Healthy Lifestyles and NCDs Annual Report 2017-2018

This is the Annual Impact Report written by Petra Lovrak (CroMSIC) on the 26.06.2018., submitted for the 67th IFMSA General Assembly August Meeting 2018.

Summary of the report
This report represents an Impact Report from term 2017/2018 of all the activities that were enrolled and reported in the Healthy Lifestyles and Non-Communicable Diseases Program. Using the activities that were reported and the collected data it will showcase the results obtained and how we stand on with actions that are taken to raise awareness and tackle the problem of NCDs and also promoting healthy lifestyles. This report will include results from the 32 activities that were enrolled and reported. Activities are being enrolled from all five regions and they cover a different variety of the same.

Message from the Program Coordinator
My name is Petra Lovrak. I am a fifth year medical student from Croatia and this year I had the privilege to manage the duty of being a Program Coordinator for the HLNCDs program, which as a topic is one of the greatest importance to us.

In this term a lot of changes have been made from which I am sure the Programs Structure will benefit in the future. Also a visible increase in number of enrollments has occurred with 60 enrolled activities from which 32 reported. That makes half of the enrolled activities reported which is also a progress made. There 34 NMOs working on tackling the problem of NCDs and promotion of Healthy Lifestyles. This year was very inspirational as I got to see all the different ways activities can be conducted and see that there is a big will being made in to changing our ways.

This year was also a year in which with the help of the VPA we have worked heavily on promotion which as a result showed a great increase in the number of enrollments. Also changes have been made to the Activities Fair which gave me an opportunity to talk to the activity coordinators in person and give them the feedback on their activities. I have also been lucky enough to give a session during the March Meeting in Egypt this year as a part of the Program Streams. It was a first time something like that was implemented and it combined multiple programs in to a single Stream. HLNCDs were connected with Health Systems in delivering the topic „Health Systems and Non-Communicable diseases“. It was a unique experience shared with the RA for Europe Maciej Bugajski and our PSA Saniya Sahasrabudhe. Also during the MM we had the opportunity to work on the promotion during the Regional Session on which we delivered presentation on Programs to make it more familiar to our IFMSA members.

This term was also the term in which for the first time we worked on the Programs newsletter in which as PC's we were given freedom of choice to write anything Programs related. It's a great way to promote not only the Program structure but the activities also.
I would also like to thank all the Activity Coordinators that worked hard on their activities with me and to the best PC team and VPA you could ask for.

**Introduction to the Program**

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

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

1. Activities that raise awareness on NCDs prevention, screening and healthy lifestyles in general public conducted by medical students
2. Medical schools curricula that addresses NCDs as public health issue
3. Policies leading to health promotion and facilitation of healthy lifestyles, healthy environment and health food on regional, national, and international level, thanks to advocacy activities and liaisons with other healthcare organizations

**Annual Working Plan of the Program**

**Impact of the Program**

This section includes all 32 of the reported activities that have been reported from the 15th of June 2017. to the 15th of June 2018. All of the other activities reported after that will be included in the next Annual report.

Total number of submitted Enrollment Forms from 1st October until 1st July is 60. Total number of submitted Report Forms from 1st October until 1st July is 32.

Considering that only the Report Forms are providing us with the data needed for assessment of the activity and measuring the impact they are reaching, only the 32 submitted Report Forms were

For the purpose of evaluation which will compare the previous term and this one we have used the same expected outcomes and indicators as the last term.

In the following charts it will be shown:

1. Distribution according to the Program Focus Area
2. Distribution according to regional distribution
3. Distribution according to activity type
4. Number of enrollments and reported activities

As it can be seen from the chart activities cover a variety of Program Focus Areas. If we take Cancer, Cardiovascular diseases, Diabetes and COPD as the NCD part of the Program it is clear that it takes the majority of the activities with 54%. That makes 17 of the 32 activities. 21% belongs to the Healthy Lifestyles with 7 activities, while the rest of the 25% with 8 activities fits in to the category of others.

When comparing this data to the previous year in which the total number of reported activities was 11, 7 being NCDs and 4 being HL, we can see a big improvement in the number of reported activities. Not only that but the areas that are covered in this term have spanned. Finally we have NMOs tackling the COPD which have till now somewhat been neglected. Also the category of Other activities has widened and includes all sort of activities from SCOPH Congresses, Health Competitions and many others. Healthy lifestyles mostly dealt with promotion of healthy lifestyles, health congresses, healthy eating and sport activities.
This chart shows distribution of the activities according to the five regions. As you can see the region with the most activities is the Americas with 13 activities reported, followed by Europe with 10 activities, Africa with 6, EMR with 2 and Asia and Pacific with only 1 reported activity.

Comparing this to the previous term, we can see that the Americas are still the region with the most reported activities, while the EMR and Asia-Pacific Region is still behind with only 2 and 1 activity reported which means there was no progress made from the previous term. The case here is not that the activities are not being conducted, because we do have enrollments from both regions. The problem seems to be in reporting.

3. TYPES OF THE ACTIVITIES

- Campaign: 41%
- Education: 50%
- Capacity Building: 9%
As you can see from the chart the most popular form of activities are those of Educational kind while the other 50% is split between Capacity Building and Campaigns.

When comparing it to the previous term there has been a swap between Education and Campaigns with an increase of activities based on education.

Comparing number of enrollments and reported activities in this and the previous term we can see from the chart a doubling in both the numbers.
When comparing the number of people reached we can see the significant growth in both the number of people reached in the NCD part and HL part, with the NCD part reaching the number of 25,000 people in oppose to 3800 reached in the previous term. Out of that number 930 of those people where medical students. In the previous term activities that were mainly based on Healthy Lifestyles reached 580 people in comparison to this term when there were 6540 people reached, 400 of those being medical students.

2. Notable information from reported activities

a) External partners and external visability of the activities
   - 68 external partners collaborated with HelMSIC for the Health Festival congress and the street action including Professors, healthcare professionals, public health experts

b) Notable target groups and beneficiaries
   - AEMPPI Ecuador with their activity about Cystic Fibrosis which was aimed at medical students and their education about people with CF
   - IFMSA Poland with the activity Senior time which directly is aimed directly at seniors
   - Le Souk Algeria with an activity aimed at women with Breast Cancer

Discussion and recommendations

With all of the data collected we can see a big progress being made when we look where we started with the Programs platform and where are we now. This year we put a lot of effort in to promotion of the Programs which if we look at the numbers showed results. Now the number of the reported activities has doubled but could still be higher in order to make assessment of the real impact being made, that's why I think in the next term there should be changes made in the process of enrollment that will in someway bind the AC's to report their activities. When looking at the distribution of regions it is clear that some regions could use a better promotion of Programs, I would highly suggest to continue with the promotion that was implemented this year at the MM in Egypt, especially EMR and Asia-Pacific. Since I was the person who gave the session during Asia Pacific RM I can say that their members could use more information on what the Programs are, by accomplishing that I am sure that the number of enrollments...
and reported activities will grow. I think more frequent webinars could also be beneficial in tackling this specific problem. Also it is worth mentioning that there is a big variety of activities that are no longer being focused only on usual as diabetes and cancer but there has also been activities that are including rare diseases, COPD and more. It is extremely crucial that we keep focusing on the Program Focus Areas, especially the big 4 in the NCDs (Cancer, Cardiovascular Diseases, Diabetes, COPD) but I fully support breaching out of those lines. From other recommendations I would suggest to keep integrating other Programs and connecting them because it gives us a chance to reach even more people. That is why I think Programs Streams should continue to be a part of the MM and AM. One of the bigger struggles and one I hope the next term will be resolved is working with the corresponding SC and implementation of the SC and Programs on a better higher level.