



Ethics and Human Rights Program

This is the Annual Impact Report for Ethics and Human Rights in Health Program, written by **Mary Adaeze Obi** on the **26th June, 2018** submitted for the **67th IFMSA General Assembly August Meeting 2018**.

Summary of the report

The impact report for the term 2017/2018 showcase the effort of the Ethics and Human Rights in Health program, starting with important achievements, the Annual working plan, additional comments and recommendations. It also focus on the Impact of the Program and activities enrolled, while comparing with the report outcomes from the 2016/17 term.

Ethics and Human Rights in Health Program 2017/2018 in numbers

641	Number of medical students reached and trained
1364	Number of doctors and patients involved
50	Number of resources

[Link to Ethics and Human Rights in Health Program Description](#)



Impressions from Activities

“Project Dawn/Aurora” by FEVESOCOM Venezuela



Message from the Program Coordinator

Dear IFMSA Family,

My name is Mary Adaeze Obi and it is a great honor to serve as the Ethics and Human Rights Program Coordinator for the 2017/2018 term. The IFMSA is a well structured organization that provides members the opportunity to interact and learn from each other. With 17 programs having different sub-topics and target groups, medical students worldwide contribute to the growth of their community by organizing activities with SMART goals, methodology and means of impact evaluation. Ethics and Human Rights in Health is a broad and encompassing area that questions the integrity and values of the medical profession. I hope to use this medium to analyze the activities under the program for 2017/2018 term in relation to the past year and to outline the relevance of ethics and human rights program.

Most important achievements:

- Created an Annual Working Plan to serve as a guide throughout the tenure.
- Enrolling activities under the Ethics and Human Rights in Health program
- Personal online meetings with activity coordinators and providing assistance when needed.
- Input to the SCORP/SCOME joint SWG on Ethics which was used during the March Meeting
- Assisted in the creation of the EHRH Infographics.
- Worked with OTDM and TMS PCs in creating an online questionnaire on Organ donation in our medical curriculum,
- Worked on the IFMSA EHRH Program Newsletters (link)
- Program promotion on SCORP and SCOME Facebook pages
- Participating in SCOME-EUROPE OLM for program promotion
- SCOPE global priorities and Program alignment input
- Participating in the RCA evaluation.

Struggles encountered:

- Interest Activity Coordinators not following through with their planned activities.
- Activity Coordinators that have enrolled and carried out proposed activities but not completing their report form.
- Prioritizing Medical school and IFMSA activities.
- Failed plan to attend General Assemblies and the lack of Program representative.

Recommendations for next term Program Coordinator:

- Follow up on activities coordinators so they do fill out the report form.
- Join other programs initiatives and collaborate to amplify your effort.
- Reach out to past activity coordinator for clarifications.
- Be in close contact with the VPA.
- Be more proactive especially on program promotion.



Introduction to the Program

Ethics and Human Rights is a very important area of medicine. It forms the root of our professionalism. If every medical professional imbibes and acts ethically competently, patients needs will be met and the work environment will be most ideal. There are guiding principles which are unfortunately not given proper relevance in our curriculum, thus the need for self improvement via peer-to-peer education and organizing activities in collaboration with specialists in health institutions, Government, NGOs and individuals using the various forms of delivery: Research, Education, Campaign, Advocacy, Capacity Building and Third Parties activities. Since inception of the EHRH program, medical students from different countries have organized activities in the different areas of focus.

Main focus areas of the Program include:

- Medical Ethics (Patient Centred Care, Good Medical Practice, direct doctor-patient relationship)
- Human Rights for Medical Professionals in daily clinical settings
- Rights of patients, doctors and medical students
- Ethical research and ethical financing of healthcare

Annual Working Plan of the Program for 2017/2018 term

- Program promotion
- Increase awareness and participation in EHRH activity
- EHRH online campaign
- Activity Enrollment and reporting
- Increase activity enrollment
- Efficient reporting
- Capacity Building
- Working with VPA, SCDs, RAs, ITs, and LOs
- Increasing the knowledge of EHRH in all regions of IFMSA
- Database and Handover
- Ensure proper handover and update database

Impact of the Ethics & Human Rights in Health Program

This section of the report has been done with data of all the reported activities (10).

Basic Activities statistics

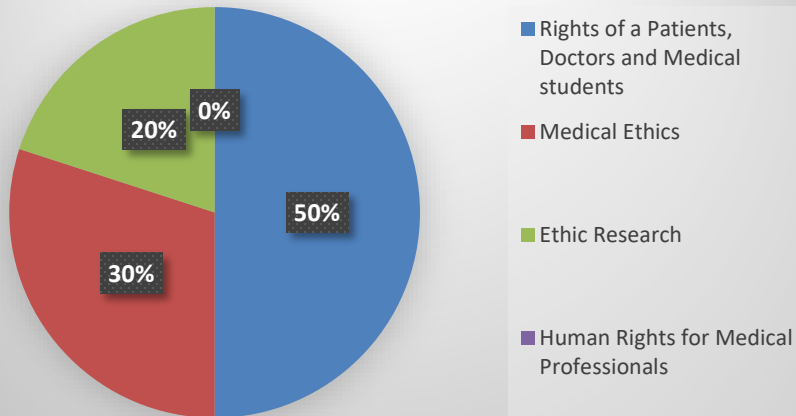
- a. Distribution according to Program Focus Area
- b. Distribution according to regional and NMO distribution
- c. Distribution according to Activity type



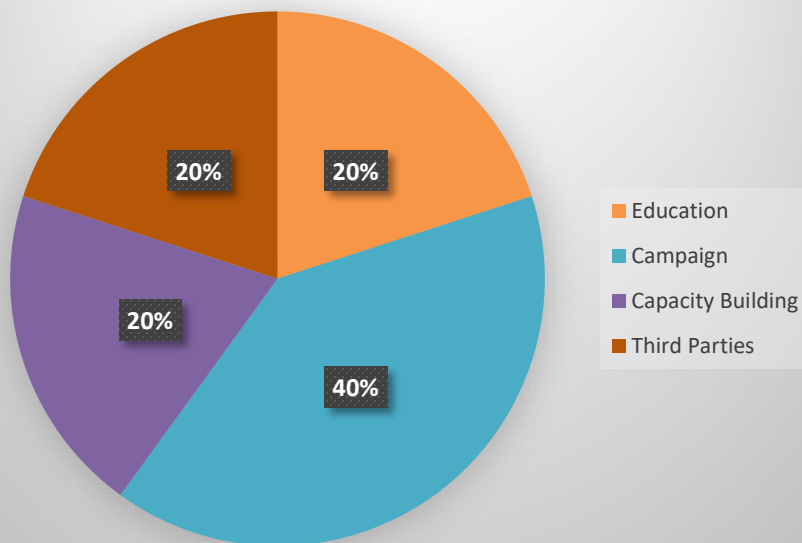
Focus areas	Type of Activity			Education
	Campaign	Third Parties	Capacity Building	
Medical Ethics (Patient Centered Care, Good Medical Practice, direct doctor-patient relationship)	1	1	1	
Human Rights for Medical Professionals in daily clinical settings				
Rights of patients, doctors and medical students	1	1	1	2
Ethical research and ethical financing of healthcare	2			



EHRH FOCUS AREAS



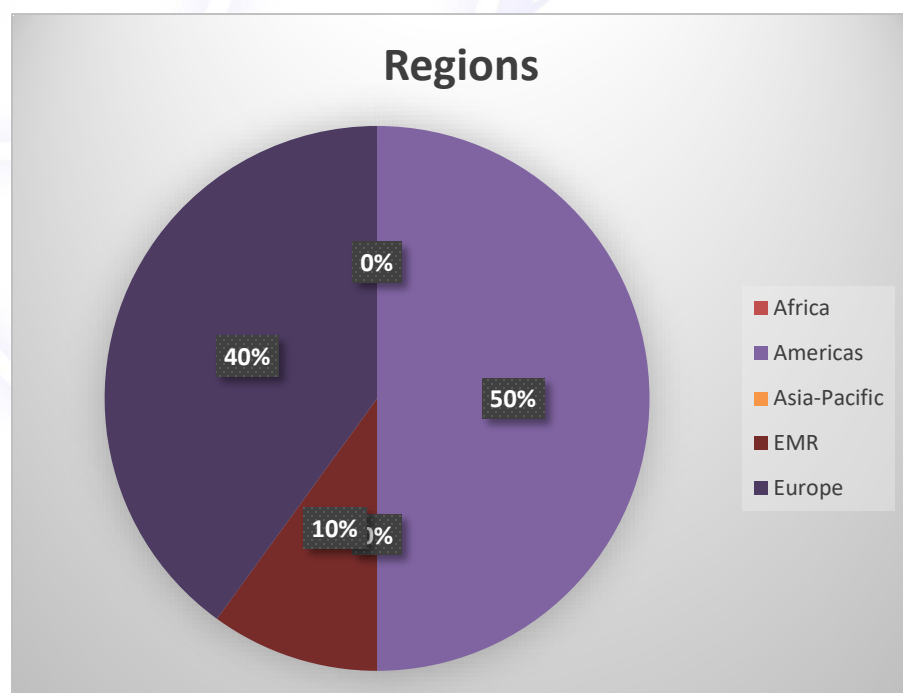
Type of Activity



EHRH 1: Showing the distribution of activities according to type and focus areas



NMOs	Region	Number of Activities
IFMSA Paraguay	Americas	1
AEMPI Ecuador	Americas	2
BeMSA Belgium	Europe	1
LeSouk Algeria	EMR	1
IFMSA Spain	Europe	2
FEVESOCOM Venezuela	Americas	1
IFMSA Mexico	Americas	1
GMSA Georgia	Europe	1



EHRH 2: Showing distribution of activities according to regions



Distribution of the outcomes of the Program within reported activities:

Total number of submitted Enrolment Forms from 16th of June 2017 until 15th of June 2018 is 20. Total number of submitted Report Forms from 16th of June 2017 until 15th of June 2017 is 10. Total number of rejected forms is 3. They were rejected based on incompleteness. Other activities were not yet reported before 16th of June or are ongoing.

Considering that only the Report Forms are providing us with the data needed for assessment of the activity and measuring the impact they are reaching, only the 10 submitted Report. Forms were evaluated in this Program Impact Report. In the 2016/2017 impact report, reported and unreported activities were analyzed making a clear comparison between both years difficult.

EHRH	2016/2017	2017/2018
Overview	The most covered topic was medical ethics and human rights. Ethical research and financing had the least topic covered.	The most covered topics were Rights of the patient, doctor and Medical student, and medical ethics. Human Rights for Medical Professionals in daily clinical had the least topic covered in the term. There was an improvement in the areas of Ethical Research and Financing from last year.
NMO Involvement	The result showed Europe having the highest number of regional involvement. With the South Asia Pacific and Americas having equal involvement. 4 activities were enrolled and carried out, out of the 20 enrolled.	The result showed that the Americas region had the highest number of activity (5) in the term. With the European region having the next highest of 4 activities and EMR having 1. Unlike in the 2016/2017 term, no activity from the South Asia Pacific was reported. Africa had no reported activity too. Comparing the data with last year's report, we can see a 250% overall increase in the number of reported program from 4 to 10.
Impact of Activities	The overall impact was measured in most of the activities by providing	641 medical students were reached out to in the different activities with 1364 doctors and patient's involved. Many



	<p>numbers of people reached. The total number of people reached out to were 500. The impact of the evaluation was measured using the number of correct answers during the post activity questionnaires. A total of 70% right answers were gotten.</p>	<p>of the activities used the number of participants as the evaluation method of measuring their impact. A report conducted a pre and post evaluation questionnaire and had a 50% (from 30-80%) increase in knowledge post evaluation. An online survey was used to measure improvement from participants in another report.</p>
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Notable partners in Activities for the 2017/2018 term

University of Ghent (government agency), NoGracias (<http://www.nogracias.eu/>) NoFreeLunch (<http://www.nofreelunch.org/>), Médico Crítico (<http://medicocritico.blogspot.com.es/>), Equipo Cesca (<http://equipocesca.org/>), La Cabecera (<http://lacabecera.org/>), Henry Vargas Foundation NGO, Petre Shotadze Tbilisi Medical Academy, UNFPA Georgia.

Notable beneficiaries in Activities for the 2017/2018 term

- Medical Students (ten activities)
- Medical faculties (two activities)
- Students in other faculties (two activities)
- Professionals in the Pharmaceutical industries (one activity)
- Vulnerable groups (three activities)
- Patients (three activities)
- General public (ten activities)

IFMSA meetings related to the scope of the Program:

March Meeting Egypt 2018

- SCOME/ SCORP Ethics SWG joint session

Discussion and Recommendation

Overall it has been a productive term for the program. We had a significant increase from the number of reported activities from 4 to 10 but the increase was not witnessed in the overall number of enrolled program. We had all five regions working on the program but sadly, not all activity coordinators reported and this had a negative impact in the final statistical review. We also had no inter-regional collaboration which can be improved in the coming term.



Recommendations for the next term in terms of increasing the number of enrolled activity, is to have early collaborations with other Program coordinators and to team up with returning PCs who will provide added insights on how to proceed with program promotion. I will also recommend that medium of communication between activity coordinators be established by the incoming PC. This will increase inter-regional collaboration and encourage idea sharing between ACs. For reporting, regular reminders by PC is key in getting it done. NMO presidents play a big role in encouraging members to carry out activities, the incoming PC should develop and early rapport with SCDs, RDs and NMO presidents especially in regions with low participation. A close communication with the VPA will ensue smooth running of program.