KEYWORDS:
Medical Students’ Answers to a Changing World
IFMSA exists to serve medical students all over the world through its member organisations and to promote international co-operation in the fields designated in the policy statements.

TEAM 1996-1997

Executive Board: Luisa (Italy, President), Lars (Sweden, Secretary General), Rosario (Portugal, Treasurer). Board of Directors: Jelena (Yugoslavia, SCOAS), Kati (Finland, SCOME), Eva (Sweden, SCOME), Jonas (Sweden, SCOPE), Ulrika (Sweden, SCOPH), Jet (The Netherlands, SCORP), Anitta (Finland, SCOEE). Project Co-ordinators: Luis (Spain, PR & Marketing), Kati (Finland, LTP), Jacob (Denmark, Book-Aid), Daniela (Slovakia, "Stop AIDS"), Nikola (Yugoslavia, Friendship Clubs), Gorazd (Slovenia, Burmese Refugee Project), Meike (Germany, Uganda Refugee Project), Oliver (Germany, VC-Ghana), Lars (Sweden, VC-Sudan), Giovanni (Italy, VC-Calutta), Álvaro (Spain, VC-Ecuador), Eva (Denmark, VC-Zimbabwe), Juan (Mexico, VC-Mexico), Osvaldo (Brazil, PH in Brazil), Paola (Italy, PHC in ME), Jozef (Slovakia), Dimitris (Greece), Yülun (Taiwan, Homepage Co-ordinators).

TEAM 1997-1998

Executive Board: Björg (Iceland, President), Sasa (Yugoslavia, Secretary General), Kevin (Sweden, Treasurer). Board of Directors: Tigran (Yugoslavia, SCORP), Paola (Italy, SCOME), Maria (Sweden, SCOAS), Elba (Spain, SCOEE), Remco (The Netherlands, SCOPH), Hazem (Egypt, SCOPE). Project Co-ordinators: Mira (Finland, PR & Marketing), Patrick (Finland, LTP), Jacob (Denmark, Fund raising), Judith (Spain, Friendship Clubs), Gorazd (Slovenia, Burmese Refugee Project), Meike (Germany, Uganda Refugee Project), Oliver (Germany, VC-Ghana), Lars (Sweden, VC-Sudan), Giovanni (Italy, VC-Calutta), Eva (Denmark, VC-Zimbabwe), Juan (Mexico, VC-Mexico), Jozef (Slovakia), Dimitris (Greece), Yülun (Taiwan, Homepage Co-ordinators).
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)
A hard task is to explain in a few words what has happened to IFMSA during my year of Presidency... I personally consider my Team and myself very lucky, since we took over the organization when it was already at one of the highest levels of its whole history... but this year has been a real explosion of initiatives: a great starting point for many new processes of development and quality implementation.

IFMSA, as an organization run by medical students for medical students, is truly representative of the needs and enthusiasm of this category of people, who will be, in fact, the doctors - and therefore, community leaders of the FUTURE. But we, as medical students, are at the strategic point when there is both much to learn and much to teach... and, doubtless, much to say. The key word of the association itself, I would say, is ACTION. There are so many important fields in which we can start acting immediately, in order to raise the awareness of the WORLD about health issues and needs. IFMSA has, throughout this year, increased dramatically its number of members, and is now on its way to become concretely a world-wide organization. We have been analyzing the health situation historically the heart of the different issues that the working committees in IFMSA have been analyzing the health situation throughout the year by the different standing committees in IFMSA. Main topics have been HIV/AIDS, Reproductive Health and Cultural issues; Human Rights in Medicine; Medical Education. A major challenge has been, moreover, that all these initiatives have been organized in different countries of Africa this year. A brave and interesting demonstration of the new drive IFMSA is following towards an always more comprehensive view of the problems. On the other hand, we felt the need of improving our own network, and adding professionality to the enormous work we are doing: we created a solid framework, some minimum criteria and a task force of experienced people, for our projects, already very active and successful in several developing countries, in order to achieve the overall key for this kind of action, that is SELF-SUSTAINABILITY. We promoted the already existing courses called -Leadership Training Programs-, in which the medical students can learn about CAPACITY-BUILDING, TEAM BUILDING and FUND-RAISING.

Last, but not least, big efforts have been done in order to maintain an efficient organization of the exchange programs, historically the heart of IFMSA activities, thanks to which more than 4 thousand students can directly experience a period of medical and scientific training abroad -the best way to touch with hands different health realities and to improve their own tools in facing different situations. And all the elected officials for this year, have been working TOGETHER as a strong and united TEAM, in order to give stability, strength and success to the whole organization. I’m proud to say that medical students, represented in IFMSA, have been analyzing the health situation in different contexts, and seriously seeking for concrete and important answers for a present and future action... in order to become better leaders of the future. That is, in my opinion, the most important result that IFMSA could have ever achieved.

Luisa Brumana, IFMSA President 1996/97.

Internationally yours,
Had IFMSA not been created in 1951, we should hurry up to do it now. Luckily to all of us, to those many who have passed before us, and to all those who have benefitted IFMSA’s action, this already happened 46 years ago, on a promising spring day in Copenhagen. What you are holding right now in your hands, or maybe browsing at our home page, is the result and the consequence of those forty-six years, but it does not mean by no means an end point; this is just another milestone, among the many of the last 365 days.

Prague was full of illusions, new and old faces that all meant friends in the end; new and old plans that meant success in most of cases afterwards, and reflections and learning in all cases. New and old getting together, that is our constant motto and this Annual Report can be presented as a “living” proof of it: begun and conceived by the old Team, it will be finished by our successors, who will use it as a presentation card to all of you, our readers.

Amsterdam was our “back to our roots” pilgrimage, where our always valued Mia Hilhorst keeps alive a General Secretariat that serves as a reference and focal point to a group of 45 enthusiastic medical students and young doctors scattered worldwide contributing to Health for All.

Vienna opened new perspectives and at the same time made us realize of our own relevance and how our job is appreciated at the United Nations System, how Youth world wide shares our feelings, illusions, visions and dreams, how they need us, and how we need them all. The Exchange Officers’ Meeting in Budapest hosted more delegates itself than our General Assemblies in 1991, 1992 and 1993 altogether; we are getting big, but we have always been great.

Before and after that: Sweden, Italy, New York, Kenya, Philippines, Bolivia: Medical students deal at the faculties with a global issue: Health for All and Education in the 21st Century. IFMSA makes people get global by involving them into many local initiatives. We finally got together again in South Africa to place the corner stone of the closer future, IFMSA will soon celebrate its 50th Anniversary and we anticipate our celebration daily, the same as we anticipate our future leadership in Society.

This report shows therefore a plural reality, as gobality can only be. It clearly shows that we can all express ourselves in a common language, which is not English; therefore, our English is not always correct, but our language is:

◆ IFMSA speaks for Tolerance, and some of our main events this year have spoken it aloud: we closed 1996/1997 with a workshop on conflict prevention in Prague, and opened 1997/1998 with another in Kampala about Human rights. IFMSA speaks for capacity building, we care about Doctors of the 21st Century and share with UNESCO a deep concern about that, we discussed it internally in Kenya; we care for our own leadership training, but most of all enhance the peoples of the world to become self-responsible and self-sustainable for their own health and future thanks to the Village Concept.

◆ IFMSA speaks for Youth: almost five thousand medical students a year that meet through the wider exchange network, devoted to create understanding, cultural, academical and scientific exchange. The same as it has been since 1951, far before other professional networks like the ERASMUS were even conceived.

But, most of it all, IFMSA can speak for people in action. So active sometimes that it becomes even hard to take a break to write down what we have been doing! We hope it was done properly and apologize in advance if there is something unclear or incomplete, we are still learning, we will always be students.

on behalf of some friends who shared a team for a year...  
...and a dream for a life.

IFMSA Photo
Luis-Alberto Ramos Neira, right (Spain) and Mira Rahikkala (Finland) Directors, Public Relations and Marketing 1996/1997 and 1997/1998.

IFMSA speaks for Tolerance.
IFMSA speaks for capacity building.
IFMSA speaks for Youth.
IFMSA speaks for people in action.
IFMSA speaks for Tolerance, IFMSA can speak for people in action. So active sometimes that it becomes even hard to take a break to write down what we have been doing! We are getting big, but we have always been great.
1996-1997: IFMSA IN BRIEF

The International Federation of Medical Students’ Associations (IFMSA) is now a federation of 61 medical students’ associations representing 56 states from all continents. It is affiliated to the United Nations system and recognised by the World Health Organisation as the international forum for medical students. IFMSA was founded back in 1951 - allow us to introduce the IFMSA of 1996/97.

Action Overview

Throughout the year of 96/97, IFMSA developed further as the global mechanism for medical students, strengthening international understanding and cooperation. Since the foundation in 1951, the core activity of IFMSA have been the management of professional and scientific exchange programs. These have created an organisational stability wherein further initiatives have been firmly rooted. IFMSA has become a true forum for medical students from all over the globe to meet and exchange information on topics of common interest. This allows the opinions and responsibilities of medical students to be formulated and presented to the international community. IFMSA translates the policies and knowledge from these discussions into action. In the year of 96/97, projects have been run in the field of public health, refugees, war prevention, human rights, medical education and AIDS/STDs.

Primary health centers and refugee camps have been maintained; training workshops were conducted, information campaigns facilitated - all based on the participation of international students. In 96/97 the number of projects and workshops doubled together with the budget, and 8 new member organisations were welcomed (Azerbaijan, Cameroon, Georgia-GeoMSA, Indonesia, Kuwait, Rwanda, Togo and Zambia).

The year of 96/97 has shown the capacity of IFMSA and indicated the potential among medical students of the world.

Management

Apart from a part-time professional secretary at the General Secretariat, all activities in IFMSA have been coordinated by medical students from the country where they were studying. The students have shared and combined their commitment to IFMSA with full time studies, a management demanding a horizontal structure and extensive division of tasks. Some activities were carried out directly by the international team, others were hosted by a National Member Organisation.

The IFMSA Officers

In between meetings, the Executive Board took care of the running management of the federation. The Executive Board consisted of the President, responsible for the overall management and external relations, the Secretary General, responsible of the internal communication and production of the Newsletter, and the Treasurer, responsible for the finances.

The international management of the six Standing Committees was taken care of by the Standing Committee Directors. IFMSA projects were run by local and international project coordinators. The Executive Board was assisted by Liaison Officers in contact with the most important external relations, and by a Marketing Director, a Fundraiser, a Leadership Training Coordinator, as well as Homepage coordinators.

The General Secretariat

The General Secretariat of IFMSA was situated in Amsterdam, where it has been for the last 8 years and is run by Mrs. Mia Hilhorst. The General Secretariat received the incoming mail, printed and distributed external and internal information, hosted and updated the IFMSA archives and handled practical matters regarding the IFMSA finances. The General Secretariat secures sta-
ability and permanency in IFMSA, compensating for the high turn-over of active students.

External relations

IFMSA has maintained official relations with the World Health Organization (WHO) since 1969. The Federation is on the roster of the UN Economic and Social Council, maintains working contacts with UNESCO, UNICEF, UNHCR, UNAIDS, UNDP, UNCHR, and has initiated a fruitful cooperation with UNFPA.

IFMSA is Associate Member of the Council for International Organizations of Medical Sciences (CIOMS), the Network of Community-Oriented Educational Institutions for Health Sciences, the Association for Medical Education in Europe (AMEE), the Standing Committee of European Doctors (CP) and the Medical Education and Didactics Network (MEDNET).

For several years, IFMSA has had relations to the World Medical Association (WMA), the International Physicians for the Prevention of Nuclear War (IPPNW), the World Federation for Medical Education (WFME), the World Federation of Public Health Associations (WFPHA), the International Committee of Red Cross (ICRC), Médecins sans Frontières (MSF), the European Commission and the Health Action International (HAI). More recently, IFMSA has established contacts with Amnesty International, the Permanent Working Group of European Hospital Doctors (PWG) and the European Medical Association (EMA). The IFMSA also has contacts with the Association of Medical Schools in Europe (AMSE), mainly through the European Medical Students’ Association (EMSA).

IFMSA has initiated several intersectoral projects with fellow students’ organizations and is a founding member of the IMISO group (Intersectoral Meeting of International Student Organisations). IFMSA also collaborates with other health-related student organizations, such as SNO, IPPNW, IADS, IPSF, EPSA, IVSA, EDS and IFSA.

Regional Partners

The continental medical student organizations in Africa, Asia and Europe are recognized as official IFMSA Regional Partners for their respective continents; the Federation of African Medical Students Associations (FAMSA) in Africa, the Asian Medical Student Association (AMSA) in Asia and the European Medical Students’ Association (EMSA) in Europe. The collaboration with AMSA was decided upon at the General Assembly, 1997. Contact was close with Federación Latinoamericana de Sociedades Científicas de Estudiantes de Medicina (FELSOCEM) in South America, and with the Confederación Centroamericana de Sociedades Científicas de Estudiantes de Medicina (CASOCEM) in Central America. An official relationship with these organisations is expected by the 47th General Assembly in 1998.

The Standing Committees

All activities of 96/97 were linked to one of the six Standing Committees. The Standing Committees are represented internationally, nationally and locally, and focus on areas of permanent interest to IFMSA. This year these areas were: Professional Exchange, Electives Exchange, Public Health, Medical Education, Refugees and Peace, AIDS and STDs.

Professional Exchange (SCOPE)

The Standing Committee on Professional Exchange is the largest program within IFMSA administering the international exchange of almost 4,000 clerkship rotations in 96/97. Most exchanges were clinical clerkships lasting one...
month, however preclinical exchanges and clerkships of longer duration were also available. The programme offers a unique educational and cultural experience, and adds an international perspective to medical curricula. Students were offered board and lodging and a social/cultural programme in the hosting country. Clerkships were given in English and in the language of the country. Academic recognition varied from country to country.

IFMSA hopes to increase the number of exchanges and warmly welcomes any country that wants to participate in the programme.

*Elective Exchange (SCOEE)*

The Standing Committee on Electives Exchange offers intensive and highly personalized programmes that are tailored to the students’ special interest. A student choosing an elective is incorporated in a research project or a clinical team for a period of 4 weeks up to 6 months. The elective is not an introductory or basic course on the subject concerned, but a research or specialised clinical project to deepen the students’ knowledge in a specific field. It integrates theoretical and practical work, and is based on active learning. The student has structured supervision and a tutor at both the home and hosting faculty. IFMSA elective courses should be given academic credit at the students’ home universities.

Professors and research teams from all over the world have presented their projects in national elective catalogues. These project descriptions were this year available for students in the IFMSA Elective Data base on the IFMSA homepage. The data base allows students to search for projects in their field of interest, selecting preferred duration, country, language, time of the year, etc. Some 40 National Member Organisations participated in the SCOEE program, exchanging 343 students in the year of 96/97. New concepts included electives in AIDS, Public Health and Medical Education.

*Medical Education (SCOME)*

IFMSA believes that medical students should play a key role in re-shaping medical education. The Standing Committee on Medical Education provided a platform for students to evaluate education systems, collect and share experiences of new approaches, develop and discuss opinions and initiate changes in their countries and faculties. The Standing Committee on Medical Education organized a workshop and projects in the field of medical education, developed policy papers representing the international medical students’ views, and participated in relevant national and international meetings. It worked in collaboration with organizations such as the World Federation for Medical Education, World Health Organisation, UNESCO and the Network of Community Oriented Educational Institutions for the Health Sciences.

*Public Health (SCOPH)*

The Standing Committee on Public Health initiates programmes concerned with the education of students around the issues of public health, as well as providing relevant input to the hosting community. IFMSA realizes that health is a state of complete physical, mental, and social well-being, and not merely the absence of disease. As medical students and future doctors, IFMSA is concerned with promoting equal access for all parties in society to quality medical care, considering health care as a responsibility as well as a right. Acknowledgement is given to the importance of relevant medical education, appropriate to community needs.

The Standing Committee on Public Health worked in collaboration with WHO and students from other disciplines in several public health projects. A workshop and 10-year evaluation of the IFMSA-WHO Village Concept was organised, see below.

*Refugees and Peace (SCORP)*

The Standing Committee on Refugees and Peace has been involved in activities concerning relief work among victims of war for many years. It aims to relieve the medical consequences of war and to prevent conflicts by advocating disarmament, promoting human rights and tolerance, and enhancing post-conflict peace-building. Violent conflicts are a major obstacle to health in many parts of the world and human rights violations...
are often important factors in emerging conflicts. Medical students can play an important role in promoting a more peaceful world. IFMSA therefore organised information campaigns and gave medical students the opportunity to participate in refugee camps and workshops on war and human rights.

**AIDS and Sexually Transmitted Diseases (SCOAS)**

The Standing Committee on AIDS and Sexually Transmitted Diseases promotes joint activities between National Member Organisations concerning AIDS and other Sexually Transmitted Diseases. Through community-based educational campaigns, these programmes aimed to increase the awareness of both medical students and the general population of all problems concerning AIDS and STDs. A medical as well as a social aspect was advocated, with specific attention paid to the impact of cultural differences. IFMSA believes that prevention is the best way of fighting it, and education the best way of preventing it.

**IFMSA Projects**

The activities of IFMSA are more and more focused on projects. During 96/97 IFMSA created minimum criteria for the acceptance of IFMSA projects, thereby securing quality and high standard. A support group for candidate projects has also been formed.

The Village Concept Projects are small-scale sustainable developmental projects in rural communities of a developing country. The concept was created by IFMSA together with WHO, aiming to improve the living conditions of villagers through self-educative activities. It is totally student-run, including students from different disciplines, such as agriculture, medicine, pharmacy... The villagers are involved in all phases of project development and management. The work on the project site is performed by the villagers, local students, and a group of international students from different sectors who usually stay at the village for a period of three months. In 96/97 IFMSA run Village Concept Projects in Sudan, India, Mexico, and Ecuador. New projects are planned in Zimbabwe, Uganda and Benin. A project in Ghana was evaluated.

IFMSA organised projects in refugee camps in which medical students can participate and work for refugee relief. Important projects are currently the Uganda Refugee project, the Sudan Refugee project, the Burma Refugee project and the Yugoslavian Friendship Clubs. These projects gave medical students the opportunity to confront the problems of refugees directly. Through this experience, students could better understand the real costs of war and help to increase awareness among others about the refugee issue in today’s world.

The Book-Aid Project collected books from students and libraries in economically advantaged countries and shipped them to countries where there was a need. The Equip project collects outdated medical equipment in Western European countries and redistributes it to IFMSA public health projects, hospitals and other health centers in developing countries. The orphanage project provided psychological and medical support to children in a Romanian Hospital. IFMSA has raised funds for a Busproject, where international and Yugoslavian medical students can travel by bus through previous war zones in former Yugoslavia, promoting international understanding as well as spreading information about mental traumas and help available for psychological victims of war.

IFMSA is now a Federation of 61 Medical Students’ Associations, representing 56 states from all continents.
Leadership Training Programs have become an imprescindible learning tool for officers as well as a resource for friends, fun and new human power for IFMSA.

The International Summer School STOP AIDS is organised on an annual basis in member countries. In 96/97 it was organised in Belgrade-Kapoanik.

The International Workshop on AIDS and cultural issues
The International Workshop on AIDS and cultural issues, held in Cape Town, August 1997, is an extension of the annual summer school. In association with senior organisations in the field of AIDS, IFMSA is building an international network of youth educators, placing particular focus on the cultural differences and cultural complexities related to these diseases.

Meetings
The IFMSA General Assembly (GA) was arranged in Cape Town, August 97 and the Exchange Officers Meeting (EOM) was arranged in Budapest, March 97. The meetings combined plenary sessions, policy discussions and working committee sessions with cultural and social events. The General Assembly is the highest legislative body, marking the end and the beginning of the IFMSA year. At the GA, members and officers reported on their activities and agreed upon new members, officers, projects, events, policy documents, exchange contracts, etc. The Exchange Officers Meeting was less formal and focused on the concrete work of the Standing Committees. These meetings attracted approximately 350 delegates each, from member organisations and observing countries. Both meetings were concluded with a Leadership Training Program, supported by UNESCO.

Leadership Training
As an organisation of medical students, IFMSA depends on volunteers. Few have had formal training in leadership skills, and there is a high turnover of active students. The IFMSA Leadership Training Programme aims to teach basic management and leadership theory and skills to students. In the Leadership Training Programme in Budapest and Cape Town, students received approx. 3 days of training in project planning, marketing, presentations, fund raising, negotiating, conflict resolution, computer communication and other organisational skills under the guidance of experienced trainers.

Travel Assistance Fund
The members of IFMSA have created a Travel Assistance Fund (TAF). The purpose of the IFMSA TAF is to make it possible for National Member Organisations and observers with weak financial status to send one delegate to the IFMSA General Assemblies and Exchange Officers Meetings.
Participation fee is covered completely and the travel expenses for the cheapest means of transportation are covered up to 50%. Each medical student organisation may nominate one applicant for TAF, and each IFMSA Standing Committee Director may nominate one.

Publications

IFMSA publications encourage communication between medical students and provide internal and external channels of information. They provide summaries and information about the latest work in IFMSA Standing Committees and National Member Organisations. The main publications in 96/97 were the following.

**IFMSA Newsletter**

The Newsletter provided a regular update on IFMSA activities and relevant developments in related organisations. It was published 5 times and was distributed to all IFMSA international officers, member organisations, and IFMSA Standing Committees. The information was directed at external relations, funding requests and new members. IFMSA projects promote themselves in a similar way, recruiting interested students among the National Member Organisations. Some Standing Committees preferred to complement the IFMSA Newsletter with more internal information.

**Medical Student International - MSI**

The MSI informs medical students worldwide on relevant international issues emanating from the activities of IFMSA. Twice a year approximately 2,000 copies are distributed to medical schools and external relations. In the year of 96/97 the topics were Medical Education and Refugees and Peace.

The MSI is published on the IFMSA homepage for viewing and downloading.

**Standing Committee Publications**

Each Standing Committee created a leaflet providing a summary and overview of the activities. The information was directed at external relations, funding requests and new members. IFMSA projects promote themselves in a similar way, recruiting interested students among the National Member Organisations. Some Standing Committees preferred to complement the IFMSA Newsletter with more internal information.

**Homepage and ftp site**

The IFMSA homepage developed greatly the last year and presents a variety of information and services. One may find general and detailed information on the structure and action of IFMSA; publications for viewing or downloading; the IFMSA address list data base; the IFMSA data base of international elective programmes; descriptions of curricula and medical schools in Europe; an e-mail-to-fax service; information about the IFMSA Chat-line; the Ermis Mail Robot; subscription to the IFMSA and Standing Committee mail servers; links to homepages of the National Member Organisations, as well as a collection of links to pages interesting for medical students (Medline, USMLE, etc).

The address of the IFMSA homepage is <http://www.ifmsa.org>. IFMSA mirror sites are being set up in Slovakia <http://crick.fmed.uniba.sk/ifmsa/IPMSA.html> and Taiwan <http://ifmsa.msa-roc.org.tw>. The IFMSA ftp site is accessible either by using a netbrowser (follow the link from the IFMSA homepage to <ftp://crick.fmed.uniba.sk/ifmsa>) or by using an FTP program (Log in/user ID: anonymous, host address: crick.fmed.uniba.sk).

Looking back

Engagement in IFMSA activities serves to complement the education traditionally received in Medical schools. Both organising and participating students enjoy experiences that can never be covered by any medical curriculum. I am very proud by having played a part in the past year of IFMSA, and I have the feeling that we develop in a very rapid pace.

We run one of the largest student exchange networks in the world, our events attract the recognition of the international community, our projects are serious and professionally managed. "...Where difference makes a difference, and unity’s apparent. Where Idealism’s concrete and solutions transparent."

IFMSA realizes that health is a state of complete physical, mental and social well-being, and not merely the absence of disease.
IFMSA should represent the world. This vision was shared by the all IFMSA officials taking part in the Leadership Training Program in the beginning of the year. We wanted to be able to offer medical students world-wide the opportunity to take part in the activities of IFMSA. A global organisation with a global representation. A major goal for the Professional Exchange committee during the year was therefore to try to engage new countries and associations in our activities. Traditionally, the strong multinational participation in SCOPE have been concentrated to Europe. It proved to be a great challenge for us to try to shift this balance towards other continents.

Two very important cornerstones of this work was the increase of communication and the spread of information towards new potential member organisations. In terms of communication we started to use all the facilities that the internet can provide - electronic mail servers, internet faxes and web pages. We improved the manuals for internal use and reformed the information material for newcomers so it would be easy to read and use. In the end however it is the personal contacts that you as an IFMSA representative can establish with interested persons in new organisations that are truly important. On the many meetings this year, both IFMSA and other ones, many people met and were able to strengthen their mutual interest in exchange.

All this contributed to increase the interest for the Professional Exchange program.

The world becomes smaller when people from different parts of the world meet. Exchanging students is exchanging ethical and cultural experiences. The importance of having a global representation of countries in SCOPE and IFMSA cannot be underestimated. The members that have joined the Professional Exchange committee this year have contributed not only to its expansion but also to its ethical and cultural importance.

The world of electives

SCOEE is active all around world, from Finland to South Africa, from Brazil to Japan. All together 40 national member organisations took part in SCOEE activities. 29 of them had working elective projects. 11 were starting to organise their elective exchange.

SCOEE offers its elective projects in the world-wide net of information, Internet. In IFMSA homepage there are SCOEE homepage and Elective data base. With the Elective data base students can search for topics that interest them as well as obtain information on who to contact, if they want to do the elective. The data base is updated continuously by National Elective Co-ordinators. The address of the Elective data base is: <http://www.ifmsa.org/electives>

Hope to Rwanda

Rwanda is a small, hilly and densely populated country in the East of Africa. It has just emerged out of war and genocide, which has affected the country in many ways. Rwanda has to deal with the problems of widows, orphans, destitutes, street children, non-accompanied children and traumatized people. Many inhabitants have lost confidence and hope in the future, orphans and widows have to live alone, prisoners suffer from trauma because of the memories of killing or because of their innocent imprisonment.

Concerning the health care services, Rwanda faces poor conditions, scanty facilities and a high patient-doctor ratio. Medical education is unstable and inadequate, due to the lack of professors, students hardly gain any practical experience. IFMSA will set up a number of projects in Rwanda: Counselling and Health Care project. Rwandan...
des medical students consider it necessary to ameliorate their medical education with a training in counselling. And The Rwanda Emergency Project: 1.) Providing of medical equipment and books and 2.) Exchange Program for lecturers.

The world becomes small

Looking back over the last 10 years in IFMSA, there are brighter and darker moments. The main difficulties were always related to a key structural matter: COMMUNICATION. Definitely, the arrival of new electronic devices have made our lives much easier. In 1995, there were three new e-mail addresses that joined IFMSA list every day. In 1997, our official internet site was finally settled in Crete (Greece), with mirror sites in Slovakia and Taiwan. Besides facilitating a permanent e-mail address to all IFMSA officers, our server has made possible that our learning and information resources are available to everyone: news bulletins and other publications are both accessible with a web browser or at the ftp server in Slovakia, thus making more immediate the transfer of knowledge.

Now, all Standing Committees have their own mailing lists via our mail servers in Greece and Thessaloniki, besides, the “ban land mines” campaign has distributed information through a particular mailing list; the general mailing list has been both the entrance door for many new comers, and the fastest way to spread news and announcements in between newsletters. Finally, all data bases are not only a marvelous tool for medical students inquiring world wide about our elective courses or general exchange conditions, but it has also enormously contributed to fastly update the information about our own international and national officers, which are constantly changing as their students lives bring them back and forth.

In words of our President at the opening speech of our mid-year congress in Budapest: “we keep doing things all around the World and, when we meet in some unexpected places, we tend to think “the world is getting small”... I don’t think so, it is not the world that becomes small, but rather that IFMSA is big.”

We still have much to learn and do, but thanks to our communication tools, we will be able to reach faster, to more people, and in many, many more places in the World.
Our vision is that open communication between various organisations, co-operation between students and teachers, continuity of the activities and creativity are essential in planning the reforms for the future of medical education.

Co-operation and communication is the foundation on which a worldwide exchange program lies. In the administration of the exchange is carried out by the national exchange officers in each country. Their task is to supervise the flow of more than 3700 exchangees when they carry out their clerkships on five different continents. A large challenge for us during the year was therefore to try to strengthening the co-operation between us. If the administration of the program was going to be improved and successful, this group of people had to work together as a team.

How does one create an atmosphere of trust and understanding between people and a feeling of belonging to a team? Meeting only twice during the year and being as many as 80 people creates some practical problems. To open the first working committee session at the Cape Town meeting we therefore had a "breaking the ice" starter. A short inter-active exercise where the participants where asked to paint the portrait of another exchange officer under a few moments. A fun game with strong implications and similarities with our working situation in the committee. It showed us that planning and organisation are important components of a teamwork. It also showed us that the success of a co-operation depends on the active participation of the individuals taking part. Lastly, but not to say the least, it taught that one can have a lot of fun when working together.

Exchanges get us together

Another important achievement of the year was the reformation of the meeting procedures on the working committee sessions in SCOPE. Turning them into an interactive discussion forum made people feel more part of the matters discussed. We also spent more time on analysing problems and come up with concrete plan-of-actions for how to solve them. Our conclusion of the year is that inspiration and involvement often comes from working together towards a common goal. It makes people part of something bigger and helps to create the team.

Medical Summer Schools are an alternative to the IFMSA traditional exchange programmes. They are short courses of medically interesting topics like ethics in medicine, tropical medicine, pediatrics, etc. They bring people from different parts of the world to learn and have fun together for a few weeks.

Together for tolerance

However, exchange is not just learning about medicine. It's also being together. When students take part in IFMSA exchange programmes they meet other exchange students from all over the world as well as people form the hosting country. Students can take part in social programme which hosting countries organise. Students learn about that country's culture and way of thinking. This is a good way for medical students to learn about heath, humanity and tolerance.

It is obvious that human rights and fundamental freedoms can only be observed and fought for when they are known and especially medical professionals have a collective responsibility to fight for the promotion of human rights.

Youth is the age group that is considered as in the highest risk of getting infected by HIV and other STDS. Therefore majority of the SCOAS activities last year were oriented to get them educated. Medical students were encouraged and trained to become youth leaders and peer educators. We see ourselves as the most reliable for that: being young enough to understand them (some of us still being youth) and with enough knowledge to explain everything. The 3rd International Summer School STOP AIDS was organised for that cause. The school taught skills to effectively raise awareness of HIV/AIDS among youth, to empower them to responsibly plan their sexual life, to teach them to understand their sexuality and to encourage their healthy behaviour. A number of IFMSA National Member Organizations (NMOs) have established groups that were permanently giving in and out school education on HIV/AIDS during the last year.

The International Summer School STOP AIDS "Together WE CAN! Help" celebrated its 3rd year anniversary this summer. It was held in Belgrade - Kopaonik, Yugoslavia from July 15 - 30, 1997. This time this IFMSA project gathered 70 students from 16 countries: Brazil, Bulgaria, Germany, Greece, Latvia, Macedonia, Malta, Poland, Puerto Rico, Republic of...
Srpska (Bosnia and Herzegovina), Slovakia, Slovenia, Sweden, Turkey, United Kingdom and of course Yugoslavia. The intersectorial approach to HIV/AIDS was encouraged by inviting all university students to take part. The participants were from the faculties of medicine, dentistry, social sciences (journalism, law, literature, history, economy) and other sciences (geology, electrical engineering etc.). We also had participants who have already graduated in medicine and dentistry, as well as secondary school students. But the spirit of the School made us all feel like age peers, no matter how old we were. Our educators came from UNAIDS, WHO and NGOs from USA and UK.

Together against AIDS

The school provided students with professional lectures and accurate facts regarding all aspects of HIV/AIDS, project planning, managing and leadership training skills, as well as taught them interactive learning techniques and other preventive methods and introduced them to the real lives of people living with HIV/AIDS. In a friendly and entertaining atmosphere, students were encouraged to talk openly about problems, thus feeling it very close to their everyday lives and influenced to overcome the personal prejudice concerning infection and people infected. Educated and skilled to transfer the knowledge about healthy behavior, they are to run the HIV/AIDS preventive projects in their respective countries and/or organize the groups that offer psycho-social support to people living with HIV/AIDS.

The main goal of the International Summer School «STOP AIDS» was to enlarge the international network of peer educators and youth leaders that will cooperate throughout the year and exchange, support and coordinate all the activities that intend to rise the awareness of HIV/AIDS and other STDs, and support the rights of people living with HIV/AIDS.

SCOME keeps contacts with various organisations involved in medical education such as the Network Organisation and the Student Network Organisation (SNO), the World Federation of Medical Education (WFME), the Association on Medical Education in Europe (AMEE), UNESCO and WHO. The co-operation with these organisations is increasing. Currently, IFMSA is collecting medical students opinions on their education in cooperation with UNESCO. The project is part of the preparations for the World Collective Consultation on Higher Education in UNESCO headquarters, Paris autumn 1998. Our vision is, that open communication between various organisations co-operation between students and teachers, continuity of the activities and creativity are essential in planning the reforms for the future of medical education.

We make IFMSA together. Without you, and you, and you, it would not be the same. Sharing work, being able to delegate tasks to others, is important. In the different Standing Committees we have realized that we actually have very much in common, especially SCOAS, SCORP and SCOPH. In future, we all hope to work even more together, sharing projects and seminars about how to run projects, and sharing experiences.
Thousands of students world-wide go on exchange within the frameworks of Professional Exchange every year. All the work in SCOPE aims at providing these people with the practical arrangements for their exchange and to give them the best medical clerkship possible. Our task is to give people the opportunity to meet and exchange experiences in a new country and culture.

What are the main issues for sending people across the world for a medical exchange? What can they learn by taking part? The one month of clinical clerkship offers the students a chance of learning new medical techniques, getting insights into epidemiological differences of diseases and experiencing another medical system. They can improve their general skills and knowledge in the field of medicine. But the Professional Exchange is more than a pure medical exchange. The cultural aspect of the program is almost equally important. To meet people from the country that they are visiting and to maybe stay and live with a family of the country, all contributes to the exchange students chances for getting to know the country’s traditions and culture. It will broaden their perspectives and help them to grow both in their roles as future doctors and as human beings.

The exchange students are always in the forefront of our work in SCOPE. It is important to realise that it can only be measured by quality and quantity of the exchange units that we provide every year. The main goal for us is to continue the work with expanding the Professional Exchange program to give more people the chance of meeting and learning new things.

What SCOPE is about, is also exchanging people, students. The Standing Committee on Elective Exchange offers medical students elective exchange periods. The elective periods are intensive projects tailored to the students’ special interests. In the year 1996, 343 students were exchanged. Periods varied from one to three months, but in average they were 33 days.

Medical Summer Schools

Medical Summer Schools are an alternative to the IFMSA traditional exchange programmes. They are short courses of medically interesting topics like ethics in medicine, tropical medicine, paediatrics, etc. They bring people from different parts of the world to learn and have fun together for a few weeks.

Violent conflicts, which are mostly based on human rights violations, are a major obstacle to health. Not a day goes by without scenes of warfare or famine, arbitrary arrest, torture, rape, murder and attacks on the fundamental freedoms. Many forms of family and community violence appear to be growing. This is evidenced by the way it is firmly established as accepted everyday matter in the culture of media, entertainment, thinking and expectations. SCORP aims to relieve the medical effects of war and to prevent these by advocating for disarmament, by promoting tolerance, and by enhancing post-conflict peace-building. SCORF also work to raise the awareness of medical students, health organisations and communities to the threat posed to human health and well-being by violent conflicts around the globe.
What IFMSA basically does is getting people together throughout the year: energy and illusions of Youth condensed to build a healthier world with less borders.

Young people is the age group that is considered as in the highest risk of getting infected by HIV and other STDs. Therefore majority of the SCOAS’ activities last year were oriented to get them educated. Medical students were encouraged and trained to become youth leaders and peer educators. We see ourselves as the most reliable for that: being young enough to understand them (some of us still being youth) and with enough knowledge to explain everything. The 3rd International Summer School STOP AIDS was organised for that cause. The school thought skills to effectively raise awareness of HIV/AIDS among youth, to empower them to responsibly plan their sexual life, to teach them to understand their sexuality and to encourage their healthy behaviour. A number of IFMSA National Member Organizations (NMOs) have established groups that were permanently giving in and out school education on HIV/AIDS during the last year.

<table>
<thead>
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<td>Zimbabwe</td>
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<td><strong>Total</strong></td>
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Total number of SCOPE outgoing students per country in 1996, those marked with (*) are estimations according to statistics from 1995.
18 Medical Students' ANSWERS to a CHANGING WORLD


IFMSA PHOTO BY IGNACIO GARROTE

A refugee camp in Bosnia.
The largest resource is the human one and the biggest investment is the one that is made in educating people. It is the same as creating selfsustainability? How does it work in practise? The Professional Exchange is an exchange program with long traditions. There are quite a few associations in SCOPE today that have many years experience from exchange. Their accumulated knowledge and know-how constitutes the basis on which they carry out their exchange program. New member organisations must build the infrastructure that is needed for the administration and hosting of the exchange students. The fact that student organisations are very dynamic in terms of the continuous flow of new students through the associations puts great stress on the "internal educational system".

Within a short period of time new people have to learn the skills of the exchange business and be able to perform and carry out the tasks that are needed. During the year that has passed we have tried to address this problem with a focus on the new members. We have tried to put their needs in the foreground and tried to support them as much as possible. We have set aside special time for sessions for the newcomers to be able to outline the work in the standing committee and to answer questions. We invested time in educating ourselves in new developments e.g. of the internet services. By doing so we are convinced that we have invested for the future by securing the activities we have today and to grow in the future.
The Standing Committee on Medical Education (SCOME) in IFMSA is an active discussion forum for medical students interested in medical education. The aim of SCOME is to become more active in all NMO’s and to better represent the opinions of medical students all over the world. The activities in the local and national level and joint projects between different NMO’s are encouraged. SCOME meetings and the IFMSA newsletters are for getting examples of initiatives in improving medical education (questionnaires, extracurricular activities, special courses arranged by medical students...) presented or published.

Presently, Elective Exchange has a good foundation, and it is organised well and effectively. Its continuing goals are to involve more countries in exchange programme as well as raise the quality of elective projects. Equally important it is to extend the period of elective projects from four weeks to minimum six weeks. SCOEE has also a new Scientific Congresses Liaison Officer, who keeps in contact with the many scientific congresses of students all over the world. Co-operation with SCOAS, SCOPH and SCORP is beginning as they starting their electives. The long term goal of SCOEE is that every student should be given an opportunity to perform scientific study on a specific field of medicine according to his/her personal interests. Scientific studies should be integrated into the medical curriculum everywhere.

Medical students, as future advocates of health can play an important role in aiming at a more peaceful world. Future plans for us as medical students are to ensure that human rights are not violated by medical doctors: general statement that medical students will do everything possible not to get involved in human rights violations, especially in torture. A continuing to create awareness among medical students about human rights violations trying to install disciplinary actions by medical associations towards doctors who have been involved in human rights violations.

Future of SCOAS is planned on three fields: 1. Preventive work through projects, 2. Improving Doctor-patient relation by promoting understanding of people, their cultures and beliefs, 3. Acti

Past and future together: IFMSA Teams’ continuity are a first step that goes ahead throughout the organisation to ensure stability and progress.
During the first IFMSA training workshop on Human Rights and Medicine the Uganda Declaration of 1997 was created, which reads as follows:

We, the delegates of the First International Workshop of the International Federation of Medical Students’ Associations (IFMSA), the International Physicians for the Prevention of Nuclear War (IPPNW) and the Federation of African Medical Students’ Associations (FAMSA) on Human Rights and Medicine affirm that Human Rights are:

1. Universal, interdependent and indivisible
2. A collective responsibility: Because human rights violations affect the health of the people, we call upon all medical students to:

Article 1 - Advocate for the inclusion of Human Rights Education in the medical curriculum, with emphasis on the prevention of Human Rights violations,

Article 2 - Co-operate with efforts to monitor, document and report human rights violations and to create a network for the same,

Article 3 - Organise for and training workshops to equip students on Human Rights education and advocacy,

Article 4 - Condemn all acts of torture and genocide, especially the involvement of health professionals in the commission of such atrocities, and

Article 5 - Urge governments to:
   a) promote and protect Human Rights,
   b) provide appropriate measures for the identification and protection of all vulnerable groups, including refugees,
   c) recognise, respect and give access to independent bodies which play an active and critical role in the enforcement of Human Rights and international humanitarian law.

Adopted with a collective spirit for a just and peaceful world this 31st day of August 1997 in Kampala, Uganda.

This first International Training on Human Rights, which will set an example for medical students leaders to organise similar national and local training and build interest and capacity amongst all medical student leaders, it also aims to train key human resources that can propagate the skills and knowledge attained by the training to the medical students at their home universities by organising follow-up training and workshops and to advocate inclusion of human rights and health as a subject in their own medical curricula.
The International Federation of Medical Students’ Associations, IFMSA, believes that knowledge of human rights and relevant laws is essential for health professionals and that physicians have a special responsibility as observers of human rights violations. However, human rights education is not included in the medical curricula of most countries.

Acknowledging this gap in medical training, IFMSA is dedicated in one hand to actively advocate incorporation of human rights and health issues in the medical curriculum, and at the same time to initiate a series of extracurricular trainings for medical students on human rights and health to respond to the current need. The first training workshop on Human Rights and Medicine was organised from August 23rd till September 1st 1997, in Uganda.

Throughout the workshop, the delegates felt a strong need to include Human Rights education in the medical curriculum. It was a general consensus that knowledge on Human Rights promotion and the prevention of their violation is essential for all medical students and that the current medical curricula throughout the world are grossly deficient in coverage of these issues.

This need is further stressed by article 1 of the Uganda Declaration of 1997 made at the end of this workshop which states:’’Advocate for the inclusion of Human Rights Education in the Medical Curriculum with emphasis on the prevention of Human Rights violations.’’This is supported further by Articles 10 and 14 of the United Nations Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment. Article 10 states:’’Each state Party shall ensure that education and information regarding the prohibition against torture are fully included in the training of medical personnel... and other persons who may be involved in the custody, interrogation or treatment of any individual subjected to any form of arrest, detention or imprisonment.’’ (UN Convention against torture)

Questionnaire on AIDS

Medical Education Questionnaire in SCOAS was created to examine medical students’ knowledge and behaviour in relation to the medical education on AIDS.

Students receive on their faculties. Italy, Malta and Slovakia have already announced preliminary findings. The lack of knowledge (although it appears) is not significant. Behaviour is in great disparity with knowledge as it was expected. What we found crucial is that students expressed unsatisfaction with the medical education and educational approach in the field of HIV/AIDS and other STDs.

It remains on us to work on changing that.

A couple of new, modified studies are initiated this year - KAP (Knowledge, Attitude, Practice) study on pregnancy in the high institutions of learning in Uganda. The whole new chapter on Reproductive Health (RH) and the importance of including it in our medical curricula will be the dominant task of the following years.

Education is the dominant element of all our activities and plays important role in preparing ourselves for a future “life as a doctor”!

Third International Workshop

SCOAS organised the 3rd International Medical Students’ Workshop on the Future of Medical Education during 6th -12th of April, 1997 in Eldoret, Kenya. The workshop brought 150 medical students from almost 30 different countries together to elaborate on the relevance of community based education in primary health care. A week at the equator provided students an opportunity to share experiences and make friends from different parts of the world.

The workshop increased understanding of the cultural influences to medical practice and gave the participants new ideas and skills for initiating and promoting change in medical education locally in their own universities.

Medical students interested in learning about different approaches to medical education have an opportunity to do an Elective in Medical Education in Maastricht University in the Netherlands or in McMasters’ University in Canada. The aim of the exchange is to allow students to try problem based learning (PBL) in practice during a six-week elective programme in the famous reformed medical faculties. The exchange is designed to give students an insight to a novel way of learning and hopefully also an impulse of implementing some of the ideas back.
home. Students with the overview of the new trends are the agents of change in medical education.

Working with Public Health related issues gives IFMSA students a possibility to learn a lot, both in theory and in the field. You can read many books, but working in a project, as a participant or organizer, is a fantastic way to learn about how things really work. In SCOPH we work with projects, but we also organize seminars, providing good possibilities to get started with your public health activity. Public Health is, in many curricula, a neglected or badly treated subject, and IFMSA can, within SCOPH, provide an alternative, or complementary way to learn about public health.

The big event in SCOPH this year was the Village Concept Project seminar held in Idaröd, Sweden, in January 1997. This seminar made it possible for students, currently involved in ongoing or planned projects, to meet and share all those priceless experiences they gain by working on projects. The seminar was a big success, and we all learnt a great deal. This is definitely capacity building! Many of the students who get involved in Public Health projects within IFMSA continue to work in this field, and IFMSA thereby contributes towards our common goal: Health for All.

Andorra, Austria, Azerbaijan, Bosnia and Herzegovina, Brazil, Bulgaria, Cameroon, Croatia, Czech Republic, Denmark, Egypt, Finland, Georgia, Germany, Ghana, Greece, Hungary, Iceland, India, Indonesia, Israel, Italy, Japan, Kenya, Kuwait, Lebanon, Luxembourg, Macedonia, Malta, Mexico, Nepal, Netherlands, Norway, Poland, Portugal, Romania, Russia (and Tatarstan), Rwanda, Slovakia, Slovenia, South Africa, Spain (and Catalonia), Sudan, Sweden, Switzerland, Taiwan (R.O.C.), Tanzania, Togo, Turkey, Uganda, Ukraine, United States of America, Yugoslavia, Zambia, Zimbabwe...
The video, "Beyond War", was made to show solidarity with students from Bosnia-Herzegovina who were telling the story of their experiences during the recent war.

Anti-personnel landmines Campaign.

The more than 100 million landmines scattered around the world has become an enormous medical problem. An IFMSA statement calling for an international ban on the production, use and trade of anti-personnel landmines was passed at the 1994 General Assembly pointing out the damage land mines cause to individual, community and global health. In 96-97 a photo exhibition on the landmine problem travelled around to be used by many IFMSA student groups, like Norway, F.R Yugoslavia, Germany etc.

Different activities were carried world wide to promote in our societies a culture of peace through SCORP. In Spain, IFMSA Local Committee in the Basque Country organised a workshop and land mines exhibition. In Yugoslavia, the Friendship Clubs for adolescent and children, and the land mine exhibition was a success; Sweet Parties involving donations of candies to children in refugee camps over Christmas. In Germany, the Land mine Exhibition, besides, medical students are visiting refugee camps in Munich to try and integrate them into society, and a seminar on non-violent communication was held. In Great Britain, a conference on the role of Medical Students in conflicts. In Italy, a Congress on Peace and Refugees and a project on the similarities between refugees and immigrants. In Holland, a seminar for medical students about refugees and the Dutch health system. In Japan, a workshop in Hiroshima. In Greece, medical students helping in clinics for Kurdish refugees...

Many medical students in the poorer countries are struggling through medical education without proper textbooks. SCOME organises a Book Aid project in order to collect medical publications & text books and to deliver them to the students who need them. The project is organized as partnerships between two countries. In the future, the project will be computerized, so that the partners can offer or order books through internet and matching of the supplies with the needs will become easier.

How can one practice solidarity? By sending money to organisations working in poorer countries? That is of course one way, but by being active in IFMSA, by meeting future colleagues and friends from other countries, solidarity becomes a matter of friendship. And giving a hand to a friend, or an area you actually know, is easier than to a stranger.

Working with students from different countries can teach us all much about how it is to live and study in another country, under different circumstances. In most of the SCOPH projects, students from at least two countries work very closely together, thereby gaining lots of experiences. It is a possibility to make friends for life, and to experience the working and living conditions in another country. Cooperation between students and young professionals is a start, and provides a ground for future cooperation, maybe on a higher level.

Getting active in IFMSA makes solidarity become a matter of friendship; this way, we developed our Travel Assistance Fund (TAF) which is mainly contributed by member organisations from the richer countries to facilitate participation of at least a delegate or observer to our meetings. These organisation contribute with at least the equivalent to 3% of the general IFMSA membership fees, besides creating other initiatives, like the IFMSA Calendars or Cookery book.

This year, a lot of external contributions from UNESCO, DANIDA, the Swedish Institute and the Swiss “Centro Monte di Verità” have also enlarged the capacity of this fund to extend our vision to those who otherwise would not have participated many of our activities.
COAS has grown in both the number of people and the number of countries involved. This meant the students were exposed to many different cultures and their views on HIV/AIDS. Although this diversity was always welcome, at times it meant that the differences in cultural values, the importance of the family, religion, and the participant’s home country’s economic status became a barrier to effective project implementation. What was taken for granted in one country was a major problem in another. This made some discussions difficult and so the organizers were forced to address the issue of cultural differences. On the other hand the peoples of the world are in a state of constant migration and often there are many different cultures within the same community. To respond to their needs, doctors have to be aware of these cultures and to be sensitive to their views, values and ways of life.

Creating global understanding

IFMSA Workshop “HIV/AIDS & Cultural Issues” was held in Cape Town, South Africa from July 30 to August 3, 1997. It gathered 55 medical students from 25 world wide countries and thanks to the UNFPA that supported the WS 30 participants were assisted either travel or participation to the WS. “Breaking barriers and creating global understanding” would be the actions that can the best explain our work. With excellent lecturers from South Africa and world wide experiences we tried to understand the behaviors of different population groups (youth, religious people, poor, ill, different sexual orientations), we discussed cultural differences and their impact on HIV/AIDS, we learned how to deal with and face the death of our patients, how to offer support and confidentiality, how to love and respect and many other things. The real value of our work lies in the interactive and experiential approach we were using – “the stuff we did and the people we met such as talking to the persons living with HIV/AIDS and visiting the gay club”.

We learnt about HIV/AIDS in specific countries through reports of medical students - from those countries that have 38 infected to those that count 500 new infections per day. We personally experienced diversity of cultures and countries and how they dealt with HIV/AIDS. We were enlightened in new ways about the broad spectrum of health care surrounding HIV/AIDS. We had to learn to be tolerant and to overcome our prejudices; we realised the need to do that in order to improve our communication skills and become better doctors.

And all that brought us to the beginning of the long period of working nationally in educating, promoting equality and understanding, and fighting for better, healthier and responsible life style concerning HIV/AIDS or any other preventable disease.

The wish to go to other countries, to make friends worldwide, that we all share in IFMSA, is a wonderful way to learn tolerance. Working with people from other countries make us understand each other, at least a little better. Knowing about each others’ living and working conditions makes it easier to understand how other people think.
Prisons are not good for health..! Prisoners have a **RIGHT** to equivalent health care with people outside prisons. Getting sick because of bad prison conditions is not part of the prison sentence. **OBJECTIVES:** 1. Evaluate the health situation of the prisoner population (initially in the one prison chosen) 2. Evaluate the health care provision system in the prison, and how it functions (and access to it for all). 3. Evaluate whether there are human rights abuses (e.g. ill-treatment and torture) 4. After this initial baseline survey, of the health situation, determine which problems can be tackled by the medical students involved in the project, and how to do so.

Our main goal with Public Health projects is to improve health in the concerned area. Working to reach this goal, we have to have a professional approach. Basing our actions on research, and evaluating the results, provides us with the tool to prove that our actions have an impact. Our projects are continuously evaluated, and SCOPH can show good results in many areas. We are, although, “only students”, really making a difference! And often in a cost-effective way...
SCORP, the standing committee of Refugees and Peace aims to prevent conflicts by advocating for disarmament and promoting human rights and tolerance and to enhance post-conflict peace-building. In August 1996, IFMSA-SCORP organised a workshop on Medicine and War in Prague, Czech Republic to identify the health consequences of war and the role of medical students in preventing armed conflicts in the context of their devastating impact on health.

The network of medical students created through this workshop includes medical students from 18 countries, among which are Croatia, Bosnia-Herzegovina, F.R. of Yugoslavia and Slovenia. The Network initiated similar but local training workshops for the medical students in their countries in 1996-1997: Norway - Projects are: IPPNW Children in War Seminar in January, and IPPNW-student lecture on the abolition of nuclear weapons. Lebanon - The landmine exhibition and a peace megaton will be held in summer involving lectures, sports and other activities regarding the creation of a culture for Peace.

HIV/AIDS prevention

SCOAS - Standing Committee on AIDS and Sexually Transmitted Diseases aims with maximum of its efforts in prevention of HIV/AIDS and other STDs. Through SCOAS meetings and events (International Summer School STOP AIDS, SCOAS Working Committees, IFMSA World AIDS Day Event, national activities etc.) the message on “safer sex” is spread. Equipping students not only with knowledge but with the skills, using interactive and experiential approaches, enables them to overcome their own prejudices and barriers about sexuality, sexual intercourse and contraception. Understanding HIV/AIDS is not only getting sexuality education - it is meeting people living with HIV/AIDS, their families, friends and lovers, it is being compassionate and respectful, it is realising that only your responsible behavior keeps you healthy and that is our preventive approach.

SCOAS has nationally and internationally organised campaigns that raised awareness of this global pandemic - posters, leaflets, condoms, red ribbons, media facilities etc. were used. The biggest campaign was on the 1st of December - World AIDS Day, when all our students were encouraged to join global campaign “One World - One Hope”. On that day, medical students contributed by organising events for their colleagues, for highschool students, for people living with HIV/AIDS, or for general population. Some of the activities were offering information, condoms and spreading red ribbons on the streets, organising STOP AIDS parties, providing lectures on “HIV/AIDS and medical profession”, visiting clinics for AIDS and talking to the patients, giving workshops in the highschools etc. In December 1997 students will follow the suggestion given by UNAIDS and contribute to the World AIDS campaign “Children living in the world with AIDS”.

The anti land mines campaign that IFMSA joined in 1994 has recently been granted with the Nobel Peace Price.
EXTERNAL RELATIONS

IFMSA 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)
- UN AIDS
- 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
- Association for Medical Education in Europe (AMEE) - Associate Member
- Standing Committee of European Doctors (CP) - Associate Member
- Medical Education and Didactics Network (MEDNET) - Associate Member
- European Union Action Scheme for the Mobility of University Students (ERASMUS) - Associate Member
- International Physicians for the Prevention of Nuclear War (IPPNW)
- Health Action International (HAI)
- Permanent Working Group of European Hospital Doctors (PWG)
- Association of Medical Schools in Europe (AMSE)
- World Federation for Medical Education (WFME)
- World Federation of Public Health Associations (WFPHA)
- International Association for Adolescent Health (IAAH)
- Médecins sans Frontières (MSF)

LIST OF ABBREVIATIONS

AIESC l'Association Internationale des Etudiants en Sciences Economiques et Commerciales
ALFA Amerique Latine Formation Academique (EU)
AMM-MSS American Medical Association - Medical Students' Section
AMDA Asian Medical Doctors' Association
AMEE Association for Medical Education in Europe
AMSA Austrian Medical Students' Association, and American Medical Students' Association
AMSE Association of Medical Schools in Europe
AF IFMSA Application Form
CA IFMSA Card of Acceptance
CASOCEM Central American Medical Students' Scientific Society
CC IFMSA Card of Confirmation
CCCM IFMSA meetings' Constitution and Credentials Committee
CFMS Canadian Federation of Medical Students
CP Standing Committee of European Doctors
CS IFMSA Card of Substitution
CSD UN ECOSOC's commission on social development
DAW Division for the Advancement of Women (UN)
EB IFMSA Executive Board
ECOSOC Economic and Social Council (UN)
ECTS European Community course credit Transfer System (EU)
EMA European Medical Association
EMSAS European Medical Students' Association
and Egyptian Medical Students' Association
EMSS IFMSA European Medical School Information System
EOM IFMSA Exchange Officers Meeting
ERASMUS European Union Action Scheme for the Mobility of University Students
EU European Union
FAAMSA Federation of African Medical Students' Associations

IFMSA Financial Committee
FELSOCEM Latin American Federation of Medical Students' Scientific Societies
FEPAFEM Pan-American Federation of Medical Schools and Faculties
GA IFMSA General Assembly
GS IFMSA General Secretariat
HABITAT II second UN conference on Human Settlements
HAI Health Action International
HLM IFMSA Honorary Life Member
IAAS International Association of Agricultural Students
IADS International Association of Dental Students
IAESTE International Association for the Exchange of Students for Technical Experience
ICPD International Conference on Population and Development (UN)
ILO International Labour Organisation
IMISO Inter-sectoral Meeting of International Students' Organisations
IPNNW International Physicians for Prevention of Nuclear War
IPSF International Pharmaceutical Students' Federation
LO IFMSA Liaison Officer towards external relations
LEO Local Exchange Officer
MF Membership Fee
MOE IFMSA Manual on Electives
MSI Medical Student International magazine
NC National Co-ordinator
NEC European Community course credit
Transfer System (EU)
NED National Electives Co-ordinator
NEO National Exchange Officer
NETWORK Network of Community Oriented Educational Institutions for Health Sciences
NGO Non Governmental Organisation
NMO IFMSA National Member Organisation
NOAS National Officer for AIDS and STD programmes
NOME National Officer on Medical Education
NORP National Officer for Refugees and Peace
NPO National Public Health Officer
OC IFMSA meetings Organising Committee
PAHO/OPS Pan-American Health Organization/ Organización Panamericana de la Salud
WHO-Americas

«Keywords», November 1997
# IFMSA Annual Report 1996-1997


<table>
<thead>
<tr>
<th>Revenue</th>
<th>Income</th>
<th>Budget</th>
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<td>Grants</td>
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<td>Workshop HR</td>
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<td>NLG</td>
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<td><strong>Total Expenses:</strong></td>
<td><strong>198,373.31</strong></td>
<td><strong>125,000.00</strong></td>
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<table>
<thead>
<tr>
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<th>Expenses</th>
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<td><strong>Budget 95/96</strong></td>
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<td><strong>Total</strong></td>
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<td><strong>Balance</strong></td>
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The Fiscal Year 96/97 began on the 1st of July 1996, according to the IFMSA Constitution, with a balance of 57,772.86 NLG in the “normal” account, and 100,000 NLG in the Savings account.

Until the last day of the fiscal year, some payments were made still regarding the budget of 95/96, and there were deposits regarding the budgets of 95/96, as well as expenses and income for the budget 96/97.

The summary of all expenses and income for this fiscal year is as follows (amounts in NLG, see tables above):

**Bal.Acc 1751328 (30/06/96): 57,772.86 NLG**

**Current Balance:**
ACC. NO.1751328 = 114,201.75 NLG

**Savings Account = 100,000.00 NLG**

**Balance = 214,201.75 NLG**

**Note:** In the total income 96/97, 73,366.86 NLG are actually for 97/98 (for the Workshop on Human Rights), so, in fact, the real balance of the fiscal year 96/87 is 40,834.89 NLG.
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 multi-cultural 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.