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2030

AGENDA FOR SUSTAINABLE DEVELOPMENT

INSTRUCTIONS
Start in post-2015. Reach all goals by 2030.

1. End Poverty
2. Zero Hunger
3. Good Health and Well-Being
4. Quality Education
5. Gender Equality
6. Clean Water and Sanitation
7. Affordable and Clean Energy
8. Decent Work and Economic Growth
9. Industry, Innovation and Infrastructure
10. Reduced Inequalities
11. Sustainable Cities and Communities
12. Responsible Consumption and Production
13. Climate Action
14. Life Below Water
15. Life On Land
16. Peace and Justice, Strong Institutions
17. Partnership for the Goals
The International Federation of Medical Students’ Associations (IFMSA) is a non-profit, non-governmental organization representing associations of medical students worldwide. IFMSA was founded in 1951 and currently maintains 124 National Member Organizations from 116 countries across six continents, representing a network of 1.2 million medical students.

IFMSA envisions a world in which medical students unite for global health and are equipped with the knowledge, skills and values to take on health leadership roles locally and globally, so to shape a sustainable and healthy future.

IFMSA is recognized as a nongovernmental organization within the United Nations’ system and the World Health Organization; and works in collaboration with the World Medical Association.
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Dear Reader,

It is such an excitement and honor for me to write these words for the 33rd issue of our biannual magazine - the Medical Student International.

While preparing for this issue, I have had the chance to analyze all the previous issues that IFMSA has made, and I couldn’t help but get amazed to see how much we have improved with each and every magazine.

We have a unique chance to represent the voice of Medical Students from all over the globe on different hot and interesting topics with every new issue, share the experiences from different countries, cultural backgrounds, views, local backgrounds and standing committee related projects.

We are excited to get each and every submission to our article and truly wish we had as big of a publication to accommodate them all! We would like to thank once more to everybody who submitted their incredible work and encourage to share it widely on various publications, newsletters, social media and national media, not only to share good practices, but also to spread widely the news of medical students contribution to the society.

The selection process was a real challenge, since all your contributions are worthy sharing! With the help of our Standing Committee Directors and their International Teams, we have tried to provide the most objective evaluation and aimed to serve you our best.

Also, it would be a shame not to mention the amazing help and dedication of our Content Editing Team Members, Zenia and Franchesca. I cannot thank them enough for their hard work, enthusiasm, commitment, and their incredible support. This issue would not be here without them.

We hope that you would enjoy this issue of Medical Student International, and we wish you a pleasant reading time.

If you have any feedback or comments, please don’t hesitate contacting me and the International Team. We are always open to your input!

Warm regards,

Mustafa Ozan Alpay
President’s Message

Karim M. Abuzied
IFMSA President
2015 - 2016

Dear Reader,

It is with such an honor that I am presenting to you the 33rd edition of IFMSA Medical Student International Publication as a continuation of the IFMSA tradition over the years.

Medical Student International is the official international publication of IFMSA. It is currently issued twice a year before IFMSA General Assemblies and it is such a privilege to be able to write this introduction for the 33rd Issue of our official publication.

Going back in the time when MSI was first created back in 1991 with the slogan of “Communication, Creativity, Continuity, Companionship”, you will be able to understand why IFMSA spends so much effort on the creation of this publication. MSI was created as a rejuvenation of the IFMSA Publication of the 70’s under the name of INTERMEDICA. It was planned with the aim of being an informative, interesting and lively newspaper containing articles from all the international medical Student organizations.

This legacy over the years, and after editions and editions of MSI can only symbolize the motivation, dedication and enthusiasm of medical students across the different eras that IFMSA has passed through. It started with a printed copy of 16 pages that is mailed via post services to National Member Organizations until it reached its current shape of more than 100 pages, covering topics from all of our Standing Committees and all IFMSA Regions. This edition is only another step on the path of continuity and sustainability of our federation.

One fourth a century after the issuing of the first edition of IFMSA Medical Student International, here we deliver to you the 33rd edition of our official publication that was only possible to be brought to light through the inspiring cooperation between medical students from 116 countries across the globe, writing articles, sharing creative ideas and valuable experience, working on the proof reading and designing till it ended up with the product you have in front of you right now. All of those priceless efforts would only be rewarded by the time you would take to go through the interesting articles shared over the different sections of this unique edition of MSI.

Finally, I would like to wish you a pleasant experience surfing through the following pages. I am quite confident that it would be an enriching experience that would only add to your knowledge and challenge your mind. We will be waiting for your feedback and most importantly your contribution to our next edition of MSI.

“Learning never exhausts the mind” Leonardo da Vinci

Best Regards,

Karim M. Abuzied
IFMSA President 2015-2016
The Past, the Present, the Future: this year’s IFMSA March Meeting Theme echoes also Prof. Erik Holst Fund’s short, but promising history... Initiated back in 2011 in Copenhagen, Denmark, by an enthusiastic team of IFMSA Alumni, the Fund has already stepped in its 4th year of existence. So far, among many hardships and drawbacks, it finally started giving back to IFMSA “something for all that IFMSA has given” to its Alumni when they still were medical students...

After Surendra Sapkota from Nepal last August, who attended the IFMSA GA in Ohrid, FYR Macedonia with the help of a Prof. Erik Holst Fund Scholarship, time has come for the 2nd Scholarship which has been awarded to a very promising medical student-leader from Pakistan, Ms. Haleema Munir! Listen to her story, as she describes her aspirations about her upcoming participation in the MM2016 in Malta:

“While applying for this scholarship, I was very well aware of the tough competition that I would be facing by very competent applicants from all over the globe and so all I could do was to hope for the best. Seeing the email announcing the winner was one of the most exciting and memorable moments of my life. I was overjoyed at the very thought of meeting my IFMSA family from all around the globe.

Being the winner of Prof. Erik Holst Fund Scholarship for attending the March Meeting 2016 in Malta is all very exciting and thrilling, so much so that sometimes it even seems unreal. But more than that, it is an honor to have been selected by core IFMSAians-for-life to attend the hub of IFMSA magic. I am extremely thankful to the members of the Fund for selecting me and considering me worthy of this honor.

Since my selection as the recipient of this scholarship, the members of the Fund have been in regular contact with me and they have been extremely cooperative to ensure smooth working of the technicalities.

This opportunity for me to attend MM2016 will not only help me as an individual and enhance my skills as a culturally-aware professional, but it will also help my NMO, IFMSA-Pakistan, as I intend to spread out the training, wisdom and learning I’ll gain from this GA among the hundreds of members IFMSA-Pakistan who are unable to attend IFMSA General Assemblies.

I would urge all true IFMSAians who wish to experience IFMSA firsthand to keep applying for Prof. Erik Holst Fund Scholarship. If you didn’t get selected the first time, you might get selected the next time you apply, just like me!”

We all in the Fund’s Board of Directors, with the kind assistance of our Board of Trustees, will keep on fundraising for our Fund, only to be able to deliver more Scholarships to IFMSA members all over the world as well as the first-ever Erik Holst micro-grants to IFMSA projects. And of course, we will be for ever thankful to our wonderful Alumni colleagues for their incoming donations! Visit our webpage for more information at: erikholstfund.com!

Dr. Konstantinos Roditis, MD, MSc
Chair, Prof. Erik Holst Fund Board of Directors
Haleema Munir
President, IFMSA-Pakistan
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A lot of memorable events has happened in the year 2015. The world made a deal on how to tackle climate change. More conflicts has risen than peace was negotiated. The refugee crisis has reached the highest peaks. An earthquake has hit Nepal. Liquid was found on Mars. Adele’s new single “Hello” broke several records on YouTube, among which - the shortest time to reach 1 billion views. It’s hard to keep track of everything! But one very important thing might not have been given the attention that it actually requires - it is the adoption of the Sustainable Development Goals - SDGs. If you haven’t heard about it before, I am sure you’re not the only one. “Hello” is definitely more popular than the SDGs. But there are quite several reasons of why we should take a special notice of this.

The world has been going from union to a cluster, always organizing themselves on the way of living, trade, land, and the riches of it. The biggest and the most well-known cluster of them all is United Nations. In 1945 a handful of countries has signed a Charter to create a union, which now holds up to 193 countries as members. Due to the powers that are vested in the Charter and the international character of it, UN can take action on the issues that are confronting humanity in the nowadays world, such as: peace and security, climate change, sustainable development, human rights, disarmament, terrorism, humanitarian and health emergencies, gender equality, governance, food production and many more. In order to actually have a plan on how to tackle the issues that humanity face, UN creates a certain set of goals and targets that the member states would tailor along with their priorities and use together for the greater
purpose of the whole world.

That is how the Millennium Development Goals came to us in the year 2000. After setting up a clear list of goals and targets, in order to find a cure or at least relieve the pains of the world nowadays, they were officially launched for work in 2002. It was 8 clear goals that might not have taken everything into account, but did cover the majority of biggest problems.

This has set up the ground and raised the appetite for more. More vigorous, more ambitious, more mindful, more combined, more undertaking plan than the one before. What would happen beyond the 2015?

Nowadays, the word “sustainability” is frequently used. Sustainable development has been defined as the development that meets the needs of the present without compromising the ability of future generations to meet their own needs. Using the resources that we have right now in the most efficient way, so that in the future, we do not suffer the consequences of their shortage. The agenda itself is constructed on the main pillars of economic, social, environmental wellbeing.

Transforming our world: the 2030 Agenda for Sustainable Development - has been adopted in the UN General Assembly special summit on sustainable development. The process that led up to this - was equally as impressive. After long talks on the sustainability of the planet, member states initiated an Open Working Group, which was mandated to set up the agenda, by writing down the goals, which are easy to communicate, have clear number and would be integrated in the UN plans beyond the 2015. In the meanwhile, various consultations were held, not only with the member states, but also with the civil society - the non-governmental organizations, the major groups, and the people. My World Survey was carried out in order to identify what do people prioritize in different age groups. A cycle of negotiations followed after the OWG announced their report. SDGs are meant to leave no one behind and it’s sure trying to reach that!

Since the beginning of the year 2016 - we are officially in the age of sustainable development for the next 15 years. There are 17 goals and 169 targets that are setting the way that the world will work. Looks definitely a lot. But the way that the Goals are designed is to be linked with one another and cross-cutting. So that different aspects are taken into consideration and more multi-collaborative approach is encouraged. It basically says: we cannot do it without working together.

And work together we must! We must look towards the implementation of the agenda, each and every one of you must be a part of the agenda in order for it to work. The agenda does rely on countries to take a firm step forward and drive the process nationally, own the responsibility, set up priorities and a plan to get there. You - can be a part of it! It is important to follow the process on the many different levels that it has, from local to international. The smallest input count in the sum of reaching the communities around the world and improving their economic, social and environmental wellbeing. Read the targets, wait for the indicators, know what your country is up to, tailor the activities you do to make an impact and proudly be a part of the sustainable development! Always keep in mind, that we can start a change with ourselves. Changing our habits, being aware of our surroundings and the inequalities in our communities, must make us understand that even the smallest acts lead to big changes. It is up to us, the leaders of our communities, to take responsibility and contribute, so that looking back you know that you did all you could and made the world a better place.

And even if the Sustainable Development Agenda didn’t reach the spotlight it deserved, it was definitely the highlight of the year 2015!
How Trade Agreements are Critical to Sustainable Development and Health Systems

Diogo Fernandes Da Silva, Skander Essafi
IFMSA RD Europe, LPH
rdeurope@ifmsa.org, lph@ifmsa.org

“There has to be vigilance in monitoring the agreements and making sure that countries live up to their end of the bargain,” said Glenn Prickett, Chief Officer of External Affairs for the U.S. Nature Conservancy, after the adoption of the Trans-pacific partnership agreement.

There are several sets of trade negotiations in place, under way or foreshadowed, which do or will powerfully shape how countries, particularly the most vulnerable, are positioned within the evolving global economy and which will strongly influence the social determinants of health, including the determinants of non-communicable diseases.

Trade agreements can hold significant benefits such as increasing exports to foreign markets, attracting foreign investment and reducing the price of imported goods. These benefits can lead to higher living standards and better health. However, trade agreements can also present risks to health, unless the possible health implications are taken into account in their design and negotiation.

2015 has been marked by the biggest regional trade investment partnership being adopted - the Trans-Pacific Partnership (TPP). This product of 10 years of negotiations was a hallmark victory but unfortunately not for all involved parties.

There are 12 countries involved: the USA, Japan, Malaysia, Vietnam, Singapore, Brunei, Australia, New Zealand, Canada, Mexico, Chile and Peru. The pact is aimed at deepening economic ties between these nations, slashing tariffs and fostering trade to boost growth. Member countries are also hoping to foster a closer relationship on economic policies and regulation. The agreement could create a new single market like the one in Europe.

However, the TPP may also provide large pharmaceutical firms with new rights and powers to increase medicine prices and limit consumers’ access to cheaper generic drugs. This would include extensions of monopoly drug patents that would allow drug companies to raise prices for more medicines and even allow monopoly rights over surgical procedures. For people in the developing countries involved in TPP, these rules could be deadly - denying consumers access to HIV-AIDS, tuberculosis and cancer drugs. The TPP would also empower foreign corporations to directly challenge domestic toxics, zoning, cigarette and alcohol and other public health and environmental policies to demand taxpayer compensation for any such policies that undermine their expected future profits. It would therefore give more legitimacy for multinationals to act more liberately given the poor binding text in the treaty towards such institutions. Finally, investors such as fossil fuel companies would be given broad powers to directly sue governments in off-shore tribunals for unfavourable changes in policy under investor-state dispute settlement provisions.

Yet, this treaty has been adopted and we are looking forward to closer implementation and attention to the conflicts of interest of certain countries, but we believe that there will be some lessons learnt that are already taken into account to make other treaties more structured and protecting the health of populations.

One example may be the Transatlantic Trade and Investment Partnership (TTIP). All the controversy and possible negative consequences from TTIP inflamed the civil society which united against the lack of transparency of the negotiations, seen in manifestations all over Europe (Berlin, Barcelona, Brussels, etc) and by the most participated opinion survey from the European Commission.
These efforts have fortunately led to a new trade strategy from the European Commission, more transparent and open, and with a new proposal to replace the investor-state dispute settlement (ISDS) - the Investment Court System (ICS).

Now, TTIP negotiations are going faster than ever, in an effort to getting the deal done by the end of President Barack Obama’s second term. With the new strategy and investor protection clause failing to guarantee health protection (the safety of our health public services, access to affordable drugs), full transparency and civil society involvement, it is even more urgent for IFMSA to take action!

Some steps have been taken in order to create an advocacy strategy, which englobes the adopted Regional Policy by the IFMSA European Region and advocacy actions with the collaboration of close partners like the European Public Health Alliance (EPHA), but most importantly, our National Member Organizations (NMOs), through the creation of a toolkit for our national member Organizations (NMOs) to take actively part of the advocacy process by addressing their country representatives at the European Parliament.

This is a process where more input is needed and where the current results have only been reached by joint efforts of concerned citizens. To make this happen, IFMSA will keep on pushing for fairer and more inclusive agreements, and students to be more involved.

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Climate Change and Health in IFMSA and Beyond

Samantha De Leon Sautu, Skander Essafi
IFMSA Program Coordinator on Environment and Health, IFMSA Liaison Officer for Public Health Issues

evironmentthealth@ifmsa.org, lph@ifmsa.org

“I couldn’t believe my eyes – the land that I had tilled for years, that fed me and my family for generations, has vanished. All our belongings and cattle were swept away by cyclones. We have moved to Sagar Island and are trying to rebuild our lives from scratch. Displacement and death are everywhere here. The land is shrinking and salty water gets into our fields, making them useless. We feel very insecure now.” Tulsi Khara, 70, India

The environment is under pressure from human activity and the climate is changing. Environmental sustainability is a central concern of the SDGs and is addressed in goals for water and sanitation, energy, cities and climate change. The Sustainable Development Goals include several targets relating to environmental sustainability and human health, notably Target 3.9 ‘By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination’, targets relating to water and sanitation (SDG 6), energy (SDG 7), exposure to chemicals and all wastes (SDG 12), and natural disasters and climate change (SDG 13).

Climate change is no longer a fear for our future. It is about now, and it is about people. Stories of climate migrants pervade us. And they are only one of many aspects. Extreme weather events, heatwaves, droughts, fires, environmental degradation, water and food supply...
impacts, changes in vector ecology and air pollution are some of the effects of climate change that impinge on global health. Areas of human health such as undernutrition, cardiovascular disease, mental health, respiratory disease, infectious disease are affected. Moreover, climate change bears on social determinants of health including habitation, poverty, mass migration and violent conflict, creating such complex interactions that experts express: “On the basis of current emission trajectories, temperature rises in the next 85 years may be incompatible with an organized global community”\(^3\), and so, climate change was described as the greatest global health threat of the 21st Century.\(^2\)

This process might seem overwhelming, but well aware of this reality, medical students at IFMSA have joined the battle to act in time. Our actions include: policy statements on climate change and related to climate change issues, strong collaboration with WHO, adoption of the Environment and Health Program, becoming a founding member of the Global Climate and Health Alliance, numerous workshops and trainings, international campaigns, active participation in Rio+20, and participation in the UNFCCC COPs and ADPs, including COP21 in Paris 2015.

**Participation in the UNFCCC?**

The United Nations Framework Convention on Climate Change was established in 1992 to avoid dangerous human interference with the climate, which was later on defined as a 2\(^\circ\)C global average temperature rise. The convention members (almost all the countries in the world) meet at least yearly in Conference of the Parties (COPs). IFMSA has been present as members of the youth and civil society, and has sent over 20 delegates since COP20 in Lima, Peru, doing effective lobby and advocacy, and seeing health and health co-benefits being included in the negotiating texts.

The last COP took place in Paris, December 2015, COP21, and was considered a turning point and a success of diplomacy in the history of climate change negotiations. IFMSA was present at COP21 with a 7-member delegation that collaborated closely with WHO and other organizations, such as the World Medical Association, the Health and Environment Alliance and the Global Climate and Health Alliance. During COP21, our delegates followed the negotiations and lobbied parties for health in strategic moments. They also dedicated time to education and promotion by publishing on the European Sting (IFMSA wonders from COP21 in Paris, December 11, 2015); participating on live webinars (LaRutadelClima: Cambio Climático y Salud) and panels (Climate Change and Gender, Foundation for Women’s Right Promotion and Development); and in the official UN-WHO event within COP21: Why the climate change agreement is critical to Public Health. This last event counted with high level speakers such as WHO Director General Margaret Chan, the French Minister of Health, The Lancet Editor-in-Chief Richard Horton, and our very own LPH and head of delegation, Skander Essafi, among others. Our LPH made sure to bring up our Policy Statement and clearly state what IFMSA stands for.

Through these means, we advocated for bringing together the agendas of health equity and climate change, for health professionals to lead by example and reduce the energy use in healthcare facilities, for prevention and primary care to be merged with environmental policies, and to include climate change and health in the medical school curricula.

The final outcome of COP21 is the agreement of the convention to target a maximum temperature rise of 2\(^\circ\)C, with action starting in 2020. High income countries have agreed to finance such action with $100 Billion annually. The implementation of this action relies on the Intended Nationally Determined Contributions, which are voluntary national plans for achieving the global goal. Progress of such action is to be revised every 5 years. However, no deadlines for specific target emissions or specific date for peak emissions was agreed upon. With one great step ahead, a lot remains to be done.

“What took place at Le Bourget last weekend was a triumph for French diplomacy. It is now up to you and I to make sure that this triumph is translated into public action.” - The Lancet\(^4\)

The health sector role is still crucial in raising awareness and obtaining evidence-based policies. And so IFMSA builds capacity among its members to tackle this challenge. Last year, a team of 13 students selected from all over the world, joined efforts with the WHO in writing a Climate Change and Health Training Manual. This fun and compact manual, with forewords by Dr. Maria Neira (WHO Director, Department of Public Health, Environmental and Social Determinants of Health) and Mr. Nick Nuttall (UNFCC Coordinator, Communications and Outreach) contains all the basic knowledge and tools you will need to start your own
March 2016

project. The manual is free of charge and will soon be available online.

As well, the Environment and Health Program, recently adopted by IFMSA, is to gather the activities and projects of students worldwide and make sure these joined efforts lead to a measurable impact. We are passing on the word: individual and collective choices for diets, housing and active transport determine both, our carbon footprint and our health risks.

Climate change has not only been described as the global health threat of the century, but also as its greatest opportunity. The difference between them remains in our hands. The effects of climate change are greater on vulnerable populations, and exacerbate inequity. Therefore, addressing inequity, health inequity and the SDG allows mitigation and adaptation to climate change. SDG 13th is most specific to climate action. However, each one of the goals remain related to the causes, and consequences of the impact of climate change on health. As stated by Dr. Maria Neira, “Adaptation to climate change - is basic public health.” This includes action for cleaner economies, healthier lifestyles, clean water and sanitation, vector control, disaster risk reduction, early warning systems and humanitarian aid. A sustainable healthy future is our calling. It is up to our generation to drive this change and we are ready to face the fight.

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“Health professionals and (physicians in training) have an important political role to play in communicating and advocating for a healthier future. We have adopted in our recent general assembly a Policy statement that supports the lancet recommendation: health sector organisations should divest from the fossil fuel industry as they did from the tobacco industry in previous years, and WHO was part of the process to stigmatise the health-threatening business practices of these companies and remove the social capital that allows them to continue subverting legislative attempts to mitigate climate change.” - Skander Essafi, IFMSA Liaison Officer for Public Health issues, speaking at the WHO panel in COP21 alongside Dr. Margaret Chan, WHO General Director.
It’s On Us
How sheer ignorance led to the downfall of the MDG’s?

Schweta Parag Rane
MSAI - India
Grant Government Medical College, Mumbai
schwetarane94@yahoo.com

It was somewhere in the middle of the year 2015 that I realised they were not going to work - The Millennium Development Goals. Of course, I had realised it ages after the guys at the UN did, but I did come to that impressive conclusion all on my own. A light, almost disrespectful chuckle had escaped my mouth, when I had read them out aloud at the beginning of the year and had mentally applauded the United Nations as a whole for the infallible hope they showed in their quest for sustainability, but even to the untrained eye, it had seemed tremendously impossible. Maybe, it was because I am an Indian, and India is essentially in a very laughable situation when it comes to sustainable development in any manner regardless of what the numbers say on reports. Maybe, because being a medical student in one of the most downtrodden and populous areas of the densest city of the country has shown me too much of forlorn ground reality and had me convinced that these goals might just fall flat on their faces. But as a young medical student, I knew too little about them. My academically much smarter colleagues knew nothing more. This is why they will fail, I had intrepidly forecasted then. It will be our fault. We did nothing to help the world get to where it wanted to be because we didn’t bother knowing what was going on out there.

It was only after 25th of September that I could gloat (though with a slight pang of despondency at the news, obviously) about being proved right. My Community Medicine textbook lay on the dusty library table, its pages clamped down by other smaller books, splayed open in the middle to the famous ‘Millennium Development Goals’ printed in important looking bold letters, enjoying the isolation of authority, almost reflecting the author’s’ pride and belief in them. It used to be one of those corners of the textbooks that was the most marked, the most highlighted, that the students knew would be one of the certain questions in the University exams at the end of the year. Especially the 2015 batch. It was, after all, their year; 2015, when the MDGs would be achieved with as much ceremony as smallpox was bestowed upon when it was eradicated and the professors would smugly ask about it as a special question in every viva-voce and the students would actually be able to answer, equally smugly.

But that was obviously not happening. By the end of September, even the least informed student among us had heard about the scrapping out of the MDGs and we were in frantic attempts to look for enough information about what was coming next as a probable short note. The text in our favourite corner of the textbook didn’t gleam with as much credibility as it did earlier. It was overwritten with scribbled notes from hardly reliable and much doubtful internet sources with various versions of what would be popularly known as the Sustainable Development Goals.

The committee, in 1972 had grand ideas. What they envisioned was noble beyond words. They saw the eminent crumble and despair that was to fall on our world, if the people breathing on it would continue with the attitudes towards economic and social development they were living with and put forth ‘The Future We Want’ as a resolution under the ominously named Agenda 21. (They should have named it The Future We ‘Need’; sounds more apt). It took 20 years for this to reach every member organisation. 20 years.

I am pretty sure that ‘not achieving a goal’ was never a part of their plan, and when it was definite that the MDGs were not seeing the light of the day, a new agenda was made with a completely new approach. I do not want to go into the details of what went down last year and the year before that in this essay, but as we, the medical students, collected these tiny bits of information, mainly
(and solely) for our exams, we couldn’t help but wonder, if adding the word ‘realising’ to ‘The Future We Want’ will actually act as a lucky charm and cosmically help us to ‘realise’ our socio-economic desires to live in a better world. We couldn’t help notice that if the pessimists of the world rightly accused the MDGs of being too ambitious, then, the SDGs were now being accused of not being ambitious enough. To be honest, I think they earned the right to play it safe this time. ‘Failure’, how much ever often it strikes, is never put aside without a lesson learnt. But does the Earth have that much time? Can we afford ‘safe’?

One of the biggest finger pointed by the critics however, is to the whole approach of the United Nations Development Group to push these goals under the generalised name of Global Goals by supporting a campaign by a lot of individual organisations calling it Project Everyone. Is Project Everyone, actually ‘sustainable’? We had the information and then we had the questions. Were such questions voiced when the MDGs came out in 2000? Would it have changed how things ended for them?

Yet, it helps to be a little more sanguine about the whole situation here. Way back in 1972, there were no specific goals decided. It was only in 2013 that the leaders of the world sat down and made some concrete long term objectives. So probably the MDGs will not die a useless death after all. Probably, the words in our books will not fade into oblivion and more importantly than that, probably they will not be marred by the future generation by the eternal stain of failure. Hopefully, these MDGs are going to be the rocket fuel that the 2030 Agenda for Sustainable Development needs to Transform the World.

The onus is on us in some way. We are the tiniest units of change. Literally and figuratively. We are going to be the doctors, engineers and policy makers, working at the very grass root levels in 2030. We will directly fight disease, poverty and climate change. And it is us who will end up suffering if we don’t. We don’t know how much things might work out with the new sustainable development goals. If we all collectively start working towards it, at least in a benign way by simply spreading awareness, it just might succeed, irrespective of its murky history. After all, the first step towards making the world a better place is realising how to do it. And that’s exactly what the Transforming our World: The 2030 Agenda for Sustainable Development talks about.

References:
Stigma and the Sustainable Development Goals: Mental Health Worldwide

Victoria Berquist
AMSA - Australia
Monash University
mentalhealth@ifmsa.org

“Back home, if someone is known to have a mental illness they are locked up. People would rather commit suicide than admit they have a problem.”

Anecdotes such as these are not uncommon while discussing mental health at the IFMSA. After almost three years of exploring the topic internationally, it is clear, that while, approaches to mental illness differ significantly between countries, one common theme dominates; that of stigma against those who suffer. This, it seems, is universal.

Last September, 193 member states agreed on 17 Sustainable Development Goals (SDGs), which were formed to help us establish a sustainable future and achieve the set targets by 2030. Among the 169 targets, one states that, “By 2030, we will reduce by one third premature mortality from non-communicable diseases (NCDs) through prevention and treatment and promote mental health and well-being”. This is the only reference to mental health within the goals and targets. It sadly, does not stand with a target separate from other NCDs.

Mental illness is endemic worldwide. 450 million people worldwide suffer from mental illness, which itself comprises 13% of the global burden of disease. Mental health affects both, individuals and societies, as the greatest health threat to global gross domestic product (GDP), and vulnerable populations suffer disproportionately.

85% of those who will experience mental illness live in low- and middle-income countries. Those living in poverty, exposed to conflict, disaster and humanitarian emergencies, those with chronic illness, those who are gender and sexuality diverse, and those overworked and stressed are more likely to be impacted by mental illness. Mental health is linked to illiteracy, a significant factor in lifetime accomplishment. Women are twice as likely to suffer from depression than men; this is important for maternal health, and could affect the generations to come.

While 50% of individuals in low-income countries with other major NCDs receive treatment, fewer than one in ten with mental health issues do. Life expectancy for those with a mental illness compared to those without, is up to 20 years shorter for men and 15 years shorter for women. There is clearly a significant deal of work to be done in this area to meet the needs of people with mental illness.

Stigma and a lack of understanding regarding mental illness has led to an inadequate response to mental illness globally. Stigma is a degrading attitude towards individuals, based on a particular ‘label’ of one’s illness. This creates a human rights gap between those with and without mental illness. Mental health is stigmatised for many reasons, including its ‘intangibility’. This stigma is perpetuated by popular culture and stereotyping. This is a common and significant inhibitor in progressing the rights of those with mental illness.

Stigma can lead to the denial of opportunities and acceptance of maltreatment, abuse and other unacceptable practices within health services. In the US, disaster relief services allegedly have discriminated against those with mental illness on the basis of a presumption that they might be dangerous. In Bangladesh, development programs explicitly have excluded those with mental illness from accessing services. In many countries, those with mental illness who are institutionalised suffer ‘greater human rights violations than those who are in correctional facilities’ (i.e. prison), despite perhaps never having committed a crime. These are only some of the innumerable examples of the consequences of stigma against mental illness. To achieve improvement for those with mental illness,
breaking down the stigma regarding mental health is a significant and pressing requirement.

Medical students can be key stakeholders in reducing stigma. Among those overworked and stressed, medical students are vulnerable to mental illness. Mental illness, particularly depression and anxiety, is consistently higher among medical students compared to the general population and peers of the same age group. Suicide is the second most common cause of death among young people, an age group that includes medical students.

Stigma surrounding mental illness is impacted by a range of issues that require prevention and intervention for improvement. Due to the variety of factors involved, this requires leadership from a multi-sectoral approach. As future health leaders and a vulnerable population, medical students are well suited to lead the way in developing mental health initiatives to reduce stigma between the medical and wider community.

As the mental health program coordinator for the IFMSA, it is exciting to see many National Member Organisations (NMOs) working towards reducing the stigma against mental health in their nations. However, there are many NMOs that are yet to take action.

Reducing mental health is key for development worldwide. Poor mental health reduces barriers to conflict, reduces economic growth through discrimination and absenteeism, and also, has a negative impact on education and maternal health. Mental health is key to personal health, and the health of our future. Its inclusion in the SDGs is promising for investment, however, the lack of a target means we need sustained action to draw focus. Locally, nationally and internationally, there is much we can do, and so far to come to reduce the stigma and improve mental health.

If you are interested in undertaking activities in the field of mental health, please contact mentalhealth@ifmsa.org.

References:
Health Equity and the Grassroots Approach: The Philippine Perspective

The Philippine experience of a devolved health system, along with the resulting outcomes for equity, inequity and universal health coverage (UHC), serve as a set of lessons learned that can be useful for country’s attempt to achieve the Sustainable Development Goals (SDG), particularly SDG 3 (good health and well-being, specifically in achieving UHC) and 10 (reduced inequalities).

The 1978 Declaration of Alma Ata, of which the Philippines is a signatory, paved the way for the government to consider establishing primary health care. Grassroots approach was one of the proposed frameworks for this to be achieved. Thirteen years later in 1991, the Philippine Congress passed Republic Act 7160, also known as the Local Government Code of the Philippines. With the goal of decentralization, power was devolved to local governments by increasing resources, authority, responsibility, and discretion in planning in five basic services - health, agriculture, social services, environmental protection, and specific public works functions. Although, the capability and preparedness of the country to adopt this radical change remains to bring about discourse and dissent until this day, it remains to be a bold move that reflected the vision of achieving a participatory, grassroots-driven planning process that would cater to the different needs of communities across the archipelago.

The 2013 Philippine National Demographic and Health Survey (NDHS) was designed to provide evidence on key health indicators for policy making. This survey focused on the indicators that reflected inequalities according to income levels and inequities stemming from the wide variation in the local health system implementation. Said survey reveals that those with no education received 61% antenatal care from a skilled health provider (doctor, nurse, or midwife) while those in the richest quintile received 98.1% from a skilled health provider. In Autonomous Region of Muslim Mindanao (ARMM), one of the country’s poorest regions, only 12.3% deliver at a health facility while, in the National Capital Region (NCR), the country’s richest region, 82% deliver at a health facility. Regional disparity can be observed across regions, such as in the previous NCR and ARMM example and can also be seen in region IVB at 36.5% delivery at a health facility with region IVA comparatively at 65.7%. Finally, for income accessibility, 63.8% of respondents say that getting money for treatment is a serious obstacle for them in accessing health care. While these may be explained by personal preferences and cultural practices, we cannot ignore the major contribution of the structures in place that facilitate inequity among localities and prevents their citizens from accessing healthcare services (PSA, 2014).

Health financing is very heterogenous among the different municipalities in the Philippines. Different funding streams that sustain the services in each health centers and hospitals exist. One of these is the Internal Revenue Allotment (IRA). Provinces, cities, municipalities, and barangays, the smallest administrative and
political unit in the country, each receives a share of the revenues from the national government based on their population, land area, and equal sharing. Effectively, larger municipalities, in terms of population, receive more funding. However, seemingly logical, this system serves as a barrier to improve general infrastructure and services as it keeps rich municipalities richer while restricting smaller and poorer municipalities.

Almost 25 years after the devolution of health services to the local governments, there is an insufficiency in the amount of studies that can determine whether decentralization has helped the country achieve its goal of improved health services, accessibility, and affordability. It is not uncommon to hear, however, how health has been taken for granted despite the continuous increase in gross budget of the Department of Health (DOH) and local governments. Instead of making health care services better and more accessible, there are cases when the opposite has actually happened.

The transfer of power did not take into consideration the wide disparity among the different municipalities and barangays in terms of specific needs, capabilities, resources, and priorities (Hartigan-Go et al., 2013). Coupled with weak implementation and monitoring systems, the power and responsibility given to the local mayors and barangay captains facilitated corruption and inequities in different levels. As pointed out by Hartigan-Go et al. (2013), the health sector is vulnerable in the local government level when it comes to misuse of resources for political gain, unfair allocation of resources due to biases, and fund leakages. During the group and panel discussions in the recently concluded Newton Fund Researcher Links Workshop 2016 that was hosted by Ateneo de Manila University with funding by the Newton Fund, between Filipino and UK health researchers, policy makers, administrators, and service providers, devolution was highlighted as one of the major driving forces promoting the vulnerability of the current Philippine health system.

Several points about devolution were brought up. Resources for health are not maximized because local politicians use them as a stagnant ‘rescue pool’ that is only mobilized at the request of their constituents during their emergencies to cover for catastrophic spending. This move is seen to bolster the politician’s public image to ensure votes, retain political power, and maintain the status quo of a political patronage system. There is also bias for these funds to be directed to more visible but unsustainable projects and activities (such as transient medical missions) rather than fundamental services (such as renovations of barangay health centers) that can improve overall health of the community. The personal biases leading to unfair allocations is very prominent in cases where there is disagreement between the municipal mayor and the municipal health officer. It even reaches a point when funds are being withheld for health services (Hartigan-Go et al., 2013) until the municipal health officer resigns or is forced to make amends. In more disturbing cases, some municipal hospitals lack the necessary services and human resources to cater to their own constituents due to lack of funding, while some municipalities with greater investments in health can give everything for free. Fund leakages are now present even in the barangay level, when bidding for health infrastructures and acquisition of free medicines for the citizens have been subjected to briberies (Hartigan-Go et al., 2013). Prices of different essential drugs can skyrocket for kickbacks, with documented cases of amoxicillin syrup which usually costs around Php15.00-20.00 that are procured at Php115.00 (Bernal, 2015).

Devolving the responsibility of sustaining healthcare also subjected local health programs to competition with other devolved government programs for social services and public works. Every year or change of administration, health programs must get the attention and prioritization of the municipal mayor. However, there is a tendency to value more tangible and visible projects such as infrastructure (renovation of roads and bridges, among many others) over health. Some local programs and services are often neglected, and are only revisited...
whenever elections are approaching. Add to that the expectation that local governments also implement multiple national level programs, such as the expanded program for immunization. All of these add to the burden of the health system and those in field implementing each program and service.

The ideal goal of devolution was to empower local governments to provide better services given their intimate knowledge of their context. It was also meant to increase participation of communities and stakeholders to contribute to better health outcomes. However, the current Philippine experience points to the reality that if not monitored adequately, devolution will not solve the larger issues that plague the national government such as corruption, inequitable processes, and ubiquitous patron-client relationships at all levels of government.

With the vision of decentralization set to empower local governments to provide better services and increase participation of communities, it is evident in the context of the Philippines that this is not always the case as can be attributed to deeper issues that the country is faced with - inequitable processes and structures as seen in the IRA system and rampant corruption, to name a few. Decentralization did not and will probably not solve these issues. Rather, decentralization will continue producing pockets of local settings that will reflect these larger, foundational issues that plague the government on a national level.

We find that in the pursuit of the Sustainable Development Goals for UHC and equity, focusing exclusively on the grassroots approach will only lead to the same problems Philippines has faced in the past. Rather, taking a complementary approach to devolution with both top-down and grassroots approach will produce the best results. An overtly grassroots approach will result in communities functioning at the whim of the local officials who may or may not have the capacity to govern their constituents properly, as seen in the Philippines. On the other hand, an overtly top down approach will lead to policies that are out of touch with the unique settings of the local communities. A system with the top-down and the grassroots approach balancing each other out would be the ideal. Starting with the top level providing relevant and feasible national level policies that takes into account national disease burden trends and equitable processes that ensure those who are vulnerable are prioritized. These policies are then properly communicated to local regions, which are afforded the freedom to nuance these programs to fit their setting, albeit with proper monitoring.

The last 25 years should serve as a lesson - unregulated grassroots approach would lead to the magnification of the inequities and structural issues that already exist at the national level. We, then, recognize that an attempt to find the balance between these two is imperative in order to produce an empowered grassroots participation. One that works within the regulations set by the national government on an equity focused national agenda to work towards the achievement of the SDGs.

References


Even with a large number of people worldwide migrating from the local communities to urban areas, larger populaces of most countries are still located within the rural areas and thus, account for a significant part of the health status of that country. Hence, if the SDG goals are to be achieved in 15 years time, realistic approaches which must be; community focused, culturally sensitive, socially acceptable, easily comprehended and accessible must be put in place so that achieving these goals won’t just be a mirage.

In the implementation of projects or activities towards achieving the SDGs, each community should be looked at as an individual unit and measures should be taken in which the basic needs of each community along with the inhabitants of each community will be considered. To ensure that every step taken will be community focused, Stakeholders in the community can be selected to play the part of decisions makers, so that they can advocate for what they want done within their own community. Also, local centers can be built in communities, where community members can come forward and put down their requests and demands.

A saying goes that one man’s food is another man’s poison; the concept of Culture must be in mind, as what is acceptable in some culture might not be in some others. A widely known and accepted definition of ‘Culture’ is that it is the way of life of a particular group of people. People’s cultural practices reflect in so many things, for instance, in their health status, economic status, occupational status, religious status etc. For example, female genital mutilation is practiced in some communities in Africa and some other regions in the world. Some communities do not allow their children to get immunized, as they believe in ancestral powers to protect them. Ladies are to have their private part sewed together until they get married. Early child marriage with over 18% girls married before they are 16 years of age (UNFPA) etc. From the definition of culture stated above, bringing up new ideas to people all of a sudden, might be like asking them to change their way of life which might not be an easy task. However, keeping in mind, the cultural practices of a group of people, can help to know the best approach and method of introducing them to better things towards the betterment of their health status and life in general, at the same time, not making it appear that you are asking them to throw away their culture, as it may sound to their hearing. Every individual, with his or her culture is to be respected and kept in mind.

Keeping the socio-cultural differences in mind, every policy and regulations that will be made towards achieving the SDGs, should be able to go with every individual within each community irrespective of the sex, color, and background status. Also, every member in the community should have full understanding of measures the government will be taking towards achieving the set goals, irrespective of their educational status, whether they are literate or not. In fact, a big step towards a country achieving the SDGs is when each of its citizens has knowledge of what these goals are all about, as
these will help them in knowing what role they can play and, bring about better cooperation between them and the stakeholders in the country. It can be made realistic, probably, by having the roles of the community put up on signposts, in a language that is easily understood by every member of the community, or asking the town crier to announce a day for every member of the community to gather and have a collective discussion on the necessary issue. It may sound funny teaching a farmer what the SDGs are, but if the Government is genuinely concerned about achieving these goals in every aspect of their Nation, they need to cater to the needs of every individual. Accessibility also matters a lot; access to health care, access to school, access to social infrastructures, access to good amenities, etc. are all important for the general populace. Governments should come down to the level of the communities and ensure that, all these and other things need to be put in place in order to make sure that the SDGs are easily accessible to each individual within their own community.

From all this, it shows that the SDGs can not be fully achieved if the Government, policy makers and other stakeholders stay only at the top of the pinnacle of a building, leaving the rural communities at the foundation, without taking adequate realistic measures towards seeing if their needs are being catered to. If this scenario continues to persist, the whole building will come crashing down because if the foundation is not strong, then the building itself will not be strong.

Also, seeing that the SDGs are an extension of the MDGs, it would be great if individual countries can take a good look at the success and failure stories of the MDGs within their country and work towards perfecting all their flaws; this time, concentrating more on every aspect of their populace including the urban, rural and very rural regions, because if we look at it critically, the issues these goals address are more prevalent among those in local communities, where probably people don’t really take healthy measures, some don’t see going to school as a thing of importance, men are viewed as kings and women irrelevant, etc. Hence, it will be a waste of funds and time, if conference after conference, every decision made, is only in writing and implemented only in the urban regions, and there is still no impact on the community.

It is time for the Government in each country to get back to its primary level in terms of health, education, security, food, water, resources, etc. and see to it that the lives of the people can be confirmed in way, to achieve the SDGs. At this point, I would like to mention a few grass root measures that can be taken in Health and Education. In terms of Health (the Health of a Nation is its wealth), we should take an in depth look at the definition of Primary Health Care (PHC). Given in 1978 (12/9/78) at the International conference on PHC in Alma Ata (former USSR- now Kazakhstan), held under the auspices of WHO and UNICEF, the meeting attended by 134 countries and other international agencies, PHC was defined as “Essential Health Care based on practical, scientifically sound, and socially acceptable methods and technology, made universally accessible to individuals and families in the community through their full participation and at a cost that the community and the country can afford to maintain at every stage of their development in the spirit of self reliance and self determination”; every word in that definition should be borne in mind. More Primary Health Centers should be built and equipped enough for communities. Also, more people should be trained to function as primary health care providers. This alone could help to further reverse the number of new HIV infections from the 40% that it was in 2013, and also bring the child mortality rate further down. Now in terms of education, even though primary school enrollment figures are quite impressive, the goal of basic universal education has been missed with net enrolment rate increasing from 83% to 91% however, more measures can still be taken. The basic universal education scheme must be reviewed and more primary education schooling centres should be set up. Most importantly, close monitoring and evaluation should be done at regular intervals, to know how close we are to achieving our goal.

Achieving the SDGs in 15 years requires all hands to be on deck. Everyone must know the role they have to play, and then work in that direction. It is time for the goals to be viewed from the perspective of those that they really meant to address.

Reference
If one is asked about sustainable development and the role of education in it, odds are you will get a simple yet accurate definition. Finding the means to it, however, can be quite challenging. Global action concerning this issue has been growing exponentially, but it is simply not sufficient. PorMSIC sees medical students as a truly important piece of the puzzle, and one of the greatest weapons to tackle this inertia at a national and international level. Therefore, educating and equipping them with useful tools is one of its main priorities and next steps.

This leads us precisely to the Fourth Global Goal for Sustainable Development - Quality Education; that world leaders committed to back in September 2015. According to it, providing people with technical and vocational skills that can help them achieve solid solutions, as well as having access to a decent and honorable job, is crucial; also, it is demanded that efforts be put into upgrading education facilities, expanding scholarships and increasing the supply of qualified teachers. We must not forget that Portugal faces an important obstacle in terms of access to education, resulting in nine out of ten people not having a degree and three out of four people not attending high school¹. Furthermore, voices have called for action against the issue, but the current economical crisis has impeded the government from financing this sector according to its needs.

There may be alternative ways to reach ‘Quality Education’ other than advocating for policy implementation, though. There may be something more that can be done to achieve these goals outside the framework of the formal educational system. A much broader range of action is unveiled if we rather take a deep look on the educational content. This is where we as medical students can play a critical role: complementing formal learning with non-formal learning, perceiving non-formal education as an effective tool to help overcome the supra mentioned setting and bridging the gap between education and lack of access to it!

Based on that premise, PorMSIC has appointed multiple goals focus on offering different opportunities for Portuguese medical students to become familiar with interpersonal and soft skills. In order to develop a program that could adapt to the national context and complement their fields of expertise, a wide range of sources - ranging from the IFMSA to European Youth Forum references, were consulted, and once quality assurance was finished, the ‘National Program on Non-Formal Education’ was created.

This pilot initiative aims at developing a self-sustainable program that brings non-formal education closer to Portuguese medical students, particularly in five selected fields: motivation and personal leadership, team dynamics, communication skills, project management skills and time/stress management. These intend to encourage thinking “out of the box” and changing mentalities, as well as shaping their local communities. These subjects are all covered during a single national training, followed by several adapted local ones under the coordination of the previously monitored participants. Little impact has been measured due to a small planned number of participants, but incredibly positive feedback has been given regarding its innovative approach and methods. That is why its second edition is taking place in the near future.

To do better, people need to learn and also need to be taught. Way more than that, they have to be motivated to do better. That is why non-formal education can be so powerful; it empowers people to become the change they know is needed and the change they want to see in the world. Global goals for 2030 will not be completed unless effort is put into raising awareness to all means of education and, above all, its quality. As Abraham Lincoln once said, “Upon the subject of education, I can only say that I view it as the most important subject which we as people may be engaged in”.

Reference: Pordata: Base de Dados de Portugal Contemporâneo - Escolaridade da População (https://www.pordata.pt/Subtema/Portugal/Escolaridade+da+Popula%C3%A7%C3%A3o-45)
Let’s start our discussion with a retrospective:

Today people refer to same gender relations in the binary system as if it was a new social mechanism in modern civilizations, although there are several reports of some empires that permitted these relations to exist without considering them a sin. Looking back, especially after World War II, the discussions around the theme were considered a stronger taboo, but it was still hard to talk about female homosexuality for example, by the very authoritarian machismo vision.

Moving forward in time, one of the first LGBT movement events was the Stonewall movement in 1969, in the United States, which allowed greater visibility for this community. There was some progress at the time, when universities began to address the issue in courses, classes and other spaces. With the independence of Latin American countries, the discussion of the LGBT issue occurred among the representative bodies of countries. Many countries have tried to medicalize homosexuality, treating it as a psychic/psychiatric disease, and that mental illness classification having fallen from several health organizations such as the American Psychiatric Association since 1973. The General Assembly of the World Health Organization (WHO) on May 17, 1990, removed homosexuality from its list of mental illnesses.

After the Stonewall Rebellion, several groups were formed in Latin America, mainly in Argentina (Grupo Nuestro Mundo) Mexico and Puerto Rico. Brazil departed from this process due to the dictatorship period. Even the military not standing visibly contrary, it was better not to show a contradictory way the system. Only in the 80s, the political party began the implementation of the LGBT agenda within its struggles due to the appearance of “gay cancer” and a social persecution, criminalization and sanitization of gay people started raising. Over the years, political parties and the government have been expanding their discussion against oppressions, involving the discussion against sexism and racism, especially. The LGBTQ movement in Brazil began in the late 80s, with the formation of the Homosexual Rights Act, having in its composition, members of various political parties and social movements of the time. The main claim at that time was rights that protected this population from daily violence due to AIDS porter discrimination in between others. Of course, these actions become even worse if you are part of the LGBTQ community and have a woman gender identification or belong to the queer gender.

Nowadays, we see that this panorama has changed, we see other social ways of living, marriage, criminalization of LGBT-phobia, health individualities and sexual expression are now in the list of protective policies in request between others. It is clear right now the need...
to combat homophobic attitudes and prejudices, as they unite us in creating new ideas that trigger and aim at stigma and discrimination. The more the discussion progresses, more challenges appear and the more we need to search deeper in this topic. However, beyond homophobia, it is important to talk about transphobia. Transsexuals are people who possess gender identity opposite from the one designed at birth within the binary system. These people suffer a discrimination different from that experienced by homosexuals, struggling to find labor, often ending up in prostitution. This group represents one of the largest numbers of homicides in Brazil. They are neglected by the health system, especially for not being called by their social name, and often when health professionals do not listen to them, just because they are transgender or queer-gendered.

Sustainable development comes included in our country’s perspective when we are able to crack every type of stigma in our society understanding how the ‘social tissue works and the tension it is capable of handling, for it not to tear. In terms of health, we are far away from making inclusive health systems in Latin America towards social minorities in general, including the one we are referring to, in this article (LGBTQ).

Nowadays, we encounter several inquiries within public health systems, that allows us to ask if there is a necessity to include policies that protect and caters to the entire LGBTQ population’s demands in health assistance and whether we have reached the goal of being inclusive in many ways.

In 2006, ARAUJO et al described a fragility and lack of attention in a doctor-patient relationship between a homosexual woman and her physician. The authors recognized that the LGBT population’s need are not included in the primary health care facilities due to a direct link to homophobia. Authors add that the group fears to reveal their sexual orientation in the health services, viewing the negative impact it might have on the quality assistance. Barbosa & Facchini described in 2009, that there was a greater difficulty in accessing gynecological services for low-income women, those who never had sex with men, or those with a masculine body image.

Gender inequality is screamingly evident in Latin American countries, starting by the point that we have not included transgender women and non-binary individuals between gender defense or equality, and usually we only refer to the biological definition of the woman concept. In order to empower them, we need to unclutter definitions to their foremost point holding more individualities within them and covering more people.

We identify in Latin America that there is less pursuit of health services by the LGBTQ population due to the existence of discrimination in both, the hospital as well as in the outpatient clinics/primary health institutes. We seize the importance that a good relationship must exist between physicians and patients, in order to properly conceive health promotion and prevention especially when it comes to highly frequent diseases among the LGBTQ population. Cultural issues arising from the heteronormative standard influence, subjectively the care of health professionals leads to assist all users as if they were heterosexual, which leads to serious discriminatory situations. In our region, there are new ways of education principles (developed in America) that aim to take this issue within our graduation courses in a transversal way, where we see the importance of our medical practice with a social perspective, to be able to understand a human being integrally.

Education is our way to change the world and we identify doctors as EDUCATORS as well. Understanding this concept will allow us to seek a better articulation with the population we will be taking care of as professionals. Institutional veracity in these matters are only achieved by creating policies that support the proper development of cultural and social expression.
of this population in public and private spaces. It is our chance to truly start a
discussion and stimulate research on these populations to have an evidenced
fact that may help earn a legitimate space to the LGBTQ community inside
the Latin American health context. In Porto Alegre, RS, Brazil, 80% of
college students were shown to express some type of homophobia. Peer to peer
action definitely is something we may think about, in order to get closer to
other future educators.

We believe that institutions have not achieved to promote an inclusive society or provide justice to LGBTQ-phobia. “Thus, even if a program / policy has been designed to take into account, diversity, sexual orientation and identity gender of the subjects, is the worker’s relationship with the user that will be given the effectiveness (or not) of the policy. Thus, what it notes at the end, is that the LGBT population follows the target of discrimination, and their access difficulties and even denied when seeking care in the Brazilian public health system, showing the heterosexist and moral standards permeate the training of workers and the health field.” (GUARANHA, 2013, p. 4). There is certainly another dichotomization of what Goal 5 may include or defend, in terms of asking if it really takes into account other types of gender identity and if it is based on, the socio-cultural building of gender and maybe start including this goal in a larger scale in our nation, including the other ways of gender identification.

“If a bullet should enter my brain, let that bullet destroy every closet door.” - Harvey Milk

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The MDGs vs. SDGs
Health as a Case Study

Twineamatsiko Andrew
FUMSA - Uganda

In the year 2000, at the Millennium Summit, 189 United Nations member states were present at that moment. At least, 23 international organisations established 8 international development goals following adoption of United Nations Millennium declaration and were committed to achieving them. Fifteen years down the road, some states had achieved some goals and others had completely failed. Of the 8 goals, 3 were tackling health problems and these were goals 4, 5 and 6. Below is the full list of goals that member states committed to.

GOAL 4: To reduce child mortality
GOAL 5: To improve maternal health
GOAL 6: To combat HIV/AIDS, malaria, and other diseases

Critics of the MDGs complained of a lack of analysis and justification behind the chosen objectives, the difficulty or lack of measurements for some goals and uneven progress, among others. Although, developed countries’ aid for achieving the MDGs rose during the challenge period, more than half went for debt relief and much of the remainder going towards natural disaster relief and military aid, rather than further development. In the process, they did not stress on the equity and involvement of those, for whom the goals were aimed at, to aid.

Much as there was progress, major advancements and improvements in achieving the MDGs by their target, there was uneven progress within countries and in 2012, the UN Secretary-General established the UN System Task Team on the Post-2015 UN Development Agenda’, bringing together more than 60 UN agencies and international organizations to focus and work on sustainable development.

In September 2015, United Nations Member States adopted the Sustainable Development Goals, as part of a new sustainable development agenda that must finish the job and leave no one behind. These goals are 17 compared to the 8 MDGs and target all states. Goal 3 targets health for all, at all ages and promotes well-being.

The hope for all is that countries strive to achieve these 17 goals in the next 15 years, with commitment from the government, as the progress created in chasing the MDGs showed that these goals can actually be achieved.

GOAL 3: Ensure healthy lives and promote wellbeing for all at all ages

A number of Sub-Saharan African states had challenges tackling the health related goals in MDGs and if they don’t be aggressive, accomplishing the SDGs might be a struggle too. This was mainly due to less interests by the government. Developing countries have less funds and less budget allocation to health, hence, are dependent on non-governmental organisations and international organisations to help them. Abuja declaration stresses 15% budget allocation to health, but many African states have not implemented it.

Role of Medical Students in the Struggle

As a medical student community, we have a big role to play in achieving these goals, ranging from advocacy to training and spreading gospel of SDGs across nations to supporting health-related organisations in implementation of the goals. All these can be achieved if we know what the components of SDGs are. To stress the goal 3 target, below is a description of the facts and targets of goal 3.

Facts with Figures on Child Health

- 17,000 fewer children die each day than in 1990, but more than six million children still die before their fifth birthday each year.
- Since 2000, measles vaccines have averted nearly
15.6 million deaths.

- Despite determined global progress, an increasing proportion of child deaths are in the Sub-Saharan Africa and Southern Asia. Four out of every five deaths of children under age 5 occurs in these regions.

- Children born into poverty are almost twice as likely to die before the age of five as those from wealthier families.

- Children of educated mothers—even mothers with only primary schooling—are more likely to survive than children of mothers with no education.

**Facts with Figures on Maternal Health**

- Maternal mortality has fallen by almost 50 per cent since 1990.

- In Eastern Asia, Northern Africa and Southern Asia, maternal mortality has declined by around two-thirds.

- The maternal mortality ratio; the proportion of mothers that do not survive childbirth compared to those who do, in developing regions is still 14 times higher than in the developed regions.

- More women are receiving antenatal care. In developing regions, antenatal care has increased from 65 per cent in 1990 to 83 per cent in 2012.

- Only half the women in developing regions, receive the recommended amount of health care they need.

- Fewer teens are having children in most developing regions, but progress has slowed. The large increase in contraceptive use in the 1990s was not matched up to in the 2000s.

- The need for family planning is slowly being met for, by more women, but demand is increasing at a rapid pace.

**HIV/AIDS, Malaria and Other Diseases**

- At the end of 2014, there were 13.6 million people accessing antiretroviral therapy.

- The number of newly HIV infected patients in 2013 was estimated to be 2.1 million, which was 38 per cent lower than that in 2001.

- At the end of 2013, there were an estimated 35 million people living with HIV.

- At the end of 2013, 240,000 children were newly infected with HIV.

- New HIV infections among children have declined by 58 per cent since 2001.

- Globally, adolescent girls and young women face gender-based inequalities, exclusion, discrimination and violence, which put them at increased risk of acquiring HIV.

- HIV is the leading cause of death for women of reproductive age worldwide.

- TB-related deaths among people living with HIV has fallen by 36%, since 2004.

- There were 250,000 adolescents who were newly infected with HIV in 2013, two thirds of which were adolescent girls.
• AIDS is now the leading cause of death among adolescents (aged 10–19) in Africa and the second most common cause of death among adolescents globally.

• In many settings, adolescent girls’ right to privacy and bodily autonomy is not respected, as many report that their first sexual experience was forced.

• As of 2013, 2.1 million adolescents were living with HIV.

• Over 6.2 million malaria deaths have been averted between 2000 and 2015, primarily of children under five years of age in Sub-Saharan Africa. The global malaria incidence rate has fallen by an estimated 37 per cent and the mortality rate by 58 per cent.

• Between 2000 and 2013, tuberculosis prevention, diagnosis and treatment interventions saved an estimated 37 million lives. The tuberculosis mortality rate fell by 45 per cent and the prevalence rate by 41 per cent between 1990 and 2013.

2030 Targets for Goal 3

• By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.

• By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least, as low as 12 per 1,000 live births and under-5 mortality to at least, as low as 25 per 1,000 live births.

• By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.

• By 2030, reduce at least one third of premature mortality from non-communicable diseases through prevention and treatment, and promote mental health and well-being.

• Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.

• By 2030, halve the number of global deaths and injuries from road traffic accidents.

• By 2030, ensure universal access to sexual and reproductive health-care services, including family planning, information and education, and the integration of reproductive health into national strategies and programmes.

• Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

• By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals, air, water and soil pollution and contamination.

• Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate.

• Support the research and development of vaccines and medicines for the communicable and non-communicable diseases, that primarily affect developing countries, provide access to affordable and essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use the provisions in the Agreement on Trade Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all.

• Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in the least developed countries and small island developing states.

• Strengthen the capacity of all countries, particularly the developing countries, for early warning, risk reduction and management of national and global health risks.
The year 2015 was essential for future health politics and it gives a historic opportunity to start on new paths to influence and protect the life of thousands of people. Besides the Sustainable Development Goals (SDGs), two other major agreements have been discussed and adopted: In March, the Sendai Framework for Disaster Risk Reduction 2015-2030, which aims to reduce disaster losses in lives, livelihoods and health and in December, the Climate Change Agreements. All these three frameworks are closely connected to each other and cover many similar topics and areas. Disaster Risk Reduction alone can be a tool in achieving 5 of the SDGs, \(^\text{1}\) while climate change has been set to have its own goal, number 13, that is only dedicated to ‘take urgent action to combat climate change and its impacts’.

Over the last century, the number of disasters has remarkably increased due to many reasons including climate change, indicating that future generations will be called upon to provide mass-casualty treatment to an even greater extent than before. It also stresses the close interrelation between disaster risk reduction, climate change and sustainable development goals. Natural and man-made catastrophes happen all over the world around us: the disastrous earthquake in Nepal, the storms and floods in Texas, and the recent refugee crisis in Europe, just to name some recent ones.

The need to act now, to reduce loss and damage caused by disasters in the future is reflected in SDG 11.5 which states: ‘by 2030 significantly reduce the number of deaths and the number of affected people and decrease by y% the economic losses relative to GDP caused by disasters’.

As future health workers, we want to contribute to reach this objective and utilise our capacities to achieve this goal. Health plays a crucial role when thinking about the impacts and effects of disasters. Health professionals need to be aware of this major public health threat. However, a number of studies point to the lack of adequate training in the medical management of disaster response – a deficiency that has become dramatically apparent in the recent past. In every major emergency, there are still significant numbers of aid personnels who lack essential skills, and as a consequence, many governments and scientific institutions agree that disaster medicine education should be included in the standard medical curriculum. The importance of enhancing education and training in disaster medicine has widely been perceived by medical students, emphasizing that they are willing to respond to public health emergencies and disasters. Yet, recent studies have been shown that only a small percentage of medical schools worldwide have included disaster medicine education in their study program. Therefore, training medical students to obtain competencies for becoming humanitarian health professionals is essential.

As a result of this idea, IFMSA and CRIMEDIM, a leading research center in emergency and disaster medicine, hosted the First International Summer Course for Trainers in Disaster Medicine in the summer 2015. The two weeks training was a pilot of a long-term project – the Training Disaster Medicine Trainers (TdmT). The aim of the TdmT is to train medical students who
can spread knowledge and support the inclusion of disaster medicine in medical curricula. Continuous education through this course and advocacy done by its participants will ensure that future doctors understand the basics of disaster medicine and are familiar with the different aspects of disaster preparedness and response. Additionally, we as medical students, will get equipped with the necessary knowledge and skills to mitigate and timely respond to disasters, and lead the recovery of affected communities.

TdmT stems out of DisasterSISM, the successful national project that SISM – the Italian Medical Students Association – and CRIMEDIM have carried out since 2008. DisasterSISM has trained 20 medical students as disaster medicine trainers that subsequently reached out and trained over 1500 medical students in 25 Italian medical schools. Efforts and success have been recognised by the Foundation for Advancement of International Medical Education (FAIMER) in 2015, when DisasterSISM won the Students Project for Health competition.

With efforts put in setting up the First International Summer Course for Trainers in Disaster Medicine, the summer of 2015 gathered twelve medical students from ten different countries and four different regions. They constituted the first international class of Trainers in Disaster Medicine. During those two weeks, they shared personal experiences and knowledge while learning from their peers as well as from experts, while enjoying Italian cuisine and culture. They are a new generation of trainers who will spread awareness and knowledge in disaster risk management and disaster medicine in their home countries and regions.

The participants took part in a specially designed full-immersion program which combines all the basic topics in disaster medicine with elements of international humanitarian law, disaster bioethics, public health in disasters, simulation in education, and non-formal education. The classes included conventional lectures and innovative teaching methods, such as case discussions, problem-based learning, simulations, debates, workshops and trainings. By the end of the program, they were able to design and deliver a basic training in disaster medicine to other medical students in their community, region, or country.

During the preGA in Malta 2016, those TdmT graduates will present the training as part of one of the preGA workshops followed by a real size disaster simulation, a field visit and lectures by invited speakers.

The SDGs consist of many aspects and points, and all of them need to be covered by grass root movements and approaches if we want to see the better and brighter future for us all. TdmT advocates for the important role of medical students in disaster risk reduction and thereby, contributes to the fulfilment of the SDGs.

References


Looking through the sustainable development goals, there is one that especially caught my attention, Goal 16; this goal is dedicated to the promotion of peaceful and inclusive societies for sustainable development, the provision of access to justice for all, and building effective, accountable institutions at all levels\(^1\).

When it comes to any person’s mind in Guatemala, whether achieving the sustainable development goals were possible in our country, one of the main reasons why we think it is not, is because we know that as long as there is corruption in our institutions, development seems far from being possible. We have not advanced in any way to fulfill the past goals, in fact, we seem to be going backwards. The first goal ‘End poverty in all its forms everywhere’ is not going to be accomplished, since we’ve had an increase of 2.9 percent, going from 56.4% to 59.3% of the total population that lives in poverty. This is due to many factors, but corruption is the main reason.

For Guatemala, the dishonest and fraudulent conduct by those in power has come to such high levels, that it directly affects the national budget, therefore, indirectly
affecting all the institutions that depend on tax-based management. Last year, we witnessed the most shocking case of corruption to have happened in our recent history. The President and Vice-president of the nation are in provisional prison for being involved in a case of corruption, in which an organized crime group stole money from our taxes.

Corruption affects the health of our community at many levels. Poor administration of resources in many institutions, lack of justice in the National Security Department and the prevalence of corruption even among a few officers in the Police Department has contributed to increased insecurity among people, therefore, affecting health, as violent deaths come to be one of the main causes of death in the country, having as high as 16 deaths per day (data from reports of 2015).³

For our health system, corruption has an important role in the increased morbidity and mortality rates. Last year, the lack of medicines and medical supplies caused many syndical strikes and the suspension of attention in most of the services such as the surgery department. Due to lack of funds and bad administration of resources, most of the regional centers for health care are not adequately supplied, which directly causes a rise in the incidence of preventable diseases and high rates of maternal and neonatal mortality. Most of the population in the rural areas of the country have no access to quality health care.

After analyzing the new and old sustainable development goals, we realized the impact that corruption would be a major obstacle in achieving most of them. For example, Goal one: Zero Hunger; malnutrition is not going to be eradicated through the current programs that is being promoted by the government as they often are conditioned by politicians that seek for votes in the next election. It also promotes our communities to become too dependent on that help, and does not teach them to become independent, thus, curbing their ability to progress on their own.

One of the targets of goal 16 is to substantially reduce corruption and bribery in all their forms and also, develop an effective, accountable and transparent institution at all levels. This is what developing countries need to do, in order to achieve the sustainable development goals. As long as corruption exists in our government, development is far from possible. Corruption needs to be eradicated at every level. We, as health professionals, must set an example for all those who wish to seek a brighter future, and take the necessary initiative to prioritize community development first. On the other hand, personal development is only possible if we help our society.

Last year at Guatemala, we lived what it was called the ‘‘Guatemala’s Spring’’ with the peaceful protests, that lead to the resignation of the President and Vice-President. We realized that through peace, we can demand our rights from the politicians. The society is tired of corruption and we want a change in the current institutions, so that we can accomplish all 17 Sustainable development goals for the year 2030.

References:
In 2015, MDGs (Millennium Development Goals) ended with several success, but some failures are hardly unavoidable. For example, the child mortality has been reduced by more than half over the past 25 years, falling from 90 to 43 deaths per 1000 live births. However, it failed to reduce two-thirds of the child mortality in MDGs target. There are several reasons why MDGs failed to achieve their targets.

First, MDGs suffered lack of consensus on targets and indicators. It was made by a group of stakeholders and not all countries participated in the consensus process. The limitation of the consensus process is underscored by Richard et al. (2011), who added that only 22% of the world’s national parliament formally discussed the MDGs.

Second, MDGs specify an outcome, but do not set out the process due to lack of accurate data. Researcher Varad Pande and Molly Elgin-Cossart, who worked with the UN high level panel on post 2015 development, noted that more than 40 developing countries are lacking the sufficient data to track the performance on extreme poverty and hunger.

Third, MDGs are stipulated without any reference to the initial condition, so there might be a difference in national priorities. Stated by Langford (2010), these goals fail for the low and middle-income countries because they are too ambitious for some countries and not challenging enough for other countries.

After the MDGs ended, United Nations was trying to make better goals for world development. It should involve all global citizens, could apply to all countries and cover other essential things that did not exist in the MDGs such as reducing inequality. The goals were SDGs (Sustainable Development Goals). It was made to see where we will be in 2030. It was made by ‘global conversation’ conducted by the UN, which included 11 thematic and 83 national consultations, and also an online ‘My World’ survey asking people to prioritize the areas they would like to see addressed in the SDGs. The goals were expanded from 6 to 17 goals, including several new goals such as goal number 10- to reduce inequalities. This method was used in hope of having more inclusive and feasible goals. It seems like it has been learnt from the past mistake. Six goals of MDGs did not succeed at all, can 17 goals be achieved by 2030? There are also several highlights on SDGs flaws, such as in goal number 1, target number 4; the poverty eradication goal includes a guarantee in microfinance, yet, the microfinance wasn’t the main solution to poverty alleviation. The goals have been released, we can not change it, but we can guide the process and make sure the goals are achieved. We need to strike an excellent coordination among global citizens, not only to monitor and track, but also to evaluate. The goals belong to everybody, not just a particular group. If we do not make it happen together, then who will do it? The fifteen years process towards 2030 is the homework for everybody to make sure that no one is left behind.

References:
Rex Crossley Awards (RCA) are an award provided by IFMSA in recognition of the work and achievements of the best Activities of IFMSA National Member Organizations. You can find the top ten submissions to the MM2016 Rex Crossley Awards in the upcoming pages!
Introduction to Rex Crossley Awards

Petar Kr. Velikov
IFMSA Vice-President for Activities 2015-2016
vpa@ifmsa.org

Back in 1951 Rex Crossley became the first IFMSA President. In his honor and out of the need for recognition of the hard work of IFMSA NMOs, the Rex Crossley Awards were born as an IFMSA Transnational Project during the 52nd March Meeting General Assembly in Parnu, Estonia.

Today RCA are an award provided by IFMSA in recognition of the work and achievements of the most impactful Activities of IFMSA National Member Organizations. The awarded Activities have meaningful impact on the local, national and/or international society.

During the 65th March Meeting General Assembly we have pre-selected 10 Activities to compete for the Rex Crossley Awards. Each of the Activities will be presented during the General Assembly as part of the RCA Presentations on 5th March 2016 at 17:30 in St. Paul’s Bay, Malta.

The Activities will be judged based on their design, quality of implementation, evaluation methodology and impact on society by the IFMSA Standing Committee Directors of the 6 Standing Committees.

In the next pages you can read an introduction to each of the top 10 Activities in IFMSA for the 65th March Meeting General Assembly!

Warm regards,

Petar Velikov
Gemma Rosell and Romero Awards

Mariona Bayarri
Coordinators: Júlia Melià and Verònica Torras
AECS - Catalonia
premigrr@gmail.com

Gemma was the NORE of AECS back in 2002. As a NORE, she recognized the importance of research and the lack of motivation of medical students to get involved. She was considering the idea of organizing some kind of conference where students that were doing research could present their work, when she lost her life in an unfortunate accident in Italy, where she was attending a meeting. Gemma’s mom did not want her daughter’s idea go to waste, so she contacted Gemma’s friends in AECS and her teachers at the University of Barcelona, and they decided to create the Gemma Rosell i Romero Awards in her memory.

It is essential that future doctors will contribute to the progress of medicine. Therefore, the aim of these awards is not only to acknowledge the work of those already doing research, but also to introduce other students to this world and motivate them to get involved.

The Gemma Rosell i Romero Awards are open to any health sciences student who has been working on a research project (SCORE exchanges are accepted). These students will present their work in front a jury formed by professional scientists, and any other student can attend as part of the audience to see these presentations and the different conferences given by senior researchers. In fact, they are open to anyone that might be interested, with the aim of also bringing science closer to the general public.

The activity itself takes place during three days. Students are selected based on an abstract of their project that they have to send. During the first two days, the selected students have ten minutes each to present their work, and then the jury and the audience can ask questions. After the presentations of the students, there is a conference of an invited professional researcher on a different topic every day. Finally, on the last day, there is a closing session and the awards are given. Apart from the monetary prize, the winner gets to publish an article in a Catalan journal of biology, which is a great recognition.

Most students who have participated in previous editions of the awards agree that this experience encouraged them to keep doing research and that, even if they were not awarded, just being able to present in front of an audience and a jury made them feel their work was being recognized. However, they are not the only ones who benefit from the activity, as students attending as part of the audience often think that seeing what other students were doing was a great motivation because they realized it could also be them presenting there.

We are very proud to see that the participation is increasing every year. At the beginning it was mainly health sciences students from other fields already more oriented to research who were presenting their work, but there are more medical students every year that want to participate, which hopefully means they are getting more involved in research.
Ebola in Sierra Leone started like a thunderbolt with no lightning in its wake. Absolutely with no warning! It cut us unaware with nothing on ground to serve as a form of response or any contingency plan in place. We were, awestruck and with absolutely no knowledge of handling such epidemic. Like a marathon the race against Ebola begun amid an haphazard response mounted by the country’s handful of epidemiologists against a raging disease which was striking at a speed that the lean and almost non-efficient health sector of Sierra Leone could handle.

It’s been a long while now, and all these are now memories. The fight, with donors coming to our aid, has been given a robust response, with rapid isolation of suspects, transfer to treatment units, an effective ambulance system and of-course, an increase in the chance of surviving this epidemic now established!

The road to where we are is however not laced with roses but was indeed a bumpy one. The story of how the fight against this virus was fought and won will never be complete without the mention of the Sierra Leone Medical Students’ Association (SLEMSA). SLEMSA’s role in the fight has been one worthy of commendation and emulation. Medical students with little or no resources at their disposal took up the gauntlet by creating the internationally acclaimed Kick Ebola Out campaign. The campaign saw the medical students coming together, going into town to meet people and telling them about the Ebola virus and means of preventing themselves against the disease.

The campaign also saw the launch of the Kick Ebola Out app, an education resource with a rich Ebola resource interface and a self-evaluation platform. SLEMSA went a notch further to organize the Ebola Orphan Care project, a project supported with funds from Switzerland Medical Students’ Association (SWIMSA), Japan Medical Students and IFMSA-Quebec. The impact of this project was phenomenal as the first phase saw to the support of Ebola Orphaned children with school kits and enrolment in school so that their academic pursuit is not stifled.

These patriotic role of medical students in this fight saw to their being engaged largely in the critical human resource in the fight against Ebola in Sierra Leone. Medical students were employed as Case Managers, Airport Screening officials, Disease Surveillance Officers, Laboratory Management Team, Ebola Vaccine trial studies and members of the burial team. These new public health awareness has helped to position medical students with requisite knowledge needed in any future disease outbreaks. It has also helped in career building for our members.

While the outbreak has come and gone, the efforts of a determined and patriotic youth is brought to fore as the engagement of this critical part of any nation is important in nation building and economic prosperity of the nation.
Global Health Core Competencies in Undergraduate Medical Education

Golden Gao
Coordinator: Golden Gao
CFMS - Canada
globalhealth@cfms.org

Global health has come to mean much more than simply ‘international health’ and health of the developing world. In a Lancet article, Dr. Jeffrey Koplan (2009) describes global health as “an area for study, research, and practice that places a priority on improving health and achieving equity in health for all people worldwide.” This project aims to create a list of educational objectives based on evidence and consensus that will improve global health education for all Canadian medical students.

There were four main goals: 1) to answer the call by medical students in Canada and internationally for increased education in global health; 2) to train students who have a greater understanding of the physician’s role as an advocate and leader accountable to the world’s most pressing challenges; 3) to teach students health issues related to globalization as the distinction between domestic and international health problems dwindles; 4) to answer the international call by the WHO for improved global health training for medical professionals.

A thorough meta-analysis of the literature was conducted by the Global Health Education Consortium and adapted by CFMS to a Canadian perspective by creating a list of global health educational objectives structured according to the CanMEDS framework, which is the medical education guideline of Canada. We then requested peer review from faculty members, physicians, residents, and medical students at all Canadian medical schools, as well as global health education leaders across North America.

We leveraged the CFMS’ extensive network of students and educators from across Canada for support. The group involved with the project worked tirelessly across six time zones and ten provinces over the course of many years.

The final review of the educational objectives was completed by forty five global experts from across Canada including university deans/directors, resident doctors, and medical students. With the standardized integration of these educational objectives into medical school education, over ten thousand Canadian medical students will have better educational experiences in global health including areas of: sexual & reproductive health, refugee health, human rights advocacy, and public health.

In addition, we hope that this list of educational objectives may be adapted by other countries to improve their global health education for medical students, making them better physicians in whichever field or country in which they choose to practice. After all, all health is global health!

The final list of the educational objectives was rigorously debated and approved by the CFMS at the most recent general assembly. As well, the list was also evaluated by physicians from the Association of Faculties of Medicine of Canada (AFMC), and endorsed by the global health group under AFMC.

Currently, student leaders from across Canada are using this list of educational objectives to advocate for better global health education at their schools. Amazingly, three universities are already working to incorporate this list of educational objectives into their curriculum!
Youth Education Activities on Health

Irakoze Magnifique, Caroline Arnbjerg
MEDSAR - Rwanda, IMCC - Denmark
medsar-rwanda@ifmsa.org

Are you a good peer to peer educator educating others about sexual and reproductive health? And have you ever thought about making all teachers in your country able to teach the way you do it? Well that is what is happening currently in Rwanda. MEDSAR (NMO of Rwanda) got invited by the Ministry of Education and UNFPA to be a part of a greater curriculum developmental panel. Last year the editions were officially presented and currently the country is implementing the new national curriculum on sexual education.

The partnership between MEDSAR and IMCC (NMO of Denmark) has existed since 2004. The long-term development objective is to promote health of Rwandan youths in Kigali city and Southern Province of Rwanda. The partnership has been working with peer to peer education plus sexual and reproductive health since 2009. In 2011 we introduced advocacy in our activities and started an advocacy taskforce. This advocacy taskforce was trained in basic advocacy. In 2012 we started doing advocacy by contacting stakeholders to connect and spread the knowledge of our educational work with sexual and reproductive health. In the early spring of 2014, we contacted the Ministry of Education and told them about our experiences with sexual education and offered our help in writing a new curriculum on sexual education. A month later we had a meeting with UNFPA following an invite to the curriculum developmental panel.

Some would say that we have fulfilled our work on improving access to sexual education in Rwanda, but the project does not stop here. Just by having a curriculum on sexual education does not mean that the pupils are taught in the subject. In Rwanda, the intimate details of one’s sex life are often kept private, hidden from public view. Talking about sex is, by most families, considered a stray from cultural norms.

Therefore we have just finished our small scale case study “Assessment of barriers to carry out sexual education in Rwandan schools”. The study was approved by the Ethic Committee. It included focus groups’ discussions and interviews with teachers and pupils to address the challenges the teachers are facing when conducting sexual education. The outcome of the study is intended to be used for future advocacy, to convince stakeholders that we need a proper education of teachers in order to implement a new curriculum. To that MEDSAR has just offered their assistance with training the teachers in sexual education according to the new curriculum.
The aim of this project was to bring sexual education to people who would normally not receive it. Sexual education is a part of formal education program, but still many students don’t get proper sexual education.

There were two target groups for this project: young deaf people and at risk youth in problematic areas in Estonia. We targeted the areas in Estonia where there were high level unwanted teenage pregnancies as well as high prevalence of STDs.

At the beginning of the project we discovered that the Estonian deaf community does not have all the necessary signs in Estonian sign language to communicate about sexual health. They lacked some basic signs (words) to talk about protection, sexually transmitted diseases, sexual and gender identity and sexual violence. There were many myths and misconceptions about sexual health and sexual education overall in deaf community in Estonia. The sexual education given to young deaf people at schools and at home was not persistent and was not based on science or facts. We decided to change that – by creating the missing signs for Estonian sign language, educating proper sexual educators for deaf community and make educational videos in sign language that are free and easily accessible. The seven sexual education videos in Estonian sign language that were made during this project are available on the Internet free of charge for everyone. The videos are available on Estonian Deaf Organisation for Youth and Estonian Association of the Deaf homepage and are widely promoted among Estonian deaf community.

Because of this project the deaf people in Estonia now have more than 40 new necessary signs (words) to communicate about sexual health. It was the first project in Estonia that targeted the sexual health of deaf people and it started a discussion among deaf - they are now more than willing to debunk the myths and get more knowledge about sexual health. The awareness about STDs like HPV, HIV, herpes, chlamydia has risen.

The second target of the project was to bring sexual education to problematic areas of Estonia. Before bringing the sexual education to rural areas in Estonia a study was conducted to map out the problematic areas. After the research there were 5 counties that we decided to target - Ida-Virumaa, Tartumaa, Jõgevamaa, Järvamaa and Võrumaa. Organising the sexual education seminars was in cooperation with the local government, schools and youth centers. Altogether we gave 45 seminars in problematic areas and educated almost 1000 students.
Students of the professions medicine and psychology in Trondheim (Norway) reported a wish for common learning activities during their education, to make them better equipped for working together in teams to treat patients. The local IFMSA committee in Trondheim and the local organization for psychology students started a project to change this situation.

We came up with the idea to organize one week with lectures, workshops and social activities for medical and psychology students. One of the goals of “Public Health Week in Trondheim” is to create a platform where the students can learn how to take advantage of each others skills, knowledge and competences in the future. With this project we hope a foundation of respect and understanding will develop, for better cooperation between the two professions.

In 2015 the topic of the Public Health Week was “Sexual Health”. The first lecture addressed the topic “Normal Sexuality”. Psychologist Svein Øverland discussed “what is considered as normal, and when is something abnormal?” In the second lecture we talked about sexuality after abuse. A representative from a help-centre for rape victims gave us valuable advice on how to help victims regain control of their lives and their sexuality. In the last lecture we invited Norwegian physician, sexologist and transgender person Esben Esther Pirelli Benestad to talk about sexual and gender identity. The last event was a workshop about anal sex with the Norwegian Health Board, to break down taboos. The activities were well attended, and received a lot of positive feedback from the participants.

The Public Health Week in Trondheim has been conducted twice, and about 500 medical and psychology students have become familiar with the competences of each others professions, and a platform on which to build a better cooperation between the two professions has formed.

Through the social activities in which about 90 medical and psychology students took part, the students have got to know each other a lot better, and hopefully prejudices about the other profession have subsided. This can make working together in the future easier.

What we can see already is that communication between the two studies has become more frequent and easier, and the project itself has become more known and more popular, with a broader audience including more health profession students, and gaining recognition from the municipality, the university and the hospital. Also, creating an arena of respect and understanding for students from medicine and psychology and initiating cooperation between the the organizations has been achieved.

We plan to expand this project even further. We want to include more health professions in the planning and conducting of the activity, and we would like to make the Public Health Week a national project. One important goal for the near future is to develop means to measure and evaluate the long term impact of the Public Health Week Trondheim. Are we reaching our goal of creating better cooperation between the two professions, with increased understanding and respect for better patient care?
Let’s Evaluate our Curriculum!

Arij Chatbri  
AssociaMed - Tunisia  
nome@associa.med.org

For more than 4 years now, the Tunisian medical students have been hearing about the need and importance of accreditation, the deadline of 2023—which was an absurd date to us—and a project of law that the government prepared in order to change the educational system in our medical schools. We heard rumors saying that our schools have evaluation committees that work on the improvement of the curriculum and on spotting the weaknesses of the system in order to fix them.

The question was: Where are the students in all of this? They all know that there are flaws in our education, but cannot define it exactly. They know that the law proposal that was approved by the government in 2011 is still the same, and that it is applied on the four schools without taking into consideration the specific aspects of each one or the results of the ‘claimed’ evaluation done by the school administration.

When we thought about starting this project, we started by assessing our needs and list the problems that we were trying to address:

The first problem was the lack of information and knowledge about medical education among the students, as they seem to not know what to expect from the school and whether the system they are blindly agreeing to was the “right” one.

Second, we noticed the general absence of motivation to assess and evaluate our status as students and future doctors; we are unaware of our rights and responsibilities towards our education.

The old teachers, seen as “gods” of medical education refuse the implication of students and taking into consideration their opinions, saying that they don’t have enough knowledge to “judge” their superiors and provide solutions. And that is how students are excluded from their role as major stakeholders of their own education.

Finally, time is running out of us; if we do not take action now, our system may be shaped forever and we might not get a second opportunity for change.

The idea of the project was to create a website with clear surveys and accessible to all medical students, where they can evaluate their own curriculum and share their experience in the different hospital rotations with their peers.

To be able to create questionnaires according to the WFME standards and WHO recommendations, we started by providing basic then advanced trainings in medical education and students’ representation. We have 22 TMET trainers, and more than 40 participants in the different workshops and our schools started to acknowledge the quality of our trainings and to involve our active members in their quality assurance committees.

We aim to have students who are active in the decision making in their schools, playing their roles as major stakeholders of their own education. To reach that goal, we will build on the results of the evaluation provided by the website to advocate for the integration of medical students in the process of curriculum development.

Finally, we started this movement with Ghandi’s saying as our motto: “You must be the change you want to see in this world”; and we are hoping to get more people on board.
Fourth International Health Conference, January 2016 Theme NON-COMMUNICABLE DISEASES IN AFRICA, “a burden that can no longer be ignored” its collaboration between MedSIN Sudan and AMSA IUA- (African Medical Student Association in International University of Africa)

as You all no Africa is not a healthy continent per se. It carries 25% of the world’s disease burden and only 1.3% of the world’s health workforce. Africa is now faced with double burden of diseases; communicable and noncommunicable diseases.

The conference run from the way to take action for our burden of our nations in Mama Africa So our conference run throw pre and the conference in the pre we conducted a lot of workshops such as research methodology, NCDs Surveillance System, ECG.

The conference discuss more than 15 abstracts and annual in oral pathology this annual authorize by student, the participants come from more than 13 nationalities in Africa and also more than 11 medical schools in sudan participate in this event.

Special thanks for African Medical Student Association in International University of Africa to stick together till the dream been sensed.

So just be close to us to see a lot of surprise!
41% of Pakistan’s population are children of less than 15 years of age while 55% of the population lies between the age group 15-64 years. About half of the total female population falls in the age bracket of 15-49 years (the child bearing age); thus contributing to overall population growth.

Pakistan lags behind most developing nations in its Maternal Neonatal and Child Health (MNCH) indicators. The maternal mortality ratio (MMR) of Pakistan ranges from 350 to 400/100,000 live births, under five mortality is 94 deaths/1000 live births and infant mortality rate (IMR) is 78 deaths / 1000 live births; more than half of infant deaths occur in the neonatal period.

Keeping these statistics in mind, ‘Maternal and Child Health Care Program’ organized annually aims to achieve the following objectives:

- To train medical students the techniques of basic maternal and child health care.
- To educate and spread awareness in young mothers.
- To decrease mortality rate in infants (death by dehydration)
- To decrease mortality of breast cancer (early detection by self-examination)
- Promote a healthy lifestyle in families.
- Promote family planning
- Train people about different ways of family planning

The target group is young mothers belonging to urban areas and rural slums, who are uneducated and lack complete awareness regarding their own health. We target those women who still believe in conventional myths regarding child care.

Also the influential ladies of an area, the children who take care of their siblings, the head of the families that is the husbands, the mothers-in-law who birth to myths are also included in our target group. The beneficiaries are mothers, infants, and the family as a whole.

The medical students are also our target group as we train them and spread awareness among them as to train and communicate well with the uneducated people of the rural areas. We train medical students to avoid the use of jargon.

After a series of training sessions, 20% of the women became more confident about communicating with doctors

- 60% of the women demonstrated well the formation of ORS
- 40% of the women demonstrated well self-examination of breast
- 30% of the women agreed that they will talk to their husbands regarding family planning
- 80% of the women agreed that they will breastfeed their children
- 60% of the women agreed that they will complete the course of vaccination for their children
- 40% of women retained enough information to train other women
- 50% of the influential women agreed to evaluate our sessions by asking women for their genuine opinion
- 40% of the mothers-in-law participated in the training sessions with their daughters-in-law.

A fully fledged research is yet to be done to evaluate how effective these trainings are. We plan to study the rise or fall in maternal and infant mortality rates, the degree of spread of awareness, the determinants of successful/unsuccessful trainings, the ways to overcome different hindrances, the effectiveness of expanding the activity, how to involve the government, how to fund the activity via NGOs and how to make the trainees better in their communication skills.
LITTLE DOCTORS ON ACTION is one of the community development based project of Medical Students’ Committee for International Affairs’ (MSCIA). This project has been held 2 times in 2014 and 2015, and will be held again in 2016. The goals of this project is to give contribution to succeed the point of SDG number 2 which is no hunger, number 3 which is good health and number 11 which is sustainable community, also to give information to medical student about SDG’s and how to reach it, forming 30 little doctors and create a good system in school’s health unit.

We chose Darus Solichin Junior High School as the target which has B score on their accreditation. After that we went to Darus Solichin Junior High School directly. We found some problems there which are:

1. The students are too lazy to have a breakfast in the morning. So, they usually go to school without having breakfast yet. This made a few of them get fainted when ceremony is conducted

2. The school has school’s health unit but it doesn’t run well. It looks like unused room which is dirty, and there is only 1 bed with fan without any drugs.

3. When the students get sick, they are always brought to the teacher’s room and the teacher who will take care of that student. Moreover, if the teacher doesn’t have the drug, she/he has to buy first in small shop, not drug store.

Besides that, we also did direct assessment to look for another school who has lower accreditation from Darus Solichin Junior High School, who also has some problems in health and cleanliness. From the assessment, we chose Sunan Giri Junior High School as the 2nd target.

The projects were held in 3 separated days. The first day was held on 10th of October, 2015. We gave knowledge to little doctors about first aid, cleanliness, and healthy food by presentation in power point. The second day was the 31st of October, 2015. We divided them into 6 groups. Each group consists of 5 little doctors and 1 committee which is medical student. The committee taught them directly how to used cotton, screen, alcohol, betadine when there was person who fell. The committee also showed the little doctors some drugs those were used to treat stomachache, headache, and etc. The last day we held on 21st of November, 2015. We bring little doctors of Darus Solichin Junior High School to Sunan Giri Junior High School to implement the lessons what we have given to them. There, the little doctors taught the Sunan Giri Junior High School students about first aid, healthy food, and also cleanliness.

Overall the activity ran well. The result of this activity is the school’s health unit there runs well. Every day, there are 2 little doctors who stay in the school’s health unit. So if there is a patient, they can take care of him/her by giving a treatment directly. We gave them some drugs and tools such as asam mefenamat, paracetamol, tissue, betadine, alcohol, cotton, eucalyptus oil, and so on to them.

This community development based project would be held again in 2016 and hopefully will be more success than ever.
In the upcoming pages, you can find the overview of the IFMSA Programs, their aspects, activities and much more. Enjoy!
What are IFMSA Programs?

Petar Kr. Velikov
IFMSA Vice-President for Activities 2015 - 2016
vpa@ifmsa.org

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

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

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

Structure of IFMSA Programs

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

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

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

a. Recognition for NMOs and setting standards for the work of IFMSA

Since Programs are a new platform in IFMSA, NMOs and Activity Coordinators who will enroll their activities in the beginning of the work are setting standards for the future work of the IFMSA in relation to Programs. IFMSA Programs will lead to an increase and improvement of collaboration between NMOs. This will happen by NMOs becoming aware of other activities being organized in IFMSA and give them ideas on how to use those initiatives in their own countries. Also, PC can help them by connecting different NMOs to improve collaboration, and if they have problems involving their activities, give them advice on how to resolve them.

b. Program Baseline Assessment and Program Impact Report

One of the most important parts about programs are Program Impact Reports, where all the activities that are enrolled in the Programs will be presented in a statistical manner and their impact - summarized. The reports will provide information on specific topics of each Program, how widely they are spread in the NMOs and what are the activities that NMOs are doing. The activities enrolled in the specific Program will be given permission to use the IFMSA logo in order to promote their activity.

The Impact Report itself will be used to increase visibility of IFMSA, its’ NMOs and the Activities which we organize. Additionally NMOs can use the Report as means to fundraise in their countries.

c. External Representation and Programs

Program are related to the external representation of IFMSA in several ways. By linking our global advocacy work with the real impact of the local and national activities that are enrolled in the Programs, we believe we can achieve a closer link between different parts of our work in IFMSA. This collaboration is an opportunity to strengthen the capacities of our members and provide a natural development path within specific global health topics. Furthermore, the impact of our external representation is anticipated to have a larger effect. Furthermore the increase in visibility will lead to the creation of new capacity building opportunities for our members on the national and international level.

d. Activities Database on IFMSA Website

An upcoming initiative is the Activities Database of IFMSA Program and Activities enrolled under the relevant Program. The database will ensure a source of information for NMOs on Activities organized by other NMOs. The database will further serve to increase the visibility of all enrolled Activities. Finally it aims to facilitate communication with externals and present them our work on evidence-based way. It gives us more credibility when we have specific data on the activities.

The collection of activities starts after the completion of the Baseline Assessment of each Program. This resource will not only be useful to make visible the work NMOs do to the external public, but to also the NMOs to gather ideas. The database will work as a source in order to get inspired and organize future activities. It is good to remember that the Program Coordinator can help with the communication of NMOs in the development on a certain activity.

e. Capacity Building

Within the program coordinator duties, it lays the coordination of the organization of Capacity Building activities in the Federation and NMOs. As mentioned earlier this can be done in a variety of ways including the creation of training toolkits, sessions, workshops, meetings aiming to achieve the objectives set in the relevant Program.

This will provide a new source of materials and content on a specific topic the IFMSA works on, giving opportunities to find external partners and to train future healthcare professionals on a field they’re interested in, building a community of medical students equipped with knowledge and skills on a specific topic.
An Overview of IFMSA Programs

Considering that children and adolescents are vulnerable groups that need special care and assistance, the IFMSA program ‘Children Health and Rights’ is proposed to encourage medical students and NMOs in protection of children’s health and rights. In order to achieve the end goals, medical students will need to be equipped with the proper skills to educate and advocate on behalf of children on local, national and international level.

Assuming that communities and civil societies are not aware enough of the importance and complexity of the problem, medical students need to take a leading role in education of general public. Considering that children’s health and rights are usually affected by their surroundings, education needs to be aimed to adults (including families and teachers) as well as children. Taking into account that children and adolescents are the center of these activities we should involve them in every possible way and value their opinions if they can form one.

Communicable Diseases

Communicable diseases are a broad group of diseases that are prevalent throughout the world and present a significant challenge to healthcare systems, medical students, and communities in general. Though there has been a major effort to eradicate and improve outcomes of communicable diseases in the last 15 years, there is still an undeniable need to address these issues in a different manner.

Communicable diseases have been shown to be a major cause of morbidity and mortality internationally, especially in low-income regions. Although well-known communicable diseases like TB, malaria, and hepatitis, are the major long-term focus of both governments and non-governmental organizations, many communicable diseases still receive infrequent and insufficient action. Notably, neglected Tropical Diseases (NTDs), which includes 17 different diseases, are by definition neglected, despite affecting more than 1.4 billion people around the world.

The aims of this program are to educate medical students and people in general about Communicable Diseases (CDs) and to strengthen student-driven interventions focusing on CDs in order to reduce the negative health impact of communicable diseases worldwide. To reach these goals, medical students and people in general need to be educated about communicable diseases and the prevention strategies.

Medical students need to be educated regarding specific advocacy strategies, Antimicrobial Resistance, and the link between veterinary health and human health. Once educated, the IFMSA will support advocacy work, student-lead initiatives, and partnerships with other stakeholders to utilize learned skills in affecting change.
Comprehensive sexuality education (CSE) is lacking in many societies and is often not taught in primary or secondary schools. Even when there are such programs present, they often fail to teach youth the information they need to make informed choices about their sexual health and life, especially when it comes to contraception, sexual debut, consent, and avoidance of sexually transmitted infections. Many teenagers worldwide lack sufficient knowledge about sexually transmitted infections and contraception. This leads to significant problems, the biggest of which are high incidence of STI’s among teenagers and younger students as well as unwanted teen pregnancies. The subject of Sexual Health is usually not brought up because teenagers feel uncomfortable talking about the subject with their parents and teachers. A lot of schools also have no teachers sufficiently trained in successfully teaching about the subject.

Failing to provide CSE in schools has been shown to actually increase the rate of teenage pregnancies and STIs. Providing CSE on the other hand has been shown to increase the age of sexual debut, decrease STI transmission, stigma and discrimination against LGBT and teenage pregnancy. Therefore, an honest, effective and comprehensive sex education is what in fact needed.

CSE covers the wide array of topics that affect sexuality and sexual health. It is grounded in evidence-based, peer-reviewed science. Its goal is to promote health and well-being in a way that is developmentally appropriate. It includes information and communication skills building as well as values exploration. Ideally, sex education in school is an integrated process that builds upon itself year after year, is initiated in kindergarten, and is provided throughout the entire education system, meaning until the last grade of high school.

The goals of comprehensive sexuality education program are to help young people gain a positive view of sexuality and to provide them with developmentally appropriate knowledge and skills so that they can make healthy decisions about their sex lives now and in the future. It can build a generation of women and men comfortable in their own skin; able to make well-informed, responsible decisions; form healthy relationships; and take care of their bodies. Another important goal is to increase the number of trained peer educators on sexual and reproductive health issues as well as to have a dedicated team of overseers that will make sure the peer educators are equipped with the most recent and relevant information that they can use in their education workshops.

The interventions can be done include:

- Peer education workshops on a local level;
- Workshops on dealing with sexuality related issues for healthcare professionals;
- Trainings and campaigns on reducing stigma and discrimination;
- International cooperation on sexuality education throughout the IFMSA as well as international peer education trainings;
- Raising awareness among the youth and the general public;
- Peer education manuals;
- Advocating innovation on an international level in order to get new methods for peer education.
The IFMSA Program ‘Dignified and Non-Discriminatory Health care’ is proposed as a means to structuralise and enhance the actions of NMOs in reducing stigma and discrimination directed towards vulnerable or marginalised populations, both in health and in society, with the aim of reducing health inequities that these cause. Dignifying and Non-discriminatory is a program that aims to empower students to advocate and work on providing an equal and accessible healthcare for anyone.

By joining this program, local or national committees can collaborate with other youth groups, institutions, civil society organizations to provide appropriate healthcare and treat human beings in the way they deserve. We all believe that health should be considered as a human rights and medical students as future doctors should learn how to respect human rights and improve quality of health system. These goals cannot be achieved without advocacy campaigns which, together with stakeholders and assistance of professional evidence-based research, are necessary to target authorities and governing bodies that shape health policies and protocols.

IFMSA activity is meant to flow from capacity building, to networking, to student mobilisation and concrete actions in advocacy and assistance of the vulnerable populations.

The NMOs can prioritise according to their needs. The benefit for having this program is that on the international level there can be exchange of information on best practices and results under this theme and the professionalism in empowerment can start by IFMSA recognised workshops that provide basic skills and knowledge in dealing with such a vast topic. Student mobilisation on the local and national level can encompass a wide range of activities from public outreaching, to advocacy, to health campaigns with the particular and targeted vulnerable population.

In order to prevent hazards turn into disasters, we must address the core issues that lead to these such are weak public health systems, lack of preparedness awareness among general public. Such hazards including natural, man-made and biological outbreaks put under pressure existing health systems. Medical professionals are not educated and equipped with the knowledge and skills to react in these situations as this topic is poorly addressed in medical education curricula. Schools, hospitals and other health care and public facilities and industrial zones are often not equipped to respond on emergency nor are built properly to ensure safety of its users causing thousands and millions of people being affected when disaster strikes.

Unfortunately, emergencies tend to disproportionately affect the poor, children, women, the elderly, and other marginalized members of society, hence aggravating existing health inequities. Populations on the move due to man-made or natural disasters put pressure on services and these already vulnerable populations are faced with a health care service of poor quality, unable to prevent disease or treat it, and often denied the service if unable to produce the required documentation. In disasters, human safety is often put into question, especially of the services that are in the forefront such as civil protection or health professionals. They are usually even more endangered in man-made disasters.
An Overview of IFMSA Programs

Environment and Health
Samantha De Leon Sautu - IFMSA Panama
environmenthealth@ifmsa.org

The IFMSA Environment and Health Program is proposed to encourage medical students to be active in minimising the health effects of environmental damage and to recognize that caring for our natural environment plays a major role in improving health of populations. As future medical professionals who will be managing the health effects of these environmental issues, we have the responsibility to advocate for mitigation and adaptation strategies and prepare ourselves for changing patterns of disease. The ultimate desired outcomes are to achieve a state where communities worldwide exist in an environmentally sustainable manner where health is not compromised by climate change and other environmental issues. The assumptions are that medical students are effective advocates on the links between the environment and health and once educated on these links, medical students, health professionals, organizations, universities, communities and governments will be motivated and empowered to take the necessary action on these issues. Intermediate goals include the establishment of national and international environment and health trainings for medical students, the establishment of groups active on environment and health and the establishment of specific projects and campaigns. Interventions include political advocacy campaigns, healthy investment campaigns, inclusion of environment and health in medical curricula, research relating to health and the environment and engagement and awareness raising events.

Ethics and Human Rights in Health
Maria Golebiowska - IFMSA Poland
ethics@ifmsa.org

Medical ethics and human rights are guiding values for medical practitioners. Together they ensure a patient centered approach, where the needs and rights of the patients are of the greatest importance. Future health care personnel must be competent in the medical ethics that govern her or his practice, and understand how international frameworks such as the Declaration of Human Rights are set to safeguard our inalienable human rights.

As future health care personnel medical students must feel confident to take ethically sound decisions, and to advocate for their patients in all settings. Students therefore need to have a basic understanding for the roles, rights and responsibilities that come with a medical mission and how these roles apply during threat and ethically challenging situations.

The aim of Ethics and Human Rights in health program is to ensure that medical students as future physicians are able to question their professional behavior and decision-making and answer by ethical and human rights principles regardless of the situation. By understanding the Universal Declaration of the Human Rights, International Humanitarian Law and ethical codes they are able to carry out a correct interprofessional cooperation and are skilled to advocate for the rights of their patient, themselves and their colleagues.
Gender-based violence (GBV) encompasses many types of violence including physical, sexual and psychological violence directed against a person or a group of people based on gender, and is ultimately a manifestation of deeply rooted gender inequalities. Whilst GBV is not limited to women, globally the vast majority of GBV affects women and girls reflective of their inferior status in many societies. Perpetrators of GBV range from individuals to institutions and states which condone such violence.

As medical students and future physicians, we will be at the forefront of recognising violence often as a first point of contact, however very few medical schools train students how to recognise and subsequently manage cases of GBV. As health care professionals we are not only in a unique position to sensitively respond to individual cases of gender-based violence (secondary prevention) but also have the chance to affect systemic causes. Primary prevention can be achieved through the promotion of gender equality and the questioning of traditional gender roles.

The IFMSA program on gender-based violence aims to raise awareness and to take positive steps to prevent and address the harmful effects of GBV on victims and communities. We aim to do this through capacity building, advocacy and research work. In particular, we hope to focus our efforts on three populations; (1) medical students and their respective institutions, (2) local communities, particularly the youth through school education programs (3) and local/national governments. As the regions in which the IFMSA operates are very diverse, research regarding regionally specific issues and causes of GBV will be an overarching goal to successfully implement relevant programming.

We aim to provide national and international training for medical students that equip students with knowledge and skills of how to recognise GBV and how to act to protect those in danger including the provision of psychological support. Additionally, we hope to explore the root causes of GBV such that medical students can influence wider societal causes by actively promoting gender equality. Alongside training, we also aim to advocate for universities to include GBV within their medical curricula. In addition to focusing on medical students, we also aim to reach a wider local population particularly through awareness campaigns linking GBV to gender stereotypes and norms within society and tackling stigma associated with GBV. Working with educational systems such as schools will provide an opportunity to reach boys and girls to deliver gender equality teaching which stimulates critical reflection on commonly accepted gender stereotypes and norms and further how this may manifest as violence. Finally, on a wider scale we also aim to engage local and national governments to advocate for laws to ensure the perpetrators of GBV are held accountable and send a wider message to the public.

Activities within the GBV program may focus on (but are not limited to) topics such as sexual harassment and rape, female genital mutilation, domestic violence and marital rape, human trafficking, sexual exploitation, honour killings, dowry-related violence, acid attacks or more broadly the relationship between gender and health.
A health system comprises all organizations, institutions and resources (elements) that are devoted to producing health actions. The intrinsic goal of a health system is to protect and improve the health of the people. In addition to patients, families, communities, Ministries of Health, health providers (traditional and biomedical), health services organizations, pharmaceutical companies, health financing bodies, and other organizations play important roles. A health system’s many parts operate at many levels to provide coherence at community and national level.

For many years health has been siloed into specific areas of concern (maternal health, HIV/AIDS etc.). We’ve seen great achievements within some areas, while other areas have been neglected. To change this path a more holistic approach to health systems need to be obtained. This program is therefore not topic-specific in its objectives, but includes activities that focus on parts of the system rather than the diseases. The core challenge is to develop health systems that are able to reach out to rural, vulnerable and poor populations with basic quality health care addressing acute as well as chronic diseases and that are able to respond to health-related disasters, as seen with ebola, tsunamis etc..

Health systems worldwide face various challenges; the budget is substantially low, the quality is insufficient, the medicine and equipment are too few and to expensive. Actions conducted by medical students are needed to counter these issues. Know-how on topics as Trade and Health or Access to Medicines and Surgery as well as rural health, traditional medicine and Universal Health Coverage is scattered to a significant degree within IFMSA. Also educational activities as WHO simulations, teaching students about health policy processes, lobbyism and global health governance are important activities to ensure medical students are equipped with the skills to advocate and fight for stronger health systems. With this program we aim to group IFMSA’s activities and encourage further actions in this field.

This program was developed from the need that medical students should join the fight against NCDs and actively work on reduction of this burden. NCDs, and unhealthy lifestyles as main NCDs risk factors, pose major strain on every nation’s healthcare system, and take central part of their health programs. Often young people, medical students in particular, aren’t as involved in shaping and implementation of this programs as they should be. This is a missed opportunity since medical students present a group that is already playing a major role in prevention and treatment of NCDs, and they should be educated about NCDs, and methods of their suppression, early in their medical curricula.
An Overview of
IFMSA Programs

HIV/AIDS and other STIs
Ahmed Taha - IFMSA Egypt
hivaid@ifmsa.org

This program is born from the need to tackle issues related to HIV/AIDS and other STIs which have proven to be a major public health problem leading sometimes to violations of human rights. The current situation related to the lack of information and access to health assistance, stigma and discrimination on HIV/AIDS and STIs does not only affect the general population, but also future healthcare professionals. The latter are an important step in the improvement of health in general, which makes it important to also cater to them if we want to make a real change. Based on this, the ultimate goal of this program consists, in a general level, on improving healthcare attention to those living with HIV/AIDS or with any other STI and reducing stigma and discrimination by raising awareness and educating.

The subsequent objectives are mostly focused on future healthcare professionals, the affected population and the general public. Through advocacy, sharing of knowledge and capacity building this program will work on raising awareness and providing skills on ways of transmission, prevention and testing and also on how to avoid and fight stigma and discrimination against PLWHA and with other STIs. Secondly, providing useful trainings and information in order to assure that current and future health providers will deliver appropriate medical attention and follow-up to PLWHA or other STIs. Thirdly, empowering PLWHA other STIs and preventing them from becoming passive targets of the HIV/AIDS and other STIs response. Last but not least, advocating on these issues aiming to change how the healthcare system is currently set, towards one that is more comprehensive, stigma-free and non judgmental.

Human Resources for Health
Alberto Abreu da Silva - ANEM/PorMSIC Portugal
hrh@ifmsa.org

The aim of this program is to promote the engagement of medical students in the solution of the current challenges in health care workforce planning and distribution, in light of the universal health coverage principle and the established millennium development goals, therefore ensuring an adequate distribution of health personnel worldwide, at the same time that educational institutions should be encouraged to increase their education quality, not only by the creation and/or renewal of the facilities but also by adapting to the needs of the students, teachers and the society. These measures would have a significantly tackle the causes of lack and uneven distribution of health care professionals.

This goal should be achieved by advocacy and awareness campaigns, not only internationally but also - and very importantly - nationally and locally - by promoting the engagement of medical students in increasing the quality of their education and to enroll in discussions and actions with their governments in order to ensure that health professionals do fit the needs of the population. Internationally, the IFMSA is engaged by improving the World Directory of Medical Schools, as well as the Global Standards on Medical Education, led by the WFME, organizing workshops regarding these issues and capacitating medical students with knowledge and advocacy skills, as well as continuing on representing medical students in important forums such as the Global Health Workforce Alliance of the World Health Organisation.
Maternal Health refers to the health of women during pregnancy, childbirth and the postpartum period.

Although positive strides have been made to improve maternal health, great disparity still exists. The World Health Organization (WHO) estimates that approximately 830 women die every day from preventable causes related to pregnancy and childbirth, with almost all maternal deaths occurring in developing countries.

When scrutinising the major complications that lead to maternal deaths, unsafe abortion is highlighted as a major cause that contributes to 13% of all global maternal deaths.

Hence, the program was developed for the need of greater advocacy and awareness of improving maternal health including access to safe abortion. Medical students and future health care professionals lack information about maternal health and access to safe abortion both as part of the curricula and in terms of provision of safe services in medical centres. There are numerous barriers to access safe abortion services and these include:

- legal and policy barriers (very strict abortion laws and policies),
- social and cultural barriers (gender discrimination, poverty, religious restrictions, abortion related stigma and lack of social support), and
- health system barriers (lack of facilities, lack of trained personnel and cost of services).

On the other hand, evident inequities in the provision of health services as they relate to maternal health are important to tackle the issue and are needed to properly address the problem. Globally, There is a lack of sensitization and a lot of stigma on abortion related issues. Given the sensitive nature of the topic, medical students and future health care professionals usually do not have enough skills and knowledge to approach patients, offer comprehensive abortion care (CAC) as well as educate the public on the dire consequences of unsafe abortion and the need to safe services within their communities. There is a paucity of advocacy efforts towards governments and international organizations and this has contributed immensely to the sustained maternal mortality rates since unsafe abortions contribute significantly to maternal mortality.

The ultimate goal of this program is to improve maternal health by building comfort and capacity among medical students and Medical Students Associations on maternal health and peer outreach through our Ipas workshops and curricula. We must ensure that medical students worldwide get values clarification and attitude transformation when it comes to handling abortion related issues and equitable access to maternal health services. Building capacity on safe abortion within the medical community will lead to effective healthcare delivery and stimulate increased advocacy on abortion related issues.
An Overview of IFMSA Programs

Medical Education Systems
Hsu-Li Huang - FMS Taiwan
mededsystems@ifmsa.org

This program is aimed at increasing student activism and advocacy in their faculties, ultimately to get them to obtain voting rights and a say in their faculty decisions and board. To achieve this, NMOs should organize training workshops for students to learn about different areas of medical education so they can know different types of teaching, learning, evaluation and assessment, the student’s role in medical education and the importance of feedback in this regard.

Once students have undergone training, NMOs should facilitate their activism by advocating for students’ rights, their voice and votes with regards to faculty decision and the collection and promotion of feedback among other students.

Mental Health
Victoria (Tori) Berquist - AMSA Australia
mentalhealth@ifmsa.org

Mental health is defined by the WHO as a “state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”. Mental disorders include but are not limited to depression, anxiety and psychosis. These, along with other conditions that impair mental health but may not be included under ICD-10, are grouped in this program under ‘mental illness’.

Mental illness is extremely prevalent worldwide and is a huge burden on society, including the economy, with statistics showing that mental, neurological and substance abuse disorders are responsible for 13% of the total global burden of disease in 2004. Vulnerable groups may additionally be at significantly higher risk of developing mental illness. These groups include, but are not limited to persons living in poverty, LGBTIQ persons, those exposed to conflict, disaster and other humanitarian emergencies, indigenous persons, those with chronic health conditions and those overworked and stressed.

Among those overworked and stressed, medical students are a vulnerable group. Mental illness, particularly depression and anxiety, is consistently higher among medical students compared to the general population and peers of the same age group. Those with mental disorders experience higher morbidity and mortality. Suicide is the second most common cause of death in young people, an age group that includes medical students.

Stigmatising behaviours towards mental health make up a portion of the human rights gap between those with and without mental illness. Stigma is a degrading or debasing attitude against a person or group due to some salient attribute. Stigma marginalises and degrades individuals and affects achieving of potential and happiness. Stigma may lead to discrimination and inequality in terms of rights, including denial of employment, educational and health opportunities (such as insurance) that would otherwise be granted. Stigma can also lead to acceptance of maltreatment, abuse and other unacceptable practices within health services. Stigma is a common and a significant inhibitor in progressing rights for those with mental illness and requires addressing. As future health leaders and a vulnerable population, medical students are well suited to lead the way in developing mental health activities to help reduce stigma between the medical and wider community.
An Overview of IFMSA Programs

Sexuality and Gender Identity
Beatriz (Bea) Blanco Rojas - AECS Catalonia
sexualitygender@ifmsa.org

Discrimination based on sexuality (including sexual orientation) or gender identity is a Human Rights violation. Nonetheless, this discrimination is widespread and has a detrimental effect on the health of its victims. The Sexuality and Gender Identity program will therefore raise awareness among the general public about the issues individuals face because of their sexuality and gender identity, specifically targeting its efforts to future healthcare providers. By providing future healthcare professionals with the skills and knowledge to give optimal care in a respectful and non-confrontational manner to the population, healthcare, and therefore health will be greatly improved. Additionally, this program seeks to influence policies that affect both Sexual Health and Sexual Rights.

This will serve to better the general well being by, for instance, removing laws that criminalize homosexuality and by removing barriers to access healthcare. Also, this program will directly work with stigmatised groups, such as LGBT+ individuals or sex workers, to educate them about available health services and to empower them to access these. Finally, in order to strengthen current evidence about Sexual Health and Sexual Rights, this program strives to collect data on the situation and encourages other researchers to do the same.

Teaching Medical Skills
Katarina Mandic - CroMSIC Croatia
medicalskills@ifmsa.org

Although medical education should provide each aspiring physician with appropriate knowledge, skills and attitudes for independent work right after graduation, in reality there is often a gap. Often students do not have enough opportunities for clinical practice or are taught using outdated methods, while some other skills that are necessary for everyday work are assumed to be learnt spontaneously.

Therefore, the aim of the IFMSA Program on Teaching Medical Skills is to work on following: analyzing of current situation in medical schools, assess the quality and needs of medical students; providing learning opportunities through educational activities, such as competency-based trainings and workshops with academic quality ensured, and to advocate with the faculties to provide support, non-formal education recognition, and work towards integration of well-structured competency-based programs in curricula. Contributing to creation of competent and confident doctors we directly assure that the best possible care is provided to the ones who mostly depend on us and our competences – our patients.
SCOMEdians are the guardians of our medical education; their mission is to improve the quality of 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 what they have been up to lately.
Dear SCOMEdians worldwide,

MSI is not only a collection of articles, but also a platform for people to share their thoughts and search for potential partners. In SCOME, since we don’t have any other newsletters issued regularly, MSI becomes the main publication for SCOME.

From advocates to activities coordinators, we can discover the role of medical students is not simple or limited anymore. You can definitely see in these articles that students are now actively influencing our education from different aspects. From classical projects to innovative ideas, SCOMEdians are not only working in IFMSA Programs related areas, but also discovering other issues which has not been discussed in SCOME before. As there’s several fields we can dig into in the future, we’re more than happy to embrace awesome SCOMEdians to join this family, experience the growing SCOME altogether, and change our medical education for future doctors.

Making a change is not easy as we’re saying, I’m really appreciate all the submissions contributed from hard-working SCOMEdians worldwide. To know more about how’s the change going on within the medical education world, take some time from this page on. Go through the SCOME sections, you’ll find out how SCOME members are now working on improving medical education.

Best regards,
Ying-Cing Chen (Angel)
It is very important to have the passion to change, when it comes to medical education. Yes, it might be a long, tiring, and an exhausting process, however, once you help in creating a better education environment for the students, all becomes worth it.

As a passionate fighter for medical education, it is very important to set up a program where students are allowed to work with the administration. That is why we, in KuMSA created ‘Aspiring to be’, a program purely designed to focus on the students’ opinions on their education system.

‘Aspiring to be’ helps the Kuwait Standing Committee on Medical Education (SCOME) in Kuwait to create a link between 3 main levels:

• Level 1- between the students and the module directors
• Level 2- between the students and the curriculum development committee at Kuwait University Faculty of Medicine
• Level 3- between the administration and the professors

Working with all these 3 levels helps us to advocate for a better medical education system, to connect and link the entire education system together for a better understanding of the students’ and staffs’ needs to improve the medical education system.

The article will focus on the 4 different phases of the program; how each phase works and the help needed by any national officer and their local officers to achieve changes in their educational system and administration regulation.

Phase 1: Data Collection

This is probably one of the longest phases in the process of ‘Aspiring to be’. This phase depends on using online forms to gather information and opinions of students on certain subjects of choice. Surveys should be easy and quick to do, with not more than 10 questions focusing on multiple choice and scaling points questions.

Another thing that could help with data collection is monthly open houses. It is a time when students sit together and discuss their issues, about their medical education system.

Phase 2: Data Analysis

In this phase, one has to convert all the data to graphs and pie charts. These can be easily read and understood by the person presented to.

Phase 3a: “Research and Idea Development”

This phase depends on the research team. The research team is specialized in finding how other universities across the world work or implement programs. It is very important for the National and Local Officers to contact their colleagues, and ask for their opinion and experiences. After the findings, the research team would compare the different programs and try to isolate the pros and cons of each.

Idea development is the second stage of this phase. The committee discusses the data gathered from the research and students’ opinions, and consults the administration to try to come up with the best solution.

Phase 3b: “Proposal Writing”

This is the final stage of the process, where everything from the hard work to the ups and downs of the program comes together. This starts with designing cover sheets for your booklet to writing introductions, and presenting your data and suggestions.

It would be highly recommended to present this hard work in an official press conference with all the faculty members and students present, to hear what the committee has done so far.
Medical Students’ Involvement Prospects in Medical Education Quality Standards Ensuring Process

Ilia Nadareishvili
GMSA - Georgia
David Tvildiani University
gmsa-georgia@ifmsa.org

The Georgian Medical Students’ Association (GMSA) became a candidate member of the International Federation of Medical Students’ Associations last year. Despite the fact that we are a new National Member Organization, we fully support the strategic development goals of IFMSA and believe that the experience, knowledge and activities we execute locally would be a valuable contribution to the federation’s achievements of its long-term goals. We fully share the values, aims and responsibilities of the IFMSA in front of the international community.

It must be noted, that the ways towards the implementation of the various objectives we all share might be different due to the differences in our home countries’ background, social, economic and other factors. Here we get a question: should lower and middle-income countries schedule the same aims and objectives as the higher income ones, or should we work according to lower standards in our medical education, public health, social well-being and many other areas of involvement? We believe that the only correct answer here is the first option. We, the medical students from both, the lower and medium-income countries should have the same standards and have goals at the same level as those from the higher income countries, despite the limited resources, and we should plan our activities according to our present reality.

According to the Georgian National Center for Educational Quality Enhancement Strategy 2013-2017, the accreditation, authorization and other aspects in education, including medical education necessitate a lot of reforms. The topic of strongest debate among various higher educational institutions, governmental and nongovernmental organizations is the topic of students’ active involvement in accreditation/authorization activities. We believe, that medical schools around the country will soon realize that it is impossible to ensure high levels of educational standards without students’ involvement. This is inevitable since prominent international organizations such as the World Federation for Medical Education, World Health Organization and the Association of Medical Schools in Europe are working together with IFMSA to implement their strategies. It must be noted that some high level medical educators in some medical schools already gave us, the Georgian Medical Students’ Association full support and trust, believing that our organization, based on the best traditions, values and standards active in IFMSA, will be actively involved in medical education standards enhancement, medical school accreditation and authorization process and other activities.

GMSA’s current plan is to become SCOME-active in the shortest possible period of time, get actively involved in international, regional and local activities in Medical Education and we are currently involved in the development process of a project which would form a network uniting medical schools, organizations ensuring quality education, experts and most importantly medical students from various countries (first of all in Eastern European region), with IFMSA as the core of the proposed developmental/research project which will serve to the benefit of medical students worldwide.

References:
• განათლების ხარისხის განვითარების ეროვნული ცენტრის სტრატეგიული გეგმა, 2013-2017  (in Georgian)
Buckminster Fuller once said, “You never change things by fighting the existing reality.

To change something, build a new model that makes the existing model obsolete.” Since our first days at medical school, we all have dreamt of getting professional medical education, and as the modern medical system becomes increasingly complex, we have to remind everybody around us that this dream needs to be nourished with determination, hard work, courage and willpower in order to transform it into reality. In this article, I aim to mention some of the tips that every medical education advocate needs to remind everybody with; starting from himself, his colleagues, his professors and the world in general, through his long journey towards changing the “what is” into a “what should be”.

As all people are susceptible to be attacked by diseases, medical care should not be only a concern of doctors and medical students. We have to try to use all means to persuade people that high-quality medical education is our opportunity to achieve better medical care. Media campaigns are a form of advocacy activity. This can inspire professors, encourage medical students to advocate, and draw the attention of sponsors for financial support. Social media allows us to narrate stories that deserve to be listened to, and allows us to communicate our uniqueness to the world.

Research can also be employed to prove our beliefs on how education should be. Listening to the student’s side of the story, learning about the student’s special interests and talents, studying the advantages and disadvantages of problem based learning (PBL) or any proposed change in the educational system can also help us in learning about ourselves and evaluating the size of problems we face every day. It has been said that ‘ The principal student advocate is genuinely interested in assisting a student in meeting his or her personal needs and interests.

For me, creating an environment in which students can focus on their interests and strengths is the most important, and this is actually what SCOME provides medical students with. This type of activities proves that loving medicine is more than achieving good grades, it’s about living for medicine, it’s about defining medicine by your own words and trying to make it special every day. Medical students are usually attracted to clinical-based methods of teaching and they like meeting patients because every patient they encounter has something to teach them in an unforgettable way.

To conclude, be a role model, talk to your colleagues about advocacy. Thinking global and acting local can change a lot. Remain positive and patient all the way to your destination. You need to be ready to exert blood, sweat, and tears every day you wake up in order to achieve your goal. It is tiring, I know but when you live for something greater than yourself, then hard work becomes a labor of love. It is our responsibility to leave places better than how we found it!
Pathology Imaging Art Exhibition

Yen-Lin Huang, Po-Chun Huang
FMS - Taiwan
China Medical University
rabbitscanfly@gmail.com

Designed by a group of Taiwanese medical students, the Pathology Imaging Art Exhibition boasts its unprecedented theme of pathology biopsies, aiming to make viewers appreciate the usually hated slides in an aesthetic perspective rather than study them for exams, leading to a love-hate relationship especially for medical students. In the exhibition hall, you will see a dozen of enormous slides erected along the gallery, images of which people don’t usually have a chance to take a glimpse at.

Appendicitis can look that gorgeous, and meningioma can be very Van Gogh; yet we shall never forget that each and every one of them are also daunting, fearsome and deadly human diseases. “This is the main purpose of our exhibition,” said the curator Yen-Lin Huang. “We hope that we human beings can value and embrace the diseases. Walking out of hospitals, we shall turn our frowns upside down, be grateful that the physicians detect those diseases early enough to prolong our lives, and live on with our beloved friends and family.” The slide is a warning, a cross section of our lives, allowing us to think twice of our ways of lives in the midst of our hustle and bustle. If you have an afternoon available in January, you’re always welcome to come savor the relish of life and witness the true colors of terror.

A brief vignette perfectly interprets the exhibition,

“At this moment you gaze,
at the scattered dyed cells,
They are unique
They are tiny patterns of your lives
rendering your proudest career, unruly youth, vigorous love, and mundane family
presenting an evidence that you once lived
embedding the alcohol into your hepatic cells
bittering the caffeine into your stomach
let the blazing sunshine penetrate your skin
obsession is not hatred
but more of love”

We believe that not only Taiwan but the whole world ought to have the right to see what the fragments that reside in our lives look like. Furthermore, our posts on the fan page of the Pathology Imaging Art Exhibition (https://www.facebook.com/pathologyexpo/) brought out various social issues in an interesting way, e.g. connecting lung cancer with air pollution, arousing the issue of overwork among doctors, signifying human wars as immunological reactions, and presenting health educations such as cirrhosis to people. If you do not live in Taiwan, you are welcome to browse our website. We hope that in the near future, everyone of us can enjoy the revelation brought by this exhibition.
The unworldly mystery of the human brain has always been a researcher’s plague, who for centuries have been looking for explanations of extraordinarily complex processes ongoing in this organ. Therefore it is no surprise that medical students want to explore treasures of this “innervated universe” of the human body - the cradle of all civilizations, art and science, the one that combines rationalism and emotionalism, collects every moment of our lives, looks ahead, anticipates the consequences of present actions, continually strives for excellence colonizing unexplored territories of knowledge and experience, focuses on the current need with taking into account the heritage of our ancestors. That is why IFMSA-Poland Local Committee in Lublin wants to come up to the expectations of all of the neurology enthusiasts, presenting the variety of workshops focused on the phenomenon of human brain.

For three years, we have been revealing the secrets of the brain on three levels of advancement. All of our trainees begin their adventure in the meandres of gyri with Neurological Examination Workshops. We start with the theory and explanation of all of the most common physiological and pathological signs and reflexes examined in neurological tests. Then we proceed to the practical part, during which the participants perform full neurological examination on their colleagues under the eye of the specialists. Lastly, after receiving knowledge on the physiology and anatomy of the examined functions, practicing non-pathological central nervous system reactions, trainees examine the patients of the Neurology Department.

Second skill in the neurological world is achieved during Electroencephalography Workshops which help to understand the electrophysiological aspect of neuronal interactions. After the theoretical part, trainees perform a full EEG examination on one of the volunteers and interpret the achieved results.

The third step is the attempt to answer the eternal question bothering every human being - can we influence the efficiency of our brain? Is there a way to fully exploit the potential hidden within us? Solutions are found during the EEG-biofeedback workshop, where participants are taught on how we can consciously interact with and teach our neurons to improve their performance and intraneuronal connections with biofeedback. EEG biofeedback is an element of psychological treatment combined with pharmacological therapy used for the treatment of disorders associated with hyperactivity, inadequate or pathological activity of neuronal activity that result in abnormal brain wave emission, such as ADHD, depression, addiction, insomnia, chronic stress. Nowadays, the therapy can be used not only for patient with clinically diagnosed disease, but also anyone who wants to improve their memorization skills and ability to concentrate - businessmen, professors, lawyers, doctors, athletes, students before the examination session. During the practical part, students practice checking their own skills and try a training with biofeedback methods.

I hope that our efforts encourage SCOMEdians all around the world to introduce the exciting universe of human brain to their peers! Our endless adventure has just begun - so many unknown lands of mind waiting to be discovered...
Formal education in Slovenian Medical Faculties tends to lean towards the theory side of the spectrum. With a large emphasis on theoretical knowledge, not a lot of time is devoted to learning the practical skills needed to become an all-round doctor.

Since our curriculum does not offer many opportunities for students to learn anything more than just the basic ultrasound imaging skills, SloMSIC (Slovenian Medical Students’ International Committee) organizes several point of care ultrasound workshops throughout the year. It is a fun and intense learning experience - ultrasound workshops last one whole day and consists several different stations, where students can learn to use the probes in a variety of different settings. The ultrasound module includes the following stations: Lungs, Heart, Acute Abdomen, AAA/VTE, US guided vascular approaches and eFAST.

The workshops are conducted according to the “flipped classroom” principle - students attending the event will receive interactive learning material a few weeks prior, so that they can prepare for the ultrasound training beforehand and make the most of the training opportunity. Our instructors, who are recognized experts, doctors and practitioners in the field of ultrasound diagnostics, are always happy to answer their questions, help the students learn how to orient an ultrasound probe and correct their approach towards ultrasound diagnostics. With the help of phantoms, students also learn to distinguish between different pathologies and get acquainted with imaging strategies for detection of urgent conditions.

Considering the high demand from students wanting to take part in the training, we will continue organizing such events to give students opportunities to obtain the knowledge and skills needed for their future career. We want to arouse curiosity and desire in students for the further learning of ultrasonic clinical examination skills, and to prepare students for ultrasound imaging, so that they can get a hold of the probe without fearing their lack of knowledge or experience. Our ultimate goal is a curriculum, interwoven with ultrasound courses and practical trainings, that will enhance the students’ confidence and skills for their clinical work.

Katja Cic
SloMSIC - Slovenia
Medical Faculty, University of Ljubljana
projects.coordinator@slomsic.si
4 LIFE: It’s a Beautiful Day to Save Lives

Luís Augusto Prazim
IFMSA - Brazil
State University of Southwest Bahia
laugustoprazim@hotmail.com

Cardiopulmonary arrest (CRA), popularly known as cardiac arrest, is the leading cause of death worldwide. In Brazil, there are about 250,000 deaths per year by cardiac arrest. However, the chance of survival of the victims can double or triple if proper care is given during early stages. The Basic Life Support (BLS) comprises steps that can take place at any site, not necessarily in health facilities, and can be performed by properly trained and informed people (even those who are not healthcare providers), thus, increasing survival and reducing the sequelae in victims of cardiac arrest.

The BLS is defined as the first approach to the victims in order to manage their patent airway, artificial ventilation and circulation (ABC: Airway, Breathing, Circulation). Early access to emergency services, advanced care and early defibrillation can be added to these maneuvers. The quick recognition of a CRA as a situation of emergency by an ordinary person and the action of calling for specialized help, can prevent myocardial and brain deterioration. There is evidence on the reduction of mortality rates, as well as preserving heart and brain functions in cardiac arrest victims, who immediately receive CPR maneuvers.

Given the widespread general lack of information of the population on first aid basics, the 4 LIFE Project has educational goals and aims to introduce emergency care to the overall population. Through this course, with theoretical and practical classes, the campaign promoted by the IFMSA Brazil Local Committee in the State University of Southwest Bahia intends to provide knowledge on cardiopulmonary resuscitation and other procedures in emergency events to first year Medical students and thus improve the response time in these situations, increasing the chances of survival of cardiac arrest victims out of healthcare facilities due to a rapid appropriate care.

The course on BLS took place at a room for 30 students and four main subjects were selected to be addressed: Cardiopulmonary Resuscitation (CPR), immobilization and choking, ABCDE of trauma and car accident simulation. Each theme was presented in a maximum of 40 minutes, which are distributed in 15 minutes for the theoretical part and 25 minutes to the practical part.

By reaching every first-year medical student at this University, the campaign achieved very positive results. All the participants were offered a good grasp of knowledge, and were evaluated at the end of the course. Participants seemed quite excited by this first contact with an emergency care practice. Thus, we concluded that we can form multipliers of the campaign ideas and establish a productive partnership with the Mobile Emergency Service, which may become an essential partner for the promotion of future events.

References

Without any doubt, practical skills are a very important part of medical education. However, most of the time, medical students feel the lack of attention in this field, making this problem very widespread and observed in many medical faculties all over the world. In the case of practical surgical skills, the problem is even more popular. A willing medical student can try to work in a hospital besides studying, but finding a place like this is not always possible, hence, SCOMEians all over the world do their best to fix this situation. For example, there are a lot of different Trainings on Practical Surgical Skills held by SCOMEians in many countries (including Azerbaijan).

However, when it comes to the rest of the medical students, the problem is still sharp. Imagine a fresh new graduate of a medical university, already obtained his diploma and now wants to be an excellent therapist. He has read all the best literature, attended all the lectures, wrote long essays and learned by heart all the terminologies, but when it comes to meeting patients, everything just falls apart. Needless to say what a moral concussion goes through the student when all his powerful knowledge, excellent terminology and outstanding intelligence suddenly become useless in front of a patient asking for help.

The reason of this shock lies behind those nights which the student spent reading and learning. Nobody or maybe very few teachers tell us the truth – it is not just about studying. Sometimes you need to raise your head from the books and let your mind expand. In the case of medical students, it is called training to make a clinical judgment. Clinical judgment is developed through practice, experience, knowledge and continuous critical analysis. It extends into all medical areas: diagnosis, therapy, communication and decision making.

To help our students in the development of clinical judgment, AzerMDS-SCOME decided to carry out a series of lessons based on a ‘Problem-Based Learning’ technique.

On the 21st of November, we held the very first lesson of the series. The topic of the lesson; ‘Broncho-obstructive syndrome’ was sent to the students several days before, so that they were prepared.

There are 2 kinds of participants – active and passive. The former takes part in the discussion, while the latter only listen. At the beginning of the lesson, an invited doctor delivers a short lecture on the topic. After the lecture, we give students first information from the case – complaints of the patient. They discuss the possible diagnosis, further questions and diagnostic procedures. After that, we give more information (anamnesis, results of examination, results of laboratory analysis and etc.) and the discussion continues. And so it goes on until students come to the right diagnosis. In the later lessons, we also included a simulated-patient, so that students can perform differential diagnosis in more realistic conditions. They also have a chance to develop their deontological skills. In the end of the lesson, we give students a short quiz to see how they have assimilated the topic.

We conduct these lessons every two weeks and receive very positive feedbacks from students. We hope they will help us in achieving the aims of SCOME – raising qualified generation of doctors and forming a healthy future for our society.

AzerMDS - SCOME
Standing Committee on Medical Education in Azerbaijan

Laman Huseynova
AzerMDS - Azerbaijan
Azerbaijan Medical University
nome.azermds@gmail.com
IV Debate Latin American Ethics and Medical Experiences

Edwin José Cañate Rueda
ASCEMCOL - Colombia
Universidad del Sinú
nome.ascemcol@yahoo.com

“Your attitude is an expression of your values, beliefs and expectations”

The debate is a Latin American academic event of great importance for the formation of contemporary Medical Students and Doctors in constant academia, practice and reflection on areas of medical ethics and bioethics. This humanistic event is essential for the formation of the doctor who oversees the development of attitudes and values towards society, spreading moral and ethical principles of individual and particular character towards always recognize the intrinsic and extrinsic differences.

The great importance of participating in it, is because it is the structure and stimulating to internal to external, leading doctors to be able to face different situations that always allow us to maintain a coherent, relevant and appropriate attitude in daily life with humanity. It will be carried out virtually first since May 2016, in two modules, the first consisting of 4 key themes of growth in medical practice, individual characteristics of the physician to the patient, controversial issues of society: abortion, marriages gays and cloning, reflections on acts of medicine, the second module is designed to be structured by the public through freedom of choice, both will be evaluated to be creditors of certificates, a closing of the event, place synchronously in person two Latin American countries, Colombia in the city of Cartagena and Bolivia in the city of Cochabamba in the XXXI International Scientific Congress FELSOCEM in the month of September 2016, may participate in free all stakeholders, this project is being assisted by two teachers and specialists of the branches of medical ethics and bioethics with great learning experience and professor.

The motivations and objectives that generate do it is to get the importance of humanistic education in medical science is recognized, being promoters of values and ethics issues of constant controversy and debate, which always generate doubt, intrigue and controversy, hence arises thinking that this work is all of us involved, it gives us a huge role, covering this activity relationships of sociodemographic who participate in it, and goes hand in hand with a constant change of the own interests of the participants, the dynamism It allows strong mental impact analysis and work together to achieve the goals we will achieve, and we remain for life, ending thought patterns, behavior and cognitive structure models were generated, being the basis for addressing different medical situations that arise in the future, and we handle the more integrated, safe and ethically appropriate manner, always remember, attitude is the expression of our values, beliefs and expectations.
The path to the formation of future physicians is intense because of the huge demand expected throughout the academic years. The Meducation Project of IFMSA Brazil constitutes a way to help and guide the freshmen entering medical school, through more experienced students properly trained to work on the project.

Several different studies on the welfare of medical students show that levels of psychological distress is exceedingly higher than the average of the population. Unfortunately, it is common for medical students to suffer from anxiety and depression, or even burnout during the course. Meducation positively impacts both the freshmen and the veterans. Freshmen will receive scientific methodology, academic tips and general assistance in medical school, while veterans will have the opportunity to review and consolidate basic knowledge acquired, and exercise empathy and communication skills. The veteran may also lend the freshmen materials and give tips about the city. This is particularly useful for students who are not native and/or recently changed due to the adoption of medical course in the city. Both the freshmen and the veterans are constantly evaluated through online forms and face meetings to ensure the effectiveness of the process.

Additionally, the project directly impacts the medical school by encouraging the integration of the student body, preparing for a possible role in teaching and meeting the needs of new students. It also indirectly impacts the NMO because the freshmen are constantly encouraged to participate in IFMSA Brazil and IFMSA activities. It also provides capacity building for every participant, proving to be a powerful non-formal education tool, while using consolidated concepts of peer education and mentoring.

The Meducation Project was first created at LC CESUPA (University Center of Pará State) through 2015. It proved to be an excellent means of assistance and attraction of new members to the local committees, hence, it is currently being implemented in other universities around Brazil. It is also expected to spread to other NMOs of the Americas Region, since it aroused considerable interest from other IFMSA members when it was presented in the Activities Fair at the Regional Meeting in Uruguay, last January.

To conclude, the daily academic life requires a lot of effort, maturity and advice from those who have been through the challenge. We highly recommend you to try an initiative like this at your LC/NMO. If you need any help or have any questions, feel free to contact us; we will gladly provide any support necessary.
The medical care we enjoy today is built upon years and years of effort by physicians, physician-scientists, PhDs, students, and other medical professional investigating the causes of and potential treatments for diseases. The tireless effort of these professionals has made many life-threatening diseases and conditions nothing but a memory, through ‘research’. It is clear that every medical student today must have a firm background on research so that he or she can keep up with the advancement of modern medicine, as well as to be able to fill the gap and contribute to global knowledge.

As it is part of SCOME mission to improve medical education, we took the initiative to host a remote site course called ‘Introduction to the Principles and Practice of Clinical Research’ (IPPCR), delivered by the National Institutes of Health (NIH) of the USA. We are hosting it for the second year in our attempts to promote research culture in Egypt.

The IPPCR course is intended to train participants on how to effectively conduct clinical research. The course focuses on the spectrum of clinical research and the research process by highlighting epidemiologic methods, study design, protocol preparation, patient monitoring, quality assurance, and Food and Drug Administration (FDA) issues. The course is offered by the NIH-Clinical Centers annually, from October to March (over the duration of 6 months). The sessions were broadcasted live to us as a remote site, and our participants were allowed access to the archive containing videos of the lectures and other materials.

The first time we hosted the course was last 2014-2015 season. In that year, nearly 100 medical students joined our remote site, and we held one workshop to cover some of the research topics they need. At the end of that year, more than 60% of our participants took the final exam provided by the Clinical Centers, and most received the certificate of completion (by scoring 75% or higher on the exam).

This year, we have more than 150 participants, which we divided into groups. We have conducted 3 workshops so far, covering a certain part of the course content, summarizing and elaborating it. We are planning to hold 3 more workshops before the end of the season.

In a nutshell, with the implementation of this course, we have taken a step towards a sustainable research-oriented health services in Egypt and worldwide.

Reference:
http://clinicalcenter.nih.gov/training/training/ippcr1.html
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 globe. Prepare yourself as you embark on a SCOPE journey that will take your breath away!
Introduction
from the SCOPE Director

Omar Cherkaoui,
Director on Professional Exchange
scoped@ifmsa.org

Dear SCOPE Participants,

I am extremely proud to present you the new peri-SCOPE section of MSI.

On behalf of the SCOPE International Team, it is my pleasure to welcome you to read this SCOPE section of the MSI.

Every year, more than 11,000 medical students around the world choose to participate in IFMSA’s professional exchange program in more than 90 countries, making it the biggest medical student exchange program in the world.

Thanks to SCOPE, students come back with great memories and different experiences from their exchange. Some of these students took the initiative to share with you their experience and are therefore inviting you to travel with them through the articles they wrote for this section.

We really hope you enjoy these articles and we would welcome you to contact us if you have any questions or suggestions.

Best,
Omar Cherkaoui
Africa: Be Part of the Change

Chioma Audrey Amugo
FGMSA - Ghana
Kwame Nkrumah University of Science and Technology
chiomaamugo@gmail.com

The Regional Meeting is an avenue for IFMSA students to come together to discuss various things concerning their region. Standing committees meet to educate, tackle issues in the committee and, promote and improve the committee within the region.

The SCOPE sessions in the recently concluded African Regional Meeting that took place in Kigali, Rwanda from 18th to 22nd December 2015, was simply the best. Do you want to know why?

It all started with extensive efforts being put in by the SCOPE International Team, to come up with a suitable agenda befitting the needs of the African Region. This was also supplemented by inputs from SCOPE members, received from a call, sent on the servers. These were going to be the topics to be discussed during the session.

On the first day of the sessions, we were nicely surprised by the number of participants, as there was a huge turnout of over 30 participants. During the trainings, from day one to the last day, the participants were extremely attentive, interactive and always contributing to the sessions. It was amazing! It really shows the zeal the region has, and the hunger for progress.

Another great moment of the meeting was the SCOPE/SCORE Exchange fair, which took place on the last day. Prior to the meeting, participants were asked to prepare for it, so this was an opportunity for them to get familiarized with the process of promotion of NMOs and signing of contracts which usually take place during the General Assemblies.

The delegates really surprised us with colorful displays depicting their various cultures and lifestyles. This could
only be experienced, not described. We all learnt a lot about each other’s countries and it got to really emphasize our similarities and differences. We were able to relate to each other. We also learnt about the health systems of the various countries present.

At the end of the sessions, it was really heart wrenching for us when we realized that we were going to be leaving such amazing people and an amazing country behind. But above all, we still cherished the moments we shared there.

Africa is a wonderful continent, filled with great people and diverse cultures. We share some things in common though: BEAUTY and LOVE for each other.

There is a desire here to progress, and I believe we will get there soon.

Imagine the potential of SCOPE in this region. In the nearest future, Africa would be the most sought after destination for exchanges; not just because you will get the chance to see the lion king and his cohorts, but because you will also get to experience a fast growing, rapidly changing health system. You will get to be a part of it.

In the meantime, come and experience the end stages of diseases, diseases riddled with complications and all of that fun stuff in medicine. Do not be confused, just understand me: you only get to see this stuff here and nowhere else. That is the beauty of Africa. Wondering why? This isn’t due to the incompetence of the system. In fact, we have some of the best doctors here. They are capable of handling these cases with great expertise. It is rather because of religious and cultural beliefs and practices, which hinder the patients from reporting to the health facilities on time. Also, even though there is a lack of financial resources and sophisticated medical equipment, our incredible doctors have managed to find ways of making informed decisions without the use of these. This only happens in Africa!

For some time now, we have been talking about global health in our exchanges and the collaboration of the other standing committees with SCOPE. What perfect opportunity to do these than HERE! It could be in the form of advocacy, patient and community education on various global health issues including sexual and reproductive health. It could be in the form of research and community projects. It could be anything. You don’t have to just hear about these things, you could be an active part of it.

So what are you waiting for? Go to your Exchange Officers, and insist on coming to Africa on your exchange. Refuse to be that person who hears the stories from others. Instead, be the one who tells them, because you have LIVED it.

Be a part of the change!

We shall be waiting for you.
Uruguay is a country in the southeastern region of South America. It is home to 3.3 million people, of whom 1.8 million live in the metropolitan area of its capital and largest city, Montevideo. Uruguay is ranked first in Latin America in democracy, peace, lack of corruption, quality of living, e-Government, and equality. Uruguay is the first in South America when it comes to press freedom, size of the middle class, prosperity and security. It was the perfect scenario to host the Americas Regional Meeting 2016, the greatest event in the region to unite a great number of the Americas family in a single place and time.

During the Pre-Regional Meeting, Omar (SCOPE Director), Mauro and me (SCORE and SCOPE RA for the Americas) conducted a workshop on “Global Health within Exchanges”. Together with the participants, we discussed a lot about the Global Health Challenges, how the health care perspective is in their home countries and how we could deal with Global Health within Exchanges.

In the Americas Regional Meeting, around 30 NEOs, NOREs, LEOs, LOREs and general exchange members from approximately 10 nationalities gathered in SCOPE and SCORE Sessions to learn and improve their skills within exchanges. Participants were given an update about the current SCOPE and SCORE work on the International level and the SCOPE & SCORE Strategic Plan for the next year was discussed. As it is also a meeting for the new exchange members, workshops were separated into sessions for both beginners and advanced members, in an attempt to help everyone get the most out of the agenda.

The highlight of the morning sessions was undoubtedly the Exchange Fair, where all the American NMOs had the opportunity to present their culture and exchange programs to participants with a lot of enthusiasm and energy. They brought promotional materials of different kinds (videos, pictures, flags, booklets, sweets, souvenirs, etc) to promote their country and exchange programs.

After the presentations, participants were asked to vote for the best presentation. IFMSA México won the award for the best presentation, followed by AEMPI Ecuador and IFMSA Paraguay.

We had a lot of time to meet people from the Americas Region, and had the chance to get to know each other better, share ideas and experiences and solve common problems in Exchanges. All the participants were aware of the ground rules, otherwise they should perform the craziest punishments. Thanks to that, our sessions were very efficient, productive and were perfectly time-bound.

I want to thank Ignacia, the Americas Regional Director and the entire Americas Team for the great organization of the Regional Meeting; to Koen and Omar, SCORE and SCOPE Directors, who helped us in the development of the Exchanges Sessions. A special thanks to the wonderful Organizing Committee for being patient and providing all the necessary logistics. Last but not the least, I would like to thank all the exchange members for their active participation and valuable inputs. You made our sessions fun, energetic, dynamic and most important, unforgettable! We are looking forward to meet again in the next Americas Regional Meeting 2016.
Global Health in SCOPE
Is It Time to Think More Globally?

Amr Diaa Ajlan
IFMSA - Egypt
Tanta University
scope.general.assistant@gmail.com

“The aim of SCOPE is to promote cultural understanding and co-operation among medical students and all health professionals, through the facilitation of international student exchanges (1951). SCOPE aims to give all students the opportunity to learn about global health, and attains this partly by having its exchanges accredited by medical faculties across the world (2014)” - SCOPE mission statement

In a post-World War II setting, 66 years ago, IFMSA founders came together in a period of history where growing disparities in the socio-economic and political arenas challenged the health and well-being of people around the world. SCOPE was created as the first IFMSA standing committee in an effort to foster cooperation and collaboration among medical students by breaking down social barriers through promoting opportunities for dialogue and creating clinical exchanges.

SCOPE has grown since its creation and enables, today, more than 11,000 medical students to embark on a once in a lifetime journey and explore health care delivery as well as health systems in different cultural and social settings. Our exchange programs are key promoters of inter-cultural understanding and cooperation among medical students and health professionals, which IFMSA believes, is much needed in our globalized world.

In our globalized world in 21st century, it is obvious that global health is presenting itself as one of the priorities that medical students and health professionals worldwide should get acquainted with. It is not just a specialty, but a perspective that asks us to look at health globally and socially. As medical students, our ability
to become competent and compassionate physicians is rooted in our ability to understand, fully, our patients’ needs and causes of illness. Global health is a broad discipline that develops students’ understanding of the local, national and international determinants of health and health-care delivery. It is about equity; a fairer society.

Accordingly, giving our exchange students the opportunity to learn more about global health has been included in SCOPE mission statement in 2014 and since then, many small working groups and trainings were conducted to brainstorm on how to include global health within SCOPE.

This term, we, the SCOPE International team, have included global health as one of our priorities in our annual working plan and have collected inputs from our National and Local Exchange Officers, as well as our students, in an effort to get their ideas and opinions. According to the responses we have received, as well as the outcomes of the previous small working groups, we have adopted a new strategy to include global health as a main part in our professional exchange program. Our strategy is to focus on one specific global health theme every three exchange seasons, and consequently, global health theme for the next 3 seasons (2016-2019) will be ‘social determinants of health and health equity’.

Before the start of the exchange, students should understand more about global health and its importance in their future as medical students. They should learn about social determinants affecting health from a global perspective and then more specifically, in their home country’s health system strategy to achieve health equity. The platforms that will allow us to offer this knowledge will be the Pre-Departure and Upon Arrival Trainings, where exchange students will get the opportunity to discuss the different health inequities in their home countries as well as the different measures taken to remedy it. Furthermore, students should learn how the health system works in their host country during their daily work in the hospital and should observe social determinants affecting health and access to healthcare between different sections of population through discussions with other medical students & professionals.

Adoption of this strategy is just the start, we really need commitment and motivation from our NEO, LEOs & exchange students to help us implement this strategy and make it possible to enrich the experience of our exchange students worldwide, make them aware of the global health challenges and equip them with the necessary information that can help them change the world as future health leaders.

If you have any ideas, suggestions or feedback, please send to the SCOPE international team at: scoped@ifmsa.org or scope.general.assistant@gmail.com

SCOPE International Team 2015/2016
We are Arthur Fernandes Fusco Pessoa and Caroline Cunha Fernandes Carvalho. In this month, something amazing had happened in our lives. We were on an exchange in Samara by IFMSA-SCOPE. It is not easy to make a text about this experience because there are many things to talk about.

The weather is something everybody asks us about. To our surprise, it is not as bad as we expected. Of course, we got a cold as soon as we arrived. But in 3 days everything was solved. Until now the lowest we have seen was -20°C and, with the special coats that our hosts lended us, we could handle it. Sometimes Carol thought she would freeze, but she got used to that. Everything gets better when we see the beautiful views of the white in the ground and the trees all covered in snow.

We also have to talk about hospital experience, which is the most important part of this exchange. Here, we could see great structure, resolutive doctors, good surgical techniques, seriousness on work, but also with good humor. We can say that all the hospitals have surprised us with the structure and organization, specially the Oncological Center. In these two weeks, we had the opportunity to watch pediatric surgeries (hydronephrosis, varicacele, cryptorchism), neurosurgery (tumor, aneurysms, strokes), endoscopies (bronchoscopy, colonoscopy) and intervention radiology for applying local chemotherapy in the liver. The diversity of specialties was the main point of this exchange.

Talking about the experiences outside the hospital, we have a special list of things that we have done and things that we haven’t done yet. We went to contact zoo which was the best one we have been in our lives, specially for the beautiful and exotic animals there and the opportunity of taking them in our hands. We have also skated on the ice and had a wonderful time with our friends from IFMSA. At least, our great dreams, to make angels and ball war in the snow have come true as well, an amazing experience we had with our hosts Petr and Alice.

The experience of being in a family house also contributed to the quality of this exchange. For sure, it is the best way to learn about the culture of a country. We have eaten typical foods (ikra,borsch, etc) and drinks, listened to Russian music, and also seen many typical habits (take off shoes and coat when you arrive home) that makes us understand better how the Russian people are. Besides, it is a great opportunity to make friends for the whole life, like the couple Petr and Alice are for us at this moment.

We would recommend everyone to have an experience like this. Not only for scientific knowledge, but for an experience of a life-time. And, for sure, we would recommend everyone to go to Samara City because of the beauty, entertainment options, high quality medicine and also for the great local IFMSA committee.
German and Croatian Experience

Ekaterina Gubareva
HCCM - Russian Federation
Samara State Medical University
ekaterina.ju.gubareva@gmail.com

«Kiss me hard before you go, summertime sadness…»

Last month, I received a postcard in German. There were impressions about a trip to Plitvice Lakes from my friend. I couldn’t help but smile, remembering exchanges with SCOPE. I had visited Plitvice during a social program at LC Rijeka and the author of the postcard, my friend, Charlotte Lumma was my LEO in Bochum, where I did the same program with IFMSA. So, a postcard reminded me of two unforgettable summer.

At first, German NMO was unable to confirm any of my chosen cities, because, like many international students, I chose Munich, Düsseldorf and Berlin. They sent me to Bochum. My family and friends had never heard about the place before and often asked me what part of Germany was I heading to, for a month. It was my first trip abroad alone and I was scared to death. Where am I going and what is there in store for me? Who would have thought that I would be so pleased with my internship that I have come back twice already, independently!

Working at the hospital, I just didn’t notice the time. Under the leadership of the chief of department, I was allowed to do a lot; perform diagnostic manipulations and observe patients at the department of Cardiology. We always had discussions from the diagnostic and treatment steps to the aetiology and pathophysiology. Often, I didn’t have enough space to describe the experience at the Logbook.

My friendship with the Bochum Local Committee LEO, Charlotte, had started from a talk about common favorite series. She became a special person during my exchange… When I visited her last year, she organized a typical German weekend specially for me and it was unforgettable!

My exchange inspired me at several important steps. After returning to Russia, I applied for a second higher degree as an interpreter and started to learn German. The exchange helped me to decide on a speciality in medicine - Cardiology. And even after the exchange I worked as a nurse in the cardiology department, naturally. Could you imagine, how it was hard and interesting do it all while studying in medical university? I was awarded two diplomas for higher education with honors for this work.

I really wanted to sleep and rest, and yet this summer, the last possible year of the exchange program, I applied for Croatia. This exchange was completely different. In Germany, there were only four of us, doing an exchange, but most of the time, we were working and travelling separately. In Rijeka, we did everything together. Always. With LC Rijeka and other students we’ve become a true family. We have visited four countries, we were dancing and singing at the buses, celebrating birthdays, etc. Thanks to the LC folks, we had a chance to see everything possible and impossible in that sunny country and live like Croatians. IFMSA is like my second family. All of us were exchange students until we met those incredible people, who became family.
Experience from an Exchange in Italy

Gordan Okuka
SaMSIC - Bosnia and Herzegovina - Rep- of Srpska
University of Banja Luka, Faculty of Medicine
samsic-bh-republic-of-srpska@ifmsa.org

Last June, I was on an exchange in Sassari, Sardinia, Italy. Exchange in this context means professional practice for a period of one month. At the outset, I would like to mention that I was at first a bit skeptical, but now I think that was the best decision I made. For some reason, I have harbored animosity toward the Italians, but after spending a month in Sardinia, I now have a diametrically opposite opinion. I worked at the University Hospital, Department of General Surgery, where I had a good mentor. I was especially thrilled with the ‘healthy’ working atmosphere at the hospital. The time spent in the hospital was very constructive. I had the opportunity to attend a variety of surgical procedures, and I saw that employees in operating rooms showed maximum helpfulness. I also stayed in the hall for endoscopy, in the emergency department, where they gave me the opportunity to work with them. This entailed the treatment of surgical wounds, placement and removal of surgical sutures.

My mentor, as well as other employees and physicians were extremely dedicated and open to cooperation, to which I was surprised. I was also surprised with the enthusiasm of doctors to operate. Their everyday life consists of examination of patients lasting up to an hour. I was also present on one occasion when the supervisor used an anatomical atlas that would better handle the patient’s disease issues. I now have a lot to say of their work in the hospital, and that is the experience that money can’t buy.

As for accommodation, I was in a dorm with other international students, who were at that time also on work placements. I also had the opportunity to eat in their cafeteria, which is characterized by a rich and remarkable variety of food. We must not forget that the Mediterranean diet is one of the best in the world. Each of the students who came for the exchange were assigned a contact person from their home university. For these people, I have only words of praise. They organized various social programs, visits to other cities, dinners and so on. Also, we were lucky that our exchange was carried out during the summer, so we could go to the adorning beach.

All in all, I think it was an extraordinary experience, both from the professional as well as the social side, since I met people from different parts of the planet, with whom I shall still maintain contact. Still, I would like to encourage other people who are thinking about going on an exchange. It has been perhaps one of the most beautiful periods of my life.
If you want to be an omniscient doctor in the future, it is necessary to have some foreign experience. This can be easily and very pleasantly achieved by taking part in the SCOPE exchange. Travelling around the world is very educational and at the same time enjoyable, especially when you encounter new people, places around the globe and combine this with gaining experience related to your future profession.

I had the opportunity to have my monthly exchange in the heart of Brazil – the magnificent city of Rio de Janeiro. It was unique for me to visit such a distant and exotic country. I’m sure everyone has heard of this city, but to fully experience the wonderful atmosphere and climate, the friendly people and the most stunning tourist attractions as well as the dazzling beaches, you have to be there!

Every day in the morning, I took the train from the district of Madureira, where I was lodged with three Brazilian students, to the Center of Rio to Hospital de Gamboa. During my traineeship there, I met many people – doctors, residents, nurses, students and other staff; spending time with all of these people was very educational, both from the medical point of view, but definitely also from the cultural point of view. All these people were very curious about me; a student from a country so far away (I was the only exchange student in that hospital at that time). Thanks to this, I had an opportunity to talk about differences in all aspects between Brazil and Poland.

Often in the afternoon and on the weekends I headed towards the Copacabana and Ipanema beaches. The weather was wonderful, 30°C, cloudless, sunny sky and this was wintertime! I enjoyed my time there laying on the beach, swimming and sipping refreshing coconut water – something everyone loves and drink all the time. In Europe, the sun and beach is usually connected with say a month of vacation time in the summer, but here this lasts all year long. Being here, you understand why the people are so joyful, friendly, wanting to sing and party all the time. You can definitely excuse their slight laziness. The food is also amazing; I especially liked the ubiquitous beef steaks with Feijoada (rice with black beans).

Rio de Janeiro is located at the seashore, but at the same time there are many mountains, practically in the city, which create an unforgettable landscape. The most famous one is Corcovado (700 m) with the statue of Christ Redeemer, which is a must-see. I also visited the Sugar Loaf, Maracana Stadium, Saint Sebastian’s Cathedral, Candelaria Church, Botanical Garden, Copacabana Fort, Barra and Lapa.

Rio de Janeiro is a breathtaking city to visit, with so many things to see and do, so if you if you still haven’t been there I highly recommend it!
Where Should I Go for Medical Exchange?

Priscilla Liliana Puente Amador
AEMPPI - Ecuador
AEMPPI UG
vpe.aemppi.ec@gmail.com

The first time I heard about the possibility of applying for a Medical Exchange was when I was in my 4th year of medicine. I was an ordinary medical student, so I supposed that opportunity had to be a long-term goal, something that just the doctors or the recently graduate students could do. The idea of visiting a new country where I could learn about new medicine skills, meet people with a different language and culture, has always been an extraordinary idea!

Few months later, I was introduced to (IFMSA) AEMPPI-UG and I learned about different projects that they do, one of these is the SCOPE Committee and then, I realized that the dream could become reality!

Earlier this year, I had the privilege of directing the Standing Committee on Professional Exchanges (SCOPE) in Guayaquil. For that reason, I started to think about all my questions and doubts pertaining to that topic. I realized that many students might be in a similar situation as mine. So, I decided to write this article about the major fears or ideas that pass through the mind of medical students all over the world who discovered the opportunity to do a Medical Exchange in another country; all thanks the opportunity that that AEMPPI (IFMSA) SCOPE has given them.

The first point that we used to have in mind, is the language. The capacity of understanding all the information is crucial. The comprehension of detailed information is vital for medicine in order to share ideas and develop options.

The next point in this decision is based on the academic prestige of a particular hospital or country. Sometimes, we have excellent references about a hospital or a specific country when the medical treatments are internationally recognized.

Another challenge is the legal requirements. The visa is mandatory for some countries, for example, from Ecuador to Europe, it is necessary to obtain the Schengen Visa that sometimes is difficult to obtain.

During my research about testimonials of students with previous experience in Medical Exchange, I concluded that this great opportunity appears to strengthen all the knowledge acquired during medical school. It will be the way to obtain professional experience and discover new treatment modalities or cures in all the possible areas of medicine.

I am sure that this dream that medical students often have has became reality and all of us have been invited to participate. It is really worth it!
Traveling has always been a great pleasure for me. Every opportunity I get for doing it, I grab it without a thought.

Last summer, I traveled to Bratislava, Slovakia, not really knowing what to expect, but still excited to go. I have to confess that I felt really nervous about the language because Slovak is very different from Spanish, but when I met my contact persons, I realized that kindness can be understood in any language and, I ended up learning more words in Slovak than I thought I would be able to memorize. Every person I met, including doctors and nurses were warm and welcoming; and being away from home, a simple smile can make your day better. Not to mention, the CPs helped me get a SIM card for my phone, showed me the way to different places like stores, cafeterias and, of course, the Hospital.

During the clerkship I chose the dermatology department, which I heard is not a very popular choice among the rest of the incomings, but it is my field of choice and hopefully my next step. The doctors encouraged me and showed me procedures I had never seen before, which I found really helpful.

Bratislava is a very beautiful city, easy to commute, pleasant to discover, and it does not miss a thing. The center of the city is always alive, there is music in the streets, nice restaurants, beautiful squares and, of course, there is always the lightened castle across the river. That is such an amazing sight!

We were well-guided by the hosting committee. They had a plan for the incoming every day, they managed to show us every spot in town, they took us to a laser tag game, also swimming, dinner, dancing and they even took us by the riverside to make a bonfire and enjoy dinner with their typical cuisine.

I got to visit different places within the country during the social program, which was organized by SloMSA, and I discovered the most beautiful landscapes and majestic castles. I enjoyed the Pieniny Park very much, where they took us to the river, made us taste different varieties of homemade cheese, and we also saw the typical outfits of the region.

Undoubtedly, I would go back to Bratislava, where new friendship blossomed, amazing moments were passed and a piece of my heart was left there.
Once in a Blue Moon – Sousse Story

We are all aware of the situation in the world – wars, terrorism, refugees, poverty. In April of 2015, there was a terrorist attack for the first time in Tunisia, in the city of Tunis. Many innocent people died. But somehow, time heals everything. My exchange was supposed to start in August, there was still a lot of time. But then there it was again. Towards the end of June, there was a beach attack in my city, in the city of Sousse. It was horrible. People got scared, exchanges started to getting canceled one by one. At the end, I was the only one left from Serbia who still wanted to go. I did not want to give up and let the terrorists win. Not like this.

This would be my second exchange in Sousse, Tunisia. You probably noticed that I wrote “my city”, because it is. Sousse is my second home. For the first time, I went there because of the beauty of the country; the ancient Carthage, wide blue sea, perfect sunset in the Sahara Desert, and clear sky filled with stars – what you can’t see anywhere else on the entire planet.

But the second time I decided to go back was because of the people: the professors, assistants and interns, and the amazing host from Associa-Med Tunisia Sousse, that more than being hosts and contact persons, were and still are friends.. Spending a month in the Emergency Department and one more in General Surgery at Farhat Hached Hospital, I have learned a lot and gained the much needed practical skills. Everyone in the entire Sousse was smiling and were helpful just when I needed it: from the salesperson in the local store to the neighbours that we bothered constantly with our music.

Eight brave people across the world decided to come that summer to Sousse. Eight people that remained friends and family; plus, our hosts. Some from Associa-Med, some just medical students. We laughed together, we danced, and we cried together for hours when it was time to say goodbye. But, we still meet regularly, on Skype at least, to talk about our adventures, the clear blue moon that we saw from the roof of our house, the magical Sousse sunrise, the warm sea and the hot nightlife. I have never danced anywhere the way I did in Sousse.

I wrote this article in hope to inspire people not to be scared, not to let injustice win over the most beautiful country that I ever visited, over the kindest people that you can find on the planet. Tunisia is not just about exchange, if you go there, it will remain a home, forever in your heart.

Amela Hamidovic
IFMSA - Serbia
Medical Faculty University of Belgrade
amelahamidovic@gmail.com
"Saying the word Vienna was like striking a tuning fork and then listening to find what tone it called forth in the person I was talking to. It was how I tested people. If there was no response, this was not the kind of person I liked." – Sándor Márai

It is important for students to consider what their objectives and expectations are prior to embarking on a medical exchange. With this mindset, one can direct the goals they set out for themselves and steer the experience to one that is both, meaningful and rewarding. However, it is equally imperative to adapt to the unexpected and embrace with open arms the delightful twists and turns you encounter but do not necessarily anticipate.

I was elated to learn I would be traveling to Vienna, Austria in the summer of 2015—a country of breathtaking scenery, home to pivotal figures in Western culture, and a society interwoven into the fabric of European history. I eagerly booked my flights and meticulously planned out what attractions I intended to explore. I had expected to gain significant exposure to the field of neurosurgery and observe numerous fascinating operations at Allgemeines Krankenhaus der Stadt Wein. What I did not foresee was, that I would be warmly welcomed by the geniality of other international medical students and forge memorable friendships with these incredible individuals.

What an opportunity it was to commute altogether on the U-Bahn Wien to the hospital at dawn, while, swapping stories of our journeys through medicine back home. We were present to support and encourage one another as we inserted our first intravenous lines or delicately removed surgical sutures in the hospital wards. We bonded over our mutual interests in the neurosurgical cases discussed in early morning rounds and shared in one another’s excitement when opportunities finally arose to assist chief residents and attending physicians in the operation theatre to correct cerebral aneurysms or resect neoplastic tumours.

Living in a student dormitory allowed us to socialize in the evening after shedding our hospital scrubs. Our gracious Austrian host students attended to our every need and proudly showcased impressive relics from the Habsburg dynasty around the city. The fantastically organized social program included an excursion into the country interior to explore the quaint city of Salzburg and marvel at the magnificent Alpine landscape.

Medical exchanges provide students with the opportunity to challenge their existing perspectives on healthcare, disease, and education. It offers alternative ideas to how medicine can and should be practiced, uncovers unique and distinct populations, and allows you to appreciate the unfamiliar and foreign. It marks and facilitates a period of personal development that simply cannot be replicated by any curricular exercise. I was fortunate to experience this growth as a medical student and call beautiful Austria “home” for four weeks.

I encourage all to explore and expand their horizons—the world is much larger and brighter than you have ever imagined, filled with people and stories you have yet to discover!
The Fantastic Journey

As IFMSA-Iraq is recently active in SCOPE, my friend and I were the first Iraqi students that came to Germany. At the beginning, I thought that I will experience an ordinary exchange program, but from the first moment that we were told about program by our contact person and after knowing all that we would do, I realized that it will be a wonderful journey.

I was an exchange student at Chirurgisches Hospital, where all the departments are full of lovely and helpful staff. It was the most amazing experience, which has given me the opportunity for self-discovery, to decide who and what I want in life. It changed my perception of the bigger world we live in and it shaped a part of my character for the better.

Compared to Iraq, I met people from all over the world, so I got the chance to explore different cultures, languages and made lifelong friends. On the other hand, I also introduced them to my culture.

When it comes to the surgical training, I worked as an assistant in a variety of surgical procedures, operations and patients follow up, which is more sophisticated than the ones in Iraq. The head of the department and other surgeons were very cooperative and helped me to expand my surgical skills and knowledge.

Besides surgery, I worked in the radiology department, helping in interpretation and analysis of many X-rays, CT scans and MRIs, following which I realized the vital role of imaging in patient care and management.

I got a chance during weekends and a few days after the program to make quick trips to the neighboring cities and countries like Berlin, Paris, Venice, Salzburg and Prague. So, I definitely spent an unforgettable month and returned home with many amazing memories.

After returning to my country, the fantastic journey did not end. I passed on the knowledge I gained during this training to my colleagues and started to work harder in IFMSA-Iraq to help in making our federation greater.

Mustafa Sadeq Almukhtar
IFMSA - Iraq
University of Baghdad
mustafaalmukhtar2014@gmail.com
In this section, you are going to meet SCOPHeroes who save the day through their Orange activities. Enjoy learning about various public health initiatives. Whatever your interests, you are sure to find something that captivates you.
Dearest SCOPHeroes,

In the year behind us we witnessed many transitions that will define the health of the population of the future. Of course the main one being the transition from Millennium Development Goals (MDGs) to Sustainable Development Goals (SDGs), 17 goals set by the member states of UN which aim to improve many areas of human activity - health being one of them.

2015 was a year of a great successes in the field of Public Health. The WHO proclaimed the Rubella has been eradicated from the Americas Region, reaffirming the importance of vaccination as one of the most effective public health measures in human history. Moreover, with the 2015 being year of expiration of the MDGs we could see how the world succeed in reaching the targets set by the MDGs - for example - a reduction of 40 per cent in cases of undernutrition among children with WHO regional offices of the Americas, Europe and the Western Pacific region registering declines that even exceed the set target.

However, MDGs expiration also showed us the areas that need improvement especially in those goals that weren’t met. So, while we witnessed great improvement in curbing the spread of HIV, other infectious diseases, mainly tuberculosis and malaria still plague many low to middle income countries.

In SCOPH as well we had great deal of changes, challenges and achievements. We already had great SCOPH sessions at three Regional Meetings, we successfully published couple of SCOPH newsletters, we held our first SCOPH Update Webinar and NCDs webinar, we started implementing SCOPH networking and much more - proving that our Standing Committee is vital and full of ideas.

We participated in many external events, the most important one definitely being COP21 in Paris where IFMSA advocated for larger inclusion of health in this important conference. Moreover, we successfully started enrollment in the NCDs and Healthy lifestyle program and started or completed the baseline assessment for other SCOPH related programs.

The articles you are about to read were chosen carefully to reflect the whole range of different activities our member do around the world. I would like to thank every single person that submitted the article for the SCOPH section of the MSI. You truly do represent the spirit of SCOPH where we rely on all of our members sharing their experiences with others to create a worldwide culture experience exchange. I hope that you will find them interesting and educating and that they will foster in you new ideas and opportunities for collaborations.

Always yours,

In the name of the SCOPH IT

Jozo Schmuch
IFMSA-Spain and No Gracias have developed ten proposals to promote the rational use of vaccines.

No Gracias is an organization that promotes democratic, public health systems at the service of society, based on transparency and a better scientific knowledge. Currently, IFMSA-Spain and No Gracias work in close and continuous collaboration.

First proposal. Vaccines are a treasure. For more than two hundred years, they have helped avoid many causes of suffering and death. Hence, it is necessary to use vaccines properly. In any case, vaccines are never 100% effective and there are always several causes for failure, such as non-compliance with the schedule.

Second proposal. Vaccines have a price, which has been increasing in recent years. The high price limits their supply to the developing countries. It is therefore appropriate that vaccines have a reasonable cost to make them accessible to everyone.

Third proposal. All vaccines are not equal, and not all are equally necessary. For example, the measles vaccine produces herd immunity (protects the vaccinated and the unvaccinated), while the tetanus vaccine protects only vaccinated people. Therefore, we should appreciate the differences between vaccines, whether it pertains to the disease or the epidemiological conditions in the area, as not all are equal.

Fourth proposal. Vaccines are medications with benefits and adverse effects, even when used properly. For example, measles can cause one case of encephalitis per million.

Fifth proposal. It is the duty of the professionals and the administration to inform patients (and their legal representatives for minors) about vaccines and their risks and benefits, in a way that is clear and fits their understanding, empowering them to make an informed decision.

Sixth proposal. Some vaccines are universal since they are necessary, efficient and safe, and they should be included in the National Health System (NHS) vaccination schedule. Thus, vaccines such as those for poliomyelitis, diphtheria, measles, rubella, mumps, pertussis and tetanus should be financed by the NHS. The inclusion criteria is: knowledge about the natural history of the disease and the human response, a positive benefit/risk balance and a price that prioritizes public health aspects. Therefore, the choice of those vaccines included in the schedule should not depend on economical interests and these interests should not limit their improvement.

Seventh proposal. Both, the lack of vaccines and their incorrect use have negative effects. A rational use of vaccines is needed, which includes the formulation (either multi-compound or single dose), the administration (combined or simultaneous), the route of administration (intramuscular, intradermal, nasal and other) and the vaccination schedules.

Eighth proposal. Vaccines must have at least the same pharmacovigilance as any other medication. But, as they are used systematically in healthy individuals, their safety is vital, and an in-depth study should be performed before and after their commercialization.

Ninth proposal. There should not be any differences among the Spanish regions in the vaccination schedules mentioned above, since there are no differences in the geographical distribution of the pathogens.

Tenth proposal. Since vaccines are not and will never be perfect, it is necessary to promote and accept the scientific debate that supports a continuously improving process and helps to approach the ‘vaccine hesitancy’ of the population.
Nowadays, slums are one of the most important problems Brazil faces. These are areas that lack many basic facilities, such as safe drinking water, basic sanitation, garbage collection, public transport and security, factors that significantly increase the local population disease risk. People living in these areas usually do not have access to education, health and other rights, which decreases their quality of life.

It is a human right to be aware of the disease risks and how to cope with them, according to the culture, resources available and the physical aspects of the community where each person lives. In this sense, actions related to health education would improve the local population empowerment, allowing them to adapt their daily activities according to their reality, in order to decrease their disease risks.

Furthermore, health education is a mighty tool for health promotion. Every doctor today must possess the ability to educate people effectively, in a way that is comprehensible by a lay person. It is a well known fact that any health promotion intervention has the best cost benefits than the disease itself or its treatment, for both, individuals and the health system.

Having that in mind, we went to the ‘Comunidade do Murão’, a slum which is in the process of getting urbanized, yet, having some deeply vulnerable areas thriving. It is located in São Paulo’s metropolitan area, the seventh most populous area in the world. There, we planned a cycle of meetings with the local population, aiming to debate on some important daily life topics and associated health risks. To achieve this goal, we took two main points into account; short-listing the subjects of prime interest for discussion and targeting those subjects in the debate to zero down to a common solution.

In order to short-list the subjects, we surveyed the local population asking them to point out the target areas, which according to them needed discussion. We had five meetings in totality. The topics of discussion were: women health, water-borne diseases, hypertension, diabetes mellitus and dyslipidemia.

The meetings were conducted every Saturday, in the afternoon, when people were relatively free from work and could be a part of the entire discussion. In every meeting, the participants were divided into subgroups; each subgroup comprising at least three to four students, who had previously researched on the topics of debate for at least two weeks. Each sub-group spoke about the specific aspects of the main subject for about 20 to 30 minutes, following which the participants would then rotate and discuss the other aspects of the subject with another student group.

The intervention was based on the questions posed by the students, to the attendants of the discussion, in an attempt to build on their previous knowledge and raise awareness on that topic. The participants and students together, planned some behavioural transformation, in order to reduce the health risks of the people living in the slum. About a hundred residents in that area took part in the project. The number exceeded our best expectation. The response was overwhelming. The community is getting more and more involved with the meetings, and the attendants have become replicators, spreading new knowledge far and wide.

Something as basic as health education has the potential of changing a lot of lives. With projects like these; ‘acting inside the slums’, we can mark the beginning of a big change in the lives of the people residing in the slums.
Let’s Move!
A Childhood Obesity Awareness Event

Kinza Ahmed Usmani
EMSS - United Arab Emirates
Dubai Medical University
scoph@emss.ae

30th December, 2015 was a big day for SCOPH-EMSS as we organised one of our most successful events titled ‘Let’s Move’, aimed at raising awareness on childhood obesity. Childhood obesity is a serious epidemic that has more than doubled in children and quadrupled in adolescents in the past 30 years. In 2012, more than one third of children and adolescents were found to be overweight or obese.

Conducted at Dubai Hospital, in conjunction with the Dubai Health Authority, this event helped us reach out to the masses and educate them towards leading a healthy lifestyle to secure their children’s future.

Multiple booths were set up where SCOPHeroes interacted with the public, explaining the importance of staying healthy in the form of fun games and activities. At the first station, the BMI of children was assessed by a certified nurse. The next step involved a consultation with paediatricians, where attendees were educated on how to make dietary and lifestyle modification to ensure their child’s fitness. SCOPHeroes also distributed recipes for healthy snacks to the public, to motivate them to make a switch to healthy alternatives.

Apart from reaching out to parents about the importance of good nutrition and adequate physical activity, SCOPHeroes educated young kids and children on the same by conducting interactive storytelling sessions and teaching them the importance of avoiding junk food. The conventional concept of ‘playing outdoors’, which is declining in modern times was re-introduced, encouraging children to play more in order to stay fit and healthy. SCOPHeroes also designed special colouring books which included images that promoted exercise and physical activity, and through these, a positive body image.

To promote the idea of physical activity among the kids, races and competitions were organised. Skipping ropes and hula hoops were handed out to all children as an incentive.

A big bouncy castle was blown up for the children to break the idea that physical activity is boring and monotonous. This also kept the children occupied, giving families the opportunity to approach us and the doctors for help and guidance. SCOPHeroes also set up a message board, for people to leave their feedback, advice or tips.

It was truly heartening to see children and parents motivated and encouraged to make changes towards a healthy lifestyle. Well, I’d say with pride that SCOPHeroes saved the day!

Reference for childhood obesity statistics: CDC (Center for Disease Control and Prevention)
Late in the 80s, after decades of struggle, the Brazilian Federal Constitution has recognized health as a fundamental right of all its citizens and a corresponding duty of the state, with the purpose of identifying conditions and determinants of health, planning to reduce the risk of injuries and diseases, and execution of promotion, protection and recovery of health.

For this right to be effective, it is necessary that the production and use of health information is processed in a complex context of institutional relations, including various mechanisms for management and financing. In addition to the governmental structures, three levels of management of the Unified Health System (SUS), there are other government sectors involved that produce information relating to health, educational and research institutions, technical and scientific associations, non-governmental agencies, international organizations and bodies of social control.

Nevertheless, today Brazil coexists with an old profile diseases, many that have already been eradicated in some more developed countries, and other younger who are taking their space. It is observed the increase of the area of chronic degenerative diseases or non-communicable diseases. New epidemics such as AIDS, dengue and living with endemic diseases like Tuberculosis, Leprosy, Malaria, in addition to worms that still has its frame made worse due to lack of infrastructure in many states associated with bad hygiene habits of the population. Join old and new existing diseases at the same time and then we see the complicated case, or even neglect that public health has lived.

The Açaí project promoted insertion of the activities of Federal University of Pará local committee of IFMSA Brazil, an opportunity to act with people who lives beside the river on Amazon and open new thoughts about public health in the medicine students studies. Understand how to make the difference in the future while professionals from an analysis of public health gaps between urban areas and interior of Belém is consolidate effective changes possibilities to the health public of society.

By boat, Ponta de Pedras city stay 3 hours away from Belem City, the capital. To Act with health education at Ponta de Pedras City, IFMSA Brazil Lc Ufpa received support of AMAM (Counties Association of Marajó Archipelago), narrowing new opportunities to acting around other cities of the island.

Furthermore, the logistics was supported by Municipal Department of Health and promoted an introduction into Municipal Management Health, approaching academic professionals while the activities was happening. Public health activities were realized in schools, squares, street markets and neighborhood association. In addition to the Chronic diseases, topics such as sexual education and prevention of violence against women were mentioned during the two weeks of activities on the heart of Amazon.

This project created opportunities of internship for the students, not only in the clinic area, but also in the research area opportunities offered by the health secretary of Ponta de Pedras City. Taking our activities to the interior, the Açaí project fulfilled its objectives of making more difference for the public health and took IFMSA Brazil further.

References
Let’s Beat Diabetes in Tunisia

Maroua Ben Jouira
Associa-Med - Tunisia
Medical Faculty of Tunis

What’s 15 per cent?
15 per cent is the estimated percentage of people diagnosed with diabetes in Tunisia.
15 per cent is the prevalence that does not take into consideration undiagnosed cases or people with pre-diabetes or cases at high risk of diabetes.
15 per cent is alarming; it is a public health priority and a number that SCOPHeroes act against.

‘Let’s beat diabetes’ is a project SCOPH Tunisia works on year after year to face this figure; every local committee gathers its motivated members every November, teaches them about diabetes and trains them on how to approach people with this chronic illness in order to celebrate the World Diabetes Day, November the 14th.

This year, in 4 different cities and locations in Tunisia: a shopping center in Tunis, a main street in Monastir, a school in a rural area in Sousse where locals were invited and a main square in Sfax, SCOPHeroes were sent on a mission. Joined with primary-care professionals, nutritionists and endocrinologists, equipped with glucometers and sphygmomanometers, they went to the public with a clear goal; raise awareness about diabetes and promote a healthy lifestyle.

“Hi Sir/Mam! I’m a medical student and today is World Diabetes Day. Would you like to measure your blood sugar rate and blood pressure, and consult with specialists in the medical field for free?” was our way to get people tested, and most importantly, to get them to listen. Reaching out to 705 people in Sfax, 600 in Tunis, 400 in Sousse and 433 in Monastir, SCOPHeroes made sure that these people were not only there to know how high their sugar rate is, but they also went pass the number that showed on screen, to educate those with diagnosed diabetes about how they should lead their lives, what diet they should follow and how important it is for them to check their glycaemic levels regularly, to calm those undiagnosed when a scary figure is announced taking the right measures to investigate their case, and to teach everyone how to be healthy and how to maintain their well-being. Then our partners took charge of the follow-up and made sure that those who need consultation and treatment were addressed to front-line healthcare professionals.

After a long day, meeting all kinds of people, seeing different figures from normal rates to dangerous high rates of blood sugar, and getting to look at diabetes in broad daylight, I strongly believe that every SCOPHero realized that beating diabetes is not a one-time-a-year fight. Beating diabetes is something we should do every day; raising awareness should be done on a daily basis. So let’s talk to our family members, our friends, our patients, and not just on 14th November.

We, the active members within SCOPH, as future healthcare professionals and young public health leaders, assume that our role is not just handing out prescriptions and ordering C-scans, our roles extends to preventing illnesses, promoting health, and raising public awareness through screening and educational campaigns.
According to the periodic *The Lancet*, climatic changes are the biggest threat to public health in the 21st century. As examples: the variation in rainfall patterns that cause floods and drought; and changes in the environment as the alteration of ecosystems and in geographic, chemical and biological cycles that might increase the incidence of infectious diseases and non-communicable diseases including malnutrition and mental illness. The global youth annually organizes the COYs (Conference of Youth) around the world, that prepares young people to engage themselves in climate negotiations. International Federation of Medical Students Associations of Brazil (IFMSA Brazil), on the other hand, is an NGO constituted for medical students only, present in 23 brazilian states, with the purpose to promote health and social improvement.

The idea was to debate on the consequences of climate changes on public health, through conversations promoted by IFMSA Brazil during COY11 - Florianópolis. So, how did it happen: On November 26th, 2014, during COY11 - Florianópolis, members representing IFMSA Brazil developed interactive sessions on climate changes and public health, in which were addressed: definition of the topic, direct and indirect impacts, perspectives for Brazil and the various actions that could be taken by young university students to combat the problem. The morning activities were split into two parts: (1) the theoretical part was prosecuted by medical students, who organized a presentation, for a target audience, with the use of audio-visual resources, in order to clearly communicate the impact of climatic changes on public health; (2) subsequently, the attendants were split into groups, in the interest of discussing the topics through different points of view, as well as gather ideas for the execution of movements in local and regional scope. The students, in general, participated with great interest and verve, and organizing and executing the sessions was of great value to the medical students involved in it.

Besides the primers of the conversation, there were 20 other young university students from different courses in the field of medicine. At the end of the dynamic activity, certain ideas proposed such as ‘bikecades’, populacional capacity about sustainable domestic habits in schools, condominium, universities, companies and online mobilizations, aimed at raising public awareness about the influence of climatic changes on health.

The presence of medical students at events like COY11, to talk about the repercussions of climatic changes on public health, contributes to the construction of a professional interventional medical model; and the discussions about illness and health in a comprehensive way works for a more humanized medicine.
The burden of chronic diseases is rapidly increasing worldwide. By 2001, chronic diseases contributed approximately 60% of the 56.5 million total reported deaths in the world and 46% of the global burden of disease\(^1\). By 2020, global burden of disease is expected to escalate to 57% and will account for almost three-quarters of all deaths worldwide\(^2\). According to an article published recently in The Lancet\(^3\), rates of years lived with disability are declining more slowly than mortality rates. There is also a significant rise in the amount of individuals with sequelae of diseases (both acute and chronic) and injuries, which requires a rising attention from public health systems all around the globe. This means that patients are living longer with compromised health, thus augmenting the prevalence and importance of chronic diseases.

Compliance or adherence to pharmacological and non-pharmacological treatment in chronic diseases is fundamental to achieving control of the disease. The World Health Organization (WHO) defines adherence to treatment as the degree in which the behavior of a patient (taking their medication, following a diet plan, and changing their lifestyle) complies with the recommendations given by a health care provider\(^4\). According to the Pan American Health Organization (PAHO), deficient compliance to treatment in chronic diseases is also a public health issue because of its negative repercussions on the prognosis and quality of life of patients\(^5\). In developed countries it is estimated to be around 50% and in developing countries this value is much less. Of course, this amount varies according to the disease studied.

Most of the economical resources public health systems have, are being invested in the creation of fresh new therapies for chronic diseases. However, interventions increasing therapeutic compliance of patients may have a better impact on their health status than any novel active pharmaceutical ingredient.

As active participants of the health-disease-care process, medical students should know what are the cultural, social, and economical determinants of compliance and non-compliance to therapeutic recommendations of health care providers. Students should also investigate issues related to health care systems and pharmacological treatment that affect therapeutic adherence, so that appropriate, substantial and impactful interventions may be created.

Besides learning and applying new, evidence-based therapeutic guidelines, our role as medical students is to provide our patients with enough resources about their disease and empower them in its control, thus increasing their compliance, improving their quality of life, and reducing the amount of medication they have to take on a daily basis.

References:

5. Compliance to pharmacological treatment in chronic diseases. Basque Health Service INFAC 2011; 19 (1).
Project Pulmo was undertaken by the Slovenian Medical Students International Committee (SloMSIC) with the aim of promoting public health. The group mainly works towards the addiction of tobacco and marijuana. Cigarettes have not only been one of the leading causes, but has also been a major risk factor for many cancers, asthma and chronic obstructive pulmonary diseases (COPD). Hence, we decided to conduct a few workshops based on smoking, predominantly for students in the adolescent age group. A couple of surveys that were conducted, emphasized the prevalence of smoking, chiefly among students nearing the end of primary school and also, those pursuing a higher education at secondary school. At these stages, children are powerfully influenced by family members who smoke, advertisements, films, television and role models. Peers tend to exert the strongest influence. Students who smoke while inebriated feel less judged by their peers. Hence, we chose to primarily target the teenage group for a ‘peer education workshop’. Through this, our plan of action was to break the cliched trend of persuading the students to stop smoking and portray an objective image before them.

Had it not been for that approach, we would have been only an additional group, trying to convey the message to quit smoking by explaining the hazards of smoking and harping on potential smokers. People tend to lose interest and focus, if they are persistently criticised on the wrong they do. Hence, we decided to indoctrinate them in each and every aspect of smoking and tobacco consumption, and then, leave the decision of making the right choice to them; whether they wanted to start afresh and lead a healthy life-style, or let tobacco take a toll over their health, pushing themselves towards a permanent chronic damage. The audience not only comprised teenagers, but also had a few adults, who approached us at the end of the workshop, with a request of conducting a similar workshop for them and their colleagues.

The topic will also be addressed at the congress scheduled for April 2016. Tobacco dependence, cancer genesis induced by smoking; basically everything, right from the pathophysiology to pulmonary medicine and oncology (with clinical examples) would be covered.

The Movie Nights make our project even more unique. Every month, a movie night is organized by our faculty members. Any interesting movie related to our field of work, is chosen and projected in the lecture room. Before and after the movie, there is either a lecture or a discussion, which encourages students to gather ideas and share their views respectively. Furthermore, our project also includes organization of debates on many issues; from marijuana legalization to complete prohibition of smoking.
A discrepancy between the demand for organs and availability of donors always exists. IFMSA-Quebec aimed at integrating organ and tissue donation as a part of the Quebec Medical School curriculum.

Defining the Goal

Success in organ donation relies highly on the knowledge of health care professionals. Given this fundamental role physicians play in the identification and referral of potential donors, it comes as no surprise that the evidence supports enhanced undergraduate medical education as a powerful method to improve organ and tissue donation rates. Despite this overwhelming evidence, a gap still exists in the way that organ and tissue donation is currently being taught in the medical curriculum. Our objective is to implement an evidence-based, expert-supported course on organ and tissue donation in the Quebec medical curricula in order to raise knowledge of and support for donation among future physicians. If this course is adopted, we expect to ultimately improve organ donation rates in the province and quantify the change.

Building the Course

A course proposal was produced following an extensive literature review and analysis of several lectures on organ donation, which had already been conducted at various medical schools in Quebec and also, internationally. Subsequently, we not only collaborated with our provincial organ procurement organization, Transplant Québec, but also with numerous intensivists and bioethicists, most of whom were affiliated with our targeted universities. These experts provided their feedback on the proposal, enabling us to refine the courses’ learning objectives, and also expressed their interest in becoming potential lecturers for the class. Moreover, organizations were contacted with missions, either related to medical education or donation, many of which endorsed our projects, including the Quebec Federation of Medical Students and Canadian Blood Services. Our next step will be to develop a complete set of course material.

You may find our course proposal via this link: https://drive.google.com/open?id=0B5aVfOIzJEpzdixIQmh4NFlh5YTQ

Our current course proposal is a three-hour lecture, which includes the following topics: the procedure of organ and tissue donation, identifying potential donors, referral to procurement centres, communication with families and the bioethical issues. We have designed
the course such, that medical schools are encouraged to introduce organ and tissue donation as a part of the academic curriculum.

Disseminating the Course

In 2015, IFMSA-Quebec adopted a policy statement on organ and tissue donation, which enabled us to collaborate with the vice-president of academics and the curriculum committees from each medical university. Presentations were shown to the faculty members, either during curriculum committee meetings or individualized meetings. Once receptiveness is established, further discussions with the university will be aimed at working out the logistics of introducing the class within the university’s specific context. In addition to this, letters of support shall be collected from the faculty members, to increase our credibility. We shall also use these letters of support to apply for larger grants offered by the Canadian Institutes of Health Research, in order to ultimately disseminate the course across Canada.

As of December 2015, McGill University successfully introduced a one hour class on organ donation education, as a result of our efforts. The remaining universities have also expressed their support towards implementing the same. We aim to achieve full integration by 2017.

Evaluating the Results

A formal study was conducted to assess the current level of organ donation education of McGill medical students and to evaluate the impact of an educational intervention in organ donation. By surveying medical students before and after a specific 1-hour educational intervention by Dr. Sam Shemie, our goal was to evaluate the effectiveness of our work and continuously improve the course content. The preliminary analyses of the survey that we designed, indicated that most students felt that organ donation content was lacking in their curriculum. In addition to assessing students response to organ donation, we are also in the process of circulating a survey among the Deans of Medical Education across Canada, to conduct a needs assessment and to determine their particular interests in implementing organ donation into the curriculum.

We believe that a better education on organ and tissue donation will not only enhance medical students’ skills in identifying donors, but would also give them a chance to change our health care system, for a brighter future of our patients and the community.

References


Foodsteps
First step to a healthy life starts with the food you eat!

Jidapa Hanvoravongchai
IFMSA - Thailand
Chulalongkorn University
ifmsa-thailand@ifmsa.org

NCDs are currently a major health problem in Thailand and around the world. The primary risk factors leading to these diseases are basically poor nutrition, physical inactivity, smoking and alcohol. In this project, we aim to tackle the first factor- food and nutrition. The name of our project, FOODSTEPS, was initiated with the idea that the first step to maintain a healthy lifestyle is to maintain a healthy diet. Our project aims to raise awareness on the importance of having a balanced diet, among general high school and university students.

The project consists of two parts: an educational page on Facebook and a workshop which was held in January 2016. An educational page was started one month prior to the workshop and will continue until April. The university students voted for two topics; food and weight control, and dietary supplements. All the information was shared using infographics and videos, and was presented in the form of a comparative study for better understanding. For the former topic, we compared what one should do and should not do, to stay in good shape. As for the latter, we compared the myths and facts of some dietary supplements and energy drinks which are popular among people in their 20s.

Activities during the workshop started with the lecture by Chulalongkorn Hospital’s nutritionist and professor, followed by four interactive sessions. ‘Peek-a-BOOSTERS’ introduced myths and facts of dietary supplements and energy drinks similar to the educational page, but the session put forth the topic in an interesting manner; in the form of a quiz show. In ‘My Health Diary’, we re-decorated a room into a supermarket, asking participants to go shopping and record whatever they buy, in their diaries. When they enter a shop, each shop owner will guide them how to choose their healthiest meal. Participants went a step further than just simulated shopping and prepared their own meals in ‘Cooking 1 2 3’. They got a chance to cook their own healthy dish demonstrated by instructors from Suan Dusit International Culinary School. Finally, in ‘Spread your ideas’, participants were divided into groups, to discuss food-related case scenarios given to them.

The results of the workshop were quite impressive. Most of the participants stated that they were more encouraged to follow a healthy diet, which was the main goal of the project. As for the educational page, we will continue making some more useful infographics and try reaching more people. We believe that there are many steps towards a healthy life, but the first and most important step of all is the inspiration to do so.
Smoking is currently recognized as a mental and behavioral condition, and a chronic disease resulting from addiction to nicotine and it’s a risk factor for more than 50 diseases. If the current tobacco consumption pattern is not reversed, data shows that by 2020 we will reach the staggering number of 10 million annual deaths as a direct result of smoking. The biggest difficulty to minimize this situation is finding an appropriate approach that encourages smokers to quit the habit.

In this context, student members of IFMSA Brazil conducted an activity, objectives of which were to support smokers in their decision to quit tobacco, encouraging them to quit the habit by showing them the progressive improvements in their health after smoking cessation in the short, long run. Besides that, offer information about smoking and abstinence, as well as the available means to quit smoking, and act as a bridge between the smokers and the support groups from the Basic Health Units (BHUs) to offer them specialized treatments.

With training, the students had the opportunity to understand the different types of addiction to smoking, which allowed developing a more horizontal doctor-patient relationship with the target population, seeking to understand the difficulties caused by dependency.

In spite of having a differentiated approach, we do not threaten smokers saying that smoking increases the chances of developing cancer or cardiovascular problems. We try exactly the opposite; the benefits of giving up cigarettes. We say that the chances of developing cancer will fall gradually. They could get rid of cough and shortness of breath. To know that improvement of their health is possible was inspiring for them.

The Campaign directly reached 203 people, both men and women of all ages and education levels. The serviced smokers reported feeling better prepared to break free from smoking.

For us as medical students, this campaign has also been remarkable, making it clear that there is a way to approach each patient, and we can make a difference in his or her goals.

Through the campaign, we were able to help smokers who wanted to quit smoking. Locally, it raised the number of patients that search for professional treatment offered by the smokers’ support groups from the BHU’s – treated in a partnership with the Municipal Health Secretary of Londrina. The Campaign had an impact on the public health in our city, and we plan to increase its potential in 2016, involving the Local Committees of IFMSA Brazil in the State of Paraná, in consonance with the efforts of our Government and contributing to spread the message, and accomplishing the goals of the World No Tobacco Day.

References
A large population had been displaced from Burundi to Rwanda due to ongoing presidential elections in Burundi. Burundians, who were against the ruling party, mostly women and children have fled to Rwanda after having experienced intimidation and threats of violence linked to the elections that were due June 2015. Having arrived in Rwanda (NYANZA Camp) they faced more challenges including, poor hygiene and sanitation, unprotected sex which led to an increased incidence of STIs, and lack of equipment especially clothing. They also had little skills about behavior in such a congested population situation. Furthermore, most of them were so depressed that they were in need of psychological counseling.

50 student-volunteers were selected, divided into 10 small working groups (SWGs) and settled out in fundraising campaigns round the campus, aimed at collecting funds and donations, using door-to-door system at the hostel. They got different donations (clothes, household’s equipment, mosquito nets, condoms donated by MoH, and money) all of which worth $1880. The 50 volunteers were then trained in sexual and reproductive health, hygiene and sanitation, and were awarded different certificates. On the visit, teaching sessions were given to Burundian refugees at the Nyanza camp and all the material was distributed among the refugees, for helping them practice what they had learnt.

Goals and objectives

• Reduction of sexually transmitted diseases (STDs) including HIV/AIDS in the camp
• Reduction of unwanted pregnancies especially among young girls
• Preventing spread of epidemics like cholera and diarrhea, or any other disease such as malaria, etc.
• Showing intimacy to Burundian refugees who were in bad situations
• Health development in the camp through usage and drinking of purified water efficiently

Evaluation of the activity

• More than 3000 refugees got aware of sexual and reproductive health, hygiene and sanitation and how to prevent related infections (according to the interview made after the activities)
• The objectives so achieved made everyone realize the role and importance of SCOPHeroes in the country. Hence, a lot of media had gathered to collect news from the Rwandan society
• The fifty trained volunteers put their acquired knowledge to use, in the following SCOPH sessions.
• The rate of infection of HIV/AIDS shifted from 3% to 0.8% after our visit (according to the medical staff at the camp)
• The rate of unwanted pregnancies decreasingly shifted from 40% to 5%.
• Refugees were extremely enthusiastic and receptive

The impact of this activity on the community

With local, national, and social media, the activity garnered great media coverage through videos, radio, photographs and written articles. Our target to spread knowledge and educate people about sexual and reproductive health, hygiene and sanitary appliances was achieved. The rate of spread of STIs including HIV/AIDS, among Rwandan population decreased considerably.

As conclusion, Rwandan SCOPHians are proud to be the cornerstone of such emergent life saving, as the Burundians are still fleeing to Rwanda. We are ecstatic to have created affection and a humanitarian approach among local leaders and people of the private sector, towards the refugees whose lives are burdened with struggle. We will not refrain ourselves from contributing to such global health perspectives.
Welcome to the world of SCORAngels! This section will provide you with much insight into the life of the delightful Standing Committee On Sexual & Reproductive Health including HIV/AIDS.
Dear SCORA Family,

The past six months have been an amazing time for SCORA and its members. As this term’s SCORA director, I couldn’t be prouder to present to you what we’ve been up to.

We started the year with a fresh international campaign for the Breast Cancer Awareness Month in which we set up a site with information for everyone to check. After that, we carried through the next month with a picture competition for Movember. Throughout this first part of the term we’ve had multiple other activities including two webinars (one for the International Day for the Elimination of Violence against Women) and a small HPV Campaign led by the SCORA International Team.

Of course, as December approached we started working in our proposal for the biggest day we have in our Standing Committee…World AIDS Day!!

World AIDS Day, which takes place December 1st, has always been our staple event since during those 24 hours we register the highest amount of local participation and activity sharing in our social media. This year we focused our campaign on ending stigma and discrimination and took a stance as medical students by releasing a statement, creating a testimonials booklet and taping a video with opinions from all over the world.

The true magic though, happens when you take a look at each National Member Organization and at each Local Committee. SCORA is well known for its passionate members and the activities they create, which are always well planned, outcome-oriented, and thought provoking. During these events I mentioned at the beginning (and more) SCORAngels from all over the globe have been proving they can create the best interventions and that they are willing to share them with the rest of the members.

In this new edition of the Medical Students International, you’ll find a selection of articles that showcase what SCORA has been up to in a national and local level. Read, enjoy and get inspired with what SCORA has to offer.

Warm Hugs,

On behalf of the SCORA International Team

Carles Pericas
Every year on the 1st of December, the world celebrates World AIDS Day and raises awareness on HIV and everything that comes with it. In 2011, UNAIDS, the United Nations Programme on HIV and AIDS, launched the campaign ‘Getting to Zero’, presenting a transformative agenda for the global HIV response for the next four years. Getting to zero new infections, zero AIDS-related deaths and finally zero discrimination were the three goals representing the vision of UNAIDS on this matter and setting out their strategy for 2015.

Being the final year of their campaign, the local committee of the Belgian Medical Students Association (BeMSA) in Ghent decided to do something completely unusual for the 2015 World AIDS Day this time. Something with a greater impact by reaching more people.

Inspired by the vision of the UNAIDS campaign, the SCORA department of the local committee of BeMSA in Ghent launched The Stigma Challenge, challenging the citizens of Ghent on World AIDS Day to break the stigma that still rests on people with HIV today. To reach as many different people as possible we took over a tram and used it as a platform for our campaign, driving through the city centre for almost 24 hours.

Raising awareness on the global stigma and discrimination that people with HIV still face today was the main goal of our campaign. With the right medication, the virus is something you can manage, but the stigma is something you cannot.

To prepare our participating campaigners, we organised a training event where academics and people with HIV provided insight in the life with HIV and how the stigma hinders the further progression in the global fight against HIV and AIDS. Professor Dr. Linos Vandekerckhove, Head of the AIDS reference centre of the University Hospital of Ghent claimed that because of the stigma on HIV, people with possible risk behaviour prefer not to check their status regularly, fearing the possible negative reactions of their environment. Therefore, too many people are simply not aware of their status, frequently lending a safe conduct to the transmission of HIV.

Whatever efforts are made to prevent the transmission of HIV, the stigma remains a main barrier in the fight against the virus.

The Stigma Challenge tried to break this barrier by bringing people together and giving correct and evidence-based information in an informal manner on this important matter. In order to add up to the experience, we invited young and talented Belgian bands to perform an intimate live session on the tram. Music always brings people together, something we really needed to spread our message.

Looking back on the enthusiasm we received and the inspiring conversations we had on a single tram on the 1st of December, we could definitely say that we got a little bit closer in removing the elephant and beating the stigma on HIV. It was about time we truly started talking about this disease.
World AIDS Day
Run for a Cause

Radhika Ramesh
MSAI - India
Grant Government Medical College
mubasshirbabar@gmail.com

With the October heat waning away and the chills of November coming up, we, the active MSAI Members were yet again willing to take another step in our initiative to impart knowledge and spread awareness in every aspect of medical science that seeks attention and need for propagation.

So we check the calendar and find the all-important Red Letter Day- 1st December, World AIDS Day. A day dedicated to extend solidarity and support to the unfortunate victims of this dreaded disease. A day in remembrance of lost lives.

It is hard to believe that HIV/AIDS has only been recognized for about 30 years. In that time, the plague has gone from a relatively unknown disease to a worldwide health crisis and claimed more than 30 million lives.

As Elizabeth Taylor rightly said, “It is bad enough that people are dying of AIDS, no one should die of ignorance”.

This statement was more of an epiphany than a fact which kindled in us a sense of responsibility to step in and bring the change we wish to see.

That was the ‘Eureka’ moment- a marathon to extend our support to the AIDS victims, to educate people from various backgrounds, about the disease, its transmission and means of prophylaxis. And that was just the beginning! Our widespread social media campaigns, called in for over 250 registrations and witnessed 200+ participants on a SUNDAY morning, when normally we wouldn’t even budge an inch and step out of the bed.

Participants, draped in red T-shirts, geared up for the cause. Every one of them wrote beautiful heart wrenching good will messages for the AIDS patients and we were lucky enough to be able to put it up in the OPDs of our hospital.

We were overwhelmed with the response we received for our event. Not to forget the immense support from our college mates, after all, as future doctors they are aware of their responsibilities.

An event which appeared to be a breeze, involved immense hard work and hours of dedication. But as it is rightly said, “little drops of water and little grains of sand, make a mighty ocean and a pleasant land”, our efforts towards AIDS eradication are those miniscule water droplets in the vast ocean that we are yet to cross and reach the port that awaits us- AIDS Free World!
Iran comprises of 31 provinces and populates around 78.4 million inhabitants. HIV in Iran was first identified in 1986 when a hemophiliac 6 year old child was infected via transfusion of infected blood. In the same year the national committee on HIV/AIDS control and prevention program started its work. The first surveillance sector was established in Isfahan in 1992 and since 1997, several surveillance centers in different cities have been structured.

Based on the last statistics, about 29000 HIV infected people have been detected all over the country, while an estimated 93000 people are now living with HIV in Iran. The largest percentage of HIV infection is among those within the range of 25 to 34 years of age (45.8%). So far, 6120 of HIV infected people suffered from AIDS and 5883 of them have died. Estimations indicate that the number of infected people will reach 126000 within 5 years, but generally Iran is ranked among the countries with low prevalence in general public and most PLWHA was infected through injection drug usage.

The population at high risk of HIV/AIDS are:
1. Injection drug users
2. Commercial sex workers
3. Fresh plasma donors
4. HIV and imprisonment

Based on current estimates, among all HIV infected people in Iran, 11.5% are women and 88.5% are men. It should be mentioned that although most PLWHA were infected through drug injection, the young population of the society is at a higher risk of acquiring HIV through sexual transmission.  

Patient supports:

1. Establishment of counseling centers: To provide sensitive surveillance systems for diagnosis of opportunistic infections, TB, etc. and coverage of vaccination for influenza and pneumococcal infection.

2. Foundation of positive clubs: To provide positive prevention, psychological support, stigma reduction and educating PLWHA in order to have safer sex via peer education and other methods. (Positive clubs in Iran were established since 2006 in different cities. These positive clubs have also won the international red ribbon club award twice.)

3. Establishment of harm reduction centers (DIC): To provide free condoms, syringe for IDU, and all medical and counseling services.

4. AIDS-related NGOs: Providing patient support, holding educational workshops for public in universities, jails, schools, factories and private organizations, and embrace HIV-infected people to empower them in different aspects.

Main national strategic objectives:

1. Education and notification
2. Blood donate safety reassurance
3. Development of voluntary counseling and testing centers
4. Performing free viral markers for most at risk people
5. Performing harm reductions including outreach and MMT programs
6. Endorsement of an efficient epidemiologic surveillance system
7. Using effective preventive programs for health care workers
8. STIs surveillance and treatment
9. Counseling and free treatment of infected people,
meanwhile providing support to their families
10. Capacity building and fortification of resources including human, financial and managerial resources
11. Providing social and economic support for infected people, their families and at risk populations
12. Encouraging monitoring and assessment

Some points:

All treatment and counseling for HIV infected people and their families are completely free in Iran. PLWHA can be referred to all clinics and hospitals like non-infected people. Also there shouldn’t be any signs around their beds at the hospitals to introduce them as HIV-infected people in order to reduce discrimination. For job application or for immigrating to Iran from other countries, HIV testing is not obligatory.

Condoms are provided free of charge to clients at primary health care network family planning units, centers for behavioral disease counseling (triangular clinics), harm reduction centers (DICs) and conjugal visit rooms in prisons. Access to condoms is also possible by purchase at pharmacies and other retail venues.

Our role as medical students:

In our NMO, SCORA was established in 2011. Since then, HIV related activities were performed in about 13 local committees through educating school children and university students by peer education, educating at risk groups, holding seminars & conferences, holding WAD campaigns, raising awareness through social media, and social networks, writing articles in professional publications, social magazines and newspapers, collaborating and performing joint projects with different important organizations such as UNAIDS.

I have written this article only as the first person who established SCORA in Iran, but there are many other medical students who put their greatest efforts to improve the condition of PLWHA, raise awareness and, fight the stigma and discrimination. We all do believe that this is not the end; it is just the beginning!

References:
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A Feel a Day Keeps the Doctor Away!

Muna Rommaneh
IFMSA - Jordan
Jordan University of Science and Technology
muna.1995@hotmail.com

“Big or small, lets save them all.” Imagine waking up to finding a message similar to this on your phone. At first this phrase could be extremely confusing. However, this phrase was the spark of something beautiful; it lead to the most creative and beneficial national breast cancer awareness project. Breast cancer was a disease spoken about behind closed doors in the Middle East. A highly stigmatized topic caused many women to suffer in silence with a deadly disease they considered shameful.

Breast cancer is one of the most common cancers among females in Jordan. Based on this piece of information, a precise plan of action was made and followed. As a start, a professional collaboration was done between IFMSA-Jo and the Jordan Breast Cancer Program which is a part of The King Hussein Cancer Foundation and Center. The united efforts of both parties reflected positively on the results of the project. Almost every city and village across Jordan was covered to raise awareness about breast cancer and to provide free screening opportunities for women. Men played a huge part of the project as well. Being one of the best leading projects in IFMSA-Jo, the project has made a huge impact on other NGOs as well.

The project broke all the records. It certainly set new standards for other projects. HRH Princess Dina Mired visited many events of the project. Thousands of men and women were reached, thousands of brochures and fliers were given to the public, thousands were examined and screened, hundreds of volunteers had participated, and hundreds of associations and organizations had helped. The project was covered by many TV stations, radio stations, magazines and was all over the social media. Away from the 27 events that were done in a month which made a hearable echo across the country, the experience itself was indescribable.

SCORA is well known for its creativity. Only this time the creativity was taken to a whole new level. News reports were made just for the project and published weekly. In addition to this, trolleys were used, charity tea parties, open days, human pink ribbons, pink rides, fast walks, home visits, awareness and screening days, trainings, and fundraising events were made. Regardless of any difficulty, the project was unstoppable with the aim of ending the taboo and stigma surrounding breast cancer. Going from schools, universities, hospitals, health centers, malls and institutions, to villages and gardens, the project was aiming at increasing the knowledge about breast cancer.

Together we can make a difference. I strongly believe that if we feed our faith, then our fears will starve to death. Breast cancer awareness projects helped to de-stigmatize a horrible disease, and encouraged women to seek for help. As the coordinator of this project, I always feared that people would be more aware of ‘breast cancer awareness’ than of the disease itself. As a result, we ended up focusing on the real goals of Breast Cancer Awareness Month; which are: raising awareness about the signs and symptoms, risk factors, age of screening, self and physical examination, mammography and the importance of early detection. It was an amazing experience. My advice today would be; a feel a day keeps the doctor away.
Pink October
Humanizing Medicine and Raising Breast Cancer Awareness

Yael Porto Silva & Louise d’Abadia Morais & Gabriella Reis de Barros Ribeiro
IFMSA - Brazil
Pontifícia Universidade Católica de Goiás
yaelpsilva@gmail.com

The “Pink October” (PO) movement was born in the United States in the 1990s in order to encourage public involvement in the control of breast cancer. The event is celebrated annually in order to educate the community about the disease and share information about breast cancer. The first initiative seen in Brazil about it was the pink lighting of the Mausoleum of Constitutionalist Soldier on October 2nd, 2002, and thereafter, multiple events have taken place in order to guide the population.

Thereby, we made a linked action to the PO through the Local Committee of the Pontifical Catholic University of Goiás (LC PUC-GO) - IFMSA Brazil, to contribute to the prevention of breast cancer, disseminating knowledge among women who lack this information.

The action was taken at the Nascer Cidadão Maternity (NCM), a hospital of medium complexity, whose management is municipal. The audience mainly comprised pregnant women who were awaiting care or were already hospitalized and their accompanying. Everyone received verbal guidance and pamphlets on prevention of breast cancer and its importance. Finally, they were encouraged to donate their hair undergoing chemotherapy.

Visiting the NCM also allowed us to report the experiences about the multidisciplinary and humanized operation of this hospital, based on a holistic view and otherness of the institution towards the user.

The healthcare center is considered a reference in the humanization of childbirth and has an extensive network of health professionals, such as doctors, nurses, nutritionists, speech therapists, dentists and psychologists. It offers health production related services such as: social workers and ‘Doulas’ (a birth companion and post-birth supporter); registry; milk bank; no nursery (strengthens the mother-child bond); apartments (privacy and comfort); women who have had miscarriages separation policy (sharing of experiences); vaccination rooms; Guthrie test; Beta-hCG; Laboratory Tests; Medical ultrasound - all the free primary care they need is provided.

This humanized assistance allows the comprehension of the patients’ universe which results in positive effects on their satisfaction and on the health service’s quality, in addition to the direct influence it has on the health status of the patients. So the rethinking of medical practice that has taken place since the 1950s is relevant, as it aims at the acquisition of skills by health professionals and managers in health. In the fifties, for example, the German physician and philosopher Karl Jaspers emphasizes the need for recovering subjective elements back into Medicine who was pursuing a path based exclusively on technical instrumentation and data objectivity.

Therefore, the integrated work seen at NCM is noted for establishing solidarity ties and for the concern in creating and maintaining the bond between the management and the patient, factors that are central to the choice of the maternity as a space for LC PUC-GO’s action. “Pink October” allowed the experience of a humanized medicine to fellow medical students, contributing to their professional development, and also promoted health education to the community about breast cancer.
As human beings we tend to believe that ignorance is a kind of bliss, we rarely decide to figure out the things that worry us, especially if it is related to our health. Most diseases are diagnosed coincidentally or at the emergency room! I strongly believe societies need to understand that acknowledging a problem is the first step to solve it.

For an example clarifying my idea, is BREAST CANCER, the second leading cause of death among females, yet, in my hometown, Egypt, the prevalence is higher. It is well known globally that most cases can be easily detected via monthly self-examination & regular check-up and that 90% of early diagnosed cases shall be successfully treated. However, in my society we do easily notice that women ignore it, either they are too shy to complain to a doctor or they believe ignorance will heal it.

There is a hidden psychological side of breast cancer, it is not just a disease that might lead to death. A woman’s breast somehow represents her femininity. When randomly some women were asked whether they would do a mastectomy which was lifesaving for them, a number stated; they rather die than doing it. Their statement was out of fear of losing their husbands, beloved ones or their femininity.

Therefore, our NMO works hard, first of all, to increase awareness about the symptoms, predisposing factors, self-examination and most important that being diagnosed with breast cancer does not mean they will have to do a mastectomy. Second, to provide them the clinical diagnostic methods in their villages and cities.

Thus, a decade ago here in MSSA Mansoura, full member of IFMSA Egypt, we managed to deliver the awareness message inside the university, in hospitals, to the public in streets, malls, workers at factories, schools reaching more than 50,000 people. Three years ago, our campaign collected donations, nearly 200,000 LE (25,534 $) for the local oncology center and we bought the mammogram. Besides doing a number of “I support, run for cure” running/walking awareness events, and visits to support the patients and cheer them up. This year a moveable mammogram van is available inside Mansoura University, which will provide free screening for everyone. Another initiative was also doing several workshops for doctors & practitioners in different hospitals of Dakahlya Governorate, to keep them updated of the most recent guidelines in treating breast cancer patients and dealing with them. Years of fighting and enlightening, and we are still counting.

In the end, I would like to send my respect and greetings to every single female all over the world, who was brave enough to say that she was diagnosed with breast cancer, fought the disease with great valour, and inspired everyone around her. Your strength is the reason behind our work and we shall keep upto it. There is yet much to be done and we shall do all it takes to empower more females in their fight against breast cancer!
Detect & Protect
Breast Cancer Awareness Campaign

Daoud Hadj Omar
& Bouchelouh Tesnime
Le Souk - Algeria
Algiers University I, Faculty of Medicine
daoudomar7@gmail.com

Breast Cancer is one of the most common types of cancer. Its incidence across the globe has increased in the past 20 years. In Algeria, 11,000 women are diagnosed with breast cancer every year.

Unfortunately, there was massive lack of awareness about the cancer among general public. Many women had never undergone a mammography and some even hesitate talking about it. Hence, our prime objective was to enlighten people with more knowledge about the disease and also, spread awareness on its treatment and prevention.

Months prior to the final day, medical students started their preparation for the campaign. They gathered all the necessary information, which could prove vital in spreading awareness on breast cancer among people. A helping hand was offered by specialist doctors, who helped strengthen our information and communication skills, in order to communicate effectively with common people. Our program was promoted on various media platforms; social networking sites like facebook and twitter, radio announcements and newspaper articles.

The campaign took place at a public place, a mall and a clinic downtown Algiers on distinguished days. People took tours of our stands, where different explanations were given in easily comprehensible language. Women as well as men seized the opportunity to ask questions and, seek advice or support. They realized the importance of regular screening and adopting prevention measures, such as methodical self-palpation, a healthy diet and regular exercise.

Through a simple evaluation test of risk factors, every woman was put face to her personal situation (lifestyle and family history) in order to encourage her to start changes for more care and prevention. The evaluation sheets were scored later by an oncologist, and women with most considerable risks had to be referred to screening centers and benefit from a free examination, as an act of encouragement and support. The campaign closure was marked by forming a human chain which symbolized the fight against breast cancer, to express support from our community to the cause.

Our initiative had good results and was very well appreciated. We received an outstanding response of more than 4000 people on the first two days. Different media spoke about our campaign, presented our activities and expanded our audience. We had the chance to interact with the public at large, and to get closer to doctors and health structures, to know more about the situation of breast cancer and its care in our country. We realize that efforts still need to be made. We aim to improve our future campaigns in order to cover more people and, leave a deeper and more durable impact.
Sexual Education for Teenagers
An Empowering Opportunity

Luís Augusto Prazim
IFMSA - Brazil
State University Southwest, Bahia
laugustoprazim@hotmail.com

Despite the difficulty in guiding the sexual and reproductive practices in adolescence, researches conducted in many countries have found the interference of different factors in increasing fertility in this population, especially early sexual initiation associated with lack of knowledge about reproductive health and the limited use of contraceptives, either by lack of guidance from family and school or the inefficiency of family planning services. Studies reveal that in Brazil, the mothers of about 20% of children born each year are adolescents. This phenomenon has consequences as the increase in maternal mortality from illegal abortions, disruption of studies and financial instability. Thus, it is clear that family planning plays an important role in mitigating the problem. Family planning is guided by preventive and educational actions and the equal access to information, methods and techniques for regulating fertility. Such a problem was highlighted at a meeting of the Local Health Council of a peripheral district of Vitoria da Conquista, Bahia, with the participation of students of Medicine, State University of Southwest Bahia. In response, we designed an intervention project, developed with adolescents 13-16 years of age from the neighbourhood school, with a total of 35 students. 4 workshops were held, with the following themes: Family Planning, life prospects, sexually transmitted diseases and contraception methods. Group dynamics were used, educational videos demonstrating the use of contraceptive methods and dialogued theoretical exposure. It sought the exchange of knowledge to understand the problem from the perspective of adolescents in order to offer information and experiences that would enable the empowerment to exercise full autonomy, as is advocated by the problematical perspective proposed by Paulo Freire. In the end, the group produced thematic panel and drama, focusing on the themes. Before the intervention, teenagers did not see the age factor as an obstacle to have children and did not value higher education. After the intervention, they realised the importance of personal and professional growth, family support, partner and economic stability to raise a family. Once the education process is steady, it is recommended that schools must continue the work and use contextualized methodologies for teens, working on issues pertaining to their future, for reflection and decision-making based on knowledge built.

References
Prostitution has always been regarded as a taboo in our society. The ideology of women offering sexual services for daily wages is offending in an idealistic society and has various legal implications. In India, prostitution is legal only if carried out at the private residence of a prostitute. This does not include pimping, brothel-keeping or soliciting sex in any way. The Immoral Trafficking Act makes it legal for a woman to voluntarily use her body to earn, but criminalizes the organized form of prostitution.

Kamathipura is Mumbai’s largest red-light area. It had more than 50,000 sex workers once upon a time, however post the AIDS Surveillance and the rehabilitation of sex workers, the number has drastically decreased. The Maharashtra team of the Medical Students Association of India undertook a session for commercial sex workers of Kamathipura to discuss their general and mental health issues, since their rights in terms of health provisions have always been a debatable issue. The session was conducted at Apne Aap Women’s Collective Office, an NGO based in Kamathipura, which has been working for the rights of sex workers and their children. They also provide the women with small jobs through community outreach programs. Our target population was a group of 20 women. Some were commercial sex workers, while some belonged to the vulnerable group, who took up prostitution due to poverty.

The volunteers for the event were Dr. Sakhi Shah, Priyanka Manghani, Apeksha Kakkar and Vidhi Jalan. We began with an introduction session, following which we gave a talk on depression and emotional disturbance. Many women were domestically abused by their husbands, while others were being cheated on, adding to their depression, yet, they continued as prostitutes due to poverty. We tried to motivate them to participate in small activities through AAWC and channelize their stress in a positive way. We also spoke about the importance of safe sex, birth control, female condoms, vaginal discharge, self-breast cancer examination, signs of HPV infection and cancer. Few sex workers disclosed their HIV status. We also conducted a general health check-up for them. One of the ladies had a past history of convulsions. Another was diagnosed with piles and was given medication for the same. One of them had tuberculosis, but she stopped her treatment mid-way. We referred her to a government hospital and emphasized on the importance of completing the anti-tubercular drugs regime. We plan to conduct more sessions with them, including a periodic gynaecological check-up, hence giving importance to the rights of sex workers.
The SCORA NiMSA Effect

Agoyi Mary O
NiMSA - Nigeria
College of Medicine, University of Lagos
kemisolaagoyi@gmail.com

In Nigeria, the Standing Committee on Reproductive Health including AIDS (SCORA) of the Nigerian Medical Students Association (NiMSA) 2015 tenure was remarkably productive, as we took our goals for the year as priorities. That is: Maternal health, Gender based violence, Gender equality and sexuality issues, HIV/AIDS and other STIs, Comprehensive Sex Education.

Committed Local Officers (per state) on Reproductive Health and AIDS (LORAs) for different MSAs, with the NORA and President worked together to plan and actualize the agenda for the year. This was achieved by putting in place programs, outreaches and projects, including:

- An Essay competition to celebrate International Women’s Day (8th March). The topic of discussion was “5 Reasons Why I Believe A Woman Can Make A Change In Nigeria”. A winner was awarded.
- An online interactive program on International Women’s Day; themed ‘Safe Abortion: How safe is it?’. Lots of reactions and ideas were elicited. Messages on safe abortion and maternity also passed across.
- For the World AIDS Orphan Day (7th May), Ekiti state LORAs celebrated it by embarking on a sensitization program to “ ‘Ido community’, along with members of the Ekiti State Agency on Control of AIDS. The Federal teaching hospital Ido staff primary school and its secondary school were also visited and the students were enlightened on what they need to know concerning AIDS, encourage them to show love to those infected and discourage discrimination and stigmatization of those infected with the virus.
- International Children’s Day (27th May) had a series of activities themed “BRAIN HAS NO GENDER” (certified). It featured students from both junior and senior secondary schools across states, reaching well over 150 students, involving the Educational District of Ministry of Education. The students were properly educated on their health, sexuality and roles.

The SCORA-NiMSA Exchange Program 2015, themed ‘AID TO THOSE WITH AIDS’ brought together medical students from across the world to Nigeria and it ran for 3 weeks (August 9th to 29th) across three states in the Nation (Ekiti, Oyo and Lagos). The program entailed and covered participation in postings and exposure to issues concerning Maternal health in Obstetrics and Gynaecology, Child health in Paediatrics and HIV/AIDS in APIN clinic.

Students from University of Ibadan, University of Lagos, Lagos State University, Bowen University, Afe Babalola University, Ladoke Akintola University of Technology, Cameroon University of Beau) and Benin Republic (Houdegbe North American University) were in attendance.

WORLD AIDS DAY (December 1st) and International Elimination of violence, was marked by outreaches to a Market and a #ISTAND walk with Queens College Students.

In all, we were able to impact a generation or more, pass information, establish rapport and legacy to the young and old concerning their health, general wellbeing and beyond. We, as students too learnt, educated and got better in our medical training.
Have you ever wondered what SCORE Exchanges are all about? Which countries you could go to? Or what research projects are offered? Find out more here in SCOREview, the publication that has everyone talking about research exchange.
Dearest SCOREans around the world,

You have arrived to the most scientifically proved pages of the MSI, the SCOREview! Welcome to the dark blue side of life, where research and exchanges merge, where dreams become reality. The following pages will give you a glance of the amazing world of SCORE.

SCORE aims to provide students with a Research Exchange abroad. Through our programming and opportunities, we aim to develop both culturally sensitive students and skilled researchers, intent on shaping the world of science in the upcoming future. Generally lasting four weeks, the student takes part in a research project, choosing out of a variety of domains ranging from fundamental biochemistry or genetics to more clinical cardiology, from global health and neglected diseases to medical ethics. At the moment 67 NMOs offer this splendid opportunity to 2,500 students and the SCORE International Team is supporting more NMOs to join.

Furthermore we strive to increase the academic quality of our exchanges and to receive academic recognition from the universities. Therefore we are implementing a couple of initiatives developed to maximize the potential of a research exchange, such as the Pre-Exchange Training, Upon Arrival Training and students reports. All of these improvements and much more would not be possible without all the marvelous Local and National Officers on Research Exchange, who are doing a terrific job ensuring SCORE is the wonderful standing committee that it currently is.

We hope that you will enjoy reading this edition of SCOREview and that maybe it can inspire you to join a SCORE exchange yourself!

Blue Hugs,
Koen Demaegd
Confucius had once said, “Wherever you go, go with all your heart”.

Asia has always attracted me by its culture and customs. I wanted to visit the eastern part of Eurasia since childhood. As luck would have it, I finally got the opportunity to fulfill my dream. My University was offering an exchange program under the auspices of TaMSA.

My project was about inducing pluripotent stem cells into the totipotent stage. In 2006, the Japanese Nobel Prize winner in the field of research, Shinya Yamanaka and his team generated induced pluripotent stem cells (iPS cells) from adult mouse fibroblasts. My mentor Mr. Meir, professor of the department of Biomedical Sciences at Chang Gung University, aspires to take the next step; to induce totipotent stem cells (iTS cells) from iPS cells. It is very important, according to wider ability of differentiation for iTS cells than for iPS cells. In future, the iTS cells would help to produce new tissues and organs. This will take cell and organ transplantology to a new level.

I would work in the laboratory for about six hours a day and five days a week. My general tasks were incubating stem cells colonies, following which a special virus was used as a vector which contained the plasmid of interest, in order to integrate it into a cell genome. The plasmids of interest carried special genes, which presumably were able to influence the genome in order to induce cell transformation to iTS cells. With the help of a fluorescent microscope, we were able to check whether the transformation had been successful or not. The other task was to extract the DNA and genotype it. We used a mouse finger as the source of DNA. After dissolving the tissue and purifying the DNA, the next step was running the polymerase chain reaction (PCR) to amplify the DNA. Then, by using agarose gel electrophoresis, we separated the DNA according to their sizes and visualized them under UV light. Truly, the exposure was tremendous and the experience was phenomenal.

As for the weekends, I would spend most of my time interacting and socialising with other students from different countries around the world. For the first time in my life, I tried the Chinese cuisine, ate with chopsticks, got into a typhoon and swam in the Pacific Ocean. I did a lot of things that I had never done or experienced in my life before. I also visited a lot of picturesque places; Hualien, Dahu Park, Muzhi Mountain, Tamsui, hot spring of Beitou and some others.

I would like to thank all the people that I met in Taiwan. First of all, I want to thank Professor Meir because he helped me gain a lot of knowledge on stem cells. I would also like to thank my contact person and the local students: Stuart, Ginger, Annette, Boy, Fred, Alan and Johnny. Thank you guys!

Thank you TaMSA-Tatarstan! Thank you IFMSA!
Benefits of National Exchange

Hakan Keskin
TurkMSIC - Turkey
Ankara University, School of Medicine
kesknhkn@gmail.com

As it is hidden in the description ‘Europe of east and Asia of west’, Anatolia has hosted countless nations and cultures throughout the history. You can see the accumulated figures of different cultures in every inch, from the northwest to the southeast. From the East, Roman Empire and Ottoman Empire in Istanbul, Hattusa in Corum, to the oldest temple of history in Urfa, our country has been the common ground of civilizations for centuries. Having said that, it is not hard to see the diversity amongst the people with respect to food, music, personalities and customs. Our first aim is to know each other and our history as this country has such an ethnic potential. We believe that giving medical students an opportunity to work on important researches with exclusive professors will improve the development of medicine all over the country. With this purpose and faith, conducting a research exchange on a national basis is one of the big steps for our country on the cultural and scientific path.

Our NMO offers three types of membership for all those interested in being a part of the national exchange program; gold, silver and bronze membership. The ones enrolled under the gold membership can be part of the global exchange program, only after clearing a national exam. The ones who can not be part of the global exchange are given equal opportunities, alongside those holding a silver and bronze membership, to be part of the national exchange program.

In order to receive a National Exchange, the students apply with a motivation letter and get selected by the professor of the national exchange.

The level of scientific research in Turkey can be followed with our studies which will affect global science progress. As an example, there are ongoing cutting edge studies about stem cells. For a medical student, it is inspiring to witness such important research work, as we are the scientists and doctors of the future. A student that embraces the spirit of a researcher early, can plan his/her future studies beforehand. Isn’t that the very basis of science? Creating questions in people’s minds, making them wonder and search for an answer to their question.

As we mentioned the long term benefits, we still can not underestimate the short term benefits of participating in an exchange. The knowledge and experience the students will gain might help them in their education as well as their daily life. Besides, the national exchange offers the opportunity for the local committee students of the host country to interact with other students from all over the world. Who knows, maybe this friendship will bring along different stories, songs and recipes.

I would like to thank the National Research Exchange Small Working Group for their contribution to this article.
My Taiwan Exchange

Ekaterina Nikolenko
HCCM - Russian Federation
South Ural State Medical University
norein.hccm.russia@mail.ru

It was my dream to go abroad on an exchange program. My choice was an excellent hot country - Turkey. My exchange was held in the sunny, sea, port city - Mersin. It was an unforgettable month in my life!

I had a great opportunity to get medical practice in the Mersin University. I took part in a lot of experiments at the Research Centre. We performed experiments on a rat’s brain and actively participated in learning various techniques like PCR, electrophoresis and DNA extractions. My project was based on ‘Evaluating the effects of cranial irradiation on hippocampal neurogenesis, from an epigenetic perspective’. Hence, at the anatomy department, we examined the rat’s brain for neurogenesis, after a hippocampal irradiation. With this examination, we were sure that the hippocampal neurogenesis following an irradiation would decrease. Neurogenesis in the brain is connected to the cognitive functions of the body and therefore, a reduction in the memory following cranial irradiation is likely. While working in the genetic biology department, we studied the gene polymorphism of inositol monophosphatase 2 (IMPA2) using PCR and its relation to human bipolar disorders. In the presence of IMPA2 gene polymorphism, a person is at high risk of developing bipolar disorder. We also had a lot of patients in our lab, who wanted to get their DNA investigated for the presence of any disease. Hence, we ran a chain of PCR tests to identify Becker and Duschenne muscular dystrophy.

At the hospital, I attended gynecological operations, such as amputation of the cervix and vaginal laparotomic operation. Then, we visited the dermatology department and saw patients with psoriasis, stomatitis, dermatitis, fungal diseases of the skin and eczema. I attended the procedure of extracting the bone marrow through a puncture in the iliac crest and also performed catheterization of the bladder.

In addition to the practice, we had a great social program. We visited caves of heaven and hell. The place was sheer magic. We also visited the Kizkalesi Castle, which is located in the middle of the sea. They say that the castle was built by the king to protect his daughter from her death, which was predicted would be due to poison.

Turkey offers excellent medical practice for students. During the practice, you get tremendous experience, both clinical and fundamental. I would like to thank IFMSA and particularly, our local committee HCCM-Chelyabinsk for providing us with great opportunities to be a part of international projects and exchange programs. After the exchange program, I came back home with a phenomenal learning experience and a suitcase full of memories with some beautiful friends I made there, from different part of the world.

IFMSA provides great medical programs for students worldwide. Unfortunately, there is some tension in the relations of countries to each other, but I hope that the political situation in the world becomes better, and that students across the world are able to participate in various exchange programs without any limitations or barriers. An exchange program is a unique medical experience. It does not matter from which country you come from. In any part of the world, the people around are extremely positive, friendly and always ready to extend a helping hand.
Without a shadow of a doubt, as members of the largest medical students organization, we know that attending any kind of international meeting, whether a Regional Meeting or a General Assembly, is a life changing experience. Now, if you are like most of us, you must be wondering WHY? Why is it such a big deal? Well, that is the main reason why we are now writing, to introduce you to what we like to call ‘The Disclosure’ at the Americas Regional Meeting 2016.

Stepping backwards into our IFMSA pathway, the three of us started working in the research and professional exchanges committees (SCOPE and SCORE), as we thought of exchanges as an amazing opportunity to develop capacities, inter-cultural skills and acquiring knowledge, which allows medical students to become qualified physicians ready to face international health issues and with the motivation to advocate for a better health practice.

As exchange officers, our daily duty is to work on the achievement of academic quality, to provide great experiences to our exchange students, and to seek for academic and valued recognition; but it was during this Regional Meeting that we realized the missing element that we had not focused on before.

If we ask the question, “What does Global Health have to do within exchanges?” At the first glance, the answer might seem obvious just because of the fact that by taking part in an exchange, students can have a closer look at the contrasting ways of ‘making’ medicine and international concerns of health. However, introducing Global Health into exchanges gives students the chance to learn that it is not only about being aware of the situation of health issues that go beyond national barriers and strategies used by others to solve this, but also to take their exchange as a holistic experience, where they need to approach all the challenges involved in global health, such as identifying the social determinants of health that shape the way health occurs in a certain society as well as the impact of infectious diseases, climatic changes and non-communicable diseases.

Now, we truly believe this is a goal that could be reached with the support of many others; mainly medical students and health workers, who, like the three of us, have the idea of making and innovating the learning process of exchanges. Having said that, we would love to invite all our beloved readers to be a part of the action. We are in, are you?
I would like to tell you about the time I spent in Santiago de Chile doing the project ‘Congenital Chagas Disease: Mechanism of Trypanosoma Cruzi Infection and Invasion in Human Placenta.’ in the Anatomy and Developmental Biology Laboratory at Universidad de Chile. My supervisor, Dr. Ulrike Kemmerling was a great teacher. We focused on the microscopic changes which occur in the placenta following infection by Trypanosoma Cruzi, which is the causative organism of Chagas disease. We particularly targeted a specific group of patients, predominantly pregnant women, since Chagas disease can be transmitted from an infected mother to her foetus. This infection may occur with or without symptoms, which means that sometimes its development does not show any external signs. The aim of this project was to study in an infection model villus ex vivo the human chorionic tissue alterations, cellular and biochemical disease. We used the following techniques and methods: histochemistry, immunohistochemistry, molecular biology (PCR, TUNEL) and western blot.

Our lab work was well organized, although I must admit there was a language barrier, as the lab workers mainly spoke Spanish and I was not very fluent with the language. We actively participated in every single experiment which was conducted in our laboratory. This research experience was supremely beneficial for me, and I am pretty sure that the knowledge I gained in Dr Kemmerling’s laboratory will help me in my future medical career.

Let’s talk about Chile. The weather was really cold. Nevertheless, I enjoyed my time there because because the local Chilean people around, were very warm and friendly. I was staying there with Emilia, a medical student, at her residence. Her family was for us like real family. We still keep in touch. We also made a trip to Atacama desert, which is located in the north of Chile. There, we saw geysers, flamingos and the moon valley, which was a great experience. Our next little outing was to the south of Chile, to see Pucon with its 11 volcanos, which are still active. We visited Valpareiso and Vina del Mar as well. Last but not the least, we explored a few places at Santiago; Museum of Human Rights, Museum Bellas Artes, the House of Pablo Neruda, a famous writer. We hiked up to Santa Lucia Hill and Cristobal Hill.

I recommend doing a research exchange in Chile, for all those who want to gain some lab skills and see breathtaking views of the Andes mountain.
A few months into medical school, I thought I was going to drop out! The pressure was on, and I had no idea how I was going to cope.

One morning, right before a very boring Psychology class, (Trust me, it was boring!) a young man walked in, to make an announcement. It was about the Standing Committee on Research Exchange (SCORE). Of course, at first, I was only drawn to the fact that he was so good looking. But later, I realised he was talking about research and about travels. I was instantly in love; though it wasn’t with him.

I signed up to join the contact persons and SCORE as a committee. I had such little knowledge about IFMSA. But, there was a chance to travel to India for a GA, and I figured it would be easier to get to know more about IFMSA and SCORE there than to just read about them. I grabbed the opportunity, and that was probably the best decision I made. Although that GA had issues, it opened me up to a world of possibilities at IFMSA.

SCORE made it meaningful for me to remain in medical school. It made the pressures of school easier to deal with when you had something you loved so much on your mind.

Research Exchange became a burning passion in my heart. With time, I became the Local Officer on Research Exchanges (LORE), and then went on to be the National Officer (NORE) for the same. I had so much fun with that. It was lovely having so many international students come to our school. I got to know people, and made some friends for life. I realised that it wasn’t only about the researches or the travelling, but it was also about the people I met along the way.

I did a research in Italy, on Cystic Fibrosis, a condition that is ever so rare in my country, and in my continent as a whole. I got to do some lab work that I would otherwise never have done. I met professors and doctors who were lovely to work with. I made friends who came back to Ghana to visit and spend time with my family.

I did another research in Germany, and I met more people that have become such an important part of my life. I learnt ultra-modern research skills, some of which are not yet in use in my country. I had a 40 degree summer that hardly ever occurs in Germany. It was so hard to leave Germany. My heart remains with the lovely people I met there, the friends that turned into family!

Although funding all these trips has been a major problem, somehow there has always been God’s provision and help.

SCORE gave me the chance to go somewhere, get some fresh air, and return to the stressful life that medical school offers. I got a bit better in school because I wasn’t so stressed out all the time.

It gave me the chance to think about a future in research. And since my path has not ended yet in SCORE, I know there are so many adventures that are yet to come, so many people I’m yet to meet, and so much more I’m going to learn.

Recently, I became a part of the SCORE International Team as the Regional Assistant for Africa, and the wonderful people I work with almost daily are a part of the blessings I count every day. They keep me on my toes, motivate me, and give me so much ‘crazy fun’.

I am grateful that I learnt about SCORE in the early days of Medical School, because it has made most things very worthwhile.
March 2014. After exhausting bureaucratic procedures for obtaining the visa, I finally take the plane from Italy to Istanbul, and then from there to Tehran. That was the beginning of my exchange. 

During my stay in Tehran, I worked in Sina Trauma and Surgery Research Center (inside Sina Hospital). The title of my project was ‘Evidence Based Medicine in Treatment of Spinal Cord Injured Patients’. On the first day, I was welcomed by a tall professor, who proved to be very helpful, to both me and his students. The aim of the project was to study the highest quality evidence in medical research related to the treatment of patients with traumatic spinal cord injuries. I did not have any moment of lab work during my exchange, however, I followed a lot of journal clubs and meetings with professors and research groups. Furthermore, I studied the characteristics, the types and the phases of medical research, the concept of Evidence Based Medicine and the different levels of evidence in medicine, and the traumatic spinal cord injuries with its complications for each apparatus. The final goal of the project was to start working on a systematic review (to be continued via email even after the end of the exchange), and if possible, to write a research paper.

The experience in the research centre projected my knowledge onto a world I previously did not explore, making me think about the importance of research in advancing scientific knowledge and about the role it should have in medical education. Being able to do research, or even knowing its meaning, studying its phases and understanding its results, means that we, as future doctors, will be able to update our knowledge in an intelligent way and with an increased awareness of what our role is.

During my exchange, I was accommodated in a student hostel, which was an hour away from the hospital (by bus and the metro). Yes, Tehran is really a gigantic city, very polluted and congested, but I enjoyed and loved it very much. I met and talked to a lot of people, all very interesting and nice, and it was great to realize that Iranian medical students share the same expectations and views for the future that many other medical students in the world have.

I did not have a proper social program during my exchange, since the period of my stay was really close to one of the main holidays in Iran, the Nowruz. However, I did not give up diving into the wonderful Iranian culture. I visited a lot of museums, mosques, cities (Isfahan, Shiraz, Persepolis), bazaar, ruins, tombs and, of course, Persian gardens. The kindness and friendliness of Iranian people was amazing, and I was always treated as a relished guest. I will never forget this experience.
Genetic Analysis in Turkey

I am always grateful for the opportunities that my God gives me in my life!

Ankara was the city where I spent 3 years of my childhood with my family. Doing a research there was like a dream come true. I spent another amazing month of my life there.

I did my research at Ankara University, located in the city center. My research was about Genetic Analysis and its Techniques, and genetic diseases. I was alone in the genetic department. Dr. Hatice (my tutor) introduced me to Dr. Timur (my supervisor). Fortunately, Dr. Timur was fluent with English. He introduced me to his team, who were working on the genetic analysis of patients’ blood samples. Everyone in the department was nice and always ready to help. They showed me the techniques used in genetic analysis. I also visited the genetic clinic, where I saw patients presenting with different genetic diseases. There, I did an experiment about the effect of colchicine concentration on chromosomal length and I had the chance to examine my own chromosomes, all by myself.

The people in Ankara were very kind and generous. I spent most of the time with my room-mate, Marija. She was from Macedonia and in the course of time, we became best friends. We had a great time together. We visited many historical places at Ankara and also, toured other cities of Turkey; Bolu, Denizli, Eskisehir, Düzce. We had some unforgettable memories there.

The overall experience was simply amazing. I met students from other countries, who eventually became my friends. I deepened my knowledge in Genetics. I was able to improve my Turkish language. I visited many wonderful places and had a lot of fun.
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 the local, national and international levels.
Dearest SCORP Family,

Welcome to the section on Human Rights and Peace of MSI33!

I would like to begin with expressing my appreciation to the SCORPions, from all corners of the world, that have taken their time to write and submit articles. There were many articles submitted on the topic of Human Rights and Peace and it is with great honor I present the selected articles for MSI33.

HUMAN RIGHTS are inalienable and apply to all members of the human family. These rights set the foundation that allows all people to live in freedom, justice and PEACE.

Witnessing the current state of the world, with political extremism, increasing inequality, and more people forcibly displaced than ever before, one can easily loose faith in humanity. In times like these, it is important that we stand up, speak up and take action. Especially as medical students and future healthcare leaders.

I am proud to see so many colleagues using their skills and knowledge, to tackle issues they observe in the world, some of which you will be able to read about in the articles of this section.

In the past months there have been Local Activities aiming at helping and supporting people in need; we have had workshops conducted in 4 out of the 5 IFMSA Regions, resulting increasing numbers of Human Rights Trainers globally; and International Human Rights Day was celebrated with members on December 10th, both raising awareness and increasing capacity in their communities.

Your SCORP International Team has been working hard during these last months, with the support of SCORP members in preparing SCORP Regional Sessions, working on the creation of a SCORP Strategic Plan, streamlining SCORP International Campaigns and much more. Together with the SCORP Sessions Team, we have prepared various innovative activities, that will suit both highly experienced and new SCORPions in Malta. I would like to thank the SCORP International Team for your dedication and passion, it is truly inspirational.

All the achievements of our members, clearly show how the medical student can take meaningful action in the world, to achieve the change we want to see in the world. YOU makes me believe in a brighter tomorrow! Keep striving to do what is right and fair for your future patients, for your community and for the world.

Yours,

Hana Awil

On behalf of the SCORP International Team
Volunteering on Lesvos
A Lesson on Refugees, Medicine and Humanitarian Action

Jessica Zhang
IFMSA - Sweden
Karolinska Institute
da.scorp.nmo@gmail.com

I stood outside of the medical tent at Camp Moria on Lesvos, presenting myself as a second year medical student, happy to do anything to help. The volunteers eagerly invited me in, and asked if I had any clinical experience. “Not so much,” I answered truthfully. “Can you take a history?” they continued, and I nodded. In the blink of an eye, I was signed up for three shifts, and many more to come. I had been told that the medical tent was short on volunteers, and that was not an understatement.

On the Greek island of Lesvos, only a few kilometers from the Turkish border, more than 100,000 people arrived by boat in November, on their search for a safe country and a better life. In order to continue the journey legally, everyone had to transit through Moria registration. The camp quickly exceeded its capacity, and people had to wait for several days. At the medical tent, run by the self-organised initiative Off Track Health, volunteers from all over the world worked day and night to ensure access to healthcare for the residents. Most patients would present with cough, wounds and general pain, but there were also cases of seizures, pregnancy complications, pneumonia and other infections. Considering the living conditions at the camp and the journey to reach the island, I must admit that I found the population in general surprisingly healthy and resilient.

The most difficult thing on Lesvos was the powerlessness, and to say no: to say “I know that your wife is pregnant, you’re traumatized and your child is sick, but we cannot speed up your registration process – you have to stay at the camp and wait. We don’t have any tents, sorry! We have run out of blankets too. No, we don’t have any jackets either – maybe you can ask next door.” You can see that health is so much more than medicaments and medical care, and that we need to act on a political level in order to implement sustainable changes. Even on the ground, our role was more than treating diseases. We would always keep our eyes open for unaccompanied minors, suspected victims of trafficking or domestic abuse, as well as other vulnerable groups. Everything is clearly interlinked – human rights, peace and health provision.

Working without proper facilities and tools, without running water and often without interpreters is a challenge in creativity, cultural sensitivity and communication, apart from the medical skills. One of the most important thing that I learned was that we, as medical students, really can help. Even the most basic things, such as taking history, can make the doctors feel less stressed, and the patient feel more human. I was on Lesvos for the refugees, but I believe that the principle is global. Remember, that most refugees do not leave their neighbor countries, and the refugee situation is only one out of many humanitarian challenges today. It’s time to act. We have some tools, we have some skills – the question is, do we have the courage?
Gender Violence
A Result from Gender Roles in Social Attitudes?

Emma Pereira Arias
IFMSA - Spain
University of Santiago de Compostela

public.relations@ifmsa-spain.org

Achieving gender equality and empowering all women and girls is one of the 17 sustainable
development goals adopted for the 2030 Agenda
for Sustainable Development at the United Nations
Summit on September 25, 2015. Specifically,
eliminating all forms of violence against all women
and girls is one of the main targets.

The Ministry of Health, Social Services and
Equality of Spain has released the preliminary
results from the 2015 Survey on Violence against
Women, including data on physical, economic,
sexual and psychological violence from partners
and non-partners. Of the total number of women
over 16 years of age residing in Spain, 12.5%
have ever suffered physical and/or sexual
violence from their current or former partners.
Moreover, 24.5% percent of women in Spain
have suffered from controlling behavior¹. From
these results, it is obvious that gender violence is
a big issue in Spain, and there should be political
and educational measures taken to put an end to
it. However, the root of the issue goes far beyond
a deficient education system. The main reason
for the high figures on abusive behavior against
women continues to be the gender roles that are
still present in Spanish society to this day.

Spain has a longstanding tradition of sexist gender
roles. Forty years after the end of the dictatorship of
Franco, part of his legacy still hangs over Spanish
society, and not only the issues of corruption and
regional division. Society traits that are remains of
the fascist period are still present in social attitudes.
The underestimation of the role that women play
in society is one of them. Female graduates face
double unemployment than their male equivalent.
Women in the Spanish cabinet council only make
up 30.8% and 34.9% in the executive office of
the political parties². Speaking about the private
sector, 31% of Spanish companies do not include
any women in their senior executive positions, and
female CEOs are only 13.4%³. Spanish society
sometimes seems to keep machismo alive and well.

Machismo is defined as an attitude, quality or way
of behaving that agrees with traditional ideas about
men being strong and aggressive⁴. This definition
agrees with the gender role stereotypes. In fact,
when speaking about the occupational sector,
men are usually assigned roles that are typically
associated with these “masculine” traits, and female
employees usually hold positions that are considered
more “feminine”.

This traditional view of what role do men and
women play in society, results in the portrait that
a man is supposed to be dominant and assertive,
while women should be compassionate and gentle.
And isn’t this how gender violence starts off? If we
manage to change the way society views the role
men and women ‘should’ play, wouldn’t we be able
to decrease the terrifying figures on the surveys?

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In recent decades, the population living in the streets showed significant growth as a result of a globalized society, uneven and sharp social exclusion. Being “homeless” refers to individuals who have no steady residence and who stay permanently or temporarily in public areas of the city, like abandoned houses and others. These people are exposed to precarious conditions, and have poor access to basic rights of a citizen. Faced with the harsh reality experienced by this population, small actions that aim to inform about prevention and preservation of health, making them understand at least a little about their basic rights, are necessary. Thinking about that, members of IFMSA BRAZIL - CESUPA local committee developed a campaign called ‘Além da Rua’ (In English, it means ‘Beyond Street’).

The main objective of the campaign was to inform and educate homeless people about their vulnerability to infectious diseases, provide basic assistance to the homeless people and educate medical students about the social problems of society.

The campaign took place in two parts: first, on August 22nd, 2015, a training course was held for the students involved in the action, so that they could be able to assist this population. On August 23rd, in cooperation with The Street Store, they would take care of the homeless, perform operational procedures and talk about prophylactic prevention.

As a result, 45 people were assisted, including 9 bandages and 36 blood pressure measurements, with each resident individually cared in order to keep the best basic contact possible, not only targeting the physical aid, but also psychological; talking to the homeless and listening to them with respect. During this campaign, it was possible to observe the precarious level of health that they have and it was revealed that with simple actions such as distributing basic hygiene kits, most problems could be solved.

The campaign made possible, the recognition of health as a human right and medical student humanization by an experience that demanded human adaptation, followed by intervention. In addition, the campaign helped medical students graduate with a bigger sense of social responsibility and citizenship consciousness.

Even though the results achieved were good enough, the entire team has the interest in transforming this action into a project, to monitor the long-term health of this population in order to eventually achieve a visible health improvement.

Reference
Peace Week

International Peace Day is celebrated on 21st September every year. The day begins with the ringing of ‘Peace Bells’ in the United Nations. In 2001, this day was unanimously adopted as the first ever annual day of global ceasefire and non-violence. In order to commemorate the International Peace Week’ 15, IFMSA-Pakistan celebrated the Peace Week and used the platform of SCORP to spread the message of Peace from Pakistan to the entire World.

The project consisted of 4 main activities:

1. A Webinar on the topic “Peace: the key to success” was conducted on 21st Sep 2015 with Speakers Hafsa Fayyaz and Nimra Javaid. The Webinar was attended by more than 40 people and there was a round of questions at the end of both the two sessions.

2. A consultation with young students of a High School in Sialkot on the topic: “Importance of Peace AND Youth role in Peace-building” as part of its Peace Week’ 15. Campaign was conducted on 21st Sep 2015. Before the start of the consultation, a brief lecture was given by Nimra Javaid to the students on the ‘Importance of Peace’ and then there was a two way conversation between the facilitator and the students. They were well aware about the importance of peace; they knew that peace is the only solution of the chaos we are facing and thus is the biggest need of time and most importantly, they knew what role youth can play in achieving peace for the country and the outer world.

3. A week long Social Media campaign (21st - 27th September, 2015) was conducted for Peace Week’ 15 involving:
   - Customized picbadges for DPs and AVIs on facebook and twitter respectively.
   - Alike cover photos with special hashtags and messages for Peace Prevalence were also used by the IFMSA-Pakistan members. Many IFMSA-Pakistan members participated in the social media campaign by joining the Facebook event page for IFMSA-Pakistan’s Peace Week’ 15.

4. A ‘Compiled Video’ of various video entries containing messages of peace from people all over the Pakistan was prepared.
Studies suggest that, in addition to making people feel connected with others, hugs may prevent many health problems. There is an indication that feeling connected to others, especially through physical touch, protects from stress-induced sickness. Besides this, hugs can also act by stimulating the liberation of endorphins, increasing the feeling of well-being; as well as oxytocin, reducing blood pressure levels. Moreover, the act of hugging is a non-verbal form of communication, and can be the vehicle of understanding and empathy.

That is why, on behalf of hugs’ powers, members of IFMSA Brazil on the local committee Suprema - Juiz de Fora performed the action named “Keep calm and your time is coming”. It was inspired by the well-known project Free Hugs, created in 2004 in Australia. This action took place on the day of the entrance exam for Medicine Course of Suprema College and it is based on giving hugs, and hope it helps others to release their stress on a difficult day.

The idea of this campaign arose since the Brazilian process of entrance in medical colleges is hard and demands from the aspirant, a lot of calm and dedication. It involves a marathon of examinations, an ambience of exaggerated competitiveness and is definitely surrounded by huge pressure. And it is in this context that seamlessly interweaves the supply of hugs!

This action was innovated by combining the “free hugs” and a wider dynamic, involving a dialogue. It allows tranquility to the candidates and an exchange of experiences between students who have cleared the entrance exam and those applying for a vacancy. And for this purpose, the SCORP team passed through a capacitation meeting, where skills of communication, empathy and positiveness were taught. As soon as the candidates left the examination spot, they were welcomed with open arms, a nice positive speech and personalized t-shirts.
Hugs were offered as social support, which can broadly be defined as the perception of meaningful relationships that serve as a psychological resource during tough times. More specifically, this means emotional support, such as expressing compassion, and includes access to information or other assistance.

The reactions were diverse; some of the candidates did not stop and just looked in an awkwardly way, but in the vast majority it was possible to realize their faces lit up as soon as they were embraced by the members of the team. Most people were enthusiastic. Some exclaimed, “You made my day!” or “Thank you. I needed this.”

Thus, the aim was to show that the transition to college life is fluid and definitely ‘your time is coming!’. Furthermore, it becomes much more peaceful and joyous when you can perform actions as rewarding as the “Keep Calm is. It raises a feeling of being useful and capable of spreading love and attention, which is certainly one of the main considerations for a medical professional.

After a few hours of warm interactions, the energy and happiness obtained is incomparable. And even embracing hundreds of strangers may seem uncomfortable (though doctors recommend trying it), do not underestimate the power of touch.

References

According to new statistics for the International Organization for Migration, the number of Iraqi internally displaced people (IDPs) is over 2.8 million for the last year. The majority of them are living a very hard, full of struggles and are in need of help almost every day. Among these IDPs, are thousands of children who have forgotten what childhood means the moment they have left their houses, leaving their toys behind. Besides these displaced children, there are thousands of orphans who are not in a good living condition in Iraq as well. For the sake of these children we released a project called “Farha” which means happiness in Arabic. Through this project, we are trying to insert joy in their hearts and letting them know that we are always there, by their side. The first campaign related to “Farha” was during the summer of 2015. We bought gifts for 700 children. We went to an orphanage in Baghdad where we distributed the games, played with them and drew on their faces. Later, the same day, we went to a camp of IDPs on the outskirts of Baghdad. We gathered the children and taught them about personal hygiene and did the same thing that we did with the orphans. The features of pain on their faces turned into a smile and that was our profit from the whole campaign.

The second campaign for “Farha” was on 1st January, 2016. We decided to celebrate the first day of the new year in an orphanage for girls. We had a wonderful time. We sang and played with them. Also, there was a Santa Claus to give them their gifts. We tried to be their friends and gave them the motivation that they need for their study and their future. After these two campaigns, we were able to insert happiness in the hearts of 750 children and give them a dose of hope, besides the knowledge they gained for their health and personal hygiene, manners, good behavior and how to work hard for making their future better. But despite their happiness of seeing us, they still need something bigger than just a visit. They need all the care and love in the world just like all other kids in the world.
Children are the future of our society. They form a vital role in deciding how the world is going to be a few years down the line. Hence, if we contribute towards doing some good in the life of a child in the form of imparting good values, good habits and education, we can bring a change in the world to come. Jess Lair has appropriately stated, “Children are not things to be molded, but people to be unfolded.”

Keeping this in mind, the Indian SCORP team set forth to conduct an event at Abundant Life Ministries Orphanage in Goregaon. During this event, 25 children in the age group of 5-15 years were addressed.

The participating children were taught about the importance of hand hygiene. They were explained about the five steps of hand washing as stated under the WHO guidelines. In developing countries like India, hand washing is recognised as a cost effective, essential tool for achieving good health as well as good nutrition. Hence, it is very important to spread awareness regarding appropriate hand washing practices. Another important aspect covered during the event was the topic of mutual respect. We gave the children a brief lecture on the same and explained to them that respect is very important for relationships to be healthy. Moreover, we put forth the message that it is very essential to support each other, respect elders and treat men and women equally.

Towards the end of the event, we distributed chocolates and cake among the sweet little children. It was overwhelming to see them smiling and happy following this small gesture. The entire event was a memorable experience, having interacted with these innocent little young minds.

We intend to conduct more events related to hand hygiene and mutual respect in future, which can lead to long term behavior change of the population.

Volunteers - Nishtha Khatri and Swarali Kondwilkar
How to be a Human… Rights Trainer?

Nikolaos Karvelas
HelMSIC - Greece
National and Kapodistrian University of Athens
ncd@helmsic.gr

From 18th to 20th December, 2015, HelMSIC - Hellenic Medical Students’ International Committee organized a TNHRT - Training New Human Rights Trainers. Nikos, the author of this article, was one of the participants, now ready to dive into the wonderful world of Human Rights through peer education, as a New Human Rights Trainer, and he describes his experience below.

“It was a typical cold December morning. 22 students (3 of them trainers and 18 soon-to-be HR trainers) were heading towards the beautiful facilities of KETHEA, a therapy center for dependent individuals, where the TNHRT would take place. About the upcoming three days, we carried with us expectations, hopes, dreams, and perhaps even some fears, mostly regarding the training process and the interactions with the other participants, as we were almost complete strangers. What we experienced though, surpassed not only our expectations, but even our deepest imaginations. We thought we would be informed about human rights. Instead, we were challenged to stand for human rights right from the beginning, either portraying ourselves as refugees in need, or victims of Gender Based Violence, both essential issues in our country and worldwide. We developed a new way of looking at our fellow humans, free of prejudices or misconceptions, which were replaced by humanism, understanding and respect. Human rights acquired a living meaning for us, as we understood that they are not taken for granted by everybody, and that they are a cause worth fighting for.

We assumed we would be inspired to promote the right to health, after becoming doctors. It was indeed one of the major topics discussed, even though we also studied the problems of the horrendous medical inequalities of the modern world that doctors have to fight against. The same dilemmas we will have to face in the future, thus having a chance to prepare ourselves in becoming true human doctors.

We were looking forward to some subsequent team building. We laughed together, cried together, got tired, scared, excited, furious, sympathetic; the whole spectra of emotions that characterize the human state. Nobody can disagree that, in order to become a Human Rights Trainer, you have to first feel like a human, and especially feel the pain the violation of human rights creates. The common experiences and this particular “pain” turned out to be extremely effective cohesion factors for our team, or, as it finally turned out to become, our family.

We believed we would be motivated to become trainers afterwards. Not only was our belief confirmed, but the whole experience proved to be completely life-changing. The huge efforts of the OC and the trainers had turned out fruitful, and this is probably an understatement, because they managed to teach us some valuable training and life lessons, transmit their experience, knowledge and SCORP spirit to us, and, most importantly, transform us from simply willing medical students to passionate defenders of human rights, totally aware of their ethical responsibilities as future doctors.

The days passed by like a gust of wind. We left, forever altered, and full of enthusiasm to share the human right’s vision. A vision much needed in the humanitarian crisis our world is going through now. And we knew exactly where to begin: “…in small places, close to home - so close and so small that they cannot be seen on any maps of the world. Yet, they are the world of the individual person; the neighborhood he lives in; the school or college he attends; the factory, farm, or office where he works”, as the great Eleanor Roosevelt would have advised us.

A new SCORP trainers’ team has just been born.
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