It has been well recognized that medical graduates of the South-East Asia Region need to have clinical competencies as well as public health and other broader competencies to meet the health systems’ need. Medical doctors, as leaders of the health-care team, must be able to work with the health-care team in delivering preventive, promotive, curative and rehabilitative care. They should understand, appreciate and be able to employ public intervention in promoting and protecting health of the population.

A regional meeting on teaching of public health in medical schools, convened by the WHO Regional Office for South-East Asia in 2009, revealed several shortfalls in the teaching of public health in medical schools and recommendations were made to improve it. A regional meeting was recently organized in 2013 to review progress in strengthening teaching of public health in medical schools. Progress at country level was noted at varied degrees. There was a need to accelerate the improvement and concerted efforts from all concerned were needed.

This meeting was therefore convened for coordinating the efforts of the Medical Councils Network of the WHO South-East Asia Region, South-East Asian Public Health Education Institutes Network and South-East Asia Regional Association of Medical Education in strengthening the teaching of public health in undergraduate medical education. This publication contains the deliberations, agreed actions and recommendations made during the meeting.

Enhancing the contribution of regional networks to strengthen teaching of public health in undergraduate medical education

Report of a regional consultation
Bangkok, Thailand, 28–29 April 2014
Enhancing the contribution of regional networks to strengthen teaching of public health in undergraduate medical education

Report of a regional consultation, Bangkok, Thailand, 28–29 April 2014
# Contents

| Page | Acronyms | 1. Introduction | 2. Objectives | 3. Inaugural session | 3.1 Welcome address | 3.2 Address by the Regional Director | 3.3 Remarks by the President of SEAPHEIN | 3.4 Remarks by the President of SEARAME | 3.5 Inaugural address by the President of Chulalongkorn University | 4. Teaching of public health in medical schools for strengthening health systems performance | 5. The network’s initiatives | 5.1 MCN-WHOSEAR initiatives | 5.2 SEARPHEIN initiatives | 5.3 SEARAME initiatives | 6. Areas in which regional networks can contribute | 7. Measures to enhance the contribution of regional networks | 8. Recommended actions | 9. Key action points and recommendations | 9.1 Key action points | 9.2 Recommendations | 10. Closing session |
Annexes

1. Agenda ........................................................................................................................................38

2. List of participants ..........................................................................................................................39

3. Welcome address by Dr Somsak Lolekha, Chairperson, Medical Councils Network of the WHO South-East Asia Region .................................................................................................41

4. Address by Dr Poonam Khetrapal Singh, WHO Regional Director, WHO South-East Asia (Read out by Dr Yonas Tegegn, WHO Representative to Thailand) ..................................................................................................................44

5. Inaugural address by Professor Dr Pirom Kamolratanakul, President, Chulalongkorn University .........................................................................................................................................48

6. Keynote address by Dr Samlee Plianbangchang, WHO Regional Director Emeritus, on “Teaching of public health in medical schools for strengthening health systems performance” .................................................................................53
Acronyms

MCN-WHOSEAR  Medical Councils Network of WHO South-East Asia Region
SEAPHEIN  South-East Asian Public Health Education Institutes Network
SEARAME  South-East Asia Regional Association for Medical Education
WHO  World Health Organization
1. Introduction

The World Health Organization (WHO) Regional Office for South-East Asia has placed special emphasis on strengthening the teaching of public health in medical schools in order to equip medical graduates with the required public health competency to meet the health challenges and needs for improving the performance of the health systems. Countries of the South-East Asia Region that confront them need to have a good balance of public health services and medical care to effectively cope with numerous health challenges.

Medical doctors, as leaders of the health-care team, therefore, must be able to facilitate, lead, manage and work with the health-care team in delivering preventive, promotive, curative and rehabilitative care. They should understand, appreciate and be able to employ public intervention in promoting and protecting the health of the population.

The WHO Regional Office for South-East Asia convened a regional meeting on teaching of public health in medical schools in 2009 with the aim of improving the teaching of public health in undergraduate medical education. The meeting reviewed the outcomes of the situation analysis of teaching of public health in medical schools. It was found that teaching of public health is primarily the responsibility of the departments of preventive and social medicine; medical students have limited public health competencies and they also lack interest in a public health career. The Regional Strategic Framework for Strengthening the Teaching of Public Health in Undergraduate Medical Education, which addressed the identified shortfalls, was reviewed and endorsed at the meeting.

Furthermore, a regional meeting on the role of medical education in addressing the current health challenges was convened in 2012 with the aim of strengthening undergraduate medical education to equip graduates with the competencies to effectively address the health challenges in the South-East Asia Region. This meeting reiterated the need for medical
graduates of the Region to have clinical as well as public health and other broader competencies to meet the need of the health systems. The strategic framework for strengthening undergraduate medical education in addressing the current health challenges was reviewed and finalized.

After the 2009 regional meeting, Member States took various actions to improve the teaching of public health in medical schools. The WHO Regional Office for South-East Asia organized a regional meeting in December 2013 to review progress in strengthening teaching of public health in medical schools. Progress at country level was noted to varied degrees. Medical schools had reviewed and updated their curricula by including public health components. Innovations in public health teaching, training and evaluation of undergraduate medical students were noted. Meetings, workshops and consultations regarding current and emerging public health needs were conducted. There was a need to accelerate the improvement, and concerted efforts were needed from all concerned. It was recommended that WHO should facilitate the collaboration between the Medical Councils Network of the WHO South-East Asia Region (MCN-WHOSEAR), the South-East Asian Public Health Education Institutes Network (SEAPHEIN) and the South-East Asia Regional Association for Medical Education (SEARAME) in strengthening public health teaching and learning.

In light of the above, MCN-WHOSEAR organized the consultation on enhancing the contribution of regional networks to strengthening teaching of public health in undergraduate medical education in the South-East Asia Region on 28–29 April 2014 in Bangkok, Thailand, with support from the Regional Office. The 21 participants were representatives of MCN-WHOSEAR, SEAPHEIN and SEARAME. The agenda of the meeting and list of participants are provided in Annexes 1 and 2 respectively.

The meeting was chaired by Dr Somsak Lolekha, Chairperson of MCN-WHOSEAR and President of the Medical Council of Thailand, and co-chaired by Dr Rita Sood, President of SEARAME. Dr Paras Kumar Pokharel from SEAPHEIN was the rapporteur.
Enhancing the contribution of regional networks to the strengthening of teaching of public health

2. Objectives

The objectives of this meeting are listed below:

(1) to critically review actions taken, after the regional meeting on teaching of public health in medical schools in 2009, to support the strengthening of teaching of public health in undergraduate medical education by the regional networks, along with contributions made and lessons learned;

(2) to identify areas in which the regional networks can contribute to accelerating improvement in teaching of public health in undergraduate medical education in the South-East Asia Region;

(3) to determine measures to enhance the contribution of regional networks to the strengthening of teaching of public health in undergraduate medical education in the South-East Asia Region; and

(4) to agree on coordinated actions and a preliminary workplan to be carried out by the regional networks for accelerating the improvement of teaching of public health in undergraduate medical education in countries of the South-East Asia Region.

3. Inaugural session

3.1 Welcome address

Dr Somsak Lolekha, Chairperson of MCN-WHOSEAR, welcomed participants to the meeting. He stated that the Medical Council of Thailand as Secretariat of MCN-WHOSEAR was honoured to be responsible for organizing the meeting. He drew to the attention of the participants that this meeting was convened to follow up the recommendations of a regional meeting to review progress in strengthening teaching of public health in medical schools held in December 2013. The three networks, MCN-WHOSEAR, SEAPHEIN and SEARAME, would jointly deliberate on what and how they could work collectively to support the strengthening of teaching of public health in undergraduate medical education in the Region.
It was highlighted that countries in the Region are confronted with numerous health challenges, and are also striving toward achieving universal health coverage. As such, they need to strengthen their health systems based on primary health-care, with a good balance between public health and medical services. Medical doctors, as leaders of the health-care team, need to have clinical competencies, as well as public health and other broader competencies, to meet the needs of the health systems and the needs of the population’s health.

Furthermore, the Chairperson of MCN-WHOSEAR emphasized that medical schools need to ensure that public health receives due attention in undergraduate medical education and that it is included in teaching areas beyond preventive and social medicine. Public health education should be made interesting and meaningful like other clinical subjects in the medical curriculum. Medical schools need to ensure that medical graduates possess the required public health competencies.

The full text of the address by the Chairperson of MCN-WHOSEAR is given in Annex 3.

3.2 Address by the Regional Director

Dr Yonas Tegegn, WHO Representative to Thailand, conveyed greetings from Dr Poonam Khetrapal Singh, WHO Regional Director for South-East Asia, to the participants and read out her address. The Regional Director thanked the MCN-SEAR for promptly organizing the meeting to follow up the recommendations of the regional review meeting in December 2013.

Dr Singh pointed out that the WHO Regional Office for South-East Asia has accorded high priority to strengthening public health for improving the health and well-being of the population in the Region. Special efforts have also been made to strengthen the teaching of public health in medical schools in order to equip medical graduates with the required public health competencies. Medical doctors need to have appropriate competencies in both public health and medical care services to fulfil the needs of the health system and to improve its performance. However, conventional medical education is oriented toward medical care at various institution-based health services. As such, their medical graduates have limited public health competencies.
Enhancing the contribution of regional networks to the strengthening of teaching of public health

The Regional Director recalled regional meeting on teaching of public health in medical schools held in 2009, which deliberated on issues and challenges related to strengthening the teaching of public health in medical schools at undergraduate level, and the regional strategic framework for strengthening the teaching of public health in undergraduate medical schools that was endorsed at that meeting. Subsequently a regional training module on teaching of public health in undergraduate medical schools was developed as a resource material for the faculty development programme in the region. This training module was reviewed in the regional review meeting in December 2013 and will be widely disseminated to promote its use in countries of the Region.

Dr Singh also drew attention to the regional meeting on the role of medical education in addressing the current health challenges held in 2012. That meeting reinforced the need for medical graduates of the Region to have clinical competencies as well as public health and other broader competencies to meet the needs of health systems. Furthermore, a regional meeting was convened in December 2013 to review progress in strengthening teaching of public health in medical schools. It was noted that considerable progress in strengthening the teaching of public health in undergraduate medical education was reported in countries to varied degrees. There was, however, urgent need to accelerate progress in this endeavour, so that the medical schools could produce medical graduates with the required competencies. Integration of public health teaching within and beyond the department of preventive and social medicine or community medicine remained a great challenge. Intensive and concerted effort from all concerned would, therefore, be required.

Moreover, the Regional Director emphasized that the responsibility for teaching of public health in medical schools should be the responsibility of every faculty member of a medical school. Teaching of public health should be a multidepartmental responsibility. A good public health practice should be the mainstay of all efforts to develop a better quality of life for the people. Medical students should also learn relevant public health principles, approaches and practices applicable in all clinical areas, as appropriate.

It was noted that the MCN-SEAR, SEAPHEIN and SEARAME have significant roles to play in facilitating, supporting and/or regulating the teaching of public health in undergraduate medical education. Therefore, a joint meeting of these three networks would be beneficial for strengthening
the teaching of public health in undergraduate medical education in the Region. The Regional Director hoped that this meeting would stimulate an interest among the three networks to continue dialogue and networking for improving the teaching of public health in medical schools as well as in any other areas of common interest in the future. She expressed the commitment of WHO to continue collaboration for strengthening medical education and practice for improving the health of the people of the Region.

The full text of the address of the Regional Director is given in Annex 4.

3.3 Remarks by the President of SEAPHEIN

Dr Rajitha Wickramasinghe, President of SEAPHEIN, stated that this meeting was a landmark opportunity to forge partnerships of the three networks in strengthening teaching of public health in undergraduate medical education in the South-East Asia Region. He mentioned that the importance of public health and its relevance to tackling common health problems in the Region has been recognized at all levels. Public health practice is one of the means to ensure equity in health and is the gateway to ensure universal health coverage.

The President of SEAPHEIN further brought to the attention of the participants relevant remarks related to public health and universal health coverage made by Dr Margaret Chan, WHO Director-General, as quoted “I regard universal health coverage as the single most powerful concept that public health has to offer. It is inclusive. It unifies services and delivers them in a comprehensive and integrated way, based on primary health-care”.

It was highlighted that today, health professionals have to cater to the evolving needs and aspirations of the twenty-first century with regard to health. It is a challenge to train the ideal health professional to meet the demands and challenges of the twenty-first century, ensuring that all persons enjoy the benefits and privileges of development in medicine and health care. It has been more than 100 years since the landmark Flexner Report on medical education. Medical education has evolved from being informative – a science-based curriculum that produces so-called experts – to being formative – a problem-based curriculum, focusing on socialization of students to produce so-called professionals. Today, health professional
education needs a system-based focus to improve the performance of the health systems by adapting core professional competencies to specific contexts, while drawing on global knowledge in developing leadership attributes for professionals to be agents of change. It is a daunting task to produce a competent health professional who will lead the health-care team to provide an equitable health service catering to the demands of an empowered and aspiring population.

In conclusion, the President of SEAPHEIN expressed his appreciation for the opportunity provided for the three networks to forge ahead in the strengthening of public health teaching in medical schools to ensure health equity and universal health coverage. He thanked the WHO Regional Office for South-East Asia for supporting the meeting and looked forward to working with MCN-WHOSEAR and SEARAME to strengthen the teaching of public health in undergraduate medical education in the Region.

3.4 Remarks by the President of SEARAME

Dr Rita Sood, President of SEARAME, apprised the meeting of the goal of SEARAME to improve the quality and relevance of medical education in the South-East Asia Region. The Region is confronted with numerous challenges in health and medical education. The key objectives of SEARAME include: to contribute to the setting of standards of medical education in the Region with regard to good practices in teaching and assessment; conform to the World Federation for Medical Education standards; and disseminate and facilitate implementation of good practices in the countries of the Region through their national organizations.

Dr Sood stated that SEARAME produces a journal as a means to disseminate good practices in medical education in the Region. This journal was earlier published from Chulalongkorn University; she thanked the President of Chulalongkorn University for his support. The editorial office of the journal was recently moved to Sri Lanka, and it is now published in India. Furthermore, SEARAME has been periodically organizing a regional conference on important issues in medical education. A conference in India in 2012 focused on health professional education reforms for the twenty-first century and social accountability of medical schools. A SEARAME conference in Colombo in November 2014 will focus on enhancing the clinical skills.
She reiterated that teaching in public health should not be under the departments of social and preventive medicine only, but should be integrated with teaching and learning activities throughout all the disciplines in the medical education curriculum. Medical schools should play an important role in bringing a population perspective to the education of medical graduates, and in collaborating and working with other members of the health-care team.

3.5 Inaugural address by the President of Chulalongkorn University

Professor Dr Pirom Kamolratanakul, President of Chulalongkorn University, welcomed the participants to Bangkok. He observed that all countries in the South-East Asia Region have been confronted with numerous health challenges during the past years. These health challenges have necessitated significant changes in national health policies. The health systems should have a good balance between public health and medical services; and adequate resources for public health services for health promotion and protection.

The medical doctors, as leaders of the health-care team, must be able to work with the health-care team in delivering preventive, promotive, curative and rehabilitative care. Therefore, they should have appropriate public health competency in addition to clinical competency.

Dr Pirom mentioned that Chulalongkorn University has been actively involved with WHO Regional Office for South-East Asia from the beginning of their efforts to strengthen teaching of public health in medical schools. His faculty of medicine was entrusted with the responsibility to develop a Regional Training Module on Teaching of Public Health in Undergraduate Medical Schools for use as a resource material for the faculty development programme of medical schools in the Region.

Dr Pirom further indicated that community medicine was introduced in the medical curriculum in countries of the Region as early as the late 1960s. However, in medical education, public health is a broader area than what is included in community medicine. Public health should also be included in other clinical areas where appropriate. “Clinical specialists should also teach public health principles and practice to prevent diseases in the community,” he added. The undergraduate medical curriculum of
Chulalongkorn University comprises public-health-related courses offered by the Department of Preventive and Social Medicine, in collaboration with other departments, throughout the six-year curriculum.

It was also brought to the attention of the participants that the situation analysis in medical schools in 2009 revealed that teaching of public health was primarily under the responsibility of the departments of preventive and social medicine. The community medicine curriculum was mostly theory-based with no or limited links with other clinical courses, and students had little or no interest in public health. A regional meeting in December 2013 to review progress in strengthening teaching of public health in medical schools revealed varied degrees of progress at the country level after the 2009 regional meeting. There was urgent need to accelerate the progress in this endeavour. Intensive and concerted efforts from all concerned would be required.

Moreover, there was global concern that the education of health professionals was failing to keep pace with the challenges of the twenty-first century; and there was a call for a reform in education of health professionals. Consequently, in 2012 the WHO Regional Committee for South-East Asia adopted resolution SEA/RC65/RC7 on strengthening health workforce education and training in the South-East Asia Region, drawing the attention of Member States to the urgent need to improve education and training of the health workforce in the Region.

The President of Chulalongkorn University stressed the need for concerted efforts from all concerned to ensure that the teaching of public health in medical schools is in the right direction to produce socially sensitive medical doctors with the required public health competencies. He felt that the three key regional networks would be able to facilitate and support Member States to improve the teaching of public health in undergraduate medical education. In addition, this consultation would lead to continuing collaboration between the three networks.

The full text of the address of the President of Chulalongkorn University is given in Annex 5.
4. Teaching of public health in medical schools for strengthening health systems performance

Dr Samlee Plianbangchang, WHO Regional Director Emeritus, delivering his keynote address, noted that his view, medical graduates should understand public health principles and practices, and be ready to get involved in public health work. They should understand Health for All, primary health-care health systems, and health systems based on primary health care and equity and social justice in health; and be able to ensure synergy between medical practice in the institutions and public health work in the field.

Dr Plianbangchang specified that for a long time public health had been included in undergraduate medical education in the form of preventive and social medicine, community health or community medicine; this has resulted in more interest in and more commitment to public health work from the medical community. However, this is not adequate to address the current health challenges faced by Member States. These health challenges are threatening the health of the population and require effective public health programmes and multisectoral and multidisciplinary actions to tackle them.

Medical graduates need to be able to work in a multisectoral and multidisciplinary environment. They need to be able to deal with the health of the individual, family, community and the population, with attention also given to sociocultural and economic determinants of health. They also need to contribute to the functioning of referral systems in health care by providing the required services at secondary and tertiary levels.

The Regional Director Emeritus emphasized that successful public health work depends on the participation and involvement of all key partners and stakeholders in the community, including the people themselves. However, these participants do not need to be from the health sector only. Medical graduates are not expected to become public health experts or specialists; however, they are expected to understand public health and be able to get involved in public health interventions.

In addition, the WHO regional meeting on teaching of public health in medical schools in 2009 agreed to further improve the teaching of public health in medical schools. There was a need to ensure that medical
graduates have a good understanding of and be properly trained in public health, and be ready to get involved in the public health work of the national health-care systems in promoting, protecting and maintaining the health of the population. Medical doctors might be involved in the training and supervision of public health personnel, and monitoring and evaluation of public health programmes. They should also be able to contribute to health policy and development of health systems, and to the design of health strategy and programmes to ensure the overall efficiency and effectiveness of national health-care systems.

It was brought to the attention of participants that successful health promotion and disease prevention would lead to: improvements in the wellbeing and quality of life of people; prevention of unnecessary morbidity – leading to reduced case-loads at health-care facilities; and promotion of a healthy lifestyle. This would also lead to a healthy population, which is the most important driving force to move forward toward national social and economic prosperity.

Dr Plianbangchang stated that it has been well accepted that the focus of medical education should be on medical practice. Therefore, improving teaching of public health should not focus on increasing the length of what public health is taught, but on the quality of content and the teaching-learning process. The prevailing national and international public health challenges should be prominently reflected in the curriculum. The concept of public health and its practice should be comprehensively defined in the curriculum. There should also be a balance between theory and practice in the teaching process. Teaching of public health in medical school should be undertaken by everybody; especially in medical education, there is a need to further develop the capacity of teachers for this purpose.

The Regional Director Emeritus reiterated that health systems are critical components of national mechanisms to ensure healthy populations – the critical so-called human capital for national social and economic development. Functioning of health systems requires complete synergy between medical and public health work, and the teaching of public health in medical schools could strengthen this synergy.

All concerned parties, producers and users of medical graduates, should become involved in improving the teaching of public health in medical schools. The initiative of the three regional networks in coordinating their efforts for improving the teaching of public health in
medical schools in Member States will contribute significantly to the strengthening of the performance of health systems in the Region. Improving the teaching of public health in medical schools will continue to be a challenging issue for some time. Considering expertise available in countries of the Region, working together in the forum of networking is the most appropriate way to tackle this issue. The Member States can help each other. WHO will continue supporting and facilitating collaboration among Member States, as well as providing the required technical support.

Salient points from the discussion following the keynote address are listed below.

- The three networks complement each other. SEAPHEIN is expert in guiding content on public health core competencies of medical graduates and public health content of the medical curriculum. SEARAME is expert in educational technology, advising on teaching–learning and assessment of public health in undergraduate medial education. MCN-WHOSEAR provides a regulatory framework to ensure that public health gets the required attention in undergraduate medical schools.

- It is crucial to recommend increasing attention and allocation of resources to preventive and promotive care, particularly when taking into account health-care costs and the commitment of governments to achieving universal health coverage.

- All medical doctors need to be reoriented in public health, so that they can also pay increasing attention to preventive and promotive care.

- It is useful to provide evidence of the benefit of public health measures on health. It is also desirable to begin to link the actions of public health with the burden on the hospital (for example, the effect of preventive measures on repeated admission of chronic obstructive pulmonary diseases) so that all faculty members and other clinicians are presented with evidence to show the role of their contributions in the teaching of public health in medical schools.

- There is a need for a clear road map to guide the medical schools on how to integrate public health in other clinical areas beyond preventive and community medicine. Competency-
based medical education with a clearly defined public health competency and public health competency framework will provide direction for this purpose.

- The Medical Council of India has worked with the Public Health Foundation of India to develop competency-based medical education with a detailed curriculum and competency framework. Assessment modules are being developed throughout the curriculum. These could be shared with other countries.

- Population, rather than specialties, could be used as a starting point for integration of public health into the medical curriculum in order to promote a healthy lifestyle and health of the population in all clinical areas.

- It is essential to have an effective regulatory framework for competency-based medical education to ensure that public health gets the required attention in the education of medical professionals.

- There is need to build capacity of faculty members of medical schools in competency-based medical education, as most teachers are not familiar with this new approach.

- Everybody should be involved in the teaching of public health. It should be the responsibility of all faculty members in medical schools, not only those in the departments of preventive and social medicine.

The full text of the keynote address of the WHO Regional Director Emeritus is given in Annex 6.

5. The network’s initiatives

5.1 MCN-WHOSEAR initiatives

Dr Somsak Lolekha, Chairperson MCN-WHOSEAR, briefed the meeting on MCN-WHOSEAR. This network was established in February 2007 with support from the WHO South-East Asia Regional Office in response to a request made by representatives of medical councils of the South-East Asia Region at their meeting in Bhutan in October 2006. The network comprises
medical councils of Member States of the Region. It provides a forum for sharing of information, expertise and resources, facilitating proactive coordination, cooperation and collaboration among member councils. In a Member State with no medical council, the government-designated body functioning as the medical council can be represented. In the first two years of operation of the network, the WHO South-East Asia Regional Office functioned as the Network Secretariat. Nepal Medical Council was the Secretariat from November 2008 to 2012. The Medical Council of Thailand has been the Secretariat from 2013, and its term will be completed at the end of 2015.

MCN WHOSEAR convened the first meeting of the network in 2007 in Sri Lanka, the second meeting in 2008 in Thailand, the third meeting in 2009 in Nepal, the fourth meeting in 2010 in Indonesia, and the fifth meeting on quality and regulation of medical education in 2013 in Thailand. Consequently, based on the work of the medical councils’ network, the WHO South-East Asia Regional Office produced several publications, such as Guidelines for accreditation of medical schools in countries of the South-East Asia Region, and Module for teaching of medical ethics to undergraduates. Furthermore, the network also convened the first meeting of the Executive Committee in 2012 in Myanmar and the second meeting of the Executive Committee in 2013 in Thailand.

Dr Lolekha highlighted the recommendations of participants of the fifth technical meeting of the network on quality and regulation of medical education: (1) to form a technical working group comprising medical education experts from Member States, with the Indonesia Medical Council as the focal point for further work on the core competencies as well as the method of assessment; (2) to establish a multicountry working group with the Medical Council of India as the focal point to study issues related to registration and licensing of medical professionals in the Region; and (3) to set up a multicountry working group with the Medical Council of Thailand as the focal point to review, revise and finalize the guidelines for accreditation of medical schools in countries of the South-East Asia Region (2009) and to provide details of the accreditation process to guide countries on how to move forward. They also recommended member medical councils to urge medical schools to pay special attention to ensuring that their schools are socially accountable to the local communities as well as to the country, among others recommendations.
The Chairperson of MCN-WHOSEAR noted that the work of the multicountry working groups is ongoing. These working groups can incorporate the public health aspect into their deliberations. He concluded that the medical councils could advocate, set standards and regulate the teaching of public health in medical schools. This would help to ensure that the Region has competent medical professionals with the required competencies, both public health and medical care, to meet the needs of the country. The proposed competencies of medical graduates in Thailand prepared by the Indonesia Medical Council and presented for consideration as well as those at the fifth technical meeting of the network in 2013, were also presented for information.

5.2 **SEARPHEIN initiatives**

Dr Rajitha Wickremasinghe, President of SEAPHEIN, introduced SEAPHEIN to the meeting. SEAPHEIN was established on 7 April 2004 with support from the WHO Regional Office for South-East Asia. Its members comprise over 50 institutions in many countries. The majority of members are faculties of public health, with a few medical schools. The primary focus of the network is on promoting primary health care. The vision of SEAPHEIN is “to be a collaborative network of public health education institutes in the South-East Asian Region for strengthening public health capacity”. Its mission is “to collaborate with South-East Asian Member countries in partnership to improve and sustain the quality and relevance of public health education to address the increasing challenges of health improvement”.

The objectives of SEAPHEIN are: (1) to make public health education programmes relevant to meet the health challenges of individual countries in the Region; (2) to facilitate the development of health information systems in all countries; (3) to establish collaborative programmes in education and training; (4) to provide evidence-based and new knowledge through research; (5) to strengthen the capacity of members through faculty, student and information exchange, learning materials and methods; (6) to facilitate the implementation of accreditation programmes in public health education; (7) to provide consultation, and advocacy and technical advice to improve the national public health programmes of Member countries; and (8) to promote leadership development in public health. SEAPHEIN employs numerous strategies to achieve these objectives.
The President of SEAPHEIN pointed out a few countries such as Indonesia, Nepal and Thailand also have country networks of public health education institutes. These country networks play an important role in strengthening public health in the respective country and are more effective; they organize many training programmes that have benefited many institutes. It was further mentioned that although large numbers of training programmes are carried out by SEAPHEIN to fulfil its objectives, most courses are residential in nature. In addition, there is limited funding to carry out SEAPHEIN activities. Support is dependent on WHO; it is therefore essential to look at alternative means of supporting the network. Moreover, available technology and expertise is not optimally utilized and this situation needs to be rectified.

Further, it was highlighted that an independent global commission on health professional education for the twenty-first century has a vision for a new era of health professional education. This emphasizes transformative learning and interdependence education for equity in health, aiming for individual patient-centred and population-based health care. This requires instructional reforms as well as institutional reforms. In addition, actions to facilitate these aims need to take place: that is, mobilization of leadership, enhancement of investment, alignment of accreditation and strengthening of global leadership.

Dr Wickremasinghe drew the attention of participants that SEAPHEIN can help in fulfilling the vision mentioned earlier, as it has the expertise and the penetration to strengthen the teaching of public health in undergraduate medical education. There is potential for interprofessional and transprofessional training in public health for teamwork to meet the demands of and competencies required to cater to the health systems. Therefore, SEAPHEIN can help in identifying core public health competencies required by medical graduates, ensuring training through accreditation processes, and assisting in the training of trainers. He further proposed a model (see Figure 1) for improving the teaching of public health in medical education in the Region.
5.3 SEARAME initiatives

Dr Thomas V Chacko, Secretary-General of SEARAME, briefly described the objectives of SEARAME and explained the need for transformative teaching of public health. Transformative teaching is aimed at transforming learners from knowledgeable professionals to competent professionals capable of doing the tasks required to meet the health-care needs of the individual and the population. These learners should be able to work effectively in teams to deliver health care by learning to work together with other health professionals for better health service delivery. They should also be able to provide leadership and become agents of change. Transformatiive learning is the highest of three successive levels of learning: (1) informative learning – acquiring knowledge and skills to become expert; (2) formative learning – socializing students so that they acquire the values necessary to become professionals; and (3) transformative learning – developing leadership attributes to become enlightened agents of change.

It was pointed out that medical schools are the foci for transformative public health education because the numbers of public health institutions are not adequate to produce enough public health professionals to deliver the required public health services to the population. In addition, medical schools are already producing general medical practitioners who also provide public health intervention/activities. In addition, the situational analysis in medical schools carried out by the WHO South-East Asia Regional Office in 2009 revealed numerous shortfalls in the teaching of public health in medical schools and this necessitated the need for transformative teaching in public health. Therefore, teachers need to be trained in this new way of teaching. The faculty development programme...
for transformative teaching should be organized as continuing professional
development and other long-term fellowship programmes.

Moreover, attention should also be given to identifying public health
core competencies for medical graduates, as recommended by the WHO
expert group meeting in 2010 that reviewed guidelines for improving
teaching of public health at undergraduate level in medical schools. These
public health core competencies will provide a framework to review the
current medical curriculum to identify areas for improvement.

The Secretary-General of SEARAME further identified key actions
in moving toward transformative teaching of public health. These
included: (i) curriculum development, (ii) interprofessional education,
(iii) accreditation of training and training institution, (iv) faculty
development for competency-based education, and (vi) monitoring and
evaluation of the programme. SEARAME can help in most of these actions,
including identifying outcomes and indicators for accreditation through its
pool of educational process experts. SEARAME can also provide the
required pool of educational experts for the training of trainers of the
continuing professional development programme for competency-based
public health education.

In addition, it was noted that SEARAME has been taking actions to
improve teaching of public health in medical schools through including
public-health-related themes in SEARAME conferences and preconference
capacity-building workshops. SEARAME publishes a journal to disseminate
good teaching and assessment practices. Also, SEARAME Executive
Committee members have been contributing as members of expert groups
at national and regional levels in sharing of good practices in the teaching of
public health in Member States. Moreover, SEARAME has contributed to:
(1) improved generic teaching skills of those teachers in medical schools
who could attend the capacity-building preconference workshops
conducted by SEARAME; (2) improvements in the educational systems in
institutions – adoption of World Federation of Medical Education Standards
– Indonesia and Thailand; and (3) implementing a needs-based curriculum
– scaling up for primary health care through inservice training (for example,
the Bhutan model of continuing professional development).

Based on lessons learned, Dr Chacko emphasized the need to:
(i) periodically review the curriculum to see whether it meets the changing
needs of the country; (ii) equip teachers with educational
research/programme evaluation competency – for continuous quality improvement in the process of teaching and to ensure learning through assessment; (iii) build capacity of teachers for transformative teaching; (iv) complement each other’s core competencies – between public health content experts and medical educators for competency-based transformative training; (v) ensure quality assurance in training by inviting process experts for observation and feedback on the processes; (vi) provide accreditation of training, training venues and trainers; (vii) provide a strong partnership to implement SEARAME’s agenda of improving the standard of medical education in medical schools of the Region. SEARAME can only show the way. Their impact on the participants of conferences or the beneficiaries of workshops is limited. It is necessary for the medical councils to step in to reach all medical schools and through them the teachers of public health. It would be beneficial to make it mandatory for teachers of public health to undergo the special training for trainers, for transformative leadership in health teams.

Salient points from the plenary discussion are listed below.

- Countries need to have guidelines to follow on the teaching of public health in medical schools, similar to the WHO Regional Office for South-East Asia publication “Module for teaching medical ethics to undergraduates”. This would facilitate the implementation of public health teaching by all key players at the country level.
- There is potential for complementary activities between the three networks.
- MCN-WHOSEAR can take action at the national level in dealing with regulation matters to ensure that public health gets due attention in undergraduate medical education. SEARAME can assist in building the capacity of an institution for improving the teaching of public health, while SEAPHIEN can help to build capacity of individual faculty members.
- Although accreditation of medical schools falls under the jurisdiction of the ministry of education in some countries, the medical councils could still influence the teaching of public health in medical schools by ensuring that medical graduates possess public health competencies before issuing them the licence to practice.
The guidelines for accreditation of medical schools that are being updated by MCN-WHOSEAR need to take into account the standards of the World Federation of Medical Education, as stated in 2012. Countries should ensure that accreditation of medical schools takes place effectively in order to foster a culture of quality improvement within medical schools and to improve the standards of medical education in the Region.

6. Areas in which regional networks can contribute

Dr Somsak Lolekha, Chairperson, presented the “Strategic framework for strengthening undergraduate medical education in addressing the current health challenges”, which was endorsed at a regional meeting organized by the WHO Regional Office for South-East Asia in 2012. This framework defined the product of medical education as medical graduates with clinical and public health and other broader competencies meeting the needs of the health systems. He then further described factors influencing medical education, as well as recommendations for improving the teaching of public health, so that the meeting could identify what the three networks could do to improve this.

The Chairperson described key components external to medical schools that influence the teaching of public health. These include expected competencies of medical graduates; set standards of medical education, for example curriculum, faculty, resources, clinical and field experience requirements, teaching–learning process; systems for external quality assurance and/or accreditation of the medical educational programme and schools, and systems for registration and licensing of medical graduates, among others. Key components within medical schools influencing the teaching of public health include the medical curriculum, course/subject content, teachers/facilitators, the teaching–learning process and resources, clinical and field practice areas, enabling environment, assessment and evaluation of students, and systems for internal quality assurance.

Further, the expert group meeting organized by the WHO Regional Office for South-East Asia in 2010 made general recommendations for medical schools, among others, for improving the teaching of public health. These recommendations included regular review and revision of the curriculum to keep pace with the changing health needs of the country,
with involvement of key stakeholders; teaching–learning methods that are student-centred, problem-oriented, integrated, community-based, need-oriented, interactive and use the latest education and information and communication technology; competency-based training; practice-based teaching–learning environment that is interdisciplinary, multidisciplinary and multidimensional; a field practice area where the medical school manages the community health services; integration/interaction with clinical disciplines; involvement of public health specialists; quality assurance and accreditation be carried out at regular intervals; accreditation of medical schools with specific accreditation guidelines for public health courses (for example, resources, faculty, facilities, social responsiveness/accountability); and compulsory continuing professional development for faculty members.

The Chairperson described how MCN-WHOSEAR could contribute to this. This included: (1) ensuring that core competencies for medical graduates of the Region are developed, giving due attention to public health competencies, and that these core competencies are considered by all member medical councils for wide application in their countries; (2) ensuring that guidelines for accreditation of medical schools are updated, taking into account the need for medical graduates of the Region to have the required public health competencies, and that the updated guidelines are adopted/adapted by all member medical councils for wide implementation in the Member States; (3) ensuring that a standard medical education is followed by countries in the Region and that it addresses the need for public health competencies of medical graduates and that specific criteria/indicators for public health are included; (4) liaising with member medical councils to ensure that actions are carried out to ensure that due attention is paid to public health in undergraduate medical education; (5) liaising with member medical councils to ensure that a system for accreditation of medical schools is in place in the country and that medical schools pay due attention to public health in their medical curriculum, and their teaching–learning process and educational assessment; and (6) liaising with member medical councils to ensure that their registration and/or licensing examination takes into account the required public health competencies of medical graduates.

The participants were then invited to discuss what other contributions could be made by MCN-WHOSEAR, contributions that SEAPHEIN and SEARAME could make, and what the three regional networks could do collectively. Salient points from the discussion are listed below.
SEAPHEIN, as a content expert, can help to identify public health core competency for medical graduates as well as public health content for inclusion in the medical curriculum. It can help SEARAME to incorporate the identified public health core competency and content in the competency framework.

SEARAME, as an educational technology expert, can help to identify a competency framework based on the identified public health competency for inclusion in the medical curriculum and to use it as a criterion for accreditation of a medical school. In addition, it can also help with dissemination of good practice in the teaching of public health. It can also help with faculty development programmes, and building and sharing of experiences and good practice through conferences and journal publications. The upcoming SEARAME conference in November 2014 will be a session for sharing of experiences on community-based education.

MCN-WHOSEAR, as a regulatory authority, can assist with setting standards for medical education based on the identified public health core competencies and competency framework. It can also assist with regulation and accreditation of medical schools and programmes.

MCN-WHOSEAR has already formed a multicountry working group led by the Indonesia Medical Council to develop core competencies for medical graduates, and another multicountry working group led by the Medical Council of Thailand has updated the accreditation guidelines. Although member medical councils have already nominated experts who happen to be members of SEAPHEIN and SEARAME as members of these two working groups, SEAPHEIN and SEARAME should nominate their representatives to participate in these two working groups.

Countries need practical guidelines for the integration of public health into medical education.

Medical councils, as national regulatory authorities, should issue regulatory documents to guide medical schools on how undergraduate medical education should be implemented in order to ensure that due attention is given to public health and
that medical graduates possess the required public health competency.

- Medical councils should also ensure that their systems for accreditation of medical schools and licensing examinations pay special attention to the public health component.

- The Medical Council of India has developed a competency-based medical education and translated it into a regulatory document that provides guidance to institutes in what they need to do to enforce competency-based medical education in India.

- Public health aspects (as per the identified public health core competencies of medical graduates) need to be integrated into all clinical disciplines, with a focus on improving the health of the population. It is beneficial to learn from the experience of clinical specialists who champion and provide role models for medical students in the application of public health principles and practice in their clinical work. (For example, the experience of a cardiologist at Chulalongkorn University who employs primary prevention as part of his professional practice.)

- Medical schools need to make medical students ready to work within the health system and learn at various learning places in a consortium approach (transformative learning).

- As countries are striving toward achieving universal health coverage, they need affordable and accessible care. They need to produce medical graduates with basic clinical and public health skills to work in all types of health facilities, for example, rural and urban, primary to tertiary.

- It is necessary to expedite the finalization of the regional training module on teaching of public health in undergraduate medical education, which is being developed by the WHO Regional Office for South-East Asia and Chulalongkorn University for use by Member States. It is crucial to also provide guidelines to countries for its implementation and assessment. This module could then be further refined, as warranted, after it has been used in a particular country.

- It is beneficial to intensify action on so-called patient education for health/public health literacy. People need to be aware of an
emphasis on and benefits of health promotion, preventive measures and public health interventions. Patients are normally expected to receive medication when attending a doctor’s clinic. There was a lawsuit against a medical doctor for not giving an antibiotic earlier, when there was no indication to do so.

- Globally, competencies of medical doctors are comparable across countries. Core competencies of medical graduates that are being developed by MCN-WHOSEAR would provide broad competencies for countries to consider. Countries would need to identify their public health competencies and the level of competency based on their country’s needs and context.

- Thailand has special schemes for producing medical doctors for rural areas: “Collaborative project to increase production of rural doctor” and “One district one doctor”. These schemes place special emphasis on public health in their medical education programmes. Moreover, medical doctors in rural services are also are given the opportunity to study part time in the public health programme.

- Several guidelines have been published by the WHO Regional Office for South-East Asia, based on the deliberations by MCN-WHOSEAR. It is desirable to monitor the application/utilization of these guidelines at the country level.

- About 65–70% of the current members of SEAPHEIN are from faculties of public health (public health institutes). Its membership also includes medical schools that offer a public health training programme. SEAPHEIN should strengthen its public relations so that it is known to the medical school community; thus there will be more medical schools actively involved in the work of SEAPHEIN.

- The network of SEARAME at the country level could be used to collect information on how public health is taught in medical schools and how well their medical graduates are practising public health.

- The three networks should continue to have joint meetings to monitor development at country level. Participants of the meetings should continue to function as a working group for this purpose.
7. Measures to enhance the contribution of regional networks

The Chairperson described some measures that could enhance the contribution of regional networks. These included building a strong partnership with the national authority concerned, involving/engaging network members actively, optimizing available resources, mobilizing resources, and sharing of expertise and experiences. He then invited discussions on other measures that could help to effectively support governments’ efforts to improve the teaching of public health.

Salient points from the discussion are as listed below.

- Public health facilities should be used effectively in the training of medical students. It will be beneficial to have a resolution from the meeting to follow up with government authorities in order to use public health facilities for training medical students.

- It is desirable to use rural health service personnel to teach public health in medical schools, particularly for the rural internship programme.

- In their standards of medical education, medical councils should clearly define the requirements for medical professionals to be used as teachers in health facilities. Practical experience in the field should also be used as a criterion for consideration for use as a teacher in lieu of the academic requirements.

- There should be an extension of a medical faculty/college in rural areas.

- Medical colleges should form an attachment with a defined population and be responsible for provision of community health to that community.

- Actions should be taken to identify health facilities that have not been used for academic purposes so that they can be incorporated into the academic purview of a medical college.
8. **Recommended actions**

The Chairperson invited the participants to consider recommended actions that the three networks should carry out for improving the teaching of public health in medical schools. Participants focused their discussion on building the capacity of faculty members in medical schools. Faculty development is considered to be very important; one could not improve the teaching of public health in undergraduate medical education without changing attitudes and practices of the teachers, despite having a well-designed curriculum. Salient points from the deliberations are listed below.

- It would be beneficial to carry out a pilot test of the regional training module on teaching of public health in undergraduate medical education (developed with the assistance of Chulalongkorn University) before wide dissemination of the module. However, if it this is not possible, the training module should be widely disseminated to countries for use as appropriate. This module might be further improved at a later stage, as warranted, after gaining some experience at the country level.

- The WHO Regional Office for South-East Asia should consider using Chulalongkorn University as a training site for the training of master trainers. There are exemplary learning experiences from integrating public health into the medical curriculum at the Faculty of Medicine, Chulalongkorn University, that other countries can benefit from. At the same time, this training could also provide an opportunity for pilot testing the newly developed regional training module.

- It is desirable to have several training centres supporting faculty development in a country. Intercountry and interinstitutional collaboration should be pursued. Moreover, it is beneficial to also have a strategic alliance with the school of public health for this purpose. The three networks can help to collectively strengthen these efforts.

- Public health should be made a mandatory continuing professional development component for medical school teachers. All teachers should be mindful of public-health-oriented matters.
In a country with a large number of medical school teachers, a mechanism should be in place for implementing the faculty development programme. For example, India has a system in place for training of trainers: there is a network of nodal training centres and regional training centres responsible for the training of faculty members of medical colleges.

SEARAME can assist in the organization of a national training of trainers programme. A medical schools association, if it exists, can also assist in this endeavour.

The faculty development programme should be incremental, starting with faculty members of preventive and social medicine and then expanded to include faculty members of other departments or other clinicians. The possibility to using e-learning for building the capacity of medical school teachers for teaching public health should also be explored.

It is beneficial to set up a taskforce at the country level, with participation of the three networks, for guiding, facilitating and supporting the work related to the integration of public health into the medical curriculum. The medical council, as a national regulatory body, should be a focal point for this activity.

There should be a coordinating body at the regional level to monitor the progress in development at the country level. A review meeting should be convened for this purpose on an annual basis. MCN-WHOSEAR should continue to function as a coordinating body.

It is crucial to expand partnerships beyond WHO in order to improve the teaching of public health in medical schools. Efforts should be made to collaborate and mobilize support from other development partners such as the World Federation of Medical Education, the Global Health Work Force Alliance, the Rockefeller Foundation, and the Bill and Melinda Gates Foundation.
9. **Key action points and recommendations**

9.1 **Key action points**

On the basis of the meeting’s deliberations the three networks agreed to carry out the following key actions to support countries in strengthening the teaching of public health in undergraduate medical education.

1. MCN-WHOSEAR, SEAPHEIN and SEARAME are to facilitate and support countries in the implementation and periodical update of the regional strategic framework for strengthening the teaching of public health in undergraduate medical education.

2. MCN-WHOSEAR, SEAPHEIN and SEARAME are to continue to collaborate actively at the regional and national levels to advocate, facilitate, support and improve the teaching of public health in undergraduate medical education, with coordination by MCN-WHOSEAR at the regional level.

3. SEAPHEIN and SEARAME are to engage with the MCN-WHOSEAR multicountry working group headed by the Indonesia Medical Council to develop core competencies of medical graduates of the South-East Asia Region to ensure that public health core competencies are appropriately reflected, and to identify modes of integrating public health in clinical disciplines based on the core competencies.

4. SEAPHEIN and SEARAME are to engage with the MCN-WHOSEAR multicountry working group headed by Medical Council of Thailand on guidelines for accreditation of medical schools to incorporate public health components based on the competency framework.

5. MCN-WHOSEAR should develop guidelines for medical councils to ensure attainment of core competencies in public health by appropriate assessment in undergraduate and licensing examinations.

6. MCN-WHOSEAR should advise its member medical councils to set up task forces at the country level, with the participation of SEAPHEIN and SEARAME, for strengthening teaching of public health in the undergraduate medical education.
(7) MCN-WHOSEAR, SEAPHEIN and SEARAME should facilitate and support countries to implement capacity building by initiating training of trainer programmes based on the WHO Regional Office for South-East Asia Training Module on teaching of public health in medical schools. Opportunities will also be available to other countries that are willing to send participants to join these programmes.

(8) MCN WHOSEAR should ensure that medical schools adapt or adopt the WHO Regional Office for South-East Asia training module on teaching of public health in medical schools in faculty development programmes at the country level.

(9) SEAPHEIN and SEARAME must promote good practices in transdisciplinary and interprofessional competency-based teaching/learning in public health.

(10) MCN-WHOSEAR, SEAPHEIN and SEARAME are to explore national and international resources at the country level, such as government revenues and WHO country funds, and at the international level, such as the Global Health Work Force Alliance, the Rockefeller Foundation, the Bill and Melinda Gates Foundation, etc., for implementing the actions agreed upon.

(11) MCN-WHOSEAR will convene an annual meeting of the working group of the three networks to assess and monitor the progress of the implementation of the actions agreed above.

9.2 Recommendations

On the basis of the deliberations of the meeting, the participants made the recommendations listed below.

MCN-WHOSEAR, SEAPHEIN and SEARAME should:

(1) carry out the key actions agreed above, as warranted;

(2) facilitate, support and monitor the implementation of the agreed actions at the country level by their respective members;

(3) report back the progress of actions taken and lessons learned in a review meeting to be organized by MCN-WHOSEAR.
The WHO Regional Office for South-East Asia should:

(1) continue providing leadership in strengthening teaching of public health in undergraduate medical education programmes;

(2) expedite the finalization and dissemination of the regional training module on teaching of public health in medical schools and its teacher/facilitator guides;

(3) support the training of the master trainers, preferably at Chulalongkorn University, and pilot testing of the newly developed training modules;

(4) provide technical support for the faculty development programme at the country level.

10. Closing session

Participants expressed their appreciation to the organizers, the Medical Council of Thailand, for their special efforts in ensuring that this meeting was carried out well. They further congratulated the Medical Council of Thailand for a successful meeting. They also thanked the MCN-WHOSEAR Chairperson, the SEAPHEIN President and the SEARAME President for their spirit of cooperation and hoped that they would contribute more in the future. This joint meeting was considered a landmark meeting; the work of the three networks will complement each other. It is hoped that WHO will continue providing support to this initiative.

Dr Yonas Tegegn, WHO Representative to Thailand, congratulated the Chairperson and Co-chairperson for a successful meeting. He noted that several recommendations were made at the regional meeting for teaching of public health in medical schools held in 2009. However, implementation of those recommendations at the country level is somewhat challenging. He highlighted that other sectors are now also giving priority to public health. This reflected in the Health for All policy. Health economists are also concerned with ensuring accessibility to essential public health interventions for achieving universal health coverage.

Regarding the required WHO support funding could not be committed because of the financial constraints. However, WHO is
committed to collaborating with Member States, wherever possible, in strengthening the teaching of public health in medical schools.

The chairperson emphasized that medical graduates are not expected to do everything in public health. They are expected to be able to work in the health-care team and be able to apply public health principles and practices in preventive and promotive care in both the public health field and clinical areas. He was pleased that the meeting came up with agreed actions that the three regional networks should move forward to support countries for the strengthening of teaching of public health in medical schools in the Region.

The Chairperson urged that the three networks make special efforts to mobilize technical and financial resources from other sources to implement the agreed actions. He hoped to be able to expand the collaboration of the three networks to other areas of mutual interest in the future, for enhancing the contribution of medical professionals to the health of the population in the Region.
Annex 1

Agenda

(1) Inaugural session

(2) Teaching of public health in medical schools for strengthening health systems performance

(3) Network’s initiatives: the actions taken, contributions and lessons learned

(4) Areas in which regional networks can contribute

(5) Measures to enhance the contribution of regional networks

(6) Recommended actions for accelerating the improvement of teaching of public health in undergraduate medical education in countries of the South-East Asia Region

(7) Coordinated actions

(8) Action points and recommendations

(9) Closing session
Annex 2

List of participants

Medical Councils Network of the WHO South-East Asia Region (MCN-WHOSEAR)

Dr Somsak Lolekha
Chairperson, MCN-WHOSEAR and
President, Medical Council of Thailand
Bangkok, Thailand

Dr Jayshree Ben Mehta
President, Medical Council of India
New Delhi, India

Dr Ved Prakash Mishra
Member, Medical Council of India
New Delhi, India

Dr Wawang Sukarya
Head of Medical Education Division
Indonesian Medical Council
Jakarta, Indonesia

Dr Samuel Kyaw Hla
Chairman, Myanmar Medical Council
Yangon, Myanmar

South-East Asian Public Health Education Institutes Network (SEAPHEIN)

Dr Rajitha Wickramasinghe
President, SEAPHEIN
Colombo, Sri Lanka

Dr Saroj Kumar Mazumder
Director, National Institute of Preventive and Social Medicine
Dhaka, Bangladesh

Dr Mya Oo
Immediate past-President
Preventive and Social Medicine Society
Myanmar Medical Association and
Former Professor/Head, Department of Preventive and Social Medicine
University of Medicine 1
Yangon, Myanmar

Dr Paras Kumar Pokharel
Chief, School of Public Health and Community Medicine
BP Koirala Institute of Health Sciences
Dharan, Nepal

South-East Asia Regional Association of Medical Education (SEARAME)

Dr Rita Sood
President, SEARAME
All India Institute of Medical Sciences
New Delhi, India

Dr Thomas V Chacko
Secretary-General, SEARAME and Professor and Head, Community Medicine and Medical education
PSG Medical College
Coimbatore, India

Dr M. Muzaherul Huq
Adviser, SEARAME
MH Shamorita Medical College
Dhaka, Bangladesh

Dr Titi Savitri Prihatiningsih
Head, Department of Medical Education
University of Gadjah Mada
Yogyakarta, Indonesia

Dr Indika Mahesh Karunathilake
Director, Medical Education Development and Research Centre
Colombo, Sri Lanka

Resource person

Dr Samlee Plianbangchang
WHO Regional Director Emeritus
Bangkok, Thailand
Secretariat

Col. Dr Kidapol Wadhanakul
Member, Subcommittee on MCN-WHOSEAR, Medical Council of Thailand

Dr Boonsong Patjanasontorn
Member, Subcommittee on MCN-WHOSEAR Medical Council of Thailand

Dr Somchai Suntornlohanakul
Member (Medical Council of Thailand representative) MCN-WHOSEAR

Dr Duangvadee Sungkhobol
Consultant, Human Resources for Health Medical Council of Thailand

Dr Nima Asgari-Jirhandeh
Public Health Administrator WHO Country Office for Thailand Nonthaburi, Thailand

Dr Myo Nyein Aung
Faculty of Medicine Chulalongkorn University Bangkok, Thailand
Annex 3

Welcome address by Dr Somsak Lolekha, Chairperson, Medical Councils Network of the WHO South-East Asia Region

Professor Dr Pirom Kamolratanakul, President, Chulalongkorn University; Dr Samlee Plianbangchang, Regional Director Emeritus of WHO, Dr Yonas Tegegn, WHO Representative to Thailand; Dr Rajitha Wickramasinghe, President, South-East Asian Public Health Education Institutes Network; Dr Rita Sood, President, South-East Asia Regional Association of Medical Education; distinguished participants, ladies and gentlemen.

It is my pleasure to welcome you all to the consultation on Enhancing the Contribution of Regional Networks to the Strengthening of Teaching of Public Health in Undergraduate Medical Education in the South-East Asia Region. I thank all the participants for sparing their valuable time to attend this meeting. I gratefully thank Professor Dr Pirom Kamolratanakul, President, Chulalongkorn University, for his kind consent to grace the inauguration of the meeting. My special thank is extended to Dr Samlee Plianbangchang, Regional Director Emeritus of WHO for agreeing to deliver the keynote address in the meeting to continue giving his guidance in this endeavour.

Ladies and gentlemen,

The Medical Council of Thailand as the Secretariat of the Medical Councils Network of the WHO South-East Asia Region is honoured to be entrusted with the responsibility to organize this important consultation as a follow up of the recommendations of the Regional Meeting to Review Progress in Strengthening Teaching of Public Health in Medical Schools, which was convened at Pattaya, Thailand during 11–13 December 2013. Many of us here today also attended that meeting.

This consultation is convened to bring key regional networks that are influencing and/or supporting the development of medical and/or public health education in the South-East Asia Region to jointly deliberate what and how they could work collectively to support the country’s efforts for strengthening the teaching of public health in the undergraduate medical education. These regional
networks include the Medical Councils Network of the WHO South-East Asia Region, the South-East Asian Public Health Education Institutes Network, and the South-East Asia Regional Association of Medical Education.

Distinguished participants,

All countries in the South-East Asia Region are confronted with numerous health challenges such as increasing aging population, increasing noncommunicable diseases while infectious diseases still rampage, emerging of new diseases like influenza A H1N1 pandemic, and increasing risks to human life and health from public health emergencies and frequent natural and man-made disasters, to name just a few. To cope with these challenges, the health systems should be strengthened using a primary health care approach where a good balance between public health and medical service prevails. In addition, countries are also striving toward achieving universal health coverage. As such, countries are also making special effort to strengthen their primary health care based health system for equitable access to quality health services.

We all appreciate the need for the health services to have a good balance of health promotion, disease prevention, curative and rehabilitative services for cost-effective care as well as for improving the performance of the health systems. Medical doctors who are the leaders of health-care team in delivering health-care service should understand, appreciate and use public health measure as one of the methods in promoting and protecting health of the population.

Ladies and gentlemen,

At this juncture I would like to draw your kind attention that it was agreed at the Regional Meeting on Role of Medical Education in Addressing the Current Health Challenges organized by WHO Regional Office for South-East Asia in June 2012 that the medical graduates of the South-East Asia Region should have clinical competencies as well as public health and other broader competencies to meet the health systems’ need and the needs of populations’ health. Thus, medical schools need to equip their medical graduates with the required competencies – clinical competencies as well as public health and other broader competencies.

With respect to public health competencies, we need to find ways and means to ensure that public health gets due attention in the undergraduate medical education so that medical graduates will possess desirable public health knowledge, attitudes and skills. We need to address a problem of low interest in public health among medical students. We need to make public health education interesting and
meaningful like other clinical subjects in the medical curriculum. In addition, teaching of public health in medical school will need to go beyond the responsibility of the department of preventive and social medicine; other clinical departments should also be involved in teaching relevant public health education – e.g. to go beyond the curative/individual care, to go beyond the hospital walls.

Distinguished participants,

I hope that this meeting will facilitate sharing of experiences and learning what each network has been doing in supporting the country’s effort for strengthening teaching of public health in medical schools. I hope that at the end of meeting we will be able to come up with a practical plan that the Medical Councils Network of the WHO South-East Asia Region, the South-East Asian Public Health Education Institutes Network and the South-East Asia Regional Association of Medical Education can carry forward for supporting the strengthening of teaching of public health in undergraduate medical education in the Region.

With these words, ladies and gentlemen, I wish you fruitful deliberations and a successful meeting. I also wish participants from abroad an enjoyable stay in Bangkok.

Thank you.
Address by Dr Poonam Khetrapal Singh, WHO Regional Director, WHO South-East Asia
(Read out by Dr Yonas Tegegn, WHO Representative to Thailand)

Professor Dr Pirom Kamolratanakul, President, Chulalongkorn University; Dr Somsak Lolekha, Chairperson, Medical Councils Network of the WHO South-East Asia Region and President, Medical Council of Thailand; Dr Rajitha Wickramasinghe, President, South-East Asian Public Health Education Institutes Network; Dr Rita Sood, President, South-East Asia Regional Association of Medical Education; distinguished participants, ladies and gentlemen.

I bring you warm greetings from Dr Poonam Khetrapal Singh, WHO Regional Director for South-East Asia, who is not able to be with us in this important meeting due to a prior commitment. I have the honour to read her address, and I quote:

Distinguished participants, ladies and gentlemen,

At the outset, I would like to thank the Medical Councils Network of the WHO South-East Asia Region for their special efforts in promptly organizing this Consultation on Enhancing the Contribution of Regional Networks to the Strengthening of Teaching of Public Health in Undergraduate Medical Education in the South-East Asia Region as a follow-up to the Regional review meeting on strengthening teaching of public health in medical schools, which was convened in December 2013 in Pattaya, Thailand.

The WHO Regional Office for South-East Asia has accorded high priority to strengthening of public health for improving the health and well-being of the population in the South-East Asia Region. Special efforts have been given to, among others, the strengthening of teaching of public health in medical schools in order to equip medical graduates with the required public health competencies to deal effectively with the health challenges as well as to strengthen the performance of health systems.

Medical doctors, as leaders of health-care teams, need to have appropriate competencies in both public health and medical care services to fulfil the needs of the health system and to improve its performance. However, conventional medical
education is oriented toward medical care at various institution-based health services. As such, medical graduates of this conventional medical education have limited public health competencies, and there is also low interest in public health among medical students.

In this connection, the WHO Regional office for South-East Asia organized a Regional Meeting on Teaching of Public Health in Medical Schools in 2009 to deliberate on issues and challenges related to strengthening the teaching of public health in medical schools at undergraduate level. The meeting also endorsed the Regional Strategic Framework for Strengthening the Teaching of Public Health in Undergraduate Medical Education. The meeting further requested WHO to develop a resource package or module on teaching of public health in medical schools to help educators improve the teaching of public health in medical schools.

Consequently, the WHO Regional Office, in collaboration with WHO Collaborating Centre for Medical Education at the Faculty of Medicine, Chulalongkorn University, developed a Regional Training Module on Teaching of Public Health in Undergraduate Medical Education. This training module aims to provide direction on how public health could be taught within and beyond the department of preventive and social medicine or community medicine. It was under critical review in the regional meeting in December 2013 and will be finalized and widely disseminated to promote its use in countries of the Region. Moreover, the Regional Office developed guidelines for preventive and social medicine/community medicine/community health curriculum in the undergraduate medical education to guide Member States in ensuring the basic minimum standards in public health education in medical schools in the Region.

Ladies and gentlemen,

In order to further strengthen medical education to deal effectively with the current and evolving health challenges of this century, the WHO Regional Office organized a Regional Meeting on the Role of Medical Education in Addressing the Current Health Challenges in June 2012. This meeting also reinforced the need for medical graduates of the South-East Asia Region to have clinical competencies as well as public health and other broader competencies to meet the needs of health systems. This will consequently contribute to improving the performance of health systems and the health of populations.

Furthermore, countries in the Region have been carrying out various actions to strengthen teaching public health in undergraduate medical education, and the WHO Regional Office therefore organized a regional meeting to review progress in
strengthening teaching of public health in medical schools in December 2013. Considerable progress in strengthening teaching of public health in undergraduate medical education has been reported in countries to varied degrees. There is, however, urgent need to accelerate the progress in this endeavour so that the medical schools could produce medical graduates with the required competencies, both public health and medical care services. It was, however, revealed that integration of public health teaching within and beyond the department of preventive and social medicine or community medicine still remains a great challenge. Intensive and concerted effort from all concerned will therefore be required.

Distinguished participants,

Responsibility for teaching of public health in medical schools should not be solely that of the faculty members of the department of preventive and social medicine; it should be the responsibility of every faculty member of a medical school. Teaching of public health should be a multidisciplinary responsibility. A good public health practice should be the mainstay of all efforts to develop a better quality of life for the people. Medical students should also learn relevant public health principles, approaches and practices applicable in all clinical areas as appropriate.

The Medical Councils Network of the WHO South-East Asia Region, South-East Asian Public Health Education Institutes Network and South-East Asia Regional Association of Medical Education have significant roles to play in facilitating, supporting and/or regulating the teaching of public health in undergraduate medical education. Thus, it is beneficial to have a joint meeting of these three regional networks to identify areas in which these regional networks can contribute to accelerating the improvement in teaching of public health in undergraduate medical education in the Region, and to agree on coordinated actions to be carried out by them. This will ensure optimal utilization of resources for concerted and coordinated efforts of the three regional networks.

Ladies and gentlemen,

I thank all participants for their interest and giving their valuable time to attend this meeting.

I also thank Professor Dr Pirom Kamolratanakul, President, Chulalongkorn University, for graciously inaugurating the meeting.
I hope that this meeting will stimulate an interest among the three networks to work further and to continue having dialogue and networking for improving teaching of public health in medical schools in countries of the South-East Asia Region as well as in any other areas of common interest in the future. I assure you of WHO’s continued collaboration for strengthening medical education and practice for improving the health of the people of the Region.

With these words, I wish the meeting all success and fruitful outcomes. I wish all participants interesting and productive deliberations and an enjoyable stay in Bangkok.

I will apprise the Regional Director the outcomes of the meeting’s deliberations.

Thank you.
Inaugural address by
Professor Dr Pirom Kamolratanakul, President,
Chulalongkorn University

Dr Samlee Plianbangchang, Regional Director Emeritus of the World Health Organization, Dr Yonas Tegegn, WHO Representative to Thailand, Dr Somsak Lolekha, Chairperson of the Medical Councils Network of the WHO South-East Asia Region and President of the Medical Council of Thailand; Dr Rajitha Wickramasinghe, President, South-East Asian Public Health Education Institutes Network, Dr Rita Sood, President, South-East Asia Regional Association of Medical Education; distinguished participants, ladies and gentlemen.

It is a great pleasure for me to address this important consultation on Enhancing the Contribution of Regional Networks to the Strengthening of Teaching of Public Health in Undergraduate Medical Education in the South-East Asia Region. On this occasion, let me welcome all the distinguished participants to Bangkok. I hope that you will have a pleasant and enjoyable stay in Bangkok.

Ladies and gentlemen,

All countries in the South-East Asia Region are confronted with numerous health challenges brought about by various factors and changing environments during the past years. These include shortage of health workforce, accessibility to quality health services, increasing aging population, growing crisis of non-communicable diseases, unplanned urbanization, to name just a few. These health challenges are complex and necessitate significant changes in national health policies to address them.

To cope with these health challenges, the health systems should be strengthened with a good balance between public health and medical services. Countries also need to ensure that adequate health resources are allocated to support public health services for promoting and protecting health of the population, in worthy proportion. Public health and medical services need to be complementary to each other to ensure continuum of care with effective referral systems.
The strengthening of the national health systems towards a good balance of public health and medical services will have an impact on the work of health-care providers including medical doctors and how they are educated and trained.

The medical doctor, who is usually considered the leader of the health-care team, must be able to facilitate, lead, manage and work with the health-care team in delivering preventive, promotive, curative and rehabilitative care. They should understand, appreciate and be able to employ public health intervention in promoting and protecting health of the population. Therefore, the medical doctors at all levels need to have appropriate public health competency in addition to clinical competency.

Ladies and gentlemen,

At this juncture I would like to bring to your kind attention that the 11th National Health Development Plan of Thailand places great emphasis on health promotion and prevention, and also aims toward attaining universal health coverage. As such, our medical graduates need to be able to support these endeavours. They need to be equipped with competencies to meet the health needs, demands and challenges in the field of public health. I believe that this matter has already been taken care of by the Medical Council of Thailand in their identified medical competencies and licensing examination system.

Moreover, I am pleased that Chulalongkorn University has been actively involved with the WHO Regional Office for South-East Asia in its efforts for the strengthening of teaching of public health in medical schools from the beginning. We co-hosted with the WHO Regional Office for South-East Asia the 2009 Regional Meeting on Teaching of Public Health in Medical Schools that aimed to strengthen teaching of public health in undergraduate medical schools in the Region. The Faculty of Medicine, Chulalongkorn University, was subsequently entrusted with the responsibility to develop a Training Module on Teaching of Public Health in Undergraduate Medical Schools for use as resource materials for faculty development programme of medical schools in the Region. And recently we also were involved with local organization of the Regional review meeting to review progress in strengthening teaching of public health in medical schools in December last year.

Distinguished participants,

Public health has long been incorporated in the curriculum of the undergraduate medical education. Community medicine was introduced in the
medical curriculum in countries of the Region as early as in the late 1960s along with the establishment of a community medicine department in the medical schools. Community medicine started to gain momentum in the medical education within the context of reorientation of medical education and community-oriented medical education.

Public health in medical education, however, is broader than community medicine. Public health should also be included in other clinical areas where appropriate as well. For example clinical specialists should also teach public health principles and practice to prevent those diseases in the community. This will enable medical students to educate patients on good public health practice for healthy lifestyle and/or for promoting health of the community.

Further, in the undergraduate medical curriculum of the Faculty of Medicine of Chulalongkorn University, using an holistic approach public-health-related courses are offered by the Department of Preventive and Social Medicine in collaboration with other departments throughout the curriculum, from the first year through the sixth year. There are also other good practices that we can learn in other medical schools within Thailand as well as in other countries of the Region.

Ladies and gentlemen,

the situation analysis of teaching of public health in medical schools in 2009 reveals that teaching of public health is primarily under the responsibility of the department of preventive and social medicine, community medicine or community health. The community medicine, preventive and social medicine or community health curriculum is mostly theory based where teaching-learning has no or limited linkage with other clinical courses. In addition, medical students do not feel that public health subjects are important and meaningful for their future work.

A Regional meeting organized by the WHO Regional Office for South-East Asia in December last year to review progress in strengthening teaching of public health in medical schools reveals varied degrees of progress at the country level in their efforts for strengthening teaching of public health in the undergraduate medical education after the 2009 Regional meeting. There is urgent need to accelerate the progress in this endeavour so that the medical schools could produce medical graduates with the required competencies, both public health and medical care services. Intensive and concerted efforts from all concerned would therefore be required and that is why we are here at this meeting.
Ladies and gentlemen,

I also would like to point out that there is global concern that the education of health professionals is failing to keep pace with the changing society and healthcare environment. Therefore, in 2010 an independent global commission on education of health professionals for the 21st century called for a reform in health professional education. In response, the Asia Pacific Network of Health Professional Education Reform with participation of Bangladesh, India, China, Thailand and Viet Nam was formed in 2011 and carried out the situation analysis of their health professional education. In addition, Thailand specifically established a National Committee on Education for Health Professionals in the 21st Century to lead the development in this area since 2012.

Moreover, the WHO Regional Committee for South-East Asia in 2012 adopted a resolution on “strengthening health workforce education and training in the South-East Asia Region” to draw attention of Member States of the urgent need for improving health workforce education and training in order to have a competent health workforce meeting the needs of the health systems and the population’s health, and for achieving the universal health coverage.

We all appreciate that competency in public health is crucial for medical graduates of the Region. We also need to have socially sensitive medical doctors. Therefore concerted efforts from all concerned are needed to ensure that the teaching of public health in medical schools is in the right direction and produces the desirable results.

Distinguished participants,

I trust that the three key regional networks will be able to facilitate and support countries in their efforts to improve teaching of public health in medical education in the Region. In addition, this consultation will provide an opportunity to share and learn good practice in teaching public health of the three key regional networks. I hope that it will also lead to the continuing collaboration between them. Consequently, their contribution to the improvement of teaching of public health in medical schools in countries of the Region will eventually be enhanced.

Ladies and gentlemen,

let me end my address by wishing all the participants and organizers of this meeting to have a productive deliberation that will yield fruitful results to improve
the teaching of public health in undergraduate medical education in the South-East Asia Region.

I now declare the consultation on Enhancing the Contribution of Regional Networks to the Strengthening of Teaching of Public Health in Undergraduate Medical Education in the South-East Asia Region officially opens.

Thank you.
Annex 6

Keynote address by Dr Samlee Plianbangchang, WHO Regional Director Emeritus, on “Teaching of public health in medical schools for strengthening health systems performance”

Professor Somsak Loleka, Chairperson of the WHO Regional Office for South-East Asia Medical Councils Network; Professor Rajitha Wikramasinghe, President of the South-East Asia Public Health Education Institutions Network; Professor Rita Sood, President of the South-East Asia Regional Association of Medical Education; distinguished participants and other colleagues.

The subject for consultation is the area of my special interest. I gratefully thank the organizers for inviting me to revisit my thought on the subject. We have heard this morning from various speeches the important points that we need to take forward in improving the teaching of public health in medical school.

Ladies and gentlemen,

All of us agree that medical graduates should clearly understand public health principle, and be ready to get involved in public health work whenever needed. They also need to clearly understand Health for All and Primary Health Care, health systems, health systems based on primary health care and equity and social justice in health. They should be able to ensure synergy between medical practice in the institutions and public health work in the fields.

For optimal functioning of health systems, it is necessary to bring public health and medical work closer together. With this understanding in view, teaching of public health has been brought for a long time as a part of undergraduate medical education, mostly in the form of preventive and social medicine, community health or community medicine. Such a teaching has resulted in a positive impact, as far as the contribution of medical doctors to public health work is concerned; there is more interest in and more commitment to public health work from the medical community. More medical doctors choose a career in public health, either earlier or later in their life. However, it is still not yet enough, when the current health challenges faced by countries are taken into account in a broad perspective; the
challenges that are threatening health of the populations in our countries in a big way. The challenges that need effective “public health programmes” to tackle them. Health of the entire populations is considered to be one of the most important factors for the achievement of national social and economic development. “Healthy populations” are critical part of “human capital” for investment in such a development.

The health challenges that we are facing today are constantly changing, as new, emerging and re-emerging phenomena. As far as infectious diseases, during the last three decades more than 30 new pathogens have been discovered. And the challenges are multifactorial, determined by several domains: biological, eco-environmental, sociocultural, economic and political.

As we all understand, to face such challenges successfully, multisectoral and multidisciplinary actions are needed, whereby all stakeholders who work for health have to play their role together in the most coordinated manner. Medical graduates today need to be more proficient in working in a multisectoral and multidisciplinary environment, with their due attention paid to “sociocultural and economic determinants” of health. They need to always appreciate and deal with health problems of people beyond individuals, but also as the problems of the entire family, of the groups of people in community, and of the entire population. They need to ensure the continuum of health care that extends from “community health work” to “specialized services” that are practiced in the institutions.

Medical doctors are indispensable players who contribute to the functioning of referral systems in health care by providing needed services at secondary and tertiary levels. It is without doubt to say that effective performance of health systems depends largely on coordinated functioning of medical and public health workforces.

Medical interventions and public health interventions cannot go separately; these must run hand in hand in the health-care systems. As we all know well, among other things, medical treatment has been used as an important strategy in the prevention and control of communicable diseases. The treatment cuts transmission of disease agents, such as in tuberculosis, malaria and sexually transmitted infection. Prevention and control of noncommunicable diseases, which are among the most important public health problems today, cannot be done without the use of medical technology; especially in early diagnosis of disease and prompt treatment of the sick.
Very importantly, medical institutions which are heavily staffed with technology-intensive medical personnel are the essential training grounds for community-based health workers and public health practitioners. Quality of health care delivered to population in community depends to a large extent on the support of medical specialists in the institutions, through training and supervision of community-based health workers.

While there should be no separation or demarcation between medical and public health practices; successful public health work in community depends on participation and involvement of all other partners and stakeholders, including people in community, local governments, NGOs and civil society. There is no need for all people who work in community health or public health to come from medical workforce, especially medical doctors. People from other disciplines or other professionals with interest in health may be oriented to be public health professionals and public health practitioners.

While recognizing that medical graduates should well understand public health, there is no need for all of them to become public health experts or specialists. In fact, majority of medical doctors do not want to become public health professionals or public health practitioners. They prefer medical practice to public health work. That is entirely acceptable, as long as they do their best in medical practice with high technical and ethical standards. They are really trained for medical practice. However, with the health challenges we are facing today we need them to get involved in public health interventions.

An important part of medical doctors’ responsibility in the national health-care systems is to promote, protect and maintain health of people in community. With this aim in mind, at our WHO Regional Meeting on Teaching of Public Health in Medical Schools held at the end of 2009, we agreed that there was a need to further improve such a teaching – the teaching of public health in medical schools. This is in order to ensure that medical graduates well understand and properly be oriented to public health, and be ready to get involved in public health work of national health care systems in promoting, protecting and maintaining health of the population.

Getting involved in public health work by medical doctors may be in the area of technical training and supervision of public health personnel; and monitoring and evaluation of public health programs. More importantly, medical doctors should be able to contribute to health policy and health systems development; to the design of health strategy and programmes to ensure the overall efficiency and effectiveness of national health care systems.
With adequate understanding of public health principle and practice, medical doctors can effectively get involved in the interventions of many important public health issues, such as antimicrobial resistance, irrational use of medical products and skyrocketing of health-care cost. If we are successful in public health work, especially in areas of health promotion and disease prevention, at any point in time, fewer people will get sick; if they are sick, to be sure, they will not get sick severely. This outcome will result in fewer people coming to medical facilities for treatment, and it will help lessen the burden of medical work in the institutions; and thus it will further help reduce the cost of medical treatment.

Very importantly, through successful health promotion and disease prevention; people’s wellbeing and quality of life will be better improved; unnecessary morbidity will be prevented before it damages our body beyond repair; and promotion of healthy lifestyle. Then, our population by overall will be healthier. Healthy population is the most important driving force to move forwards our national development machinery towards national social and economic prosperity.

As already said, there is still a need to further improve teaching of public health in medical schools. And as we generally understand, such a teaching has been accorded at a low priority in the medical education system. At the same time, we also accept that the usual focus of such an educational system should be on medical practice – diagnosis of disease and treatment of the individual patients. However, improving teaching of public health in medical schools may not focus on increasing time or hours of teaching, but on the quality of content and the teaching-learning process. Among others, the content should encompass the current public health challenges at both national and international levels.

The current key public health issues in our countries should be prominently reflected in the curriculum of such a teaching. In addition, the medical curriculum should comprehensively and clearly define the meaning or concept of public health and its practice, especially in epidemiological, environmental and ecological terms. The process of the teaching should be practically hands-on and community oriented as much as possible to ensure a balance between concept and practice. Teaching of public health in medical school is everybody’s business, especially in medical education.

The ground reality of national health issues should be particularly emphasized in the development of public health part of the medical curriculum. As a part of improving teaching of public health in medical schools as we discussed in 2009, we recognized the need to further develop and strengthen the capacity of teachers
who are involved in such a teaching, we agreed to prepare a package for such teachers’ development; and we agreed to establish a regional resource centre for supporting countries in their efforts to further strengthen the capacity of these teachers. I understand that these are in the developmental process and to be functionally realized in future.

Just to repeat that health systems are critical component of national mechanism to ensure “healthy populations” which are the critical “human potentials” of the “human capital” for national social and economic development. Health systems’ functioning can be neither efficient nor effective without complete synergy between medical and public health work. And the teaching of public health in medical school has a lot to do with the strengthening of this synergy.

All concerned parties should get involved in improving such a teaching. Most important are the producers and the users of medical graduates. They must work seamlessly together towards this end. The users in this sense include all medical and public health establishments, apart from ministry of health. Medical councils, medical associations and public health education institutions have to fully play their respective roles role in this important exercise.

I am glad to see that our three regional networks: SEA Regional Medical Councils Network (MCN-WHOSEAR), SEA Public Health Education Institutions Network (SEAPHEIN), and SEA Regional Association of Medical Education (SEARAME) are coordinately pioneering the exercise. This exercise will contribute significantly to the strengthening of health systems’ performance in our respective countries.

Improving teaching of public health in medical school will continue to be a challenging issue for some time that requires our revisit from time to time. Considering expertise available in our countries, working together in the forum of networking like this is the most appropriate way in tackling such an issue. The countries can help each other through an intercountry collaboration mechanism. Certainly, WHO will continue supporting and facilitating such a mechanism. And WHO will have to continue providing certain technical back-up whenever required.

Finally, I wish this consultation all success, meeting all of its planned objectives.

Thank you.
It has been well recognized that medical graduates of the South-East Asia Region need to have clinical competencies as well as public health and other broader competencies to meet the health systems’ need. Medical doctors, as leaders of the health-care team, must be able to work with the health-care team in delivering preventive, promotive, curative and rehabilitative care. They should understand, appreciate and be able to employ public intervention in promoting and protecting health of the population.

A regional meeting on teaching of public health in medical schools, convened by the WHO Regional Office for South-East Asia in 2009, revealed several shortfalls in the teaching of public health in medical schools and recommendations were made to improve it. A regional meeting was recently organized in 2013 to review progress in strengthening teaching of public health in medical schools. Progress at country level was noted at varied degrees. There was a need to accelerate the improvement and concerted efforts from all concerned were needed.

This meeting was therefore convened for coordinating the efforts of the Medical Councils Network of the WHO South-East Asia Region, South-East Asian Public Health Education Institutes Network and South-East Asia Regional Association of Medical Education in strengthening the teaching of public health in undergraduate medical education. This publication contains the deliberations, agreed actions and recommendations made during the meeting.

Enhancing the contribution of regional networks to strengthen teaching of public health in undergraduate medical education

Report of a regional consultation
Bangkok, Thailand, 28–29 April 2014