

Healthy Lifestyles and Non-Communicable Diseases

This is the Annual Report of **Hana Lučev**, IFMSA Program Coordinator for **2015-2016 Term**, issued on 1st July 2016 and amended on 29th July 2016, for the 65th August Meeting General Assembly in Puebla, Mexico.

Summary of Report:

This report represents an Impact Report from term 2015/2016 of all the activities enrolled and reported in the Healthy Lifestyles and Non-Communicable Diseases Program, together with additional comments and recommendations for future development of the Program. It provides the results explaining where we stand when talking about actions combating NCDs and promoting healthy lifestyles, from the activities collected during this term. This report compares the results of 20 activities enrolled and reported, based on their target group, area of work and impact they've made. There are only 10 NMO, based on this report, who are currently working in this area, and they belong to three regions. Some of the topics are neglected in the topic of the Program, like chronic respiratory diseases, but I believe this is more likely due to the fact that there is still lack of the response from the NMOs when it comes to enrolling their activities into the Programs. This is why my recommendation state we should be more involved in promotion of Programs and encourage more NMOs to be involved, for the benefits of both IFMSA and NMOs.

Most important achievements:

- Having 20 activities enrolled and reported during this term into the Program
- Participated in creation of Programs Toolkit
- Participated in creation of Diabetes Toolkit
- Attended WHO GCM Dialogue on NCDs in Geneva, December 2015
- Written IFMSA Technical Brief for NCD Child
- Participated in webinar on NCDs
- Helped in writing proposal for European Health Awards grant
- Successfully conducted Programs sessions in MM16
- Developed Project management workshop From Idea To Impact for the preGA AM16
- Created an infographic for World Refugee Day on Refugees and NCDs
- Created materials for Regional Sessions on Programs

Struggles encountered:

Not having enough activities enrolled into the Program, although the topics of this Program are widely covered in almost every NMO. Partially solved by trying to promote Programs as much as possible and personally contacted the activity coordinators.

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Activity coordinators not filling out the Report Form, although it was mentioned to them that only with providing the Report Form their activity will be included in the Annual Report. Partially solved by contacting NMO Presidents to clarify the situation. Nevertheless, some of the activity coordinators did not submit their report even after this step.

Not having enough support from the Standing Committee Directors in terms of promotion of the Program.

Not having clear vision of the work at the beginning of the term.

Recommendations for the next term(s):

Promote Programs in all the relevant fields with the help of the Standing Committee Directors. We need to understand that the Programs are not directly involved in specific Standing Committee, they are just related to one or more. For example, in my Program there are topics covered in SCOPH and SCORA.

Educate NMO Presidents in order to promote Programs in their NMO. With their help of them we can do so much more in terms of NMO involvement and gaining relevant data. This will help not only the IFMSA, but also the NMOs in promotion of their activities. If their activities are enrolled, they can use this document as a proof of their impact in certain field.

Educate our members about the benefits of enrolling into the Programs. There is need to clarify all the steps they need to take. I had problems with activity coordinators not filling out the Report Form, and no matter how good their activity was, they could not be presented in this Program Impact Report since I'm missing invaluable data. After realizing we have a problem with submitting reports, together with the VPA we come up with a plan to contact the NMO Presidents in order to help and contact the activity coordinators. This initiative started in 2016 after the NMO mailing list was provided for the Program Coordinators.

It is crucial to deliver Project Management and External Representation sessions to our members. This will definitely help them to understand the reason behind the evaluation and monitoring of activities, followed with proper reporting of their activities.

Establish a database of the activities already enrolled into the Programs. It is one of the plans in the IFMSA, and I believe it would be strongly beneficial for all of our members for better NMO collaboration.

Program Impact Report

CONTEXT

Program structure

Healthy Lifestyles and Non-Communicable Diseases Program is made to include three relevant areas of work in the IFMSA:

1. Screening, prevention and promotion activities
2. Changes in medical school curricula
3. Policies leading to health promotion and facilitation of healthy lifestyles, healthy food and healthy environment, including advocacy activities and collaboration with other health organisations

It is based in the inclusion of National Member Organizations (NMOs) on all of these methods, in the specific program areas. The data collected reflects to the term from 1st October 2015 until 1st July 2016, considering the deadline for submission of the Annual Report is on the 1st of July. All the other activities included after the 1st of July will be considered in the next Annual Report.

This Report includes the comparison between Annual Report from the previous year (2014/2015) and the data collected in this term (2015/2016).

The main idea behind this Program is to reduce the burden of non-communicable diseases by prevention of risk factors, education of general population and the one at risk, promotion of healthy lifestyles, changes in medical school curricula and successful collaboration with external partners on these areas.

Based on the previous Annual Report and Baseline Assessment done during previous term, it is obvious that most of the NMOs are active in this field. Comparing it to this year data, we can see that the Programs are still not as popular as they should be in terms of enrolling in all the IFMSA Regions and all the NMOs.

Institutional arrangements

Since the topic of this Program is a worldwide issue, there are plenty of external collaborations in this area. This includes NCD Alliance, WHO Global Coordination Mechanism on NCDs, Alcohol Policy Youth Network, World Public Health Alliance, Framework Convention Alliance etc. Also, Liaison Officer for

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Public Health Issues had organized a webinar with NCD Child, where him, SCOPH Director and myself were involved. Together with LPH, I have written Technical Brief for NCD Child on capacity building and advocacy. I have, together with Vice-President for External Affairs, attended the WHO Global Coordinating Mechanism on NCDs in Geneva, December 2015. Moreover, the LPH attended the lunch event with the WHO GCM, and the LOWHO the breakfast event. LPH contributed to the WHO article on the topic of NCDs in this year. This Program was proposed for the European Health Awards grant, which was written in May this year, and we're still waiting for the results.

Description of program areas

This Program is based on two major topics: non-communicable diseases and healthy lifestyles. The non-communicable diseases include cancer, diabetes, cardiovascular diseases and chronic respiratory diseases as main topics, but also all the conditions which may fit into the criteria of non-communicable diseases. Healthy lifestyles are mostly based on smoking cessation, healthy nutrition, exercise and reduction of alcohol consumption. These are the main risk factors for development of the four non-communicable diseases this Program's revolving around.

Targeting criteria

Medical students can be outreached in these areas through active and passive involvement. Passive being involvement in different sessions, workshops, seminars and trainings; like in General Assemblies, Regional Meetings and National General Assemblies.

Active inclusion means participation in these topics in terms of leadership, delivering sessions, active involvement in activities and attending meeting with relevant stakeholders.

The target group is selected by activity coordinators, and generally it involves general population, people with risk factors or already diagnosed with a specific condition. For some of the activities, there were some specific target groups, including high school students or Facebook users. I am very pleased that nine (9) of the activity coordinators also stated medical students as beneficiaries, since they are usually the one involved in the activity and therefore the capacity building is done and medical students are becoming a vital part of task force combating NCDs.

MAIN GOAL AND EXPECTED OUTCOMES

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Goal

Main goal: To emphasize the importance of non-communicable diseases as a burden in today's world, as one of the most prevalent causes of death in developed and developing countries. Understanding that there are four major risk factor which contribute to their occurrence, it is reasonable to include those risk factors as a part of the prevention program. Medical students are considered a vital part of a task force for education, implementation of policies and advocacy, considering they are important part of medical society and can be educated enough to deliver those information.

Mid-term objectives: To promote the main topics of the program throughout the IFMSA. To provide members with information about the benefits for enrolling their activities into the Program, starting with the most popular topics (World Diabetes Day, World Hypertension Day).

Long-term objectives: Promotion of affiliation of activities. Including members from all the regions of IFMSA and on all the relevant topics. At the moment not all the topics, based on this year's enrollment are tackled by our NMOs, so this improvement will be one of the main long-term goals. Having a database of all the activities as a long-term goal is something we should aim for, since it provides our members with best practices on certain fields, setting examples for the future.

Expected outcome

Main idea behind the Programs is to have sustainable activities, based on their reports and data, providing us with the best direction to aim for. Reporting of the activities gives us important data about the impact and success on certain topic, making us more relevant, not only for external representation, but also giving us an input how different regions and NMOs are tackling this subject. Since this is the first year of actual enrolling of the activities and proper reporting, it is a bit ungrateful to compare it with the last year's Annual Report.

APPROACH

Methods applied

Methods include the data collected from the Report Forms from the 1st of October 2015 until 1st July 2016. The Report Form has been made at the beginning of the term, and has been improved based on the development of the Program. The questions asked in the Report Form are revolving around the statistics useful for the measuring of the impact of the activity, number of reached target groups and beneficiaries, and the results of the evaluation. This data was compared with the data collected from the Baseline Assessment last year. The results are not consistent because of the two reasons: The fact that the data from the baseline assessment last year was collected from the inputs from reports of Activity

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Fair, Rex Crossley Awards applications and NMO Reports, which did not have relevant statistics we wanted to collect, so only qualitative assessment was made. Also, not all the NMOs had been enrolling their activities this year into the Programs, giving us less than perfect image of what has been done in our NMOs this year on the Program's topic.

Questions that need to be answered

What has been done in NMOs during this year based on the topic of the Program?

Which areas of the Program are covered in which extend?

Which Regions have been the most active in terms of Program enrollment?

What are the main obstacles which the activity coordinators have encountered?

What are the meaningful collaborations that the activity coordinators have made?

What is the reach of the specific activities?

How are the target groups divided among the activities?

List of the indicators

Type of the evaluation used

Objectives and indicators of success

Statistical data (number of participants, results of the evaluation, questionnaire results)

ANALYSIS OF ENROLLMENT FORMS AND REPORT FORMS

Total number of submitted Enrollment Forms from 1st October until 1st July is 30.

Total number of submitted Report Forms from 1st October until 1st July is 20.

Considering that only the Report Forms are providing us with the data needed for assessment of the activity and measuring the impact they are reaching, only the 20 submitted Report Forms were

evaluated in this Program Impact Report.

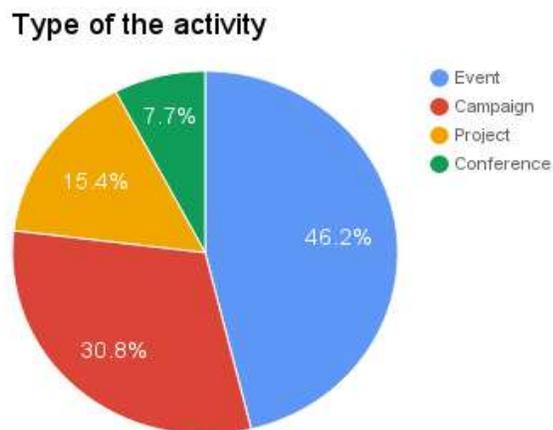
In the annex 2 you can find all the activities enrolled, and whether they submitted the report or not.

Some of the activities enrolled didn't have to submit their Report Forms until the point of writing this Report, either because the activities are still ongoing, or because the four weeks interval of submitting the Report Form has not finished.

Considering that some of the activities can fit into both topics, healthy lifestyles and non-communicable diseases, I decided to process the data based on the one which is more relevant for the activity.

Non-Communicable Diseases

Focus areas of enrolled activities: Four main topics include cancer, diabetes, cardiovascular diseases and chronic respiratory diseases, but all the conditions that fit into the term of non-communicable diseases can be enrolled. All of the activities worked in the area of screening, prevention and promotion activities.

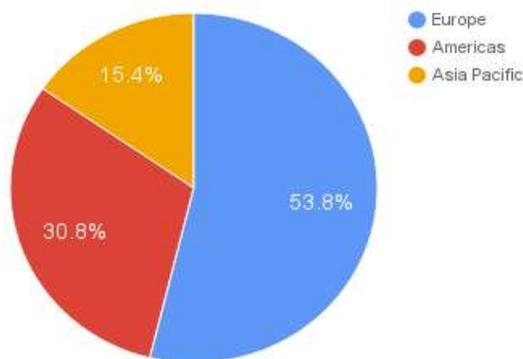


Non-communicable diseases topic was processed from 13 activities which fit into this Program's goal and have submitted their Report Forms. As you can see from the chart, the most popular type of the

activity are events and campaigns, with conference being done in only one (1) activity. Events are a method in six (6) activities, campaigns in four (4) and projects in two (2) activities.

NMO Involvement: According to data collected from this year, only three regions are active in the field of non-communicable diseases: Europe, Americas and Asia-Pacific respectively.

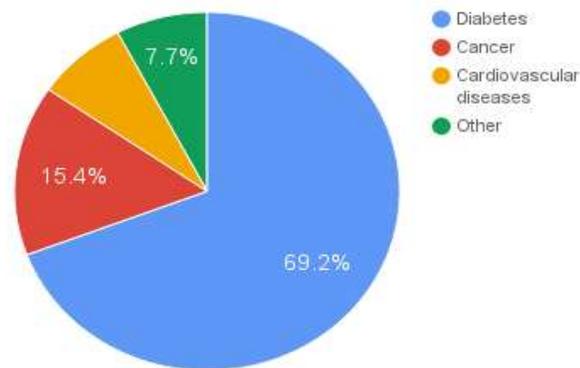
NMO involvement per IFMSA region



The results show that Europe is active in this field with seven (7) activities, Americas Region with four (4) and Asia Pacific Region with two (2). Comparing these results with the general knowledge we have in the IFMSA, and experience from the Regional Meetings and General Assemblies, we can see that the results are lacking. This topic is, from my experience, covered in every region of the IFMSA, the only problem was that they weren't enrolled into the Program.

Overview of the activities: The activities done are covered in four main topics: diabetes, cancer, cardiovascular diseases and chronic respiratory diseases. By the input collected from this year, the representation of the topics is as follows:

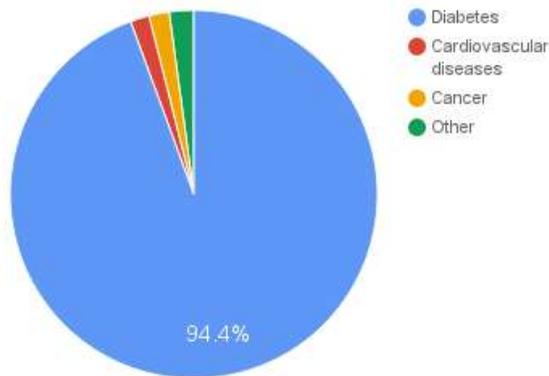
Non-communicable diseases



The condition that was covered in most of the activities was diabetes with nine (9) in total, followed with cancer in two (2) and cardiovascular diseases in one (1). Also, I am proud to say that there was one (1) of the activities tackling thalassemia, which was in the chart in the “other” section. We can see that there were no activities tackling the chronic respiratory diseases enrolled this year. Comparing these results with the previous Annual Report, done from the Baseline Assessment, we can see that there are activities tackling this topic in the IFMSA, and that the dominance of diabetes activities is in fact not so big in our NMOs.

Impact of the activities: The overall impact was measured in most of the activities by providing numbers of people reached. For non-communicable diseases, based on the reports, it was 6741 people, mostly from general population, and 99 medical students, for the activities which listed them as beneficiaries. On specific fields it looks like this: Diabetes 6364 people and 89 medical students, cancer 120 people and 10 medical students, cardiovascular diseases 112 people and other 145 people. This data can not be compared with the previous Program Impact Report since in the last report the was only qualitative, and not quantitative analysis.

People reached



Some of the specific data includes:

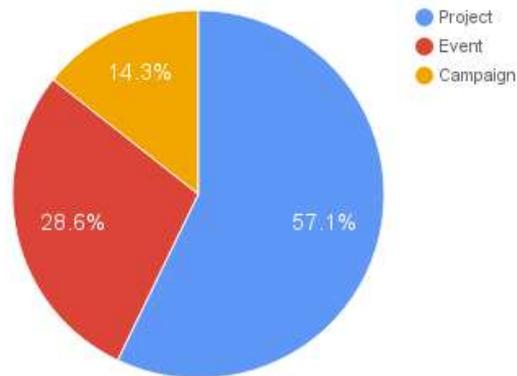
- Diabetes Day Screening in Estonia: 3456 people reached; 5% had elevated blood glucose level
- #LOWerSugar in Slovenia: 2000 people reached; on 1127 blood glucose measurement conducted
- World Diabetes Day in Croatia: 115 people reached; 64 questionnaires filled out
- Do you know what you eat? In Brasil: 42 reached; 32 forms filled out
- Take control of diabetes in Bosnia and Herzegovina: 151 people reached; 51% had elevated blood pressure, 49% were obese

Healthy Lifestyles

Focus areas of enrolled activities: Focus of the activities can be divided into healthy nutrition, smoking cessation, alcohol consumption reduction and exercise. In all the activities enrolled into the Program this year, these topics are combined, meaning the activity coordinators decided to cover all of these topics in one activity. Most of the activities work on the screening, prevention and promotion activities, but there are two which worked on the policy level. The total number of the activities covering the healthy lifestyles topic enrolled and reported in the year 2015/2016 is seven (7). The types of the activities are as follows:

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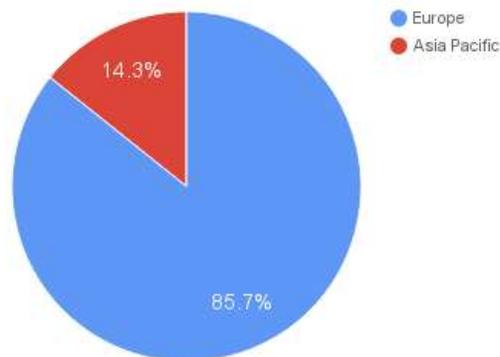
Type of the activity



Projects were the most popular type of the activity with four (4) in total, followed with events with two (2) and campaign covered in one (1) activity.

NMO Involvement: Two regions in total were active in this field, based on the collected data: Europe and Asia Pacific Region. Unfortunately, I believe it is the consequence of not enrolling the activities, more likely than the inactivity in this specific field. From the total of seven (7) activities enrolled and reported, six (6) come from Europe and one (1) from Asia Pacific Region.

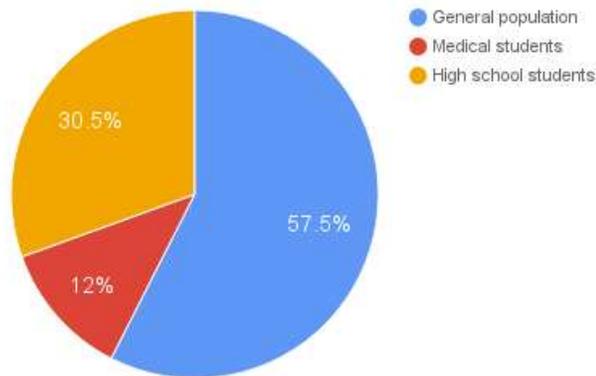
NMO involvement per IFMSA region



Overview of the activities: Since all of the activities have jointly covered the healthy lifestyles topics, there is no need to put it in the chart. Comparing the data collected with the previous Program Impact Report, we can see that the three activities, tobacco, nutrition and exercise were covered equally, with no activities on alcohol consumption reduction in the year 2014/2015.

Impact of the activities: It is measured by the number of people reached, including medical students helping in organizing and conducting the activity. The total number of people reached is 2885, and 393 medical students. Since all the activities are done on multiple healthy lifestyles, it is useless to process it based on the different themes, but I decided to make a chart based on their target group. It is important to see to whom the activity is directed to in order to have better reflection of the activity goals. The data is collected from the reports based on the target group, beneficiaries and number of participants.

Target group/ beneficiaries



Some of the specific data includes:

- Health Fest in Malta: 400 health checks; 35 people attending workshop; 300 attending lecture; 7 schools actively involved
- 1st Semmelweis Health Competition in Hungary: more than 1000 high school students from all over the country and neighbouring countries reached
- Healthsphere in Republic of Srpska: 1000 people reached; 500 questionnaires filled out; 50 medical students involved
- Poster Campaign for Health: 8 posters promoted on Facebook; 33 shares; 2 comments; 82 likes

Problems encountered by activity coordinators

Problems stated in the Report Forms are mostly based on the external representation part of the activities, including funding, lack of sponsors and partnerships. The activity coordinators stated that the solution to these problems would be better planning, and having more skills in these areas. There were some problems about organization of the activities, mostly on coordination, follow up and time management problems. Most of the activity coordinators realized that they need to do more careful planning of their activities and have a sustainable learning process about the project management. These problems can be tackled by the IFMSA with education of our members based on external representation and activity management, which is something I wrote in the recommendations for future

Program development.

Advocacy

A lot of activity coordinators have carried out successful collaborations with local and national associations based on the field they are active in. Their collaboration was mostly based on the education, providing materials and sponsorships. Some of them are: Clinical Researching Institute of Debrecen, Association of Family Physicians of BiH, Institute of Public Health of Republic of Srpska, Thalassemia Foundation of Pakistan, Croatian Society for Hypertension, Indonesian Diabetes Association etc. Moreover, some of the medical faculties have supported the activities, like Medical faculty of Banja Luka and Semmelweis University in Hungary.

CONCLUSION

First, I would like to congratulate all of the activity coordinators who had recognized that Program are a valuable platform in our Federation and took time to enroll their activities into it. It is not easy to break the ice and be one of the first ones to do so, and I hope they are satisfied with the results. It has not been easy working this year, since Programs are new structure, but I believe every Program Coordinator has done their job the best they can. I would also like to thank the VPA for handling such a big amount of work and giving us support when needed. This is the first year of the real work of the Programs and I believe we have made tremendous success in visibility of Programs and educating our members of the benefits regarding enrolling. Nevertheless, there is still place for improvement. Programs are a brilliant platform, and with the inclusion of all members we can really see the benefits from it.

Comparing the data collected this year with my experience in the work of the IFMSA, I can say that the results are dissatisfactory. Not all of the Regions and NMOs have included their activities into the Program, although I am sure they are conducting them in these areas. Only 20 activities have been enrolled, and I would like to congratulate all of them for believing in Programs structure and taking their time and effort to do so. All of these activities come from 10 NMOs, and are a part of 3 regions. Therefore, I would like to urge other NMOs and other Regions to accept this structure, give it a chance and enroll their activities.

The only thing we can compare this data with are the previous Annual Reports (for Programs elected in MM15), but this is ungrateful since they provide us with no statistical data. Therefore, I see this year as a success and an incentive to do more work the next year, to be more organized and to have better prepared Program Coordinators.

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Annex 1:

Photos from some of the activities



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Annex 2:

List of the Enrolled and Reported Activities

NAME OF THE ACTIVITY	NMO	TOPIC	REPORT FORM SUBMITTED
Diabetes Day Screening	EstMSA	Diabetes	YES
#LOWerSugar	SloMSIC	Diabetes	YES
Diabetes Prevention in Colombia	ASCEMOL	Diabetes	NO
World Diabetes Day	CroMSIC	Diabetes	YES
Do you know what you eat?	IFMSA Brasil	Diabetes	YES
Blue Drop	IFMSA Brasil	Diabetes	YES
Health on the Riverside	IFMSA Brasil	Diabetes	NO

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World Diabetes Day in Juiz de Fora	IFMSA Brasil	Diabetes	YES
Blue Day	IFMSA Brasil	Diabetes	YES
Health Fest	MMSA Malta	Healthy Lifestyles	YES
Live It Up! Education for Health	PorMSIC	Healthy Lifestyles	YES
No Smoking Day	HuMSIRC	Healthy Lifestyles	NO
Semmelweis Public Health Competition for High School Students	HuMSIRC	Healthy Lifestyles	YES
Day of Healthy Lifestyle	HuMSIRC	Healthy Lifestyles	YES
Poster Campaign for Health	HuMSIRC	Healthy Lifestyles	YES
Take control of Diabetes	BoHeMSA	Diabetes	YES
Healthsphere	SaMSIC	Healthy Lifestyles	YES
National Diabetes Activity	TurkMSIC	Diabetes	NO
Smile-A-Mile (A health awareness project)	IFMSA Pakistan	Healthy Lifestyles	NO*
Health For All	IFMSA Pakistan	Healthy Lifestyles	YES
World Hypertension Day	CroMSIC	Cardiovascular Diseases	YES
World Cancer Day - We can. I can.	CroMSIC	Cancer	YES
Detect on time!	SaMSIC	Cancer	YES

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Health is Orange!	IFMSA Pakistan	Healthy Lifestyles	NO*
World Thalassaemia Day	IFMSA Pakistan	Other	YES
Be Smart, Don't Start	IFMSA Pakistan	Healthy Lifestyles	NO*
SPOT it	IFMSA Quebec	Cancer	NO*
BRONKUS	CIMSA-ISMKI	Healthy Lifestyles	NO*
PREDICTION (Predict Diabetes with Action)	CIMSA-ISMKI	Diabetes	YES

* These activities didn't have to fill out their Report Forms at the time the Program Impact Report was sent, since the activity is still ongoing or the 4 weeks interval has not passed yet