Health Beyond 2015: Get Involved!

MSI29
Medical Student International
IFMSA

The International Federation of Medical Students’ Associations (IFMSA) is a non-profit, non-governmental and non-partisan organization representing associations of medical students internationally. IFMSA was founded in 1951 and currently maintains 117 National Member Organizations from more than 100 countries across six continents with over 1,3 million students represented worldwide. IFMSA is recognized as a non-governmental organization within the United Nations’ system and the World Health Organization and as well, it is a student chapter of the World Medical Association. For more than 60 years, IFMSA has existed to bring together the global medical students community at the local, national and international level on social and health issues.

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Medical students are true examples of determination. But in a constantly changing society, where health plays a key role, are we ready to step forward and be the voice of a generation?

The first edition of MSI 2014 proves that the answer is yes and our time is now!

“Health Beyond 2015” serves as the backdrop for discussion of various topics, such as the future of the Millennium Development Goals (MDGs), Mental Health and the Universal Health Coverage. Truly talented authors from all over the world give us a close look at their realities and share their thoughts.

As usual, we could not but uncover the best that is being developed nationally and locally by the IFMSA Standing Committees and by the NMOs, without which nothing we do would be possible. In five corners of the world, medical students are fighting for equality, safety and quality in the provision of health care. These principles are being translated into real projects and concrete measures that catalyze the future we want.

Such a hardworking production couldn’t be more rewarding. We relied on the efforts of a tireless group – the incredible Publications Team - but also a much loved mentor of our magazine, Bronwyn Jones (Publications Director 2012-2013) and Ibrahim Kandeel, who always offered help without any hesitation.

We invite all readers to embark on this adventure till the end and wish you an unforgettable experience!

Yours truly,

Diogo Martins

Editorial

Diogo Martins

Editorial

Diogo Martins

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Medical students worldwide | MM 2014 Tunisia
Dear IFMSA family and MSI readers throughout the globe,

It’s my pleasure to introduce to you the 29th issue of the Medical Student International magazine.

During my work in IFMSA for the last 3 years, I always had the dream of being one member of the IFMSA Publications Team. It’s with great honor that my dream finally came true last year and remains until now.

It is a huge responsibility to handle the IFMSA official publications and bring them to you always with the same level of professionalism and perfection. Therefore, I am grateful to everyone that believed in me and shared their full motivation and commitment to make this magazine as flawless as possible.

I want to thank our professional leader and Director Diogo Martins, our amazing editors: Betty, Boriana, Christine, Eman, Mariko, Nina, and Nowrus; our creative designer: Rami Abdallah and finally a special appreciation to Ibrahim Kandeel, EMR Publications and Communication Development Assistant, for his great help.

Finally, your IFMSA Publications Team has a message for you: listen to the world’s voice, discover the best experiences from our colleagues all over the world and their perspectives. Enjoy reading this magazine because it’s totally worth it!

Thank you,
Mohammed Yasser

Listen to the world’s voice

Ibrahim Kandeel
EMR Publications and Communication Development Assistant

Publications Team 2013 - 2014
Dear IFMSA members and friends,

It is with great excitement I write to you on the occasion of the 29th edition of Medical Student International (MSI), that over the years has become a key platform for medical students worldwide to express their ideas and showcase their activities and projects.

63 Years of IFMSA
Established in 1951, in a post-World War II setting, IFMSA founders came together in a period of history where growing disparities in the socio-economic and political arenas challenged the health and wellbeing of people around the world. IFMSA was created to foster cooperation and collaboration among medical students by breaking down societal barriers through promoting opportunities for dialogue and creating clinical exchanges. IFMSA rapidly expanded to become one of the pioneering non-political, non-governmental organizations working in the field of community health and capacity building for medical students.

While we find ourselves in a world where the boundaries and tools have changed drastically, we still find ourselves in a world where there are growing disparities and a lack of equity—in education, socio-economic opportunities, environment, personal safety, and health. These disparities are further challenged by gender, sexuality, discrimination, and socio-political factors. And we are studying medicine at a time and in a world that is characterized by – inequality and insecurity.

How does this affect healthcare and us, as future physicians?

Health in the Post-2015 Development Agenda
With less than 700 days until eight Millennium Development Goals (MDGs) expire, the world leaders are getting together to form the next set of development framework — in a process called ‘Post-2015 Development Agenda’. What is ‘Post-2015 Development Agenda’? It is the first major intergovernmental policy process guided by the UN Development Group that has so far involved more than 1.3 million people to get their insights as to what the people’s most critical development issues are around the world. Large numbers of people have been reached - youth, academics, experts, policymakers, entrepreneurs and interested citizens. IFMSA, as the largest student-run organization in the world, and a NGO focusing on health, has put post-2015 development agenda at the center of its advocacy efforts with the goal of ensuring youth and health issues remain strongly represented in the next set of development goals.

With more than one billion people unable to access the healthcare they need, while 150 million people experience a financial catastrophe every year from out-of-pocket health costs, exacerbating inequality and poverty, it is clear that health deserves a high priority in the development of the post-2015 agenda.

Now is the time to act and to reverse the negative trends that lead to poor health outcomes of people worldwide. And the big question is - how? Going back to the very core of ‘Health for All’ principle, coined in 1978 in Alma-Ata, there is an emerging global movement for Universal Health Coverage (UHC) to be the health priority in the development framework of the post-2015. The definition of Universal Health Coverage is ‘ensuring that all people obtain the health services they need, of good quality, without suffering financial hardship when paying for them’.

The role of medical student and young people
As future physicians, we will be the ones experiencing throughout our careers and lives, successes or shortcomings of the new development framework that will be agreed in 2015. As such, we will be the ones responsible for carrying out the goals and reaching the targets agreed. As Dr Margaret Chan, Director-General of the WHO said in the interview for IFMSA, ‘You are the future of healthcare. I believe the best days for health are still ahead of us. Turning that prediction into a reality lies squarely on your shoulders’. That is why the theme of the 29th Edition of Medical Student International (MSI) and IFMSA General Assembly March Meeting 2014 is ‘Health Beyond 2015 – Get Involved!’ with the clear message that it is the responsibility of every medical student to engage in creating our future and seeing the best days for health turning into a reality.

Going through the articles of this MSI, and seeing the great interest and deep understanding of the global development issues that medical students have, it is with certainty that I say that IFMSA is successful in its mission of creating culturally sensitive medical students who are able to grasp global health problems, work with others to address the global burdens of disease and health to create healthier communities, and thus a healthier world.

I would like to give a special thanks to all those that have taken the time to create and contribute to this edition of MSI.

I wish all of you a wonderful meeting and may we all continue to take on the health challenges of the 21st century, as leaders, together!

Yours,

Joško Miše
IFMSA President 2013-2014
In this section you will find articles on the theme of the August Meeting 2014 'Health Beyond 2015: Get Involved!'
As I am writing this article on a cold December’s evening, it is now just over 12 months until the next development framework due to replace the Millennium Development Goals (MDGs) will (hopefully) be nearing completion. At the minute, a large part of it is still up for speculation. For over a year and a half the IFMSA have been following discussions from the Rio+20 Summit in June 2012 through to the High Level Panel of the UN throughout 2012 and 2013 and the Open Working Group on Sustainable Development (OWG) sessions since March of 2013.

One of the few things that have been conclusive in all the talks has been the notion that whether Sustainable Development Goals (SDGs) or a different post-2015 framework are decided to be the main thrust of the development agenda, silo-ing issues into neat little goals, targets and indicators are going to form a large part of the framework much in the way Figure 1 illustrates. The rest of this article could go into meanderings of the pros and cons of using this approach but instead health will be this article’s focus and speculating whether taking a different approach could be worthwhile.

Good Health at the centre of effective development
At the moment there seems to be several key topics within global health post 2015 including universal access to health care, trying to reduce to zero the incidences of key diseases, both communicable and noncommunicable across the world as well as finding other ways to fund solutions to health problems like Tuberculosis, AIDS and Malaria [1]. Yet, nearly all of these issues have been brought together into debates about a single health goal instead of thinking of ways that health outcomes can be brought one step further to be used as an indicator for the entire development agenda. The difference between these two situations is that instead of having a few indicators simply to show that the health “goal” has been achieved, you would pick indicators that would be broad enough to measure the outcome of several interlinked goals. Health lends itself to fulfilling the latter scenario for a number of reasons.

It is widely known that a healthy population has a more productive workforce and leads to better economic outcomes at a national level [2]. It is also known that poverty is one of the root causes of ill health and as such dealing with the issue of poverty (a central theme to the post-2015 debates thus far) can help create healthier populations [3]. Finally, investing in health leads to outcomes such as citizens that have a positive wellbeing and mental health status [4]. The different dimensions of Health are important to so many development issues such as economics and poverty to topics like education and gender equality as Figure 2 illustrates.
Is it right then that it should be reserved to a small number of targets for one maybe two of the proposed SDGs? A model I believe we, as a health-focused organization, should advocate for is having a small number of indicators placed overarching the entire agenda as a way of measuring how successful implementation of the agenda has been to populations. Having this approach could work on different levels as these proposed indicators could be applicable either globally or on a national level through a standardized approach. Upon hearing this suggestion some may question how in reality that would possibly work. Surely trying to measure something that could be extrapolated to indicate the success of a framework as complex as the one currently being brought together would be ludicrous, wouldn’t it? However, hear me out as I explain just one example of an indicator that could be used.

The case for a Global Mental Health Indicator

Mental health and wellbeing (MHW) has been mentioned only in passing in the post-2015 discussions so far. Yet it is widely known that the MHW status of a population is impacted on by several different socioeconomic factors such as financial stress, housing and education among others [5]. Poor mental health is also a universal public health problem affecting developing and developed countries alike. There is also a strong positive correlation between mental health status and some dimensions of poverty outlined in papers including a systematic review by Lund et al. in 2010 [6]. Also adding to the case, mental health status can be measured in a coordinated fashion through standardized questionnaires and could be used as evidence backed way to evaluating the outcomes of the socioeconomic interventions that the post-2015 development agenda hopes to achieve [7]. Furthermore, by taking a baseline level of the mental health status across the world in the early years of the new agenda or even prior to it being approved, could serve as an interesting way of monitoring the success of the agenda. Snapshots taken throughout the next 15 years could easily create a picture of how the mental health status of global populations changes over time. Figure 3 illustrates how this fits into the picture outlines in Figure 1.

In summary, the mental health and wellbeing status of populations at a national or global level is just one example of a health outcome that is delicately altered by a variety of socioeconomic factors. It could, with proper planning and coordinated thinking, be used as an overarching outcome to indicate the relative success or failure of the new global development agenda when it is agreed in just over a year’s time.

References:


The need for Universal Health Coverage

The cure for cancer, the search for immortality, and the pursuit for stem cell regeneration are all dubbed as the holy grail of modern medicine. But not many realize that accomplishing the goal of Universal Health Coverage would have an equally large impact on population health. Even though there is an increase in life expectancies across the globe, many people are still denied proper health care. This is largely due to the inability to pay for health care services, as well as geographical constraints in accessing health care facilities. With the expected surge in health care costs, the disparity between the rich and the poor will undoubtedly widen, further deteriorating the existing health inequity. Achieving Universal Health Coverage, and ensuring that every individual has access to health care, is therefore an important goal to accomplish. In this article, we will see how Taiwan’s National Health Insurance (NHI) achieves Universal Health Coverage and transforms Taiwan’s entire health landscape.

History and structure of the NHI

Taiwan’s NHI was established in 1995, with the fundamental principle of providing healthcare for all. Before it was established, there were several distinct health insurance programs in Taiwan, and management of health care was fragmented and disintegrated. Only approximately 60% of the citizens enjoyed health insurance under these programs, while the remaining population, which were largely comprised of children, the elderly, and the unemployed, were not covered. Since its establishment, the NHI has made remarkable changes to Taiwan’s health landscape, most prominently by increasing the rate of health coverage to nearly 100%.

The NHI is financed primarily through the collection of premiums from the insured. The basic premiums are calculated based on an individual’s salary, according to the category and tier he or she falls under. This means that a person receiving a higher salary is required to pay a higher basic premium. In addition to the basic premiums there are supplementary premiums. Supplementary premiums take into account other sources of income, such as bonuses, interest income, and royalties. They have been implemented recently as part of the 2nd generation NHI to solve the long-standing problem of inequity in premium contributions.

Impact on Taiwan’s health care

As described previously, the most significant change brought about by the NHI is in providing health care for all citizens. For many people, particularly those with lower incomes, the NHI not only provides financial risk protection, but also allows them easy access to health care services. The benefits that the NHI has brought to Taiwan’s citizens can be seen by the high satisfaction rate following its implementation: an increase from 65.6% to 88.2%.[2] What is even more amazing is that the NHI managed these feats at a relatively low cost: a mere 6% of the GDP.[3]

Universal Health Coverage as achieved by the NHI is centered on two important principles: providing free will of access to health care services and making healthcare affordable for patients.
The insured have access to all of the contracted health care facilities around Taiwan, including inpatient and ambulatory care, dental services, and traditional Chinese medicine therapy. A range of treatments are also covered under the NHI, including surgeries, medical examinations, prescribed medications, health check-ups, and others. Patients are free to choose from any of these services, and are not obliged to follow the chain of medical referral. In other words, patients possess the free will in choosing the best possible medical care for themselves, and do not have to experience long waiting times that are prevalent in many healthcare settings.

Besides possessing the free will of access to health care, patients also benefit from having affordable health care rates. Copayment rates for outpatient care range from NT$50 (US$ 1.6) at local clinics to NT$450 (US$ 14.8) at medical centers, while rates for drugs and inpatient care are also kept to the minimum. For instance, inpatient hospital bills are capped at NT$31,000 (US$ 1,020.60) for a single stay and at NT$52,000 (US$ 1,711.98) for the same condition over an entire calendar year. Meanwhile, for those who have difficulties in affording health care services, copayments are waived altogether.

In these aforementioned instances, we see how the NHI makes health care both physically and financially available for citizens. How Taiwan balances satisfactory premium contribution against rising health care expenditure, and how it achieves Universal Health Coverage at a relatively low rate of GDP expenditure, make Taiwan’s NHI truly remarkable. It can certainly be an inspiration and model for others to learn from.

**Future Challenges**

Even with its achievements, Taiwan’s NHI is not without problems. The NHI has constantly been threatened by financial deficits, with medical expenditures continually outstripping premium revenues. The overutilization of health care resources is also alarmingly high and cannot be ignored. The relatively low health care costs have fuelled the demand for health care services, even when some services are deemed unnecessary. Sustainability of the NHI is therefore a major issue, especially with the expected surge in health care costs due to the aging population. While achieving Universal Health Coverage is an important step forward in ensuring population health, another equally important step lies in ensuring sustainability of the health care system. Safeguarding the NHI’s long-term sustainability will be Taiwan’s next challenge in providing a sound, equitable, and accessible health care for its citizens.

**References**


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**Sustainable Health Systems.**

Taking action here and now!

Let’s start with ourselves. The students. The future.

On the occasion of the Lithuanian Presidency of the Council of the European Union, at the end of November 2013, the Lithuanian Health Forum, which LiMSA-Lithuania is a member of, held its annual conference in the topic of «Sustainable Health Systems for Inclusive Growth in Europe». The aim of the annual conference was to identify the existing evidence on fostering the development of sustainable health systems throughout Europe, in this way contributing to the reflection process on modern, responsive and sustainable health systems.

The event was attended by 400 participants, including speakers and guests from the European Union agencies, World Health Organization, European Union Member States, Candidate States and Eastern Partnership States. The variety of speakers was truly fascinating, ranging from Ms. Zsuzsanna Jakab, WHO Regional Director for Europe, Dr. Joseph Figueras, the Director of European Observatory on Health Systems and Policies, to the Health and Education Ministers of Lithuania and even the Health Minister of Ukraine.

The conference was divided into five topic blocks:

- **Sustainable health systems:** visions and strategies talked about ensuring sustainability, focusing on equitable access to high quality health care services.
- **Sustainable economic growth through better health** tried to shift the belief that health is just expenditure to being an acknowledged contributor of sustainable economic growth.
- **Taking stock:** health and health care inequalities in Europe addressed the main determinants of unequal health of Europeans.
- **Improving health-system productivity:** scope for reform emphasized the importance of wise use of the financial contributions and searched for the ways of improvement.
- **Sustainable health systems for future,** the closing session of the conference, was opened by a speech from the European Commissioner for Health and Consumer Policy Mr. Tonio Borg, and aimed at adding value to the results with the feedback.

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from the main stakeholders such as European Public Health Alliance, European Health Forum Gastein and High Level Tallin Charter.

The cherry on top of the conference was the adoption of the Vilnius Declaration [1]. A document finalized during the conference itself. The Declaration calls Member States, European institutions and the World Health Organization to work together on ensuring the European health systems to be people-centered, sustainable, and inclusive and that they deliver a good health for all. It points out that it is necessary to increase investment for health, ensure universal access to high-quality health services, and ensure that health system reforms, including workforce planning, are evidence based and focus on cost-effectiveness, sustainability and good governance. «The time for talking is over: we know what to do», said Ms. Monika Kosinska, Secretary General of European Public Health Alliance, in this way summarizing the main points of the declaration [2].

Of course, the whole conference wouldn’t go as smoothly without the students. A group of LiMSA volunteers worked during the conference rapporteuring the sessions and ensuring everybody gets what they need. And the biggest contribution of them all was a collaboration of IFMSA and LiMSA on making proposals to the draft of Vilnius Declaration. The fresh point of view and ideas from the youthful mind were greeted cheerfully and adopted in the final version of the declaration.

Going big and contributing to the development of health systems is important. But let’s not forget that before going into big words and continental tasks - it’s the people who matter the most. That’s why we must engage and give the right tools of mind to more and more young people, who just might be the future stakeholders. To do so, training in «Pursue of Ideal Medical Education» from Agostinho Sousa was delivered after all the conference fuss to a group of LiMSA members. It had a lot of activities for students helping to understand their environment, rights, positions, and introducing them to the tools of detecting and finding the cure to the problems around them. Europe’s health systems are under severe pressure which increases health inequalities and threatens the sustainability in the future. We are the future. Why not take action now?

References
[2] Sustainable Health Systems for Inclusive Growth in Europe
Teaching with love, learning by heart:
Reflection of PMAC 2014

«...if I can influence their heart, I can influence their mind, then hands and feet follow...»

In the last week of this January, the bay of Pattaya has become a global gathering of world leading health professionals, educators, researchers, policy makers and most importantly students where IFMSA has been represented by Joško Miše, Roopa Dhatt, Renzo Guinto, Halit Onur, Walter Mogeni, Leo Heng, Godspower Esogban, Farhan Mar’i Isa, Michalina Drejza, Agostinho Sousa, Pedro Miranda and Yameen Hamid. The Prince Mahidol Award Conference 2014 with the theme «Transformative Learning for Health Equity» was held from 27th to 31st January 2014 in Thailand being hosted by Prince Mahidol Award Foundation, the Thai Ministry of Public Health, Mahidol University and co-hosted by World Health Organization (WHO), the World Bank, U.S. Agency for International Development (USAID), Japan International Cooperation Agency (JICA), the Rockefeller Foundation and China Medical Board.

Through the number of plenary and parallel sessions of this leading global conference on health policy, several discussion, dialogue and debate were held to reorganize the strategy and provide concrete evidence for action plan for health professionals’ education reform to meet the challenge of health equity.

Background

In 1910, Flexner report led to the integration of modern science into medical curricula at university-based medical schools. The reforms equipped medical professionals with scientific knowledge which contributed to the doubling of life span during the 20th century.

For recent years there is an increase in global consensus that the education of health professionals is failing to keep pace with the scientific, social and economic changes transforming the healthcare environment. Starting with the Joint Learning Initiative in 2004, the WHO World Health Report 2006 sparked a series of global initiatives including the advent of the Global Health Workforce Alliance (GHWA), Asia Pacific Network for Health Education Reform (ANHER), Asia Pacific Alliance on HRH (AAAH), USAID CapacityPlus Project, PEPFAR’s MEPI-NEPI, and others. First Global Forum on HRH was held in Kampala, Uganda in 2008 with the call for action to reform health workforce. Second Global Forum on HRH was conducted by PMAC 2011 fostering the global momentum on human resources for health, followed by Third Global Forum on HRH in November 2013 that was held in Brazil, resulting in a political declaration where the governments renewed their commitments towards Universal Health Coverage.

This 5 days long conference covered 23 side meetings, 5 field site visits, 7 keynote address, 5 plenary sessions, 21 parallel sessions, attended by 543 participants from 62 countries and supported by 80 staffs and 65 rapporteurs.

The term ‘Health Equity’ being more utopian to discuss and work on though can be achievable to an extent based upon various changing context e.g. domestic and international demographic transition, globalization, changing lifestyle of community and health professionals, socio-economic transition, shift of disease burden, emerging health care needs, technological advancement in treatment, international labor market dynamics, social accountability of health workforce, expenditure of health care etc. There is a simultaneous requirement of health care reform and education system reform on the basis of these changing contexts to rally towards Universal Health Coverage.

During the conference was underlined the need to have a new way of thinking for the 21st Century Health Workers. These health workers must have deep humanistic values, be able to based their work in evidence, understand the social dynamics of the global society, work and communicate in inter-professional teams and be accountable to the needs of the population. However, to achieve this goal we have to proceed to instructional and institutional reforms!

As examples of instructional reforms, we must support an inclusive access of students to health care education and support them during the education period, in order they can provide a better service to their communities and promote a cur...
Curriculum based on health equity, social justice, social determinants of health and the important role of health care practice in the communities as integral value.

At an institutional level, it was agreed that some countries need to increase their investment on health care infrastructures and promote the retention and development of faculty members. The importance of promoting “role models”, “inspirational teachers”, and “champions” was also stated. Finally, it was underline the need for the accreditation and quality assurance of public and private institutions.

To achieve these changes, there is a need to gather evidence. That will only be possible if governmental organizations provide regular update and feedback and increase institutional capacity to monitor and enforce international agreements, such as the WHO Global Code of Practice on International Recruitment of Health Personnel.

It is also important to notice that schools and health professions shall be socially accountable for safe, quality, efficient and equitable services, in order to implement these changes.

And what is the role of IFMSA and the medical students?

During the IFMSA side event in the PMAC we established the commitments from a new generation that will push forward the agenda a transformation in the education!

IFMSA commits to raise awareness, speak out and collaborate with other international organizations in order to provide this change! This can only be achieved by supporting the evidence of successful interprofessional education; empower health professional students’ organizations to sustain the successful outcomes from different initiatives, to promote the reform and transformation in health professionals’ education.

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I eagerly hope to see health beyond 2015 on an improved trend for service delivery to the needy. My conception of health beyond 2015 is that there is a dire need to have a health delivery system that equally accommodates all beneficiaries. Everyone is supposed to enjoy quality health services without any barriers. I dream of a sustained holistic health development and of the future that we would wish Africa and beyond to pursue or implement. No single person can create or craft health just as no single body cell can thrive on its own. Likewise, health shouldn’t be like a commercial product which is for sale to the highest bidder since access to health care is a fundamental human right. It is based on this fact that the concept of Universal Health Coverage comes in with ensured accessibility to quality health care at a minimum or affordable cost.

Good health remains a vital tool in the facilitation of development. It is the foundation without which activities geared towards the realization of a particular milestone in development wouldn’t be achieved. Good health status be at individual, family or community level is a prerequisite for achievement in productivity and creativity. The question that we need to ask ourselves as young doctors is, “What role can I play in facilitating development?”

My conclusion on health beyond 2015 is that I dream of a holistically sustained health development coupled with a universal coverage in quality health service delivery. Let us all get involved in this noble struggle to create a desirable world that we would desire to live in.
As we get closer to the Millennium Development Goal final line, it is time to question ourselves: how are we going to make our future a healthier one?

The Millennium Development Goals (MDGs) have proven to be a powerful force for development worldwide. The success stories are many. It is remarkable how globally, the number of children dying before they reached their fifth birthday declined from 12.4 million (1990) to 8.1 million (2009). This means that, in 2009, 12,000 fewer children died each day than in 1990. Also, the number of women dying due to complications during pregnancy and childbirth has decreased by 34% between 1990 and 2008, from an estimated 546,000 to 358,000. Access to HIV treatment in low- and middle-income countries increased ten-fold over a span of just five years. The proportion of children sleeping under insecticide-treated bed nets to prevent malaria rose from just 2% in 2000 to 22% in 2008 in 26 African countries. The success stories show that the Goals are achievable when the right national development strategies and policies are met with political and civil society commitment and adequate funding.

The MDGs brought together governments, international organizations and civil society. Moreover, they brought together a generation with a commitment to end poverty in their lifetime. There is no time to rest in our laurels; much is need to be done beyond 2015 to sustain the health gains that have been made to date and to ensure more equitable levels of achievement across countries, populations and programs. Increasing awareness about the dominant burden of Noncommunicable Diseases in most countries, regardless of their level of economic development, indicates a need for health goals to be reinforced, rather than dropped from the international agenda.

A healthy population is an essential prerequisite for inclusive social and economic development, and vice versa.

Our Federation has been part of international and national consultations; civil society and UN open working groups meetings calling for a future framework that is built upon the voices of citizens around, particularly us, young people, because we are in the forefront of changing our nations and the world.

The world today stands at a unique historical time of opportunity— to realize our quest for dignity, peace, prosperity, justice, sustainability and an end to poverty. We have an exceptional opportunity to integrate health, economic growth, social justice and environmental concerns by putting sustainable development at the heart of a universal agenda.

Business as usual will not work for achieving the healthier future we want and leave no one behind. It is therefore with a sense of urgency that we must go beyond existing divisions to shape a bold and ambitious agenda. We can be the first generation to end extreme poverty, achieve health for all and put our planet on a course for sustainable development.

You and I are very much needed to build the future we want by influencing the current Post-2015 agenda discussions. Be part of the IFMSA efforts! Get involved! This is our time to ensure a healthier future!
Stories of anonymously extraordinary IFMSA members

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Being “pathologically” helpful!

While I have never considered myself a religious person, I share a common belief with many religious people: humanity should always move in the direction of human rights and justice for all. I recently realized that humanity is my religion. Within IFMSA I have had the opportunity to meet others that share and help me solidify this belief. One of the most powerful things about IFMSA is its ability to create a natural platform for humanitarian actions. It provides the right spirit for the exchange of experiences and ideas from different cultures. Through these interactions we are able to experience the deepest part of our human condition.

There are three remarkable IFMSA members, coming from different continents, whose “pathologically” helpful actions I would like to share with you. Their dedication and humanitarian actions make me a proud witness and should be an inspiration to us all.

Dr. Moumini Niaone, a recently graduated doctor in Burkina Faso and past NMO President told me once that it pains him to see doctors leaving his country looking for a better life abroad while Burkina is left struggling with many public health and social challenges, and urgent issues that need to be addressed. Moumini is one of those people who has so much love for his country that he has dedicated his life to staying in Burkina and approaching to take on these challenges. Already in his young career, he has been a champion in raising awareness in areas of hygiene and sanitation, cardiovascular risk factors, and pap-smear screening. To him, few things are as important as advocating for the right to health and addressing disparities in health care access. Within Burkina and within my mind, Dr. Niaone is not just a future leader of Public Health, but more importantly a model for humanity.

Recently I have also come to know another IFMSA friend in Gaza, Dr. Bassel Abu Warda. He dedicates his time to increasing international and individual awareness about the health status of the Palestinians due to the ongoing conflict in the region. In the beginning of our discussions on the health care situation in Palestine, Dr. Bassel told me: «Moa, you don’t want to know, trust me. » Since then, Dr. Bassel has introduced me to the sad reality of health care access in Palestine that has resulted from the conflict of Israel and Palestine. While the facts are disturbing, worse is the silence about this human right abuse and the lack of comprehensive information spread to the international society as a result of the control due to the political interests among the actors involved in the Israel-Palestinian conflict.

On Tuesday, November 8th 2013, the strongest storm in history, Haiyan Yolanda, swept over the Philippine islands. Political, economic, social and most importantly public health results were devastating. Six weeks after this grade three disaster, there were 5,786 deaths, 26,233 people injured and 11 million in need of help. Despite the fact that our AMSA-Philippines friends were more or less affected and many were grieving for their personal losses, they gathered together to assist the humanitarian response towards people affected by this catastrophic disaster. They efficiently made a plan for long and short term assistance, and once again the strength of IFMSA was revealed as medical students from around the world responding rally to help those in need as much as possible.

These are examples of IFMSA faces that dedicated their lives to fight for the human right to health, and to improve global health. Personally, I admire their never yielding courage and aspiration for a better world. They are true heroes at heart and examples of IFMSA members who are anonymously extraordinary, who work selfishly and vigorously for what they believe in, motivated by cognition and not recognition.

«Ubuntu does not mean that people should not enrich themselves. The question is: are you going to do so in order to enable the community around you to be able to improve? » Nelson Mandela. A peace and humanity icon for whose long walk to freedom came to an end, on December 5th 2013.

With the dedication of our past and current Federation members, IFMSA has proven to be a human resource of health promotion and justice in all levels of our global society. IFMSA members are not just future leaders of health but more importantly they are Ubuntu. I am thereby proud to be part of this Federation and inspired to develop my own actions in order to become Ubuntu myself.
Dr. Moumini Niaone advocates for a better commitment of health politics, and sensitises the population on the risks factors and signs of Diabetes during a national TV interview in Burkina Faso.

Dr. Moumini Niaone screening malnutrition in children of remote areas.

Dr. Moumini Niaone screening malnutrition in children of remote areas.

Devastating public health impacts caused by flooding in Gaza during December 2013. This family had to leave from their home and move to a school.

Health Beyond 2015: Guatemala gets involved!

As a growing medical students’ Association in Guatemala, we have come a long way in the past year. ASOCEM-Guatemala was accepted as candidate member at the March Meeting 2013 that was held in Baltimore (U.S.A) and since then our lives have completely changed.

ASOCEM stands for Asociación Científica de Estudiantes de Medicina. It started out as a group of ten people highly motivated in establishing an active organization that could unite Guatemalan medical students and with special eager to leave a mark in our world.

During my first NMO meeting, I had no idea how intense the experience was going to be and the real magnitude of IFMSA. ASOCEM-Guatemala was introduced to me as a platform to create projects, opportunities for exchanges and also an amazing chance to transform our communities, to be better medical students and thus future healthcare professionals.

Our first local committee in Universidad de San Carlos de Guatemala, located in the capital, has set the basis for future local committees. A «Design Our Hoodie» competition was created to raise funds and starting spreading the word about the different Standing Committees; in less than a month we’ve managed to put some projects on the table, create a solid working group and functional social media profiles, with a remarkable impact on our medical school. These are, as we expect, first steps to leave an impression on our society as well.

One of our members had the chance to participate in AMEE Conference in 2013 and came back with bright ideas to develop our medical education nationally and to improve our internal structure. I was also given the privilege to attend the Regional Meeting of the Americas in 2014 and had a closer look to what we can
achieve in the future not only as a Federation but particularly as young voices. The theme event was Health Development in the Post 2015 Agenda. More than 150 delegates received lectures focused on the Millennium Development Goals (MDGs).

Even though we remain one of the most unequal regions of the world, the Americas has improved significantly in the past three decades, reducing poverty, dropping child mortality rates, fighting diseases and improving environmental sustainability in some countries. Nowadays, the United Nations have played a facilitating role globally about MDGs and the Post 2015 Agenda. The outcome document of the 2012 Rio+20 Conference initiated an inclusive process to develop a set of Sustainable Development Goals (SDGs) [1]. One of the main objectives the participants agreed on was that the these SGDs have to be «universally applicable to all countries while taking into account different national realities, capacities and levels of development and respecting national policies and priorities» [2]. SGDs are on their way to become tangible and will be a stepping stone towards helping us build the future we want.

That’s why we need to get involved, to advocate, to raise awareness and to get this message out. We are a powerful generation, we have a strong voice. We can be part of the change we want to see in the world; that’s where we all come in. Through IFMSA we have the opportunity to share ideas and create projects that will improve our medical education and health systems, by «thinking globally and acting locally», being different, daring, holistic individuals and even better, role models for future generations.

ASOCEM-Guatemala, along with all IFMSA family, will be seeing the results of all the effort, hard work, perseverance and patience invested, in the near future. Not only in our communities but in the world we want!

References
The Projects “powerhouse” is responsible for overseeing the implementation of hundreds of projects every year. This section will take you through the various projects available for you to utilise and get involved in at the local, national and transnational levels. Read about the contenders for the Rex Crossley Awards, and what efforts are currently underway in our NMOs! Enjoy!
Introduction from the Projects International Team

Dear IFMSA Project Addicts,

Over the years a trend has been growing all over the globe. Such is more fatal in the history of civilizations than any disease we study in our medical schools. Developing and growing in each one of us, adaptation has presented itself as a misused ability of human beings through generations. And by this, I mean adaptation to how our lives have turned out to be, to all the misfortunes happening around us, to the structures and procedures that are not functioning, to governments and communities in need of development, yet lacking initiative.

Being members of an international community as the International Federation of Medical Students’ Associations (IFMSA) means that we, medical students and future doctors, have decided to break this tradition. Observing the world in a massive need of change, we take upon our shoulders the responsibility of reshaping it for the future generations, deciding that this is not the way it should look like. We identified those problems that we need to faced and started taking actions to end the injustice and the inequality that move us away from a better world, aided by our motivation and enthusiasm.

In our crusade, we have chosen projects to be one of our weapons through the process of changing the world one step at a time. It’s undeniable the vitality and importance of our projects since they are the foundation of the future we want.

Therefore, I would like to welcome all readers to the Projects section of IFMSA’s famous publication Medical Students International (MSI), previously known as “Projects Bulletin”. Get a glimpse on how our fellow medical students over the world are contributing to change our globe like small puzzle pieces that create the bigger picture of our Federation. We, Projects Support Division Team, hope that you would enjoy reading the finely chosen articles for the Projects section.

With our best wishes,
Karim M. Abu Zied,

On behalf of Projects International Team
Ljiljana Lukic (Assistant Director), Fabiola Rivera (Americas), Moumini Niaone (Africa), Ervandy Rangganala (Asia-Pacific), Karim El-Sayed (EMR), Zavira Heinze and Onur Küçükerdoğan (Europe), Zeyad El-Samadony (Rex Crossley Awards Coordinator), Nissa Khan (Rex Crossley Awards Coordinator Assistant).
It all started two years ago when a senior doctor approached me to volunteer for a diabetes camp held in a small village near my medical school and organized by another professor. I thought it would be one of those camps that physicians organize to promote their private business. But I couldn’t be more wrong! The entire experience changed my perception about this amazing professor and made me a person with greater commitment to serve my community and make a real difference.

Dr. Vishwanath is the pioneer behind the brilliant idea of physicians reaching out to the public rather than people, already developing complications, looking for doctors. He named this project “Arivu” (Kannada: Awareness). It is a known fact that diabetes is initially asymptomatic and is usually presented late in time in most patients, with full blown untreated complications. Furthermore, in the quest to increase their profit, most pharmaceutical companies aim their research at the treatment of diabetes rather than its prevention. Another interesting fact was that more people who were diagnosed with diabetes came from rural areas in India with poor access to basic medical examination.

Armed with this information, we initiated Arivu. The project aims at diagnosing diabetes at the earliest stage possible, reaching out to rural areas with insufficient infrastructure and also spreading awareness not only about the disease, but also the effect of urbanization and the importance of lifestyle changes in Indian communities.

The camp is held on the last Sunday of each month when over sixty volunteers, consisting of pharmacists, medical students, interns and post-graduates, reach out to the rural community. We set out early in the morning to a village, usually situated in the outskirts of Davanagere, a town in Karnataka, India. A schedule is made beforehand and the volunteers are divided into groups of four. A house to house visit is made by each group in a particular area of the village. Volunteers carry a glucometer to check the blood sugar level of random citizens aged above 25 years old. From the four volunteers, one records the basic demographics of the family and its individual blood sugar level. Two of them check blood sugar levels and the last one educates families on the importance of early diagnosis and prevention.

23 villages with more than 20,000 people have been screened. From those, around 2% were newly diagnosed with diabetes, which is an alarming number. That leads to the assumption that there can be millions across the world yet to be diagnosed.

My participation in fourteen of these camps has not only moved and inspired me, but also surprised me. I find it stunning how many of the people we screened have no clue on what diabetes represents as a disease. It’s my professor’s dream that people across the country and the world become more aware of this disorder.

Let’s fight diabetes through awareness. Let’s make a difference at the grassroots. Let’s start a transnational project to find out the hidden diabetics.

Let’s join hands, let’s make a difference!
Antibiotics: TRICK or TREAT?

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The expression “a double-edged sword” could easily represent the use of antibiotics. Antibiotics are powerful medicines that fight bacterial infections. When used properly, antibiotics can save lives. On the other hand, antibiotics can be harmful, if not used as intended. Unfortunately, most people neglect the precautions behind their safety application and misuse antibiotics, thinking they are the “all-symptoms-treating” medicines even for infections caused by viruses or other microorganisms that are not influenced by an antibiotic treatment. The improper and frequent usage of antibiotics results in “Antibiotic Resistance”. Therefore, the effectiveness of the drugs is compromised and they can no longer be used, especially for multiple resistant bacteria. This is the concept that has brought us together to create a project entitled “Antibiotics, TRICK or TREAT” in cooperation with the Thai Health Promotion Foundation and the Thai Drug Watch.

Our initiative aims to raise awareness on the proper usage of antibiotics. We have held many activities related to this theme such as a roadshow for high school students, an educational page on Facebook entitled “Antibiotics, TRICK or TREAT” and the Antibiotics Awareness Day established in cooperation with the Thai Health Promotion Foundation and the Thai Drug Watch.

In this article, I would like to share our most recent activity - Antibiotics Awareness Day - that happened on November 23rd, 2013. The event was held at Siam Square, Bangkok and consisted of two parts: a DANCE flash mob and a campaign.

Approximately 100 medical students from all medical universities throughout Thailand gathered at Siam Square and performed a powerful hit flash mob with famous dance songs that caught the attention of passers-by. In the end, all participants shouted simultaneously the slogan of our project - “Antibiotics - use properly. Do no harm!”

Right after this, our campaign consisted of walking around Siam Square to promote the “Antibiotics, TRICK or TREAT”, giving away promotional materials such as informative brochures and attractive vinyl posters in various sizes and forms. Our campaign focused on the main statement that antibiotics must not be taken without a prescription and also on familiarizing people with three symptoms that don’t require the application of antibiotics: diarrhea without bacterial infection, sore throat or cold and bleeding. Our team has shown strong will in the intention to raise people’s awareness on using antibiotics only when indicated. This way, antibiotics will become much more effective and their potentially dangerous negative effects will be greatly limited. People need to understand that they hold the power to choose whether antibiotics will cure or harm their health.
A camp that encourages medical students to initiate health promotion projects

“Why don’t we have a place where everyone can meet and share their projects in Thailand like what others do in academic competitions?” That’s what a friend suggested in an afternoon while we were walking to lunch.

From there, a tiny sprout of idea was raised and supported in embraces of many enthusiasts’ minds till it grew up to be our new IFMSA-Thailand project called “Boot camp”.

Briefly, the original idea of the title “Boot camp” is from the concept of a camp that train newly-recruit ed soldiers. Similar to this concept, IFMSA-Thailand Boot camp aims to train young active medical students in various aspects to be able to initiate their own health promotion projects. To reach our goal, we divided the project into three steps as following:

- **Boot camp#1** was held in the last weekend of June 2013. Around forty students participating in the camp were trained in several skills – listening, collaboration, communication, and leadership and presentation skills. As well, we provided an inspirational lecture by our IFMSA-Thailand Alumni and a public health expert. Most importantly, we let all our participants brainstorm and share their ideas and energy, then get together in a group and draft their own project proposal with the help from advisors in many fields. After the camp ends, we let them finish the work and send the complete proposal to us via email.

- **Boot camp#2** was held again in October 2013 when all our camp members had already initiated parts of their projects in their local communities. In this camp, we aimed to let every group share their progress and problems in doing the projects. Like last time, we also provided professors to help with each projects as well as instructors to help train in

- **Health Promotion Project Conference (HePPCon2014)** is the last step in this project, which was held in mid-January 2014. After the end of Boot camp#2, each group needed to get back to their areas, finish their projects and prepare for the presentation. In the conference, we also let other students who are also doing projects in this field to share their experience with our Boot camp members. Then, we selected one best project to get a prize and another one as the best project among Boot camp members to attend the Rex-Crossley Awards competition in March Meeting 2014 in Tunisia.

Each member was involved in different projects, with themes varying from liver fluke infection to rights to health care for stateless people, and misconception of weight losing. These projects were drafted and edited over and over again since the first camp in June till now. However, our young active minds are still moving on!

This is the very first time IFMSA-Thailand is organizing such an inspiring event. It’s been hard-working for everyone since the beginning but luckily we got many supporters and sponsors from many sections. The only thing that kept us going through this hard time was the strong belief that all students have their own hidden potentials that deserve to be shown. They only need someone to flash the light, let them fly into the sky and conquer the world.

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The term humanization refers to the action of humanizing, which means becoming more human, as something related to mankind. Therefore, humanization can be understood as establishing human connections or, in other words, to take into consideration everything that is related to the human being. A holistic view of humanization in the health care set suggests a vision of the human being in a bio-psycho-social context, as a person with a unique life history, with certain cultural values, who is experiencing a fragile moment, and whose health is weakened.

On the other hand, art is a way of expression, communication, a sort of a language. It is the energy exchange between the creator and his creation, the exposure of what is not expressible, and at the same time, it reflects a need for personal transformation. Art can guide the development of creativity, expanding human communicative needs. All individuals, especially those who are suffering physically and psychologically, have the need to create. In this sense, alternative therapies showed a significant growth over the last years and, among them, the Art therapy is seen as a therapy that promotes, preserves and restores health in a different and effective way.

In this context, and inspired by Patch Adams’ work and the whole idea of medical humanization, IFMSA-Brazil had the unique idea of developing a project that combines Clown Therapy, Music, Handicrafts and Storytelling to bring more comfort and happiness to hospitalized patients. The project “Sensibilizarte” was established to provide medical students with a more sensitive concept of humanism and holistic view of the patient, as well as to encourage medical students to think about the role of health professionals within our society. This approach seeks to create an even stronger doctor-patient relationship, capable to provide better health care.

The overall goal of “Sensibilizarte” is to bring to our academic life a different reality, awakening and enhancing a sensible notion of humanism and professional doctor-patient bond that applies throughout our professional life. The various activities offered by this project give the opportunity to entertain and create a space for the patient to express their anxieties about the disease and to charge the hospital environment with positive energy, seeking for a better treatment.

When students from “Sensibilizarte” visit a hospital, the environment suddenly changes. Doctors, patients, nurses and staff lighten up. It is remarkable how our volunteers ease the heavy hospital environment, just by bringing a simple smile on everyone’s face!
The first time someone asked me about this contradiction I was in Tanzania explaining to a doctor what the project Wolisso is and why I was spending one month there. Although the name of the initiative starts with Wolisso, an Ethiopian village, Tosamaganga is a likewise valid destination in Tanzania for a student who desires to go abroad and get involved. However, I have never thought about that inconsistency before, probably because Tosamaganga has been one of the possible destinations since before I joined the volunteer staff.

I came back from my journey only a few months ago, and the memory is still alive and full of emotions. Tanzania is a welcoming and colourful land, with many contrasts: noisy, crowded and lively, but also placid, silent and patient. It is impossible not to feel involved with it since arrival!

As I always say “we live for leaving and we leave for living”. The month spent in Tanzania got us into a different and often contradictory dimension; it destroyed our beliefs about facts and places, forcing us to build new ones. I realized that it does not matter if you live this experience in Tanzania or in Ethiopia, because not only the patients and their diseases are the same, but also people’s dignity and their way to face adversities. This also applies to their struggling to access health care services, considering that the majority of people live far from the hospital and have to walk for hours to reach it.

Participating in this project allows the students to enrich themselves from a professional and, above all, a personal point of view. During the stay one has to overcome linguistic and cultural barriers, learn to face the disarming everyday life and to act in an unfamiliar environment: the rewards are all the encounters with local people and the stimulating collaboration with the local medical staff. Students can learn how to carry on with work even when resources, such as technological supplies we find in our modern hospitals, are over.

The commitment is not very different from the “Doctors with Africa Cuamm” (an Italian NGO that strives to improve health of African populations), the seriousness and devotion of its doctors and the way they welcome you into their guest houses.

If I had been asked some months ago to leave for Wolisso instead of Tosamaganga, I would have booked the flight with the same expectations and enthusiasm, sure that it would have been an inestimable experience for a medical student.
I imagine that each and every one of you reading this article has been denied access to the research you need because of a publishers’ paywall. Each paywall is an individual moment of injustice and frustration that goes unnoticed by the world. We created the Open Access Button to collect these separate experiences and to showcase the global size of the problem.

The Open Access Button (www.openaccessbutton.org) is a browser plug-in that lets users track when they are denied access to research, then search for alternative access to the article. Each time a user encounters a paywall, they simply click the button in their bookmark bar, fill out an optional dialogue box, and their experience is added to a map alongside other users. Then, the user receives a link to search for free access to the article using resources such as Google Scholar. The Open Access Button hopes to create a worldwide map showing the impact of denied access to research.

The Open Access Button takes its name from the global movement for Open Access – the free, immediate online availability of research articles, along with the rights to use these articles fully in the digital environment. However, when we attended the March Meeting last year we didn’t even know what Open Access was. We were both on a year out from our degrees working as researchers in well-funded institutions. Despite how well these institutions were funded, we were denied access to the research we needed to work and learn on a daily basis. Back then, we didn’t know there was a solution.

At March Meeting 2013 we met Nick, Director of the Right to Research Coalition and realized how big of an issue the scholarly pay wall represents. Since then, we’ve seen that restricting access to research slows innovation, kills curiosity and harms patients. These paywalls exist because a large portion of the academic literature is published in expensive, subscription-based journals whose prices have outpaced inflation for several decades. Collisions with publishers’ pay walls occur regularly, not just for members of the public with limited or zero access to university libraries, but also for researchers, both rich and poor, whose libraries cannot maintain subscriptions to every journal. Then we got angry, wanted to do something about it and had an idea. This idea was the Open Access Button.

We launched the Open Access Button in Berlin in November 2013 and to date there have been thousands of paywalls mapped. What we have now is just a taste of what is to come; we are already looking towards the future to develop the next version of the Button. There’s much more to come.

Following the concept of internet, we haven’t lived in a time in which we haven’t had instant access to the information we need. It’s time we take ownership of the system of scholarly communication that we’re inheriting, as it conflicts irreconcilably with the power of the Internet that we’ve grown up with. Get the button at www.OpenAccessButton.org.
Tuberculosis (TB) remains a major global health problem. It causes illness in millions of people every year and ranks as the second leading cause of death from an infectious disease worldwide, after Human Immunodeficiency Virus (HIV). The latest estimates included in the World Health Organization (WHO) global TB report 2012 state that there are almost 9 million new cases in 2011 and 1.4 million TB deaths (990,000 among HIV negative people and 430,000 HIV-associated TB deaths).

Despite the encouraging progress achieved in this area, the global burden of TB remains enormous.

With an incidence of TB of 57 per 100,000 people Burkina Faso ranks as number 88 of 207 countries in total where data on incidence of tuberculosis (per 100,000 people) is available.

During my rotation in Pneumology department, I noticed that most of our patients had handcuffs. I wanted to know the reason behind it and I was stunned by what I read. Prisons act as a reservoirs for tuberculosis, pumping the disease into the civilian community through staff, visitors and inadequately treated former inmates.

The level of TB in prisons has been reported to be up to 100 times higher than that in the civilian population. Late diagnosis, inadequate treatment, overcrowding, poor ventilation and repeated prison transfers encourage the transmission of tuberculosis infection. HIV infection and other pathology that are more common in prisons (e.g. malnutrition, substance abuse) promote the development of the active disease and further transmission of the infection. The biggest issue is the high rate of multi-drug-resistant tuberculosis. Prisoners may be self-treated due to the barriers in access to medical care with supplies of anti-tuberculosis drugs available through visitors or internal markets. However, such supplies are usually erratic and unregulated and promote further development of multi-drug-resistant tuberculosis.

All that justified a strong action from Burkina Faso’s Medical Students’ Association. We came up with the idea of a joint initiative with different Committees: SCOPH (tuberculosis is huge Public Health issue), SCORA (the couple TB/HIV is very common especially in prisons), SCOME (medical students need to learn more about TB in jail) and SCORP (prisoners have the right to at least the same level of medical care as that of the general community. Catching TB is not part of a prisoner’s sentence!).

We have taken the responsibility of attracting national attention to such a time bomb we have within our prisons to take immediate action measures for its eradication. Our project is based on conducting campaigns within the governmental prisons for their residents to be aware of the massive risk they are subject of and, in accordance, their families and beloved ones.

After gaining the governmental approval, we visited one of the biggest prisons in Burkina Faso with the goal of delivering health education sessions in a creative and interactive environment. In this first visit, we succeeded in bringing the attention of the social media that helped us to spread our message all over the country.

At this point, we have decided to apply for IFMSA Rex Crossley Awards with the goal of sharing this project with our IFMSA colleagues, get their opinions, thoughts and suggestions. Simple ideas can really make the difference and yours is important to us!
Most of us have experienced a tick bite or at least know a person who has. Unfortunately, a large portion of the society has neither enough knowledge on how to deal with it, nor the awareness of how severe the consequences of a tick bite could be.

There is also little common knowledge, that one CAN prevent tick-borne diseases before the actual bite through vaccination against tick-borne encephalitis (TBE).

Approximately 10.000 new cases of TBE occur in Europe each year. That is because endemic areas of infected ticks are expanding which leads to increased risk of infection by tick-borne pathogens. The problem is most severe in Central and Northern Europe, especially in the Baltic region (Sweden) as well as in Czech Republic, Austria and Slovenia (WHO 2006).

Medical students from IFMSA-Poland noticed tick-borne diseases as an issue of public health and decided to join forces for their prevention. That is how the National Project “In the Grip of Ticks” was initiated under SCOPH in October 2011 in Lodz, Poland.

In our initiative, students educate people about tick-borne diseases – symptoms, diagnostics, treatment, and the most crucial factor in the prevention of tick-borne diseases: prophylaxis. They give basic rules of everyday’s prevention, spread information about TBE vaccination and teach skills of correct and safe methods of tick removal.

From October 2011 to December 2013, they have educated 10.000 people in 10 cities in Poland, during 100 events addressed to almost all age groups. Events were organized in kindergartens, primary schools and high schools for adults, elderly people, medical students and workers in medical universities. Poster-events, radio broadcasts and knowledge contests were also organized.

“In the Grip of Ticks” is a partner of the National Campaign “TBE – prevent, get vaccinated” and Foundation “Aby zyc” – both of which helped implement all of the events providing strong basis of merit, educational materials as well as financial backing from private sponsors. The support made it possible to extend the scope of the project and maintain high standards of education.

In 2014, educators from the project aim to reach around 10.000 people in 7 cities – Lodz, Wroclaw, Warszawa, Gdansk, Lublin, Bydgoszcz and Szczecin.

According to the theme of WHO World Health Day, which in 2014 revolves around the topic of vector-borne diseases, coordinators of “In the Grip of Ticks” plan to organize events simultaneously in all of the Local Committees of IFMSA-Poland during its most successful and popular public health projects – “Health Under Control” 2014 Spring Edition.

The national project “In the Grip of Ticks” has come a long way since its first days – and people who participate in its development are constantly working on improving it further. Their aspiration is to make it an IFMSA Transnational Project and successfully implement it on an international level – hopefully, it will not be long before those dreams come true and more people are able to benefit from professional knowledge about ticks and the danger they pose.
Elder people living in nursing homes often tend to isolate since they consider living in such facility a lack of autonomy, lack of independence, fragility and loss of their emotional bonds with family and society. Therefore, the elderly should be encouraged to participate in educational activities in order to become more active, a process that needs the acknowledgment of communication and socialization as essential contributions. Aiming to ensure that the rights and desires of this population are fulfilled, the Nazareth project was created.

The central idea behind the project is to promote integral health for the elderly and improvement in their quality of life. It is also expected, from the experience of social coexistence, that the initiative emphasizes to medical students the importance of the social role of the doctor and to foster the practice of a more humane medicine, based on essential skills and competences of medical education. The activities include dynamic exercises that enable: the expression of feelings and thoughts through art; social contact between elderly and participants and among the elders themselves; re-experience of sensations and memories. These moments will provide relaxation, emotion and interaction, which contribute strongly to the mental health of the elderly. It is through these actions that the elderly are recognized in their entirety, with all their rights respected and contemplated.

The initiative exists in Brazil since 2007, assuring it’s proven and consolidated. The project has a duration of 5 weeks and provides moments of leisure, excitement and interaction (with playful activities, lectures, dynamic, theatrical and physical activities, beauty workshops, group therapy, development of manual labor and craft activities, magic, music, etc.) that contribute to the mental health of the elderly. Each day of the project is divided into five parts:

1. Introduction/Breaking the ice;
2. Prevention of diseases/falls (dynamics);
3. Lunch break;
4. Recreational part;
5. Summary of the day.

We note that this project improved the communication skills of medical students with the elderly and allowed a more humane approach in medicine. Feedback from the students involved shows the importance of this project. Due to the long hours spent with the older people living in nursing homes, we can conclude for sure that our work helps the appreciation of communication and socialization with elderly people. All people interviewed said that the presence of the medical students is fundamental at the nursing homes and brings joy and happiness.
Welcome to the world of the SCORAn- 
gels! “SCORAlicious” will provide you 
with much insight into the life of the de-
lightful Standing Committee on Reproduc-
tive Health including HIV/AIDS. Open the 
following pages to find out about Female 
Genital Mutilation, SHAPE transnational 
project, and much more!
Introduction from the SCORA International Team

SCORA has been abuzz with work over the last six months with SCORAngels, proving why they are not only some of the most dedicated and enthusiastic members of IFMSA, but also amazing advocates for sexual and reproductive health rights.

So what exactly have we been up to? Well we started off this term in October with the Breast Cancer Awareness Month, in which members from all over the world wore pink ribbons proudly and taught women about the ways to get tested for breast cancer. Many held free mammograms in their hospitals and others taught women how to do breast self-examinations, all in the hopes of raising awareness for women and to explain that early detection may be the difference between life and death.

Next came Movember, which came in… well, November! Men (and women) all wore mustaches for the whole month of November in order to raise awareness for prostate cancer and men’s health! It was a fun campaign full of hilarious photos, but an effective one nonetheless with many men now becoming more aware of the risks of prostate cancer!

And then came the big daddy of all SCORA events… World AIDS Day! This year’s World AIDS Day theme, “Get to Zero”, fell in line with the UNAIDS theme from 2011-2015, in the hopes of achieving zero new infections, zero AIDS related deaths, and zero discrimination against people living with HIV/AIDS. This year, we decided to hold competitions for the Best World AIDS Day Poster, Best Get to Zero Video, Best Get to Zero Picture, and Best World AIDS Day Campaign! So keep yourself posted for the results!

This year, we also had the amazing opportunity for five members of our SCORA International Team to receive a Training of Trainers from Ipas in the topic of maternal health and access to safe abortion. These trainers then went on to give the first ever workshop of its kind in the Pre-Regional Meetings of PAMSA, EMR, and Africa. You will be certainly hearing more about this in the coming months, so stay tuned!

And the year still continues. Coming up next is International Zero Tolerance to Female Genital Mutilation (February 6th), International Women’s Day (March 8th), and International Day Against Homophobia and Transphobia (May 17th). All are very exciting and I can’t wait to see the amazing work SCORAngels have in store throughout the rest of this term.

Over the last six months, I’ve been lucky enough to have SCORAngels from all over the world share stories about the SCORA work, and I must say that every day I feel inspired by the amazing jobs these individuals are doing and the impact they are making on their societies. All of their stories are amazing and each story deserves to be heard. So in this edition of MSI, you will find just a few of the amazing projects and activities SCORAngels have been working on over this term and it is my hope that you find inspiration in these stories and articles to go back home and create your own SCORA magic!

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On behalf of the SCORA International Team
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Why should medical students join the Gay Pride Parade?

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The Taipei Gay Pride Parade, held annually at the end of October, is the largest gay parade in Asia, and FMS-Taiwan has been a loyal participant since 2009. We take advantage of the grand annual event, by not only leading medical students to see what is pitifully less seeable, but also by holding keynote speeches to enlighten our students about LGBT issues. The serial events have been widely expected by the medical students in Taiwan.

The pre-parade event usually comprise of several keynote speeches. The speakers are a clinical physician, who is also homosexual, and researchers that focus on gender minorities’ access to medical care. We also distribute stickers, flags and balloons and other props we will be using and distributing in the parade. We even decorate ourselves with hairsprays and crayons, in an attempt to stick to the parade’s symbol: the rainbow, a sign of diversity.

This year, FMS-Taiwan has made a major step forward in terms of speaking up for medical students’ concerns about gender issues. We were invited by the organizing team of the Taipei Gay Pride Parade to address the entire crowd on the mobile stage. This is an amazing milestone, which not only FMS-Taiwan’s passion and commitment to gender issues are acknowledged by the Parade organizing team, but also we get to spread our beliefs to the general public.

Why Are We Joining The Parade?
Regarding this issue, one crucial question emerged among medical students as early as the first year we joined the parade. “For what cause is FMS-Taiwan joining the parade?” It is, of course, acceptable to state that the reason is merely to broaden our horizons. Or some may consider the general empowerment of LGBT population is itself a just issue we all should stand for, being a medical student or not.

Yet as future doctors, it is our duty and privilege to address the gender equity issue with a special concern to the health and well-being of the LGBT population. That is, we need a discourse that is health- and medicine-oriented.

Gender Sensitivity
Suggested by the former president and NORA of our NMO back in 2009, “promoting gender sensitivity” has long been the center discourse of FMS-Taiwan’s Gay Pride Parade serial events. We further explain it as to raise awareness and sensitivity of the diversity among sex and gender orientation that we encounter in the medical arena. As sex and gender is unanimously considered as important determinants of health, different sex and gender of the patient leads to different concerns when dealing with medical issues. The ignorance toward a patient’s sex and gender may thus compromise the quality of care we are able to provide.

Gender Friendliness
On the other hand, discrimination toward gender minorities is common in the medical arena. Intentionally or out of carelessness, the LGBT populations have long been reporting uncomfortableness when visiting a physician. Promoting friendliness toward gender minorities in terms of facility, document wording and general attitude during interaction is another aspect that medical students should be raising awareness about.

Medical students worldwide | MM 2014 Tunisia
Human Rights

The above two argument are valid, and are directions in which medical professionals should keep on striving toward. But they are also not enough. In recent years, questions have been raised within our NMO about whether the long standing discourses have been too unambitious and somehow still beating around the bush.

By calling upon the importance of gender sensitivity and gender friendliness, we are actually acknowledging the right of people with different gender or gender orientation to receive appropriate and equal health care services. And by acknowledging this right, we are in fact implying our concern to a great spectrum of rights that may hinder the LGBT people’s right to receive as good health care services as the heterosexual population do, who experience much less embarrassment, judgement or difficulty.

They include the right to marriage, as in Taiwan, a marriage relationship approved by the Civil law allows the spouses to make important decisions for their partner, including the informed consent before undergoing operation, or the do-not resuscitate (DNR) order. According to Taiwan’s Medical Law, anyone who is closely connected with the principal (in this case, the patient) is allowed to be the legal agent. Despite this fact, non-heterosexual partners of the patients, however, are incapable of providing legal proof of their relationship, and thus in reality are often completely ignored.

This example shows how broad the issue “right to equal health care for all sex and gender” may be, and how much more issues we need to address, if we wish to responsibly and comprehensively build a discourse for medical students’ Gay Pride Parade participation.

Communication is What We Need

It is actually particularly sensitive when we have come to the issue of LGBT marriage, as recently in Taiwan the amendment to our Civil Law to expand the definition of marriage to not only one and one female, but every two persons who wish to be partners is under furious discussion. Less than two months after the Gay Pride Parade, another parade was launched, this time, for speaking against the right of marriage for the LGBT population. To put aside the dispute, it is at least agreeable that this issue requires much more conversation between the two parties, before our society can come close to a consensus, on which we can finally build our social regulation.

It is always easier to say than to do. As IFMSA does, FMS-Taiwan speaks, take stands and acts on the consensus of all medical students we serve. In the 2013 March Meeting, IFMSA passed the policy statement on “Equitable Health Care Regardless of Sexual Orientation and Gender Identity”, for which I proudly spoke supportively for, on behalf of several NMOs of the Asia-Pacific on the plenary. However, I do recall the furious dispute on this policy statement back then, and how several NMOs reminded us the importance to respect all cultures and ideologies.

The communication that happened in March Meeting 2013 was perhaps still too brief to resolve the difference standpoints in Taiwan about gender issues. To ponder on the rationale of medical students’ participation in the Parade is not an attempt to force a consensus. Instead, clarifying our rationale is merely the preparation for a meaningful communication, which is what we need in FMS-Taiwan, and eventually, the best reason to join the parade at this time being. That is to seize this occasion as an opportunity to share different opinions, by which we hope that no matter what you think about LGBT issues, you will be revealed to some ideas that was once unthinkable. And by understanding each other, the different minds will begin to connect to each other.
One rainy day in August 2013, I stepped into an orphanage in Mangalore, India. All I knew about the place was that it was only for female HIV-positive orphans. I went there to volunteer with the kids and learn more about their life and the problems they faced.

We started playing and I took pictures of their pretty shy faces. While playing, I saw some “Microeconomics” papers on the table. And then came that tall shy, beautiful, dark-skinned young lady who obviously was the owner of those papers.

At the first glance, I thought she was one of the workers at the orphanage, especially because she looked older than all the other girls I had seen so far. But when I started a conversation with her, I got to know that she is actually one of the HIV-positive females who lived in the orphanage.

She was so shy and she didn’t really speak English, but she kind of got what I was saying. I was so stunned by the fact that she was doing her BA in Microeconomics and Sociology, and she said that if she didn’t get to achieve what she wanted in the field, she would go for a master’s degree in Hindi, because her dream was to become a lecturer. I asked her if I could interview her. She agreed, but we had to get someone who spoke English and Hindu so that we could interact with each other more smoothly.

I began by asking some general questions about the place, whether she liked the services provided by the orphanage or not, and how long she has lived there, so she started narrating her life story.

“I was born in North Karnataka, Sirsi. My mum married a Hindu man and she gave birth to a baby boy, my only brother. After four years of common life, her husband left to marry another lady, so my mother remarried with a man from a different religion. Since he was HIV-positive, she caught HIV and, since they haven’t had kids for a while, they adopted a girl from the hospital, my older sister.

Years passed, and I was born. My brother and my family out casted both my mum and me, just because she married outside of her religion, which is considered taboo here in India. After a while, my mother died and then my father also died, so I lived with my sister who got married to my father’s sister’s son, “my cousin”. HIV symptoms started to appear on me by time, so my sister advised me to go and get tested for HIV: unfortunately, the result was positive!

My sister wanted me to live with her, but her mother-in-law was against that because I was HIV-positive. So, my sister and her husband took me to this orphanage where I can get educated and have some people who can take care of me. My sister visits me every now and then and she calls me too.”

Then I asked, “Do people know that you are HIV-positive?” Her reply was so quick and certain, “No, no, I can’t tell anyone that I am HIV-positive, they will think I am a bad person. The only one who knew about it was my best friend at high school and she couldn’t believe me at first, but then she cried and hugged me tight.”

Tears trickled down her cheeks when she said, “I didn’t choose to have that... And I want to do so many things before I die.” I hugged her and said, “You know, so many normal, healthy people live without doing anything meaningful, but you did, you are doing and you will do so many things that will leave a mark in many people’s lives, including my own... And one day, I will tell the whole world that I met you and I will brag about it.”

Last summer, I had the opportunity to go to India to work on an HIV project. At first, it seemed impossible for me to meet a person living with HIV, since that, in Egypt, my own country, it is mostly considered a taboo: those who live with it tend not to reveal their status due to fear of stigma and discrimination.
However, I hopped off the plane at the Mangalore International Airport and I had in mind that this experience would be different. My stay in India started and I decided that by the time I got home, I must have had an overall view of how Indians perceive those who live with HIV, and how the daily life of an HIV-positive normally goes.

I visited organizations, met doctors, interviewed people, and stayed at rehabilitation centers with PLWHIV.

I visited an orphanage that hosts HIV-positive females and supports them till they get married. I also visited an organization that supports people living with HIV through field visits to their communities to encourage their families to accept them. Another organization I had the chance to observe provides shelter and food to HIV-positive female outcasts.

Finally, the last organization I visited empowers people living with HIV through education, employment, and psychological support.

Going through my diary, I came across this piece that was written during my two-night stay at Snehasadan, an organization that provide outreach, residential and family reunification programs for street children in Mumbai:

“It’s 10:40 PM now, and I can hear nothing but the sound of the heavy rain outside. I am sitting on my bed surrounded by the mosquito net, which made me feel a little bit safe after seeing two lizards crawling on the walls around me. But, I decided to give them some Icona Pop attitude: ‘I don’t care, I love it.”

Since the end of that adventure, I cherish all the moments that I spent trying to draw a smile on the faces of PLWHIV, and I feel hopeful and optimistic about their future in India. I also feel responsible for shaping their future in Egypt. The question is, “Will I be able to do so?”

Maybe, who knows!

We are “SCORA-Japangels”!

Lack of information and sexual health educators
Have you ever asked your parents where does a baby come from? The common answers in Japan are either “A bird brings a baby” or “From mommy’s tummy.” This example shows that talking about sex has been a taboo in Japanese culture for quite a while. Today, it is changing a little because a lot of foreign cultures and ideas have been introduced to Japan and people can get plenty of information about sex using the internet. However, some parents and teachers still have old beliefs or do not have comprehensive knowledge about sex. Therefore, some schools are not providing enough sex education to their children. So, for children, it is very difficult to get the correct information related to pregnancy, sexually transmitted infections (STIs) and sexuality.

Considering this current situation in Japan, SCO-RA-Japan has a project “Japangelovely Peer Education Project.” It has been running on local and national levels.

Sex, Contraception, Abortion, Life-planning
In Japan, sex education is mandatory from age 10 or 11 at schools, mainly covering biological topics such as menstruation, ejaculation and fertilization process of the egg and the sperm. There is no education about practice of sexuality itself and details about contraception. In this situation, students can easy have risky sexual behaviors from curiosity without any considerations such as contraception and life planning.

In 2011, the abortion rate of teenagers (age 15 to 19) was 0.71% (7.1/1,000). Also, the rate of young adults (age 20 to 24) was 1.41% (14.1/1,000), and this was the highest rate among all demographics. (Ministry of Health, Labor and Welfare).

HIV/AIDS
The number of newly reported HIV infections in 2012 in Japan was 1.002, while the number for newly reported AIDS patients was 447. There is only little decrease of these ratios and these numbers are too big compared with other developed countries. There are lots of misunderstandings about HIV/AIDS in Japan. For example, people think HIV infection only occurs in gay people, and that there is little risk of infection for heterosexual people. Having HIV test is very humiliating or there is no good medication to cure HIV/AIDS. (Ministry of Health, Labor and Welfare)

LGBTs
In Japan, most of the LGBT people stay in their closets and are still scared to come out. Why? There is a lot of discrimination that occur because of misunderstanding and ignorance. For example, some people think that homosexuality is curable as a disease, or that all LGBTs prefer to put on clothes of the opposite sex.
“Peer Education Project”

Our vision is “Having sexual knowledge enriches our lives.”

In our peer education project, we believe that we can improve the youth’s sexual health through peer education. We provide not only a wide range of sexual knowledge (prevention of STIs including HIV/AIDS, sexual diversity LGBTs, pregnancy, birth control, sexual violence), but also tools to develop a better understanding of sexual experience and relationships.

Our peer activities’ scale is large: last year, we did 26 peer education events in almost all regions, providing education for a total of 2,400 teenagers all over Japan. We place importance not only on sharing knowledge, but also on giving the students our peer messages, like how to take care of one’s own body, and how to build healthy relationships with other people. Through our peer education, we hope all people could improve their self-esteem, love themselves, their bodies and their partner, in addition to think and act towards better sexual health among youth.

“World AIDS Day Campaign”

On December 1st, 2013, for World AIDS Day, SCORA-Japan created an official movie to promote public awareness of HIV/AIDS. Not only SCORAAngels from all over Japan but also SCORA-Japan officials and other SCO members joined this project. We asked all the participants to give a message for fighting against HIV/AIDS. We included some basic knowledge about HIV/AIDS as well. We spread this movie via YouTube. Furthermore, some of our SCO-RA local teams participated in WAD events in each region, organizing them in cooperation with other NGOs.

It was the beginning of my term as LeMSIC NORA, and the first tasks were are looming ahead: our annual World AIDS Day (WAD) campaign and concert. Having worked closely with SCORA for the past two years, I knew that these would not be easy. Preparations were to start early, members were to be motivated, and logistics needed to be worked out, but there I was keeping my fingers crossed that it will all pay off in the end. When I say “pay off”, what I actually mean is that LeMSIC SCORA will be able to provide biannual CD4 count tests for more than 100 people living with HIV/AIDS in the upcoming year. These people depend on us to not have to pay large sums of money for something that is regretfully expensive in our hospitals and regretfully not covered by insurance companies or the Lebanese government.

You can imagine the responsibility of putting together our WAD campaign. I also had to make sure it raised awareness about a disease that is often neglected or feared in our society. As if it was a death sentence! From our motivation resulted a fundraising concert that will live up to the major successes LeMSIC SCORA has pulled off over the past 11 years.

After two months of preparations, November 28th dawned upon us: it was the time for our WAD campaign to kick off and that was through the annual Condom Distribution event. Over 40 SCORA members, their shirts blazing red and embossed with this year’s elected slogan “Don’t Test Your Luck, Test Yourself”, swarmed Beirut’s busy streets to raise awareness about safe sex practices and promote sexual and reproductive health. Over two nights, we left a mark on the streets we visited, and that knot in my stomach loosened a bit as I saw how excited the members were, and the positive reaction they were receiving from the crowds they interacted with.

Over the next few weeks, an extremely crucial phase of the campaign was taking place as stands were put up across all the Local Committees’ university campuses, as well as in some of Lebanon’s most visited and popular restaurant franchises. SCORA members manned the stands and continued their efforts in raising awareness about HIV/AIDS, in addition to fundraising for SCORA’s “CD4 Count Initiative” through selling promotional merchandise and tickets to the concert which was to take place at the end of the campaign. Once again, I was relieved to see the positive reception of our efforts and in my head I happily ticked off Phase Two of the campaign.

Finally, the day of the concert was upon us, in addition to the strongest snowstorm that Lebanon has witnessed in 40 years. By that time, the panic I was feeling inside slowly gave in to a reckless nonchalance and I approached the day of the concert with
with a determined denial of every thought inside me and the sole focus on making sure the event went off without a hitch. We headed over to the venue, a beautifully preserved chapel-turned-auditorium, and I couldn’t help but smile when I saw how amazingly the place had turned out after all the decoration and light fixtures were assembled. The clock ticked closer to opening time as we sat out in the bitter cold, waiting for the people who will brave the storm and weather and make their way to the event. As people started to arrive and the doors opened, I vehemently stayed outside, refusing to go in until it was time to start.

The clock struck 8:30PM, the last couple of attendees hurried inside the confines of the chapel; I took a deep breath and entered. What I saw inside was one of the most joyous sights I have ever seen: rows upon rows of people crammed into their seats, the atmosphere abuzz with excited chatter and whispers and the stage set up and glowing with the eerie light filtering in through the stained glass windows. Forgetting any notion of a knot within my stomach, I strode over to the stage, introduced the band and mercifully took a front seat “backseat” to finally enjoy a sweet sense of relief and bliss. It was going to be okay.

A month and a half later, word is still around of the success of LeMSIC SCORA’s World AIDS Day campaign and concert. However, to me and to every single dedicated SCORA member who worked so hard on this campaign, the moment we felt a tangible indicator of our success was the day we used the money we fundraised in order to pay for the first CD4 counts of the term. It’s one of life’s strangest truths: the only way to grow as a human being is to give part of you to a higher cause. You should all try it!
Desire and Female Genital Mutilation: Is there a link?

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The definition given by the dictionary for the word “desire” is: wish or longing; craving. This can apply to a person or a thing. It may also mean sexual appetite!

Sexual desire is a motivational state and an interest in “sexual objects or activities, or as a wish, need, or drive to seek out sexual objects or to engage in sexual activities.”

The Physiology of Desire
A normal sexual response requires the anatomic and functional integrity of the brain’s entire limbic system, rather than a particular anatomic structure within it. Together with the prefrontal lobe, the limbic system is essential in both sexes for the initiation of sexual desire and related sexual phenomena. Its function activates sexual fantasies, sexual daydreams, erotic dreams, mental sexual arousal.

The neo-cortex is increasingly involved in the sexual response in human, first as final target of sensory inputs which arrive from the different sensory organs. Different smells, tastes, words, sights or touch stimuli may activate both the pertinent sensory cortex and the limbic sexual cortex when the signal is transmitted as sexual. Cognitive factors are also in play in evaluating the sexual stimulus and modulate the evaluation of concomitant risks and wishes before engaging, or not, in a specific sexual behavior.

Female Genital Mutilation (FGM): Still a Reality
Sexual desire originates from the brain, not genitalia! Despite the fact that female genitalia has no role in this biological process, female genital mutilation is still practiced in many areas of the world supposedly to control or limit female’s sexual desire.

Here we should ask a very important question: why do people always seek to decrease the female desire, but believe that it is normal or even preferable for the male to have a strong desire? This line of thought is still prevalent, unfortunately, in the countries where FGM is still performed. We should rethink about the value of the women in our societies: we should stop thinking about them as objects that might bring shame by their irresponsible sexual acts.

At the time of writing this article, we are two days away from the 6th of February, the International Day of Zero Tolerance to Female Genital Mutilation/Cutting, as declared by the United Nations. In many countries where FGM is performed, people still believe that FGM can decrease their daughter’s sexual desire, thus helping her control her sexual behavior.
“If I were to die, it will be because of your illness, not mine”, Asmaa said to the people who thought that she deserved nothing but death.

Though “Asmaa” was nothing but a simple movie that narrates the life of an Egyptian woman living with HIV, it was the voice that spoke on behalf of millions and millions of voiceless “Asmaas”.

According to the UNAIDS, more than 3,200 people are known to be living with HIV in Egypt. Even though it is quite a small percentage compared to other countries, the fact of it being an increasing trend is ringing some bells!

Such increasing trend highlights the necessity of enforcing the efforts to fight stigma against people living with HIV, to ensure people have the proper knowledge about modes of transmission and prevention, and to guarantee that people living with HIV have access to medical services.

Since a majority of people living with HIV/AIDS (PLHIV) in Egypt are young children, IFMSA-Egypt, as a youth-led organization, along with UNAIDS-Egypt, started a wide national campaign and under the “Time is Now” slogan in different universities across Egypt trying to ensure that students have the proper knowledge about HIV/AIDS.

This initiative was followed by a national celebration, under the title “Message to the unknown”, where all the attendants wrote simple postcards to PLHIV. All those postcards were delivered to PLHIV through specialized organizations. Although it was a simple idea, it was a very effective step to remind PLHIV that “they are not alone”. This campaign came to an end with a “running marathon” with red T-shirts.

In the movie, it wasn’t mentioned whether “Asmaa” died at the end or not, but in the reality of our Middle East countries, many PLHIV die because no one cares about them. However, this year, IFMSA-Egypt strongly tried to erase that trend and said that there is still something in hand to be done.

And who knows, perhaps this way no more “Asmaas” will have to die neither from her illness nor the people’s.
Countdown to Zero

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The World AIDS Day campaign of Standing Committee of Reproductive Health including HIV/AIDS (SCORA) in IFMSA-Iran was held from December 1st to 18th for 14 days in five cities (Tehran, Isfahan, Kerman, Mashhad and Sari) in collaboration with UNAIDS. Holding such campaign about HIV was a first in the country considering the participation of medical students. During this campaign, 300 medical students trained about 11,000 people.

Based on the last statistics, about 27,000 people infected with HIV have been detected all over the country, while an estimated 93,000 people are now living with HIV in Iran. Estimations indicate that the number of infected people will reach 126,000 within 5 years; therefore, there is a real need to make the society aware of HIV/AIDS. It should be mentioned that although most people living with HIV/AIDS (PLWHA) were infected through drug injection, the young population of the society is now the most at risk for transmission since sexual transmission of HIV has been increasing.

Also, stigma and discrimination is an important factor in the treatment of people living with AIDS and can change overall risk of illness due to HIV/AIDS in people. In the presence of discrimination, many PLWHA may decide to abandon their treatments. Many of people in risk refuse to give HIV test. So, during this campaign, we decided to address stigma and discrimination against HIV/AIDS and to provide people with alternative suggestions of behavior.

In addition to involving medical students in such projects, we aimed to educate future doctors about the interactions between social life and health care and to decrease prejudice against diseases like AIDS.
SHAPE: Way to achieve universal access to sexuality education

SHAPE, or Sexual Health and Peer Education, created in 2012, is a recognized transnational project of the IFMSA which works closely with SCORA.

It is a supportive network of student-run projects in many countries around the world. Each project aims to improve the sexual and reproductive health of young people in their local communities by providing high quality, comprehensive sexuality education delivered by peers.

SHAPE seeks to achieve its vision by supporting local projects to provide evidence-based comprehensive sexuality education to young people, in line with their evolving capacities, creating and supporting a network of like-minded projects globally. This network shall provide a supportive and collaborative environment in which projects can learn from each other and improve together, and finally creating and sharing a collection of resources and methods for use by the network.

We offer many key ways of support and mentoring: our dedicated team is here to answer questions and to provide support for new and existing projects alike.

For this term, the SHAPE team is willing to develop the SHAPE manual with contextually specific sections and sensitive to cultural realities, to promote the exploration of social norms from different perspectives within the society.

We think that sexual education should be linked with local concerns, so that programs are considered relevant to achieve universal access to comprehensive, rights-based and gender-sensitive sexuality education.

Rania Rabah
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The SCOPHian

In this section you are going to meet SCOPHeroes who save the day through their Orange Activities. Enjoy learning about various public health initiatives such as the SCOPH Festival in Japan and a workshop on Global Health in Brazil. Whatever your interests, you are sure to find something that captivates you in “The SCOPHian”.
Honorable SCOPHeroes,

I would love to heartily welcome you to the Morning SCOPHians, the biannual publication whose history goes back to years ago.

A central component of this section is a roundup of details of our projects and meetings concerning Public Health and its related fields.

It aims to outline cluster meetings recently organized and to introduce our recent achievements, events, researches and workshops.

“NCDs and youth engagement” is the theme of the SCOPH Sessions of the March Meeting 2014 in Tunisia. We will have the privilege of hosting not only external but also house speakers, which means you dear SCOPHians. And we can barely wait for that!

The future success of this publication depends on your comments and contributions. That’s why I encourage all of you to try your best to enrich the forthcoming MSI magazine, our 30th issue.

I hope you will find this a useful update on our activities and would like to thank everyone who has supported this edition by providing such useful information.

Marwa Daly

On behalf of the SCOPH International team
Petar Velikov (Director), Altagracia Leon (Liaison Officer on Public Health), Arthur Mello (Americas), Mohamed Taber (Africa), Shela Sundawa (Asia-Pacific), Skander Essafi (EMR), Matthew Baldacchino (Europe), Manon Pigeolet (General Assistant), Luz Del Pilar (Trainings).
The WHO estimates that noncommunicable Diseases (NCDs) kill more than 36 million people each year. Almost two thirds to 80% of these deaths occur in developing countries, and approximately 9 million deaths involve people under the age of 60. They are, by far, the leading cause of mortality in the world, not to mention that millions more live with the debilitating effects of these diseases for years.

Four main disease clusters are identified within the NCDs: cardiovascular diseases (48%), cancers (21%), chronic respiratory diseases (12%) and diabetes (3%).

Risk factors & impact on development
The emerging and leading effect of NCDs on preventable death is compelling. In fact, many of the common behavioral risk factors which underlie most NCDs can be controlled. These modifiable factors such as excessive alcohol consumption, tobacco use, poor diet and lack of physical activity lead to increased insulin resistance, high blood pressure, overweight/obesity and hyperlipidemia.

The hazardous effects of these metabolic/physiological changes on both mortality and socio-economic situation are undeniable. On one hand, high morbidity due to NCDs is associated with high mortality. On the other hand, a decrease in active participation of people in work results in low productivity. These effects add up to a substantial staggering economic impact on a country’s overall development. Furthermore, since up to 80% of all NCDs occur in low and middle-income countries, imagine their negative impact on poverty reduction in countries that can least afford it. Consequently “prevention must be the cornerstone of the global response to NCDs”. To this end, collaboration on a global scale between policy makers, public health researchers and funding organizations is required.

Healthy Generation in Tunisia
To illustrate the matter on a smaller scale, NCDs in the Eastern Mediterranean Region (EMR) account for over 50% of annual deaths and 60% of disease affliction. Moreover, the prevalence of noncommunicable disease risk factors is high in most countries of that area.

For instance, Tunisia as part of the EMR is subject to these statistics. In terms of specifics, the numbers broke down to this: NCDs are estimated to account for 72% of all deaths in Tunisia.

Accordingly, as part of the overarching framework for NCD control and in order to incure this rising toll, SCOPH Tunisia tackled this disease burden through a national project “Healthy Generation”. This project targets children in primary school, thus addressing the roots of the problem. It aims to embed public health education among children and promote health literacy. It also helps kids understand and modify their risks early in life.

Through various sessions and workshops, we aspire to demonstrate the fundamentals of a healthy lifestyle: energy balance and weight control; establish good eating habits; reduce tobacco consumption, salt and fat intake, and harmful use of alcohol as well as increasing physical activity.

By and large, NCDs are indisputably recognized as a growing threat and as an urgent public health priority. Their regional burden is considered to be one of the major development challenges of the 21st century. The global fight against NCDs is ON!

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Better Health, Better World

SCOPH-Japan will continue to learn and take action in spreading what we learned throughout the community, society, in order to achieve a healthy World.” We believe the health of individuals is directly tied with the quality of the world.

SCOPH-Japan strives to create a world where everyone leads a healthy life. It is the largest standing committee in IFMSA-Japan. Our vision is to apply public health principles locally while broadening our horizons as medical professionals. We have translated our vision into five projects focusing on promoting:

1. Healthy lifestyles
2. Health education for children
3. Community health initiatives
4. International health efforts in Africa (Zambia)
5. International health efforts in Asia (India)

Now we are also putting efforts into SCOPH peer education for junior high and high school students. We are aiming to raise awareness of the health issues to younger generations. Our enthusiasm of spreading healthy lifestyles cannot be stopped!

This past November, SCOPH-Japan organized a SCOPH Festival in Nagoya, Japan attended by over 60 Japanese medical students and other major students. The theme of this event was “Raise your voice, make the world move!” It seemed like a general assembly for all the members of SCOPH-Japan, served as a forum of exchange where participants were able to develop skills to become better future leaders in public health.

During the two-day program we held a workshop that allowed the participants to discuss topics such as hospital efficiency as it pertains to patient treatment. We wanted to encourage attendees not only to focus on treating individual patients, but also to critically think about the impact of individual medical expenses on the national health care financial burden. We conveyed the idea that in treating a patient, one should keep in mind the interests of society as a whole, and while addressing a group, one should keep in mind the interests of a single patient.

In addition, SCOPH-Japan and SCORA-Japan collaborated to hold a workshop where we discussed current approaches to treat the HIV/AIDS epidemic.

Next, we organized the SCOPH peer education program. In this program, we held a poster competition. The winner addressed raising awareness of tuberculosis, and we will publish it for junior-high and high schools in Japan.

Finally, we had multiple discussion sessions to tackle various aspects of public health. We hoped that this SCOPH Festival will further encourage all members who attended it to take a more active role incorporating public health into their education and practices.

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Debunking the cancer myth

Is cancer on the decrease?

The sun has taken to its winter chills here in Malta, but work ploughs on as in all other NMOs around the world.

Given that the trend over the past few IFMSA terms has been critical and much-needed discussions about noncommunicable Diseases (NCDs), and in light of the fact that these are part of post-2015 Millennium Development Goals and Health 2020 mitigations, it only makes sense to delve into an initiative such as World Cancer Day.

Cancer, in its many different forms, can affect any part of the body. It is defined by the "presence of rapidly dividing abnormal cells that grow beyond their usual boundaries, with the ability to infiltrate adjoining parts of the body and spread to other organs, otherwise called metastases, and it is this latter feature that is one of the leading causes of death worldwide" [1]. There are numerous treatment options for various types of cancer nowadays, so why the fuss, you might ask...

According to the latest data (12th December 2013) provided GLOBOCAN 2012, the International Agency for Research on Cancer (IARC) database, there were over 14.1 million new cases of cancer and 8.2 million deaths worldwide in 2012, a marked increase compared to GLOBOCAN 2008 (12.7 million, 7.6 million respectively)[2]. Prevalence studies show that 32.6 million people over 15-years-of-age had received a diagnosis of cancer within the last five years, and that more than half of the cancers and deaths in 2012 occurred in less developed countries [2].

Furthermore, a rise of 19.3 million NEW cases each year by 2025 is being projected based on GLOBOCAN 2012 data, given the growing ageing population worldwide, and there will be subsequent increases in incidence in poorly developed countries [2].

Cancer awareness campaigns such as World Cancer Day (WCD) are of vital importance in showing the general public the dangers of such an NCD.

Under the tutelage of the Union for International Cancer Control (UICC), WCD aims to highlight the importance of identifying both risk factors, being prepared for signs and symptoms (e.g.: self-examinations, genetic counseling, etc.), and advising healthy lifestyle options, mainly by employing their “Cancer Myths” theme, in line with Target 5 of the World Cancer Declaration (reduce stigma and dispel myths about cancer) [3].

As of publication of this MSI issue, WCD would have already come and gone, as it is celebrated annually on 4th February, but I would highly encourage each and every NMO to carry out some form of outreach campaign – the WCD has numerous resources that can help you out in this regard:

http://www.worldcancerday.org/

I advise you to carry out these events locally within your NMOs and local offices not only because cancer is in part a preventable condition, but because it is of GLOBAL importance as an issue and burden, and it is our duty as purveyors of public health and orange SCOPHeroes to address this.

VIn the meantime, keep those orange hearts glowing and keep the SCOPH spirit up!

References:
As we all know that “Health is wealth”, the various issues of unhealthy living lead to multiple life threatening diseases. One of the most important and probably the fastest growing lifestyle disease in today’s world is diabetes. Diabetes has emerged as a major health care problem in India.

Diabetes comprises a huge burden as the fastest growing noncommunicable lifestyle diseases in India. Our target was to create awareness of the disease, and also to create opportunities that benefit two specific populations:

1. Those with the risk factors but have not developed diabetes.
2. Those with uncontrolled diabetes and require special treatment to control it.

We believe in eliminating the disease from its roots.

Nationwide Diabetes Control and Awareness Program was celebrated from the 14th to the 17th November 2013 on occasion of the World Diabetes Day. The target was people residing in rural area having minimum exposure to modern medical techniques and health care facilities.

With the dream of a healthy world free of disease, MSA-India waved goodbye to participants and guests of the events with the promise that it is just the beginning our fight against the disease. We are planning to work an extra mile on all the diseases that can be controlled easily and will make a difference in the lives of the Indian citizens, since a healthier life would definitely mean a brighter India. The next event we will be working on is spreading awareness on vector borne diseases which also play a huge part in the spread of diseases and morbidity and mortality rates in India.

MSAI-SCOPH intends to carry out psychological analysis and counseling of patients suffering from diabetes in order to improve their quality of life and educate them on how to daily cope with stress and pain. We believe that being ill increases the sorrow and hampers with routine life that in long term is an obstacle to a personal growth.
It’s truly acknowledged that “alone we can do so little; together we can do so much.” Every year young talents gather in different IFMSA Regional Meetings eager to learn more about Public Health and to try to make the world a better place. The first two Regional Meetings occurred so far are respectively African Regional Meeting in Ethiopia and the PAMSA Regional Meeting in Panama.

African Regional Meeting
In the first day, we made a broad insight for the SCOPH we want, analyzing our focal points in addition to giving inputs for the SCOPH reform process to get on the right track. It was fruitful to see plenty of creative ideas and thoughts towards a healthier community.

A case study example took place in three small working groups where mental health, tobacco use and Noncommunicable Diseases were discussed, then presented on the next day.

The second day, we brought a new topic “global surgery” in a joint session with SCOPE and SCORE facilitated by the IFMSA Liaison Officer to WHO Gugu Wanjau. Such a fascinating topic had a very positive impact.

The favorite part was during our session on Millennium Development Goals (MDGs) and the post-2015 agenda when we split up the participants in two groups debating and defending the Millennium Development Goals. It was very interesting to see participants grabbing the chance to show their skills not merely on debating and negotiation but also excellence in team work environment.

The last day started with a consultation for IFMSA strategic plan in small working groups, a productive training session on project management, and lastly a discussion panel on SCOPH-Africa calendar to be set as a template for future common plans and projects.

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PAMSA Regional Meeting

With an energized newcomers’ session, our participants were introduced to the wonderful world of SCOPH. For the second session on Public Health Advocacy participants analyzed their countries’ challenges and started to work in small working groups on how medical students could work to change this reality.

Our second day started with a waking up session about Noncommunicable Diseases, where we could become aware of the important effect that the control of risk factors has in the global burden of diseases nowadays. There, we worked to think of SCOPH projects that could raise awareness about this situation in our countries. Then we could not forget the importance of the IFMSA backbone, right? So, we had an incredible Project Management Training.

Finally, we had a Policy Making Training followed by an innovative joint session with SCOPE about “global surgery”.

Then, with the help of our IFMSA President, we were separated in groups to work with “The IFMSA We Want” campaign proposal; discussing together with the SCOPH Reform theme what do we want for IFMSA and for our beloved Standing Committee in the upcoming years. We also had amazing outcomes that will surely be important to the future of our Federation. At last, we finished our Regional Meeting with presentations of awesome projects from IFMSA-Brazil, IFMSA-Quebec, IFMSA-Ecuador and ASCEMCOL-Colombia in our SCOPH Project Presentation session.
The Brazilian population is aging in recent years. That’s why health professionals must increasingly deepen knowledge that involve geriatrics, gerontology and respect for the elderly, knowing how to identify problems and suggesting solutions.

Aging is considered as one of the most important public health challenges today. In Brazil, the number of elderly (≥ 60 years) exceeded the amount of 3 million people in 1960, reaching 7 million people in 1975 and 14 million in 2002, showing that there was a 500% increase in forty years, and is expected to reach in 2020 the milestone of 32 million elderly people. This growth rate becomes more evident when we compare Brazil to other countries such as Belgium, for example, where a hundred years were needed for the elderly population to double in size [a].

In addition to physicians, students should develop, before graduation, ways to create a physician-patient relationship, properly ensuring the success of our treatment. In this scenario Halpern [1] says that empathy should exist between the doctor and the patient, since it makes the relationship most comfortable for the patient, so they could convey their problems, symptoms and doubts with more accuracy and quality [1]. Keeping this reality close to the newly entering students in the medical education will help in building a solid foundation for the maintenance of a physician-patient relationship.

The student group of Geriatrics and Gerontology Professor Wilson Jacob Filho directed by Helbert Minuncio Pereira Gomes, Leonardo Carvalho Serigiolle, Bruna Gabriela Passarini, Ana Carolina de Araújo de Lima Vergueiro, Marcela Romanelli F. Rezende Moratori and Tamiris Bueno Vasques, supervised by Professors Flávia Barros de Azevedo and Thiago de Oliveira Monaco, in partnership with the Local Committee UNINOVE, developed the “XVII Support Campaign” during the first week of classes for freshmen Class XVII of Medicine, Nove de Julho University, São Paulo, Brazil.

We tried to involve freshmen in a series of activities that included them in the field of medicine and geriatrics. Thus, welcoming both students at the university scenario and the elderly regarding to methods that call for a psychosocial appropriate living situation are the guidelines that have steered this activity.

Through this campaign, newcomer medical students could practice, as their first activities of humanized medicine and empathic knowing, which is advocated in our University to health professionals. And these characteristics gave rise to the name of the campaign “Support”, which took the mark of the entrant class “XVII”.

The Campaign “XVII Support” was an absolute success. Besides the incredible 158 kg of food and 454 units of personal hygiene materials, we could feel the excitement of being able to promote health not through elaborate techniques of examination findings or high technology, but with empathy and humanization, which can elevate the human condition as part of a society that cares about its individuals.

So we leave ingrained in the pillars that supported the medical training of each freshman present that day the of looking at the patient as a whole and not as a disease, so that the perspective from the general applicability of the techniques and workup aid of laboratory tests that will be taught throughout the academic background of each of them will be always accompanied by empathy and humanization.

References:
Togeth(err)er to combat Breast Cancer!

In an ideal world, difficult situations would not occur, and if they do, then they would be solved without major barriers. However, in reality, the prevention of breast cancer continues to challenge scientists and physicians as we learn more about the disease pathogenesis.

The American Cancer Society (ACS) defines breast cancer as a malignant tumor that originates in the mammary cells, with potential to spread to proximal tissues or metastasize to distant tissues [1]. Breast cancer accounts for 16% of all cancers in women, with a reported 519,000 deaths in 2004, and is considered the most common cancer in women worldwide [2]. Although this cancer has been associated as a disease that affects women in developed countries, statistics demonstrate that 69% of breast cancer deaths occur in developing countries [3]. Although the Dominican Republic (DR) does not have national statistics on the affected breast cancer population, the Dr. Heriberto Pieter Oncological Institute records an annual incidence of 2,000 to 2,500 patients [4].

Understanding this health concern, many organizations aim to target the early diagnosis of breast cancer as key to disease control, prognosis and survival [2]. That is, if we cannot prevent it, we must focus on early detection. This focus emphasizes the description of health promotion from the Ottawa Charter for Health Promotion, motivating all individuals to play an active role in their life for optimal health and wellbeing [5].

Using two themes to develop a national health campaign in the Dominican Republic, members of the Dominican Medical Student Organization (ODEM) from two universities (Universidad Autónoma de Santo Domingo, Universidad Central del Este), utilized two themes to educate community members on breast cancer prevention and showed positive support for patients and families affected by this disease.

Theme 1: “Joined by a Pink Ribbon”

Through social media, ODEM members increased awareness of maternal health topics through images and creative messages. First, descriptive pictures were distributed to help women understand the importance of practicing monthly breast self-examination. Second, statistics were shared to emphasize the need for global attention to breast cancer prevention and control. Third, by using pink shirts, scarves and clips, creative photographs were taken to show support for breast cancer patients, survivors and families.

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Theme 2: “Recognize, Touch and Be Aware”

Within universities, ODEM members disseminated educational materials related to monthly breast self-examination and the importance of early diagnosis of breast cancer. The “Healthy Women” program of the Dominican Republic Office of the First Lady provided educational materials to share with community members.

In conclusion, we have always been taught to work hard in order to reach our dreams. These works, as well as our goals, are daily reminders of our path to become successful in our personal and professional endeavors. However, nothing can be compared to the struggle for life, which can be described in the words of Thomas Jefferson (Letter to Madison, 1784): “Life is of no value but as it brings us gratifications. Among the most valuable of these is rational society. It informs the mind, sweetens the temper, cheers our spirits, and promotes health”.

Together in health, ODEM members shared a beautiful and creative message of hope, positivity and motivation to the Dominican Republic population. This project highlighted the principles of health education and promotion, based on strengthening community action and developing positive attitudes. After all, remember that love fills us with strength to maintain health. Together, we can join forces and combat breast cancer!

References:
Nip it in the bud stage

Identifying diseases before they become epidemic or pandemic

Diseases evolve and occupy, they have a potential. A potential that we can identify. Let us do it early, act fast with simpler policies and measures and achieve success!

Some pandemics which showed an early pandemic potential

In 1992, a new serogroup – a genetic derivative of the El Tor biotype – emerged in Bangladesh and caused an extensive epidemic. Designated V. cholerae 0139 Bengal, it has now been detected in eleven countries and likewise warrants close surveillance. El Tor, for example, was originally isolated as an avirulent strain in 1905 and subsequently acquired sufficient virulence to cause the current pandemic.

In 1961, the 7th cholera pandemic wave began in Indonesia and spread rapidly to other countries in Asia, Europe, and Africa and finally in 1991 to Latin America, which had been free of cholera for more than one century. The disease spread rapidly in Latin America, causing nearly 400,000 reported cases and over 4,000 deaths in 16 countries of the Americas that year.

How to identify?
The World Health Organization has devised the Epidemic & Pandemic alert and Response (EPR) Program specifically for this purpose. Browse through the journals; specifically look for the stochastic and deterministic simulation models which are used for risk assessment. These risk assessment tools give an idea about the “Pandemic or the Epidemic potential” of the diseases. Search the available literature on current diseases with pandemic potential.

What to do?
Let us strike fast and strike hard!
Our discussions shouldn’t only be restricted to established diseases like Diabetes, HIV/AIDS, and others, but also to the new ones with the pandemic potential in the future. It happens only when we make it happen.

References:

Workshop on Global Health
in national event on medical education

Every medical student knows what is necessary to be a good professional in the future: communication skills, technical competence, theoretical knowledge grounded in scientific evidence, practical experience and ethics. However, in a world ruled by global challenges, will these competences be enough for a physician engaged with the population’s health?
In 2000, in front of the most relevant global issues, the UN established eight Millennium Development Goals (MDGs) to be fulfilled by signatory countries until the year of 2015, which ranged from combating extreme poverty to the development of a global partnership for nations’ development. After some years, many achievements have been made for these goals, but much remains to be done and the new goals for the development agenda post-2015 are already being formulated. [1]

Within this scenario of new perspectives of the world development, IFMSA-Brazil had the opportunity of hosting a workshop on global health at the biggest medical education event in Brazil, the 51st Brazilian Congress of Medical Education, in October 2013, held in Recife-Pernambuco, ministered by the then NPO Arthur Mello and the LPOs Daniel Fernandes (the current NPO of IFMSA-Brazil), Júlia Boechat (Federal University of Juiz de Fora) and Luísa Pimentel (Pernambuco Faculty of Health).

The workshop was divided into four sections, having addressed the following topics: Noncommunicable Diseases, which are an eminent public health issue nowadays (especially in developing countries); infectious diseases (with a focus on neglected diseases and HIV); nations’ efforts to achieve the Millennium Development Goals before the end of the term; and how health can be inserted into the post-2015 development agenda.

During the workshop, besides theoretical explanations, practical moments of discussion of clinical cases about infectious diseases (such as HIV, malaria, tuberculosis and dengue) and their relationship with socio-economic aspects were held, and a simulation was performed, in which the workshop participants embodied roles of doctors trying to convince a patient with multiple chronic diseases to change her lifestyle, focusing on the challenge of Noncommunicable Diseases to health today. At the end of the workshop, the participants listed which new goals should be considered for the new development agenda post-2015 in a small working group activity.

The workshop was very highly praised by the participants and it was an excellent opportunity for highlighting how the future physician must act, leaving aside the perspective focused on disease and now considering how health can be promoted to the entire population in a fair and equitable manner. And, in order to make this happen, we must recognize that thinking global health is a current goal in forming the medical students, so that future physicians can be committed to the health of all.

References:
"The SCORPion" will take you into the world of Human Rights and Peace where you will find out about the numerous activities that everyday SCORPions conduct on a daily basis. Read about a project that strives to improve Mental Health care in Taiwan, human rights in Syria, Egypt’s progress towards achieving the Millennium Development Goals and more; it’s all here in this green edition from SCORP!
Dear Medical Student International readers,

Welcome to the MSI section of the Standing Committee on Human Rights and Peace – SCORP. I would like to wish you a pleasant time while reading through the articles written by medical students whose passion are human rights and peace, by future health care professionals that understand that in order to keep humanity alive and growing we need to protect, respect and fulfill our responsibilities towards each other and ourselves; and by extraordinary students, who learned that human rights are not just words written on a paper, they are not history lessons or endless laws. The following articles were created by SCORPions, people who realize that human rights are our everyday choice to tolerate and help those in need, that life and health are too precious to be left to chance.

Since the beginning of our common term I keep being amazed by your continuous actions at local and national level. As the International Team, we cannot truly express how happy we are that this year’s World Human Rights Day campaign exceeded our expectations.

Every Regional Meeting, that has taken place until now, was a success and your involvement and follow-up dedication make our hearts do cartwheels.

I could hardly be prouder as Director, simply because I have the privilege and pleasure to work with the human world wonders called SCORPions. Let me please express my appreciation to all contributors, followers and supporters – thank you for being an active part of our Federation and Committee – thanks to you it all matters, thank you for these brilliant articles!

Looking ahead to the upcoming months, let’s keep our spirit flowing and spread the message that SCORPions keep on ROCKing!

Faithfully yours,

Monika Szamosová

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An invisible face of health
The story of mental illness

A few months ago, I was informed that a former classmate had committed suicide. Searching for an answer for this painful tragedy, I found that this situation is becoming more common in our society. Browsing the internet, I visited academic websites, electronic textbooks and journals, and found that up to 90% of suicide victims had already been diagnosed with a psychiatric disorder before their death [1]. However, the truth is that, even with the advances in psychiatric medicine, many of us do not include a healthy mental state in our definition of being healthy. Consequently, we do not bring attention to act for improved diagnosis, management and tolerance for mental disorders, which is the essential way to reduce social illnesses, including suicides.

Mental health is equally as important as physical health. Mental health may be defined as a state of well-being in which individuals can manage daily life stress, can work productively and fruitfully, and can contribute positively to their communities [2]. Unfortunately, mental health has been under-reported and under-studied over the years, as evidence of our deficient knowledge on the topic.

As a disadvantage, this invisible face of health is often characterized by silent expressions in the early stages of the disease. While to the outside observer, this person may function well in the daily school, work or home environments. That invisible face, or silence, provides false assurance that mental health is not important, or at least, inferior to physical health.

As a consequence, we obtain alarming global statistics of mental disorders, including a significant number of individuals without proper diagnosis or treatment. However, we ignore the fact that if we ensure mental illness diagnostics and management for community members, then we can continue to advance in the social development of our communities and nations.

Influential Factors
One of the most important factors affecting the advances for improving the general state of mental disorders is the incorrect perception about having, treating and talking about mental disorders. Other factors include:

1. Cultural and socio-economic conditions: One study conducted in rural and remote communities of South Australia reported that a common perception of mental health illness is “insanity” and that seeking help from a mental health specialist was discouraged due to a culture of self-reliance [3]. Even though this study was conducted in 2000, the perception of mental health has remained the same until the present day. However, socio-economic conditions can impact the perception or stigma of individuals as well as the access and ability to afford high-cost treatment.

2. Federal policies: In the Dominican Republic, few public policies have favored attention to people who suffer mental illness. Dr. José Miguel Gómez, president of the Latin American Psychiatric Association, stated that with the collapsed mental health system, not only has health insurance coverage excluded mental health, but also laws have failed to protect the mental health in the Dominican society [1].

3. Access and availability to basic medicine and lack of professional human resources: The World Health Organization emphasizes the need to restrict open availability and use of basic medications for mental disorders in primary health care, due to the lack of qualified health workers with the appropriate authority to prescribe such medications [2].
Finally, as an essential but most commonly ignored component, children are usually displaced when they or their guardians suffer from a mental illness. As a society, we should recognize that children with a healthy mental state mean that doors may continue to open with numerous skills that are necessary for developing and developing nations. We can also observe this global importance through the words of the former president of South Africa, Nelson Mandela (1918-2013): “There can be no keener revelation of a society’s soul than the way in which it treats its children”.

After all, as future physicians, we are called to serve our communities, encourage healthy lifestyle and promote acceptance as well as tolerance of all diseases, including those invisible faces of health that need our support.

A life between two worlds

I hate when reality strikes. Sometimes I hate the truth, because it hurts, because it separates people.

SCORP stands out for the opposite, for people like her, like Khawla who I met four months ago in France, at the International Cultural Francophone Centre. Coming from Damascus, Syria (yes, that Syria where “fear, insecurity and explosions are everywhere”), she can be easily named “a modern hero”.

She has long hair and bright, green eyes and every time she hears her name said with European accent, she tries to explain the right pronunciation, the Arabic one. She is so proud of her roots, of this amazing country that she has her eyes in tears every time she realizes that there is no definite time for her to go back home.

How to travel among three countries?

In order to get to Paris where we were supposed to meet on July 1, she had to catch a flight from Lebanon “because the local airport was too dangerous”. She traveled by car and passed seven checkpoints instead of one in order to reach the Lebanese border; one flight to Turkey, five hours of transit within the neighboring country and a second flight to the final destination. After traveling for two days, she’s finally in Paris; without her family or any relatives. She managed to escape from the place once called “home” due to her double citizenship - her father is Spanish, but the family has chosen to live with the Muslims, on the Asian continent.

She’s not wearing a shawl and she doesn’t pray during the Ramadan - she’s what they call a “libertine”. In the CIFC program, she is the only one representing the Arabic culture. She tries to get to know us all as better as possible and every time we speak about our cultures, she also brings alive a little part of her fabulous world.

After several days with no internet, the information was overwhelming: the Syrian borders were closed, United States of America wanted to declare war, it was thought that chemical weapons were used on the population and her family was blocked there. She cried, a lot. She was thinking about them, about her friends, about the orphans and she was actually begging for help.

What “desperate” means!

On July 11th, during the conference about LIONS (Liberty Intelligence Our Nation Safety) more than 90 people understood what “desperate” means. She stood up in the middle of the amphitheater and she began to cry, yelling towards Yves and Jacques, the two speakers of the conference, to help her family and the Syrian people, to do something to stop the massacre. Combining French and English in the same sentence, in that afternoon Khawla spoke up for a whole world.

Now she lives in Spain with her father’s relatives. She does not have a refugee status, because she lives in their mansion in Madrid and has the opportunity to continue her studies. Keeping contact with her family is crucial, and due to the fact that they are living in the center of Damascus, the communication is easier. “However, sometimes they have no electricity for more than two days and there is no connection with them”.

Regarding her life now, Khawla is talking about differences: “In Syria, there is fear, insecurity, bombs and explosions everywhere. Sometimes we have no electricity and everything became very expensive.

I lived with stress 24 hours a day. Here it is different; it is very quiet and peaceful but also difficult being so far away from my family and friends. I am also worried about everyone there and I am waiting for news about them every moment.”

She doesn’t know how long she will stay in Spain “at least one year for sure and I’ll be waiting for

References:
my family every day”, nor what is going to happen next “now, I’m afraid I don’t know what are the colors of my flag: white, black and green or white, black and red”. In less than three years, this country went from joy to fear.

When presenting her country, Khawla tried to transmit all the grace and happiness from a traditional dance, but she cried and she wore black.

Tears for all those hopeless mothers and children, black for those who died in an apparently endless fight, for the people she represents. She is now safe; safe from the place where “you go out on the street and you don’t know if you are ever coming back”.

Hearing impairment: call for action to reduce communication barriers

Communication is the process of receiving information through messages or interactions between the source and target. Similar to the visual system, the auditory system provides more information to people about their surrounding environment. A lesion in the auditory sensory organ can give rise to various forms of impairment, such as hearing loss, tinnitus, or hyperacusis [1]. Any pathology that produces hearing impairment may hinder communication with family, friends or acquaintances through spoken language.

Hearing loss leads to many physiological and psychological changes. The consequences may be conditioned by factors as diverse as the age of onset of hearing loss, severity of impairment, and family support. Social activities of people with hearing impairment may be negatively affected, leading to feelings of isolation, sadness or frustration. Independent surveys in Australia, Japan and the United States of America have demonstrated that hearing impairment is consistently associated with increased levels of depression and reduced quality of life for affected individuals [2]. This barrier may impede feelings of security or trust in their social activities with family members at home or friends in other settings. Other psychosocial impacts of hearing impairment may include embarrassment, loss of confidence, irritability, anger, dependence on others, or fatigue [2].

Worldwide, 360 million people have a disabling hearing loss [3]. In the Dominican Republic, more than 50,000 people have this disability [4].

Since these statistics represent a large portion of the population with this disability, why have we not been educated on strategies to improve our communication with all community members? These strategies can help all community members, including those with hearing impairments, to feel more connected and integrated into society.

The Universal Declaration of Human Rights states that “All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood” [5]. Thus, individuals with a hearing impairment have the same rights as any person without this disability. They should be treated with equal importance and be provided with the necessary support to enable them to maximize their active engagement in society. Unfortunately, instead of helping to engage this population, society tends to alienate and discriminate against these individuals.

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In addition to the social distancing or isolation of hearing impaired individuals, there are limited numbers of specialized schools as well as sign language interpreters. For example, in the Dominican Republic, there are an estimated 20 specialized schools and 10 sign language interpreters who serve society [4].

Ethically, action should be taken to improve the health services and resources available to individuals with a hearing impairment for personal and professional growth and development. Support for sign language education in all schools should increase, facilitating communication among all community members. With multiple modes of communication, it is unfair that verbal communication is the limiting factor.

Available community resources should offer strategies to improve communication in families with hearing impaired individuals, targeting relevant agencies and professionals who may guide and assist families in this process. As community members, we should inform and raise awareness on the socio-cultural perspective of hearing impairment and associated misconceptions. We must also identify and reduce communication barriers, including any barriers that hinder participation, enjoyment and development regarding all meaningful contexts for hearing impaired individuals and their families [6].

In conclusion, I encourage all citizens to help the positive integration of hearing impaired individuals in society. As future physicians, educators and community members, we can help and maintain a better relationship with individuals who suffer this disability. We can support the establishment of more specialized schools for the hearing impaired. After all, we should collaborate on community initiatives and have empathy for other citizens, especially those citizens who need our support and assistance!

The World Health Organization (WHO) recommends community action to improve wellness in individuals with hearing impairment: 1) ensure that people with hearing loss are aware of their human rights; 2) ensure that people with hearing loss have full access in the learning and living environments; 3) help to ensure that people with hearing loss have access to all cultural, religious, recreational and other activities within the community; 4) help to reduce discrimination against, and stigmatization of, people with hearing loss; 5) help to prevent psychological, physical and sexual abuse of children, adolescents and adults with hearing loss; and 6) raise awareness among all members of society of the causes and nature of, and solutions for, hearing loss and of how to improve communication with people with hearing loss [7].

In conclusion, I encourage all citizens to help the positive integration of hearing impaired individuals in society. As future physicians, educators and community members, we can help and maintain a better relationship with individuals who suffer from this disability. We can support the establishment of more specialized schools for the hearing impaired. After all, we should collaborate on community initiatives and have empathy for other citizens, especially those citizens who need our support and assistance!

References:
Preparedness is the solution to the largest humanitarian threat

IFMSA Disaster Risk Management Permanent Small Working Group

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It is nobody’s dream to grow up within a disaster. No country plans a disaster and no country is immune to hazards either. We cannot prevent hazards from happening, but we can prevent them from turning into a disaster, and can thereby save lives and minimize human suffering.

The global challenge of our time is to secure a decent and healthy life for all. Currently, the number of people around the world facing disaster is increasing [1]. Nearly one third of the world’s population lives in disaster areas of low income countries [3]. These disasters can have extensive political, economic, social and most importantly public health impacts, with potential long-term consequences. They can undermine decades of social development and slow progress towards the Millennium Development Goals (MDGs). Thus, maintaining health in areas affected by disasters is possibly among the largest global health threats. There is an urgent need to address this problem; we cannot deny its existence any longer.

A disaster is defined as the result of vast ecological breakdown in the relation between man and his environment, as a serious and sudden disruption on such a scale that the stricken community has to use extraordinary efforts to cope with it, often with outside help and international aid [2]. Comprehensive international and national preparedness gives countries the possibility to deal with the striking hazard, to decrease vulnerability, and to minimize the risk of the hazard turning into a disaster. During the World Health Assembly 2013, WHO Director General Margaret Chan stated “Disaster Risk Reduction is an investment that no country can afford to avoid”. In order to minimize the negative consequences of hazards and to maintain best possible standards of physical and mental health in areas of disasters, there is an urgent need to develop and enhance the health aspects in Disaster Risk Management (DRM). DRM for Health is a multi-sectorial issue and all parts of the society have to take on their responsibility and cooperate in order to achieve desirable and beneficial results.

Aiming to increase awareness among medical students worldwide, to advocate for better preparedness and to assist humanitarian response, the Permanent Small Working Group for Disaster Risk Management was created in IFMSA. On the foundation of a strong moral obligation, we work together to give our members the possibility to share the knowledge and experience not only between each other but also to rely on experts to invest in the youth to build together more resilient and disaster-prepared societies. Better disaster preparedness and prevention benefit all of society and are shared responsibility.

The IFMSA calls on medical students to participate in training activities that impart knowledge and skills on DRM, enhance the capacity of communities for disaster preparedness, as well as actively lobby with political leaders for the creation of comprehensive disaster risk reduction and management plans.

References
Is Humanism the path to happiness?

The 2013 World Happiness Report was released and it provides an interesting read on what is truly important to a person’s well being. A major influence on determining a person’s happiness is their state of mental health. The report estimates that at this very moment in time 10% of the world population suffers from clinical depression or crippling anxiety disorders.

Reflect on this and imagine. As a human being you have a 1 in 10 risk of not being able to enjoy life or perhaps even thinking that the only solution is to end your life.

The title of happiest nation on the planet was given to Denmark. This winning country appears to have it all: a strong gender equality policy, protected freedom and a welfare and social support that extends to health care, which is considered a civil right. In fact the average Danish sees their primary health care physician seven times in one year.

All that glitters is not gold. Greenland has been an integral part of the Kingdom of Denmark since 1953 and in the same year it obtained its representation in the Danish Parliament. In 2011, Greenland had the highest global suicide rates in the world - about 83 for every 100,000. Citing UN sources - the extrapolated rate of suicide for the region of East Greenland even reached 1.500 per annum per 100,000 in the 1990s, from 3 per annum per 100,000 between 1900 and 1930 in the whole country.

The cause of the problem is not yet fully understood although studies have shown it is probably due to the inability of the native population to adapt to the modernization process carried out by the Danish government, the inaccessibility of psychological support for prevention and the frustration at seeing culturally traditional authority taken away. In 1998, 89% of the population was ‘Inuit’ or ‘Native’ meaning that they were born inside Greenland.

Bearing the concept of SCORP Humanism in mind it is natural that the mainland Danish people are happy people whereas the natives of Greenland have high suicide rates. The two populations have different human needs which need to be addressed. In Greenland the choice of modernization and state housing did lead to an improvement in the material aspect but cultural and heritage needs were not considered, which impacted on the average happiness.

What about the rest of the world? What are the challenges faced by the “not so happy” countries? The power struggle in Egypt, the breaking down of talks in the Israel-Palestine diplomacy and the civil unrest in the post-Arab Spring countries is cause for major concern due to the obvious loss of lives reported on a daily basis. The repercussions are numerous for this region. Tensions in Syria are leading to mass displacement with most Syrians now living in harsh situations where there is lack of basic health care assistance, sanitation, food and water. Future generations of this country will suffer due to the lack of education of Syrian children and the mental ordeal of being apart from their beloved ones.

National crises and states of emergency have thus become the trend for our modern times.

By reading the Human Rights Risk Atlas 2014 one may understand it results in a rise of 70% in the net amount of human rights violations worldwide and, citing Maplecroft - “The number of countries classified as ‘extreme risk’ between 2008 and 2014 has increased from 20 to 34”.

The greatest setbacks in human rights protection were unsurprisingly registered by Syria, Egypt and Mali.
As members of SCORP we can see clearly that both small-scale and large-scale conflict too often destroy the value of human life. When groups with conflicting ideas clash and there is no longer the universal concept of the protection of human life above everything else then, unfortunately, the ideal which is being fought for becomes more important than human life itself and loss of life or even the loss of quality of life is little more than a side-effect which is to be overlooked.

As a build-up to this idea it is therefore essential that to maintain the value of human life there is a promotion of everything that represents human dignity. In order to live a happy life it is not the level of economic progress that counts or the amount of material goods a person owns but it is the belief that for whatever decision we may take or participate in we are to put the human being, human dignity and human life at the centre of the issue and address those human needs first.

All the happiness will follow. And in order to address these human needs we have nothing better than the UN Declaration of Human Rights to follow.

This is what I summarize as SCORP Humanism. To me, it’s a philosophy of life that puts human dignity first. To spread this belief in human dignity all we need to do is love without prejudice, share without expecting in return, empathize with other people’s problems and if possible dedicate some extra time to helping others.

Does this sound a little familiar to you? Isn’t this our vocation as future physicians? In our future roles as contributors of our society aren’t we all going to be SCORP Humanists? No matter what patient we will have in front of us we need to assess him or her without prejudice, take care of them and even empathize with them if necessary.

All this being said, here’s an alternative view on what happiness is really about:

“Achieving durable happiness as a way of being is a skill. It requires sustained effort in training the mind and developing a set of human qualities, such as inner peace, mindfulness, and altruistic love.” Happiness, is “a way of interpreting the world, since while it may be difficult to change the world, it is always possible to change the way we look at it.” - Matthieu Ricard.

So, let’s put humanism back into the fabric of our society.

References
The Mental Health Volunteer Team is a volunteer team established ten years ago by students of National Yang Ming University (NYMU); a local committee of FMS-Taiwan. The team consists of approximately 40 medical students. Every summer and winter vacation, we visit a hospital on the east coast to spend time with the patients and hold activities for them. Activities include cooking, making handicrafts, sports contests, karaoke competition, and Lunar New Year carnival. In addition to the activities, we go inside the ward to sit next to patients and talk to them. Some of them talk about the hallucinations they have seen or heard. Some of them share their experiences before admission. Every patient has unique stories with laugh and tears. Even though some of them suffer from such severe conditions that they cannot even talk with us, we hope that all these activities and accompanies will make them feel like this abandoned place a little more comfortable, or at least feel a little happier and be accompanied.

The history of Mental Health Care in Yuli.
The community our team visits is the town of Yuli. Located in the picturesque Hualien, Yuli plays the most unique role in the development of Taiwan’s mental health care history.

Back in the 1950s, when the Republic of China authority arrived in Taiwan, the social turmoil and the 600 thousand immigrants yielded a great deal of people suffering from mental disorders. In response, the Yuli Veteran Hospital was founded as a long term nursing home for people with chronic mental disorders. Yuli was selected not for its extraordinary scenery, but the desolation and distance from any metropolis.

Since then, as much as 5 to 6 thousand people with chronic mental disorders, most commonly schizophrenia, have been reallocated to this community. This characteristic of Yuli, and the subsequent need of proper care makes it the ideal place to practice and examine the concept of deinstitutionalization and community-based mental health model.

Coined in the 1970s, deinstitutionalization has been the mainstream discourse of
mental health policies for so long. The United States underwent the community mental health movement in the 1960s. In Taiwan, it wasn’t until 1985 when the Regional Mental Health Care Network was set up to provide a more community-based mental health care service for the needy. At first thought, it seems that for the sake of deinstitutionalization, the patients in Yuli should be sent back to their original communities. The fact is, however, that these patients, who have been reallocated for so long, either cannot find an acquainted community, or have already developed a strong bonding with the community in Yuli.

Thus, in the case of Yuli, the aim is to empower the community to be able to accept the people with mental disorders as part of the community. On the other hand, the patients in the hospital also need to be empowered to become active members of the society. With such an aim in mind, what should be the role of the Mental Health Volunteer Team, and how are we living up to it?

Our Older Projects: Focusing on the Ward and the Hospital
Activities with different purposes are designed to increase patients’ social and daily skills, adaptation and identity to the hospital, which is also the closest part of the new community for them to get acquainted to.

We invite patients to decorate the ward they live in. This is not only to train their skills, but we hope they start to observe small corners they didn’t care about at all before in their own room and the living room of the wards, and try to make them better by decoration like spring festival couplets, paper cuts, clay-made handicrafts, etc.

Patients’ freedom in hospitals is often restricted. They have to spend most of the time in their ward. Some of them have been living there for more than 20 years and it is uncertain whether they can go back to the place they lived before. The ward in some way has become their new home and Yuli town has become the new community they belong to. By decorating the ward, it not only makes old patients feel at home but also helps new patients develop the identity to this new home which benefit them in their emotional stability and happiness.

The Dream Come True Project: an effort to bring the patients back to the community
In more recent years, instead of unilaterally designing our projects, we have been putting more emphasis on what the patients and the hospital need. With this idea in mind, we launched a new project called “Dream Come True”. The essence is that we invite the patients to share their own dreams, and decide what we are going to do together, while we offer the assistance when needed. Eventually, together we created 6 “Dream Plans”, one of which is making one big meal by themselves. Starting from selecting all the ingredients in the market, they make oyakodon and apple pies all by themselves. Through the entire process, they have a lot of opportunities to interact with the other residents in Yuli, and make interactions that cannot be duplicated if they stay in the ward.

“May we take a photo of your smile?” a patient asks a vendor selling stinky tofu. In another dream, we and the residents go out of the hospital; trying to talk to those people we don’t know about our dreams. We ask them to join in our dream by taking photos with us, and share our belief with them, in how smile, love and acceptance can cross every gap and unite all kinds of people. We collected a number of photos of strangers’ smiles outside the hospital, printed them out, and held an exhibition.

To realize community-based mental health care, we have to make connections between patients and the local residents. Through this activity, patients finally walk out the ward and into the community. On the hand of the local residents, we hope to reduce the stigma to the people with mental disorders. They discovered that these patients are not unknown creatures captive in the asylum as they once thought, but are “real” people capable of living together with them in the same neighborhood. As for the patients, they see the possibility of being treated friendly, and the opportunity to start interacting with, and being an active part of the long-forgotten society.

What we aim for the future
The mentioned projects above have been our team’s effort to promote communityization, but obviously, there is much more that we can do. Most of our projects are still restrained within the wards or the hospitals. We are expecting future projects to provide the patients with more opportunities to communicate, interact, and even cooperate with the local residents.
On the other hand, it is essential for us to assist the hospital to integrate with the local community. Actually, the hospitals in Yuli have already done some efforts, such as cooperating with local residents to provide some work opportunities to the patients, leading patients to go shopping at local shops and markets, and developing an integrated community rehabilitation center. To play a role in it, what our team need is more communication with the hospital and more understanding of the local cultures. Up till now, we have already promoted the relationship between patients and the locals by some of our projects. What we can do is to participate in the daily activities in the hospitals, blending our roles into their daily lives and adding some local cultures into our projects.

Finally, we can not only focus on our plans in the hospitals, but also spread the concept of deinstitutionalization to the locals. For example, we can share our experiences with local students, encouraging them to initiate their own long-term volunteer mental health care in Yuli. One thing that is perhaps even better than our team’s sustainability is that one team originated from within Yuli can take over our mission, “localizing” and “communitizing” the student participation in Yuli’s mental health care. Besides, we can invite the local residents in conducting future projects. In this way, we hope to most directly reduce the stigma of the local residents.

Throughout our 10-year history, the team has gained maturity, and accumulated precious knowledge and experiences on how to improve. A common problem with students’ volunteer team is that we are too obsessed with what we wish to do, and neglect that our unilateral decision may well cause more disadvantages if we act without the patients and the local system playing a role in decision-making. Especially when we are making our way to communitization, of empowering the patients, student volunteers must also ensure that our actions are also “communitity-based”.

The Egyptian Educational System
Did it pass the reform test?

As the target date of 2015 for the achievement of the Millennium Development Goals (MDGs) is approaching, several key achievements in the reform process have been made within the path of the global commitment that has spanned for over a decade, in its goal to eradicate extreme poverty, while promoting gender equality, education and environmental sustainability.

Nelson Mandela once said: “Education is the most powerful weapon which you can use to change the world.” The tremendously positive changes in the field of education over the past years, as well as the increased level of awareness shedding light on the importance of education becoming a worldwide priority, have been key in the resultant success for its
In an online global survey held by the United Nations titled “MY World”- starting in December 2012, to determine the most significant priorities we need to focus on, over a million votes were counted, and in all categories, education ranked first, reflecting how important and influential of a goal truly is. [1]

Egypt, which has been fully committed to the implementation of the MDGs on all levels since their endorsement in 2000, including the goal to achieve universal primary education, witnessed very significant milestones conquered.

In its latest national report: “Egypt's progress towards achieving the Millennium Development Goals.” (2010), the following were noted with its MDG #2 status:[2]

- The net enrollment ratio for primary education increased from 86 percent in 1990 to 96 percent in 2008/2009.

- Urban Governorates have achieved universal primary education for both boys and girls, although other regions lag behind.

- Net enrollment ratio exceeds 100% in some Governorates such as Cairo, Alexandria and other Urban Governorates because of internal migration to these governorates.

Egypt is nearing universal access to basic education for all. However, several issues still continue to present themselves as obstacles ahead of the country’s educational system, including:

- Dropout and absence rates, considered the main threats of education.

- Illiteracy ratios being higher among females as indicated by recent statistics.

- Regional disparities, since illiteracy ratios are higher in rural areas than in urban areas [2]

There is also a question raised on whether Egypt’s pursuit to provide universal primary education is compromising its quality, as highlighted in a report issued by the World Economic Forum:


According to the report, the local economy slipped from the 94th rank in the 2011-2012 report to the 118th rank, with Egyptian institutions ranking 100th with regards to health and primary education. [3]

Egypt’s educational system faces a multitude of challenges that need to be addressed and tackled, particularly in its public sector, which include poor, insufficient facilities and ineffective spending. [4]

Nonetheless, we believe that it is still on the right path to being revitalized and given the attention and dedication it deserves in order to be improved.

References
Change the world?

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There is, without a doubt, no end to the magnificence and horror in the human drama. Across the continents, humanity rises to every challenge, sinks to any depth. We cherish each heartbeat and murder at will. We bless nature’s miracles, yet trash the hood. We accept this polarity as human nature and we move on in our “glassy essence”. All the time our righteousness lords over other life; yet we beseech gods for mercy. Our anger flares to violence and we demand justice. We covet ceaselessly, give generously. Our wallowing is legion, yet we take art and science to Olympian heights. So how do we best come to terms with this “marble and mud” of our existence? One answer is to pay finer attention to two questions: how deeply do I care about our common future? How do I actually make a positive difference?

Though we can’t change human nature, we can change human nurture. Most easily, we can pay closer attention to our moral compass, to our interactions each day - and rarely do we need someone else to tell us how. It comes down to reconsidering the ethical stands we take with each other and with all life. We might not have the moral vision and courage of Nelson Mandela, but we can foster ethical awareness and leadership in ourselves. And that is what the members of the Standing Committee on Human Rights and Peace (SCORP) are doing on daily basis. Without presumption or attitude, but merely to ameliorate, we act as a moral guardian of this home-Earth. Unless we learn to respect and care for each other as neighbors, unless we come to terms with the increasing vulnerability of life on Earth, true progress will remain an illusion, mired in the quicksand of greed, violence and selfish intent.

Are we watching our lives in a movie, sitting too close to the screen? Do we see only red and yellow pixels, flashed by mongers of news or commerce? Are we becoming too numb to absorb a larger reality? So many people live in relentless poverty. So many are unwilling refugees. So many suffer needlessly, die as children. Each one is our neighbor, born free, deserving human rights. They must not be invisible any longer. Every danger, every loss, every injustice in their lives affects us all.

So breathe this earth, the spirit of our Federation and Standing Committee! Soar on its surface! Know its people! Engage this planet, your fragile home, and all its sentient beings in the essential connection of good intent.

Think of those known and unknown who sacrificed for you. Think of those who inspire you. Use the powerful images that work for you. Positive change is simply the currency and responsibility of individuals, of you and me. This is our saving grace. We just need to be even more attentive and curious, even more on the lookout for that one, tiny, quick, wonderfully private, unnoticed moment when you alone create a smile, lend a hand, unfurl a brow, still a cry, or calm a nerve in someone else. That’s power! In fact that’s humanity’s most powerful force for positive change - and you can do it with a wink, as quick as the beat of a butterfly’s wing. Who knows what transpires from those moments; but it does indeed change the world.

It also changes us, for it is an inward flow, not just outward. The more positive energy you give, the more you get; it’s the same need, the same complement, as breathing in and breathing out.

So breathe this Earth, the spirit of our Federation and Standing Committee! Soar on its surface! Know its people! Engage this planet, your fragile home, and all its sentient beings in the essential connection of good intent.

Our voice is our imprint on our world, our distinctive note, our pattern, our touch one to another. It may be spoken, written, sung, drawn, gestured, cried out or danced, even delivered on the still wings of silence or in the intimacy of eyes. But be sure not to forget that the humanity is a choice of every one of us. I am being reminded about it thanks to the work of SCORPions all around the globe!
Have you ever wondered what SCORE exchanges are all about? Which countries you can go to? Or what research projects are on offer? Find out more here, in “SCOREview”, the publication that has got everyone talking about research exchange! Flip through the pages to transport yourself from Quebec to South Korea. Research exchange is awaiting you!
Dear IFMSAi ans and SCOREans worldwide,

Get yourself a nice cup of your favorite beverage, sit down and enjoy reading this new issue of SCOREview, the official publication of the Standing Committee on Research Exchange.

As a brief introduction, SCOREview’s first edition was published in March 2009 with the aim to promote the IFMSA’s Research Exchange, to provide practical knowledge for medical students worldwide, and to promote IFMSA’s activities.

In this March Meeting 2014 edition, we take you on a travel to get to know the Research Exchange program in Bahrain, Mexico and Colombia.

And how does it feel to be a part of an incredible adventure like the IFMSA Research Exchange? Learn more about exchange experiences in Canada-Quebec, Romania, Lebanon and South Korea.

Let’s not forget this wouldn’t be possible without our project tutors. Read in firsthand the testimonial of Prof. Anastassios Philippou from Greece.

Are we all familiar with the point of being unable to access research articles? Open Access (OA) is the free, immediate, online availability of scientific and scholarly research articles with full reuse rights. Learn more about OA with a comprehensive article by Nick Shockey from the Right to Research Coalition. Finally, you must “Get the Button”! Find out how David Caroll and Joseph McArthur, two students from Medsin-UK, came up with the idea of the Open Access Button and how you can get it.

We hope you enjoy this edition of the SCOREview.

Sara Cerdas
On behalf of the SCORE International Team

Ivana di Salvo (Liaison Officer for Research and Medical Associations), Valter Saltorato (Americas), Osman Aldirdiri (Africa), Adelia Rachman (Asia-Pacific), Maysah Almulla (EMR), Luiza Alonzo and Jorge Meneses (Europe), Balkiss Abdelmoula (Academic Quality), Hichem Abid (Media, Publications and Marketing), Roland Strasser (Database); Barbara Schaller, Marta Borys, Elyse Peron, Ricardo Plascencia and Christine Gebhardt (Supervising Board).

Country

Bahrain - the sunny island! Also known as the “pearl of the Gulf”. It is the perfect destination for people who want to experience something new and enjoy a good time by the sea. With its warm sunny weather, golden sand, and blue sky it is just the perfect place for students, especially during the summer time. Although Bahrain is a relatively liberal Gulf state, both males and females should respect local Islamic culture and dress accordingly. This usually means that females should wear sensible-length skirts and cover their shoulders in public areas. The Bahraini people are very welcoming, however it is a cultural and religious taboo for many Muslims to touch or shake the hand of the opposite sex.
Research Projects
A lot of our projects involve genetics and endocrinology diseases. We have a main genetics center, which was built recently and is affiliated with one of our medical schools. Endocrinology is also another important field since diabetes is one of the main medical problems in Bahrain. One of the most interesting projects we have, involves isolating cytokines from adipose tissue that may contribute to insulin resistance in obese people. A combination of increased visceral fat and chronic inflammation predisposes an obese individual to type 2 Diabetes mellitus. One of the cytokines present in the inflammation is resistin; a 12 kDa trimer believed to convey resistance to insulin in certain tissues. Of key note to resistin is the lack of correlation between animal and human data; resistin in animals is located in adipose tissue, whereas resistin in humans is located in the chronic low-grade inflammatory response. This lack of correlation is rare, and leaves scope for further investigation.

Social Program
Bahrain has a diverse selection of activities that students can enjoy. For history buffs, there is the rich heritage of the ancient civilizations, which populated the island with many temples and burials mounds to see. Visit Aali and see the old kilns, which are still at work. The potters are always very welcoming and you can browse around their stores where they sell their products. They are very happy to talk to you about their trade. Areas such as Juffair and Adliya come alive at night, many of the restaurants and clubs in these areas of town have live music and DJs. For those who are interested in sheesha, there are many cafes located mostly in Adliya that serve it. Bahrain is also known to host one of the grand formula 1 races, so if you’re around by that time, we can take you there.

Boarding and lodging
We have 2 local committees so our housings are divided into 2 main areas; the AGU dormitory in Zallag and the private apartments in Busaiteen for RCSI students. The AGU dorms separate males and females; however, at the other local committee (RCSI), males and females might end up having the same apartment.
Country
Mexico is located in North America. The figure is drawn between an ocean and a gulf. It is a country that has a rich history and is full of color, tradition, culture, and natural beauty; mostly varied between different regions of the country. In Mexico, Spanish is the language that is used in daily communication. The weather is very diverse; it depends on the geographic zone. The joy, good humor, and love of life are the Mexican characteristics, which are reflected in the warm greetings they give to visitors.

Research Projects
SCORE-Mexico performs exchanges since 2003. We currently have a wide variety of projects fully updated thanks to the 21 active local committees in SCORE. You can find projects in Neurology, Rheumatology, Gastroenterology, Infectious Diseases, Genetics, and Pharmacology amongst others. The tutors are eager to welcome you and so are we.

Social Program
Dozens of tourist destinations in Mexico show its architectural, colonial cities, beaches, and archaeological sites. They are just one example of the diversity of tourist destinations that exist in Mexico. Rappelling, rafting, and mountain climbing are activities that complement the experience of visiting our communities.

In each place you visit, you’ll find a host of dishes and ingredients that differentiate each region. It is a delight to try the different dishes of this heritage. Our social program is a really difficult category to describe because there are literally thousands of places, to visit, at least dozens of which are worthwhile. If Mexico is the place you decide to visit, you will always find someone willing to help you and give the best they have to offer. It is something that identifies us. We like to be part of the adventure and we demonstrate it amicably every second. UNESCO recently declared the Mexican cuisine “Cultural Heritage of Humanity”.

Boarding and Lodging
Most of the students are placed in a student’s house. There are some local committees that offer hostels or different types of accommodation depending on the number of incomings received. The local committee also provides food and drinks. As soon as we receive an Application Form, we start the preparations so that everything goes perfectly!
Country
Colombia has a privileged location on the continent that allows it to have a fascinating topographical variability, in which you can find plains, deserts, mountains, and exotic beaches all in the same country. It is also a country enriched by several rivers, two oceans - the Atlantic and the Pacific, three ranges of the Andes Mountains, and with the world’s lungs - the great and beautiful Amazon). Colombia is known for its cultural gastronomic and climatic diversity. Each region has its own traditions and customs, besides from something that all Colombians share, the kindness and hospitality to all who visit us.

Research Projects
Similar to the cultural and natural diversity, Colombia has a lot to show and do in research and medicine. One of the most important research areas is infectious diseases as Colombia is a tropical country. Also, you will find many projects in other specialties satisfying the global health needs. Currently we have five principal projects on course in epidemiology, genetics, pharmacology and infectious diseases, with and without lab work and basic science; which gives you a variety to choose from. All of these projects are led by excellent and qualified professionals with great teams that work like a family.

Social Program
In the Caribbean Sea, “Cartagena de Indias” is one of the most visited tourist destinations for their historical, cultural, and recreational attractions. It is also considered a world heritage site by UNESCO. “La Sierra Nevada” of Santa Marta is the world’s highest mountain near the sea and has all climate zones with its more than 5,700 meters in altitude. San Andrés Island has wide white sand beaches surrounded by the Seven Colors Sea, where you can practice many aquatic sports. Barranquilla, the birthplace of the superstars Shakira and Sofía Vergara, is famous for its amazing carnival. “El Eje Cafetero” is where the Colombian Coffee is made with highest quality and offers a wide variety of flavor profiles to satisfy every palate while enjoying the coffee landscape world heritage site.

Boarding and Lodging
Students, coming to our country are going to be part of a Colombian family during their exchange program. That way they can get a taste of the Colombian culture. We can guarantee two meals a day (usually breakfast and dinner) provided by the host family, so the student only has to supply his/her lunch. In case the student has to cover a night shift, one can buy food at the hospital or prepare a take-out. As a student, you are going to be placed with a host family, that will provide a warm bed to sleep in, a roof above your head and a wonderful company!

Colombia: wanting to stay is your only risk!
Neurosciences in Canada-Quebec

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Research Project
NPAS3 demonstrates features of a tumor suppressive role in driving the progression of astrocytomas which halts their progression by modulating the cell cycle. Hence, the aim of the project was to characterize human NPAS3 promoter activity in neuroprogenitors, using renecell, and promoters to which NPAS3 transcription factors bind or interact with.

I honestly enjoyed my lab work and benefited a lot from my research project. I now feel very confident in my ability to complete the laboratory techniques that I learned this summer because of the way that I have been trained. First, I was shown a laboratory procedure. Then, I was observed while completing that same procedure. Finally, I was able to complete that procedure independently. Having the training conducted in this manner, was extremely valuable and I can say with confidence that I know exactly how to do nucleofection, bacterial transformation, real-time PCR, and how to maintain cells in culture. This approach in teaching the various laboratory protocol procedures was very beneficial and significantly helped me to increase my laboratory skills.

Country and City
Quebec city is the capital of the Canadian province of Quebec. It is one of those special places where you would like to stay a bit longer. In Quebec city, the air always seems clear and fresh. The slower pace of life can be savoured like old brandy. Magnificent vistas of river, mountains, cliffs, and islands appear in every direction. Concerning Quebec culture, it was certainly extraordinary. The city is known for its Winter Carnival, its summer music festival, and its Saint-Jean-Baptiste Day celebrations. Fortunately, I had the chance to celebrate one of them with my Canadian friends; it was Saint-Jean-Baptiste Day which was coincided with the same month of my research internship. It was really an unforgettable unique event.

Preparation, Travel and Arrival
Preparing for my travel was very easy. My contact person gave me detailed information and answered all of my questions. My flight to Quebec city was extremely tiring, as I had to transit through the following two respective airports; Heathrow airport London and Montreal Trudeau YUL Airport, after which I had my last flight to Quebec city Jean Lesage International Airport, where my contact person waited for me and then picked me up directly to the residency.

Stay
The lodging facility was really special. I had my own room, which was really good. I stayed at the university’s residency that’s perfectly situated, with a very close proximity to the hospital. The quality of the stay was really good and exceeded all my expectations. I received pocket money for food and outings. I was eating most of the time in the hospital’s cafeteria but out in restaurants as well and only had to cook on rare occasions.

Social Program
The social program was really interesting. I was invited many times at my contact person’s house. She invited me to her birthday and her dad’s birthday too. My lab supervisor also invited me for lunch at his own house. Each evening after work, we went sightseeing. They showed me the city’s most famous landmark; the Château Frontenac, a hotel which dominates the skyline. I really loved it. It’s considered one of the world’s most photographed hotels and has centuries-old architecture. The place had a friendly atmosphere where I found horse-drawn carriages, street entertainers, singers, and artists. Moreover, I was astonished by the province’s Parliament Hill and the gorgeous Fontaine de Tourny where I found wonderful water-themed sculptures and beautiful nighttime lighting. Furthermore, I enjoyed the view of the St. Lawrence River. Near the bridges that span the River, the Aquarium du Quebec not only provides an outstanding view of the majestic waterway, but also presents the marine mammals and species that inhabit it. In the last few days of my stay, I visited the Montmorency Falls Park; this natural phenomenon is definitely not to be missed! At 83 meters high (30 meters higher than Niagara Falls) I enjoyed the best natural views of my life and deeply felt the full force and spray of the beautiful waterfalls. One of the things that surprised me were the outdoor movie theaters. It was my first time to watch a movie outdoors. I thought it would be boring and annoying but it was really a special one. We also held a wonderful dinner, where each one of us cooked his national cuisine. It was an amazing night and it is beyond doubt that they enjoyed our Jordanian cuisine.
Research Project
Costimulatory receptors were studied in this project: CD28, the classic costimulatory receptor and a new receptor: GITR (glucocorticoid induced tumor necrosis factor family related gene) pointing on the role of those on the CD8+ subpopulation of human healthy and pathologic lymphocytes. It was proposed to study the interrelation between CD28 and GITR and also of TREG in various subpopulations. The project was developed in the lab; nevertheless, we visited the National Hospital of Oncology that was really close to our facilities. Mostly we did lab work, (PCR, Western Blot) and we had, one could appreciate, a cytometer working. We were supervised by Dr. Tibor, because the head’s project almost never appeared, however, our tutor gave us all the knowledge we needed. The schedule was harsh, from 9 am to 2 pm, and then from 4 pm to 9 pm. I had a co-worker: Maria Julia, from Brazil, nice and talkative. Currently, the project is still active.

Stay
I shared room with Filipe, and Maju slept next door. We had Internet, nice beds and the entire building had heating. We had one meal per day at 2 pm, so we bought some bread, mayo and salami to make some morning sandwiches; fun thing, we didn’t need refrigerator, we just took our stuff outside the window. The restaurant we were attending was a cool one, kind of small but the food was delicious, and also, the waitress was fabulous. I tried some typical cuisine that wasn’t bad at all, but my heart is still engaged to the Kebab – that was my dinner every night! We could meet up with some “ERASMUS” students and had really nice moments with them. I took them to give a shot to a Mexican eatery I found, and they said that it was the best food they’ve ever tried. Unfortunately, most of our hosts, including Andrea, were on exams, so we didn’t hang out that much, but when we did it was amazing.

I would really want to thank my Romanian friends and my Brazilian brothers for giving me the best experience of my life – love from Mexico!

Country and City
I’m still astonished with my recalls from Romania. I saw the incredible Carpathian mountains, full of snow, and also really typical houses, churches and people. Cluj is a small but beautiful city, boiling of youth, with amazing buildings, like The Church of King Mathias and The Main Theatre. It’s freezing there – normal day, -10°C – but that wasn’t a disadvantage. I met two Brazilian students there, and we had a lot of fun going to the bar nearby our accommodation and on weekends, we visited Bran Castle (the famous Dracula’s Castle), Peles Castle, Brasnov Fortress, some other Romanian cities and we had time to make a quick voyage to Germany, Hungary and Czech Republic. It’s obvious we became “Exchange Brothers”.

Preparation, Travel and Arrival
I flew from Mexico to Frankfurt, and then took a connection flight to Bucharest. Once there, I slept in a hostel, then I took a train to Cluj, where Andrea, my contact person, was waiting for me. I only needed my passport, and lots of anti-hypothermia clothes.
Lebanon:
A guide on how to fit a bit of everything on 10,452 km²

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Preparations
You might think that I’m crazy spending my summer in an Oncology department but the exchange in Lebanon was actually a perfect combination of work and fun. Fun in Lebanon? Isn’t there a war going on in the neighboring Syria? By now you probably think I’m nuts. Of course, before leaving home, I had doubts about my choice of destination. I was maniacally following the news about Syria and Lebanon and was starting to get scared. But I immediately wrote to two contact persons in Beirut and asked them for an honest reply. Once I found out that everything was under control and that they are not panicking, I decided to go. Soon I learned that the Western media always exaggerates about the situation in the Middle East and that the Lebanese really care about their guests.

Country and Stay
I’ve got so little space to write, yet so many stories to tell! Lebanon is absolutely wonderful. It’s a mixture of cultures (Roman, Phoenician, Ottoman, French, Arab), with Christians living next to Muslims, with people who mix three languages (Arab, French and English) in one sentence, with crazy car drivers, good food (even the hospital one, where we were mainly eating) and ridiculously expensive fancy clubs. Ah, yes, watch out! That’s the only disadvantage of this country – it’s quite expensive. You can pay both in Lebanese liras and in US dollars. Sometimes it’s confusing. It’s such a small country (10,452 km²) yet it has everything – the sea, the mountains, a lot of stories on each corner and above all, great people. I made true friends there. I still keep in touch with my contact person and with some exchange students. The social program was impeccable. Beirut is a tiring city, so we were all looking forward to the weekend trips organized by LeMSIC-Lebanon. We went to Byblos, Becharre, Beiteddine, the Chouf area (to see the cider trees) and the Jeita Cave. I also went separately with a bunch of my closest exchange students to the White Beach and to Baalbeck. Both the Jeita Cave and the temple in Baalbeck are breath-taking. Despite how pompously it might sound: words won’t describe all of this, you need to go there to understand it. Because it’s really an unforgettable experience!

Thank you once again LeMSIC-Lebanon and IFMSA-Poland, my home student organization!

Research Project
The aim of the project was to investigate the correlation between prostate cancer and diabetes that are both prevalent in older men. Recent studies show how the AMPK pathway may be linking both diseases. In the lab we focused on how treatment of Diabetes mellitus by metformin activates the AMPK pathway and thus has a protective antitumor effect. The experiment was carried out in Vivo. Using Streptozotocin, we induced diabetes in mice. Then, prostate cancer cells that we previously grew in a cell culture, were injected into the diabetic mice. After a while the tumors were dissected out from the mice and analyzed.

Even though I still don’t know the results (the project will last several months), I have a feeling I learned a lot during my stay. I mastered basic lab procedures such as taking care of cell cultures, doing western blotting, etc. I also did a lot of research in that field and I wrote a review of the articles that I read. The subject itself was very though and I must admit that it wasn’t my first choice when I applied for SCORE. But once I met my supervisor, Dr. Wassim, and met other students in the lab, I got more interested and involved. Everyone was very positive, enthusiastic and helpful. Apart from the work in the lab, for over two weeks I shadowed several doctors in an oncology clinic.
Research Experience in South Korea

Research Project
Selection of a place where you can spend huge part of your summer holidays developing research skills and at the same time experiencing different cultures is not an easy task. Me and my boyfriend fell in love with Asia last year, when we had the chance to visit Taiwan during my internship at the Transplantation Unit, at China Medical University. This year we have decided to explore South Korea as we have found a very interesting project on nanoparticles and their influence on human immune system at Yonsei University, Wonju and under the supervision of Professor Soo-Ki Kim. At the beginning I was a bit scared of how unfamiliar I am with the topic, but the lab and department scientific workers really took care of us. We had been involved both in theoretical and practical tasks, conducting research on few levels. The Results made us think of continuation of the study at our own university.

Country and City
South Korea is an amazing country, with an extremely busy urban landscape that can change into blue seas and misty mountains in a second. In Seoul and Busan, English is spoken almost in every place (70% of all tourists never leave the capital and this trend can be easily observed), but if you plan to travel further inland, be prepared for smiling and meeting extremely helpful Koreans with no knowledge of languages other than their mother tongue. Personally, I think this is the best way of experiencing true Korea!

Preparations
Since we are citizens of the European Union, we can stay in South Korea for more than two months without visa permission. We felt very comfortable during our preparations because we were in touch with our contact persons all the time. They helped us not only to get to the dorm, but also gave us all necessary advices before we left for the unknown. This is why our journey went really smoothly.

Stay
For the whole research exchange we stayed at a medical students’ dorm in Wonju (Ilsan Campus). Rooms were more than comfortable - singles with bathroom; equipped with stable internet connection, all necessary furniture and a bed, big enough to charge the batteries after exhausting day in a lab! We were provided with meals at the hospital cafeteria three times per day, but since the market place and the best bakeries (you could find on their shelves tastes from Asia, Europe, Americas and any other place in the world you can imagine) were two minutes away, we were full all around the clock. Korean students were helping us with any problem that popped during our stay and also were our travel guides. Together we have visited the most interesting places of the peninsula and have met true eastern hospitality!
Advisor in projects within the framework of “the role of IGF-1 in human pathophysiology”
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The Department of Experimental Physiology is committed to support and train the next generation of physicians and basic researchers to help launch careers in basic/translational and clinical research. Through its programs in clinical and translational research, the Department conducts broad-based, high quality and high impact research, maintains a national and international perspective, and develops infrastructures, resources, and strategic partnerships in molecular physiology across the Greek, European, and American National Institutes of Health extramural community.

General Impression
During the last two years and in the frame of the international Research Exchange Project operating through the IFMSA and HelMSIC-Greece, we had the pleasure to accommodate exchange students from different countries (e.g., Portugal, Romania, Egypt, and Iran) under various research projects running in our department. I have appreciated the positive attitude of our exchange students to effectively cooperate with other collaborators and to follow their project(s) schedule, organizing their work under the strict deadlines. I was also pleased to ascertain that they generally were able to fulfill not only their research goals, but also my expectations as a tutor and the standards of our department. I am convinced that our exchange students gained new insights and broadened their experience in basic laboratory techniques in the field of biological research. I believe that these benefits will be a good platform for their long-term research and scientific goals, driving them to success.

How many times have you been doing research for a class, for a patient, or for your own curiosity and come across the abstract of an article that looks promising, and clicked to read it only to find it locked behind a paywall costing $30 or more? How many times do you think this has happened to your friends, your professors, and medical researchers around the world?

Unfortunately, this problem of accessing the results of research, both medical and otherwise, is all too common. While the Internet has brought revolutionary change to nearly every other way we communicate and distribute knowledge, it hasn’t yet revolutionized the very system it was originally built to improve – scholarly research and communication.
As you likely already know, authors are not paid to publish in peer-reviewed journals, nor are they paid to perform peer review itself. Furthermore, the majority of research is publicly funded in the first place. Despite all of this, the results of the latest scientific and medical research are often locked within expensive, subscription-based journals. These subscriptions can run from hundreds of dollars to tens of thousands. In fact, subscriptions are so expensive that not even the wealthiest institutions can afford to subscribe to all the journals, that their students, and faculty need. Happily, there is a better way. Open Access is the free, immediate, online availability of scientific and scholarly research articles with full reuse rights. Open Access not only means that an article is free to read but also published under an open license that allows anyone to distribute, translate, adapt, and perform computational analysis on the work. Authors can make their articles open in one of two ways: they can publish in open-access journals that make all content freely available online immediately upon publication, or they can post a manuscript of their article to an online repository, such as PubMed Central, where it can be accessed for free even if the final version is locked behind a paywall.

IFMSA and many IFMSA NMOs have been leading the charge for Open Access

In 2012, MSAKE-Kenya educated nearly half of all Kenyan medical students about Open Access and its importance. This NMO also helped pass an institutional Open Access policy at the University of Nairobi, which requires that all articles published by its faculty be made freely available online through the university’s online repository. In the United Kingdom, Medsin students started the Open Access Button project to track each time someone encounters a paywall and to help people find freely accessible copies of paywalled articles. In the United States of America, AMSA played a significant role in convincing the White House to issue an Executive Directive requiring articles resulting from publicly funded research be made freely available online within 12 months of publication. These NMOs are just a few examples. To get involved, you can reach out to these NMOs for guidance, participate in SCORE discussions of wider IFMSA involvement in Open Access, or contact the Right to Research Coalition directly. IFMSA students are beginning to have a real impact in making the results of research more openly available and with your support and the support of more NMOs, what IFMSA could accomplish on this issue in 2014 is truly exciting!

Get the Button!

We are all familiar with the situation of being unable to access research articles. This is a common problem due to the current academic publishing system, where expensive journal subscription costs are becoming unaffordable for most universities [1]. This problem affects everyone: scientists, doctors, patients and students, but thanks to the work of students you can help end this problem, join the fight, and get your button at openaccessbutton.org. The real cost of paywalled journals is not the subscription fee, but the lost opportunities for research and innovation leading to education improvement and a positive impact on human lives. Open Access publishing makes research outputs freely available to everyone, everywhere. It increases research impact and makes studies easier to replicate studies. In other words, open science is good science [2].

Even though the number of biomedical open access publications had increased to roughly 50% by 2010 [3], there is still a long way to go.

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The negative impact of paywalls is presumed to be great, but there has not been data supporting this. Until now!

While studying, David Carroll and Joseph McArthur became aware of the problem of the traditional academic publishing system and wanted to do something about it. Their feelings of frustration and disappointment from hitting paywalls fueled their imagination, and they came up with a innovative idea to make visible the negative impact of paywalls. They conceived the idea of the Open Access Button.

They recruited a group of web developers and Open Access advocates to develop a browser based tool to be clicked whenever someone hits a paywall. After several weeks of hard work and barely attending to their respective courses, David and Joseph launched the beta version of the product at the Berlin 11 Open Access Student Satellite Meeting, on 18th November 2013.
The current Open Access Button is a personalized web browser based tool that is dragged to the bookmarks bar (supported in Firefox, Chrome, Safari, and Internet Explorer). The user clicks the Button when a paywall is reached; the Open Access Button menu displays at the right side of the browser and gets the info of the paper by its DOI (digital object identifier) and the location of the user provided by the browser (you should allow the button to use your current location, don’t worry, it’s safe!). The user then provides quick words about why does he or she need access. Click to submit, and a new paywall has been mapped in real time! (4)

The Open Access Button includes an automated Google Scholar search of the paper by its title or DOI. There’s a good chance that the user finds an open version of the paper needed. Also, the Open Access Button provides a list of similar open access articles. Sounds great, doesn’t it?
The Open Access Button has gathered data of 3,541 (change) paywalls all around the world since the beta launch. Join the cause and get your button at openaccessbutton.org

References
In this section, you are going to meet SCOPEople, read about their professional exchange experiences, their challenges, and meet their friends from every corner of the earth. Prepare yourself as you embark on a SCOPE journey that will take you around the world from dazzling Slovenia to the unforgettable Italy. So buckle up, sit back and enjoy the ride!
Dear SCOPEans,

I’m truly happy to present to you the March Meeting 2014 SCOPE official section in the MSI magazine. I would like to say thank you to everyone who has contributed to this edition indirectly or directly by submitting articles, which will help present a broad overview of the SCOPE exchange program.

In this publication, you will discover new perspectives of our world through exchange experiences of students from all over the world. It’s not just about visiting new countries and traveling, but it’s also about learning about different health care systems, and different cultures, as well as developing a better understanding of diversity. You will also find how a new project is being implemented in SCOPE to improve the quality of our Standing Committee.

We started our term by determining our priorities. The most important of which is improving the academic quality within SCOPE programs, empowering and supporting NMOs, and improving SCOPE’s publications. We’re also working to always improve the database in www.ifmsa.org, which has been used since the last term. Together with the Regional Assistants, SCOPE is planting its roots in new NMOs that don’t have an active Standing Committee. I am glad to say that we will have more countries joining our exchange program this year!

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Dear SCOPEans, worldwide medical students |

Tade Adesoji
periSCOPE Editor in Chief

On behalf of the SCOPE International Team
Ivana di Salvo (Liaison Officer for Research and Medical Associations), Whitney Cordoba (Americas), Kwabena Larney (Africa), Rizki Meizikri (Asia-Pacific), Anthony Ballan (EMR), Nikos Kintrilis and Giacomo Cinelli (Europe), Mladen Jovanovic (Academic Quality), Kamila Korzeniewska (Marketing and Publications), Ahmed Salih Ali (Information and Technologies), Safa Halouani (Research and Development).

Another goal of our program is to improve the academic quality and to integrate SCOPE with the global health issues. Therefore, together with SCOPE International Team, the academic quality was reviewed again and solutions for improvements will be presented. We’re also working on creating the Global Health manual for students to engage with SCOPE exchange program. I would like to thank my amazing International Team. We couldn’t achieve what we have right now without them. I would also like to thank the amazing NEOs, LEOs, and SCOPEans who are continuously working hard to make SCOPE the best it can be.

Farhan Mar’Isa
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Dear SCOPEans,

It is with great delight we bring to you another edition of the periSCOPE, the official SCOPE publication. This edition has brought us closer to the IFMSA world of professional exchange programs. Reading through the pages, we would follow our authors as they explore other continents and countries learning the new dimensions of health care and exploring new cultures.

I really appreciate all our authors who have taken the time to bring the world of IFMSA exchange in words and pictures to us. I thank the entire IFMSA Publications Team as well.

We hope that you enjoy reading it as much as we have enjoyed putting it together.

Farhan Mar’Isa

periSCOPE Editor in Chief
The African Regional Meeting (ARM) was recently held in Addis Ababa, Ethiopia from the 19th to the 23rd of December 2013. As what usually happens in most IFMSA meetings, there were Standing Committee sessions including joint sessions between SCOPE and SCORE.

The SCOPE/SCORE sessions lasted three days and were facilitated by myself, Kwabena Fosu Lartey, the SCOPE Regional Assistant for Africa, Osman Al-Didiri, the SCORE Regional Assistant for Africa, and Ahmed “Fizzo” Salih Ali, a member of the SCOPE International Team.

The sessions had high attendance, with an average of about 20 participants each day, coming from countries such as Sudan, Ethiopia, Kenya, Uganda, Ghana and Nigeria. The attendees were mainly medical students, with a few LEOs. Thus, our job was mainly to provide them with information and updates on SCOPE and SCORE.

Day 1

The main purpose of the first day was to introduce the participants to SCOPE and SCORE. As most of the participants were fairly unfamiliar with these Standing Committees, we started the session with an introduction of the basic terminologies used. Also, I provided a brief database training session focused on how to access and manage the database as a student user. The training also included a video tutorial on joining Yahoo Groups, which they found to be very helpful since most of them were not subscribed to any of the IFMSA groups. Finally, since most of the National Member Organizations were either not SCOPE active or not SCORE active, Osman explained how to set up SCOPE/SCORE in an NMO. The sessions also included many fun and interactive activities, in which the participants got to know each other.

Day 2

It started with a training session on the importance of organizing pre-exchange/pre-departure training to students participating in exchange programs. Afterwards, there were small working groups to discuss problems faced by NMOs in organizing exchanges. Some of the problems raised were fundraising, lack of communication, lack of student awareness and lack of support from the hospital administration. In view of this, we had a fundraising training session, titled “3 steps to cash” and presented by Stijnije Dijk, current SCOME Director and IFMSA trainer. Then, the SCOPE/SCORE team joined the SCOPH team for a joint discussion on global health. Afterwards, Fizzo Salih Ali, an IFMSA trainer as well as a member of the SCOPE international team gave a training session on Marketing, which provided information on how to market their NMOs to other NMOs and externals.
This was the last day of the sessions. It started with a discussion on Exchange conditions, how important it was that students respected them and how they could affect and create late Cards of Acceptance (CAs), as well as cause VISA issues. To this effect, the group was split into smaller groups and each group was tasked to come up with causes of late CAs, VISA issues and how to overcome them. Afterwards, we discussed Intra African Exchange, looking at the feasibility and practicability. To this we discovered that many of the participants would like to embark on an Intra African Exchange, and thus each NMO representative was asked to do an NMO presentation on their SCOPE/SCORE Exchange Program. This was an excellent interactive exercise. Then we had a presentation on Projects by Moumini Niaone, the Projects Assistant for Africa and a presentation on STEP (Sudan Tropical Exchange Project) by Fizzo Salih Ali. The third day was concluded by a presentation on Think Global by the Think Global representative for Africa, Wendy Egbor.

Throughout these three days, participation was strong and averaged about 20 people each day. Also the participants were eager to learn and get involved in all activities. We are very proud to have planned successful ARM and SCOPE/SCORE sessions! Long live IFMSA, long live SCOPE, and Blue Team link up!

Health recommendations for international travelers

Mode of travel suggestions
No matter if students are traveling by air, sea or ground, having immigration documents up to date and following luggage conditions - travel light or find tutorials on how to make extra space in luggage - prior to traveling will keep travelers out of headaches and last minute complications. It is advisable to wear light clothes, eat and stay well-hydrated prior to departure, and take entertainment devices or books, as they make long trips seem shorter. Travelers with circulatory problems such as deep vein thrombosis can prevent immobility related complications by wearing compression stockings or by walking during long flights. No Scuba diving 48 hours before flights is suggested. For those traveling by sea, packing some medication for motion sickness is highly recommended, besides getting informed about the evacuation plans and learning how to swim (just in case, accidents do happen).

DestinationSuggestions
Travelers should get informed about the weather conditions of the destination country during their exchange and bring appropriate clothes for it. Learning about the culture, customs, cuisine, religion, political system, health system and currency of the exchange country makes adaptation and cultural understanding a lot easier. The epidemiological profile of every country provides basic information about the prevalence of endemic diseases and the main causes of...
of mortality. This information is relevant for medical students, as it gives a general approach to what they can expect to see during their medical practice.

Pre-existing medical conditions
It does not matter if travelers have a pre-existing medical condition or not, packing a basic medical toolkit, having a general medical examination at least one month prior to the trip, getting the appropriate vaccines and making a copy of the clinical chart are basic recommendations for everyone, especially in case they need an extra medical checkup during their exchange. Thus, travelers should look for or be provided the contact information of the national emergency number and the nearest Medical Center prior to or upon arrival.

Each country has special regulations for medication delivery, thus travelers with pre-existing medical conditions requiring special medication should bring enough medication for the length of their stay, together with the prescription and alternatives of medication.

Sexual and reproductive health suggestions
Every country has different regulations on sensitive topics such as abortion, gender diversity, family planning, sexually transmitted diseases, etc. Getting familiarized with the national regulations of the destination country will make it easier for travelers to behave according to them during their exchange period. Safe sex practices will help the travelers avoid any biological, social or mental health issues.

All the suggestions for travelers proposed above provide general easy-to-do health recommendations for the IFMSA exchange students. Exchange Officers either at a local, national or international level play a key role when it comes to positively influencing the exchange experience of students and increasing their adherence to the program guidelines. I encourage you all to make these suggestions available for all students and modify them according to your countries needs. Last but not least important, I would like to thank the SCOPE International Team for their permanent support, all the session facilitators and every single delegate in the exchange sessions of the PAMSA Regional Meeting 2014 for their motivation and creativity. Your commitment to the needs of The America’s region will help us achieve our goals.

References

The SCOPE - Thailand Project

SCOPE has always been one of the biggest platforms that allow medical students worldwide to do their elective or clerkship outside of their home countries, providing an unforgettable chance to learn more about the differences in culture and medical practices among different countries. As a part of SCOPE, we, SCOPE-Thailand believe in the vision of SCOPE, and thus have been working to broaden the opportunity to the local medical students for ten years.

This year, a new tool was initiated by the NEO-Outgoing called “The SCOPE-Thailand Project”, in which we plan to extend our exchange program to students from both participating and non-participating medical schools, therefore offering more medical students in Thailand the chance to participate in SCOPE!
Our method is quite simple: we set up a new special selection process that allows all medical students with no restriction of schools to submit the application. Six LEOs have volunteered to be a part of the selection process, which includes reviewing the applications and eventually interviewing potential candidates to ensure fair selections. Three unused Application Forms (AF) that have been previously returned from LEOs are used as the rewards for the most successful candidates.

There are two parts in the selection process: filling-out an application and a phone interview. The purpose of this process is to gather information about each applicant’s knowledge, creativity, general understanding of IFMSA and what the candidate expects from the exchange. Candidates are selected based on their country of interest, their profiles and adaptability to different cultures they might experience. The applications are conducted in both Thai and English, thus allowing us to determine each candidate’s language proficiency.

So far, we have received about 20 applications from eight different schools. Most of them have shown enough quality to become Thai exchange student representatives. At the end, only three students matched our standards. All of them are from non-participating medical schools (two from Chiangmai University and one from Princess of Naradhiwas University) so we have successfully reached our objectives!

Following the selection process, NEO-Outgoing and Assistant were selected to be the students’ LEO until the end of the clerkship. We also encourage them to promote IFMSA-Thailand, SCOPE-Thailand and our exchange program among medical students. We have published the interviews of three students in our newsletter and website. The students are expected to depart to their exchanges in February and March 2014,
My Exchange experience in Slovenia

If I tried to find a word to describe last August, I think I wouldn’t be able to do it. It was one of those moments in life that are difficult to put in words.

My name is Marta. I’m a medical student from Portugal, now in the 5th year of my studies. Last year, I decided to take on the adventure of going to Slovenia through the SloMSIC Exchange program. Although I thought I knew what to expect from that month since I had been the LEO in my local committee previously, I realized at the end that organizing and participating are two different things.

Slovenia was my first choice: I had really good feedbacks from other students, the landscapes and Ljubljana were simply amazing on photographs and it was close to other countries as well, which made it a perfect place to travel around.

Since the start of the exchange process, the local committee was kind and helpful. They created a Facebook group so all the incoming students could communicate, get to know each other and ask any questions they had. We were almost 35 people (a big group) and always with a lot to read. When I arrived in Slovenia, I had already been in touch with some of the other incomings through Facebook conversations, so it was easier to communicate and meet everyone else.

Ljubljana is a small, calm and beautiful city, yet it has everything that a capital needs. Lots of coffee shops and bars near the river, gardens to rest or read, and some monuments and museums. But, Ljubljana still has the sense and benefit of a small city: you could reach any place in a few minutes, enjoy the small moments every day, and you don’t really need many days to discover and know the city.

In the hospital, I was matched to my first specialty choice – Traumatology. With this exchange I wanted to know a little bit more about the Department, because this subject in my school is only presented in books and we don’t have any practice. I am happy to say that at the end of my exchange my objective was accomplished. I had two great mentors who provided me a great opportunity to learn, observe and practice many skills. I was in the hospital every day as I wanted to learn as much as I could, but my mentors were also very understanding and flexible regarding my schedule since they also wanted me to get the best cultural experience.

SloMSIC local committee provided us a great social program. We were very lucky to visit many of the touristic places: Postojna cave, Predjama Castle, Piran and Portoroz, Soaca river, lake Bled and Triglav mountains. It was very exciting and entertaining to travel with in a big group with the rest of the students. National Food and Drinks Party on Tivoli Park was one of my favorite experiences!

During the month, we created a family with routine habits: time and place to meet during the afternoon, a kitchen to have dinner and someone always responsible for it, a place to meet after dinner, our balcony talks, our night outa... I really miss my time and all the friends that I made in Ljubljana.

The IFMSA Professional Exchange program is something every medical student should experience. It’s an opportunity to meet amazing people from all over the world and make life-long friendships. It’s a place to share moments, cultures and skills, and create new ones. It is a good chance to enhance your knowledge and skills in the medical field, as well as develop stronger communication skills and a better understanding of diversity and cultural differences.

Thank you SloMSIC family, you are awesome!
I had never heard before, such as sfogliatella, baba, cannoli and so on.

During the weekends, free from our work, we usually went somewhere out of Naples, to those wonderful small southern Italian towns which Naples is surrounded by. Many of them are famous around the world.

There are small towns, scattered directly in the coastal cliffs of the ancient Amalfi Coast, which are connected only by means of a winding serpentine, laid in the rocks. Amalfi, the historic center of the coast, gave the name to this resort region that is famous for its Cathedral and the ancient technology of papermaking, preserved until now.

Positano - a former fishing village, turned into an elegant resort town, attracting artists because of its beautiful landscapes. Besides, we managed to visit Sorrento and Salerno, which were especially interesting, because in the XI century the illustrious medical school – one of the oldest and largest medical institutions in medieval Europe was open there. Salerno was even called the “city of Hippocrates”. Nowadays, unfortunately, only few medical museums, and the Minerva’s Gardens, where medicinal herbs are grown, remain from the past. We also visited the island of Capri, which astonished me the most. It is only about an hour trip from Naples. Here, at every step, you can see magical landscapes, stunning with its beauty. I began to understand why this place is so often mentioned in the works of art, and why the famous doctor and writer Axel Munthe built his legendary villa there.
My time in Italy, as usually happens, passed very quickly. I left with many memories, great experiences, many beautiful pictures, amazing acquaintances and hopefulness to go back again one day. I dream of going back to walk through the narrow streets of Naples, while listening to a barely noticeable tambourine chimes and inhaling the tart flavor of fresh ristretto, flavored with acidity of the Sorrento lemon, and plunge into an unforgettable atmosphere of the “Neapolitan theater”. Southern Italy forever captivated me with its beauty, sincerity, warm sun and friendly people.

Oman- where time stands still

“Oman? Where is it?” - One of the most frequent questions I was asked last year. Every time I had to explain patiently that it is situated on the Arabian Peninsula, and it is bordered by Saudi Arabia, Yemen and United Arab Emirates. The two questions that always followed were: “Are you crazy? Why are you going there?” The truth is that I initially had no answers to why I chose to do my SCOPE exchange in Oman. However, after spending one amazing month there, I can surely say now that it was one of the best decisions that I have ever made!

I still remember getting off the airplane and feeling the hot, humid air around me. My first impression was that my flight did not land in Muscat, the capital of Oman, but rather the largest sauna in the world. But as soon as I met the rest of the exchanges and the Omani students, my impression changed, and magically that hot humid weather became pleasant. We had a great time together – Omani organized plenty of activities for us: they drove us to visit some of the most beautiful places in their country. We also got to experience firsthand their lifestyle, which gave us a better understanding of their customs, culture and religion. We grilled on the beach and in the mountains, slept under the starlit Omani sky, swam in the sea with the dolphins, explored some beautiful valleys in the Green Mountains, and watched turtles lay down their eggs on the beach in the middle of the night. We ate plenty of fresh dates and mango, tones of delicious Omani food (prepared for us by our friends and their families of course) and drank liters of fresh fruits juices. We spent countless hours hanging out, singing, playing cards and werewolves. But the exchange was not only about sightseeing and having fun. Rather, it was a great learning experience as well. Every day I had to go to the hospital, where I had classes at the General Surgery Department. I learned a lot of new things – the doctors communicated with each other in English, so I didn’t have any language problems. Moreover, they were really eager to answer all my questions and resolve all the doubts I had. I was allowed to do a lot of practical stuff – such as wound stitching, removing cysts, assisting in the operations and even intubating patients.

Oman is a beautiful and safe country, full of friendly and helpful people. Even before the start of my exchange, I was certain that I would have a great time. But my experience in Oman definitely surpassed my expectations! All the people I met there (my friends from the exchange and the Omani who took care of us), made my SCOPE exchange an unforgettable experience, that I’d love to re-live!
In July of 2012, I traveled to Santa Ana, El Salvador to complete a Pediatrics rotation through the IFMSA Professional Exchange program. As a second year medical student, who has only completed basic sciences, I was initially afraid. However, growing up, I always had the desire to pursue a career in medicine, and specifically in Pediatrics. At my arrival to this magic paradise full of jungles, forests, beaches, delicious food and interesting diseases, I had many questions in mind: what can I do in this Department? Do I have the skills and the knowledge to survive the clinics?

The first day in the National Hospital San Juan de Dios de Santa Ana, my contact person and the NEO-IN of IFMSA-El Salvador gave me a guided tour through the hospital. I saw different Departments, but the maternal milk bank was the most interesting one for me. At the end of the tour, I was introduced to my tutors, Dr. Guevara and Dr. De Santos. Both were excellent, helped me improve my clinical knowledge and skills. Through this experience, I learned how to take a prenatal clinic history, neonatology physiology, electrocardiograms in the pediatric population, pediatric pharmacology, and pediatric neurology.

I also got to attend a few classes at the University and visit the library to borrow some books. Moreover, I was fortunate to perform my first stitch and watch labor for the first time. Finally, I learned about all the benefits of breastfeeding and the Salvadoran policies that exist.

In addition to the educational aspect, my experience in El Salvador was strongly cultural as well. I got to interact with people of different backgrounds, which enhanced my cultural awareness and understanding of diversity.

I would like to thank all the contact persons in El Salvador for providing an excellent social program, which made me more familiar with the customs and traditions. I also got to visit many beautiful places, such as the lakes at Coatepeque, Paradises Beach, volcanoes and many more. But the best part of my experience is the beautiful friendships I built while in El Salvador.

Again, I would like to specifically thank Marielos, NEO-IN Cesar, Dr. Guevara and Dr. De Santos for providing me with a wonderful cultural and learning experience. I encourage everyone to participate in an exchange in El Salvador. You will certainly have an incredible experience, filled with many cultural activities and learning opportunities!
Last June I took part a clinical exchange in Campobasso, Italy in the Department of Cardiology. It was a long way to achieve this goal: exams, meetings, documents, presentations, letters, tickets and visa. When I arrived there with my friend we couldn’t believe in our own eyes. I was in Italy, in the country with such rich history, culture, architecture, music, and friendly people. It was a great opportunity to practice my English and Italian as well as to work in a European hospital. I was excited to improve my medical skills and knowledge.

The Department of Cardiology of Antonio Cardarelli’s Hospital consisted of six beds with monitoring of vital parameters by EKG and visual monitoring for intensive care unit patients; thirteen beds for post intensive therapy patients with EKG monitoring as well. There was also Department of Coronary Angiography in the basement.

The head of the department is a professor at University of Rome, who went to Campobasso to develop the coronary angiography program. Our tutor, Dr. Gian Ludovico Magri, is the head of the Cardiology Society in Florence. Our working days lasted for five – six hours. They could start in four ways: outpatients, doctor’s round, emergency or coronary angiography.

Together with Dr. Magri, we provided outpatient care through learning how to take a clinical history of cardiology patients, performing EKGs, which was my first real clinical experience, observing EchoCG. In the Emergency Department we got acquainted with a protocol in case of an acute myocardial infarction. It’s quite surprising how angiography was performed almost in all cases we found. Doctors were aspirating clots via balloon dilatation.

There are three of four planned angiographies performed by the best doctors of province Molise (Campobasso is the capital) on Tuesdays and Thursdays. All doctors and specialists had to guide patient visits, discuss the most complicated cases, their diagnoses and decide the respective treatment.

The doctor/patient relationship was truly amazing, and it reflected some cultural differences between Italy and Russia. Both doctors and patients were always friendly, gentle, smiling and making jokes. Unfortunately, it is an exception rather than a rule in our country.

We had so much fun with Italian students during international dinners, visits to gelaterias and other amazing places. They helped us with everything we needed. Afterwards we traveled a lot: Siena, Pisa, Florence, Rome and Venice. Italy is a beautiful country!

I’m very grateful to everyone that helped me on this journey. It was an unforgettable experience: I improved my language skills, I learned a lot not only about Cardiology but also about the Italian health care system, their culture and history.

Now I have new friends from all over the world. A new world that is also mine!

Maria Chibireva
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SCOMEdians are the guardians of our medical educations; their mission is to improve the quality of medical education curricula throughout the world. In the following pages you will meet some courageous and inspiring members of the SCOME crew, who will discuss with you such essential topics as the access to medical training in Europe, accreditation issues in Brazil, and the importance of a good doctor-patient relationship from the very beginning. Be enlightened!
Dear medical students worldwide,

Welcome to the MSI edition for the March Meeting 2014, Tunisia. Please allow me to introduce myself: My name is Stijntje Dijk, and I am the IFMSA SCOME-Director 2013-2014. IFMSA has a dedicated organ – the Standing Committee On Medical Education (SCOME), which aims to implement an optimal learning environment for all medical students around the world. 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 health care.

SCOME aims 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. We support active involvement in education on an individual level encouraging students to take the initiative and responsibility for their education, both curricular and extracurricular, through: seeking educational experiences and opportunities for further development, participating in extracurricular activities that simultaneously enrich them and benefit their peers or the community, collaborating with the faculties by forming and expressing informed opinions and providing appropriate feedback in an effort to elicit necessary change, as well as with national and international bodies in order to contribute to global improvement of Medical Education.

We organize projects that promote and provide opportunities and tools for medical students to improve their knowledge and pursue their goals, provide information to students about relevant issues in their education, centralize students’ opinions, facilitate communication with the faculties or other institutions. We seek to promote best evidence Medical Education practices for efficient delivery, advocate for improvements in faculties, national Medical Education systems and international guidelines.

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.

In the following section of this MSI edition, you will find only a handful of examples of the amazing work that our members do worldwide! Imagine that each country submitting an article has several more projects running at the same time, and now multiply that by over 100 countries where IFMSA is active. In IFMSA, we believe in the saying “think globally, act locally”. Our members ARE making the change in the world through Medical Education, by making the change locally. On the international level, we try to offer a platform where those involved in Medical Education come together. This year, SCOME is also focusing on 5 priorities, which are Non Formal Education, Student Rights & Wellness, Reproductive Health Education, Curriculum & Projects databases and Internal Operations. We gather opinions from across the globe and advocate on your behalf to the world’s most prominent organizations such as the World Federation on Medical Education or the Association for Medical Education in Europe. During the March Meeting 2014 in Tunisia, we hope to offer participants an introduction to the international world of Medical Education, to share experiences, to learn, to get motivated and inspired, and to gather new ideas to take home to the local level and our faculties. The SCOME international team wishes you an incredible experience, and we hope you enjoy reading the following articles.

All the best

Stijntje Dijk

On behalf of the SCOME International Team: Agostinho Sousa (Liaison Officer for Medical Education issues), Scott Hodgson (Americas), Rasha Osama (Africa), Yameen Hamid (Asia-Pacific), Ahmad Badr (EMR) and Rachel Bruls (Europe).
Throughout the world, there are many different application processes for getting into medical school. They look at many different aspects of applicants, including grades, test results, personal characteristics, and communication skills. Despite the differences among these systems, there is one general truth about medical students, no matter how they are chosen. They are strong.

They are strong not because of the selection criteria in choosing them, but because they must survive through the system called medical education. This is no easy process. For years, students will be challenged with hardship, tedious amounts of studying, limited social life, and numerous other challenges. All of this also takes place at a time and age where medical students tend to be confronted with other life challenges, such as: finding their identity, dealing with the death of grandparents or parents or other loved ones, dealing with illness, and making those hard life decisions that 20-somethings have to make.

Medical students are strong; they go through the life challenges that other adults their age go through, and they go through the stress of medical school. This strength has limits though. Humans are not coal; we will not turn into diamonds when we’re put under tremendous pressure for too long.

We will change and become something closer to what medical schools say we should be, but we also might lose part of those very characteristics that we were chosen for.

We become strong, yes, but what is the cost for that strength? How does medical school change students? Are all of these changes necessary, and are they good? Can we become strong without giving up our unique strengths and abilities? Can we change the system? Should we? These are the questions that I ask myself. These are answers that students across the world desperately need, and these are answers that could change the way that we’re taught.

With these questions and answers in mind, the IFMSA Standing Committee on Medical Education (SCOME) set up the permanent small working group on Students’ Rights and Wellness. This group has the goal of exploring these issues, and of gauging the effect that medical school has had on all of us. With this information, we will be able to advocate for change if change is needed.

Finally, I have a message for all of you, dear readers. Take pride in yourselves for surviving medical school, and further, for having the dream and passion of healing the sick. There is no higher calling, and your dedication in pursuing that goal is beyond admirable. Together, we can heal the world. Together, we can change the world. We can change the way that doctors are taught, and thus, change the way that doctors behave.
This year we have started several research projects on a national and international level that will investigate how Global Health is implemented in the medical curricula. We have designed a questionnaire for students, and that will help us gather their opinions about whether there is enough Global Health implemented in their medical curricula. Based on the data outcomes of these projects, we will write a guide on how to implement Global Health in the medical curricula and how the students can efficiently learn and benefit from different types of education around this subject.

The guide will be sent to the Deans of different medical schools across the Netherlands. This will be followed up by a meeting with the Deans to emphasize the importance of Global Health education in medical education, to provide some useful tools to enhance Global Health education and to address any questions the Deans may have. Once this project is completed locally in the Netherlands, the guide will be distributed internationally with the goal of emphasizing the importance of implementing Global Health in the medical curricula around the world.

How much education do I get about Global Health?

Ask yourself this question and see if you find it enough. Think about whether you know enough about neglected diseases, medical care outside your own country, health equity, the term global health governance and if you know what a DALY and a Noncommunicable Disease are.

Did you just find out that you don’t know enough about Global Health? Help us out and fill out our form at the project fair and we will do our best to implement more Global Health in your medical curriculum!

There are currently around 216 Brazilian medical schools. The country is in a massive mission to increase this number and prove to an uneducated population that this is one of the ways to provide better health care. However, this methodology doesn’t include a direct investment in a sustainable Medical Education system.

World Federation of Medical Education proposes standards of accreditation in medical schools to create a pattern of evaluation that secures quality in Medical formation. And maybe this is an effective way to insure all countries will have improvements in undergraduate medical education, graduate medical education and professional development.

The challenge of proposing a universal method for evaluation relies on considering regional and national differences in the educational system and avoiding any dictatorial aspect in the process. These standards and sub-standards can ideally adapt and standardize without harming individual aspects and the educational results.

If all odds can be reviewed and considered, an effective global way of accreditation will have the adhesion of most countries that need to renovate their educational process, which in turn will give credibility to their physicians. Medicine is a field where we can share knowledge worldwide independent of where it is, and if global excellence standards could be established, then maybe that is when we can definitively start calling ourselves globally qualified physicians.

References


Accreditation in Brazil

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When we talk about accreditation, we are in front of one of the main keys to secure quality in Medical Education at a global level, through maintaining quality and facilitating movement of human medical resources.

Not all countries make substantial efforts to prioritize this specific aspect in medical graduation, which is essential to set a basic bar in the quality of our medical professionals. In Brazilian reality, education is neglected in many ways, and Medical Education is not an exception. Even with some high class institutions, most of the schools are poorly evaluated and have a huge lack of structure, even public faculties, which should be the best locally and nationally. However, in 2000, 8,000 students were graduated as doctors, while in 2012 there were about 18,000 spots in medical schools, which mean 18,000 medical doctors by 2018 [1].

In this scenario, the ways of official accreditation are bent or even ignored to satisfy the needs of political strategies, and not those which prioritize social and educational improvement. Many social aspects affect the integrity in accreditation of medical schools, most of which are related to political and monetary interests. Private schools are available but are poorly regulated to satisfy financial needs of private organizations and personal interests. Public medical schools are poorly administrated, even neglected, to change the destiny of public resources and, as the own organ of evaluation, overlook it. Public medical schools are poorly administrated, even neglected, to change the destiny of public resources and, as the own organ of evaluation, overlook it.

If all odds can be reviewed and considered, an effective global way of accreditation will have the adhesion of most countries that need to renovate their educational process, which in turn will give credibility to their physicians. Medicine is a field where we can share knowledge worldwide independent of where it is, and if global excellence standards could be established, then maybe that is when we can definitively start calling ourselves globally qualified physicians.

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From July 22nd to 26th 2013, the second edition of the Workshop on Access to Medical Training in Europe (WAMTE) was organized by PorMSIC-Portugal and took place in Lisbon.

During those five days, nine European medical students discussed several topics regarding access to medical internship not only in Europe, but also in other countries, with a special focus on the European Directive 2005/36/EC. WAMTE’s program included plenary sessions, small working groups, workshops and also a very special social program that aimed to promote Portuguese traditions through an interactive experience among the participants.

The first plenary session was about Access to Medical Internship and counted with the World Young Doctors’ Organization (WYDO) and the European Junior Doctors (EJD). A joint project between WYDO and HelMSIC-Greece, the Residency Database, initiated in 2002, was presented during this session. It’s an online database with practical information to be used by young doctors interested in completing their residency training outside their own country. The goal is to be coordinated by a network of medical students and young doctors who gather the information for their countries maintain it up-to-date.

On the fourth day, over fifty Portuguese medical students joined WAMTE to attend the second and third plenary sessions, on Mobility and Recognition in Europe and European Directive 2005/36/CE and Mobility and Recognition beyond European Boundaries respectively. Some distinguished national and international speakers enriched the discussions:

- Dr. Madalena Patrício: President of AMEE (Association for Medical Education in Europe), Executive Board member of WFME (World Federation for Medical Education) and BEME (Best Evidence in Medical Education);
- Dr. Konstanty Radziwill: immediate past President of the Standing Committee of European Doctors (CPME);
- Dr. David Gordon: member of WFME (World Federation for Medical Education);
- Dr. Amélia Ferreira: Coordinator of the Medical Education Centre of the Medical School of the University of Porto;
- Dr. Bogdan Covaliu: General Manager ‘Careers in White’ and Assistant Professor in Public Health in University of Medicine and Pharmacy ‘Iuliu Hatieganu’, Cluj-Napoca, Romania.

At the end, it was agreed that specialties’ recognition in European countries continue to be a non-consensual issue and many problems still exist. European curricula, assessment and time versus competence based qualifications were hot topics concerning mobility inside Europe. The importance given to professional quality assurance is, however, notorious.

Mobility outside Europe was also discussed: main motivations to choose another country to work, problems related to professional recognition and the role of recruitment companies were the main issues in focus.
The AMEE experience

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The AMEE Conference 2013 was held in the beautiful city of Prague (Czech Republic) and I got the chance to attend as a member of the student Task Force (STF). It was an unique experience that gave me a new perspective on being a medical student and the role we, as medical students, could play in improving medical education, health care systems and ultimately global health. It was a great opportunity to meet medical students from all over the world and learn about medical education in different parts of the globe.

The conference was attended by some of the greatest names in medical sciences worldwide. Participants were able to share their current issues and what improvements they would like to see in medical education in the future.

SCOME was the gateway for this wonderful experience. I hope we can use what we have learned to become leaders who promote the changes needed in medical education. I am very thankful to IFMSA for allowing me to take part of this experience, which is offered to any medical student worldwide who is interested in the improvement of medical education.

In 2014, this conference will be held on Milan (Italy) so be up for the challenge and don’t miss the chance to be part of the exciting AMEE experience!
MediCafé is a successful national project, running in the Czech Republic, where various medical topics are discussed in a meeting that is held monthly in a local cafe. These evenings are very popular among participants, who are mostly medical students, due to the great atmosphere. Discussions are lead by specialized local guests whom we aim to bring closer to our students.

Recent topics included: epilepsy, the use of medical marijuana, pediatric oncology and kidney transplantation, adolescent’s tumors, diabetes mellitus and others.

MediCafé was initiated by the local committee of the 2nd Faculty of Medicine, Charles University in Prague. Thanks to IFMSA-CZ, the idea was quickly spread. Today, this project runs at seven medical school and we currently collaborate with LMSA-Libya and IFMSA-Poland.

It was presented at the March Meeting 2013 in Baltimore (U.S.A) during the SCOME sessions and Project Fair. It was the beginning of an international collaboration. We hope that this great project can be diffused to other countries and become an equal partner to other SCOME projects.
We spent a whole afternoon discussing real cases of negligence in health care services, on how to deliver bad news correctly and others topics. The purpose was to demonstrate what physicians should do and also avoid when it comes to build a solid patient-physician relationship, since the first years of medical studies.

Patients have the right to get the best treatment we can provide, not only because of their disease but above all for their humanity.

The issue of neglect and low-quality care in Brazilian hospitals is not a new phenomenon. However, only in the last two decades this question began to invoke greater interest in medical community. A good service to the society is the one that considers the human being as a whole. Currently, along with various methods of diagnosis and treatment, primary care, covering both patients’ arrival in the office with a detailed clinical history and prevention methods application, is being poorly performed.

It’s essential to set up a stronger, respectful and trustworthy relationship between patients and physicians in a time when mock-up hospitals with standardized patients are all we will find during our academic course.

In order to strengthen this trust from the very beginning, devoted students volunteered to perform a local experiment. During the first day of classes at Nove de Julho University, five different scenarios were built from singular situations witnessed in private hospitals in São Paulo. Students from different years, physicians and patients participated in those scenes and the scripts were designed by medical psychology professors.

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The International Federation of Medical Students Associations is an organization for medical students. We form an international platform for student initiatives to create awareness about and improve Global Health in our communities, as well as students’ personal development as future health care professionals. This article was written by the organ within IFMSA-NL that aims to implement an optimal learning environment for all medical students around the world: the Standing Committee on Medical Education. Our vision is that medical students should attain an optimal professional and personal development to reach their full potential as future doctors, for better health care worldwide.

At the March Meeting 2014 in Tunisia, IFMSA will join hands with the International Veterinary Students’ Association (IVSA) and the Standing Committee on Medical Education (SCOME) and Standing Committee on Public Health (SCOPH) will work together on what we as medical students can do to create the change ourselves. We look forward to welcoming you in the sessions.

One Health
The One Health concept, also known as One Medicine, is a worldwide strategy for expanding interdisciplinary collaborations and communications in all aspects of health care for humans, animals and the environment. It helps to enhance Public Health, expand the scientific knowledge base and improve medical education and clinical care. In this article, we will try to explore the importance of One Health, by explaining the impact of emerging infectious diseases and the importance of preventing and controlling them.

Global need for collaboration
Worldwide, nearly 75% of all emerging human infectious diseases in the past three decades originated in animals. Environmental health may affect human and animal health through contamination and pollution. To provide adequate health care, food and water for the growing global population (estimated to grow from 7 billion in 2011 to 9 billion in 2050), the health care professions and their related disciplines and institutions must work together. Collaborations will beneficially impact the health of both people and animals, for example in the fields of research and infection control.

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One Health
The One Health concept, also known as One Medicine, is a worldwide strategy for expanding interdisciplinary collaborations and communications in all aspects of health care for humans, animals and the environment. It helps to enhance Public Health, expand the scientific knowledge base and improve medical education and clinical care. In this article, we will try to explore the importance of One Health, by explaining the impact of emerging infectious diseases and the importance of preventing and controlling them.

Global need for collaboration
Worldwide, nearly 75% of all emerging human infectious diseases in the past three decades originated in animals. Environmental health may affect human and animal health through contamination and pollution. To provide adequate health care, food and water for the growing global population (estimated to grow from 7 billion in 2011 to 9 billion in 2050), the health care professions and their related disciplines and institutions must work together. Collaborations will beneficially impact the health of both people and animals, for example in the fields of research and infection control.
Lastly, zoonoses are not a mere health issue; they also create an economic problem. For example, Jean Kamanzi from the World Bank estimates that food-and-mouth disease cost $5.8 billion in Taiwan. Another example is the Nipah virus in Malaysia, which cost $350-400 million.[3] This economic impact is caused by loss of labor due to illness, a decline in production of livestock and livestock products and sometimes restriction and reduction of international trade. All in all, one can see that zoonoses have a large negative impact on developing countries.

...and in developed countries as well

But - as opposed to what many people may think, considering the risk factors mentioned above - zoonoses are not limited to developing countries. In the developed or newly industrialized world, zoonoses are a great risk for public health as well. Remember the large SARS outbreak in China in 2003? A virus that used to be limited to animals caused this severe acute respiratory syndrome. Another famous example is the methicillin resistant staphylococcus aureus, better known as MRSA. This hospital’s worst nightmare can be transferred from animals to humans. In the first half of the year 2009, 659 cases of animal-related MRSA were reported in the Netherlands. [4] Being the carrier of MRSA is not a direct threat to these people themselves, but it can be very dangerous when they get admitted to a hospital. MRSA can then spread to the already sick people and cause life-threatening infections. The best way to prevent MRSA is good hygiene. Better hygiene would also decrease the number of people getting sick and dying after eating food infected by pathogens – respectively 650,000 and 75 each year in the Netherlands alone.[5]

The economic consequences of zoonoses are also a point of concern in the developed world. Kimanzi estimated that the emergence of foot-and-mouth disease and Bovine Spongiform Encephalopathy, BSE in short, cost the UK over $40 billion.[3] In the developed world this economic impact is not so much caused by loss of labor, but rather by a decline in production and restriction and reduction of international trade.

Your problem?

If you never had food poisoning and if you are not a farmer, you might still think that zoonoses have little to do with you. But what to think of pets? Cats and dogs can serve as reservoirs for cat scratch fever and rabies. Petting your animal could lead to certain fungus infections that can be transferred to humans through skin-fur contact. In some cases you do not even need to be in direct contact with your pet to get sick. Did you ever wonder why pregnant women should not clean the litterbin of their cat? There are several parasites present in animals’ urine and faeces that can be dangerous for humans. Of course this article is not meant as a plea against having pets. It does, however, serve to illustrate the need for a good collaboration between veterinary and human medicine. It is important that both branches of medicine are aware of the fact that diseases can be transferred from animals to humans. An interdisciplinary approach will lead to new insights into preventing and controlling these zoonoses.

Spreading the message

When you ask doctors about interdisciplinary health cooperation, they tend to name different sorts of specialists - like cardiologists, neurologists and surgeons - working together. The One Health Initiative is a movement to forge collaborations between physicians, nurses, veterinarians, but also oesteopath, dentists and other scientific-health and environmentally related disciplines. Cooperation can enhance public health efficacy, expand scientific knowledge base and improve medical education and clinical care. In February 2011 the first International One Health Congress took place in Melbourne. Since then there has been a large mobilization in favor of One Health. However, the concept has remained mainly US-centered.

Together, we can

We believe One Health can be achieved through joint educational efforts between human and veterinary medical schools and schools of public health and environment. Also, through joint efforts via health networks and conferences and joint efforts in clinical care for better treatment and prevention of cross-species disease transmission. We think that working together on comparative medicine and environmental research, development and evaluation of new diagnostic methods, medicines and vaccines and interprofessional education will lead to better prevention and control in the future. We encourage both students and health care professionals to take initiative and to take responsibility to get more informed about One Health and Global Health related problems. Together, we can make a change.

Further Reading

• This article was published in Global Medicine – the official IFMSA-The Netherlands magazine on Global Health. For more information, please refer to www.glozbalmedicine.nl
• One Health Initiative. www.onehealthinitiative.com

References

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2013-2014

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We are here for you! If you have anything that you need help with, or want to give feedback or input, please do not hesitate to contact us; we are at your disposal.

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