Design: Marko Koskinen
Co-ordination: Noel Barengo
Idea: Rune Damgaard Nielsen
# Contents

President’s Introductory Words to the IFMSA Annual Report 1999/2000...4

New Grounds and Achievements for IFMSA - an Important Actor in Global Partnerships for Health...6

Finances: short overview...8

Expectations and realisations from the view of the IFMSA Vice-President for External Affairs...10

Changing the exchange...12

SCORE...14

SCOPH...16

PROJECTS & EVENTS...18

Liaison officer for IPPNW (International Physicians for the Prevention of Nuclear War), Annual report 1999/2000...20

Building New Bridges with UNICEF...22

IFMSA in Operational Relations with UNESCO...24

What people create...26

Why does IFMSA represent a unique force in the international community?...28

5th International Summer School on “Stop HIV/AIDS” Summary:...30

The Manila Declaration of 1999...30

Medical Social Club Lebanese Medical Students International Committee...32

International conference on ageing and health...34

Spreading the IFMSA spirit in our NMOs...36

SCORE meeting in Munich, November 1999...38

Report of the first Asia-Pacific Medicine and Human Rights Training ...39

The 3rd International Symposium on Village Concept Projects...41

SCORPions reaching out to the world...42

We will learn for ever!...44

List of Abbreviations... 46
President’s Introductory Words to the IFMSA Annual Report 1999/2000

Dear reader,

You are holding in your hands the Annual Report of the International Federation of Medical Students’ Associations for the activity year 1999/2000. This document reflects the wide array of projects and events undertaken by medical students around the world working together for a healthier tomorrow.

With members in over 60 countries in all continents IFMSA offers a unique opportunity of meeting people from different cultural backgrounds, exchanging experiences and ideas and planning and implementing activities together. Through the exchange programs and projects organised by IFMSA many thousands of medical students are exposed to international health issues, which will better prepare them for their future roles as physicians. A new generation of medical leaders is shaped by practical experiences of international leadership and friendship in IFMSA.

Through this Annual Report you will be able to share some of the experiences made by the team of IFMSA Officials, in its work together with the National Member Organisations around the world. IFMSA was founded in 1951 and has today grown to be one of the largest and most important student organisations in the world. That is something that this Annual Report will bear witness of, today and for days to come.

Internationally yours,

Mats Sundberg
IFMSA President 1999/2000
New Grounds and Achievements for IFMSA - an Important Actor in Global Partnerships for Health

by Mats Sundberg
IFMSA President

In August 1999 a newly elected team of IFMSA Officers started its work. I have been very privileged to be a part of and lead this group of enthusiastic students. One year has passed and the then “young” team is now rich in experiences, knowledge and friendship. The team has achieved many important things for IFMSA in the past year and broken new grounds for the Federation to step on.

IFMSA has advanced and strengthened its positions in relation to many external organisations. We have re-established our contacts with UNAIDS, got much involved in work with UNESCO and continued our relationship with UNFPA. We have made enormous progress within WHO, established strong contacts in the UNICEF headquarters and have worked very closely with our fellow international student organisations in many areas.

In January the WHO liaison officer and I had a personal meeting with the Director General of WHO, Dr. Brundtland in Geneva. This was one of many meetings IFMSA representatives had with high-ranking WHO staff this year, but a meeting of great symbolic value and a very important sign of recognition for the work of IFMSA.

In May I made a well-received statement to the World Health Assembly, boldly stating IFMSA’s opposition to the usage, production and advertisement of tobacco. With a new focal person in WHO and with several major joint projects with different departments and programs IFMSA is now definitely recognised as an important collaborating partner of the World Health Organisation.

In the Intersectorial Meeting of International Student Organisations IFMSA has had a good forum to meet and interact with law-, agricultural- and pharmaceutical students etc.
Through collaboration with students of economy and business I have been invited to sessions on social development, with a focus on multisectorial and intergenerational partnerships. These events in Geneva have exposed IFMSA to organisations like ILO, the World Bank and others, and by doing so underlined the fact that we can and should work together with many different actors in our strive for a healthier tomorrow.

With the new constitution that IFMSA adopted in Finland in March, with its committed officers and members and with the extensive network of external relations that IFMSA has, I look forward to a bright future for our Federation. We have laid a strong foundation this year to build on for coming years and I am confident that IFMSA will continue to be an important actor in the field of individual and community health.

Ahead of us lie challenges, such as establishing a more professionally functioning organisation with a full-time Executive Board and a better financial and administrative system. We also need to strengthen our presence in geographical areas where IFMSA is not yet very active.

These things, and others, will be done in the coming few years. We are all agents of change and we must all be ready to assume the responsibility that it brings. Let’s show the world that we are ready to stand up to meet the challenges!

Together we have the power to change.

5 most important achievements of the year:

- Meeting with Director-General of WHO
- Speech about “The Global Village Concept” at the Geneva 2000 Forum in the session “Dynamics of Generations in Social Development”, with heads of UN agencies as keynote speakers
- Active involvement of IFMSA in the preparatory work for the 4th World Youth Forum of the UN System
- Representation on the Executive Council of the World Federation for Medical Education; for the first time for IFMSA
- Renewed and strengthened contacts with IMISO members for future multisectorial collaboration
Finances: short overview…

by Sandrine de Ribaupierre
Treasurer

The work of a treasurer in an organisation is, of course, to take care of all the financial matters arising from its activities. By the nature of the work, this task within IFMSA can be undertaken by someone who would like to work independently or as a team. In the past, the two options have been undertaken, and last year, I opted for the second one. Also if one my major task was to take care of the bookkeeping, a keen part of my time was taken at the General Secretariat to answer some of the mails, as well as forward the rest to the other Executive Board members. Not having a secretary working for us at the General Secretariat also meant that the AFs and Certificates had to be sent by someone else… This situation actually helped us to realize that a reflection about IFMSA’s future was needed and we were consequently able to present the NMOs with some suggestions. It will be the task of next year’s team to propose a concrete plan aiming to the reality of a full time Executive Board.

During the year, we realized that our banking system was not really adapted anymore to the big international organisation IFMSA became progressively, and new banks have been investigated in order to find one that would meet our needs, to facilitate the charge of the next treasurer. For the last two years, IFMSA was audited by KPMG, which was an excellent initiative, but unfortunately, the ratio price/quality was too high for a student organisation such as IFMSA. Therefore, it would be wise to find another auditing company which would fit our hopes better.

I wanted to leave the best as a conclusion: if one of the task of the treasurer is to fundraise for IFMSA, this can be achieved either by writing grants for example to the European Union, or with some internal fundraising resources. One of the big projects achieved this year was to adopt at the General Assembly in August a proposal asking all the IFMSA activists to help in providing money for the IFMSA’s central budget, part of the money coming from IFMSA projects, as well as from the exchanges or the different events organised within IFMSA. All that money will not only enable the IFMSA’s officials to commit a greater part of their time to IFMSA, but it will also broaden the nationalities of the team, helping students coming from developed countries to be part of the
team, even so it might be more difficult to fundraise in their countries than in Europe. Part of the money will also help enthusiastic people to start new projects or organise regional training programs.

As a last word, I wanted to think all the students that participated to our activities and meetings, because if IFMSA became that charismatic and fascinating organisation and if we were able to achieve something during the year 99-00, it is only because all of you were there.

5 most important achievements of the year:

- Central Budget Proposal
- Bookkeeping
- Allocate TAF for EOM and GA
- To serve as a secretary at the General Secretariat in Ferney
Expectations and realisations from the view of the IFMSA Vice-President for External Affairs

by Noël Barengo
Vice-President for External Affairs

IFMSA marketing started almost from the zero point last August. The only thing IFMSA had was a complicated contract with ISIS insurance company. After we have found some students who were interested in participating the marketing team, we produced IFMSA marketing material in form of pins, stickers, T-shirts and simple IFMSA and Standing Committee leaflets which can be easily distributed by e-mail.

The first IFMSA press conference was held during the EOM in Kuopio and the second one in Porto. Many things have to be improved, but the first step was made. IFMSA press conferences should be held during every bigger meeting or workshop in order to inform a wider audience about IFMSA activities (easier to get sponsors). IFMSA officers should contact their local newspaper to give an interview and make people aware of the organisation. We wrote a guideline for the NMOs, how to write a
press release in order to encourage NMOs to report about their activities to the local newspapers, a copy would be sent to the IFMSA GS. This idea needs some more work, too. We have to find a way, how to motivate and how to remind local organisers sending us these press releases.

I attended all EB meetings during the year. In addition to that I visited Latvia in order to make first contacts with the Latvian medical students. I am very happy to see, how enthusiastic they are and how hard they are working to become a part of IFMSA again. First contacts were also established with Bolivia, Uzbekistan, Venezuela and North-Korea. I hope that the next year’s team will keep up with these contacts and try to integrate them into IFMSA. Further, I attended the WHA in Geneva in May, which was a very interesting experience for me. I managed to establish some contacts for IFMSA.

One of the most important developments was the excellent marketing homepage Jason constructed with help from Frank and myself (schedule of prices). This page offers interested companies information, how they can work together with IFMSA and gives them briefly relevant information about our organisation. Now the goal for next year is to approach more companies in order to raise funds. Fortunately, we managed to sell advertisement space on the AF to ISIS and Blackwell science. This success should encourage the team to raise more funds next year.

The idea of an IFMSA world exhibition was born, but due to a lack of pictures, we had to postpone it. Many thanks to Silvia for her pictures and support. I believe that the next generation will have more success and realise the exhibition. The NMO name changes should also be encouraged.

5 most important achievements of the year:

- Marketing homepage with price-list and marketing possibilities for donors/companies
- New contacts with NMOs (Latvia, Ukraine, Bolivia, etc.) and Godfather Program
- Marketing material (pins, T-shirts, stickers, written material about IFMSA)
- First sponsors for AF
- EOM 2000: first press-conference and smoke sauna world record
Changing the exchange…

by Barjaktarevic Igor
SCOPE director

Communication: Established SCOPE lists – ifmsa-scope@onelist.com and ifmsa-neo@onelist.com; established weekly mIRC session. Welcomed 19 new NEOs, constantly updated Address list. Solving problems between NEOs. Made fruitful communication with newcomers and with “fresh” NMOs. Replied hundreds of e-mails from students willing to take part in IFMSA programs.

Other activities: Created, printed and transported to Geneva 4000 sets of AFs and Certificates for 1999/2000, printed 4000 AFs for 2000/2001; done mailing of AFs.


Worked on SCOPE NEO-training program for newcomers, provided pool of 12 units; one is used by August 2000. Motivated people to go for Subregional training projects, organized and participated in the first Balkan SRT. Together with Leo Handbook team started leohandbook@onelist.com mailing list and completed this project; distributed diskettes with this project.

Updated NEO Handbook after the pause of four years.

Regularly contributed VAGUS and motivated SCOPE people to contribute.

Arranged changes at SCOPE web-pages – Web-page coordinators arranged ECs toward alphabetic order, created new links with NMOs’ sites, distributed passwords; opened new page – “Exchange impressions” for better insight of student-visitors in SCOPE exchange; uploaded download section. Worked with web-coordinators on the project of electronic exchange.

Created new layouts of – before all - AF and CA/CC compatible for marketing; new Address list form, NEO-training AF form. Made SCOPE Plan of action 2000, arranged SCOPE minutes from GAs.

Worked on SCOPE history: contacted and met Peter Schatzer (SCOPEd 1973-1977) and Henrik Wulff (SCOPEd 1951); invited them to participate IFMSA anniversary.

Together with LTP team worked on first SCOPE LTP at the EOM.
Presented SCOPE at USA-IHP annual convention.


Discussed, promoted MSI on Exchange, made a proposal for the magazine, started fundraising.

Presented SCOPE and IFMSA at AMSE annual conference in Porto, August 2000.

Presented new SCOPE Standing Orders – including important regulations about unilateral exchanges and penalties for inadequate participation in SCOPE

Made SCOPE annual CD-ROM.

Non-SCOPE activities: Followed SCORE mailing lists and their work. Transported SCOPE documents to GS; printed IFMSA official letterheads and transported them to GS. Joined marketing team, promoting SCOPE marketing potential.

Worked on SCOPE marketing-compatible documents, investigated Insurance companies’ contract possibilities, took part in IFMSA poster creation.

Took part in IMISO meeting, joined IMISO lists, establish contacts with representatives of IACES (Civil engineering), IPSF (pharmacy) and IAAS (agriculture) . Joined IOC of GA 2001.

Contacted student representatives from India, Malaysia, Venezuela, Pakistan; official sent through Ministries of Health invitation for Cuban and Argentinean students to join IFMSA.

Investigated possibilities of internships in IOM, WMA and WHO for IFMSA members.


5 most important achievements of the year:

- LEO Handbook
- Printed two annual sets of AFs and Certificates
- MSI on Exchange proposals
- NEO training program
- Standing Orders’ Changes
In SCORE can be felt a particular team spirit among the members. We are a small committee and therefore have close relationship to each other. One reason for the fantastic atmosphere, team work and the highly motivated people in SCORE.

Also one of the reasons why SCORE organised in the past as well as last autumn in Munich an extra Standing Committee meeting. It took place in Munich at the end of November 99 and had two aims: Gathering and motivating people as well as working concentrated for two whole days on promotional material for our Exchange Programme.

What did SCORE achieve this year?

With the help of professional and semi professional graphic designers, photographs and layouter, we managed to finish content, design and layout of several leaflets and excellent posters to promote our exchange program.

Simultaneously we worked on new forms and helpful manuals for the exchange program. Documents that will facilitate the setting up of Research Exchange projects and the structure for the programme and be a helpful tool for new countries to get started in the complex structure of SCORE.
Many new NMOs got in touch with SCORE this year and made their first steps in setting up the programme. The SCORE family warmly welcomed them with great interest and assisted them in their efforts.

Working on the Quality of IFMSA Exchanges and Research Exchange was one of the main goals of the second half of the year and the work is still in the process. SCORE defined new quality standards and regulations for the organisation of the exchanges on the IFMSA March meeting in Portugal and elected a new internal body to be responsible for this issue.

Furthermore NMOs involved in SCORE promoted and organised “subregional trainings” in different countries to motivate and train the local exchange officers from our member countries, the backbone of our exchange programs.

Another SCORE project that was initiated this year, is a workshop on the human genom project and ethics, prior to the IFMSA General Assembly in 2001. Many people in SCORE are still working on it with a lot of enthusiasm.

It was a very nice and fruitful year for SCORE, we advanced in many directions and made another step forward towards a very professionally organised program with a very interesting and high quality offer for the medical students of this world.

5 most important achievements of the year:

- Many, well prepared, newcomers in SCORE
- Extra SCORE meeting in Munich
- The implementation of basic standards for IFMSA exchanges in general and quality standards for the Research Exchange program
- Professional promotional material ready to be printed and additional helpful SCORE documents
- SCORE workshop: The Human Genom Project and ethical aspects
Sanjeeb Sapkota  
SCOPH director

New Structure of SCOPH
This year we created a new structure within SCOPH and were eager to see if it works. Two vice-directors were nominated: Robert, The Netherlands, and Venessa, Brazil. They both were delegated with some responsibilities which the SCOPH director usually takes.

MeSNAT: Medical Student’s Network Against Tobacco
SCOPH has established a student’s network against tobacco and it is named as MeSNAT ‘Medical Student’s Network Against’. MeSNAT is one of the biggest student’s initiatives in the history of SCOPH which will be co-ordinated by the SCOPH director.

During the EOM in Finland the NPOs were instructed on how to proceed with the network and were given various guidelines. The Swiss delegate carried the posters all the way from Geneva to Finland, which was given to us by WHO. We distributed materials such as posters leaflets, flyers and manuals. Everybody liked the poster which read “Bob, I have got cancer”. The lectures of Patrick Sandstorm were highly appreciated.

Training the NPOs in Public Health Project Planning
Like before the NPOs present in the SCOPH working committee in Finland were trained on how to plan a public health project and how to implement it. Robert and Rita trained these NPOs and SCOPH members showed their enthusiasm during the training.

Medicine Cargo to the Earthquake victims in Turkey
I collected some 30 kgs of antibiotics, analgesic, and anti-fungal medicines from different pharmaceutical companies of Nepal and sent to Omer Saka in Turkey, to be distributed in the various relief camps. IFMSA. I thank the government of Nepal who facilitated the easy processing of custom clearance. These medicinal cargoes were in Frankfurt for some time before it reached Turkey and the medicine were distributed to the earthquake victims.

Walk-event: the global embrace for the senior citizen
On 2nd of October, SCOPH/ IFMSA joined the rest of the world in organising the Walk Event to mark the international year of the senior citizen.
SCOPH / IFMSA was one of the close collaborators for the Global Embrace, an initiative of the WHO Ageing and Health Program in the beginning of October 1999 the largest global event promoting health of older persons through intergenerational walk events, around 1st October, the International Day of Older Person.

One Day of Public Health: the SCOPH day
On 10th of November, SCOPH celebrated SCOPH day under the inspiring guidance of three co-ordinators, Junko, Monica and Ammar. Every IFMSA country thought of an appropriate way to celebrate this day.

The 3rd International Symposium on Village Concept Projects
SCOPH was proud to be the patron of the 3rd International Symposium on Village Concept Projects that took place successfully in Hamburg, Germany 21st May to 26th of May.

Ageing and Health Conference, Porto, 1st till 6th of August
With the joint alliance between SCOME and SCOPH this important event is being held in Porto from 1st to 6th of August. Emmilie an active SCOPH member is representing SCOPH and contributed impressively.

C. “Immunology in Medicine” Workshop in Poland
A summer school titled “Immunology in Medicine” has successfully completed recently in Lublin, Poland, which started on 17th of July. On behalf of SCOPH, I sent a statement to be read in the opening ceremony of the workshop.

IFMSA/SCOPH Resolution Against Tobacco
SCOPH drafted a resolution against tobacco and announced in the plenary in the EOM. This resolution is now considered an unofficial voice of IFMSA against tobacco. I am happy to mention that the copies of this resolution served as good promotional material of IFMSA as they were distributed during the World Health Assembly in Geneva and in Global conference on Health Promotion., in Mexico I am proud to mention that I had the opportunity to hand over to the Director General of WHO, Dr. Gro H. Bruntland when I met her in Mexico. She said, “I shall mention this in my draft.”
“It is the society we are active in at that point that is most important “

“IFMSA fieldwork and activity is what IFMSA will be remembered for “

“Ensuring continuity, in not only the projects but the coordinators and their skills, We “

“What is achievable when you can motivate the young and energetic is truly amazing “

“IFMSA… gains respect from its fellow organisations if we can run our projects in an ethical and effective manner “

PROJECTS & EVENTS

Edgar Njomomole
PROJECTS /EVENTS DIRECTOR

IFMSA fieldwork and activity is what IFMSA will be remembered for in all the myriad places on different places on the globe where we operate. There the communities will judge us not on how well we network, meet or how knowledgeable we are but on our results at the grassroots. I have strived thus to ensure we are at all times accountable, not only to them but to our partners and ourselves. By forming new codes of conduct and guidelines for our activities and training on these now our reach will be felt more effectively wherever we are doing fieldwork on our organisations behalf. Community participation and sustainability will hopefully be what remains indelible from the work of this division in any coming eras. I started purposefully with the perspective of people we work with, because, whether they are adolescents, rural communities or fellow doctors we want to educate with our programmes; It is the society we are active in at that point that is most important. But also, it allows IFMSA to gain respect from its fellow organisations if we can run our projects in an ethical and effective manner. This is what I have tried to instil in all our new project coordinators, where I strongly feel together we have succeeded. This has mainly been achieved through now doing more direct training: giving lectures, exercises and continuous communication with all involved forming a network.
What is achievable when you can motivate the young and energetic is truly amazing. In just a year of working with and sharing my experiences with medical students from across the globe I have seen that there is the power to change. I am currently now also working on the idea of having continuous marketing of our projects something initiated since last year. Then, by using demonstrations of project videos, pamphlets and merchandise it has been possible to mobilise the other projects into providing similar material which can now be used for fundraising and recruiting volunteers. Where work is needed now is in ensuring continuity, in not only the projects but the coordinators and their skills. We are going to work now to set up methods whereby trained coordinators can remain accessible to the newly operating in a network to provide support; an idea further emphasised at what I feel was one of the most important meetings for my department, the VCP Symposium in Hamburg. Here contact was made with Prof Morris Kigg, one of the most influential people over the last two decades on policies to do with projects and activities especially involving groups such as Sida, WHO and so on. In the same period, contact with Dr Barakamfitye, WHO regional director, is also set to be equally advantageous to all our activities. With this continued positive transformation of our activities, the standard of our projects and fieldwork is set to be maintained at a high level.

5 most important achievements of the year:

Production and Successful acceptance of new guidelines on IFMSA Projects and Events

Coordination of Workshops

Development and Maintenance of a Network of active projects and events and resource people for support of the differing IFMSA initiatives


Regulation of IFMSA Projects and Advice on guidelines and aiding in the fulfilling of requirements.
My year as liaison officer for IPPNW has been both interesting and challenging. The formal relations between IFMSA and IPPNW had just been initiated in 1999, so I had a lot to start up with. My main focus in the beginning was to develop the collaboration with my contact person within IPPNW, Piji Propotsalsis. This happened very well, to start with by continuous email contact, and more concretely when I had the possibility to come to the IPPNW central office in Boston in the beginning of January. Here I had the opportunity spread more information about IFMSA to the staff at the office, as well as get to know them and IPPNW better. The most important achievement during this Boston meeting was the concrete outlining of the goals of collaboration (see quarter term report) for IFMSA and IPPNW.

Another focus for me during this year has been the development of national/local links between IFMSA and IPPNW. In some countries there are already well functioning such links, but I’ve tried to help with contacts for those interested in starting up local collaboration. The problem is sometimes that IFMSA is spread in more countries than IPPNW, but in those cases the IFMSA students can always get help from the IPPNW central office in order to start up local projects.

Furthermore, I’ve worked a lot on getting regular exchange of articles between the newsletters of IPPNW and IFMSA. This has succeeded very well, in each number of VAGUS there has been an IPPNW-related article, and in the spring issue of Vital Signs no less than three IFMSA-related articles were printed.

A difficulty during this year has been the search for a common project between IPPNW and IFMSA on an international level. We had our focus on the workshop on Children and War, and we still hope that this can turn out to be a good collaboration.
At the EOM, I gave out information about IPPNW, both orally and in leaflets, as Lars Pohlmeier, who was invited, unfortunately couldn’t come.

In the end of June, I participated in the IPPNW student precongress in Paris, where I during the opening ceremony held a speech on the relations between IFMSA and IPPNW. The student congress was a great success, and I developed a very good contact with Ernest Guevarra, student representative within IPPNW. We discussed a lot on how to strengthen the role of students in IPPNW, and identified some major points where IFMSA can give support – the functioning of TAF and the Leadership Training Program. I participated as well in the following IPPNW XIV world congress, where I had the opportunity to meet with my contacts within IPPNW, as well as spread information about IFMSA to new contacts.

During the world congress I also had time to speak more with Dr Vic Sidel, who is invited to speak at the IFMSA GA in Porto. We’ve had continous email contact, but had here the opportunity to identify more clearly what he can contribute with at the meeting.

For next year, I hope that the collaboration between IFMSA and IPPNW will grow even stronger, not least on the national/local level. The spreading of IFMSA knowledge to IPPNW students is one main goal, as well as to get IPPNW doctors more available as resource persons for IFMSA students. I’m convinced that this fruitful cooperation will continue in a positive way, now that the good official relations are well established.

5 most important achievements of the year:

- Establishing good official contacts with IPPNW, both at central level and with the IPPNW student representatives
- Together with Piji Propotsalsits outlining the collaboration between IFMSA and IPPNW more concretely, at the Boston meeting in January
- Achieving the goal of having exchange of articles in each number of each others newsletters
- Participated at the IPPNW student precongress and the IPPNW XIV world congress in Paris 27 June – 2 July
- Having Vic Sidel to come to the IFMSA GA in Porto, presenting IPPNW and giving lectures in the SCORP group
Building New Bridges with UNICEF

Zohray Moolani
UNICEF LO

“… A call to all people to realize a new dream within a single generation: a shared vision of children and women - indeed of humankind - freed from poverty and discrimination, freed from violence and disease…” - Forward, State of the World’s Children 2000 – UNICEF

This is the focus of UNICEF – so appropriately similar to the mission of the IFMSA. Acknowledging this common ground, this year we embarked on a path to lead us into a sustainable, constructive and mutually beneficial relationship between the IFMSA and UNICEF.

A Summary:
During this year, a lot of important achievements were made. As the first Canadian Officer in the IFMSA, I attended various North American conferences to share the work of the IFMSA with a new audience and facilitated the first full Canadian delegation to the IFMSA August Meeting!
As UNICEF Liaison Officer I established goals at the outset of the year, and made significant progress towards a sustainable relationship.

Our New Focal Point
January 15, 2000 the IFMSA President and I attended our first formal meeting at the UNICEF Headquarters in New York to discuss the building of a partnership with Dr. Vincent Orinda - a Senior Advisor on Child Health, UNICEF. Soon after this encounter, Dr. Orinda appointed Ms. Aysha Mawani – Program Officer, Health Section UNICEF - as the Focal Point for the IFMSA. After the EOM in Finland, I met with Ms. Mawani in New York and together we established a more concrete plan to develop this partnership.

Areas of Focus and Progress
The potential areas of collaboration between the IFMSA and UNICEF are numerous and exciting! Our priorities at the current time are:

Relationship Building: This was determined to be a priority for UNICEF to learn more about the IFMSA and our activities. During this year, I maintained regular correspondence with Ms. Mawani and provided copies of IFMSA reports (Health through Peace) and publications (Vagus and MSI)
Projects – UNICEF is interested in working with our VCPs as grassroots action is their priority. I provided Ms. Mawani with the Calcutta Project Report. UNICEF has expressed an interest to follow-up and discuss ways they can assist us.

Workshops – UNICEF invited IFMSA to send one representative to the IMCI Workshop in Durban, South Africa. Chanakya Jonnalagadda was chosen and did a phenomenal job – advocating for youth involvement and representing the activities and excitement of IFMSA!

Publications: Currently UNICEF is working on an article on IMCI – so keep your eyes on the look-out!

Meetings – Ms. Mawani would be interested to attend an IFMSA meeting, to learn more about our activities. Unfortunately, she was not able to accept our invitation to the GA, but would like to attend the EOM 2001.

Future plans
In the coming year there are many more milestones to reach. We have established ourselves as a credible, energetic and productive organization driven by youth and aware of youth issues. Now onto the next challenge – we need to encourage contacts with UNICEF at the national and local levels. For the year 2000-2001 we should focus on making contacts in countries where we have IFMSA projects that would benefit from UNICEF resources and encourage our VCPs to incorporate guidelines, such as IMCI, into their project protocols. The past year will inevitably be a spring board to leap forward in the year ahead!
IFMSA in Operational Relations with UNESCO

Barbara Schimmer
UNESCO LO

The year 1999-2000 has been fruitful for IFMSA in intensifying the relations with UNESCO, the United Nations Educational, Scientific and Cultural Organisation. IFMSA is on UNESCO’s list of NGO’s maintaining operational relations, flexible and dynamic in nature, established according to need, in order to contribute to the implementation of UNESCO’s programmes.

HIV/AIDS and Youth: Human Rights for Social Development

Important progress has been made with the invitation of two IFMSA representatives from Tanzania and Indonesia to the International Consultation on HIV/AIDS and Human Rights in Paris in April 1999. During this meeting youth guidelines for human rights and hiv/aids were created. During the General Assembly an UNESCO consultant was present and organised an informal testing exercise of the youth manual for student grassroot organisation working on the field of HIV/AIDS and Human Rights. One major follow-up project is to organise four regional workshops on HIV/AIDS and HR in Africa and Asia in the year 2001.
Participation Program
In March 2000, an official financial application has been send in for the project Leadership Training and Sustainable Development Program. We got a registration number, but due to not returned surplus by IFMSA of UNESCO funding for our LTP program in previous years we cannot count yet on financial assistance through the Participation Program yet. Specific attention should be given to these financial issues.

World Conference on Higher Education (WCHE)
This conference took place in October 1998 with active participation of IFMSA, since IFMSA is part of the WCHE Follow-up. In december 1999 a student forum took place with other student NGO to define a list of priorities. In June 2000 there was a meeting of Higher Education Partners in Paris and unofficial meeting with the IMISO partners. An NGO Consultation is scheduled on 17-19 November 2000 in Paris that brings together the Higher Education Partners in the WCHE Follow-up. It is important to develop a joint strategy with the other international student NGO’s for this meeting through IMISO and to channel the information through SCOME and take an active approach towards the follow-up of the WCHE.

International Year for the Culture of Peace (IYCP)
In July 2000, I got in contact with the NGO liaison contact for the IYCP who invited us to participate in the perspective of the international decade for a culture of peace. There are different levels of participation and IFMSA considers if it will sign the Partnership Agreement for the IYCP and has become a Messenger of the Manifesto 2000. Part of the agreement is to propose an event to be labeled as a flagship event of the International Year for the Culture of Peace and IFMSA can inscribe their local actions for a culture of peace in a database that makes possible a global exchange of resources and information.

Our NMO in Panama is a great example on how you can start intense cooperation on national level and even publicising IFMSA events through UNESCO. I expect an intense collaboration with the other LO’s and standing committee directors. It is important to develop and intensify relations with the NGO-UNESCO Liaison Committee and the UNESCO’s Youth Unit. Also all efforts should be made to optimise the collaboration with UNESCO on the national level for example in supporting UN days for specific themes.

5 most important achievements of the year:

- Planning of regional workshops on HIV/AIDS and Human Rights
- IFMSA was the best represented student NGO during the International Consultation on HIV/AIDS and Human Rights
- IFMSA is an active member in the WCHE Follow-up
- Transfer and promotion of UNESCO activities to IFMSA and facilitate contacts for project coordinators with UNESCO and good contacts with other liaison officers
- Intensified collaboration with IMISO, esp with IAAS and IPSF, in planning a Bioethics Conference with agriculture, pharmacy and medical students.
What people create…

Josette T.M. Troon
LO for WHO

“This is an extra-ordinary opportunity. We are all doing what we can to seize it. We need to ensure that our work is as relevant and useful as it can be. We need help to identify options and decide on choices. We seek additional resources to make our best contribution to world health. To get it right, we need inputs from you.” – WHO Director General, Dr. G.H. Brundtland, Opening Remarks Meeting of Interested Parties, Geneva, June 2000

These words could come from the IFMSA representative seeking technical and additional resources for any of our projects and activities in the World Health Organisation (WHO). And the beauty of this quote is that it states that our additional resources, the inputs from members of IFMSA, are valued and welcomed by the policy makers of world health.

New focal point
Since January 2000 IFMSA has been assigned a new Designated Technical Officer (DTO) within WHO. The new focal point for IFMSA is from Child and Adolescent Health and Development (CAH). Dr. I.A. Lejnev, attended our 49th General Assembly meeting in Portugal to learn more about our organisation and to meet the student organisers of IFMSA projects and events.

Looking back
In the past term several new initiatives were undertaken in a joint collaboration with the WHO to change and improve the health situation in our societies, the care provision for marginal groups, and the education of health professionals.

The publication and dissemination of a new issue of the Medical Students International on The Child; a look at child health all over the world, produced with the support of WHO-CAH.

The 3rd Village Concept Symposium on Evaluation and Sustainability (Germany) has lead to great discussions on our intersectorial public health projects and to the revision of the VCP document we have been working with for the past years. As with the previous versions of this document IFMSA will request the technical input from the WHO, a co-designer to
this manifest, before its new adoption by the Public Health Committee and IFMSA.

Prior to the 49th General Assembly meeting an International Student Conference on Ageing and Health (Portugal) was organised in close collaboration with WHO- Department of Health Promotion/NCD Prevention and Surveillance. Dr. A. Kalache opened this conference and provided the participants with lectures. In conjunction with the interest of the Medical Education Committee for this field a joint collaborative Survey on the Teaching of Geriatric Medical Education is being completed amongst the various universities of our national members.

Several final reports on activities initiated in the year before were finalized. In August we presented our Triennial Activity Report to WHO.

Looking ahead
IFMSA wants to strengthen the relation with the departments we now collaborate with and seeks for new grounds for collaboration in other areas. It is the intention to intensify our relation with the regional offices in order to assist our national members better and to facilitate where policy makers are waiting for our inputs.

5 most important achievements of the year:

Official Appointment of IFMSA with WHO Director General, Dr. G. H. Brundtland, January 2000

IFMSA’s main joint collaboration with Child and Adolescent Health and Development resulted in a new Designated Technical Officer for our relations: Dr. I.A. Lejnev

A succesfull and productive week for the IFMSA delegation to the World Health Assembly meeting, May 2000

The presentation of the triennial activity report of IFMSA for the WHO and other external relations, August 2000

Establishing new contacts in the fields of interests to the IFMSA activitists in our various working committees
“UNFPA (…) wish to concentrate particular attention to the activities at a national level”

“IFMSA has realized the great potentiality that students can offer in the Peer Education sector”

“IFMSA should invest in training experienced students in monitoring and evaluating”

“UNFPA and IFMSA shall be the two “co-convenors” of the working group called “Youth, Health and Population” to be held during the 4th World Youth Forum”

“The benefits can come from both sides and this partnership have to be enhanced”

**Why does IFMSA represent a unique force in the international community?**

*Soraya Zaid*

LO for UNFPA

I would like to start this article quoting Dr Nafis Sadik, the UNFPA Executive Director, who has expressed her warm support to IFMSA in the MSI on Adolescents and Reproductive Health (sponsored by UNFPA) stating:

“The latest UN projections show that, as we are moving into the new millennium, some 17.5 per cent of the estimated world population of 6.09 billion in the year 2000 will be between the ages of 15 and 24. These numbers alone show that young people are not only the future, they are also the present.(…) IFMSA is uniquely placed in this regard. It is an organization of young people who are going to play a key role in their societies. IFMSA and its member national medical students’ associations have been conducting many worthwhile activities, be it fostering health as a human right, or promoting reproductive health, including family planning and sexual health.”

**New Focal Point**

Since January 2000, a new focal point have been designated for IFMSA within the UNFPA Technical Division, Dr Lindsay Edouard. Nevertheless, our previous contact person, Mrs Delia Barcelona still maintain a crucial role in the collaboration between IFMSA and UNFPA.

**Strategy of co-operation**

Looking back at the past years of co-operation, UNFPA has provided very relevant financial and technical support for the international events related to Reproductive Health awareness. For the future, they wish to concentrate particular attention to the activities at a national level, and would encourage regional co-operation between the NMOs and their local offices.

IFMSA have presented a 2-year-term plan of co-operation of sustainable activities, and set a priority agenda to respect a certain continuity and logic in the sequence of events.

This plan would facilitate a proper evaluation of the quality, the impact and the follow-up of the work done.

Throughout these years, IFMSA has realized the great potentiality that students can offer in the Peer Education sector.

As a result of this, providing an appropriate education to our peers in Reproductive Health issues has become the top priority of the SCORA agenda.
Both National and International current and coming activities (Pilot Project in Peer Education gathering experienced NMOs, the launch of new similar programmes in other NMOS and the Workshop on Peer Education 2001) are aiming at developing a network of trained peer educators reaching out the high schools students and building a solid base of transferable methodology in educating and evaluating the peer education programmes.

UNFPA recognize IFMSA as a privileged partner to run a survey in the field.

**Areas to be developed further**

Beside that, medical students hold a unique position in identifying the lacks of the Reproductive Health Care Services, the factors that hinder the access to these services among youth.

IFMSA should invest in training experienced students in monitoring and evaluating, who would then transfer those skills to the IFMSA students community.

Possibilities for similar trainings should be sought within UNFPA, although the current UNFPA restructuring and resources constraint exclude for the moment any concrete support (until October 2000).

On the other hand, experienced students can provide inputs to UNFPA officers in the preparation of UNFPA leaflets/brochures concerning youth-related activities and policies for youth involvement.

Possibilities for involvement of IFMSA students in the work of UNFPA at HQ level could be for example as short-term consultant or JPOs (Junior Professional Officers).

The freshly established contact with the UNFPA office in Geneva is particularly promising.

The director, Mr Alphonse MacDonald has supported very enthusiastically the workshop on Ageing and Health and is willing to deepen the co-operation in the future.

In addition to these areas of interaction, UNFPA and IFMSA shall be the two “co-convenors” of the working group called “Youth, Health and Population” to be held during the 4th World Youth Forum UNS in Senegal, August 2001.

Last but not least, my collaboration with the SCORA director and the all the SCORA members has been very close and fruitful throughout the year and I wish to extend and strengthen the collaboration with the other SCs, especially now that we have identified common areas of work, such as Ageing and Health, Human Rights and HIV/AIDS, Poverty, Refugees and Emergency settings, to name the most relevant topics for next year events.
5th International Summer School on “Stop HIV/AIDS” Summary:

Selen Örs
TurkMSIC NORA
5th ISS O.C Member
IFMSA-SCORA ISS Co-ordinator

After a year of hard work and all the efforts for fundraising, program decision and attendance, the 5th International Summer School “Stop HIV/AIDS” was held in Istanbul between 20-27th of February 2000.

There were 70 participants in the summer school, and out of them, 20 were from different countries like Malta, Germany, Bosnia&Herzegovina, Croatia, Poland, Russia, Kyrgyzstan, Lebanon, Slovakia, India and Yugoslavia) and 50 were from Turkey.

We have fundraised approximately 30000 USD for the summer school, and nearly one-third of this fund was donated to the Travel Assistance Fund. It was used for the travel and boarding expenses of 15 international participants.

The educational program was composed of two parts:

1-Theoretical part:
There were lectures given by national and international experts on Clinical Aspects and Epidemiology of HIV/AIDS, STI’s, Integrated Approach, Patient Rights, Mother to Child Transmission and Molecular Biology of HIV. Dr. Alex Gromyko from WHO-Euro told sessions of Integrated Approach and Mother to Child Transmission of HIV. In addition, there was a lecture given by a representative from Turkish Ministry of Health, on health policies of Turkey on HIV/AIDS.

2-Interactive Part:
The interactive part was composed of brainstorming and simulation sessions and a panel discussion. For the interactive part, the group was divided into three subgroups in order to raise effectiveness. Everyday, we started with a 30-minute warm-up exercise aiming to confront participants with practical skills like condom usage.

In cooperation with Istanbul AIDS Prevention Society, we had six workshops on project development. In addition to them, there were three
simulations: The first one was about spreading of the epidemic and pre- and posttesting consultation. The second one was focused on the doctor-patient relationship. The third one was an exercise on consultation methods.

We had a panel discussion on “National, International and Local Supports on Health Promotion and HIV&AIDS”. The situation in Turkey was also presented by an expert and discussed by the group.

On the last day, the projects developed during the week were presented, and the posters prepared by the participants were exhibited. Another panel discussion was made with an HIV(+) patient who also attended the program beginning from the first day.

During the eight nights and seven days spent together in Istanbul, the participants also had the opportunity to inspire the exotic and spiritual atmosphere of one of the most glorious cities of the world. They visited the historical palaces, mosques and the best sightseeing places. They watched Bosphorus both from European and Asian sites. They relaxed by doing shopping in the most famous old bazaars of the city.

In conclusion, we all had an unforgettable week not only full of education, but also with fun. We, TurkMSIC-SCORA, would be glad to see you once more in Istanbul in another SCORA activity.

---

**Article III**  
Organize fora to discuss and gain consensus on the issue of universality of Human Rights and the application of existing human rights standards while taking into account the cultural differences among students in the Asia-Pacific Region.

**Article IV**  
Organize similar workshops and seminars to equip students with the skills to promote Human Rights education and advocacy.

**Article V**  
Encourage student exposure, integration and advocacy among the marginalized and vulnerable sectors in society.

**Article VI**  
Condemn all acts and forms of torture, especially the involvement of health and legal professionals in the conduct of such inhuman and degrading activities.

**Article VII**  
Condemn the manufacture, stockpiling and sale of landmines, the use of which indiscriminately denies its victims of the basic right to life.

**Article VIII**  
Affirm that children’s rights are human rights, and in effect condemn all forms of child abuse and exploitation.
Medical Social Club
Lebanese Medical Students International Committee

Najib Nimah
6th ISS OC

October 21, 2000
Report of the 6th International Summer School

IFMSA’s 6th International Summer School (6th ISS) was held in Ain Aar, Lebanon from the 3rd-13th of July 2000. It tackled the topics of Reproductive Health and Stop HIV/AIDS. The 6th ISS consisted of 25 participants, 16 international and 9 Lebanese. The international participants were from Sweden, the Netherlands, the United Kingdom, Denmark, Canada, Slovenia and Latvia.

For the first time in the history of the ISS, the dual topics of Reproductive Health and Stop HIV/AIDS were tackled simultaneously with emphasis also on conservative settings. This idea was though out to be important especially with the ever-changing dynamics of the world and the increase in third world migration and refugees in developed countries. The 6th ISS included lectures, seminars, workshops, as well as a field trip to Reproductive Health clinics in the Bekaa Valley. The lectures, seminars and workshops were given by lecturers (doctors and professors) from the Faculty of Medicine at the American university of Beirut, the Regional Reproductive Health Working Group, the World Health Organization, and also from Finland. They covered the topics of Reproductive Health and HIV/AIDS. The former covered issues such as family planning, teenage pregnancies and contraception. The latter focused on epidemiology, new approaches, and peer education techniques. Both topics were also presented in a conservative setting with the factors of culture and religion being exposed. Participants also had the occasion to share their experiences and exhibit the different techniques used in their respective countries in dealing with these issues.

Away from the work and lectures, the 6th ISS participants were taken on an extensive social program over the course of the workshop. They had the opportunity to visit Downtown Beirut, Quana, Sidon, Beit ElDine, Article IX
Advocate and promote the fundamental belief that the right to health knows no discrimination, and that health and legal professionals be considered neutral in times of conflict and war, especially in the performance of their duty.

Article X
Acknowledge the sovereignty of East Timor and its people’s right to self-determination.

Article XI
Denounce armed conflict as an instrument of international policy.

Article XII
Affirm the right of Indigenous peoples to self-determination and development.

Article XIII
Support the call for protection and granting of equal rights to Migrant Workers.

Article XIV
Advocate for the rights of workers to a healthy and safe workplace and their entitlement to just compensation.

Article XV
Affirm the individual’s right to access and free choice in availing of Reproductive Health information and services.
the Shouf forest, Anjar, the wineries at Ksara, the Temple of Baalbek, and Jeita Grotto. They enjoyed the typical Lebanese dinners and had a taste of Lebanese nightlife.

The 6th ISS was a success. It received very good evaluations by all those who participated, and met the objectives of introducing the topics of Reproductive Health and Stop HIV/AIDS from a conservative approach. However, the summer school had its failure also, especially in that it failed to meet the number of participants it had targeted originally (100 students). This was due to a severely deficient fundraising campaign that made the organizing committee fall very short of its TAF budget.

In conclusion, the 6th ISS was a chance to introduce new perspectives into the topics of Reproductive Health and HIV/AIDS. Although it failed to meet the budget initially set and presented at the EOM in Finland, it remained a valuable and positive source of information and exchange for those who participated and hence turned out to be successful.

---

Article XVI

Uphold the right of refugees to protection and support.

Article XVII

Urge governments and other parties to:

a. Promote, protect and uphold human rights

b. Provide for appropriate measures in the identification, protection, rehabilitation and reintegration of vulnerable groups

c. Recognize, respect and allow access of independent bodies which play an active and critical role in the application of Human Rights and International Law

d. Recognize the need to provide for all individuals equal and immediate access to appropriate health care and legal assistance

e. Recognize that Human Rights should be respected regardless of age, sexuality, resources, capability, faith, belief, race or color.

Done this 29th day of October 1999 in Manila, Philippines
International conference on ageing and health

Capacity building for ageing societies

1-6 August 2000, Porto, Portugal

Organisers
IFMSA (International Federation of Medical Students’ Associations)
IPSF (international Pharmaceutical Students Federation)
PorMSIC (Portuguese Medical Students International Committee)

Background
The rapid growth of older populations poses many challenges to international public health policies in the 21st century, since it will change our whole perspective of the society. The importance of understanding the specific health care needs of older people has to be reflected in the inclusion of basic ‘age care’ in training curricula for health care workers. Especially future health professionals have to build capacity to work in an ageing society in order to improve the quality of life of older people that affects their ability to work and to play an active role in their communities.

Aims
The training target is to equip medical students with skills and knowledge on ageing and public health issues by showing the scope of demographic and epidemiologic shifts taking place in ageing societies worldwide and by identifying the social implications for personal health and health care systems to older people. The underlying theme is to stimulate them to have a positive attitude towards the ageing process and the role and position of older people in the society. A strong focus will be to lobby for the inclusion of essential ageing and health topics in the medical curricula in order to be better prepared for as health care professional working in an ageing society and take an active approach and show increased professional responsibility towards older persons.

Methodology
During the International Conference on Ageing and Health in Portugal (August 2000), 90 international medical students and students from allied health care professions selected on their interest and dedication towards ageing and health issues followed an intensive scientific program with interactive lectures and small crosscultural group sessions instructed by internationally recognized experts in the ageing and health field.
participants were introduced to the global scope of the ageing population, its social implications, healthy ageing and its lifespan approach, human rights of older persons and long-term care management. A basic leadership training was integrated to educate participants in policy making, advocating and how to reflect opinions on ageing and health.

Results
The potential outcomes of this initiative is a global network of future health professionals with a deep interest in ageing and health issues (ageingnet.tripod.com), a lobby for the inclusion of adequate skills teaching and curriculum development and the promotion of scientific and community research in order to improve our knowledge on the health status of older persons. Attempts should be made to fill in the gap of unrealised potential for links between formal public health systems and non-governmental and community-based health care programmes and future health care professionals by the active involvement of future health professionals as cooperating partners in grass-root level projects on ageing and health giving benefit to the older population.

Conclusion
Being part of the younger population, we have to ensure that the elderly people of today and tomorrow can look forward to improvements in their function and care in the years to come. A good start is made by this initiative which equips the future generation of health professionals with skills and insight on the challenges of ageing societies.
Spreading the IFMSA spirit in our NMOs

*The subregional training idea*

Frank Fuchs
SCORE Director 1999-2000

Despite of increasing participant numbers on our General Assemblies, only few selected people of each country, have the opportunity to get in touch with the IFMSA family every year.

In order to contagte more people with our IFMSA enthusiasm, recently the idea was promoted, that neighbour countries could have supplementary meetings enabling also Local Officers to participate in international experience.

Several approaches with slightly different intentions have been realised such as Nordic meetings, meetings between Finland and Estonia and subregional LEO and LORE trainings in the Netherlands, Germany, Slovakia and Macedonia until today.
IFMSA promoted in the Exchange Committees, SCOPE and SCORE, in especially the idea of subregional LEO and LORE trainings in the past year.

The aims of the subregional meetings are to let the Local Exchange Officers, of SCOPE and SCORE, meet their counterparts from neighbouring countries; to exchange ideas; create international awareness; to train them in SCOPE and SCORE procedures; to give them a better idea of the structure and all the activities of IFMSA and for them to get a taste of the IFMSA spirit.

The group of such subregional trainings was kept in a manageable size of approximately 50-60 persons with the purpose of creating easier a good team spirit among the participants.

We emphasised the point of training, but had also scheduled enough room in our agenda for games, sports, social contacts and applying in practical the taught contents.

The very positive feedback we got proved our concept being right and successful.

People returned home having had a great and interesting weekend, made new friends, feeling enthusiastic about our organisation and some of them willing to take more responsibility in their associations.
SCORE meeting in Munich, November 1999

Frank Fuchs
SCORE Director 1999-2000

Additionally to the main IFMSA General Assemblies, SCORE has been traditionally organising an extra SCORE meeting in the past.

In November 1999 this meeting took place in Munich, Germany, hosted by the German Medical Students´ Association/ Deutscher Famulantenaustausch and the Technical University of Munich. The theme of the meeting was “Promoting SCORE Exchanges” and with 25 international participants, it was a very fruitfull and motivating meeting.

We edited the SCORE homepage and other documents and started creating several drafts for PR and Marketing materials. Most of the projects were followed up afterwards with help of professional and semiprofessional graphic designers. SCORE achieved to have a very good material to promote its exchange program among the students.

To motivate the participants and for teambuilding, the local committee in Munich organised a very nice social programme for the evenings including a welcome party, a sightseeing tour through the city, but also some typical German culture like a dinner in the famous beer cellar, Hofbräuhaus.

All in all we managed to create a very productive team and working climate at the meeting with good results for the future of SCORE.
Report of the first Asia-Pacific Medicine and Human Rights Training
‘the Asian Consensus’

In October 1999, the first Asia-Pacific Medicine and Human Rights Training ‘the Asian Consensus’ was held in Manila, Philippines. Sixty-one students (medicine and law) from 11 countries participated in the training.

The training was fourth in a series being preceded by those held in Uganda, Zimbabwe and the Netherlands.

The Asia-Pacific training built on the experience of these former activities. It gave equal emphasis to human rights issues and skills training. It also sought to extract the Asian consensus on various human rights issues. This was because the Asian region is considered as the ultimate platform for the debate on the issue of universality vs. cultural relativism.

The objective of the training was two-fold: to educate participants on human rights and its issues and to provide skills training to participants for them to effectively advocate for human rights and organise similar activities in their respective countries.

The topics covered in the training included the Universal Declaration of Human Rights, torture, indigenous people’s rights, child rights, international humanitarian law, refugees and migrant workers rights. Participants were taught about these topics in lecture sessions, panel discussions and focus groups. Special sessions were held on East Timor, landmines and Asia-Pacific Geopolitics.

Special activities were organised to give the participants an inside view on the Asian-Pacific situation regarding human rights. Several Advocate’s Nights were held, where human rights activists shared their experiences and insights. The session was meant to inspire young human rights advocates and expose them to human rights work as a career path.
Several NGO’s were invited in a session on building partnerships, to present what their organisation is and what their areas of concern were. The session was meant to acquaint the participants and the organisations concerned about each other’s institutions and identify possible areas of collaboration.

During field visits delegates were exposed to institutions dealing directly with identified vulnerable groups like labour and migrant workers, women, urban poor and political detainees.

A special session on the Asian Way of Thinking was made. In effect, the participants were not able to come up with a consensus that human rights are universal but have called for further discussions to hopefully resolve this issue.

The skills training included communication skills, team building, strategic planning, project/workshop planning, human rights advocacy strategies and fundraising and grant writing. The training was done by giving short input as introduction followed by group activities.

The training output consisted of: the post-training action plans of the participants; a statement of support for Dr. Zeki Uzun of the Human Rights Foundation of Turkey who was detained on the eve of the training by Turkish police; the Manila declaration of 1999, calling for health and human rights education in the health and legal professions and contains consensus statements on the different human rights issues raised; Asia-Pacific Model Curriculum on Human Rights Education for Medical Schools; Students Credo for Human Rights; the Human Right and Medical Action Network.
The 3rd International Symposium on Village Concept Projects
(21-26 May 2000; Hamburg, Germany)

Summarized by Tamer Refaat and Carrie Thiessen, IFMSA Project Committee 2000-2001

The Village Concept Project Symposia were developed to allow students to exchange their experiences and skills in project planning, sustainability, and evaluation. The first two symposia were held in 1995 and 1997. The focus of the third symposium was “Evaluation and Sustainability.”

Thirty-four students representing 17 nationalities, and 6 fields of study attended this event. The students participated in discussion with experts during sessions including: “Monitoring and evaluation,” “Improving and promoting market economy from the bottom,” “Income Generating Activities,” “Community Participation,” “Sustainability and Learning in Developing Countries,” “Population Growth.”

Representatives from each VCP presented their ongoing activites and helped each other to critique their work and to develop future objectives. Strengths consistently noted among the projects were interdisciplinarity, well-defined task division, good use of publicity materials and the internet, and participants’ openness to different cultures. Participants shared methods of maximizing project continuity, ensuring the relevance and accuracy of baseline surveys, and fostering community participation. The necessity of having an local organizing group integrally involved in all phases of the VCP was emphasised.

In addition, participants elaborated on the meaning and application of terms central to the VCP Concept Document: “village concept,” intersectoriality, development, and sustainability. VCP Concept Document was revised to reflect its discussion and IFMSA’s experience with projects.

Participating Projects

- Sudan VCP, 94-97
- Zimbabwe VCP, 96-02
- Sudan VCP II, 98-00
- Mexico VCP, 99-00
- Rwanda VCP, 01-03 (proposed dates)
- Panama VCP, 99-04
- Neema Project Tanzania, 01-04
- Indonesia VP
SCORPions reaching out to the world


Marieke van den Ham
Director for Refugees and Peace 2000-2001

The past year was fabulous for the Standing Committee on Refugees and Peace (SCORP). We had lots of opportunities to show the world and all medical students what we stand for and what we are capable of.

Several exhibitions are now wandering all over the world displaying various subjects, all related to the work of SCORP: the landmine exhibition in Germany is rotating among German medical schools and after that students from Scandinavia and other parts of the world will be given the opportunity to see what the impact of landmines is and what the consequences can be to the individual. Since May 1999 the exhibition displaying the results of the Hiroshima bombing is circling around Europe. In Taiwan the SCORPions have set up their own exhibition after the earthquake last year. This impressive project is travelling the world to the US, Canada and further.

Human rights are one of the major issues within SCORP and several groups have taken the important task upon themselves to educate medical students about human rights and its relationship with our responsibility as future doctors. In October 1999 the fourth training in a series, titled ´The Asian Consensus´ was organised in Manila, Philippines in cooperation with the International Physicians for the Prevention of Nuclear War. This was the first of its kind ever to be held in Asia and the Pacific and other similar projects have been started in the region by its participants. In February 2001 the fifth training ´Health and Human Rights: Making the Links´ will take place in Peru, the first in Latin-America.

The attitude of (medical) students and high school students towards moral disengagement and their ´willingness´ to use violence in case of war or conflict has been measured by SCORPions using the Peace Test 2000. This test gives you an idea of how young people of today perceive the world and what their opinion about the use of armed forces is. The
survey has been conducted in different parts of the world and it will continue to reach more students.

The SCOP projects are still going strong. The Burmese Refugees project is still one of the most interesting projects IFMSA has to offer and the Yugoslav Friendship Clubs started new rotations after having stopped for a while. These projects get some ‘competition’ by new refugee projects being developed. Two groups of SCORPions, from Palestine and Lebanon, presented their plans of starting a refugee project for Palestinian refugees in Lebanon. In the coming year we know more about these projects and I hope that we can send more students out to sensitise them about refugees and their fate.

SCORP did an excellent job last year in accomplishing its goals and next year more interesting activities are planned like the workshops at the 50th anniversary. After all, we do have the power to change!!
We will learn for ever!

Teele Raiend
Participant of the Workshop, Estonia
SCOME Director 2000-2001

In October 1999, SCOME activists from different parts of the World gathered together in Ohrid, a beautiful city of Macedonia. The reason – IFMSA’s 5th International Workshop on Medical Education. The topic – Life-Long Learning.

Entering a medical school… I guess we have all thought of becoming someone “good”, someone who will help the one in need, someone making others happy by making them “well” again. And the deeper we get into our studies, the more we start to question – will I be able to do that?

In the medical school, we are “stuffed” with megabytes of information, and still – we are not able to learn everything. Medicine, the science, is continuously developing, and we, as health personnel, must develop with it. We will never be “ready”. The doctors of the future will have to select relevant information more than ever before.

And it is not “only” about science. Our patients, the community, is getting more demanding and more clever. Tomorrow’s doctor will have to be a good listener, team-worker, psychologist, sociologist, economist, researcher, and still…. a good doctor.

So where do I strive? Medical Education NEVER ENDS!!! It is a continuous process. And we – we will be lifelong learners!

As a case study, our collaborative partner, the WHO, arranged a short seminar on “Integrated Management on Childhood Illnesses”. In addition, several other presentations were made. Small-group discussions were the main form of this workshop.

By the end of the Workshop, the participants came up with a document “IFMSA Recommendations on Implementation of the Concept of Continuous Medical Education in Medical Curricula”.

What does IFMSA wish and recommend?
IFMSA specifically recommends the fostering of self-directed learning skills, critical thinking skills, interviewing skills, and communication skills. These communication skills should emphasize not only strong doctor-patient but also strong doctor–doctor and doctor–community relationships. TEAMWORK in this world is a growing need, as is peer-education and evaluation. Other important goals that we should strive to promote include the knowledge to use new technologies, management skills, practical skills, basic research skills (knowledge about scientific methods and research), and skills on how to use all available information services (including the internet and libraries. Medical students need to learn how to select and judge the available information. Future doctors can only set good priorities if they have the goals of the community in mind. We should specifically be educated on how to listen to society. In developing the core curricula, we must realize that it is and must be dynamic. What is “core” today may not be what is “core” in 20 years or more.

In summary, medical schools should not leave their graduates with a “final package”. Instead, the curricula should be an open system. We want our medical schools to teach us how to learn! Aspects concerning life-long continuous medical learning should always be a part of the core curricula.
## List of Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>AF</td>
<td>Application Form</td>
</tr>
<tr>
<td>AIEME</td>
<td>Asociacion de Intercambio de Estudiantes de Espana</td>
</tr>
<tr>
<td>AIESEC</td>
<td>Assoc. Int. des Et. des Sciences Econ. et Commerciales</td>
</tr>
<tr>
<td>AMDA</td>
<td>Association of Medical Doctors in Asia</td>
</tr>
<tr>
<td>AMEE</td>
<td>Association for Medical Education in Europe</td>
</tr>
<tr>
<td>AMSA</td>
<td>Association of Medical Students in Asia</td>
</tr>
<tr>
<td>AMSE</td>
<td>Association of Medical Schools in Europe</td>
</tr>
<tr>
<td>CA</td>
<td>Card of Acceptance</td>
</tr>
<tr>
<td>CC</td>
<td>Card of Confirmation</td>
</tr>
<tr>
<td>CCC</td>
<td>Constitution Credentials Committee</td>
</tr>
<tr>
<td>CIOMS</td>
<td>Council for International Organisations</td>
</tr>
<tr>
<td>CP</td>
<td>Standing Committee of European Doctors</td>
</tr>
<tr>
<td>EB</td>
<td>Executive Board</td>
</tr>
<tr>
<td>EBM</td>
<td>Executive Board Meeting</td>
</tr>
<tr>
<td>ECOSOC</td>
<td>UN Economic and Social Council</td>
</tr>
<tr>
<td>EMSA</td>
<td>European Medical Students’ Association</td>
</tr>
<tr>
<td>EOM</td>
<td>Exchange Officers’ Meeting</td>
</tr>
<tr>
<td>EPSA</td>
<td>European Pharmacy Students Association</td>
</tr>
<tr>
<td>FAMSA</td>
<td>Federation of African Med students’ Association</td>
</tr>
<tr>
<td>FC</td>
<td>Financial Committee</td>
</tr>
<tr>
<td>FELSOCEM</td>
<td>South American Medical Students’ Association</td>
</tr>
<tr>
<td>GA</td>
<td>General Assembly</td>
</tr>
<tr>
<td>GS</td>
<td>General Secretariat</td>
</tr>
<tr>
<td>HAI</td>
<td>Health Action International</td>
</tr>
<tr>
<td>HLM</td>
<td>Honorary Life Member</td>
</tr>
<tr>
<td>IADS</td>
<td>International Association of Dentist Students</td>
</tr>
<tr>
<td>IAESTE</td>
<td>International Association for the Exchange of Students for Technical exp.</td>
</tr>
<tr>
<td>IMISO</td>
<td>Intersectorial Meeting of Int. Student Organisations</td>
</tr>
<tr>
<td>IPPNW</td>
<td>International Physicians for the Prevention of Nuclear War</td>
</tr>
<tr>
<td>IPSF</td>
<td>International Pharmacy Student Federation</td>
</tr>
<tr>
<td>IVSA</td>
<td>International Veterinary Student Association</td>
</tr>
<tr>
<td>LORE</td>
<td>Local Officer on Research Exchange</td>
</tr>
<tr>
<td>LEO</td>
<td>Local Exchange Officer</td>
</tr>
<tr>
<td>LO</td>
<td>Liaison Officer</td>
</tr>
<tr>
<td>LORA</td>
<td>Local Officer of Reproductive Health &amp; AIDS</td>
</tr>
<tr>
<td>LOME</td>
<td>Local Officer for Medical Education</td>
</tr>
<tr>
<td>LORP</td>
<td>Local Officer for Refugees and Peace</td>
</tr>
<tr>
<td>LPO</td>
<td>Local Public Health Officer</td>
</tr>
<tr>
<td>LTP</td>
<td>Leadership Training Programme</td>
</tr>
<tr>
<td>MEDNET</td>
<td>Medical Education and Didactics Network</td>
</tr>
<tr>
<td>MSF</td>
<td>Medecins sans Frontieres</td>
</tr>
<tr>
<td>MSI</td>
<td>The Medical Student International</td>
</tr>
<tr>
<td>NORE</td>
<td>National Officer on Research Exchange</td>
</tr>
<tr>
<td>NEO</td>
<td>National Exchange Officer</td>
</tr>
<tr>
<td>NETWORK</td>
<td>Network of Comm. Or. Ed. Inst. for Health Sciences</td>
</tr>
<tr>
<td>NGO</td>
<td>Non Governmental Organisation</td>
</tr>
<tr>
<td>NL</td>
<td>Newsletter</td>
</tr>
<tr>
<td>NMO</td>
<td>National Member Organisation</td>
</tr>
<tr>
<td>NORA</td>
<td>National Officer on Reproductive Health &amp; AIDS</td>
</tr>
<tr>
<td>NOME</td>
<td>National Officer on Medical Education</td>
</tr>
<tr>
<td>NORP</td>
<td>National Officer on Refugees and Peace</td>
</tr>
<tr>
<td>NPO</td>
<td>National Public Health Officer</td>
</tr>
<tr>
<td>OC</td>
<td>Organising Committee</td>
</tr>
<tr>
<td>PAHO</td>
<td>Pan American Health Organisation</td>
</tr>
<tr>
<td>PBL</td>
<td>Problem Based Learning</td>
</tr>
<tr>
<td>PC</td>
<td>Project Coordinator</td>
</tr>
<tr>
<td>Acronym</td>
<td>Full Form</td>
</tr>
<tr>
<td>---------</td>
<td>-----------</td>
</tr>
<tr>
<td>PWG</td>
<td>Permanent Working Group of European Hospital Doctors</td>
</tr>
<tr>
<td>SC</td>
<td>Standing Committee</td>
</tr>
<tr>
<td>SCORA</td>
<td>SC on Reproductive Health and AIDS</td>
</tr>
<tr>
<td>SCORE</td>
<td>SC on Research Exchange</td>
</tr>
<tr>
<td>SCOME</td>
<td>SC on Medical Education</td>
</tr>
<tr>
<td>SCOPE</td>
<td>SC on Professional Health</td>
</tr>
<tr>
<td>SCOPH</td>
<td>SC on Public Health</td>
</tr>
<tr>
<td>SCORP</td>
<td>SC on Refugees and Peace</td>
</tr>
<tr>
<td>SG</td>
<td>Secretary General</td>
</tr>
<tr>
<td>SO</td>
<td>Standing Orders</td>
</tr>
<tr>
<td>STDs</td>
<td>Sexually Transmitted Diseases</td>
</tr>
<tr>
<td>TAF</td>
<td>Travel Assistance Fund</td>
</tr>
<tr>
<td>TDC</td>
<td>Technical Data Card</td>
</tr>
<tr>
<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV/AIDS</td>
</tr>
<tr>
<td>UNESCO</td>
<td>United Nations Educational Scientific and Cultural Organisation</td>
</tr>
<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
</tr>
<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
</tr>
<tr>
<td>VCP</td>
<td>Village Concept Project</td>
</tr>
<tr>
<td>WFME</td>
<td>World Federation of Medical Education</td>
</tr>
<tr>
<td>WFPHA</td>
<td>World Federation of Public Health Associations</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organisation</td>
</tr>
<tr>
<td>WHO-ROE</td>
<td>WHO Regional Office for Europe</td>
</tr>
<tr>
<td>WMA</td>
<td>World Medical Association</td>
</tr>
<tr>
<td>WoCo</td>
<td>Working Committee</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>AECs</td>
<td>Catalonia Spain</td>
</tr>
<tr>
<td>AEMP</td>
<td>Togo</td>
</tr>
<tr>
<td>ALEf</td>
<td>Luxembourg</td>
</tr>
<tr>
<td>AMSA-Australia</td>
<td>Australia</td>
</tr>
<tr>
<td>AMSA-Austria</td>
<td>Austria</td>
</tr>
<tr>
<td>AMSA-Philippines</td>
<td>Philippines</td>
</tr>
<tr>
<td>AMSB</td>
<td>Bulgaria</td>
</tr>
<tr>
<td>ANEMf</td>
<td>France</td>
</tr>
<tr>
<td>ANEM-PorMSIC</td>
<td>Portugal</td>
</tr>
<tr>
<td>ASSOCIAMED</td>
<td>Tunisia</td>
</tr>
<tr>
<td>AzerMSA</td>
<td>Azerbaijan</td>
</tr>
<tr>
<td>BoHeMSA</td>
<td>Bosnia &amp; He</td>
</tr>
<tr>
<td>CaMSIC</td>
<td>Canada</td>
</tr>
<tr>
<td>CroMSIC</td>
<td>Croatia</td>
</tr>
<tr>
<td>DENEM</td>
<td>Brazil</td>
</tr>
<tr>
<td>EMSA</td>
<td>Egypt</td>
</tr>
<tr>
<td>EstMSA</td>
<td>Estonia</td>
</tr>
<tr>
<td>FGMSA</td>
<td>Ghana</td>
</tr>
<tr>
<td>FIMS</td>
<td>Israel</td>
</tr>
<tr>
<td>FiMSIC</td>
<td>Finland</td>
</tr>
<tr>
<td>GeMSA</td>
<td>Germany</td>
</tr>
<tr>
<td>GeoMSA</td>
<td>Georgia</td>
</tr>
<tr>
<td>HelMSIC</td>
<td>Greece</td>
</tr>
<tr>
<td>HuMSIRC</td>
<td>Hungary</td>
</tr>
<tr>
<td>IFfMSIC</td>
<td>Brazil</td>
</tr>
<tr>
<td>IFMSA-Switzerland</td>
<td>Switzerland</td>
</tr>
<tr>
<td>IFMSA-Cz</td>
<td>Czech Rep</td>
</tr>
<tr>
<td>IFMSA-Japan</td>
<td>Japan</td>
</tr>
<tr>
<td>IFMSA-Latvia</td>
<td>Latvia</td>
</tr>
<tr>
<td>IFMSA-NL</td>
<td>Netherlands</td>
</tr>
<tr>
<td>IFMSA-Poland</td>
<td>Poland</td>
</tr>
<tr>
<td>IFMSA-Romania</td>
<td>Romania</td>
</tr>
<tr>
<td>IFMSA-Russia</td>
<td>Russia</td>
</tr>
<tr>
<td>IFMSA-Spain</td>
<td>Spain</td>
</tr>
<tr>
<td>IFMSA-Sweden</td>
<td>Sweden</td>
</tr>
<tr>
<td>IFMSA-USA</td>
<td>USA</td>
</tr>
<tr>
<td>IFMSA-Yugoslavia</td>
<td>Yugoslavia</td>
</tr>
<tr>
<td>IMCC</td>
<td>Denmark</td>
</tr>
<tr>
<td>IMSA</td>
<td>India</td>
</tr>
<tr>
<td>IMStC</td>
<td>Iceland</td>
</tr>
<tr>
<td>ISMStK</td>
<td>Indonesia</td>
</tr>
<tr>
<td>KuMSA</td>
<td>Kuwait</td>
</tr>
<tr>
<td>LiMSA</td>
<td>Lithuania</td>
</tr>
<tr>
<td>MEDSAA-UNR</td>
<td>Rwanda</td>
</tr>
<tr>
<td>MedSIN-UK</td>
<td>UK</td>
</tr>
<tr>
<td>MMMSA-Macedonia</td>
<td>Macedonia</td>
</tr>
<tr>
<td>MMSA-Malta</td>
<td>Malta</td>
</tr>
<tr>
<td>MSA-ROC</td>
<td>Taiwan</td>
</tr>
<tr>
<td>MSC/LeMSIC</td>
<td>Lebanon</td>
</tr>
<tr>
<td>NiMSA</td>
<td>Nigeria</td>
</tr>
<tr>
<td>NMSS</td>
<td>Nepal</td>
</tr>
<tr>
<td>NorMSIC</td>
<td>Norway</td>
</tr>
<tr>
<td>PFMStS</td>
<td>Panama</td>
</tr>
<tr>
<td>PMSS</td>
<td>Palestine</td>
</tr>
<tr>
<td>SAMSA</td>
<td>South Africa</td>
</tr>
<tr>
<td>SaMSIC</td>
<td>Bosnia &amp; He</td>
</tr>
<tr>
<td>SINSP</td>
<td>Mexico</td>
</tr>
<tr>
<td>SISm</td>
<td>Italy</td>
</tr>
<tr>
<td>SloMSA</td>
<td>Slovakia</td>
</tr>
<tr>
<td>SloMSIC</td>
<td>Slovenia</td>
</tr>
<tr>
<td>SMStA</td>
<td>Sudan</td>
</tr>
<tr>
<td>SOCEMCh</td>
<td>Peru</td>
</tr>
<tr>
<td>SSSMN</td>
<td>Romania</td>
</tr>
<tr>
<td>TaMSA-Tanzania</td>
<td>Tanzania</td>
</tr>
<tr>
<td>TaMSA-Tatarstan</td>
<td>Tatarstan</td>
</tr>
<tr>
<td>TurkMSIC</td>
<td>Turkey</td>
</tr>
<tr>
<td>UMSA</td>
<td>Ukraine</td>
</tr>
<tr>
<td>ZMSA</td>
<td>Zimbabwe</td>
</tr>
</tbody>
</table>