The International Federation of Medical Students’ Associations (IFMSA) is a non-profit, non-governmental organization representing associations of medical students worldwide. IFMSA was founded in 1951 and currently maintains 129 National Member Organizations from 120 countries across six continents, representing a network of 1.3 million medical students.

IFMSA envisions a world in which medical students unite for global health and are equipped with the knowledge, skills and values to take on health leadership roles locally and globally, so to shape a sustainable and healthy future.

IFMSA is recognized as a nongovernmental organization within the United Nations’ system and the World Health Organization; and works in collaboration with the World Medical Association.
Dear reader,

The completion of the Annual Report for the term 2014/15 has seen numerous delays, mainly related to the unclear situation of the Financial Report of that term. We therefore are glad to present you with this report, on behalf of the Executive Board 2014/15.

We would like to point out that this report represents the achievements of that term, but that it does not necessarily reflect our views regarding different issues which happened during that term.

Finally, there are no clear regulations regarding the format of Annual Report, or what information is to be included in them. Therefore, the formats of the Annual Reports 2015/16 and 2016/17, that we are also sharing with you, are quite different, in particular regarding their length.

Notwithstanding what we describe above, we would like show our gratitude towards the Executive Board 2014/15 for completing the report and all their work done in the past.

IFMSA Executive Board 2016/17,

Andrej Martin Vukovac, Dominic Schmid, Firas Yassine, Joakim Bergman, Marie Hauerslev, Monica Lauridsen Kujabi, and Omar Cherkaoui.
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Dear reader, colleague, friend,

First, thank you!

Thank you Team of Officials. So many times your work isn’t recognized. You are the elected members of the organization and you made a huge effort in working to the members that elected you to be the face of the organization. You are the ones, that dedicated part of your life in service of our members, sacrificing several times your personal and academic life! Thanks for the Executive Board for working every day to improve this Federation. Thanks to all the NMOs and their local committees/local student’s unions that supported the Federation during this year! You are the ones that keep the Federation going! And finally, thanks for all the medical students’ around the world, that day by day, work to make our world better!

We truly hope that we motivated our members to work of the Federation. This Federation must be a space of all for all medical students, based in principles of meritocracy and democracy. Our Federation is based in different cultures and different ways of participation. Several times, it was not possible to be seen, but the IFMSA Team of Officials always made an effort to reflect the voices of all the NMOs.

I could share hundreds of personal experiences in IFMSA. However, it would not be different for several of many others that you are facing now. And that is what is beautiful. All of our stories build up the history of IFMSA, that was build up, for 64 years with stories of hundreds of thousands of medical students in the past.

This report share some of of IFMSA’s present histories, challenges and high hopes. What you see in here is the product of the hard work of medical students around the world, that work together under the same ideals and that have in mind the first article of the Declaration of Geneva “I solemnly pledge to consecrate my life to the service of humanity.”

As a final personal message, I hope, in the end, that I served you as much as possible!

Thanks for being part of my life! I hope to meet you again! If not in person, at least in our memories!

Best regards,

Agostinho Moreira de Sousa
IFMSA President 2014/15
On October 1st 2014, we wrote our first message as your IFMSA Team of Officials 2014-2015, a message announcing our ambitions agenda for the this year – a year that we knew would be full of challenges and changes. We focused on four key topics, which we hope have contributed to give you a better Federation.

A different Present
Only by knowing where we are from and where we are going will we affirm our position as a global organisation. As such, the IFMSA Strategy 2014/17 has guided us through the year, supported by well defined EB Pursued Goals and a comprehensive Annual Plan of Action. We’ve established our secretariat, worked with a professional accounting, seen the adoption of the first set of IFMSA programs, and ensured a smooth handover with the upcoming board. We’ve worked in fundraising like never before, developed a new website, discussed regionalisation, and evaluated our activities.

From Global to Local Challenges
In the past twelve months, we have made our utter best to balance what our members needed and wanted, while continuing to bring to the discussions some of the most challenging topics that medical students are facing everyday. We have addressed the global rate of burnout among health professionals; the health impacts of climate change; the building-up and recent approval of the sustainable development goals; the discussions surrounding transnational trade agreements and the continuous challenges regarding the quality of medical education around the world. We were committed to do it, and we did it. Our Federation is a growing forum where medical students from all the word can take positions in matters relevant for them and their surrounding communities. We tried, as much as we could, to underline that international action starts at home. We invested in more capacity building to our members, so that they can bring their best practices to their own colleges.

From words to actions
It was also a priority for our Team that the Federation has an even more defined and active role in advocacy, so that we can truly voice out the ideas, concerns and priorities of medical students worldwide. We were present in the most important health-related discussions of the year and we have engaged with high-level institutions and organisations. We have also put the foundations to redefine policy-making within the Federation, with the objective of being able to engage even more with medical students. We have put efforts in skills and organisational development, and have strived to bring the Federation closer to its members with a continuous online growth and presence on the national, regional and international events. We’ve concluded partnerships and agreements to always give you more opportunities.

Our commitment to the NMOs
What we did was for you, and with you. We’ve honored our commitment to give the Federation the positive leadership it deserves and to focus on unity, cooperation, professionalism and trust. Meaningful collaboration between a proactive Team of Officials and empowered NMOs will always be essential for the continuous improvement of our Federation.

Is this a new era for IFMSA? Was our work significant for a better future of the Federation? We don’t know. Only in 4-5 years from now, would we be able to draw conclusions. However, it is our belief that we have served you the best we could, and with all that we had to offer. Thank you for having made that journey with us.
Here We Met!

PRET Turkey | April 2014
SRT Egypt | May 2014
SRT Macedonia | May 2014
Team of Officials Meeting (TOM-0) Taiwan, May 2014
PRET UAE | September 2014
Team of Officials Meeting (TOM-1) Morocco, October 2014
PRET Bulgaria | November 2014
African Regional Meeting (ARM) Uganda, December 2014
Team of Officials Meeting (TOM-2) Croatia, December 2014
PRET Austria | December 2014

Americas’ Regional Meeting (AmRM) Colombia, January 2015
Eastern Mediterranean Regional Meeting (EMR) | Egypt, February 2015
Team of Officials Meeting (TOM-3) Turkey, March 2015
64th General Assembly (MM 2017) Turkey, March 2015
European Regional Meeting (EuRegMe) | Denmark, April 2015
Team of Officials Meeting (TOM-4) Portugal, May 2015
SRT Mexico | June 2015
SRT Thailand | June 2015

SRT Kenya | June 2015
Asia-Pacific Regional Meeting (APRM) | Philippines, April 2015
Team of Officials Meeting (TOM-5) Macedonia, F.Y.R., August 2015
64th General Assembly (AM 2017) Macedonia, F.Y.R., August 2015
SRT Sweden | August 2015
SCORP Camp | Sweden, September 2015
T4ALL | Portugal, September 2015
Train Your Summer | Catalonia, Spain, September 2015
IFMSA started to implement the IFMSA Strategy 2014/17. The strategy served as the basis for the EB Pursued Goals and for the first comprehensive Annual Plan of Action, developed by all the Team of Officials in the beginning of the term. IFMSA also saw the successful implementation of the new Programs system.

IFMSA Exchanges, which includes 4-week professional and research exchanges, have been endorsed by the World Federation of Medical Education (WFME), World Organisation of Family Doctors (WONCA), the Federation of European Neuroscience societies (FENS) and the European Society for Emergency Medicine (EuSEM), recognizing the academic quality and the professional organisation of our program.

In October 2014, IFMSA has won the the Health Systems Global Award – Civil Organization Category. This award was given to the organization that best employs social media to engage civil society in health systems-related dialogue.

In November 2014, IFMSA co-founded the World Healthcare Students Alliance (WHSA) together with the International Pharmaceutical Students Federation and the International Association of Dental Students (IADS). The WHSA, which now includes the International Veterinary Students Associations (IVSA), is a coalition of international health student-run organizations aiming to strengthen interdisciplinary healthcare-related advocacy; to commonly contribute to the advancement of global health; and to develop and implement improved health policies together with multi-sectorial stakeholders. The Alliance has a reach-out capacity of over 1.8 million health students in more than 100 countries worldwide.

In December 2014, at the 20th UNFCCC Conference of Parties (COP20), IFMSA successfully advocated for a greater recognition of health considerations within climate change negotiations. The concept of health co-benefits, which was originally not included in the draft text, was integrated in the final version of the Lima Call for Action.

For the year 2015, IFMSA was granted financial support from Erasmus+ Program, under Key Action 3, to support the core operations of the Federation.

In April 2015, IFMSA co-signed a letter, which was published in the Guardian, calling on top charities to drop their fossil fuels company interests. IFMSA recognized that it shares a responsibility to our future patients to address unmitigated climate change, the biggest health threat of the 21st century, and to advocate for a transition to a healthier, more sustainable economy.

In May 2015, IFMSA has signed an historic agreement with the World Medical Association (WMA), after a fruitful collaboration of over fifty years. Both organisations agreed to strengthen and mutually support their respective work, so to increase the collaboration between the future and current health professionals.

IFMSA has received, for two UNESCO Participation Program in a row (2012-2013 and 2014-2015), financial support to organize capacity building activities around the world, mainly in the field of sexual and reproductive health and youth leadership in Africa. In the early 2000s, IFMSA also received a substantial grant to develop the leadership training program.
For four years now, IFMSA has run a 3-day youth-oriented capacity building event in global health advocacy, governance and diplomacy prior to the annual World Health Assembly. Each edition has welcomed over forty students from various fields, including health, law, politics and economics.

Over the past decades, IFMSA has been able to secure internships for medical students in various United Nations Institutions, such as the World Health Organisation. Those fruitful partnerships have enable generations of medical students to receive training in the highest governance bodies, and to understand better the global health political landscape.

IFMSA organized, successfully, two general assemblies and five regional meetings, which welcome over 3,000 medical students. Those meetings gave future leaders an inspiring space to meet, discuss and exchanges brilliant ideas and projects.

In June 2012, IFMSA took an active leadership role in the drafting of the Rio+20 Process on sustainable development. The Director General of the World Health Organization, Dr Margaret Chan, has stated in several occasions that without IFMSA efforts, health would have not be given such a high level of considerations in the final declaration. Taking that into account, IFMSA was one of the organizations to be present in the UN Sustainable Development Summit and the UN General Assembly in New York City. After years and years of working in different global consultations and discussions within the organization, IFMSA was at the end of a long process, to which IFMSA actively contributed: the approval of the Sustainable Development Goals (SDGs).
On October 1st 2014, IFMSA held its first Inauguration Ceremony to officially mark the beginning of the term of 2014-2015. The ceremony took place at “Siège de la Région Gharb-Chrarda-Bni-Hssen” in Kenitra, under the patronage of the regional Wali Ms Zineb El Adaoui. Several other honorable guests attended the Ceremony, such as:

- Mr Lahcen Daoudi, the Minister for Higher Education of Morocco;
- Mr Yves Souteyrand, the WHO Representative in Morocco;
- Mekki Zizi, president of the regional council of Gharb-Chrarda-Bni-Hssen;
- S.E.M. Frederic Salomão Duque Estrada Meyer, ambassador of Brazil in Morocco;
- S.E. M. Zvonimir Frka Petesic, ambassador of Croatia in Morocco.

The Officials signed the Inauguration Ceremony Minutes, swearing they will fulfill with zeal, dedication and assiduity the tasks that are being trusted in them.

For more information, please click this link.

Plan of Action

During the Team of Officials Meeting (TOM) 1, the Team of Officials was very proud to approve, for the first time in its recent history, a formal plan of action with specific goals and timeline. The Plan was based on the Federation’s three-year strategy and on the Executive Board Pursued Goals, and is set upon three pillars: Internal Management; External Representation and External Image.

It incorporated the ideas and objectives of all Officials: the Executive Board, the Support Divisions, the Standing Committees, the Liaison Officers and the Regional Coordinators.

The Team of Officials remained committed to carry out all of the tasks, within the timeframe it set for itself. We are proud to say that the majority of the tasks that we aimed in the beginning of the term were fully accomplished. Even for the tasks that we didn’t complete 100%, we paved the path so future teams could be successful in obtaining those goals.
Thematic Priorities

Health in the Post-2015 Development Agenda
Human Resources for Health, with special focus on employability and access to education
Social Determinants of Health and Health Equity
Meaningful Involvement of Youth
Medical Students and Health Professionals Rights
Trade Agreements and Health
Implementation of Human Rights, with Special Focus in Health
Universal Access to Sexual and Reproductive Health Rights
Climate Change and Health – Going to Paris 2015

Strategic Plan - Pursued Goals

The IFMSA Strategy 2014-2017 was adopted in August Meeting General Assembly 2014 as part of the IFMSA strengthening process. The Strategy supports the Federation to implement structural changes that transcend individual leaderships and helps the Executive Board and Teams of Officials to align their work with the long term interests of IFMSA as an organization throughout a period of 3 years. The Strategy also aims at ensuring continuity, transparency and accountability in the work of the IFMSA toward its members – the national member organizations.

It was a priority for our term to respect the decisions of the General Assembly and fully implement those recommendations. During the term we worked with a plan of action, based on the Strategic Plan, created at TOM1. This tool gave the TO the opportunity to have an overview of the realisation of the pursued goals of the Federation.

The Pursued Goals of the Federation were:

1. Ensure efficient leadership
2. Professional management of the Federation
3. Ensure the Federation’s continuous development
4. Integrate external and internal activities
5. Initiate a concrete impact assessment strategy
6. Assess the regionalization of the Federation

A full report regarding the implemented changes, challenges and recommendations was written as a part of an accountability mechanism we wanted to create. The full report can be found via this link. During the next chapters, we are going to highlight some of actions undertaken during this term.
SECTION 2

Efficient Leadership Secretariat

IFMSA increased its communications channels and internal guidelines based on mutual accountability between the Team of Officials, the NMOs, the Executive Board and the Supervising Council. During our term, an IFMSA Code of Conduct was created and we were guided by a spirit of transparency and professionalism in communications and reporting to our members.

We increased communications means to NMOs regarding management processes, including commitments of the Federation toward external bodies. As examples, we have created institutional databases, webinars, midterm reports to our members and the institutional reporting to partners such as the UN and WHO.

We also gave support to the work of the SWG on NMO Involvement to foster equal and increased participation of the NMOs in decision making processes of the Federation, namely active participation before and during General Assemblies and Regional Meetings.

In alignment with the IFMSA Strategic Plan, the year 2014-2015 marked the implementation of a functioning secretariat to support to work of the Federation. Many tasks have already been shifted to the Secretariat, which is now composed of one employee, Ms. Iris Tomlow. Through this list - we can now identify the current role of the secretary and which tasks we envision to be undertaken by her in the upcoming period. Future Executive Board will continue this process.

It was recommended to assess the volume of work and tasks of the present secretariat and the secretariat’s presence in the different IFMSA meetings. We also advise to evaluate how much the secretariat could support the Federation in grant processes and in outsourcing some of its work (such as publication and evaluation) to professional companies.

IFMSA has also employed two different companies for the production of professionally made marketing tools, namely the development of a new website (TudioWeb) and the production of an IFMSA video (Ample Earth).
In its past, IFMSA had several concerns related with the proper financial management and reporting of the Federation.

A professional bookkeeping was selected to start to work with IFMSA on the financial management of the Federation, in order to provide guidance on this matter and provide an annual auditing of the IFMSA finances.

It is one of IFMSA’s fundamental goals to bring more transparency to its finances and aims to create a mechanism that avoids financial mismanagement of the Federation to go unnoticed.

The process of clarification of the IFMSA’s legal status was concluded during this term. IFMSA is respecting the Dutch law, especially in regards to the ANBI status.

All the officials with legal responsibilities in IFMSA (Executive Board and Supervising Council) were properly registered in the Chamber of Commerce.

It wasn’t possible to conclude the process of IFMSA’s legal insurance. However, all the information was collected and handed over to the next Executive Board and Supervising Council in order to ensure that this matter would be concluded by the next year.
The fundraising strategy was developed and approved in the beginning of term with the goal of getting an extra 45,000 € annually to support the staff the paid staff and an extra 10,000 € one-off expense for development of IFMSA technology (video equipment, database upgrades, mobile app, website). It was built on five main pillars: grants, partnerships, sponsorships, alumni and awards.

This strategy served as the basis to successful grant applications, which led to an massive increase of funds in the Federation with successful applications (Erasmus+ Operational Grant and UNESCO Participation Program namely), sponsorships (e.g. Up To Date) and financial agreement with partners organisations (World Health Organization). IFMSA has also been mandated by the WHO, with a grant support, to produce and publish a educating booklet on climate change dedicated to young professionals.

A total of more than 120,000 € from 8 new grants were fundraised during our term:

**Erasmus+**
IFMSA received a 33,000 € grant from the European Commission as per of the Erasmus+ Program - Key Action 3. This operational grant is applicable for activities (including 7 statutory meetings) taking place between January 1st 2015 and December 31st 2015.

**UNESCO**
IFMSA received a 15,000 US$ grant from the UNESCO for trainings dedicated to youth leadership. The grant will be used to support the upcoming African Regional Meeting taking place in Rwanda this December.

**GHWA**
The Global Health Workforce Alliance (GHWA) and IFMSA signed a Terms of References of a value of 10,000 US$ in May 2015, mainly aimed at supporting the human resources for health activities of the Federation prior to and during the World Health Assembly. This has helped to ensure the financial sustainability of the Youth Pre-WHA.

**PMNCH**
The Partnership for Maternal, Newborn and Child Health (PMNCH) and IFMSA signed a Terms of References (ToR) of a value of 12,000 US$ in May 2015. This had the objective of supporting financially a consultation led by IFMSA on the Global Strategy on Women’s, Children’s and Adolescents’ Health, which was an agenda item of the WHA. With that financial support, IFMSA was able to bring in an additional 10 young people for an added 1.5 days of activities (12-13 May) prior to the Youth Pre-WHA.

During the previous year, IFMSA also signed a ToR with PMNCH of a value of 20,000 US$. Half of it was dedicated to support the Youth PreWHA of 2014, and half of it was upon reception of a report on post-2015. This is yet to be submitted by IFMSA to PMNCH, and it is in its final phase of completion.

**UNAIDS**
IFMSA signed a 38,000 US$ Program Funding Agreement (PFA) with UNAIDS to financially support its work with The PACT, one of our main partners in the field of sexual and reproductive health.

**WHO Climate Change & Health Training Manual**
The Public Health and Environment Department of the WHO has agreed to a Terms of Reference with IFMSA of 5,000 € for the period of July 1st to December 1st 2015 to support the creation of a training manual for health students on climate change and health.

**UNESCO Students’ Taskforce**
IFMSA recently agreed with the UNESCO on chairing a students’ taskforce to provide onsite support to the UNESCO Chair in Bioethics 11th World Conference on Bioethics, Medical Ethics and Health Law, held in Napoli, October 20-22nd 2015.
SECTION 2

Institutional Memory

The online archive of IFMSA has been revised, and efforts have been spent to track down institutional memory of current and previous terms, such as:

- Creation of General Assemblies Reports
- Continuation of the scanning of documents in both IFMSA Offices (Amsterdam, Netherlands and Ferney-Voltaire, France)
- Continuation of the restructuring of the IFMSA Master Folder
- Completion of Annual Report 2013-2014
- Public online access to last three financial reports

- Completion of the IFMSA Institutional Databases:
  - Publications and accepted abstracts to external meetings
  - Policy Statements (2000 onwards)
  - External Partners
  - Task Forces and Working Groups
  - Agreements and MoUs (2005 onwards)
  - Internships (2013 onwards)
  - IFMSA Past Presidents
- Collection of all previous editions of MSI

Federation’s Continuous Development

The effort to the continuous development of the Federation was actively followed up, namely with the implementation of the strategy 2014-2017, the adoption of the first IFMSA programs, the implementation of the permanent secretariat in Amsterdam, and the handover to the new structure with the election of the new board in March Meeting 2015.

Additional thoughts were given to the strengthening process outcomes during the 4th Team of Official Meeting (TOM4) with the production of an outcome report with six chapters leading to greater reflection on the work of the Federation.

It must be noted that the main recommendations regarding policy within the Federation have been accepted by the plenary at August Meeting General Assembly 2015 with the creation of a Task Force on its implementation.

The reporting systems within IFMSA has been further developed in the Federation:

- Creation of the March Meeting 2015 report
- Completion of regional meetings reports
- Collection of data for the annual report for 2014-2015
- Publication of an external meeting interim report
- Creation of a report of the work of IFMSA at the 68th World Health Assembly and the respective pre-WHA.
- Visibility on social media of internal activities such as sub regional trainings and IFMSA events
- The IFMSA Triennial Report for the WHO
- The IFMSA Quadrennial Report for the UN
- Creation of guidelines to publish in Scientific Papers
SECTION 2

Integration of Internal & External Activities

We had as objective of our term to provide a bigger integration on what the Federation does externally with what it does internally, and vice-versa. While we tried to provide expertise and support to the internal actions of the Federation and provide the first step to IFMSA’s benchmarking, we also brought to external partners the amazing work that the IFMSA’s members do at National and Local level and what we are doing to accomplish our vision and mission.

In order to allow that integration, we:

- Reviewed our external representation guidelines and reporting.
- Increased transparency in external representation with sharing of statements, reports, policy statements, advocacy priorities, calls for input.
- Provided a professional branding for the Federation on social media, on traditional media and on online platforms, with the creation of a new website, increased visibility tools (Instagram, Twitter, Facebook) and distribution of press releases.
- Reviewed of the corporate identity elements and significant efforts invested in professional branding which are reflected in the organic growth of IFMSA on media.
- Totally rebranded our website to communicate more our internal and external activities to members and externals, with integration of institutional memory available online.
- Allowed specific IFMSA’s capacity building events at regional level to receive financial grants from external partners.
- Supported our national members to improve the credibility and image of their exchanges through the endorsement of those exchanges by international partner organizations.

Impact Assessment

IFMSA is one of the biggest youth organizations at global level. Due to its size, we considered that was important to start a process of impact assessment, in order to know if our actions and policies were reaching all the levels of the organization.

The topic of policy-making and external representation was addressed during TOM4 with production of a clear timeline and suggested way forward to strengthen the processes within the Federation (see TOM4 Outcomes Report for more details). A Task Force was created in August Meeting 2015 to follow-up on its implementation.

We also conducted extensive review and evaluation of the actions of our term, namely the via the review of the Strategy 2014-2017, the bi-annual evaluation of the EB pursued goals, the follow-up on the work at each team of officials meeting, the tracking of the annual plan of action on a monthly basis, the evaluation of the visibility and fundraising strategies with milestones achieved and monitored and, finally, the production of this report.

We also created mechanisms of quality assurance, reporting and monitoring system for IFMSA Programs and its activities.
The regionalization discussion started during the August Meeting 2014. The fact that IFMSA has regions is not particularly unique to such a huge and international organization. Over the years the composition and role of the regions have changed, which demonstrates the dynamic aspect of this concept.

The IFMSA Strategic Plan aimed to make it clear what the role and responsibilities of regions are within the Federation and how they should be defined. At the moment, the regions differ and it is not clear what the roles e.g. in decision making are. We underlined the principle that regionalization does not necessarily mean that regions will become autonomous. The purpose of this internal discussion was to assess their role in the Federation within the current legislation and how they can serve and possibly have to change in order to reach our vision and mission.

During the year, several actions undertaken in order to provide relevant outcomes from those discussions:

- Sessions have been conducted at regional meetings, team of officials meetings and online for alumni to create an assessment document in which information is provided, including definition of regions, and key aspects are highlighted.
- A regionalization outcome document was created in order to be used in the upcoming terms to provide a clear way forward for the Federation in regards to regionalization i.e. what the roles of regions are in the Federation and the responsibilities of international assistants in IFMSA.
- Regional external representation strategies were developed, allowing to tackle better regional challenges and to empower the regional coordination with externals tools.

A Code of Conduct for members attending internal and external meetings has been developed by small working group consisting of several members of the TO. The document was extensively discussed and adopted at August Meeting General Assembly 2015 to provide an environment in which all delegates felt respected, welcomed and empowered to contribute to the agenda.

The GA AM2015 voted upon the creation of a task force which would fine tune the code of conduct.

The year 2014-2015 focused on the transition to the next term especially in terms of tasks redistribution of the support divisions, the liaison officers and EB tasks. There has been an emphasis on a sound handover for the different transitions processes - to ensure that it can focus more on the implementation rather than finding out the general tasks - with the creation of a complete EB Handover Manual and an UNESCO tasks transition manual.

A handover meeting was held in TOM4, and one of major points of discussion was the challenges and opportunities created by the increase of the members of the EB from 5 to 7. Since we considered this EB handover meeting to be positive for the Federation, we hope this meeting continues to be held right after TOM4 in future years.

Regarding the transition, we recommend to create an evaluation scheme in order to evaluate the success of the new leadership structure and to present the results of this transition during the next term.
SECTION 2

IFMSA Visibility

IFMSA visibility was totally revisited during the year. A clear strategy was established at the very beginning of the term, and was based on the following principles: professionalism, consistency, frequency, intensity and quality. We firmly implemented our corporate identity, uniforming all our publications, social media posts and our general look.

Social Media

When it comes to social media, several milestones were reached. We doubled the average reach per post on IFMSA Main Facebook Page and collected over 30,000 new likes. We also defined a strategy to report any fake IFMSA accounts on Facebook and decided in TOM4 that the IFMSA regional presence on Facebook would be done through groups and not pages. A database with all the IFMSA pages and groups was also created. We increased our followers on Twitter by 122%. We also created IFMSA first Instagram account (@youifmsa), which was a real success, especially with the trending #ifmsamoments, through which members could share their special IFMSA memories. Additionally, the number of views on IFMSA blog more than doubled during the term, before it was moved and integrated to the new website. Moreover, the Federation issued more blog posts and timely press releases to keep its members and partners duly informed of its work and successes, especially in external representation. This has led IFMSA to publish an open letter in the UK-based international media, The Guardian. It’s also in the term 2014-2015 that a budget was allocated to the creation of an animated video to present IFMSA to the world, which was finished in the subsequent term. For all of this work, IFMSA won the 2014 Civil Organization Award by Health Systems Global, recognizing an organisation that best employs social media to engage civil society in health systems-related dialogue.

Website

The website of IFMSA was totally restructured, with the objective of making it more representative of our activities, of our members and of our spirit. New sections have been created, and old ones have been completely updated and renewed. Additionally, we have proceeded with the creation of a totally brand-new database, where both our Professional Exchanges (SCOPE) and Research Exchanges (SCORE) will be able to work to keep the world’s largest and oldest medical exchanges network alive and growing.
IFMSA had as biggest priority for the African Region the recruitment and support of the African NMOs.

In order to accomplish that goal, IFMSA worked with each individual NMO president in the African Region. Online Meetings were held with the Presidents and the Regional Assistants in order to ensure a constant communication channel and regular updates within the region.

IFMSA also received the application of two new NMOs - Malawi and Democratic Republic of Congo - and is following up with medical students’ associations from other countries in order to submit their application in 2016.

We also supported the ARM 2014 by providing logistical support and coordinating some of the meeting sessions. In the end ARM 2014 ran smoothly and have positive outcome, being one of the most important outcomes the changes in the Regional IOGs, which was approved in the ARM Presidents’ Sessions. With the changes made in document, we believe IFMSA pathed a more sustainable path for future African Regional Meetings.

Regarding WHO AFRO, we were able to have a meaningful presence in their meeting in November 2014. We also followed up on the possibility of having internships the WHO AFRO.

IFMSA also re-established contact with the African Union. This was aimed at working towards creating a partnership with them, a process that has been going on for the past few years.

Finally, two grant candidatures were submitted in order to support the development of the IFMSA work in the African Region - the UNESCO grant and the Commonwealth grant.
IFMSA focused its work in the NMO development in the Americas region. That was accomplished with the development of the Americas NMO Support Manual and continuous online meetings with the NMOs EBs of the region. We developed a Regional Team 2014/15 Introduction video, so our members could be familiar with the people that were working for them. An application manual for RM Host Manual was created and a Survival Kit for the Regional Meeting 2015 was also developed.

Regarding NMOs recruitment, more NMOs from the Americas region joined IFMSA and we were in contact with potential NMOs to join IFMSA in a near future.

IFMSA maintained its close cooperation with PAHO/WHO during this term. IFMSA established a relationship with 5 Departments of PAHO and started an internship program the Department of Emergency Preparedness and Disaster.

IFMSA also supported NMO Presidents to enter in contact and collaborate with PAHO National offices.

During the term, we started the application to become a recognized NGO by the Organization of American States.

IFMSA also maintained contact with FELSOCEM, ALASAG and API.
The regional development and the recruitment were the main priorities for the Asia Pacific region. Monthly online meetings with the NMO Presidents and the regional team were held in order to maintain a continuous communication channel within the region.

Another topic was deeply discussed was the Asia-Pacific Internal Operating Guidelines and the sustainability of the Asia Pacific Regional Meetings.

IFMSA kept in close contact with the 11th Asia Pacific Regional Meeting OC, so we could support the preparations of the meeting.

IFMSA developed its partnership with WHO WPRO and WHO SEARO, being present in their regional committees. The possibility of internships was studied with both organizations. IFMSA started its contact with the Asian Development Bank and discussed possible areas of action on health in the Asia Pacific Region. IFMSA also maintained contact with other external partners during the term.
IFMSA maintained a close contact with the NMOs of the EMR Region. Several individual online meetings with EMR NMOs were held during the term. The EMR Regulations were updated in MM2015 and a Regional Meetings OC manual was created. An organized regional institutional memory was also created in order to keep track of all the documentation of the EMR region.

A close cooperation with EMR Team and the EMR Regional Meeting OC was maintained in order to ensure the success of the EMR11. A report with its outcomes was also produced. IFMSA also supported the OC of EMR12 in the initial preparation period of the meeting.

An EMR newsletter 2014/15 was also published during the term.

IFMSA was in continuous contact with WHO EMRO, having been present in their 61st Regional Committee session and supporting the preparations of 62nd Regional Committee session. We also started a cooperation with WHO EMRO in order to have internships in their office in Cairo. The first department we were in contact with was the Emergency Risk Management department.
SECTION 3

Regional Work

Europe

The development of the Regional External Work was doubtless one of the priorities of the term. Starting with the strengthening of the relation and presence amongst European externals, until the definition of regional priorities within a democratic and involving process: Human Resources for Health, TTIP and Mental Health.

Regarding external partnerships, IFMSA worked with WHO-Europe in order to grant more internships for IFMSA members, in their office in Copenhagen. IFMSA also joined EPHA was its member and strengthened its cooperation with ESU, European Youth Forum, Council of Europe, European Commission, CPME, Joint Action on Health Workforce Planning and Forecasting, as well as many other European-based externals.

Finally, IFMSA concluded its registration on the European Union Commission’s Transparency Registration, which granted IFMSA access to the European Parliament.

IFMSA can say that European NMOs felt more involved and united, at the same time that many opportunities for them and for IFMSA have appeared.

In what comes to internal work, there was a huge investment in developing a structure that will allow proper, efficient and involving communication with the NMOs. An European Newsletter was issued and a video update of the Euroteam was produced. A webinar on Erasmus+ and active communication of European Available Grants was broadcasted during the term.

The EuRegMe was quite successful, and IFMSA received a really good feedback from the members. The development of the IOGs was also key to develop the internal work of the Region. The recruitment of Cyprus, Moldova and Georgia were very fulfilling, as well as the approved Standing Invitation to Kosovar Medical Students.
Standing Committee Work

Standing Committee Director: Ahmed Badr
Liaison Officer: Stijntje Dijk

At internal level, the Standing Committee on Medical Education (SCOME) saw the institutionalization of a standard structure for all IFMSA SCOME sessions in RMs and GAs and for all SCOME Survival and Follow-up kits. A lot focus was allocated to the preparation and follow-up for different Regional Meetings, especially the IFMSA Americas Regional Meeting, since the Regional Assistant and none of the members of the SCOME International Team could be present.

In addition, it was also published an updated SCOME Manual, which is available via this link.

The SCOME leadership also led the effort to promote a bigger integration of Sessions team in preparation of GAs - which helped in dealing with smaller details in sessions as well as allowing for a better support for building generations of future SCOME enthusiasts - and the establishment of a new continuous reporting system for the SCOME International team, which could be accessed any time by anyone to view the updates live.

Regarding the Training Medical Education Trainers workshops (TMETs), new Guidelines were established and it was decided for them to be hosted as Pre-GAs and not in RMs (in addition to those hosted by NMOs).

A new SCOME Continuous Capacity Building Structure was also implemented. IFMSA also had 4 programs adopted in close relationship with Medical.

An SCOME Public folder was launched, which included all resources from different IFMSA meetings, as well as general medical education documents.

SCOME also started to work on its Strategic Plan shortly after the IFMSA GA MM and had different rounds of online consultations as well as physical ones during the sessions in the IFMSA GA AM. It is planned for the next IFMSA SCOME team to carry on this work.

As internal suggestions, it is important to continue to work on a TMET guide that has detailed Medical Education resources and everything a TMET trainer should know and to continue the improvement of the continuous capacity building structure.

At external level, SCOME also worked in the creation TMET grant activity proposal and in the review of the Global Policy in Medical Education (to be used next term).

SCOME also worked on publication of 12-tip article on exchanges.
The Standing Committee on Professional Exchange (SCOPE) during its term had created its Annual Working Plan, which lead to a more concrete approach on the actions to undertake during the term. SCOPE also updated its NEO Folder and its Manuals, Handbooks and Certificates.

One of the key points of the term was the development of a long desired new Exchange Database according to the proposal that was drafted earlier on with the inputs of the NEOs.

During the term, a statistics report of the Students Evaluation Forms (Overall, per region & per NMO) was done in order to evaluate the quality of the exchange programs around the world. SCOPE also reviewed the status of Academic Quality and Pre-Departure Training in every NMO.

It was also important to ensure the quality of the sessions in the 5 regional meetings and in the 2 General Assemblies. Having that in mind, SCOPE produced minutes of the SCOPE Sessions, updated the SCOPE Regulations and created the SCOPE Sessions March Meeting and August Meeting 2015 Reports.

Personal skype training meetings were held with more than 15 NEOs, in order to give them the tools that could support the development of SCOPE in their country.

SCOPE also worked in terms of institutional memory. During the term, all Small Working Groups outcomes since 2002 related with SCOPE were collected and properly stored.

At external level, contacts were set up with other Student Organizations, in order to study possible collaborations in terms of international exchanges (IPSF, IADS, ESN).

Finally, we congratulate Uruguay, Guatemala, Singapore & Gambia for becoming SCOPE Active. We also followed-up on the NMOs interested in becoming SCOPE Active (Kazakhstan, Bangladesh, Honduras, Zimbabwe, South Africa, Azerbaijan, Pakistan and Georgia).
IFMSA SCOPH kept a close contact with NPOs and SCOPHians via physical and/or personal online meetings.

During the term, IFMSA celebrated several World Days, namely: UHC Day, World Cancer Day, World Diabetes Day and World Disabilities day, World Cancer day and world TB day.

Regarding internal development, SCOPH finalized its Strategic Plan 2015-17 in AM2015 and increased the issues tackled with SCOPH to include Health Equity and Global Health Approach. The SCOPH Database, including most relevant internal and external documents, was published. The SCOPH Manual was also updated.

IFMSA also adopted 6 Public Health related Programs with help of contributors.

At external level, IFMSA actively participated on high level advocacy discussions and promoting the work of our member to different stakeholders. IFMSA had the chance to raise the voice of our members in important meetings, such as the Prince Mahidol Award Conference 2015, the 68th WHA, the WHO GCM on NCDs and many others.

IFMSA also had the chance to follow up on a lot of important discussions and connect it with the work of the NMOs. We also followed up and evaluated our collaboration with different partners in the Public Health field, making sure the collaboration was relevant to both sides.

IFMSA reviewed and approved, with strong involvement of NMOs, the public health related Policy Statements. A Global Policy on Public Health draft was also created and can be used as relevant tool in the future.
As major achievements of the term, SCORA conducted a Peer Education Training in Butare, Rwanda and had its first SCORA regional webinars. A call was also opened for SCORA X-Change proposals, having received proposals from almost all IFMSA Regions. A EuroAfrican SCORA collaboration was also created as introduction to SCORA Buddy System.

A successful International Day against Homophobia and Transphobia and International Day of Pink campaign were held. A successful World AIDS Day Campaign with Y+ Global Network of Young People living with HIV and other externals such as UNAIDS, UNICEF was also held.

A new SCORA logo was created thanks to Publication Team and was accepted by Plenary during MM 2015

Externally, IFMSA successfully conducted a four-stage consultation process with Ipas about taking our cooperation step forward. It was also a priority to advance the opportunities available for medical students in the areas of sexual and reproductive health including HIV.
SECTION 3

Standing Committee Work

Standing Committee Director: Luiza Alonso Bastos
Liaison Officer: Ivana di Salvo

One of the main areas of work of SCORE this term was the development of the new SCORE Database. It was important to have all of its templates ready and to work on the bugs reported by the NOREs.

More NMOs had their SCORE activated, namely IFMSA-Paraguay, KuMSA Kuwait, MoMSIC Montenegro and FEVESOCEM Venezuela. FUMSA Uganda, UniGaMSA Gambia, IFMSA-Uruguay, KazMSA Kazakhstan and IFMSA-Palestine were in the right path for the activation. The work of the SCORE RAs was fundamental to the SCORE activation process success.

SCORE also supported active NMOs, advising them and mediating conflicts between NOREs. We tried to avoid late CAs during all the year offering support to the NOREs if they were dealing with some difficulties, mainly in the busiest months of the year: July and August.

Finally, IFMSA SCORE aimed to improve the Research Exchange Program quality, through the collection of the information about the Academic Quality and Recognition status of each NMO active in SCORE and by creating a database dividing the NMOs into categories so it is easier the assessment by the RAs. We also guaranteed that the projects in the database were updated by the NOREs (according to the SCORE Regulations).

SCOPE - SCORE Collaboration

Since the start of the term, both SCOPE and SCORE set as a priority to develop a booklet that explains what exchanges are about. This allowed National and Local Officers to present IFMSA Exchange programs to universities and Deans, and also to externals if the officers were seeking any kind of recognition or endorsement of your exchanges in their country. The Profile book was translated to Spanish, French, Arabic and Portuguese.

An official YouTube playlist was also created in order to promote the IFMSA exchanges around the world. The playlist is available via this link.
Standing Committee Work

IFMSA developed several Human Rights related capacity building events around the world, including but not limited to: around 10 national and international TNHRTs, pre-AM15 workshop on Migrants’ Health, pre-EuRegMe workshop on human rights violations, and the advanced human rights course during SCORP Camp Sweden.

SCORP also organised a successful World Human Rights Day campaign with the creation of a manual and with over 1,000 members actively following on Facebook.

The Human Right and Peace external collaborations of IFMSA had grown and had been institutionalised. Some of the main achievements are the launch of a training on Disaster Medicine with CRIMEDIM, IFMSA being official coordination of youth to the World Humanitarian Summit and the delivery of the world’s largest youth mobilisation and policy design of Disaster Risk Reduction.
The Team of Officials Meetings (TOM) are occasions for all IFMSA Officials to meet and discuss management in between General Assembly meetings. There are five TOMs throughout the year. In general, meetings usually last for 3 working days. However, this term opted to have an extra working day on TOM-1 in order to provide a better preparation for the rest of the term. TOMs 3 and 5 are held in connection with March and August Meetings of the General Assembly and are essentially preparation meetings to the GA work.

Prior to the Team of Officials Meeting, there is an Executive Board Meeting (EBM). This meeting lasts for one day, usually during the TOM arrival day, with Executive Board members arriving the day before.

We would like to thank IFMSA-Morocco, CroMSIC-Croatia, TurkMSIC - Turkey, PorMSIC - Portugal and MMSA-Macedonia for their amazing work in organising TOM-1, TOM-2, TOM-3, TOM-4 and TOM-5 respectively!

One of the main goals of the meeting was to conclude and approve the Plan of Action (see the section about the Plan of Action of 2014/15).

The Team of Officials also brainstormed on new possible designs and functionalities for IFMSA website to have something more up to date, appealing and responding to the needs of the Federation.

During the meeting, it was presented the plan on the transition from projects to programs and on the new leadership structure and highlight the major changes that are to come, especially in the removal of some positions and the redefinition of others.

Regarding the regional meetings, a short informative update on the five regional meetings of 2014/15 (locations, proposed dates, challenges). It was agreed to set down the priorities of the RM, which were used during the term as a guide for Officials’ attendance.

The Visibility Strategy 2014/15 and presented and approved during this meeting (see the section about the Visibility Strategy of 2014/15)

Small changes to the NMO Buddy System were also put into action during this meeting, in order to improve the communication IFMSA TO-NMOs.
During this second meeting, the Officials reviewed the first months as the Team of Officials, and highlighted the successes, the positive aspects of our work as a team, and the things that would need to be improved in coming months.

After three months of the plan of action approval, the Team of Officials look at the progress made since October and evaluated the its progress. The plan was revised and updated and some minor modifications were made - for instance the exchanges were divided in two different plans of action - and a few timelines were changed so to be more realistic. This version of the Plan of Action was presented and discussed during the President’s Session at the March Meeting 2015 in Antalya, Turkey.

The Officials discussed the regionalisation of IFMSA, as according to the presented Pursued Goals. Similar discussions took place at the Regional Meetings and all this information was collected until the August Meeting 2015. (see the section about the Regionalization)

A revamped and updated fundraising and marketing strategy was presented to the Officials, as well as a new sponsorship prospectus. It is highlighted that all Officials, particularly the Regional Coordinators and the Liaison Officers, were committed to conduct sustainable fundraising for the Federation.

There was also a short presentation on the work done on the strategy to organise and have a good overview of IFMSA external representation efforts. A draft of the advocacy strategy of IFMSA was also presented.
TOM4 had the major goal of discussing several underlying problems of the Federation and propose solutions to tackle them. For the past decades, IFMSA has grown immensely. However, as any other organizations without a well-defined long-term strategy or an organized planning, it has grown to work and be managed in into different ways and manners, which changed a lot between terms and periods.

In order for the roots of IFMSA to be solidified, the team of officials tackled six main topics, with the objective of coming up with a clear assessment, concrete solutions and a roadmap for the future. The six working groups were the following:

1. Policy and Representation
2. IFMSA Representativeness
3. Agenda Setting
4. Logistical and Financial Limitations
5. IFMSA Members and other affiliated
6. Culture and Behaviour

The SWGs were divided in a maximum of 6 people and the balance between people from different TO groups, the EB-elect and the observers was considered. The structure of the creation of the outcomes of each SWG followed a similar model.

An outcome document was produced that summarized and outlined those recommendations, as well as the actions to be taken.
The 64th March Meeting General Assembly was organized by TurMSIC-Turkey in collaboration with IFMSA Officials and was held in Antalya, Turkey, from March 2nd-8th, 2015 under the theme of "Humanitarian Action." Overall, the MM2015 was a real success. Delegates have shown a high level of appreciation of the work conducted by the Organizing Committee, especially in terms of logistics, food and accommodation, and by the Team of Officials. The sessions went well, and participants went back home inspired.

This General Assembly has helped to define the way forward for the Federation, in addressing key topics and proposing concrete solutions and means for positive and sustainable change within the Organization.

Policy Making in the Federation
As accorded with the presented Annual Plan of Action and Policy Statement Report published in December 2015, a process had started in the Federation, led by the Team of Officials, to restructure the way IFMSA is conducting policy. The idea of improving this area of work was well-received by the NMOs; however the format has been largely debated, and special sessions were added to the MM15 Agenda to give enough space for discussions. It was decided that the topic would continue to be addressed and that a new model, integrating the different suggestions from the NMOs, would be presented for August Meeting.

Election of a future GA Hosts
Earlier in February, the Executive Board has decided to cancel the contract of FASMR-Romania as the host of August Meeting 2015 due to a lack of evidence of logistics progress and the financial sustainability of the event. A call for a new host was open, and one application was received from MMSA-Macedonia. MMSA-Macedonia has hosted August Meeting 2009, and a task force had to be created (and lasted more than three years) in order to clarify the financial situation. Because of this complex history, more discussions took place between the NMOs, the Team of Officials and the host candidate. In addition, MMSA-Malta was elected host of MM2016.
Internal Meetings

General Assemblies

Implementation IFMSA Reform
This General Assembly also saw the implementation of the IFMSA Reform. The transition topics were addressed throughout the week. Firstly, the plenary elected its first executive board composed of seven members. Secondly, the permanent secretariat of the Federation, represented by Iris, attended the General Assembly and supported the plenary team. Thirdly, IFMSA adopted its first programs. Fourthly, a first update was given on the implementation of the Strategy 2014-2017.

Externals
- Mr. Aitor Zabalgogeozkoa- Médecins Sans Frontières (MSF) International
- Dr. Ishtaiwi Abu-Zayed- United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA)
- Ms. Fadime Ozbey – AFAD (Turkey Prime Ministry Disaster & Management Authority)
- Mr. Ozan Bayraktar- Turkish Red Crescent
- Mr. Aashish Khullar - United Nations Major Group for Children and Youth (MGCY)
- Dr. Bruria Adini- Ben Gurion University, Faculty Member
- Ms. Chiara Zanette - International Committee of the Red Cross (ICRC)
- Dr. Akihito Watabe- Japan Ministry of Foreign Affairs
- Dr Kenan Peker - Selcuk University
- Mr. Ahmed El-Molla - International Pharmaceutical Students’ Federation (IPSF)
- Mr. Anil Turer - International Veterinary Students Association (IVSA)

Acknowledgments
IFMSA would like to thank all the delegates who actively took part in the discussions and various sessions. We would also like to state their extreme appreciate of the work done by the host and its organizing committee from TurkMSIC-Turkey.
The 64th August Meeting General Assembly, which welcomed over 750 students from above 100 countries, took place in Ohrid, Macedonia under the theme of “Migration of Health Workers.” Topic-based sessions were held in the fields of public health, sexual and reproductive health, medical education, and human rights and peace.

The meeting has also allowed professional and research exchanges officers to sign over 13m000 contracts in approximately 100 countries for the next season. IFMSA exchanges favours intercultural understanding and allow medical students to explore health care delivery and health systems in different social and economic settings.

Presidents’ Technical Briefing
For the first time this year, the presidents were offered a technical briefing that lasted for a day. It aimed at offering NMO Presidents and head of delegation a good training prior to the General Assembly, covering especially the technical parts of the meeting (documents, plenary, procedures, etc).

The workshop welcomed over twenty people from various regions. Both newcomers and experienced members joined for some review of the submissions, the « how-to » understand the bylaws, and the important discussions points. Participants were also able to network and to get to know each other better before the start of the meeting.

Opening Ceremony
The opening of the General Assembly was marked with the historic launch of a new online platform for IFMSA, which can be visited at www.ifmsa.org. The opening ceremony also welcomed an address by the United Nations Youth Envoy, Ahmad Alhendawi, who stated his appreciation of the work done by IFMSA in the process of the sustainable development goals and the definition of the post-2015 agenda. The video is available via this link.

Adoption of a new set of Constitution and Bylaws
The Federation also adopted a new set of Constitution and Bylaws, which guide the Federation internal work after an extensive review process. This aligns with the transition to the new structure of the Federation to better match the needs and priorities of medical students worldwide.
Internal Meetings

General Assemblies

Programs approval
To support medical students initiatives, the Federation approved ten new programs, complementing the first set of programs adopted during March Meeting. Those programs addressed issues that are seen as important for medical students: children health and rights, communicable diseases, environment, ethics and human rights, health systems, HIV/AIDS and other STIs, human resources, mental health, sexuality and gender identity, and gender based violence.

Election of the new Team of Officials
Additionally, the meeting allowed national member organizations to elect the next Team of Officials, who will lead the Federation in the term of 2015-2016. IFMSA would like to thank all candidates and wish best of luck to the newly elected officials.

Future General Assemblies
IFMSA-Mexico has been elected as the host of AM2016.

Externals
• Apostolos Veiz / MSF
• Aliki Meimaridou / MSF
• Lilana Keith / PICUM
• Cecilia Espinoza / Ipas
• Geraldine Saey / HW4All
• Annete Mwansa Nkowane / GHWA

Acknowledgments
Finally, IFMSA would like to sincerely thank the Macedonian Medical Students Association (MMSA) and the Organizing Committee of August Meeting General Assembly 2015 for their efforts and dedication to make this event a memorable success.
African Regional Meeting
December 18-23, 2014 • Kampala, Uganda

The African Regional Meeting, traditionally the first regional meeting in the term, was held Kampala, Uganda, the pearl of Africa, under the theme “Human Resources for Health: A foundation of Universal Health Coverage.”

During the opening ceremony we had several external guests, including the Ugandan Minister of Health and the WMA’s Immediate Past President. The meeting welcomed medical students from different national member organizations (NMOs) of the African region, and some even from outside the region.

The standing committee and presidents sessions during the ARM, facilitated by members of the regional team and/or Team of Officials, were all aimed at capacity building of the participants which in turn would lead to development of the individuals and NMOs within the region.

Despite some logistical challenges, the meeting was successfully concluded with the election of MEDSAR-Rwanda as the next host of the ARM.

Americas Regional Meeting
January 2015 • Cali, Colombia

During the first two weeks of January, around 150 participants gathered in Cali, Colombia, for the Regional Meeting of the Americas.

The meeting created the opportunity for delegates to strengthen the relationships between the different National Members Organizations (NMOs); to build new multi-cultural friendships; and to get to know better IFMSA and how the Federation functions.

Prior to the Regional Meeting, about 70 students were able to attended 5 of the pre-selected workshops: ipas on access to safe abortions, Training Experienced Trainers, Global Health Diplomacy, Training New Human Rights Trainers and Exchanges.

The Americas Regional Team - with the help of present members of the Team of Officials - worked closely to provide several workshops and sessions during the meeting itself to increase participation within the Federation.

Eastern Mediterranean Regional Meeting
February 3-10, 2015 • Cairo, Egypt

IFMSA-Egypt welcomed around 200 participants in Cairo for EMR-11. It was a productive meeting for the medical students of the region to discuss and debate on the most pressing health issues.

Furthermore, participants attended sessions on IFMSA standing committees and were able to explore the several dimensions of universal health coverage through the theme events. The Presidents Sessions complimented the agenda to allow even more capacity building for NMOs leaders.

Prior to the Regional Meeting, about 90 students were able to attended 5 of the pre-selected workshops: Healthy Cities, Maternal Health and Access to Safe Abortions, Training Human Rights Trainers, WHO Simulation, Healthcare in Danger, Gender Issues Unveiled, and Training New Trainers.
The EMR Regional Team and present TO members worked intensively to achieve the aspired outcomes.

**European Regional Meeting**
April 24-28, 2015 • Aalborg, Denmark

EuRegMe XII took place in Aalborg, Denmark, under the theme “Sustainability and Health,” reason why many of the sessions tackled topics such as post-2015 and other advocacy-related topics.

During the meeting, several training moments were organized, as well as sessions of all the IFMSA’s Standing Committees. One of the topics tackled were priority topics in regards of external representation within the Region.

The European Regional Team as well as present members of the Team of Officials worked closely to deliver the workshops and sessions. HelMSIC-Greece was elected as host for the next EuRegMe.

**Asia-Pacific Regional Meeting**
June 26-29, 2015 • Manila, Philippines

APRM took place in Manila, the Philippines under the theme "Resilience: Empowering the medical professionals for the Challenges of the new generation."

There were valuable sessions with World Health Organisation and Asian Development Bank. Participants of Standing Committee Sessions were able to learn and exchange ideas of Resilience. The president session had a big one step forward for Asia-Pacific Regional Meeting sustainability and Asia-Pacific involvement in IFMSA.

Together with the help of the present TO members, the Regional Team worked hard to ensure all the workshops and sessions could be delivered in order to assure the aspired goals could be met to assure capacity building of attending members.
In the beginning of this term, the Liaison Officers team took the challenge to improve the external representation of the organization and improve the transparency of the organization to its members. This is the result of one year of hard work.

Prioritisation and advocacy strategy
IFMSA Liaison Officers and Regional Coordinators discussed on the beginning of the term, on which organizations should be prioritized, in alignment with what was approved on the IFMSA Strategy 2014-2017 and the Team of Officials Plan of action.

This allowed for a better planning of the participation on external meetings and a concrete assignment of support funds for those external meetings. The support for IFMSA officials participation on external meetings was based on a formula, on which only high priority meetings and timely funding requests would receive 100% of support fund for transportation. Unfortunately, IFMSA officials still needed to pay for their accommodation and daily expenses, which represented an important burden for their work.

The following agreements with external organizations were approved during the term:
- Ipas
- World Health Summit
- AMSA International
- Humans of Health
- International Pharmaceutical Students’ Federation
- Medical Students for Choice
- World Association for Disaster and Emergency Medicine
- World Health Students’ Alliance
- World Medical Association
- Global Climate and Health Alliance
- International Federation of Gynecology and Obstetrics
- HIV Young Leaders Fund
- Safeguarding Health in Conflict Coalition
- World Federation for Medical Education
- World Federation for Medical Education

External Fundraising
Although it was already recognized the important role that IFMSA has on the development of capacity of its members by the collaboration with externals or its influence on health advocacy at international level, there was still a myth that an investment on external representation was an expense. During the term, IFMSA deconstructed that myth through an improvement of the communication with the external partners and IFMSA members.

It is also fundamental to mention that more than 120,000€ were fundraised from external organizations. This value is more than 6 times the value that was invested specifically on external representation (18,000€).

Transparency and collaboration in External Representation
This was the goal with more advances until this moment. During the last years, IFMSA external representation didn’t have platforms were NMOs could oversee the ongoing work done on external level. During this term, IFMSA worked to create databases which allowed the representatives of the NMOs to follow-up the work developed on external representation.

Agreements Database
In the beginning of the term, only one agreement was properly signed and archived. In the end of the term, from the 18 agreements, 16 are properly signed and archive (still waiting for 2 external organizations to send
their signatures), recovered other 9 from previous terms and created a full list of all the agreements that were approved in the General Assembly since 2007. During the term, the Liaison Officers and Regional Coordinators found and brought together those agreements.

Externals Summary List
NMOs had available a full list of IFMSA externals, where they could have an overview of all the IFMSA reach and an overall perspective of the work that is required to the Liaison Officers and Regional Coordinators. By the end of the term, IFMSA maintained contact with more than 100 external organization. If we count the external organizations’ departments (such as UN Agencies and WHO Departments), this number reached more than 150 external contacts.

For the first time in years, LOs and RCs, President and VPI, were working together in the External representation and external contact at regional level. RCs were considered an active part in the definition of the external representation action. They were updating IFMSA members regarding their respective externals (this was being done in a centralized way for the first time in IFMSA).

Internship database
IFMSA is also known to have internship opportunities. However, in the last years, NMOs didn’t know who were the selected interns by the organizations, or if they were present in the organization or not. With a new developed database, NMOs could consult the presence of IFMSA interns in the different organizations and know which internship opportunities exist in a centralized way.

To underline, the following major accomplishments:
- Continuation of the internship agreement with WMA (each intern will be able to receive around 800€ per month during their internship)
- Continuation of the WHO Departments internships
- Creation of the WHO Europe Internships
- Creation of the UNRWA Internships

Improve the communication with NMOs
IFMSA improved its external representation image for a better usage of the social media platforms and sharing the information about IFMSA presence on those meetings. IFMSA official statements, policy briefs and outcome documents were shared on those platforms.

A new template for the submission of external meetings reports was also created, in order to increase the transparency of external representation and create summaries of the meetings for the NMOs.

Improve the capacity building in external representation
IFMSA Liaison Officers developed, with success, the first two IFMSA External Representation Pre-GAs. Both editions had the goal of improving the capacity of IFMSA members on external representation, in order to support the creation of solid delegations and ensure more transparency on international processes of IFMSA. Other regional-specific workshops were also developed, in similar models of the PreGA, to develop capacity on external representation at regional level.

Improve the impact of Policy Statements
IFMSA updated the policy statements database created on the previous term. At the beginning of the term, more that 62 Policy Statements were active, which made IFMSA’s work in advocacy and external representation very complex.

The IFMSA Team of Officials had has one of its goals to simplify and integrate the IFMSA Policies, in order to increase its impact and comprehension by its members both at national and local level. This process was highly debated internally debated inside IFMSA and a way forward was decided on August Meeting 2015. A Task Force was created in order to support the transitioning
External Representation

period of the new policy statements model.

The following policy statements were approved during MM2015 and AM2015:

- Post 2015 Future Development Goals.
- Gender Equity
- Control of Emerging Infectious Diseases
- Decade of Action for Global Road Safety
- Discrimination and Hate Crimes
- Elder Abuse and Abandonment
- Sustainable Healthcare Facilities
- Equitable Health Care Regardless of Sexual Orientation and Gender Identity
- Hazardous and Harmful use of Alcohol
- Non Communicable Diseases
- Tobacco Control
- Universal Health Coverage
- Trade and Health
- Prioritizing sugar in the obesity epidemic.

Exchanges endorsements

Through the work of the Liaison Officers, in collaboration with the SCOPE and SCORE Directors, IFMSA exchanges are now endorsed by 6 organizations - WFME, WONCA, FENS, FIGO, EuSEM, and WFSA. This will allow a better recognition of the IFMSA exchanges’ importance to medical students’ education and the development of health at international level.

Internal accountability

IFMSA guidelines for the external representation were reviewed during the term. More concrete and specific actions were taken into place to avoid the usage of the Federation for strictly personal interests. The new guidelines provided concrete guidance on the approval of delegations to external meetings, the way external communication channels of the Federation should be used and which statements should be presented at international events.
External Meetings

70th UN General Assembly
New York City, USA • September 15-28, 2017

Delegation:

Other UN Meetings:
4th Session of Intergovernmental Negotiations on Post-2015 Development Agenda | New York City, USA • April 2015
UN WOMEN 59th Commission on the Status of Women | New York City, USA • April 2015

IFMSA was present on the United Nations Sustainable Development Summit, which approved the Sustainable Development Goals.

The approval occurred during the 70th UN General Assembly and Summit counted with world known guests, such as the Pope Francis and Nobel Peace Prize Malala Yousafzai.

During his speech, Pope Francis recalled for the inequalities that still exist in the world and the need for member states to work in a way that guarantees social justice, respect for environment and global Peace, to ensure mutual existence of humankind. Malala Yousafzai also had an opportunity to provide a speech on the importance of these Goals and called for an active involvement of member states in providing primary and secondary education for all, with a special focus on girls and women. After the speeches and ceremonial events, the SDGs were finally approved by the General Assembly. However, the work on implementing the SDGs is just beginning.

IFMSA was present during this moment with its delegation of 5 members with other 188 youth from all over the world, supporting a speech that underlined the importance of involvement of children and youth in the achievement of the SDGs. During the event, IFMSA underlined its commitment to increase and strengthen our organizational efforts in building capacity of our members, to raise awareness about the 17 different SDGs and the means to implement those goals at the national and local levels within our 129 national member organisations.

IFMSA was also present in more that 10 side events that were held in parallel to the 70th United Nations General Assembly.

For more information, click here, here and here for the press releases.
This World Health Assembly was unique in many ways. Together with 35 youth delegates with backgrounds varying from medical students, to dentistry, pharmacy, veterinary sciences and law, we raised voices on crucial topics that were discussed. More than 3000 delegates from WHO’s 194 Member States and many Non-State actors discussed resolutions and decision points on antimicrobial resistance (AMR), Ebola, the International Health Regulations, adolescent health, climate change and many other topics.

Our utmost gratitude goes out to all those that contributed to the success event: our National Member Organizations, individuals that contributed online via social media, the Team of Officials and the Pre-World Health Assembly Organizing Committee and most and foremost the delegation. We’re extremely proud of the successes they have celebrated, the time they have taken to support each other, who reached out to their own and other ministries of health, who raised concerns and made youth not only visible but have a meaningful contribution, and who built capacity to have an even larger impact worldwide once they arrive back home.

IFMSA is committed to continue contributing to achieving the health goals set during this World Health Assembly, and to continue raising the voices of medical students.

For more information on the IFMSA participation on the WHA (side-events, policy briefs, officials statements, please click here.
External Meetings

UNFCCC 20th Conference of Parties (COP20)
Lima, Peru • December 1-12, 2014

Delegation:

Other UN Meetings:
UNFCCC ADP 2.8 | Geneva, Switzerland • February 8-13, 2015
UNFCCC ADP 2.9 | Bonn, Germany • June 1-11, 2015
UNFCCC ADP 2.10 | Bonn, Germany • August 31-September 4, 2015

IFMSA attended the meeting with the main objective of ensuring that health stayed on the climate change agenda. Building on an effective advocacy strategy and with the support of collaborating partners such as the WHO and the GHCA, the IFMSA delegation successfully worked to integrate the concept of health co-benefits in the ADP Updated Draft Negotiating Text, a concept that was absent in the first draft.

IFMSA has also facilitated a side-event on education and capacity building and intervened in a side-event on green jobs. Furthermore, IFMSA did the opening statement on behalf of the youth at the opening session of the ADP.

The delegation worked with the youth constituency of the UNFCCC to input the Ministerial Declaration on Education, resulting in a greater recognition of the role of the youth and of non-formal education, two things at the core of IFMSA activities. The Federation shall continue its work in this field so to ensure health is fully integrated in the Elements text, which will be used as the backbone of the global climate agreement, to be adopted at COP21 in Paris in 2015.
The International Conference of NGOs is a key forum in which UNESCO’s official NGO partners to meet and hold discussions, with its primary purpose being to “review the state of cooperation with UNESCO […] and facilitate cooperation between organisations having common interests.” The 2014 Conference focused on the theme “Re-enchanting the World with the Post-2015 Development Agenda.”

65th World Medical Association General Assembly | Durban, South Africa • October 8-11, 2014

IFMSA was present once again in the World Medical Association General Assembly. During this meeting, IFMSA manage to strengthen the ties with WMA and follow-up on the implementation of a Memorandum of Understanding between the 2 organizations. It was also possible to follow-up on the continuation of the internship program.

The General Assembly was focused on the discussions related with the conditions of health workers during the Ebola Outbreak, the challenge connected with Migration of Health Workers, the approval of a new statements on Air Pollution, protection of Health Workers, Non Commercialization of human reproductive Material and Solitary confinement. IFMSA also presented a formal request to WMA to review the Declaration of Geneva (modern revision of the Hippocratic Oath), in order to updated it to the current global challenges and to provide an approximation between different generations of physicians.

200th World Medical Association Council Session | Oslo, Norway • April 16-18, 2015

World Medical Association - World Veterinary Association One Health Conference | Madrid, Spain • May 21-22, 2015
IFMSA was present during the World Health Summit in Berlin, Germany. This meeting isn’t per se an advocacy meeting but more a networking meeting. It is also important to underline that this is more an event dedicated to academia.

The conference was focused on 4 key main areas: Education and Leadership; Evidence to Policy; Research and Innovation; Global Health for Development.

During the different sessions, different IFMSA members manage to network with the different speakers and take notes for future events and sessions to be develop by the Federation. It was also noticed the lack of interconnection between academia and the political discussions that are happening at the moment in the global stage.

IFMSA was invited to do a statement during the opening ceremony. The “blind standardization and industrialization” of education was mentioned as well the harsh conditions of work and studying of medical students and doctors. It was also underlined the importance to bring humanity to healthcare.
The Prince Mahidol Award Conference (PMAC) is an annual international conference focusing on policy-related health issues of global significance. The conference is hosted by the Prince Mahidol Award Foundation, the Thai Ministry of Public Health, Mahidol University and other global partners. It is an international policy forum that Global Health Institutes, both public and private, can co-own and use for advocacy and for seeking international perspectives on important global health issues.

For the second year, IFMSA hosted a Side Event at the conference, for this year’s edition our side event was on Youth leadership for global health equity in the Post-2015 framework which counted with 3 speakers addressing the importance of having young people engaged in high level global health discussions and especially how the youth must be addressed in the settlement of universal health coverage policies in different countries.
World Health Students’ Alliance (WHSA) idea was born in Prague, during the World Health Students’ Symposium (WHSS) in 2011. Medicine, Pharmaceutical and Dental students international decided to create a platform where they can join forces in order to advocate for health as a whole and not only on their own perspectives. We have signed the MoU in GA AM 2013. In need, we initiated a meeting of International Dental Students’ Association (IADS), International Pharmaceutical Students’ Federation (IPSF) and IFMSA, in order to revise the agreement that we have, talk about the structures and ways to move forward with the original ideas of the Alliance, to work on advocating our common goals. With the grand finale of signing a declaration of implementation of WHSA on November 17th, a significant day of International Students’ Day, commemorating the strength of students’ as a driving force of change.
International Co-ordination Meeting of Youth Organisations (ICMYO) is perhaps the largest network of youth organisations, gathering regional youth platforms and international organisations of youth. The network is managed by a task force of 7 organisations which is elected every year in the Annual Meeting. Next to electing the task force, the annual meeting is for looking back and looking forward, on the tasks that were done, needs improvement, should be followed up and should be added.

There were several main topics that members decided to work on for the following year, which are: sustainable development/post 2015, WPAY/Youth Policies, Youth Participation, Peace, Justice, Inclusion. On both of the meetings, IFMSA has presented the candidature to the task force and has been elected.
PreYouth Symposium on Barriers to Adolescent and Youth SRHR Information and Services
Lusaka, Zambia • December 5-7, 2014

Delegation:
Kelly Thompson, LRA 2014-15; Magnifique Itrakaze, MEDSAR-Rwanda; Isaac Sakala, ZAMSA-Zambia; Munahamwemba Himbala, ZAMSA-Zambia.

The meeting was convened by UNFPA, UNICEF, UNESCO, UNAIDS, SAT, IFMSA, PPAZ, NYPD, IPPF and Restless Development. The symposium brought together over 180 delegates from over 29 countries predominantly from Africa and served to capture the views and inputs of young people into the main symposium. IFMSA presented in a panel on ACT!2015 and how young people can get involved in the post2015 process, and co-facilitated a session about key advocacy issues for young people in post2015 as well as the final session on the outcome document of the symposium. IFMSA also played a key role in writing and developing the outcome document.

World Congress on Public Health
Calcuta, India • February 8-15, 2015

Delegation:

The World Congress on Public Health (WCPH) is an international Congress conducted every three years since 1975. The congress is organized by the World Federation of Public Health Associations (WFPHA) in collaboration with national public health associations that are members of the Federation. IFMSA is one of the WFPHA members.

The theme for the 14th World Congress on Public Health held in Kolkata-India was “Healthy People – Healthy Environment.” The World Congress, held every three years, brings together several thousand public health professionals and practitioners, academics, researchers, policy-makers and international stakeholders from around the world.

The 3rd International Student Meet on Public Health (ISMOPH) was a satellite event of the WCPH 2015, which is organized by the WFPHA in association with IFMSA and other partners. The ISMOPH gathers the motivation of international students from different disciplines of public health to look together for the solutions of the biggest public health challenges of their countries.
A delegation of nine IFMSA members representing four regions attended the 3rd UN World Conference for Disaster Risk Reduction (WCDRR). We were representing the Federation’s position through the official mandated stakeholder, the UN Major Group for Children and Youth (UN MGCY).

6,500 people including 2,800 government representatives from 187 governments, meet in Sendai Japan. This was an end of two years negotiation and consultations of the Post-2015 Framework for Disaster Risk Reduction (DRR) and it is the beginning of an era with enhanced recognition and actions on DRR. After a marathon of negotiations which continued until the late in night, the representatives from the attending 187 UN member states finally adopted the Sendai Framework for Disaster Risk Reduction 2015 - 2030. The world now has a framework to guide the DRR investments and actions by agencies, governments, academia, civil society and private sector during the coming 15 years.

WCDRR was not the end but the beginning, the beginning of enhanced actions on DRR. IFMSA already took the lead and expressed our Voluntary Commitments as an officially recognised outcome of the WCDRR. The Federation can now take the next step from the hard work of policy design and focus on implementation. Hopefully the rest of the society will join us and take their responsibilities.

Delegation:
Moa Herrgard, LRP 2014-15; Liljana Lukic, PSDD 2014-15; Christopher Schürmann, bvmd-Germany; Philipp Münzert, bvmd-Germany; Majid Shangab, IFMSA-Egypt; Aia Raafat, IFMSA-Egypt; Wing Sum Li, IFMSA-Hong Kong; Leo Lopez, AMSA-USA; Dhiya Khoirunnisa, CIMSA-ISMKI-Indonesia; Val Tan, AMSA-Singapore; Anna Theresia Ekman, IFMSA-Sweden.
The World Federation for Medical Education met in Cairo for the Executive Council Meeting. In addition to the updates from the different executive committee members, a variety of topics was discussed: the revision of the WFME standards for Continuing Professional Development; the World Directory of Medical Schools; the recognition of accreditation programs; the possibility of creating criteria for the establishments of new medical schools; and the future global role of the doctors in healthcare.

The WFME happily reaffirmed their recognition of the IFMSA Exchange Programs. Finally, IFMSA will be working closely on creating some additional opportunities for our members such as internships and will join several of the follow up working groups established during the meeting.

IFMSA was present in the 2 two annual meetings of The Network: Towards Unity For Health Meetings. The first in Fortaleza, Brazil and the second on Pretoria, South Africa.

Discussed topics included but were not limited to Social Determinants of Health in Education, social accountability, human resources for health, interprofessional education and transformative education, advocacy and health equity.

On the Fortaleza meeting, IFMSA delivered a session on Exchanges as well as many statements throughout the sessions. Medical students were present moderating sessions, presenting scientific posters, and created the ‘Fortaleza Declaration’ providing the conference’s recommendations towards community-based education.

After the Fortaleza meeting, IFMSA became part of The Network TUFH Organizing Committee of their meetings in South Africa in 2015 and in China in 2016. It was also agreed that TUFH would support student involvement reform and the creation of Student Projects for Health grant by FAIMER.
The PAHO Regional Meeting, is one of the most important events for the Americas region. Health leaders of all countries of our region meet and discuss which direction the regional offices will take in the future, discuss strategies and share their own personal experiences in their countries regarding different health related challenges for our society.

For IFMSA, is a forum to know better our region but most of all to be health advocates for our future patients and to strive for the Americas region we want to see. IFMSA voice was heard during the meeting, but it was important to have fundamented opinions on all matters since the youth position can make the difference and become a tiebreaker in some “hot topics”.

Statements delivered during the meeting: [Statement on Mental Health](#)  [Statement on Prevention of Obesity](#)  

**Delegation:**

Pedro Miranda; Mari-Jose Cisneros, RC Americas 2014-15; Sergio Menchasa, IFMSA-Mexico; Rael Garcia, IFMSA-Mexico.
External Meetings

WHO Regional Committee for Western Pacific
Manila, Philippines • October 13-17, 2014

Delegation:
Yuji Jeong, RC Asia-Pacific 2014-15; Joey Gonzales, AMSA-Philippines; Kim Patrick Tejano, AMSA-Philippines; Henry Yeh, FMS-Taiwan; Tung Yen Wu, FMSA-Taiwan.

The meeting is the best way to know the updates from each member states and the region. It was also a great opportunity to address our stances in various health issues.

We also studied the possibility of having an internship program in WPRO. However, the possibility of that happening is very low after talking with relevant officer. Regional director and the officers were very interested in medical students continuing their participation in the WPRO meeting.

Statement delivered during the meeting: Universal Health Coverage

WHO Regional Committee for EMR
Tunis, Tunisia • October 19-22, 2014

Delegation:

The meeting was very successful and the participants were impressed by the work done by youth. Possibility of having internships at the WHO EMRO office in Cairo was dicussed with the EMRO Regional Director. IFMSA delivered 4 well-received statements on: Youth Involvement, Universal Health Coverage, Towards a public health response to climate change and air pollution in EMR, saving the lives of mothers and children.

Statements delivered during the meeting: Climate Change and Air Pollution, Universal Health Coverage, MDGs 4 & 5, Youth Involvement
The 68th session of the WHO South East Asia Regional Committee took place in Dili, Timor Leste. The Dili declaration adopted highlights the urgency for stronger measures to stop the tobacco epidemic in the WHO South East Asia Region. Technical topics were discussed intensively including response to emergencies and outbreaks. Strengthening health workforce and sustainable universal health coverage were on the ministerial Round Table for further discussion. South East Asia Regional Office reviewed their work based on their seven flagship priority areas.

IFMSA participation on the meeting was focused on the topics related with Universal Health Coverage and the response to the Ebola Outbreak. Topics such as the progress on the implementation of the African Public Health Emergency Fund and the strengthening of health systems to contain epidemics were also deeply debated.

Dr Matshidiso Moeti of the Republic of Botswana was also nominated during the meeting to be the next World Health Organization’s Regional Director for Africa.

Statements delivered during the meeting: Universal Health Coverage, Ebola Outbreak
WHO aims at promoting intersectoral and interagency action for health and well-being in the WHO European Region. IFMSA worked on a statement in partnership with other European NGOs in order to highlight the importance of recognizing the importance of Social Determinants for Health (SDH) and of promoting health literacy amongst the population.

The European Regional Office of WHO also established Priorities for health systems strengthening in the WHO European Region 2015/2020: walking the talk on people-centredness.

WHO Europe also proposed and discussed a new physical activity strategy, a new roadmap for tobacco control, an action plan to prevent multidrug-resistant tuberculosis and offered two technical briefings: women’s health, and human resources for health.

Statements delivered during the meeting: [Child and Adolescent Health](#), [Health 2020](#), [Video Statement](#)
External Meetings

Council of Europe (CoE) Conference of INGOs | Strasbourg, France • January 26-29, 2015

European Youth Forum Education Week | Brussels, Belgium • November 4-7, 2014

EPHA Professional Development Programme | Brussels, Belgium • December 8-10, 2014

2nd Annual EU-US Trade Conference | Brussels, Belgium • February 5, 2015

European Health Management Alliance workshop - Effective health workforce recruitment and retention strategies | Leuven, Belgium • March 10-11, 2015

European Commission Joint Action on Health Workforce Assembly | Madrid, Spain • March 23-24, 2015

YFJ’s Council of Members | Cluj-Napoca, Romania • April 17-18, 2015

European Commission - TTIP Stakeholder events Round 10 | Brussels, Belgium • July 15, 2015

30th European Students Union Convention | Brussels, Belgium • September 28-30, 2015
The year 2014-2015 focused on the implementation of the first IFMSA programs, with seven proposals successfully adopted in March Meeting General Assembly 2015 and ten more adopted at August Meeting General Assembly 2015. Efforts have been invested in promoting the programs with online and in-meeting presentations at all IFMSA events of the year, and the creation and distribution of manuals on how NMOs can join programs. The first review of the function of the implementation of the IFMSA Programs structure has been done.

It is advised to take into consideration the recommendations given in August Meeting 2015, for an improvement of the programs and their development. It is also recommended to invest in their evaluation and impact on the local, national and international level, and to focus efforts in the most strategic programs, which aligned with IFMSA annual priorities.

The first program reports were also adopted at August Meeting General Assembly 2015 and outlined an evaluation of the work archived so far. It gives recommendations for future developments. The basic tools for assessment of quality of IFMSA Programs Coordinators, IFMSA Programs Reports, IFMSA Programs Activities had been created. Regarding the Program Coordinators, a system for selection of Program Coordinators was also established as well as standards for their initial training.

It was recommended to establish a quality assurance framework on the Programs (from its concept and planning until its reporting, follow-up and evaluation), namely the activities and the capacity building workshops that are developed and conducted by the Federation.

Several materials about programs, training on quality assurance, theory of change and impact assessment were created and a preliminar programs database was set up in ifmsa.org

The 17 IFMSA Programs active by the end of the term were:

**Maternal health and access to safe abortion (MHASA)**
Relevant Standing Committee(s): SCORA
Aim: To improve maternal health by building comfort and capacity among medical students and Medical Students Associations on maternal health and peer outreach through our Ipas workshops and curricula.

**Comprehensive Sexuality Education (CSE)**
Relevant Standing Committee(s): SCORA
Aim: To have target groups that are educated on sexual and reproductive health issues, in order to make sure they can make proper informed decisions with regards to their sexual and reproductive health.

**Emergencies, disaster risk and humanitarian actions (EDRHA)**
Relevant Standing Committee(s): SCORP
Aim: To invest in prevention and preparedness, especially of health systems and safe environment while having empowered future health professionals that will be able to address disaster, whether natural, biological or human-made while ensuring humanitarian support to the ones in the need.

**Dignifying and non-discriminatory healthcare (DNDH)**
Relevant Standing Committee(s): SCORP, SCOPH
Aim: To achieve dignified and non-discriminatory healthcare, based on the human rights approach, so that it is more inclusive and accessible to people of different cultural or ethnic groups, migration status, religious beliefs, geographical restrictions, physical and mental impairment, language barriers, and age and all
other groups considered to be minorities, together with a focus on improvement of the living conditions of these populations.

**Teaching medical skills (TMS)**
Relevant Standing Committee(s): SCOME
Aim: To improve the competences of the future doctors by improving their practical skills, so they can fit the needs of their societies and provide good and efficient care to their patients.

**Medical education systems (MES)**
Relevant Standing Committee(s): SCOME
Aim: To create a platform where medical students will learn about medical education system and students meaningful participation in faculty decision making.

**Healthy Lifestyles and NCDs (HLNCD)**
Relevant Standing Committee(s): SCOPH
Aim: To successfully reduce the burden of NCDs globally, by providing a broader understanding by the public of the lifestyle factors causing NCDs, and a change in lifestyle habits.

**Children Health and Rights Program (CHR)**
Relevant Standing Committee(s): SCOPH
Aim: To establish structures in which medical students can learn about children’s health and rights and play a crucial role in advocacy in this area.

**Communicable Diseases Program (CD)**
Relevant Standing Committee(s): SCOPH
Aim: To educate medical students and the general public on Communicable Diseases (CDs) and to strengthen student-driven interventions focusing on CDs in order to reduce the negative health impact of communicable diseases worldwide.

**Environment and Health Program (EH)**
Relevant Standing Committee(s): SCOPH
Aim: To achieve a state of sustainable communities that is not damaging to the natural environment and to dramatically reduce the health impacts of environmental issues, including, but not limited to, urbanisation, road trauma, water, sanitation and hygiene, air pollution.

**Ethics and Human Rights in Health Program (EHRH)**
Relevant Standing Committee(s): SCOPH
Aim: To question medical students’ professional behavior and decision-making and answer by ethical and human rights principles regardless of the situation.

**Gender-Based Violence Program (GBV)**
Relevant Standing Committee(s): SCOPH
Aim: To raise awareness and empower the society specially the youth and the health care workers about their crucial role to put an end to violence based on gender, while encouraging societal change in the society towards women’s and men’s rights.

**Health Systems Program (HS)**
Relevant Standing Committee(s): SCOPH
Aim: To prepare medical students to play an active and significant role in the creation and implementation of solutions regarding Health Systems.

**HIV/AIDS and other STIs Program (HAS)**
Relevant Standing Committee(s): SCOPH
Aim: To provide a platform to educate, decrease the stigma and raise awareness within the general public, people at risk or those who are already affected by HIV/AIDS and other STIs.

**Human Resources for Health Program (HRH)**
Relevant Standing Committee(s): SCOPH
Aim: To foster the change in health care workforce trends and its planning by encouraging communication between different target groups – health care planners, medical students, international organizations and institutions, national governments and ministries as well as professional organizations.
Programs Implementation

Mental Health Program (MH)
Relevant Standing Committee(s): SCOPH
Aim: to reduce the burden of mental illness by raising awareness among target populations about mental disorders including signs, symptoms, mental health services and support tools for self-help/prevention.

Sexuality and Gender Identity Program (SGI)
Relevant Standing Committee(s): SCORA, SCORP
Aim: To achieve an optimal Sexual Health, Equity and Human Rights preservation that is ensured for every person regardless their Gender Identity or Sexual Orientation, in society as a whole, but especially in the healthcare environment.

Capacity Building
IFMSA peer-education workshops are organized by young medical students and health leaders, together with IFMSA institutional partners throughout the world. Participants are offered a wide range of options, from public health to leadership, migrants rights, and external representation, just to name a few. The workshops take place in official IFMSA events.

The main approach of the whole term regarding capacity building was to prioritize quality over quantity and that has been addressed in every TSD activity.

A Revolutionary IFMSA TSD Proposal was created and shared with the NMOS. IFMSA also shared the results of their trainings through different publications on online platforms.

IFMSA also worked on the development of a proposal for the Quality Assurance and Evaluation of the IFMSA capacity building events.

Rex Crossley Award
Rex Crossley Award is an biannual award given to three exemplary activities done by NMOs in local and/or national level. After rigorous assessment the best 14 projects get opportunity to present their achievements to 1000 medical students and get published in the Medical Student International, an IFMSA biannual publication while the best three are given the Award in the last Plenary of the General Assembly. The Award is named by Rex Crossley, one of the founders and the first president of IFMSA.

The following activities were awarded with the first place on the Rex Crossley Awards:

- IFMSA GA March Meeting: Community Healthclubs in rural Burkina Faso (AEM-Burkina Faso)
- IFMSA GAAugust Meeting: In reflection (SloMSIC - Slovenia)
Starting in 2013, the Youth Pre-World Health Assembly Workshop has become an important event for the IFMSA, as well as students and youth interested, and engaged in health. The Youth Pre-World Health Assembly Workshop is organized by the IFMSA in collaboration with key partners working in health and youth engagement. The event aims to educate and empower future leaders in health with enhanced knowledge and understanding of global health issues.

In 2015, the Youth Pre-World Health Assembly event ran from May 13th to May 18th, in the lead up with the World Health Assembly, in Geneva.

The participants received training in all streams and they focused in developing a policy and advocacy strategies for the stream which they’ve prepared for. These skills were particularly relevant to the work we undertook throughout the WHA. Advocacy training sessions were lead by Dr. Graham Lister, Senior Fellow at the Graduate Institute and visiting Professor at London South Bank University. The advocacy training aimed to empower the delegates to approach representatives at the WHA, engage with these actors, and a wider audience, on key issues.

Four stream session were selected based on the agenda of the 68th World Health Assembly, in conjunction with the key advocacy areas of the IFMSA and our partners:

- Adolescent and Children’s Health;
- Climate Change and Health: An Opportunity to tackle Non Communicable Diseases;
- Antimicrobial Resistance;
IFMSA had as a priority the centralization of the production of all IFMSA general, regional and standing committee publications, thus maintaining a unified look and spirit, which reflected positively on the Federation's external image. This term also further the strengthening of the Corporate Identity guidelines and updated all templates in a way that they now look more professional and allowed for more efficient work and greater impact. A more interactive and wider-reaching system for the IFMSA Newsletter was implemented, which had two editions published this term. More editions were planned, but some calls for articles for the newsletter received too few submissions while others were in conflict with the calls for MSI.

**MSI**

The Medical Student International (MSI) is a biannual magazine that focuses on global health perspectives brought by medical students worldwide. The theme of the magazine is the same of the Theme Event of the respective General Assembly. During our term, we integrated the Standing Committee and Regional magazines in order to the MSI reflect the true global, regional, national and local reach of IFMSA.

MSI is published both in print and online and you can check out previous issues via [this link](#).

**Other Publications**

The following publications are available on IFMSA’s ISSUU official account: [click here](#).

**General IFMSA Information:**
- IFMSA Booklet
- IFMSA Strategy 2014-2017
- Auscultate: Africa Regional publication
- WHA68: IFMSA Report

**Press Releases:**
- IFMSA Press Release: World Health Assembly
- Press Release: Closing of WHA68

**Policy Briefs**
- IFMSA Commitments for Post-2015 Framework on DDR
- IFMSA Policy Brief - UNFCCC ADP 2.9

Welcome Booklets /Survival Kits:
- UNISDR Youth Workshop
- EMR11 Survival Kit
- SCOPE Survival Kit
- Youth Pre World Health Assembly: Welcome Package
- General Guide for EuRegMe XII

**Invitations:**
- UNISDR Youth Workshop
- Training Disaster Medicines Trainers - A Summer Course
- Youth Pre World Health Assembly: Concept Note

**Manuals:**
- SCOME Manual - 8th Edition
- IFMSA Programs: the complete guide [English]
- IFMSA Programs: the complete guide [French]
- IFMSA Programs: the complete guide [Spanish]

**Newsletters:**
- Europe Newsletter - December 2014
- Europe Newsletter - April 2014
- EMR Newsletter

The Team of Officials Outcome Documents are available after sending a request to the [IFMSA Executive Board](#).
New Technologies

The main focus of the development of IFMSA technological support was the development of the new website IFMSA.org. While at first it seems a simple task, it was in reality, one of the most complex and challenging new projects of the Federation in the recent years.

During the term, we needed to investigate ownerships of IFMSA domains, to review IFMSA Hosting. After that first part, it was needed to update many outdated sections of the website, many times creating them from the scratch.

With the new website, is it possible now to manage the registration forms for Regional meetings, store the IFMSA e-newsletter, have

NMOs have now specific accounts and sections in the IFMSA page.

We also continued the challenging shift of data from the IFMSA.NET platform to the new website. A script was created in order to download all the SCOPE & SCORE data from ifmsa.net. Support was also given to the SCOPE and SCORE directors in the solidification of the exchanges platform.

IFMSA implemented a live results tracking system on voting devices during General Assemblies. The support regarding voting devices was also provided to the SCOPE & SCORE sessions.

We also provided online live streaming during Team of Official Meetings for other officials, in order to ensure a bigger participation of the TO in the ongoing discussions of the Federation.

In terms of institutional memory, a complete search of all email accounts that IFMSA had online was concluded. Important documents were found during this search and stored properly.
Alumni

IFMSA solidified its cooperation with the World Medical Association Junior Doctors Network, not only during IFMSA meetings, but also during the World Health Assembly and throughout the year. An Alumni Association Manual was also produced and it was sent for publication.

The majority of the recommendations to improve the collaboration with Alumni were debated during TOM4. For more information on this topic, please consult the TOM4 Outcomes Report.

Task Forces

An IFMSA Task Force is a group of people working with a specific task for a limited period of time. During the term, 2 task forces were active and closed in AM2015 and 5 were created in AM2015. IFMSA also had its first task force created to guarantee a continuous communication with an external partner - the United Nations.

Task Force on August Meeting 2013 Debts Report
Moemen M. Nader (IFMSA-Egypt) - Coordinator, Wael Nasri, Camille Pelletier Vernooy (IFMSA-Quebec), Elias Ortega (IFMSA Argentina). The purpose of the task force was to follow up on pendent financial matters of the IFMSA GA AM 2013.

Task Force for Constitution and Bylaws Improvement Report
Dimitris Stathis (HelMSIC, Greece) - Coordinator, Gabriela Noles (IFMSA Peru), Lujain AlQodmani (KUMSA, Kuwait), Miguel Cabral (PorMSIC, Portugal).

IFMSA created a Task Force for Constitution and Bylaw Improvement with the aim of supporting the Federation on its Constitution and Bylaws management and possible changes. The mission was to perform a review of the IFMSA Constitution and Bylaws, propose changes and find mechanisms to eliminate contradictions as well as make our norms more suitable for our Federation's needs.

The following task forces were opened in AM2015 and are going to conduct their work during the term 2015/2016:

• Task Force on Policy Writing and Implementation
• Task Force on Policy Process
• Task Force on IFMSA Participation in the United Nations
• Task Force on the Supervising Council Investigatory Mechanisms
• Task Force on IFMSA Code of Conduct and its regulations

Prof. Erik Holst Fund

This scholarship is granted by the Erik Holst Fund, which is managed by a group of IFMSA Alumni. It is awarded to promising GA attendees from any IFMSA member-country. The award recognizes the contributions the students have made at a local level and their potential to contribute to the activities of IFMSA.

During the term a total value of 1,000 € was granted to 2 IFMSA GAs delegates (500 € per delegate).

For more information, consult the PEHF website.
SECTION 5
Members

As of the August Meeting 2015, IFMSA has a membership comprised of 129 National Member Organizations (NMOs) from 121 countries.

New Full members:
IFMSA-Iraq; AHEM-Haiti; ODEM-Dominican Republic; ASOCEM-Guatemala; IFMSA-Uruguay; ZAMSA-Zambia

New Candidate members:
CyMSA-Cyprus; GuMSA-Guyana; MSA-DRC Democratic Republic of Congo; GMSA-Georgia; MSAI-India; MMLA-Mongolia; ASRM-Moldova

Standing Invitation:
Kosovo medical students received a standing invitation.

International Assistants

Every year, the Team of Officials are assisted by a group of incredibly capable and passionate IFMSA members, who serve the Federation in their capacity of international assistants. They are an invaluable asset for IFMSA in ensuring the continuous development of the Federation. During the term, they worked closely on the regional and international levels to help us accomplish the annual work plan and the goals defined in the Strategic Plan.

During this term, one unified call for assistants was sent in order to improve the transparency and efficiency of the process of assistant’s nomination. Several discussions were also held in regards to accountability and appreciation of these positions. It was decided to award an additional member of the international teams a guaranteed GA late fee spot. Furthermore, standardised merchandise was created. Also, members of the international teams could be partially reimbursed for the participation in a regional meeting. The discussion regarding the usage of an official @ifmsa.org email was deferred to the next term as no consensus could be met.

To all of them, our deepest thanks for their committed work to the Federation.

SCOPE International Team:
RA for Africa: Chioma Audrey Amugo (Ghana)
RA for Asia-Pacific: Armalya Pritazahra (Indonesia)
RA for Americas: Carlos Morales (Mexico)
RA for EMR: Karim Salah Abd El-Motaleb (Egypt)
RA for Europe: Philipp Foessleitner (Austria)
DA Information and Technology: Amr Diaa Ailjan (Egypt)

SCOPH International Team:
RA for Asia-Pacific: Cynthia Waliaula (Kenya)
RA for the Americas: Sergio Menchaca (Mexico)
RA for Asia-Pacific: Wonyun Lee (Korea)
RA for EMR: Hani Hafez (Lebanon)
RA for Europe: Pauline Bos (The Netherlands)

RCORP International Team:
RA for Asia-Pacific: Abdullah Al Mukit (Bangladesh)
RA for Americas: Daniela Meneses (Ecuador)
RA for EMR: Yamen Jabr (Egypt)
RA for Europe: Inga Stonkute (Lithuania)
International Assistants

SCOME International Team:
RA for Africa: Zamzam Ali (Sudan)
RA for Asia-Pacific: Ying-Cing Chen (Taiwan)
RA for EMR: Abdulrahman Nofal (Jordan)
RA for Europe: Rachel Bruls (The Netherlands)

SCORE International Team:
Co-RA for Europe: Evangelia Antonopoulou (Greece)
Co-RA for Europe: Ortun Çakir (Turkey)
RA for Americas: Ilse Ramírez (México)
RA for EMR: Omar Hafez (Lebanon)
RA for Africa: Osman Aldirdiri (Sudan)
RA for Asia-Pacific: Fajar Defian Putra (Indonesia)

SCORA International Team:
RA for Americas: Paula Escobedo Aedo (Chile)
Co-RA for Europe: Maria Cunha (Portugal);
Co-RA for Europe: Carles Pericas (Catalonia);
Co-RA for Europe: Leon Blažeković (Croatia)
RA for Africa: Cephas Ke-On Avoka (Ghana)
RA for EMR: Rewan Youssif (Egypt)
RA for Asia-Pacific: Prabesh Bikram Singh (Nepal)

VPE International Team:
General Assistant: Manon Pigeolet (Belgium)
General Assistant: Manaquibb Zain Ali (Pakistan)

African Regional Team:
General Assistant: Edward Appiah-Kubi (Ghana)
General Assistant: Mohamed Ali Omar (Kenya)

Americas Regional Team:
General Assistant: David Imbago Jacome (Ecuador)
Development Assistant: Maria Ignacia Alvarez (Chile)

Asia Pacific Regional Team:
Communications Assistant: Farhan Mar’i Isa (Indonesia)
Internal Affairs Assistant: Belle Chien (Taiwan)

EMR Regional Team:
EMR General Assistant: Yassine Masmoudi (Tunisia)

European Regional Team:
General Assistant: Marie Hauerslev (Denmark)
Development Assistant: Stefano Guiciardi (Italy)

Publications International Team:
Content Editor: Sadia Furhad (UAE)
Content Editor: Esraa Attiya (Egypt)
Graphic Designer: Mohamed El Hinedi (Egypt)
Content Editor: Adesoji Tade (Nigeria)
Content Editor: Amine Lofti (Morocco)
Content Editor: Zineb Bentounsi (Morocco)
Content Editor: Haleema Munir (Pakistan)
Graphic Designer: Ammar El Orabi (Egypt)
Graphic Designer: Joel Rondon (Peru)
Graphic Designer: Youssef Ghliel (Morocco)
Corporate Identity Assistant: Mikolaj Maga (Poland)

Trainings International Team:
RA for Africa: Alaa Ibrahim (Sudan)
RA for Americas: Diego Villagomez (Ecuador)
RA for EMR: Haitham Al-Khatib (Jordan)
RA for Asia-Pacific: Hamid Yameen (Bangladesh)
RA for Europe: Mirjam Ryter (Switzerland)

New Technologies International Team:
General Assistant: Bekir Burak Kilboz (Turkey)

Projects International Team:
RA for Africa: Moumini Niaone (Burkina Faso)
RA for Asia-Pacific: Sally Gordon (Australia)
RA for EMR: Karim Abdeltawab (Egypt)
RA for Europe: Ann-Kathrin Asen (Germany)
SECTION 5

Financial Report

Due to an internal audit, the final and updated version of the Financial Report is still under production.

Acknowledgement

IFMSA is deeply thankful for the support of the following partners. Without them, the work developed through the year wouldn’t be possible.

**Erasmus+**
Operational grant for IFMSA’s activities.

**UNESCO**
Grant to conduct trainings dedicated to youth leadership in the African region. Support to the UNESCO’s 11th World Conference on Bioethics, Medical Ethics and Health Law.

**global health workforce alliance**
Support for the human resources for health activities of the Federation.

**The Partnership for Maternal, Newborn & Child Health**

**IFMSA office room in Amsterdam. IFMSA’s secretariat support.**

**IFMSA office room in Ferney-Voltaire. WMA-IFMSA Internship grant.**

**UnaIDS**
Support of IFMSA’s 3rd Pre World Health Assembly

**World Health Organization**
Program Funding Agreement (PFA) to financially support its work with The PACT. WHO Public Health and Environment Department Grant for the creation of the Climate Change & Health Training Manual.

HLMs

IFMSA would also like to congratulate Dr. Emily Spry, for her election in the IFMSA General Assembly August Meeting 2015 as honorary life member. During her term as IFMSA President in 2003-2004, Dr Emily Spry increased the reach of IFMSA at the external level, providing numerous new opportunities for medical students. She lead the redaction of the first IFMSA Strategic Plan, has set the bases of the training division and has served on the Supervising Council for four consecutive years.
Team of Officials 2014-15

The Executive Board

Agostinho Sousa, President
Claudel P Desrosiers, VPE
Jason van Genderen, VPI
Karim Abu Zied, Sec-Gen

The Regional Coordinators

Meggie Mwoka, Africa
Maria Jose Cisneros Caceres, Americas
Yuji Jeong, Asia Pacific
Zahra Zeinali, EMR
Alberto da Silva, Europe

The Standing Committee Directors

Ahmad Badr, SCOMED
Omar Cherkaoui, SCOPE-D
Skander Essafi, SCOPH-D
Michalina Drejza, SCORA-D
Luiza Alonso, SCORE-D
Jessica Zhang, SCORP-D
Team of Officials 2014-15

The Liaison Officers

Diogo Martins, UNESCO
Stijntje Dijk, Medical Education issues
Ivana di Salvo, Research & Medical Associations
Arthur Mello, Public Health issues
Kelly Thompson, Sexual & Reproductive Health issues
Kornelija Maceviciute, Student Organizations
Moa Herrgard, Rights & Peace issues

The Support Division Directors

Jonathan Schutze, Alumni
Mustafa Ozan Alpay, New Technologies
Ljiljana Lukic, Projects
Firas Yassine, Publications
Ahmed Reda, Trainings
Supervising Council

Elizabeth Wiley
Miguel Cabral
Mike Kalmus Eliazs
Steen Kare Fagerberg
Camille Pelletier-Vernooy
Yassen Tcholakov
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