

## IFMSA Policy Proposal Global Health Education

Proposed by Team of Officials

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### Policy Commission

- Charbel Saad - LeMSIC Lebanon - [xarbelsaad@gmail.com](mailto:xarbelsaad@gmail.com)
- Kartikeya Ojha - MSAI India - [kartikeyaojha1@gmail.com](mailto:kartikeyaojha1@gmail.com)
- Mădălina Elena Mandache – IFMSA Liaison Officer for Medical Education Issues - [Ime@ifmsa.org](mailto:Ime@ifmsa.org)

### Policy SWG

- Sie Meng Lee – IFMSA-The Netherlands – Coordinator
- Ahmed Wardany – IFMSA-Egypt
- Almendra Mendoza Sairitupac - IFMSA-Peru
- Alsaida Ali Dirar Omar - MedSIN Sudan
- Evangelia Roumpou - HelMSIC Greece
- Lucía Pérez Gómez - IFMSA-Spain
- Osman Abdelhakeim Osman Gussor - MedSIN Sudan

## Policy Statement

### Introduction

Due to the focus shifting to a more globalized view on health issues within the last years, the importance of global health education for health professionals has become a more common point of discussion. Global health is the study, research, and practice of medicine focused on improving health and achieving health equity for all individuals worldwide. Global Health Education is defined as an area of training that focuses on health issues directly or indirectly caused by transnational factors. In the current age of increased universal connectivity and health emergencies, Global Health Education (GHE) is more important than ever. It emphasizes prevention at the population level and is vital to helping maintain global security. Global health is also significant because it aims at improving health globally, access to health care services and the quality of health care for all, and allows for a reappraisal of the social vision of medicine. However, there is a global shortage of data evaluating the state of global health teaching in medical school curricula.

### IFMSA position

The International Federation of Medical Students' Associations (IFMSA) acknowledges global health education as a study and research tool for health improvement. IFMSA highlights the importance of a sustainable post-pandemic recovery that makes inequalities in our health system visible. To achieve equity in health, it's necessary to enforce education and global health practices through educating future health professionals in the medical curriculum. IFMSA reaffirms its commitment to securing learning opportunities through collaboration with other organizations at all levels to guarantee a space for the acquisition of skills and knowledge of medical students for a comprehensive education in global health.

### Call to Action

#### IFMSA calls on:

#### World Health Organization (WHO), Global Health Institutions and Health Ministries to:

- Engage medical students, researchers and healthcare providers in global health opportunities;
- Support medical schools and institutions to address global health in their educational programs;
- Advocate for global health teaching as a part of the core medical curricula;
- Develop and publish global health resources accessible to medical students and schools;
- Organize and support mentorship programs and internships in global health organizational work and research for medical students.

#### Medical education organizations:

- Adopt policies addressing global health education initiatives and advocate for them;
- Raise awareness about the importance of global health education among all health care providers;

- Host conferences and symposiums to discuss global health updates and how to address them in undergraduate medical education and exchange the different global health education experiences worldwide;
- Support student-led initiatives in global health with resources and expert mentorship.
- Develop guides for medical schools and institutions to establish their global health programs;
- Conduct surveys, research, and collect data about the implementation of global health education frameworks, analyze them and share clear recommendations to develop universities', organizations' and institutions' global health activities;
- Increase global health publications and open educational resources;
- Work to promote quality assurance of global health curricula;
- Promote youth engagement within global health education activities.

#### **Medical Schools to:**

- Incorporate global health content into the existing curriculum and consult medical students in the transformation process;
- Recognize and support international exchange programs such as IFMSA exchange opportunities;
- Support student-led global health education initiatives, activities and non-formal education;
- Train medical school staff and develop teaching capacities to deliver global health teaching and work to engage tutors from other countries to provide diverse perspectives;
- Develop medical schools' curricula and address new objectives supporting global health competencies;
- Ensure access to global health resources and establish courses for medical students;
- Build relations and collaborations with global health organizations to provide global health education opportunities for students;
- Support the students' participation in external global health education opportunities, including the provision of financial support.

#### **NMOs and Medical Students to:**

- Advocate for an increase in global health education in the medical curriculum, including but not limited to international exchange programs;
- Implement global health-related educational objectives for students during international exchanges;
- Organize non-formal global health education programs through projects, capacity building and activities;
- Collaborate with global health institutions and organizations to facilitate global health education opportunities for students;
- Seize global health opportunities and actively participate in them besides promoting local, national and international global health activities;
- Raise awareness about the importance of global health education and current affairs for medical students and provide the needed advice to learn more about global health;
- Engage with medical schools to develop global health education programs.

## Position Paper

### Background information

According to the World Health Organization (WHO), "Public health refers to all organized measures (whether public or private) to prevent disease, promote health, and prolong life among the population as a whole". In contrast, international health encompasses foreign aid activities, disease control projects in developing countries and direct medical assistance. Global health has previously been defined by Koplan et al. [1] in 2009 as "an area for study, research, and practice that places a priority on improving health and achieving equity in health for all people worldwide". It extends further than international health and public health since it transcends national borders, requires global cooperation and aims for health equity among nations. Simultaneously, it focuses on a population-based, multidisciplinary, interdisciplinary, and preventive approach, emphasizing health as a public need and concentrating on vulnerable populations.

This definition was built on prior research that showed overlap between international health, public health, and global health, expressing the need to articulate the differences between the three terms. Since then, this definition has been thoroughly discussed, disputed and adapted in various academic publications and by multiple international organizations. Global health's complex and interdisciplinary nature requires a clear definition to allow communication and coordination between actors to undertake meaningful actions. It also needs to specify the knowledge and skills for the health workforce and the necessary resources for global health. [1, 2]

In today's world, where many health challenges are global, transcending borders and institutions, current and future health care professionals need to understand global issues. [3] Comprehensive global health education provides future health professionals with the skills to advocate effectively for their patients. 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 to achieve the desired learning outcomes that should define a global citizen [1]. The most common central issues within global health include a thorough understanding of the global burden of disease and its relationship with the social determinants of health, the structure of health systems, the availability of healthcare, and the globalization of health and health care. [4] However, adequate health curricula also develop students' skills in policy-making, teamwork and interdisciplinary collaborations. Altogether, these skills make future health professionals effective in the global health field, provide a more profound understanding of their interactions with patients, and empower health professionals to solve health issues from a systems perspective.

There have been robust and repeated calls for more integrated global health education by medical students and educators alike. [1] Despite this, the structural inclusion of global health education in the medical curriculum remains limited. It is mainly addressed through optional modules or intercalated bachelor's or master's degree programs. The structural inclusion of global health education in the medical curriculum has not been achieved yet. [3]

## Discussion

### Global Health Education in Medical Curricula

Global health education is sharply admitted as a chance for medical schools to prepare future healthcare providers (medical students) for the health challenges that we currently face. As we notice the vast extent of global health challenges it becomes necessary to create a high-quality workforce able to deal with these complex issues [5]. Some of the most prominent challenges of global health are pandemics, climate change, economic disparities and access to health care, refugees' and migrants' health, antimicrobial resistance, etc.

Nowadays, global health education trains future healthcare providers to have a global perspective. When implemented, it aims to familiarise them with the epidemiology and history of diseases and give them access to healthcare resources within international health systems. It also offers the opportunity to gain perspective on global health issues, including the balance of social, environmental, and organizational factors influencing access to care. Additionally, it enhances their understanding of diverse cultures, political systems, and religions. Furthermore, the engagement of healthcare students in international opportunities with other healthcare providers worldwide helps increase their knowledge and skills regarding global health in different multicultural populations. Simultaneously, they are able to explore new career opportunities. Considering the many benefits of global health education for medical students, there is a need to incorporate global health education into medical curricula. [21]

Some studies and reviews have assessed global health programs offered by medical schools in different regions. They found that these programs are based on five domains, called the "5 P's model of Global Health Education". It is a comprehensive framework made to prepare medical students for meaningful experiential learning and skilled professional practice related to global health education. These five domains consist of:

- Health equality is emphasised as the ultimate objective of global health in "parity."
- "People" refers to all individuals and groups who influence people's health and ability to get medical care in social, economic, cultural, and political ways.
- The term "planet" refers to several facets of globalisation and environmental safety that impact population health.
- In nations of all socioeconomic levels, "Priorities" and "Practices" refer to the principles, information, and instruments used to develop, implement, and evaluate partnerships, policies, programmes, and other global health initiatives. [6]

As beneficial as it is to comprehend the importance of incorporating GHE programs in medical curricula, it is also essential to know how to accomplish that. Firstly, it is crucial to involve medical school staff members interested in the topic of global health education, as well as to collect data for evidence by creating surveys to assess the students' background about the subject and using the results as evidence. In addition, it is crucial to involve more students to assist in the whole process by advocating about the importance of the topic for them. After collecting the data and having representatives from academic staff and students, strategic thinking and planning should follow. According to the steps of the curriculum design process, a well-constructed plan can be of utmost importance during meetings with the faculty administration, which is the one to plan and execute long-term goals. [4] This development process of global health competencies in medical curricula of developing countries is necessary to be inclusive in terms of input by host country health professionals and also entail local issues and concepts. [26]

Numerous medical schools integrate global health education into their curricula through courses or optional activities. Harvard Medical School applied a new clinical global health course consisting of 10 evening sessions taught by a multidisciplinary faculty. The program focused on practical management of the leading causes of the global burden of diseases, as well as discussions on specific case studies and practical sessions. To assess the program, they conducted two surveys before and after the course. The final results showed that students' knowledge about the topic increased significantly from 64.5% before the course to 79.5% after the course. [7]

Furthermore, Johns Hopkins School of Medicine offered a new course about basic global health concepts to all first-year medical students, allied with the advantage of a new distance learning capacity to connect medical students in Baltimore with students and faculty in Uganda, Ethiopia, Pakistan and India. At the end of the course, the feedback collected from students reported high levels of satisfaction with the course content and format. This means that global health can very well be taught globally; through distance learning, knowledge can be exchanged across the global platform, providing unique, high-quality programs related to global health education. [8]

However, it should be mentioned that in some global mobility programs from high-income countries (HIC) to low or middle-income countries (LMIC), there are cases where the implemented curriculum prioritizes the interests of the HIC program instead of engaging local health professionals and focusing on local/national health systems, contexts and needs of the host country. Therefore, we should reenvision global health competencies and their delivery based on equity, collaborative planning, sustainability and reciprocity. [27]

## **Global Health Education in IFMSA**

Uniting medical students for global health is one of the key elements in the mandate of IFMSA. In 1951, the IFMSA established the Standing Committee on Professional Exchanges (SCOPE), and to this day, the professional exchanges form the backbone of the Federation, remaining the Federation's longest-running project. SCOPE aims to promote cultural understanding and cooperation amongst medical students and all health professionals by facilitating international student exchanges. SCOPE aims to allow all students to learn about global health and attains this partly by having its exchanges recognized by medical schools worldwide. Creating an exchange program that helps medical students to discover health systems other than their own is indispensable to fostering cooperation and cultural understanding among future health providers and leaders worldwide, a critical necessity to solve various global health challenges.

The IFMSA exchange programs include global health learning objectives such as discovering the host country's primary health concerns and basic epidemiology and how it differs from the home country. Exploring the medical education system of the host country is one other objective, among others. Additionally, in a biannually conducted survey, 25% of IFMSA's National Exchange Officers report that they have implemented Global Health Education within their Exchange Program in the form of Pre-Departure-Trainings, Upon-Arrival-Trainings, and general Educational Activities. These trainings range from workshops on the differences between health care systems to full-scale simulations highlighting the effect of Universal Health Coverage, thus further improving our exchange students' knowledge of Global Health.

One of the main long-term goals of this program is to obtain recognition by medical faculties worldwide who would integrate it as part of the curricula by recognizing the clinical rotation done abroad. Besides academic support, the IFMSA professional exchange program also seeks financial, educational or logistics assistance in order to increase its accessibility to more medical students.



The IFMSA Professional Exchange Program has turned into the most extensive student-run exchange program globally, sending more than 15000 students annually in an exchange. This demonstrates the increased interest of medical students in learning about different health systems and their wish to become more aware of the health needs of diverse populations and communities. IFMSA will continue facilitating global health education opportunities for its members and advocate for their ultimate inclusion in medical curricula. [9, 10]

The IFMSA Standing Committee on Medical Education (SCOME), established as well in 1951, focuses on issues including the Social Accountability of medical schools globally, the rights of doctors and medical students across the world, and the Global Mobility of the Health Workforce. This material better prepares medical students to promote inclusiveness in the decision-making process. Medical students pursue the best possible professional and personal growth, and SCOME views them as significant stakeholders in developing and implementing the medical education system. SCOME assists them in realizing their full potential as future doctors and contributes to improving healthcare globally.

Following the establishment of the IFMSA Professional Exchange Program, in 1991, the Standing Committee on Research Exchange was created with the objective of offering future physicians an opportunity to experience research and diversity in countries all over the world. This is achieved by providing a network of locally and internationally active students that globally facilitate access to research exchange projects. SCORE aims to develop both culturally sensitive students and skilled researchers intent on shaping the world of science and global health.

Within the Standing Committee on Public Health, due to the several interlinkages and many similarities between Public Health and Global Health, it is considered that much of the standing committee's work contributes to global health education. This entails capacity building and development on an individual, organizational and environmental level from both internal and external perspectives. This would include but is not limited to online educational campaigns, online webinars, physical and online workshops, and the standing committee's session in general assemblies and regional meetings, where members get educated about public health and, consequently, global health from different perspectives. Additionally, on the external level, working on our policy documents with the support of our members to contribute to the global agenda for global public health issues is one of the primary ways by which members get closer to global momentum in public and global health, in addition to advocacy initiatives and delegations to external meetings. All this work in the standing committee on public health provides the members with the golden opportunity to understand, learn and equip themselves with knowledge, skills and competencies on different public health issues, mainly falling under five focus areas which are NCDs and Health lifestyles, Communicable diseases, Mental Health, Health, Environment and Climate Change and last but not least, Health systems.

As global health prioritizes improving health and achieving health equity globally, sexual and reproductive health is one aspect that presents many gaps worldwide. Sexual and reproductive health and rights (SRHR) services are under various social, cultural, logistical and economic factors that are persisting barriers to their universal and equitable provision. The IFMSA, mainly through its Standing Committee on Sexual and Reproductive Health and Rights, including HIV and AIDS (SCORA), aims to educate medical students worldwide on global issues pertaining to maternal health, access to family planning and safe abortion, gender-based violence, sexually transmitted infections, the health of left-behind populations (e.g. women, LGBTQIA+ individuals, people living with HIV, sex workers, people with disabilities), among others. In addition to increasing medical students' knowledge on these topics, SCORA fosters positive attitudes in medical practice, such as a non-judgemental, respectful and inclusive approach to patients - a crucial component to overcoming social stigma and misinformation around SRHR that remain the biggest obstacles in

**IFMSA International Secretariat, Nørre Allé 14, 2200 København N., Denmark**

obtaining the services. Through conducting local and national activities and building capacities on the regional and international level, the IFMSA contributes to the global perception of SRHR, emphasizing the diversity of challenges and approaches with respect to national and local contexts. [23]

Furthermore, the IFMSA has been in official relations with the World Health Organization (WHO) since 1969, which provides an excellent opportunity for global health education of delegates involved in WHO high-level meetings. All delegates take part in extensive preparation sessions for their respective high-level meetings, including exploring the topics on the agenda in detail. Furthermore, the IFMSA hosts the Youth Pre-World Health Assembly annually in the weeks leading up to the World Health Assembly. As the name suggests, this event prepares the delegation of around 60 impressive youth advocates from across the globe for the upcoming event. One of the four main pillars of the academic program of the Youth Pre-World Health Assembly is global health education. Through sessions organized within that pillar, the delegates dive deeply into a wide variety of global health topics that will be discussed at the upcoming World Health Assembly. Using different ways to convey the information, including through presentations, high-level panels, discussions and projects, the delegates develop their understanding of global health education. [22]

IFMSA also actively engages with Student Organizations from other disciplines, including pharmaceutical sciences, dentistry and veterinary sciences, to promote and advocate for the integration of interprofessional collaboration within global health education. For this purpose, IFMSA works on projects and competitions such as Brainfuse, where medical students are actively engaged and allowed to work with students of other disciplines and develop experience related to interprofessional approaches first-hand. One of the objectives of such initiatives is to advocate for the importance of a multi-disciplinary approach to global health education, which is underdeveloped in most countries.

## **Lessons learned during the COVID-19 Pandemic & Conclusions for Health Emergencies**

The ongoing COVID-19 pandemic has shed light on many disparities and new challenges in health and education. It became apparent that the update of medical curricula and the global response to the crisis should set the example for future transformation and meaningful development, especially in the field of global health education. At the same time, the health inequities that emerged during the pandemic, together with the failure to address them in a timely and systematic manner, make the need to invest more in the content, quality and accessibility of global health education across the globe more evident than ever. [6]

The quick transition toward a virtual delivery of medical education has much to teach us regarding the accessibility of resources, social accountability and the diversification of the audiences. In particular, the online learning methods contributed to the engagement of diverse and frequently marginalized groups while realizing and tackling new topics, involving various speakers and facilitating the interaction among students, educators and scientists from different countries. [11] Some topics that were approached and are more deeply understood include the inextricable link between respect for human rights and global health, racism and white supremacy in this field, and the need for an interprofessional and intersectional approach in healthcare delivery and policymaking. Especially anti-oppression and the decolonization of pedagogy have become an area of increasing interest and research endeavours. [6, 11, 12] Nonetheless, it should not be overlooked that the aforementioned benefits of the digital transformation were not equally enjoyed by everyone since the students without stable internet connections face an even unequal reality when it comes to online learning.

It is also observed that this current example of global crisis, alongside climate change and migration, has attracted more students and healthcare professionals to be interested and involved in public and global health issues, leading them to seek relevant courses and degrees. [11] However, there are still various participation barriers worldwide, spotlighting the disparities in education, contribution to the health workforce and leadership. More specifically, poor internet connectivity, high tuition costs for global health programs, the prevalence of authors and leaders from high-income countries, and the lack of institutions and courses in low-income countries lead to limited diversity of the trainees and tutors and an incomplete representation and capacity building of developing regions. [11, 13]

Considering those mentioned above, it is necessary to focus on new public health competencies and educational frameworks to ensure proper preparedness for future health emergencies. These competencies have already been approached by and described in the European Union New Skills Agenda [14] and the World Health Organization - Association of Schools of Public Health in the European Region (WHO-ASPHER) Framework [15], preparing the ground for concrete changes in global health education. Some of them are related to global health security, crisis management, agile leadership, emergency risk communication, transparency, accountability, empathy, mental health burden, collaboration with diverse healthcare professionals and local interventions. Last but certainly not least, another crucial lesson that needs to be reflected is the capacity-building on global health competencies of all healthcare workers during their undergraduate education and postgraduate training. [16]

## **Global cooperation for Global Health Education**

Having witnessed the impact of the COVID-19 Pandemic on health and education, UNESCO has stressed the importance of multilateralism, alliance and collaboration on the international level in order to ensure sustainability, quality and resilience in the education sector, even in times of global crises. This can only be achieved through systematic work on our mechanisms and frameworks worldwide. A new Global Cooperation Mechanism for education is being launched to facilitate the cooperation between various stakeholders and their efficiency and alignment toward Sustainable Development Goal 4 (SDG4). [17]

The Consortium of Universities for Global Health (CUGH) set an example of multilateral global cooperation. This non-profit organization brings together more than 170 institutions from more than 30 countries. Its mission is to “support academic institutions and partners to improve the well-being of people and the planet through education, research, service, and advocacy. This mission is being addressed by promoting standards of excellence in global health courses and degrees, toolkits, publications, workshops and more. Their strategic goals include the involvement of low-income countries, collaborative educational initiatives, advocacy activities and students' engagement. [18]

Furthermore, the objective of global cooperation should be the reduction of the dependence of low-income countries on high-income countries by establishing solid foundations for their own institutions and quality courses. [24] In this way, it will be feasible to increase the relevance of training and research and provide the floor to experts dealing with global health issues first-hand on a local, national or regional level to share their expertise. [19] Besides, experience has shown that establishing relations between academia and policy-makers can lead to evidence-based health workforce planning, especially in self-sufficient local and regional collaborative initiatives. [25]



Universities could work on the establishment of educational opportunities for healthcare students and professionals that involve speakers, tutors and instructors from other countries and regions. These educators can transfer their perspectives and unique experiences while interacting with (future) colleagues and health leaders and exchanging good practices. [11]

IFMSA International Secretariat, Nørre Allé 14, 2200 København N., Denmark

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