



**The Network: Towards Unity for Health (TUFH)  
STRATEGY and GOALS  
2020 – 2021**

**A Moral Health Compact  
Thinking Globally  
Acting Locally**

## GLOBAL HEALTH CONTEXT

Around the world, global health policy leaders and associations are convening global leaders, publishing research and policy articles, and releasing “call to action” initiatives for political leaders and health system institutions to adopt and implement. Many of these recommendations are framed within the Sustainable Development Goals as we play witness to hospitals and health systems being “repair shops”, trying to correct the damage of causes collectively denoted “social determinants of health<sup>1</sup>.” Our global fabric of our communities upon which health depends is torn and we must heal this fabric with a moral compact that changes must be in the communal, not just the individual interests.

Global and regional institutions understand that many of their recommendations may not be adopted or implemented due to local level political and economic complexities. In analyzing the limits of local change networks and/or policy change agents to adopt and implement global policy recommendations and/or translate knowledge to action and we understand that they are stymied by three primary factors:

1. Local leaders can be better able to respond to local complexities and optimize local assets if they have tools that translate policy and knowledge to action. These tools include a platform to share, brainstorm, and learn through case studies with international colleagues and understanding change frameworks including structural competency<sup>2</sup> and complex system thinking/human systems dynamics<sup>3</sup>.
2. Local change networks and/or policy change agents, taking into consideration their own unique barriers, often require international support in the form of published research or policy action papers, support networks, and initial funding.
3. Local Change Networks and/or Policy Change Agents need systems that collect data across a wide range of local contexts and systems-based analysis approaches to reveal patterns of systems change as they progress.

### **TUFH VALUES**

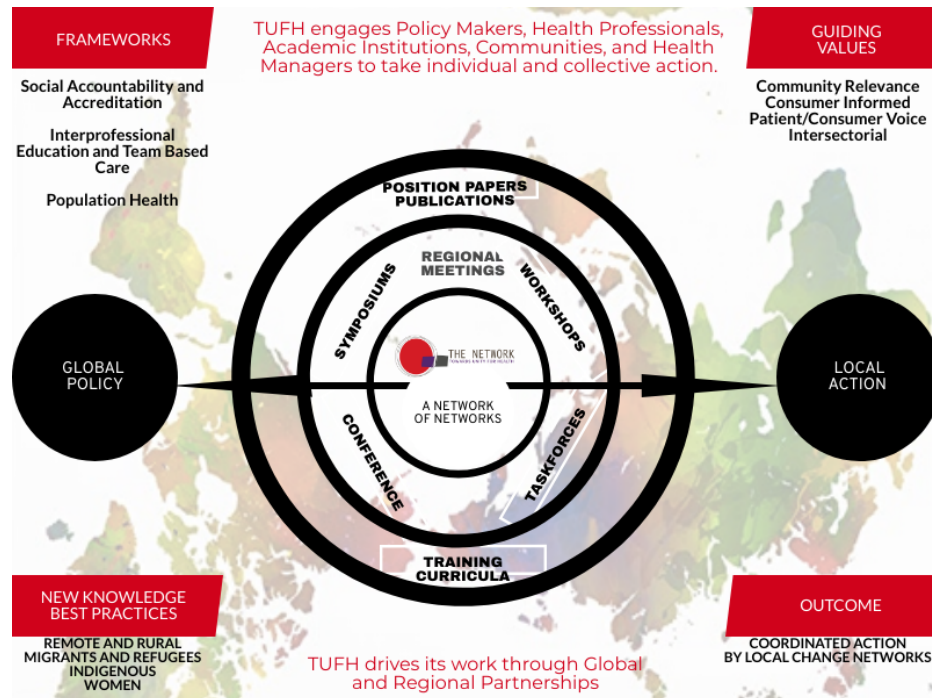
**We believe that quality and equitable health is a human right. We believe the core values of social accountability, quality, equity, relevance, cost effectiveness, and bioethics must frame and guide the health policy process. Our global community works to ensure that those values are at the heart of a health ecosystem so that it is able to meet present and future priority health needs of society, both individually and collectively. We are 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.**

<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>

Driven by a moral compact to mend the fabric of our communities upon which health depends, TUFH commits to drive communal interests by supporting local change agents toward the adoption and implementation of global policy recommendations. TUFH commits to concentrate on practical tools and solutions to achieve Health for All.



### TUFH PHILOSOPHY

TUFH is based upon relationships not only between organizations, but also between people 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. 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 the evidence for what works. TUFH aspires to serve as a catalytic function to promote positive change in local systems and actors.

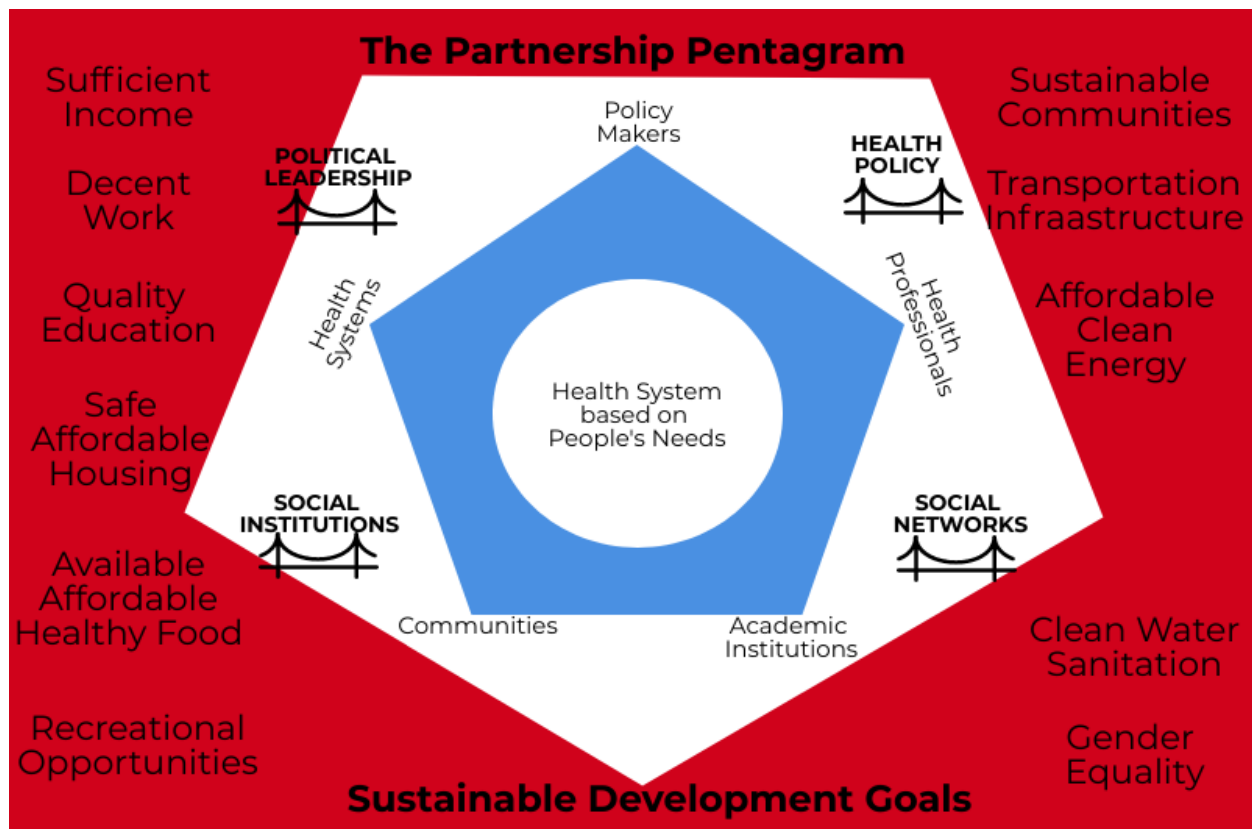
TUFH's model addresses problems by looking for what IS working and why. This becomes an accelerating process of positive change wherein folks are too busy DOING to dwell on why it can't be done.

### TUFH STRATEGY

**TUFH will bring the Partnership Pentagram to Life by supporting Local Change Networks** who are defined as not for profit associations, institutions of higher education (medical, public health, nursing), and health systems (hospitals, community health centers, and health payers) and **Policy Change Agents** who are defined as governmental policymakers, national authorities,

regulators, or legislators advocating, organizing, and supporting change in a sustainable manner that are in a unique position to influence system behavior.

The Partnership Pentagram is framed within the Sustainable Development Goals and Social Determinants of Health reminding us that creating a health system based upon people's needs must not only involve the 5 key players in the change process but must do so within the context where people live and work.



**TUFH will engage Policy Makers, Health Professionals, Academic Institutions, Communities, and Health Systems to bridge the gap between the underlying issues of Healthy Individuals and Communities.**

**TUFH's value and role within a global community is to create a platform to collectively develop solutions to underlying issues and then propel them to be adopted and implemented locally.** TUFH is primarily composed of Health Professionals (i.e. physicians, nurses, and other health care professionals). We own our unique role in breaking systemic barriers to health and through our efforts benefit healthcare systems across the globe through the adoption and implementation of global policy and innovations outside of clinical medicine.

TUFH will ensure a balanced engagement between Developed and Developing Countries ensuring an equitable voice to inform global policy and participate in global learning. TUFH will

provide 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 to local action is organized in four stages:

- Knowledge sharing, learning and community-based education which serves to motivate individuals to learn and take action and it is best accomplished by increasing their knowledge of the subject that is relevant to their roles/lives and creating opportunities to learn from diverse colleagues.
- Embracing the assets, successes, and initiatives within local regions driven by Local Change Networks and/or Policy Change Agents and gathering the evidence about what works by asking why it works.
- Supporting Local Change Networks and/or Policy Change Agents by building their capacity through sharing system and policy change successes across peer-to-peer Local Change Networks and/or Policy Change Agents. TUFH embraces a side-to-side functional model where teaching and learning happens across networks and through case studies. This includes the provision of tailored technical support, where and when needed, to strategize on complex system and policy change. TUFH's role is primarily to serve as the platform and connection point for this teaching and learning within this functional model.

### **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 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."

Today, TUFH is composed of thought leaders representing Medical, Public Health, and Nursing Higher Education Institutions; Community Health Centers; Health Payers; Government Health Officials; and Health Students and/or Young Professionals.

Over the past 40 years, The Network: TUFH has annually:

- Hosted an annual conference in countries around the world. The annual conferences have been the soul of TUFH in that "every participant has a story to tell" and that the story "matters." At the annual conference, participants present their work in three different formats: 1) a highly interactive oral poster presentations organized by themes, 2) workshop format designed for learning particular skills, and 3) a TUFH Talk, like TED Talks, for powerful talks moderated by experts and followed by an interactive discussion.
- Coordinated taskforces, organized around content pillars, to foster dialogue among global thought leaders to address emerging health system opportunities, priorities, or challenges. As an example, the social accountability and accreditation task group influenced criteria for medical school accreditation; led the Global Consensus on Social Accountability (Global Consensus for 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 including the WHO General Assembly. These position papers were not interpreted as static recommendations, but instead viewed as starting points for further discussion.

Over the past 40 years, The Network: 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 ensured a voice and dialogue by providing a knowledge-sharing platform for **marginalized communities including, but not limited to: Remote and Rural, Indigenous, Migrants and Refugees, Women, and Elderly Populations.**

### **TUFH 2020-2021 GOALS**

For the past 40 years, The Network: Toward Unity For Health (TUFH), created by WHO to foster educational institutions to better contribute to people's health, has connected and inspired local change agents around the world to improve access and equity in health care. The future requires more than engagement. It requires TUFH to become more than the sum of its parts. The time has come for TUFH, a network of networks, to become an international, intersectorial, and intergenerational network for collective action.

### **GOAL 1: PROPEL HEALTH ECOSYSTEMS TO BE SOCIALLY ACCOUNTABLE THROUGH DIALOGUE, KNOWLEDGE SHARING AND CASE BASE LEARNING**

**Strategy 1.1. Annual Conference.** Will host an annual conference for dialogue and learning, community site visits, and a global solutions challenge resulting in increased knowledge and local implementation of best practices.

**Strategy 1.2. Common Agenda Forums.** Will host, in collaborations with TUFH's regional strategic regional partners, virtual forums, discussing implementation strategies for TUFH's policy position papers. These monthly forums will organized by region and/or by common challenges. The forums will be driven by case study learning framed within an expanded **Partnership Pentagon** that embraces the assets, successes and initiatives within local regions thereby gathering the evidence about what works by asking why it works.

**Strategy 1.3. Global Policy to Local Action Taskforces and Institutes.** Will coordinate, in collaboration with TUFH's global content partnerships, global communities of practice in Social Accountability, Interprofessional Education and Team Based Care, Population Health, and Community Based Primary Care and Best Practices in Remote and Rural Health, Indigenous Health, Migrant and Refugee Health, Women's Health; and Ageing Society. These bi-monthly forums will be driven by case studies framed within an expanded **Partnership Pentagon** that embraces the assets, successes and initiatives within local regions thereby gathering the evidence about what works by asking why it works. With TUFH's commitment to developing countries, TUFH ensures accessibility to content through creating a repository of knowledge in digital recordings.

**Strategy 1.4. Topical and Timing Global Challenges.** Will host monthly forums on topical health issues (i.e. pandemics, climate change, bioethics) providing a platform for members to listen, learn, and collectively brainstorm practical solutions to real life challenges affecting communities across the globe. These forums will be driven by questions and challenges global communities are facing and discussions will be practical in nature.

**Strategy 1.5. Online Community Platform.** Will provide an online Global Community for members to share projects, initiate global collaborations, communicate within regions and taskforces, share global and regional events, facilitate mentorship relationships, and serve as a repository of curated curricula and training workshops. With TUFH's commitment to developing countries, TUFH ensures accessibility to content through creating a repository of knowledge in digital recordings stored on the online community platform.

## **GOAL 2: PERSUADE HEALTH INSTITUTIONS TO ADOPT AND IMPLEMENT SOCIALLY ACCOUNTABILITY PRACTICES.**

### **Strategy 2.1. Increase Health Institutional Partnerships and Capacity**

- Will curate global health curricula/modules composed on **expert lectures, case studies, practitioner articles, and policy action papers** to compliment existing curricula and training in Social Accountability; Interprofessional Education and Team Based Care; Population Health; Community Based Primary Care and Best Practices in Community Health including but not limited to Remote and Rural Health, Indigenous Health, Migrant and Refugee Health, Women's Health; and Ageing Society.
- Will convene Academic Institutions to share best practices, challenges, and successes on adoption and implementation of Social Accountability; Interprofessional Education; and Population Health standards and practices.
- Will recognize membership institutions as the global health leaders who individually are leading their respective universities/institutes and collectively leading the globe toward adopting and IMPLEMENTING global health policy recommendations and call to actions.

### **Strategy 2.2. Publish and Distribute Knowledge on action items that address the issues and barriers undermining Health for All.**

- TUFH through Education for Health will publish and distribute Medline Reviewed articles.
- TUFH through the Social Innovations Journal will publish two annual practitioner focused editions on Social Accountability and Accreditation; Interprofessional Education and Team Based Care; Population Health AND Women, Migrant and Refugee, Remote and Rural, and Elder Health.

### **Strategy 2.3. Increase Student Leadership Participation in Global Health Priorities**

- Will curate and coordinate an international interprofessional credit bearing education exchange course for students ensuring collaboration with professors and institutes across the globe.

- Will coordinate global mentor and mentorship connections between established and aspiring health professionals and thought leaders.
- Will support TUFH's Student Network Organization (SNO) in creating a platform for students of medicine and allied health sciences to dynamically engage in activities concerning public health issues and encourage an explicit representation in the realm of community empowerment and social accountability through intersectoral collaboration.

**Strategy 2.4. Support WHO in the dissemination of best practices toward transformative education**

- Will provide technical input through convening global thought leaders and writing policy action papers to WHO for the development, roll-out, and implementation of the Global Competency Framework for Universal Health Coverage (UHC). Specifically as related to improved evidence and best practices on the value of targeted student selection.
- Will collaborate with WHO to support the work of the WHO Global Health Workforce Network Education Hub (GHWN) through convening global thought leaders and writing policy action papers. The GHWN brings together networks, agencies, academic institutions and individual experts to work collaboratively towards the development and dissemination of products that facilitate better alignment of student selection, education, and training with population, health systems, and health labour market needs; and that enable the scale up of socially accountable, professional and technical and vocational education in priority countries.
- Will support WHO to set up a community of practice for informing on and supporting the dissemination of WHO normative instruments on transformative education.
- Support WHO to map and strengthen the evidence based on best practices in health professionals education, with emphasis on interprofessional and socially accountable education.

**GOAL 3: INSPIRE AND SUPPORT LOCAL POLICY CHANGE AGENTS TO LEAD CHANGE WITHIN THEIR RESPECTIVE HEALTH ECOSYSTEMS**

**Strategy 3.1. Curate, publish, and distribute policy action papers**

- Will curate and publish policy action papers on Social Accountability (i.e. global competency framework, targeted student selection, and organizational structures toward execution); Interprofessional Education and Team Based Care (i.e. Normative Instruments on transformative education); Population Health (Global Health Workforce – Community Health Workers); and Community Based Primary Care. Will ensure patient voice is incorporated into policy recommendations.
- Will curate and publish policy action papers on and Best Practices in Remote and Rural Health, Indigenous Health, Migrant and Refugee Health, Women's Health; and Ageing Society.

**Strategy 3.2. Increase Regional Institutional Partnerships and Capacity**



- Will build alliances with the leading regional health associations in North America, Latin America, Europe, Africa, Eastern Mediterranean, South East Asia, and Western Pacific for the purpose of coordination in the fostering dialogue and learning, strengthening networks, and increasing the adoption and implementation of global and system policy changes.
- Will encourage regions to adopt and implement recommendations taken from the Global Health Workforce Accreditation and Regulation FAIMER/WHO initiative.

**Strategy 3.3. Support Local Change Networks and/or Policy Change Agents toward system and policy change.**

- Will curate a policy and system change course composed of workshops, symposiums, and case studies. This course will use a case study based approach where participants learn from experts and global successes and apply the knowledge to their local complex challenges. Local change agents will be supported to find simple options for action in their volatile, uncertain, complex, and ambiguous worlds. The course will build concepts and skills to innovate and to take those innovations to scale regionally and globally.
- Will facilitate the collective construction of a policy and system toolbox.

**ANNUAL CALENDAR and DELIVERABLES**

- 2x Month (24 Sessions Annually): Global Policy to Local Action Taskforce/Institute Symposiums using the Pentagon Partnership Framework. 4 Guiding Framework Sessions; 4 Case Study Sessions, on average, Per Taskforce/Institute (Social Accountability and Accreditation; Interprofessional Education and Team Based Care; and Population Health); 3 Case Study Sessions, on average, Per Taskforce/Institute (Women's; Remote and Rural; Migrants and Refugees; and Indigenous Health, Ageing Society).
- Monthly (12 Sessions Annually): Topical Challenges (i.e. COVID-19; Climate Change) and/or WHO Listening Sessions (i.e. Global Competency Framework for Universal Health Coverage; WHO Global Health Workforce Network Education Hub (GHWN); and WHO normative instruments on transformative education)
- Monthly (12 Sessions Annually): Common Agenda Forums focused implementation strategies for TUFH's policy position papers (Appendix A) using the Pentagon Partnership Framework in TUFH's Regions and/or Across Regions.
- Bi-Monthly (6 Sessions Annually): Board and Advisory Board Meetings
- Quarterly (4 Sessions Annually): Institutional Adoption and Implementation Symposiums providing a platform for institutions to share best practices, discuss challenges, and build partnerships within Regions and Across Regions.
- Annually: Conference, Policy Papers, Journal Publication, and Institutional Recognition.

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

To achieve TUFH's vision for Universal Health and Equitable Health Care TUFH is governed by a Global Board of Directors; guided by a Global Advisory Board of Thought Leaders; and partnered with and supported by a Secretariat and strategically partnered with Health Associations and Leading National Institutions.

### **TUFH's SECRETARIAT**

TUFH 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 2016 the Secretariat moved to the Foundation for Advancement of International Medical Education and Research (FAIMER) and Educational Commission For Foreign Medical Graduates (ECFMG). TUFH's collaboration with FAIMER|ECFMG meant a stable Secretariat location independent of the Secretary-General's home institution, synergy with faculty development initiatives and improved integration with FAIMER|ECFMG's sponsored initiatives.

### **SUMMARY**

The Network: TUFH is a self-adapting network achieving success both by evolving and leading in a changing environment. Since 2006, the strategy of 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 that animate 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 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.

## **APPENDIX A**

### **DRAFT Global POLICY to Local ACTION policy recommendations**

#### **SOCIAL ACCOUNTABILITY AND ACCREDITATION**

1. **Internationally:** Curate a policy and system change course composed of workshops, symposiums, expert consultations and community of practices, and toolbox for local change agents as one mechanism to support them to find simple options for action in their volatile, uncertain, complex, and ambiguous worlds.
2. **Nationally:** Introduce national legislation that includes multi-sectorial collaboration and social accountability of medical schools that sustains institutional initiatives by members of medical regulatory governing bodies comprises of representatives from ministry of education, ministry of health, ministry of finance, ministry of internal affairs, professional organizations, medical schools association, general practitioner and specialist, colleges, community organization, and other stakeholders.
3. **Intuitively:** Publically recognize academic institutions as the global health leaders who are leading their respective universities/institutes toward Social Accountability standards.

#### **INTERPROFESSIONAL EDUCATION AND TEAM BASED CARE**

1. Include interprofessional standards within accreditation/regulation agencies of postsecondary education and health service providers;
2. Adopt and implement toolkits of IPE standards and practices that are guided by the principle of acceptance of individual and collective capacities;
3. Map, strengthen, and sustain communities of practice to ensure that these communities are productive during all stages of IPE development;
4. Support postsecondary education and team-based care workforce with sustained resources to implement IPE across training programs and in practice settings;
5. Institutions of higher education should collaborate with grant-funding agencies and health ministries to focus research on IPE to design evidence-based curricula and practice and support evaluation and measurement of impact.

#### **POPULATION HEALTH**

1. Recognize Healthy Housing as a Human Right.
2. Create Cross-Sectional National Housing Strategies that support Population Health strategies and goals.
3. Increase national Co-op and Co-Housing Opportunities.
4. Promote the Use of Community Health Outreach Workers to Deliver In-Home Environmental Education. The WHO's Guideline on Health Policy and System Support to Optimize Community Health Worker Programmes recognizes the capacity of community health workers to enhance health prevention and promotion activities in such areas as family planning, maternal-child health, mental health, diabetes and asthma management (WHO, 2018b).

## **WOMEN'S HEALTH**

1. A spectrum of prevention of violence against women should be adopted and supported by local and national governments. This spectrum should include a model similar to the Australian Spectrum of Prevention, which includes “strengthening individual knowledge and skills, promoting community education, educating providers, fostering coalitions and networks, changing organizational practices, and influencing policies and legislation”.
2. Develop curriculum for the training in primary & secondary schooling should focus on how to educate men and boys to unlearn hegemonic masculinity socialization and to become male social justice allies.
3. Develop specific training for the healthcare providers’ role in supporting survivors.
4. In the event of future crises, governments must prioritize funding to VvW services and hotlines.

## **MIGRANTS AND REFUGEES**

1. Encourage and define bi-national collaborations are a strong tool to promote the health of vulnerable populations including immigrants and refugees.
2. Strengthen the health care infrastructure of immigrant receiving communities, especially in resource constrained settings and settings where the majority of health care investments go to disease treatment and cure rather than prevention.
3. Identify and address health issues from an economic perspective can attract the investment of different sectors and increase intersectoral collaborations to change a fundamental social determinant of health.
4. Encourage policymakers to create economic incentives such as microcredit with a low-interest rate and business subsidies, encouraging enterprises to work with other institutions and make contributions to protecting migrants’ health.

<b>Board Members 2019-2020</b>
Elsie Kuguli-Malwadde, General Secretary, MEPI Coordinating Center at the African Centre for Global Health and Social Transformation
William Burdick, Vice Secretary General, FAIMER
Yassein Elhussein, SNO President
Dimitry Pond, Western Pacific Region Representative/Selection and Nomination Chair, University of New Castle
Aja Godwin, Africa Region Representative, Babcock University
Paulo Carvalho, Latin America Region Representative, Marilia Medical School
Kamayani Mahabal, South East Asia Region Representative
Tony Claeys, European Region Representative
Mohamed El Hassan Abdalla EL Sayed, Eastern Mediterranean Region Representative
Amy Clithero, North America Region Representative
Nighat Huda, At-Large Member, Liaquat National Hospital and Medical College
Bjorg Palsdottir, At-Large Member, Training Health Equity Network (THEnet)
Lionel Green-Thompson, At-Large Member/Policy and Systems Co-Chair
Vishnupriya Vijayalekshmi, At-Large Member
Akiko Maeda, At-Large Member/Policy and Systems Change Co-Chair
Alejandro Avelino Bonilla, At-Large Member
Henry Campos, Past Secretariat General, Federal University of Ceara
Michael Glasser, Editor Education for Health
Nicholas Torres, Executive Director

<b>Advisory Board Members</b>	<b>TASKFORCE</b>
David Marsh, Northern Ontario School of Medicine	<b>Indigenous</b>
John Hamilton, Australia	<b>Indigenous</b>
Stephen Knight	<b>Population Health</b>
Margaret Tromp, Society of Rural Physicians of Canada	<b>Remote and Rural</b>
Rabia Khan	<b>Population Health</b>
Frances Hughes, Retail Clinics International	<b>Population Health</b>
Alexis Skoufelo, Jefferson College of Population Health	<b>Population Health</b>
Tine Hansen-Turton, Convenient Care Association	<b>Population Health</b>
Marco Sosa - University of S. Colombia	<b>Population Health</b>
Arthur Kaufman, University of New Mexico	<b>Population Health/Indigenous</b>
Geraldine Beaujean, Maastricht University	<b>Social Accountability</b>
Robert Woollard, UBC Department of Family Practice	<b>Social Accountability/Indigenous</b>
Julian Fisher	<b>Social Accountability</b>
Charles Boelen, Social Accountability Taskforce Co-Chair	<b>Social Accountability</b>

David Bor, Cambridge Health Alliance affiliated with Harvard Medical School	<b>Social Accountability</b>
Dr. Genevieve Moineau, The Association of Faculties of Medicine of Canada	<b>Social Accountability</b>
Surekha Tayade	<b>Women</b>
Khalifa Elmusharraf, University of Limerick	<b>Women</b>
Deyanira Gonzalez de Leon, Universidad Autonoma Metropolitana Xochimilco - Mexico Medical School	<b>Women</b>
Hester Julie , University of the Western Cape	<b>Women</b>
Kiguli Sarah, Makerere University College of health Sc.	<b>Women</b>
Judy Lewis, University of Connecticut Health Center	<b>Women</b>
John H. V. Gilbert, College of Health Disciplines, University of British Columbia	<b>Interprofessional</b>
Jan De Maeseneer and/or Peter Pype Ghent University	<b>Interprofessional</b>
Samar Ahmed, Ain Shams University Faculty of Medicine/ FAIMER Regional institute ASUMENAFR	<b>Interprofessional</b>
Barbara Maxwell	<b>Interprofessional</b>
Ciraj Ali Mohammed, Manipal University	<b>Interprofessional</b>
Laura Chanchein Parajon	<b>Migrants and Refugees</b>
Erin Corrivea, John Hopkins General Preventive Medicine	<b>Migrants and Refugees</b>
Bruce Chater, WONCA	<b>Remote and Rural</b>
Steve Reid, University of Cape Town	<b>Remote and Rural</b>
Ian Cameron, General Practitioner Australia	<b>Remote and Rural</b>
Ray Markham: Rural Coordination Centre of BC	<b>Remote and Rural</b>
Pratyush Kumar, WONCA Rural South Asia	<b>Remote and Rural</b>
Dr. Roger Strasser, Dean, Northern Ontario School of Medicine	<b>Remote and Rural</b>
Vibeke Westh, Danish Nursing	<b>Policy and Systems Change</b>
Shabir Moosa, WONCA Africa	<b>Policy and Systems Change</b>
Francisco Lamus, University of La Sabana	<b>Policy and Systems Change</b>
Trevor Gibbs, AMEE	<b>Policy and Systems Change</b>
Garth Manning, WONCA	<b>Policy and Systems Change</b>
Dr. Jose Garcia Gutierrez, PAHO	<b>Policy and Systems Change</b>
Marietjie De Villiers, AFREHealth	<b>Policy and Systems Change</b>
Candice Chen and Malika Fair, Beyond Flexner	<b>Policy and Systems Change</b>
Keith Martin, CUGH	<b>Policy and Systems Change</b>
Trevor Gibbs, AMEE	<b>Policy and Systems Change</b>
Noeline Nakasujja, College of Health Sciences, Makerere University	<b>Ageing Society</b>
Jennifer Edwards, National Network of Public Health Institutes	<b>Ageing Society</b>
Henry Perry	<b>Community Based Primary Care</b>

John Cranmer	Community Based Primary Care
Steve Tremitiere, GrayHare Ventures	Development
Fernando Mora-Carrasco, Mexico	

TUFH is partnered with the below global health institutions

Strategic Partners	
WHO	Global
ECFMG   FAIMER	Global
RIFRESS : Réseau International Francophone pour la Responsabilité Sociale en Santé : Global	Global
WONCA	Global
Frontline Health Workers Association	Global
International Network for Health Workforce Education	Global
Pan American Health Organization	Latin America
ALAFEM	Latin America
ABEM - Brazilian Association of Medical Education	Latin America
AFREHEALTH	Africa
WONCA Africa	Africa
Beyond Flexner	North America
CUGH	North America/Global
L'Association Des Facultes De Medecine du Canada	North America
National Network of Public Health Institutes	North America
Society of Rural Physicians of Canada	North America
WONCA South East Asia	South East Asia
Asia Pacific Observatory	South East Asia
The International Institute of Knowledge Management (TIKM)	South East Asia
India Academy of Health Education Professions	South East Asia
Group on Social Accountability (GOSA) in the Association of Medical Education in the Eastern Mediterranean Region (AMEEMR)	Eastern Mediterranean
Association for Medical Education	Western Pacific
Association of Medical Schools in Europe (AMEE)	Europe
Global Partnership for Social Accountability and GCSA	SOCIAL ACCOUNTABILITY
Interprofessional Global	INTERPROFESSIONAL
WHO - Global Health Workforce Network	POPULATION HEALTH
WONCA Rural	REMOTE and RURAL
Women and Health Together for the Future	WOMEN

## MOU Partnership TEMPLATES: Regional and Content

### GLOBAL/REGIONAL DRAFT

Partnership Agreement **INSERT PARTNER NAME** and The Network: Towards Unity for Health (TUFH)

This document establishes the working relationship/partnership between the two organizations, **INSERT PARTNER NAME** and TUFH.

- The fundamental principle of this partnership is mutual respect and equity. This means that all activities will be undertaken from inception to completion with input and agreement from both organizations.
- All activities related to the TUFH's African Region will be clearly co-branded with **INSERT PARTNER NAME**.
- **INSERT PARTNER NAME** will support all the activities of the TUFH African Regional Meeting including membership, listserv, communications and annual meetings.
- **INSERT PARTNER NAME** will encourage its members to attend TUFH's annual conference and taskforce/institute forums.
- TUFH will encourage its members to attend **INSERT PARTNER NAME**'s annual conference and forums.
- TUFH will provide **INSERT PARTNER NAME** and all **INSERT PARTNER NAME** individuals and institutions members a 50% membership discount upon verification of membership with **INSERT PARTNER NAME**. This is applicable for any new members or upon renewal of existing members.

### 2020-2021 Mutual Deliverables

- TUFH will host, in collaborations with **AFREhealth**, virtual forums, discussing implementation strategies for TUFH's policy position papers. The forums will be driven by case study learning framed within an expanded Partnership Pentagon that embraces the assets, successes and initiatives within local regions thereby gathering the evidence about what works by asking why it works.
- TUFH in its annual calendar will reserve a minimum of 2 Regional meetings for **AFREhealth** to curate additional content for all TUFH and **AFREHealth** members.

### CONTENT DRAFT

Partnership Agreement **The WONCA Working Party on Rural Practice (Rural WONCA)** and The Network: Towards Unity for Health (TUFH)

This document establishes the working relationship/partnership between the two organizations, Rural **INSERT PARTNER NAME** and TUFH.

- The fundamental principle of this partnership is mutual respect and equity. This means that all activities will be undertaken from inception to completion with input and agreement from both organizations.



- All activities related to the TUFH Remote and Rural Taskforce will be clearly co-branded with **INSERT PARTNER NAME**.
- **INSERT PARTNER NAME** will support all the activities of the TUFH Remote and Rural Taskforce including membership, listserv, communications and annual meetings.
- **INSERT PARTNER NAME** will encourage its members to attend TUFH's annual conference and taskforce/institute forums.
- TUFH will encourage its members to attend **INSERT PARTNER NAME** annual conference and forums.
- TUFH will provide all Rural WONCA individuals and institutions members a 50% membership discount upon verification of membership. This is applicable for any new members or upon renewal of existing members.

#### 2020-2021 Mutual Deliverables

- TUFH in its annual calendar will reserve a minimum of 3 Taskforce/Institute meetings for **INSERT PARTNER NAME** to curate forums for all TUFH and Rural WONCA members.
- TUFH in its annual calendar will reserve a minimum of 1 Topical Subject for **INSERT PARTNER NAME** to curate a forum for all TUFH and Rural WONCA members.
- TUFH in its annual calendar will reserve 1 Policy Action Policy Paper for Remote and Rural Health with content curated by **INSERT PARTNER NAME**.