IFMSA Mission Statement

“Our mission is to offer future physicians a comprehensive introduction to global health issues. Through our programming and opportunities, we develop culturally sensitive students of medicine, intent on influencing the transnational inequalities that shape the health of our planet.”
IFMSA Abbreviations’ List

For some reason, all international organisations love abbreviations. We have gathered here the most relevant ones to help you survive IFMSA jargon...

“I have an abbreviation, therefore I exist!” – Fredrik Allard, SueMSIC President 94/95/96

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

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Dear readers around the world,

IFMSA is proud to present her success story during 2000 and 2001!

Professor Erik Holst, the first president of IFMSA, during his speech on the Anniversary Day reminded us that “the impossible we do tomorrow” used to be one of the working mottos during his years in IFMSA. This year, IFMSA did the impossible. Training 700 medical students from 88 countries through nine thematic workshops, twelve round table discussions, and three forum discussions on topics of health and its determinants during the 50th anniversary General Assembly in Denmark was impossible to many of us before.

Undoubtedly, this year has been the most challenging year in the history of IFMSA and my dynamic 31 fellow officers not only met the challenges with high professionalism and passion, but also successfully overcame them.

On the one hand, my team had the mandate of successfully organising the most eventful 50th Anniversary of IFMSA, and on the other it had to execute the regular plan of action during the year. On top of that, this team had to manage its regular daily office.

This report starts with the concrete work of the executive board: President, Vice-President on External Affairs, Secretary General, and Treasurer. It then gives an overview of the bigger and better projects in each of six standing committees of IFMSA: Medical Education, Professional Exchange, Research Exchange, Reproductive Health including AIDS, Public Health, and Refugees and Peace.

You will also come to know our advancements in the Internet Technologies system, Training and Resources Development, and new publications.

You will also be able to read about the activities of some of our National Member Organizations.

I would like to thank the coordinators of this report: our Secretary General, Marta Ocampo, and Marius Grima, Vice-President of the Malta Medical Students’ Association, who have worked hard over the Internet. The result of this work can be judged from the quality of this annual report.

Happy reading!

Sanjeeb Sapkota
IFMSA President 2000-2001
sanjeeb@healthnet.org.np
AFTER 50 YEARS...

Nowadays IFMSA is a very well-established international federation with broad representation and close relations with medical students’ associations all over the world. It is recognized as an important non-governmental organization and collaborative partner by WHO, UNESCO, other UN agencies and several INGOs, such as the Global Health Forum. We are on the way to making closer links with several other international student organizations and INGOs.

Our exchange programme is well-established, and has good prospects for improvement both in terms of quantity of places and quality, now that we have introduced more alternative clerkships, research exchanges, summer-schools, electives.

We are recognized as a consultative body in questions relating to medical education and the medical consequences of nuclear war, and our local and national activities in both these areas have often been catalysts for other student and professional groups.

New fields are presently developing, including Primary Health Care and Human Rights, with many valuable projects. The IFMSA Village Concept can be considered a milestone in third world aid philosophy. Following IFMSA’s experience in Ghana, many such projects were realized (Sudan, Sudan II, Rwanda, Zimbabwe, La Joya, Tanzania, Panama…) and we hope many more will come up in the near future.

A lot of work has been done in our 50 years of existence. We are celebrating our 50th anniversary with a big event that would show the IFMSA potential to the outside world. We sincerely hope that in 50 years from now, somebody will add more lines to this small but intense history that all of us, for small our contribution might seem to be, have helped to build.
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THE MOST EVENTFUL YEAR IN IFMSA HISTORY
ANNUAL REPORT OF THE PRESIDENT

Sanjeeb Sapkota,
Nepal
IFMSA President 2000-2001
IFMSA SCOPOH Director 1998-2000
sapkotas@who.ch

Driving the federation successfully into the 21st century and beyond and serving her from her headquarters, Geneva, during the entirety of my presidency, have been great sense of satisfaction.

It also satisfies me that I have been able to assist in adding milestones in every major area of work such as strengthening NMO-IFMSA relationships, capacity building, reinforcing external relations, policy development and information dissemination.

After 50 years of uninterrupted service to humanity, the world needs IFMSA more than ever before today.

NMO-IFMSA relationships:
The poll this year suggests that the constituencies have given the mandate to the new team to execute certain tasks by the end of next fiscal year. I believe that this practice will be continued.

The world needs IFMSA more than ever before. We have the vision of fostering universal peace and health in the planet and we will keep on struggling till we materialize our vision.

Long Live IFMSA.

Sanjeeb Sapkota,
Nepal
IFMSA President 2000-2001
IFMSA SCOPOH Director 1998-2000
sapkotas@who.ch

30 new national associations are waiting in line to join IFMSA.

General secretariat has been reinforced than never before this year. I worked in our secretariat for six months and facilitated the funds to bring another EB member. The coming of the second EB member in the secretariat has been a revolution.

Fundraising has been equally successful this year. I facilitated UNFPA, UNESCO, UNAIDS, WMA to provide us respectively 15,000 USD, 20,000 USD, 5000 USD and 5000 USD. The Fundraising Task Force, which has been recently established, is showing its promising role for the sustainable future of IFMSA economics.

Publication both in paper and electronic saw its peak this year. E-newsletters, IFMSA thematic magazine, NMO manuals, besides regular newsletters (Vagus) and annual report have delighted the family of IFMSA.

External Relations:
IFMSA now has an established position within the United Nations System.

With regular follow up I have strengthened IFMSA’s status in United Nations ECOSOC. This has now opened door to proceed towards official relationship with UNICEF. Another gain has been the accreditation granted to IFMSA to attend the UN Special Session on HIV/AIDS and Children. Our delegation made outstanding representation in New York during the special session.

During my tenure, IFMSA not only became the members of the following alliances fora but also quickly established herself as their active partner:

Global Forum for Health Research,
Global Health council, NGO Forum for Health, Alliance to End All Forms of Corporal Punishment to Children and Frame Work Convention Alliance.

There has been remarkable achievement in the relations with the inter agencies.

As mentioned above both UNESCO and UNAIDS have provided funds for new projects and workshop. UNHCR and UNHCHR which deals with human rights and refugees issues respectively are remarkably closer to IFMSA and have paved way for effective long-term partnership.

It is also worth mentioning that WHO has recognised us one of their active partners.

Being in Geneva has given me added opportunities to have high level policy dialogue with the head of inter agencies and INGOs. At several occasions, I met my counterpart in WHO, chairman and presidents of several INGO in Geneva and the directors of UNFPA, UNICEF etc. This has helped me understand their perspective of IFMSA.

My travel to China, Singapore South Africa, and several countries of Europe this year have helped strengthened both internal and external relations. The representations of my fellow executive Board members in Australia and Peru have added new dimension in our relations with our regional partners in Asia and Latin America.

The general assembly has adopted the plan of action which my team has drafted and the NMOs have modified. This plan of action has all the major ongoing activities and the work area which is warranted for the future and which is do-able. This is for the first time in the history that the constituencies have given the mandate to the new team to execute certain task by the end of next fiscal year. I believe that this practice will be continued.

The world needs IFMSA more than ever before. We have the vision of fostering universal peace and health in the planet and we will keep on struggling till we materialise our vision.
ALL OF US IN THE SAME BOAT
A YEAR OF SUCCESS FOR THE WHOLE OF IFMSA

This has been an exceptional year, not only for IFMSA but also for me personally… a year full of challenges that we, as a big team, tried to accomplish, challenges and achievements difficult to summarise in a one page article of the annual report.

A lot of IFMSA resources and people form all over the world worked hard with the preparations for the 50th Anniversary of IFMSA that included: forums, round table discussions, seniors meeting, and the Anniversary Book. Our 50th August Meeting was transformed by an enormous team effort in the most successful International Training Congress for Medical Students (ITCMS), with trainings and workshops covering most of the fields of IFMSA work.

Apart from this, there was the normal work of a year, the March Meeting in Malta (for me the best meeting ever), new IFMSA projects and improvements in the ongoing ones … and the busy daily work of an international office: e-mails, support to our National Member Organisations (NMOs) and recruitment of new ones, development of new technical facilities, fundraising, marketing, external contacts, publications, meetings… All of this has made this year an unforgettable year for IFMSA, and for all of us who devoted our time and energy in this task.

Getting IFMSA closer to the NMOs has been one of the main worries of this year’s Executive Board and in the position of the Secretary General, I tried to do my best to make this possible. Day after day in front of my computer, ready to reply to the NMOs’ concerns and questions in the form of e-mails, I feel I developed a special sense of proximity with most of the NMO presidents. It has been great to work with all of you.

From this position I also tried to encourage the NMOs to inform the local offices, we are a whole; international, national and local, all of us in the same boat, trying to improve the global health.

And with this purpose, a great effort was done from the international team to create the first NMOs Survival CD ROM, where we compiled lots of interesting information about IFMSA’s present and past, a legacy for the future, including in it as well the Manual on Chairing IFMSA Meetings, created this year by the team who run the plenaries in Malta, under the coordination of Ellinor Jenssen from NorMSIC, Norway.

With the aim to facilitate as well the communication among our NMOs, an idea was raised by Antonis Kaintatzis, from HelMSIC, Greece, and I worked with him to design the IFMSA Databases and put them in the internet (www.ifmsa.net/public), a wonderful tool that gave birth as well to the first Electronic Exchange System to be used by our National and Local Officers in SCOPE and SCORE, a tool that will provide as well, great opportunities of marketing and fundraising to our federation in the near future.

We worked as well in reinforcing our links with other students organisations. This came up with a new collaboration agreement with the European Medical Students’ Association, and with the dissolution of the old IMISO (Intersectoral Meeting of International Students’ Organisations), to create the Informal Forum of International Students’ Organisations (IFISO), an unofficial and unregistered forum to discuss possibilities of collaboration among those students’ organisations interested.

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Finally … the handover to the new Selegen.
It has been a very busy year for IFMSA. First of all we have been in an exciting anniversary year, which has taken up a substantial amount of time for me as the treasurer. Furthermore a lot of work has been but into establishment of better financial management of the organisations finances.

Financial management
During the past years we have not been very satisfied with the use of Postbank in the Netherlands. It was often very slow and communication with the bank was not easy. This year I did investigations on finding a new bank for the future use of the organisation. I met with several banks in the Netherlands, as we should keep the bank in the Netherlands as long as we are registered there. The result of the investigations turned into that we will use ABN AMRO as our future bank connection. ABN AMRO offers several advantages including international money transfer via Internet, document mailing in English, easy communication with the bank even outside the Netherlands.

The next step of improvement of financial management for IFMSA was to engage an auditing company again. We broke up the relationship with KPMG last year and the financial year 1999-2000 was not compiled in an auditor assisted financial report. This increases the risk of errors in the financial report, which is unacceptable. I did some investigations among several international known auditing companies and decided to start collaboration with Ernst & Young. They offer a large international network of auditors so we will be able to find an auditor in the local area of treasurer for the future.

The last major improvement of our financial management was done on the bookkeeping part. In the past years the treasurers have used individual systems, which often lacked continuity between the different treasurers. For this purpose various bookkeeping software solutions were investigated. I found a suitable programme –DacEasy-, which is purchased to IFMSA for the future use of bookkeeping in IFMSA. This will hopefully help to better management of the books and to avoid potential errors in the handover process of the treasurer. I have used the system this year for the bookkeeping.

Representation
As a part of the EB I have taken part in the big job it is to represent IFMSA externally. I have paid particular attention to other student organisations as European Medical Students Association (EMSA), Asian Medical Students Association (AMSA) and the European Student Conference (ESC). I attended meetings hosted by all 3 organisations and it has definitely contributed to a better relationship with all partners. We managed to finalise agreements with both EMSA and ESC and initiatives for an improved AMSA agreement was taken during my participation at the 22nd Asian Medical Students Conference (AMSC) in July 2001 in Melbourne. Hopefully the new agreement can be signed during the next year.

Furthermore I had the privilege of representing IFMSA during meetings with the World Health Organisation (WHO), World medical Association (WMA) and the Permanent Working Group of European Young Doctors (PWG). At all meetings I got valuable contacts for the benefit of IFMSA.

Fundraising
Most of the fundraising work done this year has been in the name of the 50th anniversary of IFMSA. During my various meetings with external organisations have met many people who help finding contributions for the anniversary. It has been a work against the clock, but I believe that IFMSA got the event of the century during the days of the celebration of its 50th anniversary.

Furthermore a lot of work has been put into fundraising within the European Union. We worked hard to complete the grant for the European Union, which gives contribution for organisation administration. Furthermore, investigations have been done to explore possibilities of receiving funds for IFMSA from the European Youth Council. Application for this will be submitted in autumn. We have continuously worked on a documentation issue related to some unspent balances towards UNESCO. This issue was finally solved in the end of June which resulted in the grant for Training and Development of our National Member Organisations.

We have been struggling hard this year to get funds for all necessary projects. We managed almost to fund the anniversary book of IFMSA. This is an important achievement, as we needed to give the book to our members and externals during the 50th anniversary in Aalborg, Denmark.

To conclude this report I will thank all IFMSA member organisations for the fantastic work done during the year 2000-2001. A lot of you have been involved in our 50th anniversary, which has demanded a lot of resources this year. I really admire the work you have done! Moreover we have kept the high activity level among our standing committees even if the 50th anniversary drained our resources. I hereby wish the best 50th anniversary to all IFMSA member organisations, which forms our fantastic and inspiring organisation IFMSA.

Jesper Schmidt,
Denmark
IFMSA Treasurer 2000-2001
jesper.schmidt@mail.tele.dk
“This is a year of hope… People’s Health is the Subject of Intense Public Debate … we are working together with renewed energy. A renewed will to act. A determination to walk down unexplored paths to get results …”

Gro Harlem Brutland (Director General of the World Health Organisation) delivered these words at the World Health assembly this year. In many ways they reflect the year of 2000/2001 within IFMSA. We too have been moving forward … The ITCMS … two EB members in Geneva … Fundraising Task Force … New NMOs … ECOSOC and Global Health Council membership … forming of a mission statement and strategic plan for IFMSA … new marketing strategies … and so much more.

As the Vice President of External affairs I have had the privilege of being on the forefront of many of these new developments.

**Full time EB**
I moved to Geneva after the March Meeting to become the first full time EB member at the IFMSA office in Ferney-Voltaire. This was made possible by a generous fellowship grant by the WMA who has become like a father to IFMSA and supported us in every way.

This not only gave us someone to do the office administration work, but also allowed Sanjeeb and myself to start building up a contact network in Geneva including WHO, WMA, UN, NGOs and National Missions. My vision was to form the network of contacts to support the work of our NMOs and regional partners as well as the international work of IFMSA.

**Fundraising Task Force**
This Task Force, now headed up by Jana Myndiukova, was formed by the EB under the mandate of the NMOs. It has been a very active group in the last few months and has been concentrating on a variety of topics including:

- **Full-time Executive Board**
- **IFMSA Projects**
- **IFMSA Central Budget**
- **IFMSA Marketing materials** *(T-shirts, pens, badges…)*
- **Vagus**
- **Travel Assistance Fund**

I have really been impressed by the level of dedication and professionalism of this team, and believe that we have only just begun….

**Long Term Plan for IFMSA**
IFMSA has been forming a mission document and strategic plan this year. It has been so exciting to see the members of IFMSA define who they are, what they stand for and where IFMSA is going in the next decade. Driven by a common vision, IFMSA will continue to strengthen its relations and work and is able to adapt and plan for a dynamic future.

**Marketing**
The new marketing team was formed in Groningen in The Netherlands, which united the GA50 team and the IFMSA team. Although each team had different responsibilities there was a spirit of cooperation and unity working for the same goal.

E-news, a marketing plan, new printed posters and leaflets, postcard project (GA50) team and the future planning for an IFMSA promotional video were a few of the many projects that this team undertook.

All in all it has been an exciting year. Thank you to Jason, Juan Manuel, Panos, Yusuf, Joel, Jana, Ann, Jacco, Morten, Antonis, George, Markus, Bent, my fellow EB members and all the countless others who helped us get the work of External Relations done this year. I was honoured to work by your side.

“**Young people are capable, when aroused, of bringing down the towers of oppression and raising up the banners of freedom.”**

Nelson Mandela

**Jenni Moore,**
South Africa
**IFMSA Vice-president External Affairs 2000-2001**
Jennijenjen@hotmail.com

Marieke van den Ham, The Netherlands (SCORP Director) and Jenni Moore, South Africa (VPE).
Rationale
It is of vital importance for the incoming IFMSA officers 2001-02 to have a layout of the responsibilities to continue and build upon the work of their predecessors. It is also important for the NMOs to understand and plan the direction in which IFMSA is heading. For these reasons this proposal was created.

Plan of action
A. Internal capacity building
B. External relationships
C. Priorities for 2001-2002

A. Internal capacity building
1. Reinforcing the Newcomers Task Force:
   Many new members are entering IFMSA and encouraging them to become active and successful should be one of the priorities of the EB as well as the NMOs.

2. Strengthening the General Secretariat:
   Having a full time member of the EB work in the General Secretariat of IFMSA greatly increases the efficiency of the Federation. Therefore the EB must seek to ensure the funds for this position.

3. Investigating the creation of an "IFMSA International Team":
   The IFMSA international team should contribute to improving the recruitment and selection of human resources at the international level. The job description of this team should be outlined, and it is important to find out the effect it would have on the manpower of the NMOs. Details can be found in the discussion paper “The creation of an IFMSA International team”.

4. Strengthening the Fund Raising Task Force (FTF):
   We recommend that the FTF be continued on national and international levels.

5. IFMSA e-exchange and online databases:
   Having already built a strong electronic database, it is now important to maintain and continuously improve it. Therefore we need a long-term maintenance contract with the present service provider.

6. The Publications:
   a) MSI on exchange: It is necessary for the next team to complete the MSI within the first quarter of their term, as well as improving the co-operation with NEOs and LEOs to gain valuable feedback.

   b) NMO’s CD-ROM / Officers manual:
      This CD-ROM should be improved by adding training documents and by being distributed continuously.

   c) The electronic news (IFMSA e-News) must be continued and circulated to other horizontal organisations as well as external partners.

7. Improving NMO-IFMSA relationship:
   a) Improving Communication
      Two-way communication between the EB and NMO is crucial and should be performed every two months before each EB meeting. Special attention should be given to improving communication with NMOs from developing regions.

   b) Regionalisation
      The AMSA in Asia, FAMSA in Africa and EMSA in Europe should be regularly contacted in strengthening bilateral relationships. Creating and strengthening a regional structure in Latin America must be seriously pursued. The infrastructure of the Federation will increase its efficiency by pursuing and encouraging regional co-operation between the NMOs.

8. Seniors club
   Actualisation of the full potential of the Seniors Club will greatly aid the development of the Federation. The club must therefore be encouraged and maintained.

9. Marketing and promotional materials
   Provision of promotional material at nominal costs to the NMOs regularly and adequately will help the NMOs to pursue their own and the Federation’s marketing objectives.

B. External relationships
The EB of 2001-02 should give high priority to complete the on-going collaborations with the listed inter-agencies. Additionally experience should be considered when appointing liaison officers:

2. Global Health Council
3. NGO forum for health
4. FCTC (Frame Work Convention on Tobacco Control)
5. UNAIDS: The condom project must be continued.
6. UNICEF
7. UNHCR
10. WHO.
11. WFME (World Federation for Medical Education): The WFME will hold the Third World Conference on Medical Education in September 2002.
12. AMEE (Association for Medical Education in Europe): Developing a good liaison with this association is important.
13. Relations with Regional Partners:
   a) Having official relations with FAMSA.
   b) Helping build a regional partner in Latin America.
   c) Sustaining and improving the recently renewed relationship with EMSA and AMSA.
14. WMA: Collaboration involving one EB member in the General Secretariat must be continued.

C. Priorities for 2001-2002

1. HIV/AIDS:
   Medical students need to be active role players and leaders in the fight against this pandemic. This topic is severely lacking within current medical curricula worldwide. IFMSA has adopted a recommendation for curriculum change with the aim that NMOs will promote this document in their home countries. Please view the document entitled “IFMSA Recommendations on HIV/AIDS in Medical Education Curricula”

2. Human Rights, Violence and Injury prevention:
   Prioritisation of these issues for SCORP, utilising the new infrastructure put into place, is essential.

3. Health Promotion:
   a) Tobacco control: The IFMSA – WHO campaign has now entered its second phase, in which NMOs are requested to lobby with their deans to make their schools smoke free. Special attention must be given to the SCOPH Anti-tobacco campaign.
   b) Active Ageing: To determine IFMSA’s stand regarding the second World Assembly on Ageing, April 2002, co-operation with the International Student’s Network on Ageing Health (ISNAH) must be continued.
   c) Physical activity: IFMSA should interact with other like-minded youth organisations to promote the importance of physical activity and nutrition in health promotion, and take part actively in the preparation of the World Health Day 2002.

4. Maternal, Child and Adolescent Health:
   Emphasis should be placed on:
   a. The IFMSA-WHO project on IMCI in Indonesia.
   c. Providing support to the IFMSA-MCH project.

5. Pursuit of aims expressed in the policy statements of the round table discussions and workshops drafted during the ITCMS.
   Please refer to the outcome paper of Round Table Discussion and Workshop of 50th August meeting.
IFMSA 50th Anniversary

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The 50th anniversary of IFMSA was celebrated on the third day of International Training Congress for Medical Students (ITCMS).

A lot of time and effort was invested in the anniversary in order to achieve three main goals. First of all the day was designed to draw a historical line from the birth of IFMSA to the organisation as it is today. Secondly we wanted to use the day to give a more in depth presentation of the aims, achievements, and future of IFMSA to our liaison organisations and sponsors. Finally we hoped that the specific outcomes of the day might help to shape and influence the future of IFMSA work.

In the morning 12 round table discussions (RTDs) on different subjects relevant to IFMSA were held in parallel. The discussions were prepared and moderated by IFMSA students. All 12 discussions went very well, as they helped open our eyes to new areas of IFMSA interests and to established new contacts within old and potential liaison organisations.

The Anniversary Ceremony followed the RTDs and was opened by the first president of IFMSA, Erik Holst from Denmark, who talked about the visions and hard work that laid the ground for the founding of IFMSA. He was followed by Sanjeeb Sapkota (President of IFMSA 2000-2001), Nils Daulaire (President and CEO of Global Health Council) and Line Gisselmann and Yusuf Goedblöd (Chairs of the International Organizing Committee for ITCMS). Bent Grubb Larsen and Zahra Theilgaard did an excellent job as Masters of Ceremony throughout the anniversary ceremony and the rest of the day.

In the afternoon the big forum on “Poverty, Global Health and Sustainable Development” was held. The forum was moderated by Bilal Zuberi (Massachusetts Institute of Technology, Cambridge, USA) and the discussants were Dr. Nils Daulaire (President and CEO of the Global Health Council), Dr. Zafrullah Chowdhury (Projects Coordinator, Gonoshasthya Kendra People’s Health Centre, Bangladesh), Dr. Melinda Moore (Deputy Director of the Office of International And Refugee Health, DHHS United States Government) and Laurie Garrett (Pulitzer, Polk and Peabody Award Winning Author).

The evening’s festivities were initiated by a reception, followed by a gala dinner for 600 people. Out of the 600 people who dined, approximately one hundred were guests from new and old liaison organisations. The dinner was opened by an address from United Nation’s Secretary General, Kofi Annan, read by stud. med. John Amuasi from Ghana. This was followed by Halfdan Mahler (Director General WHO 1973 – 1988), Ralph Gräsbeck (cofounder of IFMSA) and Lennert Veerman and Björg Thorsteinsdottir (former presidents of IFMSA ‘95/’96 and ‘97/’98). Before the last speech there was a memorial presentation on the Hiroshima bombings. The anniversary was held on the same date as the bombings took place. Dinner was followed by fireworks, tailor made for the evening and the evening turned into night accompanied by the tones of live music.

The day was all throughout a great success. The IFMSA seniors helped us portray the history of IFMSA. The Roundtable discussions opened new areas of interest for IFMSA, and our contact to liaison organisations were expanded and improved throughout the whole day. It was a day that will claim its place in the history of the IFMSA, and that will be remembered as a day of fun, learning and celebration.

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IFMSA 50th Anniversary day Coordinators
The 50th anniversary of the founding of International Federation of Medical Students was celebrated not just by reminding the General Assembly audience about the past work of IFMSA and its history, but also by boldly looking forward into the future to prescribe the course that IFMSA must follow in the coming decades. An extremely important panel discussion on the issues of “Poverty, Global Health and Sustainable Development” was held on August 6th, 2001 which was attended by over 500 IFMSA delegates, representatives of United Nations and other world agencies as well as experts from institutions (non-governmental and non-profit) that IFMSA collaborates with. The topic under discussion was extremely relevant to the current issues in global health, and especially important to IFMSA, given the global focus of IFMSA and the increased participation and membership from developing countries.

The panel consisted of very notable speakers, each of whom are leading experts in global health and international development. IFMSA is proud to have received recognition from these speakers and their institutions and hopes to continue collaborating with them in the future. The speakers were:


**Dr. Melinda Moore**, Deputy Director of the Office of International and Refugee Health, DHHS, USA

**Dr. Zafrullah Chowdhury**, director coordinator Gonoshasthya Kendra People’s Health Centre, Bangladesh

**Dr. Nils Daulaire**, President and CEO of the Global Health Council

**Bilal Zuberi**, Ph.D Candidate at the Massachusetts Institute of Technology, USA, was the moderator.

Ms. Laurie Garrett started the discussion by giving a presentation on her experiences as she witnessed the crippled state of public health in the poor countries she had traveled to as a journalist. Ms. Garrett noted that epidemics such as AIDS, malaria, dengue fever and tuberculosis have already launched an attack on societies that were already burdened with extreme poverty and other socio-economic and political diseases. As nations tried to battle at various fronts – poverty, inequity, economic development, globalization, ill-health and rapid growth – there were reasons to fear that if our resources were not unified, we would lose on at least a few fronts. She expressed her fear that the extreme poverty, poor-sanitation, education and vaccination conditions in most of south and central Asia are now turning into breeding grounds for future public health disasters.

Both Ms. Laurie Garrett and the next speaker, Dr. Melinda Moore articulated that poor communities around the globe have been engulfed in the cycle of poverty and disease for decades and the situation is only becoming worse. They argued that poverty in many parts of the world has increased vulnerability to disease by limiting access to health care, information, education, safe water, sanitation, adequate diet and through human rights violations. Dr. Moore showed data on the widening disparities in the socioeconomic status and health between poor and rich countries and within both. Highlighting the importance of such events as our panel discussion, Dr. Moore said that it was at one such lecture that she went in as a young medical student and came out knowing full well that what she wanted to do in her career was public health. Since then, that is exactly what she has done for over 15 years – serving in international health and helping humanity achieve a better and healthier life.

Dr. Zafrullah Chowdhury brought a different perspective to the discussion by providing a case study of how health can be affected in poor and disease-ridden societies. He argued that while the developed countries were increasing the average age of their citizens by employing highly sophisticated technological advances to medicine, the relief for the poor lay in more simple but community based intervention systems. His presentation showed how women with low level of technological expertise had been trained to deliver primary healthcare at his institute. The message was powerful – breakthroughs in health achieved via local empowerment. Gonoshasthya Kendra, the institute founded and run by Dr. Chowdhury, has built a sustainable system of providing immediate medical relief to poor people using principles of community medicine and low-cost effective healthcare. Dr. Chowdhury’s arguments were not just validated by the data he presented but they also helped infused hope into the audience that while needs of global health seemed high and daunting, they could be achieved even with the resources we currently have available – if we just learnt to mobilize and utilize them efficiently.

Dr. Nils Daulaire gave the last presentation in the panel and used his past experience as a medical student working with Dr. Zafrullah Chowdhury and others to highlight the importance of actually going out into the field and seeing what rural healthcare was all about. He advised all medical students interested in global health to spend some time in a rural community to actually experience life in those dire situations so they could understand how poverty completed the vicious cycle of dis-
ease, suffering and death. Dr. Daulaire outlined the role of non-profit actors in the war against poverty and disease and argued that if the epidemics of today are not confined to any state boundaries – how can their solutions be confined to any country or region. His message was clear: we live in a global society and we must act at a global level to combat the diseases that plague our societies. Dr. Daulaire also explained the role of Global Health Council, the largest network of health related NGOs around the world. The Council seeks to improve health worldwide by bringing together communities and groups that are working on similar problems. Not only does it improve knowledge-sharing among all involved parties but it also provides a platform to create partnerships that can work effectively in combating diseases. Even IFMSA has benefited by its recent membership into the Global Health Council since many NGOs present at and participating in the GA were approached through the GHC network.

After a detailed analysis of the problems and possible solutions by the experts on the panel, the floor was opened to discussion where exchange of ideas, opinions, thoughts and views took place between the speakers and the audience. Members of the audience participated in this open forum with full vigor and the medical students and other notables in the audience (such as Halfdan Mahler, former Exec. Director of WHO, Erik Holst, founder of IFMSA) asked for clarifications on questions they had from the presentations. It was agreed by all participants that given the nature and extent of the problems faced by poor countries, the international community had a responsibility to help them defeat poverty and disease. An emerging theme in the open discussion period was the need for world medical community to focus on global health and in building international partnerships to generate the resources (financial, technical and political) that are needed to combat diseases worldwide. The role of young medical doctors was extremely appreciated in not just taking this message to the international community but in also taking the lead step in moving the medical community in that direction. At a local and regional level as well, it was discussed that community based health programs in various countries should be created to bring people together in analyzing the root causes of the community’s health related problems and to bring health into the community’s own hands through organized action.

The panel discussion outlined various ways in which the young medical students and future doctors could start playing the role in making health equitable and available to all human beings. While the societies in the world are struggling with social, political and economic issues, the world medical community needs to stand together in their fight against disease, epidemics and ill-health. While health should always remain as the primary concern of all medical professionals, it cannot be argued that the social, political and economic factors that affect each patients’ lives also affect the way medical professionals can practice their profession. Poverty must be eliminated via development – a development that is based on principles of justice, equality and sustainability. Only then can the dream of a healthier tomorrow be realized. This particular panel discussion brought up all these extremely important and relevant issues in the context of IFMSA’s actions worldwide, and also helped in creating some partnerships and alliances that can help IFMSA work towards that goal.

Bilal Zuberi
Coordinator of the “Poverty and Disease: Breaking the Cycle” workshop
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Looking back at the earliest beginnings of the IFMSA now fifty years later is a strange voyage back into a completely different world. The war years had for many of us been a time of almost complete international isolation.

After the liberation - which came to Denmark in May 1945 after more than five years of foreign military occupation - an immense need for contact with the rest of the world was a dominating feeling, not least among the students. This led to the creation of the International Student Union of Students (IUS) with headquarters in Prague and high hopes for a new world with open borders and genuine international cooperation. However, with the communist takeover in Czechoslovakia in 1948 the high hopes came to a sudden end and the international student movement became highly politicised and was split into an Eastern and a Western part supported - as we were later to find out – by KGB and CIA respectively.

The budding collaboration among medical students' organisations was also stopped in its tracks. Thus I inherited – as newly elected international secretary of the Medical Student Council at the University of Copenhagen in the fall of 1948 – a letter from the Medical Students Council of Charles' University in Prague signed by all members of that council. The letter expressed their strong wish for future collaboration with their counterparts in Copenhagen. However, against each name my predecessor had indicated the heavy prison sentences all of them had received after the communist takeover.

That went some way to cool our postwar euphoria about the New World we thought we had come to.

So, giving up on the politicised general international student collaboration the medical students in Copenhagen turned to the more professional and practical aspects of international collaboration. A need for dissection material in Denmark led to the organisation of a first dissection course at the Medical Faculty of the University of Paris for 30 medical students from Copenhagen and Aarhus in the summer of 1950 – we travelled in style by chartered aeroplane and stayed at Cité Universitaire.

This experience led to the creation of the IMCC in the fall of 1950 and a rapid expansion of professional medical student exchange between Denmark and the rest of Europe – including eventually also Czechoslovakia! We needed, however, an international framework for these activities.

This was first discussed among at a small international meeting in Paris in December 1950, called by the Austrian medical students' association where I first met Ralph Gräsbøck from Finland who is also here today.

The subject was again discussed among the international guests at the annual meeting of French National Medical Student Associations early 1951 in Lille in Northern France. Here I met for the first time the president of the British Medical Students' Association (BMSA), Rex Crossley. He gained immediate respect among our French student colleagues by winning the beer-drinking contest. We both lost miserably the wine-drinking contest where you had to empty a glass of red wine with a white napkin around your neck to reveal any drops spilled in the process – which was of course disqualifying. The winner of this test was the editor of the medical students' journal in Paris, who could accomplish this for us rather demanding task in a single movement - without spilling a drop!

While the Austrians remained with the initiative and became cofounders of the IFMSA, the French medical students never came back to play a direct role in the creation of the IFMSA. But they deserve to be mentioned today as having twice provided the stage 50 years ago for the future close collaboration between BMSA and the Nordic medical student organisations which eventually resulted in creation of IFMSA.

With the initial help of Dr. Johannes Frandsen, then Danish Director of Public Health we decided to investigate the possibility of making international professional student exchange and other forms of international medical students' activities part of the program of World Health Organisation. Dr Frandsen suggested that we should visit Geneva during the World Health Assembly in Geneva in May 1951 and talk directly with the WHO. Accordingly I somehow managed to get myself to Geneva for that event.

Together with Nus Mendelaar, a fellow medical student from Holland, I obtained an audience with the deputy director general of WHO, Dr. Derolle. We argued as best we could for WHO to take a direct interest in future medical doctors by offering to host a secretariat for international medical student exchange and collaboration e.g. on medical educational and student health issues. I also had the opportunity to present our ideas to the assembled Nordic Directors of Public Health from Denmark, Finland, Iceland, Norway and Sweden.

 Everybody was very encouraging and used their influence to obtain support for our ideas but after initial investigations the general feed-back was clear: Before WHO could enter any formal relationship with us we have to get our act together in the form of an international medical student organisation. Since we got a similar message at home through the Danish Medical Association when we enquired about the possibility of World Medical Association taking international medical students collaboration under their wings we decided to go ahead with such an endeavour - hence the first IMCC therefore called a meeting in the summer of 1951, which took place at Domus Medica in Copenhagen, headquarters of the DMA. Eight countries were represented at that initial meeting: Austria, Denmark, Finland, Great Britain, Holland, Norway, Sweden, and West Germany. A decision was made to create a formal framework for our collaboration and to concentrate on three main issues: Professional medical student exchange, Medical education and Student health.

The only serious divergence that came up during the meeting in Copenhagen was about which name to give this new creation. In the preceding months we got used to think of the future organisation as "World Medical Students' Association" or "WMSA" analogous to some existing national medical student associations like the BMSA.

However, our student colleague from Cologne, West Germany, convinced us by strict German logic, that since we did not plan to have individual student membership but would consist of a number of separate member associations, the new body must be considered a federation rather than an association. Bowing to the inevitable logic of this argument and in the name of compromise we then took upon us the cross of having to "sell" our initiative.
under the complicated name of IFMSA. Content was after all more important than form. And I see that people got used to the name with time.

A Provisional Directing Body was set up with Rex Crossley, Great Britain, as chair with a view to call a first Executive Board Meeting, finalise the statutes and call a constituent general assembly in London in 1952. A standing committee on professional exchange - SCOPE even at that time – was created with Henrik Wulff, IMCC, Denmark, as chair and with the task of organising a first Exchange Officers’ Meeting (EOM) which took place in London in December 1951. Similarly the responsibility for medical education issues - SCOME - was given to Kees van der Kamp, president of the Dutch Medical Students’ Association, who participated as a result of Nus Mendelaar’s effective mobilisation of the home front. The responsibility for student health issues – SCOSH - was handed over to Ralph Gräsbeck, Finland. Finally the task of setting up a general secretariat in Copenhagen was entrusted to Jørgen Falck Larsen, IMCC, Denmark.

Fifty years later you may wonder how all this activity was possible within a single year among a group of medical students who then - as I am sure even now had a quite heavy study load within a rather tight curriculum. And how did we overcome the financial difficulties involved in covering meeting and travel costs.

I think part of the explanation was that so many medical students were attracted to this very practical but at the same time very challenging international work. This was something very different from the sometimes rather boring organisational tasks offered by the local student councils. So, people readily made sacrifices to become and stay members of the team.

Working for IFMSA also gave a larger degree of freedom to make decisions as necessary and there was more room for new and untraditional ideas. And there was a total lack of restraint in relation to authorities whenever we felt that such authorities could and therefore should be of assistance to our ideas. Somehow this proved contaminating since all the high ranking people we approached seemed to find it entirely natural and justified that these young students came straight to them with their demands.

This complete lack of modesty in pursuing our goals had originally developed within IMCC but came to dominate also the attitudes within IFMSA: We were doing some good and useful work, we needed help and we did not have much time to waste on traditional procedures and formalities. Many examples could be given of this phenomenon from the early days of IFMSA. I will just refer to the top-level meetings just described during the WHO Assembly in Geneva in 1951 and to the fact, that the first IFMSA meetings took place in the prestigious “Domus Medica” buildings in both Copenhagen in 1951 and in London 1952.

The spectacular way you have this year carried off your very ambitious decision to celebrate this 50th anniversary in style with royal patronage and with a large number of outstanding experts joining in - is for me an indication that the medical students of today’s IFMSA still to operate successfully in accordance with to the old slogan: “The impossible we do tomorrow. Miracles may take a little longer”. And the response from on high seems still to be as positive as before.

So, somehow we found the necessary funds to stage annual Exchange Officers Meetings as well as the early general assemblies in London 1952, in Zurich 1953 and in Rome 1954. Even if we tried carefully to escape the political overtones that had destroyed the IUS we still encountered some – even if mainly imagined – political problems. Our early attempts to involve North America were frustrated by the fear among US medical students of getting involved in anything even remotely "un-American" during the McCarthy period.

I remember one of the first US medical students coming to Denmark for a clinical clerkship organised by IMCC. Having understood that free medical services were the main feature of the Danish Health Care System his memorable comment was "This is worse than socialism". So the Students American Medical Association supported by the American Medical Association could not be persuaded to join the IFMSA.

I see now that there is such a thing as IFMSA-USA – and that makes me feel good.

The fact that you have a president from Nepal makes me feel even better since I have come to know and greatly appreciate some of his countrymen as great colleagues in the global fight against torture.

I think this is an indication that IFMSA today has taken upon itself the mission of broadening the aim of medical training to include a concern not just for the individual patient but also for the improvement of health conditions globally.

In this process we must always remember, that physicians do not normally produce health – most of the time we produce care for people who are ill or even dying. This is no small thing. But if we want to produce health we need to ally ourselves with other professions as well as with politicians and the media.

I am therefore pleased to see that IFMSA has taken up serious inter-organisational and inter-professional relationships that may lead to prevention of disease and disability and to improvement of health among the underprivileged and the suppressed. I can only hope that the lessons learnt in your formative years will lead to a future medical paradigm that moves even further beyond the necessary continued concern for individual patients.

As a final remark I want to say that none of us back in 1951 could have imagined that our initiative would stand the test of time to become a natural part of the environment of medical students all over the world. We did it because it made sense at the time and also it was fun doing it. I believe that it is still seen as something both worthwhile and fun and that is the reason that the idea has survived for half a century now. It is a pleasure and an honour for me to be here today and greet you on behalf of those who witnessed the birth of IFMSA. We can only express our deepest respect for the impressive IFMSA movement that you have been able to develop from the humble beginnings we somehow managed to create in those days.

Erik Holst MD
Professor Emeritus,
University of Copenhagen
Co-Founder and first president of IFMSA 1951-1952
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Short CV
1948 Entered Medical School, University of Copenhagen
1949 Secretary, Medical Students' Council, University of Copenhagen
1950-52 First president of IMCC
1952-53 First president of IFMSA
1960-63 President Junior Hospital Doctors Association
1963-65 Member, Council of the Danish Medical Association
1975-80 Chair, National Advisory Board on Higher Education in the Health Sciences, Ministry of Education
1977-79 President Standing Committee of Doctors of the CEE
1978-92 Professor of Social Medicine, University of Copenhagen
1980-86 President, Danish Medical Association
1986-89 Visiting professor, Comparative Health Policy, School of Public Health, UCLA, California
1990-97 President, Rehabilitation and Research Center for Torture Victims (RCT), Copenhagen
1993-99 Executive Vice President, International Rehabilitation Council for Torture Victims (IRCT), Copenhagen
2000- International consultant, ICAR Foundation, Romania
2001- Member, Council of International Association for Prevention of Torture (AFT), Geneva
Prof. Ralph Gräsbeck:

SPEECH DURING THE ANNIVERSARY
GALA DINNER OF IFMSA

August 6th, 2001

Dear Colleagues, junior and senior,

We celebrate the 50th birthday of IFMSA. However, an international organisation is not born without preparation, a foetal period. IFMSA was born in Copenhagen but conceived in Paris.

In November 1950 the Finnish medical students’ organisations – they were two at that time - received an invitation from Austria to meet in Paris after Christmas and New Year to discuss the founding of an international organisation. The other Finnish delegate Ilmari Kantero and I met in Paris after quite eventful travels and succeeded to find the meeting place, Maison de médecine. Scandinavians, like the Americans, are accustomed to high indoor temperatures, and the meeting room was extremely cold. Accordingly, the delegates sat with their coats on. We were very few. Erik Holst represented Denmark, Norway and Sweden, there were two Austrians, perhaps two from the Netherlands and one from Germany and finally one French observer, which Erik Holst and I have agreed to call François. The discussion was first rather chaotic, but we noticed that Erik apparently was an experienced organisation man and elected him chairman of the meeting. Then things started to move.

We decided on the aims of the organisation, especially that student (professional) exchange was to be the main activity, and the present name was mentioned as one alternative. The Austrian medical students had apparently been very active at home and obtained reductions on opera and railway tickets. However, the rest of us thought that such activities should be taken care of by other kinds of student organisations.

This Paris meeting was the conception of IFMSA. Today, when in vitro fertilisation is becoming quite common, I wish to emphasise that the conception of IFMSA was very much in vivo. François invited us to the localities of Association générale des étudiants en médecine de Paris (AGEMP), and there hang from the ceiling the ancient fertility symbol, a two-meter-long phallus in papier mâché. In drinking Vermouth under it we performed a kind of fertility-rite. Also, Paris is one of the favourite honey-moon sites, and then the temperature was low, which the sperm-cells like. No wonder that the conception led to a fine baby!

Quelques mots en français: J’ai essayé à contacter AGEMP, mais cette organisation a disparu. Apparemment elle s’est amalgamée avec des autres organisations. Aussi, je serais intéressé à savoir où se trouve sa sculpture impressionnante.

After that I participated in the subsequent meetings in Copenhagen and twice in London (my society could not afford my trip to Lille). During the last meetings I was national representative of Finland and no longer only that of one student society. – In London, the indoor temperature was once low again. Finland got the task to collect data on the health services for university students in different countries, and that study (designed to create goodwill in WHO) was successfully completed, but after my period of service, which ended in 1953 when I graduated. I have rarely met persons who participated in the first meetings. However, Erik Holst once arrived in Helsinki in a stunning navy uniform when the king of Denmark paid a state visit to Finland. During the last decade I have reestablished contact with IFMSA and participated in the meetings in the Aland islands and Kuopio.

My Finnish colleague Kantero first became a paediatrician, later he was employed by a commercial company. Around 1958 he contacted me to elucidate a case of mysterious megaloblastic anaemia in a child, and I diagnosed a new disease, selective vitamin B12 malabsorption with proteinuria which carries my name and that of a Norwegian lady Imerslund who found it simultaneously. The fact that we became acquainted in Paris has thus greatly influenced my career.

I am thus one of the fathers of IFMSA. Fathering a child is usually relatively easy, but parenthood is more complicated, the child can develop in quite unexpected ways. I note that IFMSA has had its Sturm und Drang period, a pubertal period of opposition, but has now developed into a balanced but still youthfully enthusiastic organisation. As one of its proud fathers I propose a toast, a skål, for the eternal youth and prosperity of IFMSA.

Prof. Ralph Gräsbeck

Remarks: Kantero (1924-1998) represented Laaketieteekandidaattiseura (LKS) and I Medicinarklubben Thorax (Thorax). Kantero became paediatrician and was later employed by a commercial company. During the 1951 Copenhagen meeting Mikko Niemi (1929-1999) represented LKS. Then the Finnish organisations elected me their common foreign secretary and IFMSA contact person. In the picture on page 10 in the 50th Anniversary booklet I and Niemi sit on the left in the front line. Niemi became Professor of Anatomy. I resigned in 1953 when I graduated and was replaced by Jussi Saukkonen (1930- ), now Professor of Medical Biochemistry in the USA. Then the number of medical faculties and students’ organisations increased and FIMSI was founded to represent them all. That the Austrians and Finns were so active in the beginning can be understood against the background of the similar geopolitical situations of the two neutral countries.
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Standing Committee on Professional Exchange:

THE SPINE OF IFMSA
A WHOLE YEAR A HARD LABOUR!

Year 2001 was a big year; many things have occurred in the "Standing Committee on Professional Exchanges". This committee has been the most active part of the IFMSA since its foundation, and this year has not been different from the other ones. Therefore, we have succeeded in many ways to achieve our objectives, which are mostly to provide medical students an opportunity to discover the world while studying. In the last year, the number of exchanges has increased and new countries have joined the IFMSA exchange program, giving us the possibility to make more people participate in this program. IFMSA is not only an exchange program, but also a whole organisation building on the work of six Standing Committees. It is then important to create collaboration between these committees, which we have started to do during this year. In the same way, collaboration between many studying fields all over the world has been created. Moreover, we developed regional trainings for the LEO's of each country, assuring good exchanging experiences for the students. To help NEO's and LEO's providing resources and information on their program, a workshop called "The future of exchanges" has been organised, in which trainings on presentation techniques and internet using in a medical purpose have been given to medical students. Finally, for the first time in the IFMSA and SCOPE's histories, a "MSI on exchanges" will be published in the next year; its whole basis has been built during this year.

As said before, the number of students participating in our exchanges has increased. This year, 4500 students did an exchange instead of 4000 the year before, which is an increase of about 12.5%. Local committees have worked really hard to advertise and promote their program inside their own country, making the exchanges more and more popular all over the world. This year, Brazil DENEM, Germany, Spain and Italy were the associations with the biggest amount of exchanges. Participants have not only increased in the countries already engaged in the program, but new countries from Asia, Africa and America have joined the program, as Australia did this year and as others will during the next years. As a consequence of the wonderful work of the students engaged in the IFMSA, we are sure that the popularity of the program will keep on increasing during the next year, allowing more people to enjoy this great experience.

IFMSA is built on six Standing Committees (SC). This year, we improved the relations between all the SC, providing a more linked association. During our General Assembly (GA) in Malta, the directors of each SC got the opportunity to meet the other SC and to eventually involve their members in other SC's activities. This is not only important for the SCOPE, but also to all the others Standing Committees; a unified association is the key for a good and effective work.

IFMSA is not the only international student association. Therefore, the "Informal Forum of International Students Organisations" exchanges have been created this year to provide communication between the exchange program of all the students associations. This will allow us to offer to our students an opportunity to meet and interact with other non-medical students from everywhere in the world, studying fields such as agriculture, laws, forestry, veterinarian medicine and pharmacy, creating an international student network.

In our exchange program, each university has its own LEO's to organise the local facilities for the incoming students and to help the outgoing students in their exchange. This year, as we did last year, subregional trainings (SRT) have been held. The basic objective of the SRT was the train LEO's from NEO's, but at the same time to make them meet NEO's and LEO's from the surrounding countries. In this way, people can feel they are not alone in their local committee, but that they are part of whole organisation. Those SRT have taken place in Switzerland, in Hungary and in the Netherlands. Such SRT should still be organised in the next years, not only in Europe, but also in the other continents.

As everybody knows, NEO's have a lot of work every year to organise the exchanges. This year, they prove that they had the energy and the capacity to make a huge workshop, which has been a real success! In this workshop, students from many countries have been trained on presentation techniques and on Internet resources useful. The purpose was not only to train them, but also to give them the skills to train people on these fields in their own country.

A very important project to give SCOPE an opportunity to promote itself all over the world is the "MSI Exchanges", which has been built this year. Hopefully, the magazine will go out in few months after a lot of efforts from SCOPE’s, SCORE’s and the EB’s members. A dream will come true!

As you can read, many things have happened in the SCOPE this year. This proves again that SCOPE is really "the spine" of IFMSA!

Maria Panagiota Panourgìa,
IFMSA SCOPE director 2000-2001
François Carrier
Medical student, Canada

Mariota (SCOPE Director) and Marie-Louise (NEO IMCC).
The Subregional Training is a small international Meeting for NMOs who like to strengthen their relations. It's an opportunity to introduce and educate their Local Exchange Officers (LEO), especially the new ones, to give them an overview of the LEOs work and their handbook and show how to survive in hopeless situations. The meeting focused on the professional exchange and also gave the newcomers a short introduction to the world of IFMSA. Finally they had the chance to meet other LEOs at this meeting, which is always an important thing, since it is funnier to know with whom you are working, than sending mails to unknown faces.

- participating countries: Austria, France, Germany and Switzerland.
- number of participants: 34

Beside the idea of the SRT, with its education we wanted to give the people the opportunity to enjoy the beautiful landscape of Switzerland with its mountains. Therefore we chose Bad Ragaz, a lovely little skiing resort, and added two days for skiing to the meeting (just to make the whole trip worth coming). Thanks to our "chef de cousine" (a certain swiss NEO) and his crew we really had no fear of starvation.

**Programme**

The programme included 3 presentations and 4 workshops, which where held during the meeting. We used different ways to introduce the information for instance teaching lessons, roleplays, interactive presentations and games.

**Presentation I:** Each country presented themselves and talked about their country, universities, structure of their professional exchange and how their exchanges are organized.

**Presentation II:** All about IFMSA. We tried to give the new LEO’s an idea of the whole structure of IFMSA and the way it works. We presented all the Standing committees with their running projects, the EB, etc.

**Presentation III:** The aim of this presentation was to show the relations of IFMSA with other Non Gouvermental Organisations (NGO) and the work of the liaison officers.

**Workshops**

**WS I:** LEOs work-what is it all about? We presented the handbook, the bible for LEOs and how they can use it, what they can find in it and what not.

**WS II:** AF, CA, CC : what are they used for and how to handle these papers. FAQ, what to do if...-> trouble shooting as a LEO. We had some funny roleplays and an exciting contest outside in the snow where different groups had to answer questions and show their creative talent as well.

**WS III&IV:** How to recruit new LEOs?, How to distribute information to the students? How to improve the information flow on the local, national and international level? Social programme for incomings? What can you do with incoming students? These where the questions we had to deal with during this WS.

In between the tough programe there was always time to relax with a tablesoccer game or a refreshing snowball fight. Unfortunately the weather and snow conditions weren’t like in a fairytale but we still had a lot of fun and in the kitchen a lot of work!

Thank you all who helped to realize this meeting.

Marko Jablanovic, Switzerland
President IFMSA-Switzerland
Subregional Trainings (SRTs): an example to follow

3RD SRT OF CENTRAL EUROPEAN COUNTRIES MEDICAL STUDENTS’ ASSOCIATIONS (CECOMSA), EGER, HUNGARY, (15–18 OF FEBRUARY 2001)

Participating countries: Austria, Czech Republic, Poland, Slovakia, and Hungary

The CECOMSA (Central European Committee of Medical Students Associations) group was formed in order to have a close relationship among the Central-European countries including Austria, Czech Republic, Poland, Slovakia, and Hungary.

On the 2nd SRT in Olomouc, Czech Republic, we came up with the idea of organizing social programs for our incoming students. This means if a student comes to Hungary for example, has the opportunity to go to the Czech Republic for a very affordable prize offered by the Czech national organisation.

This agreement requires a strong cooperation between the countries in application procedures and also requires almost an every day contact in between the national representatives.

During the 3rd SRT the whole meeting program was focused on how we make this idea a reality. We also set up a combined database about the programs we have in the region at http://cee.dotc.hu.

In the close future we will form working committees for SCORA and SCOCH, where we can share our ideas and experiences on these fields as well.

Nordic Meeting in Tromso, Norway (30th March–1st April 2001)

• participating countries: Finland, Sweden, Norway, Denmark
• people participating: around 60–70

Participants from Denmark, Finland, Sweden and of course Norway gathered for a weekend to discuss projects, share experiences and ideas and to celebrate the 50th anniversary for NorMSIC. Unfortunately the fifth Nordic country Island didn’t send any participants.

The theme of the meeting was “Health in a multicultural society”.

Friday after the official opening of the meeting we had leader ship training program with lectures and examples that we put into practice for your voice, body language and different teamwork methods. I think that all of us enjoyed it, learned some new strategies and was reminded of that the way you are presenting information is very important and determine the interpretation of the message. In the evening we gathered at the student house DRIV for a delicious Norwegian sea food dinner and after that pub crawl.

On Saturday the day was filled with lectures concerning intercultural communications and being a doctor in a multicultural society.

One of the lectures was held by a doctor raised in the Sámi culture and with experience from working in a Sámi community. It is a very actual and important topic today when there is an increased mixture of cultures that makes it even harder for doctors to communicate and avoid misunderstandings. This evening we celebrated NorMSIC’s 50th anniversary with dinner and party all night at a restaurant high up on the top of the field with a magnificent view of Tromso.

The reason why I went to the Nordic meeting, or one of the reasons, was to join the workshop groups to discuss and share ideas from the different projects that we have in common. I work in SCORA with peer education and as both Denmark and most of all Norway have several years of experience it was really an interesting workshop and I went home to Sweden with many new ideas and tips. Another example from the different groups is SCORP, that made a street action against racism were they went to the centre of Tromso to talk to people. Unfortunately it was the 1st of April, the day when everybody in Norway is making practical jokes… And unfortunately the workshops were held on Sunday when all of us was tired and on our way home.

There was also a SCORE workshop on April the 1st. This workshop was basically a SRT for SCORE (and also a bit on the other Standing Committees) They discussed different issues concerning exchanges, exchanged experiences etc. There was also a session on fundraising for the exchange officers (SCORE and SCOPE).

SRT Austerlitz, The Netherlands (20–22nd April 2001)

• participating countries: England, Germany, The Netherlands
• people participating: around 50 local and national officers of SCOPE (Professional Exchange) and SCORE (Research Exchange)

The SRT this year was a real success! The participants were very satisfied. Some presentations were given, not only about SCOPE and SCORE issues, but also about SCOME (Medical Education) and SCOPH (Public Health).

On Friday–evening we all came together in a nice house in the forest near Utrecht and we had a lot of name-games and the first party that evening.

On Saturday we trained them about “What makes a good LEO or LORE”, we played a LEO/LORE–problem-solving-game in the forest, we prepared the talent show and we had a big party that night.

On Sunday we did some workshops in fundraising, Public Health and Medical Education.

During the weekend a lot of cities have presented themselves: about their university, their curriculum, their city etc.

All together, it was a really interesting weekend, of course with a lot of fun!!

Baltic Meeting, Porvoo, Finland

• participating countries: Russia, Finland, Latvia, Estonia

The subject was moreover SCORA (Reproductive Health incl. AIDS) field: “HIV/AIDS in Baltic countries”, but we also talked about SCORE since there happened to be NOREs from Russia, Finland, Latvia and Estonia. What NOREs mostly did was gossip of course, but talked business too. Next Baltic meeting will be in September 2002 in Tallinn, Estonia and the subject so far will be something like “Integration”.

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Thanks to: Marko Jablanovic, President IFMSA-Switzerland
Andras Szegeti, NEO HurMSC
Marteke Wabijn, NEO IFMSA-the Netherlands
Anna-Linda Carlsson, participant at the Nordic meeting
Pedja Djukic, SCORE Director 2000–2001
Mariota Panourgia, SCOPE Director 2000–2001
In the past year, IFMSA has improved its contacts with two of the most important organisations of the medical profession in Europe. Through the work of the Liaison Officer, Jacco Veldhuyzen, the exchange of information was increased, which resulted in a higher awareness among the country representatives of those organisations of the work of IFMSA. Furthermore, the contacts with the country representatives have resulted in cooperation between the National Medical Association and the National Member Organisation of IFMSA in several countries.

The Standing Committee of European Doctors (CP) aims to represent the Medical Profession (being all those working as a doctor) towards European institutions. The CP is composed of the National Medical Associations in Europe and has strong links with the specialists, general practitioners, hospital management, salaried doctors, junior doctors and medical students organisations in Europe. The CP is very European Union focussed, but several non European Union countries participate in the activities of the CP. The CP deals with all European Health Care issues through sub-committees. It formulates the opinion of the medical profession on those issues through policy statements. IFMSA is recognised as an Associated Organisation of the CP, representing the medical student community.

In the last year, IFMSA participated in all meetings of the CP. The Liaison Officer participated in the sub-committee meetings and board meeting in September 2000 in Helsinki, in the associated organisations meeting and the General Assembly in November 2000 in Brussels and in the associated organisations meeting, the sub-committee meetings, the board meeting and the General Assembly in April 2001 in Brussels. The IFMSA President, Sanjeeb Sapkota, joined the Liaison Officer during the General Assembly in November 2000 in Brussels. During those meetings, reports on the activities of IFMSA were given.

IFMSA was invited to join the CP Working Group on Continuous Medical Education and Continuous Professional Development in September 2000. The Liaison Officer participated in this working group on behalf of IFMSA. The working group has drafted a resolution on Continuous Medical Education and Continuous Professional Development which will be presented to several European institutions.

The Permanent Working Group of European Junior Doctors (PWG) aims to represent the junior doctors in Europe. Junior Doctors are those doctors who acquired their medical degree, but did not finish their specialist training. It is composed of the National Junior Doctor Organisations in Europe. The PWG is one of the associated organisations of the CP. The PWG mainly deals with the working conditions, training and career opportunities of junior doctors. IFMSA is officially recognised by the PWG.

Last year IFMSA participated in all the meetings of the PWG. The Liaison Officer, Jacco Veldhuyzen attended the meeting of the PWG in October 2000 in Utrecht. The IFMSA Treasurer represented the IFMSA during the meeting in May 2001 in Stockholm. During those meetings reports were given on the activities of IFMSA. Furthermore, a discussion was started on how to increase the cooperation between the PWG and IFMSA. The idea was born to develop an agreement for future cooperation between IFMSA and the PWG.

Within IFMSA, the National Member Organisations were informed of the activities of the CP and the PWG through the email distribution lists of IFMSA and during the meetings, specifically in the meetings of the Standing Committee on Medical Education and the Standing Committee on Public Health. The policy statements developed by the CP and the PWG can be useful in the activities of IFMSA in the field of Medical Education and Public Health.

The fact that the CP and the PWG are mainly discussion forums for European health care issues limits the development of actual practical cooperation between IFMSA and the CP or PWG in terms of activities. However, the policy statements of the CP and the PWG can be of very valuab for discussions on those topics in IFMSA. Furthermore, there is an increasing interest within IFMSA to develop policy statements reflecting the opinions of the medical students community. In the Future, IFMSA can collaborate with the CP and the PWG by presenting our policy statements in the meetings of the CP and PWG. By doing this, those policy statements will more easily reach National Medical Associations, European and International institutions.

For more information:
Standing Committee of European Doctors (CP): http://www.cpme.be
Permanent Working Group of European Junior Doctors (PWG): http://www.pwgeurope.org
IFMSA Liaison Officer towards the CP and PWG: lcp@ifmsa.org
Liaison Officer 1999-2001, Jacco Veldhuyzen (see e-mail below)

Jacco Veldhuyzen,
The Netherlands
IFMSA Liaison Officer for the Standing Committee of European Doctors (CP) and the Permanent Working Group of European Junior Doctors (PWG) 1999-2001
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First thing’s first: Considering the information and statistics that were collected from NOREs, there are around 600 exchanges done through IFMSA Research Exchange during the last exchange season (March 2000 - March 2001). As far as I know, it is more than ever. There are 37 NMOs that take part in SCORE. Beside that, as every year, SCORE worked to include more NMOs in Research Exchange. So far there are 4 new NMOs who are preparing to take part in SCORE. This is basic report, but is there anything else? Of course that there is...

What was done in the past year was mainly continuation of the work for improvement of RE of IFMSA that has been going on for couple of years now. One of the milestones of that work was adoption of new SCORE Bylaws during the IFMSA General Assembly in Porto, last year. We had to work a lot to implement those Bylaws. One of the main steps was forming the entirely new, internal, SCORE body – SCORE Supervisory Board (SB). The work of SCORE SB is focused on improving the quality of Projects that are offered to students through SCORE. Since this was the first year of their work, the huge task of reviewing all already existing projects was laying ahead of them. They did really great job and I hope that they will manage to finish this huge task till Denmark. After that, the work of SCORE SB will mostly consist of checking newly offered projects and improving general quality criteria.

Another important thing that was done this year is start of official relationships between IFMSA/SCORE and medical students’ conferences where, with other students, students that were on RE can present their work - the first agreement was signed with European Students Conference Berlin. This is the good foundation for, in the following years, establishing similar agreements with couple of strong medical students’ conferences on each continent. All this should, actually, be preparatory work for asking wider university recognition of IFMSA Research Exchange throughout the World.

Beside Research Exchange (what is main work of SCORE) and improvement and recognition of it (where work is constant for couple of years and results slowly appear), SCORE did many other things this year. One of the most important and biggest is definitely SCORE Workshop. This Workshop, together with several others, will take place during the 50th Anniversary of IFMSA, officially known as International Training Congress for Medical Students. SCORE people managed to fulfill this really big thing in one years’ time. All of it started one year ago, during the SCORE Working Group for Workshop during GA in Porto. Then, several young and enthusiastic SCORE people agreed on a subject of the Workshop, and the year of internet searching, proposal writing, program making, speakers and lecturers inviting, fundraising and finalizing of the whole thing was ahead. There were difficulties, there were ups and downs, but they never quit, they were persistant and hardworking and the results are there. All the preparations are done. The best part is yet to come - actual experiencing the Workshop itself and, after that, analyzing how great it was!

Of course, there were difficulties. The biggest one was connected to the shutting down of the IFMSA website in December 2000. It struck SCORE very hard, since whole SCORE Research Project Database was shut down and lost with the website. Students could not find the projects anymore. Fortunately SCORE continued to work more or less normally, thanks to the FTP site where all the booklets with projects were placed. This early summer (May and June) was marked by creating new databases for whole IFMSA. Many NOREs actively took part in creating databases for its Exchange Conditions and Research Projects. Both databases are now active J.

There are much more that was going on in SCORE in the past year. These were just most important things. To count them all would require a book...

Before I finish this report, I want to point out something else. SCORE has one special thing that has always made me proud of being SCOREr. That is the feeling of great friendship, great atmosphere and great devotion to SCORE. That is typical wherever you find two or more SCORErs: on meetings, on internet, on the bus, on the street ... Anywhere ... SCORE THE WORLD!!!

Predrag Djukic,
Yugoslavia
IFMSA SCORE Director 2000-2001
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International Training Congress for Medical Students

FUTURE OF EXCHANGE

“We are future doctors with a big potential. We all have a lot of dreams and many ideas. We can’t change the world. But we can change the facts. And when we change the facts, we change points of view. If we change points of view, then we may change a vote. By changing a vote we may change the world. So let’s make healthier and better tomorrow!”

Each year close to 6,000 medical students from close to 70 different countries, on 6 continents participate in the IFMSA Professional Exchange Program. This program has the potential to yearly educate a great number of future physicians on the various health care delivery systems found across the Globe. The task of organizing such a large group of students requires a massive commitment of volunteer resources and a great logistical effort. As with most multinational endeavors, good communication is vital for the success of the operation.

The IFMSA Standing Committee on Professional Exchange organized workshop; “The Future of Exchange” which was the part of GA 50 IFMSA and provided a foundation of basic computer and Internet skills to further develop existing modes of communication. Improved communications will improve the efficiency and decrease the time commitment of the National Exchange Officers.

IFMSA was initiated in Western Europe in 1951, comprised of student organizations from several European Medical Faculties. During the last 50 years, IFMSA has grown to almost 70 countries from 6 continents. The main interest of many of these newly initiated Associations is to participate in the exchange program. The Standing Committee on Professional Exchange now has the potential to influence thousands of medical students and physicians around the world.

To ensure that medical students took part in this program had a uniform and quality experience, the workshop was a forum where professors and students discussed what constitutes a “Quality Clerkship”. Discussions will include standards for the clinical practice and teaching. After these discussions, implementation programs for these standards were designed.

The Professional Exchange has long influenced the medical education of students from around the Federation, by providing them with exposure to different health care systems and giving these students the ability to be more active in designing their medical education. However, the application procedure, counseling students and training LEOs consumes much of the National Exchange Officers time. This time could be better utilized developing the exchange program, and establishing and cultivating relationships with Medical Faculty officials, professors and potential funding sources.

The wide use of the internet and digital technology has accelerated our movement toward a more global society in many areas including medicine and health services. This new technology is viewed by IFMSA as a unique opportunity to integrate advances in medical student education from around the world. To provide future physicians with an international curricular experience has been one of the founding goals of IFMSA. To implement this plan will require a great amount of support from Medical Faculties worldwide, and the “Future of Exchange” workshop was an excellent tool to accomplish this mission.

What were the main goals of our Future of Exchange Workshop?

- Increasing the academic quality of the Clinical Exchanges.
- Gain better influence with medical education decision-makers.
- Provide participants with skills to reach a larger audience.
- Increase understanding and cooperation among people already working with the program.
- Get permanent funding to Professional Exchange.

Program

August 7th, 2001:

- Prof. Robert Steffen, SCOPE Director in 60s, IFMSA President 1967-1968, Professor of Travel Medicine at the University of Zurich, Switzerland, Head of the Division of Epidemiology and Prevention of Communicable Diseases at the Institute of Social and Preventive Medicine and the Director of the WHO Collaborating Center for Traveller’s Health. Prof. Steffen held a lecture about the importance of SCOPE, history and the main goals of SCOPE.
- Mr. Viggo Haarlov, the National coordinator of SOCRATES program, Denmark presented the SOCRATES program run by the European Union.
- Afterwards, participants were divided into 4 parallel groups and discussed the same topic: “Our vision of an ideal clerkship”. Each group made a short presentation of what they found the most important topics about the “ideal clerkship”

August 8th, 2001:

- Jana Myndiukova, National Exchange Officer of SloMSA, Slovakia, presented “My success story in Cooperating with officials”, describing the cooperation with decision makers (faculty, departments) on the local and national level.

The presentation was followed by the discussion of guidelines for approaching deans and to reach a conclusion about the SCOPE benefits for schools, hospitals and departments.

- Pia Niittymaki, National Exchange Officer of FiMSIC, Finland: “Why is exchange important”

After the participants were divided into 4 parallel groups and discussed the SCOPE goals and objectives.

- Marie Louise Skaerlund, National...
The workshop's aim was to find out the motivations for medical students to work abroad within Europe, the problems that European doctors might face when they try to cross the borders, and the availability of information about this subject. This workshop was at the same time intended to be creative and interactive, so no lectures were scheduled, but every participant had to take part actively and share his/her information and own ideas.

There were three main topics in the workshop, which were dealt with in one session each. One of them was the East-West barrier. During this session, five practical cases about doctors moving between West and East European countries were discussed. At the end of the session it was agreed that there is a East-West barrier and some solutions were proposed.

The following session was about the lack of information and every participant shared his/her experience with sources of information about working abroad and some internet links and books were recommended. At the end of this session it was decided to create a web page with up to date information about working abroad as a doctor available for medical students.

The last session was about motivation of students to work abroad. It was discussed why doctors might or might not want to move from their own country to work in another European country.

During this workshop also parallel activities were developed, such as a research in motivation of medical students to work abroad, carried out by every participant with a questionnaire. Also a creative presentation which included a song and some sketches was filmed.

The atmosphere during the workshop was relaxed and real good team work was done. Lots of all kind of ice-breaking games were played.

After every day and at the end of the workshop a evaluation was done. There were many positive aspects such as interesting subjects, lots of fun, active participation, and only negative one, which was starting late.

So, this were the outcomes of the workshop:
• Lots of fun
• A research on students' motivations to work abroad
• Information about the situation of doctors in different European countries provided by the participants
• General information about working abroad: links and recommended books or other sources
• A creative presentation of the statements done in this workshop
• A proposal to create a web page with information about working abroad and to keep up with the work started with this workshop.

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Karin Feddes, The Netherlands
Workshop fundraiser

SCOPE Working Group at the ITCMS.
Standing committee on medical education
BACK ON THE TRACK!

I don’t want to wine, even though I love to do that…. Well, a bit controversial, I guess…. But anyways, this year WAS tough!

I have very-ver-y mixed feelings, when I think back of the last year. It was success-full from one point of view, from an other, it was a disaster – especially the very last bit of it. But then again, I feel like a lot was accomplished, and then I can also sympathize with those who see as if nothing had been done for a whole year.

When I took over the leadership of SCOME in August 2000, I had 20 very energetic people looking at me, smiling to my face. And I thought – vow, what a team: we are going to move rocks! And we all promised to write, write, write. Because this is what I truly inside me believe that “Scomees” should do: communicate with each other. It is indeed important to do much at a local and national level. Of course. But for me, as a SCOME Director, it doesn’t help me much to learn at the end of the year that certain LOMEs or NOMEs have been extremely active but yet never told anything about it to others. SCOME is all about sharing information and experiences. That is all it is about. SCOME world-wide: I just cannot let myself be so naive to believe, that we as a group could actually change medical education at a world-wide level. NO, NO, NO, we can’t. What we can do is to learn from each other about what could be done, about what is good at other places and what is better at my local university or national education/healthcare system. Through this, we could move rocks!

Piece-by-piece, the same way as the great pyramids were built, the same way medicine has developed, the same way everything in this world happens. Doing things only at a local level – that is not participation in SCOME-international. Unfortunately this is the fact.

The communication over our “global network” – a yahoogroups.com server was not as big, but I truly believe there is hope for that.

I guess one day we will all be computer-freaks J!

I believe, that in the beginning of a new year in SCOME, the working committee has new directions to strive for, I believe a lot has been done to assure continuity. When going through the SCOME files, I noticed how the very same things have been done over and over and over and over and over and over again. In different decades – ok. But one single project under a different name had for example been started for 4 (!) times only in the 1990-s.

Continuity and the training of NOMEs/LOMEs is what should the priority for next year’s SCOME leadership team!

The Curriculum Database Project is growing stronger! For this I would especially like to thank Ciprian Dospinescu (IFMSA-Romania), the coordinator of the project. He has brought the project to a new phase, a fabulous homepage has been built and new ideas around this project have risen. I only wish luck and hope to see this very same project in IFMSA Annual Reports also in 20 years from now.

The work together with others student organisations through the UNESCO student forum should be strengthened. Medicine IS part of the big picture of higher education and we should get more heavily involved. This year we made good contacts for that at the UNESCO World Conference on Higher Education NGO-Follow up.

A big problem in SCOME was highlighted that the Scomees themselves are not as well educated about the medical education factual matters. Not as well as we should be. Being medical students naturally makes us knowledgeable, but not experts. We should be experts. The problem has been brought up and it is only up to the next teams to put their focus on that. Training ourselves.

The Future of Medical Education workshop at IFMSA’s 50th Anniversary Assembly was a success. Four great declarations that will need further working were written: on practical education, community-oriented education, life-long-learning and problem-based-learning. These are the hurting issues in the world of medical education today and it is up to us to make them better recognized by our own universities. My sincerest thank-you-s go to Tomris Cesuroglu (TurkMSIC, Turkey) for all the effort she put in it. And of course to Nila Karmila (Indonesia), Ahmad Halawani (LeMSIC, Lebanon) and Mohamed Othman (EMSA, Egypt).

Mats Sundberg (IFMSA-Sweden) and Nergiz Dagoglu (TurkMSIC) gave a good effort to build stronger contacts between us and the World Federation of Medical Education (WFME). They both deserve my thanks. The project on the International Standards is just starting, but we are already known as very valuable partners and I can only hope that the co-operation will grow into real mutual benefits.

A fact that I am I guess most happy about, is that SCOME has brought new members into it’s family. SCOME needs to grow and we have started to already. I would especially like to highlight here IFMSA’s French and Canadian NMOs. I hope we will see newcomers like this in the following years as well. (Not to forget the old-foxes, of course).

I also want to thank everybody else who helped me with SCOME work, I call them my sweet “Scomees” and I hope that the name I put to these wonderful people will remain. As a conclusion I can only say that SCOME is truly back on track, starting its engines slowly as an old wagon usually does (we ARE 50 years old!!), but renovating itself bit-by-bit.

The main word for the following years to come is nevertheless – continuity! My sincere wish you-luck wishes to the next SCOME Director. My sincerest thank-you-s go to Tomris Cesuroglu (TurkMSIC, Turkey) for all the effort she put in it. And of course to Nila Karmila (Indonesia), Ahmad Halawani (LeMSIC, Lebanon) and Mohamed Othman (EMSA, Egypt).

And remember – when you need to smile for a picture, you don’t have to say “cheese”, cause “Scomeeeeee” works just as well!!!!

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TeGeME 1 study, Teaching Geriatrics in Medical Education: investigating geriatrics teaching in medical schools.

The data collection of the TeGeME 1 study has come to an end. Data has been acquired from many countries, but unfortunately we did not succeed to acquire data from all targeted countries, which is a big disappointment. With the limited data it will not be possible to undertake comparisons.

The acquired data will be processed by a member of the European Medical Students’ Association (EMSA) in September 2001. The results will be published together with the results of the TeGeME 2 study.

TeGeME 2 study, Improving old age care: medical students’ attitudes towards older persons

The TeGeME 2 study is a follow up study of TeGeME 1 and focuses more on the individual medical student.

Knowing how medical students think about older persons is important, as the future generation of patients will be of older age than the current patient population. This change will be most notable in developing countries. The medical students of now will be the doctors of these patients. At this moment very little is known about the attitude of medical students towards older people in general. Furthermore it is possible to see what factors are determining for the attitude of medical students. This method is a known tool. Therefore the results of the study can be compared with other studies using the same tool.

For the study five African countries have been selected: Ghana, Kenya, Nigeria, South Africa and Tanzania. Furthermore we are in contact with students from Sudan and Rwanda to start the study in these countries as well. Africa has been chosen because this region faces the highest worldwide level of ageing in the coming years. The countries have specifically been selected on the knowledge of English language among the medical students and the experiences from the TeGeME 1 study.

A survey will conducted under medical students from all years of study. Basic statistical data, such as age, sex and year of study will be collected to get an overview of the respondent population.

The respondents will be asked if they lived for more than 5 years with older persons in the same house.

The attitude is measured by a Semantic Differential constructed by Rosencranz and McNevin. This is a questionnaire of 32 bipolar scales of attributes or behavioural characteristics. By comparing the outcomes of the questionnaire with the basic statistical data an insight can be acquired on the attitude of medical students towards older people in general. Furthermore it is possible to see what factors are determining for the attitude of medical students. This method is a known tool. Therefore the results of the study can be compared with other studies using the same tool.

For the coming months we have planned to gather the data from all the countries participating. We have planned to organise focus group discussions with selected groups of students in the participating countries. When all the data has been acquired the analysis of the data will start. The results will be published in a report, together with the results of the TeGeME 1 study.

In the extended future we can think of expansion of the TeGeME 2 study to other regions, making the survey available for internet use and other use. After that we might think of TeGeME 3, which could for example focus on case studies.

More information:

• Ingrid Keller, World Health Organization kelleri@who.int

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Introduction

The Curriculum Database Project is an Official IFMSA SCOME project that has been created in 1999, with the aim of offering medical students an opportunity to find information about the ways of studying and teaching medicine in other faculties and countries worldwide. The Standing Committee on Medical Education (SCOME) is one of the most important standing committees of IFMSA, having the purpose of involving medical students around the world in improving their education systems.

Bearing these facts in mind, all medical education representatives (the NOMEs – National Officers on Medical Education) of the IFMSA member countries have meet in several working committees during IFMSA Congresses ever since. The Project has developed with the participation of many students throughout the world and reached its today status.

In order to become officially recognized by IFMSA, the project had to be submitted for approval to the IFMSA General Assembly, during one of the two annual meetings of the federation. At the 2001 March Meeting of IFMSA (March 5th-10th, 2001) the IFMSA General Assembly voted in the 4th Plenary Session in favour of giving Curriculum Database official recognition as an IFMSA project.

Description

The project had to go through a few steps:

• Writing the questionnaires:
  All the questions that need to be answered have been put together by the CD team in questionnaires, which are the tools that will help us gather all the informations.
  At the SCOME meeting in Porto, in August 2000, it has been decided that is better to work with two questionnaires, and collect the information on two levels: – questionnaires for countries, – questionnaires for medical schools.
  The questionnaires are dynamic, always subject for being improved, there can always be new questions added or old questions removed or modified.

• Gathering data:
  Having two questionnaires, in the process of collecting the information we need the help of:
  – National Officers on Medical Education who must fill in the National Level Questionnaire with general data that gives an idea about Medical Education in their country,
  – Local Officers on Medical Education who must fill in the Medical School Questionnaire with specific data that describes in detail how do students learn medicine in their Medical School.

• Evaluation:
  At IFMSA meetings, the project coordinators will present project evaluations that will show the project’s progress: statistics about the number of NMO’s that have participated, about the number of medical schools that have been included, percentages and other interpretations.

We think that, among medical students, there is a need of knowledge in the field of medical curricula. Regular students don’t have influence on curriculum development at their home medical schools and they might not be aware of the importance of it. Curriculum Database was created to fill this gap.

At the end CD will be a tool that will help:
• student representatives to find out details about better and more developed medical education systems, details that they can use at home,
• medical students that want to become international students to decide the faculty and country that suits best their needs,
• all medical students that intend to take part in a student exchange programme to get prepared professionally and to know what to expect when arriving to the host medical school,
• students that want to express opinions and ask each other questions regarding medical education.
Anybody else who thinks that CD is useful, is welcome to take advantage of it!

Outcomes

The actual result of the project is the CD homepage: http://cd.osmcluj.ro, that can be accessed by any medical student from all over the world. First, we aim to collect the information from the IFMSA member countries. This is easiest way to begin, because we can benefit from the infrastructure of IFMSA.

Browsing the CD site, you can read about the project itself and also you can browse the database. That way, you can get the general information about one country’s Medical Education system and also more detailed information on how others learn medicine at their home universities.

So far, 26 countries listed their medical education information in the database. They are: Australia, Austria, Brazil, Bulgaria, Canada, Czech Republic, Egypt, Estonia, Finland, France, Germany, Holland, Hungary, Indonesia, Israel, Lithuania, Malta, Poland, Portugal, Romania, Spain, Spain Catalonia, Switzerland, Taiwan, Turkey and USA.

Follow-up

The next thing to do is promote the project in order to have in the CD as many countries as possible. Then, we have to build up a strong network of local contacts in each country and gather more detailed data.

In the long run, we would like to extend the CD to countries which are not IFMSA members and develop a very consistent database.

CD Team

For any questions or suggestions related to the project please contact us. We’ll do our best to meet your expectations!

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INFLUENCE OF STUDYING ON STUDENTS’ HEALTH

INTRODUCTION

The aim of the project is to establish a correlation between studying and students’ health. Medical students in general seem to have more physical and emotional problems than peers do. The cause is stress induced by studying and the organisation of studies. The project is organised on international level in four countries. The results show deterioration in students’ health and well being since the beginning of their studies and they are similar in all included countries.

METHODS

Tool is a questionnaire for students to evaluate students’ health. The questionnaire consists of 27 questions, which are divided into four sections: General information, General health evaluation, Studying and health and The lifestyle. The questionnaire focuses on stress factors that are related to studying – curriculum, organisation, relationship with mentors etc. and, consequently, on the effects that such environment produces. Special accent is put on physical symptoms and actual diagnoses of conditions that are closely related to stress. The students have been chosen by random method.

RESULTS

The results show that medical students consider their health to be worse than peer population and that it has deteriorated since the beginning of the studies. The analysis showed that 40,5% of surveyed students have symptoms of either physical or emotional impairment. The survey includes 15 medical schools from Croatia (4), France (4), Germany (6) and Egypt (1). The preliminary results are very similar in all countries. Some medical schools have PBL (Problem Based Learning) system to be compared to the majority of traditional schools. We expect the level of stress to be lower in PBL schools.

CONCLUSION

The health of medical students is worse than peer population as a result of stress caused by studies and their organisation. We have not established any significant difference between surveyed countries.

Our focus and follow-up will be oriented on medical education even more than before.

Next step, which has already begun, is involving more PBL and other “experimental” medical schools in the project. 3 surveys have been done in PBL schools. We expect that, in comparison to traditional ones, PBL has lower level of stress because their program is more student-oriented. We hope to contribute SCOME with this project, especially in evaluation of types of medical education on a global scale by recruiting different NMOs. It is a special opportunity to reach such a diversity of medical schools.

The project has been running since 1997 and is currently run in 4 countries, Croatia, France, Egypt and Germany by a team of around 40 people. It counts with the support and advice of the Economics Department of the University of J.J.Srossmayer, Osijek, Croatia and the Student Council Center, Rijeka, Croatia.

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INTERNATIONAL STUDENTS LEARN SIGN LANGUAGE

Helen Keller once said:
Blindness separates people from things,
deafness separates people from people.

Have you ever thought of learning the Sign language?

First Sign Language Course for medical students was organized in the year 2000 at the Medical faculty in Zagreb. Sixty medical students gathered because they wanted to learn how to communicate with a deaf person. It is not easy to learn Sign language and it takes a lot of practising, but it is something completely different from anything you have ever learned and also very interesting and attractive.

We have managed to organized this course with a great help from the Medical faculty of Zagreb and Mrs. Mirjana Jurisa, a defectologist from the Faculty of Defectology in Zagreb.

Our students have shown great interest in this matter, so this year we have organized another course. This time there were 30 students enrolled. Just like the first time, the only condition was that they are medical students. Characteristics like age, gender, nationality or something else have not been considered.

Through communication with other Medical faculties in Croatia, our idea was exerted at the Medical Faculty in Rijeka. They have organized their own Sign language course and it was very successful. We hope that our experience will help other two Croatian Medical faculties – Osijek and Split, to do the same. This course is our contribution to the education of medical students, but more important, it is our contribution to the fight for the human rights. That is the reason we hope that this course will be organized at medical faculties worldwide.

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### NMO project: Book aid project

**NMO**

- **Contact person**: Karine Sanogo
- **Dates**: Once in a year
- **Number of Participants**: 8 medical students from Canada in collaboration with African participants
- **Collaborating Organisations**: FAEMQ (Quebec Federation of medical student associations) within IFMSA-Canada
- **Description (150 words max)**: We will collect medical books from libraries, students and doctors to send them to the libraries of 2 medical faculties of African countries (one English faculty and one French faculty). The project is starting and we intend to send for the first time during the next year books to the 2 first faculties.
- **Planned Follow-up**: We would like the project to continue in the future.

### NMO project: Medico Vadis

**NMO**

- **Contact person**: Bachmann Iris Irène
- **Dates**: Spring, summer and autumn 2002
- **Number of Participants**: About 1000-2000
- **Collaborating Organisations**: VSAO/ASMAC, Swiss Junior doctors association
- **Description (150 words max)**: Medico Vadis is a new formed information platform for students and junior doctors in Switzerland. We like to show the perspectives for future, to answer the frequent questions of education and continuation of one’s education, to sensitise our members for political problems and to promote the dialogue within the health system.
- **Planned Follow-up**: Every year (various events)

### NMO Event: Symposium ‘new data-drugs and nutrition’

**NMO**

- **Contact person**: Nasothimiou Efi, Karamani Elina
- **Dates**: 5/5/2001
- **Number of Participants**: 250 medical students
- **Collaborating Organisations**: University of Athens, Athens medical school, Dimokritos institution
- **Description (150 words max)**: It was a very successful scientific symposium. Many HelMSIC people worked very hard during the year so as to organise this activity. It was held in the main building of Athens university. There were a round table discussion on nutrition by Dr Trixopoulou, a lecture on dioxins by Dr Nikolopoulou, a round table discussion on new data on drugs for cancer by scientists from Dimokritos etc.
- **Planned Follow-up**: Our aim is to organise more symposiums in the near future
The year 2000–2001 has proved that continued and active interest in UNESCO’s activities and programs is very beneficial for IFMSA. Having the same liaison officer assigned for UNESCO for two years now, IFMSA has become a visible and approachable youth NGO that is involved in many of UNESCO’s programs, such as World Conference on Higher Education Follow-up, Bioethics Unit, Culture of Peace, Gender equality unit, Participation Program and the Social and Human Sciences Sector.

**IFMSA Focal Point in UNESCO**

The Youth Coordination Unit is the official focal point for IFMSA. Through regular meetings with Sabine Detzel and Ms. Maria Hendriques-Muller, IFMSA is well informed about conferences and activities in and outside UNESCO that actively involves young people. By informing them about IFMSA’s involvement in the various UNESCO programs, the youth coordination unit can actively help us in arranging appointments with various departments, stimulate youth involvement on a practical level in different departments, so simply facilitate that IFMSA voice, potential and creativity is heard and seen. A nice overview of International Youth Organizations you can find on the following website: http://www.unesco.org/youth/RepONG.htm

**World Conference on Higher Education (WCHE) Follow-up**

Last year IFMSA participated in the 7th UNESCO/NGO Collective Consultation on Higher Education (27-29 November 2000) to discuss the potential of information technology for widening access to higher education and to examine the results achieved by NGOs and others with regard to the implementation of the WCHE Declaration and Action. More info on the WCHE Follow-up can be found on the newly released website: http://www.unesco.org/education/wche/index.shtml.

IFMSA actively contributed in discussion and met with the Student Forum to discuss joint student strategy for follow-up and work on student mandate, set of student priorities and activities. Three official student representatives were elected in charge of coordination of follow-up. (IAAS, ESIB, MIEC). The focus of the Student Forum is on the participation of students in Decision-Making and the development of a student-friendly Handbook or Guide to the Declaration and Plan of Action of the WCHE. From 17-18 September 2001 the special Project “Women, Higher Education and Development” Evaluation meeting took place at UNESCO headquarters. The objectives of this fruitful meeting were: to discuss the external evaluation report on the 6-year Special Project “Women, Higher Education and Development” - to propose a set of activities in favor of women in higher education that UNESCO might undertake during the next medium-term strategy (2002–2007) in co-operation with partners committed to women and development. IFMSA will discuss and bring proposals for future action in favour of women in higher education. A formal letter was send by many student NGO’s like IAAS, IPSF, ELSA and IFMSA to address the visa problems many exchange students, especially from developing countries encounter when they go on elective. UNESCO replied that they feel this is an important issue and that they are addressing it.

**HIV/AIDS and Human Rights “Young People in Action”**

The major development this year has been the development of the resource kit “HIV/AIDS and Human Rights: Young People in Action” by the UNESCO Social and Human Sciences sector. Last year IFMSA students gave feedback on the draft manual and interviews with students active on the grass-root level in the field of HIV/AIDS and Human rights were added. The following quote by Franciscus Ariffin from Indonesia is put in the foreword of the resource kit by Koichiro Matsuura, Director-General of UNESCO and Peter Piot, Executive Director of UNAIDS. “...The basis of discrimination of people living with HIV/AIDS is fear, and this fear comes mostly from wrong or distorted information...so, our first step had to be to correct misunderstandings about how HIV is transmitted...” Two interdisciplinary regional training workshops on HIV/AIDS and Human Rights in Indonesia (Bandung, November 3–9, 2001) and South Africa (Cape-Town, February 2002) are prepared now at an amazing speed on the basis of the resource kit and a training module that serves local youth organizations in conceiving and organizing workshops on human rights and HIV/AIDS.

**SIDAetSavoirs**

“Sida@s...” is a science-society liaison initiative aiming at encouraging young people to investigate the current state of research and knowledge about aids & development (e.g. access to treatments, expansion of the pandemic, cultural representations, vaccination, political & economic stakes etc.) and explain it to their peers and a larger audience around them. It also aims to stimulate through Internet, the dialogue between French-speaking youth from Europe and Africa and between young people, scientists & journalists about aids & development issues. The project is prepared in collaboration with the French Institute de Recherche pour le Development (IRD). For the preparation of the project IFMSA agreed to review the project document. When the project starts in January 2002, a call for participation to francophone IFMSA members will be done to initiate four or five projects run by medical students in various francophone countries.

**Bioethics**

The last year the contact with the International Bioethics Committee was intensified. The Universal Declaration of the Human Genome and Human Rights was actively distributed on the IFMSA mailing list. What this declaration basically saying is that with the advancement of technical competence, the human genome is at higher risk of being the subject of mutilation and thus losing the human dignity. It also has a strong com-
ponent where it condemns the human cloning. IFMSA will also completed the survey among NGOs about the Universal Declaration of the Human Genome and Human Rights that was send by the UNESCO NGO-liaison committee. IFMSA attended in the UNESCO conference: Colloque International Ethique, Propriete Intellectuelle et Génomique (Jan 30-Feb 1 2001) More IFMSA involvement in this field will show in the youth Forum on Bioethics organized in Paris and the World Commission on the Ethics of Scientific Knowledge and Technology (COMEST) meeting in Berlin. An important interdisciplinary meeting, the International Students Symposium “Bioethics in Life Science: the Importance to Future Professionals” will be held in Vienna, Austria (21–24 November, 2001) is organised by agriculture, medical and pharmacy students with the financial and technical support of UNESCO.

**Culture of Peace**

IFMSA was this year an Official Messenger of the Manifesto 2000 and collected 150 signatures by having the Manifesto logo on its website and distributed Manifesto pins during the Malta meeting. IFMSA actively took part in the Global Movement for a Culture of Peace and Non-Violence by having the Children and War workshop listed on the UNESCO IYCP Calendar and assigned as official flagship event for the International Year for the Culture of Peace. IFMSA was one of the 130 non-governmental organizations (NGOs) took part in a symposium on November 24–25, 2000 at UNESCO Headquarters entitled The Culture of Peace: An Idea in Action, designed to assess the progress of the global movement for a culture of peace and non-violence and the various activities undertaken by the NGOs throughout the year. Another aim was to strengthen co-operation between the NGOs and UNESCO in this field for the International Decade for a Culture of Peace and Non-Violence for the Children of the World (2001–2010). There will not be any Partnership Agreement for the Decade but some principles of collaboration, which the joint NGO-UNESCO Liaison Committee will explain to IFMSA.

**Gender Equality and Equity**

IFMSA was invited to join the meetings of the Gender Equality Unit. IFMSA attended the NGO Collective Consultation on Gender Equality and Equity and a meeting about women and new information and communication technologies. IFMSA has presented at these meetings its work on women’s health and gender equality. No further steps are done at the moment to further integrate these meetings among youth NGO’s. The start up of a special group about the young women can still be considered.

**Participation Program**

IFMSA applied for its Leadership Training and Resource Development Program in March 2000 and got granted US$ 20,000. Through the provided funds IFMSA was able to professionalise its program and invite participants and lecturers to participate in the successful three-day Training and Resource Development Program held during the International Training Congress for Medical Students (4–12 August 2001) in Aalborg, Denmark. The suggestion for next year is to select five IFMSA projects on local, national or international level early on and apply for the UNESCO Participation Program (2001-2002) in order to get the UNESCO National Commission Support Letters on time.

**World Conference on Higher Education NGO Follow Up UNESCO**

27-29th November 2000, Paris, France

During the conference, attended by Barbara Schimmer (IFMSA Liaison Officer for UNESCO), Teele Raiend (IFMSA SCOME Director) and Tomris Cesuroglu (TurkMSIC NOME), a discussion of what could NGOs do to promote the development of higher education world-wide was held. Examples where shown what different NGOs already have done. Different student NGOs that were present also communicated thoroughly and made a good start for the UNESCO student forum. IFMSA was part of it. The Informal Forum of International Students Organisations (IFISO), was represented by IAAS.

The most valuable outcome for IFMSA was the knowledge of higher education movements to be given on to our NMOs, precisely through the Standing Committee on Medical education. Meeting of other student NGOs, co-operation in the field of higher education and possibility to meet lots of higher education NGOs was also a very important asset.

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As part of the International Training Congress of Medical Students (ITCMS) the Standing Committee of Research Exchange (SCORE) organized a workshop entitled: The Human Genome Project; A journey into modern genetics. The workshop took place during the IFMSA 50th GA in Aalborg, Denmark from the 7th-12th of August 2001. It intended to bridge the gap between the genetic world and the medical community through lectures, film presentations, small group discussions, and debates. Fifty medical students coming from Africa, Asia, South and North America, and Europe participated in this event. The Nature special issue on the HGP was distributed to all participants by Aventis.

On the first day Prof. Niels Tommerup from the University of Copenhagen, Denmark gave the participants an overview of the Past Present and Future of the HGP. He discussed all the steps the project went through before coming to completion on June 2000 5 years ahead of schedule. The participants had also the chance to watch a movie on the history and development of the HGP prepared by the National Institute of Health (NIH).

Prof. Andres Metspalu head of the Biotechnology Department in the University of Tartu, Estonia exposed the participants to various research techniques that were used to achieve the HGP. He further discussed the applications of HGP in medicine. He elaborated on a new diagnostic technique in the field of medicine: gene testing. He stressed the benefits of gene testing in prenatal diagnosis and in determining the risk of developing genetically inherited late onset disorders. The lecture on gene testing was then followed by a problem-based small group discussion moderated by members of the organizing committee. The ethical legal and social issues resulting from gene testing were elaborated and emphasized.

On the third day Prof Thomas Jensen from the University of Aarhus, Denmark introduced the topic of Gene Therapy its potentials and limitations. The small group discussions that followed the lecture focused on the practicality and the expenses of gene therapy.

Prof. Johanna Hanneman from the John Kennedy Institute in Copenhagen, Denmark exposed the participants to the role of the genetic counselor and encouraged them to discuss among each other some cases on genetic counseling.

After the students have been introduced to the potentials of the HGP and its applications in the field of medicine Dr. Georges Kutukdjian, Secretary general of the International Committee on Bioethics (ICB) UNESCO discussed with the participants the ethical issues arising from the HGP. He raised several questions relating to the patenting of the human genetic blueprint and human rights. Dr. Kutukdjian stressed the importance of human dignity freedom and confidentiality. The participants were divided after that into small groups to reflect on the preceding issues. Last but not least Miss Lise Gormsen from Denmark chair of the Ethical Student Conference 2001 (ESC 2001) presented the outcomes of the conference especially what related to bioethics.

As members of IFMSA and as future health professionals we believe that by involving medical students in the emerging genetic revolution we ensure their leading role in the treatment counseling and educating patients worldwide.

This workshop is only a step towards involving IFMSA in other activities and events related to the current genetic discoveries. The outcomes of the workshop will be presented in several other international events and published in local and international journals. In addition, we will be able to send students on exchange to participate in the Estonian Human Genome Project.

All expenses of the workshop were covered by The ITCMS central budget.

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Organizing Committee:
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Oliver Nietsche, Germany, Fundraiser
Oriol Casals Rafecas, Spain-Catalonia, Treasurer
Aiki Kadri Kask, Estonia
Elizabeth Manansch, Spain-Catalonia
Ane Sophie Olsen, Denmark
Gulbiz Dagoglus, Turkey
In September 2000 IFMSA participated for the first time in an Executive Council meeting of WFME (World Federation for Medical Education). With the presence of representatives of the regional associations for medical education, as well as staff from WHO, this forum is an important venue for IFMSA to discuss and debate the future development of medical training and health systems performance. It offers unique opportunities for IFMSA to make its voice heard in the presence of some of the most prominent experts in the field of medical education.

WFME was founded in 1972, with the general objective “to strive for the highest scientific and ethical standards in medical education, taking initiatives with respect to new methods, new tools, and management of medical education”.

The organisation covers all phases of medical education in its work.

The most important project of WFME at present is the formulation of *International Standards in Basic Medical Education*, in which standards have been defined to outline minimum requirements of medical education institutions worldwide. IFMSA has contributed with the views of medical students in the revision of this document.

In the year 2000/2001 IFMSA and WFME have interacted first and foremost in relation to the IFMSA August meeting, where WFME contributed with valuable expertise to the roundtable discussions “Implementing International Standards in Basic Medical Education” and “Impact of Technology on Health Education”. A concrete outcome of these discussions are two policy statements that will serve as a basis for IFMSA activities in these fields in the coming years.

In September 2002 WFME will be organising the 3rd World Conference on Medical Education in Copenhagen, Denmark. The theme for the event will be “Global Standards in Medical Education for Better Health Care”. The aim is to stimulate a “debate among decision-makers in medical education and health care about the complex question of introducing generally accepted global standards in medical education in order to promote the quality of health care delivery systems”.

IFMSA has been invited as one of the collaborating partners in organising this important event, and will thus have the opportunity of participating in shaping policies and opinions in the very field that dominates the life of medical students - namely our everyday medical education.

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Thinking Globally

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Well what can I say about the March Meeting held in Malta in 2001? Modesty forbids me to claim that it was the best conference IFMSA had seen in years, and that it was a standard-setter for the meetings to come, so I won’t. I’ll have to go about it another way.

The idea of organising the meeting was born way back, before the meeting in Slovenia, during which we put forward our candidature to host the exchange officers meeting the year after. That time, we had lost the bid to our Finnish friends, but that didn’t put us down. Instead, we used this chance to plan things out properly, gather more sponsors, and jump-start the creative process from an enthusiastic team, which resulted in the success everybody witnessed last year.

With more than a year to plan, decide, change our minds, think, rethink, consider, reconsider, fight, make up and finalise, we came up with our final product: a conference hosting 600 people from all over the world on our island, ready to get together, discuss IFMSA issues, eat, drink and party, all blessed by a wonderful spell of the best spring weather Malta can offer. If that just sounded easy, think again. It wasn’t a task for the faint-hearted, and it required all the manpower we could muster.

Enough making a fuss about the ordeal of organisation, and let us focus more on the good parts. It all started with the TRD held at the Paradise Bay Hotel, on the north coast of the island. Here the IFMSA EB met for the first time in the meeting, and some delegates from the various NMOs started to flock in and get a first taste of the place. The homely atmosphere of the hotel, the weather and the indoor pool had already started working their charm on everybody, and enthusiasm started building up like popcorn.

The transfer to the main hotel, the Dolmen (no Swedish jokes please) was a joyful exodus. Everybody packed and got ready to go. The organising team was just fixing up the finishing touches in all the amenities of the hotel, and get ready for the main influx of guests for the meeting.

Registrations were handled smoothly and the delegates were quick to settle down. Now it was time for the real stuff. I think the opening ceremony is one of the major daemons an organising committee has to face in the devising of such an event. We all had our fingers crossed, many things could have gone wrong, but thank goodness everything went fine, the people liked the entertainment, and many even expressed their liking to our President Guido Demarco.

The next day it’s down to business. The standing committee meetings and the presidents’ sessions were being held, and the OC was scotting and jetting round the place to see everything was going fine. I personally was in the equipment team, so I know what I’m talking about when I say extra effort was put in to make sure every standing committee had all that was needed to have a smooth meeting with all the presentations and other facilities required. This included rapid transport, shifting and sometimes “borrowing” equipment from other standing committees, meetings, computer room etc. Even amidst quarrels, misplaced items, schedule misunderstandings and a great deal of improvisation, at the end of the day everyone went to dinner satisfied.

I couldn’t wait to get to the dinner part. That was usually the last moment of clarity and quiet before the start of the almost nightly debauched releases of tension that were the parties the Maltese are famous for throwing. For whoever was there, the hippy party, the caveman party, and the now almost traditional Lebanese party would still be fresh in one’s memory. One might take it for granted, but seeing so many people from different nations, cultures, religions, and political belief, just get together, have a drink (or two, or three….) and dance the night away has that awesome feel to it. Risking disrupting the chronological format I was taking with this account, a perfect example of this was the International Night held on Saturday night. “Wow” is the only way I can describe it. I always love the international night in the IFMSA meetings, but when you arrange it yourself its different. It was memorable (sort of… people still have to fill me in on large gaps in my memory, but the smile everyone had the next morning didn’t require many words).

Malta’s meeting saw the nomination of the host for the next March Meeting, Yugoslavia, of which I heard many positive things so I hope we were of inspiration <wink>.
“...we have new reason to be optimistic. We are working together with renewed energy. A renewed will to act. A determination to walk down unexplored paths to get results. The demand for effective action are ever more intense. Our fundamental challenge is to respond to the billions of people whose potential is so crucially extinguished by avoidable ill-health.” – Dr. G.H. Brundtland, WHO Director General. Opening Speech 54th World Health Assembly, Geneva, May 2001

Hearing these words for the first time, I felt as if the DG was talking directly to IFMSA, to us. With the celebrations of our 50th Anniversary just behind us, these words get an entirely new meaning. And with our 50th General Assembly behind us there is a new team to give life to the next fifty years of IFMSA. And it feels like the DG is still speaking directly to us: “...we have new reason to be optimistic”.

**Glancing over the shoulder**

The past term was highly dedicated towards an innovative way of having General Assembly meetings, to the celebration of the fifty years of our organisation and to the initiation of new things and the completion of the still unfinished.

At the WHO Executive Board Session in January 2001 our official relation with this agency was being reviewed. Our presentation of a thorough triennial report in the prior term, our ideas for future collaboration plans have resulted in an optimistic outcome; our status has been renewed for another three years with some clear recommendations to work towards strengthening our regional and local members in their activities. This was very much inline with the new initiatives in the organisation to expend their horizons even further, to really start acting locally.

There were more new initiatives. As a result of the Porto Conference on Ageing and Health (August 2000), IFMSA has increasingly got involved in the movement advocating for a life course perspective to health, starting with advocacy on healthy ageing, through ISNAH (International Students’ Network on Ageing and Health), A Medical Students’ International publication on Ageing and Health is to be printed in the first months of the new term.

Having been introduced and involved in the integrated management approaches of WHO towards childhood illness and pregnancy and childbirth and in the rights-based approach to child health, a strong team of IFMSA students is working towards the realisation of a new IFMSA project on Maternal and Child Health with the first intervention to be in Yogyakarta, Indonesia in 2002.

In the past year very fruitful and promising discussions have been initiated on Gender equity, on Alcohol and Substance abuse among medical students, on Violence and Injury prevention and the role of IFMSA in all. The meeting in Denmark was our second successful smoke-free meeting and the public health committee distributed a very useful IFMSA poster for our anti-smoking campaign within our member countries. And just within the last days of this term a small group of students is working to organise an international training on the topic of Female Genital Mutilations in Africa in the near future.

In mentioning these initiatives I have not begun to mention the initiatives that sprung out of the International Training Congress for Medical Students held in Aalborg, Denmark this August. It is this new innovative way of having meetings that functions as food for thought to the organisers of next years’ General Assembly meetings.

**Glancing at the horizon**

Nutrition and health activists, Lappe, Collins and Kinley, have written:

It’s hard to work toward a vision of something better without believing that change is possible. That seems obvious. But what allows us to believe that change is possible? Certainly part of the answer is discovering that much of the suffering we see today is not due to geographic or other physical givens but is the results of the actions of people. What people create, people can change. *(AIDS as obstacle, Institute for Food and Development Policy, San Francisco, 1981, p.153)*

This insight raises questions about responsibility. The IFMSA is predicated on the believe that it “empowers medical students in using their knowledge and capacities for the benefit of society” (IFMSA constitution, March 2001). It is in the activities derived from this objective that IFMSA’s principle of creating responsible future physicians comes to the light.

In this year of our 50th Anniversary it was good for IFMSA to hold a mirror to its activities in the various areas and to see where we should elaborate more on to maintain our principles succesfully. It is my belief that we found in this mirror image, that IFMSA should invest in its most powerful tools: the training and resource development program, the Village Concept document and interdisciplinary community projects, the contents of our exchange programs, the evaluation of our peer-education programs and techniques and the advocacy for an international health and rights-based approach in medical education.

And while working on our new vision for IFMSA in the coming years we should keep in mind that: “*What people create, people can change.*” And medical students are people too, we do have the power to change.
our challenge is clear: to change, what people have created, but we are not satisfied with.

A word of goodbye
Having been in IFMSA office two consecutive years, I feel that in a way I came full circle. My last annual report for was titled, “What people create...”. In the past year I have focused my time preparing for change: anticipating my retirement as an official, preparing for the proper handover to someone new, to the new team that will take the changing force to the next step, preparing for this change in my IFMSA life. My contribution this year is named “... people can change”, expressing why I love IFMSA: its ability to change people in a way that they come to understand that the power to change is theirs and that the only thing left for them to do is to decide to use this power wisely.

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1. “We are working together with renewed energy.”
2. “much of the suffering we see today is not due to geographic or other physical givens but is the results of the actions of people.”
3. “IFMSA should invest in its most powerful tools.”
4. “We do have the power to change.”

List of the most important achievements of the year:

- IFMSA official relation with WHO has been extended for another three years
- Official IFMSA project on Maternal and Child health in Indonesia
- Strong successful contribution to the IFMSA TRD programs
- NMO appreciation of my work for IFMSA in the past years.

WORLD HEALTH ASSEMBLY 2001

The IFMSA was present at the 54th World Health Assembly with a delegation of 15 medical students from 9 countries.

We use the opportunity of the Assembly to reinforce old contacts and to establish new ones in the World Health Organisation Headquarters for the various activities undertaken by the students in our member organisations. And since we are in Geneva, European capital of many UN agencies, we us the opportunity to organize meetings with those relations as well. Meetings with UNAIDS and UNHCR were arranged and very productive.

The World Health Assembly meeting is the annual meeting of the World Health Organisation were all their member states are present to discuss important matters of this organisation. And since almost all the Ministries of Health are present at this meeting it is a great opportunity to introduce them to IFMSA and its activities.

At this years meeting the Ministries of Health of Denmark, The Netherlands, and many African countries. All the ministries were contacted for various reasons, but mostly for the work our Liaison Officer for UN agencies in Africa has done so far and wanted to inform the governments of our African NMOs about. Also Pharmaceutical companies, like Eli Lilly and Merck, and the International Federation of Pharmaceutical Manufacturers were approached to follow-up with earlier communications regarding the 50th Anniversary in Denmark.

There were meetings and introductions with MEDACT, WEMOS, Health Gap, Quaker UN Office, People’s Health Centre Bangladesh, the Global Health Council, DORP (Development Organisation of the Rural Poor), and the Global Forum for Health Research.

In the WHO itself we had meetings with the following clusters:

- Family and Community Health
- Noncommunicable Diseases and Mental Health
- Communicable diseases

Areas with much compatibility to IFMSA activities and projects.

In the Family and Community Health Cluster we are almost at home, since we have good relations with the entire cluster for a couple of years now. It was nice to be able to arrange meetings with the various staff and directors of the departments of Child and Adolescent Health and Developments, Reproductive Health and Research, Gender Women and Health, HIV/AIDS.

Also are collaboration with the Noncommunicable Diseases and Mental Health cluster is improving. There has been established contacts with NCD Prevention and Health Promotion, Injuries and Violence Prevention, Mental Health and Substance Dependence and Tobacco Free Initiative.

A new and very important and interesting contact was made with the department of Communicable Disease Control, Prevention and Eradication, that is looking forward to collaborate more with IFMSA on the national local level.

A complete report of the IFMSA meetings at the WHA can be obtained at the President of each NMO or by sending a request to me personally. To give you an idea of what is discussed at this important meeting you will find extracts of speeches of Dr. G.H. Brundtland, Director of the WHO and by Dr. Kofi Anan, UN Secretary General.

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IFMSA’s Collaboration with Other Students’ Organisations

IFMSA collaborates with other International Students Organisations (such as IPSF, IAAS, IFSA and others) in the organisation of joint activities. We gather two or three times a year in an informal forum where the members of the respective executive boards exchange information and ideas and plan strategic approaches to common fields of work.

During this term the Informal Forum of International Student Organisations (IFISO) has met in several occasions: Copenhagen (Feb 2001), Den Haag (April 2001), Göttingen (June 2001), Leuven (Sep 2001), etc... These sessions were extremely productive and the following issues were evaluated or started.

- Structure, activities, membership systems and fundraising strategies of the different organisations were put in common.
- Exchanges: the possibility of intersectorial exchanges was discussed, and also the organisation of joint social programs for our students. The structure of the different exchange programs was a handicap to compare the electronic exchange systems that we all try to start.
- Collaboration with UNESCO for the coming years
- Village Concept Projects: As the experience with VCPs has learned that the concept is not flexible towards other projects in developing countries, it was discussed whether we should look for a similar format for other projects. It was agreed that if there is an interest an intersectorial conference on “the role of students in development work” could be organised to investigate this. The current VCPs were discussed.
- A new VCP symposium, to be organised in Panama.
- Bioethical Symposium in Austria (Nov 2001)
- Intersectorial disaster preparedness workshop in Slovenia (planned for Nov 2002)

IFMSA will try to keep this focus in an intersectorial approach for our activities for the coming years.

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The Global Health Council
IFMSA’s New Partner

Since April 2001, IFMSA is a full member of the Global Health Council, the world’s largest alliance dedicated to improving health worldwide. Several hundred health NGOs around the world are joined together in this council to share knowledge and resources.

By bringing together communities and groups that are working on similar problems, the council provides a platform to create partnerships that can work effectively in combating diseases and advocating for health. IFMSA is very fortunate to enjoy the benefits of the Global Health Council’s membership. It is a wonderful opportunity for medical students to learn from and join forces with the professional practitioners and advocates in the field of Public Health.

Almost as a symbol of our recently initiated collaboration, Nils Daulaire was present at the ITCMS in Aalborg where he gave a keynote lecture and participated in a panel discussion at our anniversary day on August 6th. Dr. Daulaire’s words made a strong impact on the students present, reminding us that we live in a global society and we must act at a global level to combat the diseases that plague our societies.

Every year in May, the Global Health Council holds its Annual Conference. Yusuf Goedbloed and myself were present at this year’s meeting entitled “Healthy Women, Healthy World: Challenges for the Future”. Approximately 1500 medical doctors, public health workers, public and private sector representatives were gathered to discuss the progress that has been made and the work that remains to be done to ensure better health for the women of every nation. Many pressing issues were addressed: from reproductive health to the safety of breastfeeding, from violence against women to the gender-bias in the HIV/AIDS epidemic. Yusuf and I had the chance to invite many speakers for the IFMSA Anniversary Day and for a few individual workshops during the ITCMS. IFMSA has therefore already benefited by its recent membership since many NGOs present at and participating in the ITCMS were approached through the GHC network.

I hope that IFMSA will make full use of all the possibilities of our membership into the Global Health Council. Collaborating with the partners of the Global Health Council could prove to be of enormous value for our international, national and local projects. My aim is that project organisers within IFMSA recognize the potential of the GHC and utilise the new contacts for improvement, increased outreach and broader dissemination of their projects.

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The position of IFMSA Liaison Officer to UN Agencies in Africa was created in August 2000, after long discussions with the Executive Board and Officers of IFMSA. As it was a new position, it has to be very strongly motivated for to justify the need for such a position. I had the honour of being involved from the onset of the discussions. Many hours of research involving literature study on the internet about the work done by the various UN Agencies in Africa and much consultation, and many more hours of thought about the role of such a Liaison Officer eventually resulted in the creation on the post in its present form.

The concept of Liaison Officer to UN Agencies in Africa is very different from the concept of the other Liaison Officers. The following are some of the main differences:

- I am working to build relationships with several organisations.
- I don’t have focal points in any of these organisations but rather network with persons who may be able to collaborate with IFMSA.
- I have not only networked with UN Agencies but also with government officials.
- The work of the past year will be used to build relationships for the future.

The last year as Liaison Officer has fundamentally been one of research. My aim was to building sustainable working relationships between African NMOs of IFMSA and their National UN Agency Offices and National Health Ministries. I have therefore consulted the leaders of the African NMOs, the relevant persons in the UN Agencies and Government Officials.

Contact was made with individuals from UN structures throughout the year. I visited regional offices of WHO and UNFPA in Harare and regional offices of UNICEF and UNESCO in Nairobi. I also attended the United Nations Special Session on HIV/AIDS in New York, and made contact with UNIFEM and UNICEF persons present there. The concept of an Interface for youth organisations in Africa to work with the UN was explored. There are some areas of collaboration between IFMSA and the UN that are being developed.

Government officials from Health Ministries of African countries were approached during the World Health Assembly, which took place in Geneva in May 2001. The Health Ministry officials were made aware of the presence of the NMOs in their respective countries and the officials were informed about the work being done by the NMO. Focal points within the Health Ministry within several countries were found for the NMOs to initiate contact with the Ministry.

I have been working and consulting with the African NMOs from the beginning. A server was set up for African issues to be discussed within IFMSA. The NMO leaders in Portugal, in Malta and in Aalborg were consulted about the problems and opportunities that were present in the work done by their respective NMOs. The leaders were informed about the consultation that had taken place with the UN Agencies and the Ministries, and asked the NMO leaders to follow them up at local level.

At a year of consultation, I feel that I have a good idea of the opportunities and weaknesses of the different NMOs and of the UN Agencies. As has been explained to the African NMOs, the way forward now is for the NMOs to work together to show the UN Agencies that IFMSA is an organisation worth collaborating with.

I look forward to another term as Liaison Officer in which I will be focussing on strengthening the project work done by the NMOs and the process of making UN Agencies aware of this work.

A more detailed report is available on request.

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The clock passes five minutes to nine, five minutes to opening time for registration to the 51st GA of IFMSA. It’s Saturday the 4th of August 2001 on the first floor of hotel Hvide Hus in Aalborg, Denmark.

I take another look at the watch and at the long line of people waiting patiently on the stairs behind the ropes. I catch the eyes of Rikke Malene Groenholm – secretary general and in charge of the registration – she looks incredibly calm. “Is everything under control, are you ready?” I ask, “yep!” she answers with a smile.

The staff at the 8 registration tables is dancing restlessly and excitedly around – can’t wait to get started. The clock turns nine – “OK, let’s go ...”

This was the kick-off to the International Training Congress for Medical Students and the 51st GA of IFMSA seen from the Local Organising Committee (LOC) side of the table.

It was a kick-off to what would be the result of 2-years of preparation. The LOC and some of our international colleagues had been living in Aalborg in the weeks prior to the congress fixing and coordinating all the details of this huge event. We had been living together, working during the day – having fun during the night (while working ...), shaking together the core OC team to prepare it to survive a 9-day congress.

The LOC worked in small teams to cover all areas of logistics, such as transport, congress centre, hotel, registration, finances, social programme, staff, externals, PR, IT, etc. Each team had a team leader who was responsible for his or her specific area and who had a group of staff members to help perform the tasks required. Once a day or as often as possible we had a team leader meeting to sum up the activities and solve any problems there might be. In this way we were able to nib any problems in the bud.

It was important for us Danes as hosts to show our guests the true meaning of the Danish expression “hygge” which is the thing that keeps us alive through the long cold, dark winter period – and keeps us happy all year around!

“Hygge” is a situation of being happy and comfortable together with good friends in nice surroundings.

We tried to make people feel at home and relaxed in Aalborg. Planning a nice social programme was very important, so we decided to put up a huge tent in the park – Danes like to party in tents – to create the
perfect frame around the Viking party.

As the 9 days passed by with extreme speed the missing hours of sleep from the past 3 weeks started to knock on the door for everyone from the LOC. Luckily most things were under control and more or less routine work. When everyone is worn out, overworked and under stress even little things can burst into a flame in a team working and living so close for such a long time. But if the team is aware of this overload danger and the team members respect each other, it’s not a bad thing to have a minor dispute and get things out in the open. What characterises a strong team then is the ability to get together again shortly after making up and to keep up the work - as friends.

It’s Sunday the 12th of August 2001 – the big goodbye day. The time on my watch says 8.05 a.m. I’m in the lobby of the hotel after 2 hours of sleep. It’s totally empty – no people anywhere, not that strange since we had the notorious national drink party the night before.

But shortly after people start swarming around hugging, kissing, some crying, checking out, carrying suitcases, swapping email addresses, making the last agreements.

All day, as people say their goodbyes, LOC is packing everything up, computers, offices, the tent, posters, etc. It’s a strange feeling to pack up everything you have worked so hard to establish and at the same time being interrupted every other second by some old or new friend wanting to say goodbye to you.

That evening we had a Danes only “hygge-party” – everyone being sooooo tired but no one really wanted to go to bed, because now it was all over and that was just a bit too strange!

On behalf of the LOC I would like to thank everyone who came to Aalborg.

We had a blast and we hope you had one as well.

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ITCMS side effects.

IFMSA new team of officers for 2001–2002

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During the past year, Public Health has regrouped and is internationally now concentrating on three major issues. Mental Health, Ageing and Health and Anti Tobacco.

In our anniversary year also the organization of 2 Workshops for the General assembly played a big role.

Furthermore, the already established activities continued. One new Village concept project will open its doors in beginning of 2002 and a lot of local and national level work has been done, partly by only one country, partly by part of our big family.

During our two annual meetings, a lot of information has been shared and the activities accelerated forward through our joint forces. Within the March meeting we achieved through a survey to bring them and the younger ones aware of the situation of elderly and global embrace, an WHO event making the world health day of this year the topic "Mental Health".

The main goals were, on the one hand side to gain knowledge about the situation in the population, especially the students, but even more important to raise the awareness, that it is an illness, that it concerns far more people than we believe and to reduce the general anxiety towards it to the same level one would have with other, non communicable diseases.

The World No Tobacco Day, this year labelled "2nd hand smoking kills", was taken to the Universities. At many med schools students got informed, Deans began work on interdicting smoking on campus and protecting the non-smokers. Also a survey was tested during our meeting, evaluated and is available for all our member organizations to use.

In the field of Ageing and Health we participated in many countries in the Global embrace, an WHO event making aware of the situation of elderly and bringing them and the younger ones together. The world health day of this year had the topic "Mental Health". This does not only target old people, but you and me and your friends, your parents ... everyone on the one hand side can be affected by one of those illnesses on the other hand side has to become aware that those are real illnesses, which can be treated.

Especially reducing prejudices and strengthening acceptance. As start, a survey at many med schools around the world raised data on the students situation.

In the field of improving the situation in developing countries, the "Village Concept Projects" continued to work. In Sudan one was finalized. Zimbabwe continues and the international part of the Rwanda Project is going to start in beginning of 2002.

While all of those activities continued, 2 very successful Workshops were prepared for the 50th Anniversary meeting: "Poverty and Health" and "Ethics of old age".

International Training Congress for Medical Students

ETHICS OF OLD AGE

Born as a follow-up activity of the “International Conference on Ageing and Health”, that was organized in August 2000 in Portugal, this workshop intended to equip medical students with the necessary competence to make sensitive and appropriate decisions in the management of older people’ health, with them and for them, using the principles of medical ethics.

One of the main features of the world within the next few decades will be the rapid increase in numbers of older people in both developing and developed countries. All people need to be aware of the fact that older people have distinct rights which must be respected just as much as the others human rights of everyone else. And that everyone, including the most frail, is entitled to dignity and control over his or her own life.

Through lectures, role plays, video sessions, students’ presentations, case studies and small-groups discussion forum discussion and debates for a total training of 20 hours we tried to enlighten the following aspects of the challenges brought by an ageing population: intergenerational exchange and support, end-of-life issues including euthanasia, doctor patient communication, informed consent, human rights of older people, elder people abuse and discrimination, the gender perspective of ageing, ageing and poverty, ageing and disability, the consequences of HIV/AIDS on older people and the role of the community and the society, from a cultural point of view; This illustrated some aspects related to old age, that unfortunately are often insufficiently taught in our medical curricula.

We could count on the resources provided by our eminent speakers and guests: Prof. Rory Fisher, from the University of Toronto, Canada, Mrs. Terezinha da Silva, sociologist from Mozambique, Mr. Dr. Ruud Hagenouw, Dutch Federation of Doctors, NL, Mr. Hans Jacob Hansen, Priest in Aalborg, Denmark, Dr. Sobel, EXIT, Switzerland, DanAge, Dr. Ole Hartling, Danish Council on Ethics, Denmark.

The participants have been stimulated from the beginning to produce their own plan of action and to develop some field activities in their country of origin.

For more information about IFMSA activities in the field of ageing, please visit the website of the International Students’ Network on Ageing and Health, http://www.isnah.f2s.com/

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International Training Congress for Medical Students

POVERTY AND DISEASE – BREAKING THE CYCLE

International Training Workshop

The IFMSA finds Global Health and important and pressing issue. Global health is threatened by global inequities, and therefore, as future doctors, we are concerned with the wide-spread poverty in the world. As medical professionals, we should become more involved in global development debates, in international relations, and become more knowledgeable about the root causes of poverty and its profound effects on health. We should speak out on these issues, not leaving the discussion only to economists and social development experts. The contribution of doctors, as the natural attorneys of the poor, the defenders of the social and economical human rights, is essential.

This was a message that the majority of participants of the workshop on Poverty and Disease (7-11 August, Aalborg, Denmark) took home. The workshop was for many students a first opportunity to increase their knowledge on issues of poverty and health, and realize what responsibilities and possibilities they have in the field of international development. This five day training was also an opportunity to learn from each other’s experiences and make valuable contacts. The wide range of invited speakers and experts provided the students with interesting sessions and excellent network opportunities. Emphasis was placed on designing student action plans, contributing to the proposed workshop outcomes. Here follows a short overview of the speakers and presenters in our workshop program:

Day 1
Dr. Nils Daulaire, President and CEO of Global Health Council
Amarinder Singh Bindra, medical student, Christian Medical College, India
The story of a health worker in a poverty-stricken area

Day 2
Global and International Perspectives
David Woodward, Department of Health and Development, WHO
Health in a globalised world (Globalisation and Health)
Mike Rowson
The role of international organisations and actors

Day 3
National and Local Perspectives
Dr. Timothy Stamps, Minister of Health and Child Welfare, Zimbabwe
How can national policy create the social, political, economical and environmental conditions that protect health?
Dr. Zafurullah Chowdhury, Founder, People’s Health Centre, Bangladesh
How can sustainable rural development lead to sustainable healthiness?

Day 4
Top-down projects
Mike Rowson
Drop the Debt & Poverty Reduction Strategy Papers
Prof. John Yudkin & Catherine Bateman, International Health and Medical Education Centre, University College London
Introducing Global Health into the medical curriculum
Dr. Glynis Cooper, Dr. Albert Petersen & Dr. Carlota Marchan, International Health Consortium
Medicine Crossing Borders: Safe Drug Donations and Access to Essential Medicines

Day 5
Bottom-up projects
Dr. Marianne Thompson, Medical Director, TCE Southern Africa
Total Control of the Epidemic, Humana People to People
Connie Gates, MPH, Resource Person

The IFMSA Global Health Network has been established to coordinate follow-up activities that were included in the Plans of Action from the workshop. The newly formed group within IFMSA is to deal with issues of global health and sustainable development and shares the vision of “Health for all, including the poor”. We recognized the need to create a focus group within IFMSA that will be the voice of IFMSA on issues of global health. This groups would in planning and working out activities and projects also liaise with institutions such as: the People’s Health Assembly - the Global Health Council – the World Bank – Medact – the International Poverty and Health Network – Jahmked - International Health Consortium - national health and development ministries – the WHO – United Nations Development Programme - other non-profit organizations and interest groups.

Kim Sigaloff,
The Netherlands
Workshop Coordinator
sigaloff@yahoo.com

Organizing Committee:
Kim Sigaloff, The Netherlands, Workshop Coordinator
Bilal Zuberi, USA
Priya Agrawal, UK
Marjolein Zwaan, The Netherlands
Life Course Approach Meeting

INTERNATIONAL LONGEVITY CENTRE-UK (ILC-UK)

www.ilcuk.org.uk

10th May 2001, London, UK

IFMSA was invited by the International Longevity Center – United Kingdom (ILC-UK) to give the point of view of the medical students on the development of a new “Life Course Perspective” medical curriculum. In the morning we got introduced to “Life Course Perspective” concept and the afternoon was dedicated to workshops.

During the meeting, Baroness Sally Greengross, chair of the ILC-UK accepted to be member of the Board of Trustees of the workshop on Ethics of Old Age that IFMSA organised during the International Training Congress for Medical Students (ITCMS) in August 2001.

IFMSA could develop this approach in some of its activities such as SCOME and the International Students Network on Ageing and Health. The “Life Course Perspective” CD-ROM was presented as an educational tool during the Future of Medical Education workshop held as well in the ITCMS.

Emily Martinoni
IFMSA-Switzerland President 2000-2001
Ethics of Old Age workshop coordinator
martino7@etu.unige.ch

17th World Congress of Gerontology

INTERNATIONAL ASSOCIATION OF GERONTOLOGY, IAG

www.harbour.sfu.ca/iag

1-6th July 2001, Vancouver, Canada

The World Congress of Gerontology is organised every 4 years by the IAG. The most important persons on the field of Ageing and Health and Gerontology meet there.

IFMSA was invited by WHO-Life Course Program to give the point of view of a medical student from a developed country during the round table “Are future MD prepared to care for Older People?”. I also attended in order to consolidate the existing contacts of IFMSA in this field and create some new contacts, especially in the perspectives of the workshop on Ethics of Old Age and the work of the International Students Network on Ageing and Health.

Important outcomes from this meeting were the financial support to the Ethics of Old Age workshop provided by the Novartis Foundation for Gerontology and the possibility to participate in the World Assembly on Ageing, to be held in Madrid in April 2002

Emily Martinoni
IFMSA-Switzerland President 2000-2001
Ethics of Old Age workshop coordinator
martino7@etu.unige.ch
Liaising to the European regional office of WHO

THE STORY OF ONE YEAR

September 2000-January 2001: the Liaison Officer (LO) position stays under the leadership of Omer Saka from Turkey.

October 2000: the WHO-Euro’s Alcohol and Youth meeting in Stockholm. Representatives from the IFMSA functioned as facilitators at the meeting.

IFMSA EBM, January: the candidate Jana Olearniková from Slovakia, at that time the president of SloMSA, was decided by the EB as the suitable person for the position of the LO for WHO-Euro for the year 2001.

Spring 2001: the changing of the contact persons. The new WHO-Euro’s contact person for IFMSA became Dr. Mila Garcia Barbero Milagros from the office in Barcelona.

Up to now, Dr. Mila has helped the organisers of the International Training Congress for Medical Students (ITCMS) to be held by IFMSA in August 2001, but was not in the direct contact with the LO, she hasn’t replied to my emails since.

March: The National Counterparts’ Meeting organised by WHO-Euro, Malta.

- the president, SCOPHD, LO WHO-Euro and the Maltese NPO were present at the meeting where anti-tobacco activities were discussed. The Smoke Free Medical Schools’ draft was presented at the meeting and the IFMSA representatives joined one of the working groups with valuable inputs. Contacts were made with various participants and then provided to respective NMOs (specially those of Switzerland, the Czech Republic, Slovakia, France, Malta, Russia).

The IFMSA 50th March Meeting (MM), Malta
- anti-tobacco activities
- LOs’ meetings
- meetings with externals
- EBMs

April 7th, the World Health Day:
In co-operation with the IFMSA LO WHO, contacts have been provided to the requesters of brochures for the day specially focusing on mental health (two of four interested students: Tomek Derkow from Poland, NPO from Yugoslavia).

Contact persons from the external’s side: Linda Merieau and her colleague Anne Yamada from WHO headquarters.

June-August: ITCMS:
- contacting the WHO-Euro’s headquarters with the aim to invite Mr. Marc Danzon, the regional director, to the ITCMS (Dr. Danzon at that time couldn’t attend).
- communicating with Mr. Franklin Apfel and his colleagues as the wish was expressed by the co-ordinators of the RTD on alcohol problems among medical students and young doctors, to have Mr. Apfel present. As he was away on holidays, another variant was chosen, yet, Mr. Apfel showed his interest and obtained the documents from the RTD. I will most probably meet him on person this autumn.
- communication with Mr. Eric Roque, the CAH (child and adolescent health) department in WHO-Euro’s and his attendance to the ITCMS. Mr. Roque is interested in the landmines’ topic.

April 7th, the World Health Day:
- visit at the office in Koppenhagen together with the NPO of Sweden

Departments visited:
- CAH (topics discussed: the Indonesian WS, the WS preceding the MM 2002)
- NCD-TOB (our anti-tobacco activities including the representation at the conferences in Prague and Warszaw)
- ageing and health (TeGeMe, report from the Ageing and Health WS was provided, Ethics of old age)
- reproductive health (SCORA issues)
- mental health (attended by the Swedish NPO)
- a lunch organised by Mr. Thompson (WHO-EMRO) with various EURO’s professionals present

13-14 August, 2001
- visit at the office in Koppenhagen together with the NPO of Sweden

My great thanks goes to Josette, Sanjeeb, Omer Saka, Mr. Robert Thompson, Mr. Eric Roque and all you the wonderful people I have met and worked with. And to Marta, who would have so much liked to see reports from the officers on time, but somehow, never had been awarded so. You are so hard-working, folks! And so passionate in your volunteerism, there’s still so much I wish to learn from you.

All my love,

Jana Olearniková,
Slovakia
IFMSA LO WHO-Euro 2001
olearnik@crick.fmed.uniba.sk
This has been a year of great growth in our federation. It has been both challenging and rewarding to be an instrument in this growth as far as our activities are concerned. I have always believed an organisation can most effectively be judged by its initiatives, towards the community in which it is situated and in aid of its own members and their collective goals. In this vein developing those of our members who have had ideas on how to improve their fellow students and their communities has been a priority and I am pleased to note this year an increasing number of organised official IFMSA projects. I congratulate all those in these networks and those that have aided this to make it a success.

This year as has become tradition we had the Anniversary IFMSA Project Fair. This has always given the opportunity for our various workshops, events and projects to market themselves to our students and guests at our meetings. At this anniversary year, I had the great pleasure of introducing the Deputy Director of the U.S Agency On Refugee Health and the originator of the most extensive individual public health initiative in Southern Asia for our official opening. Apart from their presence to see for themselves the extent of our projects, our coordinators were able at this forum to make many key contacts with other influential people specific to their fields of work. This has always been the greatest goal of this whole mammoth activity when I initiated its expansion those years ago, and it was very satisfying indeed to see the work that managed to be done in a relatively short space of time at this forum.

The follow on to this whole process remains our World Exhibition, where standardised representations of all our activities are transported to various faculties and agencies around the world. The first of its kind was exhibited so far only in two countries, and yet still the interest it generated has shown us that it has a place in the future strategy of IFMSA. Through it we can recruit and sustain those who are able to work and be trained for IFMSA’s fieldwork; which will always remain IFMSA’s face to the world.

For our members, I am glad to note that we have created a new database for our project coordinators and those who wish to learn more about how they can also initiate an effective and sustainable project. Our online reporting systems have been expanded to make now input from our activities easier and more accessible for our federations partners and fellow projects. Also this year the projects servers have become fully operational and have greatly improved communication between the projects themselves and with the division. This among other things has left me with the confidence that IFMSA projects have been left with a more solid foundation from which to continue moving forward.

On that note, I would like to be the first to congratulate and encourage the present teams for our projects and events. Together we have come this far and can continue to make a difference. After this period at the helm it is clear to me that while there is a lot to be done out there especially in the field and in the faculty, with the necessary support from our division and other quarters our students can make it and will excel.

The Projects Division can be contacted at pc@ifmsa.org.

Edgar Njolomole, Zimbabwe
IFMSA Project Committee Director 2000-2001
IFMSA Project Committee member 1999-2000
PC@ifmsa.org
## Background information

ASPIS was elected as an IFMSA-project in the GA ’97 in Cape Town and re-elected in the GA ’98 in Hurghada, maintaining this status until now. This program is based on the European program ASPIS (Awareness Strategies for Pollution from IndustrieS), which is being coordinated from the University of Athens and in this program participate Greece, Belgium, England and France. It has been implemented with the contribution and the support of the Greek Ministry of Environment.

It aims at the development of a Trans European Environmental Educational Health Net-work (TREE-Health Net) for the education and the raising of awareness in important issues, such as:

- Pollutants transmitted from mother to fetus.
- The pesticides as dangerous chemical substances.
- The consequences upon human health from the waste and the precautionary principle in the European legislation.
- Strategies for the awareness in education at all level.

## Problem statement

**Do you know that…….?**

1. Toxic substances of the environment, which are transmitted from the mother to the fetus, can be the cause of serious impairments to the unborn child. The organochlorine and particularly the dioxin, once found in high levels are capable of impairing the intelligence, the immune system and the levels of fetuses; hormones. Those levels, which could provoke a reversible situation to an adult, would lead at the case of a fetus, to unpredictable impairment, as these toxic substances are transferred to the fetus through mother’s milk and placenta.

2. The pesticides are chemical substances and products, which are released into huge amounts and that, disseminated into environment. Some groups of chemical substances have properties, which lead to their bio-accumulation in organisms all over the food chain. Thus, the human being faces great danger, as is found at the crest of this chain.

3. The residue’s output is on constant rise. By throwing away the residue we just postpone the problem to the future, while waste incineration leads to more toxic reserves as long as the dangerous substances escape to the air. The most famous and dangerous substances are the dioxin. It is believed that dioxin should be handled and eliminated. Recycling, although has many difficulties in practice, is perhaps the only way out of this impass.

## Methods and goals

- Creation of an Educational Environmental Network in Kos island, that it will offer:
  1. Information
  2. Education
  3. Literature/references
  4. Researches
- Workshops concerning:
  1. Waste management and implications on health
  3. Endocrine disruptors and their implication in health (1999)
  5. Environment and Health (2001)

## Strategies for the awareness in Education

The environmental education has certain particularities. The habitual way of educational approach is not sufficient.

- There is a need for a strategy whose aim will be the transformation of knowledge to awareness.
- There is a need to plan process so as to cultivate the consciousness and sensitisation with the aim of the activation of the educated.

- The connection of the environmental problems with their influences upon human health helps raising awareness.
- The organization of the long life learning education as well as the distant learning education is useful tools for the environmental education.
- The aim of the education should not only be the accumulation of the data and facts, but also the continuous process towards the knowledge.

## Target groups

1. South European industrial countries (in order to solve the environmental problems which are coming from the industries).
2. Less industrial countries (in order to protect their environment from the problems that will occur due to the future industrial development)

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ASPIS Project Coordinators
IFMSA Official Project

CALCUTTA VILLAGE PROJECT: WHEN THE PEOPLE BECOMES AUTHOR OF ITS OWN DEVELOPMENT

The Calcutta Village Project (CVP) is a primary health care project organized in a rural area 30 kilometres south of Calcutta (West-Bengal).

It is founded on the cooperation between the IIMC, Institute for Indian Mother and Child and the IFMSA-SISM (Segretariato Italiano Studenti in Medicina). The project is characterized by different components (local staff, international participants and working group in 14 different countries) that work together to improve the health and social status of the population of 6 villages. The aims are focused on a complete developmental work on different levels: health, education and economy. It permits to have a gradually change that is growing from the local people and from their own needs.

The Health Programme consists in: run a children indoor clinic, four outdoor clinic centres, a maternally centre and a nutrition centre, organize vaccination and medical camps, form a community based paramedic unit of health workers and organized health promotion and education.

The Educational Programme is focused on increase the rate of education among children through the Sponsorship Programme and it is also focused on the construction of new schools in the area. Almost six hundred children with economical difficulties have been sored with the contribution of the Italian group.

Lastly the Micro-credit is the new branch of the project that needs big energies and sources to develop. It consists in a ”bank for poor people” created on the model of the Grameen Bank founded by Mohammed Yunus. The micro-credit consists in small loans given to women that do not have any guaranties to offer to a “normal bank”. The women have the opportunity to start an activity and to improve the physic and economical conditions of themselves and of their families. We have started such programme in one village and we got good results with 99% of loan given back to the Bank. The Italian group is now trying to fundraise to get the sufficient amount of money needed to start in the other 5 villages. The micro-credit is an important step for the real improvement of the people conditions because it is founded on the will of the women and on their power. It is proved that women employ their success for the family and the community in general. It will bring big changes in the Indian society of the project area where the woman has always been dependent on man decisions and is considered just for the care of the house.

We all believe that it is not enough to collect money but it is also necessary to work here for an education about developmental and human rights ideals. For this reason we insist on the international student’s participation in the project in India and in their own country. Up until now the total number of medical students who have been to the Calcutta Village Project is 244: 90 Italy, 24 Sweden, 19 Holland, 17 Germany, 15 Spain, 14 Austria, 12 Finland, 12 Denmark, 8 Norway, 8 U.K., 5 Slovene, 5 U.S.A., 3 Slovak, 3 Brazil, 2 Iceland, 2 Switzerland, 1 Japan, 1 Ireland, 1 Canada, 1 Turkey, 1 Polonia.

In the last year we have mostly worked in the micro-credit and we involved one thousand women in the project. We also have been started a new school (till now the project has built 10) and improved the equipment inside the clinic centres. In Italy we started to spread out using the support of media and we hope it will continue more effectively. In the “international part” we tried to extend the Calcutta Village Project to other countries through the Sponsorship Programme and it seems that some of them are going to start it soon.

The spirit of the Calcutta Village Project is to collaborate to a developmental work in the respect of the initiatives that come from the local strengths.

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SISM, Italy
International Coordinator
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IFMSA Official Project

TANZANIA – GODFREY’S CHILDREN

The project, EVERYONE’S CHILD, now named GODFREY’S CHILDREN (after Godfrey Msenwa, Project Originator) is designed to care for HIV/AIDS infected and affected children (irrespective of race, creed, religion or gender). The project is multi-disciplinary in that it has a mission to help not only young children but those within the community. Emphasis is on education, empowerment and advocacy.

The project currently has associations with individuals and groups located nationally and internationally.

Part of the project is the creation of an orphanage in Mhaya where land has already been purchased and is now in the process of getting project managers to oversee construction.

The orphanage will house children but that will not be it’s sole purpose. It will try to integrate the community and the children into a healthy and nurturing relationship as well as provide the children a normal childhood with the opportunity to education and health services. The community has already given the blessings for this project.

As much as an orphanage is not the solution to the AIDS crisis, one cannot ignore that there are already many young children all over the world infected and affected by this disease. The multi-disciplinary nature of this project is meant to integrate the community in fighting the spread of this disease as well as to give the children hope for a brighter tomorrow.

Neema Mgana,
TaMSA, Tanzania
International Coordinator
nm_70@hotmail.com
The Rwanda VCP is an international student-run project in Africa. Its aim is to improve the health and living standards in a Rwandan community, using simple and low cost methods, with the community and the students of the project country working together. The objectives correspond with those of the “Primary Health Care” concepts of the World Health Organisation (WHO).

The main areas we are working in are malaria-control, hygiene, nutrition, income generating activities, family planning and HIV/AIDs. At the moment the main goal is to establish a good and functioning contact with and within the commune. We believe that this project will just run and will be sustainable when the community takes an active role.

In the International Committee we worked in the last year on the project proposal with the Rwandan students, also we recruited people for our team, established a homepage, worked on a n evaluation scheme and started fundraising for the project. We had several meetings all over Germany, participated in

Rwanda VCP will start its rotations for international and local students. It will be open for all students from all nationalities. For students from developing countries it is planned to establish a TAF system.

The organizing students panned this project to last for 3 years, with a detailed baseline study at the very beginning, a midterm-, end- and post-evaluation after 5 years the project stopped.

For more information:
www.asta.mu-luebeck.de/rvcp

Angelika Mayer,
Germany
International Coordinator
angelika.mayer@student.mu-luebeck.de
Ngabo Gisanura, Rwanda
Local Coordinator

Rwanda, woman from the commune.

IFMSA GAs and 2 of our members went to Rwanda for 6 weeks.

The Local Committee worked mainly with the commune to get their ideas in the project proposal. Also they reviewed the budget and established contacts to local and international NGOs in Rwanda.

In January 2002 the

Rwanda, VCP.

RwandaVCP, sewing project in Kigali.
IFMSA Official Project

ORGAN DONATION AWARENESS INITIATIVE RAISING PUBLIC AWARENESS ON ORGAN DONATION AND DONOR CARD TOPIC

With our project we want to raise public awareness for the lack of the available organs and tissues for transplantation procedures. In order to achieve that goal, we are using Donor card as well as a series of educational methods including lectures, workshops, round tables, press conferences, organisation of «Open donor days», creation of web-site dedicated to the subject, organisation of blood donation actions, promotion of registers for bone marrow donors etc.

Before all that we will survey on target groups’ opinions and attitudes regarding organ donation and therefore try to inform ourselves about level of their knowledge about organ donation, their fears, misbelieves and negative attitudes and act in accordance to the results.

We already surveyed students of Medical School Split, Croatia and found out that only 1.68% of them owns Donor card. That was the first sign for us that we’re on the right path. Surveying of students in other medical schools in Croatia: Osijek, Rijeka and Zagreb is also in process and we expect results of data analysis soon.

The receiving country keeps all contacts and all other institutions concerned.

As result of our efforts we expect to witness number of available organs increasing as well as more positive attitudes towards the subject.

After performing the survey we will continue with mentioned educational methods.

Livia Puljak,
Croatia
International Co-ordinator
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EQUIP – A PROJECT OF CO-OPERATION BETWEEN IFMSA-SWEDEN AND YUMSIC

EQUIP is a co-operation project. By sending equipment and material that is not used in Sweden to Yugoslavia we can help hospitals in Yugoslavia to rebuild the health care system throughout the country.

It is a vision that EQUIP will come to involve all of IFMSA’s NMOs. Our goal is to gather material and equipment to send on a regular basis to various countries that are in need of the material offered. In the future we hope to be able to establish a database that is to be used by collecting countries and receiving countries.

The aims of EQUIP
1) To fulfil the first shipment of material to Belgrade during the end of August.
2) To establish contacts to make regular shipments of 3 times a year possible.
3) To expand the project over country borders so that more NMOs get involved, both as collectors and acceptors.

Strategy of EQUIP
Equipment: We collect old technical equipment that might be out of date in Sweden but useful in Yugoslavia or elsewhere - stethoscopes, computers, student literature, sterile material, drugs, wheelchairs, etc.

To collect equipment we turn to hospitals, General Practitioners, Health Care Centers and Medical Companies. If we receive technical equipment we turn to our colleagues in Yugoslavia and see if they are interested. First of all the equipment is meant for the Clinical Center of Serbia.

Organization: There is to be one coordinator of EQUIP in each country involved along with a supervising coordinator.

The receiving country works together with the collecting country when it comes to fundraising, especially contacting the country’s airline company. The receiving country also contacts the customs to see what rules and regulations are applicable in the different situations. A detailed list of material, including weight and size, is needed for each transportation. This is faxed or mailed by the collecting country to the receiving country in each case. The receiving country then forwards this to the customs, cargo and all other institutions concerned.

The receiving country keeps all contact with the clinics concerned and keeps written documents of all accepted material. Photographs should also be taken, although not necessarily of every item.

How far have we come?
Several hospitals and General Practitioners throughout Sweden have been contacted and informed about EQUIP. As of present time (June 2001) we have 3 computers, 6 walking aids, 1 wheelchair, 1 bath/shower aid and a couple of bags of compressors, syringes, Porth-à-Cath needles, etc. waiting to be transported to Copenhagen, Denmark at a cost of approximately 200 USD. Shipment will take place as so on all the administrative work and documents are in order. We are currently waiting to clear the details with the Yugoslav customs and the cargo department at JAT.

The preparatory work started in March 2000 and the first shipment to Belgrade, with materials collected in Umea, Lund and Malmo, will take place during the end of August / beginning of September. We hope to continue with regular shipments and to expand to involve more countries.

Line Härd af Segerstad,
IFMSA-Sweden
International Coordinator
npo@ifmsa-sweden.org
MAIN IDEA:
The main idea of this interdisciplinary Project is to introduce prenatal education and prenatal stimulation through art nurture employing music, movement, touch and vibration in order to improve prenatal and perinatal care with the long-term positive effects for the future children.

PROJECT OUTLINE (three main segments):
• LOVE NOTES in Croatian Cradle – is based on the notion that the womb is the first music classroom for the unborn child where crucial imprinting of the whole human being is occurring. Courses for pregnant couples will be organized in order to teach them how they can communicate with the unborn child having ultimate goal to establish the early prenatal bonding. Special attention is given to the lullaby singing and different games that include movements and touch through which both future parents can convey the emotions of love and joy to their unborn child.
• Vibroacoustics Clinical Study – the prototype of the Vibroacoustic Birthing Mattress will be tested to investigate the beneficial effects of music and vibroacoustic multimodal stimulation on the level of relaxation, pain management and incidence of complications during perinatal period for both mother and the child.
• Educational segment – series of lectures, round-tables and workshops will be organized in Croatia to increase the knowledge level on the issues related to planned and responsible parenthood, pregnancy and labor with special attention to overcome obsolete prejudices and misbeliefs in these topics.

ACHIEVEMENTS:
• completed the survey with 150 female students on their opinions and attitudes towards parenthood, pregnancy and labor,
• received approval from the Clinic of Gynecology and Obstetrics in Zagreb Croatia to conduct the Project with all its segments,
• applied the project to the International Federation of Medical Students’ Associations (IFMSA) and on the IFMSA General Assembly 2000. in Portugal the Project was recognized as the official IFMSA project
• contacted relevant institutions, organizations and experts in the field and received their recognition for the Project as well as the support and grants,
• prepared the background needed to proceed and efficiently reach the goal to work with pregnant women and their partners for the benefit of the whole society,
• received invitations to present the Project in other NMOs (Hungary, Romania)

PLAN OF ACTION
a. organize Love Notes courses in the Clinic for Gynecology and Obstetrics as well as in the largest orphanage in Zagreb, Croatia, based on the experiences and knowledge we gathered
b. continue with the preparations to start the Vibroacoustics Clinical Study as soon as we receive approval from the Croatian Ministry of Science and Technology and Ethics Committee
c. prepare the Project Web Page
• inspire other NMOs that will find their interest to take part in the Project

PROJECT INFO
HEADQUARTERS
Center for Family Planning And Reproductive Health, Clinic For Gynecology And Obstetrics, Petrova 13, Zagreb, Croatia

PROJECT ORGANIZING COMMITTEE
Petar-Kresimir Hodzic, and Rafaela Mrdjen-Hodzic (project coordinators)
Tea Rukavina, Tomislav Bokun and Jurica Baric, (members)

This is the core of the interdisciplinary POC for CroMSIC, Croatia. Many students and experts took part in the Project since the beginning. Due to the novelty of this Project the great deal of time was spent on collecting the literature and preparations, but now we have high expectation that recent invitation to present the Project in Hungary and hopefully Romania will involve other NMOs.

Petar-Kresimir Hodzic, Croatia
International Project coordinator
pkhcroat@yahoo.com

COLLABORATING AND SUPPORTING ORGANIZATIONS AND EXPERTS:
• Prof. Anthony Wigram Ph.D., – University of Aalborg in Denmark; President of the World Federation of Music Therapy (WFMT),
• Prof. Cheryl Dileo Ph.D., Philadelphia, USA – immediate past president of the World Federation for Music Therapy (IFMT),
• Prof. Valentin Pocanic Ph.D., Zagreb, Croatia – professor of moral theology at Philosophical-Theology Institute, guest Professor at the Pope University “Gregoriana” in Rome, spiritual assistant in FEMAC.
• Prof. Barbara Wheeler Ph.D., Chair of the International Relations Committee of the American Music Therapy Association (AMTA),
• Sr. Lorna Zemke, OSF, DMA; Director of Graduate Music and Early Childhood and Prenatal Music Programs, Silver Lake College, Manitowoc, WI, USA,
• Ruth Fridman Ph.D., Buenos Aires, Argentina; President of the International Music Society for Prenatal Development (IMSPD),
• Prof. David Chamberlain, MD, Ph.D. Director of the Associations for Prenatal and Perinatal Psychology and Health (APPAH),
• Barbara Harper R.N., – President of the Global and Maternal Health Organization, Portland, OR, USA
• Prof. Stephen M Clifti BA, PhD, FRSH, Centerbury, Great Britain - Centre for Health Education and Research, Canterbury Christ Church University College, Canterbury, UK
• Prof. Fred J. Schwartz, MD, Departments of Anesthesiology and Neonatology, Piedmont Hospital 1984 Peachtree Rd. NW Atlanta GA 30305 USA
• Diana Moore, MS, LMT, CIMI, Founder/Director International Loving Touch Foundation, Portland, OR, USA
• Dr. Jane Boyce-Tillman, member of the Early Childhood Commission, International Society for Music Education, Utrecht, The Netherlands
• Prof. Ivan Kwaucic MD, PH.D. Head of the Department of Gynecology and Obstetrics, University of Zagreb School of Medicine, Salata 3, 10000 Zagreb, Croatia
• Prof. Zvonko Sosic, MD, Ph.D., on behalf of the “Andrija Stampar” Public Health School, Rijeka-Fleerkovova 4, 10000 Zagreb, Croatia
• Željka Borko-Knives, MD, Head of the National Department for Protection of Family, Motherhood and Youth, Savska 41/III, 10000 Zagreb, Croatia
• Svenja Bortel-Knezaurek, MD, Head of the Faculty of Special Education and Rehabilitation,
• Maryh Burke, MS, RMT-BC, Founder/Director International Loving Touch Foundation, Inc. Portland, OR, USA
• Dr. Olav Skille, Norway – inventor of the Vibroacoustic Therapy.
• Darko Hajsek, professional musician, composer, Zagreb, Croatia

www.ifmsa.org
### NMO Project

**Teddy Bear Hospital**

**IFMSA-Sweden**

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<tr>
<th>Contact person</th>
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<th><a href="mailto:npo@ifmsa-sweden.org">npo@ifmsa-sweden.org</a></th>
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<td>Location Uppsala, Lund, Umeå, Stockholm, Gothenburg</td>
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<tr>
<td><strong>Description (150 words max)</strong></td>
<td>Teddy Bear hospitals have become a tradition in Sweden. This year we organised this event in 5 out of 6 university towns. The aim is to introduce primary health care to children in a fun and relaxed way so that the doctor or the atmosphere does not become a negative thing. Day care centres are invited and the children bring their favourite stuffed animals or dolls for a consultation at the doctor. The medical students that participate are given advice from play therapists and paediatrics. They can then receive and treat their little patients. This is an activity that can easily be organised in all countries and it is both fun and for a good cause. Appreciated by all parties involved.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Planned Follow-up</strong></td>
<td>Day care centres have received enquiry to fill in. Participating students are engaged in after work. We will continue to organise Teddy Bear Hospitals on a regular basis</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### NMO Project

**Teddy Bear Hospital**

**MSA-ROC (Taiwan)**

<table>
<thead>
<tr>
<th>Contact person</th>
<th>Hai-Hua Chuang</th>
<th>Email</th>
<th><a href="mailto:B8802001@stmail.cgu.edu.tw">B8802001@stmail.cgu.edu.tw</a></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dates</strong></td>
<td>March-April</td>
<td>Location</td>
<td>Taipei, Taichung</td>
</tr>
<tr>
<td><strong>Number of Participants</strong></td>
<td>40</td>
<td>Nationalities</td>
<td>Taiwan</td>
</tr>
<tr>
<td><strong>Collaborating Organisations</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Description (150 words max)</strong></td>
<td>A day was chosen as the Teddy Bear Hospital Day, and medical students organized activities for paediatric patients in the hospitals of Chang-Gung University, National Defence Medical College, Chung-Shan Medical College, and Chinese Medical College. The activities included games, performances, magic … Toys and balloons were given out to the patients.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Planned Follow-up</strong></td>
<td></td>
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</tbody>
</table>

### NMO Project

**Hepatitis-B prevention program**

**Turkmsic**

<table>
<thead>
<tr>
<th>Contact person</th>
<th>Fazilet S_VR_</th>
<th>Email</th>
<th><a href="mailto:fsivri@hotmail.com">fsivri@hotmail.com</a></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dates</strong></td>
<td>On March</td>
<td>Location</td>
<td>Erzurum</td>
</tr>
<tr>
<td><strong>Number of Participants</strong></td>
<td>350</td>
<td>Nationalities</td>
<td>Turkish</td>
</tr>
<tr>
<td><strong>Collaborating Organisations</strong></td>
<td></td>
<td></td>
<td>WHO</td>
</tr>
<tr>
<td><strong>Description (150 words max)</strong></td>
<td>We are in the risk group about hepatitis-B virus as medical students. That virus cause big health problems such as liver cancer. In that way we talked with our teachers and made a company for medical students. All of our students who are not inoculated before had a chance to make test (markers; HBsAg, HBsAb) and to be inoculated (four times inoculation - 0,1,2,12).</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Planned Follow-up</strong></td>
<td></td>
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</tr>
</tbody>
</table>
## NMO Event: The Crisis of the New Century: “Depression”

<table>
<thead>
<tr>
<th>NMO</th>
<th>TurkMSIC</th>
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<tbody>
<tr>
<td>Contact person</td>
<td>Esra Genisol</td>
</tr>
<tr>
<td>Dates</td>
<td>17-18 March 2001</td>
</tr>
<tr>
<td>Number of Participants</td>
<td>45</td>
</tr>
<tr>
<td>Collaborating Organisations</td>
<td>WHO</td>
</tr>
</tbody>
</table>

**Description (150 words max):** A precise understanding of the phenomenon by the interested medical students and starting up a network of education by educating the peer-educators was aimed at this two-day workshop. Being aware that, mental disorders have multiple impacts of social, biological, and psychological determinants, we believe that raising awareness among firstly medical students, then, public is critical for mental disorders to be taken under control. Beginning with a case presentation, 45 medical students from various faculties in Turkey were trained on the subjects of symptoms and treatment of depression, the life of people in depression, the epidemiology of depression in Turkey and in the world, the cultural effects, counseling the people with depression, peer education approach, scenario analysis, discussion and evaluation of the workshop.

**Planned Follow-up:** At the end of the program, several different projects were initiated and the mental health program of TurkMSIC was detailed. Similar peer-educating workshops will be held at various locals committees. Public educating programs will be held in all over the country for small groups to raise the awareness of mental disorders, especially depression. The cooperation and support from the Turkish Psychiatry Foundation was enabled.

---

## NMO Event: Workshop on Depression

<table>
<thead>
<tr>
<th>NMO</th>
<th>TurkMSIC</th>
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</thead>
<tbody>
<tr>
<td>Contact person</td>
<td>Fazilet S_VR_</td>
</tr>
<tr>
<td>Dates</td>
<td>09-10 June</td>
</tr>
<tr>
<td>Number of Participants</td>
<td>60</td>
</tr>
<tr>
<td>Collaborating Organisations</td>
<td>WHO</td>
</tr>
</tbody>
</table>

**Description (150 words max):** We made a search with students in our school and we noticed that most of the students want to learn about depression. We know that depression is the biggest problem that causes staying most far away from study for people. So we prepared a two day workshop to teach students to recognize and treat depression. Also all of them ended up knowing that depression is a very common mental health problem but it can be treated. At the end we gave certificate all of the students who attended to the workshop.

**Planned Follow-up**

---

## NMO Event: Lecture on Depression

<table>
<thead>
<tr>
<th>NMO</th>
<th>TurkMSIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact person</td>
<td>Fazilet S_VR_</td>
</tr>
<tr>
<td>Dates</td>
<td>15 March</td>
</tr>
<tr>
<td>Number of Participants</td>
<td>250</td>
</tr>
<tr>
<td>Collaborating Organisations</td>
<td>WHO</td>
</tr>
</tbody>
</table>

**Description (150 words max):** We talked with Department of Psychiatry about depression that is very common over the world. And we decided to prepare a lecture for both students and the doctors. It took one hour and it was very crowded. One professor and two associate professors gave the lecture. All of the people was interested in that subject and they told their pleasure to us.

**Planned Follow-up**
Reproductive Health And Aids

Safe Sex Starts with Us! 66
United Nations General Assembly Special Session (UNGASS) on HIV/AIDS 67
Health Education Intervention in Secondary Schools 68
International Condom Exhibition 68
Collaboration with UNICEF 71
IFMSA Recommendations on HIV/AIDS in Medical Education Curricula 72
Over the passed year, topics addressed under the umbrella of SCORA were increasingly looked upon with gender equality and human rights perspectives. In several ways, external collaboration was strengthened and one of the highlights was IFMSA attending the UNGASS on HIV/AIDS and the outcomes that followed. Furthermore, the peer education concept spread to other health fields and the focus turned towards fellow medical students. A future challenge will be to keep the transparency and to spread initiatives to developing countries.

New Angles on Reproductive Health
The discussion on how gender equality as a goal for global health implies to IFMSA was intensified this year. As a joint Standing Committee effort primarily led by SCORA and SCORP, the possibility of gender mainstreaming IFMSA activities was looked into. On the International Women’s Day, which occurred during the March meeting, a successful forum on gender equality and women’s empowerment was attended by more than 70 students from at least 30 countries. This resulted in a drafted Declaration on Women’s Empowerment. To take this initiative further, gender equality was the topic of a successful round table discussion on the 50th Anniversary day.

The human rights perspective of reproductive health in general and HIV in particular was also highlighted. In close collaboration with UNESCO, an international IFMSA team with local committees is now planning regional workshops on HIV and human rights to be held in Africa, Asia and Latin America. These workshops are aiming to create a network of students working locally in the regions where the need is greatest and where IFMSA today is less active. The methods used will be based on a youth manual recently developed by UNESCO in collaboration with IFMSA. The project gained official IFMSA status at the August GA.

External Collaboration
In several ways, SCORA this year strengthened its collaboration with the UN Agencies and WHO. With UNFPA and UNICEF, SCORA discussed primarily sexual health peer education projects. Several national projects were included in a UNICEF stocktake on peer education initiatives in Central and Eastern Europe and the Baltics. Projects especially in this region enjoyed valuable support from the UN.

With WHO, UNAIDS and UNESCO, closer contacts concerning HIV/AIDS were developed throughout the year, along with expertise advice and collaboration on other fields, such as gender, women’s health and adolescent health. Projects and activities that gained from this collaboration are the SCORA International Summer Schools on HIV/AIDS, the IFMSA Condom Project, the HIV/Human Rights workshops, the ITCMS workshops (Teenage Pregnancies and HIV/Poverty), Peer Education Projects and more.

IFMSA also had the opportunity to attend the UNGASS on HIV/AIDS, which resulted in the IFMSA Recommendations on HIV/AIDS in Medical Education Curricula. These recommendations were adopted by the General Assembly in August and spread to different countries for implementation by medical students, hopefully resulting in more comprehensive HIV/AIDS curricula.

Peer Education on Sexual Health
The major activity run by SCORA in many countries is peer education on sexual health. This year, countries like Ghana, Peru and Jamaica joined the network of peer educators and guidelines were written on project planning and management. The importance of setting up regional networks was stressed and more emphasis put on educating not only the community in general, but also fellow medical students and other university students. Realising that safe sex starts with us, the IFMSA Condom Project was also launched at the August meeting and condoms in nicely designed envelopes will be handed out at the next March meeting. Moreover, at the ITCMS medical students were provided with training on peer education techniques, aiming to spread the method to other health fields.

Other activities
The World AIDS Day is an important event for SCORA worldwide, providing an opportunity to unite in an effort to spread knowledge and awareness on HIV/AIDS. Campaigns in the form of street actions have proved successful and were also included in the SCORA programme of the international IFMSA March meeting. Other topics that were addressed by SCORA internationally are Female Genital Mutilation and Women’s Health. The loss of our fellow medical student Tanza-
For the first time in history the United Nations convened this past June to discuss a strategic action plan on a health issue. HIV/AIDS is on the minds of political leaders worldwide as a threat to human security and human rights. It is a challenge that involves all sectors of society from the United Nations to civil society, from academia to private enterprise. It was indeed an honour and an opportunity that the IFMSA was invited to send four representatives to this historical event.

Kofi Anan called upon the world for leadership and solidarity. As the international body for medical students, the IFMSA chose to take a leadership role to improve the content of HIV/AIDS in medical education curricula. Throughout the session there were numerous aspects of this global challenge brought to light – issues about gender roles, culture, traditional myths, and economic impact. It is our vision that medical schools around the world should include in their education the holistic view of HIV/AIDS that provide our future physicians with an accurate description of this virus and its impact on the individual, their family, community and the global population.

During our August Meeting, the IFMSA General Assembly adopted a policy statement encouraging change in medical education curricula and outlining the various potential topics to include. Through our National Member Organizations, this statement will now be distributed to medical schools within the IFMSA network. It is hoped that this document will serve as a tool to advocate for change and to raise awareness of HIV/AIDS amongst decision-makers.

As physicians of the future, it is our responsibility to be educated and equipped to take a leadership role in the fight against HIV/AIDS.

Zohray Moolani Talib, Canada
IFMSA Liaison Officer for UNICEF, 1999-2001
zmtalib@i411.com

Other projects that were adopted as official IFMSA projects by the August GA are the Maternal and Child Health Training in Indonesia as well as the International Condom Exhibition in Taiwan.

Future Plans
Challenges for the future will be to keep the open and positive atmosphere that is central in SCORA. Working voluntarily, international reporting and communication are crucial in creating enthusiasm and spreading best-practice activities from one country to another. The newly set up godparent programme (including more than 30 countries) and the SCORA Information Package for Newcomers should be further developed and utilised.

Initiatives sprung from the ITCMS workshops should be carefully followed up and emphasise put on strengthening the network of students active in developing countries. Also, it is important to strive for national and grass roots implementation of international recommendations adopted this year. Lastly, the importance of long-term planning and evaluation should continuously be stressed in order to improve the quality and co-ordination of our projects.

I wish my successor the best of luck and that she/he will find it as rewarding as I did during my period!

Sara Hogmark, Sweden
IFMSA SCORA Director
2000-2001
sara@hogmark.com
As students we all learn many things... Sometimes, we have to learn more... And then, it's time to share our knowledge with the ones that need it... That's exactly what we thought before organising our project...

A brief summary of our project
The program is divided in two basic sub-species. Initially, it involves briefing of the students who, later, will be asked to transmit whatever they will have learnt to the young pupils of high schools. At the first stage, the students are divided in small groups and do homework concerning something particular, for example, contraception hygiene, abortions, AIDS, other sexually transmitted diseases, anatomy of the genital system, hepatitis etc. These homework is presented in open meetings and give the stimuli for miscellaneous conversations about the topic of prevention of sexually transmitted diseases as well as about the way of approach of the young pupils. Afterwards, the next step is the visiting the high schools where the students, divided in small groups again, debate with small groups of pupils of the same sex (to have more discreetness and straightness in their conversation). What is more, the pupils of the high schools fill in some questionnaires so as to determine the level of their knowledge before and after their conversation with the students.

Reporting, planning dreaming
After the entire activity to the schools the project group had a meeting, together with the supervising Prof. Dr. A. Benos and we all discussed about our experience, our impressions, our thoughts about how we might improve the project in the following year. Everything was under discussion and everybody joined the straightness and sincerity of the conversation. At the end, we wrote an article for the 1st School's of Triandria Anniversary Book, as we were asked by the students. The pupils seemed to love the project and their parents expressed to us their pleasure and satisfaction from the project outcome. The high schools' teachers asked us to inform them too on AIDS & Sexually Transmitted diseases and we are planning that for the next year as an addition to our general plan of action. Of course, a follow-up of the project is already organized.

The project is run from October to June, by a team of 47 Greek students from HelMSIC, under the supervision of the Department of Social Medicine, Aristotle University of Thessaloniki.

Gestimani (Gefsi) Mintziori, Greece
International Coordinator
gefsi@med.auth.gr

Local Organising Committee - Thessaloniki:
Panagiotis Mpaliakas
Stella-Lyda Papadopoulou
Ioanna Milidou

Condoms of various countries were collected during the IFMSA March Meeting in Malta. A condom exhibition was created and shown in several universities in Taiwan, along with anti-AIDS posters.

Condoms provided by Taiwanese companies were given out along with leaflets and booklets about Sexually Transmitted Diseases provided by the Taiwanese Ministry of Health.

Two separate questionnaires designed by the Centre of Disease Control (CDC) investigating medical students' knowledge and attitude towards sex were handed out before and after the exhibition.

A joint press conference with the CDC was held during the second week of the exhibition, and another one will be held after the results of the questionnaires come out. The result of the second questionnaire is currently under analysis.

The project is run in Taiwan by a team of 100 students and under the supervision and advice of the Center for Disease Control, Taiwan.

Yuh-Huey Chao,
MSA-ROC, Taiwan
yuhhueychao@sinamail.com
<table>
<thead>
<tr>
<th>NMO Event</th>
<th>Sexpression – the National Training Workshop</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NMO</strong></td>
<td><strong>MedSIN-UK</strong></td>
</tr>
<tr>
<td>Contact person</td>
<td>Emily Spry</td>
</tr>
<tr>
<td>Email</td>
<td><a href="mailto:Pg004586@sghms.ac.uk">Pg004586@sghms.ac.uk</a></td>
</tr>
<tr>
<td>Dates</td>
<td>17th – 18th November 2001</td>
</tr>
<tr>
<td>Location</td>
<td>Liverpool</td>
</tr>
<tr>
<td>Number of Participants</td>
<td>100</td>
</tr>
<tr>
<td>Nationalities</td>
<td>British and others</td>
</tr>
<tr>
<td>Collaborating Organisations</td>
<td>Sexpression (the MedSIN National Committee for Sex Education)</td>
</tr>
<tr>
<td>Description (150 words max)</td>
<td>This workshop follows on from the successful MY-PLESHA (Medical Students Youth Peer Led Education on Sexual Health Awareness) held in London on 25th and 26th November last year. A National Training Workshop for representatives of medical student sex education groups and other interested students, who may go on to set up such groups. There will be both large group sessions with top speakers and small group sessions run by medical students with experience in sex education. Several workshops will run in parallel, addressing different issues. The weekend will be interspersed with games and exercises run by different medical student groups. The aims of the weekend include: inspiring confidence in students new to sex education, refreshing those already involved, allowing discussion of some difficult areas in sex education, to foster communication and exchange between the student groups and to improve skills, awareness and knowledge in all students. And to have a lot of fun!</td>
</tr>
<tr>
<td>Planned Follow-up</td>
<td>Questionnaire based evaluations for attendees – a formal report will be sent to interested parties after the workshop.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NMO Event</th>
<th>Symposium -AIDS ‘Diagnosis and therapy’</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NMO</strong></td>
<td><strong>HELMSIC</strong></td>
</tr>
<tr>
<td>Contact person</td>
<td>Mpampis Rossas</td>
</tr>
<tr>
<td>Email</td>
<td>Patra</td>
</tr>
<tr>
<td>Dates</td>
<td>27/4/2001</td>
</tr>
<tr>
<td>Location</td>
<td>Patra Medical school of patra</td>
</tr>
<tr>
<td>Number of Participants</td>
<td>200 medical student</td>
</tr>
<tr>
<td>Nationalities</td>
<td>Greek</td>
</tr>
<tr>
<td>Collaborating Organisations</td>
<td>University of Patra</td>
</tr>
<tr>
<td>Description (150 words max)</td>
<td>The struggle for cure of aids has vital interest for all medical student. It was great aim for us to organise this seminar in the best way so as to enlighten every student on the new data and the new methods.</td>
</tr>
<tr>
<td>Planned Follow-up</td>
<td></td>
</tr>
</tbody>
</table>
### NMO Event

| Event | Workshop on peer education and HIV/AIDS  
Peer education project – HIV and AIDS prevention in high school. |
|-------|---------------------------------------------------------------------------------------------------|

### NMO Federation of Israeli Medical Students (FIMS)

<table>
<thead>
<tr>
<th>Contact person</th>
<th>Adi Ovadia</th>
<th>Email</th>
<th><a href="mailto:Adi_ovadia@hotmail.com">Adi_ovadia@hotmail.com</a></th>
</tr>
</thead>
</table>
| Dates          | 24/5/2001,  
31/5/2001,  
4/6/2001  
8/15/6/2001 | Location | Technion medical school –  
Haifa, Israel |
| Number of Participants | 10 medical students,  
150 high school students. | Nationalities | Israeli |
| Collaborating Organisations | UNFPA |
| Description (150 words max) | Between May and June of this year, for the first time, a HIV/AIDS prevention program took place. The prevention program was held in the city of Haifa, Israel, and targeted high school students. The instructors for the preliminary program were chosen from medical school attending the Technion Medical School. Prior to implementing the program in the high school the medical students attended a special workshop to prepare them for the task. The workshop consisted of three meetings and lasted 10 hours. The main goals of the workshop were to give the medical students the knowledge and skills towards the subject at hand and included topics such as the HIV virus, epidemiology, teen behavior and tools and methods in teaching adolescents. Furthermore, due to the delicate material, the medical students confronted there own behavioral skills as part of a self awareness approach that will help them deal better with the different difficult aspects of HIV/AIDS prevention in teenagers and the different behavioral changes they would need to “preach” for. After completing the preliminary work shop, the medical students entered 10th grade classes and facilitated a 2 two hour program that dealt with the different aspects of HIV/AIDS prevention. The program was based on the knowledge and teaching outline the medical students received in the workshop as well as on an instructors booklet on the subject and other instructional material that was prepared in advance. In order to assess the efficacy of this program a pre and post questionnaire were prepared, which are being evaluated at the moment. |
| Planned Follow-up | Starting next year, this project will be held in 10-15 schools. A student will be assigned to each school, and throughout the year will be in charge of implementing the program in all the higher grade classes. (8th-12th grades). |

### NMO Event

<table>
<thead>
<tr>
<th>Event</th>
<th>1st National Education Program on Reproductive Health and HIV/AIDS</th>
</tr>
</thead>
</table>

### NMO TurkMSIC

<table>
<thead>
<tr>
<th>Contact person</th>
<th>Pinar ASLANARGUN</th>
<th>Email</th>
<th><a href="mailto:pinaraslanargun@icqmail.com">pinaraslanargun@icqmail.com</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Dates</td>
<td>20-23rd of April 2001</td>
<td>Location</td>
<td>Bursa</td>
</tr>
</tbody>
</table>
| Number of Participants | 46 | Nationalities | 1 USA  
45 Turkish |
| Collaborating Organisations | UNFPA |
| Description (150 words max) | The 1st National Education Program on Reproductive Health and HIV/AIDS was completed in Bursa on 20-23rd of April 2001. It was an initiative of TurkMSIC-SCORA and AIDS Prevention Society for training peer educators. By this way, we aim to teach medical students peer methodologies, so that they can work in collaboration with government, various IGO’s, NGO’s and universities to improve knowledge of young people in the field of reproductive health. The program was funded by UNFPA local office. |
| Planned Follow-up | Our major future plans are International Youth Education Program (12-14th of November 2001 - see above), 2nd National Education Program on Reproductive Health and HIV/AIDS, WAD 2001. |

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**Note:** The information is presented in a structured format, with tables and descriptions to clearly outline the events and their details. For each event, the details include the contact person, dates, number of participants, collaborating organizations, description, and planned follow-up.
It was a unique year for the IFMSA – a milestone anniversary and a rejuvenated energy to train more students in exciting new areas.

Our relations with the United Nations network have been strengthened, including our relationship with UNICEF. A new focal point was appointed for us at the UNICEF headquarters in New York and through him we continue to keep the Health Section of UNICEF informed of our activities and areas of work. As we received ECOSOC status this past year, we are now in a position to apply for official NGO status within UNICEF – a process that will be initiated in the months ahead.

In November of 2000, IFMSA representatives were invited to be facilitators for a conference on Young People and Alcohol in Balsta, Sweden. UNICEF representatives from European offices were involved in this project and worked together with the IFMSA facilitators in the preparations, implementation and follow-up to the meeting.

This past year we made new contacts in the areas of HIV/AIDS and Maternal and Child Health to assist the workshops in the International Training Congress for Medical Students held in August. These individuals in UNICEF who now know of the IFMSA and our work are impressed by our energy and eager to work with us in the coming year.

The year ahead brings ample opportunity to work with UNICEF. Along with the General Assembly in March, to be held in Yugoslavia, there will be a workshop on Child Abuse. In addition there is an international group within the IFMSA working on a long-term project involving IMCI, IMPAC and the Rights of the Child. This will be an exciting and pivotal year to build in-depth collaborations with UNICEF.

In addition to my role as a liaison officer, I coordinated the Training and Resource Development (TRD) Program – an opportunity that enabled me to work with our talented IFMSA Seniors and the TRD team from different parts of the world. Through the TRD program we trained hundreds of students with skills that will empower them to take effective action in areas that inspire them. These are important and effective accomplishments for the IFMSA.

We have turned a page in the history of IFMSA and I am sure the year ahead will bring a new level of diversity and energy in the work that we do.

Zohray Moolani Talib, Canada
IFMSA Liaison Officer for UNICEF, 1999-2001
zmtalib@i411.com

Mats Sundberg (TRD Director), Zohray Mooloni (UNICEF LO) and Marta Ocampo (Secretary General).
In just two decades the AIDS epidemic has become a global emergency. The fight to tackle this disease is one that has evoked the attention and efforts of all sectors of society – from local communities to the United Nations – there is now a global effort to halt the spread of this devastating disease, and provide better access to care and psychosocial support to those already infected or ill.

As an organization representing medical students worldwide, the International Federation of Medical Students’ Associations (IFMSA) can contribute to this fight against HIV/AIDS by providing leadership and guidance to ensure relevant, comprehensive and critical content about HIV/AIDS in medical education curricula.

With this document we wish to provide medical schools across the world with an overview of the issues relating to HIV/AIDS which characterize the disease as not only a virus creating ill health but an entity that now threatens human security, economic growth and the very existence of some populations around the world.

We hope that medical student leaders will use this document as a tool to advocate for change in curricula and to raise awareness of these issues amongst decision makers.

**The Role of the Physician in the Fight Against HIV/AIDS**

Medical professionals have an essential and unique role in the fight against AIDS as clinical physicians, researchers and leaders in their communities.

In clinical care, the physician plays an important role in treating the disease and in educating patients to prevent the spread and transmission of the virus. In order to optimize this opportunity for prevention and treatment, we must ensure that physicians are aware of the different factors contributing to the spread including gender, cultural, social and economic issues.

Physicians are also active players in research to find a cure, vaccine and simplified treatment regimen for HIV/AIDS. Medical education therefore should provide a basic overview of the current status and future needs of research in these areas.

Doctors often become decision-makers in society and are especially involved in the management of health care services. Physicians need to be aware of the impact of HIV/AIDS on health care systems – the challenges of accessibility to patients and the draining of resources (human, financial and political) particularly where the incidence and prevalence of HIV are high.

**Medical Students as Agents of Change**

The IFMSA is an organization driven by medical students committed to better health for all. Our goal is to ensure that the next generation of physicians are educated and empowered to take a lead role in the fight against HIV/AIDS.

**IFMSA RECOMMENDATIONS ON HIV/AIDS IN MEDICAL EDUCATION CURRICULA**

“We must give hope to those infected with HIV, enabling them to plan for life instead of preparing for death. And we must give hope to humanity - hope that the spread of the disease can indeed be halted and reversed, and that future generations will not have to live under its shadow.”

Kofi Annan, Secretary-General of the United Nations to the World Health Assembly, 2001

**SUPPORTING DOCUMENT**

**Outline of Critical Content on HIV/AIDS for Medical Education**

The following outline is meant to be a guide to ensure that medical education curricula on HIV/AIDS cover all important aspects of the disease.

1. **Biological nature of the virus and pathology of the disease**
   - Microbiology, immunology, pathogenesis, mode of transmission, clinical features, comorbidities and treatment

2. **Epidemiology**
   - World and local trends, distribution of HIV sub types around the world, gender differences, future and past trends, methodology aspects, and gaps in knowledge
   - Effects on life expectancy with young adults being particularly affected

3. **Social impact**
   - Impact on households and families – decreasing sources of income
   - Gender issues – increased burden on females due to traditional gender roles, responsibilities of care-giving and exploitation to earn money
   - Education – decrease in available teachers, impoverished families affected by AIDS cannot afford to send children to school
• Health Services – overwhelmed by cost of treatment, lack of accessibility to health services and challenges due to discrimination by medical personnel

• Orphans – generation of orphans created by the epidemic imposes economic and social burden on society, including the elderly, and affects the development of the child

4. Impact on Human Security and Human Rights

• The epidemic has become a threat to security as the UN Security Council now defines security as an issue going well beyond the presence or absence of armed conflict, one which affects health and social services, family composition and social structure, economies and food security

• There are human rights issues that have surfaced – those who are deprived of their basic human rights (for example refugees) are particularly at risk and those who are already infected by the virus are often stigmatized

5. Economic Impact

• HIV/AIDS has led to a dramatic reduction of the healthy workforce, government revenues and resources, therefore, it has had a devastating impact on economic growth

6. Diagnosis, Treatment and Therapeutic Interventions

• HIV testing – methods, confidentiality, consent and timing

• Antiretroviral drugs currently available - appropriate regimens, importance of adherence, awareness of resistance and side effects

• Research needed for a cure, vaccine and a simplified treatment regimen

• Skills to counsel and provide palliative care to HIV/AIDS patients and their families

• Information about support networks and services available for HIV/AIDS patients in their community

7. Prevention

• Education about responsible and safe sexual behavior

• Counseling techniques to teach prevention to target groups, for example, adolescents and the elderly

• Ensure safe injection and surgical practices in the health care setting

• Ensure the supply of safe blood and blood products

• Prevent progression through treatment of opportunistic and concurrent infections

• Provision of male and female condoms

• Prevent vertical transmission from infected mothers to their babies

• Education about the benefits of voluntary counseling and testing

• Post-exposure prophylaxis
Collaboration and Resources Development

Training the Medical Leaders of the Future  76
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A Step Ahead – IFMSA Online Databases and Electronic Exchange  78
The Seniors’ Club of the IFMSA, A new Initiative  79
The IFMSA Newsletter – Reporting to the World  81
In 2000/2001 the IFMSA Training and Resources Development (TRD) program saw the light of day. Previously named the Leadership Training Program, the TRD has now broadened the scope of providing skills training for medical students in all fields of interpersonal and inter-organisational relations. Teambuilding; chairing meetings; designing, raising funds for and managing projects; advocating and lobbying for changes; liaising with external organisations - these are all examples of skills that the medical students of today and physicians of tomorrow will need, in order to cater for the health care needs of their communities.

The aim for the TRD program in 2000/2001 has been to continue the building of sustainable training structures in IFMSA and its national member organisations. In March, immediately before the General Assembly meeting in Malta, a two-day training program taught 50 student leaders how to chair meetings, raise funds for projects and activities, manage their time and prioritise and to understand and overcome cultural differences in their work together.

The year has to a very large extent been devoted to planning and organising the TRD program during the 50th Anniversary General Assembly, where a total of eight topics were taught to more than 500 students from all over the world. This major undertaking proved a great challenge in which various resources were involved, and it has proved the efficient nature of the rich network that IFMSA has shaped during its years in existence. The program involved trainers from external organisations such as WHO and UNFPA, as well as experienced students active in IFMSA today. Importantly it also engaged former IFMSA students, who have become doctors and are now actively participating in shaping the health systems surrounding them. With this set-up the TRD has proven the strength of “training new trainers”, and by tapping into “internal” expertise - present and past - IFMSA aims at ultimately becoming self-sustainable in organising its training programs.

One result of the training program in Denmark in August is that the TRD has definitely been brought to the forefront of IFMSA activities, and has thus become a central part of any IFMSA meeting. By involving many hundreds of students from many different countries the TRD will be able to establish sustainable and functional structures for regional and national trainings in all parts of the world.

In the future activities of IFMSA the concept of “training trainers” will be a guiding principle. In that way IFMSA will continue to build key human resources that will eventually improve medical training all over the world, in order for it to adequately address the important role of the doctor in shaping and improving the performance of the health systems.

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MAKING THE IFMSA HOMEPAGE

Our main goal as directors of New Technology Support Division was to completely redesign the IFMSA web page. We wanted to make the page easier to navigate and also give it a more modern, uniform look. In Porto we had made some basic design decisions, which were discussed through email in the following weeks. The guidelines we finally agreed on were simple: the page should be 800x600, have a white or very light background, no frames and fast download times to ensure access from slower computers used by several NMOs. This meant heavy restrictions on the graphics, but we felt the download speed to be essential and had a vision of an elegant page, where graphics would be used only when needed.

After trying several different layouts it became clear that the best way to reach our goal was to create a template with a navigation bar, which would then be used on all the pages within the site. Thus the navigation tools would be accessible from all the pages and together with graphical header the navigation bar could give the pages uniform look we wanted. As we had decided against using frames, the navigation bar had to be created the hard way. The web designing program we had chosen, Dreamweaver, made this possible by allowing us to use library elements. Whenever we needed to change the navbar, the program would go through all the pages and make the changes, so that all the pages would maintain identical look. On the downside this meant we would have to update all over 100 pages in the server, but at that time it didn’t sound that bad. After a couple of sketches how the page could look, Bent sent me one with idea of arch containing IFMSA logo and navbar on the left. I immediately liked the design and created more refined version and tested it with some pages. We both agreed the basic design looked very good and took this design to EBM in Odense. The feedback was very positive and we got a lot of good suggestions, not to mention digital photos of all officers. We had decided photos to be essential to give more personal feeling to officer page and also to make officers easier to approach by GA participants. EB meeting took rather long time, and most of the work didn’t really concern me much, so I had time to create a draft of the site structure on the back site of the EBM meeting papers.

Now the design template and site structure were ready so it was time to get to the dull part: converting the old pages to the new format and updating the information. This took longer than expected and delayed the launch of the page, but also gave us time to test the page. Even with the new structure it was difficult to find some information from the page and it become clear we needed a search function. We tested several search providers and decided Atomz would meet our requirements: it was free for sites under 500 pages, it was fast and it allowed us to use customized results page without too many banners or advertisements. We had very little previous experience in setting up search functions, but it proved surprisingly easy. I had prepared to fight with the code for weeks, but it was up and running after a weekend. At this point we were ready to start a public beta test of the site and created a link from the old page to the new one.

Feedback started to pour in and soon we were overwhelmed by the mail. Apart the homepage we were supposed to moderate IFMSA mailing lists and together the amount of email was just too much, at the worst point I had 600+ messages waiting for my attention. We got many very good suggestions, but unfortunately we not able to respond to all writers or even read all the mail. This was a clear failure and also a warning of email troubles looming ahead. After making most critical changes we decided to launch the site officially, so that people would have time to get familiar with it before March meeting. We also added a new counter to be able to monitor the traffic on the site. In March meeting in Malta we had meetings with all EB members and Standing Committee Directors to collect feedback on the site and made several changes. Many great ideas were proposed to us by interested participants, for instance we created a summer schools page to promote various summer courses provided by the NMOs.

The file structure started to show strain after the number of pages increased. Sub domains for Standing Committees had been proposed on Malta and after pondering the idea for a while we decided to go for it. The change was made at the same time as the server was moved to a new, bigger computer, as we were also running out of disk space. After the change SC pages have been available directly under www.ifmsa.org/scome, www.ifmsa.org/scope etc.

The site has been growing all the time, and currently consists of over 200 pages, takes nearly 100 Mb and has had over 21 000 visitors during its existence.

Markus Leskinen
IFMSA NTSD Director 2000-2001
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This year a big step ahead has been done in our federation technical resources. The creation of the IFMSA online databases and the electronic exchange system (e-ex) will be an important asset for our members in the coming years.

IFMSA has been playing around with the idea of the SCOPE and SCORE e-ex for years now, but it was not until this year when thanks to the initiative of Antonis Kaintatzis (former IFMSA Web Coordinator), and the support and cooperation of the 2000-2001 SCOPE and SCORE directors (Mariota and Pedja), and myself as Secretary General, that this “often dreamed” project has finally seen the light.

Some precedents in the past, such as the old online address lists for national officers and the Research Exchange projects database, were the inspiration to design the structure of the **IFMSA Databases**, currently hosted on a commercial internet server at the domain www.ifmsa.net. But no comparison; the new databases are special for their security levels which allow different users to access only certain information. They consist of a public interface (www.ifmsa.net/public), where non-sensitive information is displayed for the use of anybody who might visit our pages, (such as general contact info to our NMOs and IFMSA officials, exchange conditions and the research projects database search function), and different levels of private pages that can only be accessed through password systems, providing a very useful tool to both our National Member Organisations and specifically to the work of the IFMSA Secretary General and the IFMSA Treasurer.

But the most important is that these databases are the core of the **e-exchange system**, which is currently being finalised and will be used for the first time in the IFMSA history to organise the exchanges in both SCOPE and SCORE for the year 2001-2002. It will provide an easy tool to NEOs, NOREs and local officers that will make the process of accepting students faster and in the case of SCORE it has some added features such as a search function for the research projects offered by SCORE all over the world, where students interested in our programs can surf to. Besides, students will be able to check anytime of the year the stage of their exchange application through a password.

But this is not all, two more databases will be developed in the coming months. The **seniors database**, that will provide a useful tool to keep record of our seniors and the **Projects and Events database**, where all IFMSA projects and events info can be stored and checked anytime by any of the authorised people. Some non-sensitive data from these two new databases will also be available through the public section at www.ifmsa.net/public.

We sincerely hope that our work and vision concerning this project will be useful to IFMSA development in the near and not-so-near future. We want to thank all those who collaborated with us in making it reality.

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The 50th GA and anniversary of the IFMSA held August 2001 in Aalborg fostered an interest in its history. Poya Tababat-Khani from Sweden had coordinated a search for doctors previously active in the IMFSA, “IFMSA Seniors”, and set up a web based Seniors’ database at http://go.to/ifmsa-seniors where you may register. The list of Seniors found in the archives of the General Secretariat can be viewed at:


August 5th 2001 25 Seniors, including prof. Erik Holst, founder of the IMCC and co-founder and the first president of the IFMSA, met for an informal meeting in my home in Vodskov (close to Aalborg) to discuss our own time in IFMSA. We all remembered the spirit and enthusiasm from participating in meetings and projects in the IFMSA. Later the same day we joined the executive board of the IFMSA for a meeting chaired by Poya to set up a Seniors’ Club. The Seniors’ Club will aim to serve the IFMSA with experience, knowledge and history, and provide ourselves with a means of communication. We hope to find all IFMSA Seniors by appointing a National Senior in each country to search national medical directories. Our activities can be followed by joining our mailing list. Just write an empty email to: ifmsa-seniorsSubscribe@yahoogroups.com.

Mogens Dahl
IFMSA Seniors Club Chairman and general practitioner
IMCC President 1967-1968
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One of the roles of the Club is to act as a pool for the active members of IFMSA to dive into when they have problems or questions about specific fields or areas of interest.

This role has been used in relation to many happenings in IFMSA this year. Mainly the competence was used for arrangements of the International Training Congress for Medical Students, which was held at the Fiftieth Anniversary of the Federation, in Aalborg, Denmark August 2001.

During the year, one article was published in VAGUS (Volume 49, number 2, p 31) on the Seniors Club. Also the homepage (www.synapsis.nu/seniors) has been updated and the number of registrations increased to 89, number of participants in the Yahoo!Groups mailing list has increased to 144.

In relation with the ITCMS, the Seniors Meeting was arranged on August 5 for the Seniors attending the ITCMS. The main goal for the Meeting was to socialize with the members of the Club, secondly to create new ideas for the new generations of IFMSA. An informal lunch was arranged by Dr Mogens Dahl, in Vodskov, followed by a brainstorming session around the topic “Future of IFMSA”. Gradually the Meeting was wound up with a four course dinner at a four star restaurant in the centre of Aalborg.

The outcome of the brainstorming session can be obtained through the co-ordinator. Dr Mogens Dahl was elected as Chairman of the IFMSA Seniors’ Club.

Poya Tabatab-Khani,
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Seniors Club Co-ordinator, 1999–2002
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VAGUS – its aim shall be to link the brain with heart and intestines, just as its namesake nerve no. X. And just as its translation from Latin The “Wanderer” VAGUS is presenting a great number of different topics and experiences, like wandering around the world picking up that could be found beneath the common path.

The need of having someone for taking care of VAGUS lead to an appointment by the Executive Board in October because the Vice President of Internal Affairs wasn’t elected during the General Assembly in Porto. Due to the late appointment we missed the chance to accomplish the usual four issues of VAGUS. As a kind of compensation we spend much more time in the final layout and finalized three amazing and beautiful issues. The whole team of editors, columnists, writers and supervisors consisted on about 70 medical students and professionals. The printing was completed in Malta as well as in Estonia that saved a fortune due to missing shipping costs and quite cheap offers of printing prices. The overall time for completing one single issue is a three months period including calling for deadlines, collecting articles, editing, lay outing and printing.

The passed “IFMSA year” can easily be reviewed while reading through those three issues of VAGUS that are downloadable from our web page www.ifmsa.org. On the one hand almost all IFMSA’s officers reported about their work, shared their thoughts and feelings regularly in an honest and convincing manner. On the other hand a whole lot of busy bumble bees of columnists and voluntary authors were contributing to our newsletter. We are proudly looking back to more than 130 different articles, contributions and presentations. The V-Team was focussing on exchange as the most important part of our work, violence as part of human nature, IPPNW’s campaign on small arms and light weapons, a huge number of projects running in our National Member Organizations, safe sex, understanding foreign cultures (article: Cross Culture Medicine) and the 50th anniversary of IFMSA, of course. The Flies as permanent column reflects on topics touching the world.

Throughout the year we achieved to establish multilingual pages in Greek, Spanish and French, always going along with the English translation. A crucial point was to find a catchy and nice layout as well as establishing standards in the layout to make the reader feel more comfortable while reading new issues. Therefore the editorial should always be found at page 3 followed by the IFMSA – o – gramm presenting the recent IFMSA officials in name, position and photograph and the table of contents. The last two pages shall be preserved for a list of upcoming events and a list of abbreviations.

Looking ahead the aim of VAGUS only can be to reach a broader readership. A dream shall become true – every single medical student in the world asking each other : “Did you already read VAGUS?”

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Peace, Refugees and Human Rights

Standing Committee on Refugees and Peace: Active all over the Globe Fighting for Human Rights for All, Against Violence and for Forgotten Refugees 84

Refugee Health – Addressing the Challenges 85

The Collaboration between IFMSA and IPPNW Working Towards a Focus on Local Networking 86

The Peace Test 87

The Palestinian Refugee Project in Lebanon 88

Declaration 91
In the past year the Standing Committee on Refugees and Peace continued its series of human rights trainings (which started in 1997 in Uganda, Africa), when SCORP-Peru organised “EdhucaSalud: Making the Links”. Almost 100 students from the field of medicine, law and psychology from 7 Latin American countries attended this 5th training on health and human rights. With this training, already 4 continents have been covered by the IFMSA human rights trainings, namely Africa, Asia, Europe and South America. It will be only a matter of time before we have covered all continents and we have more trainings coming up.

In the year 2000-2001, a lot of attention has been given to new areas of interest like that of “forgotten refugees”. SCORPions are very eager to start working in this area, that needs more attention. A new refugee project has been set up, this time focusing on Palestinian refugees in Lebanon. The first rotation will hopefully take place in the summer of 2001. Other students are researching the possibilities of starting a similar project in Pakistan for Afghan refugees. But this idea needs a little more time to develop.

SCORP has renewed and strengthened its collaboration with several external organisations. The United Nations High Commissioner for Refugees and the one for Human Rights have been contacted and visited to ensure future co-operation and support. SCORP is also in good contact with many other NGO’s in the field of conflict prevention, refugees and human rights.

Also, SCORP has started co-operating with the World Health Organisation department of Violence and Injury Prevention. This will probably result in a survey on violence and injury prevention in the medical curriculum.

As a pilot-project, IFMSA has started an Action Group on Disasters and Emergencies. This group will explore the possibilities in this field and will investigate what we as medical students can do in case of a disaster or emergency. Later the decision will be made if this Action Group will be discontinued, if it will be incorporated in an already existing Standing Committee or if a new Standing Committee will be created.

SCORPions were also very active in the area of PR & Marketing. The SCORP webpage has been updated and a wonderful SCORP poster has been created to attract even more students to SCORP.

Our aims and objectives have been critically studied and revised.

A SCORP Handbook is now ready for all students who want to become active in SCORP.

During the General Assembly in August, two workshops with topics related to SCORP were organised.

Participants learned about the situation of refugees in today’s world, what is a determinant of health, especially with regards to refugees. They also made action plans for their own country to improve the situation of refugees in their country (or anywhere else in the world) and to raise awareness among medical students and the general public on refugees issues. This was all done in the workshop “Refugee Health: Addressing the Challenges”.

Other participants focused five days on “Children and War”. The devastating impact of war on children was the topic and this included the situation of orphans of war and child soldiers. These participants also made plans to become actively involved in the activities to improve the situation of children in or after a war.

In conjunction with SCORP, a special session on landmines was held, to focus the public’s attention at this important topic.

I am confident that next year will be also a wonderful year for SCORP, when the action plans that were made during our 50th Anniversary are coming into reality. I hope you are as much looking forward to that as I am!

I wish my successor, Hannu Vessari, all the best, and I am confident that he and the rest of SCORP will do a tremendous job!

We will keep on showing to the world that WE DO HAVE THE POWER TO CHANGE!

Love, peace and happiness,

Marieke van den Ham,
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IFMSA SCORP Director 2000-2001
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From August 4-12, 2001, the International Federation of Medical Students’ Association (IFMSA) celebrated its 50th anniversary by organizing an International Training Congress for Medical Students in Aalborg, Denmark. As part of this event, we coordinated an international workshop for medical students entitled “Refugee Health: Addressing the Challenges”. Our workshop was designed to improve participants’ understanding of refugee health issues, and to give medical students the skills necessary to initiate, coordinate and manage refugee-related projects at the local, national and international level.

Each day of the workshop was devoted to one of the following focus areas:

- The global refugee situation and human rights
- Health care delivery in a refugee camp
- Mental health issues of refugees
- Determinants of health of refugees in a new society
- Conflict prevention

Each of these topics was addressed through a common format: interactive lectures, a detailed small group case study, brainstorming sessions, and facilitated small- and large-group discussions on potential projects which medical students could undertake.

Participants had the opportunity to engage in discussions with experts from a variety of international NGOs including MSF (Médecins Sans Frontières), UNHCR (United Nations High Commissioner for Refugees), IPPNW (International Physicians for the Prevention of Nuclear War), and MedAct (UK). Participants also had the unique opportunity to learn from each other about medical student initiatives addressing specific refugee situations around the world.

The workshop featured two special events. The Refugee Walk was an all-night, role-playing exercise that allowed participants to live some of the frustration, anxiety, and fear faced by asylum seekers in Western society. The Seminar on Humanitarian Mine Clearance gave participants an appreciation of the complexities surrounding the global campaign against landmines by featuring talks from a physician advocate, an army member involved in landmine clearance, a businessman involved in advocacy, and a surgeon helping victims in the field.

Each participant left the workshop with a concrete action plan for developing one or more refugee-related projects in his or her home country in the coming year. Follow up of their initiatives and ongoing support will be provided through internet contact and the next international meeting of the IFMSA, which will occur in Yugoslavia in March 2002.

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The continuous collaboration between IFMSA and IPPNW have had opportunity to develop even further this year, as I continued as liaison officer and could carry on the work from last year. There has been a regular exchange of articles for each other’s newsletters, in order to spread the knowledge of the collaboration itself and also about the organisations as such. We have also had good representation at each other’s meetings. With Caecilie Buhmann, one of two international student representatives within IPPNW, and Piji Propotsalsis at the Central Office I’ve had very good discussions and continuous email contact. We have tried to focus on the national and local networking between the organisations, both aiming at mapping the existing contacts and building new ones.

As one common project of this year was the European IPPNW student meeting, held in Uppsala, Sweden, 19-23 of April 2001. There were many IFMSA students who for the first time participated in an IPPNW meeting, and had the possibility to learn more about the organisation. The same goes for those IPPNW students who had never heard of IFMSA before.

In the beginning of June, I went to the Central Office of IPPNW in Boston for two days to evaluate our collaboration. There was an agreement upon the fact that having a liaison officer has facilitated the communication very much, and has secured the participation in each others meetings as well as the publication of articles in the newsletters of each organisation. We also planned the mapping of the local collaboration of IFMSA and IPPNW, as well as where we could help each other with contacts to new medical students. Finally, we put down a couple of criteria for the next LO, in order to facilitate for the next IFMSA EB:

- Familiarity with IPPNW – structure, membership, work, goals, etc.
- Familiarity and interest in IPPNW’s major issues/campaigns – disarmament (nuclear weapons, landmines, small arms) and war prevention
- Good communication skills – time availability and punctuality (mostly email)
- Availability to attend major IPPNW meetings – Board of Directors and World Congress
- Availability to visit IPPNW Central Office in Boston
- Consistent communication and collaboration with IPPNW’s two international student representatives and Central Office student contact person
- Understanding of relation between IPPNW and IFMSA and commitment to building stronger ties – linking students to doctors, spreading the word about peace and disarmament to IFMSA students, etc.
- Understanding of and follow-up to 7 resolutions/steps for building stronger relations between the two organisations.

Furthermore I’ve been coordinating and preparing the TRD on Advocacy, to be held during the August meeting and 50th Anniversary of IFMSA in Denmark. This will be done much with help from IPPNW. Piji Propotsalsis will give a lecture on campaigning and I will, with experience from the IPPNW Dialogue meetings I’ve attended and with support from collaborative partners of IPPNW, hold the training parts on dialogue and on interaction with mass media. Piji will also support the workshops, and the commemoration of the Hiroshima bombings of the 6th of August. We will also have the opportunity of having one of IPPNW’s co-presidents Dr. Mary Wynne Ashford present at the August meeting to give lectures in the workshops.

As a summary, I’d like to underline the importance for IFMSA to reach out to the expertise of IPPNW and for IPPNW to reach the student network of IFMSA. The two organisations have now developed a deeper level of cooperation, but this can be taken further. A challenge for next year is also to complete the map of existing contacts between the organisations and to focus even more on strengthening the local bonding.

Anna Hellman,
Sweden
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Today violence is considered to be a public health problem (J. Mytton et al., 2001). From being an adult question it nowadays involves most age groups, being witnessed and sometimes even performed also by school aged children. For example, homicide is the second most common cause of death among 15-24 year olds in the United States (Baker SP, 1992). Exposure to violence in childhood is associated with adult violence, which calls for preventive work to be done.

Aggressive responses to local and international conflicts are partly determined by a process called moral disengagement, in which collective violence is justified by public judgements of conflict, choices and enemies (Bandura A., 1999). Moral disengagement occurs when one begins convincing oneself that violence is excusable and justified under certain conditions. It is a way of putting the moral standards that restrict aggression in everyday life to the background, which leads to “normal”, “good” people committing atrocities with a clear conscience.

Thus, it may be possible to reduce the degree to which violence is supported in particular situations by helping people learn to resist arguments that are commonly used to advocate the use of force. In other words, there might be a way to immunize against “war fever” by psychological inoculation (McGuire 1964; McAlister et al. 1980; McAlister 2001).

The idea of doing a Peace Test project came up at the GA in Hurghada, Egypt in 1998 and a pilot survey was done in the USA, Estonia, Russian Federation, Romania and Finland the same year. In the year 2000, many countries participated in Peace Test. (Austria, Denmark, Finland, France, Ghana, Italy, Malta, Netherlands, Peru, Poland, Romania, Slovenia, Sweden, Taiwan, UK, USA and Yugoslavia). Some did an extended version, visiting secondary schools and universities around their countries, whilst others did a short form about military violence. In some countries media covered the results as well.

The results have been and are currently under analysis. An article on the pilot study has been published in the Journal of Peace Research, and the WHO Bulletin 2001, while the first articles on the Peace Test 2000 have been submitted to the Journal of Peace Psychology and to the Journal of Social Psychology.

The Peace Test internet site (www.peacetest.org) which first was created in the spring of 2000 has lately been developed to become not only a way of letting any surfer test and inoculate themselves, but also a forum for educational purposes in schools around the world, for the presentation of results and a practical guide and database for those who wish to test their fellow students and other countrymen.

All in all, the Peace Test seeks to be a continuous opinion poll, gradually covering more and more young people all around the world, trying to raise debate and new thoughts by asking the crucial questions, like: “is it right to kill in order to defend your property? “The young are the future and only the future can be changed.

References


After two years of research and preparation, this project will finally see the light in summer of 2002. The idea behind this project is for international students to come and work in a Palestinian refugee camp in Lebanon in the fields of social work and health awareness and medical practice. SCORP Lebanon already have the experience in these fields with the refugees in this camp and in collaboration with the NGO's working there. Thus, SCORP Lebanon and Switzerland conceptualized the idea of an international refugee camp where the international students could come and work.

Profile of the Camp

This project will take place in a camp called EL-Burj in the outskirts of Beirut, where a population of 16,000 refugees reside. Unlike other camps over the world this camp is more than 50 years old and houses there are all made out of concrete. Despite the fact that the third generation is living in this camp, the refugees have not yet adapted or integrated with the society they are living in. They are still deprived of the right to work and hence poverty is quite prevalent among them. The educational system, the health sector are under-privileged, and camp infrastructure (sewers, electricity, packed houses, water) are significantly underdeveloped. The mental health of these people is quite unstable due to the situation they are living in.

Work of the participants

The preponderance of these problems have alerted many NGO’s to focus on these issues in the camp. The international students who will come through SCORP will be working hand in hand with these NGO’s to help the refugees in the many social activities. Ideas of work include doing art and music workshops with the refugee children, giving English reinforcement lessons, giving health awareness lectures and many others. Activities also include medical clerkships in the camp hospital in the department of choice. The foreign students will be able to communicate with the refugees through an accompanying local SCORP member who will translate for them whenever needed.

Participants’ number and accommodation

The project will run for a period of one month every year and five international students will be accommodated in this month only. They will be staying in a hotel in Beirut 15 minutes away from the camp by car. The students will be taken to the camp and back by a car everyday. A caterer will provide food for them daily during lunch and breakfast.

In order to participate, the students should fill an application form that will be posted on the project’s webpage and it by mail to any of the names listed below.

The organizers and their work

After the project became an official one in the GA in Denmark, the international and local organizing committee started shifting the words put on paper into real work. The IOC, which is headed by Philippe Ghibou (gibson.philou@caramail.com) from France and Rola Darwiche (darwich7@etu.unige.ch) from Switzerland, are currently working on the creation of the webpage and on fundraising.

The LOC, headed by Samer Nasser (nsamer54@hotmail.com), are working on the organizing the activities and accommodations for the students coming to Lebanon and on the formulation of the application form.

Samer Nasser,
Lebanon
Local co-ordinator
nsamer54@hotmail.com
## NMO Event

**HOMed – The National MedSIN Conference on Homelessness**

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<thead>
<tr>
<th>NMO</th>
<th>MedSIN-UK</th>
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<tr>
<td><strong>Contact person</strong></td>
<td>Neil Datta</td>
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<tr>
<td><strong>Dates</strong></td>
<td>24th - 25th November 2001</td>
</tr>
<tr>
<td><strong>Number of Participants</strong></td>
<td>100</td>
</tr>
<tr>
<td><strong>Collaborating Organisations</strong></td>
<td>Shelter (UK Charity on Homelessness) Crisis (UK Charity on Homelessness)</td>
</tr>
</tbody>
</table>

**Description (150 words max)**

On the weekend of November 24th/25th a Homelessness workshop entitled HOMed is being organised in London in association with MedSIN-RUMS. Its aims include actively raising awareness and participation in issues concerning the homeless that are not currently covered in the curriculum. Issues such as health and a return to normal life, which are briefly mentioned above, will be featured as well as many mind expanding and thought provoking ideas. Charities such as Crisis will provide expertise in terms of what the current situation is regarding homelessness, as it is a dynamic subject. At the end of the weekend it is envisaged that students that have attended the weekend will contribute towards the take up of a MedSIN Homelessness Project on a national scale.

**Planned Follow-up**

National Committee on Homelessness Issues

## NMO Event

**SCORP Week**

<table>
<thead>
<tr>
<th>NMO</th>
<th>MSA-ROC (Taiwan)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contact person</strong></td>
<td>April Fan</td>
</tr>
<tr>
<td><strong>Dates</strong></td>
<td>December</td>
</tr>
<tr>
<td><strong>Number of Participants</strong></td>
<td>50</td>
</tr>
</tbody>
</table>

**Description (150 words max)**

During a week in December, several universities organized special lectures, fairs, poster exhibitions discussing topics related to refugee and peace, and introducing IFMSA and SCORP to Taiwanese medical students.

**Planned Follow-up**

None
<table>
<thead>
<tr>
<th>NMO Event</th>
<th>Fundraising for Earthquake victims</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NMO</strong></td>
<td><strong>MSA-ROC (Taiwan)</strong></td>
</tr>
<tr>
<td>Contact person</td>
<td>April Fan</td>
</tr>
<tr>
<td>Email</td>
<td><a href="mailto:8611013@stmail.tcu.edu.tw">8611013@stmail.tcu.edu.tw</a></td>
</tr>
<tr>
<td>Dates</td>
<td>April-May</td>
</tr>
<tr>
<td>Location</td>
<td>Taipei, Taichung, Kaohsiung, Hualien</td>
</tr>
<tr>
<td>Number of Participants</td>
<td>40</td>
</tr>
<tr>
<td>Nationalities</td>
<td>Taiwan</td>
</tr>
<tr>
<td>Collaborating Organisations</td>
<td></td>
</tr>
<tr>
<td>Description (150 words max)</td>
<td>A fair was organized in several universities to fundraise for earthquake victims. There was also a poster exhibition introducing various Taiwanese NGOs dedicated to refugee and peace on an international level.</td>
</tr>
<tr>
<td>Planned Follow-up</td>
<td>The amount of money collected is still under estimation; the money will be donated to earthquake victims in El Salvador and other countries through international NGOs.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NMO Event</th>
<th>International Workshop on the Effects of War on Children – A Generation at Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NMO</strong></td>
<td><strong>BoHeMSA – Bosnian and Herzegovinian Medical Students’ Association</strong></td>
</tr>
<tr>
<td>Contact person</td>
<td>Selma Mujezinovic</td>
</tr>
<tr>
<td>Email</td>
<td><a href="mailto:bohems@lycos.com">bohems@lycos.com</a></td>
</tr>
<tr>
<td>Dates</td>
<td>October 2000</td>
</tr>
<tr>
<td>Location</td>
<td>Sarajevo, Bosnia and Herzegovina</td>
</tr>
<tr>
<td>Number of Participants</td>
<td>70</td>
</tr>
<tr>
<td>Nationalities</td>
<td>16</td>
</tr>
<tr>
<td>Collaborating Organisations</td>
<td>IPPNW Austria</td>
</tr>
<tr>
<td>Description (150 words max)</td>
<td>The idea was to bring medical students from all over the world to learn more about children trauma and PTSD, especially by children who have experienced war. About 70 medical students from all over the world attended the Seminar which took place on Bjelasnica mountain near Sarajevo, from 19-23 October 2000.</td>
</tr>
<tr>
<td>Planned Follow-up</td>
<td>Conference held in Neum, Bosnia and Herzegovina in June 2001</td>
</tr>
</tbody>
</table>
DECLARATION

Recognizing that health is a fundamental human right of everyone, and knowing the existent limitations in the exercise of this right for many inhabitants of our region, the participants of the First Permanent Latin American Workshop “Health and Human Rights: Making the Link”, consider that:

GENERAL ISSUES

1. It is necessary to address the importance and fulfilling of the United Nations International Covenant on Economic, Social and Cultural Rights and, especially, in the recognition of the health like a right of all the people without any distinction.
2. It is indispensable the creation of a culture of Human Rights in all the sectors of the society and, especially, among the professionals related to the health.
3. Every person has the duty of contributing in the health promotion, considering in the first place his/her own health and of his/her environment.
4. It is fundamental the formation and strength of multidisciplinary groups that work with the objective that the health is understood as a Human Right.

STATE’S ROLE

1. The States should commit to develop a legal and normative mark that assures the recognition, exercise, respect and promotion of the right to health.
2. The States should revise the distribution of its budgets, making sure that the amounts assigned to the health sector is adequate to respond to its population’s necessities.
3. The States has the duty and the obligation of guaranteeing the full execution to the population’s integral health right, considering among other aspects primary and secondary prevention policies, equipment, services, inputs and qualified personnel. This effort includes monitoring activities and evaluation of the quality of the services, in which the participation of the civil society should be looked for.
4. The States should assure a working policy for the health professionals that protects its Human rights, in the level of its health protection, appropriate conditions of work, as well as in its freedom of speech and in the free exercise of the profession.

EDUCATION

1. It is necessary to increase the efforts to assure the right from all the people to a education in Human Rights, in all the formation levels.
2. It is vital to begin and/or to strengthen efforts for the incorporation of the Human Rights contents in the formation of the professionals, particularly in health related careers.
3. It is necessary to offer tools to the health professionals to detect and to intervene in an integral way in front of cases of Human Rights abuses, with emphasis in the topics of violence in their different manifestations, having present the particular characteristics of each region.
4. Populations of special attention for the promotion from the right to the health in our region are women, children, indigenous or peasants communities and people with physical and/or mental disability.
5. The student and civil society organizations should participate actively in the design and evaluation of curricular proposals and of education plans for health related professionals that include the Human Rights perspective and specific contents of this field.

PRACTICES IN THE HEALTH FIELD

1. Health professionals should always have present that their knowledge and abilities have for objective to reach the people’s biopsychosocial well-being.
2. It is intolerable that health professionals become instruments of Human Rights violations, participating in practical such as torture, sterilizations without the appropriate informed consent, mistreat to psychiatric patients or any act that attempts against people’s life or dignity.
3. The corporatist culture of the health professionals expressed in “loyalties” in front of cases of medical negligence and other Human Rights violations should be eradicated. It should be avoided that the associations and professional groups are used as mechanisms to avoid responsibilities in these acts.
4. It is necessary to promote a culture of respect and horizontality in the relationships among the health personnel and the ones who look for these services. Any use of health professionals power against the rights of people should be eradicated.

PARTICIPATION

1. People involved in the design of public policies and programs should recognize and promote the participation of the communities and the organized civil society.
2. It is necessary to foment the communication and the work coordinated among institutions linked to human rights and health.
3. It is indispensable that the organized civil society is involved in the monitoring of policies and health programs, aiming to assure the fulfilling of the right to health.
Financial Report

Explanation on IFMSA Financial Report

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EXPLANATION ON IFMSA FINANCIAL REPORT 2000–2001

Income
IFMSA is generally funded by membership fees only, which cover the administration of the organisation. We have tried to increase the incomes for administrative purposes by seeking funds in the European Commission. Unfortunately our application was rejected for the second time. Furthermore too little outcome is gained from sponsorships on homepage and in newsletters. A fundraising task force has been established this year and hopefully this will benefit for the organisation in the coming year with some positive results.

However, funding received this year has been primarily for different projects. World Medical Association has helped the EB to get established in Geneva by funding living expenses for 1 EB member in Geneva. UNAIDS has funded a project with productions of condoms. UNFPA has supported an issue on Medical Students International. The grants for these projects are all earmarked for the specific projects and are accounted as liabilities.

EXPENSES

GS-expenses
A lot of expenses from last years budget as been accounted in this year. These expenses were not accounted as deferred liabilities. This year we predict a substantial amount of our GS expenses to be held after the closure of the accounts on the 30th of June 2001. Expenses have therefore been deferred to the next financial year. This accounts for the relatively large difference compared to previous years. Furthermore, we will have an expense for assistance to the financial report done by Ernst and Young, which give an additional expense compared to previous years.

Executive Board
Expenses from the year 1999-2000 were in general predicted and accounted for in 1999-2000. Minor expenses from the budget 1999-2000 are accounted in this financial year. The budget for the Executive Board has not been exceeded for the year 2000-2001 and a few expenses are expected to be hold in the next financial year and these expenses are reserved as deferred liabilities. Furthermore the EB has been extended to consist of 5 persons. Only 4 persons have been in office this year. Travel costs takes up a substantial amount of the costs for the EB.

Standing Committees
We had quite a few unpredicted expenses from the year 1999-2000 to account for this year. This explains the high costs of the standing committees this year. The budget for the standing committees in 2000-2001 has not been exceeded. All predicted expenses for the standing committees have been accounted in this financial year and these expenses will be held in the first few month of the financial year 2001-2002. These predicted expenses are deferred as short-term liabilities. Travel costs are far the heaviest costs of the standing committees.

Support divisions
Only a few expenses from the previous financial year have been accounted in this year. We have had an extra position this year – the IOC Chair. This accounts for the higher costs of the support divisions compared to previous years. The IOC chair is only functioning for one year. There has been a change in the composition of the support division compared to the previous year. We have moved the functions as PR and marketing director and Newsletter editor to the EB positions. This will increase the EB expenses in the future and lower the costs to support divisions.

External and internal relations
Expenses from 1999-2000 is accounted this year. Expenses this year includes costs for lecturers and externals to attend the IFMSA meeting in Malta in March 2001. UNESCO has covered the costs for IFMSA leadership training at the IFMSA August meeting in Denmark 2001. Furthermore, the expenses for our relations to other student organisations and other NGOs have been increased this year. We decided to join the NGO Forum for Health and the Global Health Council with further costs to membership fees. Furthermore we made an agreement with the European Student Conference and a new improved agreement with the European Medical Students Associations (EMSA), which also has led to, increased costs under this budget point.

Print and Publications
We have had a large increase in the expenses to production of publications. A substantial amount of the printing costs from last financial year have been carried out in this financial year. Furthermore all predicted expenses to printing of annual report and newsletters have been accounted this year and deferred as short time liabilities to next financial year where the expenses will be carried out.

Furthermore the expenses for production of AFs and certificates are an expense from the financial year 1999-2000.

The production of marketing material this year has been IFMSA posters and leaflets and the budget allocated for this has been kept.

Internet
During the year 2000-2001 we have had a company to develop online databases and electronic online exchange systems for our student exchanges. No expenses have been
held so far, but a substantial amount in the budget for 2000-2001 was allocated for this purpose. The expenses will be held in the financial year 2001-2002 and they are deferred as a short-term liability to 2001-2002. The expenses are accounted for this year.

Specific Projects
Includes the Ageing and Health workshop held in August 2000 in Porto. All expenses from this project are from the liabilities reserved for this specific project.

The Travel Assistance Fund is raised from membership contributions from the organisations in the developed world to assist meeting participation of delegates from the developing world. Expenses for travel assistance does not exceed the travel assistance income for the year.

Result
The year result is a loss of –27056 Euro, which is high. When evaluating the result the following must be taken into consideration:

1) A large number of expenses from the year 1999-2000 have been accounted in this financial year. Last year showed a surplus of approximately 12000 Euro, which can explain these missing expenses.

2) Most expenses for this year have been accounted in this year and these expenses are deferred as liabilities. The expenses are therefore predicted in the next financial year.

3) We are missing some income from advertisements on homepage and in newsletters. Furthermore we have not got the support from the EU as we have hoped for.

4) Income from various projects has not been added as revenues for the organisation as these grants all represent earmarked money for specific projects. They represent liabilities on the IFMSA accounts.

We must during the next year effectively reduce our expenses. The result will not be a big loss next year because an extraordinary large amount of expenses have been accounted this year. However, a lot of liquids are available for the different projects and this accounts for the high amount of current assets. We need more liquids to maintain the general administration of the organisation and we will have to cut down on the expenses in the coming years if the incomes are not raised.

Jesper Schmidt,
Denmark
IFMSA Treasurer 2000-2001
jesper.schmidt@mail.tele.dk