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International Federation of
Medical Students' Associations

IFMSA Plan of Action: Developing Human Resources for Health within the SDG3 framework

International Federation of Medical Students' Associations
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Tanzania

Introduction:

The International Federation of Medical Students Associations (IFMSA), founded in 1951, is one of the world's oldest and largest student-run organizations. It represents, connects and engages every day with an inspiring and engaging network of 1.3 million medical students from 137 national member organizations in 128 countries around the globe. This vast network of future healthcare professionals, brought together by IFMSA, has taken human resources for health (HRH) as one of its main concerns on a global level.

Health workers are all people engaged in actions whose primary intent is to enhance health. This includes physicians, nurses and midwives, but also laboratory technicians, public health professionals, community health workers, pharmacists, and all other support workers whose main function relates to delivering preventive, promotive and curative health services. Without enough healthcare workers, with the right set of skills, and in the places they are needed, neither Universal Health Coverage (UHC) nor the Sustainable Development Goals can be reached. The World Health Organization (WHO) estimates that a health workforce density of around 4.45 health workers per 1000 population corresponds to the median level of health workforce density among countries that have achieved, or have come close to achieving UHC [1]. By 2035, the WHO estimates a global shortage of 12.9 million health care personnel among 57 countries - 36 of these in Sub Saharan Africa, where the need is arguably the greatest [2]. Inequitable distribution of resources - with large concentration in urban areas and a lack thereof in rural areas poses another universal challenge. Meanwhile, health care is becoming more and more commercialized, with countries serving as production lines for health professionals, providing cheaper alternatives via questionable workforce mobility routes. Many factors are at play: limited government planning and resources, unsustainable policies, lack of funding and financial forethought, lack of appropriate incentives for education and poor crisis management are only a few. Consequently, the world faces critical challenges in closing the gap to achieve UHC.

We need to ensure that our health workers have the right set of knowledge, skills and values from accredited institutions, where quality does not suffer from higher numbers of students. We need workforce planning and forecasting that ensures the

medical
students
worldwide

right distribution between countries, between rural and urban areas, but also between specialties. We need to ensure that the right learning and working environments are in place to keep our health workers safe, that offer them opportunities to grow, and that encourage them to stay within their communities.

Additionally, women make up a significant proportion of the health workforce. Consequently, addressing gender imbalances is crucial to the effectiveness and sustainability of the health workforce, and indeed to the prosperity of the global economy [3]. This includes addressing inequity in opportunity, education, leadership, decision-making, fiscal remuneration, job security, and personal safety and protection in the work environment, among many others.

In order to achieve these important goals, drastic changes are needed in health workforce planning and forecasting, and educational models to overcome the predicted shortfall of health workers. It takes much time and planning to train health workers, that is why we need to act now. Under this light, IFMSA aims to foster the change in health workforce planning and forecasting, starting from medical faculties and leading up to national policy makers by empowering medical students, advocating on behalf of the National Member Organizations (NMOs), collaborating with governments, civil society, health professionals, students, faculties, patients, and all other stakeholders.

Background:

The *IFMSA Plan of Action: Developing Human Resources for Health within the SDG3 framework* was written in the context of increasing high level action on this topic ahead of the 4th Global Forum on Human Resources for Health, November 2017. With the continued belief in the role of youth and their leadership, IFMSA is co-organizing along with the World Health Organization's Health Workforce department, the Youth Forum on Human Resources for Health (November 14th). This forum will gather young enthusiasts from all over the world and give them the chance to meet and build a network of change agents that will generate ideas to explore best practices in healthcare. The Youth Forum aims to encourage future collaborations and facilitate the networking between youth leaders from different backgrounds and various health professions.

The main objectives of the Youth Forum are to:

- create a global conversation on the importance of human resources for health among the youth;
- facilitate and encourage multidisciplinary partnerships and projects in the field of human resources for health;
- to empower youth with the knowledge, skills and motivation to further the Global Strategy on Human Resources for Health.



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Right before the end of the youth forum, the Youth Call of Action will be launched. The Youth Call of Action is the outcome document of the Youth Forum which will be incorporated within Dublin's Declaration on Human Resources for Health. It will be created by the youth organisations participating in the Youth Forum and will reflect the plans, ideas and objectives of youth contributing to advance human resources for health. The *IFMSA Plan of Action: Developing Human Resources for Health within the SDG3 framework* aims to inspire the abovementioned Youth Call of Action by setting up an example of an organisation's pledge to achieve concrete goals through a well-elaborated plan of action.

Delegates of the IFMSA contributed to this document via their participation in the theme event held as part of the General Assembly August Meeting 2017 in Arusha, Tanzania. National Member Organisations were invited to provide written feedback on the document throughout the General Assembly. Additionally, the IFMSA consulted other stakeholders including the WHO, non-governmental organisations and other members of civil society.

Implementation plan:

- **Goal 1 - International advocacy**

As the official representative of medical students globally, IFMSA believes in the need to engage key stakeholders internationally to establish effective and sustainable reform in health workforce and human resources for health.

1.1. IFMSA to play an active role in the World Health Organization's Fourth Global Forum on Human Resources for Health, to be held in Dublin in November 2017, and to organize the Youth Forum of the event.

1.2. IFMSA to develop updated, strong policy documents on human resources for health and health investment by March 2018 after a thorough consultative process with National Member Organizations (NMOs), garnering input from at least 15 members in 5 regions.

1.3. New policy documents should address both the quantity and quality of the health workforce, and acknowledge that scaling up health workforce will not be sufficient without a comprehensive plan of action and taking into account the quality and quantity of the workforce, migration factors, social and economic conditions, and need for investments in healthcare. Policies should also emphasize the opportunity that investment in the health workforce provides for economic growth.

1.4. Through its position on the World Federation for Medical Education (WFME) Executive Board, IFMSA to play an active role in the development of Global Standards, which promote correct education of medical professionals and are used in all regions.

1.5. Through the newly implemented WFME-IFMSA Internship Program, IFMSA to contribute to the data collection and analysis for the World Database of Medical Schools.

1.6. Through its various networks, IFMSA to distribute and raise awareness for the Global Standards on Medical Education, and World Database of Medical Schools, for prospective medical school applicants, current medical students, medical school graduates, medical schools, governments, and all involved stakeholders.

- **Goal 2 - National advocacy**

Medical students and National Member Organizations to advocate to their national governments and medical education institutions to ensure that health workforce planning and forecasting is a national and global priority.

2.1. Guided by IFMSA international policy, and supported by the IFMSA Team of Officials and Regional Teams, interested NMOs to develop national policies that address relevant aspects of the effectiveness and sustainability of the health workforce in their country. These should address both the quantity and quality of the health workforce, and acknowledge that scaling up health workforce will not be sufficient without a comprehensive plan of action and taking into account the quality of the workforce, migration factors, social and economic conditions, and need for investments in healthcare.

2.2. IFMSA to develop an advocacy toolkit for NMOs to be used in national settings, referring to both international reports (Health Workforce 2030, High Level Commission on Health Employment and Economic Growth etc.) and regional reports (WHO regional offices etc.), and subsequently to monitor the number of NMOs which reached out to relevant actors at the national level.

2.3. NMOs to advocate for national health policy that promote investments in primary health care and public health, and workforce sustainability.

2.4. At the national, local and medical school level, NMOs to advocate for transformative medical education to support the scaling up of health workers which are community-, competency- and team-based and relevant to the population in which they serve.

2.5. NMOs to raise their voices and hold governments accountable for stated targets and goals relating to health workforce improvements to ensure sustained action.

- **Goal 3 - Capacity building**

Create the opportunities for medical students such as global meetings, workshops, surveys, trainings, and international clinical and research exchanges to harness their deep involvement in the transformation of medical education to address current global and local health workers' challenges.

3.1. Through its new focus on Transformative Medical Education, IFMSA to harness its infrastructure and capacity to create a generation of thought systemic leaders of tomorrow.

3.2. IFMSA to disseminate widely the Toolkit on Social Accountability, which includes tools to assess a school's capacity to respond to society's priority health needs and



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health system challenges to meet such needs, and collect data on the concrete benefits of the toolkit.

3.3. Through trainings, including Training Medical Education Trainers and other workshops, IFMSA to build capacity of its members in the field of human resources for health, economic growth and health workforce. These trainings should showcase the recommendations of the WHO taskforce “Global Strategy on HRH: Workforce 2030” and “UN High Level Commission on Health Employment and Economic Growth”.

3.4. Through its collaboration with WONCA, IFMSA to promote investments in primary care and public health.

3.5. National Member Organisations and medical students to participate in data collection and research relating to health workforce to identify tangible challenges and opportunities for improvement in health education and workforce participation.

- **Goal 4 - Gender empowerment**

IFMSA to be a global leader in striving for gender equality in its own structure and selection processes so women and other underrepresented genders feel empowered to take on future leadership roles in the health workforce, and are engaged in global health advocacy and decision-making in equal proportion to the percentage of health workers they comprise.

4.1. IFMSA to ensure gender equality in participation in the health workforce and access to leadership positions within the Federation with a Gender Equality and Empowerment Strategy that would encompass:

4.1.1 Creating and following a gender representation criteria for all its selection processes.

4.1.2 Identifying and actively addressing the external and internal barriers women and other underrepresented genders face in accessing leadership positions.

4.1.3 Ensuring that gender representation issues are openly discussed at every election to raise group awareness and spark fruitful discussion and innovative solutions to gender imbalances in the Federation.

4.2. IFMSA provides a global example by ensuring gender-balanced delegations as part of the Federation’s external representation to conferences and meetings.

4.3. IFMSA introduces in its internal discussions the topic on how gender discrimination and barriers are perceived, as well as the notion of leadership in relation to gender-related traits, as a way of Capacity Building for all members to be aware of the tendencies that promote gender imbalances.

4.4. IFMSA to continue to support innovative and inclusive activities that promote women’s leadership in the health workforce.

References:



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- [3] World Health Organization. High-level commission on health employment and economic growth: report of the expert group. In High-level commission on health employment and economic growth: report of the expert group 2016.