The universal university

Jerrold M. Michael

Universities tend to be among the slowest social institutions in introducing change. Yet no other institutions are as suited to provide leadership for health and child survival as they are

IT is just ten years since health leaders at Alma-Ata declared that the health status of hundreds of millions of people in the world unacceptable, and called for a new approach to health and health care to shrink the gap between the "haves" and "have nots." In recent years there has been some improvement in the world's health. Upward trends are apparent in life expectancy in many developing countries, and downward trends are evident in mortality. But unacceptable gaps prevail.

Health development in a nation can only occur if it is placed as a component and an integral part of national social and economic development. In the four decades since the end of the Second World War, economists and economic planners have dominated the world scene of development. Gradually, people are realising that while economic development is important, it cannot be at the expense of social development. In fact, it has now become clear that economic development can be accelerated with adequate and appropriate methods of social development. Development, in simple terms, implies social change, new values, and an improved quality of life for all people.

Bringing new values to a society requires social change. Leaders are vital to express those changes, and the processes and activities by which they can be brought about. Discovering, creating, nurturing and developing such leaders, whether they be found in institutions, political parties of villages, remain the key to the success of social change. But as Dr Halfdan Mahler, Director-General of WHO, stated during an interregional dialogue on Leadership Development for Health for All, held in New Delhi in 1986: "We do not have committed and dedicated leaders in the required numbers across the board : in the leading positions ...who feel strongly about the issues and who can find ways to motivate and mobilise others and channel the vital human energy in this direction ; at the community level, who...are prepared to adjust their own traditional values and approaches and are willing to take risks ; and in educational and scientific institutions, who can fully visualise the scope for improving human conditions and thus are willing to concentrate their intellectual energy and also to motivate others, especially the future generations of health professionals, towards the new social values inherent in the Health for all goals.

"Therefore, we cannot limit ourselves to a monolithic technical and managerial approach, but we must place leadership in the balance as well. In recognition of the need to narrow the gap between policy and action, the Health for all Leadership Initiative has been launched with the principal aim of forming a critical mass of people throughout the world: people who are capable of assuming leadership in the HFA movement within their own countries and internationally as well."

UNIVERSITIES AND HEALTH FOR ALL

The universities, including the schools of public health, medicine, and other health sciences have remined largely untapped resources in developing and carrying out regional and national strategies to achieve Health for all. This is in spite of the fact that the three traditional and basic university pursuits—teaching research, and service—may be applied creatively and productively to HFA goals, including the support of primary health care, as an important means of reaching them.

The Asia-Pacific Academic Consortium for Public Health represents one attempt to enlist a regional group of universities in this effort. APACPH is a union of schools of public health or of community and social medicine in China, Indonesia, Japan, Korea, Malaysia, Nepal, the Philippines, Singapore, Sri Lanka, Thailand and the United States represented by the State of Hawaii. The member schools are beginning to evaluate their roles critically and, through a mutual process of support and re-inforcement, are addressing key issues in training for primary health care leaders.

The initiation of the APACPH in January 1984 was the culmination of a decade of informal and formal bilateral agreements among the faculties of these universities in Asia and the Pacific. The Consortium brought together academic, public and community health institutions who shared a common vision of the values derived from professional bonds. Such bonds are important in enhancing the individual schools as well as creating a strong regional resource to contribute to the HFA movement.

It has been said that universities are among the slowest social institutions introducing change. They are agents of intellectual change but often resist efforts to reshape their own institutional boundaries. Witness the difficulties when a new university president—or even a sitting president—attempts to break down disciplinary walls or propose new administrative shapes, so that old autonomies or empires are threatened.

"We haven't done it that way before' is the solemn refuge of the faculty, of department heads, even of deans. To outsiders, many of whom are responsible for the financial support of our schools, this resistance seems absurd in those who work in places devoted to pushing back the boundaries of ignorance, to honing fresh minds, and to demanding scepticism towards prescribed truths. Why, they ask, should the shape of our universities be so sanctified, so inviolate ?

In the words of Dr Frank Vandiver, President of Texas A and M University in the United States: 'Charting a new course of institutional development for the next generation of research universities is perhaps the most urgent need facing higher education at this time. Networks of research and instruction may be one way to begin, with alliances developing through the interaction of faculty and students.

'University consortiums... may be the outline of what universities will become in the next century. Intellectually or geographically kindred campuses that are linked by agreements might be able cooperatively to exchange people, courses, and equipment to achieve a matrix organization that would provide wider research and educational opportunities to students and faculties while still preserving separate campus identities and loyalties.

'Universities should lead the way toward a regional response to academic needs, toward a new alliance of campuses that will make possible the strongest base for research and learning. If this happens, there will be a real chance to create world universities, institutional matrices capable of cooperative, or even international, approaches to technological challenges and to such fundamental problems as war, famine, pestilence, and death". And we could add: to Health for all !

LEADERSHIP DEVELOPMENT

Mrs Gladys Brandt, who chairs the governing body of the University of Hawaii has set in motion a special direction for that university in a bold plan set out during an International Conference on Leadership Development and Child Survival held in Honolulu in February 1987. The plan, which has found great favour among the other universities of the Consortiumi, consider the university not only as a repository of the collected knowledge and wisdom of the past, but also as a critical mass for mobilising the forces of technology and conscience so as to alter our future. In the university we have the opportunity for shaping young minds and for instilling in them a willingness to live within the passions of their time and to respond with a social interest and commitment. It is within the university that we can break the barriers separating disciplines and ideas, and pursue the integration of our understanding with our actions.

We in our APACPH have begun to pursue a new strategy which will support changes both within our respective walls and across international boundaries. Universities withing our Consortium have been asked to re-conceptualise their activities and missions in the area of health. At the University of Hawaii, we have begun by making an inventory of our resources as they pertain to health leadership development and child survival. And, in doing so, we have looked beyond the more traditional departments of health sciences to business, to the social sciences, the arts and the humanities. Economics and political science are as important for health leadership and child survival as are epidemiology and psychology.

At a regional and international level, we will continue the university-to-university efforts which the Consortium makes possible. This union of schools of public health and community medicine has provided the Asia-Pacific region with a wonderful resource for collaboration and cooperation across a broad spectrum of health problems. Our APACPH universities are also seeking new relationships with governments, business and the private, sectors of our societies. We can envisage that in some areas the university will serve as a focal point for bringing together not only their own international resources, but also the resources present in the community.

In brief, the strategy that we have embarked upon suggests that the role of the university in providing leadership for health and child survival begins with the recognition that a new philosophy for health care and services is needed, a philosophy which emphasises unity across mind, body and spirit, and unity across person, community and environment. The university is uniquely qualified to develop and promote such a philosophy.

The task before us is great, and the solution will require a concerted effort involving understanding and cooperation at local, national and international levels. No other institution is as suited to provide leadership for health and child survival as the university. It is indeed the most universal of institutions.

(World Health)