

# Role of academia and professional associations in support of health for all

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**SUMMARY** Health for all is facing many challenges at present, such as increasing global population, the widening gap between the rich and poor and the inequitable distribution of health services. The World Health Organization has always recognized that the achievement of health for all required the input of many partners, not simply the ministries of health. This paper outlines the role academia and professional associations can play in supporting health for all. It discusses, in particular, the areas of intervention, such as training human resources, planning and setting health priorities and strategies and conducting health systems research.

## Introduction

The concept of health for all (HFA) may have sounded idealistic when conceived for the first time in the Alma Ata Declaration [1] in 1978, but it was thought to be achievable through primary health care (PHC). With the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) as pioneers, several forces were mobilized; therefore, to date, many excellent results have been achieved. However, now a quarter of a century later, new factors, which represent new challenges to HFA, have emerged. Foremost of these challenges are: increased global population; demographic changes and destabilization of people as a result of natural or man-made disasters; poverty and the widening gap between the well-off and the disadvantaged; and inequitable distribution of health services within countries.

WHO was always aware that ministries of health alone could not achieve the intended goals of HFA; the input of other partners and associations was needed. Thus, WHO addressed the issue by presenting a technical discussion and a resolution on the role of universities in the strategies for HFA at the World Health Assembly [2].

Members of the academia, by dint of their training and the purpose of the institutions to which they belong (universities), cannot help but contribute to HFA by being an element for change. Universities have the potential to stimulate social progress through partnership with other forces in society, such as health professionals associations, community organizations and the health authorities. Similarly, professional associations would not wish to be regarded as mere trade unions; they too feel their duty towards furthering the health of the community.

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The intervention of academia is not only restricted to medical or health sciences, but could also involve faculty of other departments, such as economics, social sciences or even political sciences, to address health issues collectively.

This paper will discuss the role of academia and professional associations in furthering HFA.

## Areas for intervention

In spite of the desire to maintain their independence, academia, professional associations and health authorities can develop mutual trust and confidence by agreeing to work together for the best interests of local and national communities. Such cooperation is particularly useful in the following areas:

- planning and setting health priorities and strategies
- training human resources
- undertaking health systems research (HSR)
- acting as a role model in offering health services.

### Planning and setting health priorities and strategies

This is best carried out in joint meetings of all health stakeholders. Academic expertise in strategic planning from departments of public health, sociology and economics can help undertake the groundwork and ensure it is well prepared and presented.

### Training human resources

In this respect academia has a dual contribution. First, there is the important role of academia in training health personnel. However, its input is not only restricted to teaching, but also includes devising curricula which are more sensitive to the concept

of HFA and thus more responsive to the needs of the community [3]. Second, academia should get closely involved in continuing education for health personnel who require familiarization with HFA and new skills in order to be convinced of the concept and give it their full support. The role of academia in designing new models for health care has been admirably illustrated by a university department that demonstrated the success of training residents in an advocacy programme to promote community access to child health [4].

### Health systems research

HSR is a tool for collecting and analysing data for decision-making [5]. It is action-oriented, participatory and intersectoral in nature. It is often used to solve urgent health problems or to provide data for decision-making on a scientific basis. The WHO Regional Office for the Eastern Mediterranean has made a great effort to train health personnel in ministries of health in HSR methodology; however, the results have not been as rewarding as hoped. The Regional Office is keenly aware of the need to involve universities and the academia in HSR through the establishment of a joint administrative body [6]. Here again, academia has a triple role. First, academics need to approach decision-makers in order to identify researchable health problems and carry out the research themselves. Second, they need to train health personnel in the scientific method of developing research proposals and conducting research [7]. Third, they should promote action-oriented research to spearhead health services development in general. It may be pertinent to say that members of the academia have greater motivation if involvement in HSR promotes their status in their respective universities.

### Acting as a role model in offering health services

Every academic health centre should encompass the core values of the community. In the Eastern Mediterranean Region, there are few models of university health centres that extend PHC to the community. The Faculty of Medicine at Gezira University in Sudan is fully community-oriented; both staff and students participate in community diagnosis and in offering health services. The same is true for Suez Canal University in Egypt. And of course, the Iranian experience is unique, where medical education and health services have been merged into one ministry. However, it is now perhaps more important that members of the academia become involved in extending health services to the underserved, such as the marginalized urban poor, the elderly and

street children. In this area, professional associations, as organizations of the civil society, can extend a powerful hand.

### Conclusions

With the increasing cost of health care and the adoption of privatization in the health sector by some health authorities, there is a great danger that some marginalized sectors of the community, such as the poor, the elderly, the displaced and street children, may be denied access to health care. The academia and professional associations can play a significant advocacy role and devise workable cost-effective models to provide health services for these disadvantaged groups. It is a moral obligation for the academia and professional associations to extend further support to HFA.

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