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### **Health workforce training and education**

The 21st century witnesses that countries are confronted with numerous health challenges such as those related to health systems, sociodemographic changes, changing disease patterns and changing vulnerabilities and risks. To cope with these challenges, health systems should be strengthened using a primary health care (PHC) approach where a good balance between public health and medical service prevails. These challenges, which are complex and require a multidisciplinary approach and multisectoral collaboration, have an impact on the work of health-care providers and thus how they are educated and trained.

Since the Flexner report in 1910 substantial reform in health professional education had been taken place. However, due to rapidly changing health challenges, it is a common observation that, today, health workforce (HWF) education and training has not been well adapted to address these challenges. With exceptions in some health education institutions, this is largely because of outdated, static and fragmented curricula, which produce graduates with insufficient knowledge, skills and competence responsive to the current and future population health needs.

A competent, motivated, sufficient in numbers and with the appropriate mix of skills health workforce forms the core of a high-quality and efficient health system. The *World Health Report 2006* reveals that 6 out of 11 countries of the South-East Asia (SEA) Region face a human resources for health (HRH) crisis, with fewer than 23 health workers (doctors, nurses and midwives) per 10 000 population. Member States are committed to achieving effective and well-motivated HWFs as witnessed in the 2006 Dhaka Declaration on Strengthening Health Workforce in the Countries of South-East Asia Region and the Regional Committee resolution on Strengthening the Health Workforce in South-East Asia adopted at its Fifty-ninth Session.

The recent review of HRH country profiles conducted in February 2012 reveals that those countries with an HRH crisis continue to be in crisis; funding support for HRH development is not sufficient to bring about the desired improvement in most countries; HRH education, deployment and management as well as migration of health workers within

and outside the country remain challenges; and maldistribution of HWF exists in most countries. These challenges need to be carefully addressed to ensure effective HWFs, otherwise it will not be possible to achieve universal health coverage. As a starting-point this paper will deliberate on challenges related to HRH education to effectively address the challenges.

Although considerable efforts have been made to strengthen education and training of HWFs in countries, much remains to be done to produce desirable results in most countries. There are good practices of HWF education in the Region, however most countries encounter numerous challenges in educating their HWFs.

HWF training and education must therefore be further strengthened to tackle those health and educational challenges, including training and education of community-based health workers (CBHWs), to further strengthen the PHC approach. Further, an effective community-based health workforce is one of the ways to ensure that essential health interventions reach even “unreached” populations in order to achieve universal health coverage.

However, efforts at the country level to strengthen HWF training and education are largely fragmented due to limited resources and lack of clear policy directions. There is thus a need to renew the commitment and investment to strengthening HWF training and education; and to have clear national health policies, strategies and plans on the focus of health systems, and on HWF requirements and education. Countries also need to find new and better ways to educate their health-care providers to meet the needs of health systems and communities in order to achieve universal health coverage.

It is timely that the Regional Committee considers this issue. The High-Level Preparatory (HLP) Meeting held in the Regional Office in New Delhi from 2 to 5 July 2012 reviewed the working paper on “Health Professionals’ Education” and made the following recommendations:

#### **Actions by Member States**

- (1) To review national health policies, strategies and plans to ensure that HWFs contribute to effective health system functioning.
- (2) To conduct comprehensive assessments of the current situation of HWF education and training, based on an agreed common protocol, as a foundation for evidence-based policy dialogue/formulation
- (3) To develop or strengthen policies for education and training of HWF as an integral part of national health and education policies.
- (4) To increase resources and support for the strengthening of HWF training and education, including CBHWs, in support of universal health coverage.
- (5) To request the Director-General through the Regional Director to place “Health workforce education and training in support of universal health coverage” as a provisional agenda item of the 132nd session of the Executive Board in January 2013.

### **Actions by WHO-SEARO**

- (1) To support Member States in conducting a comprehensive assessment of the current situation of HWF education and training based on an agreed common protocol.
- (2) To convene a regional technical consultation to review the result of the country assessments and to formulate regional strategies for strengthening health workforce training and education in the Region.
- (3) To support Member States in their efforts to further strengthen education and training of HWFs, including CBHWs.
- (4) To change the title of the paper for presentation to the Sixty-fifth Regional Committee to “Health workforce training and education in support of universal health coverage”, and to broaden its focus to cover the education and training of all health workers.

The working paper was subsequently revised to expand beyond health professional’s education and to cover all health workers’ education and training. The revised working paper and the HLP recommendations are submitted to the Sixty-fifth Session of the Regional Committee for its consideration.



## Background

1. The 21st century witnesses that countries are confronted with the current and evolving health challenges that are interlinked to each other, such as challenges related to health systems, sociodemographic changes (such as globalization, urbanization, migration of people due to economics and resources and an ageing population, and new international treaties and regulations impacting health), changing disease patterns (such as communicable diseases controlled with preventive, promotive and clinical management programmes, the increase of noncommunicable diseases, new diseases), and changing vulnerabilities and risks (such as public health emergencies and disasters, environmental changes). These challenges, which are complex and require a multidisciplinary approach and multisectoral collaboration, have an impact on the work of health-care providers.
2. To cope with these challenges, health systems should be strengthened using a primary health care approach with a good balance between public health (community-based health care that focuses on health promotion and disease prevention), and medical services (institution-based health care with the primary focus on curative and rehabilitative services). These two functions of health systems must compliment each other to ensure optimal referral systems, which at the end will result in improving cost-efficiency and cost-effectiveness of health care at all levels.
3. Health workforce (HWF) training and education must therefore be strengthened to tackle educational challenges in order to produce and /develop health-care providers in adequate numbers with the required competencies and appropriate mix of skills to deal effectively with health challenges and deliver effective and responsive health services. This will also help countries achieve universal health coverage (UHC). Without adequate numbers of competent health workers to deliver essential health interventions, it will not be possible to achieve UHC.
4. The HWF is one of the six key building blocks of the health system. A competent and motivated HWF forms the core of a high-quality and efficient health system. The *World Health Report 2006: Working together for health* demonstrates the pivotal role played by the HWF in achieving the health outcomes of Member States. It also reveals that 6 out of 11 countries of the South-East Asia (SEA) Region face a human resources for health (HRH) crisis, with fewer than 23 health workers (doctors, nurses and midwives) per 10 000 population – the “threshold” density of doctors, nurses and midwives below which the coverage of essential interventions, including those necessary to meet the health-related Millennium Development Goals (MDGs), is likely to be jeopardized.
5. Countries are committed to strengthening their HWF management in support of health systems based on primary health care (PHC). At their Twenty-fourth meeting held in 2006, the Health Ministers of the SEA Region Member States issued the Dhaka Declaration on Strengthening Health Workforce in the Countries of South-East Asia Region to affirm their commitments to achieve an effective and well-motivated HWF. One of their key commitments is to “increase the training, educational and research capacity in the area of human resources

giving special emphasis to all categories of the HWF that are in short supply, and strengthen and reform pre-service and in-service education, training and research, in order to improve the competencies and responsiveness among health-care providers to deliver a high-quality and responsive service.”

6. The Fifty-ninth Session of the Regional Committee held in 2006, adopted a resolution on “Strengthening the HWF in South-East Asia”. The resolution urges countries, among others, to “invest in the development of HRH in order to respond to health needs of the population through adequate, competent and motivated HWF, and to strengthen the capacity and quality of training institutions to better reflect local health situations and requirements with a particular emphasis on public health orientation and **MDGs**, nursing and midwifery.”

7. The Fifty-ninth Session of the Regional Committee also endorsed the draft Regional Strategic Plan for HWF Development in the SEA Region. The Regional Strategic Plan was then finalized, published and disseminated in 2007. One of the nine strategic areas included in the Regional Strategic Plan is “scaling up HWF production”.

8. Since then, countries have been carrying out various actions to address their HRH challenges. However, the review of HRH country profiles conducted in February 2012 reveals that those countries with an HRH crisis continue to be in crisis. With exception in a few countries, funding support for HRH development is not sufficient to bring about the desired improvement. HRH education, deployment and management as well as migration of health workers within and outside the country remain challenges; and maldistribution of HWF exists in most countries. Furthermore, the assessment of country reports of follow-up actions of the above-mentioned Dhaka Declaration, the Regional Committee resolution and the Regional Strategic Plan reveals that though considerable efforts were made to strengthen the capacity of educational institutes for increasing the HWF, as well as for ensuring the quality and relevance of education and training of health personnel, much remains to be done to produce the desired results in most countries. Countries continue to encounter numerous educational challenges, such as limited institutional capacity, especially in numbers, competencies of teaching staff, and inadequate infrastructure.

9. Furthermore, other HRH issues (such as those related to HRH planning, distribution, retention, deployment and management) will also need to be carefully addressed. Countries need to ensure that those health workers, once trained or educated, will be appropriately supported and empowered so that they continue to be competent, to be productive, and to remain in the setting/place where they are most needed.

10. The problem of health workers’ migration within and outside a country needs special attention. Effective measures must be in place to attract and retain health workers in rural and remote areas; otherwise UHC will not become a reality. The voluntary WHO Global Code of Practice on the International Recruitment of Health Personnel was adopted in the 2010 World Health Assembly to address the international migration issue, but its impact has yet to be seen.

11. Countries need to have health workers who fulfil the needs of the health systems, i.e. with adequate numbers (quantity), appropriate geographical distribution (equity), right competencies

(quality) and an appropriate skill-mix that meets the community's needs (relevance). This would necessitate a high-level commitment and investment for strengthening HRH, particularly HWF education and training.

## Health workforce in the South-East Asia Region

12. The HWF in the WHO South-East Asia Region covers a wide range of health-care providers, from highly educated/skilled professionals, such as medical doctors and specialists, to community-based health workers and volunteers with limited training. The HWF is grouped into the following 10 categories:<sup>1</sup>

- (1) **Medical practitioners:** includes general practitioners, medical specialists and medical assistants.
- (2) **Dental practitioners:** includes dentists, dental specialists and dental technicians (e.g. dental assistants, dental hygienists, dental nurses).
- (3) **Pharmacy practitioners:** includes pharmacists, pharmaceutical technicians/assistants (e.g. pharmacy assistants, pharmaceutical technicians).
- (4) **Nursing and midwifery practitioners:** includes nursing professionals, midwifery professionals, nursing-midwifery professionals, nursing specialists, midwifery specialists, nursing associate professionals (e.g. public health midwives, community midwives, assistant midwives, community-based skilled birth attendants), and nursing-midwifery associate professionals (e.g. auxiliary nurse-midwives).
- (5) **Non-medical public health practitioners:** includes public health generalists, public health specialists, food and nutrition professionals (e.g. nutritionists, food science specialists, dieticians), environmental and occupational health professionals (e.g. environmental health officers, sanitarians, occupational health officers), environmental and occupational health inspectors and associates (e.g. public health inspectors, food inspectors), community health workers (e.g. basic health workers, family welfare assistants, family welfare visitors, health assistants, lady health visitors), and community health volunteers.
- (6) **Medical technologists:** includes medical imaging technicians (e.g. radiographers, mammographers), medical technicians (e.g. medical laboratory technicians, blood bank technicians), laboratory assistants (e.g. medical laboratory assistants, assistant radiographers, assistant blood bank technicians), and biomedical technologists (e.g. medical equipment technicians, medical equipment engineers, biomedical technologists, biomedical engineers).
- (7) **Traditional medicine practitioners:** includes traditional medicine practitioners (e.g. *Ayurvedic* practitioners, homoeopaths, *Koryo* medicine practitioners, *Unani* practitioners).

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<sup>1</sup> WHO Regional Office for South-East Asia's template for preparing an HRH Country Profile, 2011.

- (8) **Veterinarian practitioners** (working for human health aspects): includes veterinary public health specialists and veterinary technicians.
- (9) **Other health workers:** includes a large number of health workers such as optometrists, physiotherapists, physiotherapy assistants, occupational therapists, occupational therapy assistants, and other health professionals and health associate professionals not classified elsewhere.
- (10) **Health management and support staff:** includes a large number of non-health professional workers such as health service managers, medical records technicians, health statisticians and clerical, accounting and other general support staff (e.g. ward clerks, medical secretaries, medical store keepers).

13. Community health workers and community health volunteers, included in the category of “non-medical public health practitioners” above, are front-line workers who are an important part of the health system. They provide the link between the health system and the community that makes health services more accessible to the community. Also they have a significant role to play in health promotion and disease prevention. They, however, need to be empowered and supported by the health systems and the community.

## Need for strengthening health workforce training and education

14. The *World Health Report 2006* highlights the close correlation between the availability of qualified health workers and key health outcomes. Qualified health workers in the context of the South-East Asia Region are health professionals<sup>2</sup> who are properly educated in recognized/accredited educational programmes and institutes, and are recognized for practice by a professional body (e.g. council) or responsible national authorities (e.g. ministry of health) in respective countries.

15. The Commission on Education of Health Professionals for the 21st Century<sup>3</sup> elaborates that health professionals are service providers who link people to technology, information and knowledge; they are not only caregivers, communicators and educators but also managers,

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<sup>2</sup> Health professionals study, advise on or provide preventive, curative, rehabilitative and promotional health services based on an extensive body of theoretical and factual knowledge in diagnosis and treatment of disease and other health problems. They may conduct research on human disorders and illnesses and ways of treating them, and supervise other workers. The knowledge and skills required are usually obtained as the result of study at a higher educational institution in a health-related field for a period of 3–6 years leading to the award of a first degree or higher qualification. (*Classifying health workers*. Geneva: World Health Organization, 2010). Health professionals tend to have high degree of control of their own affairs and have the freedom to exercise their professional judgment. They are normally regulated by statute/legislation, with the responsibilities of enforcement delegated to respective professional bodies (such as councils), whose function is to define, promote, oversee, support and regulate the affairs of its members. These bodies are responsible for the licensure of professionals, and may additionally set examination of competence and enforce adherence to an ethical code of practice.

<sup>3</sup> The Commission on Education of Health Professionals for the 21st Century launched a report on *Education of health professionals for the 21st century: a global independent Commission*, in December 2010. Since then there has been a notable movement in health professional education reform in many regions; Africa, Asia and the Americas.

leaders and decision-makers. The Commission calls for reform in health professional education that is systems based to improve the performance of health systems.<sup>4</sup>

16. For delivery of quality and responsive health services, it is essential to have competent health workers, as well as a strong and effective multidisciplinary health-care team. Thus to have a positive effect on health outcomes, countries would need to develop effective HWF training and education that has the capacity to produce/develop health workers in various disciplines as per health systems' need in terms of quantity, equity, quality and relevance.

17. Moreover, in order to have a good balance of public health and medical services for improving health and quality of life of the population, and to achieve UHC, countries will need to pay special attention to strengthen training and education of community-based health workers (CBHWs) to ensure that there are adequate numbers of competent CBHWs in the community. This will help to ensure that the essential health interventions reach even the "unreached" in the community. In the context of the SEA Region, CBHWs are "all health care workers who are part of the formal health organization, and have undergone formal training to carry out a series of specified roles and functions, and spend a substantial part of their working time actively reaching out to the community, discharging their services at the individual, family or community level. These may include doctors, nurses and midwives who fulfil the above criteria, public health inspectors, health attendants, health supervisors and family health visitors, etc. who spend a substantial part of their working time actively reaching out to the community."<sup>5</sup>

18. Education of HWFs in South-East Asia varies within and between disciplines and countries. Some health personnel educational programmes and institutes are well established and renowned internationally. There also are some good practices in health personnel education in countries of the SEA Region that are recognized internationally and nationally, such as community health and development, and the "teaching district" concept. Competency-based education has recently been introduced in a few institutions but its implementation is yet to gain momentum. Problem-based learning is also being implemented in varying degrees/complexity in several institutes in a few countries of the Region.

19. In most countries HWF training and education is facing many challenges. With a few exceptions, from country profiles and WHO reports, standards of HWF education have not been set. Collaboration between education and service sectors in educating health workers is somewhat limited. Education is geared towards curative care and institutional care with limited attention to public health. The curriculum has not been reviewed/revised regularly to meet the current health needs. Also, the number of qualified teaching staff is insufficient. Moreover, teaching staff are not adequately prepared in pedagogy and the use of information technology. The attention given to continuous faculty development programme is inadequate. Teaching methods are passive with limited learner participation, while the teaching aids and learning

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<sup>4</sup> Frenk J, et al. Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. *The Lancet*, 2010, 376(9756):1923–1958.

<sup>5</sup> *Strategic directions for strengthening community-based health workers and community health volunteers in the South-East Asia Region*. New Delhi, World Health Organization, Regional Office for South-East Asia, 2008.

resources are insufficient. Provision of clinical experience is limited. Some programmes also suffer from a lack of hands-on experience, inefficient clinical supervision and inadequate professional role models. There is no mechanism in place for continuous quality improvement at the institutional level. Regulatory bodies are ineffective and it is difficult to enforce the accreditation system. Furthermore, uncontrolled/unregulated private educational institutes are mushrooming. These are some of the key challenges in training and educating HWF that continue to exist in many settings.

20. These challenges in HWF training and education will need to be carefully addressed, otherwise countries will not be able to produce adequate numbers of health-care providers who are competent to bring about positive effects on health outcomes of the population and to achieve UHC. Special attention is therefore needed to strengthen HWF education and training in order to address effectively these continuing challenges in countries of the South-East Asia Region. The organizational, institutional and instructional designs in respect of HWF training and education will need to be further strengthened.

## **WHO support to countries**

21. Efforts to strengthen HWF training and education have long been afoot at global and regional levels. WHO headquarters and the United States President's Emergency Plan for AIDS Relief (PEPFAR) have been working jointly since 2009 on developing guidelines for transformative scale-up of health professional education to address the global health workforce shortage in order to increase the quantity, quality and relevance of health-care providers. The Second Global Forum on Human Resources for Health, at its session during the Prince Mahidol Award Conference 2011, deliberated on a global action on scaling up health workers' education and training to tackle the current inadequacies of HWF education.

22. WHO-SEARO has been supporting countries to strengthen their HWF education and training to meet the needs of the health systems, particularly for improving the quality and relevance of education/training, and for producing and/or scaling up the production of various categories of both professional and non-professional health workers. Such support is provided largely as an integral part of support for health system development/strengthening. The support covers a wide range of activities spanning programme development, institutional capacity building, establishing/strengthening teaching-learning resources, and library and faculty development, to name a few. Examples of recent support provided by WHO-SEARO are listed in the Annex.

23. Since the launch of "the Public Health Initiative" in 2004, WHO-SEARO has been giving special attention to strengthening the public HWF in countries of the Region. New public health educational institutes have been established, and new public health educational programmes have been developed including programmes to upgrade existing public health workers to the professional level.

24. Furthermore, WHO-SEARO has been providing support to establish and strengthen regional networks to facilitate sharing of information, experiences and expertise within and

outside the Region towards strengthening HWF education in the Region. Support has been extended to the Asia-Pacific Action Alliance on Human Resources for Health (AAAH), the South-East Asian Public Health Educational Institutes Network (SEAPHEIN), the South-East Asian Nursing and Midwifery Educational Institution Network (SEANMEIN), the South-East Asian Regional Association for Medical Education (SEARAME), and the Network of the Medical Councils of South-East Asia Region. Special support was recently extended to AAAH for establishing a network of five countries on health professionals' educational reforms in the Asia-Pacific Region, with involvement of five countries, i.e. Bangladesh, India, Thailand, China and Viet Nam. These countries volunteered to conduct situation analyses to assess the current health-care profile of the countries, national policy for health professionals, and health professional curricula. Current medical, nursing and public health curricula as well as learning resources will be evaluated. A survey of the graduates will also be conducted to assess their competencies. Success examples and deficiencies will be identified.

25. WHO-SEARO has also been advocating for improving HWF education and training at numerous regional meetings. Guidelines and educational modules have also been developed to guide countries on how to improve or strengthen education and training of selected categories of health workers.

26. WHO-SEARO has recently developed a strategic framework for strengthening undergraduate medical education to address the current health challenges in which five strategic directions are identified, i.e. (i) aligning medical education with the needs of health systems; (ii) strengthening quality assurance in medical education; (iii) emphasizing social accountability; (iv) strengthening curricula and the teaching-learning process; and (v) promoting enabling environments. These strategic directions could also be applied to improving education of other categories of health workers as well.

27. Despite such support, much however remains to be done to strengthen HWF education and training in countries of the Region, particularly in addressing the aforementioned continuing educational challenges for building an effective health workforce.

## **Renewing the commitment to strengthen HWF training and education**

28. Most countries have insufficient funding support for HRH development to bring about the desired improvement. Furthermore, there are no clear national health policies on the focus of the health systems that dictate the HWF requirements and related education and training. Also there are no clear HWF educational policies, strategies and plans to guide HWF development in the country. Thus, many actions to address the educational challenges, issues and problems are largely fragmented or uncoordinated.

29. Most countries are confronted with enormous challenges in educating their health workers; they cannot afford to continue "business as usual". There is a great need to intensify actions with concerted and coordinated efforts of all concerned to effectively address these challenges. For this to happen, there is a need to increase investment in HWF training and education.

30. There is also an urgent need to have evidence-based policy guidance to provide clear directions for strengthening the organizational, institutional and instructional designs of HWF education. Countries will have to decide how to move forwards to better educate their health-care providers for improving the health of their populations and for achieving UHC. For this, countries will need to assess the current situation, and identify challenges and opportunities for further actions in a concerted manner.

31. It is crucial for countries to renew their commitment and to increase investment for strengthening HRH, particularly HWF education and training, so that they can have adequate numbers of health workers, appropriately distributed and with the required competencies and appropriate skill-mix as per the needs of the health system and the community. Failure to do so will jeopardize countries' efforts to achieve health equity and UHC in order to improve the health of their populations.

## Annex

### Examples of recent WHO-SEARO support to strengthening health workforce training and education

- (1) Support for institutional/programme development:
  - strengthening the National Institute of Health Sciences, Kalutara, Sri Lanka;
  - strengthening the National Institute of Health Sciences, Timor-Leste;
  - establishing the University of Public Health, Myanmar;
  - establishing a postbasic Bachelor of Public Health programme to upgrade the competencies and qualifications of Health Assistants (Bhutan);
  - strengthening the Master of Public Health programme at the National Institute of Preventive and Social Medicine, Bangladesh;
  - developing the Master of Public Health programme at Pathan Academy of Health Sciences, Nepal;
  - strengthening health technology educational programmes under various institutes of health technology in Bangladesh;
  - establishing a postbasic Bachelor of Nursing Science programme to upgrade the competencies and qualifications of General Nurse-Midwives in Bhutan;
  - developing a Bachelor of Nursing Science programme for highschool graduates in Bhutan;
  - upgrading the Diploma in Nursing and Midwifery for the Bachelor of Nursing Science programme (Bangladesh);
  - developing the midwifery education programme (Bangladesh);
  - strengthening the Diploma III Midwifery programme (Timor-Leste).
- (2) Support for building capacity of teachers of health personnel educational schools:
  - provided fellowships and study visits to numerous teachers of health personnel educational schools to upgrade their qualifications and capacity;
  - training on midwifery teaching for teachers of the National University of Timor-Leste.
- (3) Advocacy for strengthening health workforce training and education at regional meetings:
  - Regional meeting on “Revisiting community-based health workers and community health volunteer” (October 2007) advocated for increasing attention in training and utilization of community-based health workers and community health volunteer;

- Regional meeting on “Upgradation of training of community-based health workers within the context of revitalization of PHC” (June 2010) reviewed experiences and advocated for upgrading the training of community-based health workers to professional level;
- Technical Discussions prior to the Sixty-fourth Session of the Regional Committee on “Strengthening the role of community-based health workforce in the context of PHC revitalization” (June 2011) deliberated in depth on training and education of CBHWs, among others topics;
- special advocacy for improving medical education in Regional meeting on “Improving public health teaching in medical schools” (December 2009), Meeting of experts on “Doctor-patient relationship” (February 2011), Regional meeting on “Strengthening the role of family/community physicians in PHC” (October 2011), and the Regional meeting on “the Role of medical schools in addressing the current health challenges” (June 2012);
- Regional meeting on “Strengthening deployment of public health nurses in support of Millennium Development Goals” (February 2011) dealt in depth on development and deployment of a specific category of community-based health workers, i.e. public health nurses;
- Regional consultation on “Strengthening HRH management in countries of the SEA Region” (February 2012) deliberated in depth on health workforce education, among other topics.

(4) Developing guidelines and educational modules:

- Regional Guidelines on Quality Assurance and Accreditation of Educational Institutions (2008);
- Guidelines for Accreditation of Medical Schools in Countries of the SEA Region (2009);
- Guidelines for Quality Assurance and Accreditation of Nursing and Midwifery Educational Institutions (2010);
- Regional Guidelines and Instruments for Institutional Quality Assurance in Medical Education (2010);
- Regional Guidelines for Continuing Medical Education (CME)/Continuing Professional Development (CPD) Activities (2010);
- Guidelines for Preventive and Social Medicine/Community Medicine/Community Health Curriculum in Undergraduate Medical Education (2010);
- module for Teaching Medical Ethics to Undergraduates (2009);
- Facilitators’ Guide for Teaching Medical Ethics to Undergraduate Students in Medical Colleges in the South-East Asia Region (2010).