

PLANTING
THE SEEDS FOR
HEALTH
EQUITY
AROUND THE
WORLD



WHAT WE STAND FOR

HEALTH EQUITY

Everyone has a fair opportunity to live a long, healthy life, with access to high-quality health services.

SOCIAL ACCOUNTABILITY

Institutions that train health professionals emphasize the needs and priorities of communities at every step.

COMMUNITY ENGAGEMENT

All activities and programs are designed, conducted, and evaluated in genuine partnership with the communities they serve.



THEnet

is a global collaborative

of committed partners that share a vision of educating health professionals in line with the specific needs of their communities.

We seek nothing short of a transformation

in the way the global

health workforce is trained,

based on the principles

of **health equity**,

social accountability, and

community engagement.

Together with our partners,

we are watering the seeds

of change, overseeing their growth, and

reaping a harvest of healthier, more resilient

communities around the world.





Transform

THEnet is transforming the way institutions train their students for careers in the health professions consistent with community needs.

the problem. A growing body of evidence has shown that socially accountable workforce education, tools, and strategies can help reverse the shortage and improve the distribution and performance of health professionals worldwide.

Brazil doubled its number of primary health workers between 2002 and 2012, resulting in a drop in mortality of kids under five from 58.0 to 15.6 per 1,000 live births.

At least 400 million people globally do not have access to essential health services. When entire communities lie beyond the reach of health care, more women die in childbirth, more newborns perish before they've taken their first breath, and more children succumb to preventable diseases.

Simple, low-cost remedies for many of these health scourges are available. A periodic visit by a health professional can make all the difference between life and death across large swaths of Asia and sub-Saharan Africa, and among vulnerable populations on every continent. *And yet a worldwide shortage of appropriately trained health professionals, and their highly uneven distribution, perpetuates these inequities.*

There is increasing recognition that the traditional way of educating health professionals is part of

THEnet is committed to a socially accountable model of education that is, indeed, moving the world toward health equity. It's a model that encourages students to pursue careers in primary care and to practice in underserved communities. Socially accountable schools measure their performance in terms of where their graduates practice and the improved health outcomes of the people they serve.

Learning from the successes of schools that are already producing a fit-for-purpose health workforce in both high- and low-income countries, THEnet is promoting innovative strategies, building capacity, fostering collaboration between diverse actors, sectors, and disciplines, and advocating for change, thus seeding the growth of healthy, resilient communities worldwide.

PRINCIPLES

of

SOCIALLY ACCOUNTABLE HEALTH WORKFORCE EDUCATION

Education, research, and service programs are designed to meet the health and social needs of underserved communities.

Students are selected from communities that have the greatest health needs.

Programs are located in or near the communities they serve.

A significant part of the learning experience takes place in primary care settings.

The curriculum integrates basic, clinical, population, and social science, including the social determinants of health.

Teaching methods are student-centered and service-based, emphasizing teamwork and benefiting from information technology.

Schools recruit and train community-based practitioners as teachers and mentors.

Programs emphasize a commitment to public service, with faculty members serving as role models.

Social accountability is reflected across all departments and in the commitment from school leadership.

TRANSLATING PRINCIPLES INTO ACTION

THEnet applies the principles of socially accountable health workforce education to:

- **Transform health professional education to meet the needs of underserved communities**
- **Build institutional capacity and measure outcomes using THEnet's *Framework***
- **Support change at the level of government policy**
- **Conduct cutting-edge research**
- **Provide consultancy services**



Mobilize

THEnet has developed a comprehensive tool — *The Framework* — to help health workforce education institutions evaluate outcomes and optimize program impact.

Students at Ateneo de Zamboanga in the Philippines report feeling “utang na loob” — a debt of gratitude that compels them to serve rural communities.

To become more socially accountable, health training institutions start by identifying the needs of communities and rethinking the way they measure their own success.

Instead of merely counting how many graduates they produce, they should also assess whether the competencies of their graduates are aligned with community needs. Instead of only tallying how many articles their researchers have published, they should also consider the impact these articles have had on policy. And instead of basing their student recruitment policies on high test scores alone, they should recruit students who are most likely to stay in communities where health professionals are scarce — and urgently needed.

THEnet is prepared to help schools move from *should* to *can* and *will*. In 2011, in collaboration with its partner institutions, THEnet developed a powerful, practical and comprehensive tool to help schools align the training

of health workers with community needs, called **The Framework for Social Accountability in Health Workforce Education** — also known simply as *The Framework*. *The Framework* helps schools design, modify, and evaluate their programs so that they can realize true health equity in a highly inequitable world.

Available as an open-source tool on THEnet’s website, *The Framework* has been adopted by workforce education institutions in Australia, Belgium, Brazil, Canada, Cuba, Iran, New Zealand, Pakistan, Portugal, South Africa, Sudan, and the United States, with more schools signing on every year.

The Framework is a living, breathing quality improvement tool that can be adapted to any institutional setting. Some schools are using it to set, or reset, their priorities. Some are using it selectively, applying the most relevant modules to specific issues and challenges. And some turn to *The Framework* to figure out where and how to start.

The best way to start, we’ve found, is to build on the successful experiences and practices of schools that are well along on the journey.

When a massive earthquake rocked Nepal in April 2015, students and faculty from Patan Academy of Health Sciences (PAHS) were prepared to save lives, treat injuries and reduce the suffering of the community as much as possible.

Because the area around PAHS sits on a fault line, students quickly become aware that an earthquake could strike at any time. They're trained to respond should the worst happen. They also live and work in the surrounding community, building relationships, earning trust, and gaining a deep understanding of needs — the hallmark of socially accountable health workforce education.

When you're under threat of disaster, preparedness is key, said Dr. Ashis Shrestha, head of Emergency Medicine at PAHS, a THEnet partner institution located right outside Kathmandu, Nepal's densely populated capital city. Far from an academic add-on or a quick rotation, emergency preparedness is at the heart of the school's socially accountable curriculum. In their first year, PAHS students quickly become attuned to the needs of the surrounding community, from water-borne diseases to maternal mortality, intestinal parasites, and the ever-present possibility of an earthquake.

In line with the school's community-engaged approach to health professional education, Dr. Shrestha led a series of trainings just months before the earthquake hit. These drills involved students, hospital staff, and the surrounding community. The most challenging training scenario compelled the team to evacuate patients and create a field hospital with its own water supply, sanitation, electricity, and refrigeration system. They also had to practice transferring patients to the improvised facility. "At the start of the

drill, it took us four hours to complete the transfer — but by the end, we accomplished it in just one hour," said Dr. Shrestha.

When the real earthquake hit, the PAHS team was as prepared as humanly possible — and yet there's no way to prepare emotionally for an earthquake's sheer destructive force, he said: "More than a thousand victims received primary trauma care at our hospital in the immediate aftermath of the earthquake, and a large influx of people with severe injuries came through our doors for weeks and even months thereafter."

With strong ties to local NGOs and community-based networks, The PAHS students and faculty were able to respond quickly, efficiently and compassionately because they were already an integral part of the community.



**DR. ASHIS SHRESTHA, HEAD OF
EMERGENCY MEDICINE AT PATAN
ACADEMY OF HEALTH SCIENCES**



Cultivate

THEnet is cultivating enduring partnerships between academic institutions, health practitioners, and communities in need.

A community-engaged nursing education program in rural Australia improved health while resulting in cost savings of \$437,000 to the health system.

Community engagement is all about mutuality. Research has shown that a community-engaged approach to the training of health professionals benefits the entire health system.

To help its partner institutions produce a fit-for-purpose workforce comprised of the health professionals the world needs, communities must be engaged from the outset.

Patients and health professionals learn from each other. Families, neighbors, community members, and health leaders are ideally positioned to help assess needs and set priorities.

The first questions a health professional school might ask of community members is: What are you looking for in a health professional? How can we best meet your needs?

Schools may partner with communities to build pit latrines, plant vegetable gardens, or develop cottage industries to generate income. They may collaborate on strategies to ensure the success of a new immunization or clean water program.

Students at schools within THEnet's purview receive training in a wider range of competencies than do their counterparts at traditional institutions. At these innovative schools, students understand that where and how people live has a direct impact on health. This kind of education translates into meaningful, compassionate care and service.

Academic-community partnerships also go far toward countering the passivity that is often seen among people living in neglected communities steeped in long-standing poverty. Clearly, a community-engaged approach makes for strong communities engaged in their own health, working right alongside faculty, students, and graduates.

Children from an indigenous community on a huge inland lake in the Philippines used to travel for up to three hours to get to school. They'd have to trek through miles of forest — exposed to animals like snakes, scorpions, and wild boar — just to attend school. Now, a bright yellow boat gets them there in 20 minutes.

In 2013, the first yellow boats showed up on the lake. Dr. John Michael Dellariarte had just launched what came to be known as the Yellow Boats of Hope Foundation with a group of his fellow medical students at Ateneo de Zamboanga School of Medicine, one of THEnet's partner institutions. As an integral part of their socially accountable medical education, Dr. John and his fellow students had spent close to 50 percent of their training working in Purok 11, a village on Mindanao, the southernmost major island in the Philippine archipelago.

Dr. John and his colleagues soon learned that the children from the village were walking all the way to school and back. It was taking them 6 hours a day round trip, five days a week.

Dr. John recognized that in addition to the burden of disease or injury, a lack of adequate transportation was endangering the health of children. Consistent with his training, he rolled up his sleeves and worked with the community to help solve the problem.

Dr. John and his student team also spread the word on Facebook about this appalling situation. They crowd-sourced the simple yet innovative idea of raising money and recruiting volunteers to build a few boats. Soon, their Facebook campaign went viral. "We started with 10 boats," he said. "Now, more than 65 communities across the Philippines are participating in the project."

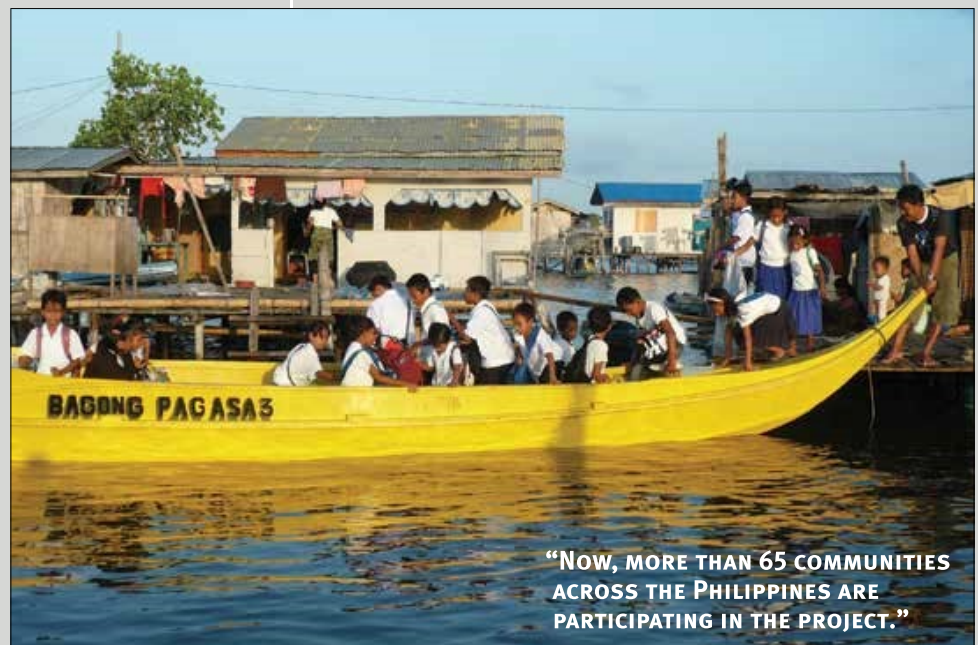
Today, the Yellow Boats of Hope Foundation provides building materials and training for community members to become boat-builders. That effort has translated into livelihoods that

are fueling economic development across a formerly neglected region of the Philippines. Best of all, the children are healthier and able to sail to school and back in record time — not a snake or scorpion in sight.

What does transporting students in yellow boats have to do with training health workers?

Everything, it turns out, when it comes to improving the life and health of a community. What sets THEnet partner schools apart from more traditional health workforce institutions is that inculcated in the students is a deep understanding that people's health is affected not only by infectious and chronic diseases, but also by the social conditions in which they live. To treat patients effectively, these social determinants must also be addressed.

For Dr. John, the best part of the story has to do with his discovery of a new "we," one that includes "friends, donors, and at the center of it all, people from the villages that dot the lake. They're the ones who are helping each other overcome the hardships of the landscape — one yellow boat at a time."



"NOW, MORE THAN 65 COMMUNITIES ACROSS THE PHILIPPINES ARE PARTICIPATING IN THE PROJECT."



Advocate

THEnet is advocating on behalf of socially accountable health professional education, premised on evidence-based research and universal human rights.

94% of doctors who completed their under- and post-graduate education at the Northern Ontario School of Medicine are practicing in the district.

Through research and advocacy, THEnet is amplifying the voices of communities in need and the innovative schools and practitioners that serve them.

Is the socially accountable model for health professional training making the difference it aims to make? Is health service delivery becoming more equitable as a result? And are communities actually becoming healthier? THEnet contends that the answer to all three of these questions is "yes."

THEnet is amassing a growing body of evidence showing that when students are recruited from lower-income communities, a high proportion of them return to practice in their communities of origin, or in similar communities elsewhere in their countries. *Who* receives training is just as important as *how* they're trained. Recruiting students locally is proving to be a major strategy in improving

access to health services through a more equitable distribution of health practitioners. Our findings have been published in such journals as *The Lancet*, the *World Health Organization Bulletin*, and *Academic Medicine*.

As academic institutions adopt the recommended changes, and as their graduates begin to practice in formerly neglected communities, studies show that health improves, sometimes quite markedly.

THEnet continues to influence the global dialogue on health workforce training. THEnet has made significant contributions to key policy documents issued by the World Health Organization (WHO), United Nations Commissions, The World Bank, and The Lancet's Commission on the Education of Health Professionals for the 21st Century. THEnet also chairs an independent working group of the Health and Medicine Division of the National Academies of Sciences, Engineering, and Medicine, which fosters research on new health professional training models and their impact on health outcomes.

The University of Transkei Faculty of Health Sciences in South Africa was established in 1985 to address the severe shortage of health professionals in Transkei, a largely rural area that is home to more than 10% of the country's population.

Founded during the twilight years of apartheid, the struggling new institution, renamed Walter Sisulu University (WSU), faced formidable obstacles. Some of its opponents said that “indigenous” health personnel lacked the training and motivation to serve rural communities. Others insisted that a school of public health would be more appropriate in light of rural health needs.

At its inception, the institution became the focus of a contentious debate among physicians, policymakers, and educators: Should it embrace the Western model of health professional education that locates student learning almost exclusively in university classrooms and tertiary care hospitals? Or was an altogether different model called for?

The school's founders opted in favor of a model of education grounded in the South African philosophy of *Ubuntu*, or *humanness*, which is roughly parallel to the concept of social accountability. All forms of teaching and learning would be organized around community and patient needs. Its programs and practices would be designed to alleviate the major health problems affecting the Transkei population by addressing the social, economic, and cultural dimensions

of ill health among its majority black population.

To attract more black students from Transkei communities, the new institution adopted a different set of admissions criteria. The new recruitment policies would give equal weight to academic performance and the personal attributes considered predictive of success in the health professions, such as relatedness, cultural sensitivity, and listening skills.

WSU has also established a network of district hospitals and health centers that are used as teaching platforms, empowering communities and expanding opportunities for students to learn by doing.

Today, the World Health Organization has recognized WSU's Faculty of Health Sciences as a leader in problem-based learning and community-based education — the hallmarks of its innovative curriculum — and as a resource for health professional training programs across Africa.

A founding member of THEnet, the school offers a wide spectrum of training programs in medicine, nursing, health promotion, and medical orthotics and prosthetics, with additional programs to be rolled out over the next several years.

Says Dean Dr. Wezile Chitha, “The WSU Faculty of Health Sciences has really come a long way since 1985. During apartheid our education was seen as inferior. Now, schools from across the African continent come to learn from us!”



“DURING APARTHEID OUR EDUCATION WAS SEEN AS INFERIOR. NOW, SCHOOLS FROM ACROSS THE AFRICAN CONTINENT COME TO LEARN FROM US!”



Harvest

THEnet is reaping a harvest of solutions that are improving the health of children and families worldwide.

Evaluations of the impact of the University of Gezira Faculty of Medicine projects in Sudan showed a 70% reduction in maternal and child mortality in Gezira State.

At a time when globalization has created a high degree of interdependence among national health systems, we aim to place health equity, social accountability, and community engagement at the heart of health workforce education everywhere.

THEnet focuses on the role of education to effect meaningful change in health equity by mobilizing technological, intellectual, and political resources. THEnet cultivates a wealth of partnerships that are taking root and blossoming into lasting relationships among all stakeholders in the system. And THEnet advocates for the transformation of health professional education, engaging governments and policy-setting institutions at the regional, national, and global levels.

When educational institutions are well resourced, outcome-oriented, and socially accountable, they produce the health workers the world needs. They also become hubs of research, analysis, and innovation.

Building on the success of its founding members to train a fit-for-purpose workforce for underserved areas, THEnet supports reform by gathering evidence, developing the capacity of schools in disadvantaged regions, and advocating for socially accountable, community-engaged and results-oriented health workforce education.

Rather than defining health via a contained set of criteria, THEnet is promoting a vision of healthy communities that relies on the cooperation of many sectors of society, including those responsible for education, service delivery, labor, transportation, housing, nutrition, sanitation, and financing.

Given adequate support, THEnet will help catalyze the change the world so urgently needs.

SOCIAL ACCOUNTABILITY IN ACTION

Pajarito Mesa, just six miles south of Albuquerque, New Mexico, offers its residents a breathtaking view of the surrounding landscape and plenty of open space where their children can play — but it doesn't offer much else.

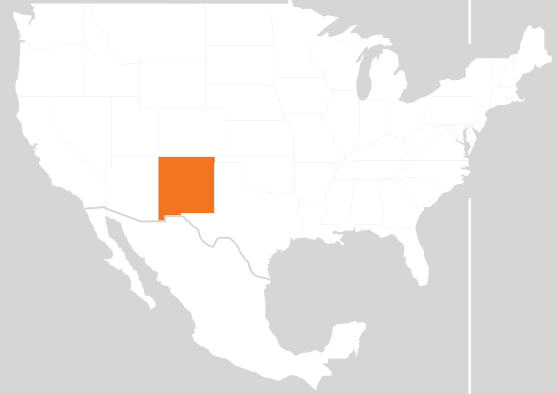
The Mesa is home to approximately 400 families, mostly undocumented Spanish-speakers. The community lacks such basic necessities as running water, paved roads, safe housing, a sewage system, and electricity.

The community is hiding in plain sight, said Dr. Will Kaufman, a family practice physician who practices medicine at a local clinic and earned his medical degree at the University of New Mexico, a THEnet partner institution. “Pajarito Mesa is a 10-minute drive from the clinic where I work,” he said, “but I never even knew it existed.”

Will's father, Dr. Arthur Kaufman — Vice Chancellor for Community Health at the University of New Mexico and a distinguished member of its faculty — introduced his son to the Pajarito Mesa and its people, encouraging him to provide them with medical services via a monthly mobile clinic. A proponent of primary care and community health, Art exemplifies his university's commitment to the socially accountable approach to health professional education. But his son Will had to experience his own “aha” moment, which came during his first visit to the Mesa, about seven years ago.

Will was shocked by the poverty on the Mesa, but shock quickly turned into a deep desire to help. Will and a physician-colleague have been bringing medical services to the community on the Mesa ever since.

Yet the basic challenge remains, Will said: “Right here, in our own backyard, our neighbors, through no fault of their own, are excluded from the health system. We're their link to that system and the modern world it represents. While I'm honored to serve in this role, our larger aim is to change the systemic structures that isolate the community and prevent its members from receiving the services they so desperately need.”



**DR. ARTHUR KAUFMAN,
VICE CHANCELLOR FOR COMMUNITY HEALTH
AT THE UNIVERSITY OF NEW MEXICO**



THEnet

Invest in the future

with THEnet as we continue to support committed institutions, faculty, and health practitioners in communities the world over. Consider making a donation — or use your influence to encourage schools, governments, and policy-setting organizations to adopt our innovative *Framework* and other practical tools. Help us transform the training of health professionals — an under-recognized target for reform — and create the basis for truly sustainable health equity.



THEnet FOUNDING PARTNERS

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NEPAL

THE PATAN ACADEMY OF HEALTH SCIENCES

PHILIPPINES

ATENEO DE ZAMBOANGA SCHOOL OF MEDICINE
UNIVERSITY OF THE PHILIPPINES – MANILA SCHOOL OF HEALTH SCIENCES

SOUTH AFRICA

WALTER SISULU FACULTY OF HEALTH SCIENCES

SUDAN

GEZIRA UNIVERSITY FACULTY OF MEDICINE

USA

UNIVERSITY OF NEW MEXICO HEALTH SCIENCES CENTER

“There comes a point where we need to stop
just pulling people out of the river. We need to go
upstream and find out why they are falling in.”

ARCHBISHOP DESMOND TUTU

“Health is an essential prerequisite
to a full and productive life.”

MELINDA GATES

“Of all the forms of inequality, injustice in health care is the most shocking and inhumane.”

DR. MARTIN LUTHER KING, JR.

THEnet

TRAINING FOR HEALTH EQUITY NETWORK

www.thenetcommunity.org