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Introduction

Passion for the activities of the NMOs is the reason most of us join our local committee and later IFMSA. They give us the drive and motivation to do what we do and work harder next time. This is why we genuinely believe that projects are the heart of IFMSA. Today, nearly every NMO takes pride in at least one project dealing with relevant national health issues. Projects are moving to make a difference within the region and we surely have no plans of slowing down.

But all of the projects, apart from changing our local and national perspectives, belong to the international family of initiatives - aiming to fulfill the “Think globally act locally” vision of IFMSA. That is why Programs have been created - in order to bring all of us - our goals, expectations, successes and passion together, in order to make them even greater and to see, how big impact we, as the Federation, have on the world of medicine.

IFMSA Programs are a new structure of IFMSA, therefore lots of questions and concerns are being raised. We would like to present you this Programs Toolkit - a tool that hopefully makes this recent transition and creation of the Programs more understandable and approachable. Within this Manual you can find all of the information which has been shared in the first Guide to Programs, The Programs Webinar, MSI Programs Section Content, as well as the - contact information to all of the Program Coordinators.

Content:
1. What is an IFMSA Program?
2. Program Coordinators - who are they, what do they do?
3. Programs and NMOs - what benefits do you have from enrolling IFMSA Programs?
4. How to enroll and report - easily and quickly!
5. Frequently Asked Questions
6. Programs Descriptions
1. What is an IFMSA Program?

IFMSA Programs are centralized streams of different activities done by IFMSA National Member Organizations (NMOs) and IFMSA internationally. IFMSA Programs address problems within a specific field that we as medical students and global health advocates stand up for while connecting local, national and international activities and opportunities that contribute to the final outcome. All IFMSA Programs connect the work of NMOs locally and nationally with the IFMSA vision and mission. NMOs decide which programs are to be adopted by IFMSA by voting on the programs proposed by the Executive Board and Team of Officials during the General Assembly. Programs are lead by Program Coordinators and overseen by the Executive Board to ensure their quality of implementation, consistency and sustainability.

All NMOs and members of NMOs locally and nationally are encouraged to join an IFMSA Program through enrolling their activities, whether that be projects, campaigns, celebrations, workshops, events, trainings or theme based publications. These activities are coordinated locally, nationally or internationally with the help and support from Program Coordinator and the relevant Standing Committee Director. Efforts of medical students worldwide included in the Programs can be divided into:

(1) **Education among specific societal groups.** IFMSA provides education on health issues in most of the societal groups (peers, children, youth, adults, elderly, specified groups). Examples: human rights education teaching people about their rights and their options to defend their rights; environmental education teaching people how to protect the environment; health education teaching people about HIV/AIDS and contraception, professional exchanges of IFMSA.

(2) **Advocacy,** also called lobbying. Advocacy is the attempt to influence political decisions and policy, An advocacy strategy directly targets those responsible for respecting and protecting certain values and achieving specific goals within the society – the authorities. Advocacy strategies should be used for influencing policies on national and international level as well as to bring experts and externals back to our members to learn.

(3) **Campaigning** is a combination of education and advocacy, is a way to raise awareness among citizens on certain issues, for example about dangers of tobacco and alcohol abuse, human rights violations, equal access to healthcare. The general public is informed about the issue (educational aspect) yet at the same time, the more people
know about the issue, the larger the pressure on government to handle this problem (advocacy aspect).

(4) Research. The aim of research is to provide evidence for development of specific topics within the theme of the Program. Medical students and IFMSA should use research when delivering the change, evaluate impact and create opportunities for medical students in research while working together with academics and other stakeholders.

(5) Fundraising for 3rd Parties means raising funds and resources with the aim of supporting an individual or a vulnerable group in tackling an issue. For example, many NMOs raise funds to support a cause for treatment of a child’s rare disease.

(6) Operative work. NMOs may carry out operative work within their own community or country. An example would be a NMO running a shelter for women vulnerable to gender-based violence. Alternatively, an NMO can carry out operative work in other countries, notably developing countries, cooperating with local NGOs. This is called development assistance. An example would be a NMO traveling to an African country to help three local villages build wells for clean drinking water.

IFMSA Programs are regulated by IFMSA Bylaws and Internal Operating Guidelines, which can be found here.

2. Who are Program Coordinators?

The IFMSA Program Coordinators lead the work organized under the relevant IFMSA Program for one term. Their major responsibilities are:
- to educate members of NMOs on how to enroll their Activities under Programs,
- to enable and facilitate communication between similar activities of NMOs,
- to organize international capacity building activities with the support of NMOs and the IFMSA Team of Officials,
- to collaborate with a range of individuals such as Standing Committee Directors, Liaison Officers, the IFMSA Executive Board, and mostly, with National Member Organizations' Representatives in order to achieve the goals of the Program.

1. Create an Annual Working Plan for the Program in cooperation with relevant members of the Team of Officials at the beginning of the term that is in line with the Program Proposal, the Working Plan of the relevant Standing Committee (s) and the
work of the previous term. If this is the first term of activity of the Program, then this task will be completed following the completion of the Baseline Assessment. The Annual Working Plan is created under the direct supervision of the relevant Standing Committee Director(s) in cooperation with other relevant Officials.

2. Conduct a **baseline assessment** amongst IFMSA NMOs in terms of the respective theme of the Program in the beginning of the first term of the Program. The Baseline Assessment (BA) is the initial task which the 1st Program Coordinator of the relevant Program must organize in order to set the basis for the development of the Program. Note that this task comes as a Priority above all other tasks for the Program Coordinator. The Baseline Assessment aims to provide IFMSA an idea of what impact do Activities of NMOs and IFMSA currently have on the goals of the Program. This will be used for comparison with the impact of the Program at a later time.

3. Assess and approve **affiliation of activities** with the IFMSA Program and the **Program Impact Report**.
   The major task of the Program Coordinators following completion of the BA is to assist NMOs in enrolling their activities and providing a follow-up report in order to establish the Program Activities Database. At the end of the term, the Program Coordinator is to analyze the collected data and produce the IFMSA Program Impact Report for the term. Statistical analysis of program impact at a global level through implementation of IFMSA NMOs Activities

4. Coordinate **capacity building activities internationally** in cooperation with the Team of Officials and the International Teams, which are in line with the working plan of the relevant Standing Committee(s). This can be done in the form a training toolkits, sessions, workshops, meetings and others aiming to achieve the objectives set in the relevant Program.

5. Facilitate linking the work done on the ground level with the **external opportunities** in cooperation with IFMSA Liaison Officers. Note that Program Coordinators are not eligible to represent IFMSA externally without the approval of the IFMSA Executive Board and Team of Officials.

7. Ensure and monitor the **representation of the IFMSA Program during official IFMSA Meetings**.
Baseline Assessment

IFMSA Program Baseline assessment, done at the first term of existence of a program, ensures the insight in the current situation among NMOs, within IFMSA and outside. It determines where we stand with a certain program, including internal and external capacities and resources. It assesses internal capacities of IFMSA, NMOs and the degree of collaboration among NMOs and between IFMSA and external capacities. The Program Baseline assessment seeks to identify opportunities as well as weaknesses, and can serve as a small database of inspirations for the NMOs on which of the projects could be enrolled to a particular Program, as well as what potential benefits they would have by enrolling the activity, based on the resources already at hand.

All of the baseline assessments of the Programs will be available here after the adoption.

Program Impact Report

IFMSA Program Impact Report is an annual report that contains the IFMSA Baseline assessment (in case of first term of IFMSA Program), the IFMSA Program Impact assessment, and review of those that showcase the impact the IFMSA Program made. It also includes the steps to follow for further improvement. The goal of the Program Impact Report is to show how big a difference we made worldwide and within the regions throughout the year. With this Report, if your activity is enrolled under the Program, you can present to your potential Partners or allies that your activity is a part of the Federation and the impact they can have by supporting the greater cause.

One of the most important information included in the Program Impact Report is the data collected from Activity Report Forms enrolled in the Program. All of the Activity Report Forms submitted until 15th June will be included in the Impact Report for the current term, those submitted after 15th June will be used for the following term.

All of the Program impact reports for the 2014-2016 term of the Programs are available here.
Program coordinators are appointed for the one term. During the term, they are working in an annual cycle:

<table>
<thead>
<tr>
<th>September</th>
<th>Call for Program Coordinators</th>
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<tbody>
<tr>
<td>1st October</td>
<td>Start of Term</td>
</tr>
<tr>
<td>March</td>
<td>Representations of Programs during General Assembly</td>
</tr>
<tr>
<td>June</td>
<td>Analysis of all enrolled Activities between July the previous term until June.</td>
</tr>
<tr>
<td>August</td>
<td>Representation of the Program during General Assembly and presentation of the Impact Report.</td>
</tr>
<tr>
<td>August and September</td>
<td>Continuous enrollment of Activities to contribute to the Impact Report of the next term.</td>
</tr>
<tr>
<td>30th September</td>
<td>End of term</td>
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3. What are the benefits for NMOs for enrolling Activities in a IFMSA Program

- Promotion of the activities on the international level
- Better opportunities to receive support from the authorities through IFMSA recognition
- Opportunity to cooperate with other NMOs that work on the same particular area of interest
- Improvement of the impact of the activity by joining forces with other NMOs
- Learn how to plan the activity and how to measure the impact of the activity in the NMO
Use of Program Impact Report as means to fundraise - presenting the Impact that the Program has worldwide. The Impact Reports are proposed for adoption during the August Meeting each year.

Use of Program Impact Report as a way to increase visibility of the NMOs Activities worldwide

Increase of the visibility of all enrolled Activity with the Activities Database

Organization of Capacity Building events in the Federation and NMOs.

Better capacity building with training toolkits, sessions, workshops, meetings

Better opportunities to find external partners

Building a community of medical students equipped with knowledge and skills on a specific topic

Prestige for the activity from being recognized by IFMSA Programs

Use of IFMSA logo in promotion materials of the activity

4. How to join an IFMSA Program

In order to join IFMSA Program, you should have an activity (project, event, conference, workshop, campaign, celebration, etc.) that is in line with goals of one of the IFMSA Programs.

According to the Internal Operating Guidelines of the Programs:

3.2. In order for an Activity to become a Program Activity, the Coordinator needs to do the following:

a. To submit an **Activity Candidature Form** signed and stamped by the NMO President. Alternatively international Activities can be enrolled with the agreement of an IFMSA Official.

b. To complete the **Activity Enrollment Form** with clear goal(s), objectives and indicators of success which are in line with the goals and objectives of the Program of affiliation. The Activity shall have measurable impact on the relevant Target group that is in line with the program.

 c. Both the Activity Candidature Form and Enrollment Form shall be submitted to the IFMSA Program Coordinator at least 4 weeks before the starting date of the activity in order for the Program Coordinator to have sufficient time to provide support to the Activity Coordinator in planning the Activity.

 d. **An Activity can be enrolled at any time, as long as it meets the criteria in 3.2.b.**

 If you would like for your Activity to be included in the 2015-2016 Impact Reports, then it needs to be enrolled and reported by no later than 15th June 2016!
The Program Coordinator determines whether the Activity fulfills the criteria. The application will be reviewed by the Program Coordinator and the Activity Coordinator will be informed in two weeks about whether its activity has been accepted to join the respective IFMSA Program. If the activity is successfully enrolled, you will receive all of the relevant information from the Program Coordinator. The last, but most important thing is the Report Form - this is a form in which you share with us your success and measure if the activity met the objectives you set in the Enrollment Form.

**Enrollment Form and Report Form - Basics**

Enrollment and Report Forms vary from Program to Program, but there is basic information universal to all of the Programs that Activity Coordinators have to provide to the Program Coordinators.

**Enrollment Form - how does it look like?**

Enrollment form is a tool which allows Program Coordinators to evaluate the activity management skills of the Activity Coordinator. If the quality of the management is sufficient, then it can proceed to being enrolled in the Program and reported after execution. If improvements can be made, then the Program Coordinator will work with the Activity Coordinator in order to plan the activity in a way which will help in achieving the goals and measure the impact properly.

**Main questions that Enrollment Forms contain are:**

- **Name of the activity**
- **Type of the activity** (Project, campaign, event, workshops etc)
- **Level of the activity** (local, national, international)
- **NMOs involved**
- **Expected dates of start and end of the activity**
- **What is the problem to be tackled with this activity?**
- **Target groups and beneficiaries** - who will you address (target group) and who will benefit (beneficiary) from this activity?
- **Objectives and success indicators for each objective** - Including the objectives in bullet points and their respective success indicators for each. Both need to be measurable and time-bound as per your plans for the activity
- **General description of the activity**
- **Plans for Monitoring and Evaluation** - how will you be doing an evaluation, including pre. and post evaluation and how will these be comparable. Note that you will be
reporting the activity after its end in order to complete the process and in order for your activity to be considered an IFMSA Program Activity overall.

**How is this activity is relevant to the work of the Program?** - in this question you should refer to the Program Concept Notes and more precisely the Objectives of the Program. What are the goals to be achieved by your activity and their relevance to the goals of the program.

**Please explain what kind of skill and contribution your activity would bring to the IFMSA Program on name?**

Idea, innovation of your activity, materials, experience, knowledge etc.

**Information about activity coordinator**

**Report form - how does it look like?**

Report form is the tool which showcases the impact of the Activity. By combining all Report forms of the activities enrolled, the Program Coordinator will issue the Impact Report of the Program, with which we can see how significant changes we have made as the Federation worldwide.

**Name of the activity**

**Expected date of the end of the activity**

**Actual date of the end of the activity**

**Statistical data** - Please indicate any other statistical data you find relevant to the Target Group, the Beneficiaries, Number of Participants, etc.

**Objectives and Indicators of Success** - Using the information included in the Enrollment Form, indicate which Objectives/Success Indicators were achieved and to what degree?

**Any other information about the Activity and its Evaluation.**
5. Frequently Asked Questions

Can one activity belong to more than 1 Program?

Although an activity can be enrolled under 2 Programs, it is highly recommended to enroll the activity under the Program which objectives correspond more precisely to the objectives of the activity - in order to prevent the overlapping of measuring the impact. Program Coordinators work constantly towards eliminating overlaps between Programs.

If the activity is a permanent (repeated) project in my NMO, can I submit it for more than one terms at once?
An Activity within IFMSA Programs is considered one which has just completed an evaluation cycle. This means that Activity Coordinators have evidence of the impact of the Activity. If the Activity is a part of a bigger project consisting of multiple smaller activities, it is not an issue to report it jointly only once per term after having completed all evaluation cycles. The deadline to submit such a report is 15th June.

Are candidate NMOs allowed to submit activities?
According to IFMSA Bylaws: “Full, associate and candidate members of IFMSA are eligible to apply for activities affiliation to IFMSA Programs.”

My activity is a collaborative project between different NMO’s - how should we enroll?
Only one of the partner NMOs needs to complete the procedure while indicating the contribution of all involved NMOs. Most of the enrollment forms ask for information which other NMOs are involved in the activity. If the form doesn’t include such possibility, please contact the Program Coordinator in this matter.
6. IFMSA PROGRAMS- INTRODUCTION

1) Children Health and Rights
Contact us: childrenhealth@ifmsa.org

Considering that children and adolescents are vulnerable groups that need special care and assistance, the IFMSA program ‘Children Health and Rights’ is proposed to encourage medical students and NMOs in protection of children’s health and rights. In order to achieve the end goals, medical students will need to be equipped with the proper skills to educate and advocate on behalf of children on local, national and international level.

Assuming that communities and civil societies are not aware enough of the importance and complexity of the problem, medical students need to take a leading role in education of general public. Considering that children’s health and rights are usually affected by their surroundings, education needs to be aimed to adults (including families and teachers) as well as children. Taking into account that children and adolescents are the center of these activities we should involve them in every possible way and value their opinions if they can form one.

Program Proposal
IFMSA.org page
Enrollment form

2) Communicable Diseases
Contact us: cd@ifmsa.org

Communicable Diseases Program is a program that is intended to educate medical students and public in general on Communicable Diseases (CDs) and to strengthen student-driven interventions focusing on CDs in order to reduce the negative health impact of communicable diseases worldwide.

The aim of the program itself is to measure, improve, and create the impact of communicable diseases within IFMSA activities as well as educate medical students and society in general on Communicable Diseases and to strengthen student-driven interventions focusing on CDs in order to reduce the negative health impact of communicable diseases worldwide. It is also meant to encourage and empower medical students in promoting public awareness on communicable diseases.

Program Proposal
IFMSA.org page
Enrollment form
3) Comprehensive Sexuality Education

Contact us: cse@ifmsa.org

Comprehensive sexuality education (CSE) is lacking in many societies and is often not taught in primary or secondary schools. Even when there are such programs present, they often fail to teach youth the information they need to make informed choices about their sexual health and life, especially when it comes to contraception, sexual debut, consent, and avoidance of sexually transmitted infections. Many teenagers worldwide lack sufficient knowledge about sexually transmitted infections and contraception. This leads to significant problems, the biggest of which are high incidence of STIs among teenagers and younger students as well as unwanted teen pregnancies. The subject of Sexual Health is usually not brought up because teenagers feel uncomfortable talking about the subject with their parents and teachers. A lot of schools also have no teachers sufficiently trained in successfully teaching about the subject.

The goals of comprehensive sexuality education program are to help young people gain a positive view of sexuality and to provide them with developmentally appropriate knowledge and skills so that they can make healthy decisions about their sex lives now and in the future. It can build a generation of women and men comfortable in their own skin; able to make well-informed, responsible decisions; form healthy relationships; and take care of their bodies. Another important goal is to increase the number of trained peer educators on sexual and reproductive health issues as well as to have a dedicated team of overseers that will make sure the peer educators are equipped with the most recent and relevant information that they can use in their education workshops.

The interventions can be done include:

- Peer education workshops on a local level;
- Workshops on dealing with sexuality related issues for healthcare professionals;
- Trainings and campaigns on reducing stigma and discrimination;
- International cooperation on sexuality education throughout the IFMSA as well as international peer education trainings;
- Raising awareness among the youth and the general public;
- Peer education manuals;
- Advocating innovation on an international level in order to get new methods for peer education

Program Proposal
IFMSA.org page
Enrollment form
**4) Dignified and Non-Discriminatory Health Care**
Contact us: dignifiedhealthcare@ifmsa.org

The IFMSA Program Dignified and Non-Discriminatory Health care is proposed as a means to structuralize and enhance the actions of NMOs in reducing stigma and discrimination directed towards vulnerable or marginalized populations, both in health and in society, with the aim of reducing health inequities that these cause.

Dignifying and Non-discriminatory is a program that aims to empower students to advocate and work on providing an equal and accessible healthcare for anyone.

By joining this program, local or national committees can collaborate with other youth groups, institutions, civil society organizations to provide appropriate healthcare and treat human beings in the way they deserve. We all believe that health should be considered as a human rights and medical students as future doctors should learn how to respect human rights and improve quality of health system. These goals cannot be achieved without advocacy campaigns which, together with stakeholders and assistance of professional evidence-based research, are necessary to target authorities and governing bodies that shape health policies and protocols. IFMSA activity is meant to flow from capacity building, to networking, to student mobilisation and concrete actions in advocacy and assistance of the vulnerable populations.

The NMOs can prioritise according to their needs. The benefit for having this program is that on the international level there can be exchange of information on best practices and results under this theme and the professionalism in empowerment can start by IFMSA recognised workshops that provide basic skills and knowledge in dealing with such a vast topic. Student mobilisation on the local and national level can encompass a wide range of activities from public outreaching, to advocacy, to health campaigns with the particular and targeted vulnerable population.

**Program Proposal**
[Ifmsa.org page](http://www.ifmsa.org)
[Enrollment form](http://www.ifmsa.org)

**5) Emergencies Disaster Risk and Humanitarian Action**
Contact us: humanitarianactions@ifmsa.org

In order to prevent hazards turn into disasters, we must address the core issues that lead to these such are weak public health systems, lack of preparedness awareness among general public. Such hazards including natural, man-made and biological outbreaks put under pressure existing health systems. Medical professionals are not educated and equipped with the knowledge and skills to react in these situations as this topic is poorly addressed in medical education curricula. Schools, hospitals and other
health care and public facilities and industrial zones are often not equipped to respond on emergency nor are built properly to ensure safety of its users causing thousands and millions of people being affected when disaster strikes.

Unfortunately, emergencies tend to disproportionately affect the poor, children, women, the elderly, and other marginalized members of society, hence aggravating existing health inequities? Populations on the move due to man-made or natural disasters put pressure on services and these already vulnerable populations are faced with a health care service of poor quality, unable to prevent disease or treat it, and often denied the service if unable to produce the required documentation. In disasters, human safety is often put into question, especially of the services that are in the forefront such are civil protection or health professionals. They are usually even more endangered in man-made disasters.

**Program Proposal**

[Ifmsa.org](http://ifmsa.org)

Enrollment form

6) Environment and Health

Contact us: environmenthealth@ifmsa.org

The IFMSA Environment and Health Program is proposed to encourage medical students to be active in minimising the health effects of environmental damage and to recognize that caring for our natural environment plays a major role in improving health of populations. As future medical professionals who will be managing the health effects of these environmental issues, we have the responsibility to advocate for mitigation and adaptation strategies and prepare ourselves for changing patterns of disease. The ultimate desired outcomes are to achieve a state where communities worldwide exist in an environmentally sustainable manner where health is not compromised by climate change and other environmental issues. The assumptions are that medical students are effective advocates on the links between the environment and health and once educated on these links, medical students, health professionals, organizations, universities, communities and governments will be motivated and empowered to take the necessary action on these issues. Intermediate goals include the establishment of national and international environment and health trainings for medical students, the establishment of groups active on environment and health and the establishment of specific projects and campaigns. Interventions include political advocacy campaigns, healthy investment campaigns, inclusion of environment and health in medical curricula, research relating to health and the environment and engagement and awareness raising events.
Medical ethics and human rights are guiding values for medical practitioners. Together they ensure a patient centered approach, where the needs and rights of the patients are of the greatest importance. Future healthcare personnel must be competent in the medical ethics that govern her or his practice, and understand how international frameworks such as the Declaration of Human Rights are set to safeguard our inalienable human rights. As future healthcare personnel medical students must feel confident to take ethically sound decisions, and to advocate for their patients in all settings. Students therefore need to have a basic understanding for the roles, rights and responsibilities that come with a medical mission and how these roles apply during threat and ethically challenging situations.

The aim of Ethics and Human Rights in health program is to ensure that medical students as future physicians are able to question their professional behavior and decision-making and answer by ethical and human rights - principles regardless of the situation. By understanding the Universal Declaration of the Human Rights, International Humanitarian Law and ethical codes they are able to carry out a correct interprofessional cooperation and are skilled to advocate for the rights of their patient, themselves and their colleagues.

Gender-based violence (GBV) encompasses many types of violence including physical, sexual and psychological violence directed against a person or a group of people based on gender, and is ultimately a manifestation of deeply rooted gender inequalities. Whilst GBV is not limited to women, globally the vast majority of GBV affects women and girls reflective of their inferior status in many societies. Perpetrators of GBV range from individuals to institutions and states which condone such violence.
The IFMSA program on gender-based violence aims to raise awareness and to take positive steps to prevent and address the harmful effects of GBV on victims and communities. We aim to do this through capacity building, advocacy and research work. In particular, we hope to focus our efforts on three populations: (1) medical students and their respective institutions, (2) local communities, particularly the youth through school education programs (3) and local/national governments. As the regions in which the IFMSA operates are very diverse, research regarding regionally specific issues and causes of GBV will be an overarching goal to successfully implement relevant programming.

We aim to provide national and international training for medical students that equip students with knowledge and skills of how to recognise GBV and how to act to protect those in danger including the provision of psychological support. Additionally, we hope to explore the root causes of GBV such that medical students can influence wider societal causes by actively promoting gender equality. Alongside training, we also aim to advocate for universities to include GBV within their medical curricula. In addition to focusing on medical students, we also aim to reach a wider local population particularly through awareness campaigns linking GBV to gender stereotypes and norms within society and tackling stigma associated with GBV. Working with educational systems such as schools will provide an opportunity to reach boys and girls to deliver gender equality teaching which stimulates critical reflection on commonly accepted gender stereotypes and norms and further how this may manifest as violence. Finally, on a wider scale we also aim to engage local and national governments to advocate for laws to ensure the perpetrators of GBV are held accountable and send a wider message to the public.

Activities within the GBV program may focus on (but are not limited to) topics such as sexual harassment and rape, female genital mutilation, domestic violence and marital rape, human trafficking, sexual exploitation, honour killings, dowry-related violence, acid attacks or more broadly the relationship between gender and health.

Program proposal
Ifmsa.org website
Enrollment form

9) Health Systems
Contact us: healthsystems@ifmsa.org

A health system comprises all organizations, institutions and resources that are devoted to producing health actions (private and public, alternative and official, professional and lay). A health systems many parts operate at many levels to provide coherence at community and national level.
For many years health has been siloed into specific areas of concern (maternal health, HIV/AIDS etc.). We've seen great achievements within some areas, while other areas have been neglected. To change this path a more holistic approach to health systems need to be obtained. This program is therefore not topic-specific in its objectives, but includes activities that focus on parts of the system rather than the diseases. The core challenge is to develop health systems that are able to reach out to rural, vulnerable and poor populations with basic quality health care addressing acute as well as chronic diseases and that are able to respond to health-related disasters, as seen with ebola, tsunamis etc.

Health systems worldwide face various challenges; the budget is substantially low, the quality is insufficient, the medicine, equipment are too few and to expensive and many rural populations do not use health services. Actions conducted by medical students are needed to counter these issues. Know-how on topics as Trade and Health or Access to Medicines and Surgery as well as rural health, traditional medicine and Universal Health Coverage is scattered to a significant degree within IFMSA. Also educational activities as WHO simulations, teaching students about health policy processes, lobbyism and global health governance are important activities to ensure medical students are equipped with the skills to advocate and fight for stronger health systems.

**Program proposal**
[Ifmsa.org page](http://ifmsa.org)
[Enrollment form](#)

**10) Healthy Lifestyles and Non-Communicable Diseases**
Contact us: [ncd@ifmsa.org](mailto:ncd@ifmsa.org)

This Program was developed from the need that medical students should join the fight against NCD’s and actively work on reduction of their burden. Non-Communicable Diseases and unhealthy lifestyles as main NCD’s risk factors, pose major strain on every nation’s healthcare system and take central part of their health programs. Often young people, medical students in particular, aren’t as involved in shaping and implementation of these activities as they should be. This is a missed opportunity since medical students present a group that is already playing a major role in prevention and treatment of NCD’s, and they should be educated about NCD’s and methods of their suppression early in their medical curricula. This Program combines the use of activities, advocacy and changes in medical school curriculum as three major components of fighting Non-Communicable Diseases. It is mostly focused on promotion of healthy lifestyles as well as prevention of chronic diseases, which makes medical
students who are involved in the activities more competent in their further work as healthcare workers. The Non-Communicable Diseases are: cancer, diabetes, cardiovascular and chronic pulmonary diseases; and Healthy Lifestyles include: smoking cessation, reduced alcohol consumption, healthy diet and exercise. Since every NMO has at least one activity which focuses on these topics, enrolling into Program is the perfect way to increase your visibility and measure the impact your activity is making.

**Program proposal**

[Ifmsa.org page](#)

Enrollment form

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11) HIV/AIDS and other STIs

Contact us: hivaids@ifmsa.org

This program is born from the need to tackle issues related to HIV/AIDS and other STI’s (Sexually Transmitting Infections) which have proven to be a major public health problem leading sometimes to violations of human rights. The current situation related to the lack of information and access to health assistance, stigma and discrimination on HIV/AIDS and STI’s does not only affect the general population, but also future healthcare professionals. The latter are an important step in the improvement of health in general, which makes it important to also cater to them if we want to make a real change. Based on this, the ultimate goal of this program consists, in a general level, on improving healthcare attention to those living with HIV/AIDS or with any other STI and reducing stigma and discrimination by raising awareness and educating.

The subsequent objectives are mostly focused on future healthcare professionals, the affected population and the general public. Through advocacy, sharing of knowledge and capacity building this program will work on raising awareness and providing skills on ways of transmission, prevention and testing and also on how to avoid and fight stigma and discrimination against PLWHA (People living with HIV/AIDS) and with other STI’s. Secondly, providing useful trainings and information in order to assure that current and future health providers will deliver appropriate medical attention and follow-up to PLWHA or other STI’s. Thirdly, empowering PLWHA other STI’s and preventing them from becoming passive targets of the HIV/AIDS and other STI’s response. Last but not least, advocating on these issues aiming to change how the healthcare system is currently set, towards one that is more comprehensive, stigma-free and non-judgemental.

**Program proposal**

[Ifmsa.org page](#)

Enrollment form
12) Human Resources for Health
Contact us: hrh@ifmsa.org

The aim of this program is to promote the engagement of medical students in the solution of the current challenges in health care workforce planning and distribution, in light of the universal health coverage principle and the established millennium development goals, therefore ensuring an adequate distribution of health personnel worldwide, at the same time that educational institutions should be encouraged to increase their education quality, not only by the creation and/or renewal of the facilities but also by adapting to the needs of the students, teachers and the society. These measures would have a significantly tackle the causes of lack and uneven distribution of health care professionals. This goal should be achieved by advocacy and awareness campaigns, not only internationally but also – and very importantly – nationally and locally – by promoting the engagement of medical students in increasing the quality of their education and to enrol in discussions and actions with their governments in order to ensure that health professionals do fit the needs of the population. Internationally, the IFMSA is engaged by improving the World Directory of Medical Schools, as well as the Global Standards on Medical Education, led by the WFME, organizing workshops regarding these issues and capacitating medical students with knowledge and advocacy skills, as well as continuing on representing medical students in important forums such as the Global Health Workforce Alliance of the World Health Organisation.

Program proposal
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Enrollment form

13) Maternal Health and Access to Safe Abortion
Contact us: maternalhealth@ifmsa.org

Maternal Health refers to the health of women during pregnancy, childbirth and the postpartum period. Although positive strides have been made to improve maternal health, great disparity still exists. The World Health Organization (WHO) estimates that approximately 830 women die every day from preventable causes related to pregnancy and childbirth, with almost all maternal deaths occurring in developing countries. When scrutinising the major complications that lead to maternal deaths, unsafe abortion is highlighted as a major cause that contributes to 13% of all global maternal deaths. Hence, the program was developed for the need of greater advocacy and awareness of improving maternal health including access to safe abortion. Medical students and
future health care professionals lack information about maternal health and access to safe abortion both as part of the curricula and in terms of provision of safe services in medical centres. There are numerous barriers to access safe abortion services and these include:

- legal and policy barriers (very strict abortion laws and policies),
- social and cultural barriers (gender discrimination, poverty, religious restrictions, abortion related stigma and lack of social support), and
- health system barriers (lack of facilities, lack of trained personnel and cost of services).

On the other hand, evident inequities in the provision of health services as they relate to maternal health are important to tackle the issue and are needed to properly address the problem.

The ultimate goal of this program is to improve maternal health by building comfort and capacity among medical students and Medical Students Associations on maternal health and peer outreach through our Ipas workshops and curricula. We must ensure that medical students worldwide get values clarification and attitude transformation when it comes to handling abortion related issues and equitable access to maternal health services. Building capacity on safe abortion within the medical community will lead to effective healthcare delivery and stimulate increased advocacy on abortion related issues.

Program proposal
Ifmsa.org page
Enrollment form

14) Medical Education Systems
Contact us: mededsystems@ifmsa.org

This project is aimed at increasing student activism and advocacy in their faculties, ultimately to get them to obtain voting rights and a say in their faculty decisions and board. To achieve this, NMOs should organize training workshops for students to learn about different areas of medical education so they can know different types of teaching, learning, evaluation and assessment, the students role in medical education and the importance of feedback in this regard.

Once students have undergone training, NMOs should facilitate their activism by advocating for students rights, their voice and votes with regards to faculty decision and the collection and promotion of feedback among other students.
15) Mental Health
Contact us: mentalhealth@ifmsa.org

Mental health is defined by the WHO as a “state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”. Mental disorders include but are not limited to depression, anxiety and psychosis. These, along with other conditions that impair mental health but may not be included under ICD-10, are grouped in this program under ‘mental illness’.

Stigmatising behaviours towards mental health make up a portion of the human rights gap between those with and without mental illness. Stigma is a degrading or debasing attitude against a person or group due to some salient attribute. Stigma marginalises and degrades individuals and affects achieving of potential and happiness. Stigma may lead to discrimination and inequality in terms of rights, including denial of employment, educational and health opportunities (such as insurance) that would otherwise be granted. Stigma can also lead to acceptance of maltreatment, abuse and other unacceptable practices within health services. Stigma is a common and a significant inhibitor in progressing rights for those with mental illness and requires addressing. As future health leaders and a vulnerable population, medical students are well suited to lead the way in developing mental health activities to help reduce stigma between the medical and wider community.

16) Organ, tissue and marrow Donation
Contact us: organdonation@ifmsa.org

The Program on Organ, Tissue and Marrow Donation aims to increase the availability of organs and tissues through living and deceased donation in a safe and ethical manner. In order to increase availability of organs and tissues through donation, appropriate awareness strategies, including presentations, public events and social media campaigns, are necessary, and participating NMOs should advocate for easier expression of consent. Furthermore, to ensure that hospitals possess the adequate
human and other resources, donation training should be mandatory for all healthcare professionals and steps must be taken to equip hospitals with sufficient logistical necessities. In order to ensure safety of donors, quality of care and infrastructures should be the center of advocacy efforts from NMOs. Finally, promoting ethical donation practices entails the consideration of ethical donation criteria, privacy, equitable allocation and voluntary aspect of donation.

**Program Proposal**
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Enrollment form to be updated

17) Sexuality and Gender Identity
Contact us: sexualitygender@ifmsa.org

Discrimination based on sexuality (including sexual orientation) or gender identity is a Human Rights violation. Nonetheless, this discrimination is widespread and has a detrimental effect on the health of its victims. The Sexuality and Gender Identity program will therefore raise awareness among the general public about the issues individuals face because of their sexuality and gender identity, specifically targeting its efforts to future healthcare providers. By providing future healthcare professionals with the skills and knowledge to give optimal care in a respectful and non-confrontational manner to the population, healthcare, and therefore health will be greatly improved. Additionally, this program seeks to influence policies that affect both Sexual Health and Sexual Rights. This will serve to better the general well being by, for instance, removing laws that criminalize homosexuality and by removing barriers to access healthcare. Also, this program will directly work with stigmatised groups, such as LGBT+ individuals or sex workers, to educate them about available health services and to empower them to access these. Finally, in order to strengthen current evidence about Sexual Health and Sexual Rights, this program strives to collect data on the situation and encourages other researchers to do the same.

**Program Proposal**
Ifmsa.org page
Enrollment Form
Although medical education should provide each aspiring physician with appropriate knowledge, skills and attitudes for independent work right after graduation, in reality there is often a gap. Often students do not have enough opportunities for clinical practice or are taught using outdated methods, while some other skills that are necessary for everyday work are assumed to be learnt spontaneously.

Therefore, the aim of the IFMSA Program on Teaching Medical Skills is to work on following: analyzing of current situation in medical schools, assess the quality and needs of medical students; providing learning opportunities through educational activities, such as competency-based trainings and workshops with academic quality ensured, and to advocate with the faculties to provide support, non-formal education recognition, and work towards integration of well-structured competency-based programs in curricula. Contributing to creation of competent and confident doctors we directly assure that the best possible care is provided to the ones who mostly depend on us and our competences – our patients.

Program Proposal
Ifmsa.org page
Enrollment Form
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