Policy plan of the

International Federation of Medical Students’ Associations

2018/19

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Dear reader,

Before you is the policy of the International Federation of Medical Students’ Associations (IFMSA or Federation) for the term 2018/19. IFMSA was founded in 1951 as an organization of medical students, for medical students and by medical students. For more than 60 years, the Federation has not only been a dynamic platform of opportunities for the future physicians but has also served as their voice at the international level. As an international organization, IFMSA is also known by its translations. Recognized translations of this name are “Fédération Internationale des Associations des Étudiants en Médecine”, “Federación Internacional de Asociaciones de Estudiantes de Medicina” and "الإتحاد الدولي لجمعيات طلبة الطب".

This policy is based on the IFMSA Constitution and Bylaws, IFMSA Strategy 2017-2020, our Annual Working Plan and several other internal documents regulating the work of the Federation.

IFMSA is the world’s oldest and largest independent organization representing associations of medical students internationally. It currently maintains more than 130 National Member Organizations from more than 120 countries and areas with over one million students represented worldwide. IFMSA is recognized as a non-governmental organization within the United Nations system and the World Health Organization, and also works with the World Medical Association.

The Federation pursues its aims without political, religious, social, racial, national, sexual or any other discrimination. The Federation promotes humanitarian ideals among medical students and so seeks to contribute to the creation of responsible future physicians. The Federation respects the autonomy of its members.

IFMSA was created to impact the world and to empower its members in taking their vision and ideas, and making them a reality. IFMSA has inspired generations of medical students to develop the leadership abilities and skills to take on challenges and to improve the world around them in an early yet crucial period of their career. Engaging in IFMSA encourages both professional and personal collaborations irrespective of geographical, social, cultural, religious, racial, sexual and political differences. As a result, future doctors are becoming more culturally aware and sensitive physicians.

The IFMSA experience shows students that they are not merely passive subjects in a rapidly globalizing world but rather valuable individuals with a potentially powerful role to play in global health. IFMSA hence offers medical students a taste of the real and pressing health issues worldwide, and help them learn that their idealistic goals can be achieved with readily attainable knowledge and commitment.

In IFMSA, the emphasis is placed on students returning to their local environments with new ideas and the skills to implement them. As the doctors of tomorrow and future leaders of health, we feel confident that our students will carry this spirit with them throughout their professional lives so that they positively impact the communities they serve.

The goal of the Federation is to serve society and medical students all over the world through its member organizations by:
• Exposing medical students to humanitarian and global health issues, providing them with the opportunity to educate themselves and their peers;
• Facilitating partnerships between the medical student community and international organizations working on health, education, and medicine;
• Giving medical students the opportunity to take part in clinical and research exchanges worldwide, and also promoting and facilitating projects and extracurricular training for medical students, thereby sensitizing them to other cultures and societies and their health problems;
• Providing a network that links active medical students across the globe, including student leaders, project managers, and activists, so that they can learn from and be motivated by each other. Additionally, it provides a forum for medical students throughout the world to discuss topics related to individual and community health, education and science and to formulate policies from such discussions;
• Providing a link between members, medical students’ associations and international organizations, and to encourage the co-operation between them for the ultimate benefit of society;
• Empowering and train medical students to take a role in bringing about the necessary changes to improve the health of all global citizens.

The Federation is composed of members, hereinafter also referred to as: full members, candidate members, associate members and Honorary Life Members. Only the aforementioned full members are the members as referred to in the Dutch Law. The General Assembly decides upon accepting and refusing members. All members, including the candidate members, the associate members and the Honorary Life Members, shall act according to the Constitution and Bylaws of the Federation and shall particularly fulfill their contribution obligations.

The main pillars of IFMSA international structure can be divided as follow:
• Five regions to support the growth, development and active recruitment of national member organisations
• Six standing committees axed on the most relevant health related topics for medical students
• Programs to streamline activities, campaigns, projects of medical students on the local and national level
• External representation activities to voice out the concerns and priorities of the future health professionals
• Various capacity building oriented activities and projects to give students tools and skills to grow as health leaders

The Federation officially meets twice a year for a full week during the General Assemblies (March and August Meetings), where national member organizations decide on the annual priorities, elect the international officials, vote on members and organizational issues, and more!

The International Teams, composed of the Team of Officials, their Assistants and the Programs Coordinators, are offering guidance and leadership for the continuous growth and development of IFMSA.

IFMSA Constitution and Bylaws regulate the work of the Federation. The Constitution is the highest law of IFMSA. The Constitution shall never be suspended. The Constitution is registered under Dutch law with the Chamber of Commerce. Amendments to the Constitution have to be decided upon by the General Assembly by a two third majority at a meeting in
which at least one third of the members are present or represented. All amendments for the Constitution must be revised by a lawyer before they can be submitted for a vote. To regulate matters not described in this Constitution the Federation has Bylaws. The Bylaws have to comply with this Constitution. The Bylaws regulate the practical internal management of IFMSA. They are divided into Articles, and each Article is divided into paragraphs. Amendments and changes to the Bylaws have to be decided upon by the General Assembly. A proposal to change the Bylaws must be submitted by an IFMSA Official, the IFMSA Team of Officials, the IFMSA Executive Board, the IFMSA Supervising Council, a Task Force or by two National Member Organizations. Changes to the Bylaws require a two-thirds majority. Changes to the Bylaws will take effect immediately after the General Assembly unless otherwise specified in the proposal.
Leadership

The IFMSA is guided by its National Member Organizations (NMOs), who are able to take active decisions twice a year, during the General Assemblies of IFMSA. NMOs elect the Team of Officials to lead the work of the Federation throughout the year. This Team is supported by the Supervising Council and appoints international coordinators and assistants.

Team of Officials is composed of:

- **Executive Board (EB)**
  - President - **Batool Ahmad Al-Wahdani**
  - Vice-President for Activities, also serving as the Secretary General - **Nebojša Nikolić**
  - Vice-President for Finances, also serving as the Treasurer - **Ahmed Taha Aboushady**
  - Vice-President for Members - **Ivan Fabrizio Canaval Díaz**
  - Vice-President for External Representation - **Marián Sedlák**
  - Vice-President for Capacity Building - **Georg Schwarzl**
  - Vice-President for Public Relations and Communication - **José Chen Xu**

- **Regional Directors**
  - Regional Director for Africa - **Parth K Patel**
  - Regional Director for the Americas - **Gabriela De Jesus Cipriano Flores**
  - Regional Director for Asia-Pacific - **Po-Chin Li**
  - Regional Director for the Eastern Mediterranean Region - **Adonis Wazir**
  - Regional Director for Europe - **Paulina Birula**

- **Standing Committee Directors**
  - Standing Committee Director on Medical Education - **Catarina Pais Rodrigues**
  - Standing Committee Director on Professional Exchange - **Tatiana Zebrova**
  - Standing Committee Director on Public Health - **Katja Ćić**
  - Standing Committee Director on Sexual and Reproductive health including HIV/AIDS - **Iheb Jemel**
  - Standing Committee Director on Research Exchange - **Erwin Jose Barboza-Molinas**
  - Standing Committee Director on Human Rights and Peace - **Idil Kına**

- **Liaison Officers**
  - Liaison Officer to Student Organizations - **Teodor Cristian Bildaru**
  - Liaison Officer to the World Health Organization (WHO) - **Charlotte Anne O’Leary**
  - Liaison Officer for Medical Education issues - **Katerina Dima**
  - Liaison Officer for Public Health Issues - **Tarek Ezzine**
  - Liaison Officer for Sexual and Reproductive Health Issues, incl. HIV/AIDS - **Frederike Johanna Booke**
  - Liaison Officer for Human Rights and Peace Issues - **Hiba Ghandour**

Members of the Supervising Council are:

- **Gabriela Noles Cotito**
- **Miguel Angel Castilla Moreno**
- **Hana Lučev**
- **Satria Nur Sya’ban**
- **Firas Yassine**
The Executive Board (EB) is the managing body of the IFMSA and is responsible for the work of IFMSA between the General Assembly Meetings, within the mandate, guidelines and decisions provided by the General Assembly. The Executive Board is responsible for the daily management of the Federation and deals with issues such as fundraising, marketing, external relations, finances, administration, development and support to National Member Organisations. The Executive Board of the Federation is composed of at least three persons, and maximum seven. Positions are listed above. The General Assembly appoints one of the Executive Board members as President, one of the Executive Board members as Secretary General and one of the Executive Board members as Treasurer. Vice-President for Activities serves as Secretary General, and Vice-President for Finance serves as the Treasurer. The Executive Board is elected by the General Assembly for a one-year period. No individual is allowed to have more than two terms as an Executive Board member. Executive Board members are not allowed to hold any other post in IFMSA. The Executive Board is entitled to officially represent the Federation. All Executive Board members have representation authority in the name of IFMSA in the specific field of their task. Members of the Executive Board must attend all General Assembly Meetings. Any kind of legal contract involving IFMSA shall be signed by all Executive Board members. Specific tasks of Executive Board members are listed in IFMSA Constitution and Bylaws. The Executive Board can delegate tasks to other persons, but it will remain responsible for these tasks at all times.

The Executive Board shall meet at least once a month, either physically or online. The quorum for an Executive Board meeting is the two thirds of the total number of Executive Board members. All Executive Board members have one vote at the Executive Board meeting. The Executive Board makes decisions with absolute majority. In the case of a tie, the President will have the casting vote. Executive Board members who cannot attend have to inform the other Executive Board members and submit their activity report in writing. Executive Board members who are not present can submit written proposals in advance. Minutes shall be taken which comprise a summary of discussions, decisions taken, and reports presented. These minutes are to be made available to all IFMSA Officials within one week of their adoption. Only the Executive Board may allow other participants or observers to be present at Executive Board meetings. IFMSA Officials shall be participants when allowed to be present. Observers of Executive Board meeting can be:

- Members of National Member Organizations
- Honorary Life Members
- Any medical student
- Invited guests
- Members from organizations in an official relation with IFMSA
- External advisors

Participants have both speaking and proposing rights during the Executive Board meeting. Observers have neither speaking nor proposing rights, unless given by the Executive Board. Upon request from one of its members, the Executive Board has the right to ask from other participants and observers to leave the meeting for one or more agenda points.

A decision of the Executive Board can be overruled by the Supervising Council for the following important reasons:

- When the decision will result in an illegal or criminal offence.
- When the decision violates the Constitution or Bylaws.
- When the decision violates decisions of the General Assembly.
- When the decision is beyond their man-date as specified in the Constitution or Bylaws.
Any National Member Organization of IFMSA may inform the Supervising Council of any decision of the Executive Board for the important reasons listed in the previously. The Supervising Council will then be responsible for following up on such claims. In the event that the Supervising Council determines that the Executive Board has committed the offences described previously, the Supervising Council shall overrule this decision and must notify all other Officials and National Presidents of their findings within one week of their decision. Any decision by the Supervising Council to overrule or not to overrule a decision by the Executive Board shall be voted upon at the next General Assembly Meeting. A two-thirds majority shall be required to overrule or not to overrule the decision of the Executive Board. If such a majority is not reached the decision is reinstated.

An Executive Board member will cease to hold office:
- At the end of his term;
- By a written resignation;
- By his death;
- By removal from office by court in cases provided for in law;
- By removal from office by a decision of the General Assembly.

The Officials are elected by the General Assembly or appointed by the Executive Board as described in Article 7 of IFMSA Bylaws. Executive Board members are also classified as Officials. All IFMSA Officials have to work according to the IFMSA Constitution and Bylaws of the Federation and have to promote the principles and objectives of the Federation. All IFMSA Officials have to present an activity report to the General Assembly.

The Officials shall:
- Abide by the Constitution and Bylaws, act in accordance with the IFMSA Strategic Plan, and General Assembly and Executive Board Decisions.
- Attend at least 1 General Assembly in their term. In exceptional circumstances the Executive Board can grant exceptions to this rule to individual team of official members.
- Submit a report in accordance with IFMSA Bylaws paragraph 9.4.
- Provide information concerning their activities upon request to any National Member Organization or other Officials of the IFMSA.
- Maintain regular communication with the IFMSA and the National Member Organizations through the respective official mailing group (yahoo groups and @ifmsa.org servers).
- Send external meeting calls for delegates at least 6 weeks prior to the beginning of the meeting unless the official is given less than 6 weeks notice of the meeting. The application call must be open for at least 2 weeks unless the official is given less than 2 weeks notice of the meeting.
- Send a call for input to the NMOs prior to every external meeting.
- Send an external meeting report to the IFMSA Secretary General and NMOs within one month after the end of the meeting.
- Assist the Vice-President for External Affairs in maintaining the IFMSA External database updated.
- Conducting grant applications and reporting.
- Provide explicit selection criteria as part of calls for applications. Candidates must be provided with feedback, if requested within four weeks of being informed of the outcome of their applications, with reference to the selection criteria.
An IFMSA Official may not represent their NMO in any way during Presidents' or Plenary Sessions at the IFMSA General Assemblies, or similar sessions at the IFMSA Regional Meetings. If this happens, the Chair of the session in question shall silence the Official, and make them leave the NMO's seat, if relevant in the particular situation. If this is repeatedly disregarded by an Official, a Supervising Council investigation identifying the following, shall be initiated:

- The reasons for which the Official in question failed to comply with this;
- Measures that the Official's NMO will take to prevent similar future incidents;
- The Official's NMO shall immediately compensate the registration fee of the Official; and
- Deprivation of the voting right of the Official's NMO, or other appropriate sanctions to be imposed on the Official and NMO if deemed relevant.

Action may be taken against Officials by the Supervising Council for the following important reasons after an investigation has been undertaken:

- Fraud
- Committing a criminal offence
- Malfunction of office
- Inability to fulfill duties
- Breaking the Constitution or Bylaws
- Deliberately working against Executive Board or General Assembly decisions
- Failing to communicate with the organizational bodies
- Refusing to report

In the event that the Supervising Council determines that an Official has committed the offences described, the Supervising Council shall suspend that Official and must notify all other Officials and National Member Organizations of their findings within one week of their decision. The Supervising Council may place an Official on probation for a period of time during which their functions may be limited, monitored and/or directly supervised by a member of the Supervising Council. Following this period of probation, the Supervising Council will further evaluate this individual in the context of the initial investigation. Any decision made by the Supervising Council to suspend or not to suspend an Official shall be voted upon at the next General Assembly Meeting. A two-thirds majority shall be required to remove or not to remove the Official from office. If such a majority is not reached the Official shall resume his/her functions. Upon suspension of an Official, they shall return all funds allocated by the IFMSA to them, which have not been used at this moment. Furthermore, they shall not receive any more reimbursements or be given further funding. If the Official is to resume their function, the remaining money allocated will be returned to the Official. If an Official is removed from office by the General Assembly, they can never again be elected or appointed in any Official position. If an Official is removed from office by the General Assembly, the Executive Board shall write a letter explaining the removal. This letter shall be send to all National Member Organizations and Officials. Furthermore, the Executive Board can decide to send this letter to any external relation, institution or person, with whom the removed Official has been in contact.

In the absence, suspension, removal, resignation, or death of an elected IFMSA Official or non-elected Official position, the Executive Board must make a decision regarding the replacement of that Official (except in the instance of a resignation of a Supervising Council member). The Executive Board may decide either to redistribute tasks amongst themselves, or to have a special election for that position at the next General Assembly meeting. This decision can only be made during an Executive Board Meeting. In the event that the Executive Board takes the decision to have a special election for a vacant position at the next General
Assembly Meeting, then the election may take place at either the March Meeting or the August Meeting. Candidates must fulfill all criteria for becoming an IFMSA Official. The elected candidate will assume office immediately upon election and will fulfill only the remainder of the current term. During the interim period between when the vacancy is created and the new official is elected, the Executive Board may choose to appoint an interim official to fulfill relevant responsibilities for the interim period. In the case of a vacancy of any of the Supervising Council positions during the year, a special election for that position must be conducted at the next General Assembly Meeting. The elected person will fulfill this position for the remaining of the term.

The term of office of all the Team of Officials Members runs from 1st October until 30th September the next year. Before the term begins, there is a preparatory period from immediately after the election until 30th September of that year. In this preparatory period, the current Official member shall extensively hand over to the newly elected Official.

The Team of Officials shall meet at least three times every year. Two of the meetings shall be in conjunction with the General Assembly meetings. For handover purposes there shall also be a meeting between the outgoing and elected Team of Officials directly after the August Meeting. All members of the Team of Officials are required to physically attend at least one of the first two Team of Officials meetings of the term. In exceptional circumstances the Executive Board can grant exceptions to this rule to individual Team of Officials members. Those Officials who cannot attend a Team Officials meeting shall be updated on a daily basis on the outcomes of the Team of Officials meeting. These Officials shall actively take part and send their input. An agenda for the Team of Officials meeting shall be sent out to National Member Organizations and Officials at least two weeks before the meeting. The agenda for the Team of Officials meeting shall contain at least the following points: adoption of the past Team of Officials meeting minutes, activity reports by the Executive Board members, financial report by the Treasurer. Minutes shall be taken which comprise a summary of discussions, decisions made, and reports presented. These minutes are to be made available to all IFMSA Officials within two weeks of the end of the meeting. Minutes are to be made available to all National Member Organizations within two weeks of their adoption. Only the Team of Officials may allow observers to be present at the Team of Officials meetings. Observers of Team of Officials meetings are:

- Members of National Member Organizations
- Honorary Life Members
- Any medical student
- Invited guests
- Members from organizations in an official relation with IFMSA
- External advisors

Supervising Council members may always participate in a Team of Officials Meeting. All Officials have both speaking and proposing rights during the Team of Officials meeting. Observers have neither speaking nor proposing rights, unless given by the Team of Officials.

An IFMSA Official will cease to hold office:

- At the end of his term;
- By a written resignation;
- By his death;
- By removal from office by court in cases provided for in law;
- By removal from office by a decision of the General Assembly.
The **Regional Directors** assist the Executive Board in their tasks on the regional level. They assist with the development and recruitment of National Member Organization of their region, and promote national inter-cooperation and regional opportunities. They also overview the organization of their Regional Meeting, which takes place once a year in each region.

The **Standing Committees Directors** are responsible of the development of the Federation core activities in six main health fields: public health, medical education, sexual and reproductive health incl. HIV/AIDS, human rights and peace, professional exchanges and research exchanges. They support medical students’ activities in these fields throughout the world, organize sessions at IFMSA meetings, and provide capacity building opportunities in their field of work.

The **Liaison Officers** are the visage of the Federation to external partners and organizations IFMSA has official relationships with. They are active in the fields of the six standing committees, and liaise with other institutions, such as the World Health Organization, UNESCO, students and youth organizations, and research and medical associations.

The **Supervising Council** is responsible for overseeing the actions and decisions made by the Executive Board and Officials of IFMSA. It shall be an active resource body to assist and advise the Officials in case necessary. Advice from the Supervising Council is not binding. It is a strategic resource and offers impartial and objective advice when asked. Members of the Supervising Council will decide amongst themselves on a group of officials to follow throughout the year. For each group they will:

- Discuss with the Officials their individual Work Plan of the year;
- Follow along with the same officials throughout the year and offer advice as necessary;
- Be impartial and objective in all their objectives.

Supervising Council members will be provided with Executive Board meeting minutes at the latest three weeks after the meetings and provide comments to the Executive Board within two weeks. The Supervising Council shall be advised for any outgoing transaction that exceeds 2000 Euros to determine if action is needed. All decisions made by the Supervising Council shall require a quorum of two thirds of all its members and a two-third majority.

The Supervising Council is composed of at least 3 persons, and of maximum 7. They are elected by the General Assembly for at least one year. Supervising Council members shall not hold any other Official position within the Federation. The Supervising Council has the power to overrule decisions of the Executive Board for important reasons as described in the Bylaws of the Federation, after which the matter has to be presented to the General Assembly, which will take a final decision. The Supervising Council has the power to suspend any Executive Board member and any IFMSA Official, as referred to in article 10, from his office for important reasons as described in the Bylaws of the Federation.

The Supervising Council is also able, upon request, to conduct investigations on issues affecting IFMSA. An investigation is a formal process in which the Supervising Council inspects an issue raised by a NMO or an Official with the goal of clarifying how actions of individuals, groups and other circumstances led to the issue raised. If the issue has caused harm or still has the potential to cause harm to the Federation, both internally and/or externally, the Supervising Council is expected to advise the Federation on how the issue can be avoided in the future and take action to minimize or avoid harm immediately. The Supervising Council may decide to reject a request for an investigation if there will be no apparent benefit from conducting an investigation for the Federation. Members of the Supervising Council who have a conflict of interest in the investigation request at hand will not contribute to the investigation.
proper and will not participate in to the voting procedure to accept, delay or reject an investigation request.

The Supervising Council shall be advised for any outgoing transaction that exceeds 2000 Euros to determine if action is needed.

The Supervising Council is responsible for sharing a written report at the General Assemblies.

IFMSA Team of Officials is also supported by a large team of **regional and international assistants**, who provide assistance in the standing committees, on the regional level and in various organizational related tasks (webmaster, publications, programs, trainings). They are appointed by the Team of Officials at the very beginning of each term. Structure of International Teams is subject to yearly changes according to the needs of the Officials. IFMSA International Assistants will be responsible to aid the Official in the accomplishment of the annual work plan and to help in bringing NMOs closer to IFMSA in their relevant field. The Official to whom this task belonged will remain responsible themselves for this task at all times. International Assistants must be appointed by the relevant Official, or through agreement between the relevant Official and the Regional Director when related to a regional task. An open call must be sent for available positions. Input on candidates must be collected from NMOs. Candidatures must be shared with NMOs at least 10 days prior to appointment.

An IFMSA International Assistant must meet the following requirements at the time of selection:

- Be a student of a higher education institution or will not be graduated by more than 6 months by the time their office term starts.
- Be a member of a National Member Organization that is not in violation with the IFMSA Constitution and Bylaws;
- Be a member of a National Member Organization from the relevant region, when applying to a regional position.
- No person shall hold more than one Assistant position per term unless an international position is not filled and there is no other candidate.
- To present a filled out candidate form stamped by the Presidents of their National Member Organization. If the candidate is the NMO President, the confirmation must be signed by a suitable alternative.
- International assistant cannot represent IFMSA in any way to externals without the approval from the Executive Board.

The **Programs Coordinators** are appointed by the Executive Board and work closely in collaboration with the Team of Officials and the National Member Organizations to support the monitoring, assessment and recognition of projects and activities conducted by medical students around the world. Structure of Programs is subject to changes according to the needs of the NMOs and pursued goals of the Federation. Up to date information on the current active Programs and list of current Program Coordinators can be found on IFMSA website: [www.ifmsa.org](http://www.ifmsa.org).

Additionally, IFMSA has a **permanent Secretariat** based in the International Medical Cooperation Committee (IMCC) in Copenhagen, Denmark, which currently employs one permanent staff. The Federation has also a Board of Recommendation, who provide general guidance and institutional support.
Regions

IFMSA is divided in five regions – Africa, Americas, Asia-Pacific, Eastern Mediterranean and Europe. Regions were created more than ten years ago to make it easier for members to tackle similar issues on the regional level. It also facilitates the process of recruiting new members and it actively supports transnational participation through subregional trainings and regional meetings – the biggest regional event of the year. More recently, IFMSA has increased its efforts in external representation, by teaming up with regional offices of the WHO and other regional organizations.

Each region is lead by a Regional Director, who is elected by the members of the respective region. Regional Directors are supported by their Regional Team consisting of their personal Assistants, Regional Assistants of the different Standing Committees and a Capacity Building Assistant. The Regional Directors also support the development of member organisations on their national level. This structure helps to maximise the representativeness of the members and diversity of cultures within IFMSA international working platform.
Standing Committees

IFMSA works on the local and national levels mainly via its six standing committees, each of them focusing on major health topics and medical student-related interests:

- Public Health (SCOPH)
- Sexual and Reproductive Health including HIV/AIDS (SCORA)
- Medical Education (SCOME)
- Human Rights & Peace (SCORP)
- Professional Exchanges (SCOPE)
- Research Exchanges (SCORE)

These abbreviations are used frequently in the organization. All start with SCO (Standing Committee on) and end with the abbreviation of the Standing Committee itself (PH – Public Health).

Each Standing Committee is headed by a Standing Committee Director, who is supported by an international team generally consisting of one Liaison Officer (who is responsible for communication with relevant external partners), personal Assistants and five Regional Assistants (one from each of IFMSA's five regions). On the national level, the Standing Committee is coordinated by the National Officer, who is elected at each NMOs National General Assembly. On the local level the work is executed by one or more Local Officers. Work on National and Local level is the responsibility of the NMOs.

The Standing Committee Director is the main responsible for the activities and capacity building of their standing committees at the international level. They are in charge of the standing committees’ sessions at the General Assemblies, and mandated to represent their field of work within the Team of Officials.

The Regional Assistants assume majorly the communications with the National and Local Officers of their respective regions. They are in charge of the standing committees sessions at their Regional Meetings, and can be asked, by the Director, to contribute to general tasks related to the development of their standing committee.

The work of each standing committee is complemented by several activities, such as trainings, campaigns and advocacy efforts, offering youth the space to learn in both formal and non-formal educational settings. Thousands of projects, activities, conferences and workshops are organized each year internationally, nationally and locally through National Member Organizations within the IFMSA network in each area, allowing students to become agents of change at home.

This structure represents one of the Federations main mottos: Think Global, Act Local.

In order to regulate their practical internal management, Standing Committees or Regions can have Regulations. All regulations have to comply with the Constitution and Bylaws of IFMSA. They are decided by the National Representatives of the National Member Organizations participating in the respective Standing Committee or Region.

Up to date information on current structure of International Teams and other important documents such as Standing Committee Regulations, current Strategy, Regional priorities, relevant Policy Documents, external partners, can be found on the IFMSA website: www.ifmsa.org.
Standing Committee on Public Health

The Standing Committee on Public Health (SCOPH) brings together medical students from all over the world to learn, build skills, cooperate, explore and share ideas when it comes to addressing all issues related to public health, including global health issues, health policies, health promotion and education, activities.

History
Medical students of the IFMSA formed the Standing Committee on Students’ Health (SCOSH) in 1952, driven by a strong will to take an active part in preventing and making policies concerning health problems. During the following years, the wide variety of activities led to the change of SCOSH to Standing Committee on Health (SCOH) in 1963. In 1983 the name of the Committee changed once more to Standing Committee on Public Health (SCOPH). During these six decades, SCOPHeroes have implemented, maintained and improved a wide variety of community-based projects on a local, national and international level. Through these activities, we are pursuing our vision of a healthy society and we are developing our own potential of being complete and skillful health professionals.

Vision
Medical Students attain the optimal skills and knowledge to contribute to their full potential towards the making of healthier communities in their capacity as medical students and as future healthcare providers.

Mission
The Standing Committee on Public Health promotes the development of medical students worldwide regarding Public Health issues through an international sharing knowledge network, projects management, community-based learning, capacity building, advocacy, exchanges placements and access to external learning opportunities.

Objectives
1. Disease prevention within our society.
2. Health promotion and education within our society.
3. Raising awareness about global public health issues within medical students and our society.
4. Advocating for health policies as the voice of worldwide medical students.
5. Developing skills and knowledge of medical students as the future health professionals.
6. Working as an international team and collaborating with external public health organizations to use the potential of over one million worldwide medical students.
7. Collaborate with other fields as medical education, human rights, and reproductive health.

Main Topics
Health Promotion: recognized as the key element for community health change. SCOPHians perform different activities to raise awareness, educate and train general population on several health issues to prevent from Communicable to Non-Communicable Diseases, to adopt healthy lifestyles addressing risk factors but also caring about the environment.

Regional Priorities: Public Health is a broad field and to focus specifically on some public health issues reflective of the countries priorities SCOPH has regional priorities of every region voted on upon by the National Public Health Officers: This does not imply that we are not working on other Public Health issues however due to the crucial nature and limited resources we have developed such priorities. The up to date list of priorities can be found on IFMSA website: www.ifmsa.org.
Social & Environmental Determinants of Health (SDH): are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.

Universal Health Coverage: SCOPHians are advocating in their countries to have a positive impact on equal, accessible and affordable high-quality universal health care. Coming from the principle of achieving health for all (3rd Sustainable Development Goal), it is the duty of medical students to support this movement for a better healthcare quality as well as physical and mental health status.

Health in All Policies (HiAP): is a movement that advocates for a collaborative approach to improving health of all people by taking in consideration health when making decisions in sectors other than health such as tobacco, food, migration, urbanization, climate change etc. The goal of HiAP is to ensure that decisions makers are well informed about impact their policies can have on health and to incorporate importance of health in their decision-making process.

Global Health, International Health and Public Health: With the expansion of international aid in health crisis, the sense of globalization and trade, the term of global health and international health have emerged and have taken a certain value compared to public health. Take a look at the table below, from Kaplan JP et al, the Lancet 2009.

Standing Committee on Sexual and Reproductive Health including HIV/AIDS

Standing Committee on Sexual and Reproductive Health including HIV/AIDS is a gathering of passionate individuals who are committed to promote sexual and reproductive health and rights and are arduous about creating positive change in their local communities.

History
The Standing Committee on Sexual and Reproductive Health including HIV/AIDS was formed in 1992, driven by a strong will to take an active part in interventions concerning HIV and sexually transmitted infections (STIs) and to support people living with HIV/AIDS through working to decrease stigma and discrimination. It constitutes one out of the six Standing Committees of the International Federation of Medical Students’ Association which serve as the Body of all Medical Students worldwide. SCORA with a large number of members-SCORAngels as they are called, have grown wide in its work, centered around five focus areas strongly related to Sexual and Reproductive Health and Rights. In 2014, the name of SCORA changed from Standing Committee on Reproductive Health including AIDS to Standing Committee on Sexual and Reproductive Health including HIV/AIDS as it is adequate in terms of topics and problems that SCORA is targeting in its actions.

Vision
A world where every individual is empowered to exercise their sexual and reproductive health rights equally, free from stigma and discrimination.

Mission
To provide our members with the tools necessary to advocate for sexual and reproductive health and rights within their respective communities in a culturally respected fashion. This has been accomplished through building the skills and the knowledge about, providing trainings on Comprehensive Sexuality Education other respective reproductive health issues, exchanging ideas and projects, as well as drafting policies and working with our external partners in order to create change in local, regional and international level.

Objectives
1. To raise awareness on topics related to HIV/AIDS and sexual and reproductive health.
2. To decrease the stigma and discrimination against people living with HIV/AIDS.
3. To raise awareness and increase knowledge about facts, scientific research, global agreements and documents concerning sexual and reproductive health.
4. Promote positive sexuality and healthy sexual life.
5. Advocating for policies concerning sexual and reproductive health and represent medical student worldwide
6. Collaborate and facilitate joint actions concerning medical education, public health, and human rights.
7. Provide tools for capacity building for future healthcare professionals in terms of sexual and reproductive health and rights

SCORA Main Focus Areas
1. Comprehensive Sexuality Education: SCORA is highly committed to raise awareness about sexual and reproductive health through education. We have immense experience in training new peer educators through International Peer Education Trainings and Advanced Peer Education Trainings. This has subsequently lead to a network of peer educators who are actively working to organize events at local, national, regional and international level.
2. Maternal Health and access to safe abortion: Our aim is to raise awareness among our members about maternal and newborn health issues including topics like obstetric violence, family planning, access to antenatal care and ending stigma and discrimination towards abortion collaborating with our external partners like Ipas to train medical students as advocates for access to safe abortion.
3. Sexuality and gender identity: IFMSA promotes positive sexuality and is one of the first youth organizations officially committed, by accepting Policy Statement, to end stigma and discrimination in access to healthcare of LGBT+ individuals.
4. Gender-Based Violence: SCORAngels are committed to fight against violence (physical, mental or social) including Female Genital Mutilation (FGM), sexual harassment and domestic violence. We are cooperating with the Standing Committee on Human Rights and Peace (SCORP) on actions to end human trafficking conducting sessions during our regional and international meetings.
5. HIV and other STIs: IFMSA is the part of The PACT which is a coalition of youth organizations to end AIDS epidemic in the Post-2015 Agenda. We are collaborating with Y+, The Global Network of Young People Living with HIV/AIDS to conduct together campaigns for the most important SCORA International Days.

Standing Committee on Medical Education

Medical Education should be a concern of every medical student as it shapes not only the quality of future doctors but also the quality of healthcare. The International Federation of Medical Students’ Associations (IFMSA) has a dedicated organ which aims to implement an optimal learning environment for all medical students around the world the Standing Committee On Medical Education (SCOME). Through all our joint efforts we work to create sustainable changes around the world, for ourselves as medical students, for the generations to come and for our future patients and our communities who are in fact the final beneficiaries of our education.

History
SCOME was one of IFMSAs first standing committees from the beginning of its foundation in 1951. It acts as a discussion forum for students interested in the different aspects of medical education in the hope of pursuing and achieving its aim. Today, SCOME works mainly in medical education capacity building. SCOME provides several platforms and methods to
educate medical students worldwide on various medical education issues. Through this knowledge, it empowers them to advocate to be a part of the decision-making chain. SCOME believes in medical students as important stakeholders in creating, developing and implementing medical education systems.

Vision
Medical students attain an optimal professional and personal development to reach their full potential as future doctors for better healthcare worldwide.

Mission
Our mission is to be the frame in which medical students worldwide contribute to the development of medical education. Students convene in SCOME to share and learn about medical education in order to improve it as well as benefit the most from it on a personal and professional basis.

Healthcare and Medical Education
Healthcare is changing at an unprecedented rate and at multiple fronts. Medical science has increased our understanding of the body and created an explosion of new information. However, medical schools are not or only slowly introducing changes in their curriculum. Teachers at many medical faculties are not educated to teach; they are doctors and mostly lack knowledge of how to show their skills to their students.

As medical students are directly exposed to medical curricula, they are the first quality-check of medical education and they should rightfully have an influence on the creation of new curricula and curriculum development. The second check of medical education is if the graduates are able to meet the standards of the medical profession, of their healthcare systems and the needs of their communities. From IFMSAs experience, it is often the medical students who are the strongest proponents for adapting their education to the needs of their community.

We are concerned about facing the needs of healthcare in a modern society and are willing to commit to making sure our education prepares us for them. Scientific data show that modern medical curricula are a lot more likely to teach students in an appropriate way in order to create doctors equipped with various skills and knowledge. Although there are a number of innovative approaches to teaching medicine, partly based on findings of cognitive science, change in medical curricula occurs slowly. The need for change is either not recognized or ignored in many universities.

Here, SCOME enters the game. We try to promote modern medical education. Convinced by many positive examples we go on that mission by teaching and training students, teachers and professors, exchanging experiences and spreading information. As a global grassroots organization of medical students locally active in more than 100 countries worldwide, IFMSA has made meaningful contributions to improve medical education over the last decades.

Standing Committee on Human Rights & Peace
The Standing Committee on Human Rights and Peace unite students who strive to create an equal and peaceful world and believe in international, intercultural as well as interpersonal solidarity. We believe in everybody’s responsibility as well as the ability to contribute to creating this world, as human rights can only exist when it applies to all humans.

History
In 1983, the Standing Committee on Refugees was formed, aiming to call attention to the problems faced by the displaced population and participate in relief efforts. The committee members soon realized that these efforts were merely palliative, whereas a sustainable solution would have to address the root of the problem – violence, conflicts and human rights
violations. In 1995, the committee changed the name to Standing Committee on Refugees and Peace, and finally, in 2005 it became the SCORP that we know today, Standing Committee on Human Rights and Peace.

**Vision**

SCORP has a vision of a peaceful world where the all individuals are entitled to full and equal access to their human rights, where no one is left behind, where priority is given to people in greatest need and where the entire society, including medical students and health workers, unite to support vulnerable groups.

**Mission**

The mission of SCORP is to empower and motivate medical students to actively promote and protect human rights and peace through advocacy, capacity building, and awareness raising, and by supporting the students in carrying out activities and projects that contribute to creating a fair and peaceful world.

**Objectives**

1. Enhance students knowledge on human rights, peacebuilding, humanitarian response, international humanitarian law and violations of human rights;
2. Provide medical students with tools and skills to act according to Human Rights and ethics both in clinical settings and in everyday life;
3. Support and create activities, such as campaigns, capacity building, and advocacy, aiming to fulfill the vision of the standing committee;
4. Facilitate the Federations policy development on areas related to human rights and peace;
5. Provide members with the opportunity to advocate for implementation of policies through inclusion in national and international laws and frameworks;
6. Collaborate with relevant partners in the implementation of objectives related to human rights and peace.

**Core Concepts**

**Human Rights:** We primarily refer to the Universal Declaration of Human Rights from 1948 when we talk about human rights without further specification, however, sometimes other international covenants and treaties are also mentioned.

**Peace:** SCORP understands peace as both the absence of conflict (negative peace) and the presence of equality and harmony (positive peace).

**Main Topics**

Human rights cover a wide range of topics, not the least the right to health, which can be addressed in a variety of ways. SCORP members all over the world conduct activities in many different areas, here we are only naming a few:

- **Refugees:** In spite of our name change, the work to support refugees and other displaced persons remain a priority within SCORP. In 2014, there were 59 million displaced persons globally, and they face no fewer challenges than 30 years ago.
- **Human Rights and Ethics:** All of our activities are founded on the Human Rights, but we also try to teach these to other people – children, medical students, the general public – as well as to incorporate them in Medical Education and our profession.
- **Disasters:** When a disaster strikes, may it be man-made or natural, the affected population tend to become deprived of basic human rights such as food, water, and shelter. This causes suffering that can be alleviated and in some cases prevented.
- **Vulnerable Populations:** Apart from refugees, we often address for example children, elderly people, people with mental or physical impairments, homeless people and others who often face discrimination, negligence or maltreatment.
Standing Committee on Professional Exchanges

The Professional Exchange program is a full educational program offering clerkships to medical students abroad. Since the very beginning, in 1951, it was evident that exchange of medical students would be one of the main fields of action in IFMSA. As early as 1952, a total of 463 students spent a period of practice abroad, and today, it continues to be the backbone of the Federation and constitutes its longest running project. Annually, around 13,000 students from more than 90 countries travel around the world to discover new health systems, new cultures and to enhance their global health and intercultural understanding.

History
The Standing Committee on Professional Exchange (SCOPE) was founded in 1951 and is one of the first standing committees within IFMSA. It started small, beginning with only 8 European countries, but since then has grown into one of the largest student-run exchange programs in the world, with around 13,000 medical students participating every year from more than 100 National Member Organizations. The SCOPE exchange program is a quality educational and cultural experience organized entirely by medical students with the help of their medical faculties.

Mission
The aim of SCOPE is to promote cultural understanding and co-operation amongst medical students and all health professionals, through the facilitation of international student exchanges. SCOPE aims to give all students the opportunity to learn about global health, and attains this partly by having its exchanges accredited by medical faculties across the world.

Aims
1. To increase the mobility and to widen the horizon of medical students worldwide;
2. To provide equal chances to medical students to participate in a professional exchange, regardless of subjective, geographical, political, financial, sexual, cultural or religious backgrounds;
3. To provide medical students with the possibility to experience healthcare in another culture with different health and education systems, and to learn how differences in culture and believes are of influence;
4. To create possibilities for medical students to learn about global health issues, primary health concerns and basic epidemiology of the host country, and how it differs from their home country;
5. To contribute to the education of future health professionals with a global vision and to contribute to medical students’ personal development, self-reliance, and openness in becoming future health professionals;
6. To provide students with the chance to improve their medical knowledge, their vision on medical issues and their practical knowledge depending on the regulations of the host country;
7. To facilitate the connection between medical students and other health professionals and to provide a platform for future cooperation amongst medical students with each other and with health professionals across the globe;
8. To maintain affordable professional exchange tuition through its governing body to ensure that medical students within the National Member Organizations can participate in the exchanges with a minimal financial burden;
9. To make sure students are aware of the ethical aspects regarding their exchange to assure the burden on society, patients, the recourses and the healthcare system is as limited as possible;
10. To promote tolerance towards differences and similarities within health and towards patients regardless of their sex, religion, or beliefs.
How the SCOPE Exchanges Work

All medical students are entitled to participate in a four-week clerkship in a chosen clinical or pre-clinical field of medicine. The language of instruction is either English or the language of the host country. In order to complete the clerkship, the exchange student must show adequate knowledge of the English language or the native language of the host country. Clerkships are purely educational and students will not receive a salary. During the exchange, the student has the chance to observe a different health care system and learn from foreign tutors. All students are assigned to a physician supervisor, who acts as a tutor and mentor. Exchange Contracts are signed between two participating National Member Organizations and are of two types:

1. Bilateral Contracts: where the participating countries exchange two students (one from each country) between themselves.
2. Unilateral Contracts: where a single student participates in the exchange.

In exchange of a participation fee, the incoming student is offered a one-month clerkship at the hospital and department of his or her choice, lodging at a student facility or with a host family, and at least one meal per day.

For more information about IFMSA Exchanges, visit Exchange the World Section.

Standing Committee on Research Exchanges

Unfortunately, many medical students do not have the opportunity to experience research while in medical school. Research is essential for the development of medicine and without it, the medical field could never have reached the stage it is at now with innovative methods of diagnosis and treatments. Put together the experience of improving research skills with an unforgettable cultural learning opportunity and you have the Standing Committee on Research Exchange (SCORE)!

History

SCORE was founded in 1991 with the objective of giving students an opportunity of improving their skills in research in other learning settings. Presently, SCORE involves more than 65 active NMOs, offering over 3000 research projects to provide over 2400 medical students worldwide the opportunity to participate in IFMSA research exchange program and learn the basic principles of medical research such as literature studies, collecting data, scientific writing, lab work, statistics and ethical aspects related to the medicine. It is important to mention that all exchanges are initiated and coordinated entirely by medical student volunteers.

Mission

Our mission is to offer future physicians an opportunity to experience research and diversity in countries all over the world. This is achieved by providing a network of locally and internationally active students that globally facilitate access to research exchange projects. Through our programming and opportunities, we aim to develop both culturally sensitive students and skilled researchers intent on shaping the world of science.

Objectives

To provide research projects in different countries to students in the medical and biomedical fields worldwide in order to achieve the following points:

1. Enable them to take responsibility for their own learning according to their personal interests.
2. Introduce them to the basic principles of medical research
3. Widen their horizons and provide the opportunity to experience different approaches to health care, ethical research standards, medical research, education, and treatment.
4. Enhance the academic quality of the medical student curricula and achieve educational benefits of practical and theoretical knowledge in the field of medical research.
5. Facilitate collaboration and partnership between medical universities, research institutions and allied medical students across the globe in order to share and spread new achievements in medical research.

The Definition of IFMSA Research Exchange

The IFMSA Research Exchange is a research project that provides medical students with the opportunity to deepen their knowledge in the specific area of their research interest. This program is officially recognized and supported by the medical school/university and is guided by a mentor who introduces exchange students to the basic principles of research, including literature search, data collection, scientific writing, laboratory work, statistics, and ethics. Upon completion of the program, students may be required to prepare a written scientific report or an oral presentation.

Types of research projects:
- Basic laboratory research project.
- A clinical research project with lab work
- A clinical research project without lab work
- Global Action Project (GAP)

How the SCORE Exchanges Work

All exchanges are initiated and coordinated entirely by medical student volunteers. Every university is represented by a Local Officer on Research Exchange (LORE), who facilitates projects at the local level and arranges for the exchange students preparations such as housing and boarding. Every exchange student is assigned a local contact person who serves as a guide, resource, and social liaison, the thing that strengthens the intercultural communication, understanding, and unity among medical students worldwide.

For more information about IFMSA Exchanges, visit Exchange the World Section.
Programs

What Are IFMSA Programs

IFMSA Programs are centralized streams of activities, which are organized by IFMSA National Member Organizations (NMOs) and IFMSA internationally. IFMSA Programs address problems within a specific field that we as medical students and global health advocates stand up for while connecting local, national and international activities and opportunities that contribute to the final outcome.

All IFMSA Programs connect the work of NMOs locally and nationally with the IFMSA vision and mission. NMOs decide which programs are to be adopted by IFMSA by voting on the Programs proposed by the Executive Board during the General Assembly. Programs are led by Program Coordinators and supervised by the IFMSA Standing Committee Directors and Executive Board to ensure their quality of implementation, consistency and sustainability of the programs. It is important to note that one of the major aspects of IFMSA Programs is to ensure a way to measure the impact of IFMSA and its NMOs on the societies we serve.

All NMOs and members of NMOs locally and nationally are encouraged to join an IFMSA Program by enrolling their activities, whether that be projects, campaigns, celebrations, workshops, events, trainings or theme based publications. These activities are coordinated by Activity Coordinators locally, nationally or internationally with the help and support from Program Coordinator and the relevant Standing Committee Director. Internally, these activities don’t need to be just projects, campaigns, events, etc. but different research and capacity building activities as well as organized advocacy efforts on local, national and international level.

Structure of IFMSA Programs

IFMSA Programs encompass mutual efforts of the IFMSA Team of Officials, Program Coordinators and National Member Organizations (NMOs) in addressing different global health issues, including medical education through a wide range of activities related to capacity building, research and advocacy.

IFMSA Programs are strongly linked with the work of the IFMSA Standing Committees and other capacity building streams in IFMSA ensuring that Programs receive the needed support in terms of scientific background and basic studies. Having a centralized stream of work in each field allows our Federation to monitor and evaluate the impact of mutual efforts of all NMOs towards solving emerging global health issues.

IFMSA Programs also serve as a network between NMOs activities including them on a bigger picture corresponding to the role of IFMSA as a network of NMOs. With the IFMSA Impact Report, IFMSA showcases its position within the global society as a Federation by proving a needs assessment for other organizations working in a similar field, while increasing the organizational credibility.

Up to date information on the process of enrolling activities into Programs, as well as the list of active Programs and their Program Coordinators can be found on IFMSA website: www.ifmsa.org.
External Representation

IFMSA has a long history of empowering medical students to tackle health issues that matter to our generation. As an international federation, we are in an optimal position to influence decisions taken on at all levels, collaborating with different organization that go from a global reach to a local implementation. By being a diverse and global organization, that has its roots in its national members, IFMSA is able to discuss and influence policies at regional and global level in a coordinated way that will influence policies in all countries.

It is important to underline that the policies of the Federation are defined by its national members, according to IFMSA democratic and participative principles. We use policy statements adopted and revised by national member organizations during our General Assemblies as the official position in different health matters. Our policies come from our roots. External representation is a key area of IFMSA and its delegations contribute to discussions on important health topics to more than 100 high-level conferences, meetings and events including, but not limited to, the annual World Health Assembly; the World Health Organization Executive Board and Regional Meetings; the United Nations Post-2015-related meetings; World Conference on Disaster Risk Reduction; the UNFCCC Conference of Parties; the Prince Mahidol Award Conference. At these events, potential solutions to health issues as well as impact-oriented interventions are delivered, and recognised by key international health players.

In the past few years IFMSA has consolidated its advocacy efforts, since it acknowledges that advocacy and medicine are inseparably intertwined. Discussions at international conferences and reports by eminent organizations have highlighted the ever-increasing need for physicians to be well equipped with advocacy skills. Despite this, medical curricula are generally poor at preparing future doctors in this area. This is why IFMSA is taking the lead.

In May 2012, IFMSA organized its first-ever Pre-World Health Assembly for Youth (directly preceding the 65th World Health Assembly), that consists in a series of workshops for students and young people interested in health. Ever since, this has been an annual and recurrent event of the Federation, being now in its 3rd Edition. The Youth Pre-WHA aims to educate and empower future health leaders to ignite change in global health using the knowledge gained during those few days. Furthermore, the workshop aims to develop a streamlined plan of action for youth active participation at the WHA.

In November 2014, IFMSA proudly co-founded the World Health Students Alliance (WHSA) together with International Federation of Pharmaceutical Students (IPSF) and International Association of Dental Students (IADS). The WHSA hence aims at offering a meaningful working space for health students to promote greater youth participation from all sectors; and at effectively and collaboratively working to improve the health of patients and thus of populations around the world in the best interests of the people served by health professionals.

Students of the Federation are active members of society, who not only identify and question certain issues and policies, but also engage in advocacy for change. Via workshops dedicated solely to external representation, IFMSA also ensures that students are equipped to understand international governmental decision making processes and are able to actively participate in the Federation work. IFMSA is truly, deeply and genuinely committed to find solutions to some of the biggest populations issues and this is why we provide the space for students to educate themselves so to become the leaders they want and proactive healthcare professionals.

Policy Documents

The policy making in IFMSA is lead by its members – the national member organizations – and supported by the Team of Officials. Policy Documents can adopted and/or updated at
each General Assembly, and they are valid for a maximum period of three years. They state the Federation beliefs and call on different groups – UN Institutions, governments, medical schools, health professionals, students – to achieve, respect and/or do certain tasks and objectives. They serve as the backbone for official statements and contributions of IFMSA to any forums and platforms.
Over the past years, IFMSA policy documents have addressed a large variety of topics that are of interest according to medical students worldwide. Currently, there are over fifty effective policy documents. All policy documents are available on the website.
Meetings

Throughout the year, IFMSA hosts and overviews the organization of several meetings. Most of them are open to medical students, members of one of our national member organizations (NMOs). Others, such as IFMSA workshops, are often open to any students – in the health fields like in economics, law, politics, etc.

IFMSA General Assemblies
IFMSA General Assemblies (GA) are among the biggest youth-led events around the world. Held twice a year – once in March, once in August – they are attended by over 800 medical students from 100+ countries! Host countries are elected one year prior to the meeting by the National Member Organizations (NMOs) of the Federation, giving the organization committee plenty of time to put together the optimal settings for medical students to learn, discuss, meet and exchange. The IFMSAs General Assemblies hope to inspire the next generation of future physicians to become leaders and advocates through the exchange of ideas, networking and learning from the various programming sessions. They feature namely: meetings of each Standing Committee; governance and decision-making sessions; training opportunities for self-skills development; inspiring activities and projects presentations. The executive board is elected at the March Meeting, while the rest of the Team of Officials and the members of the Supervising Council are elected at August Meeting.

The General Assembly is composed of all members of the Federation. It is the highest authority and decision-making body of the Federation. Every full member has one vote at the General Assembly Meetings. The other categories of members are admitted to the meeting but have no voting rights. A full member is allowed to grant power of attorney to another full member in order to cast a vote, such for the sole purpose of resolutions of amendment to the Constitution or dissolution, provided that a full member is allowed to cast vote for two other full members at most. The General Assembly shall meet at least once each year. The General Assembly decides on the places and dates for the next General Assembly Meetings. Official invitations for General Assembly Meetings have to be sent out to all members, including the candidate members, the associate members and the Honorary Life Members, at least two months in advance by the Executive Board. If one third of the members agree upon the necessity of an extraordinary meeting of the General Assembly, it must be arranged according to article 6, paragraph 3 of IFMSA Bylaws.

The list of upcoming and previous General Assemblies can be found on IFMSA website: www.ifmsa.org.

IFMSA Regional Meetings
The Regional Meetings (RM) take place every year in each IFMSA Region and are hosted by at least one NMO from the respective region. Usually, the African RM takes place in December; American in January; EMR in February; Europe in April and Asia-Pacific in June/July. The candidatures are voted by the NMOs of the Region, and the respective Regional Director is in charge of providing full support to the OC, and to develop the content of the sessions, together with the Regional Teams.

The registration systems are announced by the Organizing Committees on the official communication platform; the number of participants, as well as other details such as dates, venues etc are informed by the Organizing Committee as well. Just like the General Assemblies, the Regional Meetings are usually preceded by a pre-Regional Meeting, which are 3 days of workshops that go along with the specific needs and priorities of the regions.
IFMSA Sub-Regional Trainings
The Federation also recognized sub-regional trainings that are organized by its national member organizations, aiming to train, empower and build capacities on a specific field within a region. The events are attended usually by between 25 and 80 medical students.

IFMSA Team of Official Meetings
The Team of Officials Meetings (TOM) are extremely important internal meetings of IFMSA. Held every couple of months, they are an opportunity for the Officials to meet and discuss administrative and strategic matters of the Federation. They offer a place for team building and for improving the governance and management system of the IFMSA. The agenda of the Team of Officials Meetings are elaborated by the Executive Board, with the input of the other Officials. Medical Students, part of IFMSA National Member Organizations, can attend, if selected after an application process, the Team of Officials Meetings as observers.

About the different TOMs
- **TOM0** is held after August Meeting, and serves as a platform for a face-to-face handover between the on-going and the incoming Team of Officials.
- **TOM1** takes place during the first days of the term at the beginning of the term, in October. Its main purpose is to do team building and to help the Team of Officials better define their guidelines, plan of action, working methods and strategy for the year.
- **TOM2** happens in late December and/or early January and is used as a checkpoint to see how the team evolves and to start the preparations of the March Meeting.
- **TOM3** is just before the March Meeting, hence its main purpose is to finalize the preparations of the March Meeting General Assembly.
- **TOM4** usually takes place in late April and/or early May and Officials often used this meeting to push certain issues more, and to provide the Federation with a concrete roadmap to continuous growth.
- **TOM5** has a similar model as TOM3, and is the perfect place to check any pending issues for the August Meeting General Assembly.

IFMSA Workshops
Prior to each General Assemblies and Regional Meetings, IFMSA runs simultaneously several 3-day workshops on global health challenges that matter to the medical students. With an attendance of up to 400 delegates, this offer a space for medical students to grow and gain skills and knowledge that are often left aside in the medical curricula. Visit the Activities Section for more.

IFMSA Recommendations for Sustainable and Climate-friendly Meetings
Every year, thousands of medical students engaged in IFMSA activities travel around the globe to participate in internal and external meetings, to do their internships or to take part in various IFMSA exchange programs abroad. With these challenges, we understood that only our leadership, responsibility and action can lead to the desired outcome – to decrease the effect of IFMSA’s work on the climate and the environment and promote climate change mitigation and adaptation to ensure a healthy planet. In line with these ideas, IFMSA created its IFMSA Recommendations for Sustainable and Climate-friendly Meetings to limit our harmful contributions and to protect the planet. Organizers of our official events are encouraged to use this manual, follow the recommendations, and create events which are in line with our environmental values!

IFMSA Code of Conduct
In order to ensure safe and inclusive space during IFMSA Meetings, we have a Code of Conduct document to guide us. At the every General Assembly, there is a Code of Conduct committee ready to be at your service if you notice any action that goes against it.
Trainings

Training is the backbone of the IFMSA: it is the tool with which we exchange experiences, acquire skills and develop knowledge in our organization. Medical professionals are continually pressed to take on roles in the management and improvement of health systems. As the IFMSA plays a significant role in developing future leadership for global health, the development of key skills through training is becoming increasingly important. Trainings provide medical students with the necessary skills that academic medical curricula often fail to provide.

Throughout the years, the IFMSA has been developing a high quality training curriculum and training methods which have been passed on from generation to generation. This has allowed us to maintain important skills and knowledge, and to constantly improve and develop our training workshops. By offering training sessions from both in-house and professional trainers, the Training Support Division aims to run workshops around the globe for IFMSA members. We believe that training is a vital component of capacity building within the IFMSA, providing National Member Organizations, individuals and IFMSA project participants with the skills and resources they need to carry out their tasks.

Capacity building does not merely support what we do. It is what we do. Every single activity in IFMSA aims to empower medical students from around the world to be agents of positive change in their communities. It is in our projects, our trainings, our activities, our campaigns and our workshops that the magic happens. During IFMSA Meetings, General Assemblies, congresses, and conferences, members have the opportunity to be trained in many different areas. Capacity building allow us to empower our members and find innovative ways to let their voices be heard in order to facilitate their roles as agents of change at the local and international level. Our capacity building efforts offer an engaging opportunity to empower members with the skills and confidence they need to efficiently carry out the tasks required in each of the different standing committees and other relevant activities. This concrete and hands-on approach has strengthened sentiments of common ownership among members, and as allowed IFMSA to grow as an organization. Peer-education is at the heart of IFMSA capacity building efforts, and as such, programs and opportunities have been put in place to ensure that medical students are able to strengthen their own skills by giving back to their peers. Most of the topics integrated in the training division aren’t discussed and/or taught in medical schools, and as such, allow medical students to further develop set of skills and abilities often required in the professional life of any healthcare worker.

For instance, an important part of the IFMSA capacity building program are the Training New Trainers workshops (TNT). During this three-day workshops, medical students are trained to become trainers themselves. To ensure continuity and to keep trainers motivated, the Training Old Trainers workshops (TOT) have also been established. More recently, some Training of Experienced Trainers (TET) workshops have also been put in place, which are oriented on even more specific skills based on the needs of regions and of the medical students. Some examples of the training topics provided by the IFMSA are: Advocacy, Communication Skills, Conflict Prevention, Debating Skills, Facilitation Skills, Financial Management, Fundraising, Handover and Continuity, Intercultural Learning, Leadership, Motivation Skills, Negotiation Skills, Project Management, Public Relations and Marketing, Time Management.
Finances
The official currency of the Federation is the euro (EUR, €).

Budget
NMOs guide the development and approval of the annual budget. NMOs’ input in this process is essential for defining the strategic prioritisation of resources. At the annual August Meeting the General Assembly adopts the Federation’s budget for the subsequent financial year. The Treasurer must produce and present the budget proposal as stipulated in Annex 1 of IFMSA Bylaws, and the Executive Board shall table the motion to adopt the budget. Only the General Assembly may change the structure of the budget. Upon mutual agreement between the Executive Board and the Supervising Council allocations in the budget may be changed for non-Programs specific items, if:
- Circumstances change, rendering changes to the allocations prudent;
- Changes do not pose a financial risk to the Federation;
- Changes are aligned with the strategic priorities of the Federation; and,
- Aggregate reallocation does not exceed 15% of the total budget.

National Member Organizations must be notified of changes to budget allocations and the reasons thereof with the minutes of the following Executive Board Meeting. Aggregate reallocation exceeding 15% requires General Assembly approval by absolute majority. The Executive Board shall disclose the detailed financial allocations along with the Annual Work Plan for their term. The Executive Board must ensure that allocation of internal funds underpin the strategic priorities of the Federation, and adhere to the stipulations hereunder. Such decisions should be documented in the Executive Board meeting minutes.

Income
The Federation receives majority of its funds through Membership Fees and Exchanges Fees of its member organizations. Additional income is made through grants, donations, sponsorships, merchandise sales, and participation fees for meetings organized by the organization.

Membership Fees
Full and associate members must pay an annual membership fee to the IFMSA. An associate member shall pay the same fees as that of a full member. A 75% discount will be applied on the first year’s membership fee of a new full or associate member, a 50% discount for the second year and a 25% discount for the third year. Full membership fees will be paid from the fourth year onwards. Candidate members from states with no full or associate members shall not pay membership fees. Candidate members from states where there is already a full or associate member shall pay the full membership fee.

The annual membership fee for member organizations of IFMSA will be calculated by the following function, in which GNI/capita in international dollars (Atlas method) will be used:

\[ MF_{\text{IFMSA}}(\text{GNI/capita}) = 10 \times \sqrt{(\text{GNI/capita} + 150)} + 0.012 \times \text{GNI/Capita} - 90 \]

The maximum fee which a member organization can pay will be capped at €2,330 and will be subject to inflation per annum. Inflation will be based on the latest yearly average inflation of the Organization for Economic Cooperation and Development (OECD) countries available and it will exclude food and energy prices. Countries with a population of less than one million inhabitants shall pay half of the fee calculated above and countries with a population of less than half a million shall pay one quarter of the fee calculated above. The
gross national income per capita in each state shall be obtained from the World Bank by the VPF and shall be revised within the revision window defined in Annex 1 of IFMSA Bylaws annually. An associate member organization within a state shall be ranked according to the conditions of that state. For any other National Member Organization without the data of their financial state present in the World Bank, additional official documents recognized by the World Bank may be used.

All payments for membership fee are due in accordance with Annex 1 of IFMSA Bylaws. Cost of IFMSA exchange program and taxes will be invoiced together with the membership fee.

**Merchandise Sales**
IFMSA has a set of materials that can be sold during the official events, such as the General Assemblies and Regional Meetings. Some examples are the IFMSA T-Shirts, the mug, the pin or key holder. These must be produced according to the Corporate Identity Guidelines, which are available in the IFMSA website.

The products are normally made available for order during the registration process of these events, and delivered to the purchasers during the event. Other merchandising related to the event itself, and produced by the member organization hosting the event, are made available during the event and sold there. An exception to this are Standing Committee pins and stickers, which are given to our participants for free.

The prices of the products depend on the production and transportation cost of the country where they are produced. Estimate prices of the products are stated below:

- T-Shirt: 8-20 euros;
- Mug: 5-15 euros;
- Hoodie: 15-40 euros;
- Keyholder: 1-5 euros.

All funds collected from the selling of the merchandise are used for internal management and for activities and not as a profit.

**Participation Fees**
The following taxes shall be added to the General Assembly (GA) participation fees in order to support the IFMSA Central Budget and IFMSA Travel Assistance Fund:

- For General Assembly registration purposes, the member organizations of IFMSA are divided into six categories according to the gross national income per capita of their countries:
  - A: 0 - 500 USD
  - B: 501 - 2,000 USD
  - C: 2,001 - 5,000 USD
  - D: 5,001 - 12,500 USD
  - E: 12,501 - 20,000 USD
  - F: 20,001 and over USD

- The gross national income per capita in each state shall be obtained from the World Bank by the Treasurer and shall be revised annually, within the revision window defined in Annex 1 of IFMSA Bylaws, and will be used for IFMSA General Assembly meetings throughout the following financial year.

- Participants from C, D, E and F category countries must pay an additional tax of 10 EUROS to the Travel Assistance Fund.

- Extra delegates beyond the quotas listed in 1.15 must pay an additional tax of 25 EUROS for the Central Budget. If deemed necessary the Organizing Committee may
charge a higher price than this to the extra delegates, or may restrict the attendance of extra delegates’ altogether.

**Funds**
The Federation also established three funds to promote inclusion of members and help financially disadvantaged members. These are:

- Travel Assistance Fund
- Prof. Erik Holst Fund
- Solidarity Fund

The **Travel Assistance Fund** aims to maximize representation of financially disadvantaged, current or potential, National Member Organizations at the Federation's General Assembly meetings. The funds are raised from contributions from National Member Organizations, private individual donations, and other sources.

- The Executive Board decides on the selection criteria for the Travel Assistance Fund. The criteria should follow the Internal Operating Guidelines on Finances and must be announced in the call for applications.
- All delegates and observers at General Assembly meetings are eligible to apply for financial aid from the Travel Assistance Fund. Applications from members of current National Member Organizations shall be submitted through the official @ifmsa.org email account for a maximum of two delegates from the National Member Organization. Observers may apply individually. National Member Organizations applying for Travel Assistance Fund support cannot send more than eight delegates to the General Assembly meeting.
- The application shall consist of a completed official Travel Assistance Fund application form, a motivation letter from each applicant, a support letter from university or present/past employer for each applicant, list of expected costs and plans for intended private fundraising for each applicant. The TAF application form shall be signed and stamped by the President of the National Member Organization or a suitable alternative in case the candidate is the NMO President.
- The application must be submitted in accordance with paragraph 9.4 of IFMSA Bylaws. Late applications, or applications deemed invalid by the Executive Board, will not be considered.
- The Executive Board will decide upon allocation of Travel Assistance Fund support, and must inform all applicants of their decision as stipulated in Annex 1 of IFMSA Bylaws.
- When a delegate is granted Travel Assistance Fund support, the Federation shall cover the early registration fee of the delegate, up to 100% of the travel expenses (for the cheapest means of transportation) and the cost of visa application.
- Delegates who have been granted Travel Assistance Fund support must arrive at the General Assembly meeting before or on the first day of the meeting.
- All expenses that are covered by the Travel Assistance Fund should be documented with original digital receipts. Where this is not possible, the Executive Board shall ask delegates that receive Travel Assistance Fund to hand in their original hard copy receipts to the Vice-President for Finances at the General Assembly meeting or submit them to the General Secretariat by physical mail.
- Complaints concerning the management of the Travel Assistance Fund should be raised with the Financial Committee.

The **IFMSA Prof. Erik Holst Fund** is an initiative from the IFMSA Alumni that aims at collecting donations from Alumni for the purpose of providing two types of grants:
• GA Travel stipends: awarded to promising first time General Assembly meeting attendees, from any National Member Organization, who would otherwise not be able to attend.
• Local Project Micro-grants: small grants to local committees of any National Member Organization for a project with the potential of evolving into a successful long term tradition.
• The Prof. Erik Holst Fund internal operations and functions will work under a set of Terms of Reference decided upon by the Board of Directors after consultation with the IFMSA Executive Board.
• The Prof. Erik Holst Fund is coordinated by a Board of Directors, supported by a Board of Trustees from past IFMSA Presidents or exceptional Alumni. These bodies are external of the Federation, and must act as such.
• The Prof. Erik Holst Fund Board of Directors is composed of, but not limited to a Chair, a Secretary, a Treasurer, an External Relations Officer, Advisors and the IFMSA President.

The Solidarity Fund aims at maximizing representation of medical students in IFMSA by financially supporting National Member Organisations that struggle to pay their membership fees, keeping their membership and voting right within the Federation:
• Each National Member Organisation must pay an equivalent of 3% of its membership fee to contribute to the IFMSA Solidarity Fund.
• National Member Organizations wishing to contribute more funds shall contact the Executive Board.
• Donations from NMOs shall be transferred to IFMSA together with their membership fees.
• All full and associate National Member Organisations are eligible to apply for financial support from the IFMSA Solidarity Fund.
• IFMSA shall reimburse the NMOs in equal proportion of the remainder of the Solidarity Fund by the end of each financial year.
• National Member Organisation applying for the IFMSA Solidarity Fund must have submitted NMO Report and updated ifmsa.org in accordance with the date stipulated in Annex 2, paragraph 2.1 of IFMSA Bylaws for the previous 3 General Assemblies.
• National Member Organisation applying for the IFMSA Solidarity Fund must submit NMO Report for the next General Assembly in accordance with the date stipulated in Annex 2, paragraph 2.1 of IFMSA Bylaws.
• The application is made by submission of a complete official IFMSA Solidarity Fund application form, signed and stamped by the President of the National Member Organization. It must contain a statement explaining why they have applied for financial support.
• The application must be submitted in accordance with paragraph 9.4 of IFMSA Bylaws.
• The Executive Board will decide upon the allocation of the Solidarity Fund and must inform the National Member Organisations of their decision as stipulated in Annex 1 of IFMSA Bylaws. A detailed explanation of the Executive Board decision must be attached to the announcement.
• Up to 100% of the membership fees and the debt of the selected NMO(s) may be covered.
• Complaints concerning the management of the IFMSA Solidarity Fund must be raised to the IFMSA Supervising Council.

Sponsorships
A sponsorship is considered an agreement between the Federation and one or more parties, for whom the Federation offers advertising opportunities in return for liquid financial resources. Grants from non-profit making and (inter-) governmental organizations are not considered sponsorships.

The Executive Board may negotiate and sign sponsorship agreements on behalf of the Federation which are in line with the IFMSA Ethical Framework on Fundraising. Sponsorship agreements will be ratified at the next General Assembly.

The Executive Board must ensure that proposed sponsorship agreements are submitted for ratification by the General Assembly, in accordance with paragraph 9.4 of IFMSA Bylaws. If the sponsorship agreement tabled for ratification is not ratified by the General Assembly, the motion can be submitted to vote against the sponsorship. If the motion passes with a simple majority, the sponsorship agreement must be discontinued.

Sponsorship agreements must honor the autonomy of the Federation’s National Member Organizations.

The Executive Board must ensure that allocation of funds gained from sponsorships underpins the strategic priorities of the Federation, and adhere to the stipulations hereunder

Grants

The VPF is the lead responsible for grants administration in the Federation, including actively searching for grants opportunities; compiling, copying and mailing applications; and ensuring follow-up communications and appropriate reporting.

All original grants agreements should be shared with the International Secretariat for archiving. All Team of Officials members and Programs Coordinators are responsible to actively search for grant opportunities in their respective fields of work, and shall inform the VPF at least four weeks before the deadline of the grant if a new opportunity is found.

The VPF updates the IFMSA Internal Grant Database every 2 months with support from the Officials and Programs Coordinators; identifies grants of interest for the organization, its activities and its programs on an on-going basis; and informs the NMOs of national grant opportunities when relevant. The Internal Grant Database is made available on October 1st to the Supervising Council, the International Secretariat and the Executive Board for oversight.

The VPF ensures that all eligibility criteria of each grant can be respected (including the administration of the grant and the reporting system); that the missions of IFMSA and of the grant align; and that the grants matches the IFMSA’s priorities, without putting an additional stress on the Federation. The final decision to apply for a grant must be agreed by the Executive Board. The VPF informs the Supervising Council of each grant application at least 5 days before the deadline and seeks for their input. The Supervising Council shall support the process of applying for, management of, and reporting on grants.

The VPF is responsible to report all the grants that are active on the 1st of February or 1st of July as an IFMSA Commitment to the General Assembly. Grants are considered active from the time the application for the grant has been sent to the time that a negative answer has been received, or to the time the grant has been fully reported to the funder.

In the report on grants activity, the VPF shall investigate on the reasons for rejection of the applications for any grants process that weren’t successful. Each grant application and report produced has to be archived properly for institutional memory at the International Secretariat.

Donations

IFMSA also collects funds through donations. The process through which funds are collected is still in the development phase, however, it is intended that the donations will be done through our website.
Expenses

Funds are used for internal management of the Federation. These expenses include but are not limited to administrative costs, staff, operations, internal funds, activities and programmes, contingency fund.

Officials, International Assistants, Program Coordinators and the Supervising Council do not profit from holding the position, nor are they rewarded financially for the work developed, except for the expenses described below. The work developed is strictly done in a voluntary manner.

Administrative costs
Within administrative costs we include:

- liability insurance of the Executive Board and the Supervising Council;
- marketing and printing costs;
- website maintenance and online platforms;
- financial management and auditing;
- bank commissions and fees;
- and some possible other expenditures that might arise during the year.

These expenses compose around 9% of the yearly budget.

Staff
IFMSA employs one permanent staff member, the Secretary, at its new offices in Copenhagen, Denmark. Secretary is paid a monthly salary and insurance according to the law in Denmark.

Additionally, the Executive Board member in charge of overseeing and communicating with the Secretary, Vice-President for Activities, is tasked to have three evaluation meetings with the Secretary. Small amount of funds is allocated for this expense.

IFMSA also has paid internships at the World Medical Association (WMA). This is funded by a grant from WMA.

Around 12.5% of the budget is allocated

Operations
This budget item composes 45% of the budget. It’s main purpose is to support Officials attendance of the most important meetings of the Federation of which they either in charge of or are mandated to attend by the IFMSA Bylaws.

Within operations we include:

- Regional Meetings: this budget item is divided into 5 smaller ones in agreement between Regional Directors and the Executive Board depending on the needs of the Regions. Regional Directors propose the way this funds will be spent and the Executive Board approves it. Usually they are used for registration fees of their Regional Team and selected Officials according to the regional priorities, as well as partial or full coverage of flight costs for the selected Officials. Officials are selected by the Regional Director and approved by the Executive Board.
- Team of Officials meetings: more information regarding Team of Officials meetings can be found within Meetings section of this policy. This budget item is divided into 5
smaller ones. They are used to pay for attending Officials registration fees and partial or full coverage of flight costs. All Officials are invited to attend these meetings.

- **General Assembly meetings:** this is the largest individual budget item. All Officials are mandated to attend IFMSA General Assemblies. This money is mainly used to support them to attend by paying for registration fees and partially or fully covering the flight costs. A minimum amount is set for each Official. Additionally, it’s also used to support Chairperson and Vice-Chairperson of the General Assembly and invited externals. Finally, it is used to produce merchandise for the General Assemblies and certificates for the Professional and Research exchanges that are delivered to NMO representatives.

- **Membership and registration fees:** used to pay membership fees of different organizations IFMSA is a member of.

- **Standing Committees:** Directors of Standing Committees are in charge of this small budget item and are supervised by the VPF. This money is generally used to cover small costs of printing for IFMSA meetings or some general costs of their International Team.

- **Supervising Council:** used to support Supervising Council members attendance of the major IFMSA meetings, namely General Assemblies and Team of Officials meetings. It is usually used to pay registration fees and partial or full coverage of flight costs. Supervising Council itself is in charge of managing its funds.

**Internal Funds**
The Executive Board must ensure that allocation of internal funds underpin the strategic priorities of the Federation, and adhere to the stipulations hereunder. Such decisions should be documented in the Executive Board meeting minutes.

- **Strategic Fund:** This fund is managed according to different yearly needs of the Federation. A proposal is made at the beginning of each year by the VPF and is approved by the Executive Board.

- **External Events and Meetings:** This amount is allocated for IFMSA external representation at different meetings. IFMSA has an ECOSOC status which enables us to have medical students present at different high level meetings, such as; World Health Assembly, UN General Assembly and ECOSOC Youth Forum.

- **Travel Assistance Fund:** The Travel Assistance Fund aims to maximize participation of medical students representing their NMO in IFMSA by supporting delegates from financially disadvantaged, current or potential, National Member Organizations to attend the Federation's General Assembly meetings. The funds are raised from contributions from National Member Organizations, private individual donations, and other sources.

- **EB-Elect Support:** A designated sum according to the capacity of the budget is also allocated to support the elected Executive Board members for the upcoming term. Funds are managed by the Executive Board elect and is approved by the VPF.

- **Solidarity Fund:** The Solidarity Fund aims at maximizing representation of medical students in IFMSA by financially supporting National Member Organisations that struggle to pay their membership fees, keeping their membership and voting right within the Federation.

**Activities and Programme’s**
IFMSA is the organizer of the pre World Health Assembly event (pre-WHA). It is a self sustainable event where registration fees are used to cover all expenses and there are no profit gains from organizing it.
For several years IFMSA has been receiving IPAS grant. The fund is used to promote activities on Maternal Health and Access to Safe Abortion. We held several capacity building and advocacy events. Usage of funds is overseen by the IPAS representative and the Executive Board.

**Contingency Fund**
This fund was established to be used in case of emergency for unexpected expenses that compromise the work of the Federation. Detailed instructions on the usage of the fund are being established. Currently it is being managed by the Executive Board and overseen by the Supervising Council.

**Registrations and Accounts**
The Executive Board (EB) members have shared authority according to the Chamber of Commerce (CoC) of The Netherlands, and the CoC registration is leading according to bank policies, a second EB member shall be registered as an account holder at the bank and shall sign together with the Vice-President for Finance (VPF) for any agreements with the bank. The VPF and the second EB member dealing with IFMSA finances register at the bank as account holders to get access to IFMSA’s bank accounts. This is only possible when their registration at the CoC is already in place. These registration processes are coordinated by the International Secretariat. The International Secretary is the first contact person to the bank and is registered at the bank to have full authority to request services (request or delete cards, etc) or sign agreements on behalf of IFMSA.

Besides IFMSA’s bank accounts (checkings account, savings account and flexible deposit) IFMSA has an account with a credit card company and with PayPal. The International Secretary is the first contact person and coordinates the registration of the VPF (and second EB member if desirable) with these companies.

The VPF or any other EB member shall not manage an account for which they are not officially registered or use a bank or credit card that is not registered under their own name. In cases of loss of bank or credit cards or any other possible security issue in regard to any of the aforementioned accounts, the International Secretary shall be contacted as soon as possible.

**Management and day to day operations**
Tasks pertaining to daily financial management - including, but not limited to, bookkeeping and administration of financial transactions - shall be carried out by a certified accountant in The Netherlands. If the Federation is involved in financial transactions of an IFMSA Program or Activity, the accounting of that Program or Activity must allow for its operations to be included in the Federation’s financial report and the external review thereof.

The International Secretary is the first contact person for this firm who introduces the new VPF, takes care of his registration with the accountancy firm and arranges (if desirable) a face to face introduction meeting with a representative from the firm in the beginning of the term. Any accounting firm contracted by the Federation shall have experience and/or appropriate licensure, certification or accreditation in the country or countries in which IFMSA is registered. In coordination with IFMSA’s accounting firm, the VPF will initiate and approve outgoing bank transactions (first approval). In case of exceptional and urgent circumstances, the EB can ask the International Secretary to perform online banking transactions on behalf of IFMSA, or use her IFMSA debit card to pay at a counter or withdraw cash money for purposes specified by the IFMSA EB.
If the transaction is greater than 2,000 Euro, another member of the EB must also approve the outgoing bank transaction (second approval). The EB shall designate which EB member will approve and review such requests. The EB may decide to rotate the responsibility throughout the course of the term. When second approval of a transaction is required, those transactions should be noted in the EB minutes at the meeting immediately following the execution of the transaction. The Supervising Council will be advised by the EB of any transaction greater 2000 Euro.

VPF may confirm the following:

- Outgoing transfers for expenses already approved by the Executive Board for expenses less than 2000 Euro.
- Payment of expenses pertaining to normal financial operations, including transfer and service fees, without prior consent by the Executive Board.

Individuals or groups who seek (co-)funding of activities from the Federation (e.g. flights, conference registration fees, support for externals at meetings, promotional materials) must use the dedicated Funding Request online form. The Executive Board (EB) considers requests at its online meetings, and notifies the requesters of its decision no later than five days after the meeting. The minutes of the EB online meetings must document the rationale behind the decisions.

EB members submitting a request or with a personal interest in a request shall recuse themselves from participating in deliberations or decision-making about that request. Funding requests submitted retrospectively may not be considered by the EB. Any exceptions shall be subject to EB approval and documented in EB minutes.

The following applies to every Program with financial operations:

- Each Program must have an appointed Treasurer. Program Treasurers shall work with IFMSA’s VPF to ensure sound financial management of the respective activities, including continuous tracking of expenses and incomes according to their respective Program budget.
- Every Program budget is revised annually by the incoming Programme Coordinator and Treasurer. The Program budget is subject to approval by the Executive Board.
- Program budgets may be amended on an ongoing basis subject to EB approval.
- IFMSA’s VPF may suspend financial transactions that are not in accordance with, or covered by the Program budget.

The Federation may sell merchandise:

- The VPF and Vice-President for Public Relations and Communication (VPPRC) will be responsible for establishing and maintaining an inventory tracking system.
- The Federation may accept cash payments but must strive to reduce cash payments to a minimum.
- The Federation will use a point-of-sales system supporting credit card payments, as recommended by the March Meeting 2014 Financial Committee, whenever possible and financially advantageous.
- The EB must have the discussion on the VAT tax registration, at least 2 months in advance of the meeting, and inform the IFMSA International Secretary and Supervising Council of their decision.

Reimbursements requests, including all original documentation, are due four weeks after the date at which the relevant costs were incurred. The final deadline for the reimbursement claims is the 15th of September (Annex 1 of the IFMSA Bylaws):
• The original hardcopy documentation shall be submitted to the International Secretary as per Dutch Tax authorities regulations.
• Approval by the EB for funding for external meetings is conditioned on submission of a meeting report within 4 weeks of the end of the meeting. Failure to submit a meeting report by the designated deadline will result in denial of any associated reimbursement requests for external meeting expenses.
• Reimbursement for costs associated with external meetings will not be processed until the relevant meeting report has been properly submitted.
• When possible and financially advantageous, all airfares paid by IFMSA shall be purchased through the designated travel agency, by the IFMSA credit card or online travel system.
• In considering requests for funding by Team of Officials members, the EB will prioritize funding Officials’ travel requests when officials will be able to attend 100% of the meeting or event for which funding is being requested. To be eligible for any funding, an Official must attend a minimum of 2/3rds of a meeting or event for which funding is being requested.

The Supervising Council shall provide strategic support and oversight for the VPF.
• The Supervising Council must have access to the online accounting platform, viewing access to online banking system and all relevant financial documentation.
• The Supervising Council shall assign a contact person to the VPF.

The Federation does not provide loans to any party.

Cash payments to and from IFMSA are only accepted if no alternative means of payment is available. Cash payments to IFMSA exceeding €100 will be charged with an administration fee of €40. During General Assemblies and Regional meetings, where cash payments are being made, it is important to keep stored cash and cash administration in a confined area. The cash should not been carrying around but transporting directly to a safe. The key for the safe should not be kept with the cashbox in the same area. Only provide the VPF and the Supervising Council Contact Person for FC with access to the cash and cash administration.

- All cash transactions (both revenue and expenditure) must be accounted for in the cash administration;
- Each transaction will be provided with a date and specification (description from which the origin or destination of the money must be clear);
- Also a certificate (receipt) of the transaction must be issued;
- On completion of the transaction, the receipt must be signed by the VPF and the date on which the transaction occurred is filled out on it;
- Then the transaction must be filled out into the cash tracking document, where each transaction gets a sequential number;
- The same sequential number should be filled out on the receipt of the transaction;
- The cash register and receipts are to be filed in a physical or electronic folder;
- After the General Assemblies and Regional meetings, the VPF and the Supervising Council Contact Person for cash flow management must check the cash register, receipts and cash safe;
- The cash must be counted by the General Assembly Financial Committee and reported in the relevant report;
- In case of a discrepancy between register and safe, a written statement will be made, signed by the VPF and the relevant member of the Financial Committee.

The VPF must be responsible for good cash flow transferal and ensures that everyone involved acts accordingly.
Every day or after a conference or meeting a cash transferal has to take place. During the transferal, the cash will be counted by the departing VPF and by the OC Treasurer or other designated OC member.

On completion of the transferal the receipt is signed by the VPF and the OC Treasurer or other designated OC member, and the date on which the transaction occurred is filled out on it.

To ensure its solvency and liquidity throughout the financial year the Federation shall keep sufficient reserves of liquid assets, subject to legislative requirements and limitations. The amount of liquid assets shall be decided by the IFMSA Executive Board and the Supervising Council. To facilitate swift closure of financial accounts after each financial year, reimbursement claims are due as stipulated in Annex 1 of IFMSA Bylaws. The Executive Board may choose to process reimbursements claimed after this deadline if the delay was authorized beforehand, or if exceptional circumstances have arisen.

**Booking flights**

Majority of expenses for IFMSA Officials are related to flight bookings to attend IFMSA meetings. All flights for internal IFMSA meetings should be booked at the latest 2 months before the start date of the meeting. Exceptions (e.g. waiting for visa) will be discussed case by case. If the deadline is not met, the difference between the tentative price and the ticket’s actual price will be added to the Official’s personal debts to IFMSA.

The cheapest flight tickets should always be booked, at all time. Exceptions (e.g. the departure time does not match the official's availability) will be discussed case by case with the VPF. Flight tickets booked through IFMSA include checked luggages, unless the Official does not need them. Extra luggages will not be covered by IFMSA. Exceptions (e.g. An Official transporting IFMSA merchandise) will be discussed case by case with the VPF. The departure/arrival dates are left to the discretion of the Officials. It is preferable to opt for the dates in which the tickets are the cheapest whenever possible. An amount of funds allocated to an Official for a meeting does not mean that the official is allowed to use the entire amount. The Officials should book the cheapest flight ticket, up to the amount allocated. Exceptions can be discussed case by case.

IFMSA covers the round trip flight tickets from the country the Officials live in, and back to that same country (e.g. If an Official lives in France and wants to fly from Costa Rica to Taiwan, the coverage will be calculated based on a round trip from France to Taiwan). Exceptions (e.g. If the flight ticket from Costa Rica to Taiwan is cheaper than the ticket from France to Taiwan) can be discussed case by case. If the Official wish to depart/leave from/to a different country, and if the flight ticket is more expensive, the difference will be then added to their personal debts to IFMSA.

Officials have the right to choose more expensive flight tickets, should they have a personal reason for it (e.g. Preference for a flight company). The condition to that is that the difference between that flight and the cheapest flight will be covered by the Official and will be added to their personal debts to IFMSA.

**Reports**

The setup of the bookkeeping system should facilitate simple and relevant analysis of the Federation’s financial data. Therefore, apart the mandatory data, each entry in the bookkeeping system shall be assigned the following attributes:

- Type (e.g. transportation, food, materials)
- Reference, person (e.g. Official's code, initials of non-Official individuals)
- Program, if relevant
• Activity (e.g. MM15, AFRM14, PREWHA15)
• Budget item, for easy monitoring of burn according the budget
• Source of funding, e.g. if a grant is given to specific activities

The Executive Board shall produce interim financial reports for the first three quarters of the financial year. To allow for easy comparison, the quarterly interim financial reports shall have the same structure as the annual budget of the relevant financial year. These reports are due in accordance with Annex 1 of IFMSA Bylaws. Outgoing VPF shall prepare an interim financial report by the last day of the term. This report shall be shared with NMOs via the NMO server and shall include a detailed section regarding the status of each active IFMSA grant. The Executive Board shall release the raw bookkeeping data from the previous financial year along with the financial report of that year. The financial administration of the Federation is open for review by any full or associated National Member Organization, upon request. The Supervising Council oversees the management and strategic prioritization of the Federation's finances.

Financial information about the Federation shall be treated as confidential except as stipulated in the bylaws.

Financial Committee

The Financial Committee shall conduct an internal inspection of the Federation’s finances at each General Assembly. The Supervising Council coordinates the process, and nominates the Financial Committee members. The Federation’s annual financial reports must undergo external review, performed by an authorized financial auditor in The Netherlands. A report of the relevant Official on the grants and events that commit IFMSA, also known as IFMSA Commitments shall be submitted for every General Assembly.

The Financial Committee is the Federation’s internal body that controls the management of its finances, and is elected by the General Assembly for the duration of that General Assembly meeting. The Financial Committee consists of three to five delegates from full or associate National Member Organizations, which are not represented in the Executive Board. Candidates from the Financial Committee cannot be from NMOs who had previously hosted a General Assembly of which the financial report has yet to be checked by the Financial Committee. Members of the Financial Committee must have attended at least one previous General Assembly meeting. Delegates may attend the meetings of the Financial Committee as observers. The Financial Committee may decide to discuss matters without the presence of observers, if such matters involve private or otherwise sensitive information. The Treasurer must assist the Financial Committee, and shall provide the Committee access to information necessary for the Committee to carry out its duties.

The Financial Committee shall:
• Review the financial reports of General Assembly meetings pending approval by the General Assembly and, if relevant, propose these for adoption by the General Assembly;
• List all the debts incurred by observers and NMOs towards the Organizing Committee of the financial reports of General Assembly meetings;
• Review the allocation of internal funds;
• Follow up on pending issues raised by, and recommendations of the previous Financial Committees;
• If relevant, review the financial report of the Federation; and
• If deemed necessary, review the Federation's bookkeeping since the previous General Assembly meeting.

The Financial Committee shall, in writing, report its views and conclusions on, at least, the five points above. The Committee may also express its views on other, current or potential, finance-related issues in the Federation.