

EXECUTIVE REPORT

Vice President - Global Health

Andrew Bresnahan

Spring General Meeting 2014, Ottawa, Ontario



I. DESCRIPTION OF POSITION

According to the CFMS Bylaws, the Vice President – Global Health shall direct the delivery of the Global Health Program and support the activities of the constituency on matters pertaining to global health, international development, and public health. These include but are not limited to:

- a) Leading the team of Global Health Program National Officer portfolios; and
- b) Representing the CFMS internationally, acting as National Member Organization (NMO) President to the International Federation of Medical Student Associations (IFMSA); and
- c) Collaborating with the VP Government Affairs to organize the annual Federal Lobby Day.

II. ACTIVITIES

Date	Meeting	Location
September 20-22	CFMS AGM 2013	Vancouver, BC
September 24	NO Global Health Education	Teleconference
September 25	Outgoing VP Global Health	Teleconference
September 26	NO Rights and Peace	Teleconference
September 29	NO Reproductive and Sexual Health	Teleconference
September 29	Outgoing VP Global Health	Teleconference
September 30	NO Partnerships	Teleconference
October 2	Aboriginal Health Liaison	Hamilton, ON
October 6	Upstream – Institute for a Healthy Society	Teleconference
October 8	Quebec Federation for Planned Parenthood; Abortion Rights Coalition of Canada.	Teleconference
October 10	WMA Junior Doctors Network	Teleconference
October 18-20	CFMS Exec Fall Meeting	Ottawa, ON
October 26	IFMSA-Quebec	Teleconference
October 28	National Exchanges Officer and McMaster Local Exchange Officer	Teleconference
October 30	Canadian Coalition for Global Health Research	Kleinberg, ON
November 1	NO Partnerships Interviews	Teleconference
November 2	Aboriginal Health Liaison Interviews	Teleconference
November 3	NOGHE, NORSH, NORP Interviews	Teleconference
November 5	NO Global Health Education	Teleconference
November 6	NO Reproductive and Sexual Health Interviews (Round 2)	Teleconference
November 7	McMaster CFMS Exchanges meeting	Hamilton, ON
November 10	AFMC Global Health Interest Group	Burlington, ON

November 10	Dean of Banda Aceh Medical School, Indonesia	Hamilton, ON
November 21	NO Rights and Peace Interviews (Round 2)	Teleconference
November 22	Global Treatment Access Group; Canadian HIV/AIDS Legal Network	Teleconference
November 25	Chief Medical Officer of Health - Nunavut	Iqaluit, NU
December, 4, 2013	Wellesley Institute Michael Shapcott, Director of Housing and Innovation	Teleconference
December 11, 2013	PAMSA Presidents Meeting	Teleconference
December 18, 2013	PAMSA Delegates planning meeting	Teleconference
December 20, 2013	IFMSA Standing Committee on Medical Education Regional Assistant for the Americas	Teleconference
December 20, 2013	Quajigiartit Health Research Centre (QHRC)	Iqaluit, NU
December 22, 2013	Inuit Tapirrit Kanatami (ITK) Chair of National Committee on Inuit Health	Iqaluit, NU
January 11-12, 2014	CFMS Exec Meeting	Toronto, ON
January 14, 2014	NO Health Policy, VP Government Affairs	Teleconference
January 16, 2014	CFMS Exec	Teleconference
January 20, 2014	NOs Global Health Education	Teleconference
January 22, 2014	NO Rights and Peace	Teleconference
January 23, 2014	PAMSA Delegates debrief	Teleconference
January 26, 2014	NO Sexual and Reproductive Health	Teleconference
January 30, 2014	GHP National Officer Meeting	Teleconference
February 1-3, 2014	National Lobby Day	Ottawa, ON
February 3, 2014	The Honourable Candice Bergen, MP, QC, Minister of State (Social Development)	Ottawa, ON
February 3, 2014	Mr. Jack Harris, Member of Parliament, St. John's East	Ottawa, ON
February 4, 2014	NO Sexual and Reproductive Health	Teleconference
February 4, 2014	NO Partnerships	Teleconference
February 21	NO Rights and Peace	Teleconference
February 21	NO Global Health Education	Teleconference
February 21	NO Reproductive and Sexual Health	Teleconference
February 21	VP Communications	Teleconference
February 23	IFMSA Canadian Delegation meetings	Teleconference
February 26	IFMSA-Quebec	Teleconference
February 27	Past-VP Global Health	Teleconference
February 28 – March 9	IFMSA March Meeting 2014	Hammamet, Tunisia
March 1	Universities Allied for Essential Medicines (UAEM) Executive Director	Hammamet, Tunisia
March 8	WMA Junior Doctors Network	Hammamet, Tunisia
March 9	Universities Allied for Essential Medicines (UAEM) Executive Director	Frankfurt, Germany
March 10	CFMS GHP Committee on Trade and Health	Teleconference
March 10	NO Rights and Peace	Teleconference
March 19	Abortion Rights Coalition of Canada NO Reproductive and Sexual Health	Teleconference
March 28	Aboriginal Health Liaison	Teleconference
April 2	Inuit Tapirrit Kanatami National Committee on Inuit Health	Inuvik, NT

III. PRIORITIES AND PROJECT AREAS (See National Officer reports for detailed project summaries):

CFMS/Global Health Program Strategic Plan

Among our most important priorities for this year is the development of a new strategic plan for the Global Health Program, integrated as part of our shared plan for the CFMS. Rather than developing a plan for the GHP in isolation, we have decided to fully integrate our planning process within a broader strategic planning process for the CFMS. This document will guide the CFMS's global health programming for years to come, informing our broader commitment to health and social justice.

To date, our process has included a number of strategizing sessions with the National Officers (NOs) involved in the GHP, and discussions with members of the CFMS executive, in anticipation of our Spring General Meeting (SGM). We have dedicated considerable time for strategic planning within the SGM agenda, including a one-hour SWOT (strengths, weaknesses, opportunities, threats) analysis session during the core GHP agenda, and a report to the General Assembly.

Each of these explicitly strategic planning-focused sessions complement ongoing discussions (by email, teleconference, and in-person meetings) with the Global Health Liaisons and local officers from each of the global health portfolios focused on specific project areas of the GHP – including global health education and research capacity, international representation and global health partnerships, advocacy programming, and Indigenous health diplomacy - that will be reflected in the final strategic planning document.

An executive strategic planning weekend is scheduled for the weekend after the SGM, and will provide an opportunity to integrate these ongoing discussions towards the creation a strategic planning document that reflects the CFMS pillars of representation, communication, and service delivery.

Online Engagement

A major priority for 2013-2014 is the continued improvement of the global health portion of the website. This work reflects a collaborative effort by the GHP NO team, the IT Officer, the VP Communications, and the VP Government Affairs, and reflects an ongoing commitment to transparency, communication, institutional memory, and engagement.

1. Transparency

As a forum for global health learning and practice, and as a voice for Canadian medical students on issues of global health, transparency is essential to the efficacy of the GHP. So far this year, we have continued to use CFMS website as our primary space for sharing opportunities, policies, and news from the GHP with our membership. While the website remains our primary platform, we also systematically use GHP listserv, Facebook groups, and the CFMS twitter account (in collaboration with the VP Communications) to communicate with our members as we continue cultivating a culture of proactive transparency in the GHP and CFMS as a whole.

2. *Communication*

Communication between the GHP and Canadian medical students continues to depend to large extent on the role of Global Health Liaisons (GHLs) as coordinators of local global health teams. These teams are the human presence of the global health program at each Canadian medical school, and are composed of local officers for global health education, reproductive and sexual health, and global health advocacy, supported through regular meetings with our team of NOs. These teams are the primary point of contact for Canadian medical students with the GHP. This recognition is the foundation of our approach to communication, and also highlights a need to proactively support local team development as a way of cultivating a culture of global health activism at Canadian medical schools.

At the same time, the GHP website on CFMS.org is a point of contact that any Canadian medical student (or anyone else) can access directly. This year, we continue to make good use of the blogging capabilities of the website to update students on GHP opportunities and inspire discussion on global health topics. Guest posts by students facilitate open participation and communication within the global health program. So far this year, we have featured guest posts on housing and homelessness in the lead up to our National Lobby Day; gender and health for International Women's Day; and climate change and health on the occasion of the release of a new report from the IPCC. Other posts have highlighted TB and Inuit health, HIV/AIDS, and leadership opportunities within the CFMS. We have also used the global health blog as a space for communicating updates from CFMS delegations to the Pan American Medical Students Association (PAMSA) in Panama and the International Federation of Medical Students Associations (IFMSA) in Tunisia.

The development of a new Global Experiences Database represents a significant achievement for the Global Health Program. The database went live in April 2014, and includes regularly updated entries highlighting uniquely categorized opportunities for volunteer experiences, exchanges, courses, summer schools, internships, conferences and assemblies, journals and newsletters, and international electives for upper years. The database also features links to the global health websites for each Canadian medical school. As a new addition to the CFMS website, the Global Experiences Database includes a survey tool on its main page inviting feedback and suggestions for how to improve the database.

Finally, translation of the GHP website into French reflects a broader commitment to bilingualism, accessibility, and engagement with francophone Canadian medical students by CFMS.

3. *Institutional Memory*

At different times, the GHP has relied on a DropBox system, and recently a Sugarsync system for sharing documents. While these systems are valuable resources, they have important drawbacks that have inspired past efforts to post more files on the CFMS website both as a way of ensuring that files are not lost, and of making them more widely accessible to Canadian medical students. As demonstrated by the Global Experiences

Database and updated national officer pages, the global health team will continue expanding this practice as part of our commitment to promoting institutional memory.

4. *Engagement*

In real terms, the GHP come to life in the lives of medical students primarily through their local global health teams. National events like our Lobby Day on Parliament Hill and our general meetings, and international events like IFMSA, PAMSA, and UN/WHO meetings build and depend upon this local engagement for their success and democratic legitimacy. With this in mind, supporting the development of effective local teams as a foundation for the further integration of local, national, and international activities will be the core focus of our online communications strategy within the global health component of the new CFMS strategic plan. Through this approach we hope to continue inspiring the transformative participation of Canadian medical students in the Global Health Program.

Global Health Advocacy

For the first time this year, our Global Health Advocates (GHAs) worked with the CFMS Government Affairs portfolio to design and implement our national Lobby Day, bringing a focus on social determinants of health to Parliament Hill. The intentions that made this joint effort possible were expressed last year by the VP Global Health and VP Government Affairs, and built upon by this year's team. The foundations for the GHP's contribution were laid by the GHAs during our Fall AGM in Vancouver, where we decided to focus this year's advocacy theme on "access to adequate and affordable housing". Following this meeting we created a research team to ground our advocacy in evidence, and built a partnership with the Wellesley Institute. Michael Shapcott, the Institute's Director of Housing and Innovation, provided expert advice that helped us design a campaign that brings Canadian medical students' unique voice to efforts to build a more just and healthy society.

Lobby Day was a great success. Over 80 students, representing every medical school in Canada, joined us for advocacy training at CMA House in Ottawa, and met with nearly 70 MPs, Senators, and Cabinet Ministers to call for improved access to physicians in rural Canada, and better investment in social housing. This effort reflects collaboration across the Global Health, Government Affairs, and Communications portfolios, and across local global health advocacy and government affairs teams. Ongoing local initiatives by global health advocates include the development of a series of videos highlighting the importance of housing and as a social determinant of health.

Refugee health, our advocacy theme from 2011-2013, continues to be an important focal point for global health advocacy at home and abroad. This year, we are signalling our ongoing commitment to refugee health by continuing to promote the participation of Canadian medical students in the National Day of Action for Refugee Health. We will continue using the CFMS Position Paper on Refugees and Asylum Seekers passed at our SGM 2013 in Quebec City to call for the restoration of the Interim Federal Health Program, changes to Canadian immigration policy, and clear guidelines for health providers and institutions to ensure the highest level of care for refugees and asylum seekers in Canada.

International Representation

CFMS is a member of the International Federation of Medical Students' Associations (IFMSA), the voice of medical students to international organizations including the World Medical Association, WHO, UNESCO, and the World Health Assembly, among others. Canada's membership in the IFMSA offers a number of benefits to Canadian medical students:

1. Personal Development

IFMSA meetings provide a unique environment to meet medical students from across the globe and discuss issues in medical education, public health, and social justice that transcend cultures and boundaries. This is an opportunity for professional growth that should be made as accessible to Canadian students as possible.

2. CFMS Representation

IFMSA meetings are a major forum for showcasing CFMS projects and gathering feedback from a diverse group of student leaders from around the world. This can help build the profile of the CFMS internationally and open up new and unexplored avenues for partnership.

3. International Collaboration

Many National Member Organizations have interests that closely mirror those within the CFMS. These meetings provide an opportunity to share opinions and experiences, and set the stage for future international collaborations on projects and campaigns.

4. Mentorship

The IFMSA is composed of 108 National Medical Organizations from 101 different countries. Each of these groups has varying levels of experience both working at home as well as within the international community. Opportunities exist for the CFMS to benefit from the expertise of NMOs who have been more active in some arenas than CFMS-Canada, and in turn for us to provide mentorship to younger NMOs based on our past experiences.

Paxton Bach, VP Global Health 2011-12

CFMS was well represented at IFMSA meetings in Panama and Tunisia this year. For the first time in years, we sent a delegation to the Pan-American Medical Student Association (PAMSA), the regional body representing medical students in the Americas. Canadians Emily Stewart (University of Toronto) and Scott Hodgeson (University of Manitoba) led our delegation to the PAMSA Regional Meeting in Panama, leading more than 36 hours of workshops on reproductive and sexual health, medical education, advocacy, and Indigenous health.

Emily and Scott have also taken on leadership roles at PAMSA, with Emily working as Pan-American Regional Assistant for the Standing Committee on Reproductive Health including AIDS (SCORA). Emily's workshops built on the CFMS Policy Paper on Induced Abortion unanimously approved at the CFMS AGM 2013 in Vancouver, and included three days of workshops on induced abortion ethics, access, and delivery. Scott is working as Pan-American

Regional Assistant for the Americas in Medical Education, and led workshops on medical education and Indigenous health.

The CFMS delegation to the IFMSA March Meeting 2014 included Zia Seleh (University of Alberta), Siqi Xue (University of Toronto), Daniel Chard (McGill University), and the VP Global Health. Together, we shared training in campaign development and policy writing, and worked alongside our international neighbours to advance progressive health policies.

1. *Trade and Health*

The CFMS delegation worked closely with colleagues from every region of the world to win consensus on a new policy on trade and health, calling for trade agreements to respect public health, and opposing the Trans Pacific Partnership (TPP), which Medicines Sans Frontiers (MSF) has called “the most destructive trade agreement for access to medicines in history.” This policy statement won unanimous support on the floor of the general assembly, and is not only a big win at the international level, but has also been a useful example for members of the GHP team as we developed a new policy statement on trade and health for our upcoming Spring General Meeting in Ottawa.

2. *Access to Induced Abortion*

Building on CFMS’s work improving access to induced abortion in Canada, we worked with countries from all regions to advance a policy statement written by Medsin-UK and AMSA-Australia supporting women’s right to access safe, timely, and voluntary therapeutic abortions, which won by a impressive margin (48 countries in favour, 11 against, 3 abstentions), a truly remarkable achievement in a culturally diverse global health forum.

3. *Ending Discrimination to Improve LGBTQ Health*

IFMSA also passed a very strong statement calling for an end to discrimination to better the health of LGBTQ people (with 48 in favour, 15 against, and 5 abstentions). Countries at the WHO and WHA have been unable to reach agreement on this, making the IFMSA the first international health organization to take such a strong position. In a unique moment, the delegation from Uganda spoke of the plurality of cultural, political, and legal settings that medical students from the African continent work and organize in, and chose to abstain from the vote. Thinking of the ease of armchair morality and the challenge of navigating realpolitik in the search for social justice, we wondered if this choice to abstain (rather than vote against) was itself perhaps an act of political courage, a small step in the right direction. In any case, we were pleased with this policy win, and look forward to continuing to work with our international neighbours to help advance health for all, regardless of sex, gender, or place.

4. *Conscientious Objection and Access to Care*

Balancing a physician’s right to conscientious objection with patient’s rights to access essential care inspired healthy debate on the floor of the general assembly. The policy, proposed by AMSA-Australia and Seconded by Medsin-UK, states that physicians holding a conscientious objection to the provision of medical treatment must declare such objections to their patients, and provide timely and effective referral to another health

practitioner who does not hold such an objection. In response, NMSA-Norway issued a statement expressing concern that there are settings in which conscientious objection may essentially hinder timely and effective access to care, and that a physicians moral convictions must not restrict a patients right to access essential health care. In the end, the policy passed with strong support and lingering questions about how best to articulate reasonable boundaries to conscientious objection that protect access to care.

5. *Access to Humanitarian Aid in Syria*

As we met in Tunisia, the UNHCR estimated that there are 9.3 million people in need of humanitarian assistance in Syria, and 2.3 million refugees – 1 million of these children – seeking protection as a result of the Syrian civil war. With this humanitarian crisis unfolding, the IFMSA issued a strong and nuanced policy statement (drafted by Medsin-UK, IFMSA-Jordan, and IFMSA-Iraq) calling for massive international solidarity to support suffering Syrians and countries that have welcomed refugees.

6. *Post-2015 Development Agenda*

With the Millennium Development Goals reaching their evaluation milestone in 2015, IFMSA is actively joining negotiations to define post-2015 future development goals. While progress towards the MDGs has been impressive, transformative steps are still needed to help build a more sustainable and healthy future for all. As the IFMSA continues contributing to the global conversation on the post-2015 development goals, we will be working to ensure that Universal Health Coverage and a commitment to health equity are at the centre of any future health goals. The IFMSA Policy Statement on Post-2015 Future Development Goals (proposed by IFMSA Quebec and Seconded by Medsin-UK) and the Hammamet Declaration on Health Post-2015 (collaboratively written with input from CFMS and signed by all national member organizations of the IFMSA) reflect these priorities, and will be useful reference points as Canadian medical students continue contributing to the post-2015 development process.

The IFMSA meeting in Tunisia also set a foundation for continued partnerships with medical student associations abroad. Building on our recent engagement with PAMSA, we met each day of the meetings with medical student association Presidents and National Officers to discuss policy development and opportunities for ongoing collaboration. During the meetings, our partners Latin America expressed interest in Canadian support in policy development, building on our strengths as a medical student association. Upon our return to Canada we encouraged Canadian medical students to apply to join the IFMSA Policy Statements Team for the Americas, which now includes six Canadians: Claudel P-Desrosiers from IFMSA-Quebec, and five CFMS members, including Carlen (Kay) Fung, Belle Song, Nardeen Kodous, Siqi Xue, and Molly Whalen-Brown.

Throughout the meetings, we worked closely with our friends and colleagues from IFMSA-Quebec, and supported Claudel P-Desrosiers' successful candidature for the position of Vice-President of External Affairs for the IFMSA. The global health leadership demonstrated by each of these remarkable Canadian medical students is an inspiration and invitation to all of CFMS to continue improving our capacity to work with and learn from our international partners.

First Nations, Metis, and Inuit Health

At our AGM 2013 in Vancouver, the Global Health Program was asked by the General Assembly to update the CFMS policy paper on Aboriginal Health, and to reach out to Aboriginal Health Interest Groups at medical schools across Canada, inviting a more formal and longterm relationship with the CFMS. The GHP approaches these tasks with a thoughtful commitment to good process. We have started this process by meeting with representatives from the national Indigenous organizations representing First Nations, Metis, and Inuit in Canada: the Assembly of First Nations, the Metis National Council, and Inuit Tapiriit Kanatami. First Nations, Metis, and Inuit are distinct populations, with their own political organizations and responses to unique challenges and opportunities. With this in mind, we are working with each of these organizations to develop First Nations, Metis, and Inuit-specific health policy statements. While it would be ideal to design and draft these statements in time for the CFMS AGM, good diplomacy is most important here, and we anticipate that this policy design process may extend into next year. At the same time, we are equally confident that this good process will produce policy statements of unique relevance and utility, and form a radically positive foundation for an ongoing relationship between the CFMS and Canadian First Nations, Metis, and Inuit organizations into the future.

Heading Upstream

In November 2013 the Global Health Program established a partnership on a book project with *Upstream*, a movement to create a healthy society through evidence-based, people-centred ideas. The project aims to create a book written by Canadian medical students inspired by physicians whose work advances health equity. The book's working title is "Heading Upstream: A new generation of Canadian doctors advancing health equity". Our vision is for a collection of student-written chapters that a) highlight student experience – how they came to upstream thinking; why it's important to them; what it was like to speak to the physician interviewed; b) describe upstream work by a Canadian physician and why it's important, c) include an individual patient story to illuminate the social determinants of health, and d) articulate the kinds of changes the student would like to see to make Canada a more just and healthy society. The project will be publicly launched following the CFMS Spring General Meeting, with invitations for submissions in circulating in May 2014.

IV. FOLLOW UP, VISION, GOALS,

The VP Global Health will aim to guide the successful creation of a strategic plan for the CFMS that integrates a focus on global health and health equity articulated by members of the Global Health Program. This plan will include steps to continue improving support for the development of strong local global health teams as an essential link between the national program and the lived experience of Canadian medical students. The VP Global Health will also work with the CFMS Executive and global health team to continue enhancing CFMS engagement with the IFMSA. Importantly, the VP Global Health will also continue working with the Aboriginal Health Liaison to develop healthy partnerships with the national Aboriginal organizations, including the Assembly of First Nations, the Metis National Council, and Inuit Tapiriit Kanatami. Finally, the Global Health Program will continue working with *Upstream* to launch a call for submissions for a health equity-focused book featuring submissions by Canadian medical students.

V. RECOMMENDATIONS

- Encourage the CFMS to consider the continued integration of a global health and health equity focus in our strategic plan.
- Continue working with the Global Health Program team of National Officers to support the development of strong local global health teams as an essential link between the national program and the lived experience of Canadian medical students.
- Continue to advocate for the inclusion of Canadian medical students in global health partnerships, by working with the CFMS Executive and members of the Global Health Program team to enhance CFMS engagement with the IFMSA, and Canadian contributions to the post-2015 development agenda.
- Develop healthy partnerships the Assembly of First Nations, the Metis National Council, and Inuit Tapiriit Kanatami, for the development of First Nations, Metis, and Inuit-specific health policy statements, and as a foundation for positive long term relationships between Canadian medical students and Canadian First Nations, Metis, and Inuit.
- Continue working with *Upstream* to launch a call for submissions for a health equity-focused book featuring writing by Canadian medical students.
- Work with medical students from every part of Canada to develop our leadership as advocates for global health and health equity.

Submitted for your consideration,



Andrew Bresnahan
CFMS Vice President Global Health 2013-2014