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ROLE OF ACADEMIA AND HEALTH PROFESSIONAL ASSOCIATIONS IN SUPPORT OF HEALTH FOR ALL

CONTENTS

EXECUTIVE SUMMARY

The close relationship between human resources development for health and the health delivery system is a priority to which WHO has paid special attention since its inception. Following World Health Assembly resolution WHA37.31 on the role of universities in the strategies for health for all, the Edinburgh Declaration and resolution WHA48.8 on reorienting medical education and medical practice for health for all, the Ministerial Consultation on Medical Education and Health Services held in Cairo in December 1995 explored possible ways of enhancing the relationship between medical education and health services. The follow-up meeting to the Ministerial Consultation in March 1997 was designed to clarify the possible and practical aspects of partnership between medical education and health systems and prepare the plans of action.

It is expected that Member States of the Eastern Mediterranean Region will continue to strengthen the practical aspects of the partnership between academia, health services and communities. These are major gaps in the education and training of health professionals. In many countries, the quality of the medical graduates is seriously compromised by the excessively high intake of students in medical schools and inappropriate admission policies. Most medical schools provide no basic training in health human resources management and health systems research.

There are three closely linked areas for cooperation between health authorities, academia and the community: a) education—resolution WHA48.8 encourages all countries to undertake activities to reform medical education and medical practice with a view to increasing relevance, quality, cost–effectiveness and equity in health care; b) research—health systems research needs to be carried out to determine what the public wants in health care compared with what it gets, and the community partnership models which can be employed to bridge the gap which exists between community and universities; c) health services—academia has a role to play in improving both general and specialist health services and there are encouraging examples where academia has taken full responsibility for administering and providing general services at local, provincial and even at national level.

It is important that universities develop collaborative links within and outside the health sector with those who are responsible for policy, planning and finance directly and indirectly related to health care. If academia and universities decide to bridge the gap which exists between the academic environment and the community, the students may be involved as the best initiators and workforce in some aspects of this field.

The initial steps that have been taken in many countries of the Region are encouraging but insufficient. Academia and professional associations in the Region have not been involved in health for all to their full potential. It is now vital to establish mechanisms for partnership between communities, ministries of health, academia and professional associations and to define their new roles in support of health for all. Recommendations focus on the need to review the situation, update and coordinate health and human resources for health policies and programmes, and strengthen the role of each partner.

1. INTRODUCTION

The close relationship between human resources development for health and health delivery systems is a priority to which WHO has paid special attention since its inception. The stated objective of the World Health Organization is "the attainment by all peoples of the highest possible level of health" and one of the functions of the Organization in order to attain this objective is "to promote improved standards of teaching and training in the health, medical and related professions" [1].

Following the Alma-Ata conference on primary health care in 1978, Health for All was a topic of considerable debate and discussion in all WHO and WHO-related conferences. The Alma-Ata Declaration established the commonality of worldwide concerns for the need for primary health care. The following year the International Network of Community-oriented Education Institutions for Health Sciences was established to encourage increased relevance of health personnel education to the needs of communities [2].

Over the years the World Health Organization has organized a number of meetings concerned with this subject, and the Thirty-seventh Session of the World Health Assembly in 1984 held technical discussions on the role of universities in the strategies for health for all [3]. The outcome of the technical discussions (resolution WHA37.31) provided the basis for partnership between ministries of health and universities on the one hand and prepared the groundwork for collaboration between WHO and Member States on the other.

The World Conference on Medical Education organized by the World Federation of Medical Education in collaboration with WHO in 1988 concluded with the issuing of the Edinburgh Declaration on the reform of medical education which states that "The aim of medical education is to produce doctors who will promote the health of all people" and emphasizes that "Reform in medical education requires more than agreement; it requires a widespread commitment to action, vigorous leadership and political will" [4]. The Edinburgh Declaration, which was endorsed by the World Health Assembly in resolution WHA42.38 in May 1989, is now accepted worldwide as a mandate for change in medical education. In every way the declaration is regarded in medical education circles as the counterpart of the Alma-Ata Declaration in the field of health care [5]. The World Summit on Medical Education, which was also held in Edinburgh, in August 1993, defined 22 strategies for work [6].

Concerned about the role of academia in health systems research, the WHO Eastern Mediterranean Regional Office held a regional meeting in 1992 on cooperation between universities and ministries of health in health systems research and an intercountry consultation on referral support for strengthening primary health care in the Eastern Mediterranean Region in 1994.

The global conference on international collaboration on medical education and medical practice, cosponsored by WHO and the University of Illinois, USA, in 1994, was evidence of the widespread understanding and acceptance of the principles of integration and coordination [7].

In 1995 the World Health Assembly adopted resolution WHA48.8 on reorienting medical education and medical practice for health for all. The resolution was mindful of the

importance of an adequate mix of health care providers for health for all and acknowledged the need for medical schools to improve their contribution to health care delivery, including preventive and promotional activities in order to respond better to peoples' needs and to improve health status. The resolution urged Member States as well as the Director-General to promote coordination between health authorities, medical schools and professional associations, to study and implement new patterns and practices, to identify the health needs and problems of the people and to enhance quality and equity of health care in response to these needs and problems.

The WHO Ninth General Programme of Work [8] covering the period 1996–2001 has four policy orientations:

- integrating health and human development in public policies
- ensuring equitable access to health services
- promoting and protecting health
- preventing and controlling specific health problems.

Strategies developed on the basis of these policy orientations in support of health for all cannot but fully emphasize involving academia, professional associations and university students in national health programmes.

A Ministerial Consultation on Medical Education and Health Services was convened in Cairo, Egypt, in December 1995, cosponsored by EMRO, UNESCO and the World Federation of Medical Education. The objective of this consultation was to explore possible ways of enhancing the relationship between medical education and health services. A meeting on the Follow-up of World Health Assembly resolution WHA48.8 and the Recommendations of the Ministerial Consultation on Medical Education and Health Services was organized by EMRO in Abu Dhabi, United Arab Emirates, in March 1997 to clarify the possibilities and practical aspects of partnership between medical education and health systems, to prepare country plans of action and to discuss the new strategies for educational development centres in the light WHA48.8 and the recommendations of the Ministerial Consultation. With this background in mind, it is expected that Member States of the Eastern Mediterranean Region will continue to strengthen the practical aspects of the partnership between academia, health services and communities.

2. HEALTH SERVICES AND HUMAN RESOURCES DEVELOPMENT IN THE EASTERN MEDITERRANEAN REGION—MAJOR CONSTRAINTS

Although all Member States are committed to the goal of health for all by the year 2000 and despite the considerable achievements made by the health sector over the last few decades, health care in some countries of the Region still suffers from inequities in coverage, accessibility and quality, insufficient clarity in policies for health and human resources development, and inadequate coordination with other sectors and programmes related to health development.

In the field of human resources for health, many countries have made a promising start, however there are gaps in the education and training of health professionals. Education programmes, planned and implemented by academic educational institutions, do not always match the priority health care needs of the community. Curricula are usually designed with no

specific reference to the national health development plan and often with no active involvement of health authorities. Medical education tends to focus primarily on curative and hospital-based care versus preventive and community-oriented care. In many countries, the quality of the medical graduates is seriously compromised by the excessively high intake of students in medical schools and inappropriate admission policies. Many academic institutions suffer from lack of emphasis on staff development, upgrading skills and improving teaching/learning methods. Most medical schools in the Region provide no basic training in health human resources management and health systems research.

The gaps in both health care delivery and human resources development have, in recent years, been further accentuated by newly emerging issues, such as changes in the epidemiological pattern of disease, rapid advances in technology, increasing demands and expectations of people for effective health care, rising health care costs and increasing demands to consider the cost–effectiveness of medical interventions.

Other obstacles and constraints that impede the desired partnership between health services and human resources development and hinder the role of academic institutions and professional associations in supporting health for all include the divergent attitudes and expectations among partners, the lack of clear and effective mechanisms for coordination between ministries of health, universities and the community in many Member States, the lack of efficient referral systems and inadequate attention to health systems research.

3. AREAS OF COLLABORATION

In order to face the challenges concerned in promoting health for all it is necessary to develop a climate of understanding and active collaboration between health authorities, academia and the community. This climate will be most fruitful if it is built on mutual respect and the trust that each will act in the best interests of society. Academia can no longer stand aloof from society's needs and ministries of health can no longer neglect academia's potential for effective contribution to health services. Society and government have mutual responsibilities in ensuring the health of the population. The role of society as a partner and not just a recipient of both health care provisions and health personnel training is undeniable. Professional associations, being concerned with maintaining good standards of practice and professional competence and involved both as health care providers and as members of the academic field, can play an important role in fostering and enhancing the collaborative role of the three parties.

Areas of cooperation may be summarized in three closely linked groups: education, research and health services.

Education

Education offers the greatest opportunity for really improving one generation over another. This is the ultimate goal of all activities. Resolution WHA48.8 encourages all countries to undertake activities to reform medical education and medical practice with a view to increasing relevance, quality, cost-effectiveness and equity in health care, all of which are important bases for ensuring the health of the community and achieving health for all.

Health for all can only be achieved if the health team (doctor, nurse, pharmacist, technologist or any other health worker) is fully convinced by the concept and specially trained to work towards it. Efforts need to be made by all partners to build a critical mass of strong believers in health for all as a concept among the health professions. Educational activities should be community-based and community-oriented in the sense that they should focus on community problems and priorities.

Communities and universities have to join together to achieve their own aims for educational reform in the health professions. It would be most beneficial to introduce analytic and problem-solving techniques in the education of all health professionals. All the active players should be involved in the training of different health workers as a team. Similarly, they should work closely together in planning, designing and participating in programmes on continuing education for health personnel.

Health education for health promotion and disease prevention is yet another area where cooperative educational activities are essential and where, in addition, university students might play an effective role through their community medicine modules, students unions and scientific societies. Tomorrow's doctors, who have to be care providers, decision-makers, communicators, community leaders and managers, will not be fully trained unless these reforms are achieved.

Research

Health systems research is the best type of research in which academia can participate in order to promote the concept and practical aspects of achieving health for all since it is by nature action-oriented, participatory, multidisciplinary, multisectoral and focuses on solving problems in the health system. Health systems research is a useful tool at all levels of management whether central or peripheral.

Those who should be involved in health systems research are decision-makers at policy or programme operational levels, as well as academia, who are the potential researchers. The universities have to understand how people in their own countries feel about the health care currently available and how it does or does not meet their needs. Academia, professional associations and university students could play an active role in the following areas:

- defining the different aspects of the gap between the culture of communities and the culture of academia
- identifying community health problems suitable for health systems research and promoting training in health systems research
- discovering what the public wants in health care, what the public generally gets and the difference between what people want and what they get
- establishing priorities among health problems
- participating in all phases and levels of health systems research, including development of research proposals
- identifying the community partnership models which can be employed to bridge the gap which exists between society and universities.

Health services

Academia can play a role in improving both general and specialized health services. Perhaps we are more familiar with the latter role, where specialists provide their expertise in ministry of health, university or military hospitals. Complete understanding of optimal health care is the first step for action. There are some encouraging examples where academia has taken full responsibility for administering and providing general services and training students in primary health care centres (Suez Canal University in Egypt, University of Science and Technology in Jordan, and the University of Gezira in Sudan, etc.). A much more advanced example of full integration is the experience of the Islamic Republic of Iran where the Ministry of Health became the Ministry of Health and Medical Education and where the staff of both universities and the health services work together in providing health care to the total population in every governorate, as well as carrying out the training and educational functions of all categories of health personnel. There are other forms of cooperation between academic services and health services in other countries of the Region such as in Bahrain, Iraq, Pakistan and the United Arab Emirates.

All these examples of cooperation also show the close relationship that can be created between academia and the community, in various ways. Community partnership is now also being practised in several regions.

Academia can play a very constructive role in collaboration with the ministry of health in providing referral services at all levels of the health system. Referral support is indispensable to the proper functioning of the first-level health facilities in a health system based on primary health care (the vehicle for health for all). A referral procedure should not be looked upon as transfer of a patient to a higher level of care but should be used to obtain expert advice, undergo diagnostic investigations or seek therapeutic intervention. Referral should be a two-way process for information, whereby it can become an educational mechanism in addition to its health care management function.

Professional associations, the membership of which is open to all health personnel in government and private sectors, certainly have an important role to play in the upkeep of ethical professional standards and introduction of voluntary and/or philanthropic health care, whether on a regular basis or in an emergency.

4. STRUCTURAL NEEDS

In order to maximize their contribution to improved health status, universities should develop collaborative links within and outside the health sector with those responsible for policy, planning and finance directly and indirectly related to health care. Universities have to create an environment that rewards education, research and service that are relevant, cost–effective, equitable and sustainable [10].

The role to be played by academia and university students in community support of national health programmes cannot, therefore, be promoted except by introducing structural changes in both the educational and health services system leading to integration or at least very close cooperation between them. Academic authorities should recognize and

acknowledge the value of social accountability and demonstrate increasing relevance, quality, cost–effectiveness and equity in their present and future activities.

The 1995 ministerial consultation organized by EMRO called on Member States to form "national mechanisms" to closely coordinate medical education and health services. Whatever form of mechanism is adopted, it must be institutionalized with legal powers, resources and accountability and by increasing community participation. By doing so, a country will benefit in terms of improvement of available resources for medical education and training, better cost–effectiveness, appropriate health planning, improved quality of patient care and health promotion.

5. ROLE OF STUDENTS IN COUNTRY HEALTH PROGRAMMES

If academia and universities decide to bridge the gap which exists between the academic environment and the community, they will find that the students are the best initiators and workforce in some aspects of this field.

The role that university students can play in support of national health programmes is challenging. Examples of areas where students might be involved include:

- research and surveys, to identify problems and demography
- as a service force, in outpatient departments, maternal and child health centres, in Expanded Programme on Immunization or other campaigns, and particularly in emergency situations, such as disasters
- as health educators of the public.

6. CONCLUSION

Despite their commitment to health for all, academia and professional associations have not been involved to their full potential in the Eastern Mediterranean Region. The health care system and academic institutions related to the development of human resources for health often continue to develop independently of one another. There is a pressing need for change. Change is inevitable and there will always be new challenges to meet in the future. A new spirit of collaboration is needed. True coordination entails an intimate partnership, shared responsibility and working together with new vision. The main action required is to establish effective mechanisms of such partnership between community, health authorities, academia and professional associations and to define their new roles in support of health for all.

7. RECOMMENDATIONS

Member States

1. Member States should conduct an in-depth review of the current situation related to the role of academia and professional associations in support of health for all.

2. Universities and professional associations should play an active part in formulating and/or updating national policies for health and development of human resources for health.

3. A National Health Council to coordinate all educational and health policies should be established or strengthened. The structure and function of the Council will differ from country to country according to national needs and circumstances.

4. Universities and scientific institutions should be invited to examine critically the constraints and problems encountered in the training of health care professionals and to develop educational programmes that are more relevant and responsive to community needs. They should also explore how resources for education, training and research can be fully utilized in the achievement of the health for all.

5. The concept of community partnership should be promoted at all political and social levels. More effective mechanisms for strengthening the role of the community and professional associations in achieving health for all should be developed.

6. National capabilities in human resources development should be strengthened.

For WHO

7. WHO should continue to support Member States in developing and/or strengthening the National Health Council. WHO should disseminate technical documents and information on development of policy and projects and promote exchange of experiences among Member States in implementing the partnership strategy.

8. WHO should promote activities that strengthen dialogue with ministries and national authorities involved in health services and human resources for health.

9. WHO should continue to organize intercountry workshops and national meetings to assist Member States in developing a plan of action for establishing and strengthening the National Health Council.

10. WHO should provide technical assistance for strengthening field training areas which constitute a very important collaborative venture between the universities, health system and community.

11. WHO should support Member States in designing and developing research and development studies in the different aspects of partnership and the role of academia and professional associations in support of health for all.

12. WHO should provide technical assistance for developing and implementing some strategic projects in selected countries with the aim of identifying the most suitable models for partnership between communities, ministries of health, academia and professional associations.

13. WHO should establish a regional advisory panel (or expert committee) for human resources for health to continue to support the Member States in these important scientific activities.

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