

# **Dignifying and Non-discriminatory Healthcare Baseline Assessment Annual Report 2014-2015**

### Context

### **Program structure**

Dignifying and Non-discriminatory programme focuses on student actions to ensure access to health is provided regardless of the individual's age, sex, socio-economic standing, ethnicity, disability and migration status. There is potential for National Member Organisations (NMOs) and IFMSA to develop this group at both national and international levels by not only carrying out grassroot projects that target medical students or the general population, but also by working with international stakeholders and voice the thoughts of students when it comes to changing legislation.

Currently, the work that IFMSA and NMOs do in this area is mostly focused at a local grassroot level and, regionally, the work concentrates around the Europe. As a result of this, some NMOs do have national collaborations with externals but there is no current work on these areas specifically with externals at an international level.

The majority of the projects currently reported focus on asylum seekers, refugees and undocumented migrants. However, there is potential for the same projects to extend their work and target other vulnerable groups using similar interventions to fulfill their outcomes.

#### Program areas:

NMOs have been very actively involved in the issue regarding Migrant's rights to healthcare as preGAs as well as sessions during Regional Meetings and General Assembly have been organised, to building capacity and empower medical students to take an active part in protecting and lobbying for migrant's rights to healthcare. In addition, some NMOs also concentrate on other vulnerable populations such as orphan children or disabled groups/

### Targeting criteria (how are participants selected)

Students are engaged via trainings during General Assemblies in the SCORP Sessions and during joint sessions. Migrant health workshops have been offered as part of pre-GA and pre-Regional meetings in the past as well as workshops looking at social determinants of health. In addition to this, the close links between SCORP and the migrant population, especially refugees, has meant that there has been many capacity building opportunities during official IFMSA meetings. Training New Humans Rights Trainers along with other SRT trainings are also opportunities where students can explore the issues around access to healthcare









### **Approach**

#### Questions that need to be answered

- What has been done in the past by IFMSA and the NMO's in the area of dignifying and non-discriminatory healthcare?
- Assessment of existing surveys, transnational project reports, and reports of existing external partners.
- Which NMO's are already involved in this topic? And what kind of activities are held in this topic?
- Which NMO's want to be engaged in this topic? And why want they be involved?
- What do NMO's need for the program coordinator and the program team for support in existing activities and proposed activities?
- How many students, healthcare workers and vulnerable groups have already been reached?
- Where can we, as IFMSA, work on in this topic with our external partners?

### Methods that were applied

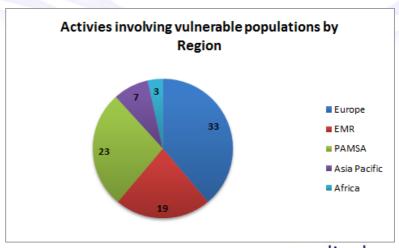
- A. Review program proposal adopted in MM15.
- B. Review NMO reports - MM15 and AM14.
- C. Review applications of NMOs applying for projects fair/activities fair at MM15 and AM14.
- D. Review MSIs from past three years on IFMSA website.
- Review Policy Statements on IFMSA website relevant to the programme E.
- Analysis by both qualitative and quantitative methods. F.

### **Analysis**

#### Focus areas of NMOs

- Migrant's health (asylum seekers, undocumented migrants, refugees, Roma people, internally displaced persons etc.)
- Orphan children
- Ethical procurements of health
- Homelessness and health
- Racial discrimination in healthcare
- Disabled population groups

#### Distribution of activities by regions





### NMOs that have activities with a focus on Migrant's Health:

Europe*	Eastern Mediterranean	<u>Americas</u>	<u>Africa</u>	Asia Pacific
<ol> <li>HelMSIC Greece</li> <li>SwiMSA         Switzerland</li> <li>BVMD Germany</li> <li>SlomSIC         Slovenia</li> <li>IFMSA Sweden</li> <li>PorMSIC         Portugal</li> <li>NMSA Norway</li> <li>IFMSA NL</li> <li>AECS Catalonia</li> <li>MMSA Malta</li> <li>Medsin UK</li> <li>BeMSA Belgium</li> <li>FASMR Romania</li> <li>IFMSA Spain</li> </ol>	<ol> <li>LMSA Libya</li> <li>IFMSA         Palestine</li> <li>LemSIC         Lebanon</li> <li>IFMSA Jo</li> <li>IFMSA         Kurdistan</li> </ol>	<ol> <li>IFMSA Mexico</li> <li>ASEMCOL Colombia</li> <li>IFMSA Québec</li> <li>CFMS Canada</li> </ol>	1. AEM Burkina Faso 2. IFMSA Ethiopia	<ol> <li>AMSA         Australia</li> <li>CIMSA-ISKI         Indonesia</li> <li>IFMSA         Philippines</li> <li>MSAI India</li> </ol>

<sup>\*</sup>As an outcome of the many sessions on Migrant Health held during European Regional Meetings, this region has set up a Migrant's rights campaign that includes Migrant's health and their access to healthcare. The group is currently in an early stage of developed but it already includes over 15 NMOs, from the European and Eastern Mediterranean regions mostly, that work together on this issue.

# NMOs that focus on other vulnerable populations:

European Region: NMO: Medsin UK

**Activity Name:** Ethical Procurement for Health

Activity Type: Campaign

Aim: Works to ensure that the products used by the National Health Service are produced in work places that ensure worker rights according to the ILO labor standards, such as fair wage and safe working conditions.

NMO: Medsin UK

**Activity Name:** Homelessness Health

Activity type: Workshop

Aim: To explore reasons for homelessness and how this interacts with health

NMO: IFMSA Poland

Activity Name: Treating without prejudice

Activity type: Workshops

**Aim:** To ensure a tolerant behavior in future medical practice by educating medical students

on racial, sexual and religious prejudice.









### Eastern Mediterranean Region

NMO: IFMSA Egypt

Activity Name: Autism 101. Activity Type: Workshop

Aims: To build awareness around individuals affected by autism to decrease the stigma that

they face

Americas Region:

NMO: ODEM Dominican Republic

Activity type: Workshop

Aim: To tackle racial discrimination inside and outside healthcare.

NMO: IFMSA El Salvador Activity Name: Gradmas Love Activity type: Campaign

Aim: To provide basic medication and supplies to the elder population

# IFMSA Transnational Projects related to this programme

# Orphanage Initiative Transnational Project:

The Orphanage Initiative Transnational Project headed by FASMR Romania with the collaboration of AMSA Austria, BVMD Germany, TurkMSIC aims to improve the living conditions of abandoned children in Romania. It does this by recruiting medical students that then volunteer in local hospitals and schools to work with orphan children. In addition it also targets Roma people, a population identified as being closely linked to this issue.

### GoSCORP:

GoSCORP aims to establish a database that unites the humanitarian projects run by the various Standing Committees on Human Rights and Peace around the world. Originally, GoSCORP was an exchange project between FASMR Romania and LeMSIC Lebanon. As a transnational project the aim was to create a database. The first steps were taken to involve more NMO's. Associamed-Tunisia, IFMSA-Poland, IFMSA-Egypt and IFMSA-Mexico were involved. At MM 2012 there has been created a small working group on GoSCORP. Then it has been silent around the project. At August Meeting 2015 there will be a new small working group in the SCORP sessions about how to move further with this project within the programs.

#### **IFMSA Policy Statements:**

- Access to Healthcare for Undocumented Persons (AM2011)
- Refugees and Asylum Seekers (MM2012)
- Universal Health Care (AM2012)
- Discrimination and Hate Crimes Religion Race and Ethnicity (AM2012)

# **MSI Publications:**

- MSI 27: HelMSIC Greece 'Breaking the Silence'. Campaign to improve the access to healthcare to deaf individuals
- MSI 29: MSAI India 'Arivu'. Volunteer led project that aims to diagnose diabetes in rural communities where access to healthcare is difficult













MSI 31: BVMD Germany 'Land in Sicht'. Project to increase the interest of medical students in the area of rural medicine.

### **IFMSA Collaboration with External partners**

WHO - World Health Organisation Department Social Determinants of Health Unit Link to website - Click here

Areas of collaboration between IFMSA and WHO ERM Dept.:

Interns in WHO Headquarters;

#### **Overview:**

The majority of the work that NMOs do focus on the migrant population and their access to healthcare and this work are mostly concentrated around the Mediterranean. However problems in migrations, unfortunately, exist around the world and other regions should use the experience of European and EMR NMOs to start up their project in this area.

The external work that IFMSA does internationally, in this area, is not reflective of the high amount of work that NMOs do locally, or of the number of policy statements that have been adopted by the federation.

### Main goal and expected impact

The program aims to empower medical students to advocate for a non-discriminatory healthcare, with the ultimate aims of improving the quality of healthcare available and make it more sustainable and inclusive. Together with this we will ensure that the living conditions of vulnerable conditions are improved by providing basic services.

There is potential for the work within this program to grow rapidly as the foundations have already been set by the longstanding work that the SCORP standing committee has done in the area of refugees and asylum seekers.

In the medium-term, we will aim to extend the number of NMOs that are involved in working in this issue as well as also ensuring that we target other vulnerable populations, such as homeless communities and Roma people for example and not solely migrants.

Within the European region there are already plans to liaise with external organisations in the area of Migrant's health rights. Collaboration with such organisation is aim to start in within the next year to ensure that the stance of medical students around the world is represented in the political agenda.

#### **Outcomes**

**Outcome 1:** IFMSA collaboration with external partners and professionals **Current situation:** At the time of writing there were no relevant relationships with externals other than the WHO Social Determinants of Health Unit **Targets:** 

- To build relations and MoU with NGOs and UN agencies as well as other actors
- Provide students with the opportunity to represent the stance of the federation in front of these stakeholders









**Expected impact:** External representation of IFMSA within international organisations involved in this area will provide the federation with opportunities to advocate internationally for what we believe in.

Outcome 2: IFMSA simulations, trainings and peer sessions to equip medical students with knowledge, tools and advocacy skills to start projects, workshops and outreaching campaigns nationally and locally on Dignified and Non-Discriminatory Health Current situation: Sessions related to this programme have been included in SCORP sessions during IFMSA meetings as well as during preGA AM2015 and preEuregme2015 Targets:

- Continue to hold workshops on Migrants health
- Include workshops that focus on other vulnerable groups
- Increase the training opportunities on skills such as advocacy and project planning

Expected impact: Increase the number of activities in this area across the world ensuring NMOs focus in Migrant's health but also in other vulnerable populations.

Outcome 3: Establish a responsible team within the participating NMOs, who are able to choose the target group(s), coordinate future actions and maintain communication with the **Program Coordinator** 

**Current situation:** Group currently does not exist at the time of writing.

# Target:

Use SCORP and AM2015 as a platform to create this team of students that could drive these actions

Expected impact: Increase the number of NMOs that work to ensure access to healthcare is non-discriminatory

Outcome 4: Improving the quality of healthcare available and make it more inclusive, sustained by research and feedback which are transformed into advocacy tools. Current situation: No work done on this at the time of writing. Target:

- Work on capacity building of NMOs to ensure they can carry out these projects
- Ensure close monitoring and evaluation of activities occur so that collected indicators can be used as advocacy tools in the future

**Expected impact:** Research and advocacy to ensure healthcare needs of vulnerable populations are met by health systems.

Outcome 5: Improving the living conditions of the vulnerable population by providing services such as covering basic needs like having a chaperone, having a translator, assisting in transport costs to the hospital, and other services, depending on their needs and then evaluate and monitoring to see if change has gained permanency.

Current situation: Some NMOs work on this at the moment. However, the data provided on the report used is not detailed enough to be able to describe what their focus is with their activities.

### Target:

www.ifmsa.org

Survey NMOs to obtain a better picture of what their activities with vulnerable people currently involve









Increase the number of activities that aim to improve living conditions of vulnerable people by training students on project planning

Expected impact: Grassroot level activities to tackle this problem as well as advocacy at a national level to ensure these needs are met by governmental authorities.

If you find it hard to understand any abbreviation, you can find what it means through clicking on this LINK.

### **Summary:**

Dignifying and Non-discriminatory is a program that aims to empower students to advocate and work towards a healthcare that is accessible to anyone. IFMSA has a long history of working in the field of refugees through SCOPR and this is something that is apparent by the number of activities that NMOs carry out in the area of migrant's health. This now provides a good foundation for such activities to be able to expand and incorporate other vulnerable group who may not be migrants but may face similar problems.

There have been great efforts from SCORP members to building capacity on the topics surrounding access to health. In many occasions, SCORP sessions have focus on issues such as the rights of vulnerable populations, something that has led to many NMOs to carry out activities locally. Many articles have been published on this topic in MSI publications as well as in social media and many WHO recognised day are celebrated around the world my NMOs. However, the areas that NMOs work in are very limited as most NMOs focus on specific populations.

Regionally, the European and Eastern Mediterranean regions are the strongest regions in this area as geographically this is where most of the activities are concentrated. This might be seen as a response from NMOs to the refugee crisis that Europe currently faces as most activities in these regions target migrants and ensure their rights and are not violated. Activities that target other population are scattered around the world and further works needs to be place into this to ensure that IFMSA and NMOs also work to protect the rights of all vulnerable communities.

The federation currently has many policy statements that related to this programme but IFMSA is not very active on this area when it comes to working with externals. There are many opportunities of collaborating with stakeholders and other actors involved in the topic of access to healthcare and the network should make use of such contacts to expose our stance.

The importance of evaluating the activities carried out by NMOs is worth taking from this report. Currently, this is not done very efficiently and many NMOs are doing great work locally but not reporting their impact in a quantitative way, something that would be extremely useful and would allow us to assess the interventions being used.

To conclude, we would like to highlight the amazing work that many NMOs are doing across the world to improve the living conditions of vulnerable populations and their experience of healthcare. A total of 85 NMOs have reported to be working on activities that fall under the remit of this program, providing a great baseline and potential for the work to increase further and involve more NMOs.









