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From educational transformation to institutional resilience: new challenges for Health Sciences universities

De la transformación educativa a la resiliencia institucional: nuevos desafíos para las universidades de Ciencias de la Salud

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Dear readers and authors:

Higher education is undergoing one of the most transformative periods in its recent history. The convergence of health crises, economic constraints, rapid technological advancements, demographic shifts, and new social demands has highlighted the need for education systems not only to improve their outcomes but also to develop the capacity to adapt, innovate, and respond effectively to increasingly complex and uncertain scenarios (González et al., 2024).

In this context, the *Transforming Education Summit +4 (TES+4)*, convened by the United Nations and UNESCO in July 2026 (UNESCO, 2026), represents a particularly significant milestone for the international academic community. Four years after the *2022 Education Transformation Summit* and just a few years before the target date set by the 2030 Agenda, the global debate has shifted from making commitments to the urgent need to demonstrate concrete results, strengthen the resilience of education systems, and build a shared vision for education beyond 2030.

One of the most important messages from the summit is that educational transformation cannot be limited to the incorporation of technology or isolated curriculum reforms. True transformation requires strengthening education systems as a whole through effective governance, sustainable funding, strengthening the teaching profession, the intelligent use of evidence for decision-making, and the development of institutions capable of continuously learning from their own experience.

These reflections are particularly important for universities dedicated to training healthcare professionals. The COVID-19 pandemic demonstrated that the resilience of healthcare systems depends, to a large extent, on the resilience of the institutions responsible for training their human talent (Muir et al., 2025). Consequently, the quality of medical education can no longer be understood solely as compliance with accreditation standards, but rather as the institutional capacity to anticipate risks, innovate in training processes, respond to societal needs, and ensure relevant training in constantly changing environments.

In this new context, internal quality assurance systems take on a strategic dimension. More than mere control mechanisms, they must be consolidated as intelligent management systems capable of integrating planning, evaluation, indicators, risk management, documented information, and continuous improvement in an ongoing process of organizational learning (Pedraja-Rejas et al., 2025). Quality ceases to be a state that is achieved and becomes an institutional capacity that is continuously developed, evaluated, and strengthened.

Another key aspect of the international debate is the recognition of artificial intelligence and digital transformation as tools with enormous potential for expanding access to knowledge, personalizing learning, and strengthening university management (Camacho, 2025). Recent evidence indicates that emerging technologies, including artificial intelligence, augmented reality, adaptive platforms, and other digital resources, can enhance conceptual learning, knowledge retention, and knowledge transfer when implemented under appropriate pedagogical and institutional conditions (Rodríguez et al., 2026). However, the real challenge lies not in the adoption of technologies per se, but rather in their ethical, inclusive, and responsible integration within people-centered educational projects. Technological innovation only generates value when it strengthens critical thinking, social commitment, and the holistic development of future professionals.

For Latin America, these challenges take on an additional dimension. Profound social inequalities persist, along with limitations in higher education funding and marked differences in the institutional capacities of universities. In this context, strengthening university governance, consolidating quality institutional cultures, and promoting evidence-based decision-making are essential conditions for moving toward more equitable, resilient, and sustainable education systems.

Universities offering programs in the health sciences have a responsibility to lead this transformation. Training competent professionals also implies developing institutions capable of learning, innovating, and responding agilely to the challenges of a global environment characterized by uncertainty. Institutional resilience should not be understood solely as the capacity to withstand crises, but as the ability to transform continuously to more effectively fulfill the university's social mission.

The debate promoted by UNESCO this time invites us to rethink the future of higher education from a systemic perspective. Educational transformation is not a final destination; it is also a continuous process that demands leadership, cooperation, innovation, and evidence-based university management. In this scenario, universities that manage to consolidate intelligent quality management systems will be better positioned to contribute to sustainable development, strengthen health systems, and respond to the needs of present and future generations.

In conclusion, the transformation of education begins with the transformation of institutions. Consequently, the greatest challenge for universities is not just adapting to change, but developing the permanent capacity to lead and consolidate it permanently.

CONFLICTS OF INTEREST

The author declares that she has no conflicts of interest.

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