening public health education (PHE) in Bangladesh** Baizid Khoorshid RIAZ Department of Public Health & Hospital Administration, National Institute of Preventive & Social Medicine (NIPSOM), Bangladesh
P 11	**Professional Development Course for District level Medical Officers in e-learning Mode** Shiv MATHUR, NIHFW, India

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P 12	**E-learning in Medical Education in Lower and Middle Income Countries** Seble FREHYWOT and Yianna VOVIDES, Georgetown University, U.S.A
P 13	**How Various Health Professions Ensure Quality in the United States** Meri GOEHRING, Grand Valley State University, USA
P 14	**Developing National Competency for Licensed Nurses in Lao P.D.R** Mayumi HASHIMOTO,Service Division Bureau of International Medical Cooperation National Center for Global Health and Medicine, Japan; Phengdy INTHAPHANITH, Nursing and Midwifery Division Department of Health Care, Ministry of Health, Lao P.D.R; Ammaline Phongsavat, Nursing and Midwifery Training Division Department of Training and Research Ministry of Health, Lao P.D.R; Masaki AOKI, Project for Sustainable Development of Human Resources for Health JICA, Lao PDR; Puangrat BOONYANURAK, Saint Louis College, Thailand
P 15	**The Field Epidemiology Training Programs: A model of Learning through service. The TEPHINET Experience** IDionisio Jose Herrera GUIBERT and Renee SUBRAMANIAN TEPHINET, USA
P 16	**A RAT Model in Essential Pain Management (EPM) for Nurses in Thailand** Srisuda NGAMKHAM, Boromarajonani College of Nursing Sawanprachrak Nakhonsawan ; Marisa SUWANARAJ, Boromarajonani College of Nursing Songkhla; Roger GOUCKE, Sir Charles Gairdner Hospital, Western Australia
P 17	**Incentives to improve uptake of postgraduate specialist training aligned with population health needs: a discrete choice experiment in Malawi** Kate MANDEVILLE, London School of Hygiene and Tropical Medicine, UK; Mylene LAGARDE, London School of Hygiene and Tropical Medicine, UK; Titha DZOWELA, Malawi Ministry of Health, Malawi; Godwin ULAYA, Mwanza District Hospital, Malawi; Lyson GWESELE, Queen Elizabeth Central Hospital, Malawi; Adamson MUULA, College of Medicine, Malawi; Kara HANSON, London School of Hygiene and Tropical Medicine, UK

P 18 **Development of health professional who support health promotion based on Social Capital building**
Satoko HORII and Fujiko FUKUSHIMA, National Institute of Public Health, Ministry of Health, Labour and Welfare, Japan

P 19 **Mutual influence between care and health professional education in the Brazilian Primary Healthcare context**
Jaqueline Alcântara MARCELINO DA SILVA, Marina PEDUZZI and Carine Teles Sangaleti MIYAHARA
Nursing School, São Paulo University*

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P 20 **Competency Assessment of Students under the Competency-based Curricula of the College of Pharmacy, University of the Philippines Manila**
Lianne Janelle BALBA, John Reynald DIZON and Athena Jessica ONG, College of Pharmacy - University of the Philippines, Philippines

P 21 **Developing medicines supply competency in Pacific Island Countries: Transformative education as a result of a cultural influenced needs based approach**
Andrew N BROWN and Ben GILBERT University of Canberra, Australia; Peter ZINCK, United Nations Population Fund, Fiji

P 22 **National Deployment of Workshops for Health Professional Educators in Viet Nam**
Nguyen Ngoc BICH, Cho Ray Hospital, Vietnam;
Minoru AKIYAMA, National Center for Global Health and Medicine, Japan;
Toshiyasu SHIMIZU, National Center for Global Health and Medicine, Japan;
Hideki NOMURA, Graduates School of Medicine, Kyorin University, Japan;
Akira MURAOKA, National Center for Global Health and Medicine, Japan;
Luong Ngoc KHUE, Ministry of Health, Vietnam;
Nobutaro BAN, Nagoya University Graduate School of Medicine, Japan

P 23 **Capability, capacity and scope - Developing and applying the tools needed for transformative education, optimising access to and use of essential medicines worldwide**
Claire ANDERSON, University of Nottingham, UK;
Ian BATES, International Pharmaceutical Federation (FIP) Collaborating Centre, UK;
Luc BESANÇON, FIP, The Hague, Netherlands; Tina Brock, UCSF, USA;
Tina BROCK, UCSF, USA;
Andrew N BROWN, University of Canberra, Australia;
Andreia F BRUNO, FIP Collaborating Centre, UK;
Diane GAL, FIP, The Hague, Netherlands;
Kirstie GALBRAITH and Jennifer MARRIOTT, Monash University, Australia;
Mike ROUSE, Accreditation Council for Pharmacy Education, USA;
FIPEd members.

P 24 **Institutional Strengthening of Kenya Medical Training College (KMTC) towards delivery of effective Health Professional Educationb.**
Meshack NDOLO, Janet MURIUKI and Mathew THUKU,
IntraHealth International, Kenya

P 25 **Reforming Institutions to Eliminate Gender Discrimination against Health Professional Students and Faculty**
Constance NEWMAN, Crystal NG, Sara PACQUE-MARGOLIS and Rebecca BAILEY, IntraHealth International, Inc., USA

P 26 **New Development and Implementation of Innovative residency program for physicians in Liberia**
Christopher HERBST, The World Bank, USA

P 27 **Building Capacity in a Vital Health Workforce: Continuing Professional Development for the Mid-level Providers of Ghana**
Nadia Miniclier COBB, University of Utah Physician Assistant Program, United States;
Emmanuel ADJASE, College of Health, Ghana

P 28 **Student view : The advantage of contribution of different medical student tracts recruitment into Medical School**
Praelada WONGSIRIMETEEKUL and Volaluck SUPAJATURA
Department of Microbiology, Faculty of Medicine,
Chiang Mai University, Thailand

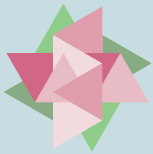
P 29 **Community Mobilization through Experiential Learning: The ADZU-SOM Experience**
Caroline C. FABIAN, Ellery Ivan APOLINARIO and Pascualito CONCEPCION,
Ateneo de Zamboanga University School of Medicine, Philippines

P 30 **Assessing value for money in the education of midwives: cost-effectiveness and cost-benefit analyses from Bangladesh**
Timothy G EVANS, Asiful Haidar CHOWDHURY, Ismat BHUIYA, and Maliha BASSAM
BRAC University, Bangladesh

ANNEX VI


PRINCE MAHIDOL
LEARNING
TRANSFORMATIVE
LEARNING

PRINCE MAHIDOL
AWARD CONFERENCE
2014



TRANSFORMATIVE LEARNING FOR HEALTH EQUITY

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