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 trans-national inequalities that shape the health of our planet.”
IFMSA Annual Report 2005 - 2006

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IFMSA in 2005-2006

The International Federation of Medical Students’ Associations is an idealistic association of over one million medical students from all over the world encouraging cultural exchange with a professional basis. Every year thousands of medical students engage in exchange programs with the aim of getting acquainted with the practice of medicine in a foreign culture. Apart from professional exchange IFMSA is actively engaged in the field of medical education, prevention of AIDS and sexually transmitted diseases, public health projects in the developing world as well as, human rights events and health care and education of refugees.

Genuine appreciation of the work of IFMSA begins with some understanding from whence we came. IFMSA was first a collaborative effort borne of the post-World War II sentiment of cooperation among medical students in Europe, designed to ameliorate the difficulty in securing international health electives for medical students. Membership in IFMSA is designated through National Member Organizations - for fifty-five years; students have developed their leadership skills through national affiliates of IFMSA.

The academic year 2005-2006 has seen IFMSA, the biggest students’ organization worldwide, grow in strength around the world. Our expertise remains in providing a global network linking active medical students and international health bodies. This year was a remarkable year for global health, and a strong year for the IFMSA, as we work to assure that medical students throughout the world have the information and resources they need to improve global health equity.

Truly global network
Through the fifty-five years, IFMSA has slowly added countries around the world to its census; the current tally includes ninety-one countries representing six continents and medical students in ninety-eight National Member Organizations. This year we welcomed eight new members to our global network of medical students. As the years have passed and IFMSA has been graced with increased multinational diversity, our activities have likewise expanded into areas such as human rights and peace, medical education, reproductive health and HIV/AIDS, international research, human rights and public health. IFMSA continues to galvanize interest in and awareness and capacity building of international health issues among medical students worldwide.

Global health through local action
“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 trans-national inequalities that shape the health of our planet” IFMSA mission statement-

IFMSA aims to provide medical students with global health education and topics not addressed in medical curriculum. This is secured through our “Think Global” initiative project, which organizes international workshops on global health in connection to General Assembly and Regional meetings.

In addition to “Think Global” project, the global health related trainings were implemented into the IFMSA training structure, to ensure international health training as a part of the General Assembly.

Moreover, the specific “theme events” introducing the global health problems to medical students were included in the agenda of bi-annual General Assembly Meetings; offering IFMSA members opportunity to share experiences and advance their knowledge with the help of external partners.

This year, we focused on addressing eradication of poverty and hunger worldwide and addressing health as a human right; through themes of our General Assembly Meetings: “To eradicate extreme poverty and hunger” (The 55th General Assembly March Meeting) and “Health as a Human Right” (The 55th General Assembly August Meeting). The themes were presented by the prestigious speakers and discussed during the workshops and a week-long multi-media exhibition; as well as integrated into the work of the committees.

Capacity Building
To build and sustain leadership capacity in our national member organizations the “Leadership Workshops” for national student-leaders and the “Training New Trainers” programs were organized, with up to 40 member organization leaders participating. Three days of high-level training and sharing their experiences equips our members with the skills and knowledge needed to manage member organizations and lead in an effective way. In this way IFMSA is training future healthcare leaders, as our members graduate, many of these highly motivated young people are sure to take other leadership roles in healthcare systems.

IFMSA Global survey
IFMSA is a unique platform for the global surveys, collecting opinions from medical students in ninety-one
tries. The global survey project on “Future of Healthcare” translated into eight foreign languages was launched this year and we look forwards to outcomes - analysing opinion of medical students worldwide on the future of the healthcare system and the future position of physicians.

**Recognition and Representation**

The IFMSA continues to have close links with the major players in global health. In 2005-2006 IFMSA honors new established partnerships with the Global Health Council, the International Federation of Health and Human Rights Organization and the International Pharmaceutical Students’ Federation. Through our partnership with the International Student Identity Card Association we aim to bring new opportunities to our members all over the world and reach medical students in each university. The World Medical Association’s continuing and generous support is invaluable.

**A Global Community with a Vision for Global Health**

On all levels, our work is voluntary and often involves significant personal and financial sacrifices. The thirty-ninе IFMSA Officials, coming from twenty-five different countries, have shown once again what young people can achieve through passion, commitment, hard work and a vision of a healthier future for all people across the globe.

The IFMSA is full of the enthusiastic medical students, international leaders, and members of IFMSA - representing more than one million colleagues worldwide. All of these young people are determined to look beyond the doors of their medical school; fighting for healthcare equality, eliminating healthcare disparities, increasing diversity in medicine, improving medical education and fighting for universal healthcare.

Jana Kammeyer  
President  2005/2006  
president@ifmsa.org

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<tr>
<th><strong>Revenues</strong></th>
<th><strong>Assets</strong></th>
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**Total Income** 516406

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<th><strong>Expenses</strong></th>
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<td>Memberships 1226</td>
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**Total Expenses** 484715.7

**Increase in Net Assets** 31690.26

*All figures are in Euro  
*Covers financial year 2005-2006 ended on 30 September 2006*
IFMSA Team of Officials 2005-2006

Executive Board

President
Jana Kammeyer,
Slovakia

Secretary General
Troels Yndigeon,
Denmark

Vice-President
Lara El-Zahabi,
Lebanon

Treasurer
Ahmed Nagla,
Egypt

Regional Coordinators

RC - Africa
Ahmed Ali,
Sudan

RC - the Americas
Lawrence Loh,
Canada

RC - Asia & Pacific
Akihito Watabe,
Japan

RC - Europe & Central Asia
Vuk Barjaktarovic,
Republic of Srpska,
Bosnia and Herzegovina

RC – East Mediterranean Region
Omar Zakaria,
Egypt

Standing Committees

Co-Director,
SCOME
Carl Savage,
Sweden

Director,
SCOPE
Vendula Novakova,
Czech Republic

Co-Director,
SCOPH
Jade Boulos Khalife,
Lebanon

Co-Director,
SCOPH
Layal Chaker,
Netherlands

Co-Director,
SCORP
Eva Margrethe Holst,
Denmark

Co-Director,
SCOME
Jan Hilgers,
Germany

Director,
SCORE
Djuro Smit,
Croatia

Co-Director,
SCOPH
Anne-Karina Larsen,
Denmark

Director,
SCOPA
Ahmed Khamis,
Egypt
Support Divisions

Projects Support Division Director
Manuela Moraru, Spain

Training Support Division Co-Director
Jessica Simonetti, Netherlands

Alumni Relations Support Division Director
Elisabeth Russe, Austria

Publications Support Division Director
Ahmed Magdy Kassem, Egypt

Training Support Division Co-Director
Aleksandar Mitov, The former Yugoslav Republic of Macedonia

New Technologies Support Division Director
Vlad Gavrila, Romania

Liaison Officers

LO to UNESCO - Laura Hirvensalo, Finland

LO on Medical Education Issues
Hans Jacob Westbye, Norway

LO on Human Rights and Peace Issues
Jonathan P. Mamo, Malta

LO to Student Organisations - Claire Procter, United Kingdom of Great Britain and Northern Ireland

LO on Public Health Issues - Ahmed Ibrahim, Egypt

LO to the World Medical Association
Jana Kammeyer, Slovakia

LO to the World Medical Organization - Serini Murugasen, South Africa

Liaison Officer on Reproductive Health Issues, incl. AIDS - Aditi Joshi, U.S.A.

Initiative Projects Coordinators

Implementation of Interaction Method Initiative
Ben Geisler, Germany

Anti TB Campaign Initiative
Sandra Dudareva, Latvia

Think Global initiative
Nina Markkula, Finland

Supervising Council

Hannu Vessari, Finland

Stefanie Böttcher, Germany

Emily Spry, United Kingdom of Great Britain and Northern Ireland

Victoria Lee, Canada

Henry Lin, USA

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Projects

Strategic Issues

One of the most important tasks of the IFMSA Project Support Division (PSD) is project management and design assistance to students who are willing to put the basis of a project within the IFMSA network. Last years’ teams had the task of grant application, donations and financial support development. Significant improvements have been made in this department during the last few years, which are ultimately reflected in the quality of the IFMSA official projects.

The project coordinators represent an important resource in project management related issues, considering their experience in the field, and thus having them work as a team represents an important step on the way to further improving the quality of the IFMSA projects. The IFMSA should support the project coordinators by helping them in the promotion of their projects.

Actions

Form and strengthen a team of project coordinators remains a challenge for the years to come. Steps towards improving visibility of projects were taken, following the lines of past years and adding a drop of originality as to mark a positive evolution. Examples range from reinforcing knowledge on projects within the IFMSA network to on-line database for new projects, project focused publication and project awards.

Projects Bulletin first issue will reach medical students bond to the IFMSA network and it is this years’ team hope that this publication will become an IFMSA regular publication within the following years.

As to both stimulate the improvement in the quality of IFMSA projects and recognize the value of project coordinator efforts, awards were conferred to the best projects the previous evaluations have established.

Project management training was mainly provided by the Training Support Division during this last year and additional help was supplied by the IFMSA Project Proposals Review Committee (PPRC). The PPRC was set up in 2004 to help with the evaluation of projects candidate for official IFMSA recognition. It is a panel of project design experts willing to support IFMSA endeavours and provides invaluable advice for project coordinators and the IFMSA decision-making bodies. The trend of this years work inside the committee focused on improving the support directed to the project coordinators, rather than being a mere advisory for the IFMSA executives.

Village Concept Projects (VCPs) are international rural development projects designed to improve the living conditions in the target areas. They are student-designed-run projects based on the WHO Healthy Village Approach. Their working areas include health, water, agriculture and education. As International health is one of the main trends in today’s humanitarian focus and IFMSA shares it, additional focus on VCPs was part of this years PSD’s work. The currently accepted ground rules for VCPs include intersectoriality, interdisciplinary student involvement as well as counting on the target population active role in the project planning, to name only a few requirements a rural community project has to meet in order to be accepted as VCP. Considering the high number of student-run community projects and the relatively low number of recognized VCPs, we have proposed ourselves to revise the current VCP document, which was internationally accepted and adopted by IFMSA years ago. It is our hope that this will somehow help in the improvement of Village Concept as project quality as well as to increase the number of VCPs.

Future Directions

Collaboration between the IFMSA support divisions can prove even more helpful than expected. Target groups for their activities as well as working ways are somehow similar. Thus joining forces can only be helpful, regardless of the important differences one can recognise between them.

The key of the activities of each division is to enable the work inside the federation, assist with concrete, specific activities and perform a transversal work within the IFMSA network. The external image of IFMSA is essentially linked to its webpage and publications, while training is the milestone of its professional work. The projects make the final “product,” and are a result of joint efforts by the students; to be presented as our outcomes but mainly to serve the goals we pursue.

Ultimately, it is about teamwork and the IFMSA Team of Officials should be a golden example for the medical students we represent. Networking is one of our main strengths and our umbrella projects focusing on our main areas of activity can be a way to improve the quality and effectiveness of our endeavours. Improving collaboration with other student organisations working in similar areas as the IFMSA can only enhance the quality of IFMSA activities.

Manuela Moraru
Projects Director 2005/2006

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Training

Strategic Issues

These were the points of focus that we started out with:

- How to ensure all trainers have sufficient knowledge when holding a training session?
- How to ensure that the collective knowledge of the training team does not get lost or forgotten?
- What would be the best division of the level system?
- How to ensure that the participants at the General Assemblies stick to this system?
- How to get money or sponsors for work shop as the Training New Trainer (TNT) or Training the Old Trainer?
- How can we help NMO’s sponsor their training workshops?

Actions

After the March Meeting, we developed a new pre GA training to try and offer our IFMSA trainers the chance to improve their training skills and learn more about the topics they are teaching. We discovered that it is hard to change the level system and to offer sessions that go much deeper into the subjects if you do not have the resources to do so. For IFMSA training the main resources are our IFMSA Trainers. We hope that this new Pre GA Training the Old Trainer, that follows the structure of the very successful TNT formula, will prove to be a good way to help our trainers develop themselves even further.

We didn’t want to get rid of the level system, because it has proven to be very useful. The level I training sessions are always very well perceived by the participants. They are a playful way to get introduced with the concept of training done by the IFMSA and the participants usually leave the sessions with new tools that they can use. However the problem was how to get on from here. The level II training should be bringing the subjects and the participants to a higher level. We rearranged the subjects for this level somewhat, but it would be most important to ensure the trainers know more about their subjects and that these sessions would be slightly more theoretical, but at the same time more practical for the participants. During the Train the Old Trainer PreGA the Training Director and the participants have worked on making the final rearrangement of the level system, and was immediately implemented into the training sessions taking place in the August Meeting.

We wanted to set up online training sessions to be able to train our NMO members even outside of the General Meetings. Subjects that would fit the pur-

pose may include: fundraising for meetings, how to make a strategic plan, and project proposal writing. However it proved to be more difficult to set such sessions up than what we expected it to be. There are other online trainings available that offer help on setting up online training sessions by yourself.

We researched the topic and oriented ourselves on this subject. If there is still interest next year the plans can be made realistic more easily.

We have expanded our wonderful training team with 22 new trainers. In addition, there have been some TNTs taking place in the NMOs around the world.

Future Directions

What remains now is the general feeling that sponsors and more close contact with other European youth training organizations should be possible. At the European Level there is a lot of attention for youth work and there are many organisations working with training. It might be interesting to build closer contacts.

It should be possible to get constructive sponsors for training workshops. The workshops are as yet carried out on the lowest budget possible. So far, it is working out well due to the enthusiasm of the trainers and participants, but it can be a bit more professional if more money was available.

We looked into offering NMO’s help by online training session. However, it requires a lot of work and this plan can perhaps be worked out over the next year.

Alexandar Mitov and Jessica Simonetti
Training Directors 2005/2006

IFMSA 55th Anniversary

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Global Health

Strategic Issues

The team of officials in 2005-2006 chose global health to be a central theme on their agenda. IFMSA’s main global health education project, Think Global, was meant to finish at the end of 2005, and there was no project team to continue the work. This posed a challenge for the team: how would global health be highlighted in IFMSA, and whose task would it be without a project or a coordinator? The team decided to recruit a new coordinator for the project, and submitted an application for initiative project status for the second phase of Think Global.

Since there were many people interested in working with global health within IFMSA, it was not a difficult task to find a new project team for Think Global. A lot of work had already been done without the title of ‘Think Global’, and it was only the matter of a little bit of co-ordination to merge it into a well functioning team of global health activists.

In addition to continuing the Think Global project, the team of officials decided to give everyone in IFMSA a chance to learn about global health, and chose the theme for their first General Assembly to be the first Millennium Development Goal: Reduction of Hunger and Extreme Poverty. This forced everyone in the team to take global health issues into consideration in their work.

Actions

Think Global - Phase Two was awarded initiative status at the March meeting. Before this a lot had happened in the newly formed project team already: workshops for the March meeting’s extreme poverty theme event had been prepared; and more importantly, a pre-GA workshop titled ‘Poverty from a Global Health Perspective’ had been arranged. The workshop, organised with generous support from the British Medical Association, brought 21 participants from all over the world to Santiago to learn about the links between poverty and health. Speeches were given by Dr. Jorge Jimenez, former chairman of the WHO Executive Board, and Mr. Mike Rowson, lecturer of International Health and Medical Education, University College London. The participants found the workshop motivating, and many have continued working on the issues as active project team members.

Right after the workshop the new project team needed to show the plenary and the General Assembly that they were worthy of the initiative status. Think Global posters were distributed to NMOs, project meetings were held, and global health training was included in the training sessions. The theme of events on the first Millennium Development Goal was well received by the meeting participants, and the plenary was convinced by the project presentation and granted Think Global – Phase Two continuation of the initiative status. With the support of the plenary the project team continued making ambitious plans for the year, including a survey to map out medical students’ attitudes towards global health education; a new website and resource databases, and regional and pre-GA workshops for IFMSA members.

After the meeting the team continued active email discussion, and had regular meetings on msn to discuss these plans further. In record time, in less than a month, a new proposal for the next pre-GA workshop was submitted to BMA, together with the report from the Santiago workshop. The team chose to focus on the problem of health worker migration, also chosen by WHO for this year’s world health day’s theme. But to cater for both beginners and more advanced global health activists, it was decided to hold the workshop on two levels, one focusing on the specific topic of health worker migration, and the other dealing more generally with links between poverty and health. To enable equal participation from all regions, the project team wanted to offer travel assistance for participants from low-income countries. This was made possible by BMA, who supported this workshop. The workshop team was happy to see that the participant profile for this workshop was more varied than in Santiago, and we hope to continue this practice. With BMA’s support it was also possible to invite Mr. Rowson from IHMEC as an external speaker and facilitator for the duration of the whole workshop, instead of the video linked lecture like in Santiago.

The theme chosen for the August Meeting, ‘Health as a Human Right’, was not directly linked to Think Global’s area of expertise, but nevertheless the team took on the challenge of organising the theme events in Serbia. After many meetings and different plans, the challenges of getting replies from externals and trying to think of a format that would keep people focused on human rights issues at 10 pm, the team decided to organise a human rights film festival. Films on human rights issues will be used to stimulate thoughts and discussion on links between health and human rights.

Yet the greatest achievement of Think Global this year is the project team itself. Starting from next to nothing, with the first phase of the project now completed and the brilliant people with the original idea graduated and moved on from IFMSA, it was very difficult to see how all the plans made by the team of officials could be realised. But with the
the team of officials could be realised. But with the right group of people, enthusiasm and good ideas, the team succeeded in keeping global health issues central in IFMSA. With the status of the project now more consolidated within the organisation, a functional project team and many plans, there is still a lot for the project to achieve.

Future Directions

Think Global will continue informing the IFMSA community about global health issues through pre-GA workshops, regional workshops and related theme events at general assembly meetings. Information on global health events will also be distributed on the global health listserv. National Member Organisations will be encouraged to identify and appoint global health contact persons for the project team. These contact persons will be empowered to organise global health events in their own countries and advocate for global health education. They will receive training during IFMSA meetings, exchange ideas and experiences on the email listserv, and gain access to speaker and resource databases on the Think Global website to facilitate their work.

A survey of medical students’ attitudes towards global health education will be carried out in collaboration with IHEMEC. The survey will ask whether medical students think global health issues should be included in medical curricula, and what they think the most important global health issues are. Education provided currently at medical schools will also be surveyed. Students from all regions and different universities will be included to minimise sample bias. The results will be made available to all IFMSA members, and they will be used in advocating for including more global health education in curricula.

Niina Markkula
Think Global Initiative Project Coordinator 2005/2006

Anti-TB Campaign

Strategic Issues

IFMSA is a member of the global Stop TB Partnership. The IFMSA Anti-TB Campaign was officially launched during the August Meeting 2003. It aims to raise awareness of tuberculosis and establish a strategy among medical students worldwide to respond to the resurgence of the disease, and to motivate IFMSA members to become involved in the global initiative adopted against tuberculosis. Through gathering information on all anti-tuberculosis projects, providing assistance, forming a database and promoting anti-tuberculosis activities, the IFMSA Anti-TB Campaign is a tool for the IFMSA to coordinate numerous initiatives that already exist on tuberculosis and promote the organisation of new ones within its National Members Organisations. The campaign is an umbrella for all anti-tuberculosis activities that are organised in IFMSA at a local, national and international level.

Actions

With the support of Stop TB and Partnership, a medical students’ conference was held in Ohrid, FYR of Macedonia in August 2004, where the future strategy for student activities regarding TB was developed. This included raising medical students’ awareness about TB through TB training sessions and including TB in the medical curricula. Afterwards the Campaign organised several TB training sessions that covered aspects such as health education on TB, management and control of TB, DOTS strategy and training on interventions at local level. For example the International TB Summer School was held in Indonesia in July 2005, and National Member Organisations organised events on World Tuberculosis Day.

Several activities took place worldwide on World Anti-Tuberculosis Day 2006. Our local committees organised events that mainly focused on raising awareness in medial students and society about tuberculosis. The actual activities varied according to the region and the local community, from workshops and lectures for medical students, and peer education projects to actual “DOTS Mobile Units”. Promotion leaflets, brochures and posters were designed for marketing purposes. Several similar activities and events have been held during the year as well.
Medical Education

With support from the Stop TB partnership, a Student Research Proposal Competition is planned. Its aim is to improve the capacity of local, national or regional policies and programmes to meet the needs of the poor and vulnerable. The competition is intended to support tuberculosis advocacy work by different organisations in countries affected by the tuberculosis epidemic and global organisations interested in working against the TB epidemic.

The big role in the IFMSA Anti-TB Campaign is for a TB/HIV Taskforce that concentrates on TB and HIV co-infection related issues, raising medical students’ awareness and initiating activities in many NMOs.

Future Directions

In the future the campaign will continue close cooperation with the Stop TB Partnership, advertise and support tuberculosis projects in IFMSA and focus on capacity building through international, national and local workshops for medical students and pre-GA and GA activities.

Sandra Dudareva

Strategic Issues

The main goals Carl Savage and I set when we applied for the position of IFMSA Medical Education Co-Directors were:

1. To develop a dynamic and interactive website to become a resource for all students interested in improving medical education throughout the world
2. To use the medical education sessions at the General Assemblies of IFMSA
   a. to work on policy statements to express views and opinions on specific topics,
   b. to facilitate training on topics relevant to the roles of NOMEs,
   c. to use the meetings as a forum for the exchange of information and success stories between NOMEs.

To develop a universal core curriculum as an important step to ensure the quality of medical education.

In summary, we saw our mission for our term as being one where SCOME supports the exchange of information, knowledge and experience around the world so that we are better informed and more effective in improving medical education.

We also planned to continue the tradition of Bologna Process follow-up meetings together with the European Medical Students’ Association (EMSA).

Actions taken

Right after the General Assembly in Egypt, we started working on how the SCOME website should be redesigned. We decided to implement a wikimedia system where everyone can contribute easily. At the annual conference of the Association for Medical Education in Europe (AMEE) in Amsterdam (The Netherlands) in September 2005 we had the opportunity to present students’ opinions and work on various topics to more than 1,500 participants from all over the world. Two months later, the World MaPS took place, the first ever international joint conference of pharmaceutical, nursing, and medical students. More than 300 participants met in Malta to discuss further collaboration in our professions as well as during the course of our studies.

The next World Healthcare Students’ Symposium (WHSS) will take place in 2007. SCOME has been involved in organising this conference and we facilitated several sessions.
In the meantime I have started to compile and review existing documents from previous meetings into a beta edition of the SCOME manual which I brought to the March meeting in Pucon (Chile). Unfortunately, for personal reasons Carl could not attend this meeting but with the help of many enthusiastic SCOMEdians (thanks to Maja Basnov, Emmaline Brouwer, Becca Fenech, Jonas Johannink, Paul de Roos, Veit Scheble!) together we managed to plan and facilitate the medical education sessions focusing on “exploring the delivery of medical expertise”. During the sessions we focused on the competencies needed to teach, different methods of teaching, bedside teaching as a didactical method, and the assessment of clinical skills.

After the March Meeting, Vlad Gavrilova managed to implement the wikipedia at www.ifmsa.org. Prior to the official launch of the SCOME wikipedia in May, I had written articles on various topics in the field of medical education, so by May 1st, the SCOME wikipedia covered more than 100 articles. Today, 4 months after the launch, there are more than 200 articles and 128 files online in the SCOME wikipedia and it has been visited more than 2,000 times!

Our regional assistant for Europe, Emily Rigby, managed to organise the 5th Bologna Process follow-up conference in Bristol (UK). More than 40 student representatives from 15 countries met to discuss a common outcome-based European Core Curriculum. By the end of the conference we came up with the “European Core Curriculum - the Students’ Perspective”. It is an outcome-based core curriculum describing core competencies, skills, and attitudes graduates from medical schools in Europe should have. It covers 9 areas and is sub-divided into 76 learning outcomes. It is the first international outcome-based core curriculum from the students’ point of view and it covers the opinions of students’ representatives from all over geographical Europe, from Spain to Turkey, and from Malta to Finland. It therefore provides a unique perspective to where we wish medical education to lead.

Together with the Director of the Standing Committee on Professional Exchange (SCOPE), Vendula Novakova, I have planned and organised the pre-GA “Improving the Academic Quality of IFMSA Professional Exchanges”. While the Academic Quality group in SCOPE has now been working for a while, little has changed. Unfortunately students from a couple of countries still cannot get any credits or acknowledgement for the clinical clerkships they attend in the frame of the IFMSA exchange programmes. To create better learning outcomes for the students, participants of this workshop wrote and compiled a tutor kit. After an introduction to the IFMSA exchange programme, tutors learn about bedside teaching and the assessment of clinical skills. The experience from the previous medical education sessions in Chile was very helpful when writing these articles. The third part of the booklet is a checklist of clinical tasks that students can perform during their clinical attachment. For now we have focused on the fields of surgery and internal medicine since these are most common clerkships students participate in. If the project is successful - we aim to evaluate this after 1½ exchange seasons in 2008 - we will consider adding further disciplines and other chapters. The IFMSA Exchange Tutor Kit is now published and can be downloaded from the SCOME wikipedia.

The medical education sessions at the 55th August Meeting of IFMSA in Zlatibor (Serbia) covered three main areas around which sessions were arranged. One training session focused on verbal and non-verbal communication. By improving one’s personal appearance students are more likely to impress faculty members when approaching them to try out new ways of medical education. After an introduction to the topic and several exercises, participants were asked to prepare short presentations themselves. After presenting they were critiqued by the rest of the group on the aspects mentioned previously in the training. The next area covered was an update on the work of SCOME since the March meeting and recent international developments in the field of medical education. In this block of sessions participants gained information about the European core curriculum. At the 5th Bologna Process follow-up conference in Bristol (UK), we wrote about multi-professional education, the outcomes of the academic quality pre-GA of SCOME and SCOPE, the WHO/WFME accreditation initiative and the UNESCO guidelines on quality provision in cross-border higher education. A session in the computer pool also took place, teaching the participants how to write and edit articles in the SCOME wikipedia (www.ifmsa.org/scome/wiki). Two small working groups were formed to discuss the UNESCO guidelines and the WHO/WFME initiative in depth and write statements on them, which will be finalised at the March meeting to be adopted as IFMSA Policy Papers. The last area was the implementation of new ideas in medical curricula and changes in general. The training was split into two parts. The first part focused on medical education. The main obstacles when implementing changes were identified by the participants and arranged into three groups: Students, Teachers, and Systems. Then the participants worked on concrete solutions to each of the problems and presented them to the group. The second part of the training was a general - more theoretical - session on “changes”. To change things
it is beneficial to know how change works, which concepts exist and how to identify one’s own change personality. With this background knowledge participants can understand changes better and work on changes using the topics covered by area 2 at their home faculty more effectively.

Beside these three areas which were covered, participants were asked to present the medical education system of their country or their university using flip chart paper. This exchange of information helped to raise knowledge about other countries and gave them inspiration to think about the system in their own country. The flip charts can now be found on the SCOME wikipedia (www.ifmsa.org/scome/wiki) by searching for “Medical education systems - flipcharts from Zlatibor”.

The first edition of the SCOME manual, covering 120 pages, was distributed during the sessions in addition to the SCOME reports booklet for 2005-2006. I hope that these publications will help national and local officers of medical education in their daily work and that they will be continued in the next terms.

At the August Meeting Carl was suspended from office, since he had hardly contributed to the work since the March meeting.

Future Directions

The appointment of the Regional Assistants for SCOME in our term and the evaluation of their work turned out to be quite complicated. In Africa and the EMR it was complicated to find the Regional Assistants, while in the Americas and Africa it was complicated to contact them after their appointment to evaluate the work they had been doing. On an international level, in the next term, SCOME should still focus on sessions at the General Assembly that are both interesting for old and new SCOMEdians. Splitting the group of participants at the GAS into two may be considered but this could lead to a lack of group spirit on the one hand and a lack of facilitators on the other. The training sessions at the August meeting were very well received and similar training sessions could be taken into consideration for further meetings.

The Bologna Process follow-up conferences together with EMSA should also be continued. Maybe in the next conference we could focus on the Topic “Bachelor and Master of Medicine” since it was requested by the participants and will be on the political agenda in the coming years in many European countries. SCOMEdians all over the world should furthermore be encouraged to contribute to the SCOME wikipedia and share success stories about national and local projects there.

Last but not least we need to follow-up some activities started in this term. We began writing statements on the WHO/WFME accreditation initiative and the UNESCO guidelines on cross-border higher education. These must be adopted in the March meeting. The SCOME manual must be updated with the core curriculum, information on the topics of the SCOME session at the August meeting, and some other topics. The core curriculum needs to be published in medical education journals as well as it should be printed and promoted by national and local officers to make an impact.

Jan Hilgers
Medical Education Director 2005/2006

Opening Ceremony in August Meeting in Serbia

Newcomers Session
Public Health

Strategic Issues

The Standing Committee On Public Health (SCOPH) traces back its origins to 1965, when IFMSA formed the Standing Committee On Health (SCOH). For several years SCOH worked on various health issues, and in 1983 the committee evolved into the Standing Committee On Public Health (SCOPH), dedicated to working on Global Health issues.

Actions

The theme of the year 2005-2006 was Chronic Diseases, which encompasses a wide spectrum of globally neglected diseases. SCOPH’s main strategy to contribute to the fight against this menace was to target the 2 main risk factors for Chronic Diseases, namely Tobacco and Obesity. To this end, this year saw the finalization of over 2 years’ work by SCOPHians on the issue of Tobacco, resulting in the Tobacco Initiative Project (TIP), the international medical students’ network against tobacco. With the proposal completed, many NMOs have expressed their support for the project’s expected approval at the IFMSA March General Assembly 2007.

This year also witnessed a strong dedication targeting obesity. A very successful workshop on Chronic Diseases, with special focus on Obesity, was held in September, thus setting the groundwork for the SCOPH Obesity Network to be officially launched in the coming year.

SCOPH work on Malaria saw a huge upsurge this year, with 2 very successful workshops being held in February and September, on Malaria in general as well as Training new coordinators. Also, the International Campaign On Malaria (ICOM) was approved as a Transnational project at the IFMSA March General Assembly 2006.

SCOPH members remain dedicated to fight Tuberculosis, in particular through the IFMSA Anti-TB Campaign, with activities targeting TB being held by SCOPHians all over the world. The campaign enjoys collaboration with the international StopTB Partnership.

At both General Assemblies SCOPHians initiated strong cooperation on health issues, upon which future long-term initiatives may be built. These include in particular Mental Health, Domestic Violence, ‘Big Pharma’ and Avian Flu. Also, a survey on Mental Health was conducted by SCOPHians on participants at the March General Assembly, with some very interesting results.

Regions

The dedication to stronger regionalization and continuity made for a central role of SCOPH Regional Coordinators, forming the SCOPH ‘Dream Team’. Members of the Dream Team coordinated SCOPH sessions in their respective regional meetings, as well as contributed heavily to the organization of SCOPH General Assembly sessions. The SCOPH-Regional Coordinators’ work has been in many cases exceptional, with a strong support offered to members within their region. The Dream Team’s work has simply been overwhelming, and has further elevated the standard for future teams within SCOPH.

World Day Celebrations

SCOPHians from around the world celebrated the various world days this year, including World Health Day, World Diabetes Day, World TB Day, World No-Tobacco Day just to name a few. The activities held ranged from general awareness media to exciting and interactive events held in bustling public locations.

Many of the activities were held in collaboration with local or national NGOs, which has contributed strongly to the strength of the message or intervention.

Future Directions

As the year draws to a close, one can confidently say that medical students continue to play a very strong role in the fight for global health, as well as exhibit an important understanding of the issues influencing physical, mental and social well-being.

It has been a true pleasure and honor to work with such a dedicated and enthusiastic team of SCOPHians this term. They continue to spread the infectious motivation for which they are so well known for, and work tirelessly towards a healthier tomorrow.

To all SCOPHians, thank you for making this an unforgettable year, and we look forward to even more success in the future!

Anne-Karina Larsen and
Jade Khalifé

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Professional Exchange

Strategic Issues

In the IFMSA Professional Exchange Program (SCOPE) some promising projects were started last year, amongst many the SCOPE Movie project was set up. A script was produced and the first scenes were shot. SCOPE marketing materials were created from scratch. Joint forces with the IFMSA Medical Education Committee and the IFMSA Research Exchange Program started a project for improving the academic quality of the IFMSA exchanges, so the programme receives academic recognition and students all over the world will be able to receive credit for their exchanges.

Actions

In 2005-2006 the number of exchanges increased substantially, from 6200 to 7200 exchanges over the year. Two more IFMSA National Member Organisations joined the Professional Exchange Program - ASCEMCOl Colombia and IFMSA-BH Bahrain, so now we have over 600 medical schools, represented by 78 student organisations from 71 countries, from all six continents of the world, participating in the programme and still more organisations are working hard on joining.

With this number of exchanges every year, a well-functioning application system is necessary. The applications are handled by an electronic database called e-exchange, and many new features have been added to the database this year to facilitate the administration of the program.

The IFMSA Professional Exchange Program has not only focused on increasing the quantity, but also the quality of the exchanges. A joint working group of Professional Exchange Programme members, Research Exchange Programme members, and Medical Education Committee members has come up with a survey to monitor the situation in the different countries and will organise a workshop, the outcome of which shall be a log book for participating students as well as a manual for tutors teaching the exchange students.

1000 posters promoting the IFMSA exchange programmes were printed and a Professional Exchange pamphlet has been designed by marketing assistants. Scenes for the SCOPE Movie were shot; currently the movie is in the final stages of editing. The outcome will hopefully be presented soon.

Future Directions

It would be great if, by the end of the 2006-2007 term, the application procedure for the Professional Exchange Programme could be handled entirely through the electronic database. A very important goal to focus on is gaining academic recognition of our exchanges in most of the participating countries and focusing on the assurance of the academic quality of the program. To ensure this, the participating students shall be encouraged more to complete the evaluation after finishing the exchange by the National Member Organisations.

Vendula Novakova
Professional Exchange Director 2005/2006

Team of Officials Handover meeting

Dr. Pedro Garcia, Minister of Health, Chile, March Meeting 2006
Research Exchange

Strategic Issues

For the IFMSA Research Exchange Program (SCORE), 2006 was crucial year. We implemented a long year of hard work and we have started to work with E-exchange (Electronic Exchange) which gave us much more “free” time to work on other issues, such as developing and promoting SCORE among NMOs who haven’t started working with the Research Exchange program. Spreading our work to other important topics, we have started to work alongside SCOME and SCOPE on academic quality in order to provide academic recognition for exchange students. Something like the worldwide Bologna Process before anybody else in the world!

Actions

Last year was very active and productive for SCORE. Now, in the middle of July 2006 we have 1491 projects on the ifmsa.net database and 58 active NMOs in 384 universities. Something to be proud of! Switching from old-fashioned and very slow paper work to Electronic exchange made our lives much easier and SCORE become much more reachable to medical students worldwide. Nevertheless, this step forward wouldn’t have been so fast and significant if there hadn’t been continuous training on ifmsa.net e-exchange at almost every GA in the last 4 years! After years of work on SCORE documents we have finally reached a unified Standard Project Form based on the experience of many NOREs and their respective project tutors. Our Supervising Board had a full-time job in reviewing more than 100 newly applied-for projects, and based on that we (SCORE) moved onto a higher level where we joined SCOME and SCOPE in efforts to provide higher project quality and recognition for students who were participating in our exchange program. To be more reachable and closer to each student, SCORE and SCOPE, with great help of our beloved friends from Lebanon, have created an Exchange Poster and Exchange Pamphlets. SCORE has also moved its focus point more towards its own regionalisation. By electing Regional Coordinators we have become more accessible to all students wishing to participate in the IFMSA Research exchange program.

Future Directions

There are so many things that should be continued and many new things to start work on. Regulation of cancellation of exchanges, better and more modern Evaluation processes, a better and faster marketing approach, implementation of SCORE Development project, and merging with SCOPE in work that has doubled in some fields will provide desperately needed free time to focus on really unique SCORE work such as participating in Scientific congresses and even organizing one! And if SCOME, SCOPE and SCORE collaboration on academic quality turns out well, the director of SCORE will be in the best position to work for IFMSA!

Djuro Smit
Research Exchange Director 2005/2006

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Human Rights

Strategic Issues

The academic year 2005-2006 has been a year of coming full circle for the Standing Committee on human Rights and Peace (SCORP). After years of trying to restructure the committee, we have finally reached our goals organisational-wise. One of the main goals we set for this year was to implement peer education into our work, during, as well as outside our bi-annual General Assembly meetings. In January of 2006, a Human Rights peer education workshop was held in Sudan. This was organised by the Khartoum Medical Students’ Association and was held at their faculty and the faculty of El Fashir in Darfur, Sudan. To enforce this initiative on an international level, the General Assembly in Zlatibor, Serbia also contained peer-education sessions on two levels, of which one introduced a new topic in SCORP, gender equality. To be able to include everyone, including the SCORP members not able to travel the distance, we have also updated the SCORP manual, including extra information on human rights and refugee issues.

Actions

SCORP is a touch-base committee within the IFMSA. We work on a voluntary basis in a wide range of activities, from violence prevention to emergency medicine. One of our main projects in prevention is the Peace Test. This is an endorsed project run by IFMSA-USA. The purpose of the project is to develop support structures across different countries and to have medical students engage in Peace Test data collection. The survey results will be used in their respective countries to generate debate and educate the public about the relationship between moral disengagement and support for violence. In the past year, the Peace Test has expanded to include several countries in the Americas amongst others, with Brazil holding its first ever event in June 2006.

As far as emergency medicine is concerned, SCORP is one of the most active medical student committees worldwide. The Asian Collaborative Training on Infectious disease, Outbreak and Natural disaster and refugee management (ACTION project) is a cooperation between CIMSAs, Indonesia and IFMSA-Japan, Japan. This project clearly shows how important and well-equipped medical students’ input can be when disaster strikes in a certain region. The main goals of the ACTION project are to increase and develop students’ awareness of infectious diseases, outbreaks and natural disasters, motivate them to spread this knowledge and train them to use it in relieving the suffering of people affected by infectious disease, outbreaks and natural disasters in their own countries. The Peace Test and ACTION project are great examples of SCORP projects, but we can offer so much more.

Future Directions

SCORP is continuously changing in response to current world events. As conflicts still occur, natural disasters still cause destruction and refugees still have not found their way back home, SCORP members around the world react to these situations constantly and adequately. It adapts to incorporate new people and new ideas organisational-wise.

The main goals for the upcoming year will be the establishment of a SCORP project database and building of a fast-response task force destined to act during natural disasters and war conflicts. The work of the task force will mainly consist of fundraising during General Assemblies, Regional Meetings and finding ways of swift distribution of funds to those in need. Another priority will be education of novices internationally by creation of SCORP CDs every half-term with all the recent SCORP news and all basic SCORP information.

Project-wise we plan to get more projects applying for official IFMSA recognition and set up a new peer education project regarding human trafficking. For this purpose contacts will be made with different NGOs working in the given sphere and as a major step of implementation a human trafficking manual will be created. We look forward to the work of next year with a new leader and a new SCORP director.

Eva M Holst and Layal Chaker
Human Rights and Peace Directors
2005/2006
Reproductive Health

Strategic Issues

The Standing Committee on Reproductive health including AIDS (SCORA) started the year with a follow-up to accomplishments of the previous year, as SCORA last year has formulated a strategic plan. This was finalised by the end of the year just after the August meeting in Egypt. Setting this strategy gave a depth to the activities, and ensured proper continuity. Of course, evaluation of this strategy bi-annually is of extreme importance to ensure staying on the right track.

By the end of last year, SCORA team formed a working group on how to give proper handover at the national level, to ensure that good experiences don’t go to waste with the continuous turnover within our organisation. We planned to consolidate co-operation, sharing of experiences and good practice between experienced and newcomer member organisations, through god-fathering programme.

Actions

Following the August meeting, the task list was the first thing to be dealt with, as we felt that following up on ideas generated during meetings is the key to achieving ultimate success. We set the way for IFMSA’s regionalisation strategy; through assigning Regional Assistants for all of IFMSA’s 5 regions and linking them with IFMSA Regional Coordinators. This was to ensure harmony and teamwork at the regional level in SCORA.

To strengthen our communication within the standing committee, regular online meetings were set at monthly intervals; we also implemented an interactive online forum for members to meet with each other, outside General Assemblies. A monthly newsletter was released to keep everyone informed with the latest news on SCORA at the international level.

Another initiative that resulted from the August meeting was the international World AIDS Day activities; we organised 3 main activities that were implemented internationally in most countries, the first of which was SCORA WAD T-shirts to be worn on WAD. Red ribbons were also worn in many countries, to increase awareness in our communities of the rising AIDS epidemic problem and attract media attention to our efforts in preventing the increase of worldwide spread. The last thing we did was join the Ring the Bell Campaign, which aimed to ring bells all over the world at the same time to draw the world’s attention to this great emerging danger.

Establishing new transnational projects within SCORA which wasn’t easy, however, we worked on extending and enlarging the current SCORA Exchange Project. Plans to apply for grant applications to facilitate the project were made, we received several offers and hopefully more will come in future.

Reporting is an essential part of work of any National Officer on Reproductive Health incl. AIDS (NORA). Not only did we submit our reports, we also read what others were doing in other parts of the world. Thus this may help in the development of new ideas for each country to implement and foster co-operation with other countries in future similar or joint projects. NORAs Update first edition was developed to serve those purposes. We followed this by compiling the IFMSA SCORA World AIDS Day Report, as a record for all WAD activities held in SCORA active countries.

A much needed initiative was implemented; a SCORA pre-GA work shop for the August Meeting, about Peer Education in Reproductive Health including AIDS issues. The project aimed at training attendees on the latest peer education methods, based on behaviour change communication theories and hosting UNFPA trainers, this is considered a huge step forwards for SCORA in the field of peer education.

Future Directions

SCORA would continue directing its efforts towards strengthening skills of its members through workshops based on experience gained from the GA or elsewhere. Empowering the SCORA Exchange program through a Central SCORA Exchange budget that could be fundraised through grants for youth exchanges is hopefully another future successful direction. SCORA is expected to keep the same diversity in planning its sessions for the coming GAs, to follow up on the activities already implemented and ideas came up this year, through proper documentation, archiving and good handover.

Ahmed Khamis
Reproductive Health including AIDS Director
2005/2006
Africa

Strategic Issues

Since the adoption of the current regionalisation system in the IFMSA, the African region has grown extensively. With less than a third of the African countries as members of the IFMSA, IFMSA-Africa is still a “small” region. This was augmented by the internal struggles of the African NMOs and weak representation at the IFMSA General Assemblies.

Even though IFMSA-Africa is facing many problems, fundraising remains the main strain for Africa, particularly with the high expenses and few of sponsors. While each National Member Organization is doing its best to overcome this and participate efficiently in IFMSA activities, IFMSA-Africa is trying to help by working on increasing the Travel Assistance Fund (TAF).

Actions

In spite of the struggles facing our big continent, over the last year, the IFMSA-Africa team has been working to participate efficiently in IFMSA activities at all levels. We welcomed 2 new candidate members; Mozambique and Gambia. They are motivated and energetic countries and present a great addition to the region. Furthermore, four countries are applying for full membership; Ethiopia, Malawi, Sierra Leone and Burundi. This would bring up the number of NMOs in the region to 15 with 13 of them as full members! Reinforcement of the IFMSA-Africa regional structure was done by organising the regional meeting and exchanging regulations between African NMOs. Close contact with Standing Committee’s Regional Assistants was aimed to ensure harmonious work at the regional level.

The 2nd African Regional Meeting (African Medical Students Training Congress - AMSTC) shall be taking place in Khartoum, Sudan in December 2006. A great team is involved with organising this unforgettable event. Dedicated people from both inside and outside Africa are working together to prepare the programme, the venue, the pre-meeting programme and the social programme. AMSTC regulations, timetable and timeline with the workshop proposals have already been formulated. The preparations are nearly complete and everyone is invited to take part in the biggest African event!

Collaboration with other IFMSA regions and regional external was a target for IFMSA-Africa this year. The “Towards Better Africa in IFMSA” proposal was prepared targeting initially at the African alumni and doctors, as they remain a big unused resource for the region. This proposal should be submitted within the next few months. Furthermore, “Tech Share” project has been initiated, which aims to collaborate with European NMOs to provide technical resources for African NMOs. The proposal for “IFMSA Collaboration with UN in Africa” was amended to provide the UN agencies with updated information about IFMSA and emphasize the areas of possible collaboration. The Federation of the African Medical Students’ Associations (FAMSA) was approached for a long term partnership and the result of the negotiations should be ready within the few months.

The IFMSA-Africa publications team was the star of the 2005-2006 year! Since November 2005, the team published five fabulous issues of the IFMSA-Africa newsletter which provides a new means for African medical students’ communication, and is a great tool to present African activity to other IFMSA regions and IFMSA externals. Meanwhile, a website team has been founded and is currently working to establish the IFMSA-Africa Website.

Future Directions

IFMSA-Africa has a promising future. With increased number of African NMOs involved in the IFMSA regional and international activities, Africa can play a bigger role in the IFMSA administration. Two issues should be the focus of the next IFMSA-Africa teams; Empowerment First and Doctors as Sponsors.

The principle of Empowerment vs. Recruitment in IFMSA-Africa should be shifted in favor of empowerment of the current NMOs. Although the African NMOs are relatively few, the real problem is that most of them are weak. Focusing more to strengthen these NMOs by training, regional projects and providing assistance in fundraising can create strong NMOs in the near future, which can act as focal points in different parts of Africa to recruit neighbouring countries, particularly those with difficulty in communication and travel inside Africa.

African doctors, especially those abroad, proved to be a great resource for the African NMOs. They have been cooperative, appreciate IFMSA work and are willing to help. IFMSA-Africa should focus on the African doctors in Europe and USA more than the NGOs. This can prove to be a big financial help for African NMOs.

Ahmed Ali
Africa Regional Coordinator 2005/2006
The Americas

Strategic Issues

During this year, I’ve basically been wrapping up 2 years of service with the IFMSA. The region has grown well, developing many projects across four different working groups which aim to develop the region administratively in public relations, recruitment, regional projects and fundraising.

In the last half I’ve recently finished an 18-page handover manual which includes a brief history of things that I’ve done over the last 2 years; my vision for the future of the working groups; suggestions on being part of the team of officials and the team of RCS, important contacts from my 2 years and other advice. I’ve also collated old e-mails, manuals, policy, and procedures into one CD which I plan to give to the EB for safekeeping and to my successor.

In the midst of my busy final exams, I’ve also managed to run eMeetings, and ensure that work continues in the four working groups.

Actions taken

The PAMSA prostitution project questionnaire has been completed thanks to the help of Marie-Eve Bascaron of IFMSA-Quebec. At the AM 2006 it is my hope that we will study the data and decide how we can best approach the issue with student initiatives in each of the countries participating in the regional project.

Our PR group has worked relentlessly well, publishing excellent eNewsletters every 2 months and are now in the midst of producing a recruitment DVD for use alongside the other recruitment tools we presently have. The tools for recruitment of new student organisations continue to grow.

I’ve finished my handover package as written above, which should hopefully ensure continuity and that the Americas will be able to fully participate in IFMSA in the future. It serves as a historical document and visioning guide for future generations of medical students in the region.

Future Directions

It would be presumptuous of me to write what I would expect my successor to achieve, but most of it would just be along the lines of what already exists in the Americas region – to develop the eNewsletter into a transnational project supported by all the countries in the Americas and also to continue with efforts to strengthen new members and recruit non-member NMOs through our work with both projects and in the recruitment field. The role of the Americas grows day by day as a collaborative tool for medical students in the region, and hopefully this growth will continue far into the future.

Lawrence Loh
Americas Regional Coordinator 2005/2006
Asia-Pacific

Strategic Issues

At the end of the last year, the Asia-Pacific region did not have enough manpower to develop our structure. There were 11 NMOs and only a few of them were actively involved with IFMSA international activities. A lot of NMO members were unaware of IFMSA’s resources. We only had an International Organising Committee (IOC) which coordinated the regional meeting, and regional assistants were not involved with the IOC as they were difficult to contact.

During AM05 in Egypt, we realised the importance of strategic planning and having a well-structured regional group to develop our region.

Actions

Introduction

IFMSA Asia-Pacific had great progress in the 2005-06 period. The biggest achievement is that we have built a new regional structure with the Asia-Pacific Regional Office and Regional Regulation. During the 2006 IFMSA Asia-Pacific Regional Meeting, we discussed the future of our region and realised the importance of this new structure in our progress. The new Asia-Pacific regional office comprises of a regional coordinator, his/her secretary, regional assistants of the IFMSA standing committees, and five working committees focusing on NMO development, projects, publications, fundraising, and regional meetings. These topics are directly related to recent problems faced by NMOs. The regional regulation is kind of an internal manual in the Asia-Pacific regional office for our sustainable activities. The structure is rather new and still requires time to work smoothly, but we hope that it will support NMOs and develop cooperation within our region in the near future.

Regional Partners

The IFMSA Asia-Pacific region also actively cooperates with external regional partners. Our main partners in the Asia-Pacific region are Asian Medical Students’ Association (AMSA), International Pharmaceutical Students’ Association - Asia-Pacific Regional Office (IPSF-APRO), WHO Western Pacific Regional Office (WPRO), and the South East Asia Regional Office (SEARO). We invited these partners to the 4th Asia-Pacific regional meeting in Indonesia to exchange ideas and discuss ways to improve cooperation to aid development in our region. We were also invited to IPSF-APRO regional meeting, the Asian Medical Students’ Conference, and the WHO Western Pacific Regional Committee Meeting as IFMSA regional representatives. Through this cooperation, we found our role in this region as medical students and as one of the largest global network of youths.

Regional Meeting

From 24th March to 28th March, more than 150 medical students from the Asia-Pacific region gathered together in Jakarta, Indonesia, for the annual regional meeting. It was an opportunity to obtain valuable medical knowledge, make new friends, and promote cultural understanding between member nations. Each delegate and member nation felt the warm hospitality offered by Indonesia. It was a meeting that no one will ever forget, a “second to none” experience.

The theme of this year’s regional meeting was ‘Maternal and Child Health (MCH). It was an issue not only prominent in Indonesia, but also in other countries in the Asia-Pacific region. Over the next four days, medical students had the opportunity to participate in various workshops and attend a lecture given by Dr. Laura Guarenti from the World Health Organization (WHO) regional office. She is also the MCH Chairperson in WHO Indonesia (Health Project Manager). Additionally, our keynote speaker from Holland, an IFMSA-NL Alumni, shared his tremendous knowledge on the topic of malaria and how it relates to maternal and child Health.

We are all looking forward to seeing each other again at the next regional meeting in Osaka, Japan, in 2007.

Future Directions

By the end of 2006-2007 term, Asia-Pacific Region aims for -

- One more regional or international project
- Well coordinated regional office such as the IFMSA America
- Develop better cooperation with AMSA and IPSF to hold a regional conference in our region
- Initiate cooperation with WHO SEARO and maintaining cooperation with WHO WPRO
- Find two more regional partners that IFMSA Asia-Pacific can cooperate with
- Liaise with Singapore, Bangladesh, Vietnam, and South Korea to be part of the IFMSA
- Active cooperation between NMO Development Working Committee and NMOs to share ideas and resources for better solution of NMO matters

Akihito Watabe
Asia - Pacific Regional Coordinator
2004/2006
Partners

The IFMSA official relationships with other organizations are based on health, education, science, social and humanitarian affairs.

The International Federation of Medical Students’ Associations has cooperated with non-governmental and inter-governmental organizations for many years. With some of these organizations we pursue an active relationship in a specific field while with others we exchange information and offer opportunities to be involved in each other’s activities and programs.

Organizations that are in the official relations with IFMSA are our partners in the endeavor of “Working Together for Healthier Tomorrow”. There are number of intergovernmental and non-governmental organizations which are IFMSA’s partners in a fruitful and enthusiastic collaboration.

The IFMSA is NGO in consultative status with the United Nations ECOSOC, associated with DPI and maintains IFMSA maintains operational relations with UNESCO

The United Nations

IFMSA honors official relations with the following United Nations partners:

- World Health Organization (WHO)
- United Nations Population Fund (UNFPA)
- Joint United Nations Programme on HIV/AIDS (UNAIDS)
- United Nations Educational, Scientific and Cultural Organization (UNESCO)
- United Nations Refugee Agency (UNHCR)
- United Nations Children’s Fund (UNICEF)
- United Nations Economic and Social Council (ECOSOC)

Co-operation Partners

The IFMSA honors the following partners with which we cooperate on various projects and initiatives:

- Association for Medical Education in Europe (AMEE)
- Council of Europe (CoE)
- Engineers Without Borders International
- European Youth Forum (EYF)
- Framework Convention Alliance for Tobacco Control (FCA)
- Global Health Council (GHC)
- International Association of Gerontology and Geriatrics (IAGG)
- International Federation of Health and Human Rights Organisation (IFHHRO)
- International Physicians for the Prevention of Nuclear War (IPPNW)
- International Student Identity Card Association (ISIC)
- Stop TB Partnership
- World Federation for Medical Education (WFME)
- World Medical Association (WMA)

Youth Organizations

The IFMSA honors the partnership with the following youth organizations:

- Asian Medical Students’ Association (AMSA)
- European Medical Students’ Association (EMSA)
- European Students’ Conference (ESC)
- International Pharmaceutical Students’ Federation (IPSF)

The IFMSA is part of the Informal Forum of International Students’ Organizations (IFISO) through which we communicate with many other students’ organizations.

Sponsors of IFMSA Meetings

- British Medical Association, www.bma.org.uk
- Pfizer Medical Humanities Initiative, www.positiveprofiles.com
- Lonely Planet, www.lonelyplanet.com
- The United Nations World Food Programme, www.wfp.org
- London School of Hygiene & Tropical Medicine, www.lshtm.ac.uk

General Secretariat:

The IFMSA would like to thank the World Medical Association for generous support of our General Secretariat in Ferney-Voltaire.

http://www.ifmsa.org/ifmsa/about/partners/
International Federation of Medical Students’ Associations

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