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International Federation of
Medical Students' Associations

IFMSA Policy Document Global Health Education

Proposed by the Team of Officials

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Policy Statement

Introduction:

Given the rapid globalisation of the modern world, a nuanced understanding of global health is becoming an increasingly valuable quality of the modern doctor. Global health is rightly viewed as being at the forefront of many contemporary health challenges, making a comprehensive education in this field essential for all doctors. Medical students recognise the importance of global health, demanding an education that is both comprehensive and enduring. Such an education is vital for equipping future doctors with the skills to work in interdisciplinary teams and tackle the increasing complex issues that face health workers today. Despite this, many medical schools offer curricula that fail to meet accepted standards for global health education.

IFMSA Position:

The International Federation for Medical Students Associations (IFMSA) acknowledges global health education as an educational priority for the future healthcare professionals. IFMSA believes that a comprehensive education in global health is critical to the development of all clinicians and that there should be a greater emphasis on medical schools to develop a comprehensive global health framework within their medical curriculum. A high-standard global health curriculum provides students with structured opportunities to develop their knowledge and skills in this space, whilst empowering medical students to take action on global health issues and address health inequities. Furthermore, IFMSA strongly reinforces the importance of achieving equity in global health education and practice through fostering institutional partnerships and international collaborations that provide increased learning opportunities.

Call to Action:

The IFMSA calls on **Medical Schools and Institutions** to:

- Adopt global health education frameworks that provide a longitudinal, interprofessional and multidimensional exposure to Global Health, inclusive of cultural competency.
- Define clear and contextually appropriate learning outcomes and global health competencies to support students' global health education
- Expose students to transformative learning opportunities that not only build their knowledge and skills on global health issues but also allow them to identify and take action towards achieving health equity.
- Ensure that teachers are appropriately trained and representative of a diversity of fields in global health.
- Develop and provide textbooks that include Global Health topics for medical students.
- Foster collaboration with other institutions globally not only to promote and facilitate Global Health Education learning opportunities, but also to exchange best practices.



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- Endorse and support international exchange programs, such as the one offered by the IFMSA.
- Apply for grants for Global Health Educational opportunities, engage in elective management, build/maintain sustainable relationships with partners and improve evaluation and assessment of such programs.
- Ensure that the cost of participating in global health education opportunities is not prohibitively expensive.
- Adopt equitable frameworks in the provision of global health education that allow fair access to training programs and opportunities regardless of socio-economic background.

The IFMSA calls on **National Member organisations** to:

- Advocate for the recognition of global health education as a universal priority.
- Advocate for an increase in GHE in medical curricula, consisting of mandatory and elective courses, including but not limited to exchanges such as IFMSA exchanges.
- Support members to take on GH opportunities fostered by IFMSA and other external groups.

The IFMSA calls on **Medical students** to:

- Actively participate and enroll in global health opportunities
- Advocate for and contribute to the development of opportunities that advance GHE within their medical schools.
- Provide thoughtful feedback and evaluation in order to help improve existing or implement new and GHE programs.

The IFMSA calls on **the Global Academic Community** to:

- Continue to develop frameworks for best-practice GHE and establish, through research, the status quo of GH in curricula of medical schools around the world reflecting the current standard of global health teaching, always keeping in mind the importance of contextualisation of learning.
- Support medical schools and institutions in the development of a global health curriculum.
- Support institutions to ensure equity and quality in GHE, through for example, the provision of appropriate resources for assessment and evaluation.
- Facilitate institutional partnerships and newly established programs, institutes, and initiatives to house global health programs at undergraduate public health and medical schools.

The IFMSA calls on **International Organisations and Medical Associations** to:

- Advocate for the importance of GH as a required competency for health workers.
- Endorse learning opportunities for GHE in curricula including but not limited to programmes such as IFMSA exchanges.
- Develop and share resources with medical schools and institutions that support for further improvement of GHE opportunities in curricula.



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Position Paper

Background Information:

According to Koplan et al, "Global health is an area for study, research, and practice that places a priority on improving health and achieving equity in health for all people worldwide."

Global Health goes beyond public health and international health, but maintains its focus on population-based prevention strategies, on the vulnerable and underserved populations and on adopting a multidisciplinary approach.

Defining Global Health is a necessity if we aim to identify what we are trying to achieve, what skills and approaches must be taught and how should we use the available resources. The education of the younger generation on Global Health topics must bring together domains such as social and behavioural sciences, economy, law, biomedical and environmental sciences and public policy in order to achieve the desired learning outcomes that should define a global citizen (Koplan *et al*, 2009).

A comprehensive education in global health equips clinicians with the skills needed to be effective advocates for their patients. These skills include those most commonly associated with global health, such as a keen understanding of the global burden of disease and its relationship with the social determinants of health, the structure of health systems and availability of healthcare, globalization of health and health care care such as migration of health care workers and the spread of different diseases (CUGH - GHE competencies toolkit). However, good global health curricula also develop students' skills in policy, teamwork and the ability to work with other disciplines. Taken together, these skills not only make clinicians effective in the global health space, but provide a depth of understanding to their interactions with patients and empower clinicians to solve issues from a systems perspective.

Bozorgmehr et. al proposes that global health education is best taught around the models of social determinants of health and 'globalization of health' which tackle concepts such as 'health for all', 'health as human rights' and 'health equity' (Bozorgmehr, Saint and Tinnemann, 2011). The WHO defines the concept as "health for all" as comprising three basic values: health as a fundamental human right, equity in health and solidarity in action, participation and accountability (World Health Organization, 2005).

In 2010, one of the first publications on global health competencies was released by the Association of Faculties of Medicine of Canada (AFMC). Their publication stated six different domains which contained a set of competencies. These domains were in human rights, low-resource settings, globalization of healthcare, population, resources and environment, the social and economic determinants of health, travel, migration and displacement, and the global burden of disease. It marked the onset of more research efforts carried in the area of global health education which in the past years have led to the development of these domains as well as the addition of others. (Association of Faculties of Medicine of Canada, 2010)

Further steps towards identifying Global Health competencies have been made by the Consortium of Universities for Global Health (CUGH) through its global health subcommittee. The toolkit they published and revised (CUGH GHE Toolkit) comprises of eleven domains in which a global citizen should be trained, teaching strategies and accompanying resources to support the content. Based on the earlier research, they identified the following competencies:



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global burden of disease, globalization of health and health care, social and environmental determinants of health, capacity strengthening, collaboration, partnering and communication, ethics, professional practice, equity, management, sociocultural and political awareness and strategic analysis (Astle *et al.*, 2018).

Health equity is found at the core of global health. Koplan *et al.* mentioned equity in the definition they proposed for global health (Koplan *et al.*, 2009) and according to Adams *et al.*: “if health equity is a common thread, we should be certain that students have a strong foundation in understanding what health equity is, and how it can be achieved” (Adams *et al.*, 2016). In order to be inclusive and reach the population in need, students need to acquire the ability to apply social justice and human rights principles in addressing global health problems, to demonstrate a basic understanding of the relationship between health, human rights and global inequities and to implement strategies to involve the vulnerable and marginalized populations in making decisions that influence their health (Astle *et al.*, 2018).

Likewise, achieving equity in global health education and practice needs to equally prepare all students regardless of social, racial, ethnic, economic or demographic backgrounds with the necessary knowledge to address this topic during their careers. Moreover, it is important to recognise that for many resource-poor nations, implementation of such competencies in the curriculum may be difficult to achieve. Therefore, it is essential when designing a global health course to do so with mind to the local factors that might enhance such a curriculum, as well as limit its design or implementation. Ensuring that such a curriculum is contextualised to the local situation, in addition to being global in focus, is another critical component of high-standard GHE.

Discussion:

Global Health in Medical Curricula

Interest in incorporating global health issues in medical education has been growing over the past decades, reflecting the increasing role that cultural competencies and globalisation are playing in medicine (Bills and Ahn, 2016). Much of this is driven by medical students, who expect global health teaching that is longitudinal and of high quality (Göpfert *et al.*, 2014). As a reaction to this, more and more medical schools in Europe are now including global health in their curricula (Mews *et al.*, 2018). Yet, despite such an increase being reported among European medical schools, there are no globally comprehensive data on the number of countries who have included global health in their standard curricula, mandatory or non-mandatory, and the methods they use. Similarly, it has been shown that there is no clear framework on how to represent global health in medical curricula (Mews *et al.*, 2018). A review on the GH education in the United States points out the fact that unlike schools of public health, which have well defined global health topics included in the curricula, medical universities are still lacking a uniformity in such offerings (*Global health education in U.S. Medical schools*). Consequently, there is significant heterogeneity in definitions of global health learning objectives, teaching methods, and faculty qualifications (Mews *et al.*, 2018). There are just a few comparative analyses of curricula in the literature, making it more difficult to evaluate the current standard of global health teaching (Bills and Ahn, 2016).

Perhaps owing to the dearth of opportunities in global health teaching at universities, many medical students find their first contact with global health on a placement abroad. Specifically, more schools (47%) provided an abroad experience than a didactic one locally (39%). (Bills



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and Ahn, 2016) Whilst such electives are often very valuable, they provide significant challenges. Many elective programmes have been criticised for a lack of ethical standards, often prompting students to perform procedures and deliver care for which they are not appropriately trained (Shah and Wu, 2008.) Medical schools should foster these opportunities, whilst ensuring that students are adequately prepared and elective providers maintain the highest standards of ethical practice.

Based on the review made by O. Khan et al, (Khan *et al.*, 2013) students with training in Global Health are more likely to work in rural practices and in primary care, thus providing a wider coverage of provision of medical care. Moreover, an education in GH which includes principles of epidemiology, burden of disease and social determinants of health is far more likely to equip a medical student with critical thinking skills applicable in their community or abroad, compared with a curriculum focusing only on diagnosing diseases and recommending treatments. It must be ensured that exposure to GHE equip students with the capacity to ultimately improve health outcomes and contribute towards achieving “health for all”.

Global Health Education in IFMSA

Probably as a response to the lack of such international placements offered by medical schools, the International Federation of Medical Students' Associations established in 1951 a standing committee on professional exchanges (SCOPE), being at the core of its foundation as a federation. “The aim of SCOPE is to promote cultural understanding and cooperation amongst medical students and all health professionals, through the facilitation of international student exchanges. SCOPE aims to give all students the opportunity to learn about global health, and attains this partly by having its exchanges accredited by medical faculties across the world.”

One of the main focuses of this program is to obtain accreditation by medical faculties worldwide who would integrate it as part of the curricula by recognising the clinical rotation done abroad. Besides academic support, the IFMSA professional exchange program also seeks for financial, educational or logistics assistance, in order to increase its accessibility and reach to more medical students.

The fact that, since its foundation, it has turned into the largest student-run exchange program across the world, sending annually more than 13000 students in an exchange, demonstrates the increased interest of medical students for learning about different health systems and their wish to become more aware of the health needs of different populations and communities.

IFMSA will continue to facilitate GHE opportunities for its members and to advocate for their ultimate inclusion in all medical curricula.

Bibliography:

Adams, L. V *et al.* (2016) ‘The future of global health education: training for equity in global health’, *BMC Medical Education*, 16(1), p. 296. doi: 10.1186/s12909-016-0820-0.

Association of Faculties of Medicine of Canada (2010) *Global Health Essential Core Competencies*.

Astle, B. *et al.* (2018) *Global Health Education Competencies Tool-kit*. Available at: [https://www.cugh.org/sites/default/files/CUGH Global Health Toolkit Web Version.pdf](https://www.cugh.org/sites/default/files/CUGH%20Global%20Health%20Toolkit%20Web%20Version.pdf).



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- Bills, C. B. and Ahn, J. (2016) 'Global Health and Graduate Medical Education: A Systematic Review of the Literature', *Journal of graduate medical education*. The Accreditation Council for Graduate Medical Education, 8(5), pp. 685–691. doi: 10.4300/JGME-D-15-00774.1.
- Bozorgmehr, K., Saint, V. A. and Tinnemann, P. (2011) 'The "global health" education framework: a conceptual guide for monitoring, evaluation and practice', *Globalization and Health*, 7(1), p. 8. doi: 10.1186/1744-8603-7-8.
- Chase, J. and Evert, J. (2011) *Global health training in graduate medical education: a guidebook*. iUniverse.
- Consortium of Universities for Global Health (2019) *Mission & Background*. Available at: <https://www.cugh.org/about> (Accessed: 5 May 2019).
- Göpfert, A. *et al.* (2014) 'Do medical students want to learn about global health?', *Global health action*. Co-Action Publishing, 7, p. 23943. doi: 10.3402/gha.v7.23943.
- Kerry, V. B. *et al.* (2011) 'Managing the Demand for Global Health Education', *PLOS Medicine*. Public Library of Science, 8(11), p. e1001118.
- Koplan, J. P. *et al.* (2009) 'Towards a common definition of global health', *The Lancet*. Elsevier, 373(9679), pp. 1993–1995. doi: 10.1016/S0140-6736(09)60332-9.
- Liu, Y. *et al.* (2015) 'Gaps in studies of global health education: an empirical literature review', *Global Health Action*. Taylor & Francis, 8(1), p. 25709. doi: 10.3402/gha.v8.25709.
- Mews, C. *et al.* (2018) 'Cultural Competence and Global Health: Perspectives for Medical Education - Position paper of the GMA Committee on Cultural Competence and Global Health.', *GMS journal for medical education*. Germany, 35(3), p. Doc28. doi: 10.3205/zma001174.
- Royal College of Physicians and Surgeons of Canada (1996) *CanMEDS: Better standards, better physicians, better care*. Available at: <http://www.royalcollege.ca/rcsite/canmeds/canmeds-framework-e> (Accessed: 5 May 2019).
- Shah, S. and Wu, T. (2008) 'The medical student global health experience: professionalism and ethical implications', *Journal of Medical Ethics*. Institute of Medical Ethics, 34(5), pp. 375–378. doi: 10.1136/jme.2006.019265.
- Williams, J. H. and Des Marais, E. A. (2016) 'Global Health Education', *Social work research*. 2016/02/16. Oxford University Press, 40(1), pp. 3–6. doi: 10.1093/swr/sww001.
- World Health Organization (2005) *The Health for All policy framework for the WHO European Region: 2005 update*. Available at: <http://www.euro.who.int/en/countries/denmark>.