

Transformando la educación de las profesiones de salud hacia la Salud Universal

José Francisco García Gutiérrez

Asesor HSS - HR

Desarrollo de Recursos Humanos

OPS-OMS



**Pan American
Health
Organization**



**World Health
Organization**
REGIONAL OFFICE FOR THE
Americas



Universal health
Access and coverage for all

Introducción

... y algunas puntualizaciones



4 RHS



Disponibilidad

Distribución

Calidad

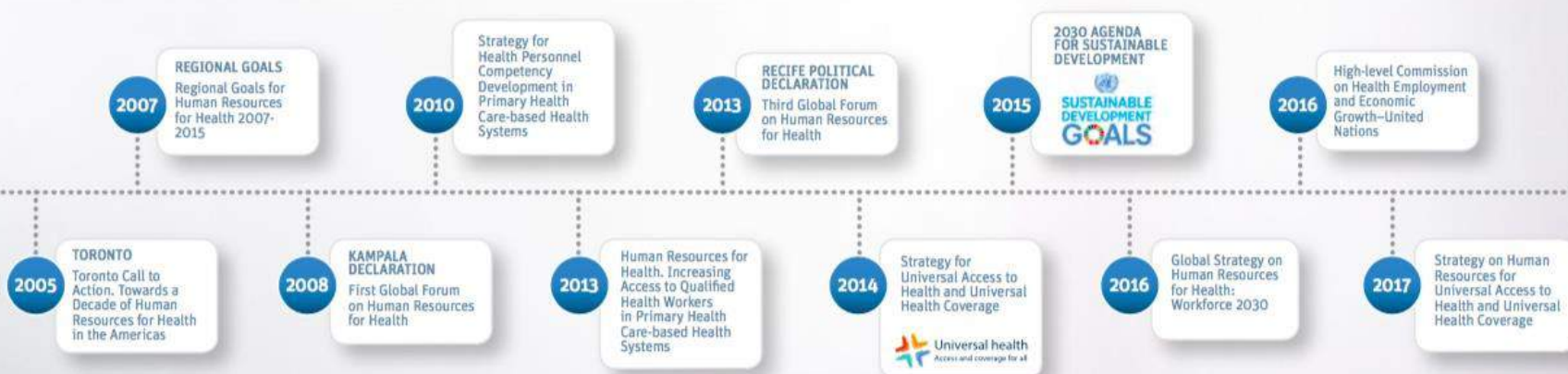
Desempeño

Heterogeneidad/Diversidad (Des)Regulación Brechas (+++)APS Nuevos perfiles



Competencias
“Skill mix”
“Fit for purpose”
Multiculturalidad

MILESTONES IN HUMAN RESOURCES FOR UNIVERSAL HEALTH



Sustainable Development Goals



TRANSFORMING OUR
WORLD:
THE 2030 AGENDA FOR
SUSTAINABLE
DEVELOPMENT

1 NO
POVERTY



2 ZERO
HUNGER



3 GOOD HEALTH
AND WELL-BEING



4 QUALITY
EDUCATION



5 GENDER
EQUALITY



Ensure availability and
sustainable management
of water and sanitation
for all

7 AFFORDABLE AND
CLEAN ENERGY



8 DECENT WORK AND
ECONOMIC GROWTH



9 INDUSTRY, INNOVATION
AND INFRASTRUCTURE



10 REDUCED
INEQUALITIES



11 SUSTAINABLE CITIES
AND COMMUNITIES



12 RESPONSIBLE
CONSUMPTION
AND PRODUCTION



13 CLIMATE
ACTION



14 LIFE
BELOW WATER



15 LIFE
ON LAND



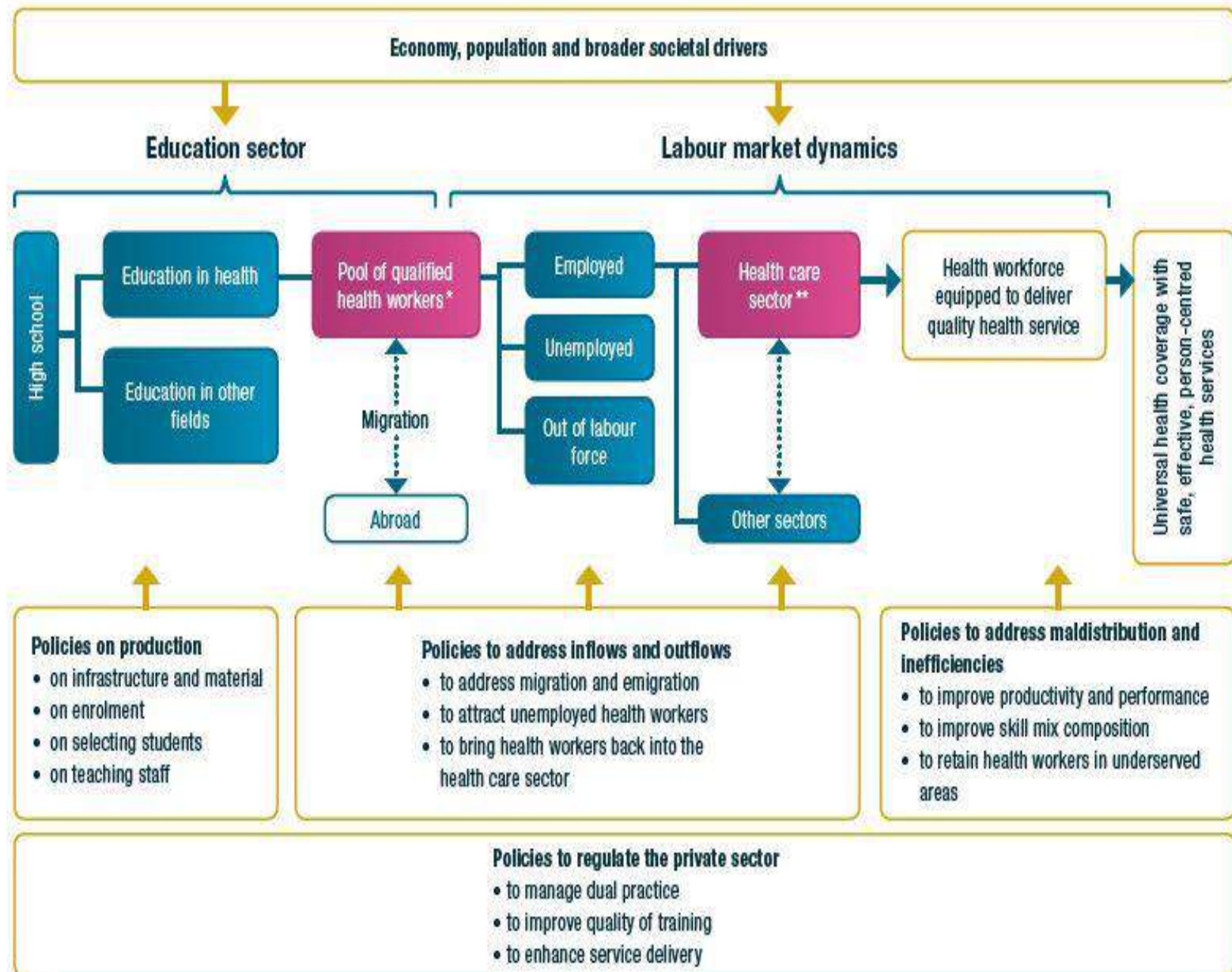
16 PEACE, JUSTICE
AND STRONG
INSTITUTIONS



17 PARTNERSHIPS
FOR THE GOALS



Global strategy on
human resources
for health:
Workforce 2030



WORKING FOR HEALTH AND GROWTH

Investing in the health workforce

FINAL REPORT of the EXPERT GROUP

Offline: A prescription for prosperity



Health is bad for you. That's what many economists believe. A man called William Baumol may be largely to blame. In the 1960s, he invented the notion of a "cost disease" in modern societies. It was a powerful metaphor, one that has shaped the prejudices of many a Minister of Finance ever since. His central idea sounds convincing. Some industries are good at increasing their productivity. As a result, they earn more money to invest in the wages of their employees. These sectors of the economy deserve our praise. There are other sectors where increasing productivity is harder. An orchestra, for example (playing faster isn't going to help much). Or ballet (dancing frenetically may subvert the aesthetics of the choreography). Or among health professionals. In areas that depend on human beings interacting with one another, as medicine does, productivity gains are hard to achieve. But the salaries of those working in these productivity-poor sectors rise anyway. Why? Because, thanks to increases in salaries in productivity-enriching sectors, salaries also increase in productivity-poor sectors to keep pace with the rising expectations of employees. If wages stayed low in productivity-poor sectors, musicians, ballet dancers, and doctors might well abandon their calling and become traders in Goldman Sachs. The result of the Baumol effect is a disaster for society. The costs of a concert, ballet, or health service increase even though productivity stays stubbornly the same. What else could this be but a malignant "cost disease" on our collective welfare.



But what if Professor Baumol got his sums wrong? In an as yet unpublished World Bank paper led by Jean-Louis Arand (Director of the Centre for Finance and Development at the Graduate Institute in Geneva), Baumol's hypothesis is challenged. Contrary to a half-century of consensus among economists, investing in health—and specifically health employment—is good, not only for health but also for the economy. Arand took a more global view than Baumol, who studied only nations in the Organisation for Economic Cooperation and Development. Including low-income and middle-income countries in Arand's calculations makes a profound difference. Investing in the health workforce is not a "cost disease" at all. On the contrary, investing in health workers improves the growth rate of economies. The effects of higher health employment are significantly

greater than even the financial sector can achieve. This result is a discovery of Nobel-esque proportions.

What is the point of this excursion into the minutiae of economic theory? Last week, President François Hollande and Jacob Zuma launched the final report of their High-Level Commission on Health Employment and Economic Growth at the UN General Assembly in New York. The purpose of the Commission was to examine the economic case for investing in the health workforce. The result was an affirmation of the value of the health sector to wider society. Expanding the number of health workers, and transforming their education at the same time, has the potential to accelerate health equity and inclusive economic growth. Employing these additional health workers in rational programmes to deliver universal health coverage can be a trigger for economic revival. It sounds easy, but of course it is not. Many countries are facing, in whole or in part, extreme fragility—humanitarian catastrophe, conflict, post-conflict, or natural disasters. In these settings the economy is likely to be devastated. Investing in more doctors, nurses, midwives, or community-based health workers will be no magic solution. Added to which, health workers don't stay still. They often migrate. How does one encourage a doctor to stay and work in a difficult setting when moving country might be a far more attractive prospect? Gender equality, social protection, technology, financing, and better governance will also be critical determinants of success. The Expert Group to the Commission (which I chaired) recommended a "5-year action plan (2016–21) for an expanded, transformed, interdependent, and sustainable health workforce to accelerate inclusive economic growth and to ensure healthy lives, wellbeing, equity, and economic security for all". Hollande and Zuma went further, demanding an even faster response. Despite challenges, the Commission on Health Employment and Economic Growth might be one of the most compelling opportunities in a generation to encourage Presidents and Prime Ministers, or perhaps most importantly their Ministers of Finance, to take health a great deal more seriously.

Richard Horton
richard.horton@bmj.com

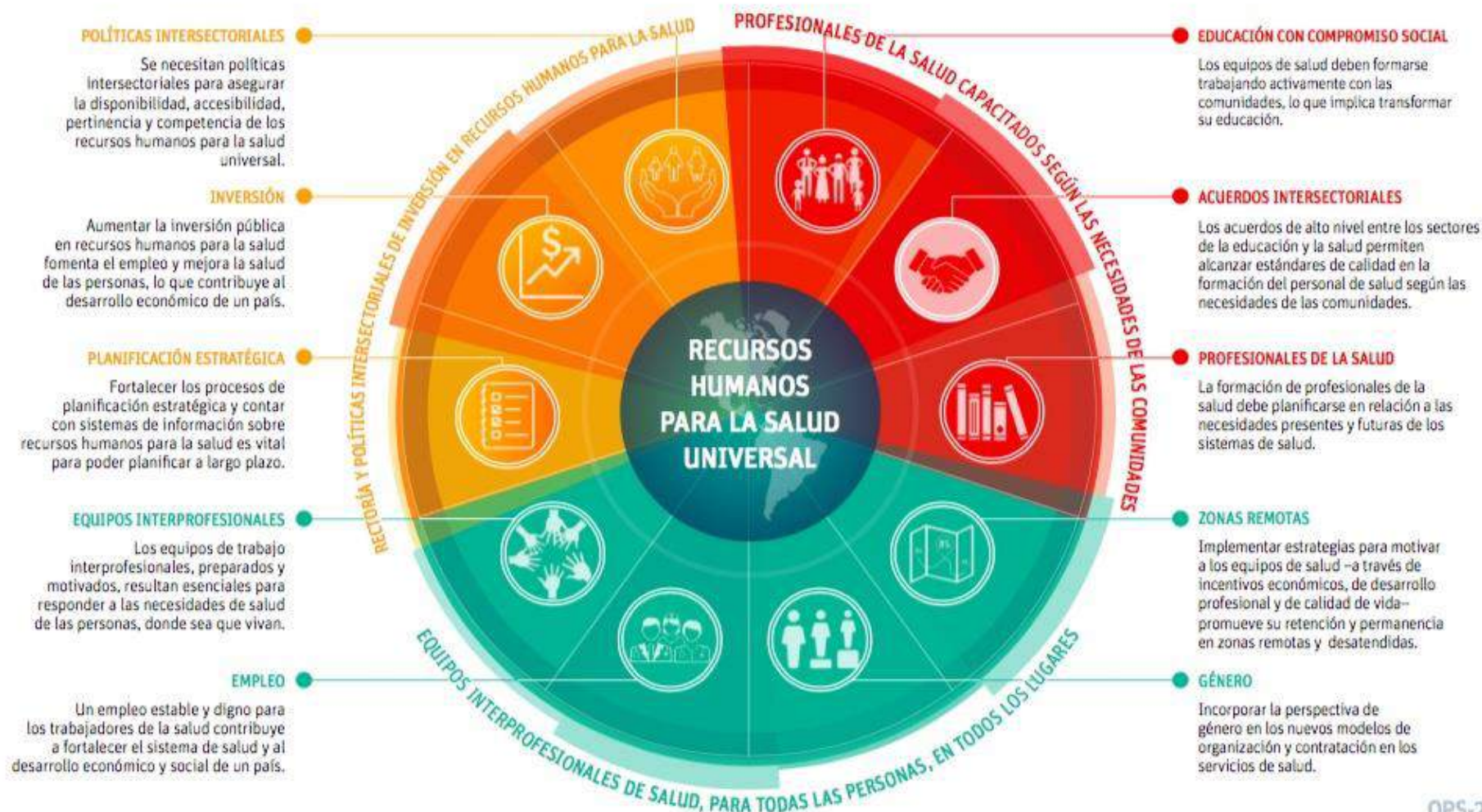
The High-Level Commission on Health Employment and Economic Growth was co-convened by the World Health Organization, the International Labour Organisation, and the OECD



OPS / Estrategia de Recursos Humanos para el Acceso Universal a la Salud y la Cobertura Universal de Salud

Prioridad de OPS para el 56 Consejo Directivo y la 29 Conferencia Sanitaria Panamericana (Septiembre 2017)

Recursos humanos para la salud, para todas las personas, en todos los lugares





Tres líneas estratégicas de acción

1. Fortalecer y consolidar la gobernanza y rectoría en RHS;
2. Abordar las condiciones y el desarrollo de capacidades para ampliar el acceso y la cobertura, con equidad y calidad;
3. Reorientar el sector de educación para responder a las necesidades de los sistemas de salud en proceso de transformación hacia la salud universal.

Compromiso social para transformar la educación en ciencias de la salud



**Pan American
Health
Organization**



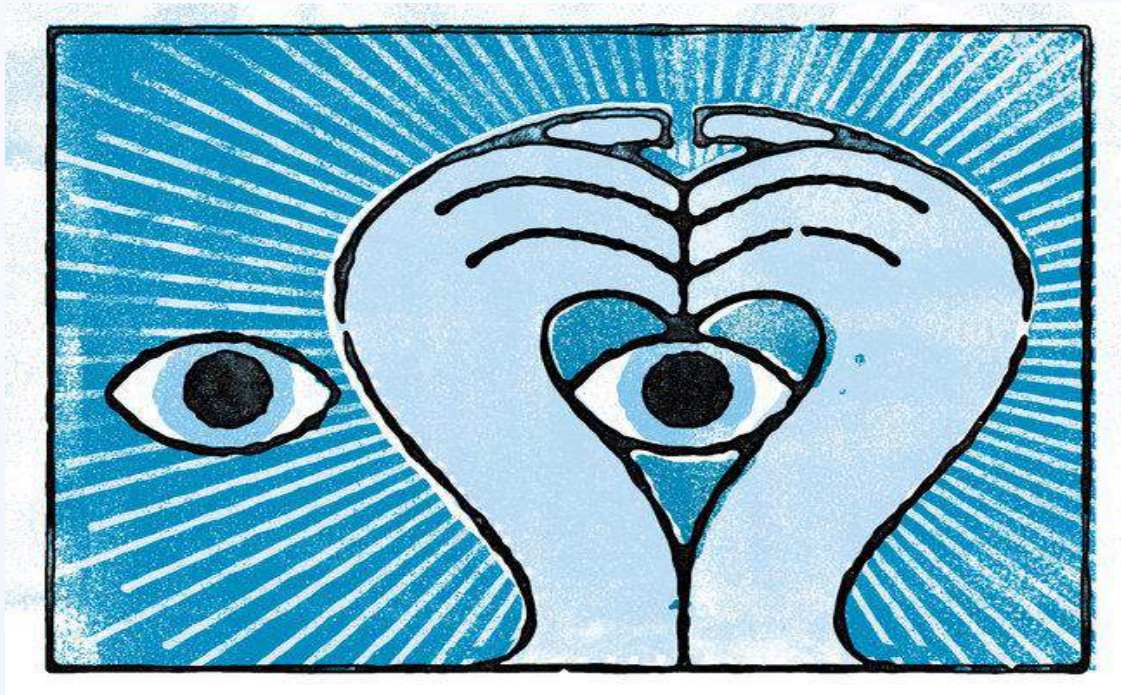
**World Health
Organization**
REGIONAL OFFICE FOR THE
Americas



Universal health
Access and coverage for all

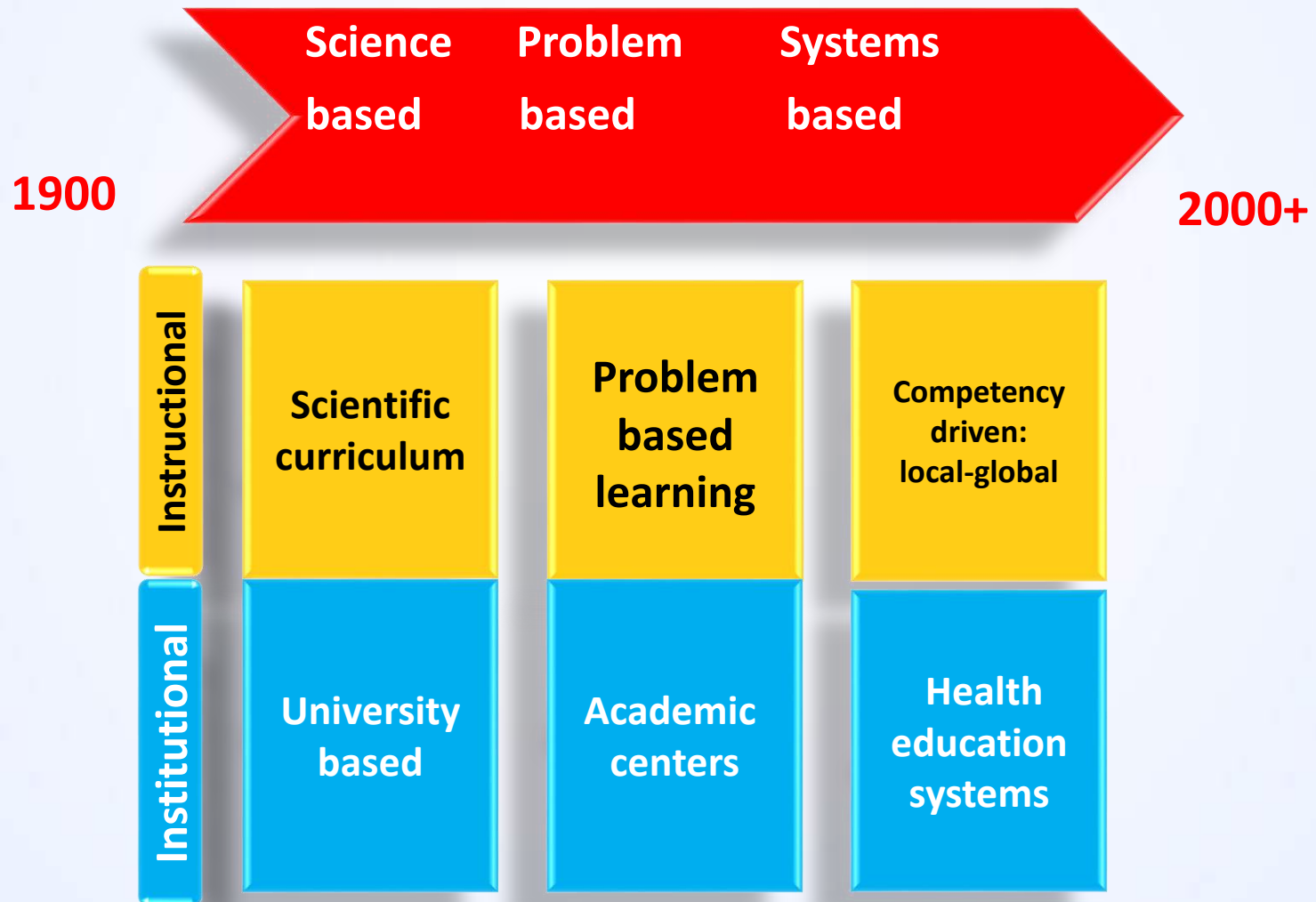
Misión social en educación en ciencias de la salud

Una opción creciente



PARADIGM SHIFTS

Three generations of reforms



Social Accountability of Medical Education

Defining and measuring
the social accountability of
medical schools

Charles Boelen, MD

Chief Medical Officer

Educational Development of Human Resources for Health

World Health Organization

Geneva, Switzerland

and

Jeffery E. Heck, MD

Director of Family Medicine Residency Training Program

and International Health Program

University of Cincinnati

Cincinnati, Ohio, USA



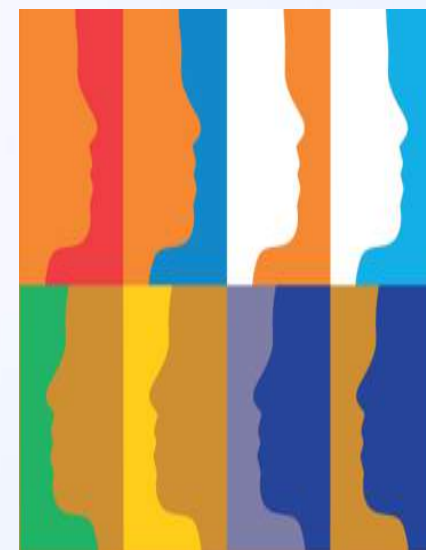
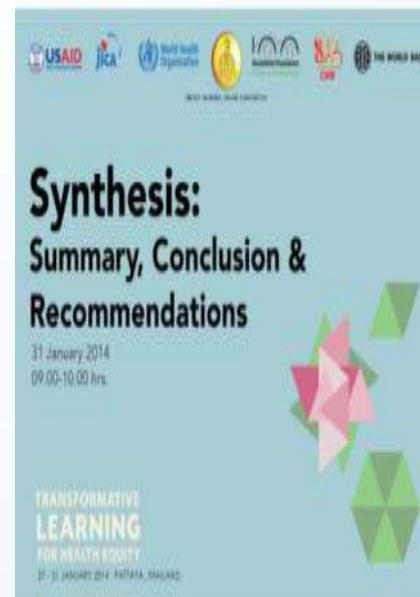
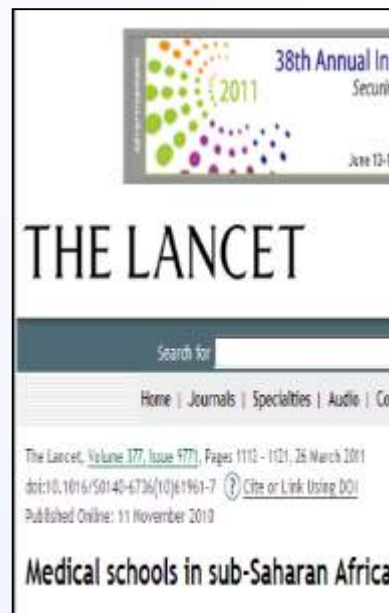
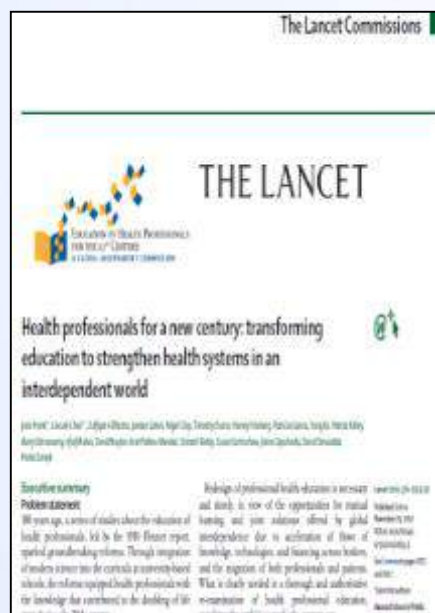
World Health Organization
Geneva

**Obligation for medical
schools to direct their
education, research and
service activities
towards addressing the
priority health concerns
of the community,
region, and/or nation
they have a mandate to
serve.**

WHO, 1995

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

Fitz Mullan @ JAMA 2017



Mensajes comunes

- **Impulsar la responsabilidad/misión social y rendición de cuentas por parte de las escuelas**
- **Fortalecer compromiso político/coordinación Salud-Educación**
- **Buscar mayor equilibrio entre la excesiva especialización en comparación con las necesidades de generalistas y de Médicos de Familia.**
- **Enfocar la educación en salud hacia la APS y los DSS**
- **Establecer procesos de transformación educativa: currículo integrado, inmersión alumnos en red de servicios y APS, formación de formadores, mayor uso de las TICs, etc**

Consenso sobre el Consenso



Global Consensus for
Social Accountability
OF MEDICAL SCHOOLS

Consenso Global sobre la Responsabilidad
Social de las Facultades de Medicina

Consenso Global

AREA 1. PREVISIÓN DE LAS NECESIDADES DE SALUD DE LA SOCIEDAD

AREA 2. ASOCIACIÓN CON EL SISTEMA DE SALUD Y LOS GRUPOS DE INTERESES

AREA 3. ADAPTACIÓN A LOS CAMBIOS EN EL ROL DE LOS MÉDICOS Y OTROS PROFESIONALES DE LA SALUD

AREA 4. EL FOMENTO DE LA EDUCACIÓN BASADA EN RESULTADOS

AREA 5. GENERAR UNA GOBERNANZA RESPONSABLE DE LA FACULTAD DE MEDICINA CAPAZ DE RESPONDER

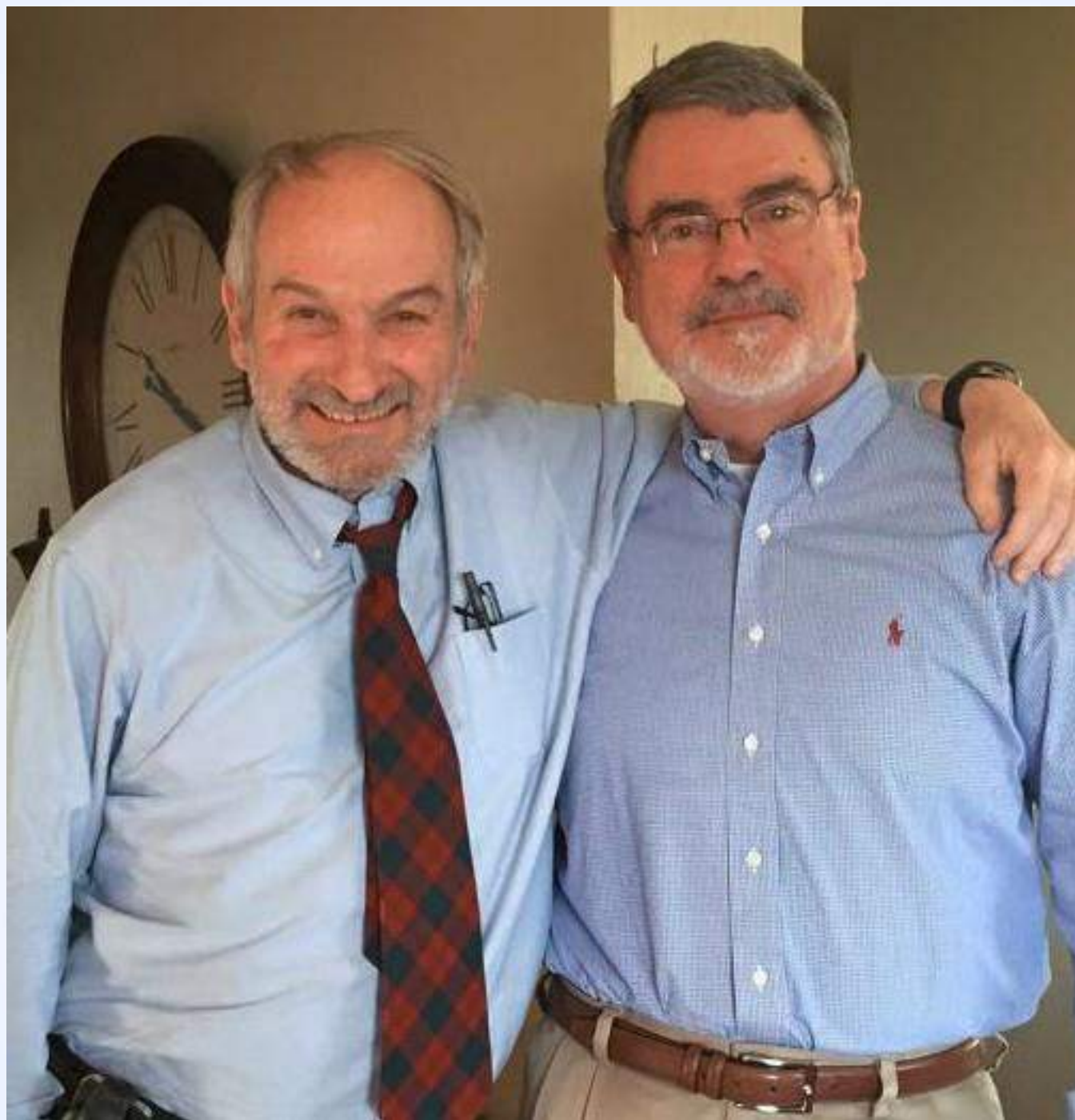
AREA 6. REDEFINIR EL ÁMBITO DE INCUMBENCIA DE LOS ESTÁNDARES EDUCATIVOS DE INVESTIGACIÓN
Y DE LA PRESTACIÓN DE SERVICIOS

AREA 7. LA MEJORA CONTINUADA DE LA CALIDAD EN EDUCACIÓN, INVESTIGACIÓN Y PRESTACIÓN DE
SERVICIOS

AREA 8. ESTABLECER MECANISMOS OBLIGATORIOS DE ACREDITACIÓN

AREA 9. PRINCIPIOS GLOBALES Y ESPECIFICIDAD DE CONTEXTO

AREA 10. EL ROL DE LA SOCIEDAD



First Generation Schools

Facultades de Primera Generación

The eight dimensions

- *School Mission*
- *Pipeline Cultivation*
- *School Admissions*
- *Curriculum Structure and Content*
- *Location of Clinical Experience*
- *Debt Management*
- *Mentoring/Role Modeling*
- *Post-Graduate Engagement*

Las ocho dimensiones

- *Misión de la Facultad*
- *Pipeline / Flujo/ Canalización*
- *Sistema de admisiones*
- *Estructura curricular y contenidos*
- *Campos clínicos*
- *Manejo financiero*
- *Mentores / Modelos a seguir*
- *Compromiso de post-grado*

The Social Mission of Medical Education: Ranking the Schools

Fitzhugh Mullan, MD; Candice Chen, MD, MPH; Stephen Petterson, PhD; Gretchen Kolsky, MPH, CHES; and Michael Spagnola, BA

Background: The basic purpose of medical schools is to educate physicians to care for the national population. Fulfilling this goal requires an adequate number of primary care physicians, adequate distribution of physicians to underserved areas, and a sufficient number of minority physicians in the workforce.

Objective: To develop a metric called the social mission score to evaluate medical school output in these 3 dimensions.

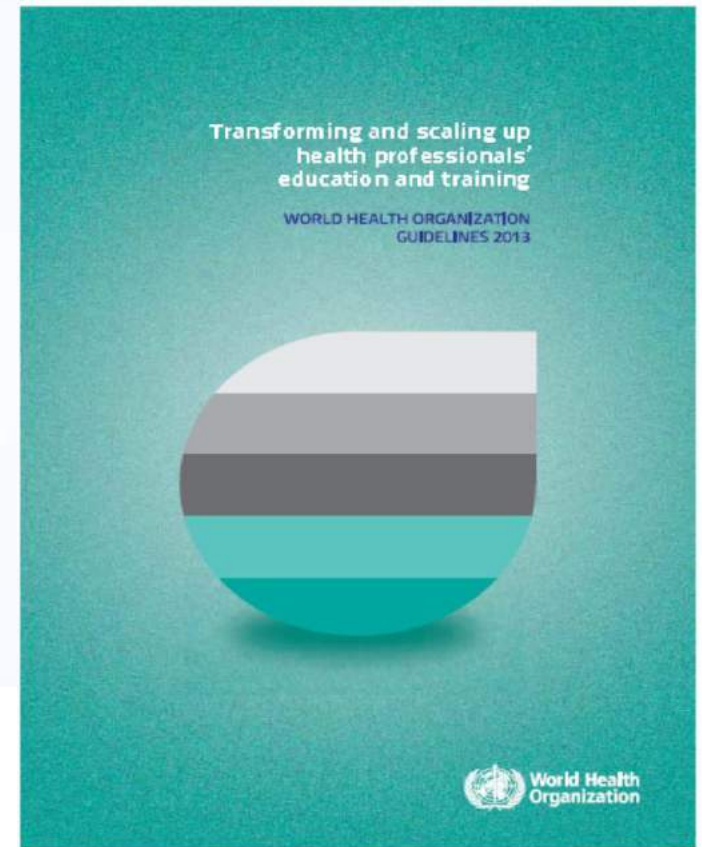
based medical schools had higher social mission scores than private and non-community-based schools. National Institutes of Health funding was inversely associated with social mission scores. Medical schools in the northeastern United States and in more urban areas were less likely to produce primary care physicians and physicians who practice in underserved areas.

Limitations: The AMA Physician Masterfile has limitations, including specialty self-designation by physicians, inconsistencies in re-

Key policy issues and recommendations

- Governance and planning
- Regulatory frameworks
- Education and training institutions
- Financing and sustainability
- Planning, implementation and evaluation

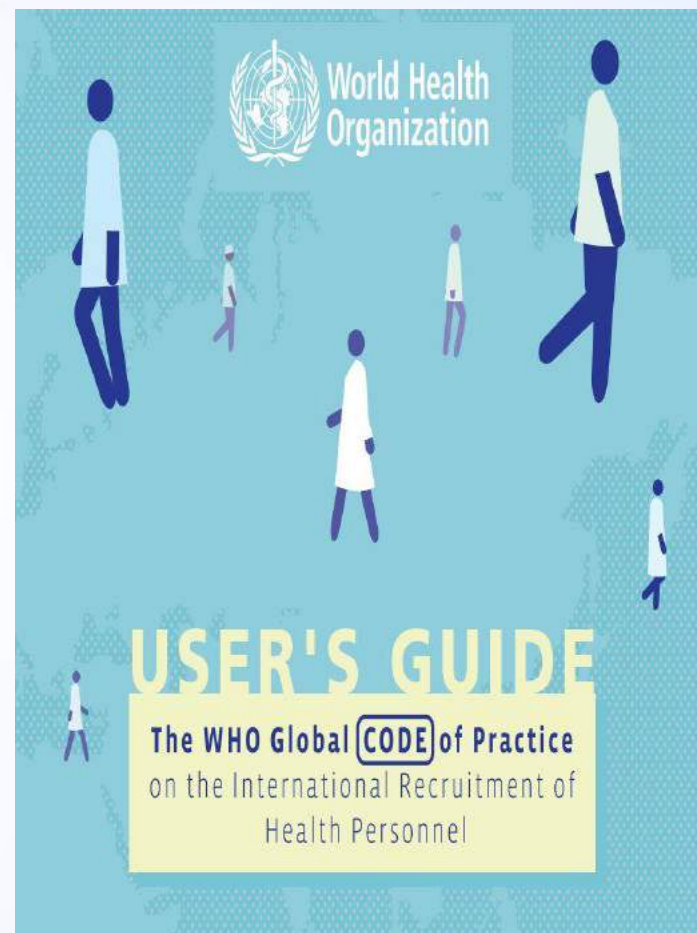
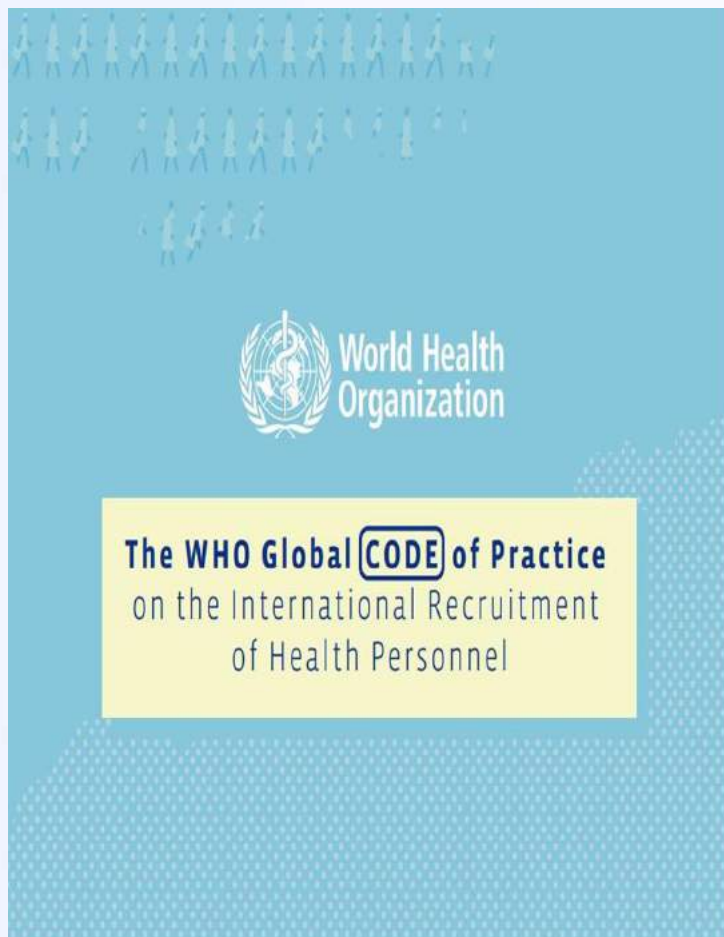
WHO, 2013



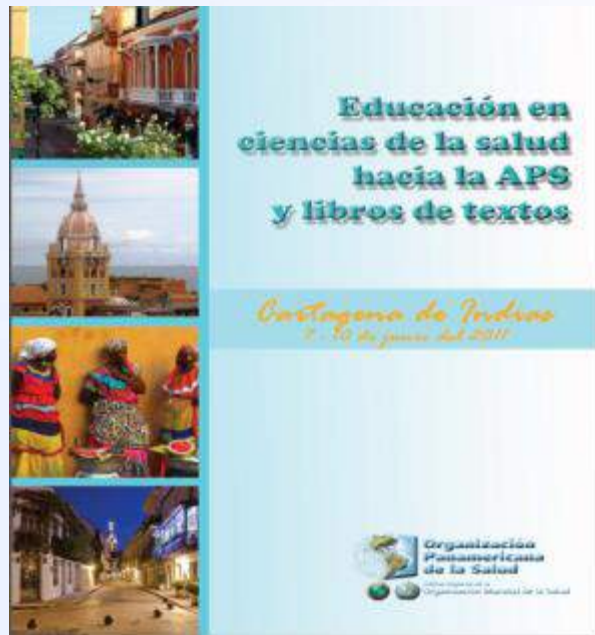
WHO recommendations for RR of HRH



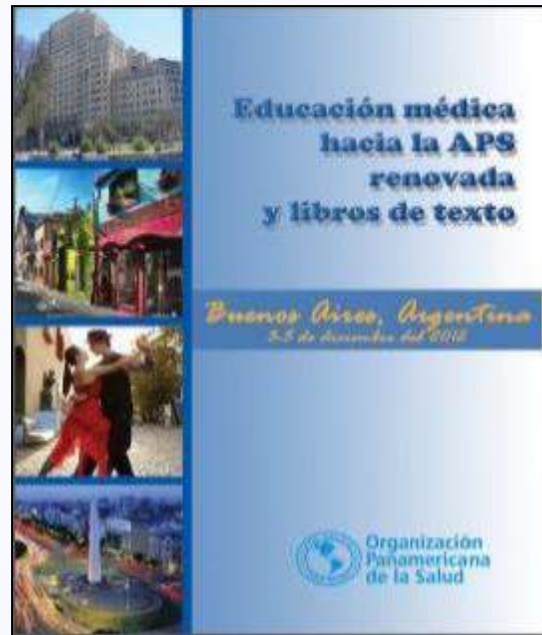
Category of intervention	Examples
A. Education	A1 Students from rural backgrounds
	A2 Health professional schools outside of major cities
	A3 Clinical rotations in rural areas during studies
	A4 Curricula that reflect rural health issues
	A5 Continuous professional development for rural health workers
B. Regulatory	B1 Enhanced scope of practice
	B2 Different types of health workers
	B3 Compulsory service
	B4 Subsidized education for return of service
C. Financial incentives	C1 Appropriate financial incentives
D. Professional and personal support	D1 Better living conditions
	D2 Safe and supportive working environment
	D3 Outreach support
	D4 Career development programmes
	D5 Professional networks
	D6 Public recognition measures



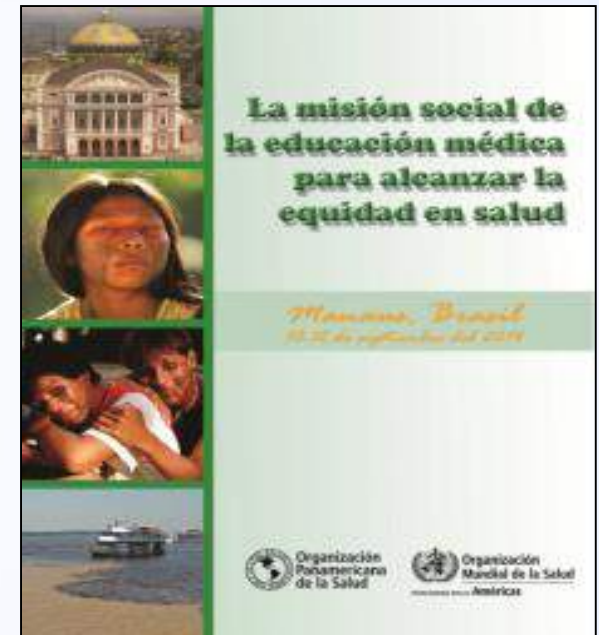
Social Accountability @ PAHO/WHO



2011



2012



2014

THE LAUNCHING OF A CONSORTIUM FOR THE ADVANCEMENT OF SOCIAL ACCOUNTABILITY IN HEALTH PROFESSIONAL EDUCATION IN THE REGION OF THE AMERICAS

Martine Morin¹, Larisa Carrera², Mercedes Cáceres³, Tomlin J Paul⁴, Jose Francisco Garcia Gutierrez⁵, Michael Glasser⁶, Arthur Kaufman⁷,
Ruy Souza⁸, André-Jacques Neusy⁹

¹ University of Sherbrooke, ² Universidad Nacional del Litoral, Argentina, ³ Universidad Nacional Autónoma de Nicaragua-León, Nicaragua, ⁴ University of the West Indies, Jamaica, ⁵ PAHO/WHO, ⁶ University of Illinois, USA, ⁷ University of New Mexico, USA, ⁸ Universidade de Pernambuco, Brazil, ⁹ Training for Health Equity Network (THEnet)

GENERAL CONTEXT

- Health systems worldwide are confronted with an increased demand for quality health services, an aging population, a variety of health risks, and limited resources.
- Health educators have to prepare graduates for this new context by training them in multi-professional healthcare settings at the community level, if they are to fulfill their social mission to achieve Universal Health.
- Social accountability (SA) is a concept that encourages academic centers and health services to produce not just highly competent professionals, but professionals who are equipped to respond to the changing challenges of healthcare through re-orientation of their education, research and service.
- Moving towards social accountability in health professions education means changing academic institutions into health systems change agents.

LATIN AMERICA AND CARIBBEAN CONTEXT

- Numerous health inequalities persist.
- Evidence shows a systemic mismatch across countries between professional competencies and health needs.
- Pan American Health Organization/World Health Organization (PAHO/WHO) promotes Primary Health Care and SA as a strategy to reduce these inequalities.
- Since 2011, PAHO facilitate a SA project that grew out and brought together:
 - Innovative Medical and Health Sciences Schools of South America, Central America and the Caribbean.
 - The 3 PAHO's Collaborative Centers (PAHO CC) on human resources education.
 - 2 leading organizations on SA: Training for Health Equity Network (THEnet) and Beyond Flexner Alliance

MEETINGS



CONSORTIUM MEMBERS (2017)



MISSION

- To promote, disseminate and support the implementation of SA principles:
 - among medical and health sciences schools in the Region of the Americas (especially in Latin America and the Caribbean)
 - taking into consideration their context, diversity and resources

2017-2020 ACTION PLAN

Advocacy & Networking

- Promote better understanding of SA movement at global, regional and national levels
- Foster combined participation of health and education sectors
- Facilitate exchanges and sharing of best practices among schools

Mentoring & collaboration

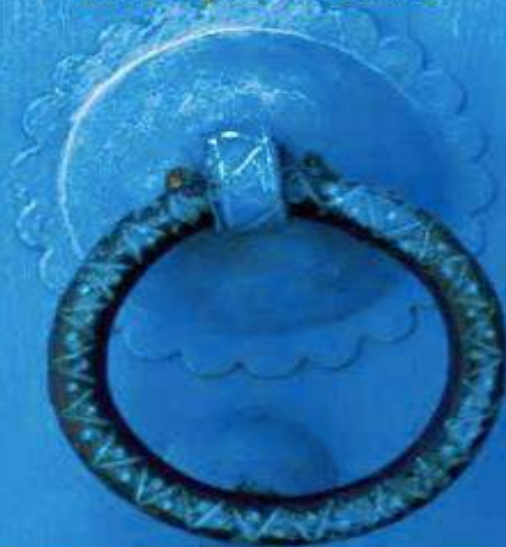
- For medical schools interested (or in the process) of transforming their programs according to the principles of SA in the Region of the Americas

Research & Partnership

- With other global networks focused on SA

In conjunction with the Annual Meeting of The Network :
Towards Unity for Health (TUFH)

**Improving the Impact of Educational Institutions
on People's Health**

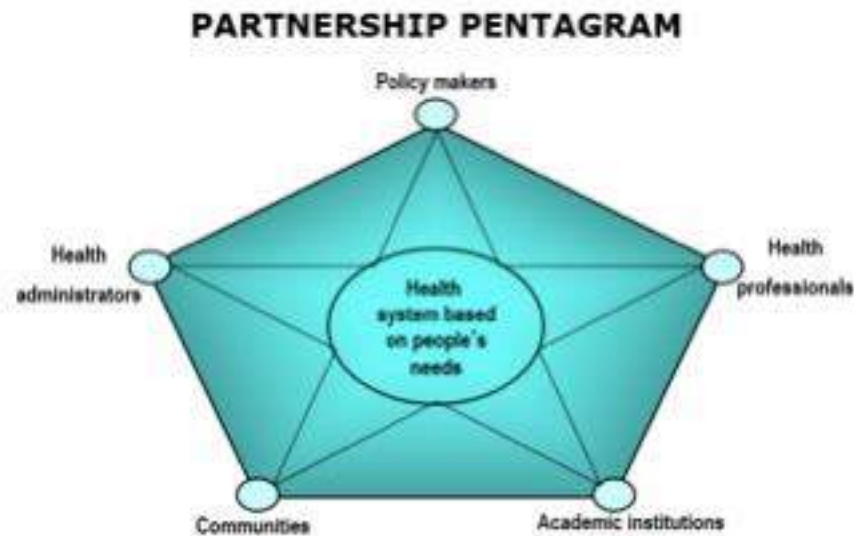


WORLD SUMMIT ON
SOCIAL
ACCOUNTABILITY

8-12 april 2017 • Hammamet • Tunisia

LIDERAZGO

ACREDITACION



COMPETENCIAS

COLABORACIONES

Accountability for Social Accountability





A GUIDE THROUGH THE PATH OF SOCIAL ACCOUNTABILITY

I-SAT (Indicators for Social Accountability Tool)

*The I-SAT Working Group**



Pan American
Health
Organization



World Health
Organization
Americas

www.paho.org

Sponsors



**Pan American
Health
Organization**



**World Health
Organization**

REGIONAL OFFICE FOR THE **Americas**



Experts & Tools



EXCELLENCE IN
SOCIAL
ACCOUNTABILITY

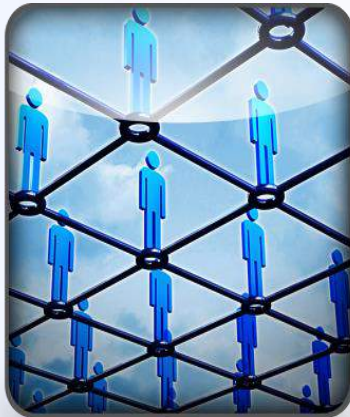




Accreditation
Innovators



Argentina
Brazil
Jamaica



Academic Institutions
&
Accreditation Agencies
from
Latin American
&
Caribbean
Countries



```
graph LR; A[I-SAT] --> B[6 Core Components]; B --> C[11 Themes]; C --> D[4 Phases]; D --> E[47 Indicators]
```

I-SAT

**6 Core
Components**

11 Themes

4 Phases

**47
Indicators**



Stages of change of Indicators of Social Accountability of Medical Education (I-SAT)

I-SAT's philosophy of Socially Accountable Medical Education

The School's mission, values, standards, goals, and governance are needs-based and centered on addressing health issues and community needs among target population, strengthening local health system and reducing health disparities.

The school has a participatory approach where decisions, governance and strategies are based on valuable inputs from stakeholders within the community, local public health organizations and policy makers, with a priority focus on social determinants of health within the community they serve.

I-SAT Activities

Student

Successful outreach/orientation pipeline programs for schools in underserved communities that include learners from those communities and track participant's outcomes.

Faculty

Proportion of faculty members who engage in teaching and research activities related to community health needs. Training, use and recognition of community practitioners and members of the health care team in underserved communities and across the region.

Curriculum

School identifies graduate competencies that are based on the priority health, cultural and social needs of the geographical area the school serves and the health system and services in collaboration with community stakeholders.

Research

Proportion of community-based research projects that involve community members and other stakeholders. Demonstrated impact of research on health services, health outcomes, policy and practice.

Governance

Evidence that external stakeholders from the community are actively involved in the design, implementation and evaluation of education, research and service.

School's Outcome

There is a system in place to continuously track the school's graduates and the relevance of the training they received to their practice.

I-SAT Outcomes

Students

The student body reflects the socio-demographic and other characteristics of the communities and regions the school serves including underserved populations and those deemed most likely to be willing to serve those populations and regions.

Faculty

The school employs and promotes faculty who possess competencies needed to address health system and community needs and those reflecting the diversity of the communities it serves and incorporates the principles of social accountability in their teaching.

Curriculum

The curriculum design, content, delivery, assessment and evaluation reflects the expected competencies of graduates. Professional orientation is identified through needs assessment of the geographical area the school serves.

Research

The school has an integrated research program based on the determinants of social accountability, with participation of students, faculty, health workers and community members

Governance

A socially accountable mandate in the school's vision, mission and values that is fully defined, with metrics and benchmarks, and is being implemented.

School's Outcome

The school's graduates practice according to where they are needed in the geographical region the graduates serve. The school's education, research, its graduates, health service and partnerships have a positive impact on the health care, the health and health equity of the communities/regions that the school and its graduates serve.

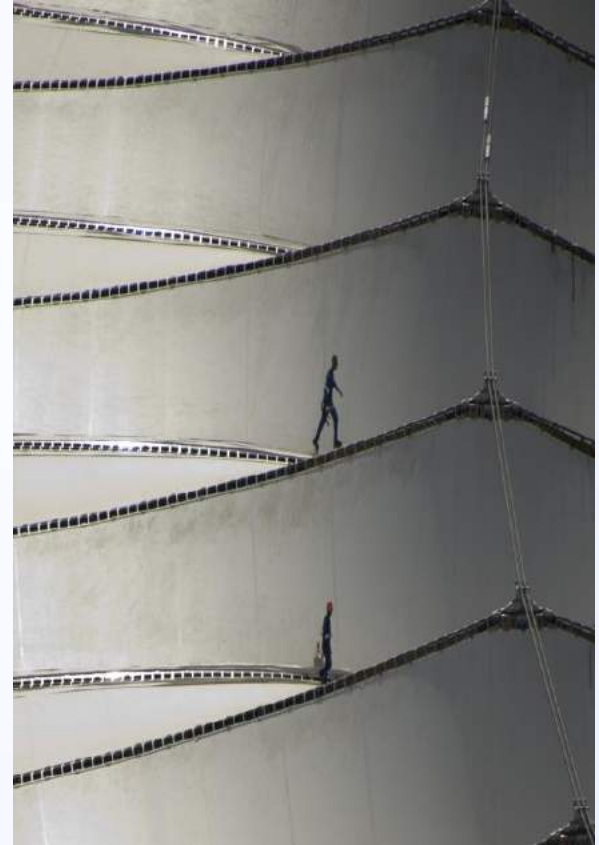
Regional Impact

Quality and equity of health care access. Little or no geographic areas with shortage of health professionals. Responsiveness in addressing health inequities in target population. Culturally competent health service delivery that is cognizant of social determinants of health.

Long-term goals

The school's graduates practice according to where they are needed in the geographical region the graduates serve. Health equity and improved health care access.

Accreditation & Social Accountability



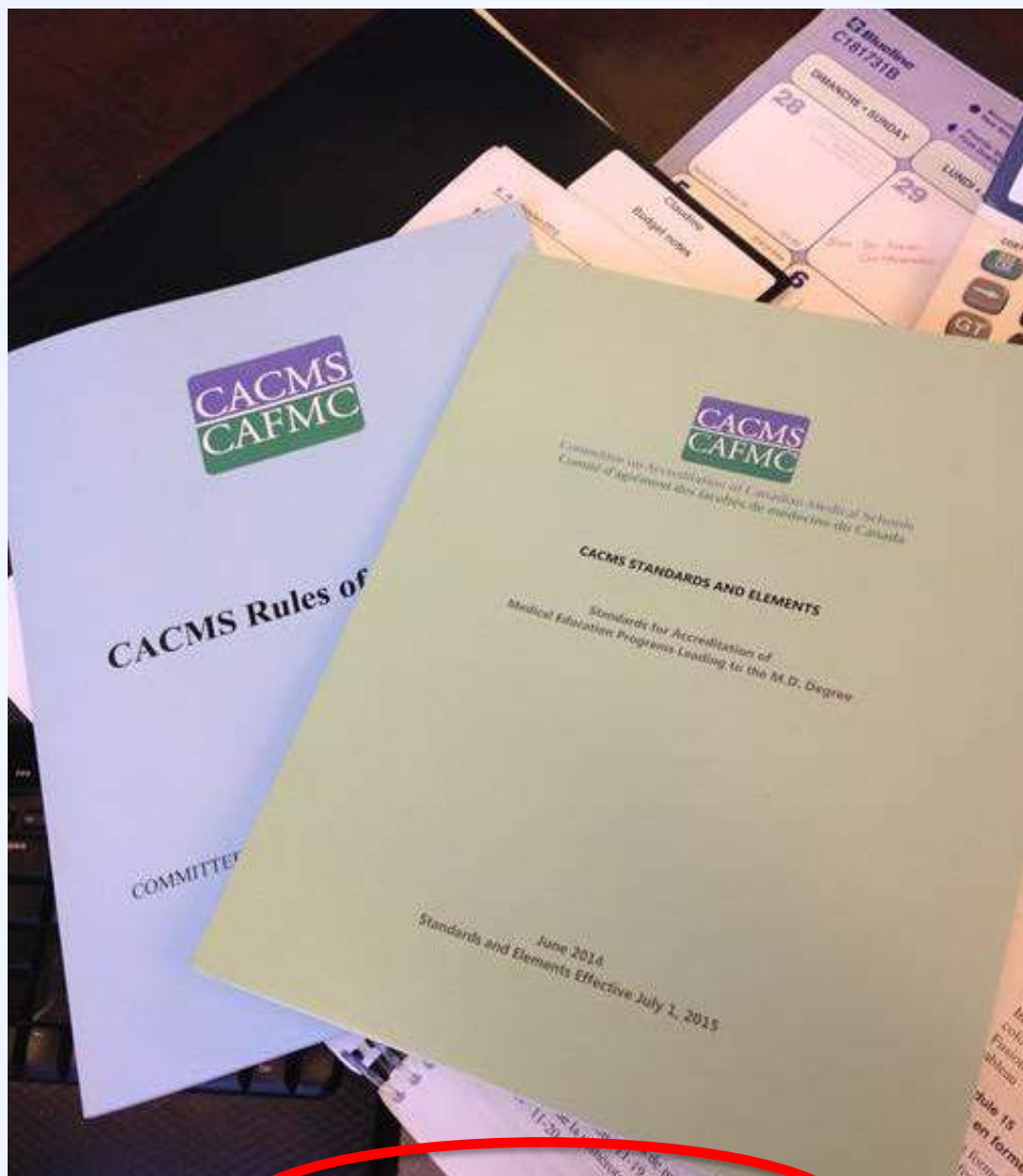
Social Accountability
A Vision for
Canadian Medical Schools

“... the inclusion of the concept of social accountability in the accreditation process of medical schools and other health institutions.”



Accreditation
Innovators





Cacms-cafmc.ca

Conclusions

- **Accreditation is a driver for social accountability**
- **Flexible more than prescriptive**
- **Emergence of a culture of social accountability**
- **Anticipation of accreditation element on social accountability**

Educación Interprofesional (EIP)



Pan American
Health
Organization



World Health
Organization
REGIONAL OFFICE FOR THE Americas



Universal health
Access and coverage for all

Educación Inteprofesional: iniciativas con los países

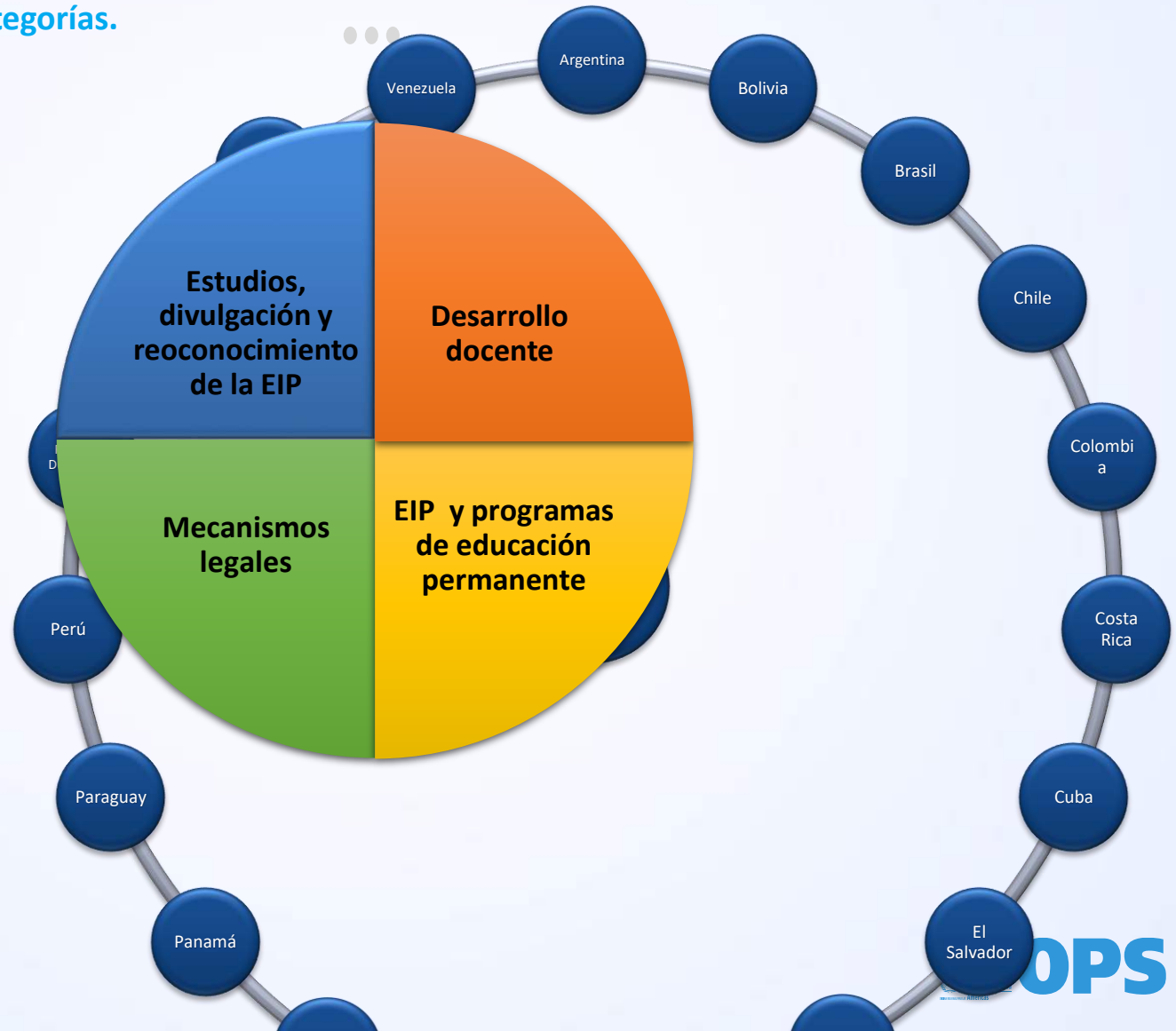
1. Monitoreo de las actividades- Planes de Acción de países (2018 – 2019).
2. Actividades realizadas por la OPS/OMS
 - Webinarios.
 - Publicación y artículos.
 - Curso virtual en el CVSP.

Países con Planes de EIP (2018 – 2019)

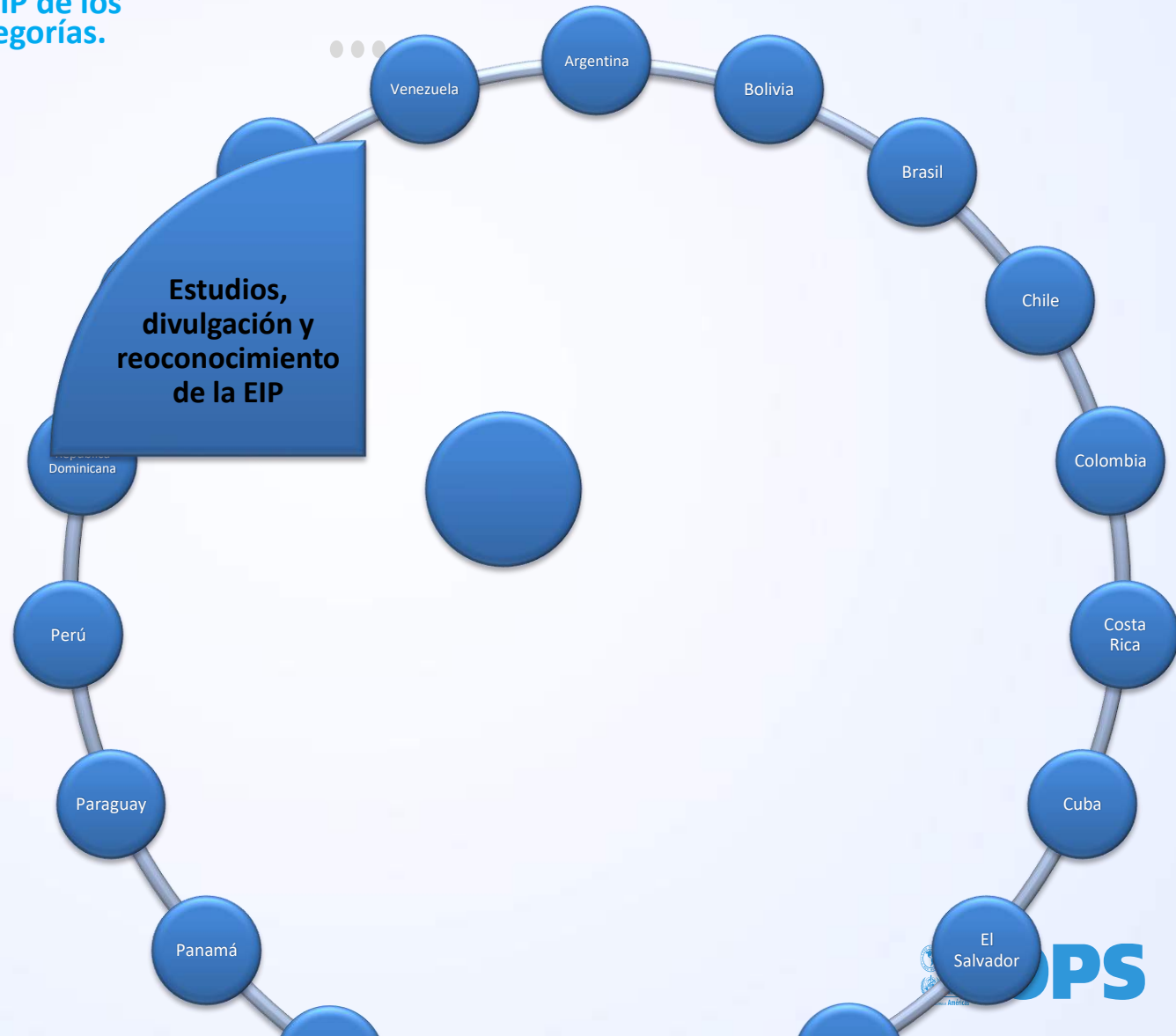
- | | |
|----------------|--------------------------|
| 1. Argentina | 11. Honduras |
| 2. Bolivia | 12. Nicaragua |
| 3. Brasil | 13. Panamá |
| 4. Chile | 14. Paraguay |
| 5. Colombia | 15. Perú |
| 6. Costa Rica | 16. República Dominicana |
| 7. Cuba | 17. Surinam |
| 8. El Salvador | 18. Uruguay |
| 9. Guatemala | 19. Venezuela |
| 10. Guyana | |

Planes desarrollados con representantes de Ministerios de Salud, de Educación y OPS.

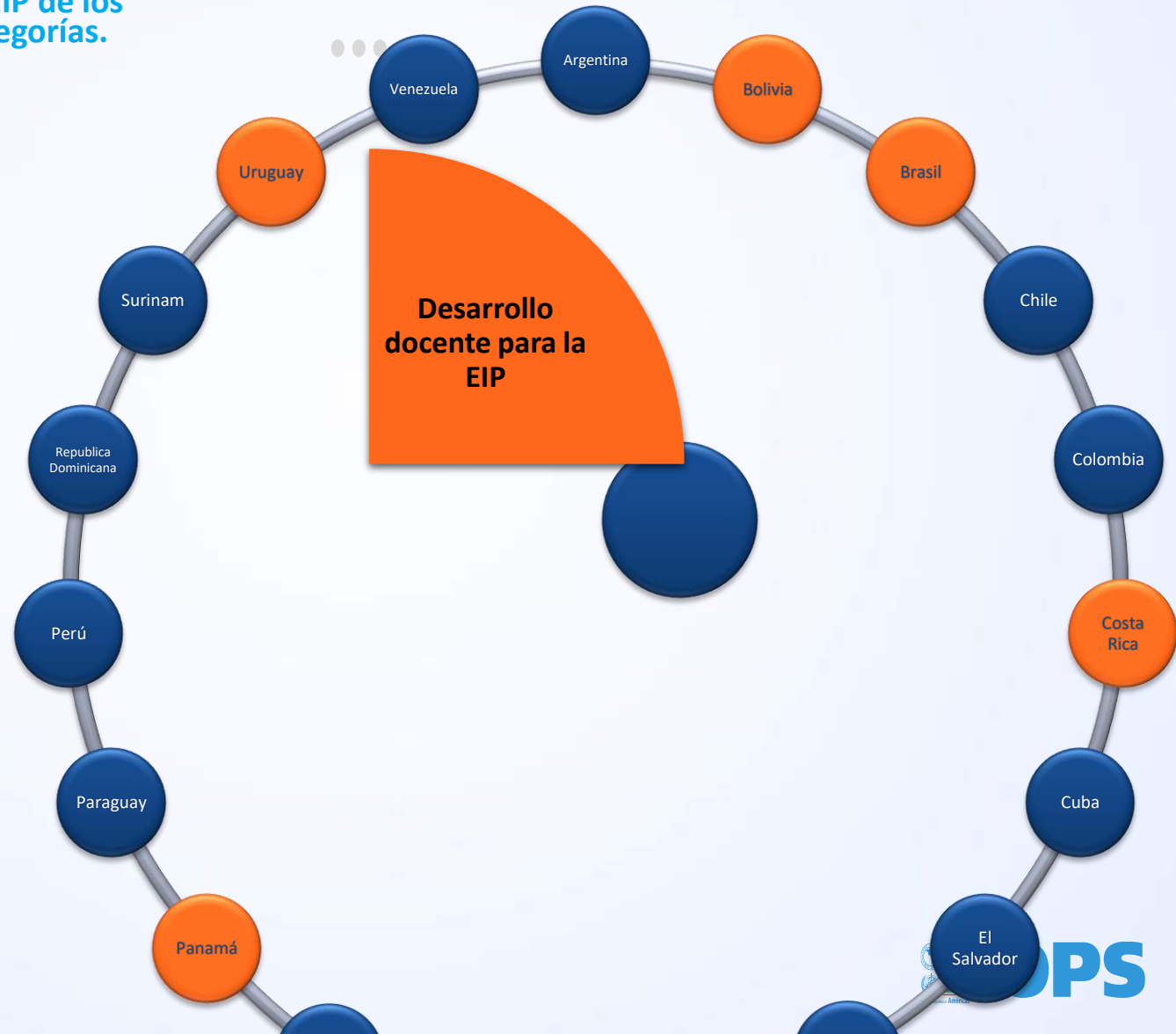
Evaluación de los planes de EIP de los países de acuerdo con 4 categorías.



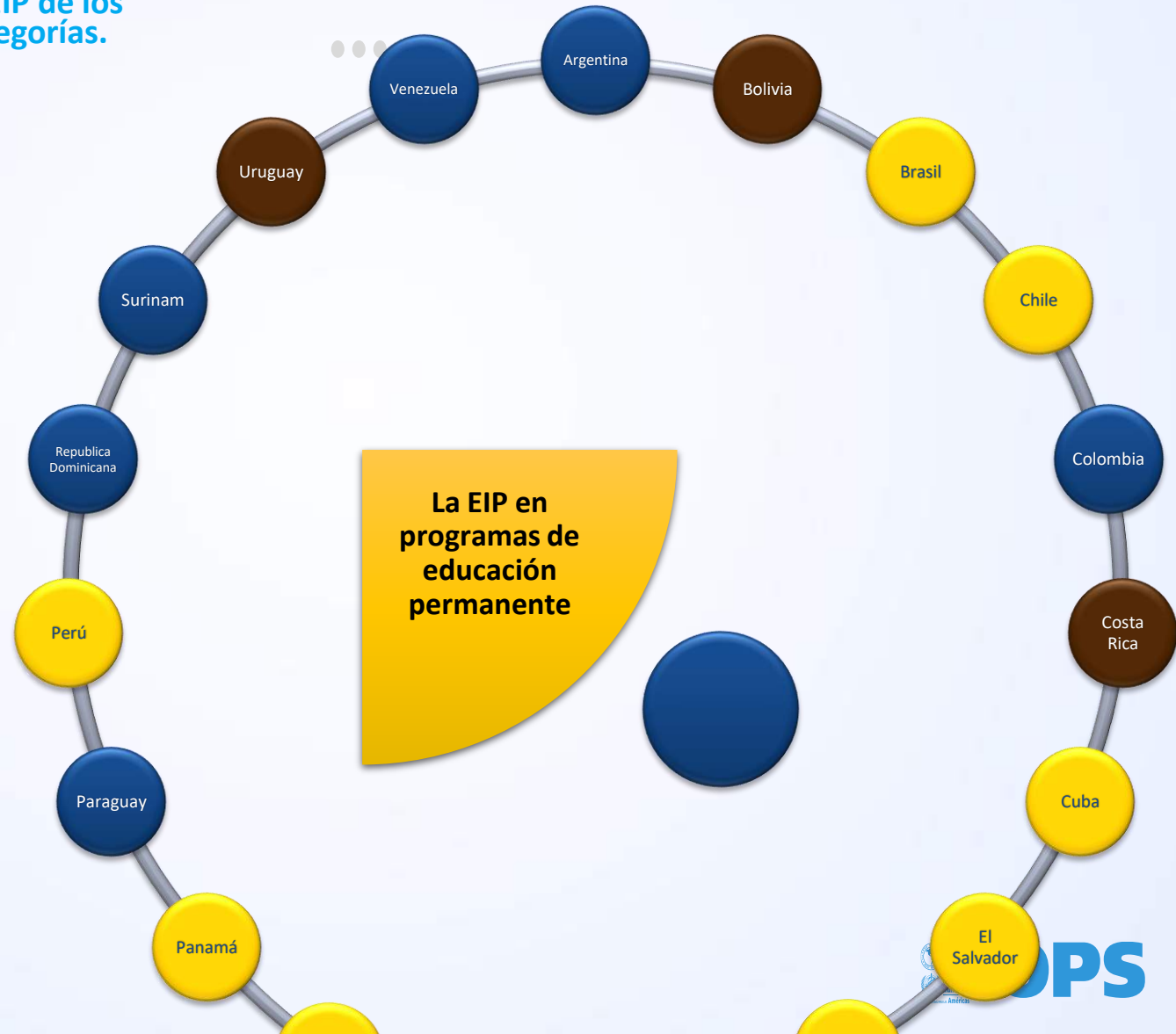
Evaluación de los planes de EIP de los países de acuerdo con 4 categorías.



Evaluación de los planes de EIP de los países de acuerdo con 4 categorías.



Evaluación de los planes de EIP de los países de acuerdo con 4 categorías.



Evaluación de los planes de EIP de los países de acuerdo con 4 categorías.

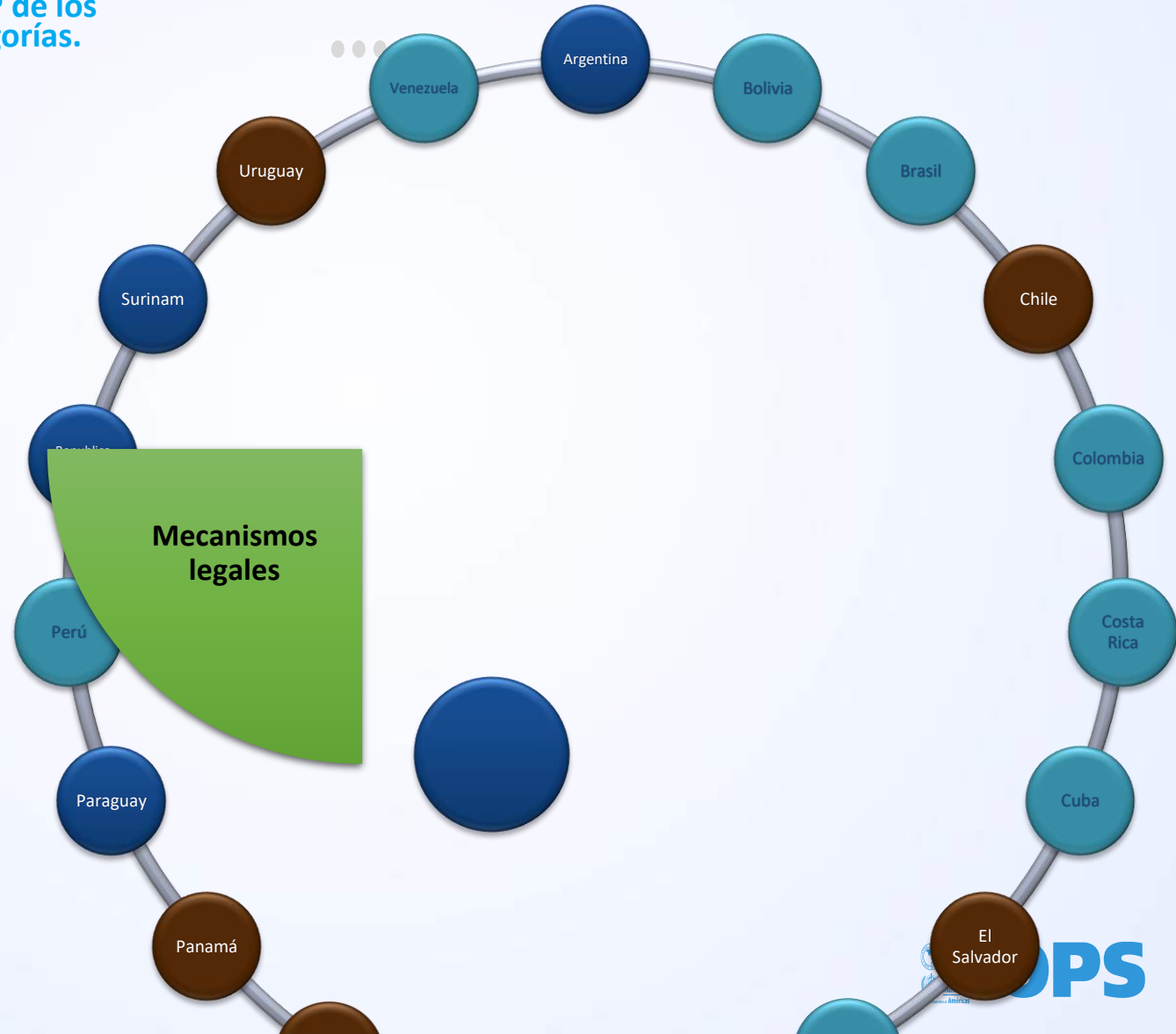
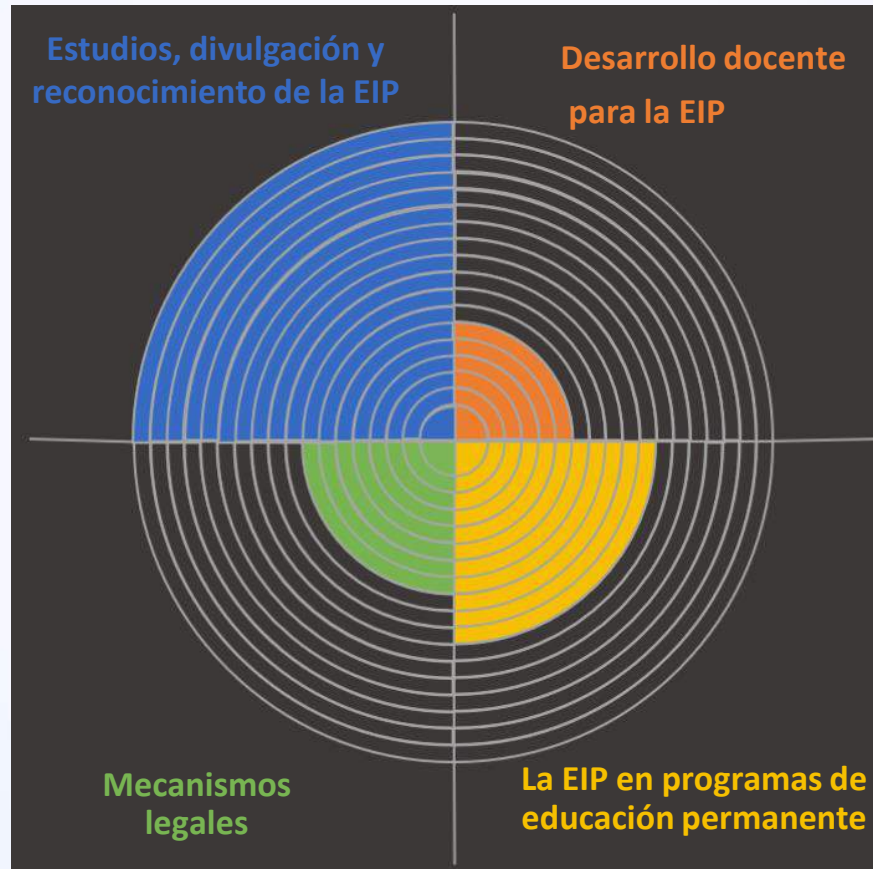


Diagrama de Evaluación de los planes de EIP de los países de acuerdo con 4 categorías



Del total de 19 países, 13 realizaron actividades previstas en sus planes.

Aún no realizaron: Bolivia, Guyana, Nicaragua, Paraguay, Surinam y Venezuela

INICIATIVAS

1. Sitio web:

educacioninterprofesional.org



INICIATIVAS - EIP

2. Webinarios: 2018-2019

OPS & REIP - IPECP WEBINARS

La Unidad de Recursos Humanos para la Salud de la Organización Panamericana de la Salud (OPS/OMS) y la Red Regional de Educación Interprofesional de las Américas (REIP), se complacen en invitarles al webinar de la serie:

EDUCACIÓN INTERPROFESIONAL Y PRÁCTICA COLABORATIVA

TEMA:
ATENCIÓN CENTRADA EN EL PACIENTE EN LA PRÁCTICA INTERPROFESIONAL COLABORATIVA

Invitada especial:
Dra. Heloise Agrell
University College Cork - Irlanda
Centro para el Avance de la Educación Interprofesional - CAIPE

Coordinador:
Dr. José Rodrigues Freire Filho
OPS/OMS

Moderadora:
Dra. Silvia Cassiani
OPS/OMS

RESERVE LA FECHA

21 marzo 2019 11:00 am - 12:00 m hora del Este <https://goo.gl/hFUhXa>

#WebinarEIP #EducacionInterprofesional EIP

OPS Organización Panamericana de la Salud Organización Mundial de la Salud



WEBINAR

Formación de profesores: una de las claves para el éxito de la educación interprofesional en salud

JUEVES, 28 DE JUNIO
2:00-3:00 PM (EST)

Eva Icarán | Facultad de Ciencias Biomédicas y de la Salud - Universidad Europea

Enlace: <http://bit.ly/2L25Xly>
+ info: rodrigujs@paho.org



PAHO WEBINARS
INTERPROFESSIONAL EDUCATION

The Pan American Health Organization (PAHO/WHO) Human Resources for Health Unit (HRSU/HR) and Regional Network for Interprofessional Education in the Americas invite you to the webinar:

INTERPROFESSIONAL EDUCATION: FROM POLICIES TO PRACTICE IN THE REGION OF THE AMERICAS

Wednesday, 21 March 2018 | 2:00 – 3:00 p.m. (EST, time)
Link Webinar: <https://goo.gl/gz6t3x> (Webinar in English)

John H. V. Gilbert
Professor Emeritus, University of British Columbia, Founding Chair, Canadian Interprofessional Health Collaborative
Moderator
Silvia Cassiani
Regional Advisor on Nursing and Allied Health Personnel/Health Systems and Services

Pan American Health Organization **World Health Organization**

INICIATIVAS - EIP

3. Elaboración de publicación y artículos

La Educación Interprofesional en Salud en la Región de las Américas: avances y perspectivas

COLABORADORES

1. Stefanus Snyman, Centre for Community Technologies at Nelson Mandela Metropolitan University - Africa del Sur
2. Ruth Martin Misener- Dalhousie University-Canadá
3. Richard Pitt - Centro para el Avance de la EIP (CAIPE) – Reino Unido
4. Eduardo Tobar Almonacid - Facultad de Medicina de la Universidad de Chile
5. Cláudia Brandão Gonçalves – Ministerio de Salud de Brasil
6. John Gilbert - University of British Columbia y Canadian Interprofessional Health Collaborative
7. Larisa Carrera - Escuela de Ciencias Médicas de la Universidad Nacional del Litoral de Argentina
8. Raquel Mock – Ministerio de Salud de Panamá

INICIATIVAS - EIP

4. Curso virtual en EIP el CVSP

The screenshot displays the user interface of the OPS/OMS virtual course platform. At the top, the header includes the OPS logo, the text 'OPS/OMS', and a user profile for 'Jose Rodrigues Freire Filho'. Below the header is a navigation bar with links: 'Inicio', 'Portal Regional', 'OPS', 'OMS', 'Mis cursos', and 'Español - Internacional (es)'. A search bar labeled 'Buscar cursos' is also present.

The main content area features a large banner for the 'Educación Interprofesional en Salud' course. The banner includes a globe icon with the text 'Red Regional de Educación Interprofesional de las Américas' and the course title 'Educación Interprofesional en Salud'. Below the banner, there is a list of course units: 'Introducción', 'Unidad 1', 'Unidad 2', 'Unidad 3', and 'Evaluación final'. At the bottom of the banner, there are links for 'Mesa de ayuda' and 'Programa del curso'.

On the left side of the interface, there is a sidebar with several sections:

- Contáctenos a través de nuestra Mesa de Ayuda:** A section with an envelope icon.
- Participantes del curso:** A section with an icon of three people.
- Administración:** A section with a gear icon and a list of administrative tasks:
 - Administración del curso
 - Editar ajustes
 - Activar edición
 - Usuarios
 - Filtros
 - Informes
 - Configuración Calificaciones
 - Copia de seguridad
 - Restaurar
 - Importar
 - Reiniciar
 - Banco de preguntas

EIP: iniciativas con los países

EIP en la acreditación de las instituciones:

- Levantamiento de iniciativas de países y de agencias acreditadoras con criterios de acreditación en el tema de la EIP, para evaluación del indicador del plan de acción de RHS (2018 – 2023)
- Llamada a nuevos países para incorporar el tema de la EIP en sus políticas de RHS: México, Trinidad y Tobago, Ecuador.

El gran secreto

Estudiantes



Students' Toolkit on Social Accountability in Medical Schools

Medical students are the future of healthcare locally and globally. They should have a vested interest in receiving an education that will best prepare them to meet the future needs of the society in which they work. Social Accountability (SA) in medical education is becoming increasingly prominent in evaluating medical school performance and education quality. This toolkit aims to provide you with a brief introduction of what SA is, what its core principles are, and how you, as a student, can apply several of the existing tools for your own school to really make a difference.

The development of the Students' Toolkit on Social Accountability of Medical Schools was a collaboration between the International Federation of Medical Students' Associations (IFMSA) and the Training for Health Equity Network (THENet).

Our next steps

Diseminación & Implementación

Consortio / MoUs / WHO CC

Publicaciones (White Papers et al)

Materiales educativos

Acción intersectorial (nacional/subregional)

Acreditación /Misión Social/ EIP



Muchas gracias



**Pan American
Health
Organization**



**World Health
Organization**
REGIONAL OFFICE FOR THE **Americas**



Universal health
Access and coverage for all