



# TUFH Strategic Plan 2024 - 2027

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## GLOBAL HEALTH CONTEXT

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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 health”.<sup>1</sup> 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 the tools and capacity to operationalize global policy that 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 competency,<sup>2</sup> complex system thinking, and human systems dynamics.<sup>3</sup>
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.

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<sup>1</sup> Berwick, D. (2020). *The Moral Determinates of Health*. American Medical Association.

<sup>2</sup> <https://structuralcompetency.org/about-2/>

<sup>3</sup> <https://www.hsdinstitute.org/what-is-hsd.html>

## 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.

## STRATEGY

TUFH brings the Partnership Pentagram to life by supporting **Local Change Networks** defined as policy makers, health providers/professionals, academia, linked sectors, communities and health administrators to collaborate toward collective action to be responsive to people and society's needs where people live and work. TUFH supports **Policy Change Agents** defined as governmental policymakers, national authorities, regulators, or legislators who are advocating, organizing, and supporting change.



Figures: TUFH engages policy makers, health providers/professionals, academia, linked sectors, communities and health administrators framed within the sustainable development goals and social determinants of health.

TUFH works to create platforms 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.

## HISTORY and BACKGROUND

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TUFH, an official non-state actor of WHO, had its origins 45 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.

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 hosts and serves as publisher for *Education for Health (EfH)* which is a peer-reviewed, MEDLINE-indexed journal committed to improving the preparation of future health professionals particularly ensuring that they are responsive to the needs of the communities in which they learn and work. *Education for Health* is dedicated to the dissemination of work consistent with the organization’s mission and objectives in international health. It publishes original contributions of interest to health and clinical practitioners, educators, policy makers, administrators, and learners in the health professions. Specifically, this focus is on global models of health system integration and health professions education that will lead to improved health and health care delivery.

Over the first 40 years, TUFH has:

- Hosted global 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 journeys across the globe.
- Coordinated task forces 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.

## 2018 – 2023 ACCOMPLISHMENTS

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### Social Accountability

- 1) Built the platform to host the Indicators for Social Accountability Tool that included submitting applications including a baseline assessment and action plan, reviewing applications with an oversight committee, and acknowledging the work on the Social Accountability website.
- 2) Designed and built the Social Accountability Capacity Building Synchronous and Asynchronous Course.
- 3) Translation of Indicators in Social Accountability Tool (ISAT) into Spanish, French, and Portuguese to ensure access to non-English institutions.
- 4) Establishment of English, Spanish, French, and Portuguese ISAT Oversight Committees.
- 5) Piloted ISAT with 10 Institutions across the Globe.
- 6) Launched, in partnership with Northern Ontario School of Medicine and University of Limerick Medical School, the Social Accountability Fellowship with 15 additional institutions who will start their social accountability journey through ISAT.

### Interprofessional Education and Collaborative Care

- 1) Hosted virtual and hybrid International Conferences in Latin America (Mexico), Southeast Asia (Indonesia), and North America (Canada).
- 2) Hosted Regional Conferences in 2022 and 2023 in the Americas, EMRO, Africa, and SE Asia/Western Pacific.
- 3) Hosted Interprofessional Course and Team-Based Care on PAHO and ScholarRx Platforms.

### Global Learning

- 1) Designed and hosted global Student TUFH Academies including: Innovative Cities & Health Course; Communication: Talking with Partners, Patients, and Communities Course; and Social Determinants of Health Course.
- 2) Designed and hosted global Faculty TUFH Academies including: Social Accountability in Health Professions Education; Interprofessional Education and Team-Based Care; Appreciative Inquiry and Resilience, and Transformative Leadership in Health Professions Education.
- 3) Designed and hosted content health courses in Migrant and Refugee Health; Women's Health; Remote and Rural Health; Indigenous Health; System Approach to National Healthy Ageing in LMICs; and Population Health.
- 4) Designed and launched the global Social Accountability Fellowship for institutional leadership focused on The Concept and Theory of Social Accountability; Community-Centered Engagement and Design for Impact 1; Policy Design and Social Behavior; and Educational Leadership and Organizational Change 1: Content.

## TUFH's ROLE WITHIN GLOBAL HEALTH

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TUFH supports and provides technical input to the World Health Organization (WHO) under its Strategic Priority: One billion more people benefiting from universal health coverage to achieve the WHO Outcome: Outcome 1.1 - improved access to quality essential health services.

TUFH's approach to global policy for local action is informed by the Vancouver Declaration 2022 and Sharjah Consensus 2023 with the vision to: 1) transform TUFH into a community-driven organization (**Community Health and Wellness**); 2) build a community of institutions to be socially accountable that weaves health equity, intergenerational equity, innovation diffusion, practice-based learning, interprofessional learning and community teaching based upon reflective practices into academic practices (**In-community Education and Training**); 3) increase the number of schools/faculties to be socially accountable (**Socially Accountable Health Workforce**); and 4) Build regional and content centers of excellence that layer certification on top of existing entities including (but not limited to) higher education teaching, accreditation body standards (**System Thinking in Health and Wellness**).

TUFH's role within Global Health is organized in three primary focus areas:

### CERTIFICATION and EVALUATION

Certifying and evaluating institutions, courses, and the health workforce based upon globally driven and accepted standards of principles of practice.

#### 1) CERTIFICATION and EVALUATION

Certifying and evaluating institutions, courses, and the health workforce based upon globally driven and accepted standards of principles of practice.

#### 2) SOCIAL ACCOUNTABILITY INSTITUTION CERTIFICATION

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.

#### 3) GLOBAL LEARNING COURSE CERTIFICATION

Certify and Evaluate TUFH Academies, using a product and process self-assessment, using the quality assessment and standard Online Course Assessment Tool (OCAT) TOOL. Certify and/or Evaluate Global Medical and Health Sciences Courses, provided by TUFH Secretariat and Centers of Excellence Membership, using a product and process self-assessment and the OCAT TOOL, and based upon a Gap Analysis on missing Curricula in Medical and Health Sciences Schools.

#### 4) WORKFORCE CADRE CERTIFICATION

TUFH workforce certification concentrates on front-line health personnel (working in partnership with global institutions such as frontiers, intrahealth...) who share common attributes with, or have a nuanced understanding of, the communities they serve. Their membership in marginalized communities gives them expertise in delivering contextualized

interventions that mitigate their clients' social risk factors. TUFH certifies their curricula and practical application as related to skills and competencies.

## 5) CONTENT CENTERS OF EXCELLENCE CERTIFICATION

TUFH center of excellence certification concentrates on partnerships with global institutional experts on Indigenous, Migrant and Refugee, Remote and Rural, Ageing, Intellectual Developmental Disabilities, and Women's Health. A content center of excellence is an ever-evolving and inclusive network that embraces other organizations that strive to create educational practices, community approaches, and partner on research and action to develop the evidence for what works. A content center of excellence 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.

## GLOBAL LEARNING

Providing the platform for students, faculty, and leadership, both in academic institutions and in practice, with the knowledge, skills, and competencies to build capacity and lead change within their own communities. TUFH does this through providing a virtual platform to host communities of practice, hosting a global conference, hosting TUFH academies targeted toward students, faculty, and leadership, and publishing research and practices for learning and replication in other communities on Health Equity: Accessibility/Awareness; Interprofessional Education and Collaborative Care; Community Interventions; and the Health Workforce.

### 1) GLOBAL CONFERENCE

The goal of international, intergenerational, inter-professional, and inter-sectoral regional global conferences is to nurture relationships and collaborations, learn with and from each other, celebrate successes in local contexts, and inspire individuals to adopt lessons and replicate within their own communities. Global Conference includes a 2-Day Governance and Leadership Pre-Conference Forum (invite only) and 3-Day Conference including: Keynote Speakers; TUFH Talks on Trends; Documentaries; Social Health Innovations; Workshops; and Oral Presentations. **Future Conferences and Regional Meetings:** 2024 South Africa (confirmed). 2025 Colombia (tentative). 2026 Western Pacific—Philippines (tentative). 2027 Latin America—Brazil (tentative). 2028 SE Asia—Vietnam (tentative). 2029 North America. 2030 EMRO.

### 2) 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 TUFH synchronous courses, asynchronous courses, and institutional supported courses.

TUFH Courses are complementary to institutional offerings meeting curricula gaps, but necessary skills and competencies, to practice and lead. They include:

- a. Leadership (i.e. fellowship): 8 Modules: Social Accountability; Community-Centered Engagement and Design for Impact; Policy Design and Social Behavior; and Educational Leadership and Organizational Change.



- b. Faculty: 4 Courses: Social Accountability in Health Professions Education; Appreciative Inquiry and Resilience; Interprofessional Education and Team-Based Care; and Transformative Leadership in Health Professions Education.
- c. Students: 3 Courses: Innovative Cities & Health; Communication: Talking with Partners, Patients, and Communities; and Social Determinants of Health.
- d. Content courses (asynchronous): 4 Courses: Indigenous Health (Asynchronous); Migrant and Refugee Health (Asynchronous); Remote and Rural Health (Asynchronous); System Approach to National Healthy Ageing in LMIC (Asynchronous).
- e. Strategy Partner Courses: TUFH certifies/evaluates provides the platform for institutions to expand their course offerings to a global audience.

### **3) TUFH SYMPOSIUMS and WORKSHOPS**

TUFH Symposiums and Workshops are organized as needed, often in relationship with partner organizations. They have now been aligned to strengthen the TUFH Virtual Regional Conferences, as well as the Annual Conference. The conferences are a platform where institutions and individuals can share new trends, research, best practices, and solutions within regions, as well as with a global focus.

### **4) GLOBAL COMMUNITIES OF PRACTICE**

TUFH hosts a Global Communities of Practice platform ([tufh.org](http://tufh.org)) for experts to dialogue and collaborate on projects around Indigenous, Migrant and Refugee, Remote and Rural, Ageing, Intellectual Developmental Disabilities, and Women’s Health. TUFH provides a virtual global community for members, supported by Education for Health authors/experts, to share projects, initiate collaborations, communicate within regions and task forces, facilitate mentorship, which acts as a repository of curated training and workshops.

## **LOCAL IMPACT**

TUFH is investing in the people and patterns of collaborative practice that are needed to respond to local people and society’s needs. TUFH does this through building the local and regional capacity through regional centers of excellence and regional conferences. TUFH supports Local Change Networks and/or Policy Change Agents by embracing the assets, successes, initiatives, and evidence about what works within local regions and builds 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 serves as a network of networks, or platform, for this teaching and learning exchange.

### **1) REGIONAL and NATIONAL CENTERS OF EXCELLENCE**

TUFH aspires to establish regional and/or national centers of excellence that builds the local capacity to adopt and implement global policies and practices. By investing in the capacity of regions and countries, TUFH can achieve its vision for local adoption and implementation on Social Accountability, Interprofessional Education and Collaborative Care, and the Health Workforce policies and practices. The infrastructure and capacity of a regional and/or national center of excellence include:

## **A. SOCIAL ACCOUNTABILITY LEADERSHIP FELLOWSHIP TRAINING**

The goal of this fellowship is to provide the leadership of institutions with the knowledge and tools to adopt, design and implement social accountability principles and standards into institutions to better respond to the priority health needs of your societies, communities, and contexts.

## **B. FACULTY, PROFESSIONALS, and STUDENT LEARNING**

The goal of faculty, professional, and student learning is to expand an individual's knowledge and competencies through creating and hosting learning platforms populated by diverse individuals representing different countries, professions, and generations, and that incorporates both academia and practice professionals.

## **C. REGIONAL CONFERENCE**

The goal of intergenerational, inter-professional, and inter-sectoral regional conferences is to learn with and from each other, celebrate successes in local contexts, and inspire individuals to adopt lessons and replicate within their own communities. Regional Conference includes the equivalent of 1/2 Day Leadership Pre-Conference Forum to establish regional and national priorities and 1–3 Day Conference including: Keynote Speakers (50% from outside region); Social Health Innovations; Workshops; and Oral Presentations.

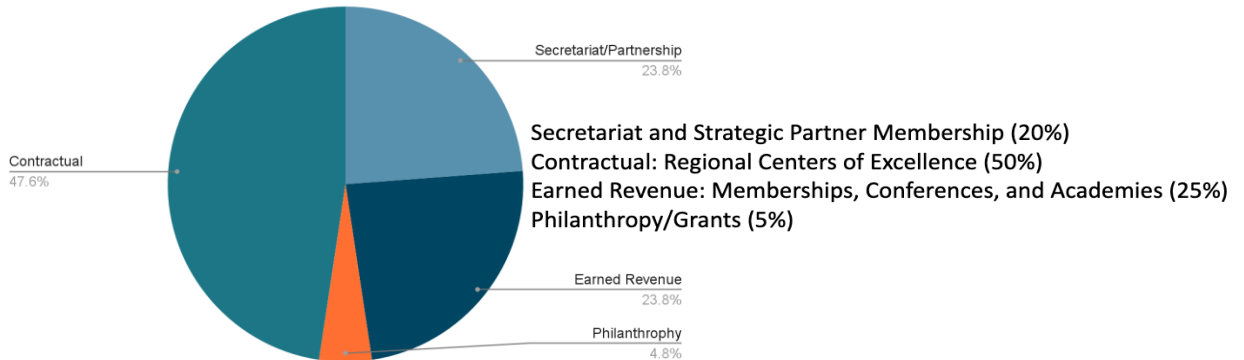
## **2) EVALUATION OF LOCAL IMPACT**

Providing a contracted service to local institutions and ecosystems to evaluate their local impact that includes data gathering, analysis, and interviews with key stakeholders.

## TUFH's FINANCIAL MODEL

TUFH's financial model is based upon mutually beneficial partnerships with institutions across the globe. TUFH's revenues are made up of contributions from leading regional institutions who serve as the Regional Secretariat Member within the 7 WHO regions, contributions from leading country institutions who serve as a TUFH Center of Excellence, membership dues from institutions and leaders, grants, and earned revenue through contracted services and registration fees.

TUFH Funding Revenue Model 2024 - 2027



### TUFH Membership Model

Membership Fees.

	STRATEGIC PARTNERSHIPS	INSTITUTION TRAILBLAZERS	INDIVIDUAL THOUGHT LEADERS	FIRST FIVERS YOUNG PROFESSIONAL TREND SETTERS	STUDENT PIONEER
High Income Country	3,000 USD	1,500 USD	99 USD	50 USD	30 USD
Middle Income Country	2,000 USD	1,000 USD	75 USD	30 USD	15 USD
Low Income Country	1,000 USD	500 USD	50 USD	20 USD	5 USD

### Membership Benefits

1. Networking with Global Thought Leaders through TUFH's Online Community Platform, TUFH.org.
2. Recognition as a Socially Accountable Health Institution.
3. Discounted Access to Global Leadership and Faculty Development TUFH Academy Courses.
4. Free Access to Global Student TUFH Academy Courses.
5. Free Access to Global Health Courses.
6. Free Access to Health Symposiums and Workshops.
7. Opportunities to publish in TUFH's journals.
8. Opportunities to present work in TUFH's workshops and symposiums.
9. Discounts for Annual Conference Registration.

### Earned Revenue: Additional Fees not included in Membership

1. Social Accountability Institutional Verification (\$750, \$500, or \$250) if not a member.
2. TUFH Academies (Non-TUFH Academies Cost Share 75% to institution and 25% to TUFH).
3. Fee for service for local impact evaluation.
4. Global and Regional Conference Registration

# TUFH 2024–2027 CERTIFICATION, GLOBAL LEARNING, AND LOCAL IMPACT

## GOALS and STRATEGIES

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The Network: Toward Unity for Health (TUFH) connects and inspires 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: Develop global and regional SOCIAL ACCOUNTABILITY<sup>4</sup> Centers of Excellence.**

**By 2027, 30% of globally recognized agencies in targeted regional and countries will acknowledge Social Accountability Standards and incorporate into Accreditation Standards. 15–20% of health professional education institutions in targeted regions and countries will have completed an institutional assessment and certification 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.
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 accredit entities that adopt Social Accountability principles or standards.

### **GOAL 2: Develop global and regional INTERPROFESSIONAL EDUCATION and COLLABORATIVE PRACTICES into the SOCIAL ACCOUNTABILITY Centers of Excellence.**

**By 2027, 25% of faculties of medicine, dentistry, and nursing schools in targeted regions and countries will require an interprofessional collaboration course or practicum as part of their curriculum. 15–20% of medicine, dentistry, and nursing schools in targeted regions and countries will be able to articulate their societal impact resulting from Interprofessional Education and Collaborative Practices.**

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<sup>4</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".

## STRATEGIES

- 1) Host regional virtual 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 (policymakers, academic institutions, health professionals, communities, social and professional networks) within the context of people's lives and workplaces. 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.

### **GOAL 3: Develop global HEALTH WORKER EDUCATION CERTIFICATION and TRAINING programs for unrecognized and/or not globally standardized health workforce cadres.**

**By 2027, 50% of institutional faculty and students of medicine, dentistry, and nursing in targeted regions will have adopted and integrated into their faculty curricula.**

## 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.
- 4) Support local change agents in their adoption and implementation of global policy recommendations to drive communal interests.
- 5) 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.
- 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 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.

## GOVERNANCE

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### 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. Regionally, TUFH is partnered with and supported by a Leading Regional Secretariat Institution. TUFH strategically partners with Global, Regional, and National Health Associations and Institutions.

### TUFH’s SECRETARIAT

TUFH is supported by a Global 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 shifted its Secretariat from a single organization to Regional Representation and Global Champions. TUFH’s current Global Secretariat is composed of The Foundation for Advancement of International Medical Education and Research (FAIMER) (Global), Woods System of Care (Global); Northern Ontario School of Medicine (North America), University of Limerick School of Medicine (Europe), University of Gezira Faculty of Medicine (EMRO), Faculty of Medicine, Universitas Gadjah Mada (Southeast Asia), and University of Western Cape (Africa).

### SUMMARY

The Network: TUFH is a self-adapting network achieving success by evolving and leading in a changing environment. Since 2006, TUFH’s strategy has been to prioritize collaboration and synergy among our partners to create a “Network of Networks”.

The strength of The Network: TUFH rests in its membership, the very 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.

