Action towards Global Epidemics & Outbreak

MSI 37
Medical Students International
IFMSA

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 136 National Member Organizations from 127 countries across six continents, representing a network of 1.3 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.

This is an IFMSA Publication
© 2018 - Only portions of this publication may be reproduced for non political and non profit purposes, provided mentioning the source.

Disclaimer
This publication contains the collective views of different contributors, the opinions expressed in this publication are those of the authors and do not necessarily reflect the position of IFMSA.

The mention of specific companies or of certain manufacturers’ products does not imply that they are endorsed or recommended by the IFMSA in preference to others of a similar nature that are not mentioned.

Notice
All reasonable precautions have been taken by the IFMSA to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material herein lies with the reader.

Some of the photos and graphics used in this publication are the property of their respective authors. We have taken every consideration not to violate their rights.
Editorial
Words from the Editor-in-Chief

President’s Message
Words from the IFMSA President

Action Towards Global Epidemics & Outbreak
Articles on the Theme of the March Meeting 2018

Projects Bulletin
Read about the contenders for the IFMSA Rex Crossley Award

Programs
Read the latest about the IFMSA Programs and Activities

SCOMEdy
The Guardians of Medical Education share their stories

PeriSCOPE
Travel with SCOPEans on their exchanges

The SCOPHian
Meet SCOPHeroes who save the day with their orange activities

SCORAlcious
Welcome to the world of SCORAngels

SCOREview
Ever wondered what SCORE exchanges are all about?

The SCORPion
Learn about Human Rights and Peace efforts worldwide
Dear readers,

Lord Thomas Dewar, in 1928, said that “minds are like parachutes, they only function when open”.

About parachutes: you depend on the wind to be able to skydive, but, once you do it, you get that feeling like you could, even if for a brief moment, tame the whole sky.

About minds, I could say the same.

With pride, IFMSA brings you the 37th edition of the Medical Students International, its official magazine. It is a palpable example of how insignificant geographic borders have come to be, nowadays. It is the result of joint efforts of people from all over the world. It is proof that IFMSA hasn’t only been thinking global and acting local. We are becoming and acting more and more global everyday.

Since 1951, the year IFMSA was born, winds have been changing in favor of medical students. They have been changing in favor of everything we believe in. But more than that, reading the MSI shows that we have been taming the sky - in our custom made parachute.

I hope you will be as inspired as I am by reading this magazine. It is all about how we learned to skydive

Enjoy Reading,

Victor Leal Garcia
Website and Technology Assistant
Dear IFMSA,

It is a true honor to write to present to you the 37th edition of the MSI. During the past months, we have faced a challenge in producing this MSI due to the increasing amount of submitted articles from our NMO members all over the world. Definitely, this is a task that has been becoming more important in the history of IFMSA. In this edition, we bring you the great them of Global Epidemics. I believe the theme of this MSI is guided to represent something that unites us as medical students. It isn’t the disease in self, or our will to cure but all of the social mechanisms that surround these situations that mirror some of the barriers, characteristics and even achievements that we have as a federation. In order to beat global epidemics, we need to understand the social determinants of the health-disease processes and how our lives determine our habits, how public policies are built in order to grasp the best part of social developments and also how important it is for us to work together as a team. In many circumstances, this is what really engages members to join and work in IFMSA for so many years and have so many experiences. It is the fact that we are able to eliminate distances and languages to come forward and advocate for a common goal, a common will to change and a dream to see a brighter future.

This magazine represents in many ways this contribution we make to this goal. A platform to express our thoughts and ideas freely, in a way that it echoes for generations to come.

Please enjoy and we hope we inspire you to submit your articles in the next edition!

Best of Regards,

Carlos Andrés Acosta Casas
IFMSA President
UpToDate® — the evidence-based resource medical students worldwide trust

With UpToDate, you can easily access more than 11,000 evidence-based, practice-oriented topics covering 25 specialties, making it one of the most comprehensive medical resources available worldwide.

• **Learn** more about the only clinical decision resource that has proven to be associated with improved outcomes.

• **Explore** recommendations from more than 6,700 expert physician-authors.

• **Access** through your smart-phone, tablet or computer.

Scan the QR code or visit go.uptodate.com/ifmsa to access a demo and learn more about our special pricing options.
With UpToDate, you can easily access more than 11,000 evidence-based, practice-oriented topics covering 25 specialties, making it one of the most comprehensive medical resources available worldwide. • Learn more about the only clinical decision resource that has proven to be associated with improved outcomes. • Explore recommendations from more than 6,700 expert physician-authors. • Access through your smartphone, tablet or computer. UpToDate®—the evidence-based resource medical students worldwide trust. When you have to be right scan the QR code or visit go.uptodate.com/ifmsa to access a demo and learn more about our special pricing options.
Lots of infectious diseases remain crawling all areas of the planet. It is not merely about developing and underdeveloped areas, but in the most developed areas too. Linked to internationally disturbed milk formula, Salmonella outbreak was reported in France earlier this month! And in this same month-December 2017- seven outbreaks other than this got reported from all over the world. Unfortunately, the crawling remains and we cannot stop it from passing cities and countries. The Global Alert and Response Network led by the World Health Organization continues its tremendous efforts in this field, so what about us as future healthcare providers? If the world is unprepared, we shall be the soldiers of knowledge spread and the researchers of reason and solution. IFMSA Egypt adopted this concept through establishing it 7th Sub Regional Training 2016 (Cleopatrain), under the theme “Global Outbreaks”

IFMSA Egypt has adopted the theme of Global Outbreaks to highlight that although non communicable diseases are the leading cause of morbidity and mortality in most nations, infectious diseases stay a major public and global health concern around the world. Future healthcare providers should be the advocates of such knowledge and shall increase their interest and scope to the most updated researches and actions towards that global threat.

Unsafe injection practices are a global issue and they act as weapons for global outbreaks. According to the World Health Organization, over the past few decades, failures to follow safe injection practices have burdened many developing, as well as, developed countries with outbreaks of infectious diseases. IFMSA Egypt provided an outstanding workshop about safe injection that provided discussion and exchange of ideas about safe injections, the practices, silent epidemics and solutions. It was coordinated by our former NPO and was given by a WHO Egypt speaker and a Alexandria University, Professor of Public Health. Through advocacy and leadership training sessions, participants were not only recipients of new knowledge but became advocates of combating unsafe injections.

The impact was huge and tangible that one of the participants joined a TEDx talk and discussed the topic to general population audience. And now seeing IFMSA TO for the current term selecting the same theme for the biggest IFMSA gathering for medical students worldwide in the General Assembly, leaves us proud and reassured that we are on the right path and mission of providing an international platform for medical students to learn about global health and not only this but also to encourage those medical students to act as community leaders and ambassadors to the knowledge they have gained.

Furthermore, IFMSA-Egypt has been invited to the WHO EMRO Regional Viral Hepatitis Consultation, which recognizes unsafe injection practices, as a main risk factor among healthcare worker for the transmission of Hepatitis B and C. Having already held such workshop and noted such discussions, provided us with ample of key points and inputs to efficiently represent the views of medical students and tap on our possible contribution to the regional action plan, to make sure medical students and youth are partners in the response to such epidemic.

With that being said, we strongly believe we shouldn’t stop here. Through the investment in capacity building and peer education among medical students, the reach out to other audience and beneficiaries, the networking and the investment in research and evidence based policy making, global outbreaks shall not be a threat anymore to the future generations’ determinants of health.
We all know what an epidemic means, is considered to be the spread of a disease in a given area without spread to more countries or the number of cases that exceed the normal incidence. Important definition in order to differentiate it from a pandemic. Then, are we facing a problem of public health? Yes, and it is also responsibility of authorities of our countries plan projects of awareness-raising, prevention or promotion of diseases which can become epidemics if there is no control.

Globally there is outbreak management, this concerns him who, which “has developed an event management system to manage the most important information about outbreaks and ensure the accuracy and timeliness of communications among key international public health professionals”[1]; in which we have access to the database for information of epidemics or the monitoring of outbreaks. Then we can say that this system gives us another view and provides relevant information that will allow us to react to events.

Currently in my country Ecuador, have passed by major epidemics over the past years since the H1N1 flu until now Chikungunya. Being a country with a diversity of climates, this influences for the proliferation of agents causing diseases, A. Aegypti has mostly been the transmitter main vector of the dengue virus affecting our cities in sectors with low conditions each year health or where there is no control, prevention or elimination of them. In 2016 after a devastating earthquake that left debris and lost lives possible epidemics lights lit up the situation and since that time the Ministry of Health implemented protocols to prevent outbreaks of epidemic [2], so it undertook campaigns of vaccination to the affected population.

When I went to one of the peripheral sectors of the city, I found big cases among the inhabitants, many of them were not receiving care or by neglect and under budget not come to a health centre or hospital. Children with cases of Leishmania, Dengue, Chikungunya and one with a bacterial disease. Months later it came out in the newspaper about the proliferation of the Leishmania and is currently on the rise, even though patients are complying with treatment.

Respect for health policies, there are priority health programmes (APS in Spanish); despite having major health problems, there are some which are considered a priority by its high morbidity, this is the case of HIV / AIDS. These programs that address this priority group are often comprehensive in that they set standards, provide visibility and quality assurance, and include a wide range of access points to address those at local, national or regional level. [3]

But we can not only consider major diseases epidemics have been the last years; i.e. we cannot stand by saying “end up with AIDS or any infectious disease globally, while later we deal with chronic diseases”. If we wait a decade we will realize that the problem is even larger and more expensive to fix as the former President of Nigeria Olusegun Obasanjo said.

In conclusion, according to the former Minister of health Ujjal Dosanjh “initiatives in public health for health promotion and disease prevention are fundamental to achieve better health outcomes for the people of the whole world.” [4].

References:
Think globally, act locally: How a simple punchline keeps saving the world

Hana Kadric
CroMSIC

Even though more than 2000 years passed from one of the first known epidemics, a fight against deadly diseases is far from over. Whereas the majority of infectious illnesses have, nowadays, been restrained, new ones, in form of chronic diseases, have taken their place. With this happening, the need for efficient public health system became blatantly obvious.

As a Croatian medical student, it’s impossible to talk about community health without first mentioning the man who started it all - Andrija Štampar. Born in 1888., in a, then Austro-Hungarian, village that counted no more than 900 people, Štampar spent his life making healthcare accessible to everyone, while also educating population about the importance of hygiene and prevention of communicative diseases. [1] Even in his earliest works, he strongly believed that a physician did more good preserving one’s health than restoring it. The social aspect of medicine is also evident in Štampar’s principles; he claimed that ‘the physician must be a social worker’ and that ‘by individual therapy he cannot attain much’, while ‘social therapy is the means of success’. [2] Andrija Štampar was known as a man of action. Among other things, he founded School of Public Health in Zagreb and set up numerous health centers by the end of 1930., improving lives of his fellow citizens. [3] What’s more, Štampar was well aware that global prosperity depended on collaboration between all nations, using that idea as a guideline in his international endeavors, namely, his work in World Health Organization (WHO). He was one of the loudest advocates of the ‘think globally, act locally’ idea, knowing that different approaches were required in different surroundings, always keeping in mind commutual aim. [4]

Today, WHO is the most prominent health-orientated intercontinental organization that deals with numerous widespread medical issues, one of them being non-communicable diseases (NCDs). What’s worrying, is the constant rise in premature death rates caused by these illnesses, which is higher than 80% in most European countries. [5] Knowing this, it becomes apparent how necessary a fitting public health system is. More than ever, it’s crucial to widely implement the importance of prevention, but also to teach every individual that the responsibility of maintaining global well-being is not solely a physician’s burden, it’s their own, too.

There are plenty NCDs, with cancer, Diabetes Mellitus type 2, pulmonary diseases and cardiovascular disorders leading the group. Moreover, throughout the years, it became apparent how big of a difference environmental factors make and the greatest challenge nowadays is how to change them so they can finally start benefiting the public instead of deteriorating it. [6]

First and foremost, the emphasis should lay on planting the idea of mutual responsibility and nurturing the beneficial aspects of moderation which is always easier said than done. That’s why, it’s crucial to treat the whole population as united organism by raising individual consciousness. Also, it’s indisputable that various approaches are needed in order to bring health standard to a higher level. Basically, it means the global goal of universal wellness should be implemented in a minor scale, combining joint effort of physicians and patients, teachers and pupils, government and citizens. [7]

So, what does Andrija Štampar have to do with any of this? To begin with, it helps to remember his principles; they may be few decades old, and in the context of speedy development of modern medicine it would be expected from them to be outdated, however, they’re everything but. If anything, those thoughts should be used as guidelines, especially
when talking about social aspects of medical practice and global non-infectious illnesses. It would appear that a tendency to personalise treatments and making them as potent as possible, resulted in a shift toward curative therapy, forgetting the importance of prevention.

With all this being said, it can be concluded that a balance between individual and collective methods are mandatory in order to reach mutual aim - healthy environment and, consequently, healthy population.

References:

Radar system for the prevention of outbreaks

José Alonso Cambronero Rodríguez
ACEM - Costa Rica

Some decades ago, nobody would have envisioned the severe impact of epidemics and outbreaks in modern society. The communications and ways of relating have changed abruptly, even being able to say that the advances obtained five years ago in different areas of research can be considered obsolete because new knowledge is found to supplant them.

Day by day, more research and studies are focused on the prevention of epidemics and outbreaks, taking into account the resistance that these have developed towards the weapons we currently possess, medicines. Bearing this idea in mind, it should always be emphasized the importance that, before treatment, the best option is to take preventive actions towards the different pathologies.

Currently, in the region of the Americas, focusing specifically on Costa Rica, we can hear about cases of vector-borne diseases, which are enhanced by climate change and its terrible impact on the health of the communities. There has also been evidence, taking into account the latest analysis of Costa Rica’s Health Situation, of a variable change of the number of people affected by sexually transmitted infections, which is closely related to the lack of information and methods of prevention, as well as a good education in the topic. In some cases, bacterial outbreaks have also been observed due to water and food contamination where we have faced some examples of this type, such as Listeria monocytogenes outbreaks for contaminated bacon.

Not all communities are affected equally when it comes to an epidemic or outbreak. Population with less access to public and private health care and prevention mechanisms are also those with fewer economical resources having more negative impact.
In Costa Rica, we find a social security health system that day by day is committed to presenting a greater scope in the communities and, in addition to providing medical care as a human right, also presents as one of its objectives to prevent complex circumstances as the aforementioned outbreaks and epidemics.

Over a year ago, the Costa Rican Department of Social Security (CCSS, by its initials in Spanish) implemented an epidemiological radar in the health centers of different communities that generates alerts about highly contagious diseases. Basically, the system analyzes the symptoms for which the patients come to the medical center and these are registered in databases of the first level of health centers (known as EBAIS). This system relates the reasons for consultation with a list of infectious diseases and generates a warning about the possible emergence of a disease with high potential for transmission.

This radar takes into account different symptoms such as: conjunctivitis, diarrhea, respiratory distress, headache, fever, rash, cough and vomiting. This way, they can be monitored and combined with each other to generate a behavior analysis of the last weeks, subsequently issuing an alert status for a specific geographical site. With this tool, we can conclude that its main objective is the prevention of epidemics and outbreaks in Costa Rica, so it becomes easier and more dynamic to trigger a communal intervention when an alert is made about the possibility of an outbreak that threatens the community.

The system generates three types of alert. The first one indicates the probability of forty percent of having a potential outbreak in the next two weeks. The second alert reports the possibility of sixty percent and a third one explains how the possibility increases to an eighty-eight percent of risk. This alert system facilitates the timely detection of cases, thus preventing the germination of outbreaks and, likewise, encourages the implementation of timely prevention and control measures, reducing the impact in terms of morbidity and lethality of the disease.

This detection system has been useful in the prevention of dengue outbreaks in the Costa Rican communities, since when it was used, the alert for registered symptoms was activated, giving a predominance of fever and headache. In this case, when a first red flag was obtained the patients of the community in study were called for an evaluation and then, medical workers took samples for laboratory studies confirming days later that, indeed, it was the vector-borne diseases mentioned above.

When the system notifies about an eventual outbreak, CCSS is allowed to work together with the community and the Ministry of Health (that represents the State in health issues) for a timely intervention and therefore preventing the alert from becoming a severe outbreak. In conclusion, this type of system facilitates large-scale prevention efforts of workers in the health area, allowing them to ally with other state agencies to impact the incidence of outbreaks and epidemics, facilitating an improvement in the work objectives of doctors and developing a better scope of preventive measures.

References:
What is the Yellow fever?

Yellow fever is a hemorrhagic viral disease transmitted by infected mosquitoes. The virus is endemic in the tropical zones of Africa and Latin America. The symptoms of yellow fever are headaches, muscle aches, nausea, vomiting and tiredness.

According to data from the World Health Organization, there are 47 countries in Africa (34) and Central and South America (13) in which the disease is endemic throughout the country or in some regions. Occasionally, those who travel to countries where the disease is endemic can import it to countries where there is no yellow fever. To avoid these imported cases, many countries require a certificate of vaccination before issuing visas, especially when travelers come from endemic areas. Therefore, the best prevention for yellow fever is vaccination.

Yellow fever vaccine is safe and affordable, and a single dose is enough to provide lifelong protection, with no need for another dose.

Yellow fever in Panamá

At the beginning of 1904, several months before the official start of the construction of the Panama Canal, the president of the United States, Theodore Roosevelt said, “I think that the sanitary and hygienic problems in the Isthmus are of the first importance, even more important than the technical problems.”

When you think of the Panama Canal, many imagine the floodgates or the huge ships passing by. However, very few think about the health problems that they intervened in and, without control of diseases; it would not have been possible to build the Panama Canal. Since long before the construction, our country had already been classified as unhealthy.

In 1905, 50% of the high officials died of yellow fever. Gorgas had detected mosquito larvae even in the administrative offices of the commission, in small containers with water where the brushes were put to copy the letters. The fight began by covering the doors and windows with special screens, paving the streets, building the sewer system of the cities and creating water purifiers to eliminate mosquito-breeding sites. In addition, the houses were fumigated twice a day and medicines were distributed free of charge among the population.

On November 11, 1905, the last case of yellow fever in Panama was recorded. By December 1906, the canal area, along with the cities of Panama and Colon, was free of yellow fever. Dr. Gorgas’s team had eradicated yellow fever. Preventing and educating was the true key to success.

Still in the International Health Regulations

The International Health Regulations, or RSI (2005),
represents an agreement between 196 countries, including all WHO Member States that agreed to work together towards global health security. The IHR also includes specific measures to take at ports, airports and land border crossing points to limit the spread of health risks to neighboring countries and to avoid the imposition of unjustified restrictions on travel and trade, to minimize disruptions in traffic and commercial activities.

Panamá is on the list of international trips and health, being as a recommendation of yellow fever vaccine to all travelers heading to the eastern region of the Panamá Canal. (Including the counties of Emberá and Kuna Yala, the province of Darién and areas of the provinces of Colón and Panamá that are located east of the Canal Zone).

Panama has not been deleted from the list of the World Health Organization. Although many years ago there were no cases of the disease in humans or monkeys. To be able to leave the list, it must be prove based on a study that there are no cases of jungle yellow fever, which takes several years to complete.

In 2012, the health authorities of Panama met with representatives of the World Health Organization to discuss the issue and establish best practices for the surveillance of yellow fever. Currently, the study is being carry out and seeks to strengthen the comprehensive surveillance of yellow fever in Panama. For the study, a search should be made of cases of yellow fever in the country and of monkeys who died in an inexplicable manner to take blood samples. In addition to a surveillance and collection of mosquitoes capture both jungle, such as Haemagogus or Sabethes, or urban, such as Aedes aegypti, which are vectors of the disease.

Vaccination and others diseases

This year we celebrated two important events in public health, the Fortieth anniversary of the creation of all the Expanded Program for Immunization and the fifteenth anniversary of the Week of Vaccination in the Americas.

The WHO Expanded Program for Immunization (EPI) was launch in 1977, the purpose of which was: “Reduce morbidity and mortality from common childhood diseases that can be prevented by vaccination, immunizing all children, as one of the strategies of “Health for All in the XXI Century”.

Vaccination Week in the Americas began in 2003 as an effort by countries in the region in the face of an outbreak of measles between Colombia and Venezuela. In 2012 it became a global movement. This year in Panamá, more than 2 million dollars were invest to attract more than 137 thousand people. Vaccination strategies were carry out, such as visiting house by house, attention in fixed and mobile positions, extramural vaccination as in companies, nurseries, schools, poultry companies, bus terminals, asylums, homes, homes and public parks.

Vaccines such as hexavalent, which contains 6 in 1, are used in children under one year, prevents polio, diphtheria, hepatitis b, tetanus, meningitis due to hemophilus influenzae type B and whooping cough; in addition to vaccines against pneumococcus, rotavirus and rubella, mumps, measles, hepatitis A, B, vaccine against Human Papilloma virus for girls and boys of 10 years.

Likewise, pneumococcal vaccines were apply to people over 60 years of age, as well as for chronic patients, tetanus, diphtheria and chicken pox, while for pregnant women the vaccine for influenza, diphtheria, tetanus and whooping cough.

Panamá currently has one of the best national immunization schemes with universal coverage, and this year we were one of the first countries in the Americas to introduce quadrivalent influenza vaccine, a more comprehensive and protective flu vaccine. All that remains is to continue working to eradicate other communicable diseases in the country and not return to what we were before. Remember to have your vaccinations update and, together, celebrate a healthy future. (Motto of the vaccination week 2017).

References:
1. http://www.who.int/topics/yellow_fever/es/
3. http://www.who.int/ihr/about/es/
4. http://apps.who.int/iris/bitstream/10665/77295/1/680120496_sp.pdf?ua=1
The Center for Disease Control (CDC) refers to epidemic as an increase in the number of cases of disease above which is normally expected for an area. This increase is often sudden and usually due to infectious agents. Outbreak is similar to epidemics but occurring within a more limited geographical region. In recent times, our world has faced a significant number of epidemics with Africa sharing a high burden of them. However, epidemic in any region is a threat to the world at large as we live in the most connected world ever. Epidemics usually escalate from an index case often leading to thousands of deaths with little or no intervention. This emphasizes the significance of epidemics control and prevention.

Worldwide statistics on epidemics & outbreak show 4 disease outbreaks occurred in 2017: Zika virus disease outbreak, Cerebrospinal Meningitis (CSM) outbreak in Nigeria, Lassa fever outbreak in Nigeria and Ebola virus disease outbreak in Democratic Republic of Congo (DRC). According to Nigeria Center for Disease Control (NCDC) situation report, from 13th December, 2016 to 2nd June, 2017, a total of 14,473 suspected cases and 1,155 deaths of CSM were reported from 25 States. The Ebola virus disease outbreak in DRC, the most recent Ebola outbreak, claimed 4 lives.

The African region has suffered significantly from epidemics. In 2009, all 46 WHO Member States in Africa reported at least one disease epidemic. In recent years, the Ebola virus disease outbreak from 2014-2016 in the West African region (especially Sierra Leone, Liberia and Nigeria) was reported to have infected over 30,000 people, killing more than 11,000 with exported cases in Europe and North America. The Lassa fever outbreak which occurred in Nigeria in 2017 with 104 deaths and 501 suspected cases reported as at 9th July, 2017. According to researchers, Africa especially the West African region is most at risk of fatal haemorrhagic fever epidemics.

The staggering statistics makes it imperative for us to act and to act fast, Africa must transcend from reactive measures to taking proactive approaches in combating epidemics. With the troubling burden of epidemics in the region, conditions that account largely for the epidemics continue to stare us in the face; Inadequate access to clean water, poverty, low socioeconomic status, poor sanitation, political instability and insurgency, inadequate health education and awareness, ineffective health systems. All of these make a case for prevention over control. The insurgency in Northern Nigeria, for instance, rendering thousands internally displaced with an accompany scourge of cholera and other outbreaks underpins this. Undoubtedly, ecological and environmental factors aggravate the effects of these other factors, however, many outbreaks will be prevented or their effects at least mitigated if clean water is made available, if economic situations improve, if health systems are improved and if the populace become educated and more aware of important measures.

Research into epidemics provides a platform for effective prevention and adequate control mechanisms. A study published in the Lancet journal of Medicine showed that African countries are most susceptible to epidemics from viral haemorrhagic fevers with results that provided agencies the knowledge to effectively target resources to combating them. Research helps us to predict when an epidemic might occur, evaluate current response mechanisms and proffer prevention initiatives. Considering the staggering number of epidemics that occur and are projected to occur in Africa, research into epidemics should
be prioritized by African countries. Currently, most research into epidemics are conducted by international agencies and multinational corporations with little or no funding from indigenous African institutions.

Understanding the distribution and transmission of infectious diseases will improve scientific understanding which can help proffer effective prevention and control programs. More focused research institutions; Collaborative research among private companies and public institutions; Govt. funding to research; Shift in medical curriculums to emphasize medical research into infectious diseases and provide platforms for medical student’s engagement.

All of the above will go a long way in preventing and adequately controlling epidemics in Africa.

Vaccine research, into manufacturing more effective ones and solving the problems of logistics regarding vaccine administration can go a long way in preventing future epidemics. A key example is the Meningococcal meningitis outbreak in Nigeria. The outbreak was controlled by effective vaccination and in some cases revaccination of risk-age groups. The Bill and Melinda Gates foundation has constantly advocated and funded research into more effective vaccines and innovations in vaccine transport. This has recently yielded a technology that can keep vaccines cold and potent for many days, hence, significantly improving effective deployment of vaccines.

In the case of Ebola, ZMapp the experimental drug designed by Mapp Biopharmaceuticals, LeafBio, Defyrus Inc., US government and Public Health Agency of Canada was the miracle drug that saved a few lives when the outbreak hit West Africa in 2014 – 2016. This was a drug developed with little interest from researchers in the international community. Perhaps if more ZMapp or other similar drugs had been worked on, maybe it could have served as a cure during the Ebola epidemic that claimed over 11,000 lives.

Africa must begin to take proactive measures to win the war against epidemics. We must evaluate and improve on current measures of prevention, we must commit to research on outbreak and infectious diseases so as to provide novel and innovative solutions, we must tailor policies and funding to ensure that eventually no more live is lost to this scourge!

References:

Imagine you are a 0.8 μm size human and you have to travel almost 8000 km, sounds hard right. But then you think, planes can travel that far within hours. Now imagine you have to do this in 12th century. Sounds like mission impossible. Let me introduce you to Yersinia Pestis, a 0.8 -1 μm size gram negative bacteria who spread from China to Europe causing more than 75 millions deaths without the use of any technological gadget.

The word “viral” is now widely used to describe internet´s new trends every day. Viral news are crucial for understanding modern society. Here are some of them: “Polio Paralyzes 17 Children in Syria, W.H.O. Says”, “Failure to vaccinate is likely driver of U.S. measles outbreaks, report says”, “Outbreak of Salmonella Agona infections linked to internationally distributed infant formula – France”.

During September and October 2017, the world saw in increasingly fear how the climate change predictions become true with the simultaneous raise of several category five hurricanes that devastated lots of Isles in the Caribbean and south coast of US. Governments give aid to people who had lost their houses, but many basic services were compromised. The flooded places mixed with damaged sewage systems, to ease outbreaks of water-borne and vector-borne diseases such as an increase in dengue and leptospirosis rates in a scenario of a weakened health system recovering from a national emergency.

The Syrian conflict, the Bangladesh Rohingya crisis, and several military and economical instability scenarios worldwide have lead to a massive migration of people trying to scape war zones to settle in refugee camps. The overcrowding and bad hygiene conditions are now summing up with increasing number of kids displaced, with little medical care and most important the lack of vaccination during the years of conflict and exile, to lead to an outbreak of old diseases that were almost to disappear from medical books, like polio or diphtheria. The problem is growing to a global pandemic level as many of this people are trying to reach European, US, or “first world” borders where they can struggle for a decent “living”, many times as illegal immigrants who can not access the local sanitary system therefore they can not receive adequate medical treatment.

Pandemics are invisible great wars. They know no boundaries, trafficking control, age differences, social structures or distances. There is a tendency to imagine the world as isolated regions far away from each other. A direct flight from Egypt to Yemen can take up to 2.46 hours to arrive, traveling a distance of 2,218 kilometers. Yemen has a humanitarian crisis that have provided the conditions for a threatening outbreak of cholera, while Egypt is getting ready to receive over 800 medical students from more than 100 countries. Certainly, there are some things that should not go “viral”. So, what can we do?

An Outbreak is a problem than can affect anyone, so anyone should help. From medical students and people in general, to authorities and international organizations, there are many actions that must be taken.

For governments. From the early dawn of humanity, civilization has grown thanks to communication. The main principle of outbreak announcement is to inform the society in order to avoid a panic pandemic. Maintaining the trust between the people and health system is vital; otherwise the recommendations given to the society will not be believed or carried out. Authorities are responsible when informing a health emergency. Information should come
As early and transparent as possible, understandable for the entire population regarding literacy level and language, and should be broadcasted along the entire territory. Health systems usually are not capable of controlling an outbreak on their own, so there is no shame on asking for help. International organizations such as WHO, Mèdecins Sans Frontières or International Federation of Red Cross and local organizations must be notified.

For SCOMEdians, Teach other students and patients. Conferences about bio-security can prevent a medical student from becoming patient number one while attending a potential patient zero. Wearing masks and gloves, washing hands and isolation in separate hospital rooms are little cost actions that can be carried out from medical primary care. Social accountability can be used to press medical schools to identify local threats or weakness in case of an outbreak among their communities, so they can become the shield of their cities.

For SCORPions. Fight for global health access especially for those who are living in under hygiene conditions. Be the physician they need after several years of exile and advocate for those who cannot access to the health system because of their immigrant condition. Promote humanitarian care for refugees, homeless people, unvaccinated and abused children, people without social security, abandoned elderly; everyone who can be vulnerable if an outbreak starts. Facilitate campaigns for avoiding an outbreak during a natural disaster.

For SCOPHians, Like Yoda said when he identify the Sith menace coming, there is always a master and an apprentice. Because of the nature of diseases, there can always be more people with the pathogen or a source to be founded, so is crucial to start a medical campaign immediately. Raise awareness of social environmental determinants that can lead to an outbreak. Keep organizing workshops about food safety or zoonotic diseases and climate change health issues, such as the Global conference on “One Health”. Create a record of the learnt lessons in controlling diseases like Ebola vaccine trial recently published, or Mexico control of H1N1 in 2009.

For SCORAngels, Defend breastfeeding as the best gift for those who are most vulnerable to diseases, newborns. Collaborate for policies and raise awareness for topic related to one of XXI centuries ongoing pandemics, HIV. Sexual education and prevention are tools for avoiding a massive outbreak of an STD, so promoting a positive sexuality and healthy sexual life is important in modern society.

A pandemic, by definition, involves all people around the globe, so international collaboration is essential in its management. For SCOPE and SCORE, keep providing medical students with the possibility to experience healthcare in another culture with different health problems, different perspective and management of health emergencies, a different epidemiology and facilitate the future cooperation among health providers. Research will be humanity last stand, so collaboration between different medical schools, research institutions will give outbreak policies, strategies, vaccines, monitoring systems and many other tools for society health care.

For all students, urgent actions are needed everywhere to control pandemic outbreaks. Bubonic plague might be a historical event, but day to day there are new diseases rising with the same potential of spreading worldwide. In a globalized society, the only thing that should go “viral” is the raise of awareness of a world problem that we can only fight collaborating without frontiers.

References:
Infectious disease outbreaks have surprised humanity throughout history. New diseases appear without warning, thus, threatening international health, national security and economic prosperity. Outbreaks are getting more common in an interconnected world. New diseases merge as animal’s pathogens infect humans, and previously treatable pathogens are getting more virulent and resistant to the current medications. Numerous factors including globalisation travel trade, climate change, urbanisation, and agricultural practices contribute to infectious diseases outbreaks. This is an extremely demanding issue that requires the world to take certain actions.

Preparation is one of the most essential components for epidemic control. Any party involved in the eradication process would benefit from actions taken prior to an epidemic, that might include, strengthening community engagement and raising social awareness, which encompasses an effective role in emergency plans and surveillance. Collaboration with other countries to develop an international database for epidemic related research would establish broad geographic coverage for observing and discovering ways to fight potential epidemics. Still, in most cases, financial and economic measures are hand in hand with poor levels of national education (mainly about transmission of a potential epidemic diseases) holds back such preventively actions!

Grasping all the variables involved in preventing actions will work for our benefit. Enhancing work forces it would help in collecting reliable data for research purposes (to avoid garbage in, garbage out), along with building computational models to predict the occurrence of future outbreaks and projecting their course. Such projection is now possible, thanks to the advances in pathogen biology, genomics, and bioinformatics; for example, the PPFST WG (Pandemic Prediction and Forecasting Science and Technology Working Group), which was established by The National Science and Technology Council, provides technological development in the prediction of outbreaks, and support a range of decisions in outbreak preparedness and response to minimise the impact. Well-trained health workforces will deliver medications functionally and apply proper protocols that will help in controlling the spread of the disease, thereby maintaining a constant and acceptable level of health services that gives a solid foundation for fighting against epidemics during emergency planning. It is valuable to organise focus group discussions in high-risk communities in order to identify the gaps in knowledge and the reinforcement needed.

Trading might be interrupted during epidemics, to reduce transmission, between traders. Thus, building a strong economy will help the epidemic country to surmount such an obstacle. Detection of cases and then isolation, with minuscule numbers, could be more manageable resolved with minimal costs. The key is to utilise the resources provided and follow the research based protocols precisely, which will in turn lead to controlling the spread. The vast actions required for preventing and/or minimising the effects of an epidemic, relying on putting money and efforts in the right place, valuing the vast resources invested and to preserving the preventive measures for whomever requires them the most!

When an epidemic emerges, its a global health emergency, that requires the international community as a whole to act, because it threatens the health of the world’s population—bearing in mind that no such country has the capacity to respond individually. So, as a matter of action, the WHO established the Global Outbreak Alert and Response Network (GOARN) to ensure that affected countries would have rapid access to the
most skilled experts and most appropriate resources for the outbreak response. GOARN has helped to establish protocols to standardise field logistics, security, communications, and streamlined administrative processes, to ensure rapid mobilisation of field teams.

During epidemics our, concern, in addition to treating the infected people, is to protect others from contamination. To this end, specific actions are required; these actions may include:
- Travel restrictions to avoid pandemic development
- Public education, including necessary hygiene and sanitation
- Case management, including voluntary isolation and Contact management
- Ways to disseminate messages with reliable data to the community, taking into consideration social, cultural, and economic circumstances of the community.

Nevertheless, the fight against epidemics isn’t that easy, with challenges faced by both the International committees—trying to provide help—and the infected patients as well. For example, when an epidemic affects rural regions it’s difficult to identify and to respond to it due to the limited access to health care facilities! But worst of all are the ones related to certain political conflicts where the medical teams cannot provide help and require certain political powers to take actions. For instance, the recent Yemen Cholera outbreak was exacerbated by the conflicts that brought the country to its knees, collapsed health care systems, and blocked people from getting the medical treatment they need.

An outbreak is a preventable tragedy. Minimising its socioeconomic impact is the main goal; but how do we reach this goal? The answer deviates based on the variables and odds involved in the process, but collaboration between different nationalities is an advantage in tough times. Preparation and research would also help, through engaging the people and making them acquire skills needed during an outbreak, as when people understand the risks of their own actions in lowering the level of hygiene or when underestimating the importance of abiding by the infectious control protocols. Yet another source for spreading and infecting people is through the carelessness of health professionals, i.e., health associated infections (HAIs), when guidelines are not being followed. In these cases, we shall seek surveillance, establishing precautions which are the minimum infection prevention practices that apply to all patient care, regardless of suspected or confirmed infection status of the patient in any setting where healthcare is delivered. From this, then, it can be ascertained that everyone is responsible for an outbreak. So, be cautioned not to be a reason of an epidemic.

References:
A rhyme often sung by children during the era of the Spanish Flu, 1918 – 1919.

What began as a simple sore throat and cough, soon transformed into a deadly disease, spreading from the trenches of WW1, to train stations, markets, streets and homes. Over a period of one year, 50 million lives were lost across the globe, affecting every continent; bodies falling like dominoes to the ground.

This is just one of the many waves of pandemics that have swept the world in the past. But, this isn’t just a forgotten chapter in a dusty history textbook. Now, in 2018, more so than ever, we are on the brink of yet another Influenza Pandemic, in the form of a variant of the H1N1 strain; very closely associated with the Spanish Flu of 1918. It’s coming and, from what microbiologists and researchers predict about the virulence, it’s going to be a big one. The real question is; are we ready?

First, let’s consider the problem. Disease outbreaks and epidemics have multifaceted causation and understanding the establishment of epidemics involves factoring in the various dynamics of human interaction with one another and with the environment. Some factors to be considered are increased virulence of pathogens (especially in the face of antibiotic resistance), poor environmental sanitation resulting in hotspots of disease, poor living condition in refugee locales, etc. Globalization and florid interconnections across countries and continents, in the form of both trade and travel is an important mechanism by which outbreaks transform into epidemics and thereafter into pandemics. Stating these causes may seem quite technical and factual, but examples that reflect these causes are not far from reality. Health reports of Syrian refugees processed in countries such as Iraq and Turkey have indicated an incidence of Tuberculosis as high as 43 per 100,000 population. Overcrowding in refugee situations is the key causative factor for these numbers and this should be kept in mind when rehabilitation programs are prepared for these populations.

Keeping with past experiences, numerous government and non-government organizations have been working and continue to work towards the goals of prevention of epidemics and minimizing casualties. The WHO, in partnership with local governments, prepares immunization plans to prevent outbreaks for diseases such as Yellow Fever. The WHO has also envisioned a health emergencies workforce that will tackle and control disease outbreaks. The ICG (International Coordinating Group) on vaccine provision comprised of 4 working organizations – WHO, MSF (Médecins sans Frontières), IFRC (International Federation of Red Cross and Red Crescent Societies), and UNICEF, works towards improving local access to vaccines and buffering global vaccine stockpiles. Another initiative of noteworthy mention is the Global Outbreak Alert and Response Network (GOARN) that serves to pool resources and increase coordination during outbreak response.

Although, we’ve come so far from being helpless in the face of epidemics, we still have a long way to go. The future holds with us an opportunity to learn from past mistakes and prepare ourselves for the wave of pandemics to come.
way to go. The cornerstone of action towards better global epidemic and outbreak control, is acknowledging the importance of disease prevention and taking measures to improve the resilience of individuals and their communities. This involves measures such as water sanitation and safe drinking water to curb cholera outbreaks, Integrated Vector Management (IVM) to control dengue and yellow fever, and so on. Perhaps the most significant of all preventive measures, is vaccination. Vaccination against a disease should be made available to all those living in the susceptible areas, as well as those travelling to such areas. Stringent travel regulations must be set in place and these must be communicated to the tourism departments of all governments that run travel routes to involved countries. Chemoprophylaxis and immunoprophylaxis can go a long way in ensuring safety of healthy, susceptible individuals. The cooperation of vaccine manufacturers through subsidized costs and improved outreach will further compound the power of vaccinations in the face of epidemics. Another realm of possibilities is research. This is particularly true about the impending Influenza Pandemic. The influenza virus is one that is notorious for its ability to mutate and change its form and virulence. This occurs in two ways: antigenic shift and antigenic drift. These genetic changes are what predispose the population to a pandemic and render current vaccines futile. Thus, investing more in research facilities to analyze and determine the genetic variations in circulating strains of Influenza and mapping the virus will help correlate genetics with statistics.

Following prevention, the next step toward minimizing lost lives during epidemics is the early case detection. This involves setting in place a foolproof surveillance system, that should ideally, incorporate means of reporting, sample collection, and feedback in an effective and methodical manner. Such a surveillance system should incorporate local resources, man and material, to ensure that it is cost-effective and accountable. Involving local manpower also allows for increased disease awareness among local communities which will help ensure that healthcare-seeking behavior is encouraged and early detection of new cases is achieved. At this stage, it is also important for local governments to strengthen their laboratory facilities as this will greatly shorten sample processing time and drastically reduce costs.

Work doesn’t end at case detection. The next step is ensuring treatment to minimize casualties during outbreaks. When faced with disease for which cure is available and can be administered with relative ease, we must aim to improve on-field treatment delivery services; capacity building. This can be achieved by effective mobilization of local health workers, and improved local transportation and delivery of medication and other health supplies, especially in resource-constrained countries. To be able to meet these needs, financial avenues should be readied well in advance of the eleventh hour. The Pandemic Emergency Financial Facility (PEF) set up by the World Bank Group in collaboration with the WHO is one such global initiative, and is predicted to become fully operational this year, in 2018. But having a contingency fund is only step one to financial security in epidemics. More importantly, each country must formulate an elaborate proforma of how financial resources will be utilized depending on their peoples’ needs.

As present and future health professionals, we too have a role to play in the action towards global epidemics. Keeping ourselves informed about the current disease patterns of major epidemics, as well as interventions that are already in place to prevent pandemics is important, and the WHO allows us to do just that through their online course on ‘Public Health Interventions in Pandemics and Epidemics’ and many other such resources.

Healthcare, as we know it, is a dynamic field, and tackling problems such as epidemics and pandemics involves recognizing and correlating the needs of people, with the severity of affliction, and stockpile of resources already available. Thus, if we wish to beat any disease...like influenza, healthcare too must evolve.

References:
1. https://virus.stanford.edu/uda
Since time immemorial, epidemics have always been able to wreak havoc in mundane human life. Each millennium brings new hopes and immense pride in human advancement but then comes another devastating uninvited epidemic which manages to drain not only hopes, but humans too. If we look back in time, we see many epidemics which have been quite infamous for notoriously killing thousands of people. Right from The Black Death in the 14th Century which killed almost 25 million people in Europe, to the most recent Zika Virus wrath which is ‘spreading explosively’, humankind has seen it all.

In the land of the Himalayas where I am writing from, there is a small district called Jajarkot which is about 600 miles from the capital city of Kathmandu. Jajarkot is one of the twenty six diarrheal diseases outbreak prone districts in Nepal and about one to three ‘expected’ diarrhoeal disease outbreaks per year occur here. It was the sunny afternoon of May 4, 2009 when a cholera death was reported from this very district, and that was the beginning of gloomy days of the largest Cholera Epidemic in the country which killed nearly 300 people. Cholera is an acute diarrhoeal infection caused by ingestion of food or water contaminated with the bacterium Vibrio cholerae O1 or O139. However, an outbreak such as this was not completely unexpected. This district is one of the socioeconomically backward districts of Nepal, where people are still struggling to access clean drinking water, seeing a person emptying his bowel in the open is not an uncommon sight and hygiene practices are minimal.

The response to this outbreak was quite impressive. As of July 28, 2009, UNICEF reported having distributed 468,000 chlorine tablets (treating 5 Liters of water each), 10,000 oral rehydration salt packets, 9,000 bars of soap, and 20,000 zinc tablets for diarrhoea treatment to the government of Nepal (GON) and responders. These were the very same stocks that had been pre-positioned in Kathmandu to respond to anticipated flooding in another area of the country, and there were diverted when the outbreak occurred. To say the very least, it seemed like a resource poor country like ours did the very best that we could and to some extent, we succeeded.

This is another story of the year 2010, just one year after the Jajarkot epidemic. Far away in the middle of the Americas is the country Haiti which had then just been struck by a massive earthquake. Amidst all the chaos that the earthquake had created, the month of October 2010 brought about another problem in the country. The Haitian Ministry of Public Health and Population (MSPP) reported a cholera epidemic caused by Vibrio cholerae O1, serotype Ogawa, biotype El Tor. This was one of the first cases of cholera in Haiti after more than a hundred years, which was quite surprising as the disease was neither endemic in the country, nor was it prevalent in any of the other countries. This situation was entirely unexpected, and in short we were not prepared. This cholera outbreak was one of the worst epidemics with over 665,000 cases and 8,183 deaths. Although many cholera cases were prevented then, the disease still persists in Haiti and has become a nuisance there. The real concern was not only treating the cholera cases but also finding out where exactly the pathogen arose from.

After considering various genomic studies, it was later found that the strain of Cholera causing bacterium that was isolated from the cases in Haiti were genotypically identical to the strains isolated from Nepal. Yes, Nepal. The country that is nowhere close to Haiti, not even in the same continent, had managed to cause a superimposed disaster in a disaster struck nation. Unintentionally and unfortunately, one of the United Nations Troop Members who belonged to Nepal had been suffering from Cholera when he was taken as a part of the rescue team to Haiti. The pathogen was prepared to infect, the situation – an earthquake struck country struggling for water hygiene - was prepared to spread the disease and the grief struck people were prepared to be victimized. Everything was well prepared except the world. So here is the question that I have been asking myself, ‘Global Epidemic Preparedness: Is it a dream that is too far-fetched?’

References:
Rex Crossley Award
Did you know that Indonesia is ranked as the country with the third highest number of smokers in the world? According to the World Health Organization (WHO), cigarettes cause 95% of lung cancer cases, and the likelihood of passive smokers getting lung cancer now reaches 25%.

Dinas Kesehatan Kota Surakarta (Health Department of Surakarta City) stated that the prevalence of smokers in Surakarta is quite high, at more than 60%. Moreover, 16% of middle school students are smokers, and 36.9% of students start smoking under 10 years of age. About 60% of elementary school children in Mojosongo, Jebres, Surakarta are passive smokers. In fact, cigarettes have become a major risk factor in various diseases, such as coronary heart disease, chronic obstructive lung disease, cancer, and many others.

Because of these problems, SCOPH of CIMSA UNS initiated a Community Development Project called “BRONKUS” (Bebas Rokok Menuju Kampung Sehat), or Free from Smoke Toward a Healthy Village. The purpose of this project was to increase awareness regarding the risks of smoking and decrease cigarette consumption to support the rights of clean air, especially for children and pregnant women. This activity was done to implement the third SDG: to ensure that all medical students participate actively to promote awareness, prevent risk factors, and educate the public on non-communicable diseases.

After assessing the primary data obtained through surveys and secondary data from DKK Surakarta and Sibela Primary Health Center, BRONKUS selected RW 36 Mojosongo as a target in this project. This project was a family time activity that maximized the role of family in helping the smokers reduce the number of cigarettes consumed everyday, to be recorded by a follow up card. Every 2 weeks, CIMSA UNS members visited the smokers’ houses to monitor the cards that had been filled by the cadre.

Everyone in the cadre received counselling and training on the risks of smoking and the impact to a person’s health. Members of CIMSA UNS also performed an experiment with a lung model made from a plastic bottle. In the experiment, we used the bottle’s head as a human’s mouth and exposed it to cigarettes. After that, we closed the bottle’s head with a tissue. This experiment left a yellowish brown stain that proved the harmful substances of the cigarette.

On top of that, we held the CIMSA Goes to School program, in which we gave counseling and training on smoking prevention and taught clean and healthy life behaviors to a few elementary schools around Sibela.

Our project aims to help our targets understand the risks of smoking and, slowly but surely, to help them quit. We also hope that they will develop critical thinking habits on the importance of family health and taking care of each other. These activities exhibit the dedication of SCOPH CIMSA UNS members to communities in helping them create healthy families free from the harms of cigarettes.
Sudden cardiac arrest is a major health issue worldwide. The Republic of Moldova registers more than 7,000 annual deaths caused by cardiorespiratory arrest. Half of these individuals could have been saved if resuscitation maneuvers had been performed within the first few minutes after the cardiorespiratory arrest. This is largely due to the lack of knowledge and skills in CPR, but the fear of causing harm and the bystander effect are also contributing factors. Unfortunately, our school curricula does not include first aid practical and theoretical courses, meaning that the majority of Moldova’s population, including most youth, are not able to provide CPR when needed. Taking all of these issues into consideration, our NMO — the Association of Medical Students and Residents from Moldova (ASRM) — came up with a project that would tackle the practical part of the problem and teach high school students the basics of first aid. This is how the project “First Aid Basic Skills for High School Students” was born. 40 students and residents from Nicolae Testemitanu State University of Medicine and Pharmacy in Moldova completed a ToT CPR course at the Nicolae Testemitanu SUMPh Center of Simulation in Medical Training in order to be able to hold practical courses for students in high schools from Moldova.

The aim of this project was to teach 1500 high school students aged 15-19 from the Moldovan cities of Chisinau, Ialoveni, and Straseni basic first aid skills in courses conducted by our trainers. We further estimated that this project may have had a positive impact on around 8000 total citizens: those later instructed by the students and those receiving CPR in the future by the instructed students. The estimated 8000 citizens were calculated by estimating 2 parents and 2 grandparents per instructed student (total of 6000), 1 neighbour / friend per student (total of 1500), and 4 teachers per course (total of 500, considering that 120 courses were run). Thus, the “First Aid Basic Skills for High School Students” project, organized and run by ASRM, promoted volunteerism and civic duty amongst the youth of Moldova.
In this day and age, blood donation is still a problem in many developed countries around the world. If we bring countries with a developing medical and health care system to the discussion, the blood transfusion and blood donation system could use some improvements. We have tried to solve these problems by working on different ways to raise the number of blood donors in the general population and by trying to keep this number constant so that, in time, we will have a sustainable blood transfusion system in both developing and developed countries. Our main goal is to raise awareness regarding the importance of having a constant blood reserve in the blood bank, thus leading to a better transfusion system and a safer future for the community.

As we all know, blood is used in different fields of medicine but especially for trauma patients, emergency surgeries, critically ill patients with high blood loss, burn victims, and chronically ill patients who suffer from haematological or neoplastic diseases. In all of these situations, we consistently need a good blood reserve in the blood bank. If we take into consideration the rare blood types, we raise yet another problem that can cost the lives of several patients because, in the case of a crisis, it is sometimes hard to obtain a donor with a specific blood type in a short period of time.

We, as medical students and volunteers, work constantly in educating the general population on the idea that donating blood is not just an act of solidarity but also an investment in the community, because you may never know when you or someone close to you will need a blood transfusion. Often, people don’t realize that change comes from within the society, and we hope that through our work, we will be able to make that change together.

At the same time, we get a glimpse into the way the system works, not only as as volunteers but as medical students and future medical professionals. We are in a position to understand the flaws of the system and the ways we can solve them in the future to create a better healthcare system for our patients and a better and healthier community.

In the last 14 years of our campaigns, we’ve managed to raise the number of blood donors and to lower the average age of blood donors in Romania by constantly facilitating current and potential blood donors’ access to important information via media channels and social media networks. We have organized at least 2 national campaigns each year in 10 major cities across Romania: Bucharest, Brașov, Cluj-Napoca, Constanța, Craiova, Iași, Oradea, Sibiu, Timișoara, and Tîrgu-Mureș. During these national campaigns, the number of donors in major Romanian cities rises 3 to 4 times the usual figures. That, we think, is a significant and positive impact on the national blood transfusion system and on the healthcare system as a whole, here in Romania.
Around 1 billion people in the world are neglected, living in precarious conditions without access to high-quality health services. Given this context, the local committees of the University of Pernambuco and Mauricio of Nassau University of IFMSA Brazil held a symposium with the theme of neglected populations. The event was convened in order to allow students as well as health professionals to approach and develop a critical attitude on the topic and to provide information on a subject that is so relevant yet still so invisible in most school curricula. The event took place in the auditorium of the Centro Universitário Maurício de Nassau de Boa Viagem and was considered a success by the participants.

For impact assessment, we surveyed the knowledge of participants on several issues related to the theme. The pretest had 15 questions (with a sample of 29 people), while the posttest had 11 questions (and a sample of 25 people). In this questionnaire, we asked, for example: which variables are useful in defining whether a population is neglected or not, which characteristics are considered social determinants of health, and what is mandatory in examinations of female victims of violence. The total sample was of 60 participants, including organizers and coordinators. We reached this value using the signature frequency method to count the actual number of participants. The participants’ age profile comprised adolescents and adults, and the socioeconomic profile included Class A and Class B, which is equivalent to people of middle and upper classes. In order to carry out this survey, we used the Kahoot platform, an online game of questions and answers in which the participants can choose one of four answer options on their cell phones, thus generating an overall result that can be shown online to everyone.

From this symposium, it can be observed that there is still a lot of disinformation on the topic of neglected populations among students and professionals in the area of health. In fact, this disinformation, verified from the Kahoot platform and other significant studies in the field, explains the current scenario in which the situation of these individuals cannot be improved without bringing more attention to health. After analysing the posttest results, we conclude that the information provided by the symposium was well assimilated by the listeners. However, there is still a fear of dealing with the most sensitive topics surrounding the issue. Furthermore, the listeners’ involvement with the speakers in asking questions and showing interest as well as the significant improvement of the results presented in the pretest and posttest strengthen IFMSA Brazil’s health promotion and prevention initiative.
The Mind, Heart, and Body project was conceived by the Malta Medical Students’ Association (MMSA) with one main vision in mind: the idea that public health issues are to be tackled from all aspects of physical and mental health. Firstly, this means a holistic approach to health, giving well rounded consideration to all factors that affect a certain health issue. But this also means encouraging the right attitude towards mental health by presenting it on the same platform as physical health, rather than marginalizing it. In doing so, we will be able to clear mental health of its associated stigma. With this project, we wanted to approach all the facets of awareness days and/or current national public health issues.

We did this through our first activity, which represented the tripartite concept by bringing together the commemoration of World Heart Day (29th September), World Mental Health Day (10th October), and World Obesity Day (11th October) to highlight the interconnection and interdependence between the mind, heart, and body. With regards to the mind, we introduced a new mental health check, the Perceived Stress Scale, which indicates one’s stress levels and is a well known psychological instrument. We recorded a range of responses from 126 participants at the event, 56% of which ranked as moderately stressed or highly stressed and a total of 97% of which were stressed to some degree (mild / moderate / high). Many participants opened up about factors contributing to their respective scores and were encouraged to seek help or support (either familial or professional) should they ever feel the need to. We also held fundraising in the name of suicide prevention through a stationary bicycle, highlighting the idea that, just like cardiovascular diseases, mental illness can kill. For each kilometer cycled by the public, MMSA pledged to donate 1 euro in aid of Richmond Foundation Malta, a local mental health non-governmental organisation. The idea of the bike tied together the concept that physical exercise has both mental and physical benefits. In the end, the bike logged a total of 65 km cycled, so 65 euros were donated through that event alone.

Finally, we also had a whisper box, through which people could anonymously share their own stories related to mental health; we successfully received seven stories, which were posted online to raise awareness of the silent troubles people may face.

As for the heart and body, we had health screenings for BMI, blood glucose, and blood pressure, as well as CPR simulations by the Malta Resuscitation Council, defibrillator demonstrations by the Malta Heart Foundation, and an open air zumba class that acted as a sort of fitness flashmob. A total of 600 health screenings were conducted for about 150 participants in the event. Furthermore, we reached more than 20,000 individuals via social media, as verified by the insights recorded on Facebook. To continue our work, we plan to build on the success of this event by coordinating a series of events with themes pertaining to the time of year and primary issues within the country.
“PARIWARTAN,” which means “change,” is an initiative that aims to increase the literacy of youths with regard to their sexual and reproductive health and rights (SRHR). This project provides young people in schools and youth clubs with knowledge on SRHR through various activities, ultimately resulting in a change in their attitudes and sexual practices. People in Nepal are generally unaware of SRHR, and there are many misconceptions and stigmas in the community regarding sexuality, family planning, hierarchy in the family and society, pregnancy, menstruation, and changes during puberty. Therefore, all age groups are affected, but young people in particular struggle with their sexual identity, as no one can provide them with knowledge and guidance in these matters. Because the adolescent years lay a foundation for sexual behaviours later in life, it is important to make this foundation strong and based on knowledge, not prejudices and stigmas.

Our primary target group is adolescents in schools and youth clubs, since this is a way to reach both adolescents in schools and dropouts. The teachers of the schools and staff from the youth clubs are our secondary target group, as they are an influential part of the community. Moreover, they can continue teaching the adolescents with provided materials and aid them in performing peer education after our visit.

To fulfil our objectives, we used mini lectures, demonstrations, brainstorming, panel discussion, workshops, and suggestion boxes; in preparation for these activities, we trained volunteers, planned field trips, and communicated with the local authorities of the target area. The workshops were carried out in schools and youth clubs during the volunteer field trips and served as youth activities in the triangle of change, which consists of thematic competences, organizational capacity, and advocacy. The workshops provided them with knowledge on their bodies and rights and, since knowledge is power, this made them capable of speaking up for themselves. We used the peer-to-peer education modality and appointed 15 peer educators at each school and 5 from each youth club to pass on their newly acquired knowledge to friends and family. Furthermore, we provided the school teachers and youth club leaders, our secondary target group, with teaching materials so that they could continue teaching the adolescents about SRHR. We encouraged the appointment of 2 health ambassadors among the teachers and youth club staff to cooperate with the peer educators in the creation of more SRHR-friendly schools. Through the appointment of peer educators, we empowered these young people to have more influence on society.

To reach our goal, volunteers will make field trips to 20 schools and 5 youth clubs in the Baglung district and teach our primary target group using a method called “comprehensive sexual education,” which touches upon a variety of subjects like anatomy, contraception, sexually transmitted diseases, relationships, gender, and relevant rights. This project is expected to create a positive impact on the knowledge, attitudes, and behaviours of adolescents with regard to their SRHR.
Out of seven marine turtle species, five are located in the Philippines and are currently listed by the International Union for Conservation of Nature (IUCN) as “vulnerable” to “critically endangered” species. This is problematic for archipelagic countries such as the Philippines, as turtles play an important role in recycling nutrients in coral reefs and sea beds. A diminished population affects the entirety of the food web and thus greatly reduces fisherman catch in quantity and quality, thereby affecting the health of these communities. There is a need for the medical community to widen its perspective on health and to actively engage in pressing environmental issues and their effects on communities.

As such, Pawikan Weekend aims to promote an avenue for awareness and to encourage action from medical students as environmental advocates. In just one day, our Local Member Organization (LMO) from AMSA Philippines was able to bridge medical professionals and environmental efforts, fostering camaraderie and hope for the endangered turtle species in Morong, Bataan. Here, the student volunteers from and outside the Ateneo School of Medicine and Public Health learned about sea turtles and their environment. 91 turtles were safely released to the ocean that day by the volunteers, who were given the chance to learn about marine life and the vast ecosystem that encompasses both human and animal life. Additionally, donations gathered before the event were used to aid in the management of the LMO program dedicated to rescuing, protecting, and propagating marine turtles as well as releasing newly-hatched baby sea turtles into the ocean.

Currently, the Ateneo School of Medicine and Public Health is one of the few Local Member Organizations of AMSA Philippines that has a dedicated advocacy branch for the environment. The project serves as an opportunity to provide education and awareness to the medical community which has, for the most part, been distant in associating with environmental concerns and health. This is in line with the IFMSA’s goal on Environment and Health, which has realized the need for effective campaigns and interventions that promote sustainable practice and allow medical students to become empowering links between the two.

By experiencing marine life through this one-day activity, participants became more aware of the conservation efforts being done in the area for the greater benefit of our ecosystem and society in the long run. Pawikan Weekend not only promotes awareness of and action for the marine ecosystem but also serves as a call to medical professionals: in order to make an impact on health, we must remember to tackle the realm of health in all its aspects, especially when it involves adapting and evolving to fix the environmental issues we face today.
“Health: a state of physical, mental, and social well being and not merely the absence of disease or infirmity.”

There are currently many issues regarding our discussion of mental illness: insufficient awareness, a scarcity of skilled treatment providers and counsellors, non streamlined policies (namely a failure to address primary and secondary prevention as well as a lack of rehabilitation initiatives). As a result, mental health has not only been disregarded as an essential part of health but has also been thrown into an abyss of stigma and taboo.

Equipped with a cadre of highly motivated volunteers, we at SCOPH Medical Students Association of India (MSAI), decided to address this surreptitious elephant in the room.

“Let’s talk!”

Our ongoing project, Semicolon (Mental Health Awareness), addresses high school students (aged 15 to 19 years), and our aim is to focus on
1) Raising awareness of various major and minor mental health issues, otherwise classified as organic and inorganic (mainly depression and eating, especially since high school students contribute significantly to the risk cohort)
2) Discussions on the sensitivity of mental health, as well as its associated stigmas
3) The concept of mental well being, stress coping mechanisms, importance of communication, and emotional and psychological first aid.

Our target population was addressed through two sessions of events throughout India. The first session focused on awareness, and the second session served as a follow up session grounded in group discussion. Finally, every participant filled in a questionnaire to help the national team evaluate the impact. Since our inception in September 2017, we have been able to successfully reach more than 1500 high school students in 9 different regions of India.

The project has been able to achieve all of its objectives and has had a consistently positive impact within a span of four months. The evaluation from our follow up sessions suggests that 84.53% of the participants could correctly identify major symptoms of clinical depression and 59.86% could recognize the general symptoms of eating disorders.

70.7% of the participants felt confident enough to discuss mental health issues regarding associated stigmas, primary prevention, emotional first aid, and the importance of seeking professional help, as well as help from their friends and peers.

Moreover, the events were designed to actively help medical student volunteers become informed, sensitized, and confident mental health advocates. Accordingly, the resources used in the Semicolon Project (including our Powerpoint presentation and follow up questionnaire) were all developed and approved by psychiatrists. As of 19th December 2017, 85 medical student volunteers have participated in our project, enthusiastically organising and delivering the sessions.

Currently, our project is in its implementation phase; every event is followed by an immediate and independent impact assessment. The event is self-sustaining, based on a minimum expenditure of 2-3 euros per event. As a highly viable project covering an extremely significant and relevant topic, the Semicolon Project will undoubtedly be implemented for years to come.
Our project addresses the challenge of gender inequality in intimate relationships among youth in Ethiopia. Due to Ethiopia’s cultural views on gender roles, young women and girls are particularly vulnerable with regard to sexual and reproductive health. This is especially veracious in rural areas, where a variety of gender roles and harmful traditional practices in Ethiopian societies have led to inadequate reproductive health. Girls do not have the knowledge or skills to say no to sex, youth do not recognize the rights of women and girls, family structures encourage or force girls to get married and have children at a very young age, and girls lack decision-making power regarding relationships and having children. In order to address these problems, this project will work on decision-making, communication skills, gender equality, and human rights. Providing knowledge on reproductive health is not enough; we need to change attitudes and behaviours because we believe it is through the empowerment of women that social change is created. We hope to empower women to be the leaders of their own lives and to make their own decisions regarding intimate relationships and family planning. This would, among other things, improve women’s health and may even affect other aspects of their lives, such as their opportunities to receive an education and support themselves.
The Standing Committee On Sexual and Reproductive Health including HIV/AIDS (SCORA) aims to offer future physicians a comprehensive introduction to sexual health, including methods of STI transmission and prevention, reproductive health problems, and stigma and discrimination.

In collaboration with the United Nations Programme on HIV/AIDS (UNAIDS), SCORA has taken part in many conferences as well as national and local events that educate people on HIV, promote advocacy, and aim to prevent the propagation of HIV/AIDS. On a local level, we have formed 24 local campaigns in 24 different governorates, which empower medical students with comprehensive knowledge on the diseases so that they can fight stigma and discrimination among healthcare workers and provide them with information on the standard safety precautions as well as post exposure prophylaxis. We also strongly believe in the importance of media as well as its extensive impact and strength in reaching a wider scope of people. As it is an easy and accessible method that can reach a much broader audience, our local committees have arranged major campaigns online.
Programs

IFMSA
International Federation of Medical Students' Associations
Children make a broad age group from 0 to 18 and which accounts for 27% of the world population. While the ‘Convention on the Rights of the Child’ was created 25 years ago children rights are still being violated. According to the Convention, no child shall be subjected to discrimination or violence of any kind. Families and schools should primarily be spreading the concepts of non discrimination and tolerance where children can learn to respect differences. Discrimination and violence against children exists in every country, and takes place in different settings, including families, schools and communities.

Child’s risk of dying is the highest at the neonatal period and the majority of newborn deaths take place in the low to middle income countries where access to health care is low. From the end of neonatal period and through the first five years of life, leading causes of death are pneumonia and diarrhoea with malnutrition as a contributing factor to almost 45% of all child deaths. Main reasons for adolescent mortality are unique by the fact that they are consistent across regions and between high and middle or low income countries. Leading causes of death such as road traffic injuries and interpersonal violence are highly preventable.

We, as medical students and future doctors, have more responsibilities on these issues and should do something to create a better world for children and our future.

IFMSA has a history of working on topics relating to Children Health and Rights. You can contribute to this process by enrolling your activities to Children Health and Rights Program. Our volunteers are creating amazing activities for children. And you can find a few examples of these activities below:

Another Brick In The Wall (Rhita Slimani, IFMSA Morocco)

In Morocco public schools are supervised by the Ministry Of Education that adopted ten years ago a strategy to Improve the teaching quality neglecting the improvement of school’s infrastructure that are located in villages. Some classrooms didn’t gather the required conditions to host the children in it, that’s why the school’s administration relocated the students in other classes which means that two different grades were sharing the same classroom. We decided to restore a school in a Moroccan village. The aim is to make the classrooms suitable and appropriate for children to study in. The aim of restoring this two classrooms was give a start to this 80 children to study and thrive in better conditions.

We allowed 80 children to take fully benefit of their 2 new classes and to study and thrive. The school, freed from this weight can invest in the artistic development of its students and not in the infrastructure of their classes.

Through the video (https://www.youtube.com/watch?v=nyVkT8xXaXY) that has been seen 800 times and shared 30 times on social media, we showcase that as great as it can appear, this project is achievable thanks to the members and the sponsors and the personal conviction of each participant who, having brick by brick, was able to build this project.

Their Fight Story (Raouf Redjem, leSouk Algeria)

It all started with a problem: How to deal with a cancer patient? How can we give them the appropriate psychological support they need? How can we give their entourage hope and strength to fight this battle by their sides?

We started by creating a facebook page named “Their Fight Story” (https://www.facebook.com/TheirFightStory/), which was our way to communicate the details of our event to the public, but then we started something more interesting, we asked for the public to send us their stories with

Their Fight Story (Raouf Redjem, leSouk Algeria)

It all started with a problem: How to deal with a cancer patient? How can we give them the appropriate psychological support they need? How can we give their entourage hope and strength to fight this battle by their sides?

We started by creating a facebook page named “Their Fight Story” (https://www.facebook.com/TheirFightStory/), which was our way to communicate the details of our event to the public, but then we started something more interesting, we asked for the public to send us their stories with
cancer to post them on the page and show solidarity with every cancer patient.

As the page started to become popular, one of our members wrote and performed a song that goes very well with the event “I’ll Rise” (https://www.youtube.com/watch?v=x19P854SYZI) and we decided to create a video with the song, including all the members describing the event in it (https://www.youtube.com/watch?v=x19P854SYZI)

So from a small idea, a small event, “Their fight story” became a campaign, a movement against cancer and solidarity with all cancer patients and their families.

Then, we had to find an oncologist and a psychologist available to attend our event and ready to share with the public peace of their knowledge (What is cancer? What are the treatments? How can we deal psychologically with a cancer patient…) and find survivors ready to tell their fight stories against cancer live at our event.

After 2 weeks of hard work and true dedication, we were able to organise the event and provide it with an oncologist and a psychologist, along with 3 cancer survivors. The participants gained a new perspective on cancer, and understood that cancer is not always associated with the word “death” and can be treated like any other disease.

Cancer patients and their entourage (family, friends and loved ones) through our activity gained a new support system consisting in the members of our activity, our Facebook page in which they can send us their stories, and the public in general.

Children Health and Rights
Erva Nur Çınar
Dear Medical Students’ Worldwide,

The medical education and the Health care system in the world is getting better with the advancement of medical technologies and researches. But the challenges are growing equally. One of the biggest challenges among many is to make equal access to health for everyone and no discrimination among the healthcare seekers with respect to their Gender, Caste, and Religion, Race, Ethnicity, Economy, Nationality, disability and social stigmas. So here we are to bring positive changes through our effort. Dignified and Non Discriminatory Healthcare is a program for you to get involved to eradicate discrimination.

For example, here is a brief detail about a wonderful activity conducted by AMSA-Philippines targeted for inmates enrolled under program DNDH. “Kapit Bisig” which is filipino idiomatic expression that means “linking of Arms”, to work in unity to help and support the community. Like every other human, the prisoners are also human like everyone else. They are equally rightful to get access to good healthcare, and its their right to get the proper treatment. But they have been suffering from different communicable and non-communicable disease for which they haven’t been screened at all in most of the prison. With this activity, the medical students along with the professional doctors conduct the free health service and do the survey of possible disease pattern in the inmates. This continuous activity runs in a buddy-buddy system where the team of 3rd year medical students with the Alumni doctors. This activity has been conducted on collaboration with the Philippine Jesuit Prison Service. This initiative from the AMSA-Philippines is an example of a step towards reducing the discrimination in our society in regards of Healthcare.

There are many activities that have been enrolled under this program and have been able to recognize themselves in the international platform. We are open for you all to enroll your activity, a simple idea of yours could bring the significant changes in the society. I request all the NMOs to promote your activities and come up with your innovative ideas and let’s work together in the global field and make a positive impact in the field of Healthcare. For more information and details, you can email me at dignifiedhealthcare@ifmsa.org.

Dignified and Non Discriminatory Healthcare
Dr. Santosh Upadhyaya
When we pass from childhood through puberty to adulthood we come across many life-changing decisions. Some of these decisions concern our sexual and reproductive health. In order to make them responsibly we need proper information as well as confidence and the right mindset.

Comprehensive Sexuality Education can give young people the means to do this. It is a “rights-based and gender focused approach to sexuality education [...] providing age-appropriate information consistent with the evolving capacities of young people. [...] But it also goes beyond information, helping young people to explore and nurture positive values regarding their sexual and reproductive health.” [1]

Thinking back on your sexuality education (if you had any) – do you think you were well prepared? Unfortunately for many young people around the world this is not the case. This is where IFMSA and its members come in. Numerous activities from all Regions are making tremendous efforts to provide comprehensive sexuality education to the public and teach young people about human development, family planning, healthy relationships and many similar topics.

These activities don’t stand alone in each country – they are connected in multiple ways and are constantly improving through international cooperation and exchange. The Northern European Cooperation on Sexuality Education (NECSE) for example gives member organisations a platform to share peer education methods and best practices at a yearly conference. Austria, Germany and Switzerland regularly organize a Trinational workshop and their members develop their skills together and pass on their knowledge. Both NMSA-Nepal and ZiMSA-Zimbabwe entertain active cooperations with IMCC-Denmark that recently joined the Comprehensive Sexuality Education Program. Kärleksakuten is the very successful CSE activity in Sweden that we feel proud to present to you today.

If you know an activity that works in this field and would like to join our network, feel free to contact us at cse@ifmsa.org.


Kärleksakuten

Kärleksakuten (Swedish for the “Love Emergency”) is a Swedish non-profit SCORA project with the purpose of setting up students of various health care professions as sex education teachers for Swedish middle and high school students. The benefit of this is dual; firstly it promises to better the sex education and health of Swedish youth by providing them with professional education from students who are experts in the health disciplines. It also provides a safe arena for students to ask questions and voice their opinions away from their ordinary teachers, and to young professionals who are perceived as more credible sources for sex education to a similarly young audience. Secondly, Kärleksakuten is a project that provides better education of sexology for future healthcare professionals, and provides them with the opportunity to practice discussing issues of sexual health with their peers in a medical setting as well as communicating their knowledge in layman’s terms to youths. This allows them to develop the skills necessary to care for patients’ sexual health in an empathetic and professional manner.

Kärleksakuten is based in seven major cities in Sweden, where the local organisation organizes activities such as lectures by sexual health experts, seminars, movie nights, attend pride events etc. These local branches are hired by schools to provide three hour long lessons with middle and high school classes. We receive a yearly grant by the Public Health Agency of Sweden to work against the spread of HIV/AIDS and certain other sexually transmitted diseases. As a SCORA project we have a close cooperation with IFMSA on a national and regional level.

As future healthcare professionals we see that there is a lack of education on how to help patients with their sexual health issues in our university educational system. We aim to amend that by inviting our peers and colleagues to talks and seminars that go beyond what is taught in our formal education. We teach ourselves to dare ask the question, because we know that our patients want to talk about their sexual issues if we show that we are willing to listen.

We believe in an interactive, non-judgemental way of teaching sexual health, centred on young persons’ own perceptions and ideas. As an organisation we represent democratic and feminist values of equality of sexes, sexualities, and forms of sexual expression. With our education we actively question norms about gender, sex and sexuality, and adopt a value-neutral mode of teaching.

We believe in a sex education that is non-judgemental, norm-questioning, accessible and comprehensive. We believe that every young person has a right to their own sexuality, sexual expression, bodily integrity and joy of sexual exploration.

We strive to empower. We love to break norms. And we live to spread the sexual revolution.

Comprehensive Sexuality Education

Lisa Schulte
Medical Ethics are moral principles governing the appropriate conduct for medical professionals. It cuts across continents and countries, race and tribes. As future medical professionals, adequate knowledge on ethics and human rights in health are not just necessary to ensure better patient outcome, but it also saves us from litigation and sanctions.

Under the Ethics and Human Rights in Health (EHRH) Program, the major focus areas are; Medical Ethics, Human Rights for Medical Professionals in daily clinical settings, Rights of patients, doctors and medical students, ethical research and ethical financing of health-care, and corruption in Health-care. Students from many medical Schools across the world have enrolled in the past or currently carrying out activities in those areas. Below is an example

Celebrating World Human Rights Day 2017 (Raouf Redjem, leSouk Algeria)
On world human rights day 2017, one of the most GREEN days of the calendar, SCORP Constantine attempted to solve an important problem; medical students are poor in their knowledge of human rights which are essential and complementary to their medical curriculum. In order to make the biggest impact possible, we dedicated that day to try and make a change and hopefully drive our students to become the most competent doctors. We started with a sensitization on ethics, patients’ rights and the basics of a healthy doctor-patient relationship. Afterwards, we held an event rich in its presentations of human rights declarations and then debates on the most basic rights ‘right to live, children and refugees rights and healthcare’. And to call it a day we chose a very emotive workshop that reached deeper personal levels and taught these students that respect and protection of human rights is everyone’s responsibility.

Ethics and Human Rights in Health
Mary Adaeze Obi
Disasters and humanitarian crises are a growing issue where the role of healthcare workers is crucial. We, as future health care professionals, need to take an active role not only in disaster response, but also in prevention, preparedness and mitigation. Indeed, we should not wait until we are physicians to start raising awareness and building capacity around this critical issue; now, also as medical students, it’s the time to act.

My name is Isabel and I am the Emergencies Disaster Risk and Humanitarian Actions Program Coordinator for IFMSA for this term. This program focuses on five major focus areas: disaster resilience; improvement of humanitarian initiatives; International Humanitarian Law; access to healthcare in Emergency situations; and populations in emergency, disaster and post-disaster settings.

There are already many activities being done in this field by the National Member Organisations (NMOs) and the IFMSA. If you feel interest about this area but don’t really know where to start from, don’t hesitate to send me an email and we can discuss about ideas for you new activity. If you are already organising an activity, feel free enroll it under this program to help us measure the impact and get assistance and recognition from the IFMSA!

As an example of the actions we deliver to promote Disaster Risk Reduction (DRR), find below the infographics for the international campaign for the DRR day in October 13th, developed together with Idil Kina, the SCORP General Assistant:

International Day for Disaster Reduction
Reducting the number of affected people by disasters by 2030

13th October 2017

The theme of the International Day for Disaster Reduction 2017 is "Reducing the number of affected people by disasters by 2030". The aim is to promote risk awareness worldwide that includes disaster prevention, mitigation and preparedness. [1]

Definitions of disaster:
A serious disruption of the functioning of a community or a society at any scale due to hazardous events interacting with conditions of exposure, vulnerability and capacity, leading to one or more of the following: human, material, economic and environmental losses and impacts. [1]

Facts About Disaster Risk Reduction

- Around 42 million human life years are lost in international reports each year.
- Disaster risk continues to be disproportionately concentrated in low and middle-income countries, in particular in small island developing states (SIDS), and is being magnified by climate change. [1]
- Economic losses are now reaching an average of US$230 billion to US$320 billion each year. If the disaster risk were shared equally amongst the world’s population, it would be equivalent to an annual loss of almost US$70 for each individual person of working age. [1]

What does IFMSA do?

IFMSA is active in this field, by coordinating children and youth within the Sendai 2015 Framework for Disaster Risk Reduction process, with worldwide capacity building of youth in DRR and inclusion of youth and medical student in the outcome of this UN process, the Sendai Framework.

IFMSA has several trainings related to DRR, such as the Training Disaster Medicine Trainers (TDMT) initiative, a collaboration between IFMSA and the Research Center in Emergency and Disaster Medicine CREDIMED, and International Training on Disasters Medicine (ITDM), which are aiming to fill in some of the gaps on disaster and emergency medicine in medical curricula.


International Day for Disaster Reduction 2017 Campaign
Emergencies, Disaster Risk and Humanitarian Actions Program Coordinator for this term: Isabel Jimenez Camps
Emergencies, Disaster Risk and Humanitarian Actions
Isabel Jimenez Camps

www.ifmsa.org
Teaching Medical Skills

The teaching medical skills program is constantly changing, during this period, new activities have been enrolled always taking in count medical education skills y practical workshops, however, I would like to share with you this activity that is directed to maternal and child clinical skills while trying to improve social accountability issues in Colombia and Latin America.

From the computer at home, to the action, research and health on the field

PRE CIRIS VIDECONFERENCES

The reason of each effort
Recently, community-based interventions have become increasingly popular among medical students. In Colombia, ASCEMCOL lead one of these initiatives, the CIRIS (Regional Interdisciplinary Research and Service Camp), a great opportunity for create a big impact in less developed communities of the country. With the growing of a non-unified medical education in a large country like Colombia, in activities such as community-based interventions, we face the problem of a deficit in the previous preparation, as a result we observe students who do not acquire the knowledge or practice that was expected offer, generating a receptive withdrawal based on the initial expectation. So we found the solution! Taking a little of the medical education of some local associations scattered throughout the country, we were able to unify the teaching and practice, in order to generate better opportunities, raise expectations, and achieve what SCOME / ASCEMCOL seeks; future doctors adequately prepared to face all the objectives that lie ahead in their career and life, generating with this an exponential improvement in quality medical care for all patients.

How did we do it?
The preparation of medical students for the interventions involves the Standing Committee of Medical Education, which by the extensive work of its members and within the support of the CIRIS-OC, we were able to implement this activity, which prepared exhaustingly for the medical students who would attend the event, dealing with topics of pre-hospital care, pediatrics and gynecology, with a total of 11 video conferences which lasted approximately 30-50 minutes. We divided the topics among 11 associations, each one of them was responsible for confirming a specialist speaker on the topic to be discussed, the organization of the videoconference and a test which would indicate the success of our activity.

Why you should implement the Pre-Videoconferences into each NMO?
Every day medical education will be more divided throughout the countries and different faculties, forming either good or bad doctors, guiding the future “angels” in white coats towards right or wrong decisions, life or death actions ... This problem must be addressed as the primary objective of each NMO, to seek unification and prevent the dehumanization of medicine. The solution is in front of your eyes, do not let it pass!

Did we manage to meet our expectations and objectives?
Sure we did! Based on the proposed SMART objectives:
- We will succeed if of the total of research protocols sent, half plus one is completed. Three research protocols were sent, all of which were fully developed with success and adequate accompaniment. In this way, we can observe the effectiveness and compliance of the activity carried out, providing the necessary medical unification, as well as the proper accompaniment and incentive for research and patient care.

What’s the next step?
To keep on working, trying and changing the face and unification of the medical education in each country, starting from ours... As we all say, Think global, act local.

Ximena Mejia
India has not yet decriminalized homosexuality, forcing people from the LGBT community to remain in the closet. The society, which frowns upon those who belong to this community, forces them to lead dual lives. Section 377 of the Indian Penal code which criminalizes consensual sex between two people of the same gender has been the subject of widespread protests in the country but the judiciary has still not budged from its stand. This, coupled with the taboo associated with same sex relationships in India, leads to a variety of problems for people from the LGBT community, from getting a good education to seeking employment to everything that would constitute an otherwise ‘normal’ life.

To support these victims of injustice, MSAI-SCORA, organized “Prism” a month-long online campaign that spanned from mid-August to mid-September. The coordinators for the campaign were Anshruta Raodeo and Shashi Bhushan, NORA 2016-2017, MSAI-India. The campaign in its first week discussed about the LGBT rights in India and setting a baseline tone to initiate change. This was followed by an interpretation of Yogyakarta principles through a photography competition, and testimonials from esteemed professionals namely Harish Iyer, Kalki Subramaniam and Akkai Padamshali.

The campaign was concluded by a session on ‘what we can do as citizens of the nation’. The campaign was an instant and a massive hit among the audience. They not only got the support from their members but also from some of the very eminent faces of LGBT community in India. Even on the international front their campaign was highly appreciated with Carles PE, LRA, IFMSA lending his full support towards PRISM. The total people reached by various forms of social media over the course of 1 month were more than 35,000. They also got enormous response from the audience to sign a petition on the amendment of Section 377.

Recently, in a landmark unanimous ruling, India’s Supreme Court said that the right to individual privacy is an “intrinsic” and fundamental right under the country’s constitution. The ruling also gives hope to India’s LGBT community, which is waiting for a Supreme Court ruling on section 377. The judges drew upon their ruling today to criticize a previous Supreme Court verdict that section 377 only affects the country’s “minuscule” LGBT community, saying that the law had a chilling effect on “the unhindered fulfillment of one’s sexual orientation, as an element of privacy and dignity.” While the section 377 case will be examined by a larger bench, this ruling should encourage the government to act proactively and repeal this problematic penal law provision.

The medical students of India strongly believe that in the coming future, their country will definitely see a path breaking decision taken in the favor of LGBT community as people will be exposed to more diversity, awareness will spread and people will get educated. And with that, everything will get better.

**Sexuality and Gender Identity**

Shashi Bhushan

---

**LGBT rights in India**

The 15-year-long legal battle

- **2001**: Naz Foundation, Delhi HC seeking legalisation of gay sex among consenting adults.
- **2004**: High Court dismisses PIL seeking decriminalisation of gay sex.
- **2007**: Gay rights activists stage protest against Section 377.
- **2008**: Centre seeks more time to take stand on the issue after the contradictory stand between the home and health ministries over decriminalisation of homosexuality.
- **2009**: HC allows senior IAS officer to seek review petition.
- **2010**: HC allows senior IAS officer to seek review petition.
- **2011**: SC reserves verdict.
- **2012**: Delhi High Court in its 1999 judgment states that the right to privacy includes the right to gay sex.
- **2013**: SC reserves verdict.
- **2014**: Supreme Court dismisses a Central government petition seeking a review of its verdict that had declared gay sex an offence.
- **2015**: Lok Sabha votes against introduction of a private member’s bill brought by Congress member Shashi Tharoor to decriminalise homosexuality.
Fight Against Antimicrobial Resistance

The World Health Organization (WHO) defines antimicrobial resistance as “a phenomenon by which a microorganism is no longer affected by an antimicrobial to which it was previously sensitive. It is a consequence of the ability of certain microorganisms (for example, bacteria and viruses) to neutralize the effect of medicines.” This situation has now become one of the major health problems worldwide for both developed and developing countries. The problem lies not only in therapeutic failure, but in consequences that affect other aspects such as treatments more complex and prolonged, which require highe costs, longer hospital stays, more sequelae and even greater possibility of mortality. This is why the WHO, since 2015, approved the global action plan to combat antimicrobial resistance by establishing 5 objectives aimed at raising awareness on the responsible use of antimicrobials for the general public, health professionals and regulatory bodies through communication, education and training strategies.

Based on the aforementioned, we believe that as future health professionals we are not oblivious to this situation, and for this reason, the Standing Committee on Medical Education CPEM-SCOME and its standing program of infectious diseases the Colombian Society of Medical Students’ Associations – ASCEMCOL, moderated a ‘week of fight against antimicrobial resistance’ from November 27 to December 3, 2017. The campaign consisted of three activities with different approaches aimed at students, health professionals and civilians. In addition to carrying out awareness-raising work, the campaign also provided adequate information for professionals given from the epidemiological, clinical and theoretical context through computer graphics made in English and Spanish for a greater extension of the message suggested by the WHO. It is interesting to go out into the streets and identify what civilians think on the subject. From there, we find that there are people who admit self-medication, some do not know what antimicrobial resistance is or how alarming the reality is.

The initiative was to spread awareness and simultaneously bring a sense of understanding on how medical students are social tools for the promotion and prevention of this enormous problema. With the campaign we showed that the awareness process must reach all populations through educational processes. We hope that the campaign of the fight against antimicrobial resistance will not only be carried out in the country since it is a relevant issue for us but also generate a message of responsibility, knowledge and new strategies to contribute to a change that directly or indirectly reduces the risk that irrational use of antimicrobials brings to the world population.

Communicable Diseases
Natasha Irfan
Gender Based Violence

“Ignorance is the main problem we face in gender based violence the main reason for the progressive increasing rate of different forms of women rights violation. Unfortunately despite of the great percentage of gender based violence in all its forms and women rights violations in many cases the victims never speak out to stand for their rights nor the society stand for them or admit with their rights even if the law does. As medical students we have the responsibility to learn how to deal with the victims and treat them as they need a special and sensitive approach when dealing with their problems which we are rarely encountered with education about how to deal with these patients in healthcare, or how to help them in social and mental problems they face.”

Peace, while desirable to all remains far out of reach of many women in Southwestern Nigeria. Domestic violence is one of the strongest reasons for this. Worldwide 1 in 3 women is abused in her lifetime, and in Southwestern Nigeria, 1.5 million women are abused yearly according to a National Health Survey. These women are usually emotionally attached and financially dependent on their attackers and as such intervention is difficult and the cycle continues. In our native culture, women are viewed as property, with the owner to do as he pleases. This is not tackled by law either with no strong legislature in place to protect women as long as the attacker can claim what he did was out of correction. This is direct impedance to these women’s rights to peace and thus efforts must be made to increase awareness of this menace and encourage victims of such to speak up.

These problems and a lot more are facing people around the world, not for anything but their gender. Gender Based Violence activities can take different forms for example and according to (WHO): Intimate partner violence, Sexual violence, Female Genital Mutilation, Forced and early marriages & Human trafficking.

No matter what form the activity is and no matter what the cultural background we come from, Gender Based must stop!

Gender—Based Violence
Ahmed Saleh

IFMSA Programs

- Benefits of Enrolling:
  - Join forces with Activities from other NMSA to maximize your impact
  - Collaborative and Impactful Activities in your region
  - Promote your Activity on an international level by getting Recognition and Support from IFMSA

- How to Enroll?
  - Submit a candidacy form signed and stamped by your NMO President
  - Fill in the report form after your activity is completed
  - Submit the form

www.ifmsa.org
Some of the biggest threats to reproductive health worldwide are sexually transmitted infections; the program provides a platform for IFMSA members like you and I to play our parts in putting an end to these diseases by organizing and participating in activities. These activities can be tailored to address any of the program’s many focus areas like STI testing, removing stigma, raising awareness and much more. Together we can reduce the burden of STIs globally, so come join us. Here is an awesome activity reported by the NORA of Bangladesh to get you inspired!

Featured Activity: World AIDS Day Celebration, Bangladesh Medical Students’ Society (BMSS)

National Officer of Sexual & Reproductive Health Including HIV/AIDS (NORA): Lisanul Hasan

The BMSS SCORA Team had a beautiful set of activities for World AIDS Day spanning two days. These included an FM Radio show, a visit to the slums and educating teenagers about HIV.

On the first day, we hosted a program on air at a popular radio station. The Radio program involved talks given by members on HIV/AIDS transmission, prevention and treatment and reached over 1000 people, then we made a visit to the slums to educate its inhabitants about HIV. We had promised ourselves to work with those who are lacking socio-economically, and thus in association with OBAT Helpers & OBAT Think Tank arranged an awareness program about HIV/AIDS & STDs at Geneva camp, Mohammadpur where the Bihari community lives. One of the largest urban refugee camps with over 25,000 people, the Geneva Camp is overcrowded and underdeveloped. Families of up to 10 people typically live in a single room, one latrine is shared by 90 families and less than 5% of the population have had formal education. Health and sanitation problems run deep and the overall economic condition of Bihari refugees is extremely poor.

With such living conditions, they needed a clear perception about HIV/AIDS. Thus, we spent quality time with them talking about AIDS - its spread, precautions for prevention, common myths and so much more. Volunteers of both teams (BMSS & OBAT Think Tank) worked together to distribute red ribbons and leaflets & also sang songs for them.

On the second day of our activity, we held a session for the younger populations. The theme of this session was “Safe Sex Education from School”. Young generations are the key to our future, and thinking of that the SCORA Team was able to assemble about 50 teenagers who were mostly from the Geneva camp at a school ground to teach them about safe sex. We taught them about teenage changes, safe sex, preventing STIs and much more. We quizzed the kids to assess the knowledge they had gained, and our OC team performed two dramas for them to spread awareness about AIDS. We also gave prizes to the 1st, 2nd and 3rd position winners of the quiz. Overall, it was a fulfilling outing, and we were able to spread word on HIV/AIDS and other STIs to many people!

The Bangladesh Medical Students’ Society SCORA Team did a wonderful job! If you or your NMO aren’t already involved with HIV/AIDS and other STIs, you should start now! For questions or enquiries, feel free to approach me anytime via email at hivaid@ifmsa.org.

Red hearts and Red Hugs,

HIV/AIDS and other STIs

Modupeoluwa Victoria Ojelabi
Cardiovascular diseases are the number one killer in Malta and accounted for 38% of all deaths in 2014. [1]

Malta was named the most obese nation in Europe in 2016. Studies have shown 70% of the Maltese population is either overweight or obese. [2]

Crisis Resolution Malta have shown that ever year 40 individuals commit suicide and 1000 individuals self harm in Malta. Almost 7% of the population suffers from chronic depression.

Why is it that we see the easy relation between the first two statistics but the second is out of place? Why is mental health always considered to be a different discussion when it comes to one’s health or rather not even something to be discussed as openly and easily?

The Mind, Heart and Body Project was conceived with one main vision in mind - that public health issues are to be tackled through a holistic approach considering all physical and mental health factors. Physical health affects one’s mental health and vice versa and this dynamic relationship as a whole is what defines one’s well-being. Through this project, mental health - the associated stigma of which is a barrier we’re constantly trying to bring down - is to be presented on the same platform as physical health rather than marginalised as its own event/campaign in isolation, thus encouraging the right attitude towards it. With the launch of this project, we aim to face awareness days and/or current national public health issues through all facets by means of events coupled with social media campaigns.

Our first activity brought together the commemoration of World Heart Day (29th September) World Mental Health Day (10th October) and World Obesity Day (11th October) all together to highlight the interconnection and interdependence between the mind, heart and body. The tripartite nature of the project was reflected throughout the event. As regards the mind, we introduced a new mental health check - the Perceived Stress Scale (PSS) which is a widely used psychological instrument of assessing perception of stress and so is an indicator of one’s stress levels.[3] This is made up of 10 questions which were asked by medical student volunteers, the answers to which are represented by a number of points. During the event, 130 people participated in the PSS test and a range of responses were recorded, being so well-received this PSS has now become integrated into the routine health checks we perform for events/work places etc.

We also had fundraising in the name of Suicide Prevention (highlighting the idea that mental illness like a cardiovascular disease can be a killer in itself) as part of the international Cycle Around the Globe campaign by the International Association for Suicide Prevention. A stationery bicycle was present and MMSA pledged to donate €1 in aid of a local mental health organisation, for each km cycled by the public. The idea of the bike brought together the concept of physical exercise having both mental and physical benefits. A total of 65km were cycled and so €65 was donated through that event alone. Finally we also had a whisper booth through which people could anonymously share their own stories related to mental health and we successfully got seven stories that were posted online as part of our ‘Whisper Hour’ initiative to raise awareness of the silent troubles people can be facing and reached over 11000 views online.

Dr. Andrew Agius was present as part of his Kannatalim initiative sharing information about medical marijuana and its effects on the brain due to the national debate on cannabis legalisation at the time.

As regards the heart and body, health screenings were carried out by medical student volunteers. These included BMI, blood glucose and blood pressure screenings. There were also CPR simulations with a manikin and compatible feedback device carried out by the Malta Resuscitation Council and defibrillator demonstrations by the Malta Heart Foundation. We also had a free open air Zumba class for the volunteers and public that acted as a sort of fitness flashmob. We organised several information stands with models showing the effects of unhealthy diets on the heart and body. A total of 600 health screenings were recorded meaning approximately 150 persons participated in the event.

We plan on continuing to build on the success of this event by having a series of events all with a theme pertaining to the time of year and primary issues that require awareness within the country. Our next event is planned to take place around Valentine’s Day and will be focusing on sexual health, cardiovascular disease (the heart being an important symbol associated with this celebration) and aspects of relationships and intimacy for which we will be teaming up with the Malta Health Promotion and Disease Prevention Directorate bringing together once more the idea of the Mind, Heart and Body.
Universal Health Coverage — Have you got it Covered

Have you got it covered? That is the question we asked you during the second half of December 2017. Starting from the Universal Health Coverage Day 2017 on the 12th of December. The campaigned was designed so that it took us to a trip to past, present and future of Universal Health Coverage. We had quizzes, infographics, webinars and most importantly we included the voices of IFMSAians, your voices, who spoke about universal health coverage in your countries!

Healthcare is a basic right and our responsibility to strive for Health for All.

Rural health, Universal Health Coverage, Access to Essential Medicines this are just some of the topics that are part of the Health Systems Program! The Health Systems Program covers a range of topics from SCOPH, SCOME and SCOPE!

Many NMOs organize activities related to the program. Some of them enroll them, some of them not! If have any concern or need advise on how to enroll your program, please, fell free to contact me at healthsystems@ifmsa.org!

Health Systems
Christina Kefalidi

Question 1
How would you define Universal Health Coverage?

Universal Health Coverage means that all people and communities can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship.

Health Systems
Christina Kefalidi

UNIVERSAL HEALTH COVERAGE THROUGH THE AGES

Here you can read about some of the major events that were connected to the history of Universal Health Coverage.
The lack of adaptation and difficulty of integration of the 1st year students is an important predictor that leads to stress and susceptibility to mental health issues. 1 in 10 medical students experience suicidal thoughts, according to a systematic review and meta-analysis of the prevalence of depression, depressive symptoms, and suicidal ideation among medical students. (1). The Medical Education Department in FASMR Romania designed a programme tailored to overcome deficiencies in the Romanian medical educational system. With “Tutors for the new generation”, we aimed to build a network through which we offered yearlong support to all the first year students in the Romanian class of 4 Faculties of Medicine in Romania in 2016-2017 for them to be socially and academically integrated in college. The project meant creating an environment in which the students could gain the necessary skills to carefully design a personal approach to learning and academic development, as well as build skills and resilience for long term mental health. We encouraged participation in team-building activities among the 1st year students. Another focus was teaching basic medical skills through hands-on workshops. The project’s focus was divided in two directions, which were Tutoring and fundamental skills development (both medical and non-medical). We awaited our students with an event dedicated to them, entitled “Freshers’ Week”. Selected students, ranging from 2nd to 6th year are designated to be tutors (1-2 for every 15 freshmen) in the projects’ opening ceremony “Keep Calm and Get a Tutor”. Their attributions ranged from orientation around the campus to giving tips and tricks on representative issues, formal and informal education opportunities, as well as further information, advice and support throughout the year. The transferable skills essential to medical students were gained through trainings Public Speaking, Time Management, Motivation, Body Language, Team-building and a conference entitled Learning how to LEARN. In a Scavenger Hunt, a General Knowledge Contest and a dance class social integration was aided through teamwork and fair play. Practical clinical skills were improved thanks to hands-on workshops “Medical procedures useful in summer practice” and “Basic Life Support”, which instructed freshmen in the following aspects: basic life support; haemostasis; electrodes placement; cardiac monitoring; preparation and administration of medication. As an outcome, freshmen were more orientated, well-informed about the activities undergone by their university or by the local student organization. As they became more relaxed, a significant increase in their extracurricular activity was noticed. Students wish to give back what they received, and therefore applied to become tutors the following year. One university reorganized the Learning how to LEARN Conference for the English and French section. The same university included a Learning how to LEARN optional class. I can proudly state that we formed a community in which the members contribute to each others’ development. The beauty of the project consists of its contrast between its simplicity and impact. Easy to implement, as the key to success is a group of highly motivated and dedicated volunteers and it costs almost nothing.

Medical Education Systems
Aleksandar Yezelinov Farfarov
Mental Health, Approaching the biggest problem: Dehumanization

Through sickness, and health, in good times and bad, a promise we all make to our relatives, a promise we have to keep working on and doing our best, the promise of a human being. To do no harm, to protect and fight for the health of our patient, a promise of a white protector... My question to you- at what point of human perception, a mental health condition to a relative / patient could excuse us from fulfilling our promise?

By breaking our promise, we are participating in the dehumanization of medicine and the patient, focusing only on the disease and leaving aside the human being that is hiding. This activity, the permanent program of neurodegenerative diseases was born with the aim of giving another look to medical education, providing a new point of action for SCOME, and generating new and better opportunities for people with mental illnesses.

What do we do?

From within SCOME ASCEMCOL, this program is responsible for the generation of multicentric activities, seeking to provide useful information on diseases that attack the nervous system, developing as a problem for mental health. In the creation of activities, looking for a strong impact, sharing messages that directly reach the feelings of the people, generating good or sad reactions, but never without disparaging the impact of the disease towards the patient, or reducing the patient’s life.

Among the relevant activities that we work at national and international level we will find:

Our biggest campaign has been the Alzheimer’s Month:

- Alzheimer’s Global Campaign of the Month, where we requested photos of all the volunteer members of the ifmsa, each one of them would have a message representing Alzheimer’s disease, and with all the photos a big brain was designed where each one of you was a neuron with memories.

* For the entire month, we were sharing an image with a message representative of Alzheimer’s through social networks, directly impacting the feelings of the people who received the message. For this campaign we had the third largest position in the history of the official facebook of our NMO.

National video series, multiple sclerosis. In commemoration of the World Multiple Sclerosis Day, together with 8 local associations we created a national video in which we deal with relevant issues of the disease, focusing on both illness and patient.

Local interventions to foundations that are in charge of improving the lives of their patients, which the great majority have abandoned for their family.

Why is this important, and why you should implement this activity into your NMO?

Most of the time, a patient looks for our help because he has no one to talk to, or he looks for someone who can understand, this is where the problem of medical dehumanization lies, we put a patient aside, we break our promise to focus on a simple disease, through this program we seek to reverse this, showing the medical society and population in general, that as doctors we do not look at symptoms, we examine patients, we do not read clinical histories, we read the human being and we understand what is going on in their life.

“In a divided and broken world, we will fight with swords, we will defeat dragons, and we will cross a thousand oceans, all because of our promise and function as human beings”.

Mental Health
Ayesha Irfan
Maternal Health

‘Maternal mortality health is a very sensitive indicator. All you need to look at is a country’s maternal mortality rate. That is a surrogate for whether the country’s health system is functioning. If it works for women, I’m sure it will work for men.’ – Margaret Chan [2006-2017 Director-General of WHO]

WHO defines maternal health as the ‘health of women during pregnancy, childbirth and the postpartum period’. With 830 preventable deaths each day, 99% of which occur in developing countries[1], it’s clear that more attention must be placed on addressing maternal mortality and the health inequity in low resource countries. Additionally, 13% of worldwide maternal deaths are related to unsafe abortions whereby 5 million of those who survive suffer chronic health complications[2].

So what can we as medical students do to tackle such large scale and sensitive issues? IFMSA Poland is a stellar example of an NMO who has gone above and beyond with their maternal health and access to safe abortion workshops having won the 2017 Access to Safe Abortion award.

Please see below their 2017 report and feel free to get in touch with me if you have any questions about how to implement similar initiatives in your own regions:

“October 2016 (before Black Monday Protest - protest against tightening of the abortion law) IFMSA-Poland has prepared a statement about access to safe abortion which has reached over 16,000 people in 2 days! and a national paper called polish NORA for interview. That was our first step to take part more actively in reproductive health statements in public!

In July 2017 the law for morning-after-pill was restricted— you cannot buy it if you don’t have a prescription. So we start to collaborate with a new movement: „Doctors for women”. There is a „map”/list of doctors who have declared help in prescribing morning after pill when women face any inconvenience.

Each year we organize Polish Peer Education Workshops (PoPET) during which we cover basics about reproductive health. Last year ( autumn 2016) we carried advanced PoPET which covered comprehensive knowledge about contraception, law aspects of reproductive health. We have educated over 25 new IFMSA-Poland peer education trainers ( comprehensive sexual education trainers) We received 3 times more applications than we can have! In October we are going to hold another IPET. Year by year new Local Committees get involved in organizing meetings/little conferences covering reproductive health issues but it is not enough to provide knowledge for all the healthcare providers.

(from October 2016 to May all of our 15 LC have organized at least one meeting/conference. We reached more or less 1000 people). And we noticed that very valuable thing are small meetings with doctors ( gynecologists) in cosy atmosphere with max. 15 participants and everybody can ask questions and doctors feel comfortable with us.

During every National General Assembly ( NGAs) we invite an externals who can give a valuable lecture covering Maternal and Reproductive Health issues. During each NGA we cover Maternal Health & Access to Safe Abortion issues because we noticed that this is the most important thing right now in Poland we should talk about. In November 2016 we talked about access to safe abortion, our policy statement, about the abortion law, In March 2017 we talked about Maternal Health - HIV positive women and her pregnancy.

During SCORA workshops in February 2017 we invite gynecologist and psychologist and we cover topic of cesarean sections ( because in Poland more than 40 % pregnancies end with cesarean sections and WHO says it should be around 15 %)

Those 3 SCORA meetings collect around 100 participants from 15 LCs. During 4th IFMSA-Poland Summer Camp we have conducted maternal health & access to safe abortion workshops. We have covered topics from reproductive health issues, safe sex. Most of our participants were first-year students so we were happy to spread the knowledge among young.

Maternal Health and Access to Safe Abortion
Helena Qian
Our health is inextricably linked to the environment we live in, from rural areas to dense cities, the water we drink to the food we eat, from the places we live to the places we work, and thus damage to our natural environment also results in damage to human health which contributes to almost a quarter of all deaths. Although the environment is playing a key role in determining our health we can control it through minimizing the health effects of environmental damage and to recognize that caring for our natural environment plays a major role in improving the health of populations. As future doctors who will be working in a world with a likely increase in disease and death associated with environmental factors, it is our responsibility to advocate for changes to protect human health and to prepare our workforce for environmental consequences we cannot avoid.

The ultimate desired outcome of the Environment and Health Program is 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. Intermediate goals include the establishment of a 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.

The Program encourages NMOs activities that address climate change, water sanitation, air pollution, fossil fuel divestment, health sustainability and green hospitals, food production and security. Those activities that tackling these issues are matter because they are actually making the change across communities. They not only improve the environment of people around us but also improve our health through decreasing the negative impact of the environment on health.

If you are interested in the topic or planning to have an activity with the line of this program, don’t hesitate to contact me on environmenthealth@ifmsa. If you’re running activity, I encourage you to enrol it by simply filling out this Enrollment Form and attaching a Candidature Form signed by the NMO president or official NMO representative. This way, you can get support from PC, access to resources and your activity will be recognized as an official IFMSA activity. For more information, you can read the Program Description. You can always approach me if you have any question, concerns or need any kind of help. Share your activities, join the program and shape your world.
Dear Medical Students worldwide,

You probably chose medical studies for your love of saving lives. What if I tell you that you have one more way to do that, and this is by donation. I want you to ask yourself: Did I donate? Did you donate blood? And how many times? Did you register to become an organ donor? Did you register to become a bone marrow donor? If your answer is no, then I want you to consider doing it. You can go donate and register as a donor starting from tomorrow, because if you don’t then who will?

With four main focus areas that are 1/ Organ donation, 2/ Tissue donation (excluding blood donation), 3/ Blood donation and 4/ Marrow donation; this program reflects the kindness and generosity in human beings as it opens the doors of hope for millions of people for a prolonged life and improved quality of life.

Let’s see how medical students like you can promote donation culture and ensure more donors in their countries:

Donate blood, be a hero. FASMR Romania

In the last 14 years throughout our campaigns we’ve managed to raise the number of blood donors and to lower the average age of the blood donors in Romania by constantly facilitating access to important information to blood donors and possible blood donors throughout media channels and social media networks. We organize at least 2 national campaigns a year, in 10 major cities of Romania.

Raising awareness: During 2017 we reached about one million people with our education campaigns. Our methods include: social media, leaflets, posters, presentations in schools and universities, bookmarks, stickers, video spot before every movie in our main cinema chain around the country, newspapers, TV, radio, public transport and national events (marathons, sports competitions).

Field work and blood collection: In 2017 we were also able to collect 9345 donations in two national campaigns in 10 cities. We trained medical students so that they could help in the collection and storage of blood.

We’ve launched an online application and an online platform that announced blood donors whenever there is an emergency and blood is needed. The announcement can be done either by SMS or E-mail. www.donez450.ro

Fundraising In Cluj-Napoca, one of the cities of our blood donation campaigns, alongside our partners we’ve managed to acquire new medical equipment to facilitate blood donation. These are 8 automatic beds for blood donation, medical equipment needed for processing the blood and we’ve managed to recondition the local Blood Bank in Cluj-Napoca as well.

Organ Donation and Transplantation AEMPPP Ecuador

In order to achieve higher donation rates with safer and more ethical conditions, it is crucial to focus on improving knowledge of health professionals on the topic. We started with a national symposium with the most recognized doctors in our country to teach medical students about the issue. We then developed 2 pilot online courses regarding the general donation process in the country and also the emotional and ethical aspect surrounding this hard moment.

Our goal next is to advocate for medical students and to successfully create a donation and transplantation course that one day will become a requisite for every medical student in Ecuador.

In the end, remember that the goal of this program is to connect and guide medical students worldwide who share the same passion, a passion that can go from raising awareness among the communities and can be extended to government and hospital advocacy, medical education interventions and long term sustainable changes!

Let’s advance with donation field together. Let’s start working on it. Don’t hesitate to contact me at organdonation@ifmsa.org

I am waiting for your upcoming activities.

Organ, Marrow and Tissue Donation
Saad Uakkas
Have you ever felt that something is not working properly in your medical school and that you need to do something about it? How you are taught, evaluated in class, number of practice hours, how your internship works and so on? If you say yes, there is a little SCOMEdian living inside you.

The Standing Committee on Medical Education, SCOME, is one of the first Standing Committees in IFMSA, founded in 1951. Since that moment, we have empowered medical students to become active stakeholders in the local and global medical education systems.

New information, research, and updates come every day to the medical knowledge. But this fast pace, is not always followed by medical schools. As well as teachers, that are expert doctors in their medical fields, but don’t always have the required skills to teach. Here is where SCOME comes, providing a platform and building capacity on medical students to advocate on their learning environment.

Medical students are continuously exposed to their medical curricula; therefore, we should act as quality assurance agents. These has been achieved through an active participation in the schools’ discussion committees and boards, by advocacy activities, projects and workshop that aim to fill the learners gap or by raising awareness with the different education stakeholders.

As SCOME International Team, we are working to represent the needs of medical students and provide tools and capacity building opportunities all over the world. A big example of these are the TMETs, Training Medical Education Trainers, which is a recognized international workshop. And the new AMET – Advanced Medical Education Training, that has as ultimate goal to create health and educator advocates.

This 2018 will mark a special moment in SCOME. With a new Strategic Plan, the collaboration with other Standing Committees, the integration of the regional work and the inclusion of SCOMEdians in our daily work.

What are you waiting for to become part of the SCOME family?

Pablo Estrella
SCOME Director

on behalf of the International Team, Katerina, Matteo, Linah, Catarina, Ximena, Aqsa, Alaa and Marouane.
Dear Student

Look around you. Next time you are in class, look around you. Maybe you are in class right now. What do you see? What are people doing? Are they listening? How many are on social media? How many are asleep?

It was a Biochemistry class...or was it Anatomy? Or Biology? I don’t remember. I looked up and realised: I had no clue what was going on. Why was I even there? I had come to class because I’m a student and that’s what students do: they get up in the morning and go to class. I just don’t really remember the reason.

I used to know why, though. I used to go to class and find teachers who would explain things so cool they felt like watching a movie or reading a book. It was like going to the theatre, but you got to ask questions, do exercises, learn something and go tell people.

I used to go to class and have a sparkling light over my head whenever I understood something new, whenever I figured something out. I used to go and talk to my teachers, who cared and made me care.

Look around you. Next time you are in class, look around you. Maybe you are in class right now. Does your teacher care?

What happened? Why is it so rare in medical school, this great vocational career only those with true passion choose, to find teachers actually care?

We need to take a real examining look at our system. We need to understand how our teachers actually don’t want to be teachers but researchers and they are forced to teach. We need to understand how there are those out there who want to teach and who can teach but aren’t al-

lowed because they need to be researchers first (which is as logical as hiring a butcher based on plumbing skills i’d say)

If we analyse the roots of our educational methods, we’ll find that they are based off a method developed in the early 1900s, by a doctor called Flexner. He was revolutionary at his time (but his time was over 100 years ago and maybe the world has changed since then, don’t you think?)

We need to understand what is leading us down this path and why we are going down without stopping. We need to understand how we go to class every day and do nothing and say nothing when we see the situation as it is. Why do we think this is normal?

We need to really care about making a change, even if it won’t affect us. That, because if the previous generation had done it, we would be better off. So maybe we can do it for the next... If we really care.

Look around you, Next time you are in class, look around you. Maybe you are in class right now. Do you care?
In the last few years, medical education has been changing in favor of humanized academic formation. The current Brazilian Curricular Guidelines of Medicine propose the inclusion of new subjects in medical education and the search for innovative strategies for professional training. In the context of this new model, the importance of the teaching of communication of bad news in undergraduate courses is emphasized: to enable academics to act emphatically and efficiently when transmitting news that can negatively modify the patient’s life.

Thus, the future doctor’s adequate preparation for the experience of these situations is fundamental, since the doctor’s communication skills interfere directly in his relationship with the patient and in their way of dealing with the diagnosis and adhering to treatment, family relationships, the search for a better quality of life and, especially, in the hope developed after the news. However, the medical curriculum often indicates a deficiency in this approach. Therefore, the local committee of IFMSA Brazil of UFRN, Natal-RN, developed the project “Dying: A human thing” to discuss the theme and promote students’ active participation through theoretical and practical training in this essential skills for the formation of a doctor.

The project “Dying: A Human Thing”, through its activities, seeks to stimulate critical reflection on the termination of life and develop skills in communicating bad news. For this, active methodologies that allow an effective interaction with the subject are used.

In the scope of bad news training, the SPIKES protocol is used as the theoretical reference and the OSCE (Objective Structured Clinical Examination) methodology is used as a practical application model. From this perspective, three main meetings are conducted: initially, an OSCE with invited actors and evaluating teachers, carried out in the outpatient clinics of the University Hospital, allows a first experience in the scenario of a critical situation. This moment is one of reflection and self-knowledge, since, without previous knowledge about the subject, the theme’s complexity causes in most students nervousness and insecurity. In order to work on such negative points, a discussion with a specialist doctor in the area will be held at the subsequent meeting with a SPIKES protocol presentation, their own experiences and answers to any doubts. At the end of the project, another OSCE, according to the model of the previous one, is realized in order to consolidate the theoretical learning.

In order to measure the degree of security in reporting bad news, at the beginning and end of the project, in the first half of 2017, a questionnaire was applied. From this, an increase in the perception of the student’s level of safety in the assessed ability was observed. At the beginning, 22.2% considered themselves to be “very insecure”, while at the end of the project, no students were included in this parameter. In addition, 61.1% were classified as “unsafe” and, at the end, this share decreased to 14.3%. The percentage of students who thought they felt “safe” rose significantly: from 0% to 42.9%.

As a result of this work, the project begins the construction of the ability to communicate bad news, a process that must be continually developed. In addition, the student acquires greater sensitivity to the needs, feelings and attitudes of patients and family members in situations that involve negative impacts on their lives.

Therefore, the medical student’s preparation to be the bearer of bad news from the beginning is of paramount importance, being imperative that the universities invest in methods to enable their students. Adequate strategies and tools should be available to allow the student to manage the stress inherent in these situations. Systematization with the aid of protocols can reduce anxiety during a consultation in which bad news need to be reported. It reinforces the benefit of training spaces with simulations, through which they can practice and receive feedback from teachers. In this way, there will be a reduction of this gap still existing in medical education.
Academic leagues are student associations created with the purpose of deepening the knowledge of its members in certain medical themes. These associations are made of and managed by med school undergraduate students, under the supervision and mentoring of one or more professionals of the chosen area. (1)

The academic leagues - whose numbers have grown exponentially in the last 20 years - are the most popular extracurricular activity among Brazilian medical students, with participation rates of up to 75%. (2) That happens because the leagues many times present as attractive alternative to the deficits perceived by the students in their core curriculum (3).

Through its activities, academic leagues are able to create an environment of liberty and autonomy that favors dynamic and effective learning of subjects the student is interested in or that he or she deems most important. Besides, it also allows for a number of extension and research activities, such as symposiums, the writing of scientific papers and participation in basic laboratory chores (2, 4).

Meanwhile, IFMSA has medical education its four primordial fields of activity, represented by the Standing Committee on Medical Education or SCOME since its foundation in 1951 (5). SCOME, through theoretical and practical activities, seeks to extend the proficiency of medical formation and to potentiate skills that are inherent to top-notch medical practice (5, 6). Thus, it not only complements traditional learning, but it can also fill some of its most important gaps.

It is, therefore, easy to realize that IFMSA and academic leagues have many overlapping goals. Not only that, they also complement each other in a way that leagues may bring valuable technical knowledge about certain subjects while local committees bring their expertise in the elaboration of campaigns and the optimization of its results.

So, it’s natural that both these groups come together towards their common goals in universities in which they are present. An extremely successful example of that is the partnership between IFMSA Brazil-UCS and the Academic League of Trauma, Emergency and Urgency (LATEU, from Portuguese) in the University of Caxias do Sul (UCS), in the southern Brazilian city of Caxias do Sul.

From that partnership, the First Emergency Room, a course focused on cardiopulmonary resuscitation and airway management, was born. The event was attended by 71 students. The activities took place over a period of three days, with a theoretical module in the first one and a practical one - during which the participants were divided in smaller groups - in the second and third days. That last part was carried out through practice with simulators and mannequins, both adult and pediatric, and the assistance of previously instructed LATEU members.

While the league took care of the planning and organization regarding the contents and program of the course, local committee’s SCOME was responsible for publicizing the event, as well as managing subscriptions and certificates. Furthermore, through a routinely applied methodology of impact mensuration used by IFMSA in its own activities, it became possible to assess the participants’ learning. A 13 question questionnaire was answered at the time of subscription and after the event, showing accuracy rates of 88.19% at the end against the previously attained 35.68%. Since it was a paid event, LATEU and IFMSA Brazil-UCS, split the resources obtained as previously agreed.

The First Emergency Room came from an anguish shared by many medical students. In the midst of so many classrooms, books and labs, the student takes a long time to develop abilities that make him or her feel like someone who is learning to be a doctor. On the other hand, society expects that said students be able to solve a great deal of medical situations. Thus, the event sought to provide the students with the knowledge and means to comprehend and even intervene in some critical scenarios. Without that – as is the case in many other institutions – the alumni of the University of Caxias do Sul would only have the opportunity to learn that at the end of their third year, halfway through med school.

On its own, IFMSA has an enormous potential to transform and improve the formation of young doctors and the way they see medicine as whole. However, from the moment local committees join forces with other medical and student organizations in their own universities, changes happen in a stunning fashion, superior in every way to the lone work of any of those groups.
INTRODUCTION: Public health policies in Brazil aim to combat institutional prejudice against the transgender population, allowing access to health services and consolidation of SUS as a universal, integral and equitable system [1,2]. However, the unpreparedness of health professionals (HP) in relation to the needs of this population shows the need for intervention in undergraduate education, developing the debate about the role of primary health care (PHC) in the assistance of the transgender population, instructing future HP to address this social demand [3,4]. OBJECTIVE: To establish an academic environment of discussion about the health access of the transgender population, with the goal of training health professionals and improving the medical and healthcare in general to this population, from the involvement of the participants, performed as part of the “TRANSformação” campaign. METHODOLOGY: When meeting with members and activists of the Non-Governmental Organization Transgrupo Marcela Prado, the campaign coordination team could understand the various difficulties encountered by the transgender population in the scope of health care. Then comes “TRANSformação”, a campaign composed of 3 phases: a training event, two discussion meetings and a final feedback event. This experience report focuses on the training event, held in the Health Sciences Sector of the Federal University of Paraná in August 2017, which was attended by three activists from the NGO Transgrupo Marcela Prado and a family and community physician, Dr André Filipak, as lecturers. The importance of medical reception for the transgender population based on real experiences was discussed, as well as the preparation of the future HP for the care of this population. In order to measure the level of professional preparation of the future HP regarding this type of service, a survey was elaborated, consisting of 9 objective questions, applied before the training event at the moment of the registration through Google Forms. At the end of the event, the same questionnaire was once again given in order to evaluate participants’ learning, as well as the changes that the training event was able to generate. The analysis of the objective data was done in a transversal and descriptive way. RESULTS: Of the 155 participants previously enrolled in the “TRANSformação” training event, 14.1% (n = 155) reported having attended a transgender patient and 66% (n = 155) assigned scores of 0-5 for preparation for this service before training. 98% (n = 155) believe that HP are poorly prepared for the care of the transgender population, and 85% (n = 155) never received guidance on clinical evaluation and reception of this population at graduation, and 99% (n = 155) believe that the academic inclusion of the subject is necessary. At the end of the training, 75 people answered the post-event questionnaire. Of these, 17.33% (n = 75) maintained scores of 0-5 regarding the preparation for such care, and 100% (n = 75) believe that the campaign contributed to their professional training at a level higher than 5 on a scale of 0-10. CONCLUSION: It is noticed that the discussion in the academic environment about the health care of the transgender population contributes to a better preparation of HP regarding the care of this population.

References:
Simulation is an act of imitating almost anything: landing a plane, performing surgery, or maintaining a contact between a patient and a doctor. While it is well known that it is a must, for a pilot, to continually pass a practical exam, no matter how qualified they are, however, there is no such regulation for doctors. Some say that the reason is simple: pilots, if not well prepared, risk their own lives, while poorly prepared doctors don't.

Anyway, there is a way to make improvements in Medical Education by using Simulation. This December, Lithuanian University of Health Sciences, with some help of LiMSA, hosted an International conference: ‘Diplomats for Life’. The subtopic of the event was simulation. During the workshops, there were various topics covered from ‘how to prepare a workshop using simulation’ to ‘how can we use simulation to teach medical ethics’, etc. It became clear that simulation is a very necessary part of the effective learning process and that there are plenty of ways to include simulation in Medical Education.

One way is imitating the doctor-patient relationship, using your colleagues or, if possible, inviting actor students to practice anamnesis collection, warm eye-contact, empathy, body language and patient reflection skills. It is possible to create your own scenarios with a tutor or there are plenty of them online: how to create a partnership, how to motivate a patient to make changes and follow the treatment, etc.

The second way is using simulation related applications: I am familiar with ‘InSimu patient’, created by one of the IFMSA alumni and presented during the AM 2017 in Tanzania. It is comfortable to use – just download it to your smartphone, tablet or use the desktop version. There, you have computer generated clinical cases and you have to decide what tests to perform. Every test gives you a result – even in real practice. You can perform all the possible tests for any person, but that would be very expensive and time consuming. The app focuses not only on your critical thinking and right strategies to use medical knowledge, but also on reducing the costs and time of diagnosing, by showing you the price and the duration every test takes. When you feel like you already know the diagnosis, you enter it and the app presents a summary of your performance and suggests what could have been done faster and with less expenditures to diagnose correctly.

Third way to use Simulation in Medical Education – simulators. If your University has a Simulation center, it is likely you have already seen and used some simulators, anyway, I would like to introduce you to the ones that were present in the Conference ‘Diplomats for Life’ in Lithuania. Microsoft hololens is compatible with some of the high-fidelity simulators and this means that you can see augmented-virtual reality holograms of the human body in front of you, put every organ system in a different layer and move your eyes through a beating heart to see how valves work and how blood is circulating. That was the fun part. To my mind, the most important part was that, for instance, you can use Ultrasound device to scan a very intelligent mannequin and chose any pathology you’d like to discover. This not only helps you to improve ultrasound diagnostic skills, but gives you a chance to see a severe case or any pathology that you would not be possibly able to discover during the practice with your colleagues. There are a few manufacturers of these simulators and the capabilities depend on your needs: pediatrics, obstetrics, emergency care, etc.

Sometimes it seems that simulators and simulation apps can create almost any situation and help to improve diagnostic skills, however, you should never forget that one of the most important parts of the treatment is doctor-patient relationship. I advice you and all SCO-MEdians working with innovation in Medical Education to introduce new ways of simulation to your University board, invite high-fidelity simulators’ representatives to your organised conferences, organise doctor-patient relationship trainings and do your best for future improvements in Medical Curriculum. In the term 2017-2018 LiMSA is organising doctor-patient relationship workshops, and is preparing strategies and training-like scenarios to introduce high-fidelity simulators to medical students. We are looking forward for action and will let you know the results.
SCOME in Iraq: A Journey!

Mohammed Salah Alayoobi
IFMSA-Iraq

Let’s take a trip back in time to the year 2012, when IFMSA-Iraq was only a budding idea of a small project!

The concept of students being involved in their education at our community was foreign and practically unheard of. It was almost laughable to suggest that students would impact their own medical education system and engage in educational events outside of what was spoon-fed by the college and curriculum.

Then, things started changing and a small spark occurred; the first ever student educational based event took place: a humble workshop to support a small public campaign for breast cancer … it was small and humble but ambitious!

That small spark would be the seed that would lead to the springing of SCOME in Iraq, students started realizing that they can be active in their own education, that if they found a gap in their curriculum or education.. they can fill it themselves! And a new horizon of possibility was apparent. And SCOME grew bigger and bigger by the day, Members started joining from all over the country. Multiple workshops occurred, with multiple innovative local events like cafe lectures, educational contests, educational challenges and all sorts of new and exciting ventures into the limitless world of education.

Gone were the days of stagnant education. The students were ecstatic and thirsty for involvement. By that time SCOME and its projects were an established part of IFMSA-Iraq! Then the winds of change caught up: as we grew further into the depth of our educational activities, we desired and longed for a stronger presence in our educational system, and our thirst for learning grew… some members expanded their knowledge spectrum by attending international SCOME sessions, and all that waterfall of knowledge culminated in our first NGA SCOME sessions in 2016 where we discussed some new and advanced topics like advocacy and policy statements and curriculum. All of that educated our members and opened their eyes to a new face of SCOME!

Students began taking matters into their own hands. And thus began the next step: SCOME started the engine of innovation and some next level projects, such as Advocacy campaigns, student support groups, academic stress workshops, daily challenges, educational channels, SCOME field events and student based mini-lectures started happening… and now SCOME is supporting all the standing committees and divisions across the nation with materials, workshops and everything in between and is the essential committee at IFMSA-Iraq. And students nationwide finally have a voice. We started with tiny steps, but now we have begun to run with the winds of change, and while we still have a long way to go… the future looks bright and we’re aiming for the stars!
Parkinson’s Disease: Global Challenges in Physical and Psychosocial Health

Nilda Disaris Pérez
ODEM-Dominican Republic

Nilda Disaris Pérez is a fourth-year medical student at the Iberoamerican University (UNIBE) in Santo Domingo, Dominican Republic. She currently serves as the Local Officer for the Standing Committee on Medical Education (SCOME) (2016-2017) of ODEM-Dominican Republic.

Parkinson’s disease (PD) is the second most prevalent neurodegenerative disease worldwide after Alzheimer’s disease, where an estimated 10 million people are currently living with PD (1). It is estimated that approximately 1% of the population in their mid-50s and 3% over their seventh decade of life are currently living with PD, as the sixth decade of life is the mean age for PD onset (2).

PD is classified as a chronic neurodegenerative disease that affects the substantia nigra pars compacta of the brain, where the neurotransmitter dopamine is involved in the control and smooth coordination of muscle movements as well as emotions (2). The typical clinical presentation consists of bradykinesia, rigidity, postural instability, mask facies, resting tremor and a characteristic pill rolling tremor. As the disease progresses, these motor symptoms can challenge normal life activities and independent self-care strategies as well as social interactions. Thus, health professionals should consider the physical, psychological and social impairments that PD patients experience, related to physical and social disability (3).

In efforts to increase global awareness of PD and disease progression, health campaigns and activities have been developed in recent years, with efforts to make a difference in the lives of PD patients. The Dominican Republic has been one leading country in informing the public about PD. In 2012, the Dominican Foundation Against Parkinson’s Disease was founded, serving as a non-governmental organization to support patients living with PD, their families and caregivers. Since studies have reported that patients with PD are highly susceptible to depression and anxiety, this organization has developed and implemented several activities - zumba dancing, movie forums, photography exhibits, marathons, and conferences - to welcome these patients in society and reduce any feelings of exclusion or isolation.

On April 23, 2017, medical students of ODEM-Dominican Republic, along with other health professionals and students, collaborated with the Dominican Foundation Against Parkinson’s Disease to implement the third marathon for PD for more than 200 community members in the Mirador Sur Park in Santo Domingo, Dominican Republic. They divided into teams to measure blood pressure and alert authorities in case of any emergency as well as provide water and electrolyte drinks to participants and other event volunteers.

This successful national event serves as evidence that health professionals and medical students can join together and develop key community activities that enhance inclusion and highlight the importance of health as a human right for community members who live with chronic diseases such as PD. As medical students, our actions can directly promote human dignity, highlight human rights, and reduce health disparities and social injustices.

References:


The Four Pillars of Medical Education: everything counts

Priyansh Shah
MSAI India

Sodium Valproate, sold under the trade name of Depakote is an anti epileptic drug having a biological half life of 9-16 hours and 80-90% protein binding. Is that all you need to treat a patient suffering from epileptic seizures? The tall buildings of medical practitioners are supported by four pillars and numerous interconnecting beams. The online database and medical textbooks would provide an entire thesis on each and every anomaly, so what separates us from these never ending text compilations?

Holistic medical education comprises of several other medical and social aspects. A composite package of several different skills inculcated in medical practitioners would make a phenomenal difference. Medical profession has evolved from the vexatious treatment to the solicitous cure of patients. The increasing importance given to factors other than rot knowledge has uplifted the quality of care and treatment provided to ailing individuals. Installing the following pillars in the edifice of medical students could reap unimaginable improvement in the healthcare services.

Knowledge and Memory: The eyes cannot see what the brain doesn’t know. As much as we don’t like to admit it, there’s probably a little nerd in all of us. We study hard, but we were all pretty smart to begin with. We all can probably remember Horner’s syndrome, though we don’t remember who Horner was. At one point we all passed organic chemistry, memorized the Krebs cycle, and identified histological slides. Without any altercation, knowledge will be the central pillar. With the vast texts full of information that we come across each day memorizing everything, comes profuse perspiration. Hence, it is necessary to allow the essential facts to seep into our brains effectively. Spider web like connections between several topics prolongs and strengthens the impression of the essential facts. A pneumonic could also help in better retention of knowledge. This makes memorizing medical facts an inevitable part of medical curriculum.

Practical proficiency: it is often said that you’ll read and you will remember but you’ll perform and you will learn. Practical proficiency not only involves physical skills like surgery but also the practical application of your knowledge. This is what separates us from machines. This is not to say that just being able to recognize a problem, or the lack of a problem, is enough. Once you’ve broken through the glossy coating and identified the truth, you then must know how to treat. Without prior experience with a similar ailment or knowledge about the same it would be impossible.

Communication: “Medicine is an art whose magic and creative ability have long been recognized as residing in the interpersonal aspects of patient-physician relationship.” Effective doctor-patient communication is determined by the doctors’ “bedside manner,” which patients judge as a major indicator of their doctors’ general competence. A doctor’s communication and interpersonal skills encompass the ability to gather information in order to facilitate accurate diagnosis, counsel appropriately, give therapeutic instructions, and establish caring relationships with patients. These are the core clinical skills in the practice of medicine, with the ultimate goal of achieving the best outcome and patient satisfaction, which are essential for the effective delivery of healthcare.

Empathy: “The patient will never care how much you know, until they know how much you care.” Basic communication skills in isolation are insufficient to create and sustain a successful therapeutic doctor-patient relationship, which consists of shared perceptions and feelings regarding the nature of the problem, goals of treatment, and psychosocial support. Unless the doctor sits beside the patient and understands and feels their agony, effective cure will be difficult. This is a trait which cannot be taught or learnt from medical textbooks. It is an indispensable life skill required for humane treatment and conquer the patients’ hearts.

Medical schools should inculcate these four qualities in their students to help them become better doctors in the future. These pillars will build a strong foundation for the future hospitals.

References:


Interprofessional Education,
applied in AEMPPI Ecuador projects:

Ximena Alexandra Núñez Mejía
AEMPPI Ecuador

Have you ever heard about Inter-professional Education? Do you know that, according to experts, this may be a new way to improve Medical Education teaching methods?

Interprofessional education (IPE) is an approach to develop healthcare students for future interprofessional teams. Students trained using an IPE approach are more likely to become collaborative interprofessional team members who show respect and positive attitudes towards each other and work towards improving patient outcomes [1].

What you need to know is that you can also apply this strategy to have bigger, better and impactful activities. I would like to tell you my personal and national experience in this particular theme.

From the moment I had my TMET a year ago, I fell in love with the Inter-Professional Education topic, not only because the training was excellent, but also because it was revealing to see how much our medical education can improve if you work with other health professionals, as a team. Believe me when I say your learning will become richer if you just accept other career expert’s knowledge.

Based on this principle, I decided to implement as NOME, speakers of different specialties in all my national projects. At first it wasn’t easy, since I didn’t know any experts from other careers, and had to start contact from zero. However, once I explain to them about what we do, and what were my goals by doing this, they accepted immediately and they couldn’t be happier to help.

Our first approach to the IPE was introducing different medical specialties in our High Blood Pressure national project. Together with SCOPH and SCORA we managed to work with a cardiologist, a pediatrician and a gynecologist, this way, we were able to include not just adults, but also children and pregnant women in our target group. This way, we increased the impact for public health as well. A big number of medical students enjoyed this additional spin off that made this project different.

Later that year, I successfully created a new national activity regarding Cystic Fibrosis where 3 different experts talked about the disease in a 360° approach. In this occasion, our invited speaker was a Breathing Therapist, who taught us the proper manner to do the daily therapy these patients require, in a practical way, and with many examples. We also had the big privilege to work with a CF patient himself, who gave a testimony in order to raise awareness in this not frequent, but chaotic disease. Participants enjoyed it so much, and suddenly it become more common to include other professionals in any level activities.

Continuing with the initiative, we developed a huge national project including education and campaigning, celebrating the Stroke world day, October 29th. Our main speaker was of course a neurologist, chief of the National Neurology Society who guided us through the entire advocacy process we are aiming to build up. Since one of the biggest goals is to promote stroke prevention, to avoid not death but the disability it creates in the patient, we contacted a neuro physiotherapist that taught the participants how the therapy is delivered to improve mobility and decrease morbidity.

Also, now a lot of local projects have contacted nutritionists, psychologists and other experts, to increase the academic quality our activities have. This way, medical education is growing, and, along with it, we are capable of advocating and ensuring high level activities that help medical students in their process of becoming integral doctors.

References:
INTERPROFESSIONAL COLLABORATION: THREE BEST PRACTICE MODELS OF INTERPROFESSIONAL EDUCATION Diane R. Bridges, MSN, RN, CCM 1 *, Richard A. Davidson, MD, MPH 2 , Peggy Soule Odegard, PharmD, BCPS, CDE, FASCP 3 ,
The Four Pillars of Medical Education:

Igor José Martins
Isabela Caroline Gremaschi
Lesley Ane Roks de Lima
Rafael Mosconi de Freitas
IFMSA Brazil

The choice of which speciality follow is a question pervaded of uncertainty and doubts for the most of medical students, that choice is influenced by several factors, from financial questions to external influences of third parties, like parents, friends, teachers. Its an important decision that defines the medical professional career. The medical student usually do reflexions about your own personality, lifestyle, personal values and several interests through the way of making this decision.

The different factors involved vary between the world’s regions, which possibly is associated to diferentes values and education’s system and also to own local health system. In Brazil, a cross-sectional study done with internal students of medical course of Faculdade de Medicina de Valença - Rio de Janeiro showed that the principal decisive factors in the speciality’s choices were: affinity about speciality 36,29%, individual skills 21,48%, admiring about some professor 14,81%, speciality’s professional shortage 8,89%, participation in events of the area 6,67%, recognition by the community 5,94% and financial return 5,92%

Another research performed with students from the first to sixth years of Faculdade de Medicina da Universidade de São Paulo (FMUSP) revealed that affinity for speciality and lifestyle were factors analyzed like important or very important for more than 95% of participants.

Clearly debate about the methods of entrance at medical residences approaching the peculiarities of the various specialities, in order to help the students, choose in a effective way your future professional career, being this occupation clinical or surgical, as informing academics involved about foreign medical residences.

The “Medical Specialties” campaign conducted by IFMSA Brazil Unicesumar took place at the college medical auditorium on 10/31/2017. The event was attended by two invited guests: first, the medical anesthesiologist spoke about the main medical residences, which are on the rise, which will be in the future, the forms of admission and duration; Then, the also medical anesthesiologist explained explained how is the selective process of residences abroad focusing on the United States of America.

There was a coffee break for the participants and lecturers. So, then we returned with a round table composed of two doctors and two medical residents, one from each area, clinical or surgical, as well as a medical student from the institution. A broad debate was held about the clinical and surgical areas that occurred in a relaxed way and with students’ participation, that could resolve their doubts in relation to the topic.

The campaign positively surprised both the coordinators and the participants, and through the impact assessment it can be verified that the viewers obtained a better knowledge about current and future medical trends. The more expected, the debate between clinical and surgical areas managed to raise the discussion to a convincing level, showing the great interest among the students in the subject and the importance of being debated these concepts. As for the foreign residences, the academics were able to deliberate before the pros and cons of the same. Due to the large participation and the enriching discussion that is always of paramount importance to be approached among medical students, both students and speakers asked to return to other events like this.

Through this campaign, one can achieve the proposed goal as a whole. The most interesting thing was that, taking into account the participation and interest of medical students from the first to fifth year of the course, the relevance of the topic and how much this discussion is important within the university environment was perceived. The lecturers as well as round table participants were enlightening in their explanations, bringing relevant information on a variety of specialties in Brazil and on how to enter Medical Residency abroad. It is a fact that, in the end, these discourses are likely to influence the choice of the present as to the specialty to be followed.
Dear SCOPE Family,

It is with great pleasure that I introduce you to the periSCOPE section of this last edition of MSI.

SCOPE is a very big and technical project. Many documents, many deadlines, many bureaucratic procedures... All these things are part of the regular life of an exchange officer but also of exchange students.

Behind the deadlines and documents, however, there are people. Every year, more than 12000 medical students from more than 90 countries choose to join the SCOPE exchange program and experience medicine in a different socio-cultural setting for one month.

Taking part in a SCOPE exchange is a challenging opportunity; you get to know different cultures, different ways of practicing medicine and different health systems. However, it is also an unforgettable experience which makes medical students better doctors.

Some of these unforgettable experiences and reflections on global health and health systems are reported in the following articles.

We hope you enjoy this section and get inspired by the words of our exchange students. Feel free to contact us if you have any questions, comments or suggestions.

Tommaso Pomerani
SCOPE Director
Austria, the 12th richest country in the world, with an approximately 84,000 km² territory and a population of 8.7 million inhabitants. The Austrian health system is characterized by easy access to health services, based on Statutory Health Insurance and covering 99% of its population.

During February 2017, I have carried out an internship in the Department of Oncology of the Allgemeines Krankenhaus der Stadt Wien (Vienna General and Universitary Hospital) on an IFMSA SCOPE exchange.

The internship occurred in the infirmary of the department, where critical, palliative or in clinical investigation patients were hospitalized. However, the biggest experience was when the national newspapers published, on February 23, 2017, the death by cancer of the Austrian Health Minister, Sabine Oberhauser, whom I have met the day before during medical rounds. Graduated in Medicine, she became the Health Minister in 2014 and also the Women Minister in 2016. Diagnosed in 2015 with abdominal cancer, she was submitted to chemotherapy to treat the disease, continuing to hold her position as minister the entire time. In February 2017, she was re-hospitalized because of possible metastatic complications.

The most impressive thing, however, is that, next to the Minister’s room, there was an immigrant from the Middle East who could not even communicate in German. Two patients with different realities, separated only by a wall and having exactly the same medical services.

The Austrian Health System is based on Statutory Health Insurance, with access to a wide range of health services regulated by law. The health system is financed primarily by a combination of social security contributions based on income, public investment generated through taxes and private ones in the form of direct and indirect co-payments. In 2007, 10.3% of the Gross Domestic Product (GDP) was spent on health. In that same year, 76% of the total spent on health was paid by public funds from social insurance and from the Federal, State and Municipal Governments, and the remainder from the private service.

How is it possible that, in a country smaller than one of our smallest states and with a population equivalent to 4.2% of the Brazilian population, the biggest health authority in the country seeks a public hospital service? Austria invests a higher percentage of its GDP in health compared to the Brazilian 9%, and 33.5% of the value spent in the sector is destined to hospitalizations, reflecting the high quality of the tertiary care, unlike the Brazilian standard, focused on the primary attention.

Therefore, the experience in participating in exchanges with IFMSA will bring to any participant a vision of the Health System of the country in which they are inserted, contributing to a critical analysis of the Health Systems in the world and looking for improvements to the environment in which he or she will act as a professional.

References:
2. Austrian Federal Ministry of Health. The Austrian health care system [Internet].
Do you know where Central America is, right? I bet you do, its name says it all. But do you know where Honduras is? If you’re not from our neighboring countries, I think it’s a bit difficult for you to know exactly where it is. I’ll help you a little. We are located exactly between Nicaragua, Guatemala and El Salvador and to be more graphic if you grab an America map, we are that country right in the middle of that thin strip of land that you see and because of that I like to consider us as the navel of America.

Now that you are more or less oriented where Honduras is, let me tell you that this year we became SCOPE active! That’s right, now you can make a professional exchange in our beautiful land “catracha” as we say here.

About the experience... We became SCOPE Active during this year’s August Meeting in Tanzania and I still remember when the SCOPE Director at the moment, Rodrigo Roa, introduced us as active at the end of the SCOPE Sessions and as our Regional Assistant, Andrea Falconi, gave a few words of how proud she was that we had joined the SCOPE family after a long process that we had started back in February of this year. As NEO, it was one of the happiest moments that the Federation has given me, it was very emotional to hear the applause of all the SCOPE members that were in the room, because I realized that not only did I have new work colleagues but also that I had new friends who were happy that a new country joined the biggest network of professional exchanges in the world.

Now this was my first time in everything within the federation; my first General Assembly, my first SCOPE Sessions, my first Contracts Fair and my first job as NEO Out. For people who have been in SCOPE for many years, this is a piece of cake! But for a new SCOPE member everything is overwhelming. But you know, that’s why the SCOPE IT exists! They helped me and our NEO In through every step that the activation process required and it was a lot easier to carry on. So do not hesitate to join the SCOPE family if you haven’t done it yet and if you’re already a member and you don’t know how to make or organize something up, they are always willing to help you 24/7.

So SCOPE Honduras got prepared!

When we signed our contracts for the 2018-2019 season, I knew it was real and it was finally happening: “We are going to receive foreign medical students for the first time” I thought. The next step was to capacitate our SCOPE members in how to organize the Honduran exchange experience. So our Regional Assistant managed that we could do the first PRET in Honduras.

Our first PRET was a total success! Both international and mostly national members of SCOPE/SCORE signed up to receive the training. They were 3 amazing days of sessions that motivated and encouraged our members to fully participate in the exchange experience. The training was taught by two experienced trainers: Andrea Falconi from Ecuador and Rodrigo Peñados from Guatemala to whom I have a special affection since we became good friends and I thank for training and motivate us to be better Scopeans!

SCOPE Honduras is ready!

After a long process of activation, organization and many efforts to make our exchanges a unique experience we can say that we are ready to welcome students from all over the world and we are proud to represent Central America. The Honduran medical students, we feel extremely grateful for the opportunity that IFMSA through SCOPE has given us to make an exchange not only professional but cultural and be part of the vision of Global Health.

So, go on! Read our ExChange Conditions, search for our amazing must-go places here in Honduras, convince yourself, contact your Local Officer and leave the rest to us! You will not regret!
My journey started with fear, because of the Ataturk Airport bombing, in June 2016: after the tragic event, all flights to Istanbul were cancelled. I was already in Kuala Lumpur and I received no formal communication about the cancellation of my flight, so all I could do was praying. Luckily, after a few hours of wait, I landed in Istanbul... and the first thing I saw was that the glasses of the airport exit gate were out of order because of the bombing.

My friends and I spent about 4 days in Istanbul. I was more than happy to discover the city that is located in both Asia and Europe. We explored lot of touristic and iconic places in Istanbul such as Hagia Sophia, Sultanahmet Mosque (Blue Mosque), Topkapi Palace, Dolmabahce Palace, Galata Tower, Golden Horn, Grand Bazaar, Basilica Cistern, Bosphorus Cruise, Maiden’s Tower, and so on. Istanbul is a very beautiful city, a real must see.

Celebrating Eid at the Indonesian Embassy in Ankara
Celebrating Eid outside Indonesia was a first time experience for me. Although I still missed my family at home, I felt the Indonesian atmosphere of the Eid, thanks to a lot of Indonesian people, food and the ambience. Not only did we have a celebration at the Indonesian Embassy, but also PPI Ankara (the local association of Indonesian students in Ankara) and I visited their staff several times. I felt like home; in Indonesia, we have the tradition of people visiting each other during Eid, which is called “silaturahim”.

The atmosphere of PPI Ankara as well as PPI Turkey (the association of Indonesian students in Turkey) and the Indonesian Embassy’s staff was really warm and made me feel like home!

Daily Activities
Being an exchange student is one of the happiest moment you experience as medical student, mainly because we study abroad as visitors, which brings many privileges, such as getting to know other healthcare systems, other cultures, making international friends (that will turn into family), and especially meeting many professors and doctors all around the world. The exceptional thing was that the professors, doctors, hospital staff, as well as students, were very kind and hospitable, and had angel hearts!

Every day, my supervising doctor and professor taught me everything! After they explained the materials and topics in Turkish, they always repeated it in English. It is an unforgettable and lovable memory.

In the cardiovascular surgery department, I followed many surgical operations, wound managements, and visits to patients. Taking anamnesis was a unique thing, though. Since I did not speak Turkish fluently, I had to be accompanied by Turkish students who translated my questions to Turkish and the patients’ answers back to English. Although me and the patients could not understand each other’s language, I could see, from their smiles, that they sent me their best feelings from their hearts. That was another lovable memory. The most interesting surgical operations were coronary artery bypass and aortic valve replacement. Besides, I was very interested in the case of a patient who was attacked by bombings because of attempted Turkey coup.

National Tours
I joined a national tour to Cappadocia. The thing I liked the most about it was meeting more than 70 medical students around the globe. The tour was perfectly organized. We went to museums, pottery workshops, the underground city, lake Tuz, Ihlara valley, a lot of views, and the most remarkable: the Cappadocia hot air balloon flight! The balloon ride was very wonderful; the combination of the landscape and the sky and the hot air balloons was beyond my expectations. Another great thing about the tour was the Turkish nightlife, with many traditional dances, especially Sufi Dance (Turkish Whirling Dervishes). We ate dinner along with the dances overnight. Cappadocia was beyond wonderful, everyone should go there.

It was Totally Perfect
Unfortunately, I had to say goodbye to Turkey right after the end of my exchange because of the start of my school. I want to say thank you so much to everyone who helped me within the exchange program. I thank SCOPE CIMSA and IFMSA, thank you for making my dreams come true. It was totally perfect since Turkish people were very lovable, Turkish foods were remarkable, and Turkish places were unforgettable. Thank you, Turkey!
My journey started a lot earlier than July 1st, the day I travelled. Actually, it began when I saw my name in the accepted students list to go to Slovakia. I could hardly wait for this trip to come, because I have never been to Europe. The month experience passed by as if it was a couple of days, but what I learned in this period was more like a year.

During the exchange, I was in the Internal Medicine Department, where one of my responsibilities was to measure the blood pressure of some patients. In this simple activity, I realized how much eyes can speak, and that empathy is an international language. I could only speak a few words in Slovak, such as: dobré ráno, dakujem and dovidenia – good morning, thank you, and bye respectively. These three words certainly couldn’t save lives; on the other hand, I could give them attention and make them laugh with my terrible Slovak pronunciation. I still have patients in my memory. For instance, there was an elderly lady in very bad health conditions, who thought she would be going home soon, but that wasn’t the case. I could barely talk to her, however, I could see the sadness and disappointment in her eyes. The only thing I could do was hold her hand and use Google Translator to try communicating with her. Whilst doing that, a smile appeared in her face and getting her blood pressure became the nicest blood pressure mission ever! Every day I was excited to see her and have a small but impacting conversation to both of us and I have no doubt that doing that was exactly what she needed.

The exchange program was not limited inside the hospital. I had the opportunity to meet several people from many countries, we became a group where medical conversations were discussed, we went on trips together and kept each other company. I learned so many things! I had never had a better geography class, discussion about politics, religion and about how life can be seen differently from different perspectives. We taught each other our native languages and at the end of the month we were speaking four different languages in one sentence. Much better than traditional classes, for sure! We travelled to many cities and countries learning about their unique history and, myself, coming from outside the European Continent I could see the difference between what I have learned and what medical colleagues said about their countries’ historical facts.

Part of this medical exchange program was to host a girl in August as soon as I got back from Slovakia, and, for my surprise, I had the chance to meet her during my exchange. She is a Slovak girl who studies in the Czech Republic. I not only met her but went to her house and met her family - my first weekend in Slovakia. When she came to Brazil, she had the same experience as I had, what made it so valuable. I got to know her family life from a different perspective, rather than from a foreign tourist superficial point of view, and so did her.

Europe made me breathless, it swept me off my feet as soon as I got there. Travelling was easy and cheap. From Monday to Friday I worked in the hospital, my second home. On weekends I had the pleasure to visit wonderful cities, taste delicious food, with the other students’ company. We spent such quality time together, that at the end of this exchange program we were not only colleagues but friends. We talk to one another very frequently, exchange postcards and we have already picked up a date and place for our next meeting in the near future.

I highly recommend this exchange program! Books, podcasts and teachers can teach us Medicine, but only exchange experiences teach us how to reach out and embrace people from different cultures, respect different points of view, opinions and ways of life. It opens our eyes and minds to a whole new world in front of us waiting to be discovered. However, for us to be better doctors, we must, first, become better people. This memorable month will be always in my mind. As I finish writing this letter, I am already contemplating my next SCOPE medical exchange.
Being a Foreign National Exchange Officer

Kanchana Bali
NMSS Nepal

For any medical student studying in a country other than their own, feeling a sense of belongingness to the surrounding, the language and the people is a rare emotion. It is the same for any exchange student too. It does take a great deal of courage to go to a completely new ‘kingdom’, to subtly learn the art of healing, from people who look at you differently and communicate in a dialect you know little.

My journey in the Nepal Medical Students’ Society started as early as my first year when I had just entered medical school as a naïve foreign student from Thailand. Although my deep seated Nepalese roots were quite intact, being a foreign national always made me feel like an outsider. In the process of trying to fit in, I spend a lot of time in the various volunteering programs organized by our NMO then, and trust me, by ‘various’, I mean a lot of Programs. From various ‘health days’ celebrations to awareness programs, from health camps to blood donations, NMSS had activities throughout the year, and, in each of these activities, you can see this one particular face, either making charts or explaining them to others, that person being an enthusiastic me. Just like an exchange student who is curious to know about the new country, the people there and the prevalent diseases, I was eager to learn and more than that, to belong.

Each year before elections, our medical school goes into a state of tranquility, the same one that occurs before the storm. My first election excitement died out too quickly when I got to know that foreign nationals were not given the opportunity to be members of the Executive Body; my dream was killed before it could be conceived. Nevertheless, our NMO was so welcoming and all inputs were taken so positively every time that you wanted to work more every time. That is the thing about Nepal, everybody sees the good in everything! In the ancient language of Sanskrit, there is a saying: ‘Atithi Devo Bhawa’, which literally means ‘Guests should be worshipped as God.’ This is what Nepalese people have always been taught, and they will continue to be taught so in years to come. Every exchange student who has been to Nepal always says that people here are warm and welcoming to a great extent. I can really vouch for that.

You must be wondering how I became the National Exchange Officer if foreign nationals were not able to be members of the executive body. You see, that is how hospitable people in Nepal are. If you work hard and they see the potential in you, just like the main executive body in our NMO saw in me, they will do whatever it takes to make you a part of their team. I was an outsider who never fit in, but amendable rules were amended, and being fair to everyone was the dictum that was created. You see, the ‘Foreigner’ was now as ‘National’ and ‘Nepali’ as she could ever be. Foreign National Exchange Officer is exactly what made me feel like I truly belong; what made me feel like I am as Nepalese as everybody else.

Now the main point is, if they could be this welcoming to me, then ‘We’ shall be welcoming to everybody else too. So hurry up and come for an exchange to Nepal! (I have managed to become a smart NEO, haven’t I?)
Host town and country: 
Naples, Napoli Federico II, Italy

Lorena Pereira Soella 
IFMSA-Brazil

Who never heard about that famous italian dialect, famous hospitality, famous sfogliatella, babà, the “gelato” amazing Ice Cream and that famous unique and amazing pizza, the Neapolitan Margherita and Marinara Pizza!?

I had the pleasure to realize a dream I had since I started the medical school and heard about the opportunity of an IFMSA exchange program. I spent one month in Naples, with a lot of medical student friends that I made there, from several countries including Morocco, Egypt, Indonesia, China, Turkey, Sudan, Greece and even from Italy.

When I arrived at the airport, there was a person from SISM Italy waiting for me. He drove me to the apartment I was going to stay, and there, I met two italian girls: one was a medical student on her National Exchange. On my first day, the girls started to plan all of the things I needed to do in Naples in one month. We also went out on that first day for me to learn how to take the metro, go to the hospital the other day and to eat some of those famous neapolitan foods I mentioned (and others that I didn’t). It was really nice and I felt very well received.

The department I was placed in was Internal Medicine – Cardiology, and the hospital was really big, beautiful and well developed. There, I followed different parts of the Cardiac Clinical Care, such as Hemodynamic Intervention, Ambulatory, Coronary Care Unit and Sonographic examination. I’m really thankful to all doctors and interns there for their good attitude and goodwill to help. For sure, I learned a lot of new things about another healthcare system, another organization of work and that was very interesting.

Naples, like all of the cities in Italy, is legendary, and the people of the SISM organization recommended us many places to visit. Everyday, after the hospital work shift, me and the other group students had some time to walk around the city and discover numerous Napolitan sights. We visited a lot of beautiful and historical places like Pompeii, the city that was destroyed by the famous volcano Vesuvius, the beautiful castels Castel Nuovo and Castell dell’Ovo, the famous Via Toledo, Piazza Plebiscito, one of the numerous and great squares around Naples.

In the evenings, usually, we went out for dinner and tried different and famous places for pizza. We also decided to do a night of traditional dinners, and each of us had the amazing opportunity to cook food from our countries for one another.

During the weekends, free from our practice, we went somewhere out of Naples, to those wonderful small southern Italian towns which Naples is surrounded by, like Positano, Amalfi Coast and Salerno. I also visited a couple of cities on my own, because in Italy is really easy and cheap to travel by train. I went to Venice, Verona and Rome and I had the pleasure to visit the both seas around Italy, the Tyrrhenian Sea and Adriatic Sea.

This month in Italy was a wonderful experience, which left me with a large number of impressions, gained experience, a lot of photos, amazing friends and hopes to come back there again one day. It was an amazing opportunity for meeting new and interesting people and cultures, for sure I would recommend it to all.
In Tunisia as a Medical Student

Maria Ciravegna Fonseca
BeMSA Belgium

This summer, I was able to live a true medical experience in the Tunisian reality. If it wasn’t for BeMSA, I wouldn’t be writing these words. The SCOPE program is a truly enriching experience, giving medical students from all over the world the opportunity to meet and experience a medical clerkship in a different country. But it’s not just about learning and enriching our medical skills, it’s also about understanding how the healthcare system of the hosting country works, its primary health concerns and how it’s like to live as a doctor in your hosting country. The experience includes clerkships in the hospital in the morning, local activities in the afternoon and a national social program during the weekend - and they will give you a true understanding of the country, along with an opportunity to be part of a big international melting pot.

A series of choices conducted me to encounter the medical reality in Tunisia, a Muslim Maghrebian jewel waiting to be unveiled. Tunisia today is a country of contrasts based on its glorious past and its unfolding future. Country that holds the Carthage archeological site and reminds us of their brilliant civilization that once lived there. Country of origin of one of the greatest men in history, Hannibal Barca and birthplace of the Jasmine Revolution that triggered the Arab Spring Revolution in 2011. In other words, a great country to start with not just to enrich in the medical domain but to also to have a more critical opinion about international geopolitical issues.

This unique experience occurred in Sfax, the economic stronghold of Tunisia known for its phosphate industries, fishing port and hardworking people directing important posts in Tunisian society. Sfax does not attract tourists like Tunis or Sousse, but has kept on developing independently and has grown into an authentic Tunisian city, still close to its traditions in a modernizing environment. If you want to live a true cultural immersion, learn from health professionals that dedicate their soul & heart to their work and understand the complexity of Tunisian reality, go to Sfax. Their infectious department in Hedi Chaker Hospital is one of the most developed in Tunisia and deals often with Extrapulmonary Tuberculosis, Ricketsiosis, Brucellosis and Hepatitis B. These diseases are not seen very often in Belgium and with this clerkship you are able to learn how to diagnose, do a full clinical examination of the patient and discuss their treatments with an enthusiastic medical team.

Also, the hosting team was very welcoming and always eager to answer our day-to-day questions. Each incoming had their personal contact person that showed them their service on the first day, introduced them to their tutor and suggested them activities to do on the free afternoons after clerkship. As a group, we had the chance to do medical workshops, cook local dishes from our country of origin and share it with all the other incomings and local Tunisians, travel to Kerkennah and live a true fishing experience and much more! During our National Social Program, we were able to join all the other incomings of the other cities and visit Haouaria, Monastir, Sousse and the traditional south such as Matmata, Douz and Tozeur.

With this experience, you notice that even though the incomings and the locals come from a different cultural background and live in a reality different from your own, they are in the end, very similar to you. The barriers that make us different are somewhat erased and replaced with a common goal that we all have as medical students: to become good individuals in our personal and professional life.

Nevertheless, today, we live in a world where events create divisions among people from different ethnic, cultural, religious backgrounds. The Arab Spring has affected us all, Tunisians, non-Europeans and Europeans and it makes us question about its consequences. This climate of tension that is present on a day-to-day basis feeds itself on the fear of the unknown, of what is different from us. The best way to deal with this fear is to work on our unconscious bias that we all have. So why not go and see the world with your own eyes, live a medical experience in a Muslim country and develop your own opinion by living a personal experience as a medical student? The best way to fight division is unity; then, take the SCOPE opportunity as one tool to help make the world a true melting pot.
SCOPE Initiatives:
Steps to strengthen exchanges

Paula Reges – SCOPE DA
Tommaso Pomerani – SCOPE D
IFMSA Brazil, SISM Italy

It is not for nothing that the essence of an exchange is exactly on changing. It changes who we are, who we want to be. Our exchange program, especially, changes the future of thousands of medical doctors. It keeps moving people across borders for educational, professional, or cultural purposes. It supports personal growth, leads to a deeper understanding about foreign cultures and improves international relationships.

We have the responsibility over unique life experiences. We definitely help on building new doctors with a wide vision over medicine and who, for sure, are sensitive towards global health issues.

Thinking on the driving power SCOPE exchanges have, it is definitely important to keep improving the quality of the program and increasing the opportunities offered. With this in mind, SCOPE has developed the six SCOPE Initiatives, which take part on optimizing the work, guaranteeing quality and efficiency.

Exchanges Accessibility is one of them. The learning experience which comes within an exchange is incomparable, and we want to make our exchanges accessible to all medical students, giving them the chance of experiencing healthcare in another culture with different health and education systems. International learning and knowledge propels students towards acceptance and understanding of an array of different cultural and community perspectives.

Doubtless, IFMSA Exchanges are well recognized as a result of collaborative work done between Standing Committees. SCOPE-SCORE Exchanges raises. The main goal of this type of exchange is to offer our medical students from countries without research infrastructure the opportunity to experience scientific research, and as such positively increase impact and sustainability of our exchanges.

Speaking again of collaboration, SCOPE has also an initiative called IFMSA-IADS Exchanges. It comes from a cooperation with the International Association of Dental Students (IADS), and allows students interested in doing a specialty in Maxillo-Facial Surgery to get a bit of understanding of the dentistry departments and specializations, which can be a great advantage for those who want to follow this area.
Sustainability is always one of the main concerns, expressly when dealing with contracts and the correct use and distribution of them. It was noticed that, year after year, the amount of unused Application Forms (AFs) was increasing. That is why Trilateral Exchanges arise. For some NMOs, these unused AFs can be a possibility to send an outgoing to a very desired NMO. Trilateral exchanges could give the chance to offer your unused AFs to other NMOs who can use them and, in return, get other AFs that are desired by your outgoing students. In the end, increasing accessibility to exchanges.

And there are other two Initiatives directly related on giving opportunities and increasing the range of involvement and interest on SCOPE Exchanges. Longer Duration of Exchanges would allow sending students on exchange for 6-8 weeks. Many universities around the world give academic credits as well as recognition for our exchange program, however many others do not. When understanding the reason why, the period of four weeks sometimes is appointed as insufficient and longer duration is required.

The other initiative is Exchanges in Multiple departments, which has as main goal the idea of providing students with the possibility of attending two different departments during the four weeks of exchange. It would give the possibility to acquire knowledge and practice in more than one field, boosting the whole experience and the generated background. This initiative has not been adopted yet, so much effort has been put on improving it.

The development and implementation, as well as raising the big concerns, negatives and positive points over the SCOPE Initiatives, have a great importance for the SCOPE International Team. It is important to keep recognizing the mission of our Standing Committee in all of the actions.

“Promote cultural understanding and cooperation amongst medical students and all health professionals, through the facilitation of international student exchanges”, always aiming “to give all students the opportunity to learn about global health, and attaining this partly by having its exchanges accredited by medical faculties across the world”.

It is undeniable that the SCOPE Initiatives are steps for increasing the mobility and widening the horizon of medical students worldwide, giving them the opportunity to learn about global health issues, contributing to the education, global vision, personal development, self-reliance and openness in becoming future health professionals.

If you want to understand more, feel free to get in touch with the SCOPE International Team through da.scope@ifmsa.org and scoped@ifmsa.org.
Host town and country: Santiago de Compostela, Spain

Pedro Henrique Borges
IFMSA-Brazil

Doing an internship is very important during the academic life in medicine to gather practical experiences and knowledge. Why not to do it in a foreign country?

This was how I decided to give it a try and do an internship in another country, and how I managed to get a spot in the city of Santiago de Compostela - Spain by the SCOPE program of IFMSA Brazil, at the department of internal medicine. So far, this was my first trip abroad, and, due to that, I must admit that I was a bit nervous. Nevertheless, I decided to accept this challenge anyway.

Arriving in Santiago de Compostela I was told that the university students were on vacation (also the students from the local committee of IFMSA) travelling to other cities or their hometowns and therefore there was only the hospital staff to talk and get to know. In the first days I found it a little tough to understand the language spoken by the locals. That, because some of them speak really fast, mixing both spanish and galician, which was something common in the Galician zone, but different from the spanish classes in Brazil. Anyway, by the end of the first week I was able to improve my skills in understanding and also speaking spanish.

During the clerkship at the Hospital Universitario de Santiago de Compostela, I was able to understand how the public health system of Spain works. I learned a lot with my tutor Jose Antonio Peromingo Diaz (internal medicine M.D.), the residents and nurses. As it was a universitary hospital; I was allowed to participate in medical consultations and understand how their semiology worked. Furthermore, I was taught how to operate an eco-doppler to examine patients’ venters, with some help in the first time, and then I could do it all by myself in the next ones. I was also capable of helping one of the residents, teaching her how to take blood from a patient’s vein with a needle, because that’s something I had studied in the second year of my university, and I felt great for being able to provide assistance.

I spent two weeks at medical consultations watching, listening and learning and in the two other weeks I was at the hospital nursery, where I followed my tutor most days and different ones in others, to check different patients and see more cases. The nursery routine was more tiring than I expected but also gratifying, because there I got to talk more with the patients, to understand them better and tried to help them doing whatever was within my power.

The 4 weeks I spent at the hospital were very important for my growth, both personal and professionally. All that I saw, listened and learned is now part of a history that I shall take with me through all my life and might be used as an incentive for further internships. It was a great experience and I hope to have many others soon!
Activities of SCOPE CIMSA, Indonesia

Zahra Fadhilazka Tiara
CIMSA-ISMKI Indonesia

Since 1951, Standing Committee on Professional Exchange (SCOPE), as the first Standing Committee of IFMSA, has become a very significant agent in creating peace in the world, through its exchange program. 50 years later, Indonesia also joined the ride, by creating Center for Indonesian Medical Students’ Activities, with SCOPE as one of the first standing committees established. SCOPE has been going strong since, both in Indonesia and worldwide.

Basically, we have two kinds of activities, which are local and national activities. Local activities are activities that are held independently by SCOPE locals. One example of SCOPE local activities is HELICOPTER (Health Issues, Language Course, and Traditional Game with Incomers) by SCOPE CIMSA of Andalas University. In this event, the incomings were invited to be speakers of a seminar in Andalas University. They got the chance to share about health issues in their countries, and also their experiences. The students and incomings also played Indonesian traditional games, such as eating crackers competition, and etc., and got exposed with cultural experiences through traditional food sharing of the local students and incomings. Through this event, both medical students and incomings got the chance to be exposed to different culture, to increase their cultural awareness. Also, the seminar about health issues of each country enabled both parties to learn, and therefore increase each other’s role in actualizing global health. On top of that, SCOPE CIMSA of Andalas University was able to promote SCOPE exchange program to all medical students there.

Although SCOPE is known for its exchange program, it also has other components, some of which are activities, or what is commonly known as projects. Activity is a major component of CIMSA, since letter A in CIMSA stands for Activities. Each year, our 13 SCOPE locals totally hold approximately 40 to 50 activities. We conduct our activities based on the aim of SCOPE, which is to promote cultural understanding and co-operation amongst medical students and all health professionals, through the facilitation of international student exchanges. SCOPE aims to give all students the opportunity to learn about global health, and attains this partly by having its exchanges accredited by medical faculties across the world.

A different type of local-based activity was held by SCOPE CIMSA of Islamic Syarif Hidayatullah University, namely CHEESE (Cheers with English), an activity where SCOPE members of the university taught 150 children from different age range about English,
while also had fun games and outdoor activities. This activity aimed to raise the cultural awareness of the children from early age, therefore, they were empowered to pursue their education not only in Indonesia, but also abroad.

We conduct three national activities, which are also held by SCOPE everywhere in the world. The first is the most awaited one, a national meeting for all SCOPE members that is conducted biennially, called Weekend Exchange Training (WET). It is an event where all SCOPE members meet and bond, get new insights from each other, and also gain new knowledge regarding exchange, through the lectures and trainings provided.

The other two are the activities that are obligatorily held in all SCOPE CIMSA locals, namely Exchange Fair and Pre Departure Training. Exchange Fair is an event prior to our outgoing selection, held on March or April every year. SCOPE CIMSA locals usually hold the fair by creating a booth in their campuses decorated with ornaments of different countries in the world. This booth is meant to attract all medical students to join our program and become outgoings, by buying our application form. Through Exchange Fair 2017, we managed to select more than 250 applicants from all over Indonesia. Therefore, this event is highly essential to SCOPE CIMSA.

The second activity is Pre Departure Training. It is a training held to educate outgoings regarding the technical procedures of their exchange. In Indonesia, this training is also combined with practicing basic medical procedures, such as phlebotomy, installing urine catheter, and others, to ensure that our outgoings are ready physically and mentally to face their exchange life.

These are just some examples of our activities here in SCOPE CIMSA. We are growing bigger and going stronger, along with the development of CIMSA and SCOPE in the world. Through our activities, we are supporting the aim of SCOPE and also the vision of CIMSA. It is because our existence is mainly like CIMSA’s tagline, it is to empower medical students, and improve nation’s health.

References:
1. https://ifmsa.org/professional-exchanges/
2. http://cimsa.or.id/about/index/cimsa
Dereast SCOPHeroes,

I gladly welcome you to the orange part of MSI- The SCOPH chapter. Since the beginning of the term the IT and I have been amazed and equally proud of the activities and involvement of the SCOPHeroes internationally, nationally and regionally through various efforts in SCOPH. From the local activities to SWGs, exchanges and advocacy, SCOPHeroes worldwide are working.

With the further establishment of Public Health Exchange (SCOPH Exchanges), Public Health in Medical Curriculum, Regional Priorities and Forums of representation; SCOPH is setting new grounds and exploring new grounds in Public Health in SCOPH. Empowering medical students to expand their view and skills in Public Health is the only way to healthier communities tomorrow as we are the present and future of healthcare.

What you will see in the following pages in the form of articles is the unbound creativity, inspirational hard work, interesting opinions and in one word burning passion of SCOPHeroes throughout the world. These articles are a great way to learn and expand your knowledge and views about the diverse doings in Public Health. So let it be a source of inspiration and enjoy while you skim through one of the most interesting articles on Public Health and activities done by our SCOPHeroes.

Happy Reading!

Orange Hugs,

Nishwa Azeem
SCOPH Director
In 2014, I was a 19-year-old Tunisian who believed that being a donor was a threat to her life. ‘They could kill me to take my organs away!’ But I was not the only exception. I represented the majority. 52 percent of the Tunisian population refused to give their organs based on false beliefs and misconceptions carried by media especially.

What if one of your family members needs a transplant? Would you stick to your ‘No’ then? Would you accept to embrace death while life is offering a golden chance to live? If organ donation is meant to be an act of love, then where can I find your love for humanity?

Pip. Pip. Pip. Piiiiiip was the sound of the machine signaling death. Inside my head, a chaos of tunes resonated for a reason: it would seem optimistic to assign it with birth rather than death. Einstein said ‘There are two ways to live your life. One is as though nothing is a miracle. The other is as though everything is a miracle.’ For me, offering life is making a graceful exit. And you can call it an afterlife!

One year later, I started attending medical school. I learned to embrace the power within myself, to say ‘Yes’ to becoming a donor, ‘Yes’ to being a more efficient citizen and ‘Yes’ to all the people who asked me for further information because they care and somehow had the will to share. All that due to a little training I didn’t expect to be would be one of the milestones in my life. The Donate Life program is an intensive 4-day training on organ donation for approximately 40 medical students with a high degree of motivation, from all the Universities of Medicine in Tunisia. The program has operated continuously for more than seven years in Associa-Med Tunisia. This is not a theoretical training where students can only expand their understanding about different aspects of this issue (e.g., religious, ethical, financial, etc.); but can also build their capacities and develop advocacy skills in order to put what they learnt in practice by organizing awareness campaigns and being involved with close contact with the Tunisian citizens. And this is precisely what Tunisia needs: experienced and motivated young leaders.

Why Organ Donation?
Studies have shown that ONE organ donor can save the life of EIGHT people and eventually change the life of 50 others; In my country, 1416 persons with Chronic Renal Failure are still on the never-ending waiting list for a renal transplant. In other words, a kidney could merely stop all the pain, all the restrictions and the financial burden due to hemodialysis.

In 2016, only 8 out of 90 Renal Transplants belongs to dead donors, and over 200 persons are waiting for a liver transplant.

Filled with unlimited motivation and a sense of humanity, we firmly believe that we are capable of tackling this public health issue. It may be long to fulfill, but it is worth our time, worth all the time those people have been waiting.

United we stand for spreading organ donation culture in the world. So don’t think twice; Live Twice.

Amal Abayed
Associa Med Tunisia
Project “Healthsphere”

Srpska Medical Students’ International Committee (SaMSIC: Bosnia and Herzegovina/Republic of Srpska) has organized an internationally accepted project from the side of IFMSA (International Federation of Medical Students Associations)

“Healthsphere” was held on Saturday, 27th of May in Petar Kocic park in Banja Luka. The project was held from 12:00 until 16:00 and consisted of four houses. From each house, the residents had a chance to learn interesting and useful information like preventing diseases, the importance of physical activities, correct nutrition, and good mental hygiene. The inspiration for the project came from the WHO definition of health “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition”. The interests of the people about the content of the houses was enormous. Based on the survey that was filled by every person who passed through all four houses, 400 people participated in the prize game.

The house “Better to prevent than to treat” attracted a great deal of interest from the citizens, mainly because it offered free blood pressure measurement and free blood glucose measurement. In addition to the volunteers of this house (medical students and SaMSIC members), free blood glucose measurement was also performed by professionals from Aqualab Plus Laboratories who was our partner and friend of our activity. Great attendance was recorded in the part of the house that was devoted to the promotion of oral health, where we shared gifts provided by our partner Curaprox Bosnia and Herzegovina: toothbrushes, interdental brushes, mouthwash fluids and toothpaste. In addition to information about proper oral hygiene, no less attention was drawn to the promotion of prevention of diseases such as diabetes, cardiovascular diseases, breast cancer and pulmonary disease. There was also an interest in the immunization, i.e., the importance of vaccination for the whole society.

The house “Health enters through the mouth” had special attention this year. Namely, there was a significant choice of healthy food from our local healthy food restaurants and companies associated with the production of the same, which our visitors could taste and try. This house has presented the importance of healthy diets. Inside the house, the citizens received advice on how to prepare healthy food, but also the opportunity to try out several products. The people who passed through this house have thought that healthy food is expensive and not tasteful. Thanks to the combined work of students and experts from the field of healthy diets, with the free tasting of healthy food and juices, most visitors changed their opinion and had shown an interest in healthy nutrition. The goal was to inform the citizens about the importance of food, like the father of medicine Hippocrates said: “Let food be your cure, and let your cure be food.”

The house “Life is a movement, movement is life” caused great interest among visitors, because in addition to numerous sports tips and sports offers this house offered different types of measurements to all visitors. The greatest attention was drawn to measurements of muscle to fat ratio in our body and after that measurement of the spinal column deformity, measurement of hips mobility and maximum oxygen consumption using ergometers. Also, this house had a diverse offer of consultation about the importance of physical activities, demonstration of exercises on modern devices, a presentation about modern methods of practicing by certified fitness trainers, personal trainers, martial arts experts and sports experts. This house also introduced various dance schools and showed that you could exercise...
and have fun and the same time.

The house “Laughter is the cure” has presented the importance of good mood and positive thinking about life, as well as the importance of mental hygiene. The real success of this house was achieved through musical performances and stand-up comedy acts that were among the main attractions of the project. The performers were Aleksandra Džombić, a student of the Music Academy, and UG “Together” (Support group for mentally ill people using group therapy for mental health treatment). Mile Mićić was in charge of the program with children (“Hairy Problems”), he entertained the children in the park with all kinds of colorful chalks and different sketches on the concrete, the children did not remove the smile from their face, which is a true indicator of the success of our house. The members of UG “Together” presented the works of people who create together, with love in a harmonious and relaxed atmosphere. All works are unique and the work of wonderful people, people that managed to overcome their mental illness by group therapy. We gave out to all visitors free hugs, and everybody left motivational messages in a “Colorful Jar.”

All visitors of “Healthsphere” could participate in a prize game, the conditions of participation were:

1. Fill out a survey about the project, for every house one standardized question about the topic of the house
2. Collect from all the four houses a stamp, as a proof that they visited them
3. Write their name, phone number and e-mail

The prize fund was over 100 prizes provided by partners and friends of project “Healthsphere”.

The goal of this project was to include people of all ages and show them the importance of laughter, healthy food, regular exercise and regular medical check-ups for a healthy and quality life in which the project was successful. Over 2000 people visited “Healthsphere”, and about 500 filled out the survey and participated in the prize game.

The main thing that “Healthsphere” wanted to present through our four houses was the idea that modern medicine would be dramatically different if we focus on prevention, rather than the intervention of diseases.

This activity was successfully enrolled in the IFM-SA program Healthy Lifestyles and Non-Communicable Diseases, and it fulfills the vision, mission, and objectives of SCOPH.

PUBLIC HEALTH SCANNING TOUR

Cansel KUŞ
Bahadir AZİZAĞAOĞLU
TurkMSIC-Turkey

Preventive medicine is one of the health policies that the ministry of health implements in their current strategies. This policy aims to reduce the various factors which destruct human health, to protect the people from the harms of these factors and to improve the citizens’ current health level.

Every state has some policies to promote health in its own country. According to these regulations, they want to ensure that health services are delivered to the best possible places for everyone in the country, and that everyone can benefit from these health services.

There has been a lot of effort to overcome this imbalance and inequality surrounding the health cares with branches; the health services in the provinces have been expanded, new hospitals built, and new health units developed.
Even though inequality in health declines progressively, that rate is still insufficient in some underdeveloped places of the country.

Thus, we launched a project several years ago, named ‘The Public Health Scanning Tour’ as members of the TurkMSIC in Turkey. Our aim with this project is to identify the disadvantaged regions of our country concerning health services, to conduct basic health surveys of people in these places and to give public health education. The results of this screening are shared with the authorities so that the disadvantaged area can benefit from basic health services.

Every year, the national team organizes scanning tours for any place in Turkey, for instance, this year’s tours were in Karabük. With the experience of national scanning tour, each local committee can organize theirs. In this article, our tour was made by the Başkent Local Committee of TurkMSIC, and the project was held in Haymana province, which is poor regarding health services near Ankara.

In this screening, the number of volunteers was 25 according to the task share. Before the event, all volunteers received the basic courses of endocrinology, general surgery, and gynecology for learning the instructions of blood glucose level and pressure measurement, calculation of body mass index and examination of breast cancer.

Our event addressed all age groups of village people, but the work done with children and the work done with adults were different. Throughout the event, our volunteers who are taken care of children have demonstrated the correct methods of teeth brushing to children and explained the importance of oral hygiene. With toothbrushing practice made with children, the information given to the children is made long-lasting.

For adults, the forms that were designed for the screening were first filled in, then the patients walked through the individual stations, and the measurements were completed. All of the necessary sections on the papers were filled in according to the results of the measurements, while one was moving from one measurement to the next. After the examinations were done, the results of the patients’ were interpreted by intern doctors. People with abnormal blood sugar and pressure were told to be careful with their diet and to exercise more, also advised seeing a physician for detailed examination. Women who feel mass in their breasts with their hands or who showed differences between the two breasts were recommended seeing a healthcare professional. The villagers, who wanted to get a more detailed education in these subjects, were brought together and provided comprehensive education about general health.

At the end of the tour, a total of 554 children and adults were reached. I think that with the results of the measurements, with practical training and repeated presentations, we have persistence of general health in the minds of the people of the village. As for me, we have done an effective public health scanning tour so that we can raise awareness and create health consciousness.

In conclusion, this tour was an inspirational programme which included plenty of profits for the process and post-processes. Moreover, all of the volunteers and medical students who have been participating in this fascinating tour could be able to show the skills on many branches surrounding health. They would also be able to put a stable setting which they’re going to show these skills to the fullest on public health for the future days even when they’re doing their fellowships abroad under these programmes and tours.
Mental well-being is a crucial part for the definition of health. With a good mental state, we can cope with the normal stresses of life and work productively. [1] According to the latest meta-analysis of about 200 studies of medical students’ well-being across 47 countries more than 27.2% worldwide experience depression or depressive symptoms. An estimated number of 11.1% also reports suicidal ideation. [2] There are existing concerns that the learning environment and training process contribute to the deterioration of mental health in medical students. [3] Medical students are under an immense amount of stress and in many cases do not know how to handle that. In Austria, mental illness is becoming a huge problem among young people. The common amount of mental issues in a population is about 10%; thus in the section of medical students, it is almost tripled. [2]

With our project “(K)Now Me” we are trying to bring awareness to mental health issues affecting students and to ensure that students’ everyday stress does not develop into more severe problems. The aim is to equip students with strategies how to cope with tremendous stress in their daily life. That is why we are organizing different workshops regarding time management or stress management.

Our workshops are based on the principles of continuous capacity building: the students leading the workshops are equipped with the skills to train new student leaders to hold their workshops on mental health. Each training that we do will increase the strength of the project. Finally, we are also advocating within our universities for internal support. This is a serious issue that needs to be addressed within our medical curriculum, and the more trainers and students that we have involved, the louder our voices will be. Also our mental health week every year in which we organize a whole week with dozens of different activities at our faculties helps us to reach more people. We are also currently creating an interactive website through which students can ask questions and see replies to other students in need. Students will be able to post their problems completely anonymously so that they can seek help without shame or fear of recognition. The website will be monitored by an online team of psychiatrists and psychologists as well as of students.

This project is based on the successes of the therapeutic method “sharing is caring”, which is used in the psychodrama. It is one of the oldest psychotherapy methods which was invented by the Austrian psychiatrist Jacob Levy Moreno and is defined as an “invitation of an amicable meeting”. [4]

References
Project “Healthsphere”

Igor Matheus Diniz
Anderson Júlio Camilo
IFMSA Brazil

The medical school, although greatly desired for students, has disappointed many who have conquered this position. The reason why this happens is that the students pass through a progressive, multidimensional and complex process of adaptation at the beginning of college¹. Among the factors of this process, some of the most difficult ones are managing life and personal life⁴, to deal with the change of social circle¹, the increasing pressure of evaluations²,⁴ and, mainly, the use of non-adaptive actions in a spectrum of stressful situations⁴. Accordingly, a study using meta-analysis with 200 works, covering around 120 thousand medical students in 43 countries to screen depression, symptoms related to depression and suicidal thoughts among students². Thus, the results have shown that the prevalence of depression or depression symptoms was 27.2% in the overall crude pool². Among the studies which have validated depressive symptoms, before and during college, it has been noticed that the median absolute increase in symptoms was 13.5% and, finally, the overall pooled crude prevalence of suicidal ideation was 11.1%. However, the percentage of students who actually seek for psychological help is only 15.7%. Hence, the author concluded saying: “further research is needed to identify strategies for preventing and treating these disorders in this population”².

Beyond the medical area and besides specific factors of mental health, analyzing widely in the academic population, a study³ made with a pool of 6479 students from various courses of two notable Australian universities have found that the prevalence of mental disorders was 19.2%, in addition of 67.4% reports of Subsyndromal symptoms. These numbers are significantly higher than the numbers in the overall population. The author’s conclusion is the same as the prior: highlight the need for a population health approach to the prevention and treatment of mental health problems in students³.

Therefore, the Local committee of Federal University of Rio Grande do Norte (UFRN) at IFMSA Brazil, having perceived the problems in our campus as well, has been developing for 2 years the project “Be-Happy”. This thoughtful work has the objective of promoting mental health and quality of life in the academic environment through monthly activities, 5 reunions overall, which occurs during the semester.

The first meeting is a roundtable with the students and five professionals: a psychologist, physical educator, a pharmacist, psychiatrist, and a nutritionist. They take a broad approach to mental health, accessing themes as the demystification of mental disorders, adaptive actions in stressful situations, and the rational use of medicine. After this introduction, the students can make questions and usually this section goes until the university closes because the group is always amazingly interested.

In a second meeting, we have the first “Happy Day”, in which we take the participants to the beach, where we foment social interaction, physical exercise, and discussion about the quality of life, music, thoughtful texts or poems and, in the end, an occasion to eat healthy food.

Our third reunion is called “CineHappy” and aims to develop some specific theme about mental health. The participants watch a film and, subsequently, a psychologist joins the team to enrich the argument about what they have seen. This moment, in particular, is always an enormous gain of knowledge, the film encourages dialogue and relevant discussions, reaching its peak when the students share their life experience.

The second “Happy Day” is held in “Parque das Dunas”, an urban park in Natal city, and has the same objective of the first “Happy day “: take the student out of his narrow repetitive routine, in the classroom, and bring them to a different environment, where we make activities to promote quality of life and mental health.

To conclude the project, the last reunion is held in a place chosen by the students. This last meeting
is, basically, a reencounter to strengthen the bonds created through the semester, which are of great importance to the adaptation in the college environment¹. Moreover, we received feedback about the project so that we can improve increasingly.

Recently, the “BeHappy” has received excellent feedback from the participants and from the institute professors. In addition, our message has made it to the office of the vice-rector for student’s issues, who have supported us greatly. Thus, our project coordinators have been invited to present thoughtful solutions to prevent mental disorders on the campus. Furthermore, to improve our data, it’s been made a qualitative study, concluding in 2017, which is using a focal group methodology, evaluating in detail the positive impact on society.

Health for All: the indispensable role of surgery and anaesthesia

Dominique Vernoot
BeMSA Belgium

Five billion people worldwide lack access to surgical and anaesthesia care when needed. As a result, at least 16.9 million preventable deaths occur each year, and 28-32% of the global burden of disease can be attributed to surgically treatable conditions. Of the 313 million surgeries taking place around the world every year, only 6% is reserved for the poorest third of the world, whereas 74% of all major surgeries occur in the wealthiest third, resulting in 81 million people being pushed (further) into poverty for accessing surgical care every year.(1)

The WHO’s constitution acknowledges that the enjoyment of the highest attainable standard of health is a fundamental human right, yet more than half of the world’s population –over 3.5 billion people- lack access to essential health services.(2) Every year, 800 million people suffer catastrophic expenditure due to medical costs, and 100 million people are pushed below the poverty line as a result. In low- and middle-income countries (LMICs), 5.6 billion people rely on out-of-pocket spending (OOPS) to cover at least half of their healthcare-related costs, causing one-third of households in Africa and Southeast Asia to borrow money or sell assets to pay for their medical bills, and 17% of people in LMICs being pushed (further) into poverty (less than $2 per day).(3)

“Achieving UHC will be my top priority, because I believe it is the best overall investment we can make.”
– Dr. Tedros, Director-General of the World Health Organization

Universal health coverage (UHC) implies that all individuals and communities have access to quality healthcare services without financial hardship when needed. In the past decades, over 100 LMICs, home to ¾ of the world population, have taken steps towards UHC, creating their own paths towards health for all. Despite previous concerns, UHC is technically possible and affordable for all countries. The Lancet Commission on Investing in Health estimated that every dollar invested in health returns ten times the benefits in economic growth.(4) An estimated $371 billion ($58 per person) per year is needed by 2030 to achieve the health-related Sustainable Development Goals (SDGs) through UHC.(5) In LMICs, domestic resources can cover 85% of the needed investments to work towards
UHC, indicating that most countries are able to achieve some extent of universality by themselves.

Avoiding financial losses associated with sudden health expenditure can help households stabilize their disposable income and spend more on other goods and services, improving welfare and future prospects of the family. At a macroeconomic level, this leads to a greater ability to consume and invest. Moreover, better health allows people to contribute to nations’ labour economics or pursue higher education. Similarly, increasing health literacy, especially among the youth, is essential to empower the global citizens of the future with the knowledge, motivation, and skills needed to help them protect their personal health and drive societal change for promoting populations’ health.

Highlighted by the current global state, surgery and anaesthesia are essential components of UHC, especially in the context of a growing global prevalence of (often surgically treatable) non-communicable diseases (NCDs), injuries and malignancies, and persistently high rates of OOPS in LMICs.

(6) High percentages of OOPS in, especially, LMICs discourage people from seeking surgical care, leaving them with the choice between health and other basic necessities (e.g., food and rent), whereas those that do face high levels of catastrophic expenditure.

In countries having UHC packages, obstetric care is most commonly included.(7) However, despite the financial risk protection, high volume of cases, limited skilled health workers, and distorted cultural perceptions limit the utilization thereof. Nevertheless, inclusion of obstetric care has improved the safety and quality of obstetric care and the number of births in skilled facilities, with an overall lower maternal mortality rate in sub-Saharan Africa.

UHC is a crucial pillar towards sustainable development and health for all, and pays a resilience dividend. In times of distress, health minimizes the shock to lives and livelihoods. In times of calm, health promotes community cohesion and economic productivity. The cost of neglect, both in dollars and lives, underlying access to surgery is too high not to pay attention to. Surgery can no longer be a luxury only for those able to pay. Until this changes, global efforts cannot reach health for all, but only partial health for some.

References:
The physicians’ burnout is a relevant issue; therefore, considerations about prevention are necessary. The challenges of the medical studies may destroy one’s inner peace, which can potentially cause burnout in the future. During the studies, it is almost impossible to avoid hearing warnings about the pending difficulties, as well as seeing exhausted students. However, not all students face that, as everyone handles the stress individually and that depends on many factors. Before considering elements which contribute to the burnout, it is necessary to state that diagnosis is not simple. The aforementioned disease should be separated from mere tiredness, because a patient with burnout is constantly tired, emotional and/or physically exhausted, depressed, and has a diminished desire to work. Tiredness is what one feels while preparing for exams, spending some Friday nights with books instead of friends, suffering from insomnia after a long day, and emotional disappointment after seeing grades. Can these medical student’s life factors lead to professional burnout in the future? In fact, they may be key predictors.

Firstly, competition and high requirements may become causes of the burnout. No one in the world enjoys feeling unwise, and in some cases, students do not realize that grades usually do not correlate with IQ level. As a result, some students persist in learning due to the fear of being the worst in their study groups and aiming to feel clever and obtain a grant; these are also the roots of student rivalry. Of course, pressure may come from parents and professors, but usually, students create it themselves in their heads by thinking what kind of doctor they will become if they do not know this or another subject well. The goal to match the high standards of personal competence should be evaluated individually.

The best way to reduce competition and pressure is to invest in yourself, to expand the circle of friends, surround yourself with people who support you and widen your attitude. It is necessary to have at least one hobby or activity – that is not related to medicine. Stress and various types of disappointment increase the risk of burnout. Medical students experience this even during their leisure time, as students often have trouble relaxing as they try to rest in a very short time. Tiredness after exams hinders them from doing what they want; imbalance of rest and learning may have a huge effect. The vicious circle of pessimistic mind, lack of money, huge quantity of topics that need to be covered, expectation discrepancy and personal problems also takes part in destroying the inner peace. Some strategies are recommended as prevention, such as the promotion of a healthier lifestyle, positive tutor behavior, and relaxation techniques. However, from my personal experience, I believe that the most effective prevention is one student’s develops individually. It no secret that some students handle stress better. The people that learn to manage stress understand that the world is not perfect, that it is impossible to learn everything, that not every question can be answered, and that sometimes you have to adapt with your point of view. Some students think that stress is a normal state or that all problem of the burnout is not relevant to them. The recipe to decrease the risk of burnout is to choose your own strategy how to spend leisure time and understand which learning technique benefits you the most. You should also give more attention to your eating habits, reduce bad habits, and to get sufficient amount of sleep. It’s important to understand that all these strategies can be useful to you.

In general, the risk of burnouts depends on various factors, such as one’s sensitivity level, daily situations, as well as personal life. Now it is time to care about prevention of burnout and the most important milestone for every medical student is to understand that no one is safe from a burnout and self-care is not less important than studies.
Humans behaviours as action towards global epidemics and outbreak

Epidemics have left a significant mark on human history; according to World Health Organization, in 1995 there were an estimated 200 million obese adults worldwide and another 18 million under-five children classified as overweight. Human behaviour is the common denominator for epidemic risk and ultimately prevention and control. What people do or do not do has a tremendous impact on outbreak control, so the active participation and contribution of people, including those who are affected and are at risk, can help as actions towards global epidemics and outbreaks.

Abnormal human behavioural risk epidemic is increasing. Outbreaks provide unique opportunities for identifying the factors that drive the emergence and amplification of epidemics such as some acts of human behaviour: environmental management, population movement, and nutrition. These factors facilitate the transformation of local outbreaks into epidemics affecting many countries at the same time. So, understanding of human behaviour can help to find effective ways for mitigating, preventing and controlling the emergence and amplification of epidemic.

Environmental management; the key to man’s health lies mostly in his environment. In fact, much of man’s ill-health can be traced to adverse environmental factors such as water pollution, soil pollution, air pollution, poor housing conditions, the presence of animal reservoirs and insect vectors of diseases which pose a constant threat to man’s health. So, Environmental exploitation and degradation and poor environmental management provide opportunities for viruses and their vectors to mutate into more infectious and virulent forms.

Population movement, by increases in travel, trade, and international transport of people by air, land, sea, tourism, and refugee crises displacement. These population overcrowding and weak health infrastructure provide ideal environments for infectious diseases to proliferate. Therefore, movement will have an adverse impact on human behaviour and it will result in an epidemic.

Nutrition is the science of food and its relationship to health. Obesity poses a significant risk for serious diet-related noncommunicable diseases, including diabetes mellitus, cardiovascular disease, hypertension, stroke, and specific forms of cancer. Its health consequences range from increased risk of epidemics.

So, humans’ behaviours such as environmental management, population movement, and nutrition must be recognized as active participants in response and management of epidemics and outbreaks. Without this, an epidemic will continue to spread, and response operations will be extremely challenging, requiring more time and resources to achieve control. In fact, another behaviour; the standard social practices that bind families and communities together, such as caring for the sick and burying the dead, became the most effective ways of transmitting the disease and should be taken into consideration.
The World Health Organization (WHO) defines mental health as follows: “A state of well-being in which every individual realizes his or her own potential can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to her or his community” (1). However, concepts of health and wellbeing are often misconceived as being solely affected by physical conditions. This misconception dissociates the psychosocial aspect of health from the general concept and ultimately undermines mental illness as a legitimate cause of disability and affliction. According to the WHO, the global incidence of mental health conditions continues to increase, especially affecting lower-income countries, with an estimated 300 million and 264 million people suffering from depression and anxiety disorders, respectively (2).

Unfortunately, statistics and policies about mental health in the Dominican Republic (DR) are not extensive. In 2006, Law No. 12-06 on mental health was enacted, stipulating that every individual has the right to receive the best mental health care available, and providing guidelines for protecting the fundamental freedoms and rights of persons with mental disorders (3). However, mental health care systems require a substantial amount of economic and human resources to function, and the current availability of these resources are not sufficient to address this issue. Nonetheless, 2016 was a turning point for mental health services in the DR, where efforts to improve the availability and access to these necessary services resulted in the establishment of the very first center for Psychosocial Rehabilitation on the island.

On December 15, 2017, Dominican Medical Student Organization (ODEM-Dominican Republic) members collaborated with the Iberoamerican University Psychiatry Interest Group on a health outreach visit to the Psychosocial Rehabilitation Center Padre Billini located in Santo Domingo, DR. Housing over 80 patients, this is a mental health center, where patients are referred to after receiving initial treatment and stabilization. The objective of this outreach activity was to provide positive social interactions and conversations with patients as well as learn more about the logistics and operational dynamics of this new center by staff. First, while students prepared breakfast, traditional DR music was played in the courtyard area. Food donations were distributed for patients to share with their families. Next, staff shared a guided tour through the facility, describing different projects of the rehabilitation programs according to individualized patient’s needs. Some projects included a theater group that performed at the DR National Theater, art classes for painting and artisanal handcrafts that were sold to the general public, and vocational training in hairdressing and crop cultivation. These vocational programs provide instruction for economic autonomy after their discharge, as well as reinforce a sense of purpose, independence, and autonomy; easing the transition process (psychosocial rehabilitation) back to their communities.

Globally, there is still a long way to advance in mental health awareness. In order to properly address challenges in making mental health care available and affordable for everyone, more legislation should be created, and additional economic and social resources should be invested. As future medical professionals, we must be mindful and act diligently in identifying when psychological interventions are needed, acknowledging mental illness as a legitimate issue, and treating psychosocial health challenges as any physical pathology. By being vocal and raising awareness about the importance of mental health diagnosis and management, we can end stigma and discrimination surrounding mental illness and establish an open dialogue among health professionals and the general public. As future health leaders, we can directly serve our communities as well as participate in the development of essential health initiatives in our countries.

Spread the Word about Mental Health Illness: Recovery is Possible

Lissa Alexandra Garcia
ODEM-Dominican Republic
Preventive medicine in the Dominican Republic: Vaccines available to everyone

Yessi Paulette Alcántara
ODEM-Dominican Republic

“The more it (vaccination) is supported by public authorities, the more will its dangers and disadvantages be concealed or denied.” — M. Beddow Bayly

As one of the member countries of the World Health Organization (WHO), the Dominican Republic (DR) health system follows the strategies of disease prevention programs to optimize population health. Since 1978, one of the largest national programs is the expanded immunization program, which is designed to protect the pediatric population and women of childbearing ages from increased morbidity or mortality of lethal diseases. Today, the DR health system has successfully eradicated smallpox, polio, measles, and rubella, and thus health expenditure can be reduced, and resources can be applied to other public health needs.

In 2003, the Commission for the Future of Vaccines in Latin America (COFVAL) was formed, with the objective to reduce the regional inequities in all communities, especially in vulnerable populations. This commission uses different recommendations on performance indicators in vaccination programs, such as vaccine coverage at the national level in each country, epidemiological surveillance by the medical team of the public health system, national health summaries, assessment of the functional health of all patients, analysis and restructuring of human resource performance, and financial support by the government.(1)

Health leaders have used multiple strategies to promote the importance of immunizations. First, they visited hospitals, schools, and marginalized communities, in order to educate the population by presenting health seminars, distributing newsletters, and reaching television and radio stations. Thus, the relationship between health providers and patients becomes more personalized, with greater confidence and a high opportunity to influence patients to make the best decisions regarding their health and the community. Second, they aimed to reduce stigma associated with vulnerable or immunocompromised patients through a “hug” campaign. Thus, immunization initiatives have been prioritized in the political agendas, demonstrating cooperation and collaboration among public health agencies.

According to the report of Vaccination Week in the Americas (VWA), 686 million doses were applied between years 2003 to 2017 in the Americas. Of this total, 35% were provided to adults older than 60 years old, and 33% were administered to children under five years old. Notably, the vaccines of the highest documented impact were influenza, polio, and measles (2).

Medical leaders work together to identify populations with limited access or availability to vaccines or other health services. This is especially important for populations living in marginalized communities, such as poor urban communities, rural geographies or border areas, to avoid missed vaccination opportunities (3).

In global health, change will only be possible if we dream and work hard to achieve health equity. We must replicate the actions of Ciro de Quadros, a leader in the field of public health, in particular in the area of vaccines and preventable diseases. He had an important role in developing the prevention strategies, which have been instrumental in polio eradication from the Americas region. His values and vision expedited the global push for universal access to life-saving vaccines (4). As a human right of the entire population, vaccines are the responsibility of each individual, community, and government, as prevention cannot be described by social or socioeconomic status.

As medical students and future health care professionals, our national and international efforts in a dynamic world must promote preventive medicine in all areas of health. Our collective voices are key strategies to disseminate the health prevention message to all communities. By opening our minds and recognizing the impact of global prevention strategies for international health systems, we can continue to combat disease transmission and improve disease prevention and control.
The transgender people’s health: an arduous reality

Andressa Almeida de Noronha
Camila Bicudo Mendonça
Everton Bruno Castanha
IFMSA Brazil

Lead by the belief of homogeneity of the human beings; one can often find a current social tendency to deny and to exclude the diversities; therefore, every situation that evades the culturally established binary pattern of sex and gender - is considered inferior. Thus, by transposing the barrier that separates masculinity from femininity, trans people are targets of violent acts, prejudice, and social discrimination, even in outpatient and hospital settings. Their access to preventive and curative methods of health care is diminished, which further aggravates their health situation.

According to Transgender Europe, it is estimated that between January 2008 and March 2014, 605 transsexuals or transvestites were killed in Brazil, only in 2013 were 121 cases of transvestites murdered in the country. The country is considered to be the one that most kills transsexuals worldwide, according to data from the same NGO. Also, a report by the Secretariat of Human Rights published in 2012 estimates that the human rights ombudsman received, in that year alone, 3084 reports of violations against the population, including more than 80% psychological violence. Nonetheless, data for 2012 shows 310 members of the LGBT community were murdered that year, 51.86% of the total being transvestites. Violence, linked to other causes, is responsible for the unbelievably low life expectancy of trans people: only 35 years, according to data from the National Association of Transsexuals and Transvestites in Brazil.

Without a doubt, this scenario highlights how vulnerable this group becomes to life threats and circumstances: alcohol, tobacco and illicit drugs abuse, obesity, unprotected sex, sexually transmitted infections, bullying, and violent behavior. On top of all this, which would already be enough to raise public health concerns, trans people often live on the edge of depression and anxiety. This is due to the various traumas received in childhood and adolescence periods that come to fruition in adulthood. In the adult phase, trans people have to face external and internal frustrations, such as being denied employment, facing difficulties to access the surgical reassignment, and to contest the use of the civil name in an ordinary situation. As an attempt at sexual adequacy, many will indiscriminately use hormones and industrial liquid silicone without legit prescription and aseptic technics.

Beyond living in a constant picture of physical violence, evidence indicates that the transgender population also suffers discrimination when accessing the health system. One of the most significant problems is the lack of recognition of their gender, being treated by their civil names in offices and waiting rooms, besides being allocated along with those similar to their biological sex. There are frequent reports of trans women placed in male wings in the wards, suffering discrimination from other patients as well as from the staff.

Access to diagnosis, treatment, and follow-up are also strikingly precarious. It is possible to affirm that both services and health professionals are not prepared to deal with this scenario. Once guided by the heteronormative academic culture, the professional training and education are deficient, because it is presumed the care of heterosexual and cisgender patients most of the time. In addition, it is challenging to verbalize subjects inherent to sexuality, due to archaic social taboos still present. Not finding space in this environment, transgender population search to solve their health demands through pharmacies, self-medication and dubious sources of information, such as the internet, magazines, and friends. In this way, it is noticed that in the contemporary context, the attention given to the trans people is reduced, and consequences then detached are severe.

Assuming that health is a universal right, it is understood that attention must be given to all citizens regardless of sexual orientation, gender choice, and sexual identity. Moreover, according to WHO’s definition of health as “a state of complete physical, mental, and spiritual well-being and not merely the absence of disease” and that sexuality is intimately connected to health, it is deduced that experiences and needs related to the sexuality of each individual is also a matter of paramount importance for the public health framework. It is undeniable that the visibility of trans people in Brazil is still small and a considerable amount of works needs to be done to improve the quality of life, access to health, education, reduce violence and, especially, the prejudice that permeates this population.
Zika virus and microcephaly: an alert in public health

Gleison Vitor Ferreira
Barbara Brenda Dias
Guilherme Antonio Silva
IFMSA-Brazil

Zika virus was isolated first in 1947 from Rhesus monkey in the Zika forest, Uganda, Africa. The Zika epidemic that occurred in the summer of 2015/2016 represented one of the recent significant public health problems in Brazil. In this period, there was a mobilization about births of children with microcephaly. The Brazilian state Pernambuco concentrated the main focus of the epidemic with 583 confirmed cases until February (2016) and more than 5600 suspected cases. However, many countries of Americas were affected with Zika virus, showing a global alert on the problem. Therefore, health authorities and health professionals in the nation needed to be prepared to prevent unexpected outbreaks with effective public health policy measures.

There was a 20-fold estimated increase in the microcephalic child’s incidence in the Brazilian Northeast reported by Brazilian Ministry of Health. The connection between Zika infection and the microcephaly outbreak in November 2015 was confirmed by public health authorities. The virus was identified in blood and tissue samples from a newborn with microcephaly who died in Ceará, in addition to being detected in the amniotic fluid of pregnant women in Paraíba who had children with microcephaly. In this context, the World Health Organization (WHO) declared in February 2016 a State of Emergency of International Public Health. The global risk of the microcephaly outbreak is worrisome, as the virus has already been identified in 61 countries, the majority in the Americas, according to (WHO). In 2016 there was an increase in reported cases of Zika in Piauí than 2015, from 4 to 312.

Faced with this outbreak by the Zika virus, their grave consequences, sanitary conditions and, habits that facilitate the proliferation of the mosquito, preventive measures become essential, especially with the main risk group: pregnant women. The involvement of fetuses that develop microcephaly is irreversible, and avoiding infection is the best way to prevent these complications, which generate a high emotional and economic cost to society. Thus, the “Bem-Nascido” Campaign carried out by medical academics of the IFMSA Brazil committee of the State University of Piauí in the year 2016, aimed to alert the main target audience: pregnant women of reference maternity in the region of the campaign. The campaign was carried out through the distribution of pamphlets alerting the mothers about the main precautions for mosquito prevention; pointed out as the main transmitter of the pathology. Among such care can be listed the use of long clothing, shirts with longer sleeves, use of repellents, use of musketeers, and the care to avoid the accumulation of still water. In addition, a session answering questions and doubts about the ways of preventing mosquito bites was carried out. The Campaign was held as a joint action with the local committee of IFMSA Brazil of the Brazilian state of Pernambuco, proposing a partnership to visualize the problem.

Among the main impacts observed, it was possible to notice some aspects such as the target public’s heterogeneity in levels of awareness about the subject. That variation reflects unequal dissemination of information of the methods of primary prevention of Zika virus vector in the population. In addition, some patients reported cases of microcephaly from known people and were concerned with the subject, the risks to pregnancy and as forms of prevention during the gestational period, which cause an additional factor of stress during pregnancy. The issue of the Zika virus and microcephaly epidemic raised a number of other concerns beyond the short-term problems for mother and newborn, as the necessity of promoting rehabilitation for children and the reproductive rights around pregnant women.

The importance of actions in the public health area within the academic context is perceived because it raises the community’s attention, as well as alert through clarity of health topics in which prevention is one of the central axes for the problem resolution. It is also worth emphasizing the efforts and indispensable role of including medical students involved with the public health with a focus on intervention within the community and prevention of damages associated with knowledge built in the University. With this, actions around the solidification of public policies need to be elaborated and put into practice by promoting research in areas of entomology and ecology for a better understanding of the mechanisms of arbovirus propagation. Therefore, other ongoing actions are planned by the campaign team together with entities such as the Ministry of Health and the Maternity study group on the prevention of the effects of Zika virus.
#metoo

Karina Chopra
Students for Global Health

2017 has been the year for women forming a collective comradery with the #metoo campaign following the heinous atrocities carried out by Harvey Weinstein. The movement was genuinely inspiring but also haunting as it only just highlighted how common sexual assault is.

However, what has been most disturbing is the disregard for some of these accusations which make a taboo subject even more difficult to speak about. Yes, unfortunately, we do live in a world where some individuals lie about such acts, but for the many of us who have gone through such an ordeal, gaining the courage to talk and engage in the discussion is a huge step forward.

For decades we have normalized the way the opposite sex objectifies us. The countless times I’ve heard revelations such as ‘oh my boss tried to hit on me’ or ‘a colleague at work made some inappropriate joke towards me’, so flippantly these are discussed with friends, yet how often are they reported? Worryingly, as these beliefs pass down from generation to generation we only add fuel to the fire by not speaking out. But maybe one way to decades of oppression and objectification is through education and empowerment.

Emphasis on education in schools is paramount; it is known that by educating young children we can end stigma. That said, the need for sensitivity and appreciation for cultural differences is as important. But, we need to get this right, and we need to demolish the ideology of women as submissive individuals. We need young people in school to think of everyone as equal people. The Advertising Standards Agency in the UK is now tackling advertisements that sexualize women because let’s face it, what doesn’t sexualize women?1 Al Jazeera recently did a documentary ‘The Snake Charmer’ featuring Bollywood actor Amir Khan, tackling the gender stereotypes in India.2 The realization of gender inequality and the action being taken is like a growing wave passing from country to country.

Sexual assault is an epidemic in its own right. In some ways it can be thought of like the iceberg analogy, the tip being the reported cases and everything below provides a section of how many are underreported.

This is going to be a long and difficult journey, but there seems to be change on the way and maybe for the first time, hope.
A long time has passed since the importance of comprehensive sexuality education was introduced to LiMSA (Lithuanian Medical Students Association), that has been involved in dispelling common myths regarding contraception and sexuality as well as providing quality sessions ever since. It is evident that our NMO has made significant progress in sexuality education including international, national, and local levels, which is a result of the work of many devoted LiMSA members as well as local and national officers.

Firstly, our NMO has reached a great milestone this summer: in August the first international peer education training took place in Lithuania (as a part of a sub-regional training). It attracted participants from various countries and had a tremendous significance, because as a result, we can provide better national peer education trainings due to available certified trainers in Lithuania. Last year, the national sexuality education program, which was developed with the assistance of LiMSA, was officially implemented by Lithuania’s Ministry of Education and Science into Lithuanian students’ curriculum. However, LiMSA is still providing recommendations on how to make the programme more effective. Furthermore, we are looking forward to sending our observers to the Northern European Conference on Sexuality Education for the first time and officially enrolling our initiative as an IFMSA programme.

During the past two years, there have been four national peer education trainings organised by national and local officers as well as active LiMSA members that gathered more than 80 participants from both Vilnius University and Lithuanian University of Health Sciences. The trainings took place in various locations to ensure accessibility and local committees’ representation. The trainings were facilitated not only by experienced trainers but also by representatives of National LGBT Rights Organisation and Gender Studies Center. We mainly focus on HIV and STIs as well as on sexual and gender identity and aim to explore new methods. Also, this year we have officially appointed our sexuality education coordinators who have been working on further development of sexuality education sessions offered by LiMSA.

On the local level, we have provided an impressive number of comprehensive sexuality education sessions to many local schools, not only in the big cities but small towns as well, such as Švencioniai, Marijampole and Elektrenai. However, this year our focus has been to not only work with primary and secondary schools, but to also integrate our offered programs to other institutions, such as social care centres (including juvenile crime) and orphanages together with public health institutions in various cities, that we have successfully carried out. Currently, advances are made to provide sexuality education for disabled children in collaboration with other organisations. In addition, we constantly organise local NMO meetings devoted to successfully expanding work on sexuality education.

All in all, we hope our initiative proves to be effective for the improvement of the situation in Lithuania in the long run, in addition to the empowerment of young people, as they learn about their reproductive rights as well as sexuality and ways to make better choices regarding their sexual lives.
Getting Tested Campaign: Ending HIV & AIDS

Jacques Galea
Missing NMC

During our planning for this year’s World AIDS Day campaign, we delved deeper into the main issues hindering Malta’s steps forward against the disease. In line with the UNAIDS 90-90-90 goal, we realised that accomplishing the first ‘90’ was proving to be problematic; to have 90% of all people living with HIV knowing their HIV status. As of the time of writing, only 75% of HIV patients in Malta were estimated to know their HIV status.

In Maltese society, sex is often perceived as taboo, and there is widespread reluctance to take action in looking after one’s sexual health. This can only contribute to the increase in HIV cases in recent years; the number of HIV cases diagnosed per year has doubled since 2012.

In line with tackling the issues outlined above, we created our ‘Getting Tested’ campaign. The latter was the crux of our events planned for World AIDS Day 2017. Through the campaign, we aimed to increase the number of people tested for HIV, and other STIs, in an effort to contribute towards the 90-90-90 goal.

As MMSA, we are fortunate enough to have a significant social media following, especially amongst university students. We used this to our advantage and set about creating two videos which would encourage social media users to get tested for HIV. In November 2017, the HIV Rapid Test was introduced at the GU Clinic in Malta. Free testing is offered to anyone, regardless of nationality. Our first video put emphasis upon the simplicity and anonymity of the procedure, and outlined the entire procedure in under a minute. With the HIV Rapid Test video, we aimed to encourage anyone to get tested, and answer the questions people may have but are embarrassed to ask. To further decrease the reluctance in the average Maltese person, we created a second video which consisted of influential Maltese personalities undergoing the HIV Rapid Test and voicing their stand against the infection. These personalities ranged from radio presenters and singers to the most well-known faces around the University of Malta campus. With this video, we directed our efforts towards crushing the stigma around getting tested and looking after one’s sexual health.

Both videos accumulated a combined total of over 11000 views through Facebook alone. Keeping the size of Malta’s population in mind, it was concluded that over 1.5% of the Maltese population was reached through the HIV Rapid Test video. This does not include the number of viewers reached when our videos were broadcasted on primetime television and played on-loop during our World AIDS Day events. We also distributed a series of flyers and posters on the university campus, and during our WAD event in our capital city (Valletta) to further motivate people to get tested.

Besides our efforts on social media, we trained MMSA members in the demonstration of the HIV self-test, enabling them to demonstrate the test to the general public, as well as advocate for the purchasing of the test at any local pharmacy.

Through the ‘Getting Tested’ campaign, we succeeded in accomplishing the goals we set out to achieve. Our videos garnered over double the views we were hoping to accumulate, and the introduction of the HIV Rapid Test was boosted and advocated for on a national level. Let’s continue moving forward in the fight against the HIV epidemic.

#LetsEndIt
TRANSFORMANDO: TALKING ABOUT HEALTH OF TRANSGENDER PEOPLE

Jéssica Camila Fizinus
Raquel Henriques
Ana Beatriz Lisboa
IFMSA-Brazil

Gender, according to the dictionary, means: “Set of properties attributed socially and culturally in relation to the sex of individuals”¹. However, gender goes beyond sex, comprising self-perception and ways of social expression². In Brazil, there isn’t an agreement regarding the term “transgender”, nevertheless there is a recognition that diversity in the way one lives gender exists, considering: identity (transsexuals and transvestites) and functionality (crossdressers, drag queens, drag kings), plus people who identify as agender².

The reality of transgenders in Brazil is marked by discrimination, prejudice, and marginalization³. Being transgender is still considered a mental disorder by the ICD-10. However, the DSM-5 doesn’t consider the “Gender Identity Disorder” a disease⁴. For the Ministry of Health, talking about transgender people involves matters still unknown, not only to the public but also to professionals and students of health fields. But, they acknowledge the importance of these matters to the care and assistance of transgenders.

The objective was to discuss transsexuality and transgender living, clarifying how important the subject is, promoting social awareness and how to give adequate care to these individuals in the health area.

The campaign happened on September 5th of 2017 at the auditorium located at CRM, in Maringá. The lectures addressed the life of transgender people, neurobiological aspects, hormonotherapy, depathologization, and psychological aspects. In the end, there was a roundtable to discuss everything regarding the theme. There were also questionnaires given before – presence – and after – via online - the event, with eight questions of multiple choice, to analyze the knowledge everyone gained with the campaign.

Of the 83 participants, 80 questionnaires were answered before, and 64 after the lectures. The questions were about the definition of being transgender, job market, having the right to change your sex, access to that change, use of a social name, the importance of hormonotherapy, history, and origin of transsexuality.

All the questions presented a higher number of right answers after the event, especially the one about job market, with a mark of 20%. Another interesting data is that 2.5% marked that they didn’t believe sex change should be a right, however, after the lectures no one chose that alternative. A lot of participants had difficulties answering the question regarding the access to the surgeries for a sex change, given that 6.2% of them didn’t answer at all. It was expected that they would signal the alternative saying that it is an arduous process because of lack of professionals and long waiting lines.

Analyzing the data, the realization is that the campaign reached the objective, given that all the questions had a higher rate of right answers after the event. The participants showed ease when asking questions and debating, therefore it’s believed they got the chance to get familiar with the reality of transgender people, and that the students are now fit not only to care for transgenders regarding the clinic health aspect but also in a human ethical way.

In conclusion, the campaign had a transformative effect on the lives of everyone involved.
Forgotten in prison: an analysis of conditions and failure of the health

Letícia de Rocco Fangueiro
IFMSA-Brazil

According to the Ministry of Health compilations, the prevalence of AIDS (Acquired Immunodeficiency Syndrome) among the incarcerated was 1.3% in 2014, while in the general population it was 0.4% 6. In most countries, a hostile way of life is present in prisoners, but there are few reports of the fragility within the health system of those who are not free. In addition, the lack of information leads to an idea of abandonment by the part of the population that suffers daily, with lack of knowledge and materials in day to day basis. They are people who, even facing punishment for socially inappropriate behavior, live without the dignity that belongs to them.

According to the National Survey of Penitentiary Information (Infopen), released by the Ministry of Justice in 2014, at least 2.864 prisoners were living with AIDS in Brazil. Data from the same survey estimated that of the 10.2 million people who were globally incarcerated in 2014, 389 thousand, or 3.8%, lived with HIV (Human Immunodeficiency Virus)7. These numbers show that most of the penitentiary systems lack in health assistance, due to non existing or irregular prevention and care activities, small amounts of professionals, lack of resources, and lack of sustainable health education structures.

At the end of 1997, researchers from the Univer-
sity of São Paulo (USP) collected data across Brazil and estimated that about 20% of the prison population was living with HIV. Considering this information, there may be more than 60,000 seropositive incarcerated in Brazil4,5. This situation is due to a limitation of case disclosure through the fragility of the Notification of Injury Information System, emphasizing the importance of maximizing a discussion about the vulnerability of the Brazilian population. There is still a limitation of data when it comes to the prevention of diseases in the incarcerated population, showing the need to discuss actions that aim to promote the importance of health care in Brazilian prisons.

The life of a prisoner has unique characteristics that predispose to the greater risk of illness. In this context, the use of injecting drugs with the sharing of needles and syringes, duration of the sentence, and risky sexual behavior are some of the foregoing factors that make the environment an ideal ocean for the spread of infections such as HIV, Hepatitis B, Hepatitis C, Treponema pallidum, among others3,4,5. Knowing that, when they return to the community, they put other lives at risk by contributing to the spread of the diseases mentioned. Therefore, it’s necessary to discuss and promote public policies, educating this population about the sexually transmitted infections (STIs), in addition to generating health promotion, support and care for this population when reintegrated into society.

The Brazilian policy of health prevention has been of great help against the dissemination of AIDS, such as a universal distribution of antiretroviral drugs, the promotion of campaigns that intensify the importance of condom use and the reduction of vertical HIV transmission. But there are still obstacles to universal and equitable health rights: the feelings of discrimination and revolt against the inmate. To ensure prisoners access to health and guidance in relation to the prevention of STIs, the feeling of public policy managers and society need to neutralize the public feeling. Even though some of the inmates acknowledge the importance of prevention, the actual use of preventive methods is almost nonexistent due to the difficulty in acquiring prevention, lack of guidance, knowledge, and a stable partner. Therefore, there is an urgent need for special attention, not obtained in reality, seeking to estimate the vulnerability of prisoners, learn their behaviors and degree of information about STIs in order to reduce the current 3.8% share of HIV carriers.

In this way, actions like distribution of condoms and voluntary actions have the purpose of health promotion, reduce diseases and provide the knowledge of the dangers that infections generate, demonstrating how to avoid it. Therefore, is an opportunity to make a difference in the life of these people.

Thus, the development of legislation that meets the health care of prisons is of extreme importance in the reality of Brazilian prisons. Also, more considerable attention to this population can help the production of studies that reflect the reality of men and women living in precarious situations, which do not have human dignity. Finally, it must seek to minimize physical and psychological damages, as well as to stimulate preventive measures against STIs among prisoners, seeking universality in health, without discrepancies in care as quoted by Queiroz1: “Equality is unequal when differences are forgotten.”
The 21st century was marked by technological evolution and development in health care. Consequently, there was an increase in life expectancy, which in 2012 was 74 years and is predicted in 2050 to be 81 years. As a result, there was an increase in the number of people over 60 years old.

Improved health and a longer life allowed a more frequent sexually active life among the elderly, improving their quality of life, but also opened the door to the sexually transmitted infections (STIs). In Brazil, in 2014, more than 20 thousand elderly people with STIs were already registered.

In order to deal with this issue, it is necessary to understand that sexual life doesn’t have to end when the person becomes aged, neither the desire for sexual relations, besides being able to guide the elderly to a helpful place or give more information when necessary.

The objective was to provide a setting for discussion and reflection on STIs in the elderly, focusing on methods of prevention and health promotion.

The campaign “Prevention doesn’t have an age: for an old age free of STI”, consisted of a training made by a geriatrician (approaching sexuality in the elderly and the main STIs in a didactic way) and a doctor in genetics, who trained the participants to talk about sex with the chosen population, complemented with the STI Primer. The action, then, happened with the elderly who train at the José Geraldo da Costa Moreira Sports Center in Maringá. The conversation reached an intimate atmosphere between the audience and the students of the action, due to the way the knowledge was passed, through the realization of dynamics and open questions for discussion.

A quiz was made at the beginning and the end of the action and enabled the public’s understanding of the subject to be evaluated. They comprised the relationship between dating and sex, condom use and safety, STI transmission and sexual penetration, serological tests and immunological windows, and sex vs. sexuality.

In addition, a dynamic was created that consisted of the exchange of symbols among the elderly which represented STIs and condoms. When given, the symbols had not been explained, trying to show, in a simplistic way, that sometimes it isn’t possible to identify when the partner has a disease, and when no condom is used the chances of acquiring the disease increase.

The questionnaire that initially presented disagreements in most questions, exhibited a greater unanimity at the end. The campaign exceeded the expectations of the coordinators because they didn’t expect such a participative public. Also, the feedback from the old aged themselves and the sports center staff was very positive.

The unanimity of the responses at the end of the action represented the understanding of the topic, not often discussed with this age group. The breaking of precepts such as shyness and low adherence shows the change of the third age of the 21st century. It is understood that the lack of knowledge about the subject, whether for little effectiveness or quantity, can generate the growing STIs in this population.
If I had AIDS, would you give me a hug?

Gabrielle de Almeida
Ariane Andrade Farias
Alana Santos Oliveira
IFMSA-Brazil

In 1987, a World Health Organization (WHO) instituted the first day of December as a symbolic day of the AIDS pandemic, aimed at raising awareness among the world’s population. The main goal was to reinforce the solidarity, compassion, tolerance, and understanding of people living with HIV / AIDS. In Brazil, this date was established in 1988, by a signature of the Ministry of Health.

With this in mind, IFMSA BRASIL (Local Committee of the Federal University of the Recôncavo da Bahia - UFRB) instituted some actions to be carried out on December 01 and 02, 2017, with the purpose of raising awareness and induce a discussion about the theme. On January 01, posters were distributed by the University to provoke a reflection on the theme, in which they contained phrases such as: “AIDS has no face, no color, no sex, no age”. “Life is stronger than AIDS.” On the same day, a training on the pathology, forms of transmission, and epidemiology was carried out, including a conversation with a person living with AIDS.

The talk show was held at UFRB with members of IFMSA, medical and psychology students. It was possible to perceive how difficult it is to face prejudice and to live in a society that excludes you. Another important point is a family’s difficulty in accepting the situation may lead to the separation and isolation of the person living with AIDS. In addition, discrimination coming from health workers, from the touch, the look, the talk, even refusal to offer the incessant treatment in our society. Thus, it is notorious the difficulty of living in a society that fears contact with these people and believes that a hug can be a form of contamination.

The conversation wheel has brought a perception that AIDS does not change who you are, nor your potentialities, the spaces you can occupy, and there are no differences at all. And despite the stereotypes, anyone can live with HIV / AIDS. Therefore, the importance of awareness and research in prevention has no sex, no religion and, no sexual choice.

On December 2, we held an action at Praça Renato Machado where we organized a booth and formed moving groups that circulated between the squares. It was possible to give information about the disease, to answer questions, and to distribute male condoms, as well as the red ribbons for the campaign against AIDS. “I have AIDS, can I have a hug?”, “I do not have AIDS, can I give a hug?” And “I do not know if I have AIDS, will I give a hug?” Peoples’ reactions to the posters were then observed.

Watching people’s reactions was a unique experience. Many people embraced and sympathized with the campaign, others stopped to read and just had a hugging reaction. Others showed a repulsion or fear through their expressions. Probably many of the people who came across were never asked whether they would embrace a person with AIDS. In this way, it was possible to reflect and learn about the theme every time we were explaining the campaign, forms of contamination, etc. The looks of repulsion and fear, and also of welcoming allowed us to feel how the reality of the people who live with an illness is and how complicated it is to face the looks of exclusion and judgments. It is gratifying and refreshing to receive the welcoming looks. Being in this role helped understand the way of treating and welcoming our patients; no one deserves to be excluded and judged.

In this way, IFMSA BRAZIL (UFRB Local Committee) invites everyone to change the way we look at our patients with HIV / AIDS, also raise awareness and prevention of the fight against AIDS, aiming to contribute in the process of deconstruction of prejudice, and encourage for people living with HIV / AIDS.
Dear research exchange enthusiasts around the globe,

It is my honour to introduce you to this 37th edition of MSI, and more importantly, to the SCOREview section, filled with compelling and engaging articles about our Dark Blue Standing Committee.

In SCORE, we truly believe in the importance of exposing medical students to research at an early stage in their education. Research is the mainstay of scientific and medical development and the lack of opportunity to learn about and be exposed to medical research can affect a student’s ability to critically appraise articles and conduct research projects in the future. Through our research exchanges, we aim to facilitate early exposure to research for thousands of students from different backgrounds and cultures, contributing to better educational outcomes and consequently, more successful careers in the field of medical research. Every year, more than 2500 students experience research in over 1500 research projects in 51 different medical domains in 78 National Member Organizations.

This term, in addition to working on continuous improvement and development of our research exchanges, the SCORE International Team is focusing especially on the “research” aspect, specifically early exposure to research, of our “research exchanges”. By working on an awareness campaign about the importance of early exposure to research for medical students and a research camp designed to teach medical students how to conduct their own research, we hope to promote the importance of research and empower our members to start their own journeys in medical research.

In the following articles, you will see the impact SCORE has on our exchange students and our research exchange officers. Everyday, our research exchange officers work hard to provide the best opportunity for our students to learn and grow, not only as students but as future health-care professionals in an increasingly globalized world. Through Pre-Exchange Trainings focusing on the ethics of research and intercultural learning, and Upon-Arrival Trainings addressing global health and health-care systems, we develop culturally sensitive students and skilled researchers intended on shaping the world of science.

I would like to express my gratitude to each author who has taken the time to share their experience and how SCORE has influenced them, and each tutor who has taken time out of their busy schedules to nurture and mentor a student. Lastly, to anyone who has never experienced SCORE, neither as a student nor as a research exchange officer, I encourage you to set aside your fears and experience and contribute to the future of medical development and the passion we have in the Dark Blue family for research exchanges.

Blue hugs,
Kate Wang
The IFMSA is a family that someone never finish to know completely, with all its committees, internal regulation, local, national, international positions, with a world full of activities, opportunities, workshops, culture and learning process that makes each medical student can’t imagine their career without the IFMSA world. Inside this beautiful family, once you are from one committee, it is very difficult to be part of another or even harder to stop defending it until the end of your days. SCORE has been my family since my first steps and for sure, it will be during my last ones.

Being a NORE has been one of the most awesome things that happened to me and after my experience, I learned it is one of the most interesting positions inside the IFMSA because you can be a chain of connection between all the different committees. I will mention some examples base on my experience but for sure, it applies to others. During my term 2016-2017, I realized that the SCOPE/SCORE Teams are the face of all the NMOs each time they receive a student during an exchange. For sure, as a part of the organizing team, each member of us try to make the exchange experience as best as possible to show the best face of each NMO. For that reason, I thought the best way to make better that experience was making SCOPE and SCORE work together with all their incomings showing unity, organization and Infrastructure.

I had the possibility to do an exchange in IFMSA Poland during July 2015 by SCORE living an outstanding experience where by coincidence we received as a part of the exchange the “MedEx”.

A workshop organize by SCOME and SCOPE/SCORE in which we learned different medical skills. Because of this, I decided to apply it in my NMO making even better all the outcomes for our incomings. Finally, with this new event we totally believe that we have a big potential with our incomings in order to improve and make everyone know the different committees of the IFMSA by making different sessions, activities of all our brother committees.

Besides all this possibilities, during the whole term I decided to be involved not only in my committee activities but also in my NMOs one. For this reason, I applied and with a little bit of fortune, I could be the facilitator of the 1st SCORAction developed in my country. Here, I worked hard with the NORA and two more people in order to make this event awesome. I can swear it was a nice process of learning to me and off course to the rest of the participants. On the other hand, we had the opportunity to be the Host NMO for the fifth edition of the SCORP CAMP and for the first moment, I thought it was the perfect opportunity to contribute again. Once more, with some fortune, I was one of the facilitator of the TNT of the event making me growing as a trainer, as a person and as a physician. During this time, it was just incredible how all the participants have an input that was unique due to the difference of culture between all of them enhancing the message of the SCORP committee each time even more.

Furthermore, in the committee of SCORE, there exist a new type of research exchange called Global Action Project. Its main objective is to learn anything necessary about endemic diseases worldwide and because of our epidemiology; it is an amazing opportunity to keep growing in our exchanges. For this reason, during the last term, we tried to explain and introduce all our NMO in the world of the GAP projects with good reception by all of us. Now we are working hard to create new projects like this and improve the quality even more of our exchanges.

Finally and after all this experience I’m completely sure that each committee is as integral and adaptable as the leader of it in each level (Ex: LPO, NOME or SCORP-D). However, at a personal level, I think that SCORE is a committee with many different tools that makes it the perfect complement of all the rest of the IFMSA teams. That’s why I can only say thanks SCORE for giving me all the priceless opportunities and I hope this article encourage the NOREs of the future to keep improving SCORE and it relation with the other ones.
Have you ever had the beautiful experience of being a Contact Person for an incoming in your country? If not, do you believe that this position is a little bit boring without having anything to offer you? Is a CP someone who only has the responsibility to pick up his incoming from the airport and give him directions on how to find the department where he is going to be educated? Actually, the word “Contact Person” means much more than what you might believe. It is a person who can extend his knowledge and horizons and gain new experiences only by getting in touch with people from all over the world in a very pleasant way.

Let’s see one by one the admirable benefits of becoming a CP and let’s start from the most obvious and maybe less important. It is a fact that a person who decides to become a CP is entitled to more points in the Outgoing Selection of the next year. This means that there are definitely more possibilities for him to take an Exchange Contract and have an amazing experience in another country for a whole month. The only requirement so as for him to get the points is to have accomplished the main responsibilities of a CP: pick up his incoming from the airport and lead him in the hospital and clinic.

But it is totally up on him to take the role more seriously and reap the real benefits of being a CP. An active CP who spends time with his incoming and takes part in the social programs that are organized in his country can directly get in touch with many people from all over the world, from Canada to Australia, from Brazil to Russia. And by interacting and discussing with them in a wide range of different ways and issues he can understand better their cultures, daily routine and entertainment even from the very first day.

But the potentials that all the social programs and the trips are going to offer to the CP are not confined in meeting new people. A Contact Person is going to gain new experiences and escape from his daily routine. Every social program combines different characteristics and ways of fun originating from countries all around the world! Moreover, an active CP can know his country better and visit places who have never been there because he certainly can take part in the daily trips and other travelling activities that are organized for the incomings.

An active CP is going to spend much time with the incomings and they would share their previous experiences while making new in the country of the Exchange. Every new experience is going to get the CP closer to every incoming and despite the differences between cultures, all the people are basically the same. As a result, he would discover that with some incomings he will surprisingly match in an ideal way, as regards both character and interests. Thus, new and strong friendships are going to be made. Some of these friendships may be maintained for years but the only thing for sure is that all of them would be unforgettable!

Finally, an active CP who takes part in the social programs, spends time with his incoming, meets new people from all over the world and understands how the experience of an Exchange program is, not only does he get better in touch with the program but he also learns the benefits that an outgoing can gain from it. He also understands how an incoming spends their days in the hosting country and what experiences he gains from this program. Thus, a stronger motivation is created for him so as to apply for an Exchange the next year and have a fantastic and marvelous experience!

So, the benefits of a CP’s position are much more than the points for the Outgoing Selection Process. It is a wonderful chance for everyone to meet new cultures, make new friends and have unforgettable experiences from a position with few responsibilities but plenty of benefits! In other words, being a Contact Person will be one of the best moments in your life!
As medical students, scientific research concerns us. Some even consider a career in research. However, the majority of these individuals don’t imagine staying in Morocco to do so. Not being completely indifferent to this path, I started to ask myself some questions, is it really impossible to excel in research while staying here? Then I remembered that the winner of the European Inventor Award 2017 was none other than the Moroccan biologist Adnane Remmal. He developed a drug, that’s an alternative to the systematic use of antibiotics, in his laboratory at the Sidi Mohamed Ben Abdellah of Fez university.

So I decided to address all my questions to this man who gave us all a glimmer of hope by winning this award, and especially by revolutionizing the world of antibiotherapy. Here are his answers:

- When did you know you wanted to do research?
In my case, I first thought about doing research at the age of 12 when I read about some inventors and famous researchers like Louis Pasteur, Alexander Flemming, and Claude Bernard. Once at Paris-Sud University, some of my professors who were great researchers inspired me so much that I did not see myself doing anything other than research in my life. During the DEA (Masters) and during the preparation of my doctoral thesis, I rubbed shoulders with great researchers from whom I learned the methodology, philosophy and art of useful research.

- What criteria should a researcher have?
In my opinion, there is a researcher who hides inside every young woman or man who wants to feel useful for humanity, who is curious and is able to dream and believe in him/herself.

- Why did you want to do this project precisely?
I was aware of the importance of vaccines and antibiotics for human health. Knowing that patients are dying (Today, 700 000 per year, or 80 patients per hour, according to WHO) because they are infected with a germ resistant to all antibiotics; my priority soon became to fight against the antibiostatic resistance, that’s been neglected by big pharmaceutical companies and which is bringing humanity back to the pre-antibiotic air.

- What are the biggest difficulties that you have encountered during your project?
One of the biggest difficulties was accessing scientific information because there was no internet at the time. Furthermore, when I started to find the first good results, I had to endure unpleasant comments such as: it’s too good to be true. Or if it’s true, then why did researchers from major American or Japanese universities not discover it before you. I had a lot of trouble during those 30 years of my life with the hope that one day success would come, and that day has come.

- Why did not you choose to do research outside Morocco for more facilities?
Since my childhood, I have been educated to love Morocco. I did not see myself living all my life far from my country. I decided to go back to Morocco, to fight with my colleagues and my students. In this gallery, every good result was a source of happiness that allowed us to believe that success was not far off. Finally, it was not a false hope!

- How did you manage the campaign to win your prize?
To be selected for the European Inventor’s Prize by the experts of the European Patent Office is already a miracle for a Moroccan researcher working in Morocco. The campaign to win the public award was an initiative of my students, friends and family. Some of my industrial partners with whom I collaborate in the field of agriculture have also done a lot of work to boost this campaign. The Moroccan press has also worked with great professionalism. Finally, I would say that the nomination was a consecration for Adnane Remmal, but winning the prize was for Morocco and for Africa, and all the people who voted for me.

- What solutions do you propose to encourage research in Morocco?
I have been working with young Moroccans for 30 years. They are intelligent, motivated and hardworking. They need to see examples to follow in the generation of their teachers. They also need a socio-economic environment that reassures them in regards of their career plans. They must also be able to travel abroad so that their horizons aren’t limited to what they see in Morocco. They must see other professors, other universities, other research infrastructures and other mechanisms for the promotion of research.
I’ve heard it once that the best trips are the ones where we come back with answers to questions we’ve never asked ourselves. Definitely, my trip to the Czech Republic in July 2016 made me understand the depth of these words.

I went by SCORE because I was always attracted for the possibility of searching. I live in a country where, unfortunately, investment in education and science is very limited, and I wanted to know how those areas worked in another place. I believe that doubts move the world, and who better than researchers to transform reality with their questions?

My internship was at Masaryk University in Brno, the second largest city in Czech Republic. I had a first impact soon to know the university, which is modern and equipped with an infrastructure far superior to what I am accustomed to. I met a laboratory and had contact with very different techniques than I know in my daily life. Along with me was a student from Canada who was very familiar with this kind of routine. The different reactions that she and I had to the same experience highlighted even more in my eyes the lag of Brazil in the matter of science, and strengthened in me the desire to contribute to change that reality.

Parallel to these experiences in the academic field that have magnified my view of the world, I have experienced similarly intense cultural experiences. Together with me, there were about 26 exchangers. The exchange program offered in Brno helped us form a united group and live wonderful things. The staff responsible for welcoming us has sought to be as organized as possible and to provide us with different activities that have brought us into the local culture. I could also travel to nearby countries and these trips alone have brought me great learning.

All these people have added me a lot as a human being and I’m sure, a piece of each of them came with me back to Brazil. Today I have a map with me from Brno. In it I put a pin in each country I visited and the intention is that, until the end of life, there is no more space for any pins. Certainly, after this trip, I am no longer the same, and I am grateful for that. With my map, my answers and my questions, I continue to plan the next trip and bring to my daily life everything that Brno has left in me.
“Just don’t attend today, return home, all roads are blocked” is a sentence I got used to hearing repeatedly since my first year as a medical student. The journey from being a medical student to becoming a physician is quite challenging, however, this is even a more complicated challenge in war-torn Yemen with its economic depression. The poor conditions in Yemen have a strong adverse impact on the learning environment for medical students. This is especially evident on the availability of elective courses, exchange programmes, and highly equipped laboratories which are such important factors to improve the learning outcomes of medical schools. However, supporting medical research, which is a vital part of the learning process, can be an adequate measure to overcome these issues as it does not require an open airport or such sophisticated laboratories.

Despite the challenging circumstances, medical students in Yemen do go through a research experience which helps not only enrich scientific research and findings but also provide a better understanding and statistical data of health-related problems in local communities. However, proper support for these studies to be published is very limited and they remain confined within the students’ drawers.

There is also shortage in clinical-trial-based research which demonstrates a defect in medical research knowledge and orientation amongst medical students. This kind of research should be conducted especially in Yemen due to lack of similar studies. This type of research provides stimulating results and would require significantly less costs for such research to be conducted in Yemen compared to more developed countries.

The main challenges facing medical students in Yemen can be summarised as follows:

1. Financial problems (research funds and personal remuneration): Without any hesitation, this is the main issue for students in a third-world-country, such as Yemen, where the majority of the population is usually from a poor socioeconomic background. It is important to know that funding of research in Yemen would result in improving the outcomes of research and make it possible to produce internationally reputed research. Hence, it is essential to raise awareness of the available research funding opportunities amongst medical students in Yemen.

2. Lack of full understanding of basic principles of conducting a scientific research, such as selection of a proper research topic, proper use of research tools and creating a well-prepared methodology. Training curricula in colleges and universities need to be revaluated toward medical research to make the students more familiar with it. Nevertheless, an online platform, through which all medical students can share their research experiences, obstacles, publication and even presentation of their results, could be more helpful.

3. Difficult access to the full content of previous research to be used for comparison, discussion and evaluation by the students themselves. In my opinion, full accessibility to existing research should be available to all medical students worldwide.

4. Lack of well-equipped laboratories and facilities for medical research is a major factor that hinders the progress of medical research especially the clinical-trial-based type; this can be largely linked to financial problems and lack of research funding.

In conclusion, supporting medical research in third-world countries contributes tremendously to improving the outcomes of medical schools and would provide valuable data regarding the shortcoming aspects as well as raise awareness of the international community of the critical situations in such countries.
EXCHENGLISH: English for everyone!

Norberto Jorge Kzan de Souza Neto, Caio Araújo Martins, Izaura Maria Vieira Cayres Vallinoto
IFMSA Brazil

Reliable, reproducible and anglophone. Those were the 3 qualities I’ve learned to attribute to science since I entered medical school. I do not question the importance of science produced in other languages, however let’s face it: the quantity and impact of what is produced in a language known by so many in different countries is greater. However, little is done by medical schools - at least among Brazilian ones - to learn this English, and our proposal was that IFMSA could play an active role in this.

First, proactivity is justified by a fact: although the exchange is one of our main sources of income, in my experience as a local director, I realized that a good part of my local committee does not get involved with the reception, interaction and process regarding the international exchange for they do not have much experience with English. Moreover, IFMSA has medical education as one of its axes. Not everyone in my country has had the opportunity to study English, since its access is relatively elitist; in this way, the institution makes a stand towards the social reparation, besides training its members and offering even more advantage for those who contribute.

In order to do this, the ExchEnglish came into sight. A monthly activity whose responsibility lies on the LO-RE-D and whose work is done by the Exchange Team. Each month, there is a choice of a topic related to pronunciation, grammar and the main spheres of English scenario. A document is prepared in the committee’s mother tongue, in this case in Portuguese, by a team volunteer, while the director reviews it. During that year, the pronunciation of the past tense of regular verbs and the subjunctive were among the subjects explored. The material is available for online access and is also presented at weekly committee meetings. Since our English proficient members try to teach things that are not basic - even if we do have a simple material on the verb to be, for example - the response to the material was positive. Even if not all materials were presented in a meeting, in the expos-itive sessions we had, the public seemed interested.

It is not the ExchEnglish’s attempt to turn someone fluent in English or to have the same impact as an English course, but rather to try to bring their local members closer to the scientific universe in English and towards the institution exchange as well as its exchange students. By doing so, not only will we build a better connection between the institution and what it proposes, but also contribute to the professional training and personal success of our members.
Here’s a painting by Sir Luke Fildes was a 19th century British painter. One of his works was an oil painting called “The Doctor”, shown below. The subject of the painting was the death of the artist’s firstborn son. The shaded male figure to the middle right is said to be the artist himself.

On a seemingly unrelated topic, there is a popular medical app called “Prognosis-Your Diagnosis” to put your diagnostic skills to test. You feed the app with patient’s history, relevant tests and treatments; after which the app gives you a rating based on your medical acumen. I usually get fair scores, sometimes even without using WebMD.

It may not be obvious at first but there is a clear commonality between the images; indifference. The dying child, the broken father, the chairs used to form a makeshift bed, and “The Doctor” examining it all from above as though he is studying an anatomy atlas. The calming blue background, the text about the old man living alone, his confusion and distress, his fearful gaze upon the face looking at the numbers on an iPad. It’s all indifference!

Almost two hundred years between the two images and we are still subject to the same failures. We look and we see “left ventricular ejection fraction” instead of “not being able to climb the stairs to one’s house”. We know the symptoms of cholera but we are not adequately prepared to help increase a person’s or a village’s hygiene standards. There is a big gap between what we can do and what we should be doing.

And this is where the Global Action Project comes in. The Global Action Project is a SCORE/SCOPH joint endeavor aimed at giving it’s exchange students something unique in the form of community interaction and exposure. The one-month experience is divided into 1 part education, 6 parts research and 3 parts fieldwork. What makes GAP extraordinary is the fieldwork in which students get to experience the community impact of the subject they’re working on. SCORE exchanges usually revolve around lab work. The opportunity to utilize public health as a research exchange field and the addition of a fieldwork component are brand new. It opens a new realm of possibilities for LORE’s like myself.

As the TurkMSIC GAP team we are trying to take on a different approach towards the subject. GAP is not merely an opportunity to study rare diseases, it’s a chance to look beyond the usual with in every disease. It is an opportunity to understand how community affects the health of a person.

Seeing what a disease does to someone and how that someone’s ailment affects her/his community as a whole, is more important than learning about symptoms. GAP is an excellent opportunity to do that by going straight to affected populations in the fieldwork phase. It provides students with a broader, out-of-hospital view of health problems.

TurkMSIC’s own GAP project is in the Çukurova region where beta thalassemia is widespread. The primary goal of this project is to expose the students to the affected individuals and communities. To make one see how anemia can alter the daily workings of a village. To show how a daughter’s dyspnea concerns a mother. To not only make someone better at detecting the disease, but also to make them aware of the social and economic perils it brings along. To bridge the gap between treatment and cure; doctor and community.

Steering GAP fieldwork towards the direction of public health will help us view patients from more than just a clinical perspective. We will be able to see them as individuals with complex physical and emotional needs, and as functional parts of a larger community. This new viewpoint can enable us to better patients’ lives as a whole. For the first time ever, we exchangers are going beyond expanding worldviews and initiating cultural interaction to spread awareness and promote the cause of public health. We need to seize this opportunity to the fullest. It is in our power to help upcoming generations of doctors view their patients as more than charts and numbers. GAP is the brand new tool we have to help us do so.
My Italian Experience

Siddharth Tewari
MSAI India

This April, I was lucky enough to be selected for an exchange to the University Of Ferrara, Italy. It is one of the oldest universities in the world with alumni the likes of Copernicus and Paracelsus. I was working under Dr. Michele Simonato, Professor of Pharmacology in the Centre of Neuroscience at the University in a project titled “Effect of NRP2945 in induced and genetic epilepsies”. NRP2945 is a Neuronal Regeneration peptide developed by CuroNZ that has displayed efficacy in various neurodegenerative animal models. The main objective of the study was to observe the effect of NRP2945 on spontaneous seizure in experimental models of induced epilepsy and Dravet syndrome and explore the mechanism of action of NRP2945 in human temporal lobe epilepsy and Dravet syndrome. The experiments were conducted on rats. The animals were monitored 24h/7d around the clock to determine duration of latency and frequency of spontaneously recurrent seizures (SRS). Although initially I was completely clueless about any of the terms used in the project, thanks to the tutor and his team I felt completely at ease. All my co-workers were very warm and helpful. I learnt a lot of laboratory techniques about processing tissue sections, immunohistochemistry and cell culture, and handling laboratory animals. We used to have lunch together where they would make me try authentic Italian food and teach me a few Italian phrases. They also advised me a lot about which places to visit. Unlike India, where we have to wear formals to college, I could go to the lab in jeans and T-shirt.

Country and City

April is one of the best months to visit Italy because the weather is very pleasant – neither too hot nor too cold. Also, there are a lot of holidays in April (Easter and National Liberation Day) so you can travel a lot. Ferrara is a city in the northern region of Italy. For its beauty and cultural importance it has been qualified by UNESCO as a World Heritage Site. It is on the main rail line from Bologna to Padua to Venice. This made travel easier and more economical. I also visited a lot of other places-Firenze, Pisa, Seina, Roma, San Marino and Pompeii. Italy is such a beautiful country! Italians are one of the most welcoming and friendly people in Europe. Before going to Italy I had taken an Italian language class for a month and had also picked up a few Italian phrases online. So I was able to converse with locals and students, with a little more ease.

Stay

I was in constant touch with my CP before arriving. She had come with her mother to pick me up at the airport when I landed. That evening she gave me a tour of Ferrara and made me try authentic Italian pizza. I stayed in student flat, with 3 Italian medical students. I learnt a lot of cooking there as I tried different recipes each day, capellacci one day, piadina the next, and so on. My housemates were wonderful people who were very hospitable and friendly. The lab was only 8 minutes’ walk from the flat. Nevertheless, I also received a bus pass that I used to travel to and from the railway station. I met the other incomings who were from Mexico, Greece, Chile and Hungary. We used to meet often for ‘aperitivo’ along with our CPs. We used to discuss about where we would go the next weekend and how Italian culture was different from our respective cultures. The medical curriculum is also very different in each country. Italy is the 8th largest country in the EU. Each region in Italy has its own distinctive culture and identity. The cuisine also varies vastly as you go from the north to the south. I met the most amazing and funny people from different parts of the globe and we’re still in touch. It was one of the most memorable experiences of my life. The beautiful landscape, the architecture, the history, the hospitality, the style, the cuisine – I still can’t get over it. The following quote aptly sums up my feelings.

“Italy is a dream that keeps returning for the rest of your life” - Anna Akhmatova
An Open letter to anyone who’s worked for SCORE.

Ashmeet Sachdev
MSAI India

If you’ve ever worked for Research Exchanges, this letter is for you.

Hey!
I’m a 21-year-old Med student, a very new member to the SCORE family of my NMO. I’m writing this letter to make sure you know how awesome you are and how amazing is all the work that you’ve done.

You’re the reason someone from a less medically advanced country like mine, can go and participate in researches in highly sophisticated learning environments. You’re the reason why I, and many more like me, have witnessed techniques and procedures that I had no exposure to before. It’s because of you that so many medical students can expand their horizons and broaden their academic resources in ways they had never thought they could. You’ve helped dilute the International variation in healthcare and education.

You should be proud of you!

Thanks to you, a Brazilian student is watching the northern lights in Finland and a Canadian is enjoying freshly made pizza in the streets of Florence. It’s because of you that a Russian student can watch the sunset in the islands of Indonesia after a productive and enriching day at the lab. You’re the reason why we can learn to sing the ‘Happy Birthday’ song in so many different languages and groove to music from all around the world. So, when a student leaves teary-eyed from an airport departing from their one-month-family, with memories which will last a lifetime, you should know it’s because of you!

So, to all the Local officers, Contact persons, National and Asst. National officers. To the International Team and everyone associated SCORE, all I want to say is, thank you and kudos to you. You’re making so many dreams come true!

Dark Blue Hugs,
Ashmeet Sachdev.

P.S.- All the IFMSA members associated with all the other SCs are doing a tremendous job, but I wanted to use this opportunity to target the committee members that I feel the most love toward.
SCORE is part of a global network of exchanges in which more than 13,000 medical students embark on exploring systems of research and updating in health in cultural and social contexts. All this is possible through the work of active members worldwide that facilitate access and participation in research projects. Through this management and opening of opportunities we want to improve the profile of students not only sensibly cultural but also skilled and competent researchers to face future challenges when forging a world in constant scientific and social change.

Our program is crucial for the promotion of a global understanding and cooperation with medical students and health professionals. Frequently, we do not have access to a research experience while we are in the medical school due to the demand and demand for extracurricular activities, which is why this program seeks to complement the training of the future doctor who is aware of research as an essential resource for the development of medicine, and vital for the fields of medicine that could never have reached the stage in which they are now but for the innovative methods of diagnosis and treatments obtained through it.

During this year SCORE had a more active participation in the network of international exchanges that was reflected in a greater number of participants both incoming and outgoing. We are aware of the excellence and academic quality, that is why we provide an opportunity to explore beyond the established in Medicine, and polish research techniques, as well as participate and learn from emblematic projects in different regions of the world.

The improvement of the academic quality has been reflected by a joint work within our committee, focused on promoting projects that represent a challenge for the student who wants to participate in it, and not only that; but also open a door to work actively in laboratories and research centers that allow gain experience, all this together with professors and department heads who stand out in their fields and who with these projects are projected to receive and promote teaching to students foreign.

SCORE is crucial to allow students who decide to embark on this adventure, know more about different cultures and health systems with their respective protocols and modes of operation, besides working and meeting medical students strength-ens their interpersonal relationships and helps the future proposal of initiatives or changes that can be implemented in their respective countries.

When we refer to academic quality, we want our students to be prepared to face situations such as cultural shock, and being exposed to different work methodologies in the respective Health and Research systems; that is why the Pre Departure Trainings and Upon Arrival Trainings are carried out. Topics on tools in English were discussed for basic activities in clinical practice and research methodology, as well as bioethical situations that could exist during their stay in another country, and on how to deal with the cultural shock to which they were exposed. In addition, the importance of keeping track of their activities in the Logbook was highlighted for the record of their work during the period of completion of their practices.

None of these activities would have been possible without the constant communication between all the NOREs and the respective RA, together with a strong and pending SCORE IT with whom we could always count and it constituted an important guide for the fulfilment of our activities.

At SCORE we project ourselves to achieve a greater acceptance in projects within the different research departments in the different universities, we want to continue with the mission of providing clear and useful research projects. This will allow the medical student to expand their knowledge in different scientific areas of their choice at the same time that we promote the establishment of professional and social connections worldwide.

The fact of providing opportunities for participation outside the country represents taking responsibility and action for their own curriculum according to their interest, at the same time that the student becomes familiar with basic and advanced principles of medical research.

I feel really fortunate and able to be part of these activities and work on what is necessary and represent our committee for its growth and future outcomes. invite all of you to join this adventure and make the decision to be future conscious and sensitive professionals of the constant change in Medicine and the need for updates in different fields through research.
SCORP
Human Rights & Peace
Dear readers,

When I first read the articles featured in the following pages, the quote that immediately came to mind was “Be the change you want to see the world”. For me there are no truer words said that perfectly encapsulate the modus operandi of the Standing Committee of Human Rights and Peace (SCORP). Human Rights, although universal, indivisible and inalienable, are unfortunately flagrantly violated in many states around the world yet because, and in spite of this, SCORPions all over the world recognise that as future healthcare workers and leaders in our communities, we have a duty and responsibility to advocate for human rights and peace in our local and national societies.

For that reason and so many more, I am humbled and honoured to welcome you to the SCORP Section of MSI 37.

In the next few pages you will read about the incredible work being done at grassroots level to help create a more equal and peaceful world for all by our talented and motivated SCORP members. I would like to commend the effort, innovation and impact of the projects presented here and also encourage those reading to be inspired to present their own activities, projects and thoughts in future editions to share with others.

Advocating for Human Rights and Peace in the current world climate is not an easy task, for many of us, it is a dangerous and deadly task but always remember the more of us who share this burden, the less of a burden it becomes and stronger and louder we are.

“Alone we can do so little, together we can do so much!”

Ugonna Nwankpa
SCORP Director
Indonesia is a disaster-prone country. In 2016, Indonesia experienced the most disasters of any year within the last decade, with a total of 2,342 natural disasters. The increasing number of disasters endangers nearly 500,000 schools across 34 provinces. Among all affected persons, children are the most vulnerable yet unnoticed. For children, the consequences of these events depend on the exposure as well as inherent factors, such as development, personality, and overall functioning; additionally, the reactions of family members and aspects of recovery environment also play a significant role. Moreover, children make long-term memories; thus, the impact of the trauma associated with both the disaster itself and prolonged or difficult recoveries can last a very long time, later interfering with their development and well-being. Consequently, children who are affected may develop post-traumatic stress disorder (PTSD), anxiety, depression, remorse, academic difficulties, behavior change, and substance abuse.

Disasters instantly turn resource-sufficient communities into physically and mentally vulnerable populations. Children need specific treatment that adults often do not, and lack of attention towards these special needs further disadvantages them. As future healthcare professionals, we believe that everyone deserves the highest quality health services, no matter the conditions. For the children who were separated from their parents during disaster, lost their playground to earthquakes, had their schools demolished by landslides, we commemorate the 2017 Human Rights Day. We concentrate our efforts, focusing on their neglected rights and gathering support for the population without a voice.

In honor of Human Rights Day, commemorated on the 10th of December every year, the Standing Committee on Human Rights and Peace (SCORP) of the Center for Indonesian Medical Students Activities (CIMSA) promotes awareness of child vulnerability in disasters and shows support for communities affected by disasters, especially for their child populations. This year, SCORP Indonesia adopted the theme “Children and Disasters” for our campaign. The Human Rights Day 2017 campaign consisted of ground and social media campaigns targeting parents, youths, students, teachers, and the government. The ground campaign was run by our local teams in Java and Sumatra for the period of December 8 to 16; we raised awareness for disaster-affected children by creating our own infographic.

The social media campaign was held from December 10 to 17. We asked people to take pictures of themselves holding portraits of smiling children in order to emphasize our #SupportOurChildren message: we must bring back the smiles of these children together, as a community. Our campaign inspired nearly 120 posts with the hashtags #SupportOurChildren and #HRDCIMSA2017 on Instagram. We hope that this campaign can increase public awareness of child vulnerability in disasters and fulfill their rights. We commemorate Human Rights Day 2017: Children and Disasters to restore the smiles of Indonesian children.

Reference:
Data Informasi Bencana Indonesia, BNPB. Available at http://dibi.bnpb.go.id

Kemendikbud, 2017

Selective Myopia

Andréia Baldin
Yohanna Lima dos Santos
IFMSA Brazil

Homelessness is more than the absence of a roof; it is the condition of extreme poverty of a group of people who have already suffered many personal losses. People may live and work on the streets temporarily or permanently and often have interrupted or weakened bonds with friends and / or family. The most significant causes of homelessness are drug addiction, mental illness, unemployment, and family conflict¹.

A study conducted by the Instituto de Pesquisa Econômica Aplicada (Ipea) in 2015 revealed that just over 100,000 people live on the streets in Brazil². This figure is likely even higher now, although there are no numbers to confirm this postulation as the country does not have the means to continually track the street population, which makes it difficult to follow the progress of these statistics. The high rates reflect the worsening of social issues and, often, the lack of public policies. These policies, where they do exist, supply only the basic needs of survival but do not propose solutions to the root cause of the problems.

Through the “Selective Myopia” campaign, IFMSA Brazil local committee at the Regional University of Blumenau worked on the causes that lead people to live on the streets. The campaign was carried out in partnership with the Municipal Shelter of Blumenau (AMBLU), which provides temporary shelter, food, hygiene, psychological counseling, and healthcare referrals to this group. AMBLU also aims to help them recover, reintegrate into society, and re-establish family ties.

The purpose of the event was to sensitize the community to the complexity of the street population. We gave the public a new perspective, to see homeless people not just as homeless, but as human beings who carry with them marks of a past, who survive the present with various difficulties, and whose expectations for the future are compromised by marginalization and the lack of shelter. A few street sleepers were invited to share their stories and life experiences with 25 dynamic medical students and 50 members of AMBLU. The Dallas Buyers Club movie was also presented to initiate a discussion on the prevention of sexually transmitted infections and substance abuse, which was mediated by a psychiatrist and an infectious disease specialist.

The students responded positively, while the members of AMBLU gave testimonies and resolved their doubts after hearing the stories of others. Most of the medical students did not previously know about the existence of AMBLU and were very impacted by the life stories of people living on the streets. We wanted to invite the community to expand its sense of social responsibility to a neglected and poorly assisted population; in particular, we wanted to encourage the medical community to become more involved in the health promotion of street sleepers. Throughout the campaign, the people we met proved that it is possible to take a step towards social reintegration; they were a testament to our ability as humans to start over and reinvent ourselves despite the twists and turns life may take.

References:
Many high school students view the entrance exam for a university or college as a time full of challenges. This phase aggravates potential crises due to physical, psychological, and social changes—all of which are especially significant during adolescence. The high levels of stress and anxiety caused by the exam severely compromise students’ performance. On top of that, there is a tradition at Centro Universitário Serra dos Órgãos (UNIFESO) where upper year medical students get drunk, make loud noises, and discourage the applicants at the entrance of the university on the day of the exam. This tradition further increases the level of stress faced by the applicants.

Concerned with this issue, IFMSA Brazil’s local committee at UNIFESO felt the need to intervene. The team decided to approach the situation using empathy, as it is capable of transforming lives and promoting deep social changes. To convey empathy, the committee decided on a “Free Hugs” program and thus created the “Abrace o futuro” (Embrace the Future) project in order to relieve anxiety and stress. The students running “Abrace o futuro” were trained through a thematic meeting in which they discussed what empathy is and its importance, as well as their own entrance exam experiences and how they planned to create a friendly environment at UNIFESO. Eventually, five members of the local committee were chosen to carry out the activity on the day of the exam.

On the day of the exam, the committee members started by conversing with the applicants’ parents, introducing themselves and the activity, and answering any questions the parents had. The applicants themselves were approached after they finished the exam. The committee members monitored the reaction of each student and adjusted their approach accordingly. Although some students were shyer than others, everyone received a free hug, advice based on the committee member’s personal exam experience, and answers to their questions. At the end, the candidates received a bookmark with the words “Inspira, expira e não pira” (Breathe in, breathe out, and don’t freak out) and answered an online questionnaire about themselves and their experiences with the exam and the activity.

In total, 119 applicants answered the questionnaire. The majority of participants were females (63.9%), people between 15 and 20 years old (73.1%), graduates from high school (73.1%), and people from the southeast region (94.1%). 93.3% of the applicants said they had never participated in a “Free Hugs” project and 98.3% considered it very helpful. On a scale from 0 to 10, 57.9% rated their stress levels at 6-10 before the activity, and 54.6% rated their stress levels at 1-3 after the activity. In the comments and suggestions section of the questionnaire, we received feedback like “Every institution should have this program” and “Continue the project,” which was extremely gratifying for the “Abrace o futuro” team.

Thus, the project reached its expected goals and brought about highly positive results to all the members involved. “Abrace o futuro” proved to be extremely important in reducing stress and anxiety levels of the potential medical students. This program also serves to train future professionals in developing a good doctor-patient relationship because the main themes behind “Abrace o futuro” are empathy and compassion. Furthermore, the campaign allowed the creation of new entrance exam traditions, improving the impression of UNIFESO and its medical students to the community outside UNIFESO.
The world is aging fast, and the legacy of the twentieth century is longevity. As a result of the rapid reduction of mortality in all countries and the high birth rate in the two decades following World War II (commonly known as the “baby boom”), there are currently 810 million people over the age of 60, and two people in the world celebrate their 60th birthday every second. However, according to Confortin et al., the extension of existence can only be considered a human conquest insofar as those additional years of life are quality ones, even for individuals who have some degree of impairment or need some type of care.

That is to say, old age typically implies not only vast experience in life but also severe changes that negatively affect cognitive capacity, the most indicative of which are in concentration, attention, and logical reasoning. Studies show that it is possible to decrease the rate of cognitive degradation through stimulation programs. Therefore, to improve quality of life in this context, the Nazaré Project was carried out to promote play activities with the elderly of the Bem-Estar home in Joinville, Brazil and to encourage medical students to interact with the elderly.

The project was carried out over five Saturdays in October and November of 2017. A different type of activity was organized each week: a games workshop, a memories line, garden therapy, music therapy, and a get-together to conclude our program. Throughout the series, we presented the participants with challenges in mobility, communication, and interaction, all of which they solved with patience and empathy. Of these workshops, the most popular one was the line of memories, in which both the students and the elderly reminisced about stories they were rarely fortunate enough to indulge in. Of the 16 elderly at the home (ages 55-85), we were able to reach 14, while the other 2 did not participate due to comorbidities.

In conclusion, the Nazaré project provided a safe place for the elderly and the medical students to exchange knowledge and experiences, resulting in several moments of pure emotion. As one of the elderly women reported, “You do well for our minds, just as you do for our hearts.”

References


One of the first and most important principles of the Brazilian Unified Health System is the universality of access to health services at all levels of care. Health is a citizen’s right and a state’s duty; according to article 196 of the Brazilian federal constitution, each citizen has the right to equal access to actions and services for the promotion of health1,2.

Thus, it is understood that all people have the right to healthcare. However, in reality, many lack the support necessary to fully exercise this right, and this is especially true for the homeless. In 1997, the coordinator of the Center for Studies and Therapy of Drug Abuse (CSTDA), Antônio Nery Filho, noticed that few young homeless drug users came to the CSTDA for treatment, and fewer remained. In view of this, he created the Street Clinic in the Brazilian city of Salvador, Bahia to promote access to basic care for the homeless1,2.

Because it proved to be an excellent health care program, the Street Clinic was established as a National Policy of Basic Attention in 2011. This allows the homeless easier access to basic care, not only in terms of physical health but also with regard to emotional health; they form bonds with the multi-professional team that constitute the Street Clinic staff, who treat them as normal people who have normal needs and deserve attention just like everyone else3,4.

Due to unhealthy living conditions, exposure to all types of violence, and greater susceptibility to drug use, homeless people are often in a state of increased vulnerability, putting them at greater risk for many different diseases. Among them, the most common are pulmonary, skin, and sexually transmitted diseases, as well as orthopedic problems, diabetes, high blood pressure, and mental disorders. Thus, the Street Clinic focuses on those conditions in order to reduce the damage specifically caused by the street situation. Thereunto, it is necessary to establish trust and respect in a way specific to each patient’s needs3,4.

The Street Clinic staff also breaks down social stigmas and valorizes each individual as a person with rights and value, giving him courage to appreciate himself and to face any prejudices he may encounter. In doing so, they facilitate social reintegration in addition to bodily rehabilitation3. This illustrates that access to healthcare is not only a universal right but also a responsibility of healthcare professionals, particularly when it comes to the homeless population1,3.

As the Street Clinic has efficiently achieved its goals, more and more Street Clinics have been created to improve the health of this population and promote social reintegration by treating homeless people in a humane manner. Most importantly, these Street Clinics ensure that the rights of homeless people are attended to with dignity3.
Marginalized Doctor

Petmaytee Wungkawun, Teerapat Luengthanapol, Patipon Pondongnok
Jutikarn Phusim, Thunyaluk Rattanaumpa,
Satida Chanaturakarnnon, Mali Maneerat,
Natnicha Tanthinantawat, Kantida Kaewsongmuang, Panithan Jeerasuwannakul
IFMSA-Thailand

Nowadays, it’s not wrong to say that the rights of stateless people are ignored and have yet to be adequately discussed, thus making it difficult to solve the problem. Unable to verify their nationalities, stateless people inevitably encounter difficulties in accessing basic rights such as education, healthcare, employment, and freedom[1]. Ignoring these problems means ignoring basic human rights stated in the second article of the Universal Declaration of Human Rights: “Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind” [2].

In Thailand, there are currently more than 200,000 stateless people around the country[3]. This group of people originally emigrated from different countries and settled down along the borders. They later had children, and subsequent generations stayed in the country. Due to legislative reasons, they are not able to identify themselves to access fundamental rights, including basic medical care. These people rarely have access to any degree of medical care, even though common diseases such as diabetes, hypertension, and pterygium can be readily cured by modern medical facilities and technology. This suggests that access to fundamental treatments of these diseases and basic primary care would already significantly improve the quality of their lives[4].

Realizing these problems, SCORP and medical students in Thailand are collaborating and starting mobile medical units known as “Marginalized Doctor Camps” supported by medical professors, local hospitals, volunteers from public health, and the Friends of Homeless organization. The supporters provide medical supplies, medication, and sites for the camp, which provide medical services, health promotion, and disease prevention. Disease statistics and health information are also collected for future use.

The first “Marginalized Doctor Camp” was held from the 3rd to the 4th of June 2016 at Thabo district, Nong Khai province. The participants included 50 medical students, 8 doctors, and 150 patients. Among other activities, the patients were screened for cholangiocarcinoma using ultrasound, since the highest incidence rate of the disease is found in the northeastern region of Thailand[5]. There were also many activities that allowed the participants to exchange their opinions and solutions towards the problems, thus starting a constructive conversation on the issue. In addition, lectures were held to increase awareness and knowledge of these problems, especially amongst the medical students.

During the camp, only 18.75% of the patients were found to be healthy; the majority had osteoarthritis, pterygium, and muscle strain. Most patients did not realize their abnormalities, even though the illness disturbed their daily lives. Fortunately, the progression of these diseases can be prevented by primary care.

Although the camp was only able to serve a limited number of patients, it clearly demonstrated the disadvantages resulting from a lack of access to health services, which is a problem that is currently neglected. To establish a more sustainable solution, we plan to hold a second camp in 2018 in collaboration with other organizations, such as different universities around Asia.

References:
The “Semana Farroupilha,” celebrated from September 7th to 20th, is a special Brazilian tradition in the Southern region; this festival honors the leaders of the Farroupilha’s Revolution, the longest and one of the most significant Brazilian revolutions, responsible for proclaiming the “Rio-Grandenses” Republic and unleashing it from the Brazilian Empire. It was in this cultural and traditional atmosphere that IFMSA Brazil UCS’s SCORP performed the integration between students with special needs and members of the Center of Gaúcho Traditions (CTG) Sinuelo on September 15th, 2017. Students at the local Association of Parents and Friends of the Exceptional (APAE) participated in activities that stressed the importance of physical exercise for both physical and mental health.

Before the event, members of the committee were trained to work with special needs children and to talk with them about their health. Two women experienced in working with special needs kids and the mother of a special needs child came to share their knowledge with over 20 participants. The event itself was very informal and relaxed, with an initial talk between the kids and the members of IFMSA Brazil UCS about physical exercise and health. After that, the kids were given souvenirs according to the tradition: the boys were offered scarves while the girls were offered floral hair pins, but they could wear both if they so desired. The children then watched and learned the choreographed dances performed by the CTG Sinuelo. It was a beautiful interaction, and we were thrilled to see that everyone was having a good time.

It was difficult to measure the impact of this project because it involved special needs children, so we decided to use a simple question and answer format in lieu of a questionnaire. Students answered the following questions using green and red signs to signify “yes” and “no,” respectively: Did you like the activity? (100% affirmative); Have you learned something today? (100% affirmative); Do you think physical exercise is important for physical and mental health? (98% affirmative); Would you like another activity like this? (100% affirmative).

In our state of Rio Grande do Sul, it is very common for children to dance in a CTG, where they perform in competitions, increasing their pride for the state while doing physical exercise. However, kids with any sort of disability — physical or psychological — are often excluded from these activities; it is very rare to find them among the participants of the CTGs. IFMSA Brazil UCS’s SCORP decided that it was time to let them learn about where they lived, to enjoy this unique form of dance, and to create a connection with their home in doing so. With this project, we hope to have allowed them the opportunity to enjoy an activity they were previously excluded from and to have included them in a social circle that they didn’t have access to before.

In conclusion, we were able to communicate the importance of physical exercise via the dance activity while promoting integration between the committee members and the school’s students, always respecting the social, physical, and psychological limits of the children. Almost every single APAE student answered that they had learned from the dance and the talks, validating the positive results of the actions that took place that day. After spending so much time with the children, the IFMSA Brazil UCS’s members could also understand how they lived and the limitations they experienced, which helped the committee members to grow their compassion, a skill essential for their future profession. It is very important for projects like this to take place, so that adolescents can step into the shoes of others and see the world from someone else’s perspective.
Anyone attempting to accurately describe a day in the life of a refugee would have to conclude that this particular task is impossible. Sadly, today the word “refugee” encompasses such a wide range of vastly different groups of people living in dissimilar conditions that it makes it quite unjust to ignore the differences that make them the humans they are, shove them all in one box, and stamp a “Refugee” label on the box.

Due to various reasons, people from diverse continents and countries who come from mixed cultural and socioeconomic backgrounds; who belong to different races and religions; who have enjoyed different degrees of education; who entertain distinctive ambitions, visions, and personalities; have been forced to flee their homes and endure displacement. They were provided with considerably varied welcoming policies and treatments, depending on the country that took them in: either with open humanitarian hearts or – in the cases where their existence within the country’s borders was merely tolerated – indifference to the international laws.

Syrian refugees residing in Germany face different daily challenges from their counterparts residing in Lebanon. In Germany, the biggest hurdles they combat are the new language they are required to master in record times, the ridiculous amount of bureaucratic procedures, and the social intolerance sometimes displayed through hateful racist remarks and rising populist political rhetoric. The refugees are provided with homes, a monthly income and — although limited to acute treatments — a health coverage until they are able to start rebuilding their lives on their own.

Meanwhile, the 1.6 million Syrian refugees in Lebanon speak the same language and come from the same culture as their Lebanese hosts, but since they are presented with little governmental help, many who have suffered massive financial losses and psychological distress in Syria face a rapid decline into poverty. Child labor and lack of education rates have risen alarmingly among the refugee population in Lebanon, problems that, if not appropriately solved, can have disastrous consequences.

Thus, while the main daily struggle for some refugees may be the battle to prove themselves and their worth against preconceived notions and labels (Germany), for others it is the day-to-day struggle of providing their families with decent living standards (Lebanon). Whereas for the Burmese Rohingyas, described as the most persecuted ethnic group on the planet, the feeling of safety and security is the most valuable thing they seek in Bangladesh, followed closely by their need to find clean drinking water in the camps they reside in. Even after reaching their safe haven, they find it incredibly hard to switch their brains and their mental state over from survival mode, for being subjected to years of trauma and psychological stress takes its mental and physiological toll on a person.

Aside from contemplating the step of Maslow’s hierarchy of needs manifested in each refugee population, I would like to highlight the individualities within any one group of people. We all have our unique traits and characteristics that define our personalities and help us carve our paths in life. Our dispositions and characters are not molded by the same cookie cutter. Likes, dislikes, ambitions, goals, dreams... call them what you will; they make us who we are, and to strip them from a person is to deny him his humanity. It is a cruel act indeed.

So I urge the solution-seekers for the refugee crisis worldwide to talk to refugees instead of talking about them, to ask them about their needs and aspirations, to involve them in the process of bettering their conditions and solving the root problem of their displacement. They are the ones best qualified to provide these much sought-after answers.
Life in Boa Vista, the capital of the State of Roraima at the extreme north of Brazil, had always been quite provincial—until 2013. Since then, the streets have become full of homeless people, selling goods, asking for job offers, food, or money. Most of them are Venezuelans, running from a massive crisis in their homeland.

Becoming an established Brazilian citizen takes time. Many Venezuelans start by working irregularly, which results in the unemployment of some Brazilians and contributes to the increased xenophobia. Federal help has never come, even though it was mandated in 2016. Shelters are available, but they are commanded by a Venezuelan mafia. Local NGOs bring supplies, but they are not enough. Thus, most of the refugees wander in the streets all day and spend their nights in open spaces.

Approaching refugees to ask about their stories, current situation, and perspectives allows people to see beyond the obvious. Although their situation is widely known all over the region, little is known about their expectations or even whether they have ideas to help Brazil cope with the problems they indirectly caused.

When approached, dozens of people gradually gather, their expressions forlorn, and begin to talk about their lives. Most of them took about ten days to reach Brazil, often on foot and sometimes alone. They left everything behind, carrying only the dream of returning with something better—which would not need to be much, considering that Venezuela lacks the basics: medical supplies, jobs, and food. Some were forced to eat dog food or overturn garbage bins in order to eat. Hence, they decided to come to Brazil. Unfortunately, even after arriving in Brazil, there is still a lot to fight for. People starve, need shelter, and face xenophobia.

One of the refugees, in particular, says, “I used to be an engineer. All I want is a job. I want to be useful. Of course we need food. But... give me a job and I will feed my family and myself.” These words are constantly repeated amongst them: they are lawyers, builders, and teachers. Another tells us, “You Brazilian people are good; we have nothing to complain about. We just want to work. We understand that it is difficult to help everyone here. But, if we had the chance to move away, to other cities, it would be a no-brainer; we would go promptly. We want to help the people who remain in our country.”

We need to foresee that, in order to solve the problems, one needs, firstly, to acknowledge their needs: food, employment, shelter, and healthcare being the most urgent because they need immediate intervention. Nonetheless, they are not the only ones, and several others may appear as long as the Venezuelan people remain here, not forgetting that they may begin to establish themselves as Brazilian citizens. After their most immediate needs are met, providing integrated access to education is of the utmost importance. In order to allow that to happen, though, we will need to involve not only the municipality or the state, but the federation as a whole, for we are dealing with international concerns.
Mental health is a state of well-being in which a person realizes his own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his community1. Thus, mental health is an important factor in the overall health of an individual and a public health concern, especially since suicide is the 10th leading cause of death, killing 800,000 people every year.

Specifically, college students have an increased rate of suicide, even amongst other groups with a higher risk of suicide. Factors like identity issues, academic competition, pressure for perfection, and depression are some of the most common precursors for suicidal thoughts2. For this reason, students are a critical target for suicide prevention initiatives.

As future physicians, we prepared an inter-committee campaign by the Standing Committee of Human Rights and Peace (SCORP) and the Standing Committee of Public Health (SCOPH) aiming to inform and sensitize the population to suicide, to decrease the rate of suicide, and to send a message to discouraged students that they are not alone. Moreover, other IFMSA branches from different countries like Bolivia, Costa Rica, and Guatemala formed part of the campaign, demonstrating that suicide awareness and prevention is a group effort.

The campaign, titled “I Choose to Live,” took place at various universities. Handouts were distributed, and then each participant was asked to write down a reason they had for choosing to continue living or something that gave them hope. After that, a photograph of each participant was taken and uploaded to the official Instagram page of the project. The local coordinators were responsible for providing the materials, capturing the images, and sending these images to the Publication Support Division, who later uploaded them to the platform during the second week of October 2017, which was mental health awareness week.

The underlying point of this campaign was not only suicide awareness and prevention, but also the effects that factors precipitating suicide may have on the working community. Using the medical community as an example, an estimated 300 to 400 medics die each year in the United States by mode of suicide, according to the American Foundation for Suicide Prevention3. This is believed to be due to many of the same elements faced in university, such as pressure to compete, feelings of inadequacy among colleagues, and depression. These can all stem from the rough realities that a medical career entails.

In particular, the deprivation of emotional displays appears to be especially taxing. Physicians are traditionally known for being emotionally detached, and although this is now changing with the newer generations of doctors, there is still a taboo that displaces emotion in the work setting. Many images can be found on the internet, in which doctors are filled and overcome with bottled-up emotions that have bubbled up to the surface after a long duration of suppression.

In “Morning Report,” written by Dr. Sonia Singh and published in the New England Journal of Medicine, a first-year resident is depicted as a physician full of duties and hunger to better the world. This is how one would picture a first-year resident; only, there is something else that would not usually cross our minds thrown into the mix. While reading the article, we see that this doctor is tired and upset with her pattern of life at work. By the end of the article, it is revealed that the physician is an “overworked, self-doubting, burnt out intern”4.

All of these writings and statistics should be enough proof to elicit a change in the medical workplace. In terms of workload, only minimal changes can be made, but when it comes to the emotional burden some individuals feel, more solid conversations and training on how to handle certain emotions would have a significant impact.

Throughout this campaign, reasons to live were discussed, but rather than just focusing on this surface topic, this activity allowed students to dig deeper, to shed light on the things that give them hope in life by propelling them to acknowledge the good aspects of their current situations.
<table>
<thead>
<tr>
<th>Country</th>
<th>IFMSA Segment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Algeria (Le Souk)</td>
<td>IFMSA</td>
</tr>
<tr>
<td>Argentina (IFMSA-Argentina)</td>
<td></td>
</tr>
<tr>
<td>Armenia (AMSP)</td>
<td></td>
</tr>
<tr>
<td>Australia (AMSA)</td>
<td></td>
</tr>
<tr>
<td>Austria (AMSA)</td>
<td></td>
</tr>
<tr>
<td>Azerbaijan (AzerMDS)</td>
<td></td>
</tr>
<tr>
<td>Bangladesh (BMSS)</td>
<td></td>
</tr>
<tr>
<td>Belgium (BeMSA)</td>
<td></td>
</tr>
<tr>
<td>Bolivia (IFMSA-Bolivia)</td>
<td></td>
</tr>
<tr>
<td>Bosnia &amp; Herzegovina</td>
<td>IFMSA</td>
</tr>
<tr>
<td>Bolivia – Republic of Srpska</td>
<td>IFMSA</td>
</tr>
<tr>
<td>Brazil</td>
<td>IFMSA</td>
</tr>
<tr>
<td>Brazil (DENEM)</td>
<td></td>
</tr>
<tr>
<td>Bulgaria</td>
<td>IFMSA</td>
</tr>
<tr>
<td>Burkina Faso (AEM)</td>
<td></td>
</tr>
<tr>
<td>Burundi (ABEM)</td>
<td></td>
</tr>
<tr>
<td>Cameroon (CAMSA)</td>
<td>IFMSA</td>
</tr>
<tr>
<td>Canada (CFMS)</td>
<td></td>
</tr>
<tr>
<td>Canada – Québec (IFMSA-Québec)</td>
<td></td>
</tr>
<tr>
<td>Catalonía (AECs)</td>
<td></td>
</tr>
<tr>
<td>Chile (IFMSA-Chile)</td>
<td></td>
</tr>
<tr>
<td>China (IFMSA-China)</td>
<td>IFMSA</td>
</tr>
<tr>
<td>China – Hong Kong (AMSAHK)</td>
<td>IFMSA</td>
</tr>
<tr>
<td>Colombia (ASCEMCOL)</td>
<td></td>
</tr>
<tr>
<td>Costa Rica (ACEM)</td>
<td></td>
</tr>
<tr>
<td>Croatia (CroMSIC)</td>
<td></td>
</tr>
<tr>
<td>Cyprus (CyMSA)</td>
<td></td>
</tr>
<tr>
<td>Czech Republic (IFMSA-CZ)</td>
<td></td>
</tr>
<tr>
<td>Democratic Republic of the Congo (AMSA-DRC)</td>
<td></td>
</tr>
<tr>
<td>Denmark (IMCC)</td>
<td></td>
</tr>
<tr>
<td>Dominican Republic (ODEM)</td>
<td>IFMSA</td>
</tr>
<tr>
<td>Ecuador (AEMPPI)</td>
<td></td>
</tr>
<tr>
<td>Egypt (IFMSA-Egypt)</td>
<td>IFMSA</td>
</tr>
<tr>
<td>El Salvador (IFMSA-El Salvador)</td>
<td>IFMSA</td>
</tr>
<tr>
<td>Estonia (EstMSA)</td>
<td></td>
</tr>
<tr>
<td>Ethiopia (EMSA)</td>
<td></td>
</tr>
<tr>
<td>Fiji (FJMSA)</td>
<td></td>
</tr>
<tr>
<td>Finland (FiMSIC)</td>
<td></td>
</tr>
<tr>
<td>France (ANEMF)</td>
<td></td>
</tr>
<tr>
<td>Gambia (UniGaMSA)</td>
<td></td>
</tr>
<tr>
<td>Georgia (GMSA)</td>
<td></td>
</tr>
<tr>
<td>German (bvmd)</td>
<td></td>
</tr>
<tr>
<td>Ghana (FGMSA)</td>
<td></td>
</tr>
<tr>
<td>Greece (HelMSIC)</td>
<td></td>
</tr>
<tr>
<td>Grenada (IFMSA-Grenada)</td>
<td>IFMSA</td>
</tr>
<tr>
<td>Guatemala (IFMSA-Guatemala)</td>
<td>IFMSA</td>
</tr>
<tr>
<td>Guinea (AEM)</td>
<td></td>
</tr>
<tr>
<td>Guyana (GuMSA)</td>
<td></td>
</tr>
<tr>
<td>Haiti (AHEM)</td>
<td></td>
</tr>
<tr>
<td>Honduras (IFMSA-Honduras)</td>
<td>IFMSA</td>
</tr>
<tr>
<td>Hungary (HuMSIRC)</td>
<td></td>
</tr>
<tr>
<td>Iceland (IMSA)</td>
<td></td>
</tr>
<tr>
<td>India (MSAI)</td>
<td></td>
</tr>
<tr>
<td>Indonesia (CIEMSA-ISMKI)</td>
<td></td>
</tr>
<tr>
<td>Iran (IMSA)</td>
<td></td>
</tr>
<tr>
<td>Iraq (IFMSA-Iraq)</td>
<td></td>
</tr>
<tr>
<td>Iraq – Kurdistan (IFMSA-Kurdistan)</td>
<td>IFMSA</td>
</tr>
<tr>
<td>Ireland (AMSI)</td>
<td></td>
</tr>
<tr>
<td>Israel (FIMS)</td>
<td></td>
</tr>
<tr>
<td>Italy (SISM)</td>
<td></td>
</tr>
<tr>
<td>Jamaica (JAMSA)</td>
<td></td>
</tr>
<tr>
<td>Japan (IFMSA-Japan)</td>
<td></td>
</tr>
<tr>
<td>Jordan (IFMSA-Jo)</td>
<td></td>
</tr>
<tr>
<td>Kazakhstan (KazMSA)</td>
<td></td>
</tr>
<tr>
<td>Kenya (MSAKE)</td>
<td></td>
</tr>
<tr>
<td>Korea (KMSA)</td>
<td></td>
</tr>
<tr>
<td>Kosovo (KOMS)</td>
<td></td>
</tr>
<tr>
<td>Kuwait (KuMSA)</td>
<td></td>
</tr>
<tr>
<td>Latvia (LaMSA)</td>
<td>IFMSA</td>
</tr>
<tr>
<td>Lebanon (LeMSIC)</td>
<td></td>
</tr>
<tr>
<td>Lesotho (LEMSA)</td>
<td></td>
</tr>
<tr>
<td>Libya (LMSA)</td>
<td></td>
</tr>
<tr>
<td>Lithuania (LiMSA)</td>
<td></td>
</tr>
<tr>
<td>Luxembourg (ALEM)</td>
<td></td>
</tr>
<tr>
<td>Malawi (UMMSA)</td>
<td></td>
</tr>
<tr>
<td>Mali (APS)</td>
<td></td>
</tr>
<tr>
<td>Malta (MMSA)</td>
<td></td>
</tr>
<tr>
<td>Mexico (IFMSA-Mexico)</td>
<td></td>
</tr>
<tr>
<td>Mongolia (MMLA)</td>
<td></td>
</tr>
<tr>
<td>Montenegro (MoMSIC)</td>
<td></td>
</tr>
<tr>
<td>Morocco (IFMSA-Morocco)</td>
<td>IFMSA</td>
</tr>
<tr>
<td>Namibia (MESANA)</td>
<td></td>
</tr>
<tr>
<td>Nepal (NMSS)</td>
<td></td>
</tr>
<tr>
<td>The Netherlands (IFMSA NL)</td>
<td>IFMSA</td>
</tr>
<tr>
<td>Nicaragua (IFMSA-Nicaragua)</td>
<td>IFMSA</td>
</tr>
<tr>
<td>Nigeria (NiMSA)</td>
<td></td>
</tr>
<tr>
<td>Norway (NMSA)</td>
<td></td>
</tr>
<tr>
<td>Oman (MedSoC)</td>
<td></td>
</tr>
<tr>
<td>Pakistan (IFMSA-Pakistan)</td>
<td>IFMSA</td>
</tr>
<tr>
<td>Palestine (IFMSA-Palestine)</td>
<td>IFMSA</td>
</tr>
<tr>
<td>Panama (IFMSA-Panama)</td>
<td></td>
</tr>
<tr>
<td>Paraguay (IFMSA-Paraguay)</td>
<td>IFMSA</td>
</tr>
<tr>
<td>Peru (IFMSA-Peru)</td>
<td></td>
</tr>
<tr>
<td>Peru (APEMH)</td>
<td></td>
</tr>
<tr>
<td>Philippines (AMSA-Philippines)</td>
<td>IFMSA</td>
</tr>
<tr>
<td>Poland (IFMSA-Poland)</td>
<td>IFMSA</td>
</tr>
<tr>
<td>Portugal (ANEM)</td>
<td></td>
</tr>
<tr>
<td>Qatar (QMSA)</td>
<td></td>
</tr>
<tr>
<td>Republic of Moldova (ASRM)</td>
<td>IFMSA</td>
</tr>
<tr>
<td>Romania (FASMIR)</td>
<td></td>
</tr>
<tr>
<td>Russian Federation (HCCM)</td>
<td>IFMSA</td>
</tr>
<tr>
<td>Russian Federation – Republic of Tatarstan (TaMSA)</td>
<td>IFMSA</td>
</tr>
<tr>
<td>Rwanda (MEDSAR)</td>
<td></td>
</tr>
<tr>
<td>Saint Lucia (IFMSA-Saint Lucia)</td>
<td>IFMSA</td>
</tr>
</tbody>
</table>

www.ifmsa.org
medicalstudentsworldwide