A Conference was organized in Tokyo in April 1985 on the topic "Towards future health and medical manpower: New strategies in education for the XXIst century".

The Conference analysed the factors - socio-cultural, economic, administrative and financial - which facilitate or impede the implementation of the changes required in the training and utilization of health personnel to enable them to perform optimally in a primary health care setting.

This document sets out the findings of the Conference, which are contained in the Declaration of Tokyo and in a set of recommendations directed to governments, training institutions and WHO.
The conclusions of the Tokyo Conference on "Towards future health and medical manpower: New strategies in education for the XXIst century" are of capital importance to the programme on health manpower development and it has therefore been decided to present these to the Regional Committee for its consideration.

Health institutions, particularly training institutions, are today faced with the challenge of responding adequately to society's changing needs. The formation of suitably qualified health manpower, adequate to the task of achieving health for all by the year 2000 based on primary health care, calls for a number of policy and strategy changes.

It is imperative that training institutions carefully review their mission so as to anticipate and respond to the rapidly changing socioeconomic environment. Other institutions and bodies able to influence the training and utilization of health manpower must also critically examine their role and responsibilities in this respect.

A series of factors, which might be categorized under the general heading of "resistance to change", inhibit institutions from making the necessary adjustments in harmony with the primary health care philosophy. These factors relate to the sociopolitical environment, the deeply engrained cultural, academic, institutional and other traditions, professional exigencies and interests, and technological advances in the field of communication.

It is essential, therefore, to identify these factors and to understand how they can be influenced so as to facilitate institutional change and thereby enhance the effectiveness of the health systems in achieving the goal of health for all through primary health care. This was essentially the purpose of the Conference on the theme "Towards future health and medical manpower: New strategies in education for the XXIst century", which was held in Tokyo from 9 to 15 April 1985.

More specifically, the objectives of the Conference were as follows:

(1) to analyse factors (social, cultural, organizational and administrative) which facilitate or impede the acceptance of change in institutions such as health training institutions, as well as the interaction of such factors;

(2) to suggest a course of organizational, administrative, technical and political actions, relevant to the national context and to the prevailing local conditions, which will yield the greatest chances of success with respect to the introduction and acceptance of changes in existing training institutions intended to ensure relevance and participation in community health work;

(3) to provide Member States and WHO with an initial framework to guide and monitor developmental activities for the reorientation of training institutions towards the improvement and maintenance of effectiveness.
More than sixty participants, including pioneers in medical education, parliamentarians, scholars, research workers and senior health administrators, took part in the discussions and in the formulation of the conclusions of the Conference.

The Tokyo Conference has sounded a clarion call in the field of health manpower development by focusing attention on the special efforts needed in reorienting the training and utilization of health personnel and by calling upon the different institutions involved in health manpower development to take up the challenge of prospective thinking and innovative action in preparing personnel that will be relevant and fully responsive to the health needs of the new generations.

Among others, the Conference has pointed to the need for close coordination and effective linkages between educational institutions and health and health related services to promote harmonious and well-balanced development in the areas of planning, production, utilization and continuing education of health personnel.

The Conference issued the Declaration of Tokyo containing guiding principles for the future development of health manpower as well as a set of recommendations, which are directed to governments, to training institutions and to WHO. The Declaration and the recommendations are set out in Annexes 1 and 2.
The Conference on "Future health and medical manpower: New strategies in education for the XXIst century", meeting in Tokyo this fifteenth day of April in the year Nineteen hundred and eighty-five, deeply concerned about future health manpower development and expressing the need for urgent action by those institutions and persons concerned with the planning, training and utilization of health manpower, hereby makes the following Declaration:

I

The Conference affirms that the reorientation of health systems towards primary health care and social equity, as recommended by the International Conference on Primary Health Care, held at Alma-Ata in 1978 and as globally agreed upon by the World Health Assembly, can best be achieved through a fundamental reorientation of health manpower planning, production and management.

II

The reorientation of health personnel will be determined not only by the natural evolution of the health systems, but also by planned intervention directed toward health systems based on primary health care. This reorientation will require innovative efforts to obtain systematic information for future development, to delineate new responsibilities among and between relevant institutions, and to establish mechanisms for implementing the necessary changes.

III

Requirements for future health manpower in terms of number, types, roles and skills, as well as the relationship between health personnel, need to be clearly defined according to the emerging political, economic, social and health needs of future societies.
The fulfilment of these requirements calls for the mobilization and coordination of the vital forces of the nation or community.

IV

In order to meet the requirements of health systems based on primary health care, which entails above all social equity, community participation, intersectoral action and appropriate use of technology, health personnel will need to possess special skills and attributes. In particular, they must be able:

(1) to respond to the needs of communities;
(2) to work as effectively in complex organizations, communities and groups, as alone, with appropriate managerial capabilities;
(3) to function effectively in multidisciplinary teams as a member as well as a leader;
(4) to communicate and negotiate with community leaders, the public and the consumers in order to obtain their involvement in health programmes and activities;
(5) to promote healthy life-styles through health promotion, disease prevention and health education programmes on an individual and a community basis;
(6) to keep abreast of the latest developments in health sciences and to critically assess the appropriateness of technologies;
(7) to make complex clinical and managerial decisions, balancing individual expectations, cost to the society and ethical considerations;
(8) to ensure comprehensive individual care that considers the total needs of the patient.

V

Training institutions should be responsive to the changes in the health systems and should accept accountability for carrying out activities that are relevant to the policies and plans commonly agreed upon. Fundamental changes should occur so that curriculum content and process assure the students of capabilities in the identified skills. In addition:
(1) Students should be selected on the basis of criteria reflecting their future role in the primary health care-oriented health system.

(2) The curriculum should be so restructured that human development and social factors in health and disease are integrated with biomedical factors.

(3) The curriculum should provide ample opportunities for students to learn in an environment similar to the setting of their future practice.

(4) The most appropriate educational methodology and techniques should be used to make students more responsible for their basic and continuing education.

(5) Faculties should possess and display the capabilities expected of graduates so that they can serve as role models.

(6) Faculties should be encouraged and supported in their new roles by changes in the training institution's reward system. A shift in the reward system is required in order to achieve a better balance between teaching and research and between community health and biomedical research.

VI

Governments, jointly with training institutions, professional associations and consumers, should be responsible for planning the training and management of health personnel with the aforementioned features. Governments should formulate, in conjunction with relevant institutions and bodies, national policies to anticipate future requirements in health personnel.

VII

Governments and training institutions should be closely linked and contribute their complementary resources to:

(1) the analysis and identification of both the future health needs and the planned direction of the health system;

(2) the coordination of health manpower planning, health manpower production and health systems development;

(3) the establishment of career development opportunities which will encourage both faculty and health personnel to acquire the skills and attitudes required to function in the future health system.
Innovative mechanisms are critically needed to ensure the proper planning, production and management of health personnel in harmony with the primary health care philosophy. Whereas the need for an active participation by the governments, training institutions, professional associations and consumers is widely recognized, the establishment of linkages through incentives is essential to initiate and accelerate coordinated movement in the desired direction.

(1) Governments and local communities should support those training institutions which choose to participate actively in the design and implementation of primary health care-oriented health systems and health personnel policies and plans.

(2) Governments and local communities should support those individuals who wish to acquire skills, to embrace careers and to participate in programmes in consonance with the desired type of health service.

(3) Professional associations should be encouraged to legitimize new professional roles and careers by setting standards and according them status and recognition.

(4) Career development and job opportunities within the health system and within training institutions should be altered to reflect the priority now given to the acquisition and practice of the newly desired skills and roles.
The Conference made recommendations which are addressed to governments, to training institutions and to the World Health Organization.

4.1 It is recommended that GOVERNMENTS should:

4.1.1 develop national plans for the reorientation of health manpower development in consonance with a primary health care-oriented health system;

4.1.2 support the formulation and implementation of research and development projects for the development of health personnel in a primary health care-oriented health system, and encourage universities and other training institutions for health personnel to develop, in conjunction with the ministries concerned, research capabilities in community health diagnosis, epidemiology and health services research;

4.1.3 conduct operational research to determine the appropriate use of the kind, number and mix of health personnel in given health settings and situations;

4.1.4 design, test and implement information systems to assess the requirements for adequate health manpower development, and monitor progress in the implementation of health manpower development plans;

4.1.5 support selectively universities and other training institutions for health personnel so as to encourage the reorientation of their training programmes towards the requirements of a primary health care-oriented health system;

4.1.6 encourage all training institutions for health personnel, in particular medical schools, to be involved, in close coordination with the ministries concerned, in community health services so as to enhance the relevance of their training and research activities and to enable them to contribute to health development;

4.1.7 encourage all those able to influence the training and management of health personnel to support manpower policies for a primary health care-oriented health system;

4.1.8 plan career development opportunities for graduates corresponding to their primary health care-oriented training programmes, and make changes in the health systems accordingly.
4.2 It is recommended that TRAINING INSTITUTIONS should:

4.2.1 ensure that graduates possess a set of skills and attributes enabling them to work effectively in a primary health care-oriented system;

4.2.2 select students more appropriately on the basis of criteria reflecting their future role in a primary health care-oriented system;

4.2.3 use and evaluate a teaching/learning process which will enable students to integrate the available knowledge in health sciences for solving health problems effectively;

4.2.4 give students ample opportunities to be involved in a range of learning settings reflecting their future practice, including both the hospital and the community;

4.2.5 reorient the reward systems so as to encourage and support teachers to function effectively in a team and in a community setting and to serve as role models to the students.

4.3 It is recommended that the WORLD HEALTH ORGANIZATION should:

4.3.1 disseminate widely the Declaration of Tokyo to institutions and bodies able to influence health manpower development in a country as a statement of guiding principles for health manpower in support of a primary health care-oriented system;

4.3.2 constitute regional task forces to advise on and foster the implementation of strategies to introduce changes in accordance with the Declaration of Tokyo;

4.3.3 sponsor national and international meetings with different target groups: policy makers, policy influencers, training institutions, professional associations and community representatives. These would have two purposes: to analyse their actual and potential contributions to the implementation of change in the training and management of health personnel who will serve in a primary health care-oriented health system, and to prepare action plans;

4.3.4 ensure technical support to Member States or institutions and bodies in the implementation of innovative strategies in the training and management of health personnel for primary health care-oriented health systems, particularly through technical manuals and learning materials;

4.3.5 improve the level of exchange of information and experience between countries or areas of the Region and between the regions of the world on the analysis of future needs and on the introduction of change in the training and management of health personnel for the twenty-first century.