**IFMSA International Team 1995-1996**

**Executive Board**

President: Lennert Veerman, The Netherlands  
Secretary General: Jean-Marc Cloos, Luxembourg  
Treasurer: Mª do Rosário Gaspar, Portugal

**Board of Directors**

AIDS and STDs: Jelena Zajeganovic, Yugoslavia  
Medical Education: Wolfram Antepohl, Germany  
Professional Exchange: Hanna Tapanainen, Finland  
Public Health: Nicholas Brodzski, Sweden  
Refugees and Peace: Jet Derwig, The Netherlands  
Scientific Exchange: Ivo Van Dooren, The Netherlands

**Project Co-ordinators**

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MSI Magazine: Michel Torbey, Lebanon  
Ghana Village Concept: Oliver Hoffmann, Germany  
Sudan Village Concept: Lars Almroth, Sweden  
Calcutta Village Project: Giovanni Landoni, Italy  
Conference "Priorities in Health Care": Nishaban Talukdar, Sweden

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**IFMSA International Team 1996-1997**

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President: Luisa Brumana, Italy  
Secretary General: Lars Hagander, Sweden  
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**Board of Directors**

AIDS and STDs: Jelena Zajeganovic, Yugoslavia  
Medical Education: Katja Nevala, Finland  
Eva Schmidtke, Sweden (co-director)  
Professional Exchange: Jonas Brack, Sweden  
Public Health: Ulfika Dahl, Sweden  
Refugees and Peace: Jet Derwig, The Netherlands  
Scientific Exchange: Anitta Veijo, Finland

**Project Co-ordinators**

PR & Marketing: Luis-Alberto Ramos Neira, Spain  
Leadership Training: Kati Linnamäki, Finland  
Book Aid: Jacob Kranup, Denmark  
"Stop AIDS": Daniela Dedikova, Slovakia

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IFMSA exists to serve medical students all over the world through its member organisations and to promote international cooperation in the fields designated in the policy statements.

**MISSION STATEMENT**

IFMSA aims:
- to be a forum for medical students throughout the world to discuss topics related to health, education and medicine, to formulate policies from such discussions and to carry out appropriate activities;
- to promote humanitarian ideals and medical ethics amongst medical students;
- to act as a mechanism for medical students’ professional exchange and projects;
- to be a body through which co-operation and contacts with other international organisations are established;
- to act as a mechanism for member organisations to raise funds for projects recognised by IFMSA.  
*(IFMSA Constitution par. 400)*
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And so another year went by in the history of IFMSA. Looking back at all that happened in this past year I feel satisfied and proud of what has been achieved. Well over 4,000 students enjoyed a clerkship or elective abroad, participated in a public health project, a refugee project, or attended a conference about medical education, AIDS or the prevention of war. Many others were engaged in getting all of this done. Also as an organisation, IFMSA grew and matured. More countries joined, the General Assembly in Prague was the largest IFMSA meeting ever, and improved fund-raising almost doubled the available budget.

It is tempting to think that this is all because of our own tireless efforts, but I believe that we were helped a great deal by favourable circumstances. Communication rapidly improves as the Internet expands. Geographical and ideological division lines in the world have disappeared, and in many countries democracy is slowly making headway, enlarging the space for non-governmental movements such as ours.

A global economy is emerging and countries are forced to increase contact with the rest of the world.

All of this is facilitating the work of international organisations, but also creates a need for organisations that work and think on an international level.

A world in which the traditional barriers are falling away needs people with a global perspective, an international mind-set, or new barriers will be erected. People are needed who care for the world as a whole, and are sensitive to the needs of the disadvantaged of our global community, who need our (medical) care most. IFMSA helps to “create” these people among a future generation health care professionals and serves as a tool for them to work with.

Through its activities, IFMSA helped thousands of medical students to widen their professional and personal horizons, and offered opportunities to actively contribute to a healthier world.

I hope all of us will retain some of the IFMSA idealism, drive and practical sense of realism when we proceed to doctorhood.
IFMSA International Meetings 1995-1996

44th General Assembly
Barcelona, 5-11 August 1995
With a participation of over 320 students from 51 countries this meeting probably was the largest in the history of IFMSA. The assembly adopted South Africa, Armenia, Canada, Malta, Mexico, Tatarstan (Russia) and St.-Petersburg (Russia) as new members, bringing the total number of member associations at 53, of which 40 are full members, 7 candidate, and 6 associate. An important change in the structure of the federation was the ratification of agreements with three regional medical students organisations. The Federation of African Medical Students’ Associations (FAMSA) was recognised as IFMSA Regional Office for Africa, the European Medical Students’ Association (EMSA) as Regional Office for Europe, and the Federación Latinoamericana de Sociedades Científicas de Estudiantes de Medicina (FELSOCEM) as IFMSA Regional Office for Latin America. The GA also adopted a statement calling for a test ban and the abolition of all nuclear weapons. The annual pre-congress workshop, which carried the name “Public Health: Close to the Year 2000”, was attended by 50 active participants from a variety of countries.

89th Exchange Officers’ Meeting
Opatija, Croatia, 1-6 March 1995
With its 220 participants, the absence of elections and changes to the internal IFMSA regulations and the excellent organisation, this was a productive and relatively calm meeting—as EOMs tend to be. The 6 Standing Committees had their working sessions and a general discussion to critically review the Regional Structure was organised.

Immediately following the meeting a 3-day Leadership Training Programme was held. The 20 participants very much enjoyed the sessions on managerial and organisational skills such as fund raising, team building and motivation.

45th General Assembly
Prague, 4-11 August 1996
If Barcelona wasn’t the largest GA ever, Prague certainly was: 400 medical students gathered in this beautiful city. The Federation grew to a total of 57 member organisations with Georgia, Nepal, Thailand, Uganda and Zimbabwe joining. One of the issues under discussion was how to improve IFMSA’s projects, and defining what projects should be recognised and supported.

The pre-GA workshop “Medicine and War” was attended by 40 students from 18 different countries. The event was very successful in stimulating IFMSA’s activities in the fields of peace promotion and dealing with the effects of war, and strengthened the relations with other organisations working on these issues.

From top to bottom: Group photo from the Exchange Officers’ Meeting in Opatija (Croatia), IFMSA meetings become a unique opportunity for the exchange of general views of Medical Students world wide, as well as a focal point to discuss future strategies in IFMSA internal management.
SCOAS - Standing Committee on AIDS and Sexually Transmitted Diseases was established by the IFMSA GA in 1991 with the aim to develop, promote, and encourage activities within the NMOs and IFMSA that has to do with education, prevention, medical and social aspects of AIDS and other STDs.

National Officer on AIDS and STDs - NOAS runs the national project within the NMO and involve students in the International SCOAS events. New NOAs from Slovakia, Sweden, Libya, Yugoslavia, Macedonia, Poland, Finland, Japan, Lebanon, Ukraine, Armenia, Brazil etc. showed a great interest to improve the ongoing or start the new SCOAS project in their NMO. A lot of other NMOs finally realised that SCOAS activities would be of great importance for their students and wider population, especially for the people living with HIV/AIDS.

In 1995/96 SCOAS poster “Mr. Condo” and motto “PREVENTION is the best way of fighting it, EDUCATION is the best way of preventing it” were chosen. “Condominator” was established and its existence already contributed to the IFMSAs students’ awareness, and “condom collection” was very hard to form and keep. SCOAS Project Handbook with more than 20 NMOs projects was renewed and distributed basically inside Germany, but it intends to be internationalised. SCOAS Library was enriched by numerous new WHO editions, and it nowadays contains more than 30 books.

SCOAS projects:

IFMSA World AIDS Day Event
The project intended to influence and make known all the events that national or local students’ organisations promote on the 1st of December, World AIDS Day. SCOAS’ first step was to distribute lists of suggestions before December 1st, and after the Event took place, to collect reports from all participating NMOs. Mexico, Macedonia, Japan, Slovakia, Brazil (DENEM and IFLMS), The Netherlands, Romania (RFMSA and SSSMNN) and Yugoslavia took part in the IFMSA World AIDS Day Event 1995. Their reports will be published, and leaflet will show the real dimension of medical students’ involvement in promoting better information and proper prevention of HIV infection, their support to people living with HIV/AIDS, and it could serve as guidelines for the next year’s happenings.

International Summer School STOP AIDS - the new IFMSA Project
The Second International Summer School STOP AIDS: “Do the ACTION, but use PROTECTION” was organised by YuMSIC (Yugoslav Medical Students’ International Committee), and has gathered more than 50 students from 16 world-wide countries. Besides lectures in various fields of HIV/AIDS, the First Congress on HIV/AIDS for University Students was held. The preventive part was lead by educators from Israel, USA and Yugoslavia. Through interactive learning games, discussions, literature, helped by educators and professors, participants concluded their school in designing three projects “HIV/AIDS and Youth”, “Mass Media” and “People Living with HIV/AIDS”. Due to its great success and importance the International Summer School STOP AIDS was elected to be IFMSA Project. The school will become source of knowledge and experiences for all NOAs and other medical students that are involved in HIV/AIDS prevention and sexuality education. Participants of the school have been and will be the students of all professions due to the global approach to this medical and social problem of our century.

Electives in SCOAS
The idea of starting electives in SCOAS was risen up more than a year ago, and therefore all necessary preparations and problems were discussed this time; USA, Mexico, Sweden, Yugoslavia are ready to start the first exchanges in the next year, and Slovakia, Germany, Poland, Romania, Catalonia, Brazil are planning to join them soon. The SCOAS Electives intend to offer very good field of education to the both incoming and host students. They consist of different topics such as epidemiology, virology and immunology, research, clinics, pre and post-test counseling, and special education in preventive activities that need to be more or less all covered during the period of electives. The final report from students participating in SCOAS Electives will contribute much to the SCOAS overview of the situation in different countries, but experience of the student will be of enormous value to his/her life, future work in SCOAS and/or any medical profession.

Medical education questionnaire
Following the suggestion of UNAIDS (after the meeting in Geneva) SCOAS decided to prepare unique questionnaire for all medical students in order to find out the way of sexuality and HIV/AIDS education they get on their faculties. Both technical, knowledge and behavioural questions are to be asked. The results would lead us to the various solutions and reactions that we could face in different world areas, and show us the steps we need to take in order to improve the bond between education and behavioural change.

The new approach
Interactive based learning, games and other techniques - were the main tools in our successful work during SCOAS WoCos in the past year. The big improvement were the sessions held for all students that attended IFMSA meetings, thanks to our SCOAS Consultant, Mr. Robert Zielony Ph.D. from JBDFS in New York and his enthusiastic, funny and sensible teaching methods. The theme “AIDS Prevention & Cultural Issues” is chosen to be a topic of the next GA Workshop in South Africa.

SCOAS was working on improving its publications and marketing state. Leaflets were printed, poster designed, handbook renewed etc. We hope that in the next year more support will be found for realising some of our ideas.
Since its creation two years ago, SCORP has grown into a well established Standing Committee within the IFMSA with an increasing number of students working on its projects. The last year SCORP activities have become more structured with the help of concrete guidelines.

The work towards a global ban on production, use and export of anti-personnel land mines is strengthened by the “Land mine Information and Advocacy Kit”. The “Resource Kit for a Culture of Peace” made for the IFMSA Workshop on Medicine and War, contains theoretical background articles as well as concrete advice in work with peace and disarmament issues.

Activities in 1995-96

Uganda Refugee Project
The co-ordinators of this project have had some difficulties as the project had to be changed to another location. The camps that were chosen as the project location became too dangerous because of war. Communication between the Ugandan and German co-ordinators has been difficult but new routines have been set up.

Burmese Refugee Project
Two groups of six students went to the hospital in Mae Sot last year. The authorities of Thailand still don’t support the hospital, because the people treated and doctors and medics working there are Burmese Refugees. In the beginning of May the first rotations in June and July were almost cancelled, fearing that too much interest in the hospital, could ruin the project. If everything turns out well this project will become an IFMSA project in SCORP.

Sudan Refugee Project
The communication between the co-ordinators and Sudan has become a little better because of e-mail. Eight students applied for last years rotation but in the end only two Dutch girls participated. Reasons for the cancellations were the political situation and financial problems. An evaluation of the project will be available later in 1996.

Land mine campaign
A photo exhibition on health effects of land mines was organised in Alexandria in Egypt last April. Aims of the exhibition were to inform fellow students, other health professionals, leaders of opinion and the public about the land mine disaster and to demand the Egyptian government to participate actively in multilateral negotiations directed at controlling the use of land mines, eliminating their manufacture and export and working towards a complete and total ban. The exhibition was a great success and travelled to Cairo and was later on rotation between various university faculties in Alexandria.

World Court Project
IFMSA has contributed to this project by a signature action in the Newsletter. Following up the World Court decision, letters have been sent to the nuclear weapons states asking them to follow up the Courts decision by immediately starting negotiations for a convention on the abolition of nuclear weapons.

First Congress of Medical Students from Bosnia-Herzegovina, with International Participation
SCORP students in Bosnia organised the First Congress of Medical Students from Bosnia-Herzegovina in Tuzla in June this year. There were around 70 presentations during the 3 days of the congress. Emphasis was put on the medical and psychological effects of war. Students from Sarajevo and Tuzla could show the international participants, what they had learned during the war years in war medicine. There were students from England, Germany, Poland, Norway, Austria and Holland. The students of Tuzla were very open about their experiences. A video documentary was made in which Bosnian students and the vice-Dean tell about their lives during the war.

Workshop on Medicine and War
This IFMSA Workshop was successfully organised by members of SCORP before this years General Assembly. Realising the tragic health consequences of armed conflicts around the world, we focused on the role of medical students in preventing this. There were some 40 participants from 18 different countries, among which a selection of participants from former Yugoslavia: 4 Croatians, 4 Bosnians, 1 Slovene and 4 Yugoslavs.

The workshop consisted of different lectures, working groups and student presentations. Stimulating lectures were given on non-violent communication, Physicians role on wars, Geneva conventions and reasons why conflicts turn violent. Students presented activities and projects that they already had been involved in. There were a lot of interesting initiatives and lots of networking was taking place!

In smaller working groups there was a chance to discuss in more detail the origins of conflict and violence and also to brainstorm and explore what activities medical students could organise. The workshop was very productive with a wealth of ideas but with also thoughts on how to put these into practice. The final report of the workshop is available at the IFMSA General Secretariat.

Plans for the future

For the coming year SCORP will create an Action Handbook, which will contain descriptions of a large range of effective activities and advice for medical students working to prevent the disastrous health effects of violent conflicts. With the experience collected from the refugee projects so far, a Refugee Project Concept will be worked out to help setting up new projects. The co-ordinator for the Uganda refugee project will visit Uganda this autumn to improve this project. We will also compose an information folder for participants going to our refugee projects. Because of great interest to organise medicine and war related meetings, an information kit on how to organise a workshop on Medicine and War will be made. The Egyptian land mine photo exhibition will rotate between various SCORP student groups in the coming year. To keep SCORP active and growing a SCORP Newsletter will be published in four issues the coming year containing the different actions of SCORP members all over the world!!!
The Standing Committee on Professional Exchange (SCOPE) is the largest program within IFMSA. Participation in this program gives students a unique educational opportunity that opens doors to medical colleges, hospitals and clinics throughout the world, at the same time they get exposed to a different country and culture. Currently about 4000 medical students are exchanged every year. Most clerkships last one month. However, clerkships lasting more than one month are possible, as well as pre-clinical clerkships. Students going on clerkships are offered board and lodging in addition to social and cultural programs. Clerkships are given in English and in the language of the country. Some countries offer Summer School programmes on topics such as tropical medicine, primary health care, rational use of drugs, etc.

**Activities in 1995/96**

Roughly 4000 exchanges were made within the professional exchange program during the exchange year 1995. The member organisation with the highest number of exchanges was AIEME-Spain with 518 exchange units, followed by Italy (376 units) and Germany (275 units). Roughly 80 per cent of the exchange was made by European students. Nordic countries counted for 12 per cent, Western Europe 15 per cent, Eastern Europe (including Russia) 19 per cent and Southern Europe for 35 per cent. The only country from South America active in the programme was Brazil, with two member organisations, DENEM and IFLMS. Together they accounted for 6 per cent of all exchanges. In 1995 only three African countries were active in SCOPE (Egypt, Sudan and Ghana). The percentage of African students was 5.3. Asia and Far East counted for 7.5 per cent of all exchange.

SCOPE exchange has been established in at least six new countries during the exchange year 1996.

Several more medical students’ organisations have shown interest in starting the program in their countries. However, the representation of Latin and South America, Asia and Africa is still quite modest. Hopefully with the further development of the regional structure we can get more medical students associations from these areas to SCOPE.

The most important project within SCOPE this year was to produce a better evaluation system for the clerkships. A new evaluation form was designed and distributed to the National Exchange Officers (NEOs) at the Exchange Officers Meeting in March and was tested during the summer 96 exchange period. The results were discussed at the GA 1996. A booklet about social program activities in different countries was published with information about social program in 23 countries. The SCOPE director continued to update the NEOs Manual. Communication was one of the biggest questions in SCOPE during this year. 4 NEO info letters were mailed. Information about SCOPE news was also published in the IFMSA Newsletter.

The use of e-mail made the communication between SCOPE director and NEOs very easy. However there were quite a lot of problems in reaching those NEOs who don’t have access to e-mail. This led to delay of application forms, cards of acceptance and possible cancellations. Other problems in addition to communication and keeping deadlines have been mainly bureaucratic, e.g. problems with visa and insurance.

SCOPE meetings were held at the EOM in Opatija, Croatia and at the GA in Prague, Czech Republic.

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Nordic: Finland, Sweden, Norway, Denmark, Iceland
Western Europe: Germany, Austria, Switzerland, Netherlands, (France, UK)
Eastern: Estonia, Latvia, Lithuania, Poland, Czech, Slovakia, Romania, Bulgaria, Russia, Belarusia, Ukraine
Southern: Portugal, Spain and Catalonia, Italy, Slovenia, Croatia, Macedonia, Yugoslavia, Greece
South America: Brazil (Bolivia, Venezuela)
Africa: Egypt, Ghana, Sudan
Asia and Far East: Israel, Turkey, Lebanon, Japan, Nepal, (India, Thailand)

The numbers represent percentages of the students from the different areas.
The Standing Committee on Elective Exchange was founded at the IFMSA General Assembly in 1991 with the aim to work with elective exchange in order to enhance students possibility to do short scientific research projects abroad. A student choosing an elective is incorporated in an ongoing research project or in a specific part of a study on clinical, pre-clinical or public health sciences. Duration of an elective project is from six weeks up to six months. An elective is not an introduction or a basic course on the subject concerned, but a research or specialised clinical project in order to deepen the students’ knowledge in a specific field. In both, the hosting university and the home faculty, the student is provided with personal tutor. Both tutors are responsible for the recognition and academic credit obtained by the student.

A long term goal of SCOEE is that every student should be given an opportunity to perform scientific study on specific fields of medicine according to his/her personal interests. The scientific studies should be integrated into the medical curriculum in all the countries.

Presently 35 IFMSA National Member Organisations (NMOs) from all over the world participate in the elective exchange programme. About 520 students were exchanged during this exchange year 1995/96.

Meetings

SCOEE has had three official meetings 1995/96. SCOEE supplementary meeting was held in Umeå, Sweden in December 1995. The two other meetings were held during IFMSA Exchange Officers’ Meeting in Opatia, Croatia in March 1996 and General Assembly in Prague, Czech Republic in August 1996. Meetings were attended by National Elective Coordinators (NECs), some Local Elective Coordinators and representatives of NMOs who wanted to start elective exchange in their countries.

Results in 1995/96

**Manual on Electives:** The Manual on Electives (MoE) is a guide book how to organise an elective exchange programme. This year guidelines for tutors and LECs and a list of minimum requirements for electives were added in it. Two new forms were created: Questionnaire for LECs and renewed Elective Evaluation Form. These new guidelines and forms are hoped to help the NECs when they want to higher the quality of the elective projects.

**Database:** In 1995, SCOEE completed a database with information on all internationally available elective projects. It includes at the moment over 2000 elective projects. It was updated twice this year, during EOM and GA. After March 1995 it has also been available in Internet at the address: http://www.med.auth.gr/~helmsic/IFMSA_Electives.html

**Electives in Medical Education:** Since 1995 SCOEE and Standing Committee on Medical Education (SCOME) have worked together on the electives in medical education in which students get the possibility to experience and participate in different way of learning, the Problem Based Learning.
The Standing Committee on Public Health (SCOPH) initiates and promotes programs related to public health, combining educational and supporting objectives.

**Activities in 1995-96**

**Workshop on Public Health**

This year’s pre-congress workshop, which was held in Barcelona from 1 to 4 August 1995 was entitled “Public Health: Close to the Year 2000”. The 50 participants enjoyed a varied programme and came to the following conclusions:

- Public Health projects are not limited to developing countries. For example, a program helping drug-addicts in Northern Europe would also qualify as being a Public Health project, as long as the aim of the project is to provide health care essential to the actual country.
- In a PUBLIC HEALTH project it is important that any kind of intervention is based on scientifically researched facts.
- There has to be social acceptance of the intervention in the projects target area.
- The equipment to be used during the project period and afterwards have to be affordable so that the target community will not lose what they have gained when the project is over.
- The community which stands to benefit from the project has to accept it. The same goes for any local or national government that could have influence on the result of the project.
- Any other NGO working in the area has to be contacted to ensure co-operation and avoid misunderstandings.
- During the project there has to be continuous evaluation involving the community. This has to be done so that problems can be solved before they threaten the aim of the project, as well as to strengthen the awareness in the community about their situation.

**The Village Concept**

The Village Concept (VC) deals with health, education, agriculture and other aspects of development. The VC emphasises the active participation of the community in the planning, management and evaluation of a project. All VC projects aim to support a rural community multi- and intersectorially. To facilitate this, IFMSA co-operates closely with other international student organisations. The VC structures students’ development projects according to the guidelines of WHO’s strategy towards “Health for All”. The first Village Concept Project was successfully implemented in 1986-92 by IFMSA in co-operation with the World Health Organisation.

A Village Project is jointly organised by an industrialised and a developing country. The NGO in the industrialised country will have the responsibility for fund-raising and all information and communications concerning the project. The NGO from the developing country is responsible for the definition of the project (i.e. what kind of projects are needed in this country) and the identification of a proper target area.

**Ghana Village Project**

This year the mid-term evaluation report of the Ghanaian-German Village Project in the village of Odupong-Ofaakor was published. Some of the achievements:

**Medical/Pharmacy sector**

- Provision of good drinking water through the use of community water tank. Access to potable water increased from 18% to 54%. This is not sustainable in the long-term and a permanent solution to the water crisis in the area is needed.
- In collaboration with the Guinea Worm Eradication, incidence of Guinea worm reduced by more than 80% (from Health Post Records).
- Immunisation levels increased from 28% to 72% in children under two years in 14 month.
- Increase in the level of family planning awareness from 35% to 95% with an acceptance rate of 20%.
- Training of an effective community based distributor.
- Improvement of the environmental sanitation through the provision of two public places of convenience (KVIP) and refuse dump.

**Agricultural sector**

- Building of a modern poultry farm for training interested people in the community and also meet their protein requirements.
- Training of two caretakers in poultry management.
- Demonstration farm providing protein rich local materials (soyabeans, cowpeas) for preparing weaning foods for children and also training of the inhabitants.
- Establishment of an agro-forestry unit.

**Forestry sector**

- Over 3,000 trees planted in the community woodlot, agro-forestry unit, school or-
- Establishment of a nursery for the continuous supply of seedlings.
- Training of six caretakers for the woodlot, nursery and agro-forestry unit.

**Sudan Village Project**

Field work in this Sudanese-Swedish project makes progress according to the plans, the participants at the project site do a great job and other sectors are about to start their work. The Swedish part of the organizing committee visited Sudan 2-17 April 1996. They took part in the evaluation of the work done this far and in the co-ordination and planning of future activities. There is a health post ready with room for doctor, a pharmacy a small laboratory, a place for midwives and a small room for minor surgery. When the students are accepted they are given a lot of information about Sudan and during the first week there they have a preparatory course in Khartoum. Until now the work has concentrated mainly on education and information on mother and child health, and the construction of latrines. In the coming year, a workshop on the evaluation of development projects will be held in Wad Medani. International students of agriculture and veterinary medicine plan to go to the Sudan this summer in order to put up objectives and plans of action for each sector together with the local students. The local students of these sectors and also dentistry students have made a lot of preparations, and have also started some activities in small scale. We still have to involve pharmaceutical and dentistry students as well as students of public health at the international level.

**Italian Calcutta Project**

The indoor clinic (at 30 Km south of Calcutta) has been constructed as planned and was inaugurated at Christmas. There are also 3 outdoor clinics. The students can spend a period of 5 weeks or more “enjoying” the work of Doctor Sujit Mandal, the Indian Paediatrician who is spending his life looking after the poor and sick children in a rural area South of Calcutta. The activities of the students in the project are nursery work, assisting the doctor, doing the screening of the population, administrative work and whatever else is necessary.

Thanks to the efforts of the organisers the project has been opened for the international participation almost a year earlier than planned. In the early stages of the project a clinical and a pre-clinical student will work in the clinic for 1 month, and in the 5th week they will teach their successors.

**The Orphanage Initiative - Romania**

In Iasi, Romania, RFMSA in co-operation with IFMSA started a project at an orphanage. The intention of the project is to assist the staff in their daily activities in order to stimulate the children physically and mentally. The long term - and somewhat ambitious - goal of the project is to integrate the children in society; the immediate goal is to bring some joy and happiness to the children. The thought behind the project is that working with orphans is not only a matter of working with children, but with attitudes as well. The important things are to be there and to show that you care; it makes a big difference to the children and those around them.

The official start of the project was in March ’96 and it will be open for participants until November. The project has no restrictions regarding year of study and all students within health sciences are welcome to take part. The foreign participants will work together with Romanian students and stay for a minimum of one month.

**Brazilian Projects**

The medical students of Brazil, united in DENEM organise a number of projects in which Portuguese or Spanish speaking students can participate.

**Medical supplies - EQUIP**

Via «Equip», second hand medical equipment is collected and redistributed to IFMSA projects, hospitals and other health centres in developing countries. The project is running as planned and shipped one container with material to St. Petersburg, two to Tanzania and one to Ghana in 1995-96.

**Mexico Village Project**

This is a new VCP which will start in February ’97 and is planned to finish in February 2000. It will take place in the rural area of Nuevo León. Students will spend the first two weeks in Monterrey taking a theoretical and practical course on Primary Health Care and subsequently work in the health centre of that area. The Spanish member organisation AIEME will do the pre-selection of participants. The project will be open for Spanish speaking students.

**Thailand Village Project**

The agricultural students of IAA started this project some time ago. Participation is
open to post-graduate and final year students with some knowledge of tropical diseases from any country. English will be the language used in the beginning, but at the very start the international students are going to take part in an intensive language course to be able to communicate with the villagers. Unfortunately the contact with the organisers in Thailand has been scarce despite repeated efforts. Reportedly some socio-economic improvements (including health education, sanitation, etc.) have been achieved.

**Plans for the future**

**Zimbabwe Village Project**
The Danish medical students plan to create a Village Concept project in Zimbabwe. A delegation has visited the area to collect information and establish contacts with the Zimbabwe Medical Students Association. Medical and anthropological students are working on the baseline survey.

**Ecuador Project**
In conjunction with an existing project in which the international association of business students -AIESEC- is involved, medical students of Ecuador and Spain will coordinate the development of a health care component to the existing efforts to raise the general level of development of the rural region of Manglaralto. A young Spanish doctor has been working on the baseline survey and Spanish speaking students from the third year on will be welcome starting July 1996.

**Uganda - FAMSA**
The medical students of Uganda are preparing a proposal for a primary health care project in rural Uganda; several European countries have expressed an interest in taking part in the organisation of the project. An earlier proposal was rejected on economic grounds.

**Workshop**
SweMSIC and IMCC-Denmark plan to arrange a workshop on student run development projects. The workshop is planned to take place in the south of Sweden or in Denmark in October or November 1996.

**Other**

**Calcutta - Basel Project**
The project aims to build a clinic in a poor area of Calcutta and is executed by students of the University of Basel. This year no reports have been submitted to IFMSA and not even Swiss students have been able to participate. The project has therefore lost the status of IFMSA project.

**Tanzania Village Project**
The project has been initiated by pharmacy students of Tanzania and Catalonia. Contacts both within the project and between IFMSA and the organisers has faltered and no progress report has been received. Until functional contacts are re-established the project cannot be considered an IFMSA project.

**Database**
Austrian students will create a database of SCOPH, containing the list of NGOs that would accept medical students in their projects. This database will contain a standard letter in different languages which will be sent to these organisations.

**Gender planning for VCPs**
Experience in the Village Project in Sudan revealed the importance of introducing a gender planning in development projects in order to act according to the social relation between man and women. This gender planning should be introduced into the VC document. The help of students in anthropology will be sought.

**Preparation of participants**
More attention shall be given to the preparation material for participants in projects. This material should include the reports of previous participants.

**Priorities in Health Care**
Under the heading “Priorities in Health Care” IFMSA is preparing its participation in the conference with the same title that will be held in October 1996 in Stockholm.

**SCOPH Diskette & Handbook**
A SCOPH Diskette and Handbook have been developed in order to provide basic information about the functioning of the committee and to provide up-to-date information on IFMSA’s activities in the field of public health. Both will be updated at least annually and are available for downloading via the IFMSA Home page at the following address:
http://crick.fmed.uniba.sk/ifmsa/scoph/welcome.html#41
Medical Education

The Standing Committee on Medical Education believes that medical students are potential leading actors in the progress towards a continuously improved medical education. As the ones being directly concerned, students are often able to identify otherwise unnoticed problems, have realistic solutions and the motivation to support the implementation of eventual changes. It is the task of the Standing Committee on Medical Education to provide medical students with adequate information and tools for them to evaluate their own educational system, to collect and share experiences with new educational initiatives, to discuss and formulate their opinion and finally to initiate relevant improvements in their native countries and faculties.

Activities in 1995/96

The working year 95/96 of the Standing Committee on Medical Education was largely characterised by projects started in earlier years. The largest event of the year was the 2nd International Medical Students’ Workshop on the Future of Medical Education, which took place in Belo Horizonte, Brazil, from January 7 to 12, 1996. After intensive preparations, more than sixty participants from countries in Latin America, Africa and Europe gathered to work upon the role of students in medical education. Major subtopics were public health and its integration into medical education, different educational approaches, preparation for life as a doctor and the evaluation of medical education. Discussion on these topics did also characterise the work within the sessions of the Standing Committee during IFMSA meetings. A detailed report is available from the IFMSA General Secretariat. Preparations for the next medical education workshop, scheduled for April 1997 in Kenya, have already started.

The Electives in Medical Education project, a program to introduce interested medical students to innovative approaches in medical education, was implemented for the first time. A first IFMSA student went to Maastricht’s medical faculty, which IFMSA has to thank for a great co-operation, in Autumn 1995. Thanks to good experiences, the project could be enlarged and from Autumn 1996 on the Maastricht Medical Faculty offers all its places available for electives in medical education to IFMSA. Hopefully, a similar program will be implemented for IFMSA students at McMaster University, Hamilton, Canada. We do hope that even more universities can be involved, such as to give students from all over the world a chance to get acquainted with new alternatives approaches in medical education in a “real” setting.

Within the so called Book Aid project, another delivery of medical text books for students in the Baltic countries was organised in September 95. During the EOM 96 in Opatija, Croatia, a decision was taken to enlarge the project and to decentralise it at the same time. Hence, bilateral partnerships between “donor” and “recipient” countries were established. Among these dual partnerships are e.g. Austria-Bulgaria, Denmark-Bosnia and United Kingdom-Azerbaijan.

The European Medical Curricular Access Diskette, a database covering European medical curricula’s structure and contents was published in a second edition in spring 96. In addition, IFMSA entered a contract with an Internet publishing company in order to make the database available on the Internet as EMSIS - European Medical Schools Information System. This new form of publishing the material will allow easy and immediate update and thus hopefully help to insure an up-to-date content of the database.

SCOME represented international medical students in various meetings and conferences, apart from the “usual” IFMSA meetings: EMSA’s and IFMSA’s joint paper on curriculum evaluation was presented at the AMSE (Association of Medical Schools in Europe) meeting in Vienna and a presentation on the role of students in changing medical education was presented at the Malta Medical School Conference. Furthermore SCOME, in collaboration with the faculty of medicine in Linköping, Sweden, organised a workshop on problem-based learning (PBL) on the Island of Malta. This joint project was also intended to facilitate other bilateral educational exchange projects within the SCOME network. Other meetings attended were the 7th. Ottawa Conference on Medical Education Evaluation and the European Medical Students’ Association’s (EMSA) meeting in Hamburg, Germany.

Medical education is a topic in which many actors are playing their role. For SCOME as an actor on the international stage, it is thus important to establish and preserve good communication with its national and local student representatives as well as with other organisations in the field of medical education. Apart from the above mentioned conferences, written communication played an important role. The use of e-mail has become a predominant and very effective means of communicating and has greatly improved and facilitated both internal and external relations for SCOME. We would like to stress that the assistance and advice we got from senior organisations such as the World Federation for Medical Education (WFME), the Network, the Kellogg Foundation and the regional associations for medical education has been essential for the work of SCOME throughout 95/96. Especially the workshop on medical education would not have been possible without concrete support and advice from the side of WFME, the Kellogg foundation and the Network.
IFMSA, e-mail and the internet

1995/96 could be elected as the “electronic mail year” of IFMSA. Practically every IFMSA Official had e-mail facilities, thus improving IFMSA’s internal communication drastically.

Besides, a growing number of National Member Organizations (NMOs) and Associations in correspondence seek for e-mail access, subscribe to the IFMSA mailserver and consequently receive relevant IFMSA information in “real time” and not after a 2-3 weeks delay (i.e., by regular mail).

Additionally, the IFMSA Homepage has been very much improved, e.g., by including subscribe/unsubscribe options for the IFMSA mailserver, providing downloading facilities for IFMSA documents and establishing links to other interesting URLs on the Internet.

Bearing in mind the ongoing and improving of this pathway, IFMSA decided to organise a “Working Committee on Computers and Communication (WoCoCoCo)” during the 45th IFMSA General Assembly (Prague, Czech Republic, August 4-11, 1996). This WoCoCoCo focused on the presentation of a standard software package for IFMSA (MS Word, FileMaker Pro, Aldus PageMaker, MS Excel and PowerPoint) in the first session, described basic e-mail and Internet features in the second session and discussed advanced Internet facilities in the third session (homeapage construction, compression methods, phoning over the Internet).

In the last session, general computer/Internet guidelines for NMOs were recommended.

As a result of the discussions going on during that General Assembly, IFMSA now has three Homepage Coordinators (Slovakia, Greece and Taiwan) and a newly created FTP (File Transfer Protocol) site (ftp://crick.fmed.uniba.sk/ifmsa), on which all relevant IFMSA information is available for downloading, e.g., the Blue and the Green Manual (containing IFMSA presentations, addresses, constitution, standing orders, etc.).

Finally, a Pre-GA Workshop will focus on “Medicine and the Internet” during the next IFMSA General Assembly in South Africa (Cape Town, August 1997). More information at: http://yi.com/workshop.

As a conclusion, one could say that the World Wide Web (WWW) will definitely help to represent IFMSA throughout the whole world.

Internationally yours,

Jean-Marc Cloos (Luxembourg)
IFMSA Secretary General
## External Relations

IFFMSA would like to thank the following organisations for the fruitful contacts and cooperation in the past year:

- World Health Organisation (WHO) - Official Relations
- UNESCO - C status
- UN Economic and Social Council (ECOSOC) - Roster
- UN Children’s Fund (UNICEF)
- UN High Commissioner for Refugees (UNHCR)
- UNAIDS
- UN Population Fund (UNFPA)
- World Medical Association (WMA)
- Council for International Organisations of Medical Sciences (CIOMS) - Associate Member
- Network of Community-Oriented Educational Institutions for Health Sciences (Network) - Associate Member

### List of abbreviations

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AIESEC</td>
<td>Association Internationale des Etudiants en Sciences Economiques et Commerciales</td>
</tr>
<tr>
<td>ALF</td>
<td>Amerique Latine Formation Academique (EU)</td>
</tr>
<tr>
<td>AMA-MSS</td>
<td>American Medical Association - Medical Students' Section</td>
</tr>
<tr>
<td>AMEE</td>
<td>Association for Medical Education in Europe</td>
</tr>
<tr>
<td>AMSA</td>
<td>Austrian Medical Students' Association, and Asian Medical Students' Association, and American Medical Students' Association</td>
</tr>
<tr>
<td>AMSE</td>
<td>Association of Medical Schools in Europe</td>
</tr>
<tr>
<td>AF</td>
<td>IFMSA Application Form</td>
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<tr>
<td>CA</td>
<td>IFMSA Card of Acceptance</td>
</tr>
<tr>
<td>CC</td>
<td>IFMSA Card of Confirmation</td>
</tr>
<tr>
<td>CCC</td>
<td>IFMSA meetings' Constitution and Credentials Committee</td>
</tr>
<tr>
<td>CFMS</td>
<td>Canadian Federation of Medical Students</td>
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<tr>
<td>CP</td>
<td>Standing Committee of European Doctors</td>
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<tr>
<td>CS</td>
<td>IFMSA Card of Substitution</td>
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<tr>
<td>CSD</td>
<td>UN ECOSOC’s commission on social development</td>
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<tr>
<td>DAW</td>
<td>Division for the Advancement of Women (UN)</td>
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<tr>
<td>EB</td>
<td>IFMSA Executive Board</td>
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<tr>
<td>ECOSOC</td>
<td>Economic and Social Council (UN)</td>
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<tr>
<td>ECTS</td>
<td>European Community course credit Transfer System (EU)</td>
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<tr>
<td>EMA</td>
<td>European Medical Association</td>
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<tr>
<td>EMSA</td>
<td>European Medical Students’ Association and Egyptian Medical Students’ Association</td>
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<tr>
<td>EMSIS</td>
<td>IFMSA European Medical Information System</td>
</tr>
<tr>
<td>EOM</td>
<td>IFMSA Exchange Officers Meeting</td>
</tr>
<tr>
<td>ERASMUS</td>
<td>European Union Action Scheme for the Mobility of University Students</td>
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<tr>
<td>AMEE</td>
<td>- Associate Member</td>
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<tr>
<td>Standing Committee of European Doctors (CP)</td>
<td>- Associate Member</td>
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<tr>
<td>Medical Education and Didactics Network (MEDNET)</td>
<td>- Associate Member</td>
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<td>European Union Action Scheme for the Mobility of University Students (ERASMUS)</td>
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<tr>
<td>International Physicians for the Prevention of Nuclear War (IPPNW)</td>
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<tr>
<td>Health Action International (HAI)</td>
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<tr>
<td>Permanent Working Group of European Hospital Doctors (PWG)</td>
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<tr>
<td>Association of Medical Schools in Europe (AMSE)</td>
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<tr>
<td>World Federation for Medical Education (WFME)</td>
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<td>World Federation of Public Health Associations (WFPHA)</td>
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<td>Medecins sans Frontières (MSF)</td>
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<tr>
<td>NGO</td>
<td>Non Governmental Organisation</td>
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<tr>
<td>IFMSA</td>
<td>- National Member Organisation</td>
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<tr>
<td>NFMS</td>
<td>National Officer for AIDS and STD programmes</td>
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<td>NOME</td>
<td>National Officer for Medical Education</td>
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<tr>
<td>NORP</td>
<td>National Officer for Refugees and Peace</td>
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<tr>
<td>NPO</td>
<td>National Public Health Officer</td>
</tr>
<tr>
<td>OC</td>
<td>IFMSA meetings Organising Committee</td>
</tr>
<tr>
<td>PAHO/OPS</td>
<td>Pan-American Health Organisation/World Health Organisation (WHO-Americas)</td>
</tr>
<tr>
<td>PBL</td>
<td>Problem Based Learning</td>
</tr>
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<td>SC</td>
<td>IFMSA Standing Committee</td>
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<td>SCOAAS</td>
<td>SC on Aids and STD's</td>
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<td>SCOEE</td>
<td>SC on Electives Exchange</td>
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<td>SCOME</td>
<td>SC on Medical Education</td>
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<tr>
<td>SCOPE</td>
<td>SC on Professional Exchange</td>
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<td>SCOPH</td>
<td>SC on Public Health</td>
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<tr>
<td>SCORP</td>
<td>SC on Refugees and Peace</td>
</tr>
<tr>
<td>SOMA</td>
<td>Students of Osteopathic Medicine Association</td>
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<tr>
<td>TAF</td>
<td>IFMSA Travel Assistance Fund</td>
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<tr>
<td>TEMPUS</td>
<td>Trans-European Mobility Program for University Students (EU)</td>
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<tr>
<td>UNO</td>
<td>United Nations Organisation</td>
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<tr>
<td>UNCHR</td>
<td>UN Centre for Human Rights</td>
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<tr>
<td>UNCHS</td>
<td>Centre for Human Settlements</td>
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<tr>
<td>UNDP</td>
<td>International Drug Control Program</td>
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<tr>
<td>UNDCP</td>
<td>Development Program</td>
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<tr>
<td>UNEP</td>
<td>Environmental Program</td>
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<tr>
<td>UNESCO</td>
<td>Educational Scientific and Cultural Organisation</td>
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<tr>
<td>UNFPA</td>
<td>Fund for Population Activities</td>
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<tr>
<td>UNICEF</td>
<td>Children's Fund</td>
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<tr>
<td>UNIFEM</td>
<td>Development Fund for Women</td>
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<td>UNWPA2000</td>
<td>World Program of Action for Youth to the Year 2000</td>
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<tr>
<td>URP</td>
<td>IFMSA Uganda Refugee Project</td>
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<tr>
<td>VC</td>
<td>IFMSA/WHO Village Concept</td>
</tr>
<tr>
<td>WAY</td>
<td>World Assembly of Youth</td>
</tr>
</tbody>
</table>
Andorra
Associació Estudiants de Ciencies de la Salut d’Andorra
AECSPA - Full

Armenia
Scientific Association of Medical Students’ of Armenia
SAMS - Full

Austria
Austrian Medical Students’ Association
AMSA - Full

Bosnia and Herzegovina
Bosnian and Herzegovinian Medical Students’ Association
BoHeMSA - Full

Brazil
Direçao Executiva Nacional dos Estudantes de Medicina
DENEM - Full

Brazil
International Federation of Londrina Medical Students
IFLMS - Associate

Bulgaria
Association of Medical Students in Bulgaria
AMSB - Full

Catalonia
Associació Estudiants de Ciències de la Salut
AECS - Associate

Croatia
Croatian Medical Students’ International Committee
CrOMSIC - Full

Czech Republic
Czech Medical Students’ International Committee
CzeMSIC - Full

Denmark
International Medical Cooperation Committee
IMCC - Full

Egypt
Egyptian Medical Students’ Association
EMSA - Full

Estonia
Estonian Medical Students’ Association
EstMSA - Full

Finland
Finnish Medical Students’ International Committee
FiMSIC - Full

Georgia
Georgian Medical Students’ Association
GMSA-VITA - Candidate

Germany
German Medical Students’ Association
GeMSA - Full

Ghana
Ghana Medical Students’ Association
GMSA - Full

Greece
Hellenic Medical Students’ International Committee
HelMSIC - Full

Hungary
Hungarian Medical Students’ International Relations Committee
HuMSIRC - Full

Iceland
Icelandic Medical Students’ International Committee
IMSIC - Full

India
West Bengal Medical Students International Committee
WBMSIC/SBDCH - Associate

Ireland
Federation of Irish Medical Students
FIMS - Full

Italy
Segretariato Italiano Studenti Medicina
SISM - Full

Japan
Japan International Medical Students’ Association
JIMS - Full

Kenya
Kenya Medical Students’ Association
KeMSA - Full

Lebanon
Medical Students’ Club / Lebanese Medical Students’ International Committee
MSC / LeMSIC - Full

Lithuania
Lithuanian Medical Students’ Association
LiMSA - Full

Luxembourg
Association Luxembourgeoise des étudiants en Médecine
ALEM - Full

Macedonia
Macedonian Medical Students’ Association
MMSA - Full

Malta
Malta Medical Students’ Association
MMSA - Full
<table>
<thead>
<tr>
<th>Country</th>
<th>Association/Committee</th>
</tr>
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<tbody>
<tr>
<td>Mexico</td>
<td>Monterrey Medical Students Research Section SINESP - Full</td>
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<td>Nepal</td>
<td>Nepal Medical Students’ Society NMSS - Full</td>
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<tr>
<td>Netherlands</td>
<td>Netherlands Medical Students’ International Committee NeMSIC - Full</td>
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<td>Norway</td>
<td>Norwegian Medical Students’ International Committee NorMSIC - Full</td>
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<td>Poland</td>
<td>Polish Medical Students’ International Committee PolMSC - Full</td>
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<td>Portugal</td>
<td>Portuguese Medical Students’ International Committee PorMSC/ANEM - Full</td>
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<td>Romania</td>
<td>Romanian Federation of Medical Students’ Associations RFMSA - Full</td>
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<tr>
<td>Romania (Iasi)</td>
<td>Sectia Studenti - Societatea de Medici si Naturalisti SSSMN - Associate</td>
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<tr>
<td>Russia</td>
<td>Russian Medical Students’ Association RMSA - Full</td>
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<tr>
<td>Russia (St.Petersburg)</td>
<td>St. Petersburg Medical Students’ Association St.PMSA - Associate</td>
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<tr>
<td>Russia (Tatarstan)</td>
<td>Tatarstan Medical Students Association TaMSA - Associate</td>
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<td>Slovakia</td>
<td>Slovak Medical Students’ Association SloMSA - Full</td>
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<td>Slovenia</td>
<td>Slovene Medical Students’ International Committee SloMSIC - Full</td>
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<td>South Africa</td>
<td>South African Medical Students’ Association SAMSA - Full</td>
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<tr>
<td>Spain</td>
<td>Asociación de Intercambios de Estudiantes de Medicina de España AIEME - Full</td>
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<td>Sudan</td>
<td>Sudan Medical Students’ Association SMSA - Full</td>
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<td>Sweden</td>
<td>Swedish Medical Students’ International Committee SweMSC - Full</td>
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<tr>
<td>Switzerland</td>
<td>Swiss Medical Students’ Association (VSM/AEMS) SwiMSA - Full</td>
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<td>Taiwan (R.O.C)</td>
<td>Medical Students’ Association - Republic of China MSA-ROC - Full</td>
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<td>Tanzania Medical Students’ Associations TaMSA - Full</td>
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<td>Thailand</td>
<td>Medical Students’ Federation of Thailand (AMSA-Thailand) MSFT - Candidate</td>
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<td>Uganda</td>
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<td>Ukraine</td>
<td>Ukrainian Medical Students’ Association UMSA - Full</td>
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<td>United States of America</td>
<td>United States of America - International Health Project USA-IHP - Full</td>
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<td>Yugoslavia</td>
<td>Yugoslavian Medical Students’ International Committee YuMSC - Full</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>Zimbabwe Medical Students’ Association ZMSA - Candidate</td>
</tr>
</tbody>
</table>

This document is a list of medical student associations and committees from various countries, along with their full forms and status (Full or Candidate).
The fiscal year 95/96 began on the first of July 1995, according to the IFMSA Constitution, with a balance of 23,860,51 NLG (Dutch Gulden) in the current account, and 100,000,00 NLG in the Savings account.

Until the end of the fiscal year (30th. of June 1996), some payments were still made regarding the budget of 94/95, and there were deposits regarding the budgets of 93/94 and 94/95, as well as expenses and income for the budget 95/96.
IFMSA is the world’s largest student organisation committed to the Peoples’ Health, Education and Development. We work in over fifty countries promoting international understanding through students exchange, and facilitating progress in our profession through a multicultural experience. Thousands of medical students have joined our compromise, working on voluntary basis, away from profit-making purposes, with no political filiation or any other kind of discrimination.
The International Federation of Medical Students' Associations
General Secretariat
c/o Mrs. Fwj Hilhorst
Institute for Social Medicine
AMC - P.O. Box 22660
NL-1100 DD Amsterdam
The Netherlands

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Fax: +31-20-6972316
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e-mail: info@ifmsa.org
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The Netherlands
Account No: 1751328
CoC: 41208822