WORLD SUMMIT ON SOCIAL ACCOUNTABILITY

presented by The Network: Towards Unity for Health (TUFH)
APRIL 8-12, 2017
HAMMAMET, TUNISIA
http://www.thenetworktufh.org/2017conference

TUNIS DECLARATION

The Network: Towards Unity for Health and the 2017 World Summit on Social Accountability, with our common goal of enhancing health and social justice:

- ❖ gathering from all regions of the world,
- ❖ inclusive of learners from all over the world,
- ❖ inclusive of health and related professions,
- ❖ grounded in its experience with Tunisia and its people,
- ❖ having given deep reflection to the current state of the social accountability implementation in institutions throughout the world including World Health Organization's "Global Strategy on Human Resources for Health: Workforce 2030" and the Report of the High-level Commission on Health Employment and Economic Growth: "Working for Health and Growth: Investing in the Health Workforce", and articulated in the Global Consensus on Social Accountability,
- ❖ given hope by considering the many positive initiatives from around the world reflected in workshops, posters, papers, and both formal and informal discussions, expresses its solidarity with all those suffering unnecessary harm due to social, political and geographic marginalization throughout the world,

Affirms its belief that practical actions stemming from its deliberations and the commitments of its participants and partners listed below will result in measurable improvement in societies' priority health needs, sustainable environmental health and the wellbeing of all people.

In the interests of achieving these goals, we commit to an **action plan** centered on four strategic axes:

1. Expanding information, communication and advocacy systems to promote social accountability in partnerships that embrace academic and educational institutions, governments, professional associations, systems managers, civil societies and communities.

2. Ensuring the development of the knowledge, skills and attitudes required for socially accountable practice, research and the education of future health-workers and of the public. Promotion of social accountability in health can be realized by ensuring that all levels of education require a vision based on values of social accountability, contain elements of global health and the skills needed for

reflective practice. The focus of this education must give special emphasis to populations in the greatest need, while recognizing the undeniable strengths within these communities. This requires diverse leaders at all levels who can promote their vision and unify groups and populations toward social justice.

3.   Engaging in the development and application of evaluation and accreditation systems founded on the principles of social accountability for all faculties of medicine, schools of health and institutions involved in selecting and producing socially accountable practitioners and faculty. This will require engagement and support of the highest political authorities in the health and education sectors. Systematic evaluations considered at the Summit will be extremely important. Processes and outcomes that promote social accountability need to be measured and openly shared.

4.   Promoting networks that enhance social justice will empower the forces of social accountability. For success, these partnerships must be multi-sectorial, systemic, dedicated to equity, built upon ethical principles and intercultural sensitivity, and respectful of the voices of grassroots communities and students.

Through these actions, we will promote collaborative changes in the health and education systems to attain our collective goal of healthier people, societies, and planet.

APPENDIX
Actions for Positive Change

Note: This is expected to be a living document so your suggestions and contributions towards it are welcome.

People have a reasonable expectation that their academic health, education, and research institutions will prepare graduates that care about their needs, are able to understand them, and can respond reliably to the concerns about their health. This is their right. It is as true for the health of populations as it is for individuals. Health professional schools have an obligation to understand and respond to these health needs. Sharing this responsibility and working together must be our common goal.

The pentagram partnership, as suggested by WHO, is comprised of health professionals, health administrators, policy makers, academic institutions, and their communities.

PARTNERSHIP PENTAGRAM

Policy makers

Health professionals

Health administrators

Health system based on people's needs

Communities

Academic institutions
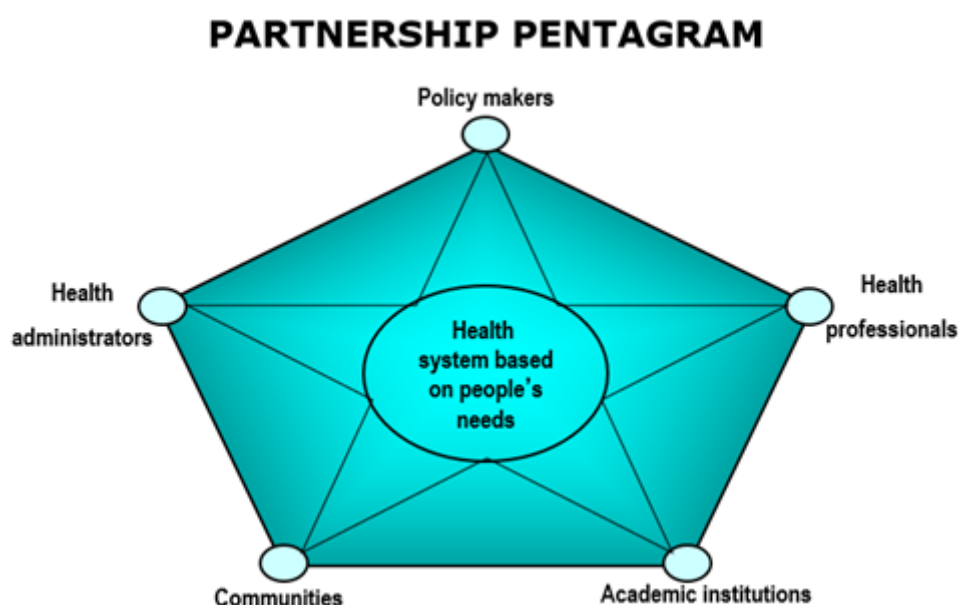
When fully and simultaneously engaged, this partnership can foster a health system based on people's needs.

The 2017 World Summit on Social Accountability considered its responsibility for actions through four foundational themes - *competency, leadership, accreditation,* and *partnership*. Global advocacy and communication are needed to seamlessly weave them together. The summit established an Advocacy/Communication Working Group (ACWG) to assist it in achieving this task.

More than 450 attendees, coming from over 40 countries, participated in The Network Towards Unity For Health (TUFH)'s first World Summit on Social Accountability, co-hosted by the Faculty of Medicine at the University of Tunis, El Manar and RIFRSS (International Francophone Network for Social Accountability in Health). The preparations for the Summit included broadly inclusive Working Groups in each of the four thematic areas, which were tasked with developing consensus on the general context and status of the relevant theme and draft specific "next steps" to advance the cause of social accountability in their realm. The participants in the Summit considered these papers, the reflections of world-recognized leaders on the thematic areas and dialogue with their fellow

delegates as well as over 200 relevant posters, papers, and workshops. On the final day, delegates engaged in a plenary discussion crafting the Tunis Declaration based on the previous three days deliberations. This was further refined by focused discussions with each of the four medical schools in Tunisia on their own experiences with social accountability.

The Summit aimed to move beyond declarations of intent. It strived to identify specific actions to weave together the insightful discussions of the previous three days and to prioritize the elements and attributes for action. It mandated various members and organizations to take shared responsibilities and report back the progress at the next Network: Towards Unity for Health Annual Meeting in Limerick in 2018. This resulted in four axes representing the priority areas through which action will most significantly enable and advance social accountability at both local and world-wide scales.

 The following elements emerged during discussions and are clustered within the four priority axes for convenience. They will need to be affirmed, refined, prioritized, added to and assigned for action.

In moving forward, it will be essential to embrace the remarkable contributions being made by members of the Student Working Group that have not only participated in the other five working groups but have developed a very thorough (and globally supported by other student groups) Declaration which contains within itself a number of highly relevant suggestions for action that can be woven into the collective plans going forward. This should be considered in our reflections on action.

1. ***Expanding information, communication and advocacy systems***
    a. Build upon the work being done by the <u>*ACWG*</u> to organize effective advocacy and communications
    b. Creating *heterogeneous social networks*; the discussion boards on The Network: TUFH website provide a platform for following up on the social connections made at the conference. The strongest networks for resilience and new ideas are those that are the most diverse; find colleagues most unlike you and urge them to participate in these discussions. This includes a requirement for participation in relevant communities of practice, also the use of communication platforms and social media.
    c. *Building trust* among team members and with the community by considering the elements of integrity, predictability, delayed reciprocity, and exposed vulnerability while remembering that trust often involves cross-cultural communication when teams are diverse.
    d. Further suggestions?

2. ***Developing diverse leaders at all levels***
    a. Build upon the work being done by the thematic <u>*Leadership Working Group*</u> and their recommendations
    b. Designing an *international course on social accountability* in health, with focus on educational institution, small group or individual levels: defining objectives, length, audiences, support to learners in site specific contexts.
    c. Creating and/or joining relevant *communities of practice* that foster and/or require leadership. A multi-sectoral project relevant to health in a community is a good starting point and many examples were on display in the posters and presentations at the meeting. Discussions initiated in Tunisia and should be continued online.
    d. Further suggestions?

2. *Fostering evaluation and accreditation systems founded on the principles of social accountability*
   a. Build upon the work conducted by the *Accreditation* and the *Competencies Working Groups* and their recommendations.
   b. Setting up a consultation process with existing - or soon to exist - accreditation bodies to improve the incorporation of social accountability principles into standards and processes for the accreditation of educational institutions.
   c. Creating *a think tank* with stakeholder representatives to suggest mechanisms for relevant and efficient involvement of key actors in the accreditation process
   d. Recalling that education institutions are built on a *social contract* with the public to improve health and well-being. This is the essence of social accountability.
   e. Further suggestions?

4. *Developing ethical and equitable intercultural partnerships and health alliances.*
   a. Build upon the work conducted by the *Partnership Working Group* and their recommendations
   b. Building the relationships developed during the summit towards actions with WHO / other participating organizations as partners
   c. Working with relevant partners to engage in the development and deployment of the World Health Organization's "Global Strategy on Human Resources for Health: Workforce 2030"
   d. Formulating *a working group to develop a road map* for implementing the recommendations of the *Summit* in collaboration with the participating organizations. This could be spearheaded by Network:TUFH as convener, using methods to facilitate total engagement, obtaining widest viewpoints (including diverging), and then prioritizing into specific actions.
   e. Identifying an important health need in an area of influence and developing a concrete partnership among stakeholders to prioritize actions to respond to that need.
   f. Further suggestions?