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.”

NATIONAL MEMBER ORGANIZATIONS (NMOs)


## Editorial

From the IFMSA President

Financial Statement

IFMSA Team of Officials 2007-2008

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Editorial

It has been another fantastic and productive term for the IFMSA, and it is very exciting to think about the upcoming term. This organization run by active medical students from all over the world has been working on a large number of activities and projects across the globe, tackling global health issues and raising awareness in the international society; this is something that has contributed developing social, culturally sensitive, and responsible leaders within the IFMSA. All of this has been done with passion and commitment that inspire others, and the IFMSA Annual Report of the term 2007/2008 is a reflect of it.

Eduardo Ríos
Publication Support Division Co-Director

IFMSA was founded in May 1951 and is run by medical students, for medical students, on a non-profit basis. IFMSA is officially recognized as a non-governmental Organization within the United Nations’ system and has official relations with the World Health Organization. It is the international forum for medical students, and the largest student organization in the World.

The International Federation of Medical Students’ Associations (IFMSA) is an independent, non-governmental and non-political federation of medical students’ associations throughout the world. In 2007 IFMSA had 102 National Member Organizations from 100 countries on six continents and represented more than 1 million medical students worldwide.

Each National Organization has its own indentity reflecting the national needs and culture. IFMSA is an organization that respect the autonomy of its members. The majority have local committees at the medical school in their countries. These IFMSA local committees coordinate activities at the local level, our members are in direct contact with a hundreds of thousands of medical students.
In the academic year 2007-08 IFMSA has grown and matured more in strength as a worldwide medical students’ organization. IFMSA has been the global network linking active medical students and international health bodies together. This year, IFMSA stepped forward to be a true medical student advocate in Global Health. Different steps have also been taken towards a more stable organization, in terms of resources and planning.

Truly Global Network

IFMSA has grown naturally, the organization represents around 1.2 million medical students now, IFMSA has recruited more members among the different regions and has empowered stronger partnerships on regional and international level to provide more resources to our member organizations and medical students. All regions have conducted very successful regional meetings, where the Regional Coordinators and Regional Assistants have empowered our committees in all the regions.

Development & Capacity Building

To strengthen the organization more, IFMSA has been working on building the capacity of the organization on all levels. IFMSA has conducted several regional and sub-regional Training New Trainers workshop and continued the bi-annual Presidents’ Workshop. With high-level training and sharing their experiences IFMSA participants equipped themselves with the skills and knowledge that they need to help their organizations to grow stronger and more effective and to build better future leaders in Health.

To increase the efficacy of the large Team of Officials, we used professional management to divide the team of officials into management teams and each team has set its own yearly plan that was followed up each Team of Officials Meeting. This has simplified the management of the Team of Officials and increased the individual efficacy.

With the cooperation with our partners we managed to open an operational office in Amsterdam and get a part time staff funded by our partner AMC, by the end of the term IFMSA is hoping to open another headquarter office in Washington DC. We are currently investing to establish an IFMSA Foundation to support the federation in the future. These steps will increase the continuity, improve our relations with our partners and support our members.

Our mission is to educate and train our members to meet the current and future challenges of health on our planet. This year, we have instigated a theme for our General Assemblies, to ensure a high-quality educational experience for all participants. The first such theme, “Violence and Health” runs through prestigious speakers, work-shops and a week-long multi-media exhibition and is integrated into the work of the committees.

“Educating future physicians, aware of international health”

International Profile

IFMSA has made its own profile in the international community; through organizing our General Assemblies focused on specific themes picked from hot topics in global health, where IFMSA produced its policies and educated its members. A large print run of the two new editions of the Medical Student International Magazine which are focused on the thorny issues of our themes “Migration and Health” and “Nutrition and Health”, and through blogging in popular journals with a large web presence as “the Lancet” with different editorial contribution from our members IFMSA has enforced its international profile.

Advocacy and Representation

We empowered our links with the major players in global health. The team of Liaison Officers has made comprehensive relations with our partners on all levels. IFMSA has a great cooperation with the World Health Organization particularly in fields including Patient Safety, Traumatology and Medical Education. As the voice of medical students, we have seen a number of successes where IFMSA made a change! The IFMSA represented medical students in the United Nations, World Health Assembly and UN agencies ensuring that the IFMSA is closely involved in the policy formation of these important bodies over the next coming years. IFMSA has renewed its ECOSOC status in the UN. The World Medical Association has been an invaluable partner for IFMSA, and the cooperation has been growing to involve more IFMSA Alumni in the WMA.
Resources

A number of initiatives sought to increase financial resources for IFMSA at all levels. Sponsorship tours were done around Europe and in the United States with some considerable success and a lot of useful lessons learned and contacts made. IFMSA has consulted different professional partners in restructuring the organization and for establishing a Foundation for the Federation.

Thank you

On all levels, our work is voluntary that needs significant personal and financial sacrifices. With passion, commitment, believe and common vision for a healthier globe the IFMSA Officials who came from 27 countries have put their efforts to make the change for a better tomorrow.

On behalf of the Executive Board of the IFMSA

Anas

IFMSA Financial Year 2006-2007

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*This Financial Report was adopted at the IFMSA March Meeting 2008 in Monterrey, Mexico.*
IFMSA Team of Officials 2007/2008

**Executive Board**

- **President**
  - Anas Eld
  - Palestine

- **Secretary General**
  - Goran Mijadica
  - Croatia

- **Vice-President for Internal Affairs**
  - Rebecca Herbst
  - Sweden

- **Vice-President for External Affairs**
  - Zied Khedir
  - Tunisia

- **Treasurer**
  - Eric Miller
  - Australia

**Regional Coordinators**

- **RC for Africa**
  - Yubhawe Janvier
  - Rwanda

- **Co-RC for Americas**
  - Jessica Tang
  - Peru

- **Co-RC for Americas**
  - Diego Lim
  - Panama

- **RC for Asia-Pacific**
  - Kazuhiro Abe
  - Japan

- **RC for Eastern Mediterranean**
  - Melhim Bou Alwan
  - Lebanon

- **RC for Europe**
  - Marija Ljubičić
  - Croatia

- **SCORE Director**
  - Zineb El Hamidi
  - The Netherlands

**Standing Committee Directors**

- **SCORP Director**
  - Jonathan Mamo
  - Malta

- **SCOME Director**
  - Daniel Rodríguez
  - Spain

- **SCOPH Director**
  - Kyriakos Marrakis
  - Greece

- **SCORA Director**
  - Samer Abi Chaker
  - Lebanon

- **SCOPE Director**
  - Petra Kejla
  - Croatia

**Support Division**

- **Alumni Support Division Co-Director**
  - Jenny Zablak
  - El Salvador

- **New Technologies Support Division Director**
  - Maximilian Mehnert
  - Germany

- **Projects Support Division Director**
  - And Čekić
  - Bosnia and Herzegovina

- **Publications Support Division Co-Director**
  - Eduardo Rias
  - Panama

- **Training Support Division Director**
  - Salmaan Sana
  - The Netherlands
Liaison Officers

LO to World Medical Association
Anas Eid
Palestine

LO to World Health Organization
Eric Tam
Hong Kong

LO to Students’ Organizations
Andrea Miltenburg
The Netherlands

LO to UNESCO
Sergej Godec
Slovenia

LO to Reproductives
Health Issues incl. AIDS
Silva Rukavina
Croatia

LO on Public Health Issues
Mireia García Villarrubia
Catalonia-Spain

Co-LO on Human Rights and Peace Issues
Jessica Ehne
Denmark

Co-LO on Human Rights and Peace Issues
Johanna Norenhag
Sweden

LO on Medical Education Issues
Jan Hilgers
Germany

Initiative Project Coordinators

Think Global Initiative Project Coordinator
Marloes Van Kester
The Netherlands

Tobacco Initiative Project Coordinator
Annika Hanning
Germany

Anti-TB Initiative Project Coordinator
Ahmed El-Tayeb
Sudan

Supervising Council

Emily Spry
United Kingdom of Great Britain and Northern Ireland

Jacob Hejmdal Gren
Denmark

Ana Usculumic
Serbia

Akihito Watabe
Japan

Ahmed Khamis
Egypt
AFRICA

Strategic Issues

The Africa region is one of the five regions that constitute the International Federation of Medical Students’ Associations (IFMSA). It is made by Sub-Saharan NMOs due to the fact that almost all NMOs from the North of Africa belong to the East Mediterranean region (EMR). In other words the Africa region is made of developing/poor countries/NMOs and this was the big challenge at the end of the last year term (2006-2007). As result of this challenge, the Africa regional had 16 NMOs and only few of them were regularly active in IFMSA. The lack of access to Internet and translators for the server, lack of funds to attend GAs, as well as visa problems were also barriers to the sustainability of Africa NMOs.

Actions

Being aware of problems that constitute barriers to the development of the Africa region, different strategies and methods to overcome those problems were discussed during all African regional meetings. The first one was held is South Africa in end December 2007 and is commonly known as Africa Medical Students Training Congresst(AMSTC).The second one was held in Monterrey, Mexico as a part of the IFMSA March meeting general assembly 2008. We agreed on the following:

- Sub regionalization process and God fathering system in order to have weak NMOs helped by a Strong NMO present in that Sub region, as well as for recruitment of new NMOs; creating an e-group for all IFMSA-Africa leaders( Regional Coordinator, Regional Assistants, and NMO Presidents) for a permanent communication;
- Calling for translators of the IFMSA-Africa server in order encourage French speaking NMOs to be active in IFMSA and organizing workshops on fundraising.
- Discussing with the IFMSA executive board on the possibility of including signed between a country elected to host a general assembly and the IFMSA Executive board, a statement on facilitating delegates from the Africa region to get visas.

Future Directions

As it has been discussed in the previous paragraph, after the implementation of strategies stated above, the Africa region shall be represented by more NMOs in IFMSA comparing to today’s statistics. Communication between NMOs and IFMSA-Africa leaders shall be increased and French speaking NMOs will enjoy IFMSA. The language barrier will be broken by the end of 2007-2008 term.

“More active NMOs in IFMSA by the end 2007-2008 term”

During the African Regional Meeting., Durban, Southafrica

Yubhawe Jauvier
Regional Coordinator for Africa

AMERICAS

Strategic Issues

PAMSA is a region which is growing fast, not only in number of NMOs but they are also becoming more active and developing new projects and ideas in such a way that a new PAMSA mission and vision statement will be necessary. At the end of the last year we had an excellent handover from our antecessor, who provided us a handover manual and CD with useful information for our job, contact information of externals and possible new NMOs joining IFMSA, tips from the past RCs, etc. This has been very useful for our work. Two PAMSA NMOs won the bid to host the GA in 2008. This reflects the strength of the PAMSA NMOs and capability of organizing such event. But not all NMOs were as strong. Some lost their candidate membership and others were having financial problems.

When assessing these issues, the common reason was that old members left their positions, while there were no newcomers – there was no creation or development of human resources. That is why we set the goal to help increase trainings at regional level. For the first time, SRTs were held in PAMSA, and TNTs will be held during National Conventions and at GAs. Even so, there are many opportunities to catch on. We believe that common regional issues can be tackled effectively if all NMO’s agree on it, but in order to do that, each and every NMO should have their resources developed and internal conflicts should also be left behind.

Actions

NMOs

Today, PAMSA has 20 NMOs, 14 full members, 3 are associate members, 3 are candidate members, almost 20% of the current members in IFMSA. Because of issues regarding transparency, one NMO lost candidate membership. On this, investigations were done in our part. We suggest that in the future, the reputation of the candidate NMOs should be looked upon, and also, ethical guidelines in the management of IFMSA and its NMOs should be adopted. Promising contacts with countries not having NMOs were established. Examples are Argentina, Honduras, Paraguay and Uruguay. However, their future membership is projected to a period of 1-2 years. As our term is only 1 year, our successor has to give continuity to this process. We have also been working closely with the VPI on the investigations of new NMOs applying for membership during our term.

An action plan has been made to address “weak” NMOs, we mean, those who have debts or who are being left without new members. The whole Team of Officials is involved in this, and actions being taken are: making assessments on their situation, direct contact (email, phone calls) and future invitations to meetings. We believe that cooperation amongst neighboring countries can help with these “weak” neighbors. For that, regional and subregional meetings should be encouraged.
Human Resources Development
This term has been a changing point in the direction of some activities in the region. Emphasis has been made on trainings. One Sub-regional Training was held in San Jose, Costa Rica. Regarding the Training New Trainers Workshops, two are being held with the GAs (Monterrey and Ocho Rios) and an extra one during the National GA of IFMSA-Mexico. We have 4 new trainers now. A regional strategic plan is being drawn out with the Trainings Support Division Director.

Publications
The PAMSA eNewsletter is a project that has been going on since 2005 and until now we are still publishing it, every time with more collaboration from different people in several NMOs. The PAMSA eNewsletter has now a new editorial board. They are working extensively to produce the next edition. As one of the Publications Support Division Director is from PAMSA, advice is given from his part to the new editorial board. They do face challenges. Lack of commitment from some and low distribution are main problems in this project.

Common Goals
A discussion on the common goals for PAMSA has been started, with very interesting results. As IFMSA is facing a restructuring process right now, the question of regionalization and common goals is also being discussed. For this, a forum over the PAMSA listserv has been moderated by active members of PAMSA and the final results should be done by the AM2008 in Jamaica.

Regional Meeting
The PAMSA Regional Meeting 2008 in Sao Paulo, Brazil was a very successful meeting. 3 Standing Committee Sessions were held simultaneously with help of the Standing Committee Regional Assistants.

Almost 50 people from 6 different NMOs attended the meeting, most of them newcomers who will go back to their countries highly motivated to start new activities and projects.

Future Directions
PAMSA has a promising future. With an increasing number of American NMOs being involved in IFMSA regional and international activities, this year 2007/2008 there were four IFMSA officials from the Americas, proving that PAMSA can play a bigger role in the IFMSA administration. At the next GA we are also having one member applying for IFMSA membership from PAMSA, showing that new NMOs are being formed in the Americas and we should support them.

In our immediate future, the region will focus on human resources development. We are looking forward to have at least 1 trainer per NMO and increase the number of opportunities of forming new trainers by creating the right environment in the region, supporting the initiatives adequately (fundraising, coordination with other trainers and the Trainings Support Division Director). This will be a step towards professionalization of the PAMSA NMOs, ensuring continuity and effective activities.

NMOs should take the opportunity of using the PAMSA eNewsletter as means of communication to transmit their activities and let other PAMSA members know of their experiences. We suggest that in the future, newsletters should be distributed in the country of the GAs, SRTs and RMs also.

Diego Lim and Jessica Tang
Regional Co-coordinators for the Americas

ASIA-PACIFIC

Strategic Issues
Our region has 2 main issues.
One of them is external relationship. We have some agreements with AMSA, Asian Medical Students’ Association, and IPSF, International Pharmaceutical Students’ Federation to keep good relationships with each other. We think how we will be collaborating with them. Especially, we need to ready for the collaborative conference 2010 in Asia Pacific region between AMSA and IFMSA.

Second problem is internal things. We have the APRM, Asia-Pacific Regional Meeting, a year in order to communicate with each other in our region, but we don't have good tools except it. Moreover, many Asian countries cannot join IFMSA yet from various reasons; money, manpower, internet connection etc… Therefore, our region needs more supports from IFMSA and our region has a lot of possibility.

Actions
We had some meetings with the externals. AMSA and IFMSA Asia Pacific Regional Office will hold the collaborative conference a year from 2010 as substitute for the APRM. This is already included the agreements between AMSA and IFMSA. In this term, the Liaison Officer of AMSA and I update the information of each other and recheck the contents of the agreements. Moreover, we start to ready for the collaborative conference in 2010. At first, we try to understand the different ways of making the conferences with each other and make the outline. IPSF and IFMSA Asia Pacific Regional Office keep the P-square project. We had the 2 Meetings in the GA MM08. We tried to understand the details of other NMOs in the region. For example, we shared the experiences and ideas about the NMO structure and management, the projects and activities, and the NMO problems. We considered this meeting into a good chance in order to communicate with each other face to face. We set the mailing list servers into order. We try to activate them. In addition, we try to introduce the Google doc to interact the materials, data, information etc…

We try to solve the problems of the inactive NMO because of various reasons, and recruit the new countries in Asia Pacific region.

Future Directions
We will hold the APRM, the Asia Pacific Regional Meeting, in 2nd – 6th August in Taiwan. The theme is “Global warming: the role of medical students. The APRM will have the
sessions like a GA; the SC sessions, the training session, the fieldworks along to the theme, the culture show and parties, and the sightseeing. 300 Participants will join it from all Asia-Pacific NMOs. This APRM 2008 will have the possibility we APRO hold by ourselves because AMSA and IFMSA are planning to the collaborative conference from 2010. In addition, we will invite some participants from new countries. This will be a good chance for all participants to communicate and share the thoughts with each other. In addition, we will have the 2 regional meetings in the GA AM08 in Jamaica. We hope all participants will get the good friendships, improvements, motivation, good ideas and so on through these meetings. Also, we will make the team and ready for making collaborative conference 2010 between AMSA and IFMSA.

![Regional Coordinator with Liaison Officer to AMSA](image)

**Kazuhiro Abe** Regional Coordinator for Asia-Pacific

**Eastern Mediterranean Region (EMR)**

**Strategic Issues**

Regionalization has been the last major change in the IFMSA structure in the past few years, and I am pleased to say that it has been one of the most successful changes to occur in our federation. The basic advantages of regionalization include offering developing NMOs in the various regions with their basic support network. This network that is composed of well-established NMOs provides the newcomers with the skills and experience needed to move forward and overcome obstacles. In the EMR, the picture before the start of my term was that of a rapidly developing region with a lot of potential. In October 2007, we had 7 full members in IFMSA, and 4 candidate members who were beginning their journey in IFMSA and needed all the support and guidance possible. In addition, the large number of newcomers and enthusiastic members increased the need for capacity building exercises and guidance to make sure they follow the right path from the start. The challenge at the beginning of the term was to involve as many EMRians as possible in global work through local action, to show them the bigger picture of what they are doing on the ground, to make them realize that they are working to promote healthier communities together with more than one million medical students from all over the world. This usually happens during IFMSA GA’s but since the 2 meetings for 2008 were to be held at geographically distant locations to the EMR, greater emphasis was placed on the regional meeting as a means of showing what IFMSA is all about to every single EMR member.

**Actions**

It is always a great challenge to be involved in the development efforts on the regional level, and with hundreds of enthusiastic medical students in one of the most promising regions in IFMSA, the job is never easy. The first step was to get acquainted with the teams with whom the bulk of the work will be done. The first team was the NMO presidents in the EMR, and communication was established through several monthly online regional meetings discussing regional problems, and preparing for common projects and activities, in addition, of course, to providing a comfortable social atmosphere for better communication and thus collaboration. The second team, which is equally important to the first team, was the RA’s for the various Standing Committees who are responsible for the development of regional SC activities. The roles of this team range from communicating regional SC concerns to the SC Directors, to developing national SC activities within the region and to organizing and preparing the SC sessions during the RMs and the RMs time in the GAs. After involving all the regional stake holders in the development process from the start, efforts were focused on solidifying regional work, promoting regional projects, addressing regional concerns, and organizing the regional meeting (EMR 4) which was the best forum to tackle the aforementioned goals. The planning process for the meeting took into account 4 major factors: 1) Making sure all SCs were represented at the sessions, 2) Involving as many participants as possible, 3) Benefiting from the experience of the largest number of IFMSA officials and 4) Increasing the number of IFMSA trainers in the EMR.

EMR 4 took place in Kuwait City, Kuwait, and the Kuwaiti OC did an amazing job in organizing the event and bringing it into existence. The good fundraising efforts by the OC coupled with our will to have all EMR NMOs represented, were materialized through offering one full TAF per NMO. This made sure that all NMOs were given the chance to be present and encouraged wider participation. The EMR RA’s were involved in the planning process of all the sessions, and for the first time ever, all 6 Standing Committees had sessions running. The quality of the sessions was further strengthened with the presence of IFMSA officials in the respective fields, namely SCOPE D, LO SCORA and LO PH. In addition to the SC sessions, the theme events were also conducted under the title of “Adolescent Health in the EMR and Alcohol, Smoking and Road Safety”. Several highly regarded activists in the field of Kuwaiti and Regional Public Health matters were present to run the workshops, and the opening speech was given by Dr. Haifa Madi. Another success was the organization of a pre EMR TNT, for the first time as well. This workshop offered the region 15 fresh trainers who had their first training experiences during EMR 4 with 8 parallel training sessions conducted under the guidance and direction supervision of IFMSA’s Training Director.

The meeting bring together 4 IFMSA EB members. Their meeting during EMR 4 was a great motivating factor for all EMR participants and proved very fruitful in terms of decisions taken to govern our federation. The meeting in Kuwait represented a major milestone in EMR development and provided solid evidence of the
rapid progression that our region is going through. Growing from 7 NMOs to 11 since EMR 1 less than 3 years ago, and bringing together almost 200 EMR participants in addition to 10 IFMSA officials gives an idea of the quality of the meeting. However, we were able to make use of the time we had to discuss problems that our region is facing, like communication, fundraising, motivation and we were able to set a plan to implement changes in order to move forward. It is also important to note that MM 09 will be held in the EMR, with Tunisia winning the bid for hosting this huge event.

**Future Directions**

Although time is passing quickly, there is a lot of work still to be done to follow up on what has been started, and to start new projects and plans. The most important plan for the upcoming few months is to ensure smooth transition of the candidate members to full membership in IFMSA. It is important to help make this transition as easy as possible to prepare those NMOs to the challenges and privileges that come with being full members in IFMSA. What is also important to achieve before the end of the 08 term is having the hosts for EMR 5 chosen, and starting the guidance procedure to make sure that our next regional meeting is of the highest standards. With regards to promoting cooperation within the region, several steps have been taken to ensure open and efficient communication. This is expected to become the norm in the EMR with the enactment of the monthly regional online meetings and the monthly forums.

In conclusion, the experience of leading such a diverse, promising and rapidly developing region is like no other. It has been very rewarding to see the progress that was achieved over the past months, and I am confident that the only way from now on is forward.

**EUROPE**

**Strategic Issues**

During this term communication has been established with NMOs in European region, in where I had the opportunity to work with many of them, for example in the preparation of the March Meeting and August Meeting 2008 agenda, as well as the European Regional Meeting Agenda. This year also took place the National Co-ordinators’ and enthusiasts Meeting (NCM) of the European medical Students’ Association (EMSA). For this I had several online and personal meetings with the Organizing Committee, Regional Assistants (RAs), Standing Committee Directors, and EMSA. The result is an increased cooperation between both organizations, including attendance to the EMSA General Assemblies. Additionally to this, I attended Team of Officials Meetings, IFMSA General Assemblies, and several external meetings such as the WHO-Europe 57th Regional Meeting; the 17th EMSA GA and European Medical Students’ congress 2007.

**Actions**

Introducing “Youth in Action program” to all regional NMOs, and motivating them to apply for grants and work on bylaw change proposals in order to make the work more efficiently. Communication with NMOs in region Work on MM2008 and AM2008 Regional Meetings Agenda, preparations for MM08 and AM2008. Investigations on request of NMOs.

Attendance to Team of Officials Meetings (TOM0,TOM2,TOM3,TOM4) , IFMSA General Assemblies (MM2008), Regional Meetings (EuRegMeV/NCM), and external meetings as the WHO Europe 57th Regional Meeting, European Medical Students’ Congress 2007, EESTEC Chairpersons meeting, YFJ Information and Networking days on SEE - Ensuring Co-management and Cooperation between Youth NGOs and the Governments in South East Europe, CroMSIC National General Assembly and Celebration of 15 successful years of work, and the New Leaders Conference by AIESEC. Increased cooperation with Regional Assistances, and communication and cooperation with regional external partners and completing reports and summarizing outcomes from:

- WHO-Europe 57th Regional Meeting; 17th EMSA GA and European Medical Students’ Congress 2007.
- A successful and organized EuRegMeV/NCM, together with CroMSIC, EMSA, and RAs, with approximately 290 participants, becoming the first joint meeting between IFMSA and EMSA in history. Also a Successful fundraiser for AEGEE external who came on EuRegMeV/NCM to give lecture on YiA program/grants. Met in personal NMOs and NMO delegates who could not come to MM2008 and have chance to discuss current situation in their NMOs and the region itself. Also I had a successful personal fundraising (over 8000 euros), and work on handover manual and Internal Operating Guidelines (IOG) for next RC Europe.

**Future Directions**

Keep communication established with NMOs in the region, and other students’ organizations as EMSA, as well as the attendance of Team of Officials Meetings, IFMSA General Assemblies, Regional Meetings, and external meetings, as the WHO Europe 58th Regional Meeting

Work on handover and finishing handover manual and IOG for next Regional Coordinator of Europe, and a detailed plan of action for the term 2007/08. Follow up in the cooperation and communications with Regional Assistances and Regional external partners. Do investigations on request of NMOs. An additional work on communication with small and silent NMOs, and keep communication with potential successors and host of EuRegMe6VI, apply for European grants in September, and stay enthusiastic.

Melhim Bou Alwan
Regional Coordinator for Eastern Mediterranean

Marija Ljubičić
Regional Coordinator for Europe
Standing Committee on Human Rights and Peace (SCORP)

This past term 2007 – 08 was a challenge for the Standing Committee on Human Rights and Peace (SCORP) for it was imperative that it became more professional with regards to its outlook on medical student education. The opportunity was taken to increase the education of the delegates at the General Assemblies on a level higher than the peer-to-peer which has become a regular occurrence for the past three years. The peer-to-peer education has now become a constant within the National Organizations and it made logical sense to progress towards increasing external presence at our International Meetings. We were lucky to have Mr. Leonard Rubenstein – the President of “Physicians for Human Rights” – at the March Meeting in Monterrey, Mexico. His sessions had such good feedback from the attending delegates that this became the gold standard for any external presence at upcoming General Meetings. The peer-to-peer sessions were still encouraged as can be seen from the Human Rights Pre-GA workshop at the March Meeting and there are plans to improve this for upcoming meetings with more external and specialized sessions. We were also lucky enough to follow-up the March Meeting with a GA report which was a summarized report of what was carried out at the General Assembly in the SCORP sessions.

Actions

SCORP is a humanitarian committee within IFMSA and it therefore requires constant one-to-one discussion with its members. The work that the members carry out is of a voluntary nature and the projects carried out are wide-ranging from disaster response projects, to humanitarian educative projects to human rights training. SCORP is a humanitarian committee within IFMSA and it therefore requires constant one-to-one discussion with its members. The work that the members carry out is of a voluntary nature and the projects carried out are wide-ranging from disaster response projects, to humanitarian educative projects to human rights training. Our main projects for the past few years have been the Peace Test and Disaster Response Projects and they appear to be taking over a number of NMOs within IFMSA which shows that over the past fifteen years that SCORP has been in existence very little has changed within the medical student sphere with regards to the need for students to carry out humanitarian projects.

The Peace Test project is an endorsed IFMSA project which encourages medical students to collect Peace Test data collection and to use this information to encourage education and debate within the general public. The Disaster Response Projects are of a varied nature and are found in many forms in different NMOs with the largest being the ACTION Project – Asian Collaborative Training on Infectious Disease, Outbreak and Natural Disaster and refugee management project. The wish for other NMOs to take on this initiative has been prominent over the past year and there is substantial promise for this project to progress much further over the upcoming terms.

There are numerous other projects within SCORP which showed progression over the past year and I have no doubt that these will progress over the upcoming years with some projects showing promise of developing into transnational projects. These projects have much to offer and it is only fair to give them all fair chance of progressing onwards to more permanent status. Some of these projects are described in the SCORP Project Database and with increased assistance from other organizations these show great promise of developing further. Regular discussions on human rights and peace related subjects have been held on the SCORP online mailing system which served to educate and explore the possibilities which lie in future education.

They also served to keep the NORPs and SCORP Members involved even though many would not have the chance to attend a General Assembly. This allowed us to extend our contact to NORPs as well as international members of SCORP over the year and not just at regional or international meetings.

Future Directions

The Standing Committee on human Rights and Peace is a constantly changing committee which responds to the current world events.
With the media turning its attention to ongoing conflicts and international aid; SCORP members have found the need to respond to this by education, learning and responding in a variety of methods by incorporating new ideas, new people and new methods.

With the creation of the SCORP External Presentation package at the beginning of this year we have been able to present SCORP in a more professional manner to our externals organizations as well as to potential future partner organizations. The main goals till the end of this term would be to progress on this and improve our online features as well as making them more user friendly both for internal and external browsing. With an ever changing world the web has progressed into the most powerful tool any organization has to present itself to others and there is a dire need for this possibility to be explored both within SCORP and within IFMSA as a powerful and widespread organization.

With regards to future SCORP projects within IFMSA there are plans to extend current projects across borders to new and emerging NMOs with an interest in SCORP as well as plans to create new peer-to-peer projects on a regional and international level in the near future. For this purpose SCORP is keeping regular contact with its external partners and other humanitarian NGOs working in the same sphere. I certainly look forward to an exciting and interesting new term for SCORP thanks to the basis set by my predecessors and to the work done over the past year.

One of the biggest successes this term has been the acceptance of a SCOPE pre-GA that will be held before the august meeting in Jamaica, is the Exchange Workshop. This pre-GA will provide the participants the opportunity to share experiences with colleagues worldwide, improving their exchange application procedure and logistics, and at the same time offering a unique educational and cultural experience.

**Future Directions**

At the moment SCOPE is one of the largest and best functioning student mobility programs in the world. With more than 8000 exchange units in more than 90 NMOs the biggest challenge will be to keep the academic quality to the standard and to make the corporate identity recognizable for big professional organizations. But as we started restructuring the Federation and making the external contacts with SCOPE, future looks more than bright.
Standing Committee on Research Exchange (SCORE)

During the term 2007-2008 SCORE has been focusing on the major topics: (1) Academic quality, (2) global health, neglected diseases and research inequalities and (3) marketing. By this we aimed to (a) improve the academic quality of the research exchanges (b) improve the efficiency of our work (c) and focus on the worldwide inequalities in research, and especially the gap in research in fields of neglected diseases, the "10/90 research gap". Except developing SCORE further we also promoted and established SCORE in some NMOs. In order to prevent problems like cancellations etc: we revised the bylaws, contract forms and all other forms and improved them. By all this we tried to develop SCORE further, make SCORE work Faster and the SCORE team Stronger. **SCORE 2007-2008: Better, Faster, Stronger ;-) **

**Strategic Issue**

Improving the academic quality of SCORE exchanges

During the past years SCORE had an increasing number of students applying for a short term research exchange. In order to provide good quality research projects for short periods we made the SCORE Academic Quality KIT for students and tutors explaining what the learning objectives are and what we expect from them. We also focused on the SCORE Pre exchange training (a project of SCORE- TurkMSIC), this will improve the selection of outgoing students which will also lead to a better quality of our exchanges.

**Universal SCORE information booklet**

We made a universal SCORE information booklet so all SCOREans worldwide can provide students and externals with the same information about our exchange program.

**SCORE/SCOPE Exchange related training sessions**

For the first time in history we could provide our members with exchange related trainings outside the standing committee time of our GAs. Topics of the training sessions were: how to contact professors and externals, essentials to be a good exchange officer, fundraising, teambuilding etc.

**SCORE: Global health and neglected diseases**

Last term the 10/90 research gap, announced by the global forum for health research, was introduced. This term we implemented that in our score work by setting up projects in areas of neglected diseases and focus on how to make medical students worldwide aware of these inequalities. We adopted a new category for our research project database: global health and neglected diseases.

**Supporting new NMOs**

A manual about how to establish SCORE was handed out to all NMOs. We focused on specific regions, like Africa by giving personal trainings on how to establish SCORE during the African regional meeting.

**Future Directions**

Be creative!

Be creative and flexible and think of new ideas to make the SCORE work interesting for the experienced members and the newcomers.

Raise your SCORE, think beyond your SCOPE

We accomplished a lot this year by working closely together with SCOPE members during meetings and outside our meetings. I hope too see that cooperation in next terms too.

Believe in SCORE!

“Our mission is to offer future physicians an opportunity to experience research and diversity in countries all over the world. This is achieved by providing a network of locally and internationally active students that globally facilitate access to research exchange projects. Through our programming and opportunities, we aim to develop both culturally sensitive students and skilled researchers intent on shaping the world of science in the upcoming future. “

**SCORE participants during the African Regional Meeting**

**SCORE Marketing:**

Research Bulletin: Since this term we have a new proposal, plan of action and a new active team to work on this bulletin. It will include articles and reports of exchange students, their research project and experience, but we will also use this bulletin to promote other ifmsa activities.

**SCORE Bylaws, SCORE forms online e-exchange system.** All revised and improved.

**Teambuilding**

What can I say….Our MM-closing ceremony was the best and the safari tour with the SCORE team in Brijuni was one to remember for a lifetime ;-)!! SCORE is one big happy family!!

**Zineb El Hamidi**

**SCORE Director**

**IFMSA Annual Report 2007/2008**

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Standing Committee on Medical Education (SCOME)

Strategic Issue

The three main goals set this year for SCOME derived from the most important and urgent matters that have been arising in the past several years: increasing involvement of regions other than Europe in the work in medical education in the IFMSA. Improving cooperation between the member organizations by providing the adequate grounds to share information about their activities. Preparing a set of tools that would help our member organizations develop a stronger committee on medical education or even start it from zero, if so needed.

With regards to the work to be done throughout the year, another objective was to involve a group of people from different countries and regions in this continuous work so that they would be able to empower other students in their regions to work in medical education.

Actions

After the 56th IFMSA General Assembly, we started working on creating a working team that would constitute the core of the medical education work at an international level. Regional Assistants were appointed for all regions and other people with experience in SCOME also built in the team. By the end of August, the annual conference of the AMEE took place in Trondheim, Norway. Several IFMSA representatives attended the meeting and presented, together with members of the EMSA (European Medical Students’ Association) the statement on the Bachelor/Master structure in medicine, outcome of the Bologna Process Workshop’07 that had taken place in Amsterdam a few weeks before. During the first months of the 2007/08 term, we focused on developing the tools that we would later use in order to structure and organize an efficient system to share information about medical education projects and activities in every National Member Organization of the IFMSA. As a result of that work, the Medical Education Report Form and the Project Report Form were created and started to be used. Also in these first months, the host for the Bologna Process Workshop’08 was elected and several meetings with the EMSA Medical Education Director were held in order to redefine the terms of the cooperation between the two organizations in that workshop. By the end of 2007, the African Regional Meeting was held, and although no medical education sessions took place in it, there was an initial planning of the sessions and some contacts with local academic authorities from South Africa were established, as a possible ground to build on in the future.

A month later, the Eastern Mediterranean Regional Meeting was held, and SCOME sessions were held in it, facilitated and lead by Alaa Thakhri, Regional Assistant for the EMR. In these sessions, topics that affect this region particularly were discussed, and as a result of it there has been a stronger cohesion among SCOME members in these countries. During the General Assembly March Meeting of the IFMSA, the medical education sessions were focused on Quality Assurance and Quality Improvement, clinical competences and their implementation in curricula, medical ethics and professionalism and training on curricula development and project management, focused on medical education projects. Also, during that meeting, the policy statement that detailed students’ specifications on the World Federation for Medical Education’s Global Standards for Basic Medical Education was finalized and adopted by the assembly, as well as the policy statement on the Timescale for implementation of the Bologna Process.

SCOME sessions were also held at each of the regional meetings, so that participants from all countries could have a more direct view on what SCOME is and express the main threats to working in medical education in their regions. Also, the SCOME Development Kit was started by a working group, that has continued working on it up until now, in a task that should continue in the future with improvements and addition of relevant materials. A few weeks later, at the European Regional Meeting, medical education sessions were held as well, with the aim of providing European participants with up to date information and to train them in essential aspects of their work. Also, a Newsletter has been developed in order to reach every medical student and inform about the work done in SCOME and the areas in which we focus. In the last few weeks, most of the work in SCOME has been focused on preparing the Bologna Process Workshop on undergraduate mobility and the preparations for the SCOME PreGA and the SCOME sessions that will take place at the General Assembly.

Future Directions

By the end of the term, the Bologna Process Workshop’08 will have taken place, as well as the PreGA workshop on Patient Safety from the medical education perspective, the SCOME sessions at the General Assembly August Meeting and the presentation of the outcomes of the Bologna workshop at the AMEE Conference’08. During this term, contacts have been established with organizations that work in medical education and that the IFMSA had no contact with before. The SCOME-Director and the Liaison Officer on Medical Education issues might find good opportunities in working with the International Institute for Medical Education (IIME) and the International Medical Education Trustee (IMET) in the future, moreover since they focus on global issues in medical education about which we share common objectives.

Further work in Patient Safety, with the World Alliance for Patient Safety can also be interesting in the future. Other aspects that may strengthen SCOME internally are the future development of the tools established this year, like the report forms or the SCOME Newsletter. A double edition of that (one for students and another one for external partners in medical education) could be a good option.

Daniel Rodríguez
SCOME Director
Strategic Issue

The Standing Committee on Public Health (SCOPH) traces back its origins to 1962, when IFMSA formed the Standing Committee on Health (SCOH) worked on various health issues and in 1983 the Committee evolved into the Standing Committee on Public Health (SCOPH), dedicated to Global and International Public Health Issues. The main goals set at the beginning of the IFMSA term were: Strengthening the IFMSA SCOPH network of communication and the Regional SCOPH mailing lists. Close cooperation in the IFMSA SCOPH Board of Regional and Development Assistants for the coordination of successful IFMSA General Assemblies and Regional Meetings. This is the most important step for the formation of capable future leaders for the Standing Committee. Creation of new SCOPH Corporate Identity and improvement of SCOPH Marketing and Documents. Strong and constant representation of IFMSA in the international Public Health Forums. During the last years IFMSA SCOPH cooperates intensively with International NGOs and UN Agencies for international Public Health projects and campaigns, and is truly considered as the international voice of Medical Students for health issues.

The SCOPH Dream Team, the IFMSA Public Health Board this year consisted of: Chijioke Kaduru and Sherif Hassan Abdelrahman, SCOPH Africa Assistants; Olympia Samoglou and Florian Stigler, SCOPH Europe Assistants; Ruba Sajideya, SCOPH EMR Assistants; Roy Shen, SCOPH Asia/Pacific Assistant; Gabriel Arevalo, Geisa Graziela, SCOPH PAMSA Assistants; Marco Saucedo and Vanessa Diaz, SCOPH Marketing Assistants; Aman Yousif, SCOPH Projects Assistant; Mireia Garcia Villarubia, IFMSA LO on Public Health; Eric Tam, IFMSA LO on WHO; Kyriakos Martakis, IFMSA SCOPH Director.

Actions

As the organ of IFMSA which deals with all public health issues, IFMSA SCOPH members worked with all their efforts locally, nationally and internationally on a series of different topics. Chronic Diseases has been a priority for this year also, with a lot of new activities focusing on healthy nutrition, physical activity and the prevention of smoking. The PreGA Workshops during March Meeting and August Meeting were also dedicated to these major aspects of preventing Chronic Diseases. At the end of the year IFMSA SCOPH leads constantly to the creation of the Transnational Obesity Network (TON), the international medical students’ network against obesity. SCOPH members remain dedicated to fight Tuberculosis and Malaria, in particular through the IFMSA AntiTB campaign and the International Campaign on Malaria, organizing successful National and International Events and Sessions during the IFMSA Meetings. They also keep working on child’s projects, such as Orphanage Initiatives, Health Education Campaigns and the Smile X Project. During 2008 IFMSA SCOPH held the first Joint International Meeting with the European Medical Students Association - EMSA for our famous common project Teddy Bear Hospital.

One of the main public health topics that SCOPHians worked on during this year is Alcohol Policies and Prevention. In cooperation with International NGOs and National Youth Councils, IFMSA has been a founding member of the Alcohol Policy Youth Network - APYN, supporting forcefully Health Policies against Alcohol Abuse. Additionally IFMSA SCOPH, in cooperation with the Global Alcohol Policy Alliance – GAPA submitted the Policy Statement “Medical Students Voice to Reduce the Harmful Use of Alcohol”, to support the WHA 61.13 Resolution “Strategies to Reduce the Harmful Use of Alcohol”. The Alcohol Sessions in the European Regional Meeting and the IFMSA August have been two landmarks for the SCOPH and GAPA fight against Alcohol and the recently established cooperation with the WHO Mental Health and Substances Abuse Department motivates us even more to work for the Prevention of Alcohol Abuse.

SCOPH Exchanges is the new IFMSA SCOPH Platform to get network the Village Projects and Exchanges. Through this website the people can get informed about all the IFMSA SCOPH Exchanges, will be able to contact the coordinator of each project and apply for it and the Project Coordinators will be able to exchange their information with each other in order to improve their own projects. The two utmost external partners for the IFMSA SCOPH are the World Health Organization and the World Federation of Public Health Associations (WFPHA). IFMSA SCOPH was there with a strong delegation both in the 61st World Health Assembly and the 42nd General Assembly of the WFPHA, confirming with our presentations and interventions that SCOPHians are working professionally on public health and that SCOPH is the international youth voice of medical students for health.

Regionalization

The importance of the role of SCOPH Regional Assistants in the continuous fight for a healthy regionalization within the Federation has been crucial during the last year. The members of the SCOPH Dream Team coordinated successful SCOPH sessions in their respective Regional Meetings, as well as contributed heavily to the organization of the SCOPH General Assembly Sessions. Internationally they worked as a real team, offering support to members within their region and keeping the IFMSA SCOPH and international mailing lists on a constant activity. Additionally, as members of the Regional Teams of SC Assistants promoted the importance of SCOPH within the Region and of their role within IFMSA. The future standards for all IFMSA SC Assistants have been seriously elevated.
World Day Celebrations

SCOPHians from all around the world celebrated a series of various World Days during this year. Celebrations included the World Diabetes Day, the World Health Day, the World TB Day, the World Malaria Day, the World No Tobacco Day, the World Mental Health Day, etc. The activities held ranged from general awareness in media to huge interactive local and national events in public locations. Many activities were held in cooperation with international NGOs and their National and Local Departments, which contributed strongly to strengthen our health messages and interventions. Some of these INGOs are the International Diabetes Federation, the World Federation of Mental Health Associations, the World Heart Federation, etc.

Future Directions

During the last years IFMSA SCOPH has made serious progress in networking our activities and cooperating seriously with important externals. IFMSA and SCOPH are the recognized voice of medical students for all Public Health issues, including the educational aspect of the public health problems. In cooperation with the Dream Team members we have planned a series of international activities for the next years, including congresses in cooperation with important partner INGOs and working for a series of IFMSA SCOPH Publications. I am sure that the new SCOPH Team will continue working on the same direction and will enable us all see the glorious future SCOPH deserves and we are all building during the last years.

It’s has been an honor to work with all the enthusiastic SCOPHians this term. It’s been a pleasure also to meet some of them in the International Meetings and Forums, work together for Public Health and spread the well-known “infectious” SCOPH spirit. On behalf of the whole SCOPH Dream Team, I have to thank you for making this year productive and unforgettable. Keep SCOPH Rocking... we have just started!

Kyrkostas Martakis
SCOPH Director

Standing Committee on Reproductive
Health including AIDS

Strategic Issue

Maintenance and Creative Advancement in SCORA

A year from the previous yearly report 2006/2007, the previous SCORA director stated that SCORA had many NMOs who were not active including some of which were not even up to date. by the end of 2007 SCORA became more active than ever. Last year was marked by many new initiatives and a major change in methodology of reporting, structuring, and approach to HIV/AIDS and reproductive health problems. This presented a challenge this year, maintaining that progress and building more upon it! Major effort was placed this year to make the work in SCORA systematic. By the end of the term, we have noticed within NORAs and Regional assistants that a pattern of work promising an increased level of productivity.

In conclusion we can safely say that SCORA has taken a major step forwards in modernizing its approach as a student organization working in the field of public health. It goes without mentioning that those who take most credit for what SCORA has achieved are my SCORA Regional Assistants, NORAs, NMO Presidents who without them nothing of what has been achieved could have been possible.

Actions

This year announced itself as one of the best years to come in IFMSA-SCORA, the dynamic energy created the previous year was carried on to yield more collaboration and advances in this year as well.

World AIDS Day

December 2007 announced itself as being one of the biggest World AIDS Day (WAD) event that IFMSA-SCORA was ever going to hold! A preliminary survey sent before the WAD event showed that more than 76 NMOs within IFMSA were planning to hold a WAD event. This year’s WAD was marked for the first time by a fruitful collaboration between IFMSA and both the World AIDS Campaign and the MTV Staying Alive Foundation. Through IFMSA NORAs and Presidents of NMO’s worldwide received WAD packages, DVDs, and condoms destined to be used on their events. To further mark this year’s uniqueness of the WAD, a website is currently developed by Mondo Fragile where NORA will upload reports of their WAD events as well as pictures

International Women’s Day

In addition to this year’s WAD we had the International Women’s Day, many NMOs around the globe had held their own IWD event, activities ranged from self defense classes to seminars about women’s rights, etc.

International Candlelight Memorial

A new project in our yearly calendar has become a big project over the last two years. More and more countries are holding the International Candlelight Memorial to honor the lives of those who succumbed to the greatest infectious epidemic. International contacts were made and we have national officers looking forward to become community and national coordinators assigned by the program of the Global Health Council.

International Peer Education Training (IPET)

SCORA remained the pioneer between the standing committees to take on peer education as a mainstay in its educational approach to fight HIV/AIDS as well as reinstating the importance of reproductive health rights. Up till today 4 International Peer Education Training (IPET) pre-GA Workshops have been held, and the 5th IPET coming on the way this august meeting with 23 new participants. More than 85 Peer Education Trainers from more than 25 different countries have been trained by UNFPA/Y-PEER certified trainers or trainers in peer education. The training focuses on all aspects of initiating, maintaining, monitoring, and evaluating a peer education project.
education project.

**SCORA and Externals**

This year was marked by SCORA making the most extensive contacts with external organizations than ever before. SCORA is looking to develop mutual collaborations with external organizations using MoU’s (Memorandum of Understanding) and ToR’s (Terms of Reference). The importance of such documents lies in documentation and to build upon in the future. The SCORA LO had several meetings worldwide with organizations such as UNAIDS, WAC, MTV Staying Alive, UNFPA, Young Positives, IAVI, WHO, FIGO, Global Campaign for Microbicides. Furthermore we had our RAs as well as NORAs participate in several international trainings and workshops. IFMSA-SCORA will also be represented in the International AIDS Conference in Mexico City this year.

**Future Directions**

SCORA today has achieved a notable improvement in its arsenal of projects and professionalism that it is striving for. It goes without doubt that the basis established over the previous years will provide fertile ground for SCORA to grow bigger and stronger over the next 3 years at least.

Though we did establish ourselves, and we have improved very much, SCORA still needs to improve on many aspects. Today comes the greatest challenge of being able to objectively re-evaluate SCORA’s progress over the period of 2 years. Furthermore now is the time to identify SCORA’s future challenges locally, regionally, and internationally. In the light of an ever-expanding International SCORA, lies the need for a more effective team of SCORA members where functions are distributed in ways that make it most effective. A team is to be formed to work harder and show substantial commitment to the advancement of SCORA. Volunteering presents many challenges in terms of work consistency and quality and this is the point SCORA worldwide should tackle most aggressively, the rest comes along the way.

**Samer Abi Chaker**
SCORA Director

**Liaison Officer to UNESCO**

As Liaison Officer to UNESCO, I focused the most of my energy towards two key priorities: Higher Education and Participation Programme. IFMSA has been invited and participated in several meetings in the filed of Higher Education. We have strengthened our external relations at this section of UNESCO and managed to established very fruitful atmosphere for any future projects. Participation at the Global Forum for Higher Education has granted IFMSA several possibilities which need to be identified and developed inside of IFMSA (new projects, initiatives).

I have participated also in the World Youth Forum, where IFMSA enjoyed status of an observer. As such, I have been asked on several occasions to present IFMSA opinion towards the issues of education, gender equality, quality assurance, health issues in education, discrimination and to elaborate IFMSA experiences on the field of peer education. My suggestions were included in the final report, which was presented at the General Conference of UNESCO as a common youth voice towards international community.

After some rehabilitation of past funding from UNESCO, I have forwarded new application for Participation Programme 2008/2009 of UNESCO, which offers funds for several projects and activities that IFMSA has. Manly we suggested the participation in the field of trainings, HIV/AIDS education and public health issues. We are still waiting for the final results, which are going to be known by AM2008. Also I have just started the preliminary procedure to change IFMSA status within UNESCO from NGO with “operational relations” to NGO with “formal” relations. This brings higher responsibility towards UNESCO but also more sustainable relations with several new possibilities of co-operation. Currently, I am trying to successfully finalize the IFMSA application to the Global Research Seminar and 2008 Global Ministerial Forum on Research for Health (both in November 2008).

Mr. Sergej Godec

**Liaison Officer to WHO**

Shortly before my term begun officially, I have attended the WHO-Western Pacific Regional Office (WPRO) Annual Meeting. During this meeting I presented a statement which focused on the efforts of IFMSA in Tobacco Control and Health Action in Crises in that region. I also made new contacts within the WHO WPRO that allowed later assistance to the Asian Collaborative Training on Infective Disease, Outbreak, Natural Disaster and Refugee Management 2008.

During my visit to the WHO Headquarters in October 2007, I ensured continuity by visiting contacts in the departments of Ageing, Child and Adolescent Health (CAH), Health Action in Crises, Health and Human Rights and Tobacco Free Initiative, Global Health Workforce Alliance, Global Alliance on Patient Safety, Roll-Back Malaria Partnership and Stop TB Alliance.

As a result, IFMSA members got a chance to attend the WHO Human Rights and Health E-Learning course online. Also an IFMSA delegate attended the First Global Forum on Health Workforce as a speaker in a workshop. I also assisted the Global Survey on Pediatrics Curricula (GSPC), a joint project between the IFMSA and WHO CAH Department this year.

The participation of IFMSA at the World Health Assembly 2008 was very productive. We had a big delegation of 9 persons that represented well the all the different aspects of IFMSA. We have established new contacts in not only WHO departments, but also with other NGOs attending the meeting. Two statements which concerned the health of undocumented migrants and alcohol control were delivered to the Assembly. During my remaining term, my goals would be to finalize the internship agreement between IFMSA and the WHO Stop TB Alliance, securing the membership of IFMSA in GHWA and assist the conclusion of the GSPC and ensure follow up on the issues brought up during the World Health Assembly.

Mr. Tam Wing Sun, Eric
Liaison Office to Students’ Organizations

Our contact with the IPSF (International Pharmacy Students Federation) has been very stable and joined project P-squared is working very well. Also there has been an IPSF representative at every IFMSA GA. Unfortunately their annual GA is during the same time as our GA. It would be nice to change this in the future. Within IFISO (Informal Forum of International Students’ Organizations) the activity is increased. Both meetings were very productive and interesting. I was able to gain a lot of information from the other student organizations, especially in relation to organizational management and fundraising.

A Memorandum of Understanding was signed with MastersPortal. They offer a comprehensive, structured database of Master’s programmes in and around Europe. The document secures mutual promotion of each other. Hopefully they will be able to support us financially next year. A well formed plan has been made for the collaboration with AIESEC. The collaboration will be formed on the national and local level and all NMO’s will be able to get a great benefit from them as they are a well experienced student organization. Hopefully this collaboration will be final at the AM. Some discussions were started on the collaboration with IAPSS (International Associations of Political Science Students). There is no follow up yet, but since this collaboration can bring a lot to IFMSA I hope the there will be one. We had a representative of EMA (Erasmus Mundus Students and Alumni Associations) present during the MM 2008. A meeting with them will follow to seek for more opportunities for IFMSA to work with them.

In terms of Regional Partners, the collaboration with AMSA (Asian Medical Students’ Associations) and EMSA (European Medical Students’ Associations) has been very well. And a contact has been made with FAMSA (Federation of African Medical Students’ Associations). Hopefully we will be able to support each other further in the next year.

Unfortunately, no contact has been made with ESC (European Student Conference) or IADS (The International Association of Dental Students). It is important to explore the nature of our collaboration more since this has been very limited the past year.

Ms. Andrea Solnes Miltenburg

Liaison Officer on Medical Education Issues

IFMSA formally cooperates with two major organisations in the field of medical education: the World Federation for Medical Education (WFME) and the Association for Medical Education in Europe (AMEE). These contacts have been very good and stable over the last years and the SCOME LO is member of the Executive Boards of these two organisations.

The WFME has elected a new President taking over the office from Dr. Hans Karle who was leading the WFME since 1996. The President-elect is Prof. Stefan Lindgren from the University of Lund and his term starts in September 2008. At the Executive Council Meeting in Copenhagen in July I have met him and introduced to him the work IFMSA is doing in this field. WFME promised to support the 2008-edition of the SCOME Manual financially and hopes for good and sustainable collaboration in the future. AMEE is by far the largest regional association for medical education with members from more than 90 countries and all continents. At the annual scientific AMEE conference in 2007 we were given the honour to present our Bologna Process initiatives during the plenary.

The AMEE is supporting the Bologna Process Follow-up Conferences of the IFMSA financially since 2006 and will continue doing so this year.

There is informal collaboration with the other regional associations for medical education and regular contact to their presidents at the WFME Executive Council Meetings or international conferences. The presidents are aware that IFMSA represents international medical students and get do receive all relevant policies of the IFMSA. Due to two major international medical education conferences taking place around both the IFMSA March and the August Meeting, no external from WFME and AMEE was able to attend the GAs. However, I was able to find externals from both international partners participating in the Bologna Process Follow-up Conference in Berlin, in July, on the promotion of undergraduate mobility by the introduction of quality labels.

Mr Jan Hilgers

Liaison Officer on Public Health Issues

This year, I focused on strengthening existing external relations and follow up, as well as making new contacts related to chronic diseases. The GHC give the chance to all IFMSA members to become GHC members for no charge and directly benefit of one of the biggest global health networks. We make new contact with the International Diabetes Foundation which is helping all NMOs with material and resources, while we are also working on Terms of Reference for the World Diabetes Day 2009.

The World Heart Federation is collaborating with us particularly on tobacco related issues, while also assisting us with the preparations for the international conferences in Africa and ideas for SCOPH projects. We are working with the World Federation Public Health Association to organize a day event before the World Public Health Conference in 2009 (Turkey) where medical students will work on a statement - an amazing opportunity to involve students in the field of public health. Becky Davis (Alumni Coordinator at Child Family Health International), came to MM08 to participate in SCOPH sessions and show all IFMSA members about CFHI scholarships. Every year they reserve one spot for an IFMSA member, thus we are w
orking to sign a Memorandum of Understanding.

**Liaison Officer on Reproductive Health Issues, including AIDS**

It has been a very busy year for all those working in the field of sexual and reproductive health and HIV/AIDS. Primary focus was on reinforcing old and building new partnerships as well as providing assistance to NMOs.

Relationship with UNFPA is not as we would hope, but we are negotiating our status. In the mean while our IPETs receive support, Division for Africa wants to support IFMSA African RM008 and we were offered an IFMSA specific internship with the UNFPA Geneva Office in the Maternal Health Dept.. UNAIDS is strongly supporting IFMSA, especially in implementing the GIPA principle and fighting discrimination in health care surrounding. We have reconnected with the UNICEF HIV Department and RO, World Health Strategy (YouACT/EC) and XVII International AIDS Conference (IAS). There were several other important meetings where we had SCORA Officials that allowed us to network and conduct relevant side-meetings.

**Ms. Silva Rukavina**

At the moment we are preparing for the UNHCR Annual Consultations, where we’ll meet with all the worlds most important NGOs that work with refugees and hopefully be able to establish new partnerships for SCORP. Other meetings attended are the UNCHR Annual Consultations 2007, WHO European Meeting, Medical Peace Work general assembly, a personal meeting with International Federation of Health and Human Rights Organisations (IFHHRO), ICRC, Physicians for Human Rights and the World Health Assembly. All in all, we think we had a great year and would like to thank everyone, especially the SCORPions for their support.

**Ms. Johanna Norenhug & Ms. Jessica Ehne**

We are in a formal relationship with the International Federation of Gynecologists and Obstetricians (FIGO) and for the first time in history medical students are invited to take an active part in FIGO’s General Assembly 2009. World AIDS Campaign has supported IFMSA with packages that were delivered to all IFMSA NMOs and will do so in the future. We contacted UICC for the Reproductive Neoplasms Prevention Projects, and it opened doors to many SCOPH and SCORA initiatives. We have supported MTV Staying Alive with information on HIV testing info and promoted their Foundation grants, while have received movies and condoms for NMOs and meetings. Also we are communicating with the International AIDS Vaccine Initiative, GC for Microbicides, FHI, Hopes Voice, IPPF, GNP+ & Young Positives and most recently with International AIDS Society and EAA.

Meeting, Youth Consultation Meeting (WAC/UNFPA), 3rd Balkans AIDS Conference (PH), World Health Assembly 2008 (WHO), Information and Networking Days on HIV/AIDS and the right of young people to SRH (YFJ), Study Session on Improving the Health of Young People in Europe: Towards a Sexual Health Strategy (YouACT/EC) and XVII International AIDS Conference (IAS). There were several other important meetings where we had SCORA Officials that allowed us to network and conduct relevant side-meetings.

**Liaison Officers on Human Rights and Peace Issues**

Some of our main focuses the past year have been to improve the  continuity in IFMSA and increase the knowledge and interest in SCORP issues.

Since there is a high turn over of people involved in IFMSA, we wanted to improve the relations with more stable organizations. This has resulted in an improved relationship with the current partners (IPPNW, UNHCR, IFHHRO), as well as new relationships with the Medical Peace Work network, and Physicians for Human Rights, who sent a key note speaker for the MM2008. We have also worked with encouraging SCORPions to engage in other organizations courses or trainings. And in order to increase the knowledge and interest in SCORP issues, we have developed educational material and trainings with external partners, that can be used by IFMSA.

Internally we have worked with launching the SCORP monthly discussion forum, writing LO news, sending updates from numerous organizations and planning agendas for the international SCORP meetings together with the SCORP director. We have worked hard on finding materials for the meetings; unfortunately both the postal package from UNHCR and OHCHR got lost on their way to Mexico. Hopefully we’ll have better luck with the August Meeting.

Think Global

Strategic Issue

Think Global, is IFMSA’s main global health (education) project. Global health education strives for students to have an understanding of the broad determinants of health and healthcare delivery. Think Global aims for all future physicians to have an understanding of global health and to incorporate global health more in IFMSA’s activities.

The project is going on for several years now, the last years a great deal of work has been done in raising awareness, by organizing workshop, trainings and other events, among others during the pre-GA’s and theme events of the General Assemblies. However, it appears that for some, global health is still (also due to the high turn-over in IFMSA) a vague term and it is unclear to them what global health encompasses. That indicates to us the continuing relevance of Think Global, and the need to expand its scope by incorporating global health more into IFMSA. Due to lack of team members and high turner some tasks are still left undone, such as a global health education survey, obtaining an overview of student opinion on global health, and global health education at each country’s medical curricula, really started. The aims of the survey are to gain an overview on the form of global health and to gain a good overview of student opinion on global health, and global health education at their respective universities. The results of this survey are the starting point for further advocacy for more global health in medical curricula and future plans of the project.

Actions

Before the March Meeting a 3 day workshop was organized with the same theme as the General Assembly: Migration and Health. In these 3 days we introduced 26 participants in this specific global health issue. The following topics were covered: different groups of migrants, reasons of migration, impact on societies, health as a human right, access to health care and migration of health care workers. In addition to these workshops, there were sessions on how to take things further, an advocacy training and the first steps were made for two policy statements. The pre-GA was evaluated very well, a relatively large majority of the workshop participants were satisfied with both the relevance as well as the quality of the sessions. The relatively high marks for each session indicated that participants experienced the workshop in its entirety as a positive and helpful experience. Altogether the pre-GA was a great success. The policy statements were finished during the GA and presented to the General Assembly for adoption. “The Monterrey Declaration on the Fundamental Right to Health” and “The IFMSA Declaration on Migration of Healthcare Professionals” were both adopted as IFMSA policy statements.

The theme of the March Meeting “Migration and Health” was introduced by Leonard Rubinstein with an inspiring speech. The rest of the week, the delegates were given the opportunity to learn more about this important global health issue through workshops and a panel discussion. Workshops were offered on a wide variety of topics to approach different aspects of “Migration and Health”. The last day of the March Meeting, the theme was concluded in a panel discussion. By means of these two events we hope to have inspired the delegates to act on the newly gained knowledge once back home, either by new initiatives or by the influenced attitude of the student. During the March Meeting, the initiative status of the project was extended. The evaluation of the project’s initiative status was a good opportunity to evaluate the outcomes of the last two years, to re-evaluate the aims and objectives of the project and to make plans for the future. One of those plans is to formalize the team structure. After the March meeting a call for Regional Assistants was made. Their appointment for the term May – September, primarily focuses on providing encouragement and support to members of their respective regions to initiate activities related to global health and to provide the necessary support in their efforts. Besides this, Regional Assistants also keep an overview of the activities pertaining to Global Health in their respective regions. As our first activities was brainstorming how we could accomplish our goals in the best way, we started by having a monthly forum for some regions and emailing the NMOs personally in others. Important tools to support NMOs in initiating global health (education) activities are the website and a database containing global health (related) projects. In order to keep improving these resources and keep them up-to-date, specific coordinators were appointed. We are aiming for the ifmsa.org website to become an extensive resource library.

This term, the Global Health survey also got really started. The aims of the survey are to gain an overview on the form of global health education in each country’s medical curricula, and to gain a good overview of student opinion on global health, and global health education at their respective universities. The results of this survey are the starting point for further advocacy for more global health in medical curricula and future plans of the project.
created to work on this survey and a detailed plan of action is written in collaboration with the survey coordinator. The first steps have been taken, such as identification of possible partners. For the August Meeting Think Global is organizing pre-GA workshops for beginners in global health titled "Poverty and Health – Introducing the Issues". The theme for the August Meeting is "Nutrition and Health". The programming and organizing is in full swing, promising again an engaging series of activities of the Theme of the IFMSA General Assembly.

**Future Directions**

A lot of new initiatives are started this year that will require follow-up next year. This year, for the first time, the project had regional assistants to encourage the regions to initiate global health activities and to obtain an overview of the existing global health (related) activities. These tasks will not be completed at the end of this term and will therefore require continuation next year. The database and website may also not be finished this year and keeping them up-to-date will be highlighted next year, to establish a well-known resource centre for members of IFMSA and other medical students interested in global health issues.

The work of the global health survey will be continued and hopefully the survey will be finished by the term 2008-2009. The results of the survey will be an important milestone for future planning of IFMSA's global health activities. The project will continue long-standing activities such as pre-GAs to train IFMSA members more thoroughly in global health issues than possible by the theme events. The participants of the pre-GAs have proven to be a recruitment pool for Think Global team members.

The project was very fortunate that since the start of Think Global the themes chosen by the NMO presidents were global health issues. Therefore the activities and promotion surrounding the GA themes are excellent opportunities to raise awareness about global health issues and we are looking forward to continue this.

**Tobacco Initiative Project**

One of the main challenges of the term 2007/2008 has been to start to work without proper handover. The defining and structuring of work were a major issue in the beginning of the year. After some communications problems the preparation of the PreGA on Tobacco for March Meeting 2008 started.

The fact that international presence of IFMSA in Tobacco Control is to be improved laid out my objectives clearly. In my point of view a big issue that needs to be improved is the fact that a lot of NMOs have very successful projects and activities on a local and/or national level but the IFMSA does not properly promote and publish these.

The other big area of work is continuity. There is no central collection of national materials that are prepared and the internationally provided materials are lost over time as well.

These materials could be reused and utilized as inspiration for other NMOs that currently do not have their own materials.

The collaboration with the World Heart Federation was very fruitful over the past year as well. They are very interested in working on a handover manual ever since in the beginning of the term. Writing a handover manual has proved itself to be very successful with my former position as NPO.

**Actions**

Two major working areas were apparent: Building continuity and making IFMSA more present in the international circus of Tobacco Control.

In order to ensure continuity in the future I am working on a handover manual ever since in the beginning of the term. Writing a handover-manual has proved itself to be very successful with my former position as NPO.

Currently I am writing it and it will be finished by the next August Meeting in Ocho Rios, Jamaica.

This handover manual will contain information, deadlines and experience about all major working areas and duties of the Tobacco Initiative Project Coordinator. It is a keeper of experiences and if continued and updated by successors it can be a very useful source. But a handover manual can cover only one aspect of ensuring continuity – passing experience on. All reports, posters, flyers, presentations and workshop preparation need to be passed on as well. Old materials are a very valuable resource for future projects and ideas. In order to not lose material again I worked through all material I could gather over the term and implanted a thorough structure that is easily understandable and can be continued as all files are now named in the same manner. This will make it easier for my successor to orientate him/herself and to have what is needed at hand. In order to make IFMSA more present in international Tobacco Control we chose two approaches. Firstly we want to involve more NMOs into Tobacco Control and to make it as easy and convenient as possible for them.

This was the objective of the PreGA during which we produced a handbook on how to set up a No-Tobacco-Activity for World No Tobacco Day even when the resources are limited and especially there have not been any activity before. As target group we chose medical students as the education about tobacco lacks greatly in most medical schools.

With our handbook for an anti-tobacco-activity we want to provide the necessary knowledge of what every doctor needs to know about tobacco. The major topics are presented in a total of seven posters and are explained a bit further within the handbook.

The PreGA was a success on every level. The handbook is published and for World No Tobacco Day we also produced a video that was uploaded on youtube.com and has been viewed
by now nearly six hundred times. The theme of the video are components of tobacco smoke. It can be viewed under http://www.youtube.com/watch?v=ovdu0oN3I9c.

Additionally we prepared a poster for World No Tobacco Day and published a statement for World No Tobacco Day that is available in fourteen languages. All of these sources were widely distributed. Here I would like to take the opportunity to thank all of those who have helped to translate it.

Further are we working on a homepage for the Tobacco Initiative Project where we will be providing all material so far produced for downloading. There is already a section on the IFMSA-homepage which is not sufficiently used for promoting the IFMSA Tobacco Initiative Project. We also will try and collect as much national and local material as possible in order to upload it there as well. With this we will ensure that material is not lost over time.

**Future Directions**

The handbook on an activity what every doctor needs to know is finished. It needs to be further distributed and if necessary updated. But in general this handbook can be used for some time without major changes. At the moment we are working on updating the homepage and uploading all collected files.

Furthermore we I am working on the handover-manual which will be completed by the end of the term.

The continuous update of the handover-manual throughout the year is another very important issue.

The evaluation of the World No Tobacco Day reports should be finished by next August Meeting in Ocho Rios, Jamaica. The major strategic issue for my successor will be the application and hopefully preparation of another PreGA on Tobacco. Having only one PreGA in one year is a bit unfavorable for consolidating the sustainability and continuity of the project. It would be better to be able to conduct two PreGAs per year. But as it is seems to me vital that my successor holds a PreGA on Tobacco at the upcoming March Meeting 2009 in Tunisia.

The aim of IFMSA Anti-Tuberculosis Campaign is to raise awareness on tuberculosis and establish an international strategy among the medical students worldwide to respond to the return of the disease and to motivate the IFMSA members to become involved in the global initiative adopted against Tuberculosis. Through gathering information on all anti-TB projects, providing assistance and promoting anti TB activities, the IFMSA Anti-Tuberculosis Campaign is a tool for IFMSA to coordinate numerous initiatives that already exist on TB and promote the organization of new ones within its National Members Organizations.

**Actions**

The Anti-TB Initiative project achieved great outcomes in spite of the issues that burdened the project plan, 15 NMOs celebrated the World TB Day 2008 campaign, under the theme, `i’m stopping TB, more countries adopted projects that involved health education about TB and HIV, Anti-TB Campaign was presented in the GAs and also some regional meetings, many of new NMOs have been recruited to take a part in the campaign especially in Africa, Europe and the EMR region, presentations about TB/HIV Co-Infection has been presented in SCORA sessions regionally and internationally, discussions has been initiated over the servers, that’s and so many other achievements that you will read in details later in this report. During the African Regional Meeting the Anti-TB Campaign had a very successful session, 2 sessions in SCOPH and SCORA sessions, movie presentation and a project presentation on the plenary sessions.

We established great collaboration with Stop TB Department of WHO. The collaborations is based on: providing us regularly with shipments of TB, TB/HIV materials for international, regional and national meetings, but also with external speakers for any international, regional or national meeting. Additionally, finalize the plan for an internship for medical students in the WHO, STOP TB department “based on an initiative proposed by Nina Jovanovic, Anti-TB Campaign coordinator 2006-2007.

**Future Directions**

Established more contacts and collaboration between the Anti-TB Campaign, WHO and Stop TB Partnership in collaboration with the IFMSA Liaison Officer to WHO. Work on the proposal of “Agreement of Cooperation” to be presented to the Stop TB Partnership which will ensure the continuity and sustainability.

To present the Campaign the best possible way in the regional meetings and the GAs to advocate for TB and recruit more medical students. Decrease the number of the groups of the campaign to 2 groups instead of 3, one for all the members, and the other for the Anti-TB Regional Assistants. Online polls and Questionnaires for improvement (Evaluation and feedback).

Provide support to the NMOs for promotion, fundraising, recruitment and documentation purposes, creating Anti-TB Campaign page in IFMSA website in collaboration with the new technology support division director for Activities reports, posters, leaflets, etc; as well as involvement of the campaign coordinator and Regional Assistant in the different IFMSA Publications.

**Ahmed Abdalla**

Anti-TB Initiative Project Coordinator
Alumni Support Division directors are in charge to keep in touch, organize and work with IFMSA Alumni. We work in order to improve benefits of this division for the Alumni and IFMSA.

IFMSA Alumni are those doctors who graduated from Medical Faculty and were IFMSA or NMO officials. The idea of having all IFMSA alumni on one place is being organized through Alumni date base. Today we have round 400 alumni registered there, so it is very easy to approach to each alumni whether he/she graduated 10 or one year ago. The presence in this data base is not obligatory for alumni.

IFMSA Alumni are helping IFMSA through various ways; they are the source of very experienced speakers, trainers, external partners, or possible contact person for IFMSA fundraising. But, IFMSA alumni are usually very busy successful doctors whose life is very separate from IFMSA so the main challenge for Alumni Director as we see it, is how to hold our alumni, how to make them interested in IFMSA activities, how to bring them into discussions, and make them come to General Assemblies, Regional or National Meeting.

IFMSA Alumni are the strength of IFMSA, source of experience and support and we must seek all possible ways to improve connections and collaborations among IFMSA and their alumni.

**Strategic Issue**

Alumni Support Division directors are in charge to keep in touch, organize and work with IFMSA Alumni. We work in order to improve benefits of this division for the Alumni and IFMSA.

**Actions**

Constant improvement of Alumni date base; adding new members, updating their personal date and making these details more accessible for IFMSA needs. For this, we created alumni mail account for those alumni who requested and appointed Alumni National Coordinators.

Development of Alumni Monthly Forum on alumni yahoogroup. There we discussed about several important issue including Alumni role in NMO, whether they should be independent of NMO or not. The topic that brought wide and interesting discussion was he matter of organizing Alumni Professional Exchange Program. March and August Meeting organizing for alumni and motivated to work as trainers during MM. Also alumni as a chair for March Meeting 2008.

Dr. Dawodu award: finished all process, and reward given to Mr. Jean Paul Rakabyarwema from Rwanda. Dr. Segun T. Dawodu, is an alumnus who first got involved in IFMSA in 1981 and now is helping members from African NMOs to go to GAs, generously sponsoring one delegate each AM. He helps a student that is actively working in a NMO from Africa to attend to the August Meeting, this purpose is accomplished through a TAF that is sponsored by Dr Dawodu each year.

Working on a Project Proposal with Mr. Aamir Abbas on how to improve Alumni network in IFMSA. Planning to organize Alumni reunion, possible venue-Dubai.

**Future Directions**

Promotion of Alumni as source of trainers, speakers, externals for IFMSA General Assemblies, Regional Meeting or NMO meetings and trainings. Alumni as former NMO or IFMSA officials have maximum experience which refers to holding and organizing trainings, workshops, sessions etc. They are easy approach or contact, and many of them are participating these meetings as well. So promoting alumni as potential externals is beneficial as well for IFMSA as for them.

Making a document which will be summary of 2 years IFMSA history, contact details and possible ideas for sponsorship. These documents should be distributed to IFMSA Alumni how are working in big institutions. These is the way IFMSA can get money from them. This is the plan that our future successor should focus on.

Help Alumni who will come to AM in Jamaica and continue monthly forum and seek for research.

The essence of the IFMSA GA remains in that it continues to be a place of great opportunities for medical students from all over the world. They gave me a tremendous opportunity to learn from my peers while giving me a great opportunity to learn leadership skills that became useful later in life. IFMSA has grown tremendously, more than what I had experienced as a student . IFMSA is an organization that has in no short measures contributed to who I am today.

Dr. Según T. Dawodu
IFMSA Alumni—Nigeria

Jenny Zablah and Nina Jovanovic
Alumni Support Division Co-Directors

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Training

**Strategic Issue**

**Maintenance vs. New Initiatives and Improvement**

Training is still a topic/branch/division within IFMSA that needs to be defined and developed. The previous Training Support Division Directors had worked on several things, each year trying to maintain the growth, and focusing on something specific. The challenge has been to stay in touch with the speed of growth, reply to the demands of the IFMSA members and still be able to create some development and new initiatives within the Division.

The focuses this year was to create some solid basis for the division. Some examples are creating a database with all TNT workshops held and having all contact details of all people that had become trainers from them. Added to this was the creating of a forum between the National Training Directors/Coordinators of the NMO’s. Many NMO’s took the initiative this year to organize their own TNT workshops to create more national trainers and more empowerment on a local level.

**Actions**

**TNT and TOT Workshops**

“Like all student organisation, IFMSA suffers problems from the rapid turnover of its active members. Currently, our enthusiastic students jump into action to achieve their dreams often without basic knowledge about leadership and project management. Their experiences bring them hard-earned knowledge and skills, but can also bring unnecessary disappointments and frustration. The average IFMSA career is a few short years and students often acquire crucial knowledge and skills only as they near the end of their active period. Sadly, they often leave the organisation without passing on what they know to the next generation.”

The sentences shown above are the first sentences written in the original proposal for the very first Train the New Trainers Workshop (TNT), which was held in the Netherlands in 2003. Since that time we have had the opportunity to organize over 10 international TNT workshops and around 12 regional and national based TNT’s. This means that at this moment we have a steadily growing pool of trainers, trainers that are more then willing to share their experience with all IFMSA-members. This is crucial to create an effective organization and sustainable projects in the future.

During the last general assembly we held 13 Parallel Training Sessions and in this upcoming August Meeting in Jamaica we will be holding 15. These training sessions are divided into three successive levels. In this way we offer the newcomers comprehensive knowledge and skills. Evaluations show that the IFMSA-members greatly value the training opportunities offered during the IFMSA General Assemblies. In advancement of these, we are now offering a workshop that offers a higher level of training for already existing trainers. This workshop is the Train the Old Trainers Workshop. With the increase of Trainers, TNT Workshops and advancement in NMO’s, this year we had a huge increase in National Training Directors. This year we now have over 25 National Training Directors and more are coming.

**Leadership Summerschool**

The Leadership Summer-school project was born to fulfill a perceived need of improving the training culture and quality across youth associations.

During the IFISO (Informal Forum of International Student Organisations) Meeting held in Budapest, 15-19 November 2007, the new attempt for the Leadership Summer School event was started with a presentation about the project and enthusiasm of all student organisations present. This was followed by selection of Participants and Trainers from each organisation. In total we had a number of 17 Student Organisations represented, and trainers from 6 different organisations.

**Future Directions**

The one thing that we started working on, and will try to complete is creating an online database of all the material that we have all Training Material and all Training Sessions that we have given. It will be a goal of the division to complete this by the end.

A Complete account of all TNT workshops held, the amount of Trainers we have, and a statistical analysis of everything we have accomplished within the division is something we are hoping to achieve before the end of this term. These figures are ones the organization needs for all purposes including fundraising, annual reporting, and general documentation. We are now thinking of a systematic way of being able to share this knowledge with the members of IFMSA and have Trainers be able to add this to their current library of resources. IFMSA-Training has taken some steps in the right direction, although it was one of my goals to retrace those steps and together with the division to see where improvement is needed in the current activities and how to make sure we document everything properly and keeping all activities transparent.

Salmaan Sana
Training Support Division Director
The IFMSA official relationship with other organizations are based on health, education, science, and humanitarian affairs. The decision to establish an official relationship with another organization can be made by the Executive Board and has to be approved by the General Assembly, or can be decided by the General Assembly and has to be pursued by the Executive Board.

**Liaison Officer to UNESCO** (unesco@ifmsa.org)

UNESCO United Nations Educational, Scientific and Cultural Organization [www.unesco.org](http://www.unesco.org)

**Liaison Officer to WMA** (president@ifmsa.org)

WMA World Medical Association [www.wma.net](http://www.wma.net)


CONGO The Conference of NGOs in Consultative Relationship to UN [www.ngocongo.org](http://www.ngocongo.org)

**Liaison Officer to WHO** (lwho@ifmsa.org)

WHO World Health Organization [www.who.int](http://www.who.int)

RBM Roll Back Malaria Partnership [www.rbm.who.int](http://www.rbm.who.int)

TFI Tobacco Free Initiative [www.who.int/tobacco](http://www.who.int/tobacco)

WAPS World Alliance for Patient Safety [www.who.int/patientsafety/en](http://www.who.int/patientsafety/en)

GINA Geneva International Network on Ageing [www.who.int/ageing/gina](http://www.who.int/ageing/gina)

GHWA Global Health Workforce Alliance [www.ghwa.org](http://www.ghwa.org)

**Liaison Officer to Students’ Organizations** (losos@ifmsa.org)

AIESEC Association Internationale des Etudiants en Sciences Economiques et Commerciales [www.aiesec.org](http://www.aiesec.org)

AMSA Asian Medical Students’ Associations [www.amsahk.org](http://www.amsahk.org)

ESC European Student Conference [www.esccberlin.com](http://www.esccberlin.com)

EMSA European Medical Students’ Associations [www.emsa-europe.org](http://www.emsa-europe.org)

FAMSA Federation of African Medical Students’ Associations [www.famsa.org](http://www.famsa.org)

FELSOCEM Latin American Federation of Medical Students’ Societies [www.felsocem.info](http://www.felsocem.info) (spanish)

IADS The International Association of Dental Students [www.iads-web.org](http://www.iads-web.org)

IFISO Informal Forum of International Students’ Organizations [www.ifiso.org](http://www.ifiso.org)

IAPSS International Associations of Political Science Students [www.iapss.org](http://www.iapss.org)

IPSF International Pharmacy Students Federation [www.ipsf.org](http://www.ipsf.org)

**Liaison Officer for Medical Education issues** (lme@ifmsa.org)

WFME World Federation for Medical Education [www.wfme.org](http://www.wfme.org)

AMEE Association for Medical Education in Europe [www.amee.org](http://www.amee.org)

ASME Association for the Study of Medical Education [www.asme.org.uk](http://www.asme.org.uk)

JASME Juniors’ organization of ASME [www.jasme.org.uk](http://www.jasme.org.uk)

**Liaison Officer for Public Health Issues** (lph@ifmsa.org)

GHC Global Health Council [www.globalhealth.org](http://www.globalhealth.org)

MWIA Medical Women’s International Organization [www.mwia.net](http://www.mwia.net)

CFHI Child Family Health International [www.cfhi.org](http://www.cfhi.org)

UKPHA United Kingdom Public Health Association [www.ukpha.org.uk](http://www.ukpha.org.uk)

LSHTM London School of Hygiene and Tropical Medicine [www.lshtm.ac.uk](http://www.lshtm.ac.uk)

EUPHA European Public Health Association [www.eupha.org](http://www.eupha.org)


WFPHA World Federation of Public Health Associations [www.wfpha.org](http://www.wfpha.org)

Save the Children [www.savethechildren.org](http://www.savethechildren.org)

WFMH World Federation of Mental Health [www.wfmh.org](http://www.wfmh.org)

**Other prominent organizations in the field of Human Rights and Peace**

UNHCHR United Nations High Commissioner for Human Rights [www.ohchr.org](http://www.ohchr.org)

MSF Médecins sans Frontières (Doctors without Borders) [www.msf.org](http://www.msf.org)

ICRC International Committee of the Red Cross [www.icrc.org](http://www.icrc.org)

GLPHR Global Lawyers and Physicians [www.glphr.org](http://www.glphr.org)

PIH Partners in Health [www.pih.org](http://www.pih.org)

Derechos Derechos Human Rights [www.derechos.org](http://www.derechos.org)

Amnesty Amnesty International [www.amnesty.org](http://www.amnesty.org)

HRW Human Rights Watch [www.hrw.org](http://www.hrw.org)

PHRUSA Physicians for Human Rights [www.phrusa.org](http://www.phrusa.org)

FMReview Forced Migration Review [www.fmreview.org](http://www.fmreview.org)

ENAR European Network Against Racism [www.enar.org](http://www.enar.org)