

ETHICS AND HUMAN RIGHTS IN HEALTH

This is the Annual Report of **Maria Gołębiowska, IFMSA Program Coordinator to Ethics and Human Rights in Health** for **2015-2016 Term**, submitted on **1st July 2016** and amended to the final version on **3rd August 2016**, written for the **65th General Assembly August Meeting 2016** in **Puebla, Mexico**.

Summary of Report:

This Report presents the efforts of the Ethics and Human Rights in Health Program in the term 2015/2016, starting with most important achievements as well as recommendations for general improvements; focusing on the Impact of the Program and activities enrolled in the next section, comparing with the Baseline Assessment prior to initial start of the Program (also attached as the last section).

Most important achievements:

- Successful initiation of the enrollment procedure with received applications from most of the Regions,
- Successful promotion of the Program during March Meeting 2016 in Malta (session on Ethics in Medical Curriculum in SCOME, SWG on SCORP related Programs in SCORP, joint session regarding Multicultural Exchanges between SCOME, SCOPE, SCORE)
- Promotion of the Program during August Meeting 2016 in Mexico (session on Medical Ethics and IHL in SCORP, Doctors rights session in SCOME, submitted proposal of the session on Ethical Organ Donation to Joint Sessions/ Standing Committee related Trainings)
- Creation of EHRH Program Resources Database - to be officially presented after AM16
- Communication with Activity Coordinators in preparations of Ethics Activities Toolkit (to be finalized until the end of the term)
- Creation of the Baseline Assessment
- Creation of the Enrollment Form and Report Form
- Expertise and assistance in preparations of future activities to NMOs

Struggles encountered:

- Lack of understanding of NMOs on the structure and the purpose of the Programs
- Lack of understanding of NMOs on potential benefits for joining the Programs
- Overlapping of the Programs

Recommendations for the next term(s):

- Finding creative solutions and algorithms in order to prevent the overlapping of the Programs
- More active involvement of Program Coordinators in work of the International Teams
- Stronger communication with Standing Committee Directors

Creation of the Activities Database, which would be one of the potential benefits for the NMOs to join IFMSA Program

Program Impact Report

Program structure

Human Rights and Medical Ethics are missing topics in medical education in many regions of the world. This has consequences in medical practice, as future health care personnel don't acknowledge the importance of an ethical and rights based approach when providing care to their patients. An integrated part of medical education, addressed through formal and non-formal education, should be the patient-centered approach, applied by medical students in all settings.

Ethics and Human Rights are guiding values for medical practitioners. Together they ensure the needs and rights of the patients are of the greatest importance and therefore, future health care personnel must be competent in medical ethics that govern her or his practice, understand how international frameworks are set to safeguard our inalienable human rights, should feel confident to take ethically sound decisions, and advocate for their patients in all settings.

In order to achieve this IFMSA should promote patient-centered health care and appropriate behavior among our members within the NMO activities and IFMSA international. In order to provide the best medical services, we should look for expertise from medical authorities and establish the collaboration between medical faculties with students in the field of medical ethics and Human Rights related Faculties – our allies in achieving ethical and holistic-centered healthcare, as well as Institutions and NGOs related to law, human rights violations, medical ethics, our future partners and advisors during campaigns and projects held within the Program.

But Ethics and Human Rights in Health is also taking into consideration the interprofessional communication in health care, and the rights of students and doctors in daily situations but also, under circumstances of conflict. Only together we can ensure the patient-centered approach in medicine, but also protect our dignity as future health care providers and advocate for ones whose human rights are being violated.

Therefore, with the creation of this Program, IFMSA would like to ensure that medical students are empowered to take ethically-based decisions and are willing to advocate on inclusion of ethics and human rights in all aspects of medical education.

Description of program areas

The activities held under the Program are divided between three major areas: awareness, capacity building and advocacy, and include the following topics:

- Human Rights (including World Human Rights Day activities, Training New Human Rights Trainers, Human Rights in medical curriculum)
- Medical students skills and awareness regarding doctor-doctor and patient-doctor relationships, including:
 - Basics of Good Medical Practice, Patient Centered Medicine
 - Care for specified groups:
 - critically-ill and dying patients
 - cultural and gender diversity aspect of healthcare
 - vulnerable groups and minorities
- Rights of medical students, doctors and patients both in their daily clinical setting and under circumstances of conflict.
- Corruption in Healthcare

Main goal and expected impact

Main Goal: Medical students as future physicians are able to question their professional behavior and decision-making and answer by ethical and human rights principles regardless of the situation. By understanding the Universal Declaration of the Human Rights, International Humanitarian Law and ethical codes they are able to carry out a correct interprofessional cooperation and are skilled to advocate for the rights of their patient, themselves and their colleagues.

The impact on the society should be measured by the achievement of the following outcomes:

Outcome 1: Future health care personnel are knowledgeable on and have firm understanding of the impact of the relevant legal frameworks, such as the Universal Declaration of Human Rights, in their everyday work.

Threshold: A training covering the scope of the program

Outcome 2: Medical students apply a human rights based approach and commits to a patient-centered care

Threshold: Approximation done by the students through self-evaluations

Outcome 3: Medical students are knowledgeable on barriers to a rights based approach, including knowledge on cultural and gender barriers and acquire practical skills on ethical communication in healthcare, emphasizing the importance of care for critically-ill patients, conflicts on cultural and gender backgrounds

Threshold: A training or workshop addressing the topic, approximation done by the students through self-evaluations

Outcome 4: Medical students advocate on the importance of equipping medical students with the knowledge to pursue this through medical curriculum, which results in the inclusion of ethics and human rights in medical curriculum

Threshold: Discussion opportunity on ethical guidelines and the human rights in medical education.

Outcome 5: Medical students are empowered to provide patient-centered and ethically sound care in all settings

Threshold: Approximation done by the students through self-evaluations

Outcome 6: Creation of sustainable and respectful relationships between medical doctors, students and patients, as well as within the medical healthcare personnel.

Threshold: Approximation done by the students and NMO's through self-evaluations

Outcome 7: Medical students advocate on the importance of a human rights based approach and patient centered care in healthcare.

Threshold: Ethical guidelines as well as the human rights are discussed among medical students and healthcare professionals

Questions to be answered

1. Which areas of the Program have been covered in NMOs activities in the this year?

Most of the activities are focusing on Human Rights, Care for Specified Groups, Good Medical Practice.

2. What is the proportion of SCOME and SCORP activities held within those activities?

60% SCORP, 20% SCOME, 20% SCOME/SCORP activities.

3. What is the proportion of the Ethics and Human Rights related projects between the Regions?

60% Europe, 20%Asia-Pacific, 10% EMR and 10% Americas.

4. What are the most and the least common topics?

Most common topics covered are Human Rights and Care for specified groups (total 12 activities).
Least common topics are corruption in healthcare and rights in healthcare (1 activity total).

5. Which NMOs are currently working on Human Rights projects?

IFMSA-Poland, LeSouk Algeria, CIMSA-ISMKI, PorMSIC-Portugal, AMSA Australia.

6. Which NMOs are currently working on Patient Centered medicine projects?

AMSB Bulgaria, CIMSA-ISMKI

7. Which NMOs are currently working on care for specified groups?

IFMSA-Poland, AEMPPI-Ecuador, CIMSA-ISMKI.

8. Which NMOs are currently working on healthcare and medical students rights?

IFMSA-Serbia

9. Which NMOs are currently working on corruption in healthcare?

Currently none.

10. Which NMOs are working on advocacy?

Currently none.

List of the Indicators

- 1) Number of trainings and activities held internationally, nationally and locally. Number of students enrolled in trainings. Improvement of students understanding on the legal frameworks and their implications for caregiving.
- 2) Improvement of students' confidence to apply a human rights-based approach. Improvement of knowledge of students in providing a patient-centered care
- 3) Number of medical students engaged in peer to peer education. Improvement of students' confidence to address barriers to ensure a rights-based care

- 4) Number of medical faculties which address ethics and human rights as part of the medical curriculum.
- 5) Number of opportunities to engage in interprofessional communication. Number of community visits.
- 6) Number of advocacy opportunities held nationally, locally, and internationally. Discussion opportunity on ethical guidelines and the human rights in healthcare

Number of activities enrolled	15
Number of activities enrolled and reported	11
Invalid candidatures	3 (lack of Candidature Form)
Number of NMOs involved	8 out of 129 IFMSA NMOs
Most active NMOs	IFMSA-Poland (5) , CIMSA-ISMKI (3)
Activites per Region	Europe (9), Asia-Pacific (4), EMR (1), Americas (1)
Activities per Standing Committee	SCORP (9); SCOME (3); SCOME/SCORP (3)
Activities per type	Project (8), workshop (4), campaign (1), document (1), training (1)
Main focus areas	Human Rights (8), Care for specified groups (4), Good Medical Practice (3), Corruption in Healthcare (0), Rights of healthcare (1)
Indicator 1	10 activities held
Indicator 2	11 activities were aiming to improve students knowledge on human rights and ethical skills
Indicator 3	47 students involved in peer-to-peer education.
Indicator 4	----
Indicator 5	2 interprofessional activities were held.
Indicator 6	----

Conclusions

Comparing to the Baseline Assessment, the main difference is the number of activities included in both documents ((over 100 in Baseline Assessment, 15 in Impact Report).

The distribution between the Standing Committees limited itself to SCOME and SCORP and the joint initiatives.

Comparing to the BA, more activities regarding Good Medical Practice were included in this term, but less from students and doctors rights. The information on corruption in healthcare is still that none of the NMOs confirm that are working on this issue, as well as on advocacy on EHRH.

The list of active NMOs is completely different, with the most active European region in most of the areas (comparing to the BA where the distribution between the covered areas and regions was more equal).

Recommendations

Improve the promotion of the Program in SCOME and other Standing Committees.

Research on the activities related to protecting students and doctors rights, as well as corruption in healthcare.

Promotion of other meaningful ways of holding ethics related activities - campaigns, conferences, events.

Aim to increase participation of Africa, EMR and Americas Regions.

Finding the ways on collection of data which Universities improved teaching of ethics after meaningful interventions of the NMOs with the activities.

Strengthen the advocacy area within the Program activities.



Annex 1

List of Enrolled Activities

Name of the activity	Type of the activity	NMO	Status
An angel for the end	workshop	AEMPPI Ecuador	Reported
Breaking the silence	workshop	CIMSA-ISMKI	Reported
DOODLE	project	CIMSA-ISMKI	Reported
Doctus Project	project	AMSA-Australia	Ongoing
Dreamy post	project	IFMSA-Poland	Reported
Ethical Code for Medical Students	Document to be spread to medical students	PorMSIC-Portugal	Ongoing
Embracing diversity - Children Edition	project	IFMSA-Poland	Reported
Help Rohingya	project	CIMSA-ISMKI	Reported
Law and patients rights in healthcare	workshop	IFMSA-Serbia	Ongoing
Let's be Human	workshop	Algeria LeSouk	Reported
Light your rights	training	PorMSIC-Portugal	Ongoing
Marathon of Writing Letters	project	IFMSA-Poland	Reported
Meeting the Youngsters	project	IFMSA-Poland	Reported
Protecting Human Rights	project	IFMSA-Poland	Reported
Thank you, doctor	Campaign	AMSB-Bulgaria	Reported

Baseline Assessment
Ethics and Human Rights in Health

Program adopted during the 64th August Meeting General Assembly,
Ohrid, FYR of Macedonia

Issued by: Maria Golebiowska, Program Coordinator on Ethics and Human Rights in Health

Date: 27th February 2016

● Program structure

Human Rights and Medical Ethics are missing topics in medical education in many regions of the world. This has consequences in medical practice, as future health care personnel don't acknowledge the importance of an ethical and rights based approach when providing care to their patients. An integrated part of medical education, addressed through formal and non-formal education, should be the patient-centered approach, applied by medical students in all settings.

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In order to achieve this IFMSA should promote patient-centered health care and appropriate behavior among our members within the NMO activities and IFMSA international. In order to provide the best medical services, we should look for expertise from medical authorities and establish the collaboration between medical faculties with students in the field of medical ethics and Human Rights related Faculties – our allies in achieving ethical and holistic-centered healthcare, as well as Institutions and NGOs related to law, human rights violations, medical ethics, our future partners and advisors during campaigns and projects held within the Program.

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circumstances of conflict. Only together we can ensure the patient-centered approach in medicine, but also protect our dignity as future health care providers and advocate for ones whose human rights are being violated.

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● List of other surveys conducted recently in the project area and/or on target population

The only survey conducted on the NMOs involvement is the Call for Activities for Baseline Assessment (results can be found in the Analysis paragraph)

● Targeting criteria (how are participants selected)

Main target group are medical students - participants of NMO activities and IFMSA meetings, who as future health care professionals need to be empowered by enhanced knowledge on

international frameworks safeguarding ethics and human rights. Together with health care students - second target group, they can ensure an ethical health care practice within the interprofessional dialogue. The advocacy and awareness activities are also addressed to medical faculties, as the one as having the mission of education not only in terms of knowledge and practical skills, but also the approach to the patient and obtainment of psychological qualities essential to the profession. Last, but not least, the Program should approach professional organizations and international and national policy makers - as creators of policies that apply in the work of healthcare professionals should be made aware of the importance of a patient centered care and the role of medical ethics and human rights in health.

- Main goal and expected impact

Main Goal: Medical students as future physicians are able to question their professional behavior and decision-making and answer by ethical and human rights principles regardless of the situation. By understanding the Universal Declaration of the Human Rights, International Humanitarian Law and ethical codes they are able to carry out a correct interprofessional cooperation and are skilled to advocate for the rights of their patient, themselves and their colleagues.

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- Approach
- Review of the Program Proposal adopted AM 2015
- Review of NMO reports from AM2015 and MM 2015
- Review of applications to Activities Fair for AM 2015 and MM 2015
- Review of MSI from past 3 years
- Review of Policy Statements
- Call for input from NMOs
- Analysis by quantitative and qualitative methods

- Questions that need to be answered

1. Which areas of the Program have been covered in NMOs activities in the recent years?
2. What is the proportion of SCOME and SCORP activities held within those activities?
3. What is the proportion of the Ethics and Human Rights related projects between the Regions?
4. What are the most and the least common topics?
5. Which NMOs are currently working on Human Rights projects?
6. Which NMOs are currently working on Patient Centered medicine projects?
7. Which NMOs are currently working on care for specified groups?
8. Which NMOs are currently working on healthcare and medical students rights?
9. Which NMOs are currently working on corruption in healthcare?

10. Which NMOs are working on advocacy?

11. How can IFMSA work on external partners and if such, on what basis (international, regional, national)?

12. How can we assure the skills acquired are valuable?

● Indicators

1) Number of trainings and activities held internationally, nationally and locally. Number of students enrolled in trainings. Improvement of students understanding on the legal frameworks and their implications for caregiving.

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● Techniques

- Reviews of NMO reports, AF applications, IFMSA Policy Statements, MSI articles

● Analysis

Call for Input Results

17 activities were registered under Ethics and Human Rights Program in the Call for Input for Baseline Assessment in 2015, most of the projects come from European Region (9), activities from African (3), Asian (2), Americas (1) Regions were also received. Projects received from Eastern-Mediterranean Region (2) in Program Coordinator's opinion should be taken into consideration in another program (description in table).

Most active NMOs are: IFMSA-Spain (4 projects), IFMSA-Serbia (2 projects), MedSIN-Sudan (2 projects).

Most of the activities were performed on national level (8), then local level (6) and international level (3).

The activities presented in this source met the following Outcomes of the Program: 1,2,3, 5,6.

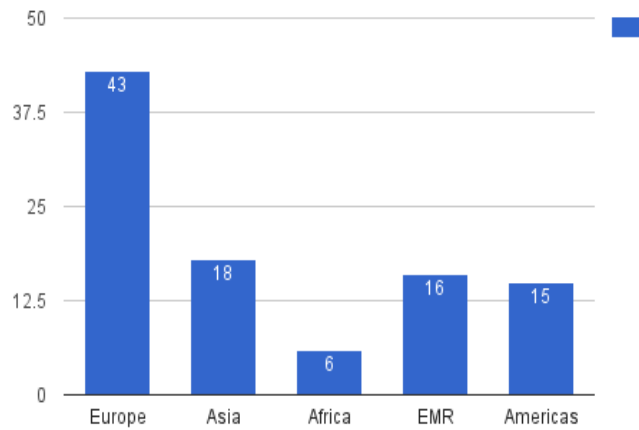
Review of NMO reports from 2015 and Call for AF in 2015

98 activities were gathered during the analysis of NMO reports from 2015 and call for Activities Fair for MM2015 and AM 2015.

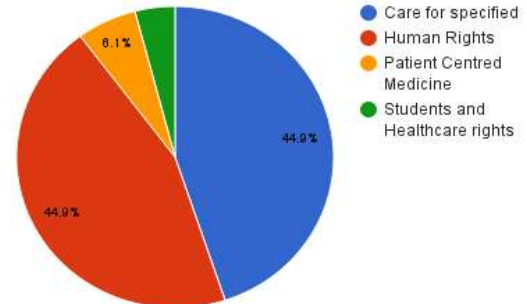
The activities presented in the resources met the following Outcomes of the Program: 1,2,3 and 5.



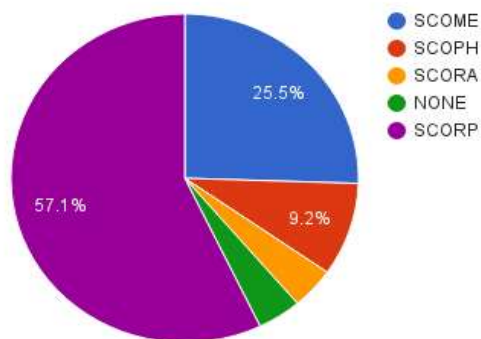
Distribution of the activities in the Regions



Distribution of topics among the activities



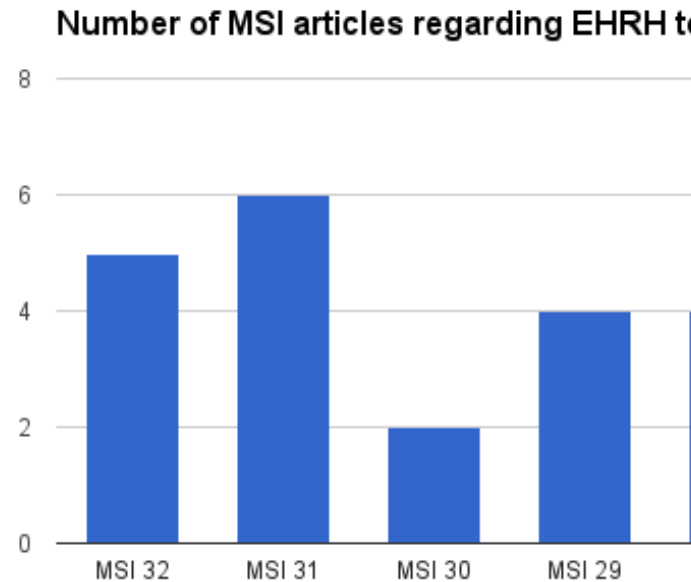
Distribution of activities between the Standing Committees



IFMSA Policy Statements

The analysis of all of the IFMSA Policy Statements from years 2013-2015 revealed that currently there is no policy statement directed only to Ethics and Human Rights. Although there are several policy statements which include ethical approach in healthcare.

The question IFMSA should answer while measuring the impact of the Policy Statements is how often NMOs are using them in advocacy and student representation and in how many and which international interventions IFMSA Policy Statements were mentioned-without this data it is hard to estimate the impact of the Policy Statements on the Program.



Medical Students' International

MSI is one of the best ways to reach with our ideas to IFMSA Family and External Partners, who don't have the opportunity to observe our efforts during international meetings and national activities.

The analysis of articles and Project reports in MSI included 5 last issues from years 2013-2015. Significant increase in interest in ethical approach and human rights matters within medical education is observed.

Articles from MSI met most all of the outcomes of the Program: Outcomes no 1,2,3,5,6.

1) Which areas of the Program have been covered in NMOs activities in the recent years? Were there any international campaigns or transnational projects?

The most active areas of the program were Human Rights activities and Care for Specified Groups. As for the first category, in previous years the biggest international event was World Human Rights Day campaign, held in NMOs on national and local levels worldwide. Recently, during the term 2015/2016, next SCORP international activity, Training New Human Rights Trainers has been conducted in 4 out of 5 Regions of our Federation and the International Manual has been developed by the SCORP International Team.

The second category is being represented by large group of NMOs with "Breaking the silence" project, which held the transnational status in the past. Apart from "Breaking the silence", other transnational projects for year 2013-2014 were "Dying a human thing" and "Good medical practice".

2) What is the proportion of SCOME and SCORP activities held within those activities? Are there any projects from other Standing Committees that could be enrolled in the Program?

Ethics and Human Rights in Health is a Program which can be applied to all of the IFMSA principles, but it mostly unites the efforts of two Standing Committees - SCOME, which aims to improve medical education in providing ethically-centered healthcare and SCORP, which raises awareness and shares knowledge on human rights. Therefore the proportion of involvement of those Standing Committees has been analyzed.

According to the statistics from the analysis of the NMO reports and AF submissions, over 57% of the projects were held by SCORP Teams worldwide. The second group belongs to SCOME projects - 25,5%, less than quarter of the projects belong to other Standing Committees, mostly SCOPH and SCORA.

3) What is the proportion of the Ethics and Human Rights related projects between the Regions?

The most active Region is European Region (48 activities), least active - Africa (6 activities).

4) What are the most common topics?

The most common topics are equally - 44,9% - Human Rights activities and Care for Specified Groups activities, with the most frequent in this group "Breaking the silence" project.

5) Which NMOs are currently working on Human Rights projects?

Human Rights projects are one of the biggest groups of activities related to EHRH Program (45%). There are multiple NMOs working on Human Rights projects due to the World Human Rights Day campaign held by SCORP International Team in recent years, and therefore representatives from all of the Regions are included.

6) Which NMOs are currently working on Patient Centred medicine projects?

IFMSA-Mexico, IFMSA-Egypt and BMSS Bangladesh are working on Good Medical Practice activities - another previous Transnational Project of IFMSA.

Apart from those NMOs, SQU-MSG-Oman and CFMS-Canada claim to be working on Patient Centred Medicine campaigns and activities.

7) Which NMOs are currently working on care for specified groups?

Due to the “Breaking the silence” and “Dying a human thing” projects, which achieved the transnational status before the Reform, NMOs from all of the Regions hold multiple activities for medical students on communication with patients with hearing loss and campaigns on palliative care. Several activities include also patients from different cultural backgrounds and gender diversity among patients.

8) Which NMOs are currently working on healthcare and medical students rights?

There are two NMOs working on this topic - FMS Taiwan focuses on medical students' rights, and Swimsa-Switzerland is working on moral support from medical students to healthcare professionals volunteering abroad.

9) Which NMOs are currently working on corruption in healthcare ?

Currently none of the NMOs reported any activities related to corruption in healthcare.

10) Which NMOs are working on advocacy?

Currently, none of the NMOs are working on advocacy in ethics or human rights in their countries, according to the reports.

11) How can IFMSA work on external partners and if such, on what basis (international, regional, national)?

IFMSA cooperates with several Partners and Collaborators, whose experience and knowledge is a great value to the further development of the Program.

- World Medical Association

The collaboration with the World Medical Association (WMA) has been one of the most successful and rewarding, and an agreement was recently formalized in May 2015 between the two organizations. WMA is an Expert in Medical Ethics and Human Rights in Medicine, therefore the activities should be modeled and based on the resources of WMA and those should be well known and widespread among medical students.

- Medical education organizations

IFMSA collaborates with several international and regional medical education organizations, whose support on the advocacy on ethics and human rights in medical curriculum we could look for.

- Students Organizations

Interprofessional cooperation is essential in medicine, therefore only mutual understanding among health care can lead to creation of the ethically-based environment and provide ethically-centered care. Therefore we should look for joint activities with our Students Partners.

- Collaborators

IFMSA collaborates with several organizations which deal with ethical issues and human rights violations worldwide. Our members can be inspired by their actions and take into consideration different perspectives of ethical approach to medicine.

- Collaborators national and local

According to the NMO reports and activities submitted to the Activities Fair there are several organizations with which NMOs cooperate on national or local level. Although this list should be further developed in the future. Depending on the needs of the NMOs, IFMSA can cooperate with our Partners on international level or national and local levels if Partners have representatives in their NMOs or depending on the expected range of impact of the activities.

12) How can we assure the skills acquired are valuable?

The first step in assurance of the skills acquired by the participants of our projects was the creation of several manuals, including World Human Rights Day Manual and Training New Human Rights Trainers Manual - the guidelines for the NMOs to follow and the list of practical tools which created two great networks of SCORP activities in recent year.

Apart from the manuals, evaluations of the workshops and needs assessment of the participants can assure that we achieved the goals and the learning outcomes and we came up to the expectations of the participants.

Lastly, but most importantly - we must equip the coordinators with resources and skills by evolving the already existing Trainings and Campaigns, but also create new ways to motivate our members to participate in the international activities, during which they can acquire knowledge and techniques in order to transfer to others in their NMOs on national and local levels.

- Conclusions

Ethics and Human Rights in Health is a Program which aims to equip medical students with knowledge on existing legal frameworks and skills on doctor-patient and among health care relationships in different settings, due to which future health care providers are able to question their professional behavior and decision-making and answer by ethical and human rights principles regardless of the situation.

NMOs are very active in terms of Human Rights and Care for Specified Groups activities, which are the most common topics addressed in their national and local work. Two international SCORP activities - World Human Rights Day and Training New Human Rights Trainers, 3 Transnational Projects held before the Reform, currently 17 activities were registered in the Basement Assessment Call for Input, 98 EHRH activities were held by NMOs in the academic year 2014-15, plenty of MSI articles are being addressed to medical students worldwide with projects and ideas on how to create ethically-centered health care. Most of the outcomes, such as: making students aware on international legal frameworks, barriers to a rights-based approach; equipping them with skills to provide patient-centred care; creating respectful relationships in healthcare and empowering of medical students to take ethical decisions, are reached with the activities presented. Outcomes, which aren't included in the area of NMOs work, are the advocacy on ethics in medical curriculum and the human rights approach in healthcare.

- Recommendations:

As the Program Coordinator for this term, I would recommend the following courses for the Program:

Firstly - improvement of the widespread existing projects, mostly Care for Specified groups, to support NMOs with new ideas and ensure the quality of the skills acquired, by creation of manuals and promotion of the best activities held by the NMOs from this area of Program Interest.

Secondly, I would highly suggest inspiring and encouraging NMOs to create activities in areas which aren't strongly covered by their work, meaning: Good Medical Practice-Patient Centered Medicine, Rights of medical students and healthcare, Corruption in Healthcare. I believe in every NMO projects from at least one of those areas are lacking and can be implemented by the NMOs in further years.

Additionally, I would recommend to create a strategy or measuring the impact of relevant documents, such as Policy Statements - it is hard to estimate their power without information on the number of interventions where those Policy Statements were used in NMOs and during international meetings. Additional questions to the NMO reports regarding this topic could be beneficial in this matter.

With this data, we could consider if it is necessary to create Policy Statements regarding different areas of the Program, depending on the needs of the NMOs and the tools they need for advocacy on ethics and human rights in medicine.

Second powerful resources are MSI publications, with which we can share our ideas to IFMSA Family and External Partners, who don't have the opportunity to observe our efforts during international meetings and national activities. Here, the information on statistics of MSI distribution of copies as well as issuu.com statistics could inform us on the general impact of the MSI to the Federation. The second aspect relevant to the Programs is how many possible or already collaborating External Partners did IFMSA reach with Medical Students International.

Finally - I hope that the efforts of our members can be supported with the help of the Team of Officials by Partners and Collaborators of our Federation, this support would be beneficial not only in terms of advocacy but also increasing quality of our activities enrolled in the Program. In further years I suggest to create an efficient way to measure the impact of the collaboration with our External Partners on the international and NMO level regarding activities enrolled in the Program.

Annex 1.

Content:

- Table of activities sent to the Call for Input for Baseline Assessment,
- List of Policy Statements related to the Program,
- List of MSI articles in last 3 years regarding ethics and human rights
- Detailed List of IFMSA Partners and Collaborators related to the Program

- Table of activities

NMO	Name of the activity	Topic	Description
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IFMSA-Spain	Proyecto Pal-Spain	Human Rights, Care for specified groups	One month-long stay in Palestine, doing a summer camps with children from refugee camps and working in local medical centers. Also meeting with multiple local organisations that deal with human rights issues in Palestine. The participants then do conferences and exhibitions back in Spain to raise awareness about the situation there.
AMSA Philippines	Istanbul Protocol Training	Human Rights, Care for specified groups, Rights of patients	General Objective: To equip medical students with necessary knowledge and skills in dealing with situations of torture Specific Objectives: • To understand the current human rights situation in the country • To recognize the role of physicians in cases of torture and other inhumane activities, and as human rights defenders in general • To enable medical students to proper documentation of cases of torture through medical and technical skills
Swimsa Switzerland	CALWHA (Children and Adolescent Living With HIV/AIDS)	Care for specified groups	Support of the Nansio District Hospital in Tanzania in order to give young people sexual education about HIV and AIDS. Once per month children and young people in this hospital are getting the chance to discuss about their questions, fears and experiences with a trained person. The support is on a financial base as well as on a methodic one. Once a year students from the project itself visit the hospital itself
Swimsa Switzerland	Migration and health for everyone, does that exist?	Human Rights	A conference about migration from the viwe of a migrant itself, his rights and the implicits of migration on the public health system was given in Lausanne.
IFMSA-Serbia	Patients' and Doctors' Rights	Rights of patients	On the occasion of the International Human Rights Day (10th December 2015.), SCORP LC Belgrade has

			<p>organized the lecture in cooperation with the Department of Social Sciences, School of Medicine University of Belgrade and Association of Lawyers for Medical and Health Law of Serbia (SUPRAM). The lecture was intended for 1st and 2nd year students of medicine, before their first contact with the patients. The main topic included the distinction in the legal and medical approach to patients' and doctors' rights, ethical dilemmas, early recognition and effects of discrimination among physicians towards patients and taking actions against it.</p>
IFMSA-Spain	Breaking The Silence or BTS	Care for specified groups	<p>Course of sign language to let the communication with deaf patient and know the deaf community's problems.</p>
IFMSA-Brazil	Brazilian Sign Language in Health	Care for specified groups	<p>The project emerged based on the needing to capacity health professionals for sign language and to promote the discuss about include the sign language in the medical schools curriculum. Basically, the project consists in classes for the students and after the end of the classes we always do actions, because this way, the students can put their knowlegde in practice and understand how inportant is to know the sign language.</p>
IFMSA-Spain	Farmacriticxs	Rights of patients and healthcare	<p>Discuss and analyze the role of the pharmaceutical industry in our health system, our medical formation and improving global health. Inform and educate students, health professionals, teachers and the general population about the importance of the problems in relation to the manufacture, distribution, promotion and use of drugs. Make proposals and alternatives to the pharmaceutical industry that contribute to solutions of these</p>



			problems and, consequently, to improve health locally and globally. Defend ethics and transparency as necessary conditions for relations with the pharmaceutical industry to revert in the general wellness. Support models and strategies and independent health research and not subordinate to the interests of the pharmaceutical industry.
IFMSA-Norway	NorPalSawa	Human Rights	Brining awareness about the situation in Palestine to Norway and giving first aid courses to children in refugee camp
IFMSA-Serbia	Movies Night	Human Rights	Organizing movie projections with human rights themes, culminating with a "Rights for all" debate on December 10th.
MedSIN-Sudan	Patients Come First (PCF)	Rights of patients	The issues of patients' neglect, mistreatment and violations of patients' rights remain a big problem till this day. PCF aims to provide better health services for our patients, and to insure the implementation of their rights and avoidance of their violations.
MedSIN-Sudan	Dying a human thing	Care for specified groups	Doctors often blame patients when communication breaks down. But researches have found that many doctors shaky interviewing skills. Doctors do more talking than listening. A new study published in (JAMA) found that 72% of the doctors interrupted the patient's opening statement after an average of 23 seconds. Patients who were allowed to state their concerns without interruption used only an average of 6 more seconds. "The patient desires to be known as a human being, not merely to be recognized as the outer wrappings for a disease. That's why we need to improve our communication



			skills from now. Many of us find it challenging to convey bad news, especially when it involves a life-threatening illness. Some of us feel inadequately prepared or illexperienced. Others fear that the news will be distressing and adversely affect the patient, family, or the therapeutic relationship. That's why the project". Dying a human thing is very important as it present to us all of the effective communication skills we need as medical students to deal perfectly with such situations within our daily health system.
BMSS-Bangladesh	Celebration of World Human Rights Day	Human Rights	Celebration of the World Human rights day every year since 2010. This includes rally, advocacy campaign and seminars on human rights and peace.
MSAKE Kenya	Break the Silence	Care for specified groups	The "Break the Silence " campaign began in 21st October 2014 at the university of Nairobi,School of medicine.As per the 2009 census in Kenya,there are approximately 200,000 deaf people in our country,and very few medical personnel who can communicate with the said population. Sign language is not taught in medical schools hence leading to difficulties in accessing quality healthcare amongst the deaf.The campaign is aimed at creating awareness about this problem and in equipping the medical students with the necessary skills to communicate with the deaf.
IFMSA-Poland	Don't Label Me	Patient Centred Medicine	We're organizing meetings of different minorities and we're doing live libraries with these people for medical students.
IFMSA-Iraq	As you as me	Care for specified groups? Children projects?	Holding lectures to the participants about the special needs of children with Autism and Down syndrome, and

			visiting specialist hospitals for these patients to get them to know that the community as a whole still supports them.
IFMSA-Pakistan	Epilepsy Awareness Project	Care for specified groups? Public health program?	The project "Epilepsy Awareness" was done to raise concern about such medical condition. It also gave a tribute to those living with epilepsy, and to show empathy and support. It was conducted on March 26, 2015 by the SCORP-FJMU. The participants included medical doctors from all over Lahore, Pakistan, and few other areas in Pakistan. They were required to either wear purple or show the color purple in support of epilepsy awareness.

- Policy Statements:

- Discrimination and Hate Crimes GA AM 2015
- Marriage Equality and Health GA MM 2013
- Human Trafficking and Health GA MM 2013
- Ending Discrimination to better the health of lesbian, gay, bisexual and transgender individuals GA MM 2014
- Ethical Procurement Policy GA AM 2013
- Ethical Finance in IFMSA GA AM 2014

- MSI articles:

MSI 32

- "Pediatric Communication Skills" Unsa Athar, Ehsaan Ahmad (IFMSA-Pakistan)
- "Spirituality on daily basis" Bruna Rudolfo Faraco (Brasil DENEM)
- "Organ donation - overturning myths and taboos" Daniel Marques, Miguel Nicacio (IFMSA-Brasil)
- "Stereotypes, Prejudices and discrimination" Łukasz Jaśkiewicz (IFMSA-Poland)
- "Advocating the Rights of People living with HIV in Poland" Gniewko Więckiewicz (IFMSA-Poland)

MSI 31

- "Voice of Hands" (TurkMSIC Turkey)
- "Dying - a different sunset" (IFMSA-Brasil)
- "Call for Ethical Revival" Abdalla Ahmad Shaub (IFMSA-Egypt)

“The precious gift of life” - Adeeha Shalid (IFMSA-Pakistan)

“Our challenge - The Right to Health”

“Sexual Education with Equality” -A.P. Gomez Satomayor (ODEM Dominican Republic)

MSI 30

“Primum non nocere” Elias Ortega

“Medical Bioethics” Valdone Kolaiyte (LiMSA Lithuania)

MSI 29

“Project Sensibilizarte - The Humanization through Art” Arthur Mello (IFMSA Brasil)

“Development of the empathy in Patient-Physician Relationship” Jacqueline Forti, Helbert Gomes (IFMSA Brasil)

“Hearing impairment - call for action to reduce communication barriers” Joan Rodriguez (ODEM-Dominican Republic)

“Patient day in Brasil” Jacqueline Forti (IFMSA-Brasil)

MSI 28

“Words are powerful - use them for peace” Izabela Jałowiecka (IFMSA-Poland)

“Physicians and patients rights” Joan Rodriguez Jimenez (ODEM-Dominican Republic)

“Sign language - a bridge to health care inclusion” Ana Beatriz Carvalho (IFMSA-Brasil)

“AIDS - mind, heart and body” Alejandro Chavez Arzave, Johanna Saenz Santibanez

- Detailed list of External Partners and Collaborators of IFMSA related to EHRH:

World Medical Association

Medical Education Organizations

- World Federation of Medical Education (WFME)
- Association for Medical Education in Europe (AMEE)
- Association for Medical Education in the Western Pacific Region (AMEWPR)
- South East Asia Regional Association for Medical Education (SEARAME)
- Panamerican Federation of Associations for Medical Education (PAFAMS-FEPAFEM)
- Association for Medical Education in Eastern Mediterranean Region (AMEEMR)
- Association for Medical Schools in Africa (AMSA)
- Global Health Workforce Alliance (GHWA)
- Foundation for Advancement of International Medical Education and Research (FAIMER)

Students Organizations

- International Pharmaceutical Students

Federation (IPSF)

- International Association of Dental Students (IADS)
- European Dental Students' Association (EDSA)
- European Federation of Psychology Students' Associations (EFPSA)
- Humans of Health

IFMSA Collaborators:

- Medecins Sans Frontieres (MSF)
- International Committee of the Red Cross
- International Federation of Health and Human Rights Organisations (IFHHRO)

NMO Collaborators:

- Amnesty International
- Human Rights Watch