Communicable Diseases Program

This is the Annual Impact Report of the Communicable Diseases Program, written by Natasha Irfan (IFMSA-Pakistan) on the 26th June 2018 submitted for the 67th IFMSA General Assembly August Meeting 2018.

Summary of the report

This report represents the impact of all the activities enrolled and reported in Communicable Diseases Program from 16-Jun-2017 to 15-June-2018, together with additional comments and recommendations for future development of the Program. This report compares the results of 25 enrolled and reported activities, based on their target group, area of work and impact they have made. A total of 33 activities have been enrolled during this time and 25 that were completed have been reported. There are only 22 NMOs, based on this report, who are currently working in this area, and they belong to all five regions. The focus area least worked on is neglected tropical diseases having only one activity enrolled throughout the term. Also, another thing to keep in mind is that there is quite a gap in the number of activities that take place in our NMOs and the number of activities that are enrolled into the program.

This is why my recommendation states we should be more involved in promotion of Programs and encourage more NMOs to be involved, for the benefit of both IFMSA and the NMOs. The report contains data related to 25 reported activities. Below you can find our impact, represented by different indicators, ranging from types of activities, focus areas, individuals reached by IFMSA-led initiatives related to the Program. In case of any questions, please do not hesitate to contact the Program Coordinator at cd@ifmsa.org or +923374907037.

Communicable Diseases Program in Numbers

<table>
<thead>
<tr>
<th>Enrolled Activities</th>
<th>33</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reported Activities</td>
<td>25</td>
</tr>
<tr>
<td>Total number of Events</td>
<td>174</td>
</tr>
<tr>
<td>Individuals reached (physical campaigns)</td>
<td>24,792</td>
</tr>
<tr>
<td>• Medical Students reached</td>
<td>10,134</td>
</tr>
<tr>
<td>• Non-medical students reached</td>
<td>14,658</td>
</tr>
<tr>
<td>Individuals reached (via social media)</td>
<td>172,344</td>
</tr>
<tr>
<td>Decision makers reached</td>
<td>8</td>
</tr>
<tr>
<td>Geographical Coverage in Cities</td>
<td>142</td>
</tr>
<tr>
<td>Sponsors and Partners</td>
<td>56</td>
</tr>
<tr>
<td>Volunteers and OC Members</td>
<td>2910</td>
</tr>
</tbody>
</table>
Message from the Program Coordinator

Dear IFMSA family,

I am Natasha Irfan, a fourth year medical student from Pakistan. It has been a great honour working as the Program Coordinator on Communicable Diseases for the term 2017-18. It gives me great pleasure to present to you the Communicable Diseases Program annual impact report. Even though the global burden of disease has shifted to non-communicable diseases, the negative impact of communicable diseases cannot be ignored. Every 30 seconds, a child dies from malaria, that is 3000 innocent lives per day. We have to realise that communicable diseases especially with the emerging antimicrobial resistance are a grave threat. That is why I believe that we, as medical students need to put more effort to decrease the negative impact of communicable diseases through education, prevention and advocacy.

It has been truly inspirational to see the amazing activities conducted and the enthusiasm of the Activity Coordinators this term. Even though we have had almost twice the number of enrollments this year as compared to the last term, it is clear however that the potential of the program structure within IFMSA is not yet fully realised as I estimate that at least there are 10-20 more activities that have taken place this term but have not been enrolled. To fully evaluate the impact of the federation, we need more activities to be enrolled and reported. That is why I would like to encourage all the NMOs and Activity coordinators to enroll and report all their activities next term so we can fully measure the impact we have as an organization.

Introduction to the Program

The IFMSA Program on Communicable Diseases is designed to decrease the negative impact of communicable diseases around the world through education, advocacy, and activity implementation. In order for this to occur, medical students and the general public need to be educated on communicable diseases and prevention strategies. As well, medical students need to be educated regarding specific advocacy strategies, Antimicrobial Resistance, and the link between veterinary health and human health. Reducing the negative health impact of communicable diseases requires mobilization in three main areas. First, this program looks to improve the knowledge on communicable diseases and skills to evaluate shortcomings in communicable disease management. Second, this program looks to build advocacy skills that are specific to communicable diseases and to use these skills to reach the goals of the program. Last, this program aims to reduce the impact of Antimicrobial Resistance through education and engagement.

Focus Areas

The communicable diseases program has the following focus areas:

1. Prevention of Communicable Diseases, including:
   - Tuberculosis
   - Malaria
   - Hepatitis
   - Neglected Tropical Diseases (focus on Rabies, Dengue and Echinococcosis)

2. Work to increase the rate of vaccination
3. Reduce incidence of antimicrobial resistance

Annual Working Plan of the Program

Enrollement: During this term, several goals have been set out for the Communicable Diseases Program. The IFMSA Program structure is a system which is used to measure the impact of IFMSA and the activities of our members in specific areas. That is why my major priority was getting as many activities enrolled as possible. There were about two times more enrollments in this term compared to the last one.

Reporting: Another priority has been the reporting of activities. Out of the 31 activities, 26 activities needed to report by this time. Only one was unable to do so.

Supporting: Supporting all the activities and helping them improve has been a major priority, that is why I have tried to have OLMs with as many Activity Coordinators as possible to discuss and help them with their activities.

Visibility: I have tried to utilize different ways of collaboration with the IT and assistants to increase the visibility of the program and promote it among the NMOs.

Collaborations: I intended to provide knowledge about program specific areas in collaboration with the IT and assistants through the celebration of International days (AMR Awareness week, World Malaria Day etc) that were a priority for IFMSA regions as well.

Impact of the Program
Please kindly find below the Indicators used to measure the Impact of the Program:

Basic Statistics

Activities and Events per Focus Area

<table>
<thead>
<tr>
<th>Focus Areas</th>
<th>Activities (might include more than 1 event)</th>
<th>Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Prevention of Communicable Diseases, including:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Tuberculosis</td>
<td>9</td>
<td>29</td>
</tr>
<tr>
<td>B. Malaria</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>C. Hepatitis</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>D. NTDs</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>E. Others</td>
<td>2. Upper respiratory tract infections</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>2. Dengue</td>
<td></td>
</tr>
<tr>
<td>2. Work to increase vaccinations</td>
<td>5</td>
<td>94</td>
</tr>
<tr>
<td>3. Reduce incidence of Antimicrobial Resistance</td>
<td>6</td>
<td>39</td>
</tr>
</tbody>
</table>
Discussion:

IFMSA NMOs are working more on the prevention of Communicable Diseases particularly Tuberculosis. However, in terms of total events organized on a particular topic, the focus is vaccination having a total of 94 events throughout the year. Most of the activities focusing on prevention of Communicable Diseases are from the Asia-Pacific region and most of the activities focusing on Antimicrobial resistance are from the European and Eastern Mediterranean region as AMR was a focus area for them this term. No activity on malaria was enrolled, even though a few were carried out.

<table>
<thead>
<tr>
<th>Region</th>
<th>Activities</th>
<th>Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Americas</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Asia-Pacific</td>
<td>10</td>
<td>33</td>
</tr>
<tr>
<td>EMR</td>
<td>5</td>
<td>31</td>
</tr>
<tr>
<td>Europe</td>
<td>6</td>
<td>101</td>
</tr>
</tbody>
</table>

Gr.CD-1 Activities and Events per focus Area

Prevention of Communicable Diseases: 56%
Work to increase rate of Vaccination: 24%
Reduce incidence of Antimicrobial resistance: 20%

Gr.CD-2 Activities per Region

Africa: 3%
Americas: 9%
EMR: 16%
Asia-Pacific: 53%
Europe: 19%
Discussion:
Activities from all the five regions of the IFMSA were enrolled but only one activity was enrolled from the African region after a lot of persistence and follow up from my side even though many activities related to the Communicable Diseases program have taken place. Personally, it has been very difficult to convince activity coordinators from the African region to enroll their activities. In general, most activity coordinators find the enrolment process cumbersome and find the enrolment form to be too lengthy and that is why there is an overall lack of motivation to enroll activities. I suggest more steps be taken to motivate Activity Coordinators to enroll their activities.

### Activities and Events per Type/Category

<table>
<thead>
<tr>
<th>Type</th>
<th>Activities</th>
<th>Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capacity Building</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Education</td>
<td>13</td>
<td>129</td>
</tr>
<tr>
<td>Advocacy</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>Campaign</td>
<td>12</td>
<td>45</td>
</tr>
<tr>
<td>Research</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Fundraising for third parties</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Discussion:
NMOs mostly focus on educating medical students and on campaigning among the general population and decision makers. There is a clear lack of work in terms of fundraising for third parties.

**Note:** Please note that in some cases an NMO organized an activity which falls under more than 1 type/category leading to discrepancy in the data mentioned above.

### Level of Operations

<table>
<thead>
<tr>
<th>Level</th>
<th>Activities</th>
<th>Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local</td>
<td>10</td>
<td>22</td>
</tr>
<tr>
<td>National</td>
<td>14</td>
<td>147</td>
</tr>
<tr>
<td>Regional</td>
<td>1</td>
<td>5</td>
</tr>
</tbody>
</table>

### Discussion:
Most activities were organized on a national level by the NPOs and these activities were the ones that were enrolled and reported easily.

**Type of Evaluation Used**

<table>
<thead>
<tr>
<th>Type</th>
<th>Number of Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feedback form</td>
<td>7</td>
</tr>
<tr>
<td>Increase in knowledge</td>
<td>11</td>
</tr>
<tr>
<td>Change in behavior</td>
<td>1</td>
</tr>
<tr>
<td>Social media reach</td>
<td>3</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
</tr>
<tr>
<td>None</td>
<td>2</td>
</tr>
</tbody>
</table>

**Feedback form**: Forms provided to representatives of the target group of an activity in order to provide their opinion on the activity and how it influenced them. This is generally considered the least objective manner of evaluation.

**Increase in knowledge**: Manner of evaluation which requires a pre-assessment and a post-assessment in order to measure if the target group has gained new information as a result of the activity.

**Change in behavior**: Method of evaluation tracking if the target group has changed the way they act in terms of the area of the activity. For example, a prevention campaign on Malaria making sure that med students take prophylactic medication when travelling to Malaria-risk countries. This is generally considered the most objective method of evaluation, but also requires the most resources, including long-term contact with the target group.

**Discussion**:

Most activities (11) have been evaluated using a pre- and post-evaluation questionnaire to measure the increase in the knowledge of the target group. Seven (7) activities just used a feedback form for evaluation. One (1) activity was evaluated on the basis of the number of people reached. Two (2) activities were social media campaigns and were evaluated on the basis of their reach. One (1) activity was evaluated in terms of change of behavior. Unfortunately, two (2) activities were not evaluated at all. I recommend that extra attention to be given to train Activity Coordinators on the proper method of evaluation.
Program Expect Outcomes and Indicator of Success As adopted by the IFMSA 65th August Meeting General Assembly

Outcome 1:
Improved knowledge and empowered medical and other health related students on topics in communicable diseases.

Indicators:
1. Number of educational activities on topics of the program initiated in locally, nationally and internationally.
2. Number of NMOs organizing educational activities.
3. Number of satisfied and empowered student participants.

Threshold: 10 activities per year in at least 3 out of 5 IFMSA regions focusing on education of medical students and other health related students

Outcome 2:
Educated and engaged communities that recognize and take preventive measures on communicable diseases.

Indicators:
1. Number of activities that involve communities.
2. Number of beneficiaries in activities.
3. Number of NMOs organizing activities.

Threshold: Activity development and sustenance through community-based intervention.

Outcome 3:
Medical student engagement in international, national and local communicable diseases advocacy.

Indicators:
1. Number of NMOs taking part in policy making.
2. Number of advocacy campaigns organized.

Threshold: Campaigns and advocacy activities.

Outcome 4:
Medical student involvement in developing and implementing programming on communicable diseases that is student lead or that works with NGOs or GOs.

Indicator:
1. Involvement in programming

Threshold: Active engagement of medical students in program implementation.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Indicator 1</th>
<th>Indicator 2</th>
<th>Indicator 3</th>
<th>Threshold</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 1</td>
<td>25</td>
<td>16</td>
<td>10434</td>
<td>10</td>
</tr>
<tr>
<td>Outcome 2</td>
<td>20</td>
<td>24871</td>
<td>12</td>
<td>Any</td>
</tr>
<tr>
<td>Outcome 3</td>
<td>2</td>
<td>7</td>
<td>N/A</td>
<td>Any</td>
</tr>
<tr>
<td>Outcome 4</td>
<td>1</td>
<td>N/A</td>
<td>N/A</td>
<td>Any</td>
</tr>
</tbody>
</table>
Discussion:
NMOs have worked on all the expected outcomes of the program and based on the current expected outcomes thresholds, the program has all 4 out of its 4 expectations for the term. However, it is to be noted that 3 out of the 4 outcomes have not been written in a measurable manner.

Problems encountered by activity coordinators:
The most common problem mentioned in the report form encountered by activity coordinators is lack of funding and resources for their activities along with communication and collaboration with externals. The second most common problem faced by the activity coordinators was administrative hurdles and lack of coordination. Lastly, the activity coordinators faced difficulties due to lack of skills needed for the proper planning and evaluation of activities. All these hurdles can be overcome by proper training of the activity coordinators in activity planning and management to carry out more impactful and sustainable activities in the future.

IFMSA-led Activities related to the Program on Communicable Diseases:
International Campaign in relation to the Antimicrobial Resistance Awareness Week (13th-19th November, 2017):
IFMSA celebrated Antimicrobial Resistance Awareness week from 13th to 19th November, 2017 with the World Health Students’ Alliance (WHSA), namely the International Veterinary Students’ Association (IVSA), International Pharmaceutical Students’ Federation (IPSF), International Association of Dental Students (IADS) and the International Federation of Medical Students’ Associations (IFMSA) in the form of a global social media campaign.
The campaign consisted of various social media posts, a meme contest along with a best activity contest. The campaign reached a total of 64,189 people on facebook and 8155 people on Instagram.

Public Health Leadership Training on Antimicrobial Resistance:
Total 3 PHLTs have been arranged on the theme of AMR this term between October 1st, 2017 to June 15th, 2018. Out of these three, two have been reported.

Public Health Sessions on Communicable Diseases
AM17
- Session on antimicrobial resistance
- Session on neglected tropical diseases

MM18
- Global epidemic simulation
- Session antimicrobial resistance
- Program Stream on the impact of environment on communicable diseases
Articles in the Medical Student International

- **MSI 36**: 1 activity competing for the Rex Crossley award. It has been reported. Another activity related to the communicable diseases program but has not been enrolled.
- **MSI 37**: Theme of the edition Action towards global epidemics and outbreaks. 10 articles related to the theme. Article on Antimicrobial Resistance in the programs section.

IFMSA Policies Related to the Program:

- **Neglected Tropical Diseases** (Adopted in IFMSA General Assembly March Meeting 2018 in Hurghada, Egypt)
- **Antimicrobial Resistance** (Adopted in IFMSA General Assembly March Meeting 2018 in Hurghada, Egypt)
- **Vaccination** (Adopted by the 65th March Meeting General Assembly in St. Paul’s Bay, Malta, March 2016)
- **Control of Emerging Infectious Diseases** (Adopted during the 64 the August Meeting General Assembly in Ohrid, FYR of Macedonia, 7th August 2015)

Discussion and recommendations

In summary, IFMSA and the Member Organizations organize a variety of activities related to the IFMSA Program on Communicable Diseases. Unfortunately, many of these activities are not enrolled or reported to the Program, therefore the Program is unable to measure the real impact of the federation in terms of focus areas.

Recommendations towards NMOs and Activity Coordinators:

- I recommend that the NMO presidents urge their activity coordinators to enroll their activities as soon as possible preferably two weeks before the commencement of their activity.
- Activity coordinators should not hesitate to contact the program coordinator for any kind of help with their activity. If the Activity Coordinator is unexperienced, they should ask for support from the PC or the Standing Committees International Teams in order to acquire knowledge on Activity Management.
- One person in the NMO i.e. the NMO president or a delegated board member should be responsible for the enrolment and reporting of all their activities so that the PC can contact them easily.

Recommendations towards the IFMSA Team of Officials, International Assistants

- PCs should be involved in the discussions and plans related to the focus areas of their program.
- TO/Assistant/PC-led Activities should be enrolled and reported under the Program on regular basis.
- PCs should be involved in planning of sessions related to their program.
• PCs should work in collaboration with the IT to develop resources on the focus areas of the program.

**Recommendations towards the next Program Coordinator**

• Do not let work pile up and dedicate a specific amount of time in a week to work on your program.
• Try to answer emails as soon as possible, preferably within a day.
• Try to have as many OLMs as possible with ACs to teach them effective activity management and implementation.
• Do not take more than you can handle and do not try to organize International Campaigns, unless you are prepared to dedicate the time until completion (incl. reporting).
• Design your report form keeping in view the template for your annual impact report and the data you want to add in it.
• Ask for support from other Coordinators, the Team of Officials and Assistants.
• From the start of the term, keep in touch with the Regional Assistants and the NPOs to stay up to date on all the activities conducted in NMOs and actively follow them in order to get them enrolled.
ANNEX. 1 (Photos from some of the activities)

PHLT on AMR (Associa-Med Tunisia)

World Tuberculosis Day 2018 (NMSS Nepal)

Antimicrobial Resistance Awareness Drive (MSAI-India)
The importance of Vaccines as the most powerful public health tool (GMSA Georgia)

AMR Awareness Week Campaign 2017 "Fight against the Antimicrobial Resistance" (ASCEMCOL Colombia)

AMR Online Campaign (LeMSIC Lebanon)