



Dignified and Non-Discriminatory Healthcare

This is the Annual Impact Report of the **Dignified and Non-Discriminatory Healthcare** Program, written by **John Etietop Ebong** (NiMSA- Nigeria) on the **26th of June 2018**, submitted for the **67th IFMSA General Assembly August Meeting 2018**.

Summary of the report

The Dignified and Non-Discriminatory Healthcare (DNDH) program focuses on breaking the barriers upon which discrimination in administration of quality and sufficient Healthcare lean. Hence, our greatest focus area is vulnerable populations. From education to campaigns to capacity building to outreaches and projects, all activities affiliated with the DNDH program saw medical students action toward a target group in order to implement qualitative healthcare for all irrespective of personal differences.

The Dignified and Non-Discriminatory Healthcare program during this term was an improvement from the previous term. There was an increase in the number of activities enrolled and reported, between the beginning of the term on 1st October and 15th June. Communication was improved upon and a campaign for the programs promotion was undertaken towards the end of the term. 15 activities that were enrolled and reported under the DNDH program. The activities enrolled under the program covered a wider range of our focus areas in relation to what was obtainable last term. Focus areas included Vulnerable populations, health inequities, Prejudice and Discrimination.

The activities were organized as Projects and outreaches, Advocacy efforts, Education, Campaigns, internships and Capacity building. There were several organizations and institutions who partnered with the activities ranging from Governments to Non Governmental Organizations, Charity Institutions, Health workers, Private firms and other Professionals. Target groups were well reached and impact of the activities are far reaching with several activities having local and National recognition. Most of the activities are sustainable and have been designed to be undertaken with great improvements in the future.

You can find the details about the Annual Working Plan, Impact of the Program, regional distribution, focus areas, external partnerships and recommendations below.

Message from the Program Coordinator

Dear IFMSA Family,

Passionate about the focus areas of the Dignified and Non-Discriminatory Healthcare (DNDH) Program, with zest I took up the mandate to see to the success of the program and have since



worked closely with lovely activity coordinators around the world to see to the success of their



activities both locally and Nationally.

Our essence as future health professionals go beyond the walls of the hospital, it certainly goes beyond the services we render to make a living. It reflects in the little things we do to give back to society even without any form of reward or aggradizement.

It is on this background that I invite you to check out the activities carried out by awesome coordinators whom I was privileged to work with this term as detailed not only in this report but also in the Activities Database. Most of the activities were well thought out, planned and executed dynamically with the resilience, determination and hardwork of activity coordinators and their respective teams. The methodology of activity implementation differed according to the NMO involved, the peculiarity of the activity and the target group. However, all activities were successful and highly commendable.

I therefore wish to extend my sincere appreciation to the awesome Activity Coordinators with whom I was privileged to work with. Worthy of specific mention are Cynthia Habib (LeMSIC-Lebanon) and Imane Benaskeur (IFMSA- Quebec) who worked resiliently to see to the actualization of the DNDH Programs Promotion and campaign. Unfortunately, due to the Programs alignment, the DNDH Program would not exist next term however, other programs have already been put in place where all the activities would fit in hence, the continuity and sustainability of all the activities are guaranteed and enrollment of activities relating to our focus areas in the future is going to be possible. Thanks to Hana Lucev (Vice President for Activities, IFMSA) for giving me the opportunity to serve in this capacity.

It is my deepest wish that as you read through this report, you would be inspired to undertake an activity related to this program in the future and also get them enrolled so as to inspire others.



John Ebong,

Program Coordinator, Dignified and Non-Discriminatory Healthcare

Introduction to the Program

There exists different cultures, different health systems, different health professionals, different methods of healthcare delivery and different health policies around the world yet, a basic goal to be guided with is the SDG3 which suggests that there should be Health for all. But what is healthcare if it is not given in the best way possible? Insufficient and non dignifying? Records suggest that there are smacks of discrimination in the healthcare delivery system of most of the world population and these cut across ethnic, religious, social lines and other factors which may make one discriminated against as regards access to Healthcare. These include disability, vulnerability, political affiliation, religious affiliation and sexuality to mention just a few. There are cases where Healthcare is given but in a derogatory manner or insufficient manner that suggests discrimination. Healthcare should be holistic and attention should be paid to the peculiarities of the health seekers without prejudice. It is upon this observation that the DNDH Program was brought about to ensure proper advocacy, awareness and projects aimed at creating a system where Dignified Healthcare is provided for Health seekers irrespective of their individual differences.

Hence, activities enrolled under the program focuses on but is not limited to:

- Refugee and Migrants Health and Rights
- Vulnerable Groups
- Disabled groups
- Racial Discrimination
- Health Inequities
- Structural Injustice
- Caste based Discrimination
- Prejudice and discrimination
- People facing religious and Political intolerance
- Indigenous Population



Impressions from one of the activities (A Chromosome more of Tenderness)- An activity aimed at people living with down syndrome.

Annual Working Plan of the Program

The beginning of the term saw to the creation of an official working document which outlined the blueprints of the program and the goals to be achieved during the term. Incidentally, the working plan had to be edited within the term to accommodate new ideas and cumulatively, all the goals on the plan have been achieved and I can say that the plan gave direction to our work and was responsible for most of the successes recorded.

The Annual Working Plan stood on (but was not limited to) four solid pillars which included

- Communication
- Advocacy
- Capacity Building
- Collaborations

Others included programs promotion, promotion of activities enrollment, documentation and impact analysis.

Under communication, we were able to establish a great network between activity coordinators and with the team of officials with work relating to our program, we communicated with the relevant standing committees and other program coordinators.

Fortunately, the activity coordinators under this program had both formal and informal channels of communication which aided in improving the activities related to the programs through active exchange of ideas.

We had collaborations with the Standing committee on Human Rights and Peace to mark the World Refugee Day, other collaborations were done between the various activities and external partners.



Many activities were focused on advocating for better healthcare for the marginalized and vulnerable populace and IFMSA materials were readily available for use in making these possible.

Capacity building was also the focus of many activities. However, during both General Assemblies, there were sessions for programs and using our online channels, we were able to ensure some form of capacity building.

Impact of the Program

It is worthy of note that this report of our impact is not exhaustive. It captures just a fragment of the work done by the several activities affiliated to the programs. Therefore, it should be seen as just a summary of the enrolled activities which were also reported and thus, this is a summary of the reports submitted for the Dignified and Non-Discriminatory Healthcare program.

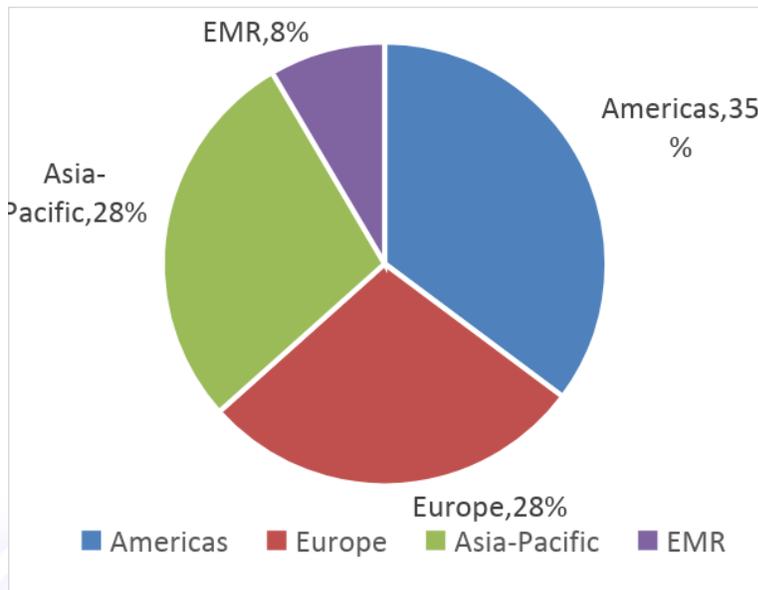
NAME OF ACTIVITY	NMO INVOLVED	FOCUS	REPORTED
Breaking the Silence	China - Hong Kong (AMSAHK)	Vulnerable or marginalized populations Persons with disabilities	Yes
Summer School Health & Migration	BeMSA Belgium	Vulnerable or marginalized populations Migrants and refugees	Yes
The PEAK - Passion, Empowerment, and ACTION for our Katutubos (Indigenous people)	AMSA FEU-NRMF	Vulnerable or marginalized populations Indigenous populations	Yes
"KAPIT BISIG" (Filipino idiomatic expression that means "linking of arms", to work in unity to help and support the community)	AMSA PHILIPPINES	Prejudice & Discrimination	Yes
I Health Symposium on Neglected Populations	IFMSA Brazil	Health inequities	Yes
Kumpas: A Basic Sign Language Seminar-Workshop for Medical Students	AMSA Philippines	Vulnerable or marginalized populations Persons with disabilities	Yes
Breaking the Silence	bvmd Germany	Vulnerable or marginalized populations Persons with disabilities	Yes
Breaking the Silence	SloMSIC Maribor	Vulnerable or marginalized populations Persons with disabilities	Yes
Breast Cancer Awareness Campaign	LeMSIC	Health inequities	Yes



Free Medical Day	LeMSIC Lebanon	Vulnerable or marginalized populations Migrants and refugees	Yes
Learning Strategies about Drugs (LSD)	HeMSIC - Greece	Prejudice & Discrimination	
INcommunity	IFMSA-Québec	Vulnerable or marginalized populations Indigenous populations	Yes
IX Multidisciplinary University Research and Service Camp (IX CUMIS 2018)	ASCEMCOL	Vulnerable or marginalized populations Indigenous populations	Yes
A CHROMOSOME MORE OF TENDERNESS	AEMPPI ECUADOR	Vulnerable or marginalized populations Persons with disabilities	Yes
Basic Honduran Sign Language (LESHO) course	IFMSA- Honduras	Vulnerable or marginalized populations Persons with disabilities	Yes

Regional Distribution Of Activities

Of all the enrolled activities, Americas had the most activities with a total of 5. Asia-Pacific and Europe followed with 4 activities each, the Eastern Mediterranean Region had 2 activities enrolled while Africa had none.



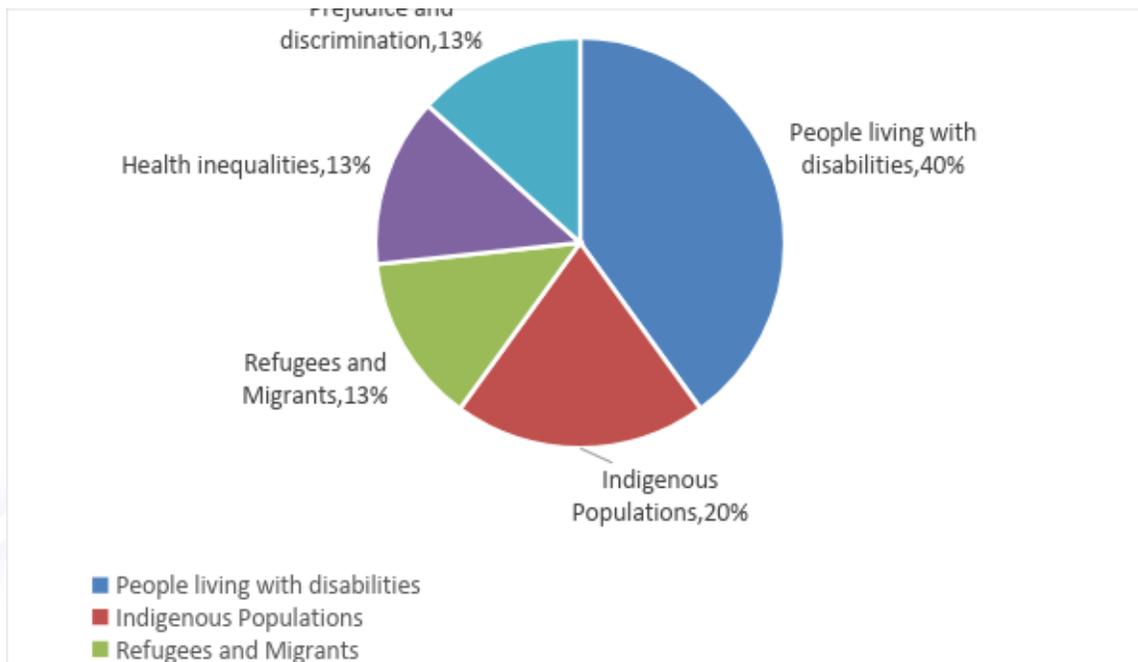
Program Focus Areas

The Dignified and Non-Discriminatory Healthcare Program has 3 broad focus areas which include

- Vulnerable or Marginalized Populations
- Health Inequities
- Prejudice and Discrimination

During the term, 11 activities enrolled focused on the Vulnerable and Marginalized Populations, 2 focused on Health Inequities while 2 focused on Prejudice and Discrimination.

Of the 11 activities focusing on Vulnerable and Marginalized Populations, 6 were targeted at people living with disabilities, 3 were targeted at Indigenous populations and 2 were targeted at Refugees and Migrants.



Distribution of programs according to Regions

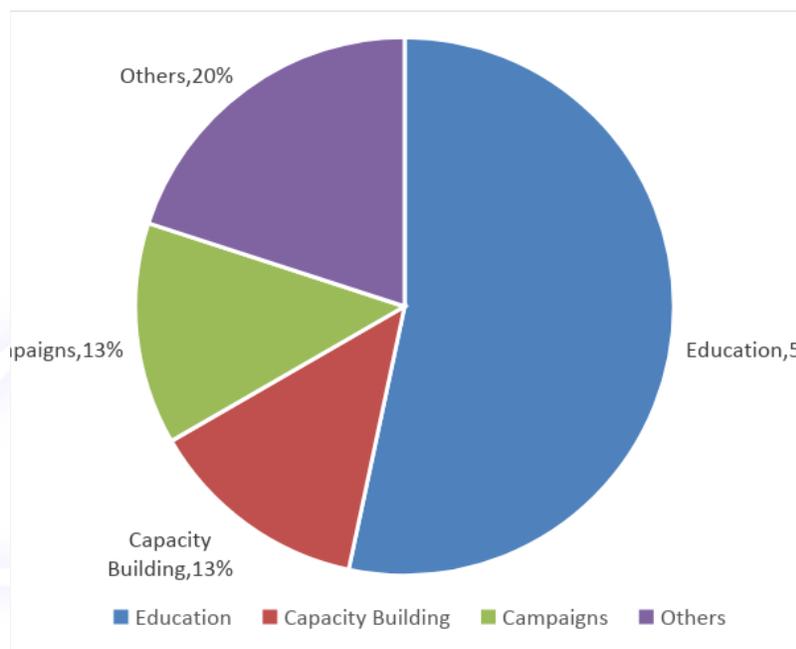
Vulnerable and Marginalized Population (6), Indigenous Population (3), Health Inequities (2), Refugees and Migrants (2), Prejudice and Discrimination (2).

Activity Type

Activities under this Program are classified into types based on the methodology. The term witnessed enrollment of activities grouped as Advocacy, Education, Campaigns which is a

combination of Education and Advocacy, Capacity Building and others which included Internships, outreaches, and Research.

8 activities focused on Education, 2 focused on Capacity Building, 2 focused on Campaigns while 3 were other activities that did not fall into the above groups.



Distribution according to Activity type

Education (8), Capacity Building (2), Campaign (2), Others (3).

The indicators of success and milestones for each activity was peculiar even though the Dignified and Non-Discriminatory Healthcare Program has central outcomes and milestones as found in the Program Proposal. These were different for some activities together with their evaluation methods as their target group and methodology differed considerably. However, most of the evaluations done were participant-centered and improvements would be made from the feedback gotten from participants and beneficiaries of these Activities.

Beneficiaries of the activities differed based on the focus and target groups of each activity. Beneficiaries included (but were not limited to) Medical Students, refugees and migrants, indigenous populations, other healthcare professionals and students and specific communities. A total of 6,772 people benefitted in various ways from the 15 activities so outlined while there



were about 835 volunteers which included mostly medical students, Medical doctors and other healthcare professionals.

External Collaborations And Partnerships

Several activities made several collaborations and had several external partners. Collaborations were made with Universities, Research institutes, government agencies, International and local non-governmental organizations, Medical faculties and Hospitals, student councils and civil society organizations. On the other hand, some activities were executed independently without external partners.

Discussion and recommendations

The Dignified and Non-Discriminatory Healthcare Program witnessed an improvement from the previous year and happily, modifications were made in line with the recommendations of the Program Coordinator for last term as enrollment and reporting almost doubled last years number. With proper and didactic follow up and regular communication with Activity Coordinators, activities and programs become stronger, effective, dynamic and more productive.

Unfortunately, this happens to be the last term for the existence of the DNDH Program because of the Programs alignment. However, due to the fact that the activities currently enrolled would be transferred to relevant programs, it is my wish that there is proper follow up, documentation and integration of the existing continuous activities under the DNDH program. I recommend a close working relationship between the Activities and the relevant standing committees. I also wish for proper and constant communication with the Activity coordinators through meetings so as to identify the challenges of their activities and find a lasting solution. One remarkable last wish would be to partner with International organizations that have similar focus areas as that of the program and see if they could partner with some of our activities locally and nationally.