IFMSA report on the 70th World Health Assembly
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 132 National Member Organizations from 124 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.

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Dear reader,

The World Health Assembly is an incredible gathering of global health diplomats, lobbyists, NGOs, academia, UN agencies, students, royalties and all others with something at stake. Many official agreements on how to tackle the issues are made in the formal committee sessions between member States, but just as many informal agreements are made in the corridors and at parallel side events. You can feel the negotiations in the hallways, the excitement, frustrations and different interests of the actors. As a leading youth organization in global health, naturally IFMSA attends this event every year. Largely speaking, we advocate for our policies and for attention to the youth voices; youth participation in a non-tokenistic way. One of our longstanding advocacy points have been the inclusion of a youth delegate in the country delegations, and we are observing a slight increase in those.

During this year’s WHA, IFMSA had numerous achievements and were recognized as an important actor several times. One of the highlights were that we hosted an official side event inside the Palais des Nations about “NCDs and the Next Generation,” jointly with some of our partners. Other highlights were (1) our co-hosted the side event “No Health without Peace for Palestinians and Palestine refugees” with UNRWA, the Lancet and WHO, and (2) that we met with the UNAIDS Executive Director to present our “Declaration of Commitment to the Zero Discrimination in Healthcare Agenda.” However, what also makes IFMSA strong during the WHA is our presence due to our well-preparedness and high number of delegates. The policy briefs we present to member States, the formal statements in committees, the great questions we ask in side events and our strong relationships with many other stakeholders are things that truly make me proud to be part of IFMSA.

Thank you to the Pre-WHA OC for preparing our delegates well, thank you to the delegates for taking up the task and really putting IFMSA’s messages out there, and thank you to my fellow TO members there who made the relations with partners even stronger. Our external representation efforts have been intense this term and we have kept pushing the boundaries, but during this WHA, we saw the fruit of all our hard work display itself clearly. We have achieved great things, and I congratulate every person who has been part of this journey.

Kind regards,
Marie.
Message from the Head of Delegation

Amine Lotfi
IFMSA Liaison Officer to the WHO
2016 - 2017
lwho@ifmsa.org

Dear reader,

This document summarizes the work achieved by the IFMSA delegation to the 70th World Health Assembly, who took place in the Palais des Nations in Geneva, Switzerland, from the 22\textsuperscript{nd} until the 31\textsuperscript{st} of May 2017.

This World Health Assembly was unique in so many ways. Together with 50 youth delegates from all around the world coming from backgrounds as varied as medicine, dentistry, pharmacy, veterinary sciences and public health, we raised voices on crucial global health issues. More than 3000 delegates from 194 Member States and numerous Non-State Actors negotiated resolutions and debated about Refugees and Migrants’ Health, Human Resources for Health, Substandard and Falsified Medical Products, the International Health Regulations, Adolescents’ Health, Non-Communicable Diseases (NCDs) amongst others.

We have also witnessed the election of the next Director-General of the World Health Organization (WHO) amongst 3 very qualified candidates in an election process more open and transparent than any previous. Dr. Tedros Adhanom Ghebreyesus, Ethiopia’s former health and foreign affairs minister, has been elected to succeed to Dr. Margaret Chan, who has been at the head of WHO since 1 January 2017. He will be the first African ever to head this agency.

Each year, IFMSA has a unique opportunity to send a large delegation of youth advocates to the World Health Assembly. We’re extremely proud of the successes achieved by IFMSA this year in terms of meaningful youth participation. We have been given a voice in different high-level panels organized by WHO and other prestigious institutions such as the Graduate Institute Geneva or the Joint United Nations Program on HIV/AIDS (UNAIDS). It was also the occasion to meet and strengthen our partnership with some of the global health actors we work closely with, such as the World Medical Association or the World Organization of Family Doctors.

My utmost gratitude goes out to all of those who contributed to the success of our participation at the World Health Assembly: our National Member Organizations that helped shape the policy documents and priorities of our Federation, our members who contributed online via social media, the Team of Officials and the Youth Pre-World Health Assembly Workshop Organizing Committee and the partners and sponsors who helped make the event a success, and last but not least, the amazing members of the IFMSA delegation.

We as a Federation are committed to continue contributing to achieving the health goals set during this World Health Assembly, and to continue raising the voices of medical students worldwide.

On behalf of the delegation,
Amine.
Introduction to the WHO and the WHA

The World Health Organization

The WHO was created when its Constitution came into force on the 7th of April 1948, a date now celebrated every year as “World Health Day.” More than 7000 people from over 150 countries work for WHO across national and regional offices, as well as its headquarters in Geneva.

The WHO remains committed to the principles that are set out in the preamble of its Constitution:

• Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.
• The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.
• The health of all peoples is fundamental to the attainment of peace and security and is dependent on the fullest cooperation of individuals and States.
• The achievement of any State in the promotion and protection of health is of value to all.
• Unequal development in different countries in the promotion of health and control of diseases, especially communicable disease, is a common danger.
• Healthy development of the child is of basic importance; the ability to live harmoniously in a changing total environment is essential to such development.
• The extension to all peoples of the benefits of medical, psychological and related knowledge is essential to the fullest attainment of health.
• Informed opinion and active co-operation on the part of the public are of the utmost importance in the improvement of the health of the people.
• Governments have a responsibility for the health of their people, which can be fulfilled only by the provision of adequate health and social measures.

The WHO is the directing and coordinating authority on international health within the United Nations’ system. WHO does this through:

• Providing leadership on matters critical to health and engaging in partnerships where joint action is needed;
• Shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge;
• Setting norms and standards and promoting and monitoring their implementation;
• Articulating ethical and evidence-based policy options;
• Providing technical support, catalysing change, and building sustainable institutional capacity;
• Monitoring the health situation and assessing health trends.

Source: http://www.who.int/about/mission/en/  
Introduction to the WHO and the WHA

IFMSA and WHO

The International Federation of Medical Students’ Associations (IFMSA) is one of the largest international student organizations and aims to serve medical students all over the world. Currently, the IFMSA represents 1.3 million medical students through its 132 national member organizations. Its vision is a world in which all medical students unite for global health and are equipped with the knowledge, skills and values to take on health leadership roles locally and globally.

The IFMSA is an independent, non-political organization, founded in 1951, and is officially recognized as a Non-Governmental Organization (NGO) within the United Nations’ and recognized by the World Health Organization as the International Forum for medical students.

The IFMSA aims to offer medical students a comprehensive introduction to global health issues. This is done through the exchanges, with more than 13,000 exchanges per year the largest student-run exchange program in the world, and work in the fields of medical education, reproductive health, human rights and public health.

The International Federation of Medical Students’ Associations was one of the numerous international student organizations set up directly after the end of the Second World War. The first meeting that saw the establishment of the Federation was held in Copenhagen, Denmark in May 1951. The growth of IFMSA through the years has been remarkable. Starting from the exclusively European founding organizations the Federation has expanded to include more than 100 members from all over the world in the sixty years of our organization.

Official relations with WHO started back in 1969, when the collaboration resulted in the organization of a symposium on “Programed Learning in Medical Education”, as well as immunology and tropical medicine programs. In the following years, IFMSA and WHO collaborated in the organization of a number of workshops and training programs. IFMSA has been collaborating with UNESCO since 1971.

IFMSA collaborates with the World Health Organization through various departments, programs and projects. The IFMSA has a Liaison Officer to the World Health Organization (LO-WHO) who is responsible for fostering the established partnership between IFMSA and WHO. This is done by bringing medical students to WHO (through internships, delegations to meetings, and co-organization of events) and by bringing WHO to medical students (through general updates and communication, and inviting externals to IFMSA events). The LO-WHO is also involved in organizing Youth Pre World Health Assembly (Pre-WHA), and seeks to establish internships at WHO’s regional offices, so to allow medical students to discover WHO in a more accessible and affordable way. The LOWHO can be contacted through lwho@ifmsa.org.

The World Health Assembly (WHA)

The 70th session of the World Health Assembly (WHA) took place in the Palais des nations, Geneva, 22–31 May 2017. The World Health Assembly is the decision-making body of World Health Organization, and is attended by delegations from all WHO Member States as well as non-State actors and focuses on a specific health agenda prepared by the Executive Board of the World Health Organization. Its main functions are to determine the policies of the Organization, supervise financial policies, and review and approve the proposed program budget. The World Health Assembly is held annually in Geneva, Switzerland.

More than 3000 delegates from WHO’s 194 Member States – including a large proportion of the world’s health ministers - attended the Health Assembly. They have discussed resolutions and decisions on Air Pollution, global shortages of Medicines, the Health Workforce, Childhood Obesity, Road Safety Non-Communicable Diseases, and the election of the next Director-General, amongst other topics.
The International Federation of Medical Students’ Associations attended the World Health Assembly with a delegation of 49 young delegates from around 20 countries and a variety of backgrounds including medical, dentistry, pharmacy, veterinary sciences and public health. The Delegation included:

Mr Lotfi Amine
Mr Sedlák Marián
Ms Hauerslev Marie
Ms Ahmad Al Wahdani Batool
Mr Essafi Skander
Mr Camacho Mauro Henrique Batista
Mr Yassine Firas
Mr Pericas Escalé Carles
Ms Berquist Victoria
Mr Pearson Thomas
Ms Demirdjian Khatchikian Aline
Ms Padayachee Larissa
Mr Singh Arora Sukhdeep
Ms Mohammed Abdelrahim Mohammed Mozan
Ms Thangam Pillai Elizabeth
Ms Denise Lek Dagna
Ms Kalkman Laura Charlotte
Ms Sobka Sarah
Ms Herrington Rosemary
Ms Claeson Alice Maria Sofie
Mr Litwin Charles Edouard
Mr Walker Patrick
Ms Zhang Jessica Jing
Ms Yip Pei Xi Agnes
Ms Li Chen Ming

Mr Low Julian
Ms Bentounsi Zineb
Ms Stelzer Sandra
Ms Leusser Tabea Anna
Ms Rached Gaelle
Ms Ghandour Hiba Zouheir
Ms Çelik Ayilkin
Ms Jamal Aya
Mr Desai Adit Ketan
Ms Mahmoud Mohamed Soliman Eman
Ms Kwong Sze Yuet Joyce
Mr Appiah Kubi Edward
Ms Goda Reem
Ms O’Leary Charlotte
Mr Khozima Ahmed Babikir Mohamed
Mr Patlan Hernandez Ricardo Alan
Mr Nezafat Maldonado Behrouz
Ms Binti Mohamad Jamil Aisyah
Mr Refaat Ibrahim ElSheemy Hatem
Mr Arar Najeeb Khrais Yazeed
Mr Chia Yen Sung
Mr Khaled Abdul Jawad
Ms Chen Hui En Vanessa
Ms Tam Vivian
The IFMSA Delegation to the WHA

The delegation spent 5 days at the Youth Pre World Health Assembly Workshop, hosted by IFMSA with the help of the Global Health Centre of the Graduate Institute Geneva and with the support of the Global Health Workforce Network, UNAIDS and the Stop TB Partnership. During these days, participants gained knowledge and skills about global health leadership, diplomacy and governance; whilst defining advocacy strategies for 4 main areas: Adolescent Health, Non-Communicable Diseases, Migrants’ Health, and Human Resources of Health.

After the preparatory workshops, the delegation continued to meet in the afternoons for daily debriefings, where important information from the assembly and highlights of upcoming days would be discussed. Members of the delegation shared their experiences, celebrated their successes, gave each other advice, and brought forward improvements to our advocacy strategy. We would like to take this opportunity to sincerely thank each member of the delegation for their hard work, commitment, efforts and most of all achievements.
Visibility and Social Media

Social Media and Advocacy:

IFMSA has been sending large delegations to the World Health Assembly in the past years; one of the underlying objective being to increase the voice of the youth in global health governance. This has to be complemented by a comprehensive visibility strategy so that both stakeholders and actors in and outside of the WHA are made aware of and are able to follow our activities and advocacy priorities. To achieve such, several new initiatives were taking this year.

A presentation was delivered by the Social Media and Public Relations Coordinator regarding social media and advocacy to the Youth Pre-WHA delegates. The goals of this presentation were to help delegates:

1) Recognize social media as a useful and effective advocacy tool;
2) Analyze cases where social media has been utilized for advocacy purposes;
3) Encourage participation in IFMSA preWHA 2017 social media advocacy efforts;
4) Supply tips for effective social media use for advocacy and awareness.

A copy of the Presentation can be found [here](#).

Humans of #yWHA Campaign:

A social media campaign was trailed this year during the PreWHA and the WHA70. Humans of #yWHA is a campaign loosely based off of “Humans of New York.” The purpose of this campaign was to generate awareness of the Pre-WHA and the astounding delegates from across the world that were selected to attend. It is the hope that NMO representatives would become informed of their colleagues attending the Pre-WHA and WHA70 on their behalf and have the opportunity to seek them out for more information in the future. Nearly 20% of IFMSA Pre-WHA delegates participated in this project which included an informal interview, photo-shoot and approval generated infographics for IFMSA Pre-WHA advertising via Twitter and Facebook. For copies of the Humans of #yWHA infographics [click here](#).

Visibility of IFMSA at the preWHA and WHA70:

All participants were encouraged to to use #yWHA and #WHA70 throughout the duration of the preWHA and WHA event. In Summary, IFMSA as a student groups dominated the hashtag #WHA70 according to “Top #WHA70 Influencers” on twitter analytics, ranking 5th by mentions (1,689) and 6th by number of tweets (445). IFMSA was tagged in tweets from @UNAIDS and @MichelSidibe the current Executive Director of UNAIDS. A twitter highlight from the preWHA was a twitter follow from @davidnabarro, a candidate of the WHO-DG election in 2017. The hashtag #yWHA was used 500+ times during the Pre-WHA. See IFMSA tweets [here](#) and further analytics [here](#).
Official Interventions

The agenda of the WHA can be found here, including links to the relevant documents that were discussed. All official documents of the assembly can also be found online via this link. These include:

- The Daily Journals (with all essential information for the upcoming day including the agenda of the WHA and official side events);
- The main documents for all WHA agenda points;
- Information documents;
- Resolutions;
- Statements submitted by Member States;
- Statements submitted by other international organizations;
- Statements by NGOs in official relation at WHO governing body meetings.

IFMSA, as an NGO in official relation at WHO governing body meetings, had the opportunity to formally speak during the meetings of WHA’s Committees A and B. IFMSA delivered statements on the following agenda items:

12. Preparedness, surveillance and response
   12.1 Health emergencies (click here)

12.2 Antimicrobial resistance (click here)

13. Health systems
   13.1 Human resources for health and implementation of the outcomes of the United Nations’ High-Level Commission on Health Employment and Economic Growth (click here)
   13.7 Promoting the health of refugees and migrants (click here)

15. Non-Communicable diseases
   15.1 Preparation for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in 2018 (click here)
   15.6 Cancer prevention and control in the context of an integrated approach (click here)

16. Promoting health through the life course
   16.1 Progress in the implementation of the 2030 Agenda for Sustainable Development (click here)
   16.3 Global Strategy for Women’s, Children’s and Adolescents’ Health (2016–2030): adolescents’ health (click here)
Highlights from WHA70

The following chapter lists highlights from the World Health Assembly, including those that may not have been targeted by the delegation directly.

May 22, 2017

In her final opening address to the World Health Assembly as Director-General, Dr Margaret Chan offered some advice to delegates "as you continue to shape the future of this Organization." She called on the Health Assembly to make "reducing inequalities" a guiding ethical principle. "WHO stands for fairness," she said. Countries should also work to improve collection of health data and make health strategies more accountable. Protecting scientific evidence should form "the bedrock of policy," said Dr Chan, citing vaccine refusal as one of the reasons that the "tremendous potential of vaccines is not yet fully realized". She stressed the importance of continued innovation, citing the research partnership between WHO and others to produce an effective and highly affordable meningitis A vaccine that has transformed the lives of millions of people in Africa. "Meeting the ambitious targets in the Sustainable Development Goals depends on innovation," she said. She then asked governments and partners to safeguard WHO’s integrity in all stakeholder engagements. "The Framework for engagement with non-state actors is a prime instrument for doing so," and to "listen to civil society: Civil society organizations are best placed to hold governments and businesses, like the tobacco, food and alcohol industries, accountable. They are the ones who can give the people who suffer the most a face and a voice." In closing, Dr Chan asked government representatives to "Remember the people… Behind every number is a person who defines our common humanity and deserves our compassion, especially when suffering or premature death can be prevented."

May 23, 2017

Member States elected Dr Tedros Adhanom Ghebreyesus of Ethiopia; Dr David Nabarro of the United Kingdom of Great Britain and Northern Ireland, and Dr Sania Nishtar of Pakistan. Dr Tedros Adhanom Ghebreyesus will begin his five-year term on 1 July 2017. Prior to his election as WHO’s next Director-General, Dr Tedros Adhanom Ghebreyesus served as Minister of Foreign Affairs, Ethiopia from 2012–2016 and as Minister of Health, Ethiopia from 2005–2012. He has also served as chair of the Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria; as chair of the Roll Back Malaria (RBM) Partnership Board; and as co-chair of the Board of the Partnership for Maternal, Newborn and Child Health. Dr Tedros Adhanom Ghebreyesus will succeed Dr Margaret Chan, who has been WHO’s Director-General since January 1, 2007.

May 24, 2017

Delegates approved the World Health Organization’s proposed program budget of US$ 4,421.5 million for the biennium, which includes a 3% (or US$ 28 million) increase in Member State assessed contributions for 2018-2019. This approved budget sets out the Organization’s priorities in line with the Sustainable Development Goals. It includes increased investments in the new WHO Health Emergencies Program (US$ 69.1 million) and combating antimicrobial resistance (US$ 23.2 million). WHO’s program budgets are financed through a combination of assessed and voluntary contributions, with the latter coming from State- and non-State contributors. In the early decades of WHO’s existence, assessed contributions constituted almost all the Organization’s funding. But as the Organization’s total budget has increased, voluntary contributions have overtaken assessed contributions in providing the majority of its income. Assessed contributions had remained largely stable prior to the recent increase.
Highlights from WHA70

May 25, 2017

Polio:
Delegates paid tribute to ongoing efforts to end polio transmission in the last three endemic countries - Afghanistan, Nigeria and Pakistan. They expressed concern about the continued shortage of inactivated poliovirus vaccine, and noted the urgent need to contain polioviruses in safe facilities, destroy unneeded materials, and appropriately contain resources that can be used for research or other purposes. This has become particularly important since the eradication of type 2 of the wild poliovirus in 2015. The Global Polio Eradication Initiative (GPEI) was launched in 1988, following the adoption for a resolution for the worldwide eradication of polio at the Forty-first World Health Assembly. Since then, the number of polio cases has fallen by over 99.9%. Delegates also addressed the challenge of scaling down the global polio response as eradication becomes closer, acknowledging the importance of developing a strategy to define the critical functions needed to sustain a polio-free world, as well as the global structures and financial requirements to support them. The development of this Post-eradication Certification Strategy is ongoing, and will be presented to the Executive Board and World Health Assembly next year.

Pandemic Influenza Preparedness Framework:
Delegates reaffirmed the critical role played by the Pandemic Influenza Preparedness Framework’s (PIP) as a specialized international instrument that facilitates expeditious access to influenza viruses of human pandemic potential, risk analysis and the expeditious, fair and equitable sharing of vaccines and other benefits. They emphasized the importance of prioritizing and supporting global pandemic influenza preparedness and response, including through the strengthening of domestic seasonal influenza virus surveillance, manufacturing and regulatory capacities and international coordination and collaboration through the Global Influenza Surveillance and Response System (GISRS) to identify and share influenza viruses with pandemic potential rapidly. The PIP Framework was set up in 2011 to introduce greater equity and solidarity among nations when the next pandemic strikes. The PIP Framework provides WHO with real-time access to approximately 10% of global vaccine production, enabling the Organization to send life-saving doses to developing countries in need.

Health Workforce:
The Health Assembly agreed to a five-year action plan under which WHO will collaborate with the International Labor Organization (ILO), and the Organization for Economic Cooperation and Development (OECD) in working with governments and key stakeholders to address the global health and social workforce shortfall and contribute to international efforts to achieve the Sustainable Development Goals. The plan calls on countries to view the health and social workforce as an investment, rather than a cost, and take advantage of the economic benefits of growth in the health and social sector. It outlines how ILO, OECD and WHO will take intersectoral action on five fronts: galvanizing political support; strengthening data and evidence; transforming and scaling up the education, skills and decent jobs of health and social workers; increasing resources to build the health and social workforces; and maximizing the multiple benefits that can be obtained from international health worker mobility. The action plan supports the WHO Global Strategy on Human Resources for Health: Workforce 2030. It will facilitate implementation of the recommendations of the United Nations Secretary General’s High-Level Commission on Health Employment and Economic Growth, which found that, as populations grow and change, the global demand for health workers will double by 2030.

May 26, 2017

International Health Regulations:
Delegates emphasized the urgent need to achieve full implementation of the International Health Regulations (2005) – the international legal instrument designed to help the global community prevent and respond to acute public health risks that have the potential to cross borders and
Highlights from WHA70

threaten people worldwide. The Regulations, which entered into force on 15 June 2007, require countries to report certain disease outbreaks and public health events to WHO. They define the rights and obligations of countries to report public health events, and establish a number of procedures that WHO must follow in its work to uphold global public health security. Delegates requested the Director-General to work with Member States to develop a five-year global strategic plan for public health preparedness and response and submit it to the World Health Assembly in 2018. Delegates also requested the Director-General to pursue and strengthen efforts to support Member States in full implementation of the Regulations, including through building their core public health capacities.

Sepsis:
Delegates also agreed on a resolution to improve the prevention, diagnosis and treatment of sepsis. The resolution urges governments to strengthen policies and processes related to sepsis, especially to prevent infections and the further spread of antimicrobial resistance. It emphasizes the importance of reinforcing health worker training to recognize and deal effectively with the condition, improve tracking and reporting of cases, and promote research to develop more tools for sepsis diagnosis and treatment. Further, the resolution requests that WHO develop a report on sepsis and guidance for its prevention and management. In addition, the resolution directs WHO to help countries develop the necessary infrastructure, laboratory capacity, strategies and tools to reduce the burden of sepsis. It also asks WHO to work with partners to help developing countries gain access to quality, safe, efficacious and affordable sepsis treatments and tools for infection prevention and control, including immunization.

Immunization:
Delegates agreed to strengthen immunization to achieve the goals of the Global Vaccine Action Plan (GVAP). In 2012, the Health Assembly endorsed GVAP, a commitment to ensure that no one misses out on vital immunization by 2020. However, progress towards the targets laid out in that plan is off track. Halfway through the decade covered by the plan, more than 19 million children were still missing out on basic immunizations. The resolution urges Member States to strengthen the governance and leadership of national immunization programs. It also calls on them to improve monitoring and surveillance systems to ensure that up-to-date data guides policy and programmatic decisions to optimize performance and impact. It calls on countries to expand immunization services beyond infancy; mobilize domestic financing, and strengthen international cooperation to achieve GVAP goals. It requests the WHO Secretariat to continue supporting countries to achieve regional and global vaccination goals. It recommends scaling up advocacy efforts to improve understanding of the value of vaccines and of the urgent need to meet the GVAP goals. The Secretariat will report back in 2020 and 2022 on achievements against the 2020 goals and targets. Immunization averts an estimated

May 29, 2017

Dementia:
Delegates endorsed a global action plan on the public health response to dementia 2017-2025 and committed to developing ambitious national strategies and implementation plans. The global plan aims to improve the lives of people with dementia, their families and the people who care for them, while decreasing the impact of dementia on communities and countries. Areas for action include: reducing the risk of dementia; diagnosis, treatment and care; research and innovative technologies; and development of supportive environments for careers. They called on the WHO Secretariat to offer technical support, tools and guidance to Member States as they develop national and subnational plans and to draw up a global research agenda for dementia. Delegates recognized the importance of WHO’s Global Dementia Observatory as a system for monitoring progress both within countries and at the global level. Worldwide, around 47 million people have dementia, with nearly 9.9 million new cases each year. Nearly 60% of people with dementia live in low- and middle-income countries.
2 to 3 million deaths every year from diphtheria, tetanus, pertussis (whooping cough), and measles. An additional 1.5 million deaths could be avoided if global vaccination coverage were improved.

Refugee and migrant health:

Delegates asked the Director-General to provide advice to countries in order to promote the health of refugees and migrants, and to gather evidence that will contribute to a draft global action to be considered at the 72nd World Health Assembly in 2019. They also encouraged Member States to use the framework of priorities and guiding principles to promote the health of refugees and migrants developed by WHO, in collaboration with IOM and UNHCR, to inform discussions among Member States and partners engaged in the development of the UN global compact on refugees and the UN global compact for safe, orderly and regular migration. There are an estimated 1 billion migrants in the world – one in seven of the world’s population. This rapid increase of population movement has important public health implications, and requires an adequate response from the health sector. International human rights standards and conventions exist to protect the rights of migrants and refugees, including their right to health. But many refugees and migrants often lack access to health services and financial protection for health. Health problems faced by newly-arrived refugees and migrants can include accidental injuries, hypothermia, burns, cardiovascular events, pregnancy and delivery-related complications. Women and girls frequently face specific challenges, particularly in maternal, newborn and child health, sexual and reproductive health, and violence. Children are prone to acute infections such as respiratory infections and diarrhea because of poor living conditions and deprivation during migration and forced displacement. Lack of hygiene can lead to skin infections. Refugees and migrants are also at risk of psychosocial disorders, drug abuse, nutrition disorders, alcoholism and exposure to violence. Those with non-communicable diseases (NCDs) can also suffer interruption of care, due either to lack of access or to the decimation of health care systems and providers.

Substandard and falsified medical products

The Assembly also agreed a definition of “unregistered or unlicensed medical products”. These have not been assessed or approved by the relevant national or regional regulatory authority for the market in which they are marketed, distributed or used. The new terminology aims to establish a common understanding of what is meant by substandard and falsified medical products and to facilitate a more thorough and accurate comparison and analysis of data. It focuses solely on the public health implications of substandard and falsified products, and does not cover the protection of intellectual property rights. Substandard and falsified medical products can harm patients and fail to treat the diseases for which they were intended. They lead to loss of confidence in medicines, healthcare providers and health systems, and affect every region of the world. Anti-malarials and antibiotics are amongst the most commonly reported substandard and falsified medical products, but all types of medicines can be substandard and falsified. They can be found in illegal street markets, via unregulated websites, and in pharmacies, clinics and hospitals. Delegates agreed to adopt the new name of “substandard and falsified” (SF) medical products for what have until now been known as “substandard/spurious/falsely-labelled/falsified/counterfeit (SSFFC)” medical products.

The world drug problem and public health:

Delegates agreed on the need for intensified efforts to help Member States address the world drug problem. They asked the WHO Secretariat to strengthen its collaboration with the United Nations Office on Drugs and Crime and the International Narcotics Control Board to implement the health-related recommendations of in the outcome document of the 2016 Special Session of the United Nations General Assembly on the world drug problem (UNGASS). It has been 26 years since the Health Assembly made a decision on this topic. The Secretariat is asked to report back on progress in 2018, 2020 and 2022. According to WHO’s latest estimates, psychoactive drug use is responsible for more than 450 000 deaths each year. The drug-attributable disease burden
**Highlights from WHA70**

accounts for about 1.5% of the global burden of disease. Furthermore, injecting drug use accounts for an estimated 30% of new HIV infections outside sub-Saharan Africa and contributes significantly to hepatitis B and C epidemics in all regions.

**May 30, 2017**

**Vector Control:**
Delegates welcomed the strategic approach proposed in the Global Vector Control Response (GVCR) 2017-2030. The response aims to prevent epidemics of vector-borne diseases in all countries, reduce the incidence of these diseases by at least 60% and cut mortality rates by at least 75% by 2030. Vector-borne diseases account for more than 17% of all infectious diseases, causing illness, disability, disfigurement and more than 700,000 deaths annually. The response focuses on locally adapted and sustainable vector control methods to save lives, reduce sickness, and improve cost efficiencies. It will tackle multiple vectors and diseases with involvement across many sectors, including environment, urban planning, and education as well as health.

**Non-communicable diseases:**
Delegates endorsed an updated set of policy options and interventions to help countries meet global targets to prevent and control non-communicable diseases. The new set includes 16 interventions known as “best buys” within WHO’s global action plan for the prevention and control of NCDs 2013-2020. The effectiveness of the “best buys” has recently been re-examined and reaffirmed by the WHO Secretariat. Particular focus is placed on measures to reduce people’s exposure to factors that increase the risk of developing NCDs - including through taxation of tobacco and sugar-sweetened beverages; banning tobacco advertising, and reformulation of food products to reduce salt content. Interventions to improve management and control of NCDs include providing drug therapy for diabetes and hypertension, counselling for people who have had a heart attack or stroke or those at high risk of a cardiovascular event, and cervical cancer screening for women. Delegates noted WHO’s work to advance the NCD agenda, including the ongoing preparations for the third United Nations General Assembly High-level meeting on the prevention and control of NCDs to be held in 2018.

**Cancer:**
The Delegates also endorsed a set of measures to improve and scale up access to prevention; early diagnosis: prompt, accessible treatment, and palliative care for cancer. They highlighted the need to intensify cancer prevention and control as critical to achieving global targets to reduce the burden of non-communicable diseases (NCDs). Cancer is the second leading cause of death globally. About 70% of cancer deaths occur in low- and middle-income countries, and the rate of deaths is increasing fastest in such settings, placing greater strain on already vulnerable health systems. Delegates called on WHO to promote access for all people to affordable cancer diagnosis and treatment and to provide countries with technical guidance on identifying and implementing priority cancer control interventions. They committed to ensure adequate resources to support implementation of national cancer control plans and to strengthen health systems to provide early diagnosis and treatment services for all cancer patients. They urged WHO to develop a world report on cancer containing evidence-informed guidance for scaling up cancer control. This will be prepared jointly with the WHO International Agency for Research on Cancer and the first edition is expected in 2019.

**Tobacco control:**
Delegates adopted a decision requesting that the Conference of the Parties (COP) to the WHO Framework Convention on Tobacco Control (FCTC) provide information on outcomes of their biennial meeting to future World Health Assembly meetings. The WHO FCTC Secretariat was identified as the conduit for requesting and sharing this information. They also requested the WHO Director-General to provide information on relevant tobacco-related Health Assembly resolutions and decisions to future meetings of the COP. The eighth session of the COP will be held from 1-6 October,
Highlights from WHA70

2018, in Geneva, Switzerland. The WHO FCTC is the first treaty negotiated under WHO’s treaty-making power. To date, it comprises 180 Parties and is one of the most rapidly and widely embraced treaties in UN history.

Deafness and hearing loss:
Delegates agreed to intensify action to prevent deafness and hearing loss. Some 360 million people across the world live with disabling hearing loss, a total that includes 32 million children and nearly 180 million older adults. Nearly 90% of the people with hearing loss live in low- and middle-income countries, which often lack resources and strategies to address hearing loss. Most cases of hearing loss can be avoided, and can be successfully managed through cost-effective interventions. The new resolution calls on governments to integrate strategies for ear and hearing care within the framework of their primary health care systems; to establish training programs for health workers; implement prevention and screening programs for high-risk populations; and improve access to affordable, cost-effective, high-quality, assistive hearing technologies and products. It emphasizes the importance of ensuring universal access to prevention and care.

Childhood Obesity:
Delegates welcomed a plan to implement recommendations made by the WHO Commission on Ending Childhood Obesity. The recommendations aim to reverse the rising trend of children and adolescents becoming overweight and obese. The implementation plan highlights the importance of tackling environments that facilitate access to and promotion of unhealthy foods and make it hard for children to be physically active. It focuses on preventing obesity throughout the life course, from the earliest years. The implementation plan aims to help countries to fulfil commitments on addressing obesity that they have already made. These include pledges contained in the WHO global action plan for the prevention and control of NCDs, the comprehensive implementation plan for maternal, infant and young child nutrition and as part of the 2030 Agenda for Sustainable Development. The implementation plan stresses encouraging infants and young children to choose healthy foods through supportive policies and interventions, including taxation, marketing and labelling. The plan focuses on supporting and building healthy habits that last through the life course. It also highlights the need for shaping school environments and curricula as well as community environments to support healthy lifestyle choices – including the taking of physical exercise.

Chemicals management:
Delegates approved a new road map to enhance the health sector engagement in the sound management of chemicals. Worldwide, 1.3 million lives are lost every year due to exposures to selected chemicals. However, many countries still lack the necessary regulatory and policy frameworks and institutional capacities to assess and manage the health impacts of chemicals, such as lead and pesticides. There is wide agreement that stronger engagement of the health sector is crucial to address these issues. The Sustainable Development Goals (SDGs) call for countries to reduce the number of deaths and illnesses from hazardous chemicals by 2030 and improve the management of chemicals and wastes by 2020. Today’s road map highlights four action areas: risk reduction, knowledge and evidence, institutional capacity, and leadership and coordination. Individual actions include phasing out lead containing paints, regulating chemicals, improving capacity to respond to chemical emergencies and poisonings, strengthening surveillance and monitoring, and improving awareness and education of the health impacts of chemical exposures. WHO will work with countries to implement the road map and will report progress to the Health Assembly in 2019.

Sustainable Development Goals:
Delegates reviewed a report on progress towards the health-related Sustainable Development Goals, and asked the Director-General to continue reporting to Member States every two years on global and regional progress towards achieving the health-related SDGs. They also requested the Director-General to include in this regular reporting
information on progress towards strengthening surgical and anesthetic care.

**After the World Health Assembly:**

After the World Health Assembly, the 141st WHO Executive Board session, 1–2 June 2017. The Executive Board is composed of 34 technically qualified members elected for three-year terms. The annual Board meeting is held in January when the members agree upon the agenda for the World Health Assembly and the resolutions to be considered by the Health Assembly. A second shorter meeting takes place in May, as a follow-up to the Health Assembly. The main functions of the Board are to implement the decisions and policies of the Health Assembly, and advise and generally to facilitate its work.
Stream Coordinator: Carles Pericas Escale, (Catalonia, Spain), lro@ifmsa.org
Stream Participants: Sarah Sobka (UK), Tabea Leusser (Germany), Hatem El-Sheemy (Egypt), Sukhdeep Singh Arora (Germany), Yazeed Khrais (Jordan), Elizabeth Pillai (UK), Eman Hassan Soliman (Egypt), Firas R. Yassine (Lebanon), Chia Yen Sung (Taiwan)

Relevant WHA Agenda Item: Agenda Item 16.3 Global Strategy for Women’s, Children’s and Adolescents’ Health (2016-2030): Adolescents’ Health

Relevance of the stream:
Adolescent health broke into the landscape as a main issue to be prioritized not so long ago. Classical healthcare approaches weren’t too keen on acknowledging the specific needs of those aged 10-19 years, treating them either as young adults or older children and subsequently overlooking many of the health needs throughout such a key period of developmental landmarks. Thanks to all the mechanisms supporting The Global Strategy, adolescent health and rights have managed to achieve their own spaces in discussions. Topics such as autonomous decision making, mental health issues arising during this stage of life, sexual and reproductive health and rights, and access to friendly services have slowly taken over more outdated approaches. Still, in the IFMSA we recognize that many fields remain neglected and for the past 4 years, we’ve been pushing at all levels to make Adolescent Health a priority for health policy makers and other stakeholders. Added to that, May 2017 was the month in which the Global Guidance for Accelerated Action for the Health of Adolescents (AA-HAI Framework) was launched, following a set of official consultations, so it was a key moment for IFMSA to show its commitment towards the topic.

Background of the topic:
Adolescents – young people between the ages of 10 and 19 years – are often thought of as a healthy group. Nevertheless, many adolescents do die prematurely due to accidents, suicide, violence, pregnancy related complications and other illnesses that are either preventable or treatable. Many more suffer chronic ill-health and disability. In addition, many serious diseases in adulthood have their roots in adolescence. For example, tobacco use, sexually transmitted infections including HIV, poor eating and exercise habits, lead to illness or premature death later in life.

Actions by the IFMSA delegation:
- Presence in the majority of Sexual and Reproductive Health and Rights and Adolescent Health related side events, including the launch of the AA-HAI Framework and those related to the High Level Working Group on Human Rights and Health.
- Creation, printing and distribution of a Comprehensive Sexuality Education Policy Brief and a letter supporting the launch of the AA-HAI Guidance.
- Approaching all the relevant stakeholders in the field of Adolescent Health, including the member states of the participants present in the stream and the different civil societies relevant to the topic.
- Attending a meeting with UNAIDS Executive Director to present our Declaration of Commitment to the Zero Discrimination in Healthcare Agenda
- Participated as panelists in three side events around the topics of SRHR and Adolescent Health.

Follow up:
- Carry out the actions highlighted in the Zero Discrimination in Healthcare Declaration of Commitment.
- Follow up with the different civil societies and contacts that were contacted during the World Health Assembly.
- Keep pushing so IFMSA stays involved in all actions related to Adolescent Health and is seen as a major stakeholder on the topic.
Stream Reports:
Migrants’ Health

Stream Coordinator: Behrouz Nezafat, (UK)

Stream Participants: Marian Sedlak (Slovakia), Hiba Ghandour (Lebanon), Aya Jamal Mohamed (Egypt), Alice Claeson (Sweden), Rosie Herrington (UK), Pei Xi Agnes Yip (Hong Kong), Charles Litwin (Quebec), Khaled Abdul Jawad (Lebanon), Reem Gouda (Egypt), Aisyah Jamil (Russia), Vivan Tam (Canada)

Relevant WHA Agenda Item: Agenda Item 13.7 Promoting the health of refugees and migrants

Relevance of the stream:
Movement of people from one place to another is one of the oldest phenomenon recorded in history, however, to this date it still presents challenges that need to be addressed. Many of these challenges stem from the social determinants of health and the access to healthcare that migrants are granted. Unfortunately, the recent surge in conflict as well as devastating natural disasters around the world have led to a major increase in people on the move. Research on the health of migrant groups has shown that in many cases they display worst health outcomes compared to non-migrants. There are many reasons behind this inequity and it is necessary for the relevant stakeholders, including the leaders and health professionals of tomorrow, to ensure migrant’s health is treated as a priority and as a step towards Universal Health Coverage.

Actions by the IFMSA delegation:
• Delivered a statement under agenda item 13.7
• Distributed Policy Brief to Member states
• Bilateral meetings of delegates with countries’ delegations
• Bilateral meetings of LRP with NGOs and international organizations
• Attendance at relevant side events and meetings
• Co-hosted the side event ‘No Health without Peace for Palestinians and Palestine refugees’ with UNRWA, the Lancet and WHO

Follow up:
• Follow up on bilateral talks with potential partners
• Finalize the policy document proposal on Migrants’ Health to be considered for adoption by the IFMSA General Assembly August Meeting 2017
• Create an IFMSA’s plan of involvement in consultation processes for Global Compacts on migration and refugees
Stream Reports:
Human Resources for Health

Stream Coordinator: Aline D. Khatchikia, (Quebec, Canada)
Stream Participants: Zineb Bentounsi (Morocco), Ayilkin Çelik (Bulgaria), Alan Patlan Hernandez (Mexico), Vanessa Chen (Singapore), Batool Al-Wahdani (Jordan), Mohamed Khozima (Sudan), Mauro Henrique Camacho (Brazil)

Relevant WHA Agenda Item: Agenda Item 13.1 Human resources for health and implementation of the outcomes of the United Nations’ High-Level Commission on Health Employment and Economic Growth

Relevance of the stream:
The global demand for health workers is estimated to double by 2030 as we are being faced with an ageing population, new emerging diseases, environmental instability, international conflicts, and suboptimal working conditions. It is urgent that our health workforce be prepared to respond to these challenges. It is estimated that 40 million new health sector jobs will be created, mostly in upper-middle and high income countries. However, there are also estimates of a shortfall of 18 million health workers, primarily in low- and middle-income countries. To invest in a strong health workforce, is to build a solid foundation to meet the ultimate goal of universal health coverage.

Background of the topic:
Following the creation of the UN High-Level Commission on Health Employment and Economic Growth and in March 2016, a well-detailed WHO report was published highlighting the 10 recommendations and 5 immediate actions concerning HRH in order to meet the ultimate goal of universal health coverage by 2030. These included job creation, increased opportunities for youth and women, assuring the safety of health workers in a humanitarian crisis, and optimizing health systems organization, amongst others. The WHO Global Strategy on Human Resources for Health also drafted a five-year action to guide Member States. These guidelines were at the heart of the discussions at the WHA70 and were successfully adopted during the Committee A plenary.

Actions by the IFMSA delegation:
- Created a policy brief on HRH that was distributed to over 50 Members States and organizations
- Delivered a statement on point 13.1 of the agenda, bringing forth the importance of medical accreditation, health worker safety and migrant workers rights
- Brainstorming with the WHO health workforce team and the Junior Doctor’s Network regarding the agenda of the HRH Global Forum in Dublin
- Collaborating with WHO health workforce team to promote and organize an HRH side-event
- Participating at a side-event about health worker safety in a humanitarian setting
- Participating in the lunchtime briefing and background information on point 13.1

Follow up:
- Communicating with the SCOME Director regarding the creation of a HRH taskforce
- Encouraging IFMSA members to participate in the HRH Global Forum in Dublin in November 2017
- Renew the IFMSA Policy Statement on HRH for the next March Meeting if this aligns with the priorities of the SCOME Director
Relevance of the stream:
The IFMSA is greatly concerned by the fact that non-communicable diseases (NCDs) are the biggest killers worldwide, causing 70% of all deaths worldwide, of which many are premature. At the 70th World Health Assembly, NCDs were at the center of attention. The agenda item included public health milestones such as the updated version of the WHO action plan appendix 3 on evidence-based and cost-effective policies for tackling NCDs (1), the report on childhood obesity and the resolution on cancer. Furthermore, there were 26 WHA side-events with a direct link to NCDs, to celebrate progress made as well as accelerating action leading up to the United Nations High Level Meeting on NCDs in 2018. In line with this World Health Assembly momentum and IFMSA Global External Focus area, the Pre-World Health Assembly Workshop Organizing Committee Delegation invested efforts in putting building capacity and an advocacy strategy towards to the several activities of the World Health Assembly.

Background of the topic:
Non-communicable diseases (NCDs) are responsible for 40 million deaths annually, accounting for more than two-thirds of global mortality. Perhaps even more alarming, 15 million people under the age of 70 lose their lives due to NCDs each year. WHO has described this group of chronic illnesses as a ‘slow motion disaster’, and the status of NCDs as an urgent and pressing global health issue is undeniable.

Importantly, these conditions share four main risk factors: poor diet, physical inactivity, tobacco smoking, and inappropriate use of alcohol. The fact that these risk factors are common to all NCDs presents a unique opportunity for coordinated action to limit the threat NCDs pose to human health. Further, rather than individual choice alone driving poor health behaviours, systemic factors play a significant role. Socioeconomic status, educational attainment, access to fresh food, health literacy, urban layout and proximity of services all contribute to NCD risk, and must be integral to any mitigation strategy.

Actions by the IFMSA delegation:
- Policy Brief on Ending Childhood Obesity: the stream delegates created a policy brief on Ending Childhood Obesity, e.g. supporting the sugar tax, and advocated for IFMSA’s stance during the WHA 70.
- Reaching out to member states: IFMSA delegates approached country delegates to discuss NCD strategies at the national level and decisions at stake within the World Health Assembly.
- Participation of our delegates at most of the NCD-related Side-events with questions prepared to the panelists.
- IFMSA co-organized a side event on “NCDs in the next generation”

Follow up:
- In the lead up to the 2018 United Nations High level meeting on NCDs, the IFMSA is working on a process-based position “The Budva Declaration” to allow a stronger commitment with different stakeholders on issues linked to NCDs, and particularly on youth.
- IFMSA is working on updating the Non Communicable Diseases for this IFMSA August Meeting 2017, in line with the several updates in the NCD agenda.
Side Events Co-Hosted by IFMSA

NCDs and the next generation:
IFMSA together with the Commonwealth Pharmacist Association and several youth organizations had the privilege to be selected as a formal side event inside the WHA’s Palais des Nations. The side event focused on youth actions to beat NCDs, representing young leaders programs from Plan International, advocacy and local movements from Young Professionals Chronic Disease Network and several examples from the Commonwealth associations incl. Sports, pharmacy and health generally. IFMSA presented its work in the NCD youth caucus in Budva, the Budva Youth Declaration and its work during the Pre-WHA and WHA focused on NCDs. Moreover, speakers included Dr. Bente Mikkelsen, head of secretariat i.e. WHO Global Coordination Mechanism for Non-communicable Diseases and Dr. Joseph Kibachio, head of the Division of NCD in the Ministry of Health in Kenya. IFMSA is part of a youth movement leading up to the UN High Level Meeting in 2018, and this side event was crucial in this process as a signal of official support from WHO underlining the importance of youth participation in global NCD processes.

Breaking Down Barriers to Youth Empowerment:
The increased focus on young people, particularly adolescents, and their health has culminated with the Sustainable Development Goals (SDGs) and the United Nations Secretary General’s new Global Strategy for Women’s, Children’s and Adolescents’ Health (GSWCAH). In this context, strengthening the evidence base on young people’s sexual and reproductive health is critical to advance global and regional efforts and to strengthen country-level action and the overall health and development of societies.
IFMSA was present in the panel that led this side event and brought into play new perspectives and demonstrated the added value of meaningful youth participation for improving health outcomes and sustainable development and the role of future healthcare providers to ensure access to SRHR related information.

Catalyzing Global Action to Stop Discrimination in Health Care:
This IFMSA-endorsed session was organized by the Netherlands mission and supported by a long list of member states and organizations such as the International Federation of the Red Cross and the International Planned Parenthood Federation (IPPF). It also received technical support from UNAIDS and WHO Health Workforce. The objective of this side event was to strengthen political commitment for the implementation of the Agenda for Zero Discrimination in Health Care at all levels while building evidence, promoting accountability and broadening partnerships for increased action. From IFMSA we openly mentioned our newly adopted commitment and brought in the urgent need to deliver medical education in a more human rights based approach.

Accelerated Action for the Health of Adolescents (AA-HAI): A Never Before Moment for countries to ACT NOW
This side event launched the Accelerated Action for the Health of Adolescents (AA-HAI) Guidance and provided the platform to engage in a youth-led discussion on how to stimulate action on adolescent health and apply the lessons learnt from country experiences to accelerate the nation based commitments. IFMSA was present as part of the PMNCH Adolescents and Youth Constituency presenting the work we do on adolescent health.

‘No Health without Peace for Palestinians and Palestine refugees’ - Ongoing conflicts are detrimental to health and to achieving, in particular, SDGs 3 & 16 targets
This side event was co-organized by the Lancet and UNRWA, in close collaboration with the World Health Organization (WHO) and the IFMSA. The aim of this side event was to raise global awareness on the health situation of the 5.8 million Palestine refugees in Palestine (West Bank and Gaza), Jordan, Syria and Lebanon. The panel discussion explored the factors that negatively affect the health and well-being of Palestinians and Palestine refugees, who live under extremely volatile and difficult conditions, especially in a region where occupation, conflicts and instability are prevailing, and the possible ways to deliver lifesaving and essential health services in such contexts. Marian Sedlak, our Liaison Officer for Human Rights and Peace Issues, talked in the panel about the situation of medical education and medical students in these regions, the safety of health care services and possible impact of such prolonged volatile conditions on the sustainability of health workforce in the region.
Algeria (Le Souk)
Antigua and Barbuda (AFMS)
Argentina (IFMSA-Argentina)
Armenia (AMSP)
Australia (AMSA)
Austria (AMSA)
Azerbaijan (AzerMDS)
Bangladesh (BMSS)
Belgium (BeMSA)
Benin (AEMB)
Bolivia (IFMSA-Bolivia)
Bosnia and Herzegovina (BoHeMSA)
Bosnia and Herzegovina - Republic of Srpska (SaMSIC)
Brazil (DENEM)
Brazil (IFMSA-Brazil)
Bulgaria (AMSB)
Burkina Faso (AEM)
Burundi (ABEM)
Cameroon (CAMSA)
Canada (CFMS)
Canada - Québec (IFMSA-Québec)
Catalonia (AECS)
Chile (IFMSA-Chile)
China (IFMSA-China)
China - Hong Kong (AMSAHK)
Colombia (ASCemcol)
Costa Rica (ACEM)
Croatia (Cromsic)
Cyprus (CyMSA)
Czech Republic (IFMSA CZ)
Democratic Republic of the Congo (MSA-DRC)
Dominican Republic (ODEM)
Ecuador (AEMPPI)
Egypt (IFMSA-Egypt)
El Salvador (IFMSA-El Salvador)
Estonia (EstMSA)
Ethiopia (EMSA)
Fiji (FJMSA)
Finland (FiMSIC)
France (ANEMF)
Gambia (UniGaMSA)
Georgia (GMSA)
Germany (bvmnd)
Ghana (FGMSA)
Greece (HELMSIC)
Grenada (IFMSA-Grenada)
Guatemala (IFMSA-Guatemala)
Guinea (AEM)
Guyana (GuMSA)
Haiti (AHEM)
Honduras (IFMSA-Honduras)
Hungary (HuMSIRC)
Iceland (IMSIC)
India (MSAI)
Indonesia (CIMSA-ISMKI)
Iraq (IFMSA-Iraq)
Iraq - Kurdistan (IFMSA-Kurdistan)
Ireland (AMS)
Israel (FIMS)
Italy (SISM)
Jamaica (JAMSA)
Japan (IFMSA-Japan)
Jordan (IFMSA-Jo)
Kazakhstan (KazMSA)
Kenya (MSAKE)
Korea (KMSA)
Kosovo (KOMS)
Kuwait (KuMSA)
Latvia (LaMSA)
Lebanon (LeMSIC)
Lesotho (LEMSA)
Libya (LMSA)
Lithuania (LiMSA)
Luxembourg (ALEM)
Malawi (UMMSA)
Mali (APS)
Malta (MMSA)
Mexico (IFMSA-Mexico)
Moldova (ASRM)
Mongolia (MMLA)
Montenegro (MoMSIC)
Morocco (IFMSA-Morocco)
Namibia (MESANA)
Nepal (NMSS)
The Netherlands (IFMSA NL)
Nicaragua (IFMSA-Nicaragua)
Nigeria (NiMSA)
Norway (NMSA)
Oman (MedSCO)
Pakistan (IFMSA-Pakistan)
Palestine (IFMSA-Palestine)
Panama (IFMSA-Panama)
Paraguay (IFMSA-Paraguay)
Peru (IFMSA-Peru)
Peru (APEMH)
Philippines (AMSA-Philippines)
Poland (IFMSA-Poland)
Portugal (ANEM)
Romania (FASMR)
Russian Federation (HCCM)
Russian Federation - Republic of Tatarstan (TaMSA)
Rwanda (MEDSAR)
Saint Lucia (IFMSA-Saint Lucia)
Serbia (IFMSA-Serbia)
Sierra Leone (SLEMSA)
Singapore (AMSA-Singapore)
Slovakia (SloMSA)
Sweden (AMSA-Sweden)
Switzerland (swimsa)
Syrian Arab Republic (SMSA)
Taiwan (FMS)
Thailand (IFMSA-Thailand)
The Former Yugoslav Republic of Macedonia (MMSA)
Tanzania (TaMSA)
Togo (AEMP)
Turkey (TurkMSIC)
Uganda (FUMSA)
Ukraine (UMSA)
United Arab Emirates (EMSS)
United Kingdom of Great Britan and Northern Ireland (Medsin)
United States of America (AMSA)
Uruguay (IFMSA-URU)
Uzbekistan (Phenomenon)
Venezuela (FEVESOCEM)
Zambia (ZaMSA)
Zimbabwe (ZimSA)