Human Resources for Health Program

This is the Annual Report of Alberto Abreu da Silva (ANEM-Portugal), IFMSA Human Resources for Health Program Coordinator for 2015-2016 Term, concluded by the 27th of July of 2016.

Summary of Report

This report summarizes the work of the Human Resources for Health (HRH) Program of the term 2015-2016. The initial part is dedicated to an overarching view of the year, then goes deeper into the concrete outcomes of the program, finishing with the Baseline Assessment, as an annex. In general, the year was successful, and if I could point out the biggest achievement was the fact that there is a great structure within the the program that will allow its growth in the upcoming years. More details can be seen below.

Most important achievements

• Promotion of the HRH topic amongst NMOs
• Active engagement with the External strategy for the HRH field
• Organization of a pre-GA in MM2016 on HRH, together with Health Systems (HS)
• Realization, together with the HS PC and pre-GA participants (to whom I thank for all the effort) of a video supporting HRH and HS, in particular the 2030 Strategy for HRH of the WHO
• Support and counselling of some NMO’s activities
• Creation of the Baseline Assessment
• Creation of the Enrolment and report Forms
• Creation of a HRH Resources Database

Struggles encountered

• Lack of coordination and follow-up
• Lack of organizational motivation
• Difficulty in getting the HRH activities into actual activity proposals
• Sentiment of separation from the rest of the IFMSA structure: TO, Regional Assistants, NMOs

Recommendations for the next term(s)

• Stronger and closer follow-up by the VP for Activities, regardless of the existence of an assistant. It’s really important that the VPA actually oversees the PCs activity, as this position is essential to promote interaction between the TO and International teams and blend the programs in a structure that is still not aware and sensitized for programs.
• Stronger relation with the SCOME-D (and LME, even though this wasn’t a struggle this year).
• Consideration of incorporating the PCs under the most relevant Its from the beginning of the term.

• Allowance of the PCs to follow-up on the NMO Server discussions. Most of the times the PCs are no longer part of the NMOs internal structures and therefore don’t have any clue of what is happening in the Federation; that, together with few discussions and follow-up leads to a complete ostracism of the overall events.

Program Impact Report

Program Structure

The Human Resources for Health (HRH) Program is, concisely, a boosting program for the start up of local and national activities that tackle health professionals' issues at several levels, from medical education quality to availability and accessibility of health personnel. Though its scope is quite broad, not many NMOs have active activities or projects going on under this theme. Or, at least, it isn’t something directly tackled by them, which eventually leads to loss of national advocacy and intervention opportunities. Bearing this in mind, the HRH Program is intended to be a development platform for the NMOs, as well as an increaser of the impact that IFMSA has internationally, more specifically within the external partners that also work on this topic. HRH issues are also very particular, for the fact that different regions face different problems and needs.

At the moment, three main needs are established:

• Ensure high-level training and education to the future health professionals
• Ensure availability and accessibility of the health workers all around the globe
• Avoid global and regional inequalities, at the same time that specific needs are tackled

As the other IFMSA programs, this came with the intention of bridging the gap between what is done locally and nationally with what is happening internationally, and vice-versa. This can be easily described in a few steps:

• Getting NMOs/Local Committees to work on medical students’ education and relating national policies on health/education to the quality of education, as well as the national planning of health professionals’ distribution;
• Compiling, under the HRH Program, summary information about the impact that these activities are having nationally (see outcomes and indicators section);
• Showcasing internationally, to external partners, what IFMSA, together with its NMOs, is doing, and what are the needs and problems identified by the medical students;
• Delivering the knowledge and new ideas from the international level, by the Team of Officials and Program Coordinator, to the NMOs, by delivering high-level workshops and distributing resources;
• Restarting the process.
Main goal and expected outcomes/impact

To ensure that countries dispose of enough health professionals, guaranteeing availability and accessibility, as well as that these professionals receive adequate and quality-ensured training.

- To take action locally and nationally on the development of policies that favour UHC, specifically in the area of Human Resources for Health
- To incentivize the development of national and international studies
- To increase the number of capacity building moments, locally, nationally and internationally, about HRH issues and action-potentiation
- To participate in international fora, meetings and conferences, especially with the already established partners

Program Areas

Scientific Area
- Studies regarding educational and pedagogic conditions in medical/health schools
- Prospective studies of health professional needs (absolute number, distribution, etc.)

Information Area
- Campaigns within the community to showcase planning problems, professionals shortage, pedagogic problems, (…)
- Motivational/informative campaigns for the students, to have mass backup
- Workshops, activities, concerning the problems faced in the countries in regard to HRH

External Representation Area
- (public or closed doors) Meetings, round tables, conferences, with key stakeholders (see above), in order to influence decisions relevant for HRH matters

Goal of the Impact Report

As mentioned in the baseline assessment, this program showcases what is currently done in IFMSA under the HRH domain. The impact report summarizes what is being done so that we can compare the increment of the results throughout the years. Also, it’s a transparent accountability tool, that presents the work done under the program by the Program Coordinator.

Outcomes and Indicators of the Program

Outcome 1: Medical students provided with knowledge, capacity and skills that enable them to take action locally, nationally and globally on issues related to HRH discussions.

Indicators
• 1.1: Number of national and/or international workshops (>1.5 days) dedicated to HRH topics and relevant skills (advocacy campaigning, external representation) [must have both components];
• 1.2: Number of medical students that have attended the aforementioned activities.

**Target group:** Medical students.

**Threshold:** Trainings and workshops led by students.

**Outcome 2:** Student effective participation in local and national medical education and/or pedagogic discussions, through active engagement with medical schools and/or governments.

**Indicators**
• 2.1: Number of medical schools worldwide in which medical schools have somehow a students' representation activity by a local committee or another official body of students' representation, specifically in medical education in the medical schools and not related to general university students’ representation;
• 2.2: Number of policies directly changed by the student representation referred above;
• 2.3: Number of policy changes directly and exclusively proposed by medical students.

**Target group:** Medical students.

**Threshold:** Medical students (within medical schools) and nationally (governments).

**Outcome 3:** Medical students' engagement on discussions and/or processes that specifically aim at broadening the accessibility to healthcare by ensuring adequate healthcare workers (either number and/or quality).

**Indicators**
• 3.1: Number of international partners (official, unofficial, MoU +/-) and stakeholders with which IFMSA has an active relation and communication internationally, via the Team of Officials and/or others (PCs, RAs);
• 3.2: Number of NMOs that advocate for HRH issues nationally;
• 3.3: Number of NMOs that advocate for HRH issues nationally and that had had at least one process or policy discussions with concrete changes/amendments/input included;
• 3.4: Number of processes, meetings or policy discussions in which IFMSA participated internationally, via the Team of Officials and/or others (PCs, RAs);
• 3.5: Number of processes, meetings or policy discussions in which IFMSA participated internationally and that had had concrete changes/amendments/included input, via the Team of Officials and/or others (PCs, RAs);
• 3.6: Number of surveys/studies/other scientific approaches to HRH matters, nationally and internationally;
• 3.7: Number of abstracts submitted (poster, short communication, etc) for relevant congresses under HRH topics.

**Target group:** Medical students, national and international stakeholders.

**Threshold:** National and international student representation.
Outcome 4: Medical students’ increasing awareness within the general population about healthcare accessibility problems due to lack of health workers or similar and/or campaigns as part of bigger advocacy strategies.

Indicators
- 4.1: Number of international campaigns;
- 4.2: Number of national campaigns;
- 4.3: Number of local campaigns;
- 4.4: Number of articles in the international media;
- 4.5: Number of IFMSA social media posts.

Target group: Medical students, national and international stakeholders, general population.

Threshold: National and international HRH campaigns.

Statistics

<table>
<thead>
<tr>
<th>Outcome and Indicators of the IFMSA HRH Program 2015-2016</th>
</tr>
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<tbody>
<tr>
<td><strong>Outcome 1:</strong> Medical students provided with knowledge, capacity and skills that enable them to take action locally, nationally and globally on issues related to HRH discussions.</td>
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<tr>
<td>Indicator 1.1</td>
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<td>Indicator 1.2</td>
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<td><strong>Outcome 2:</strong> Student effective participation in local and national medical education and/or pedagogic discussions, through active engagement with medical schools and/or governments.</td>
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<td>Indicator 4.3</td>
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Other Relevant Figures

| Activities submitted from African Region |  |
| Activities submitted from American Region |  |
| Activities submitted from Asia-Pacific Region | 1 |
| Activities submitted from Eastern Mediterranean Region |  |
| Activities submitted from European Region |  |
| Number of NMOs with HRH activity |  |
| Number of Scientific Activities | 1 |
| Number of Information Activities |  |
| Number of External representation Activities |  |

List of Enrolled Activities

<table>
<thead>
<tr>
<th>Activity Name</th>
<th>Type</th>
<th>NMO</th>
<th>E-mail</th>
<th>Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coaching Memorandum</td>
<td>Information</td>
<td>IFMSA-Pakistan</td>
<td><a href="mailto:projects.ifmsapakitsan@gmail.com">projects.ifmsapakitsan@gmail.com</a></td>
<td>No</td>
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</tbody>
</table>

List of HRH International External Meetings and Campaigns 2015/2016

<table>
<thead>
<tr>
<th>Meeting Name</th>
<th>Organization</th>
<th>Official</th>
<th>Main goal</th>
<th>Month</th>
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</thead>
<tbody>
<tr>
<td>Meeting on Zero HIV-related stigma and discrimination in health care settings</td>
<td>GHWA / WHO / UNAIDS</td>
<td>SCORA-D and LME</td>
<td>Participation in the discussion how we can lesson HIV-related stigma and discrimination within the health workforce</td>
<td>November</td>
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<tr>
<td>The Network Towards Unity for Health Conference presentation</td>
<td>The Network Towards Unity for Health</td>
<td>LME</td>
<td>Presentation of IFMSAs policy and activities</td>
<td>November</td>
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<tr>
<td>Exploring the migration-development nexus: Global Health Aspects of the Implementation of the WHO</td>
<td>European Public Health Alliance</td>
<td>SCORE-D (due to unavailability of RD Europe and LME)</td>
<td>Speakers in the panel to show the medical students perspective on the importance of the WHO Global Code of Practice and its implications in Global Health and Medical Education</td>
<td>December</td>
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<tr>
<td>Code of Practice</td>
<td>GHWA / WHO</td>
<td>LME and LWHO</td>
<td>Creation of a letter to governments on key issues for medical students in the HRH discussions. Additional statements were made at WHO EMRO/AFRO/PAHO and WHO EB. December/January + Regional Committee meetings.</td>
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<td>3rd Joint Action on Health Workforce Conference</td>
<td>Joint Action on Health Workforce Forecasting and Planning, from the European Commission</td>
<td>RD Europe and LME</td>
<td>Contribute and comment the outcome documents from each Working Package.</td>
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<tr>
<td>Online public consultation: UN High Level Committee on Health Employment and Economic Growth</td>
<td>UN COMHEEG / GHWA</td>
<td>LME (supported by RD Europe)</td>
<td>3 Submissions were made on IFMSAs behalf related to the new establishment of COMHEEG. An open call for input was sent to NMOs.</td>
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<tr>
<td>Consultation in Geneva: UN High Level Committee on Health Employment and Economic Growth</td>
<td>UN COMHEEG / GHWA</td>
<td>LWHO and LME</td>
<td>Expert Group consultation on the newly established COMHEEG. Preparation done by LME, attendance by WHO Health Workforce Department intern Zahra Zeinali.</td>
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<tr>
<td>Joint Action on Health Workforce Final Conference</td>
<td>Joint Action on Health Workforce Forecasting and Planning, from the European Commission</td>
<td>LME</td>
<td>Collect the final outcomes of the Joint Action and ensure the conclusions would be followed up on.</td>
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<tr>
<td>Several events during the World Health Assembly</td>
<td>GHWA / WHO / UN COMHEEG / ILO</td>
<td>LWHO and LME</td>
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<td>- Pre WHA including attendance by GH WA.</td>
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<td>- GHWA Gala reception and International Health Workforce Awards ceremony.</td>
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<td>- Open Consultation on the High Level Commission on Health Employment and Economic growth.</td>
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<td></td>
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<td></td>
<td>- Statements during the Committee A/B sessions including on Health Workforce and Services – Draft Global Strategy on Human Resources for Health – Workforce 2030.</td>
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Conclusions and Recommendations

I think that the establishment year of the program is quite difficult, given that there was an absolute lack of structure and orientation on the way the program should seek NMOs participation. Looking backwards, it seems that this year was very introvert, given the novelty of the topic for many members as well as the great lack of awareness of the programs themselves. Now that there are clear outcomes and indicators, the next Program Coordinator and respective TO members can have a better collaboration and work together around them, boosting the program development. There were several recommendations already aforementioned. Still, I find relevant to mention that there is a great responsibility from the NMOs to contribute to the programs, as they are a major part of the IFMSA Structure reform. It is not difficult to submit an activity for a program; neither it is difficult to report them back. I believe that many efforts were made throughout the year to actually promote activity engagement – countless sessions during GAs (both official and unofficial), the creation of a manual, direct approaches from the PCs – reason why it is still strange to see that transversely to all programs the participation is low. Nonetheless, I must reinforce again that this also reflects leadership from the IFMSA, and the need to blend the programs in the IFMSA activity itself, and that should be the main goal of the VP for activities, as it was established in the IFMSA Reform. Personally, it was a pleasure to serve the Federation, and it’s a very nostalgic moment to say goodbye to a structure that I have been engaged with since 2012. Thank you all for your time and dedication; the world is facing a terrible momentum, reason why IFMSA and other similar entities are so much needed to shape the world into a more accepting, sustainable and health world.
Main goal of the Program

To ensure that countries dispose of enough health professionals, guaranteeing availability and accessibility, as well as that these professionals receive adequate and quality-ensured training.

Objectives of the Program

• To take action locally and nationally on the development of policies that favor UHC, specifically in the area of Human Resources for Health
• To incentivize the development of national and international studies
• To increase the number of capacity building moments, locally, nationally and internationally, about HRH issues and action-potentiation
• To participate in international fora, meetings and conferences, especially with the already established partners

Introduction to the Program

The Human Resources for Health (HRH) Program is, concisely, a boosting program for the start up of local and national activities that tackle health professionals’ issues at several levels, from medical education quality to availability and accessibility of health personnel. Though its scope is quite broad, not many NMOs have active activities or projects going on under this theme. Or, at least, it isn’t something directly tackled by them, which eventually leads to loss of national advocacy and intervention opportunities. Bearing this in mind, the HRH Program is intended to be a development platform for the NMOs, as well as an increaser of the impact that IFMSA has internationally, more specifically within the external partners that also work on this topic. HRH issues are also very particular, for the fact that different regions face different problems and needs.

At the moment, three main needs are established:

• Ensure high-level training and education to the future health professionals
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As the other IFMSA programs, this came with the intention of bridging the gap between what is done locally and nationally with what is happening internationally, and vice-versa. This can be easily described in a few steps:

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• Showcasing internationally, to external partners, what IFMSA, together with its NMOs, is doing, and what are the needs and problems identified by the medical students;
• Delivering the knowledge and new ideas from the international level, by the Team of Officials and Program Coordinator, to the NMOs, by delivering high-level workshops and distributing resources;
• Restarting the process.

One of the main difficulties about working on HRH activities is that it requires a lot of energy and dedication, as well as consultation and information. Concretely, it is difficult to have specific outcomes without having informed campaigns and advocacy strategies, together with and effective stakeholders' mapping, analysis and maintenance.

So, this Baseline Assessment is going to be not only an analysis of the current situation on HRH within the IFMSA structure, but also - and maybe more important - a way that everyone can have to understand what HRH is and how to have an impact, taking into account the global strategy.

Program outcomes and respective indicators

**Outcome 1:** Medical students provided with knowledge, capacity and skills that enable them to take action locally, nationally and globally on issues related to HRH discussions.

**Indicators**
- Number of national and/or international workshops (>1,5 days) dedicated to HRH topics and relevant skills (advocacy campaigning, external representation) [must have both components];
- Number of medical students that have attended the aforementioned activities.

**Target group:** Medical students.

**Threshold:** Trainings and workshops led by students.

**Outcome 2:** Student effective participation in local and national medical education and/or pedagogic discussions, through active engagement with medical schools and/or governments.

**Indicators**
- Number of medical schools worldwide in which medical schools have somehow a students' representation activity by a local committee or another official body of students' representation, specifically in medical education in the medical schools and not related to general university students' representation;
- Number of policies directly changed by the student representation referred above;
- Number of policy changes directly and exclusively proposed by medical students.
Target group: Medical students.
Threshold: Local student representation (within medical schools) and nationally (governments).

Outcome 3: Medical students’ engagement on discussions and/or processes that specifically aim at broadening the accessibility to healthcare by ensuring adequate healthcare workers (either number and/or quality).

Indicators
• Number of international partners (official, unofficial, MoU +/-) and stakeholders with which IFMSA has an active relation and communication internationally, via the Team of Officials and/or others (PCs, RAs);
• Number of NMOs that advocate for HRH issues nationally;
• Number of NMOs that advocate for HRH issues nationally and that had had at least one process or policy discussions with concrete changes/amendments/input included;
• Number of processes, meetings or policy discussions in which IFMSA participated internationally, via the Team of Officials and/or others (PCs, RAs);
• Number of processes, meetings or policy discussions in which IFMSA participated internationally and that had had concrete changes/amendments/input included, via the Team of Officials and/or others (PCs, RAs);
• Number of surveys/studies/other scientific approaches to HRH matters, nationally and internationally;
• Number of abstracts submitted (poster, short communication, etc) for relevant congresses under HRH topics.

Target group: Medical students, national and international stakeholders.
Threshold: National and international student representation.

Outcome 4: Medical students’ increasing awareness within the general population about healthcare accessibility problems due to lack of health workers or similar and/or campaigns as part of bigger advocacy strategies.

Indicators
• Number of international campaigns;
• Number of national campaigns;
• Number of local campaigns;
• Number of articles in the international media;
• Number of IFMSA social media posts.

Target group: Medical students, national and international stakeholders, general population.
Threshold: National and international HRH campaigns.

Organisations
In order to understand the (potential) impact that this program can have – and since that before its implementation a lot of activity hasn’t been tracked – it is important to know which organisations IFMSA and its NMOS are already related, and how are they relevant for the program.

The international organisations are crucial, as there are currently many interventions and participations of IFMSA officials within these entities. Also, for the future, it is important to ensure that the NMOs that are active on HRH issues know how these organisations work, their importance and how can they take advantage of the international discussions in a bidirectional way – national to international and vice-versa. Additionally, the connection between these structures with national governmental and non-governmental branches/structures is of paramount importance, since it helps mainstreaming the key messages and information, enabling overall and globally a stronger impact of the HRH activities in the Federation.

**International**

**World Health Organisation (WHO)**
The WHO, as the highest health-representation platform under the United Nations (UN) umbrella for its member states, is a decision making place for IFMSA to influence decisions and try to mold what will happen nationally. Mainly by having pertinent and out-of-box interventions, IFMSA can influence decisions by changing member states (MS) statements, approaching them in loco, etc. However, the impact is limited, reason why it is important 1. for the NMO to try to breach in their Ministries of Health/Foreign Affairs, so that they are sensitised for the cause and 2. in case the ministries are quite institutionally closed, use IFMSA international participations to get the delegates talking with them, and reversing the strategy. One of the most important achievements within the WHO was the creation of the WHO Global Code of Practice on the International Recruitment of Health Personnel.

**WHO HRH Programme**
Each of the WHO regions has a representative of a WHO Programme. In this case, there are several regional coordinators of the WHO HRHR Programme. This is particularly important for a first step of IFMSA within regional representatives without going through necessarily via the Liaison Officer of the Regional Director, but rather through the Program Coordinator.

**Global Health Workforce Alliance (GWHA)**
This is a movement that exist under the patronage of the WHO, and with which IFMSA is partnered very tightly and that promotes high-level initiatives around the HRH issues.

**World Federation of Medical Education (WFME)**
The WFME has been working for many years on a structure that might allow the quality control of medical schools, by developing standards and creating a database of medical schools globally. The second phase of such project aims at creating a certification network, the World Directory of Medical Schools, so that the proliferation of medical schools worldwide won’t lead to a reduction of the quality of recently graduated medical doctors.

**Joint Action on Health Workforce Planning and Forecasting of the European Commission**
This initiative of the European Commission (EC) is a very important action in Europe. Its main goals are the development of planning and forecasting methodologies for health professionals in Europe, by promoting inter-country cooperation and sharing of good practices.

**European Public Health Alliance**  
(mentioned because IFMSA has a relation, but it isn’t the most active under this topic at the moment)

**Health Workers for All**  
(mentioned because IFMSA has a relation, but it isn’t the most active under this topic at the moment)

**National**

- Health Ministries
- Governmental and Private Health Institutions and Departments
- Medical Schools and Health Schools in general
- Medical Doctors and other professions’ Unions and/or Orders
- Other Health Students associations
- Patients’ Organisations
- Hospital and Primary Care facilities
- Representatives of medical specialties

**Program Areas and Activities**

**Scientific Area**

- Studies regarding educational and pedagogic conditions in medical/health schools
- Prospective studies of health professional needs (absolute number, distribution, etc.)

**Information Area**

- Campaigns within the community to showcase planning problems, professionals shortage, pedagogic problems, (…)
- Motivational/informative campaigns for the students, to have mass backup
- Workshops, activities, concerning the problems faced in the countries in regard to HRH

**External Representation Area**

- (public or closed doors) Meetings, round tables, conferences, with key stakeholders (see above), in order to influence decisions relevant for HRH matters

**List of Surveys already conducted within IFMSA**

European survey (unknown year) to gather data in regard to specialized medical doctors training
Data collection during the August Meeting 2015, with further data plotting into maps.

**IFMSA Policy Statements**

**Global**
- Post-2015 Future Development Goals (August 2015)
- Future Development Goals (March 2015)

**SCOME**
- Human Resources for Health (August 2014)
- Global Policy on Medical Education (August 2014)
- SCOPH
- Universal Health Coverage (August 2015)
- Health Equity and Social Determinants of Health (August 2014)

The IFMSA Policy Statements are actually one of the most effective ways of disseminating the activity of IFMSA on HRH issues, as all the statements, handouts, policy briefs and other related documents use them as framework and structure, ensuring that the message is adequately mainstreamed throughout the different events.

**NMO Activities**

NMOs’ activities were assessed based on the NMO reports of 2015, the Activity Fairs’ applications, the callout that was sent to the NMOs in the first trimester of the 15-16 term and the past 4 MSIs. The following analysis comprises a very superficial summary of the scope of HRH activities, and after the program starts for real, the enrollment will be able to give a more detailed insight. The concrete numbers are not provided in this document since the classification is quite unstructured, due to the dispersion of the data that was found. For example, after the survey lastly sent to the NMOs in order to collect activities under each program, out of the 5 activities submitted, only 2 were under the HRH theme; also, from the activities fair submissions, NMO reports and MSIs, the scopes of the activities were drawn from interpretation of activities that comprised HRH activity but mostly in not an exclusive manner.

- Appropriate selection of medical specialities
- Students’ representation on new educational and pedagogic national and local (medical schools) policies
- Engagement on discussions with the governments about HRH strategies
- Workshops that tackle, but not only, HRH issues
- Bridging projects of educational policies with HRH matters (e.g. number of medical students and specialty spots)

**Conclusions and Recommendations**
This baseline assessment, at its very essence, is an analysis of what is currently done in IFMSA under the HRH domain. Nonetheless, it is assumedly limited for many reasons, mostly because the methodology used is quite unsystematic and the data gathering from the different fonts was unstructured – which is normal. The main goal of implementing programs is that IFMSA starts having an organised way of keeping record of what is being done in a way that we can compare the increment of the results through the years. For example, few NMOs have reported what they are doing under the HRH theme – even though it is known that they are organising it. Therefore, the listing of kinds of activities above is based on what was reported and also from the knowledge that IFMSA has of what NMOs are doing. In the future, the engagement of activities in the program is essential so that IFMSA can go beyond these limitations and expand its reach and impact globally.

As such, there are many priorities that must be assumed for this program and that must be taken seriously. More importantly, from the above listed kind of activities, the most important two priorities are to broaden the number of NMOs doing activities in the different categories, and secondly to start measuring the impact that the current and future activities have, mainly by promoting their enrolment in the HRH program. The aforementioned indicators of the HRH program are a strategy that IFMSA has to start collecting global data in a structured way and consequently measuring the impact of these activities. Finally, the promotion of capacity-building activities, aiming at aiding the development of structured activities, focus-oriented, is also very important to achieve these goals.