# GLOBAL HEALTH PROGRAM EXECUTIVE 2014-2015

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National Officer, Global Health Education Sr. – Stephanie Brown (Calgary)

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# PRIORITIES AND PROJECT AREAS

* *Acting Upstream* – Collaboration with Upstream

*Acting Upstream* will feature interviews by medical students with leading physicians whose practice brings evidence-based, upstream ideas to life. Each chapter will be written by medical students looking upstream with a doctor they look up to, exploring practical solutions that promote health at home, at work, and in our communities. Each interview will explore medical students and doctor’s motivations for acting upstream, using personal stories and patient encounters to illuminate the social determinants of health, and highlighting upstream solutions from across Canada. This book celebrates these good examples, profiling new voices working to solve health problems at their source.

* IFMSA March Meeting
	+ CFMS sent 10 Canadian medical students to represent at the March Meeting of the International Federation of Medical Student Associations in Antalya, Turkey.
	+ Delegates were assigned to one of the five standing committees of the IFMSA, including: human rights and peace, sexual and reproductive health including AIDS, professional exchanges, research exchanges, public health, and medical education
	+ Delegation prepared presentations on the Lobby Day effort, exchanges fair, international food and beverage night
* AFMC participation in Global Health Interest Group, Social Accountability Task Force
* Lobby Day
	+ In collaboration with VP, GA and GAAC, co-organized the Federal Lobby Day centered on the theme of access to medicines and a national pharmacare strategy

**Partnerships:**

* *Partners in Health*: Share the Health campaign launched in early March 30, 2015 with goal of building stronger health systems by contributing to the training of health professionals in Rwanda and Haiti. Canadian students challenged to submit tributes that honour mentors that they have encountered; story is shared on the website and students/mentors can choose to donate to the program. National competition between schools to garner most number of tributes and most dollars raised – led by NO Partnerships
* *Stop TB Canada*: a long-standing partnership with the Canadian chapter of Stop TB. Stop TB is an international organization, which raises awareness about the scope of tuberculosis worldwide. We are specifically excited to be in collaboration with Stop TB regarding local initiatives dedicated to World TB day, as they have a rich network of global health experts and resources to share.
* Member of Standing Committee on Public Health (IFMSA): promotes the development of medical students worldwide regarding Public Health issues through an international sharing knowledge network, projects management, community based learning, capacity building, advocacy and access to external learning opportunities.

**Global Health Education:**

* The Global Health Core Competencies working group, under the supervision of Dr. Videsh Kapoor is in its third iteration. Over the last year nationwide consensus between professionals, academics and students was solicited and compiled. The project will be presented as an oral presentation at CCME 2015
* Post-Return Debrief: Best Practices Position Paper manuscript submitted to academic journals. CCME 2015 oral presentation of the paper.
* The Global Health Concentrations project has published their research on the implementation of concentration guidelines in Academic Medicine 2015. The article, entitled "Building a Framework for Global Health Learning: An Analysis of Global Health Concentrations in Canadian Medical Schools", outlines a set of consensus guidelines drafted in 2011-2012, of what a global health concentration should incorporate as well as the results from surveys completed across each of the fourteen English-speaking faculties of medicine. The findings show that,in general, the guidelines were strongly endorsed by faculty. While many Canadian schools offer individual components of global health concentrations, the majority of schools have yet to develop formally structured programs.

**Indigenous Health**

* Review and restructuring of the Aboriginal Health Liaison role and Indigenous Health portfolio
	+ Gathered feedback on strengths and weaknesses of the AHL role within the past 4 years
	+ Conducted an environmental scan of all member schools of surrounding Indigenous health engagement, curriculum deficiencies, and willingness to adopt local roles as part of a local-national structure (14 of 14 schools responded)
	+ Creation of a Proposal, Terms of Reference based on this feedback, which was sent for further feedback to each school (13 of 14 schools responded) that would create 2 Local Officers at each school
	+ Proposed name change: Aboriginal to become Indigenous, AHL to become National Officer of Indigenous Health (NOIH) with associated Local Officers of Indigenous Health (LOIH)
* Creation of a Position Paper Committee for Indigenous Health in Canadian Medical Education
	+ Recruitment nearly completed
	+ Will commence work post-SGM, targeted AGM
* Creation of Indigenous Peoples in Canada primer for CFMS website

**Human Rights & Peace**

* *Humans of Pharmacare* social media advocacy project - to be released pre-SGM. Features stories of people who have been adversely affected by lack of access to medicines at home, in the broader context of accessibility concerns globally.
* NTD Campaign. Coordinated efforts countrywide to hold seminars and talks at medical schools on neglected tropical diseases. We will be running advocacy workshops based on this experience at the UAEM Toronto Conference in September.
* Structural considerations: currently determining how to revamp GHA structure to ensure better handover and engagement. Possibility: implementing a universal Jr./Sr. system.

**Reproductive and Sexual Health**

* Coordinated nation-wide campaigns for following: World AIDS Day 2014, International Women’s Day 2015 (including a LORSH manual), International Day of Pink 2015 (including Twitter campaign organized by NORSH and NORA-IFMSA Quebec
* Policy papers for SGM on Transgender Health and Human Trafficking
* Planning for National medical school curriculum survey on reproductive and sexual health (RSH). Survey to be sent out to medical students in September 2015

**Exchanges**

* Outgoing exchanges (CFMS members going abroad)
	+ 71 SCOPE (clinical) and 17 SCORE (research) exchanges available, all but 7 spots filled
	+ Expected revenue of $32,400 anticipated
* NEO selection to be pushed forward to fill the Junior role in spring / early summer to facilitate the training process
* Actively working to expand the exchange program, which will result in increased revenue
* Investigating online payment option for CFMS members going on exchanges

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