

# “Enhancing Interprofessional Collaboration and Learning for Strengthening Primary Health Care”

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Faculty of Medicine, Public Health and Nursing  
Universitas Gadjah Mada  
Yogyakarta, Indonesia

**TUFH** THE NETWORK:  
**2021** TOWARD UNITY  
FOR HEALTH



## TUFH 2021 INDONESIA DECLARATION

### Introduction

The Network: Towards Unity for Health (TUFH), a non-state actor in official relations with WHO, is an international, intersectoral, and intergenerational organization, which had its origins 40 years ago beginning with two World Health Organization (WHO) initiatives: The Network of Community-oriented medical schools and Towards Unity for Health. The initial aims were headlined as “Community Oriented Medical Schools encompassing Academic-Community Partnerships” and “Collaboration between different Health and Community Stakeholders”. In 2012 TUFH adopted a very explicit strategy to become a “network of networks”. TUFH members are comprised of thought leaders representing medical and health education institutions; health systems thought leaders, and health students, and young professionals. TUFH works with national, state, and community partners to foster equitable community-oriented health services, education and research with the goal of improving health locally and globally.

TUFH organizes its work in four primary areas: 1) Annual Global Conference and Bi-Monthly Virtual Symposiums and Workshops; 2) TUFH Academies; 3) Institutional Social Accountability Self-Assessment and Verification; and 4) TUFH Publications. TUFH members believe that quality and equitable health is a human right. TUFH believes the core values of Social Accountability, Quality, Equity, Relevance, Cost Effectiveness and Bioethics must frame and guide the health policy process. TUFH’s global community works to ensure that those values are at the heart of a health ecosystem, so that it is able to meet present and future priority health needs of individuals and communities. TUFH is committed to promoting and implementing these core values, understanding that this will require significant change at global, regional, national and institutional levels, and involve new ways of thinking by governments, institutions, professions and civil society. TUFH is unique as community<sup>1</sup> is at the center of the work.

### TUFH 2021

The participants of the VIRTUAL TUFH 2021 conference titled ENHANCING INTERPROFESSIONAL COLLABORATION AND LEARNING FOR STRENGTHENING PRIMARY HEALTH CARE, co-hosted by The Faculty of Medicine, Public Health, and Nursing, Universitas Gadjah Mada (UGM) whose mission is to improve individuals, families and community’s health status through excellent education, research and services, collectively endorse the following declaration that was generated from the conference.

### DECLARATION

As a result of TUFH 2021, we collectively declare we will work towards inclusiveness, social accountability principles, interprofessional practice and education, and health equity.

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<sup>1</sup> Community is a group of people, often living in the same geographical area, with a shared culture, values and norms who share social networks and derive part of their identity from their community membership. In modern society, people may belong to several different communities focused around different aspects of life including but not limited to workplace, neighbourhood, religious, and leisure interests.

Whereas,

1. The world values and the future deserves Universal Health Coverage and Equitable Health Care for ALL;
2. The COVID-19 Pandemic has exposed gaps in Social Justice factors of equity, diversity, and inclusion across all health systems and populations;
3. Global policy recommendations can be effective when they are developed with and by the communities confronting these complex local realities taking into consideration local realities;
4. Primary Health Care has been proven as an effective and strategic approach to the development, organization, management and financing of health systems of which the right to health is a core value, along with equity and solidarity;
5. Indigenous, Elderly, Migrants and Refugees, and people living in Remote and Rural areas and the countries who are leading cultural safety can share many valuable lessons and practices that can improve the delivery of health care globally;
6. COVID 19 has increased the incidence of Woman based violence making it necessary to implement and execute interventions that protects them;
7. COVID 19 has adversely affected the delivery of mental health due to the increased isolation of the elderly and vulnerable creating an overwhelming stress on Community Health Workers emphasizing their importance in care and treatment.
8. Interprofessional Education and Team Based Care is the best practice standard for Health Academic Institutions to properly respond to individual's and society's priority health needs as informed by community input;
9. There is a growing recognition that a holistic perspective rather than medical-centric perspective toward the patient is needed to better appreciate all professions' roles in the health of patients.
10. Supportive Health practitioners (e.g. Community Health Workers) are increasingly needed to properly care for people and as a result are becoming more recognized as key members of the health team with clear roles, skills, and competencies ensuring optimal patient outcomes and collaboration;
11. Non-health intersectoral sectors are essential to achieve Health for All, addressing the Social Determinants of Health, requiring health profession schools and health systems to convene people from different professions and disciplines to solve the complex challenges we are facing, including climate change and social injustices commonly known as "consilience" defined as an agreement between the approaches to a topic of different academic subjects, especially science and humanities;
12. The use of telemedicine can be positive for those who have access, but cannot be solutions for those who do not have internet access or mobile devices or digital technology;
13. Climate change is increasingly affecting the environment, health and healthcare;
14. There is a continuously growing movement to place social accountability/responsibility principles and standards at the core of health professions education that shifts the mindset from an auditing function to continual quality improvement measured by the relationships that the institution has with sister institutions and health system in which they are embedded;
15. Students are at the core of the movement in demanding their training institutions operate within the Social Accountability/Responsibility principles and standards;
16. Corruption continues to exist and undermine our collective efforts to rebalance resource allocation to support socially accountable/responsible health education and health care<sup>2</sup>.
17. Prevention resources allocated to meet society's need are not balanced with curative interventions;

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<sup>2</sup> Further information about corruption drivers, incentives available from Transparency International at <https://transparency.org/>

18. Health inequities (e.g., vaccine distribution within and across countries) continues to be an unfortunate reality in our global health community.

We will work towards inclusiveness, social accountability principles and interprofessional education and team-based care, and health equity in the following manner.

We will work towards INCLUSIVE POLICIES defined by:

- 1) A global effort of caring for each other by returning humanity to health care including community voices, culture, lived experiences, empathy, and understanding.
- 2) Improved partnerships and collaborations with global and regional associations and institutions that are aligned in strategies, efforts, and initiatives.
- 3) Increased collaboration and inclusion of non-health sectors to achieve healthy individuals and communities.

We will work towards SOCIAL ACCOUNTABILITY<sup>3</sup> defined by:

- 1) International understanding for the structural adoption and implementation of Social Accountability where health systems respond to people and society's priority health needs as informed by community input;
- 2) Promote and support health institutions to self-assess and become verified as a Social Accountability Institution leading to continual improvement and increasing their ability to attract undergraduates, postgraduates and faculty from all over the planet;
- 3) Proactively engage with entities, globally and nationally, which model health accreditation standards that incorporate Social Accountability principles and standards
- 4) Inspire students to engage with visionary Leadership at Health Academic Institutions and pentagram partners to adopt Social Accountability Principles into policies at their institutions and proactively.
- 5) Build upon the current knowledge base to provide tools for health institutions to specify and measure their societal impact, and expand school outcomes to include improved patient outcomes, and incorporate innovative learner assessments that measure community engagement.
- 6) Share, Publish and Distribute new knowledge from TUFH's Members through TUFH Academies and TUFH Publications.

We will work towards REGIONAL INTERPROFESSIONAL EDUCATION and TEAM BASED CARE defined by:

- 1) Collective development of practical solutions to underlying health issues framed within the Sustainable Development Goals and Social Determinants of Health.
- 2) A health system based upon people's needs that must not only involve the five key players (Policymakers, Academic Institutions, Health Professionals, Communities, Social and Professional Networks), but must do so within the context of where people live and work. The process includes:
  - Creating networks (for sharing, learning, and helping) and referral systems with help of Government and non-Government organizations (connecting common interests),
  - Improved partnerships and collaborations with global and regional associations and institutions that are aligned in strategies, efforts, and initiatives, and
  - Technology advances to enhance opportunities for shared education for academics, health workers, and students regionally and around the world;

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<sup>3</sup> The World Bank defines social accountability as: "building accountability that relies on civic engagement, in which citizens participate directly or indirectly in demanding accountability for service providers and public officials".

- 3) Clear understanding of what each health care professional within a workforce team does to ensure optimal patient outcomes and collaboration; understanding roles, learning, listening;
- 4) Supportive Health practitioners (e.g. Community Health Workers) who are clearly defined, engaged, competently trained, certified, and represented in health workforce policies and practices.
- 5) A new generation of health clinicians whose skills include competencies that address and are responsive to community needs;
- 6) Broadening the workforce composition beyond the core health professions to incorporate social scientists and other professions who work with us in communities to tackle a region's or country's primary health challenges;
- 7) Involving students in Interprofessional Education and Team Based Care to develop initiatives and learn together with other health professions;
- 8) Host regional mini-conferences to learn with and from each other and curate new knowledge to share across regions and globally;
- 9) Collect data on the impact and value of Interprofessional Education and intersectoral Collaboration on health care delivery and patient outcomes; more research collaboration across different health sectors;
- 10) Share, Publish and Distribute new knowledge from TUFH's Members through TUFH Academies and TUFH Publications.

We will work towards GLOBAL HEALTH CONTRIBUTIONS (WORKSHOPS and SYMPOSIUMS) defined by:

- 1) Health Promotion and Education to ensure the voice and knowledge of Indigenous, Elderly, Women, Migrants and Refugees, and people living in remote and rural areas are shared to a global audience;
- 2) Support for local change agents to adopt and implement global policy recommendations in order to drive communal interests;
- 3) Promote the development of primary care model based on social accountability;
- 4) A global effort that recognizes climate change and its impact on the environment, health, and healthcare;
- 5) Strengthening the response capacity of primary care, because the response to the COVID-19 pandemic has revealed the importance of governments being able to ensure that public health measures are integrated with primary health care strategies, using data and information produced in each setting;
- 6) Cultural safety/sensitivity of Indigenous and First Nations people ensuring they have autonomy in their healthcare experience, recognizing cultural differences and respecting Indigenous autonomy and their ways of knowing;
- 7) Distributed and distance learning are well understood and implemented accordingly to overcome the disruption in health workforce education;
- 8) Intercultural, global effort to address the issue of gender-based violence against women, including community engagement, advocacy and breaking silos to let voices be heard;
- 9) Build partnership with traditional healers through capacity building;
- 10) Framing strategies, educational campaigns, and programs to increase public and media awareness, as they are crucial steps in preventing the public weariness towards pandemic outbreaks;
- 11) Share, Publish and Distribute new knowledge from TUFH's Members through TUFH Academies and TUFH Publications.