IFMSA
The International Federation of Medical Students’ Associations (IFMSA) is a non-profit, non-governmental and non-partisan organization representing associations of medical students internationally. IFMSA was founded in 1951 and currently maintains 124 National Member Organizations from more than 117 countries across six continents with over 1.3 million students represented worldwide. IFMSA is recognized as a non-governmental organization within the United Nations’ system and the World Health Organization. For more than 60 years, IFMSA has existed to bring together the global medical students community at the local, national and international level on social and health issues.

The Mission
IFMSA unites medical students worldwide to lead initiatives that impact positively the communities we serve. IFMSA represents the opinions and ideas of future health professionals in the field of global health, and works in collaboration with external partners. IFMSA builds capacity through training, project and exchanges opportunities, while embracing cultural diversity so as to shape a sustainable and healthy future.

The Vision
A world in which all medical students unite for global health and are equipped with the knowledge, skills and values to take on health leadership roles locally and globally.

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Letter from the Officials

General Facts

62nd General Assembly March Meeting – Baltimore/ Washington D.C., U.S.A.

Reproductive health peer-education training in four regions sponsored by UNESCO

Pre-World Health Assembly for Youth in Geneva

66th World Health Assembly

62nd General Assembly August Meeting – Santiago de Chile, Chile

A New Season of Successful Student Exchanges

Shaping the world we want by engaging in the post-2015 agenda process

Finances

Board of Recommendation

Official partners
Dear IFMSA members and colleagues,

It is with great pleasure that we get the chance to invite you to a brief glance into the 2012-2013 activities of the International Federation of Medical Students’ Associations (IFMSA)—one of the largest global student organizations with members in more than 100 countries. Established in 1951, IFMSA was created to inspire international collaboration in a world torn apart by the Second World War. Started as a network of exchange opportunities, the IFMSA has grown to become a groundbreaking youth-driven non-political organization in the realms of student-exchanges, public health projects, capacity building for medical students and a voice organ for future health professionals.

The IFMSA aims to create culturally sensitive medical students who are able to grasp global health problems and work with each other to address the global burdens of disease and thereby create healthier communities around world.

With this annual report we hope to broadcast a small sample of some of the most important highlights from the working year 2012-2013.

The IFMSA Team of Officials 2012-2013
The IFMSA is an independent, nongovernmental and non-political federation of medical students’ associations throughout the world. As of August 2013, IFMSA represents 117 national medical student associations from over 100 countries on six continents. Taking into account particular needs our member associations are divided into 5 regions – Americas, Africa, Asia-Pacific, Eastern Mediterranean and Europe. Our combined membership consists of approximately 1.3 million medical students worldwide.

Since 1951, IFMSA has been run for and by medical students on a voluntary basis. Officially recognized as a non-governmental organization within the United Nations system, our organization is also recognized by the World Health Organization as the international forum for medical students. IFMSA is registered as a charitable organization in the Netherlands.

IFMSA has a General Secretariat in Ferney-Voltaire, France, within the Headquarters of the World Medical Association, and an Operational Office in Amsterdam, in the premises of the Amsterdam Medical Center (AMC). This serves to strengthen IFMSA’s relationships with its main external partners.

For more than 60 years, IFMSA has existed to bring together the global medical student community working on global health issues. Numerous activities are planned, designed, and implemented every year at the local, national and international levels.

Projects, conferences and workshops are organized across member countries in the fields of medical education, public health, reproductive health, and human rights and peace, thus offering medical students a taste of the real and pressing health issues worldwide.

The IFMSA experience shows students that they are not merely passive subjects in a rapidly globalizing world, but rather valuable individuals with a potentially powerful role to play in global health. They learn that their idealistic goals can be achieved with readily attainable knowledge and commitment.

In IFMSA, the emphasis is placed on students returning to their local environments with new ideas and the skills to implement them. As the doctors of tomorrow and future leaders of health, we feel confident that our students will carry this spirit with them throughout their professional lives.

Objectives

- To expose all medical students to humanitarian and global health issues, providing them with the opportunity to educate themselves and their peers;
- To facilitate partnerships between the medical student community and international organizations working on health, education and medicine;
- To give all medical students the opportunity to take part in clinical and research exchanges around the world;
- To provide a network that links active medical students across the globe, including student leaders, project managers and activists, so that they can learn from and be motivated by each other;
- To provide an international framework in which medical student projects can be initiated, developed and implemented;
- To empower and train medical students to take a role in bringing about the necessary changes to improve the health of all global citizens.

Meetings

IFMSA’s biannual General Assemblies (held in March and August of each year) and Regional Meetings are a celebration of crosscultural interactions and education. By meeting the most active students from other countries, our members not only learn about global health, but also share their ideas, skills and experiences on how students can act on issues that motivate them.

Furthermore, our emphasis on skills-based training supports capacity building within our NMOs, bringing benefits for student leaders of the next generation.
After 35 years, the IFMSA’s 62nd General Assembly March Meeting returned to the U.S.A. IFMSA national member The American Medical Student Association (AMSA), the nation’s largest and oldest independent association for physicians-in-training, welcomed over 1000 delegates from all continents to the eastern seaboard. This record number of delegates served as proof of IFMSA’s continued growth as an inclusive Federation in a time of utmost importance for medical students to join together.

The IFMSA has a long history of empowering medical students to tackle global health issues that matter to our generation. As an international federation, we are in an optimal position to influence decisions taken on a global level so as to shape the healthy and sustainable future we want. The Federation has been using advocacy as an important tool to maximize its positive impact on communities around the globe.

The theme of our assembly in the U.S.A., “Advocacy and the Physician in Training”, acknowledged that advocacy and medicine are inseparably intertwined and the goal was to empower attendees and provide them with the tools they need to improve healthcare by using their voice to shape the policies that influence the medical profession. Due to their role in society and the unique features of the doctor-patient relationship, physicians and physicians-in-training are uniquely suited to advocate with and for patients.

Hands-on workshops were offered for attendees to gain advocacy training surrounding specific topics of interest: social determinants of health, medical professionalism and conflict of interest, patient safety and mental health among others.

Outcomes of international conferences and reports by eminent organizations have highlighted the ever-increasing need for physicians to be well equipped with advocacy skills. Despite this, medical curricula are generally poor at preparing future physicians in this area. This is why IFMSA is taking the lead and in the past few years IFMSA has consolidated its advocacy efforts.

IFMSA continues to champion health access and health equity for all citizens of the world.
In 2012-2013 IFMSA continued its successful International Peer-Education Training project (iPET) in reproductive health. Co-funded by a UNESCO Participation Programme grant trainings for more than 50 future physicians were held in Athens (Europe), Tamale (Ghana), San Salvador (El Salvador) and Sousse (Tunisia) with two overarching aims. The first was to teach medical students theoretical background on behavior change peer education, group dynamics and co-facilitation, as well as practical skills in how to adopt and use all of the previously mentioned. The second aim was to foster interdisciplinary and multi-sectoral approaches to prevention/health promotion programming for youth, in order to develop a coherent response to current situations on a global scale. Evaluations show that the expected results were largely fulfilled and that participants had a positive experience.

The series of peer-education trainings sparked by this grant from UNESCO has helped IFMSA build a strong platform to further our work in this area. The long-term aspiration of the project is to empower and support medical students to start up and maintain peer education programs across the globe.

In May 2013, IFMSA organized its first-ever “Pre-World Health Assembly for Youth” (directly preceding the 66th World Health Assembly), convening 30 participants from 22 countries and consisting of a series of workshops for students and young people interested in the improvement of health. The event had three primary goals:

1. To provide a venue for youth (both young individuals and youth organizations) attending the World Health Assembly to work on advocacy efforts collectively, in order to strengthen the voice of youths worldwide during health negotiations. Amongst many other things, delegates were involved in both preparing a joint strategy and working plan for the World Health Assembly and planning for potential areas of collaboration and joint action beyond the World Health Assembly.

2. To develop skills in advocacy, healthcare leadership, and policy engagement amongst youth participants.

3. To empower youth participants to take on further advocacy projects, in order to promote youth education and empowerment in global health.

In 2014, IFMSA is planning its second Pre-World Health Assembly for Youth, and is developing institutionalized advocacy trainings to respond to members’ growing need for effective global health advocacy skills and tools.
A highlight from the 66th World Health Assembly of the World Health Organization (WHO) where our youth voices were present in high numbers was the Lancet-published IFMSA study “The role of young people in global health governance: an interview-based observational study.” Youth organizations are becoming increasingly involved in global health governance. The IFMSA investigated the effects of holding a multidisciplinary workshop, the aforementioned “Pre-World Health Assembly for Youth”, on youth participation in global health by assessing the quantity and quality of actions taken by young people at the 66th World Health Assembly. Participants were from 18 countries on five continents and representing seven disciplines (medicine, pharmacy, law, biomedical engineering, dentistry, public health, and policy).

On average, each student had at least three interactions with different WHO member states, contributing to 58 individual interactions between young people and country delegates compared with 24 at the previous World Health Assembly in 2012. At the end of the assembly, 18 countries had verbally agreed to include youth representatives in future official World Health Assembly delegations, which would substantially increase formal youth participation at the World Health Assembly.

Multidisciplinary collaboration can improve health negotiations at high-level meetings for young people. We anticipate such workshops becoming a model for future high-level meetings and the group of students becoming active participants and leaders in global health.
For decades, the IFMSA has been making a difference in the world, at the forefront of professional and cultural exchange, building international relations among youth, and health action driven by the future health leaders of the world. In the spirit of expanding this impact, the 62nd General Assembly August Meeting in Santiago, Chile, saw around 700 delegates from all continents gather for a week centered on internal reform to optimize the work of the Federation.

Here, IFMSA adopted its new vision and mission.

**Vision**
A world in which all medical students unite for global health and are equipped with the knowledge, skills and values to take on health leadership roles locally and globally.

**Mission**
IFMSA unites medical students worldwide to lead initiatives that impact positively the communities we serve. IFMSA represents the opinions and ideas of future health professionals in the field of global health, and works in collaboration with external partners. IFMSA builds capacity through training, project and exchange opportunities, while embracing cultural diversity so as to shape a sustainable and healthy future.

As we work to make this Federation reflect who we are and what we want to achieve, our new vision and mission statements provide us with a foundation to expand our impact and to shape the healthy world as we envision it. Our clear vision gives us the strength to move forward, our mission pushes us to thrive in the international community.

Furthermore, The General Assembly concluded with the unanimous adoption of the “Santiago Resolution on Strengthening IFMSA” wherein the Federation commits to several pillars on reinforcing the institutional vigor of the Federation. This included installing a permanent secretariat staff at our operational office in Amsterdam (The Netherlands), promoting the engagement of all our National Member Organizations especially in less well represented regions of the world, improving the planning and quality of our biannual General Assemblies and perhaps foremost develop a routine of more long-term strategic planning, evaluating and reporting.

A second highlight from the General Assembly in Santiago de Chile was the signing of a collaboration agreement between the IFMSA and the Pan-American Health Organization (PAHO), represented on-site by Dr. Carissa Etienne, Director of PAHO. This agreement will help to strengthen the bond between these two institutions.

As mentioned in the introduction, the IFMSA was first formed as a network for student exchanges as a way of reuniting the world after the Second World War. Our exchange programs have only expanded since then and it is still the most popular section of the Federation among our members. With the addition of 2931 clinical exchanges and 2100 research exchanges in the exchange season ending in 2013, this largest student-run exchange program in the world has seen more than 250'000 exchanges completed to date.

Students from 90 countries this year took the opportunity to promote the cultural understanding and the cooperation among medical students through joint international experiences of working together in different health systems. On the research side the IFMSA provides a network of locally and internationally active students that globally facilitate access to research projects around the world. Both our clinical and research exchanges still also provide an excellent tool for promoting global friendships for the population of the world.
Shaping the world we want by engaging in the post-2015 agenda process

During the year 2012-2013, IFMSA has contributed significantly to the post-2015 agenda discussions, centered to help define new sustainable development goals (SDGs). The Federation has trained and sent representatives to all of the United Nations Open Working Groups in New York, where they collaborated with the Major Group of Children and Youth, presenting themselves as young advocates for health. IFMSA conducted a study on the political process, following up our work in the Rio+20 meeting in June 2012 - The position of health in sustainable development negotiations: a survey of negotiators and review of post-Rio+20 processes. We have also offered capacity building opportunities for our members, such as: a youth-led panel during the IFMSA March Meeting 2013 in Baltimore; a three-day workshop in Santiago de Chile, Chile to increase the knowledge and skills of medical students; several webinars and online resources shared, to name a few. These efforts have led to the adoption of a comprehensive policy statement by the Federation in August 2013, which was endorsed unanimously by all of our members, in which we recognize the global progress made possible by the Millennium Development Goals, while seizing the opportunity to set new development goals that will tackle the global social determinants of health.

Finances

In the previous year the organisation faced severe financial hardship. We stood shoulder to shoulder and made it through more united than we were before, and we affirm our commitment to staying accountable for our actions. Indeed, accountability is as important as ever; in a crisis-struck world with contracting funds for civil society activities, and ever-increasing competition for these funds, our actions must radiate professionalism. But before professionalism come accountability and transparency in management and governance mechanisms.

To address the factors that led to such financial distress, and to bolster the financial stability of the organisation, a number of ambitious steps were taken. The organisation’s financial resources were restructured and reallocated, allowing us to begin replenishing our reserves, to ensure the organisation’s liquidity throughout the financial year. We intensified our efforts to incorporate in the US, aiming to obtain tax-exempt status, with the ultimate goal of becoming an attractive beneficiary of sponsorships from US-based institutions and firms. And most notable, the organisation kicked off an internal reform process to strengthen the internal management and governance structures of the organisation. The aim of this reform is to consolidate IFMSA’s position as a relevant and responsible service provider for our member organisations, and an effective platform to represent the views of medical students from around the globe.

When the annual report was produced the financial statement for financial year 2012-13 was not yet finalised, and the reader is kindly referred to the organisation’s website for access to updated financial documents.
The Board of Recommendation is a group of esteemed professionals or figures of authority, such as professors and representatives of international organizations, who agree to serve as IFMSA advocates and allow IFMSA to use them as a reference point when in need of a recommendation to provide our Federation with added credibility.

The members of the Board of Recommendation have no duties other than authorizing their names for use by IFMSA. In return, IFMSA keeps them informed about the activities within the Federation.

The Board of Recommendation does not have meetings; it has no official position and no compulsory tasks. Members of the Board of Recommendation can be asked to give advice or to act as a reference. However, this depends on their availability and capacity.

The current members of the IFMSA Board of Recommendation are listed below, along with the year in which they joined the Board:

- Professor Colin Green, former CEO of the International Medical Education Trust 2000 (2006)
- Professor Ian Fraser, Honorary Secretary of the International Federation for Gynaecology and Obstetrics, Past President of IFMSA (2007)
- Dr Otmar Kloiber, Secretary General, World Medical Association (2008)
- Mr Everton Hannam, UNESCO National Commissions (2008)
- Professor Hamid Rushwan, Chief Executive, International Federation for Gynaecology and Obstetrics (2009)
- Dr Halfdan Mahler, Former Director General, World Health Organization (2009)
- Dr Dana Hanson, Past President, World Medical Association (2009)
- Dr Edward Hill, Past President, American Medical Association (2009)
- Dr Andres Nordstrom, Department for Multilateral Development Cooperation, Minister of Foreign Affairs, Sweden (2013)
- Dr Shyama Kuruvilla, Partnership for Maternal, Newborn and Child Health (2013)

Professor Eric Holst (1 December 1929 - 7 November 2013), First IFMSA President and Former Member of the Board of Recommendation.
Official Partners

Official relationships of IFMSA with other organizations are based on the areas of health, education, science and social and humanitarian affairs. There are a number of intergovernmental and nongovernmental organizations which are IFMSA partners in fruitful and long-lasting collaborations.

Our most important partners include:

The United Nations
The IFMSA has Special Consultative Status with the United Nations through the Economic and Social Council.

The World Health Organization
The IFMSA has been in official relations with the World Health Organization since 1969

UNESCO
The IFMSA is continuing operational relations with the United Nations’ Educational, Scientific and Cultural Organization (UNESCO). Joint work focuses on HIV/AIDS, human rights and capacity building in the IFMSA.

The World Medical Association
The collaboration between the IFMSA and the World Medical Association (WMA) has been one of the most successful and rewarding. Although IFMSA is entirely independent of the WMA, it is often referred to as WMA’s student branch.

The IFMSA is also working together with:

- UNAIDS (Joint United Nations Programme on HIV/AIDS)
- UNFPA (United Nations Population Fund)
- UNHCR (United Nations Refugee Agency)
- UNICEF (United Nations Children’s Fund)
- Global Health Council
- European Youth Forum (YFJ)
- AMEE (Association for Medical Education in Europe)
- IFHHRO (International Federation of Health and Human Rights Organizations)
- EMSA (European Medical Students’ Association)
- AMSA (Asian Medical Students’ Association)
- IPSF (International Pharmaceutical Students’ Federation)
- EPSA (European Pharmaceutical Students’ Association)
- IFISO (Informal Forum of International Student Organisations)
- FIGO (International Federation of Gynecology and Obstetrics)
- IAVI (International AIDS Vaccine Initiative)
- MTV Staying Alive
- WONCA (World Organization of Family Doctors)
- UICC (Union for International Cancer Control)
- AMCC (Academic Medical Center)
- Geneva Graduate Institute of International and Development Studies
- IPAS
- PMNCH (Partnership for Maternal, Newborn and Child Health)
- GHWA (Global Health Workforce Alliance)
- ICMYO (The International Coordination Meeting of Youth Organizations)
Albania (OMA)
Algeria (Le Souk)
Argentina (IFMSA-Argentina)
Armenia (AMSP)
Australia (AMSA)
Austria (AMSA)
Azerbaijan (AzerMDS)
Bahrain (IFMSA-BH)
Bangladesh (BMSA)
Belgium (BeMSA)
Bolivia (IFMSA-Bolivia)
Bosnia and Herzegovina (BoHeMSA)
Bosnia and Herzegovina - Rep. of Srpska (SaMSIC)
Brazil (DENEM)
Brazil (IFMSA-Brazil)
Bulgaria (AMSB)
Burkina Faso (AEM)
Burundi (ABEM)
Canada (CFMS)
Canada-Quebec (IFMSA-Quebec)
Catalonia - Spain (AECS)
Chile (IFMSA-Chile)
China (IFMSA-China)
Colombia (ASCEMCOL)
Costa Rica (ACEM)
Croatia (CroMSIC)
Czech Republic (IFMSA-CZ)
Denmark (IMCG)
Dominican Republic (ODEM)
Ecuador (IFMSA-Ecuador)
Egypt (IFMSA-Egypt)
El Salvador (IFMSA-El Salvador)
Estonia (EaMSA)
Ethiopia (EMSA)
Finland (FMSIC)
France (ANEMF)
Gambia (UniGaMSA)
Germany (BVMDS)
Ghana (FGMSA)
Greece (HelMSIC)
Grenada (IFMSA-Grenada)
Guatemala (ASOCEM)
Guinea (AEM)
Haiti (AHEM)
Honduras (ASEM)
Hong Kong (AMSA-HK)
Hungary (HuMSIRC)
Iceland (IMSIC)
India (MSAI)
Indonesia (CIMA-ISMKI)
Iran (IFMSA-Iran)
Iraq (IFMSA-Iraq)
Israel (IFMS)
Italy (SISMA)
Jamaica (JAMS)
Japan (IFMSA-Japan)
Jordan (IFMSA-Jo)
Kenya (MSAKE)
Korea (KMSA)
Kuwait (KuMSA)
Kurdistan - Iraq (IFMSA-Kurdistan/Iraq)
Kyrgyzstan (MSPA-Kyrgyzstan)
Latvia (LaMSA Latvia)
Lebanon (LeMSIC)
Libya (LMSA)
Lithuania (LMSA)
Luxembourg (ALEM)
Malaysia (SMMMS)
Mali (APS)
Malt (MMSA)
Mexico (IFMSA-Mexico)
Montenegro (MoMSIC-Montenegro)
Morocco (IFMSA-Morocco)
Namibia (MESANA)
Nepal (NMSS)
New Zealand (NZMSA)
Nigeria (NMSA)
Norway (NMSS)
Oman (SQU-MSG)
Pakistan (IFMSA-Pakistan)
Palestine (IFMSA-Palestine)
Panama (IFMSA-Panama)
Paraguay (IFMSA-Paraguay)
Peru (APEMH)
Peru (IFMSA-Peru)
Philippines (AMSA-Philippines)
Poland (IFMSA-Poland)
Portugal (PortMSIC)
Romania (FASMMP)
Russian Federation (HCCM)
Rwanda (MEDSAR)
Saudi Arabia (IFMSA-Saudi Arabia)
Serbia (IFMSA-Serbia)
Sierra Leone (SLEMSA)
Slovakia (SlaMSA)
Slovenia (SloMSIC)
South Africa (SAMSA)
Spain (IFMSA-Spain)
St. Kitts & Nevis (IFMSA-SKN)
Sudan (MedSIN-Sudan)
Sweden (IFMSA-Sweden)
Switzerland (SwiMSA)
Taiwan (FMS-Taiwan)
Tanzania (TAMSA)
Tatarstan-Russia (TaMSA-Tatarstan)
Thailand (IFMSA-Thailand)
The former Yugoslavia
Republic of Macedonia (MMSA-Macedonia)
The Netherlands (IFMSA-The Netherlands)
Tunisia (ASSOCIA-MED)
Turkey (TurkMSIC)
Uganda (FUMSA)
Ukraine (UMSA)
United Arab Emirates (EMSS)
United Kingdom of Great Britain
and Northern Ireland (Medsin-UK)
United States of America (AMSA-USA)
Venezuela (FEVESOCEM)
Zambia (ZAMSA)

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