

gendered behaviour, which the society needs to start addressing.

Therefore, it is time for academia, researchers and advocacy platforms to focus on the sensitisation of boys and men, engage stakeholders in creating public awareness, and normalise this natural biological phenomenon. Health communication needs to penetrate into all social circles. As a way forward, ice breaking sessions should be held in varied settings with the objectives of sharing myths and facts, addressing queries, imparting menstruation communication skills and forming support circles. It also calls for males in the healthcare sector to set an example by speaking up when menstruation-related issues are mentioned outside their professional environments.

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#### Need for rapid scaling-up of medical education in Afghanistan: Challenges and recommendations

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Numerous challenges have crippled the Afghan healthcare

system. The nearly half-a-century-long war — that continues to this day — has had profound effects on all aspects of Afghans' lives, medical education being no exception. However, Afghans have partially revived their healthcare and medical education systems recently, and updated medical curricula and teaching methods, with international support [1]. The quality of medical education has, however, been a growing concern in the country [2]. We outline the Ministry of Higher Education (MoHE) perspective on Afghan medical education policy, envisioning the rapid scaling-up of medical education facilities, describe the evolving challenges faced in the current economic and political collapse, and put forward some recommendations.

The vision for expansion of medical studies has been reinforced by the recently released MoHE Policy 2016-2020 [1,3]. Following up on the MoHE Policy 13 which aimed to enhance medical training capacities nationally, to enable us to address health-related problems on the individual, organisational, and community levels. The Policy strives to revive the older medical schools and establish new public and private institutions in Afghanistan, comprehensively addressing the need to increase the number of medical graduates, update teaching methods, build academic capacity of faculty, develop post-graduate training programmes, and institute mandatory exams at exit points for all levels of graduates.

The ongoing internal conflict has led to inadequate infrastructure, financial constraints and non-payment of staff, and the flight of senior and knowledgeable faculty members [2,3]. This has inevitably impacted the quality of medical education and health services gravely. Moreover, numerous Afghans are suffering from a variety of psychosocial problems such as depression, anxiety, and stress-related disorders over decades of conflict [4]. Such disorders can be intense and may have a long-lasting effect on the quality of medical education in Afghanistan.

At present, Afghanistan is witnessing an increase in the number of medical students, with the widespread availability of private medical schools across the country. Even though a few private medical schools are focused on improving medical education, Afghan private medical education facilities are prone to be based solely on profit generation [5]. A lack of proper infrastructure, corruption in university entrance exams, undesirable competition among medical schools for financial gain, nonattendance of students, lack of qualified teachers, and weak regulatory mechanisms make the work of these private medical schools challenging [5].

While Afghanistan still has some of the worst health indicators, the number of doctors and other working health staff available to urgently address these health problems is limited. Hence, we propose the following recommendations aiming to expand the number of medical professionals and strengthen medical education in Afghanistan.

1. Revisiting the national medical education policy with an additional emphasis on correcting issues regarding gender, skill mix, and misdistribution;
2. Improving the quality of public and private medical education, by establishing advanced training programmes for capacity building of academic staff, and appointing full-time qualified teachers;
3. Introducing mandatory national exit exams at all graduate levels, and integrating medical entrance exams into the national Kankor examination to reduce corruption;
4. Updating teaching methods with an emphasis on problem-based and case-based learning, improving quality of and access to textbooks and medical journals.
5. Adopting regulatory mechanisms to monitor all academic and administrative activities at public and private medical schools.

Medical education is the backbone of our future health services, yet its quality is often problematic in the current economic and political situation. We try to provide insights into the challenges faced to enable policymakers to make the right decisions based on the suggested recommendations.

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