



TUFH



2026

Manila, Philippines



Bayanihan for Health Equity: Co-Creating Social Innovations for Responsive & Resilient Health Systems





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4 - 7 August 2026



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MANILA DECLARATION

Bayanihan for Health Equity: From Commitment to Action

We, the participants, partners, students, educators, health professionals, community leaders, researchers, policymakers, and institutions gathered at TUFH 2026 in Manila, affirm that health equity is not achieved by systems alone, nor by communities alone. It is built through shared responsibility, local leadership, and collective action.

Inspired by the Filipino spirit of Bayanihan — communal unity, mutual support, and action for the common good — we commit to co-creating responsive and resilient health systems that are rooted in the lived realities of the communities they serve.

The Thunder Bay Communiqué called us toward community-led, socially accountable health education. The Vancouver Vision set a path toward TUFH 2032. The Sharjah Consensus translated this vision into measurable goals. The Ubuntu Declaration reminded us to center people, place, and policy. The Philadelphia Declaration challenged us to reframe access to health and ask whether we are truly on track.

In Manila, we answer that challenge by moving from commitment to action.

Our Shared Direction

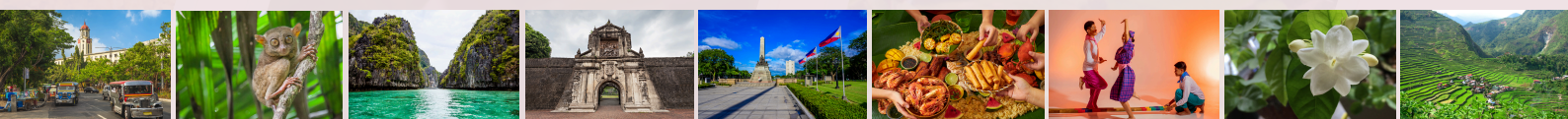
We reaffirm that access to health is a universal right and a shared societal responsibility. Health equity requires more than access. It requires prevention, health literacy, quality and safety, culturally responsive care, trust, and systems designed around the intersecting realities of people, families, and communities.

Across TUFH 2026, participants bring forward practical work on community-driven health systems, equity by design, global health workforce strengthening, policy implementation, women's health, ageing health, rural and remote health, IDD, autism and integrated behavioral health, social innovation, mental health and disaster preparedness, digital health, planetary health, health promotion, and socially accountable education.

These areas are reflected through the scientific program, summits, workshops, site visits, Communities of Practice, Centers of Excellence, and partner-led sessions. Together, they show that the next step is not only to describe inequity, but to act on it.

The TUFH 2026 Manila Declaration provides a shared framework for action. Individual summits, Communities of Practice, Centers of Excellence, student groups, and partner networks are invited to develop their own focused outcomes that connect to this shared call.

The road to 2032 requires more than declarations. It requires visible progress, honest reflection, and concrete action.



Strategic Commitments and Actions

1. Community-Driven Health Systems

Commitment: Strengthen local solutions, community leadership, and community-academy partnerships to build health systems that are responsive, culturally relevant, inclusive, and sustainable.

Actions:

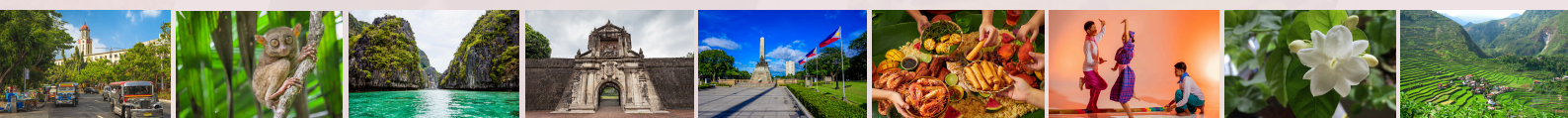
- Involve community representatives, students, patients, caregivers, self-advocates, local leaders, Indigenous leaders, and service users in planning, governance, implementation, and evaluation.
- Begin projects with listening sessions, community conversations, participatory research, or local needs assessments.
- Use community knowledge, lived experience, Indigenous knowledge, and local assets as evidence alongside academic and professional expertise.
- Strengthen community health workers, volunteers, peer educators, religious leaders, caregivers, and local champions as essential partners in health systems.
- Move from outreach to shared accountability, where communities are not only reached, but help define priorities, measure progress, and shape decisions.
- Share results and decisions back with communities in accessible language.
- Recognize, credit, and where possible compensate community contributions.

2. Equity by Design

Commitment: Integrate equity, inclusion, trust, accessibility, and meaningful community engagement into the design of technology, data, artificial intelligence, digital health, research, and educational innovation.

Actions:

- Ask who benefits, who is excluded, and who may be harmed before introducing any new tool, model, curriculum, research process, or technology.
- Ground innovations in the needs, priorities, and lived experiences of the communities they are intended to serve, involving patients, communities, learners, and frontline health workers in design and evaluation before deployment.
- Treat digital access, digital literacy, digital readiness, and equitable access to emerging technologies, including AI, as dimensions of health and educational equity.
- Test innovations with the communities, learners, patients, and health workers most likely to be underserved or left behind.
- Build inclusion into projects, including language access, affordability, disability access, connectivity, cultural safety, gender responsiveness, and accessibility for older persons and neurodivergent people.
- Use data to identify and reduce inequities, not to blame communities.
- Strengthen ethical, trustworthy, and community-responsive research practices.
- Keep trust, relationships, and human connection at the center of technology-enabled health and education.



3. Strengthening the Global Health Workforce

Commitment: Build, support, and retain a health workforce that is prepared and motivated to serve remote, rural, marginalized, ageing, conflict-affected, and underserved communities.

Actions:

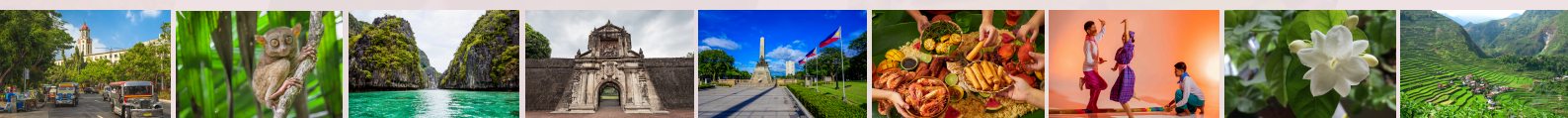
- Recruit students and trainees from underserved communities and support pathways for them to return, serve, and lead.
- Expand community-based, competency-based, and socially accountable education in real service settings, with intentional and participatory interprofessional learning that recognizes and builds on the complementary roles and expertise of each profession.
- Partner with communities in educating and preparing the health workforce so that training responds to local needs, priorities, and lived realities.
- Support primary health care, generalist practice, nursing, midwifery, allied health, pharmacy support workers, community health roles, and team-based care.
- Invest in mentorship, supervision, continuing professional development, faculty support, leadership development, and workforce wellbeing.
- Address violence, burnout, unsafe workplaces, attrition, maldistribution, brain drain, gender inequity, and lack of career support.
- Prepare health workers to respond to climate change, disasters, mental health needs, antimicrobial resistance, ageing populations, disability-inclusive care, and digital transformation.
- Value the hidden work of health systems, including caregiving, coordination, community trust-building, and the emotional labor carried by health workers, families, and communities.

4. From Policy to Practice

Commitment: Close the gap between policy and implementation by strengthening partnerships between communities, governments, academic institutions, health services, civil society, and professional organizations.

Actions:

- Translate national and global commitments into practical local implementation plans.
- Identify the barriers that prevent policy from reaching communities, including financing, governance, workforce gaps, discrimination, geography, conflict, lack of trust, and weak accountability.
- Build partnerships across health, education, labor, environment, social affairs, local government, civil society, and community organizations.
- Support social innovations that are locally led, equity-focused, evidence-informed, and scalable without losing their community roots.
- Strengthen local governance, health boards, universal health coverage implementation, disaster preparedness, and community-based accountability structures.
- Apply rural proofing and equity review to policies, curricula, technologies, workforce plans, and service models.
- Build integrated approaches across primary health care, mental and behavioral health, disability, education, social services, workforce development, planetary health, and community supports, avoiding fragmented or stand-alone solutions where coordinated systems are needed.
- Use implementation research, local data, economic and social value assessment, and continuous learning to adapt interventions and determine what produces meaningful change in practice.
- Measure what changes in practice, not only what is written in policy.



The Manila 12-Month Call to Action

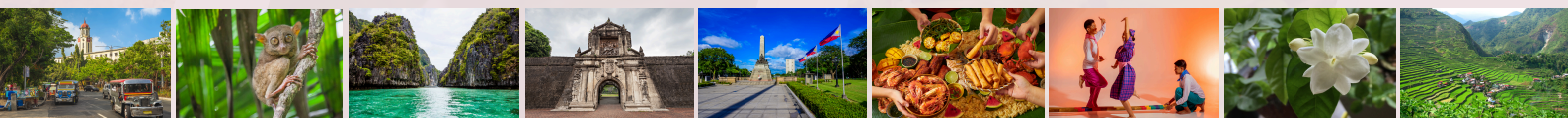
Declarations must lead to action. Therefore, we invite every participant, institution, partner, Center of Excellence, Community of Practice, summit, student group, and community represented at TUFH 2026 to make at least one concrete commitment before leaving Manila and to act on it within the next 12 months.

By TUFH 2027 in Recife, Brazil, we invite you to be ready to share what you have done. This may include:

1. Starting or strengthening one community-led partnership.
2. Reviewing one project, curriculum, policy, research process, or technology through an equity lens.
3. Taking one concrete action to support health workers in underserved communities.
4. Turning one policy, recommendation, summit outcome, or institutional commitment into practice.
5. Improving one care pathway for women, children, adolescents, older persons, neurodivergent people, people with disabilities, caregivers, or families.
6. Applying rural proofing or local implementation review to one policy, education program, technology, or service model.
7. Sharing one honest example of implementation, including what worked, what failed, and what others can learn.
8. Bringing forward one measurable change, however small, that shows progress toward health equity.

We invite each of you to identify one to three concrete actions from TUFH 2026 and to return to TUFH 2027 in Recife, Brazil, ready to share what was done, what changed, and what still needs to happen.

Recife will not only be a place to present ideas. It will be a place to report back on action.



Accountability Toward 2032

As we continue toward TUFH 2032, we commit to tracking progress not only through intentions, but through evidence of change.

Social accountability is a shared institutional and system responsibility; individual health workers, educators, and community members must be supported by organizations and policies that enable socially accountable practice.

We will look for:

- More communities involved in real decision-making.
- More learners educated in and with underserved communities.
- More equitable use of technology, data, research, and innovation.
- Stronger recruitment, retention, safety, and support of health workers where they are needed most.
- More practical examples of policies becoming improvements in people's lives.
- More inclusive attention to women's health, ageing, IDD, autism, behavioral health, mental health, rural health, conflict-affected communities, climate, and planetary health.
- More locally led social innovations that are shared, adapted, and scaled responsibly.
- More honest sharing of challenges, failures, and lessons learned.

Closing Statement

The Manila Declaration is a call to act in the spirit of Bayanihan. We leave TUFH 2026 with a shared responsibility: to listen better, partner more honestly, design more inclusively, support the workforce more intentionally, and turn policy into practice.

From Manila to Recife, and toward 2032, we commit to building health systems that are responsive, resilient, socially accountable, and grounded in the communities they serve. Health equity is not a promise for the future. It is work we must do now, together.

HEALTH EQUITY
IS NOT A PROMISE FOR THE FUTURE.
IT IS WORK WE MUST DO NOW, TOGETHER.

