



# THE NETWORK

TOWARDS UNITY FOR HEALTH

## **TUFH: A Network of Networks**

### **40 Years of uniting Global Agendas towards Universal Health and Equitable Care**

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# 40<sup>TH</sup>

THE NETWORK  
TOWARDS UNITY FOR HEALTH

**NEWSLETTER**  
THE NETWORK  
Towards Unity for Health  
Editorial  
Reference on the News  
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THE NETWORK: TOWARDS UNITY FOR HEALTH  
FUTURE  
& FINANCING  
TRENDS

THE NETWORK  
Towards Unity for Health  
Rendez-Vous 2018

## Introduction/Origins



The Network: Towards Unity for Health (TUFH) celebrates 40 years of collaboration between academic and community organizations focused on identifying and addressing the needs of communities and populations worldwide. This invited paper to Education for Health summarizes a rich history and charts new directions in networking that are responsive to and instrumental in programming and innovative initiatives to help ensure access to and quality care for all. Social Network Theory (Moliterno, & Mahony; 2011) makes a distinction between intent and relationships within organizations on the one hand and networks on the other. Relationships within organizations are defined by structure, governed by policy and have a defined web of reporting, usually clearly hierarchical. Conversely, networks are defined by relationships, governed by shared values and intentions and adapt to changing interests and environments. Organizations tend to assume and act upon a world-view and function like a complicated rocket ship -- i.e., there are definable laws of behavior, akin to laws of physics, which can be measured and drawn upon to elicit desired outcomes. Networks, in their best form, function as complex adaptive systems. This involves a worldview that biological and social systems are complex, with few linear cause-effect relationships. Instead they are composed of feedback loops grounded in relationships as the unit of analysis. This is outlined elegantly by the historian Arnold Toynbee:

*"Society is the total network of relations between human beings. The components of society are thus not human beings but the relations between them. In a social structure, individuals are merely the foci in the network of relationships...A visible and palpable collection of people is not a society; it is a crowd. A crowd, unlike a society, can be assembled, dispersed, photographed, or massacred." (Toynbee; 1934)*

Networks, like the ecosystems they represent, tend to function near the "edges" (Marion; 1999) of more static systems and it is on the edges where most creativity and productivity reside -- consider the edges of forests, riparian zones, and sea shores. Thus, The Network: Towards Unity for Health (The Network: TUFH), existing at the edge of the WHO and the many international organizations working on health delivery and education, seeks the nimbleness and impact such a stance affords. (Woollard; 2006).

As the 40th anniversary of the Network: TUFH, a network of networks, approaches, a review of the last 40 years is called for to share our profound progress from forming new alliances and sustainable partnerships to reaffirming commitment to addressing the numerous and deleterious effects resulting from disparities within and between populations. Our hope is this review encourages likeminded organizations and individuals to join our network of networks.

The Network originated 40 years ago beginning with two World Health Organization (WHO) initiatives separated by 22 years. The Network welcomed into the organization the WHO project, Towards Unity For Health, which promoted collaboration between different health and community stakeholders. An historical overview of the first 25 years summarizes the organization's formation along with the inclusion of professionals from different disciplines and emerging education and teaching innovations to better address the needs of the community (Kaufman, van Dalen, Majoor, & Mora Carrasco; 2004).

## 1979 - 2002



**• 1979 - Cuba**  
First WHO meeting of 18 innovative medical schools and formalization of the Network of Community-Oriented Medical Schools.

**• 1979 - Kingston, Jamaica**  
First meeting of the Network of Community-Oriented Medical Schools.



The Office of the Secretariat hosted in Maastricht University in the 1980s.

**• 1986 - Albuquerque, NM, USA**

Medical educators from five different countries, eight institutions met around a common interest: the use of a "track strategy" to introduce new methods of educating physicians of the future.

**INNOVATIVE TRACKS AT ESTABLISHED INSTITUTIONS FOR THE EDUCATION OF HEALTH PERSONNEL**  
An experimental approach to change relevant to health needs

Marie Kavanagh, Arthur Kaufman, Robert Munn, James Hilly, Joseph Kuperstein



WORLD HEALTH ORGANIZATION



**• 1988 - Havana, Cuba**  
Executive Committee meeting.



**• 1989 - Kerkrade, The Netherlands**  
Executive Committee meeting.

**• 1989 - Established NGO status in official relationship with WHO.**

1979 - 1989  
Network of Community-Oriented Schools

The first gathering was a WHO meeting in the aftermath of the WHO conference on Primary Health Care in Alma Ata in 1978. WHO invited what it saw as 18 innovative medical schools to Cuba in 1979. This was followed by a meeting of the schools in The Rockefeller Centre Bellagio which formalized the relationship into The Network. The first conference of The Network was held in Kingston, Jamaica also in 1979.

The initial aims of The Network were headlined as Community Oriented Medical Schools, encompassing Academic-Community Partnerships. The original medical schools had many pedagogical strategies in common: development of Problem Based Learning (PBL) involving small group self-directed learning, Community Oriented Medical Education (COME), and challenging traditional medical student selection criteria. This development was influenced by the worldwide student movement of '68 (Berkeley, Paris), with a strong focus on emancipatory processes and participation. Central was the integration of new content in a new didactic design.

The first wave of The Network schools including Newcastle and Beersheva, were almost all new schools able to make a fresh start with a new vision. But they struggled to provide a roadmap to change for traditional schools seeking to transition to COME or PBL. The second wave of schools joining The Network were creating change via innovative, parallel tracks such as the University of New Mexico and Shanghai Second Medical. Their efforts were documented in a book published by the WHO in 1987, Innovative Tracks at Established Institutions for the Education of Health Personnel: An Experimental Approach to Change Relevant to Health Needs. (Kantrowitz, et al.; 1987).

With the growth of The Network, regional patterns of innovation emerged in complementary fashion. School innovations

in higher income countries like McMaster and Maastricht tended to emphasize PBL while school innovations in low income countries like Suez Canal University and the University of the Philippines tended to emphasize COME. The two innovative groups learned from and often adapted each other's innovations (Kaufman; 1985).

The 1999 WHO conference in 1999, Phuket, Thailand was built around a framework developed by Charles Boelen, MD, Director of Workforce Development at WHO in Geneva. This first Towards Unity for Health (TUFH) conference included 12 developmental papers, some on health, but others on social development (e.g. the rejuvenation of Liverpool, England). Central to TUFH was expansion beyond academic community partnerships to include a minimum of health service organizations, health service providers and policy makers.

In 2000, it became apparent the two trends had much in common. Amalgamation was proposed and accepted at a 2002 meeting in Sicily, Italy. The Network: TUFH built on the history and aims of the two programs, and while independent of WHO, it remains in official relationship with WHO.



**• 1990 - Chicago, IL, USA**  
Executive Committee in the cold Chicago winter.



**• 1991 - Ilorin, Nigeria**



**• 1999 - The 20th Anniversary**



Dr. Charles Boelen

**• 1999 - Phuket, Thailand**  
WHO conference was built around a framework developed by Charles Boelen, MD, Director of Workforce Development at WHO in Geneva. This first Towards Unity for Health (TUFH) conference.



**• 2000 - Manama, Bahrain**



**• 2001 - Londrina, Brazil**

**• May 27 - 29, 2002 - Sicily, Italy**  
The proposal to merge The Network and WHO's Towards Unity For Health project was accepted. The Network: Towards Unity For Health built on the history and aims of the two programs, and while independent of WHO, it remains in official relationship with WHO.



**• The 2002 Office of the Secretariat**  
Hosted by Maastricht University in The Netherlands since the inception of The Network.

1990 - 2002  
The Network: Community Partnerships for Health through Innovative Education, Service, and Research & WHO's Towards Unity For Health

# The Network: Towards Unity For Health 1979 - 2002 Conferences



**The Netherlands, Kerkrade - 1989**



**1991 - Ilorin, Nigeria**



**Philippines, Manila - 1995**



**2000 - Manama, Bahrain**



**Brazil, Londrina - 2001**



**2002 - Eldoret, Kenya**

1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002														
Kingston, Jamaica		Bellagio, Italy		Havana, Cuba	Maastricht, The Netherlands		Ismailia, Egypt		Pattaya, Thailand		Kerkrade, The Netherlands		Yogyakarta, Indonesia		Ilorin, Nigeria		Penang, Malaysia		Sherbrooke, Canada		Manila, Philippines		Madras, India		Durban, South Africa		Mexico City, Mexico		Albuquerque, NM, USA		Linköping, Sweden		Manama, Bahrain		Londrina, Brazil		Eldoret, Kenya

## 2002 - Present

Taking into account the historical origins of The Network: TUFH and network theory, the period from 2002 - Present reflects the manner in which The Network: TUFH, by virtue of its own evolution in an evolving world of health care and health education has not only survived but has contributed to the advancement of both.

Key elements of The Network TUFH are relationships not only between organizations, but also between people based around common interests. These relationships are not static, but rather grow and develop from new members and future generations. These sustainable relationships continue to guide and drive the current and future work of The Network: TUFH as described in its global organizational structures, historical pillars and achievements, and reflections. The Network: TUFH is not an insular organization, but rather it is an ever evolving and inclusive network that embraces other organizations that are striving to create educational best practices, share community health approaches and partner on research to develop evidence for what works. The strategy to become a “network of networks” was very explicit in the 2012 conference in Thunder Bay, Canada which was co-hosted with WONCA Rural Health World Conference, as well as the

Northern Ontario School of Medicine (NOSM), Flinders University Australia conference on Community Engaged Medical Education, Global Health through Education, Training and Service (GHETS), the Consortium for Longitudinal Clerkships (CLIC), and the Training for Health Equity network (THEnet). Other examples of the implementation strategy to become a “network of networks” were in 2004 at the Atlanta conference co-hosted with the Community Campus Partnerships for Health and from 2002-2016 in which GHETS supported the activities of the Women’s Health Task Force of The Network: TUFH.

Another key aspect of The Network: TUFH is it is supported by a Secretariat, defined as a backbone agency that supports The Network and its initiatives. For the first 25 years, the Secretariat of The Network: Towards Unity for Health (TUFH) was at Maastricht University in the Netherlands. In 2008, the Secretariat moved to Ghent University in Belgium. In 2012 informal discussions began about the Secretariat’s future home. Ghent had provided an excellent home for the organization, but that relationship was ending in 2016. The Board of Directors of The Network: TUFH, at their annual meeting in Ayutthaya, Thailand in 2013, analyzed a range of possibilities. The group agreed to articulate a plan for The Network: TUFH, incorporating the concept of locating the Secretariat at the Foundation for Advancement of International Medical Education and Research (FAIMER). In February 2014, a strategic plan for The Network: TUFH was approved by the Board of Directors. It delineated The Network’s mission, current strategic assets, future plans, and potential advantages of re-locating the Secretariat to FAIMER. For The Network: TUFH, collaboration with FAIMER meant a stable Secretariat



• 2004 - The 25th Anniversary



• 2004 - Atlanta, GA, USA  
The Atlanta conference co-hosted with the Community Campus Partnerships for Health where the early signs of “the network of networks” strategy in supporting the activities of The Women’s Health Taskforce.



• 2005 - Ho Chi Minh City, Vietnam



• 2006 - Gent, Belgium



• 2007 - Kampala, Uganda



• 2008 - Bogotá, Colombia  
**The Bogotá Declaration**  
Calls upon all institutes for education of health professionals to improve the social accountability of their training, research and service programs, orientating them towards the needs of the local communities, integrating and emphasizing the principles of PHC in their curricula and ensuring that their students have adequate experience in PHC-settings.



• 2008 - Gent, Belgium  
Ghent University becomes the new host to The Office of The Secretariat along with a brand new team.



• 2011 - A New Look  
The Network: Towards Unity For Health debuted a new logo.



• 2012 - Thunder Bay, Ontario, Canada

The strategy to become a “network of networks” was very explicit in the 2012 conference in Thunder Bay, Canada which was co-hosted with WONCA Rural Health World Conference, as well as the Northern Ontario School of Medicine, Flinders University Australia conference on Community Engaged Medical Education, GHETS, the Consortium for Longitudinal Clerkships, and the Training for Health Equity Network (THEnet).



• 2014 - Fortaleza, Brazil  
The Student Network Organization (SNO) revival occurred at the 2014 conference leading to the creation of the Fortaleza Declaration of the Global Learning Objectives for Health Professionals.

• 2016 - Philadelphia, PA, USA  
FAIMER becomes the new host to The Office of The Secretariat.



• 2019 - 40th Anniversary & Reinvigoration



The Network pushes forward towards fulfilling the strategy of “the network of networks” by launching the TUFH Online Community and supporting local change agents along with policy advocacy to achieve Universal Access and Equitable Health Care.





## Annual Conferences

The early aims of The Network: TUFH, as reflected in conference themes, papers, and publications were built around academic-community partnerships and practically concentrated on Project Based Learning (PBL) and small group learning. It was inherent within this context that medical schools were concentrating on producing graduates who would be better able to serve disadvantaged people and communities. Community oriented medical schools and The Network: TUFH went through a progression from community orientation through community participation to sometimes community control. Ultimately some of this related to the behavior of the health professionals' education organizations, some to the organizational working environment, and some to the thinking of individual health practitioners. It led to the formation of ideas around social accountability. The Network: TUFH became a leading organization in developing these progressions.

The Network: TUFH is an intergenerational community where students and experienced professionals engage in bi-directional learning. Over 40 years, we have created a cohesive community that connects on a continuous basis. The key to networking is forging and nurturing wide-ranging relationships that make The Network: TUFH a society and not just a crowd. The annual conferences are the soul of The Network: TUFH and they are singular in that "every participant has a story to tell" and that story "matters." The conference rotates through regional areas, hosted by a member organization.

In addition to holding the annual general meeting, it is where regional representatives and task forces (groups working on a specific topic, mostly on a permanent basis), meet face-to-face. The conferences are highly participatory, with few plenaries. Participants share ideas and experiences enhanced by site visits to local non-profit organizations, health care centers, and/or co-operatives such as micro banks. Site visits help ground experiences in a place and time, thus offering attendees a first-hand look at innovations and activities of the host country. Active engagement with communities and understanding of local context and approaches provides opportunities to reflect on one's home context and act upon the learning gained (Schön; 1991).

At the annual conference, participants present their work in three different formats. The primary format is highly interactive oral poster presentations organized by themes. Moderated group discussions and brainstorming sessions provide a rich discussion for all involved. Authors can also present their work in workshop format designed for attendees to learn particular skills. Lastly, authors can present a TUFH Talk, like TED Talks, they deliver time limited powerful talks moderated by experts and followed by an interactive discussion. Participants are also invited to attend, participate, and engage during the keynote speeches; task force meetings; regional meetings; solutions challenge, and the general assembly meeting. A unique aspect of the annual conferences is the Conference on the Move, where participants go out into the communities to experience, first hand, what works.

Our success is an organization that is not only active with professional deliverables, but connected by a "feels like family" atmosphere united by the will to create Unity for Health.

Over the past 40 years, The Network: TUFH has focused on three key content pillars to address local and global health needs.

1. Social accountability and networking strategies included: the application of the "partnership pentagram" in positive systems change in projects around the world; establishing the task force on social accountability and accreditation (TFSAA) influencing criteria for medical school accreditation; led the Global Consensus on Social Accountability (Global Consensus for Social Accountability of Medical Schools, n.d.) and co-hosted the 2017 World Summit on Social Accountability (The Network: TUFH; 2019) which fostered responsive integrated interprofessional services.
2. Innovative medical education pedagogy including problem-based learning, longitudinal integrated clerkships, community-based education, and interprofessional education and care.
3. Communities at risk: rural and indigenous communities; deprived townships; women task force on women's health; and a task force on care of the elderly.



Specific task forces were created at the conferences to focus on these themes. As progress was made or emerging opportunities, priorities or challenges presented themselves, task forces dissolved, grew, or were (re-)established. The Network: TUFH Task Forces included various specialty areas.



*Women and Health Task Force at The Network: Towards Unity For Health's 2004 Annual Conference in Atlanta, Georgia, USA*

These task forces wrote position papers and policy documents presented at influential venues including the WHO General Assembly (e.g. in 2009, when the WHR 62.12 “Primary Health Care, including health system strengthening” was adopted) (World Health Organization; 2009). The initiative for writing a series of “position papers” on issues that are intimately related to the aims and objectives of The Network: TUFH was inspired by the wealth of information exchanged among the participants at Network: TUFH conferences showing the range of approaches to education, health services and research and their adaptability to meet different needs in a variety of contexts.

Consequently, none of these papers were interpreted as a static “Network: TUFH Declaration”; but instead viewed as starting points for further discussion. A list of past position papers can be found on the TUFH Online Community (The Network: TUFH; n.d.).



**Position Paper**

**Community-based Education for Health Professionals**

**Preamble**  
At its 2000 Bahrain meeting, the Executive Committee (EC) of The Network: Towards Unity for Health (The Network: TUFH) decided to undertake the writing of a series of “position papers” on issues intimately related to its aims and objectives. This initiative was inspired by information shared at Network: TUFH conferences showing the various approaches to education, health service and research, and the adaptability to meet different needs at different places on the globe. The papers should be seen as starting points for discussion, rather than be interpreted as static “Network: TUFH Declarations”.

You are invited to contribute by: submitting a letter to the editor of the Network: TUFH Newsletter ([secretariat@networktufh.org](mailto:secretariat@networktufh.org)), attending Network: TUFH conference sessions, or responding to the papers at the Network: TUFH website. The EC hopes that you will appreciate this series and encourages you to participate in amending and expanding these papers.

**Why be concerned about community-based education?**  
Today's health professionals are inappropriately trained to address the health of the public, particularly the large proportion who are disadvantaged; they are also maldistributed by specialty and geography. Health disparities exist worldwide, but are of crisis proportions in developing countries where the magnitude of health problems far outstrips the available meager resources. Community-based education has the potential to train service providers, educators and researchers who can assist communities to identify their priority health needs and to implement feasible, affordable and sustainable interventions.

- What are the goals?**
- The health of communities will be improved measurably.
  - Increased numbers of health professionals will pursue careers in community settings, care for the disadvantaged and engage in local social and political processes that impact individual, family and community health.
  - Increased numbers of academic institutions will engage with and influence the political and social decision processes of their own communities, measurably improving the health of the public.

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**Position Paper**

**Integrating Medicine and Public Health**

**Preamble**  
At its 2000 Bahrain meeting, the Executive Committee decided to undertake the writing of a series of “position papers” on issues that are intimately related to the aims and objectives of The Network: Towards Unity for Health (The Network: TUFH). This initiative was inspired by the wealth of information that is exchanged among the participants at the Network: TUFH Conferences showing the range of approaches to education, health service and research and their adaptability to meet different needs at different places on the globe. Consequently, none of these papers should be interpreted as a static “Network: TUFH Declaration” but instead must be seen as starting points for further discussion. You may contribute by submitting a letter to the Editor of the Network: TUFH Newsletter (at [secretariat@networktufh.org](mailto:secretariat@networktufh.org)), by participating in session on these issues at Network: TUFH Conferences, or responding to the electronic versions of these position papers at the Network: TUFH's website. The Executive Committee hopes that you will appreciate this series and warmly encourages you to participate in amending and expanding these position papers.

With the contribution of the chair and members of the “Integrating Medicine and Public Health” Taskforce, who provided valuable comments on the manuscript and wrote Annexes 2, Gode (chair), D. Blumenthal, S. Fortuna (Annex 1), G. Fox (Annex 2), C.E. Ponce (Annex 3), R. Rieggeman (Annex 4), D. Sanders, and A. Kaufman (Annex 5).

**Introduction**  
Medicine and Public Health are considered two different disciplines, the former being focused on individual patient care and consultation; the latter, on population oriented issues. In addition, medicine primarily addresses the diagnosis and treatment of disease; public health primarily addresses promotion and prevention. Historically, the differences were not only based on the professional perspective and skills, but also on the institutional and social environment in which they were applied. Medicine is mainly concerned with the physical health of the patient; public health addresses the health of populations and its behavioral, social and economical determinants. (1).

Health professionals in different parts of the world prefer to express the divide as “individual care and public health”. This is not a semantic difference, as the distinction reflects different points of view of the health professionals (as “medicine” may be considered the work of the physicians only) and also the particular characteristics of the health worker functions and of the country health care system.

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## Reflections

From the initial 18 WHO selected medical schools, the membership of The Network: TUFH widened to include a greater range of organizations and partnerships. Similarly, the consolidation of the Network and TUFH shifted the focus beyond medical schools to other health professions to include organization management and policy makers. A focus on education within schools also shifted to include distance education, and the health of indigenous populations and refugees.

Arthur Kaufman, M.D., past Secretary General, notes that the Student Network Organization (SNO) grew as a vital component of The Network annual conferences. In earlier years, SNO activities focused more on political activities, electing officers of SNO in parallel with officer titles of The Network. However, in more recent years, SNO has become more visible by participating in each component of conference activities including thematic poster sessions, workshops, and policy discussions. They have a "track" of advertised activities, to which all conference attendees are invited. They provide the energy behind social events, a highlight of any gathering. SNO "graduates" are now assuming leadership roles within The Network: TUFH.

The Network: TUFH believes in communicating and sharing member's work internally via a quarterly newsletter and externally through an open access and indexed peer-reviewed journal, *Education for Health*. Dissemination of research and ideas can be cost prohibitive for many resource-poor countries. Having an open access journal that actively encourages submissions from international contributors as well as from students decreases the divide in the publishing world where the majority of accessible publications represent a northern hemisphere bias. The extensive Spanish literature does embrace and reflect South America but tends to exist in parallel to the English language literature. *Education for Health* started publications in 2004. An important feature of the Journal, is the support and assistance given to first-time authors (educational role of the journal) (Education For Health; 2019).

*"With a background of family physician and some experience in public health, this was a new out of my comfort zone challenge, but I loved doing it. Attending the yearly conferences was my main source of information, because by talking to people and following sessions I could really experience what was happening in the field in between our members. A new logo and design established in 2012, made the newsletter look more modern. I worked with the format that the Maastricht office initiated but gave it some personal touches. A big difference was that I started, together with Jan de Maeseneer, secretary general (2007-2015), to interview people at the conferences. That's how new sections like: "great stories from great people" and "projects that work" were born. Yearly, two newsletters were published, one conference report in December about the site visits, declarations, student participation, and one more extended version in June with additional new sections from before, with the overall goal to give our members a speakers' corner to learn from each other. A big emphasis in every newsletter was on the students, especially with the increasing SNO activities. It was a wonderful experience and I'm proud of the 12 newsletters we made! The nicest part was certainly to meet members from all over the world and listen to their amazing stories!" Julie Vandenbulcke, Ghent University*

## Summary

The Network: TUFH has always been a self-adapting network (Obolensky; 2010), achieving success both by evolving and leading in a changing environment. The impact of The Network: TUFH has been important in the development of health professional education (Frenk, Chen, Butta, et al.; 2010) and in health policy development by increasing social accountability in education and delivery of care. Since 2006, the strategy of The Network: TUFH has been to become a 'Network of Networks', bringing like-minded organizations to collaborate, and in the best of all possible worlds, become more than their individual parts. The strength of The Network: TUFH rests in its membership - the people whose web of relationships animate a global society out of an inchoate crowd. At a TUFH conference "every person has a story to tell" and "has made a difference in his/her community or globally". The highest function of a network is to foster ways in which the many relevant organizations and initiatives dedicated to building a healthy and enduring planet achieve emergent behavior—become more than the sum of their parts.

**THE NETWORK: TOWARDS UNITY FOR HEALTH  
IS GRATEFUL TO THE LEADERSHIP OF:**



**Jacobus M. Greep**  
(1980 - 1988)



**Mohair M. Nooman**  
(1988 - 1995)



**Esmat S. Ezzat**  
(1995 - 1999)



**Arthur Kaufman**  
(1999 - 2007)



**Jan De Maeseneer**  
(2007 - 2015)



**Henry Campos & Elsie Kiguli-Malwadde**  
(2015 - 2019)



**They Paved The Way - Sometimes In Difficult Contexts - To Strengthen The Organization.**  
They would not have been able to do so, without the logistic support by The Office of The Secretariat.



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## Testimonials

*“For me it was nearly two decades ago, I met a cardiologist and a neurologist. Myself being an Obstetrician Gynaecologist, we started discussing a healthy society and met a musician who worked with obstetricians. I knew then that I had to keep on coming back and meeting more TUFH members.”*

*- Shakuntala Chhabra*

*“The value of the expanded Network as a “Network of Networks” and interaction on between complementary organisations.”*

*- John Hamilton*

*“The conference offered opportunities for wide interaction and learning from each other. A unique feature of this conference was the field trip to the learning sites of the institutions. The interaction with the students, the community and faculty helped greatly in appreciating the learning process as well as the skill and resources required to organise such a learning model. The Network: TUFH unlike most other networks is student centred and this makes it unique. Multi professional education was given a lot of importance and it was heartening observe the interaction between students of various professions. (Probably the first organisation to do so) The insights from these interactions helped to review our own program and make changes. Education is a dynamic process regular review and feedback from students helped in improving our program and I am immensely grateful for the opportunity I had in meeting stalwarts in the field of health profession education.”*

*- Abraham Joseph*

*“What transpired in Ilorin (TUFH 1991) or what transformed me? The community visit organized by the University of Ilorin to its community-based education site. This visit convinced me that medical schools in partnership with local communities’ help empower communities in improving their status. This visit has been a lifelong experience for me!”*

*- Nighat Huda*

*“I felt very much in line with the philosophies and the thinking underlying the Network, that is 'community', how a medical school's existence brings benefits to the community. My involvement with the Network motivated me to choose public health and medical education as my major and to choose the career as an academic staff. At that time, it was not common to choose 'medical education' as an academic career as most students wanted to be specialist and worked in the tertiary hospitals.”*

*- Titi Savitri Prihatiningsih*

*“I love the Network TUFH because it has given me an opportunity to grow professionally and to widen my network. At the Network TUFH I have been mentored and offered opportunities that I would not have gotten anywhere else. The Network TUFH is a group of people who are committed to improve the health of others. TUFH is a family, every year it grows and it allow one to express themselves freely.”*

*- Elsie Kiguli-Malwadde*

*“In the mid 1980’s The Network: TUFH executive committee included a remarkable and diverse group of colleagues: Professor Zohair Nooman (Egypt), Prof. Cosme Ordonez (Cuba); Dr. Arthur Kleinman (USA), Prof. Charas Suwanwela (Thailand), and Professor Esmat Ezzat (Egypt). Several times we had frank discussions about why such a diverse team functioned so well. The answer seemed to be “mutual respect” among colleagues. This feature seemed to be more important than our nationalities, or our religions (Muslim, Christian, Bhuddist, atheist). We were brought together and functioned under a higher goal—essentially the mission of the Network.”*

*- Vic Neufeld*

*"I love attending The Network conferences because there is such a very broad mix of participants at different ages and stages, particularly students, and from many, many different countries, particularly low- and middle-income countries. It is this dynamic mix of participants that encourages creativity and generates commitment to improving the health of the people we serve, particularly those in underserved, disadvantaged populations."*

*- Roger Strasser*

*"The Network feels like a home without a permanent address. At each meeting, I rekindle old friendships with hugs and remarkable warmth, share stories, argue, catch up on each other's lives etc, etc. I've enjoyed learning about local customs and especially getting out to visit local clinics or schools and even to prowl aimlessly around the neighborhood."*

*- David Bor*

*"Why I love The Network: TUFH?"*

*Because of the PEOPLE;*

*Because of the multi-level approach, looking at micro-, meso-, and macro-level, at individual quality and equitable policies and structures;*

*Because of the Human Rights focus;*

*Because of the unique experience to have the opportunity to transform TUFH into a 'network of networks';*

*Grateful for the shaping of not only my career, but merely my life."*

*- Jan De Maeseneer*

*"During this 15-year period (1993-2007) internet was not yet widely spread, Skype, WhatsApp or cheap airlines were not let common practice. People felt more isolated and consequently, they could feel lonely in their struggle to improve health education in a community oriented and student-oriented way. The annual conferences, newsletter and journal Education for health were opportunities to share experiences and help each other with practical examples."*

*- Geraldine Beaujean*

*"From my perspective, the Network means more than a professional group. It is like a family with a unique agenda to promote community-oriented health professions education. Having attended the Network conference since 2004, except the one held in Ho Chi Minh City, Vietnam in 2005, I keep longing for the next one. I think the Network conference is 'infectious'!"*

*-Godwin Aja*

*"I have always seen the Network TUFH as a group of pioneers, prone to challenge the establishment and to explore new ways to better respond to people's health needs and expectations."*

*- Charles Boelen*

*"What The Network: TUFH meant to me? A place where once a year I was among a global bunch of friends with a common mission, a sense that national boundaries were hurdles to overcome--for I felt closer to, say, Pedro Gordon in Brazil or Simeon Mining in Kenya than folks even in my own institution."*

*- Arthur Kaufman*

*"Together with two other students I gave a workshop on sexual health education at TUFH 2012. To my surprise we had some students in the audience, but also professors, deans, CEO's, etc. One of the exercises in our workshop was playing charades with words reflecting the male and female body parts and sexual terms. There were teams and it was a competition with Belgian Chocolates as a reward, so everyone really wanted their group to win. I think I fell in love with The Network: TUFH when I saw a Chinese CEO of an NGO, a professor from Rwanda and a student from the UK trying to act out 'Clitoris' at the same time!"*

*- Aricia De Kempeneer*

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