Health Systems

This is the Annual Report of Monica Lauridsen Kujabi, IFMSA Program Coordinator for Health Systems for 2015-2016 Term.

Summary of Report:

The Health Systems program was adopted at August Meeting 2015. The baseline assessment identified more 50 activities, however only 6 applied for the program. Health Systems is a broad topic and framing the program has been an important task for this term. More defined inclusion criteria may be part of the reason for the decrease in activities, together with the fact that the enrollment into the program has just started. Based on the activities enrolled, NMOs only work on Rural Health and Global Surgery. IFMSA is active at the international level, with Universal Health Coverage and Access to Medicines as focus areas during the WHA in 2016. Different educational activities are going on, mainly in the field of rural health and global surgery. There is a need to build capacity within the program areas to empower and encourage NMOs to work on the topic, especially because of the complexity of the topic. Capacity specifically within advocacy/policy-making and general project development skills is needed. There is great potential for the program, especially as it goes in line with the new SDGs and Universal Health Coverage which put Health Systems in the center and as a goal in itself.

Most important achievements:

- Conduction of the Baseline Assessment.
- Promotion of the Health Systems program at March Meeting 2016 during the regional sessions of Africa, Eastern Mediterranean, and Asia-Pacific and during SCOPH-sessions.
- Promotion of the programs in general together with other program coordinators by facilitating session in European Region, SCOPH and SCORP as well as giving a training on programs.
- Facilitating a preGA on "Health Systems and Human Resources for Health" at March Meeting 2016 and a preGA on "Rural Health" at August Meeting 2016.
- Supporting the preGA on "Project and activity management – from idea to impact" at August Meeting 2016.
- Development of enrollment and reporting forms as well as enrolling activities into the program.

Struggles encountered:

- The biggest struggle was to promote the program, as many members found it difficult to understand exactly which activities would fall under Health Systems. These difficulties where meet by having time during Regional Sessions to explain about the program and supporting NMOs individually.
- Health Systems is very broad, and it has been difficult to make a framework that is understandable and relevant. Working together with SCOPH-D and LPH has been a great help in this matter.
- Only 6 activities enrolled. Activities have been identified through activities fair and NMO report and contacted personally.
- One activity wanted to enroll but due to language barriers it was difficult to ensure the proper implementation of it, and hence, language as being a barrier to enroll in the program should be considered.

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- Lack of overall coordination made it difficult to work efficiently.

Recommendations for the next term(s):
- Understanding the Health Systems program is still a challenge. I would therefore recommend to develop a short and understandable overview of Health Systems topics, to make it easier to explain and to encourage activities for the program.
- There are many potential topics within Health Systems and it is important to keep it very clear what the Health Systems Program does and doesn't include.
- There is great potential in working on new Health Systems activities that are not worked on yet, as well, as strengthening current activities. Therefore, I would recommend working closely with Standing Committee Directors on how to build capacity within Health Systems while keeping in mind what the NMOs wish to work on. This could include facilitating preGAs, development of tool-kits or webinars.
- Health Systems is a hot topic in global health and especially in the era of the new sustainable development goals. I would therefore recommend for the Program Coordinator to collaborate with the relevant Liason Officers (LPH and LWHO mainly) to ensure the role of IFMSA in Health Systems debates at a global level.
- The program is very broad and though specific areas have been identified it is difficult for one program coordinator to build capacity in all areas, especially as activities will increase. Therefore, I would recommend to discuss whether it would make sense to make the program more specific, depending on how much is required from the program coordinator in regards to providing support to NMOs.
- As the framework of the programs hasn't been implemented throughout the internal structures of IFMSA, it has been difficult to work effectively to improve the program. Therefore, I would strongly recommend to develop an implementation-plan for the programs including the relation to standing committees and other IFMSA capacity building activities as there seem to be varying opinions regarding this matter. If the programs are not integrated in IFMSA, it will be difficult to ensure the benefits for the NMOs enrolled.
- Contact NMOs actively and encourage them to enroll in the program.
- Focus on capacity building activities and facilitate collaboration between NMOs as more NMOs start to enroll. This has not had great focus this term, because the baseline assessment required a lot of focus and the activities just started to get enrolled.

Baseline Assessment

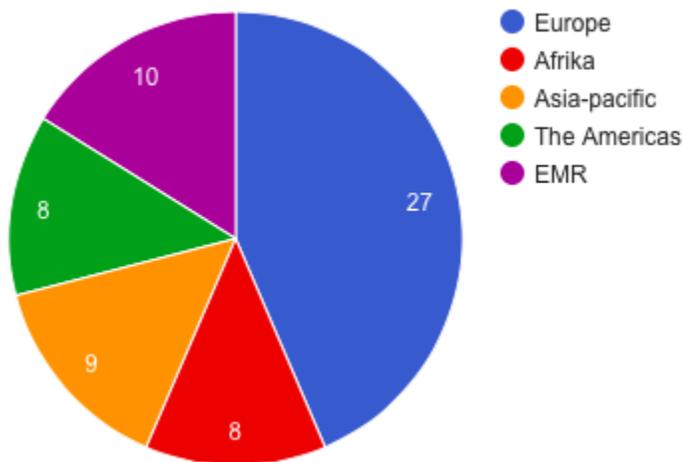| Indicator	Numbers
Number of NMOs having official collaboration with governmental bodies that affect health systems nationally	2
Number of advocacy campaigns and number of interventions carried out	Unknown
Number of policies directly influenced by medical students	Unknown
Number of successful collaborations with organizations and institutions.	6
Number of community outreach campaign in rural or urban area per year	Unknown

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Number of NMOs organising community health activities	8
Number of medical students participating in community outreach activities	Unknown
Number of educational activities	Unknown
Number of NMOs organizing educational activities	12
Number of medical students participating in these activities	Unknown
Improvement of knowledge and skills of participants	Unknown

NMO activity

NMOs were identified in NMO reports from August Meeting and March Meeting 2015, activities fair applications and the baseline call.
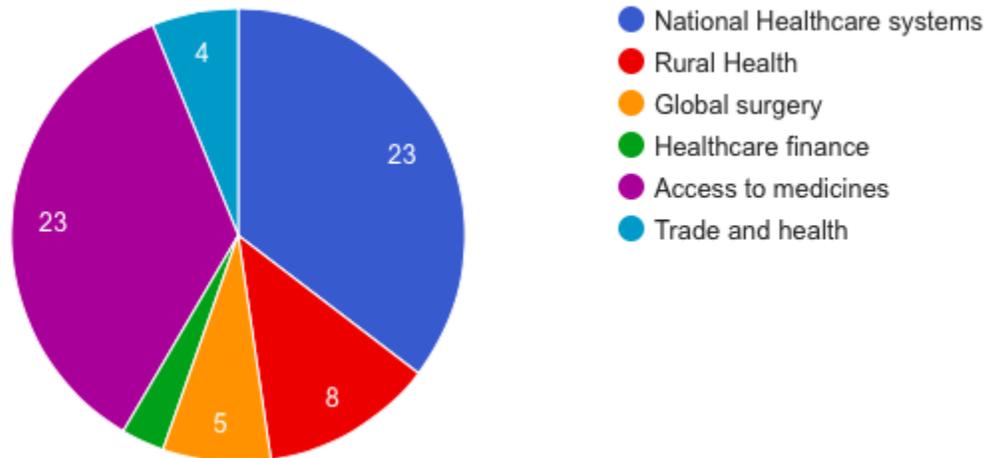
Total numbers of NMOs

- Europe
- Afrika
- Asia-pacific
- The Americas
- EMR

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Number of activities

- National Healthcare systems
- Rural Health
- Global surgery
- Healthcare finance
- Access to medicines
- Trade and health

Data on activities collected from reviewing the NMO report and the activity fair applications from March Meeting 2015 only and from the baseline call.

Medical Students Issue (MSI)
Many MSIs have small articles addressing health systems, only the one where health systems play a significant part has been included here.

MSI23 Health inequalities
MSI26 Universal Health Care
MSI28 I-Health
MSI29 Health beyond 2015
MSI30 Sustainable development for the new era
MSI31 Humanitarian Action

IFMSA policy statements
Trade and Health
Universal Health Coverage
Health Equity and Social Determinants of Health
Access to Essential Medicines
Access to Safe Surgery and Anaesthesia for All
Indigenous Health
Foreign Aid
Post2015 Future Development Goals
Future Development Goals

International Collaborations

IFMSA collaborate officially with:
- the WHO which has a department on health systems

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- [World Organization of Family Doctor](#) (WONCA) as we have a memorandum of understanding where we collaborate within different settings such as the youth family doctor movement, the rural health working party and regional groups.
- [Global Health Workforce Alliance](#) (GHWA).
- [the International Society for Telemedicine and eHealth (ISfTeH)](#): We have a memorandum of understanding where we collaborate within their students working group and benefit from our participation at their conferences.
- the [International College of Surgeons](#): Memorandum of understanding, although not much collaboration happening
- G4 Alliance: Willing from their part to have them as a member and support us in our surgery checklist for exchanges

Program Impact Report

Program Structure

For many years health has been siloed into specific areas of concern (maternal health, HIV/AIDS etc.). We've seen great achievements within some areas, while other areas have been neglected. To change this path a more holistic approach to health systems need to be obtained. This program is therefore not disease-specific in its objectives, but includes activities that focus on parts of the system rather than the diseases. The core challenge is to develop health systems that are able to reach out to rural, vulnerable and poor populations with basic quality health care addressing acute as well as chronic diseases and that are resilient in responding to health-related disasters and outbreaks.

Health systems worldwide face various challenges; the budget is substantially low, the quality is insufficient, the medicine and equipment are too few and too expensive. Actions conducted by medical students are needed to counter these issues. Know-how on topics as Trade and Health or Access to Medicines and Surgery as well as rural health, and Universal Health Coverage is scattered to a significant degree within IFMSA. Also educational activities aiming at teaching students about health policy processes, lobbyism and global health governance are important activities to ensure medical students are equipped with the skills to advocate and fight for stronger health systems. With this program we aim to group IFMSA's activities and encourage further actions in this field.

Some issues should be tackled at national level, needing national medical students to advocate in their own country while other should be addressed on a global level.

Local and National impact

On a national level medical students should convince policy makers to prioritize health systems strengthening which requires allocation of finances and development of sustainable strategies that focus on poor and vulnerable groups and rural health care. Medical students should reach out to rural areas and understand the obstacles and challenges they face, mobilize communities and use this to push for universal health coverage(UHC). All countries are different and the strategy to reach UHC will be different for each.

Global impact

On a global level challenges as access to medicines and technologies and trade and health, put pressure on health systems and requires global actors to take responsibility. Aid for health has increased substantially over the past decades especially thanks to the MDGs. However, the allocation of funds often do not address health systems strengthening rather it addresses specific diseases and target groups. As medical students we should encourage donors to collaborate more and advocate for aid effectiveness in

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health specifically addressing the core functions of the health system. This includes investment in global health leadership, research and development and increased preparedness to cross border diseases which all indirectly influence the capacity of health systems. This all goes in line with the adoption of the new sustainable health goals as well as the focus on universal health coverage which put health systems as a central player and a target in itself.

Main goal and expected outcomes/impact
1. Participation of medical students in decisions affecting health systems
2. Medical students influence policies in local, national and international level
3. Increase in access to quality health care with actions in communities in local, national and international level
4. Educational platform for medical students on health systems, determinants and factors influencing accessibility and quality of healthcare that develop skilled and empowered future physicians.

Program Areas
- Health Systems overall
- Access to medicines and technologies
- Global surgery
- Trade and Health
- Universal Health Coverage
- Rural Health

Activity types
- Education
- Advocacy
- Campaigning
- Research
- Community projects

The following questions will be addressed as part of the impact report:
1. How active are NMOs in working with health systems topics and what health systems areas do they work on?
2. Which MSI and policy statements do IFMSA have related to Health Systems?
3. Which international collaborations do IFMSA have that support the impact on health systems?
4. How active are IFMSA in strengthening health systems on the international level?
5. Which educational activities have been conducted in IFMSA during this term?
6. Which activities are currently happening on a regional level?
7. What do NMOs need from IFMSA and the program coordinator?

1. How active are NMOs in working with health systems topics and what health systems areas do they work on?
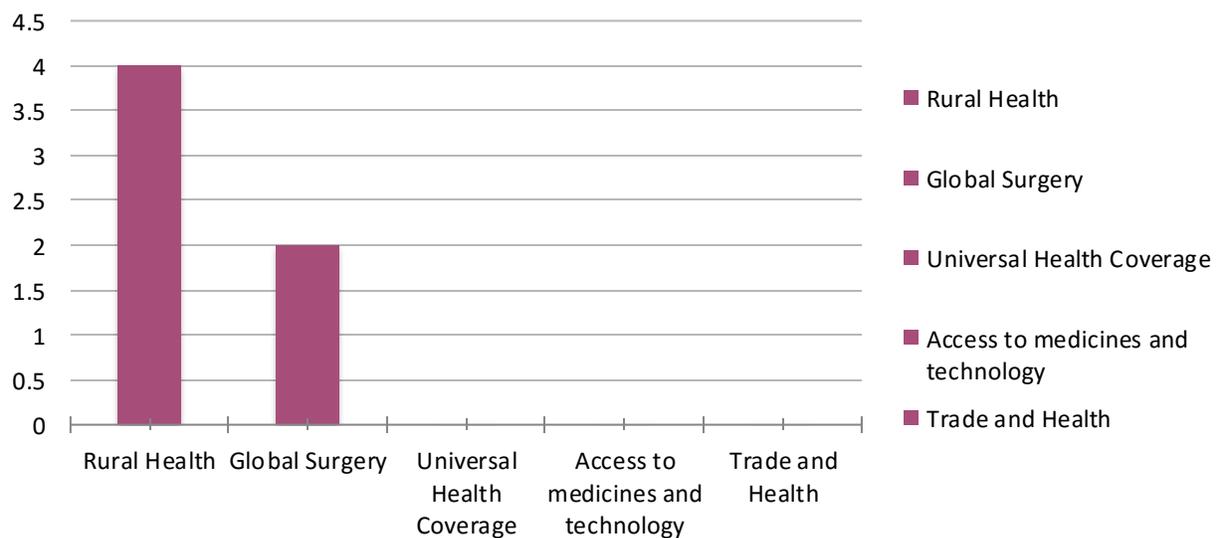After analyzing the data from activities some indicators have been changed a bit, to ensure that they reflect the impact we are able to measure.

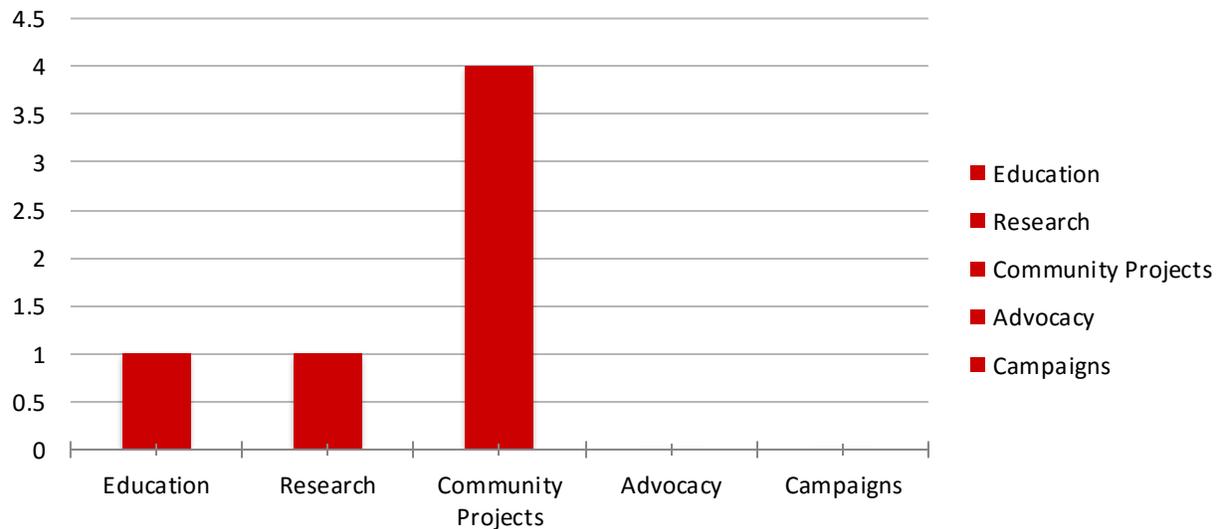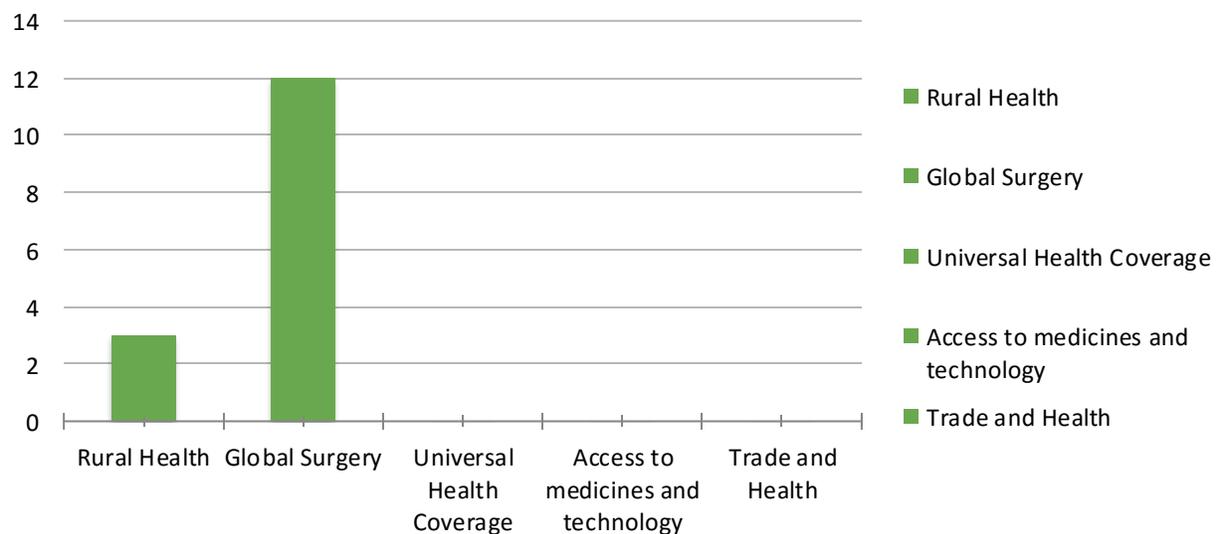| Indicator	Numbers
Total number of activities carried out	6
Number of NMOs having official collaboration with governmental bodies that affect health systems nationally	2
Number of NMOs collaborating with organizations and institutions	2
Number of policies directly influenced by medical students	0
Number of medical students participating in community health activities	239
Number of medical students participating in educational activities	0
Number of community people participating in community activities	6011
How many NMOs out of the 129 in IFMSA are currently involved in this Program?	15

Distribution of activities according to areas

Legend: Rural Health, Global Surgery, Universal Health Coverage, Access to medicines and technology, Trade and Health

medical students worldwide

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Distribution of activities according to type

Legend:
- Education
- Research
- Community Projects
- Advocacy
- Campaigns

Distribution of NMOs according to areas

Legend:
- Rural Health
- Global Surgery
- Universal Health Coverage
- Access to medicines and technology
- Trade and Health

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Distribution of NMOs according to region

Legend:
- Europe
- Africa
- Eastern-Mediterrenean
- Asia-Pacific
- The Americas
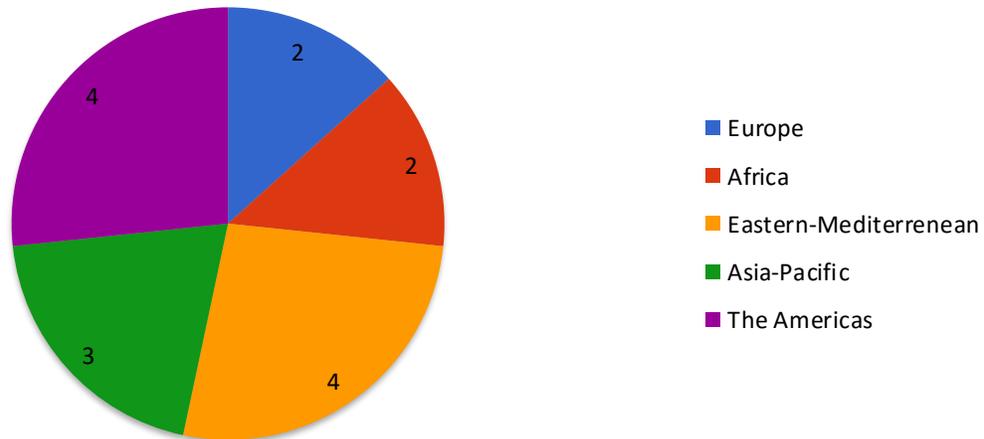
2. <u>Which MSI and policy statements do IFMSA have related to Health Systems?</u>

MSI33, which was made during this term, has articles on trade and health and rural health. No new policy statements related to health systems has been made. The status is therefore:

Medical Student International (MSI)
MSI23 Health inequalities
MSI26 Universal Health Care
MSI28 I-Health
MSI29 Health beyond 2015
MSI30 Sustainable development for the new era
MSI31 Humanitarian Action
MSI33 2030 Agenda for Sustainable Development

Many MSIs have small articles addressing health systems, only the one where health systems play a significant part has been included here.

IFMSA policy statements
Trade and Health
Universal Health Coverage
Health Equity and Social Determinants of Health
Access to Essential Medicines
Access to Safe Surgery and Anaesthesia for All
Indigenous Health
Foreign Aid
Post2015 Future Development Goals
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3. <u>Which international collaborations do IFMSA have that support the impact on health systems?</u>

No new international collaborations related to health systems has been established. The status is:

IFMSA collaborate officially with:
*   the WHO which has a department on health systems
*   World Organization of Family Doctor (WONCA) as we have a memorandum of understanding where we collaborate within different settings such as the youth family doctor movement, the rural health working party and regional groups.
*   Global Health Workforce Alliance (GHWA).
*   the International Society for Telemedicine and eHealth (ISfTeH): We have a memorandum of understanding where we collaborate within their students working group and benefit from our participation at their conferences.
*   the International College of Surgeons: Memorandum of understanding, although not much collaboration happening
*   G4 Alliance: Willing from their part to have them as a member and support us in our surgery checklist for exchanges

4. <u>How active is IFMSA in strengthening health systems on the international level?</u>
IFMSA
*   Made a campaign during the 65th WHO Regional Committee to inform Health Representatives from each country about the possible negative effects of TTIP on Public Health
*   Made a statement during the 65th WHO Regional Committee about the possible impact of TTIP in the current Health Systems in Europe
*   Participate at the WONCA Rural Health Conferences.
*   Has initiated a collaboration with a WONCA rural health working group aiming at engaging medical students at curricular and extra-curricular stages and thereby improving rural health.
*   Focused on Universal Health Coverage (UHC) and access to medicines at WHA (2016).
*   Is a member of the European Public Health Alliance (EPHA) which develops campaigns on improving health systems in Europe.
*   Gave a statement on social determinants of health at the last EMRO.

5. <u>Which educational activities have been conducted in IFMSA during this term?</u>
*   PreGA on Health Systems and Human Resources for Health.
*   Rural Health
    *   A webinar on rural health was conducted.
    *   A working group consisting of the SCOPH Director, the Program Coordinator for Health Systems and members of IFMSA NMOs has just been established to develop a rural health tool-kit.
    *   PreGA on rural health at August Meeting 2016.
*   A tool-kit on global surgery are also being developed.
*   Creation of a Manual on External Representation in Europe to promote NMO's involvement in TTIP advocacy.

6. <u>Which activities are currently happening on a regional level?</u>

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The European Region has Trade and Health as a priority. This lead to the creation of a SWG to work on TTIP.

7.   What do NMOs need from IFMSA and the program coordinator?
NMOs wish to collaborate with NMOs that work on the same topic. Furthermore, they wish to receive support in project development and knowledge on health systems. Mechanism suggested are webinars, workshops and online meetings.

Conclusions
The baseline identified more than 50 activities, only 6 enrolled in the program. Therefor the two can't be compared. Health systems is very broad and therefore the baseline probably include activities that do not necessarily belong to the program, this could explain partly why less activities are enrolled. However, as the program structure is still new to NMOs, a conclusion regarding this cannot be made yet. Looking at the few activities that have enrolled the main areas that are being worked on is rural health and global surgery. The rural health activities mainly focus on community development and on teaching medical students about rural health. Tackling rural health is very complex and besides empowering local communities, there is a need to influence policies and decision makers, develop innovative ideas as telemedicine, integrating rural health in the medical curricula, address distribution of health work force and strengthen future and current doctors in how to promote health for rural populations (though some of these areas overlap with other programs). No identified activities address these aspects, and as such there is great potential for development within the area of rural health. A rural health tool-kit is currently being made and hopefully this will develop activities even more powerful in ensuring health for rural populations. The focus on rural health is supported by a collaboration with WONCA which will hopefully result in a stronger position for IFMSA within this field.
Global surgery is an international working group currently coordinated by medsin-UK including 10-12 NMOs from all regions. They work on a tool-kit to promote global surgery and encourage more NMOs to work on the topic. Moreover, they have started a collaboration on research with the Lancet Commission on Global Surgery and WHO GIEESC to collect data on surgery-indicators in all countries possible.
There has not been done any work on policy-making related to health systems, but the rest of the indicators have been worked on by the few NMOs that enrolled. According to the baseline, many NMOs work on access to medicines, none of these applied to be enrolled to the program. Other areas within Health Systems is Universal Health Coverage, and trade and health, no NMOs enrolled such activities. At the international level IFMSA is quite involved in Health Systems, as health systems play a key role in the new sustainable development goals and is central to universal health coverage, as such, Universal Health Coverage and access to medicines were focus areas at the WHA this year.

Recommendations
There is great potential to continuously develop the Health Systems program. The area is less discovered by NMOs, and as such promotion of the program to encourage NMOs to work on the topics an enroll in the program should be a priority. As Health Systems is complex focus should be on continuous capacity building with clear outcomes. There seem to be an interest in rural health amongst NMOs, which is why this has been the area of focus. There are many other potential areas, and it is important that the focus chosen reflects the NMOs in order not to waste time on tool-kits etc. A specific focus should be on policy making within health systems, as this is essential to achieve the outcomes stated in the program description. Finally, strengthening NMOs in Developing SMART goals and clear outcomes should be prioritized amongst program coordinators in general, to ensure the greatest impact possible.

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Annex 1:

Activity	NMO(s)	Area	Type
Global Surgery Toolkit	Medsin-UK, IFMSA-Morocco, IFMSA-Grenada, IFMSA-Pakistan, IFMSA-Palestine, AMSA-USA, IFMSA-Spain, Medsar-Rwanda, IFMSA-Peru, MedSIN-Sudan.	Global Surgery	Education
InciSioN WDI Surgical indicator collection for WHO	Medsin-UK, IFMSA-Palestine, IFMSA-Pakistan, IFMSA-Mexico, IFMSA-Morocco, IFMSA-Egypt, Medsar-Rwanda, Medsin-Sudan.	Global Surgery	Research
Medical Caravans	IFMSA-Morocco	Rural Health	Community Project
Little doctors in action	CIMSA-ISMKI (Indonesia)	Rural Health	Community Project
SAMANGAIK (Together: Building a Resilient and Healthy Community)	CIMSA-ISMKI (Indonesia)	Rural Health	Community Project
RIFAMPICIN(Riau for Medical Community Development TB Indonesia)	CIMSA-ISMKI (Indonesia)	Rural Health	Community Project
GEBROK	CIMSA-ISMKI (Indonesia)	Rural Health	Community Project
Rural Health Colloquium	AMSA-Australia	Rural Health	Education