The Network: Towards Unity for Health (TUFH)
STRATEGY and GOALS
2021 – 2024
GLOBAL HEALTH CONTEXT

Around the world, global health policy leaders and associations are releasing “call to action” initiatives to be adopted by political leaders and health system institutions. Many of these recommendations are framed within the Sustainable Development Goals as hospitals and health systems become “repair shops”, trying to correct the damage of causes collectively denoted “social determinants of health1”. The global fabric on which health depends is torn. We must heal this fabric with an understanding that changes must be in the interest of the community, not just the individual.

Global and regional institutions understand that local political and economic complexities often serve as barriers toward the adoption and implementation of best practices. In analyzing the limits of local change networks and policy change agents to adopt and implement global policy, recommendations and support can be provided in three primary ways:

1. Provide local leaders with tools that translate policy and knowledge to action and optimizes local assets. These tools include platforms to share, brainstorm, and analyze case studies with international colleagues. This enables an understanding of change frameworks, including structural competency2, complex system thinking, and human systems dynamics3.
2. Provide international support in the form of published research, policy action papers, and support networks.
3. Support systems that collect data across a wide range of local contexts and systems-based analysis approaches to reveal patterns of change as they progress.

TUFH VALUES

We believe that quality equitable health is a human right. The core values of social accountability, quality, equity, relevance, cost effectiveness, and bioethics must frame and guide the health policy process. Our global community works to ensure that those values are at the heart of a health ecosystem in order to meet its present and future priorities, both individually and collectively. We are committed to promoting and implementing these core values, and understand that this requires significant change at global, regional, national and institutional levels. We are cognizant of the fact that we must involve new ways of thinking with governments, institutions, professions, and civil society.

Driven by a moral compact to mend the fabric upon which our communities and their health depends, TUFH is committed to drive communal interests. This will be done by supporting local change agents toward the adoption and implementation of global policy recommendations. TUFH pledges concentration on practical tools and solutions to achieve Health for All.

2 https://structuralcompetency.org/about-2/
3 https://www.hsdinstitute.org/what-is-hsd.html
Figure 1: supporting local change agents toward the adoption and implementation of global policy recommendations. TUFH pledges concentration on practical tools and solutions to achieve Health for All

**TUFH PHILOSOPHY**
TUFH is based on relationships between organizations, people, and those collaborating around common interests. These relationships are not static, but rather grow and develop from new members and future generations. TUFH is not an insular organization, but an ever evolving and inclusive network that embraces other organizations that strive to create educational practices, community health approaches, and partner on research to develop the evidence for what works. TUFH aspires to serve as a catalyst to promote positive change in local systems and actors.

TUFH’s model addresses problems by looking for what is working and why. This accelerates the process of positive change by occupying people with doing rather than dwelling on why it can’t be done.

**TUFH STRATEGY**
TUFH will bring the Partnership Pentagram to life by supporting Local Change Networks defined as non-governmental organizations and associations, institutions of higher education (medical, public health, oral, nursing etc.), and health systems (hospitals, community health centers, health payers etc.). TUFH will also support Policy Change Agents defined as governmental policymakers, national authorities, regulators, or legislators advocating, organizing, and supporting change in sustainable and influential manners.
The Partnership Pentagram is framed within the **Sustainable Development Goals and Social Determinants of Health**. This serves as a reminder that creating a health system based on people’s needs must involve the 5 key players in the change process, that too within the context of where people live and work.

Figure 2. TUFH engages policy makers, health professionals, academic institutions, communities, and health systems to bridge the gap between the underlying issues of healthy individuals and communities.

TUFH works toward inclusive policies. TUFH’s role is to create a platform to develop collective solutions to underlying issues and propel their adoptions and implementation locally. TUFH leads a global effort of caring by returning humanity to health care, including community voices, culture, lived experiences, empathy, and understanding. TUFH works toward improved partnerships and collaborations with global and regional associations and institutions that are aligned in strategies, efforts, and initiatives. The aim is to increase collaboration and inclusion of non-health sectors to achieve healthy individuals and communities.

TUFH occupies a unique role in breaking systemic barriers to health. TUFH’s efforts regarding the adoption and implementation of global policy and innovations outside of clinical medicine benefit health-care systems across the globe. TUFH provides a concentrated effort to engage developing countries as they are often marginalized in global learning and policy, given economic and technology limitations.
TUFH’s approach to global policy for local action is organized in three primary strategies:

- Knowledge sharing, learning, and community-based education that serves to motivate individuals to learn and take action. Action is best accomplished by increasing opportunities in which to learn relevant knowledge from diverse colleagues.
- Embracing the assets, successes, initiatives, and evidence about what works within local regions driven by Local Change Networks and/or Policy Change Agents.
- Supporting Local Change Networks and/or Policy Change Agents by building their capacity through sharing systems and policy change successes. TUFH embraces a side-to-side functional model where teaching and learning happens across networks, learning from and with each other. TUFH’s role is to serve as a network of networks or platform for this teaching and learning exchange.

**TUFH BACKGROUND**

TUFH, an official non-state actor of WHO, had its origins 40 years ago beginning with two WHO initiatives: The Network, and Towards Unity for Health. The initial aims were “Community Oriented Medical Schools Encompassing Academic-Community Partnerships” and “Collaboration Between Different Health and Community Stakeholders.” In 2012, TUFH adopted an explicit strategy to become a “network of networks”.

Today, TUFH is composed of thought leaders representing medical, public health, and nursing higher education institutions, community health centers, health payers, government health officials, health students and young professionals.

Over the last 40 years, TUFH has:

- Hosted annual conferences in countries around the world. The conferences have been the soul of TUFH in that “every participant has a story to tell” and that the story “matters”. Participants present their work in four different formats: 1) a highly interactive oral poster presentation organized by themes, 2) workshop format designed for learning particular skills, 3) a TUFH Talk, for powerful interactions moderated by experts, and 4) a TUFH Documentary sharing journey’s across the globe.

- Coordinated taskforces organized around content pillars to foster dialogue amongst global thought leaders. This is to address emerging health system opportunities, priorities, and challenges. For example, the social accountability and accreditation task group influenced criteria for medical school accreditation, led the Global Consensus on Social Accountability of Medical Schools, and co-hosted the 2017 World Summit on Social Accountability (The Network T., 2017 Conference -- University of Tunisia, 2019).

- Authored position papers and policy documents presented at influential venues such as the WHO General Assembly. These papers were viewed as starting points for further discussion and not static recommendations.

Over the past 40 years, TUFH’s work has been guided by global health best practice approaches including social accountability and accreditation, interprofessional education and team based care, population health, and community based primary care. TUFH has also enabled a dialogue by providing a knowledge-sharing platform for marginalized communities including, but not limited to remote and rural, indigenous, migrants, refugees, women, and elderly Populations.
**TUFH PRODUCTS AND SERVICES**

1. **Annual Global Conference.** Dialogue and learning, community site visits, and a global solutions challenge, culminating in increased knowledge and local implementation of best practices.
2. **Virtual Symposiums and Workshops Forums.** TUFH Institutional and Individual Members share research, best practices, and solutions on a bi-monthly basis.
3. **TUFH Academies.** TUFH Academies are guided by the values that ‘all teach’, ‘all learn’ and we ‘all learn best by doing’. TUFH Academies are taught through a combination of theory, lectures, and practice via project-based learning applied to the participants local environment and community. TUFH Academies are organized into leadership courses, student courses, and health priority courses such as Indigenous, migrants and refugees, women, ageing society, interprofessional education, and population health.
4. **Health Social Accountability Institutional Self-Assessment and TUFH Verification.** The Institutional Self-Assessment Social Accountability Tool (ISAT) assists institutions in becoming more socially accountable to the ones they serve. It is an unbiased, objective, quantitative rating system to assess all worthy health institutions. The ISAT includes student recruitment, selection and support, faculty recruitment and development, research activities for students, governance and stakeholder engagement, school outcomes, and societal impact.
5. **Online Community Platform.** A virtual global community for members to share projects, initiate collaborations, communicate within regions and taskforces, facilitate mentorship, which acts as a repository of curated training and workshops.

**TUFH 2021-2024 GOALS**

For more than 40 years, *The Network: Toward Unity for Health (TUFH)* has connected and inspired local change agents around the world to improve access and equity in health care. The future requires TUFH to become more than the sum of its parts; an international, inter-sectorial, and inter-generational network for collective action.

**GOAL 1: We will work towards SOCIAL ACCOUNTABILITY.**

By 2026, 30% of globally accredited agencies will adopt Socially Accountability Standards. Additionally, 15% of health professional education institutions in each country will have completed an institutional assessment and verification process.

**Strategies:**

1) Promote international understanding for the need of structural adoption and implementation of Social Accountability; where health systems respond to priority health needs as informed by community input.
2) Support health institutions to become verified as Social Accountable Institutions leading to improvement and increased ability to attract undergraduates, postgraduates and faculty from all over the world.
3) Proactively engage with global entities that model health accreditation standards to incorporate Social Accountability principles and standards.
4) Inspire students to engage with visionary leadership at health institutions and pentagram partners to adopt Social Accountability Principles into policies.

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*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”.*
5) Build on the knowledge base and provide tools for health institutions to specify and measure their societal impact. Expand school results to include improved patient outcomes, and incorporate innovative learner assessments to measure community engagement.

6) Share, publish and distribute new knowledge through TUFH Academies and TUFH Publications.

7) Recognize institutions that complete the Social Accountability Institutional Assessment and Accreditation entities that adopt Social Accountability Principles or Standards.

GOAL 2: We will work towards REGIONAL INTER-PROFESSIONAL EDUCATION and COLLABORATIVE PRACTICES.

By 2026, 25% of faculties of medicine, dentistry, and nursing schools will require an interprofessional collaboration course or practicum as part of their curriculum. Additionally, 15% of medicine, dentistry, and nursing schools will have measured their societal impact through policy, practice, and performance of health systems using any existing tools.

Strategies:
1) Host regional virtual mini-conferences to learn with and from each other, curating new knowledge to share globally.
2) Promote the collective development of practical solutions to underlying health issues framed within the Sustainable Development Goals and Social Determinants of Health.
3) Promote health systems based on people’s needs that involve the five key players (policy-makers, academic institutions, health professionals, communities, social and professional networks) within the context of people’s lives and work-places. This process includes:
   • Creating networks and referral systems with Government and non-Government organizations.
   • Improved partnerships and collaborations with associations that align in strategies, efforts, and initiatives.
   • Advancing technology to enhance opportunities for academics, health workers, and students around the world.
4) Promote a clear understanding of what each health care professional within a workforce team does to ensure optimal patient outcomes. Understanding roles, learning, and listening is key.
5) Clearly define the role of health-related practitioners such as community health workers within the health team to ensure competent training.
6) Support the adoption of a new generation of health clinicians whose skills address community needs.
7) Broaden the workforce composition beyond core health professions to incorporate social scientists and others who work with communities to tackle primary health challenges.
8) Involve students in inter-professional education and team-based care to develop initiatives and learn with other health professionals.
9) Collect data on the impact and value of inter-professional education and inter-sectoral collaboration on health care delivery and patient outcomes, supporting more research collaborations across different health sectors.
10) Share, publish and distribute new knowledge through TUFH Academies and TUFH Publications.

GOAL 3: We will work towards Strengthening Health Worker Education and Training Programs.

By 2023, 50% of institutional faculty and students of medicine, dentistry, and nursing will have completed at least one TUFH Academy on Health Worker Education and Training Programs.
Strategies:

1) TUFH will support WHO in advocating for and advancing strengthened health worker education, including the dissemination and uptake of WHO global normative guidance. Examples include the WHO Global Competency and Outcomes Framework for UHC, and Rural Recruitment and Retention Guidelines.
   - Gather evidence and promote application of the Global Competency and Outcomes Framework, the Migrant Health Competency Standards, and other WHO normative guidance.
   - Support the dissemination of WHO Global Competency and Outcomes Framework for UHC through training.
   - Ensure distribution and distance learning are implemented well in order to overcome the disruption in health workforce education.

2) TUFH will support implementation of the WHO Global Strategy on HRH 2030, “Working for Health”: A Five-Year Action Plan for Health Employment and Inclusive Economic Growth (2017–21), and the WHO Transformative Education Guidelines. Education stakeholders are informed of, contribute to, and support implementation of key WHO normative products through active participation in the WHO Global Health Workforce Network (GHWN) Education Hub.
   - Provide technical input to WHO as part of the development, dissemination and implementation of education products.
   - Contribute case studies, publications, and products to the WHO GHWN Education Hub that support the scaling up of socially accountable education.
   - Support WHO in mapping and strengthening evidence based on best practices in health education with emphasis on socially accountable education.
   - Ensure distribution and distance learning are implemented to overcome the disruption in health workforce education.

3) TUFH will support WHO in strengthening the evidence based on health workforce education and linking student selection strategies with health workforce productivity, performance, and retention, as well as broader socio-economic gains.
   - Provide technical input that may inform the WHO’s work to identify improved evidence and best practices on the value of targeted student selection, and health worker education.
   - Ensure distribution and distance learning are implemented to overcome the disruption in health workforce education.

GOAL 5: We will work towards GLOBAL HEALTH TEACHING AND LEARNING (WORKSHOPS and SYMPOSIA).

Strategies:

1) Ensure the voice and knowledge of indigenous, elderly, women, migrants and refugees, and people living in remote and rural areas are shared with a global audience.

2) Support local change agents in their adoption and implementation of global policy recommendations to drive communal interests.

3) Promote the development of primary care models based on social accountability.

4) Support global efforts that recognize climate change and its impact on the environment, communal and individual health, and health care.

5) Strengthen the response capacity of primary care. The global response to COVID-19 has revealed the importance of governments in ensuring the integration of public health measures with primary health care strategies using data sourced from each setting.
6) Promote cultural safety and sensitivity of Indigenous and First Nations people, ensuring they have autonomy in their healthcare experience. This includes recognizing cultural differences and respecting Indigenous autonomy and their knowledge.

7) Ensure the advancement of an intercultural and global efforts to address the issue of gender-based violence against women. This includes community engagement, advocacy, and breaking silence to amplify voices.

8) Build partnership with traditional healers through capacity building.

9) Frame strategies, educational campaigns, and programs to increase public and media awareness. These are crucial steps in preventing the public’s weariness towards pandemic outbreaks.

10) Share, publish, and distribute new knowledge through TUFH Academies and TUFH Publications.

**GOVERNING, ADVISORY, STRATEGIC PARTNERSHIPS, and INSTITUTIONAL MEMBERS**

To achieve TUFH’s vision for universal and equitable health care, TUFH is governed by a Global Board of Directors. It is guided by a Global Advisory Board of Thought Leaders, and has partnered with and supported by a Secretariat of Leading Global Regional Institutions. Additionally, it has strategically partnered with Global Health Associations and National Institutions.

**TUFH’S SECRETARIAT**

TUFH is supported by a Secretariat that is defined as the backbone of leading regional health institutions that support The Network and its initiatives. For the initial 25 years, the Secretariat of The Network: Towards Unity for Health (TUFH) was at Maastricht University, Netherlands. In 2008, the Secretariat moved to Ghent University in Belgium, after which, in 2016, the Secretariat moved to the Foundation for Advancement of International Medical Education and Research (FAIMER) and Educational Commission for Foreign Medical Graduates (ECFMG).

In 2021, TUFH’s Secretariat was composed of The Beyond Flexner Alliance (Global), Foundation for Advancement of International Medical Education and Research (FAIMER) (Global), Northern Ontario School of Medicine (North America), University of Limerick School of Medicine (Europe), University of New Mexico (Latin America), Ain Shams University Faculty of Medicine and University of Gezira Faculty of Medicine, Faculty of Medicine, Univeritas Gadjah Mada (Southeast Asia), and The African Centre for Global Health and Social Transformation (Africa).

**SUMMARY**

*The Network: TUFH* is a self-adapting network achieving success by evolving and leading a changing environment. Since 2006, TUFH’s strategy has been to become a “Network of Networks” that brings like-minded organizations to collaborate and become more than their individual parts.

The strength of *The Network: TUFH* rests in its membership, the very the people whose web of relationships animates a global society out of an inchoate crowd. In TUFH “every person has a story to tell” and “has made a difference in his/her community or globally.” The highest function of a network such as this is to foster ways in which the many relevant organizations and initiatives that are dedicated to building a healthy planet achieve more than the sum of their parts.