AMHE PARTICIPATION AT THE GLOBAL WORKFORCE ACCREDITATION CONFERENCE

Dr. Joseph Pierre Paul Cadet, president of the Central Committee and Dr. Edouard Hazel former General Secretary participated on behalf of the organization in the Global Symposium on Health Workforce Accreditation and Regulation that was organized by the Global Health Workforce Network jointly with the World Health Organization the ECFMG. It was held in Istanbul Turkey from December 10 -12, 2019. The purpose of the conference was to review health workforce related accreditation and regulation across member states as to ensure its quality and sustainability toward the ultimate goal of achieving universal access to health care by the year 2030. This ambitious objective is one of the United Nation Sustainability Development Goals published in September 2015. The theme of the AMHE presentation, “Toward the development of sustainable workforce in developing countries”, advocates for the utilization of new technology and a more equitable distribution of resources allocated to Health care in order to fill the gaps observed in the poorest countries like Haiti.

DEVELOPMENT OF A NEW PERSPECTIVE ON HEALTH

The Development of a Global Strategy to address the world workforce was informed by a process launched in late 2013 by WHO Member States and adopted in May 2014 by the World Health Assembly, the decision making body of the organization where the commitment to universal health coverage was renewed and the Director-General of the World Health Organization (WHO) was assigned the task to develop and submit a new global strategy for expanding human resources for health (HRH)

This commitment became one of The 2030 UN Agenda for Sustainability Development Goals which outlines strategies to be developed over the next 15 years in areas important to humanity and the planet. From the end of poverty, hunger and discrimination to the promotion of quality education, clean energy, and the preservation of life on land, below water and the development of peaceful and strong institutions, 17 goals and 169 targets were approved at the end of the four daylong meeting on September 27, 2015.

In support of the implementation of the Global Strategy on Human Resources for Health, The Global Health Workforce Network was established in 2016, as a mechanism for stakeholder consultation, dialogue and coordination on comprehensive and coherent health workforce policies. The Network operates within WHO

With the assistance of 200 experts from all WHO regions. The organization soon issued its stated goal which is: to improve health, social and economic development outcomes by ensuring universal availability, accessibility, acceptability, coverage and quality of the health workforce through adequate investments to strengthen health systems, and the implementation of effective policies at national, a regional and global levels

Two important milestones were established Global milestones

• 1.1 by 2020, all countries will have established accreditation mechanisms for the necessary health training institutions.
• 1.2 by 2030, all countries will have made progress towards halving inequalities in access to a health worker.

MEDICAL EDUCATION STANDARDS
The global standards for medical education were developed starting in 1998 by the World Federation for Medical Education (WFME) and have been used extensively all over the world. Those standards are expressed through a Trilogy, covering the three phases of medical education:

- Basic (Undergraduate) Medical Education (BME)
- Postgraduate Medical Education (PME) and
- Continuing Professional Development (CPD) of Medical Doctors.

Placing medical education on a basis of shared global standards have facilitated exchange of medical students, and eased the acceptance of medical doctors in countries other than those in which they trained. In consequence, it has diminish the burden of judging the competencies of doctors who have been educated in medical schools in different countries.

Ten years later, the Executive Council of WFME realized the need for a revision circa 2008. This decision was the combined result of the multiplicity of medical schools, the inequality created by the migration of educated physicians to more developed countries, the advent of new technologies and the uneven access to quality health care by large segments of the world population. It was also in response to commentaries received from medical educators, institutions and organizations and the accumulated relevant literature in the field ten years after publication of the global standards for medical education.

REVISION OF THE STANDARDS FOR MEDICAL EDUCATION
The 2015 revision of the WFME global standards for quality improvement of Basic Medical Education, comprises altogether 106 basic standards, 90 quality development standards and 127 annotations. In short a medical school must:

• state its mission. (B 1.1.1)
• make it known to its constituency and the health sector it serves. (B 1.1.2)
• in its mission outline the aims and the educational strategy resulting in a medical doctor
  -- competent at a basic level. (B 1.1.3)
  -- with an appropriate foundation for future career in any branch of medicine. (B 1.1.4)
  -- capable of undertaking the roles of doctors as defined by the health sector. (B 1.1.5)
  -- prepared and ready for postgraduate medical education. (B 1.1.6)
  -- committed to life--long learning. (B 1.1.7)
• consider that the mission encompasses the health needs of the community, the needs of the health care delivery system and other aspects of social accountability. (B 1.1.8)

ROLE OF ACCREDITATION AGENCIES
In addition The World Federation for Medical Education (WFME) outlines the role of local or regional agencies to carry through a Recognition Program a continuous evaluation of each segment of the medical education. WFME Recognition Status confers to such agency the authority to certify the quality of medical education in its accredited schools. The agency could be:

• a government or inter-governmental entity, or
• an independent professional body that is authorized or recognized by the relevant national or state/provincial government (Ministry of Health or Ministry of Education or both), or the legislator (parliament), or
• an independent professional body that is authorized or recognized by a professional or scientific association with appropriate authority development.

THE GLOBAL WORKFORCE ACCREDITATION CONFERENCE
The December conference was organized with the purpose of reviewing with nearly 300 experts representing more than 50 countries the important issue of accreditation and regulation as to insure the quality and sustainability of any workforce faces in the increasing globalization of health education and health care challenges at both the local and global levels. The Global Symposium aimed at further solidifying Medical Education foundation based on access, equity, quality and sustainability that will help improve health care worldwide.

The conference was divided into panel discussions, breakout sessions and poster presentation. The panels were comprised of educators from different regions of the world. Five themes were explored:

• Approach to accreditation and regulation that exit
• Present and Future challenges to accreditation
• Positive practices that work
• What needs to be done to ensure health workforce equality and sustainability
• Priority actions while contemplating the health care workforce priorities and upcoming communications

AMHE PRESENTATION SUMMARY
The AMHE is the second largest association of black physicians in North America. It includes thousands of graduates from medical schools located in Haiti, Mexico, Europe and the US. It is dedicated to the advancement of medical knowledge among its members and the promotion of the health and welfare of the communities they serve. Toward that end the organization has partnered with governments, institutions, organizations, individuals who shared its stated goals to share its rather large human resources to provide expertise, advocacy.

Most significantly our members were at the forefront of the campaign that ultimately led the US Food and Drug Administration to reverse its discriminatory policy of excluding people of Haitian ancestry from the pool of blood donors in the US and supported two major initiatives that brought the HIV epidemic under control in Haiti: The UN Global Fund to Fight AIDS, Malaria and Tuberculosis and the President Bush Emergency Plan for AIDS Relief.

The organization has subscribed to the WHO Global Strategy on Human Resources for Health and will support strategies aimed at the systematic inclusion of Medical Education in public health initiatives to cultivate and implement the necessary steps that have served well multiple conditions throughout history.

In response to the paucity of resources human, organizational and financial that would enable Haiti to meet the Global Workforce milestones, AMHE is developing an online Training and Regulatory Program that would enable least developed countries to meet both the accreditation requirement and the necessary increase in the number of Health professionals toward the 2030 goals.
THE CHALLENGES TO HAITI HEALTH WORKFORCE

Like many poor resource countries, Haiti is not likely to meet the Work force milestone of 2020 to have established proper accreditation mechanisms and the 2030 milestone for course completion rates in medical, nursing and allied health professionals training institutions.

Haiti Statistics:
- Caribbean country of 27,750 km²,
- Population 10,788,440, birth rate 24.1 / 1,000
- Death rate 8.2 /1,000; life expectancy 64.2 years
- Literacy rate: 74%, Extreme poverty rate of 24%
- Maternal mortality: 480 / 100,000
- Infant mortality: 45.4 deaths/ 1000
- Only 50% of population have access to pure water
- GDP per capita: US$ 820, Growth rate: 1.5%
- Fertility rate 3.5, age of 23 population > 50%

Environmental concerns:
Extensive deforestation, soil erosion, inadequate food supply, overpopulation

Natural Hazards:
Earthquakes, Hurricane belt, pruned to flooding.

HEALTH CARE AT A GLANCE

Health care is for the most part funded by international institutions for health priorities deemed to be of global interest. HIV and TB received funds out of proportion of the other health care conditions responsible for high mortality and morbidity.
Two organizations have remained at the epicenter of the HIV intervention in Haiti, the GEISHO, and Partner in
health. The former was instrumental in identifying the mode of transmission of the virus, the limitation of a
vaccine, the efficacy of public education in the prevention of the virus.

**HIV INFECTION**

The enhanced screening and treatment strategies funded by The UN Global Fund to Fight AIDS, Malaria and
Tuberculosis and The President Bush Emergency Plan for AIDS were essential to the implementation of
effective management in large number health facilities throughout the country. Those combined strategies
supported by significant resources from the International community were able to reverse both the incidence
and the prevalence of HIV infection throughout the country.

At the peak of the HIV epidemic, Haiti prevalence reached 4-5%. Cumulative funding from the UN
Global Fund and the US President Emergency Plan For AIDS Relief (PEPFAR) provided over USD 500
Millions to selected NGO facilities for education, screening, diagnosis and Antiretroviral treatment
as a result:
- The country HIV prevalence dropped to 1-2%
- More than 300,000 infected have been treated

**PULMONARY TUBERCULOSIS**

The country has the highest TB incidence in the Western hemisphere. Successful and cost effective WHO
Global Fund effective programs using community non licensed health workers nationwide screening was
implemented and treatment provided for more than 200,000 Active Pulmonary – TB cases

The prevalence of this airborne infection has fluctuated between 147 and 235 per 100,000 to reach pics of 600
per 100,000 depending on the level of exposure, the sanitary coverage and recurring disasters both natural
and manmade that the country has recently faced.

**FUNDING DISPARITY**

The obvious success of the HIV program and the mixed results of the TB screening and treatment programs
remain a positive depiction of the country health care which continues to be mired by the worst statistics in
the region:

- Barely 50% of the population have regular access to primary care and infant mortality at the highest
- Unchanged prevalence of respiratory Infection and Diarrheal Diseases.
- Increase in DM and Cardiovascular conditions
- Inadequate and poorly used health workforce
- Medical education not in par with current accreditation and regulation requirement

In conclusion Costly Health priorities dictated by founding countries. Insufficient resources allocated to
medical education and the screening and management of conditions most responsible for the country
mortality and morbidity.

**MEDICAL EDUCATION AND HEALTH WORKFORCE**
Haiti is the poorest economy in the Western Hemisphere with also the worst health indicators. For a population of 11 Million, its health professional output is rather anemic and the retention rate even worse. There are 6 Medical schools in the country, and a total of 3,354 physicians and barely more than 8 thousand nursing personnel.

### Haiti causes of the most premature deaths

<table>
<thead>
<tr>
<th>2007 Ranking</th>
<th>2017 Ranking</th>
<th>% Changes 2007 - 17</th>
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<tbody>
<tr>
<td>HIV/AIDS</td>
<td>Neonatal disorders</td>
<td>-7.1%</td>
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<tr>
<td>Neonatal disorders</td>
<td>Lower respiratory infect</td>
<td>-20.3%</td>
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<tr>
<td>Lower respiratory infect</td>
<td>Diarrheal diseases</td>
<td>-27.8%</td>
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<tr>
<td>Diarrheal diseases</td>
<td>Road injuries</td>
<td>-1.4%</td>
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<tr>
<td>Road injuries</td>
<td>Congenital defects</td>
<td>-3.8%</td>
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<tr>
<td>Congenital defects</td>
<td>Ischemic heart disease</td>
<td>18.5%</td>
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<tr>
<td>Ischemic heart disease</td>
<td>Stroke</td>
<td>14.0%</td>
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<tr>
<td>Stroke</td>
<td>HIV/AIDS</td>
<td>-59.4%</td>
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<tr>
<td>Interpersonal violence</td>
<td>Interpersonal violence</td>
<td>9.4%</td>
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<tr>
<td>Meningitis</td>
<td>Diabetes</td>
<td>20.1%</td>
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<tr>
<td>Diabetes</td>
<td>Meningitis</td>
<td>-27.6%</td>
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</tbody>
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Public spending on health care per capita average $ US 13.00, the lowest in the Caribbean. Physicians density: 0.23/1000, There are 25 physicians and 11 nurses per 100.000 population, 900 health facilities with Hospital bed density: 0.7/1k. 42% of Health Facilities are private or funded by Non-Governmental Organizations. Health professional compensations is the lowest in the Caribbean. Poor planning and utilization of new graduates from Medical schools and Health institutions play a role in the brain drain which is depriving the country of needed human resources.

ECFMG Medical school accreditation will expire in 2023 due to substandard curriculum. Medical education is poorly funded by the government and international assistance funds. Substandard admission criteria have made it necessary to allow students to take remittal courses and the passing rate stills remains low. Limited public Health inclusion in the curriculum and the lack of Academia participation in the country strategic planning have Excluded Health professional from the needs of the health system and resulted in a training which is primarily clinical, curricular and delinked. The curriculum which is modeled from the French Medical education system is highly influenced by the United States where more thousands of its graduates currently practice. Medical students regularly seat for the Qualifying exam of the ECFMG with the objectives keeping up with the latest
advances in medical sciences and also for the now decreasing possibility of migrating to the US for a career in the field

THE PROBLEM:
1. Substandard Medical education with very limited public health components.
2. Poor production and utilization of the workforce
3. Limited number of rather poorly compensated public sector healthcare jobs
4. Restricted access to better career with the ONG that are funded by international donors
5. Continuing migration of qualified human resource out of the country
6. Post graduate training and continuing Medical Education virtually absent

TOWARD THE 2030 GOAL
The accreditation of Medical education as implemented in the 6 Haiti medical schools is currently under review by the Foreign Medical Education Council and is deemed to expire in 2023. AMHE has offered its assistance with the purpose of integrating the different strategies in this effort as to meet both the current and future health needs of the population and of the health system and the requirement for the quality of the health workforce. Those objectives are after all in par with the global milestone to have established by the year 2020 accreditation mechanisms for all the relevant health training institutions in the country and to have completed such integration by the year 2030.

With the number of physician members graduated from Haiti and Mexico equating the total number of physicians currently practicing in Haiti, AMHE is committed to reversing the trend and halving inequalities access to a health worker in our country of origin.

PROPOSED AMHE ROLE TOWARD HAITI HEALTH WORKFORCE OPTIMIZATION
1. Participate in the revision of Haiti Medical School Curriculum to meet WFME standards
2. Oversee the integration of the country major health issues into the curriculum and the training of the workforce
3. Expansion of the Faculty through visiting professorship, online education and exchange students to make basic medical education, post graduate training and continuing medical education available to students and active members of the workforce and Provide
4. Expansion of the workforce by increasing the number of graduates and the integration of those resources in local communities through innovative techniques
5. Participate in the creation of a National Accreditation and Regulation Agency.