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 137 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.
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Dear Readers,

I hope you are doing well. It is my pleasure and utmost honor to address you through this editorial as the de facto Editor-In-Chief of this year’s MSI 38. Starting my term as the Vice-President for Members, little did I know that at the very end of my term, I will have the daunting task of reviewing, editing, and generally ensuring that the Medical Students International (MSI) edition 38 is published up to the standards that our members demand, and more importantly, that it remains the platform for medical students’ voices that it has always been.

Whatever the circumstances behind it, after reading all the submissions that are going to be published, I realized that I have nothing to feel but gratitude for this opportunity. Hundreds of students have worked hard to piece together words to deliver what they feel need to be delivered, and as a bystander piecing these words together into one rich tapestry of aspirations, I can only say that I am truly excited for you to read it and go on the same journey I did.

Over the course of the past few months, a group of your peers have worked tirelessly to create this publication, to ensure that we do their words justice and present everything in the best light possible. I would like to take this opportunity to thank Bianca Quintella, Glory Sefu, and Matthieu Pierre for their work as content editors, and thank Fahmi Kurniawan, Muthia Huda, and Victor Leal Garcia for their contribution as Layout Designers. Without these amazing people, this issue would not have been finished.

IFMSA with our vision and mission, prides ourselves in being a platform for the exchange of ideas and a means for our members to build their capacity and make a significant change, both globally and locally. I believe, with this issue, this shines through abundantly, evident by the work and thoughts that are contained within it. I sincerely hope that this function of ours may continue in perpetuity, inspiring and supporting more and more people as we go along.

Enjoy the read!

Satria Nur Sya’ban
Dear Readers,

It is our pleasure to introduce to you the 38th edition of the Medical Students International, our Federation’s official publication, proudly shared with the world in conjunction with our General Assemblies in March and August twice a year.

As is the case with past editions of the magazine, with every new issue, there are always topics that we as a Federation encourage our members to get involved in based on current critical global health issues. Through this magazine, we believe that you will have the opportunity to peek into your fellow students’ minds and see their thoughts and see the work that they have done both locally and nationally to make positive advancements on these issues. Reading the first draft of this Magazine, we are very happy to see that our member organizations all over the world continue to do amazing work to connect, engage, and unite medical students for global health.

To wrap up, we would like to convey our gratitude and congratulations to the team behind the MSI and thank all our members for their article submissions. Many many high quality articles were submitted and we hope that, by reading this magazine, you too will be inspired to do the same in the future.

Warmest Regards

IFMSA Executive Board

Hana, Amela, Satria, Batool, Frida
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Social Accountability and Health Beyond Hospital

Articles about the Theme of the August Meeting 2018
Education is the Key to Build a Health System of All and for All

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“If only I had known that, just listening I would have had you. If only I had read that, just walking I would have had you. If only I had felt that, just breathing you said everything. If only I had observed that, just shaking you said everything. If only I had asked you, if only I had taken care of you, if only I had! How different everything would be now! How much and not to shed tears into an abyss, because you undertook a trip that is not here!”

— The story of Milton, 2017

According to the World Health Organization, approximately 56.4 million deaths occurred globally in 2016. Of these deaths, 54.00 percent were cases of ischemic heart disease and stroke (15.2 million), chronic pulmonary obstructive disease (3.0 million), lower respiratory infections (2.7 million), diabetes mellitus (1.6 million), tuberculosis (1.3 million), and other illnesses such as: HIV/AIDS, diarrheal diseases, road injuries, complications of preterm birth, trachea, bronchus and lung cancers, and Alzheimer disease and other dementias. But, as medical students and citizens of the world, have we considered why these figures are so extensive? Have we questioned how we could help decrease them? And so far, have we acted against the issue mentioned?

As a result of the Alma Ata Conference on Primary Health Care in Russia in 1978 and the advent of the Millennium Development Goals in 2000, the goal of the World Health Organization and related institutions became focused on meeting the increasing demand for knowledge in societies and not only the population need of diagnosis, interventions and treatments. For that reason, although the overall mortality rate has decreased considerably, it remains daunting. However, anyone would think that the efforts made by the aforementioned entities are still meaningless, and that the figures should be in the hundreds of thousands instead of the considerably more alarming millions. Now, we believe that the reasons why these figures remain unchanged boils down to the following causes: 1) commitments made at national and international levels by nations and management depending on their interests and, 2) obstacles to community empowerment and the lack of education in several communities.

Regarding to the first point, it is quite difficult to try to build a holistic health system, because a lot of the things proposed were based on promises made during political campaigns and their subsequent compliance of the timeline. Unfortunately, in these cases, once they become entrenched in power, they begin favoring personal/other national interests that involve large investments over the total wellbeing of the population.

Referring to the second cause, the active participation as well as the act of informing and educating the community are the keys to addressing the issues above, but the government place very little emphasis on it. , Some politicians may think that if the major health problems are solved definitively, they may find that the chances to persuade the people would be greatly reduced, and consequently they will need to make more efforts in the future to gain the favor of the people not only in health, but also other sectors such as environment, infrastructure, technology.. In accordance with the above conjecture, it is evident that, as long as this concept of third world health remains in force, while the highest representatives of the state interpreting a health system as a political strategy, we will hardly achieve universal health coverage, not only in the Americas region, but throughout the world.

In the last century, nations involved in major conflicts such as the Second World War and the Cold War, had many infrastructures completely devastated. However, nowadays many of these countries are recognized for their efficient management systems and rapid development. , They demonstrated that substantial progress can
be made even in such a relatively short period and, the education is undoubtedly the key of that progress. In this case, clear examples includes: Germany, France, Russia, Italy, Spain and Mexico. Therefore, whatever the problems that we are facing in our countries, as medical students and citizens of the world, it is in our hands to start making changes. Maybe we do not have the enough resources to do it on our own, but all changes starts with little steps and if nothing else, we always have our voice as part of the changemaking generation.

All things considered, I believe that, our actions should be focused on: 1) Education through home visits, campaigns, distribution leaflets, magazines, conferences, community meetings and health programs, to cover the demand for existing knowledge in medical and general societies about health problems that frequently occurs remains unknown to the general populace, 2) Engage the community through open dialogue and structured interviews, to communicate to the societies and health institutions about the changes in the system and collect the views of the population and, 3) Evaluation of institutions that work in health through biannual meetings to give way to accountability in order to know the institutional performance and its impacts on their communities – preferably done by authorities and student representatives of faculties and other medical students associations –.

Whether we are from the Americas, Europe, Africa, Asia or Oceania, we are the link between our health systems and citizenship and we must exercise that right. The word “health” should be not limited to the four walls of our classrooms. It should go beyond and reach all who are suffering from the plethora of real problems in the society, mainly due to low awareness of the issues plaguing them. If we start now, in the future, the large investments that have been made – only – in health issues may be forwarded to other fields as well, such as research and development of technologies. Maybe, so far, we have acted in favour of the problem and focused only in learning and adding to our own knowledge. Maybe, indirectly, we have let people like Milton die every day due to lack of information, due to lack of education on issues of health. However, taking into account the proposals put forward, it is definitely time to act, because no matter whatever the problems that we are facing in our countries, as medical students and citizens of the world, it is in our hands to start making changes. Maybe we do not have the enough resources to do it on our own, but all changes starts with little steps and if nothing else, we always have our voice as part of the changemaking generation.

of our career, whether we are studying in public or private universities, whether we are in the east or in the west, it is time to contribute to educate to our population, because we are the heroes of today who will make the necessary changes for our tomorrow.
Social accountability in health: the quintessential item on a medical student’s education

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In most medical schools, students throughout the years have been taught that medicine is synonymous with a hospital, a clinical setting, and curing diseases that have already developed in patients; and unfortunately, many of our health systems embrace the same concept. It becomes even more concerning how, as years go by, physicians begin to see people as only numbers or patients to see, as if they were extraneous and not part of a community that surrounds the hospital they work in. It becomes even ironic that when medical students are starting our careers, we are constantly asked about why we want to become doctors; the most common answer is: “to help people”. But, are we actually learning the best way to help them? Do we take into account how much responsibility we hold to our communities by becoming physicians? Medical students need to realize that health goes beyond the hospital by overcoming their scope of health, transforming our education to fulfill our communities’ needs, and demanding our health system and governments prioritization of social accountability.

Whether it is because physicians have constantly had an inherited parochial view of health, or because our education systems have not realized the significant responsibility they have towards health’s development, it is clear that medical students need to overcome the trite concept imposed to them about what “health” is. For many years, health was considered as just the absence of disease; but nowadays we agree that it is the presence of something more, a positive state (Murphy, 2015). The WHO (1948) defines health as a “state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”, and relying on that concept, it shows how important it is to realize of how health is integral to our communities. What this demonstrates is that not only should we focus on figuring out how we can eradicate an ongoing pathologic process, we should also engage with strategies to prevent that getting into younger minds in the first place; along with a system that covers all of our population needs. We must think differently about how our healthcare is designed, how we intersect with our community’s challenges, how to help people not only when they’re ill or injured, but when they’re healthy, and how to take care of the entire person (Slonim, 2016). Medical students need to become leaders and create opportunities to demonstrate how engaged we are with our communities, and demonstrate the strength of our belief that we are practicing medicine to improve people’s lives in all aspects; especially those who surround us and to whom, we owe a quality service that is designed for them. But, the only way to achieve this, is to understand health and our population as a whole.

Subsequently, students should demand an education that sees medicine as the integral, dynamic and human practice that it is. We are constantly exposed to the importance of forming our professional attitudes as medical students, as well as receiving lectures on our responsibility as physicians in the near future; but we need to make sure that we have all the tools we need to accomplish the best service that we can offer. As we continue to be more involved with our communities, their needs and demands towards us would naturally increase as well, and “medical schools, too, must adapt; they cannot remain indifferent to the important health reforms society expects” (Boelen and Heck, 1995). Social accountability for medical schools is defined as directing their education, research and activities to address the priority health concerns of the “community, region, and/or nation they have a mandate to serve.” (Boelen and Heck, 1995) In fact, the change that needs to be made in our medical schools is so important, that there are ongoing international discussions about the best way to adapt them to our systems’ needs. For example, the Global Consensus for Social Accountability of Medical Schools (GCSA) has defined that medical schools around the world need to improve on responding to health needs and challenges in society, reorienting education, research and service priorities, strengthening governance and partnerships with stakeholders and using

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2. Boelen, Charles, and Jeffery E. Heck. Geneva: World Health Organization. (GCSA) has defined that medical schools around the world need to respond to health needs and challenges in society, reorienting education, research and service priorities, strengthening governance and partnerships with stakeholders and using
evaluation and accreditation for assessing performance and impact (GCSA, 2010). Therefore, being the fundamental concept that it is, we must have a vested interest, as students, to receive an education that will best prepare us to meet the future needs of the society in which we will work (IFMSA/THEnet, 2017), thus, becoming physicians that have acquired the best skills and knowledge to have a positive impact on their communities.

It is sadly inevitable that we, medical students and young physicians, cannot defeat such great barriers as the lack of social accountability by ourselves. We require entities that can support us in order to mitigate all of those impediments and actually create changes in our world. We need to reach that ideal scenario by educating the world the importance of health and how to obtain it, by collaborating with governments and other partners who can abridge the process and show results. Social accountability cannot only be achieved by tailoring educational programs, but also by a stronger involvement from governments to anticipate health and human resources need of a nation (GCSA, 2010). Thus, we need to reevaluate our health systems to improve them, and create community-friendly healthcare. According to the WHO (1995) there are four values that should be assessed to understand if progress related to addressing social accountability is being made: relevance, quality, cost-effectiveness and equity. Health systems should be designed to have balance within these components, as well as association with partnerships to develop, implement and evaluate efforts with all constituents of the system. Prioritizing health concerns should be a conjoined action by governments, health care organizations, health professionals and the public (Boelen and Heck, 1995), and we urgently need them to do so. Ensuring health of our communities requires demanding the best from our governments and systems, and constantly requiring assessment from them to keep improving based on our population’s best interests.

Social accountability should be one of the main components of our education as medical students, and to attain it we need to debunk our trite and limited concepts of health, demand a socially determined education and a system that fulfills that accountability for all related stakeholders. As medical students in the 21st century, we need to negate the vision that health is simply a specific disease or procedure, or that it is simply one isolated component of all the complexity that humanity holds. As declared by IFMSA (2017), we need to pioneer the future of healthcare, anticipate our population’s health related needs and adapt our educational program to them by being change agents who work on health determinants. Additionally, to all of these considerations, we must expand our concepts of health and realize that it does not only depend on medical related professionals, but also all other professional areas, that we should be working with. Being accountable with the people that surround us is in our hands, and the time to act is now.

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Social Determinants and Its Impacts on The Health of Low-income Populations

1. Introduction

Health is a fundamental social law envisaged both in the Universal Declaration of Human Rights and in the Legislations of Latin American countries. However, poor income distribution, a broad social determinant of health, makes it difficult to enforce this prerogative. It can be observed, therefore, that the use of health services is very uneven amongst different socioeconomic classes, favoring the most privileged strata of the population. In 2005, the World Health Organization (WHO) created the National Commission on Social Determinants of Health (NCSDH) in order to fight these inequities.

According to WHO, having health does not simply mean the absence of diseases; it also includes the acquisition of social rights, such as health and maternal child protection. It is known that this access varies according to the economic conditions of the population and contributes to a quality of life, which can be altered by the determining factor: income. According to Wilkinson, health is strongly affected by the social position of individuals, contributing, for example, to the susceptibility of certain groups towards certain diseases, and their predisposition to use the health system simply for the treatment of the illness and not for its prevention. This divergence in the search ratios of the different health services occurs due to inequalities in access to information.

According to Barata, in Latin America, the discussion on social inequalities is based in the theory of social determination of the health-disease process, that is to say, that the economic condition dictates the profile of this process. Thus, it is evident that social determinants (SD) significantly affect the Human Development Index (HDI) of a country or region, increase maternal-infant mortality, and impact the life expectancy of the population. Because of this, social responsibility is necessary in the fight for a fair and dignified healthcare, that reflects real statistical needs outside the hospital through the use of important indexes such as the HDI. Besides that, it is necessary to aim at promoting the health of society, in order to minimize the potential negative impacts of the Social Determinants of Health (SDH) on quality of life, constituting a fundamental element for understanding and maintaining equity in the Society health.

The costs related to social responsibility, directly linked to fundamental human rights, are inconsequential when compared to the possible gains it can make in the society’s health, and its potential ability to reduce social exclusion. Hence, it can be seen that social responsibility leaves something to be desired in relation to the inherent right of these individuals: life. Thus, having social responsibility means both understanding that access to health, through promotion and prevention, is an essential need as an ethical-social duty. Understanding the issue of health inequalities implies taking into account the needs of these economically vulnerable social groups.

The objective of this study is to analyze how social responsibility, outside the hospital, interferes with the broad social determinant, especially income; and influences the HDI in the economically vulnerable Latin American population.

2. Methodology

This is a review of Literature with articles found in the electronic address “Scielo” and based on the book “Collective health treaty”, in order to seek data for theoretical foundation on the influence of social determinants on health.

3. Discussion

For millennia, the bilateral relationship between income and health has been continuously discussed. Such correlation is perpetuated and health premises continue to suffer direct influence from these conditions. In this case, there is an individual social responsibility in trying to minimize the impacts of SDs on the morals and ethics of individuals in health. According to Berlinguer, some values are...
bases for the coexistence: universality, solidarity and justice; and, when respected, a social body of healthier citizens is observed. So, health inequities may very well be one of the causes of a range of diseases, demonstrating the importance of analyzing environmental, economic, political, cultural, and moral health SDs.

According to data from the United Nations Development Program (UNDP)\(^9\), in 2016, among Latin American countries, Chile had the highest human development index - HDI (0.847), Haiti the lowest (0.493) and Brazil - the country with the highest Gross Domestic Product in Latin America, according to data from The World Factbook\(^10\) - is in position 79\(^{a}\) (comparing it worldwide). However, in terms of income distribution, Brazil has a large social disparity, ranking 10th in the Gini world ranking\(^{b}\), followed by Chile in the 15th. Therefore, having an impressive economy does not mean having greater social development.

It is important to emphasize that the low income population is exclusively dependent on the quality of public services. However, as we have mentioned before health is tightly related to financial power\(^{11,12,13}\), so that a vicious circle is established between these two elements. According to this view, while income allows greater enjoyment of social and health services, this impacts on productivity and labor work offer. Hence, health conditions are not influenced only by biological factors, but also by social elements\(^{14}\).

Given this, actions in public and social policy partnerships are essential to fulfil fundamental rights. This contributes to an increase in the main indices that represent population reality (child malnutrition, HDI, level of economic development, distribution of wealth, sociocultural standard)\(^{15}\) and greater social responsibility.

Moreover, according to the World Giving Index - WGI of the report prepared by the Charities Aid Foundation\(^{16}\), Chile ranks first in the Latin American Human Development and Solidarity Indexes. In this context, it’s observed that the degree of individual social responsibility is directly related to both; making the perception of health promotion and prevention consistent with the real need to protect the population and positively influencing SDH.

In most cases, the realization of a fundamental right which should ensure a better population life quality, is flawed and deprives children of prerogatives inherent to the Health System. This contributes to countries such as Haiti showing infant mortality rates of 51 per 1,000 live births [according to the UNICEF 2016 report]\(^{17}\). However, countries such as Chile, a life quality reference in Latin America, not only guarantees a child’s right to live, but also act in favor of equity and solidarity. Therefore, the necessity of equality and democracy as complementary factors is reaffirmed and supported by the consolidation of more solidary and universal public health services.

Regardless of the approach by which inequality is analyzed, the individual is irrefutably at the center of System interference. Such context can be analyzed in three levels. The first is related to lifestyle, the second to social and community support networks and, finally, the third to macro determinants, related to economic, environment, and cultural aspects of society in general. Thus, we see that individual social responsibility combined with basic health needs are priorities when confronted with SDH.

4. Conclusion

It is concluded that both duties and rights are necessary for a healthy living, since humans are social beings and require both environment and social interaction. This is directly linked to social responsibility and is a conditioning factor for a healthier population. In addition, economic conditions are directly related to health and, as there is an increase in per capita income, an improvement in the quality of life is observed.

With the analysis of the indicators of GDP, Gini, Solidarity and HDI among Latin American countries, the
need for equality and democracy, as complementary aspects, was observed for more solidary and universal public health services. Thus, individual social responsibility, based on individuals' morals and ethics, is still necessary to minimize the negative effects of SD, since health conditions are also influenced by social elements.

In this context, it is inferred that low-income populations are exclusively dependent on the quality of public services. Therefore, public and social policy partnerships are fundamental to accomplish the rights of these citizens.

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Social Accountability and Health - A Viewpoint from the Youth of Trinidad and Tobago

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“Accountability is the glue that bonds commitment to results.”

– Will Craig

Social Accountability refers to the didactic concept which underscores the obligation of influential stakeholders to fulfil their societal role in a manner which addresses the needs of the communities, nations and/or regions which they belong to. When social accountability is examined in the parameter of health, it speaks to the duties of the members of the medical fraternity as it relates to the development of an optimum health system. We will look at Social Accountability in Health from the perspective of Trinidad and Tobago in relation to the State, The Medical School, and the representatives of the youth, the medical students.

The role of state in social accountability is primarily to support the workforce through provision of high quality infrastructure, evidence-based operational reformation and support of the initiatives of the other stakeholders in health. The Government of the Republic of Trinidad and Tobago (GoRTT) manages the Health Sector through the Ministry of Health (MOH) which operates via its Public Health Programmes and through its vertical services, Population Based Programmes. Personal Healthcare services are provided by the Semi-Autonomous Regional Health Authorities (RHAs) which covers all regions across the twin Island Nation. The GoRTT has been continuously increasing its vantage point for social accountability in recent years through a variety of avenues. There has been an increase in the measuring of the health needs of the nation made evident by the recent establishment of the Directorate of Women’s Health which acts as a central hub for the collection and analysis of data regarding to Maternal and Child health in order to adequately identify and respond to areas of contention within the country.

There has been a number of preventative programmes pioneered by the MOH in an attempt to address the specific health needs of the population namely, those on non-communicable diseases (NCDs). As outlined in the “National Strategic Plan for the Prevention and Control of Non Communicable Diseases: Trinidad and Tobago 2017-2021”, policies have been developed to curb the rise in NCDs namely with respect to alcohol, childhood obesity and health within schools. Health promotion has been put to the forefront through numerous campaigns including “Fight the Fat Campaign” and “Check Yuhself ... Know Your Numbers”. There has also been greater utilisation of the social media platforms to most effectively engage the younger audiences in these healthy lifestyle approaches. The GORTT has also expanded the Chronic Disease Assistance Programme, which provides citizens afflicted with NCDs with approximately 51 prescription drugs, free of charge, at all public health facilities and most private pharmacies nationwide.

Through the RHAs, there is great support for the inclusion of the future health professionals within the institutions as to allow for first hand clinical experience. There is an allowance for medical, dental and nursing students at the undergraduate level at a nearly non-restricted access to all the major hospitals and primary health centres to allow for a greater understanding of the political, demographic, epidemiological, cultural, economic and environmental social determinants of health within the country. This highly organised co-ordination of the future health workforce is managed primarily by the Medical Universities of the Nation.

Social Accountability in Medical Schools is defined by the World Health Organisation as the obligation to direct their education, research and service activities towards addressing the priority health concerns of the community, region, and/or nation they have a mandate to serve. The University of the West Indies (UWI) represents the primary institution for Medical Education and offers courses under the schools of medicine, dentistry, veterinary medicine, pharmacy and advanced nursing education. Nursing education
is also provided by The College of Science, Technology and Applied Arts of Trinidad and Tobago and University of the Southern Caribbean. All three institutions operate to produce an adequate and highly trained workforce suited to meeting the demand of the country. UWI has arguably the largest part to play in the social accountability as it relates to health and healthcare due to a greater propensity for the collaborative “One Health” approach to health system.

UWI boasts a high quality student-centered learning experience at the preclinical level through a comprehensive programme which includes the highly esteemed problem-based learning system. Also within the curriculum, students are given the opportunity to gain exposure to communities, and through the course: Professionalism, Ethics and Communication in Health, are challenged to create a sustainable project of health promotion to positively impact a community of the student’s choice. UWI also engages in ethical research activities which are inspired by the health needs of the local population. This in an attempt to gather data meant to be used as empirical evidence to mount an appropriate response. These responses can manifest in the form of policy reform, health promotion strategies and adjustments in clinical practice. The undergraduate students are also involved in the research within the parameters of their curriculum through a group research project guided by a clinical supervisor.

With specific focus on the Bachelor of Medicine, Bachelor of Surgery Degree, the students of the clinical years are rotated through all major departments including, Adult and Paediatric Medicine, General Surgery and Obstetrics and Gynaecology in addition to some subspecialty courses. Students and are also given the opportunity to pursue an elective rotation in their desired medical field in the medical institution of their choice. As was previously alluded to, the clinical experience is achieved through a team-based approach where the student is primarily assigned to one of the units within a hospital department. This provides the student with opportunity to engage with medical professionals experienced in dealing with determinants of health unique to the nation. Also within the curriculum, are the areas of growing importance within the region as mentioned by PAHO/WHO, namely Primary Health Care, Psychiatry and Public Health. Through these rotations, the students are assigned to a particular health centre, psychiatric hospital or health institution where they are exposed to the healthcare practices outside of the traditional hospital setting with a greater focus on preventative medicine.

UWI also recognises the role of its students and their initiatives in the development of a socially accountable curricula. These are done primarily through staff and student liaison meetings as well as the inclusion of students in subcommittees to advance the vision of the University, falling under the category of “Alignment” in the ‘The UWI Triple A Strategy 2017-2022’. These student leaders who are in direct communication with the staff are typically members of the various student associations specific for each school.

The Student Associations in the field of health have a major role in promoting Social Accountability primarily through promotion of student involvement at all levels when it relates to decision making and operational reformation. Admittedly there has been an insufficient number of opportunities for students to build their capacities to participate in such fora, however there has been a gradual transition in addressing these inadequacies. These endeavours have been initiated through the first collaborative event between these associations, namely the “FMS Fun Day” which brought together students across the faculty to engage in a competitive sporting arena with an underlying theme of “One Health” and the emphasis for collaboration amongst all members of the healthcare workforce. The students are also imperative in quality assurance of the curricula and to a greater extent, the faculty. These associations heavily contributed to the accreditation process of The Caribbean Accreditation Authority for Education in Medicine and other Health Professions, producing comprehensive reports which aided in the renewal of the accreditation.

To focus specifically on the Trinidad and Tobago Medical Students’ Association (TTMSA), there has been an ever-increasing drive for the inclusion of local medical students in international affairs for the purposes of exchanging ideas and forming partnerships. This is made evident by their joining of the International Federation of Medical Students Associations (IFMSA) as well as the Caribbean Chapter for the American College of Physicians. The goal moving forward is to provide medical students with more global opportunities in the hopes of creating avenues and instilling inspiration within them to
manifest a long-lasting impact within the local health system. Currently a collaborative project with the major stakeholders in the field of health and healthcare is also in the works. This initiative seeks to provide medical students with pertinent information on varying medical specialties not only those most sought after by the students, but also which are in line with the national and regional requirements. Through this proactive approach, it is endeavoured that the services in the guise of health delivery would be appropriate and sufficient for the needs of the communities they serve.

Each of the mentioned bodies as well as private sector and other non-governmental organisations have unique roles and responsibilities in the overall development of a national health system which is accessible, affordable, appropriate, equitable, efficient and of a high quality. Through the accountability to civic society differs, an all-inclusive strategy must be undertaken to allow for a cohesive and purpose driven approach to most effectively cater to the needs of the people.

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Social Accountability: How We Take Back What Is Ours

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“Accountability breeds response-ability”. - Steven Covey

Social accountability (SA) is an approach that involves citizens in public decision making. SA interventions enable the civil society to express their necessities to governments and service providers, highlighting the perspective of communities to government activities, such as policy making, resource management, and service distribution. The main stakeholders are the public, state, and service providers. The bridge between the public and the state (e.g., policy makers) constitute the social intermediaries, such as non-governmental organizations (NGOs) and community-based organizations (CBOs), that assist to mobilize and coordinate social actions. Service providers can be private or public institutions and NGOs.

SA interventions should be based on three main concepts: transparency, accountability and participation. First, transparency in information and budget aims to educate the population about rights and duties besides federal rules and regulations. Second, accountability is achieved through non-governmental monitors that act as external parties that track the implementation and progression of programs and projects. Lastly, participation implies society to be involved in government policies, decisions, and activities. The efficacy of the interventions relies upon a valid political environment for social commitment, suitable legal framework, and competent and strong state performers (1).

Since SA is an approach based on human rights, working as the principle of democracy and freedom of speech, the interaction between rights holders and duty-bearers is significant. As the community needs to speak up and exercise the right to health care, governments are forced to acknowledge disparities and facilitate the accessibility to the most essential health care services. There are four pillars of social accountability: 1) organized and capable citizen groups, which created a network of shared knowledge; 2) responsive and effective governments, which engage with citizen groups to achieve good governance; 3) sufficient access to reliable information, which allows governance issues to be approached through traditional strategies and channels; and 4) cultural and context appropriateness, when associated with the country’s political, economic and historical factors.

The Dominican Republic (DR) would benefit from this approach since it ensures that civilians are held accountable to local agreements and bylaws, promotes a more inclusive government, and encourages creation of advocacy campaigns and public participation. The Dominican population has large economic inequalities and a significant social deficit (2). The vast majority lives in overcrowded small towns and live in impoverished conditions. Thus, the implementation of a strong SA movement can positively influence the health and well-being of community members.

In 2014, DR launched the Global Partnership for Social Accountability (GPSA), a program launched by the World Bank Group in 2012 in order to strengthen the public-sector performance and meet governance challenges in developing countries. It also helped to facilitate the dialogue between civil society organizations and federal agencies and address service delivery problems in education, agriculture, water and sanitation, and public housing sectors. This, in turn, has helped to make civil society organizations, CBOs, and public institutions, work together to provide citizens with information and enhance collaborations between government and civil society toward improved performance and quality of public spending. However, citizens and civil society organizations (CSOs) in the country have not participated in governance matters, and public agencies do not fully recognize CSOs as channels for citizen opinions. CSOs are considered to have limited skills to mobilize citizens, develop and apply SA tools, and negotiate and advocate for their interests among local and national agencies (3).
DR has multiple NGOs currently operating, such as Peace Corps, Good Neighbors DR, World Vision, and the Dominican Medical Student Organization (Organización Dominicana de Estudiantes de Medicina, ODEM). ODEM-Dominican Republic members are medical students who aim to improve lives through government interactions that allow for better coverage and spending to make health care services more accessible and cost-effective. By educating communities on SA and their entitlements by their government, medical students can empower community members to have an active voice in their health-seeking behaviors, dictating community change in terms of access and availability of health care services. Thus, medical students can facilitate dialogue between each community and other federal entities, bringing to light a discussion regarding the acquisition of essential health services.

One leading question remains: How can ODEM-Dominican Republic help communities take an active role in their health-seeking behaviors and advocate for new, improved health policies? First, we should consider the example of infant mortality. Regarding the birth of a child, it is essential for the mother to have adequate prenatal care (e.g., prenatal vitamins, balanced eating regimen, required immunizations) and the baby to be born in a healthcare facility with sufficient personnel and adequate resources for labor and delivery. However, if the pregnant mother lives in a marginalized community with limited resources from the primary health center, it will be twice as difficult for her to receive proper nutrition, vitamins, immunizations and care just due to lack of accessibility. Now, as a next step, if ODEM members visit this community, they can guide the expectant mother on what to expect during her prenatal care, providing evidence-based guidelines on proper vitamins, immunizations, and nutrient-rich meals. ODEM members can empower mothers within this community, promoting their active role in health and wellbeing as well as fostering a commitment to SA and resource allocation.

As medical students, we can promote SA in our local communities by empowering community leaders and members by making them aware of their situation, involving them in health-related activities, listening to their needs, and encouraging interactions between themselves with the ultimate goal of enabling them to increase control over their health in a sustainable and lasting manner. As future health professionals we can create and participate in community service and research activities that are directed toward addressing the priority health concerns. Only through this, we can apply SA-based approaches as the instrument to address multiple concerning such as health inequities, political issues, and social discrepancies in between communities.

References


The Loneliness Epidemic

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Loneliness affects us all at some point in our lives, but it is chronic loneliness that takes a serious toll on health. The effect of loneliness on mortality is equivalent to smoking 15 cigarettes a day, with individuals with stronger social networks enjoying a 50% greater likelihood of survival compared to those with poor social relationships(1). Chronic loneliness re-engineers our social cognition, creating a loop of negative feelings that can make us withdraw even further from the relationships we crave. Human beings are social animals; genetically engineered to enjoy human company because it is vital for our survival and well-being. At the same time, our society romanticises self-reliance to the point that loneliness is stigmatised. Solitary confinement is one of the worst forms of punishment we can imagine. Why then, do we permit that a large proportion of our elderly population live in social isolation and suffer from chronic loneliness? Although loneliness does not just affect the elderly (single parents, immigrants, refugees, disabled people and other groups are also especially vulnerable), a rapidly growing elderly population means that loneliness is due to become increasingly more prevalent. To be socially accountable also means to take care of the older members of our society. Loneliness is not inevitable, there is a lot we can do to both prevent and treat it. The approach to tackling loneliness is a quintessential example of holistic physical, mental and social healthcare that must take place beyond the walls of a hospital and be incorporated into the heart of a community.

Loneliness in the UK

By 2040, nearly one in four people in the UK will be 65 years or older(2). 10% of people aged 65 or over in the UK report that they always or often feel lonely(2). Although social isolation is a distinct concept to loneliness, one can feel one without the other, the two states are closely linked. The prevalence of loneliness in the UK is therefore unsurprising given that over half of people aged 75 and over in the UK live alone(2). 17% of older people speak to family, friends or neighbours less than once a week, one million older people have not spoken to anyone in over a month and two out of five people over 75 say television is their main company(2,3).

Loneliness is closely linked to mental ill health, significantly increasing the risk of depression, suicide, anxiety, psychosis and dementia(4,5). In the UK, the increasing burden of social isolation is linked to trends such as reduced inter-generational living, greater social and geographical mobility, and a rise in one-person households(6).

Integrated care approaches to loneliness

In order to tackle the complex, interconnected health problems that individuals face in older age, the integration of care is essential to ensure that all spheres of well-being (physical, mental and social) are covered. The ultimate goal in this respect is “triple integration”, the integration of: health and social care, primary and specialist care, and physical and mental health care. Although integration can be costly and difficult to implement, it is predicted to be both more effective and economical in the long-term, as a result of better coordination between all those involved in caring for a patient, a more patient-centred approach, shared operational systems, and the absence of duplication and fragmentation. Integration is more important now than ever, especially for older populations. For example, even though the number of older people in England is steadily increasing, the number of older people benefiting from publicly-funded social care is declining(2). Similarly, 85% of older people with depression are not receiving public mental health care(2). The improved integration of both social care and mental health care with physical health services would ensure better funding, better coordination, and most importantly, an entirely comprehensive patient-centred approach that is tailored to an individual’s needs and wishes. 52% of people aged 65 and over in the UK agreed that “those who plan services do not pay enough attention to their needs”(2). We can be a generation of doctors who put an end to these dichotomies; treating individuals rather than conditions.
Direct interventions for loneliness focus on both preventing loneliness, and treating it once it has occurred. Loneliness interventions should be shaped by individual needs and experiences, and the individuals should themselves be involved in designing the activity(7). Well-matched group interventions tend to be more effective than one-on-one activities(7). Loneliness can be prevented through both individual- and community-based approaches that promote and maintain independence and well-being, encourage intra- and intergenerational friendships and improve social connectivity in a community. Specific examples of primary prevention schemes include befriending services, social group schemes, good neighbour schemes, and practical help with e.g. transport, shopping, gardening. For people who are already socially isolated and lonely, the Campaign to End Loneliness recommends a three-step approach for interventions: Reach, Understand, Support(8). Lonely people can be identified through the intelligent and appropriate use of data, targeted home visits, social prescribing by primary health care services, mass media outreach and training people in the community who are likely to come into contact with lonely people, such as postal workers or librarians. It is then important to understand the individual’s specific circumstances that lead to their loneliness and how they believe they could be best supported. Support can take a multiplicity of forms, including help to improve accessibility issues (such as sight or hearing loss, poor mobility etc), connecting individuals with the kind of services mentioned above, such as group activities or befriending services, or in more complicated cases, the use of Cognitive Behavioural Therapy to help change individuals’ thinking about their social connections.

Since social isolation and loneliness are significant risk factors for mental illness, it is also crucial to adapt mental health care to the needs of older people, who are often not served well by general adult services because their mental ill-health largely results from a complex interplay between both functional and organic causes. In its Active Ageing and Life Course Policy Statement, IFMSA calls on governments to “recognise older people as vulnerable to mental illness, and ensure provision of adequate care”(9). Older age mental health is best managed outside of the hospital and in the community, not only because hospital admissions can have many adverse consequences for older people, but also because this ensures better continuity of care, a more patient-centred approach and direct connections to other community mental health interventions, such as loneliness interventions.

**Addressing the social determinants of loneliness**

Beyond direct approaches to tackle loneliness in the community, it is also important to recognise and address social determinants of health that influence the prevalence of loneliness. The most important social determinants in loneliness include poverty, social class inequality, housing, employment and green spaces. These factors influence health throughout the life course. Addressing the social determinants of loneliness would likely be more effective than reactive initiatives once chronic loneliness has set in, by preventing social isolation and loneliness in the first place. Social isolation, and thus loneliness, is closely related to income and living standards, with older people in more deprived areas more likely to experience loneliness(2). 34% of older people in England live in non-decent homes(2). Studies have shown a clear link between lower incomes and social isolation, as older people with lower incomes are less likely to visit friends and family, less likely to invite them into their own home, less likely to get online and less likely to live in a retirement community(6). By directly tackling the social determinants of loneliness, such as by providing better housing to older people, age-appropriate employment opportunities, improving public transport networks, increasing and improving green spaces, and reducing socioeconomic inequalities throughout the life course, we can build strong, cohesive communities and prevent social isolation and loneliness.
What can medical students do?

As populations age, medical care is increasingly becoming only a small aspect of an individual’s health. As a result, doctors will need to work in large multi-professional teams, working especially closely with social care services, to ensure that their patients receive comprehensive and appropriate care. As medical students, we can use our time in training to become familiar with these structures and to begin applying them, so that we can provide our patients with holistic care immediately when we qualify. In addition, we can also advocate to hold our governments accountable, advocate for improved funding and integration of health services, and advocate for better teaching on older age health. This should include teaching on multiple comorbidities, chronic disease management, social care systems, age-appropriate mental health diagnosis and treatment and how to take a comprehensive social history. Social connection should be seen as a priority in health, including in medical care, and every contact with health services should be taken as an opportunity to make a difference in an individual’s life.

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Social Accountability: A new Paradigm beyond the Hospital?

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“The priority health concerns are to be identified jointly by governments, health care organizations, health professionals and the public.” - WHO, 1995

It is paramount that we move beyond the rhetoric and move towards the fundamentals of social responsibility (SA). At its core, it is composed of various principles that, in turn, are propelled forward by highly qualified and motivated leadership. This begs the question: Is social accountability the next frontier?

During the last few decades, the scientific and medical community has shown increasing interest in multiple community-based participatory activities. This has been to foster a focus on prevention, engage the community in health issues that concern them, and empower them to exercise their human rights. This is the very essence of SA, with the core principle related to empowering others to empower themselves. As it allows citizens to be responsible for their own health, wellbeing and quality of life, it provides the opportunity for ordinary citizens to assess the performance of their local governmental institutions and maintain priorities of the community. This facilitates communication between community and policy makers, allowing for true community participation. Thus, the community chooses what they consider the most important and most suitable for them (1).

Another core principal centers on education. As the community begins to label each issue, they will have a broader understanding of their specific rights and entitlements. Hence, the communities make informed and educated decisions and are more aware of the inner workings and functions of governmental programs. Nonetheless, the main functioning of SA rests on four main pillars, which assures a constant development and follow-up as well as sustainable community functions (2).

The first pillar requires an organized community group, which must be committed to work for the basic needs of the community and in collaboration with different health entities (2). The second pillar is a parallel commitment from government institutions, which offers active communication with community leaders (2). The third pillar consists of respect for the government, including understanding of the cultural background of communities and the creation of specific programs for every community (2). This is of utmost importance, considering it ensures efficient programs with greater impact in communities. The fourth pillar is essential for community growth, which provides access to information in order to maintain ongoing community education (2).

Overall interest in SA has been increasing across the globe. For example, the World Bank developed an intervention, The Uttar Pradesh Health Systems Strengthening Project, aimed at strengthening the SA of the Uttar Pradesh community (3). This was implemented by reinforcing positive health behaviors and promoting social audits of both service delivery and resource allocation. They provided information about their rights, responsibilities of health care providers, and local health system performance. Community members were also informed about available health services, and they received regular text messages about specific health issues. During this intervention, they encouraged active participation of community members towards the different areas of provided information. For this reason, researchers examined the increased monitoring of community members and disseminated findings, such as improved responsiveness of providers, which can ultimately promote policy changes.

This reality is present globally, and the Latin America and the Caribbean region is no exception. In 2017, the Pan American Health Organization (PAHO) met with more than 10 collaborating regional health centers and medical schools for a consortium on SA, held in Washington DC. With the objective to promote, disseminate and support these local entities, they considered the cultural background, resources
and cultural dynamics. With this consortium, PAHO intended to reduce the disparities that exist in the health workforce, resources distribution, and community facilities. This would, as a result, create a greater link between the community and governance, ensuring an improved quality of health while considering cultural background (4).

Although there has been a remarkable global advancement towards community awareness and empowerment, we still encounter challenges along the path. SA can be used as a tool to help governmental institutions grow and create better changes towards specific goals. One of these achievements is the Sustainable Development Goals (SDGs), and SA could become one of the greatest assets in accomplishing these goals. By empowering communities and providing a constant surveillance on the implemented programs, the community becomes the main stakeholder. Thus, identifying strengths and limitations of each policy can help create a paradigm shift, moving the focus from disease treatment to a focus on prevention.

However, achieving global change cannot occur rapidly, but rather requires integration of theoretical and rhetorical concepts. In fact, the challenges surrounding achievement of the SDGs may reflect an uphill battle. By incorporating the synergistic effects of SA, health leaders can positively impact the national and regional level (5). One tangible example is that this tool could provide the progress needed for enhanced knowledge and understanding of priority community topics, such as pregnancy and the importance of prenatal preventive checkups that contribute to improved quality of health of maternal and child health indicators. Ideally, this can have a significant impact in decreasing maternal and infant mortality rates in developing countries.

The Dominican Republic (DR) is a middle-income country with an underdeveloped suboptimal health care system. As is the case of many developing countries, the development of health policies and health structures is restrained by a combination of factors, ranging from improper resource allocation to poor implementation of protocols. Hence, since there is no assurance that these policies will be converted to practice, SA could potentially play as the cornerstone for the advancement needed in the health sector. In light of challenges to implement this tool, non-governmental organizations (NGOs) could galvanize implementation and communication between communities and governmental institutions. NGOs, such as the Dominican Medical Student Organization (Organización Dominicana de Estudiantes de Medicina, ODEM), can organize visits to different communities and create audits that could benefit the health sector and educate the local community on specific health topics. Team effort in these different areas would empower health care providers and patients and create a cultural atmosphere that promotes health-seeking behaviors. By educating the community at the primary level of care, this would help reduce ambulatory and hospital admissions at the secondary and tertiary levels of care. Through this strategy, health leaders can identify institutional or systemic barriers to health care service delivery and prioritize resource and monetary allocation based on the national health budget.

In conclusion, SA is a cost-effective, multidisciplinary approach, which aims to transition the traditional mindset from passive to active critical thinking. In order to move forward, other NGOs similar to ODEM should engage with communities in order to promote the use of SA at all levels of the health system. Primary care is the cornerstone for a well-structured and effective health care system at every level: governance, health facilities, workforce, and NGOs. Without synergy between these levels, SA would fail at its mission to ensure the quality of health services provided at the community level. We should emphasize the effort present not only in health care sectors, but also in medical and residency training programs. Obtaining the support of health sciences schools to implement SA in academic curricula is crucial, where pedagogical methods should be participatory, innovative, transformative and collaborative. As an outcome, it is hoped that the future generations will be able to understand the key role that SA has in healthcare service delivery and continue to engage in community initiatives throughout their careers.

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The role of the public university in Brazil in encouraging the social accountability of medical students

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“Accountability breeds response-ability”. - Steven Covey

Social accountability (SA) is an approach that involves citizens in public decision making. SA interventions enable the civil society to express their necessities to governments and service providers, highlighting the perspective of communities to government activities, such as policy making, resource management, and service distribution. The main stakeholders are the public, state, and service providers. The bridge between the public and the state (e.g., policy makers) constitute the social intermediaries, such as non-governmental organizations (NGOs) and community-based organizations (CBOs), that assist to mobilize and coordinate social actions. Service providers can be private or public institutions and NGOs.

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Since SA is an approach based on human rights, working as the principle of democracy and freedom of speech, the interaction between rights holders and duty-bearers is significant. As the community needs to speak up and exercise the right to health care, governments are forced to acknowledge disparities and facilitate the accessibility to the most essential health care services. There are four pillars of social accountability: 1) organized and capable citizen groups, which created a network of shared knowledge; 2) responsive and effective governments, which engage with citizen groups to achieve good governance; 3) sufficient access to reliable information, which allows governance issues to be approached through traditional strategies and channels; and 4) cultural and context appropriateness, when associated with the country’s political, economic and historical factors.

The Dominican Republic (DR) would benefit from this approach since it ensures that civilians are held accountable to local agreements and bylaws, promotes a more inclusive government, and encourages creation of advocacy campaigns and public participation. The Dominican population has large economic inequalities and a significant social deficit (2). The vast majority lives in overcrowded small towns and live in impoverished conditions. Thus, the implementation of a strong SA movement can positively influence the health and well-being of community members.

In 2014, DR launched the Global Partnership for Social Accountability (GSPA), a program launched by the World Bank Group in 2012 in order to strengthen the public-sector performance and meet governance challenges in developing countries. It also helped to facilitate the dialogue between civil society organizations and federal agencies and address service delivery problems in education, agriculture, water and sanitation, and public housing sectors. This, in turn, has helped to make civil society organizations, CBOs, and public institutions, work together to provide citizens with information and enhance collaborations between government and civil society toward improved performance and quality of public spending. However, citizens and civil society organizations (CSOs) in the country have not participated in governance matters, and public agencies do not fully recognize CSOs as channels for citizen opinions. CSOs are considered to have limited skills to mobilize citizens, develop and apply SA tools, and negotiate and advocate for their interests among local and national agencies (3).
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One leading question remains: How can ODEM-Dominican Republic help communities take an active role in their health-seeking behaviors and advocate for new, improved health policies? First, we should consider the example of infant mortality. Regarding the birth of a child, it is essential for the mother to have adequate prenatal care (e.g., prenatal vitamins, balanced eating regimen, required immunizations) and the baby to be born in a healthcare facility with sufficient personnel and adequate resources for labor and delivery. However, if the pregnant mother lives in a marginalized community with limited resources from the primary health center, it will be twice as difficult for her to receive proper nutrition, vitamins, immunizations and care just due to lack of accessibility. Now, as a next step, if ODEM members visit this community, they can guide the expectant mother on what to expect during her prenatal care, providing evidence-based guidelines on proper vitamins, immunizations, and nutrient-rich meals. ODEM members can empower mothers within this community, promoting their active role in health and wellbeing as well as fostering a commitment to SA and resource allocation.

As medical students, we can promote SA in our local communities by empowering community leaders and members by making them aware of their situation, involving them in health-related activities, listening to their needs, and encouraging interactions between themselves with the ultimate goal of enabling them to increase control over their health in a sustainable and lasting manner. As future health professionals we can create and participate in community service and research activities that are directed toward addressing the priority health concerns. Only through this, we can apply SA-based approaches as the instrument to address multiple concerning such as health inequities, political issues, and social discrepancies in between communities.

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Why we should care about Social Accountability

Social Accountability, is more than just a term defined by the WHO years ago, it should represent what we, as medical students fight for in every faculty, to respond our communities, and give them the health system they need. Most of you, like me, may have heard the definition a thousand times, but are we really close to achieving what this term expects from medical students? If you take the time to analyze the situation, you will realize, the journey to make the dream true, has already began.

Since the first time I heard about Social Accountability, I could not avoid feeling that my faculty, despite being really good at teaching, was not focused on my community’s needs.

Simple things, such as common diseases, or practical preparation on ancient culture beliefs were left behind, and I felt like I was learning things that patients around me would never suffer from. At times, it seems like they were trying to turn me into a doctor specialized in “Mars diseases”, due to the disconnection I felt was present between the curriculum and my community.

The last year, I had the chance to become part of the most amazing Small Working Group, and since then I have been acquiring tools to not only assess my school, but also, truly advocate for real socially accountable medical education, and I am proud now of how much I know, we can make a difference, simply by doing something.

While assessing my school with the IFMSA SA toolkit, I had the opportunity to know more about the rural medicine year we must make after graduation. This is the real opportunity for us to become the doctor in charge, and while we do it, we will get to learn more about the small town we are serving. A town that may be really close to your house, or that might be as remote as the volcanoes that surround my country.

But how am I supposed to take care of patients if I cannot recognize the diseases they suffer, or how can I help them to feel any better, if my preparation was not directed to their needs? Here is where you can make the difference, simply by focusing your efforts on learning things that mean more to your society.

During this rural medicine year you may face common diseases like flu, or may have to help a women give birth; in this cases you may not be in trouble, but you may also be the only hero out there to save a little baby who’s not breathing. This is the main reason to be prepared, because when lives are relying on your hands, you have to be confident that you will be able to become the reliable expert in that moment.

In Ecuador, several examples of how you can apply Social Accountability are happening; for example there is a special manual called AIEPI, which is a book that contains the main diseases a children can have since birth, until 5 years old. This manual takes the problems, classifies them by color (with Green constituting low risk, to Red constituting dangerous cases) and tells you the actions that you need to take. Most of the cases if you get a “Red” problem, then you know you must send the child to a hospital for more specialized care, because the problem may not be solved in the health center you are serving. This will not only help you in the decision making process, but it will mainly give the children the opportunity to receive the help it needs, as fast as possible, in the best way and not depending on how much money he has.

With this, and other manuals created by the health ministry to reduce the children and motherhood mortality, the country has begin changing the medical students training process, in order to tackle one of the main problems we have. As a result, we have reduced medical complications that used to exist due to the lack of knowledge in certain aspects.

Another great example is a practical course directed to OB/GYN and neonatal first line attention, where medical students not only are able learn the theoretical manual, but also practice every situation by

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recreating real life cases, and acting in a controlled environment as the doctor in charge. In order to accomplish the course goals, medical students attend a 5-day workshop, where theory and practice are combined, and understanding both is essential for every chapter. Contents include hemorrhage, pregnancy high blood pressure diseases, delivery infections, and birth attention with neonatal ventilation support.

After the 5 days, medical students have all the knowledge and tool to take care of this high prevalence situations that have taken the lives of countless mothers in the years past. Both examples are strategies used in my faculty during the last academic year before the student goes on their internship, so despite the point of view I had prior to my assessment, my school already did have some interesting action points on Social Accountability.

These examples I brought up makes it clear that caring and preparing properly is extremely important, and that we should also be focused on things that can be done to improve the education curriculum with a socially accountable manner of teaching. The steps that one could take to start walking towards that lofty ideal are:

**First**, be aware of your community’s needs. For this, you can use government or self-collected statistics that reflect the reality from the community you serve. Take into account the most prevalent diseases and causes of death according to the national statistic institute. You can also ask around in hospitals to the patients there, to learn how they feel about the healthcare they receive. Through this, you can get specific points of the things that need to be improved.

**Second**, assess your medical schools and share the results with your faculty. In most of cases, it may be really hard, but do not give up until they listen to your ideas and potential solutions. After that, you can also create a specific survey for other medical students, so you can share with your dean what they actually want to learn, and how they think they should be learning (like every other business, client is always right, so make sure they listen to you).

Once you get their attention, give them ideas, share specific complaints and suggestions so they can try to define where to include those topics in the curriculum. It may take a while for the faculties to take those ideas and put it into practice, but giving up will do no one good at this point.

Remember that every change is difficult, and at first the suggestions made to improve teaching methods might not be perfect, but it is necessary to evaluate every action taken, and measure the results achieved in order to adequate the changes so that they become part of your faculty strong pillars.

That sums up the advocacy adventure you may face if you decide to take action and let Social Accountability grow, not only in you faculty, but also and mainly in your hearts.
“Social accountability” is a pact between society and medicine. It stipulates that healthcare should be effective, efficient and equitable in addressing health concerns, be it at a micro (individual), meso (community), or a macro (health system) level. [1] Applying the concept to medical education, the World Health Organisation has delineated the obligation of medical schools – “to direct their education, research and service activities towards addressing the priority health concerns of the community, region, and/or nation they have a mandate to serve.” [2]

Undoubtedly, there has been an increasing focus to incorporate the concept of social accountability into medical education. This is evident from the formation of the Training for Health Equity Network (the Net), collaboration among 11 universities to operationalise social accountability, as well as the thorough understanding healthcare students had on the definition of such a terminology. [3] Yet, understanding the ideal scenario often stands in stark contrast to the reality, with the increased focus put on medical specialisation, which aims to allow for the pursuit of greater expertise in knowledge and skill. Healthcare leaders, then, had expressed their concerns over potential healthcare fragmentation and undervaluing of general practitioners. [4] These well-founded worries have indeed been proven, with the most apparent evidence being the gradual decline in medical students willing to enter family medicine. [5]

As Buchman (2013) said, “social accountability is at the heart of family medicine.” As noted in WONCA Jeju 2012 Declaration on Family Medicine Enhancement, the 7 roles of physicians are [6]: Family Medicine Expert in Primary, Personal, Preventive, Comprehensive, Continuing and Coordinated Care; Communicator; Collaborator; Advocate/Leader; Manager; Medical Professional; Researcher and Teacher.

Upon scrutiny, one should thus see that doctors in family medicine are the ones who can realise social accountability. At a micro level, the fact that they would be the first point of care in the community, and have established a continuous and trustworthy doctor-patient relationship which would allow patients to divulge physical, mental and social problems, points to this notion. At a meso and macro level, by being more involved in health promotion and prevention in the community setting, they could more easily assess the demographics and their urgent health needs, thus acting as the specialist referral coordinator and the spokesperson for patient advocacy in policy decision-making respectively. [1]

How does this translate to the responsibility of medical schools? To put simply, encourage students to enter family medicine. Not by brutal force or law, but through cultivation of an environment that encourages this career choice. It could be merely stressing the importance of prevention and health through community-based projects, or increasing participation in community healthcare settings. Certainly, there will be resistance towards implementation and change, but for the wellbeing of our patients, we must uphold the pact we have with patients, community, and society.

References:


Rex Crossley Awards
Read about the contenders for the IFMSA Rex Crossley Award
"Friday evening. You are driving home from a party with your friends. Suddenly you hear a loud bang and then everything goes black. You wake up confused and realize you are in a hospital. There are people running around, machines are beeping and all feels unreal. Everything is blurry and before you lose your consciousness you see a red bag hanging above your head…”

As patients, we often forget how privileged we are. Medical professionals always provide the best possible treatment, especially in cases of emergency. Moreover, in cases of severe traumas and surgeries, red bags are always hanging above patients’ heads. We are not aware that, in order to get the needed treatment, we need somebody “on the other side” – an individual willing to give blood, a donor. In Slovenia, blood components are needed every 5 minutes. This means that we need around 300 blood donors per day. Regular taking of blood is needed not only because the need for blood components varies from day to day, month to month and year to year, but also because blood components have biological deadlines to be used. Furthermore, the need for organ and tissue transplantations have been rising lately; if we do not educate and encourage people to register as bone marrow or organ donors, we will not be able to provide the best healthcare for patients that are terminally ill and could be saved by those procedures.

**Why do we do what we do?**
For five-year-old Angela suffering from leukaemia. For your grandfather who was diagnosed with liver failure. For your best friend who was injured in a car accident. For all people to whom donation represents the last chance of survival.

**How do we carry out our activities?**
With compassionate, responsible and friendly approaches, we try to awaken compassion in the hearts of the students. Furthermore, we spread important values, such as health, love, friendship, and altruism and help them understand and overcome any fears and prejudices towards donation.

**What do we actually do?**
We organize and carry out lectures at the high schools all over Slovenia during which the students get all important information concerning donation. Moreover, we organize different events at which we promote donation and give accurate information in an attempt to educate the public. The project’s main goal is to raise awareness concerning blood, bone marrow and organ donation through education and consequently raise the number of blood donors and people registered as potential bone marrow and organ donors.

Our dream is that everyone who is terminally ill gets the most beautiful gift, the gift of life. Join us today! Become a donor and save lives! For more information you can contact us epruvetka@medicinec.si and visit our Facebook page https://www.facebook.com/epruvetka/
On Your Own
IFMSA-Pakistan

On the 4th January 2018, an 8 year old girl in Kasur, Pakistan was abducted from her home only for her dead body to be later discovered in a dumpster. Her Parents had left for a pilgrimage to Mecca, leaving her with her uncle and aunt. One day she was out playing, the next she had been raped and murdered. Two months later the person responsible for her death was convicted not only of her rape and murder, but also many other additional charges. This was a high profile case, one that everyone talked and knew about; With the convicted on death row, almost everyone was relieved. I, however, was led on a different path, to see an underlying culture in our society; one that is not only horrendous, but also barbaric. The weak, little children, young women, and adult women; none were fully protected from these types of people. These victims suffered, broken and left unguarded, while society turns a blind eye and moves on like nothing has happened, indirectly encouraging the wrongdoers and leaving the victims helpless. However, this situation can change: On their own they may be weak, but with the right skills, support and knowledge they can be strong, empowered and stand on their own. So we came up with “On your Own”, an activity designed to give skills to the young and to women of our community, to empower them, to create noise, and to get people talking about the people we should protect.

In the execution of this project, we wanted to start small. We engaged only one school in the beginning: Unique Junior School, in Wahdat Road, Lahore. Afterwards, we came in contact with CBS, an NGO looking to do the same thing in the Kasur, Pakistan, a city that has the highest rate of rape abuses in the country. Through them, we added more schools to our project and was able to perform more visits than before and in this next step, we also began including teachers and parents; teaching them how they can help and protect their children.

Another aspect of our project was done in the college level. In our own college, we often find young female medical students feeling harassed or unsafe. To combat this, we conducted a self-defense training, to empower and help them to feel safe in their own community. Following on in this line of development, we continued with post-graduate women’s college, to teach young women about domestic violence, about laws protecting women from these actions, and the method to contact different organizations protecting women from the same.

We have had a great response from all the target populations we worked with. We heard stories not only of abuse and violence, but also of strength in the face of it all. We saw people come out and decide that it is the time for change, see them start a conversation, and gave voice to the silent.

All of this have made us decide to expand our activities to more schools and colleges, so that we may reach more people, because even if we cannot reach everyone, we will be sure that we are continuing to do the best that we can to combat the issue. This is a long journey to resilience, a journey to fight a society that is flawed in its protection of its weak, where toxic patriarchy is still deeply rooted, making way for such heinous acts to happen. However, every journey starts with one small step and “On Our Own”, we will make Pakistan safer for all its people, because in the end, the only ones that can help us, are ourselves.
For a long time, mental illness has been stigmatized by the Hong Kong society as it is often associated with negative connotations. Yet, mental health problems among students has become an increasingly serious concern in recent years, with more than 70 student suicides since 2013, according to the South China Morning Post [1]. Medical students are particularly vulnerable, as they face immense stress during pre-clinical and clinical years.

In March 2018, AMSAHK organized a series of activities to enhance mental health awareness, under an overarching activity: ‘Mental Health Month’. This year, we wanted to convey the message that mental health issues can affect anyone. As an analogy: When on an airplane, passengers need to be educated about emergency procedures before take-off. If they do encounter an emergency, passengers are often told to help themselves before helping others. Similarly, mental health requires public education; as medical students and future doctors, it is important for us to learn how to care for our own mental well-being before helping other people overcome their mental health issues and physical problems. Overall, we organized 3 sub-events to shape this message: Dr Dog Day, Crisis Negotiation Workshop and Mental Health Month Online Campaign.

Firstly, Dr Dog Day was designed to alleviate stress and provide encouragement for students during exam period by inviting Dr Dogs to visit students. Interaction with therapy dogs has been proven to lower heart rate, blood pressure and cortisol levels [2]. Furthermore, goodie bags filled with healthy snacks and encouraging cards were distributed to students in order to further promote mental well-being. We also invited professors and faculty counselors to engage with students and learn more about their needs.

Secondly, through the Crisis Negotiation Workshop, we wanted to equip students with skills on how to communicate with patients suffering from mental health issues. We collaborated with the Hong Kong Police Negotiation Cadre to organise this workshop, where students were taught active listening skills, communication skills, and were given the opportunity to practice crisis negotiation one-on-one.

The final part of our message was highlighted through our Online Campaign or #amsahkMHM. By posting the videos online, our message reached a wider audience, even to citizens in general, for public education. In this campaign, we interviewed 3 experts and more than 50 people from the general public about their understanding of mental health. We also relayed their encouraging messages to medical students.

Feedback and evaluations from the Mental Health Month were extremely positive. Dr Dog Day was well-received both by students and professors, and improved their mood and mental state; Participants of the Crisis Negotiation Workshop reported an increase in skills, awareness and motivation after attending; and the online campaign was effective in stimulating discussion about mental health both online and offline. Overall, the Mental Health Month has effectively increased medical students’ awareness and understanding about mental health issues.
Climate change is not a political issue. It is a very real threat to human health, and it is happening right now. We are the last generation with the opportunity to prevent the worst health consequences of climate change and we can no longer afford to stand by idly. We need the health professionals of tomorrow to step up and shout “THIS MATTERS”. Enter: AMSA Code Green, the climate health campaign of the Australian Medical Students’ Association (AMSA). Code Green’s objectives fall into three main categories: education, sustainability and action.

EDUCATION
Code Green (CG) aims to have climate health taught across all medical schools in Australia. As part of this goal, the 2017 CG National Managers are the two Australian student representatives on the Medical Deans Curriculum Working Group on Climate Change and Health, a committee developing climate health curriculum frameworks to be delivered to all medical schools in Australia and New Zealand.

Additionally, CG developed and launched a Climate Health e-Short Course (CHESC) in August 2017. These open-access, self-paced modules have over 200 enrolments to date and will be maintained and updated as an ongoing educational resource for students.

SUSTAINABILITY
“If it is wrong to wreck the planet, then it is wrong to profit from that wreckage” (McKibbon & Naidoo, 2013). CG is working closely with AMSA and the Australian Medical Association (AMA) to divest from fossil fuels. Our proposal was submitted in 2017 and was well-received; negotiations are currently taking place between AMSA, AMA and the relevant financial institutions.

Internally, CG is endeavouring to reduce the carbon footprint of AMSA as a whole, focusing on sustainable events. CG has already implemented a carbon-offsetting policy for event travel, and now all AMSA events utilise sustainable venues, catering, utensils and food rescue where possible.

ACTION
Our student representatives across nearly all Australian medical schools coordinate local initiatives, driving grassroots change. These events range from documentary screenings in Tasmania, to cocktail parties in Western Australia.

CG represents the climate health interests of Australia’s 17,000 medical students in advocacy and policy. Since January 2017, CG has authored a submission to the government’s climate policy review, contributed to a Framework for a National Strategy on Climate Health and Wellbeing, and oversaw the update of AMSA’s climate policies. On an international stage, CG was selected as one of two Australasian launch partners for the 2017 Lancet Countdown and was also invited to speak at the United Nations Framework Convention on Climate Change on behalf of all Australian medical students.

Arthur Ashe famously said “Start where you are, use what you have, do what you can.” In the overwhelming urgency of climate change, intimidation and hesitation can halt action. Code Green started out as a small project from a small group of passionate students, and only a few years later is effecting large-scale change on the world stage. It is not too late to get your green on, and join the movement to breathe life back into the planet that has given life to you.
Don’t fall for the STI Trap

According to official EU statistics, Lithuania ranks exceptionally low in the score of contraception availability among EU countries. Contraception is used less often when compared with other EU countries due to lack of information, reimbursement and availability. The youth lack understanding of reproductive health which is the main reason STIs are still a relevant problem in Lithuania - especially the HIV infection that has been on the rise for the past year. In Lithuania STIs screening programs are only available for pregnant women; lack of easily accessible and cheaper STIs diagnostics for other members of our society leads to a great number of undiagnosed cases and their complications, thus LiMSA reacted with a new awareness campaign performed on local, national and international levels. “The STI Trap” approach consisted of taking a national initiative of performing a survey and presenting it to authorities, organization of lectures and workshops as well as NPET (National Peer Education Training) with a focus on STIs and contraception.

Together with Family Planning and Sexual Health Association, a meeting with Minister of Health of the Republic of Lithuania was organized in order to discuss possible contraceptives compensation solutions. We presented the results of the European NORA comprehensive survey on the contraceptives availability in different European countries that indicated a possible relation between the number of unplanned pregnancies and contraception unavailability (prices of $3 per pack condoms); our work was taken into account and considered in the decision-making.

Moreover, 3 events consisting of lectures by most renowned Lithuanian gynecologists and contraceptives rights activists were organized, consisting of a variety of topics and receiving immense attention from both medical students and the society. We also received inputs from health care professionals working in our University Hospitals and other health services based on their personal or coordinated student’s researches in the field of Reproductive health and STIs - to make sure that these topics and information are relevant. The first event, “The spiral of contraception”, was facilitated by Esmeralda Kuliesyte, leader of Family Planning and Sexual Health Association, followed by an Advocacy Workshop prepared by a certified and experienced IPET (International Peer Education Training) trainer. It was followed by “Fertility after contraception – mission (im)possible?”, that involved MD Grazina Bogdanskiene, the first fertility specialist in the Baltic States and IVF procedures initiator in Lithuania. Lastly, a discussion “Everything on STIs – (don’t) pass it on” was organized in collaboration with MD, PhD Ruta Nadisauskiene; during the event medical students analyzed the most prevalent STIs. Also, a national peer education training was organised; the trainers facilitated sexuality education sessions for more than 120 students.

The project received substantial interest from various age groups and representatives of diverse fields, hence proving its value and the necessity to further develop projects in this area. We aim to make an even greater impact resulting in a more educated and STI free society.
IMUNZI Project
ZiMSA-Zimbabwe & IMCC-Denmark

IMUNZI is a partnership project that focuses on the HIV problem in Zimbabwe, more specifically in the northwest province of Matebeleland North in the area around Victoria Falls.

IMUNZI is a partnership between IMCC-Denmark, the local charity organisation UNICA and ZiMSA-Zimbabwe. Funds come from the Danish Youth Council. The aim of the project is to strengthen the local youth’s knowledge of HIV and other sexually transmitted diseases through interactive learning sessions. Victoria Falls is known as one of Zimbabwe’s major tourist attractions, but due to the great polarization of the country, the region’s healthcare and economy is far behind the capital, Harare, and the eastern part of the country. While the eastern part of the country has observed economic growth and a significant improvement in healthcare, the western part of the country is far from experiencing the same progress and has been experiencing problems with a significantly higher prevalence of HIV/AIDS among local youth. Up to 25% of the population in this area is HIV positive. HIV/AIDS is also the main cause of orphans in Zimbabwe.

Many organisations are working on the same problem but we strongly believe our project is unique in its own way. We use peer to peer methods to teach on the subject of HIV and other related issues. The project consists of periodic bootcamps in which medical students who are ZiMSA members go down to Victoria Falls and teach volunteers, called youth ambassadors, in a week long bootcamp. As partners we developed fun games and activities to conduct and have salient lessons on the subject of HIV/AIDS. After the bootcamp, youth ambassadors go to different areas of the community and teach their peers.

In cities where ZiMSA is present, namely Harare, Bulawayo and Gweru, we conduct Youth Against AIDS sessions in which we teach high school children and other youth on the subject of HIV/AIDS. The teaching encourages openness by having fun and using interactive games as teaching methods. Also, in our local universities we have activities to reach out to fellow university students, called IMUNZI on Campus. Between January and September 2017 alone we had collectively reached out to over 6000 youths and the number continues to increase.

This is a good example of how medical students and NGOs in different nations can collaborate to contribute to a healthier world. We have no doubt that the project will go a long way in creating an HIV free generation.
There is a huge lack of awareness in Morocco about the subject of organ donation compared to many countries. In our country, 3,000 people require dialysis each year.

Morocco stays far behind other countries in the domain of organ donation and transplantation. Improving the knowledge of Moroccan students on the subject can be a key factor in the development of transplant activity. So this is why we decided to focus our activity on medical students. Our main goal was to increase the number of organ donors in Morocco, by increasing medical students’ knowledge and consent towards organ donation.

In order to be effective, the project had to contain both cognitive and emotional elements; that is why we decided that our activity would be centred on four lines of action:

1. Running a social media campaign via our LCs’ Facebook pages:
   - The objective was to make medical students informed and embrace more the culture of organ donation.
   - There were different publications about the type of donors, important facts about organ donation, the procedure to register as organ donor, the religion’s position, a YouTube video testimony of a lung recipient, etc.

2. Making a video:
   - The video was in form of a short story about a brain dead patient whose family decided to donate the organs.
   - The purpose of this video was to show the steps that are taken from the confirmation of the donor’s brain death to the magic of continuity of life after death.
   - The video was special and full of emotions as the recipients were not actors but real patients who had already been transplanted (one of the actors is the first heart transplanted children in Morocco).
   - The video was published during the panel discussion and is now available on YouTube.

3. Hosting a panel discussion in our college: The theme was the future prospects of organ donation in Morocco, moderated by Profes-

sors from all over the country. The speakers tackled many subjects:
   - The actual state of organ donation in Morocco.
   - The problem of consent.
   - Problems and difficulties of kidney donation and transplantation.
   - The orators were from different cities in Morocco and France, who are pioneers in organ transplantation.

The discussion was very fruitful as students, doctors and professors felt free to discuss their ideas on not only the process of organ donation and transplantation, but also the strategies that should be taken to raise awareness on a national level.
The "Wants to Know?" is a project of the local committee Federal University of Rio Grande do Norte (UFRN) of IFMSA-Brazil whose main target are sex workers in the city of Natal-RN.

The beginning of the project was with application questionnaires to screen the most urgent cases to be sent to outpatient clinics and to enable the appointments for the whole semester. The coordination applied them with the help of projects parallel to it. The second step was dissemination and registration for the project, culminating in the choice of the participants for this edition. Once the initial stages were completed, all of the 12 participants who were selected underwent the training. By this time, the presentation of the project and the discussion of the topics to be addressed during the semester were covered, including the practice of collecting the oncology cytology examination samples of the cervix and initiating the gynecological anamnesis. During the semester, 3 gynecological outpatient clinics were carried out as an initiative of the students with the mentoring of Dr. Gustavo Mafaldo, a professor of UFRN, who enriched the experience in several aspects for the participants. In addition to the outpatient clinics, two actions were performed, along with sex workers, which we call "afternoon tea."

During the afternoon teas of this edition of the project, we approached the following themes with the girls: "suicide" and "mental disorders". We finished the project with a closing meeting for feedback from all participants. This edition brought with it a lot of innovation and new challenges.

This shows that the project has grown and provided immense learning for the participants - allowing them to develop not only technical skills, but more importantly, develop human skills like communication and empathy. Discovering the reality of other people and learning how to deal with these experiences as future doctors and human beings is the most enchanting part of the "Wants to Know?".
Physicians have a noble message in life; some might even consider it the noblest of all. This noble message involves helping people in their greatest times of peril, when their health is endangered or when pain and suffering is all they can feel. Out of such belief and the belief that we can make a change no matter how young we are, Nancy ElGizy, a member of IFMSA-Egypt, came up with the idea of a project which aims to lessen the agony of the poor living in slum areas, even if just a little. With that noble aim in mind, the project was called NOSA, short for No Slum Areas. It started in 2014 and is still ongoing until now. This project was carried out in 5 slum areas and is still expanding.

IFMSA-Egypt activities usually aim at raising awareness of students in universities and schools about different diseases, especially the most prevalent ones in Egypt. However, a question arose amongst the members: “Why don’t we aim this campaign at people who barely receive any awareness?” This question led to the start of NOSA.

The first step was the preparation of the medical convoy. Students went to specific slum areas on different days, raising awareness and measuring blood pressure and blood glucose levels to provide the accompanying doctors with the necessary medical equipment and knowledge to execute the project.

Specific clinics were prepared to provide the best working atmosphere for the doctors, while the IFMSA-Egypt members divided the tasks among 5 teams:

1. Registration and preparation team to organize the entry of patients to the clinics.
2. Doctor’s assistant team to help the doctors in examining the patients.
3. Awareness team to roam the streets of the slum area and visit homes to raise awareness about the different diseases.
4. Screening team to measure the blood pressure and blood glucose level of the patients.
5. The pharmacy team to collect the medicines which were later provided for free. The team also cooperated with the slum area’s actual pharmacies, which patients were directed to when their prescriptions contained medicines that couldn’t be found elsewhere.

What truly made NOSA successful was the organization, execution and most importantly, the motivation. Members participating in the project were full of unparalleled drive to solve problems slum areas suffer from such as hunger, poverty, illiteracy, insufficient facilities and many others. While we might not be able to solve these core problems, we are planning to make a change, however small it may seem.
There are many factors and things that can put an end to a human being’s glorious life. From diseases, to wars, to accidents, and the list goes on. Most of the times, such factors can be tackled, and, sometimes, they can be conquered.

But how sad is it that we’ve reached to a time where what could be killing you... is you?

How sad is it that your demons may have the best of you?

How sad is it that all the pressures of life will mount on you, causing you to go into a phase where you can’t even control yourself, your emotions, leading to the self-destruction of you?

How sad is it that, sometimes, the situation is so bad, that you can’t even help yourself find the light in the middle of this darkness?

...how sad is it that you live in a time where the vast majority of those around won’t even care to give you a helping hand?

How sad is it that you live in a time in which having a mental issue of any sort will put you under attack by the society for no reason, whatsoever?

It sucks, right?

Yeah, we feel you!

Welcome to the family, kid!

IFMSA-Jo’s SCORP and SCOPH proudly present to you “Here I Am”, the national mental health project that sheds light on the mental health of the human being, and tackles one of the biggest problems of our generation: mental issues and their consequences.

Here I Am is an ongoing project, built on the purpose of touring an entire country, reaching to the depressed, troubled, and those who are struggling, to be their hope, their voice and their light in the darkness, to fight for the ones who can’t fight, to give an emphatic statement on behalf of every person out there struggling with mental health in the society... “Here I am!”

The project started in April 2017, and never looked back, as it toured all over Jordan, with multiple steps, ranging from awareness campaigns all over the cities and villages of the governorates of Jordan, including the schools and universities, to training sessions about topics that suit the interest of the students of the society, and workshops that aim on pointing out the biggest factors that affect mental health in the members of the society, such as drug abuse, mass media, and how to tackle such factors to reach the highest levels of mental health.

Sitting right now at more than 15 steps and events, the project garnered national and international recognition, as it was recently awarded the 1st place in the Activities Fair of the 14th EMR meeting that was held this year at Marrakesh, Morocco.

“Here I Am” continues its’ work this summer, as it plans on expanding its’ outreach to an international level, in hopes of being the light in the darkness for those who need help worldwide.
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Children Health and Rights
First Global Immunization Week in Tuzla

Vaccination is a fundamental human right for all children.

116 million children worldwide receive basic vaccines every year, but 19 million children still don’t have access to vaccination. Today, we know that with vaccination, an estimated 2-3 million deaths are prevented every year. Find here an article written by Nedim Srabović about the ‘Health and Vaccination’ Project and if you have ideas or projects like this, don’t hesitate to share with us through the IFMSA Programs!

First Global Immunization Week in Tuzla

“Health and Vaccination” is a project of the Bosnian and Herzegovinian Medical Students’ Association local committee Tuzla (BoHeMSA LC Tuzla) which has been implemented for the first time ever in Bosnia and Herzegovina, as part of the Global Immunization Week in the final week of April.

In the last week of April, a panel discussion titled “Vaccination: An individual and communal responsibility” was held, thus ending a series of activities which took place during the week. Prior to the Immunization Week itself, activities started at the beginning of the year, more precisely from January, with a survey of the general population to ascertain their attitudes and opinions when it comes to the topic of vaccination. Soon thereafter, a promotional campaign video titled “DINO” was recorded and has been put on our social media platforms so that it can be seen by anyone, with the aim to convey the message about the importance of childhood vaccination, as well as all the consequences of non-vaccination. In order for us to get thoroughly involved with this topic, we have organized an education program for students at the Medical Faculty, University of Tuzla, which was accredited by the Medical Chamber of the Tuzla Canton, as well as a competition for high school students which has gathered over 300 participants from the entire canton area.

The Immunization Week started with the public action “I am also vaccinated,” which was held at the city centre, in order to gather as many different population groups as possible and to encourage the importance of vaccination in maintaining personal and public health. All attendees could leave their messages and traces on our montage wall, and thus give their support to those who need it most, that is, to the children themselves. The central activity was the previously mentioned panel discussion. The panel was held with the attendance of over 200 guests, speakers and participants. The invited panellists were representatives from various areas of health, science and public life related to the topic of vaccination, in order to provide answers to all questions, concerns and arguments which panel participants had. Panel, as well as previous project activities, were fully open to all interested parties as well as to all those who have different opinions regarding this topic, in order to create a quality platform for dialogue and exchange of views.

With this project, the first immunization week in Tuzla ends, but the organizers wish that their campaign message continues to echo on through the project slogan: Love. Care. Immunize!
This year, Nepal Medical Students’ Society (NMSS) – Standing Committee on Public Health (SCOPH) celebrated World Tuberculosis Day in a grand fashion, conducting a week long activity focusing on raising public awareness regarding the epidemic that is Tuberculosis (TB) as well as making medical students aware that TB is still an extremely prevalent medical problem among the Nepalese population, and should always be kept in the back of one’s mind while forming a diagnosis.

The week started on March 17, with a short training program conducted by intens. They trained the first year medical students on how to take vitals of people. This was done in public sight in order to attract bystanders to our stalls at two of the busiest locations of Kathmandu, the capital city of Nepal. After this, the call for volunteers was made. Volunteers were chosen based on their motivation letter. Fifteen volunteers along with the SCOPH circle started their work by making informative posters and videos regarding the general facts related to the transmission and symptoms of TB, as well as newer methods such as GeneXpert, used in the rapid diagnosis of TB. Several interested volunteers were also involved in performing a drama about a young female with TB, and a flash mob. The posters, videos, flash mob and drama were put on display at our stalls located at the Patan Durbar Square and Kathmandu Durbar Square. Around 5,000 people visited our stalls which were put on display on World Tuberculosis Day, March 24.

Another highlight of our event was a panel of discussion which was held on the topic “END TB strategy 2030”. The panelists were:

1. Dr. Sarvesh Shrestha, Technical Expert, Nepal Tuberculosis Center
2. Dr. Lochana Shrestha, Head of Department, Department of Community Medicine and Public, Nepal Army Institute of Health Sciences
3. Dr. Bhawana Shrestha, Chief of GENETUP, Nepal Anti Tuberculosis Association
4. Dr. Asesh Dhungana, Senior Pulmonologist, Bir Hospital

Matters such as association of tuberculosis with HIV/AIDS, budget issues regarding TB, security measures to be taken by clinicians as well as GeneXpert were discussed actively. Students and bystanders were also encouraged to participate by asking questions to the panelists. It was safe to say that everyone really enjoyed the session and learned a lot about TB by the end of the day.

Our final activity was the conduction of an awareness program at Shifal Orphanage. Our circle members taught the children residing at the orphanage about the local signs and symptoms of TB as well as how to protect oneself from contracting TB. A small donation program was made where each child was given a certain amount of stationary items to encourage them to continue onwards with their education.

This basically sums up all the activities conducted by NMSS – SCOPH on the occasion of World Tuberculosis Day 2018. The activities were conducted with the following mindset: “Prevention is better than cure.”
Comprehensive Sexuality Education - Menstrual Health and Hygiene Project QAMC LC IFMSA Pakistan

52% of female population, 26% of total population is of reproductive age, whereas talking about menstruation is considered a subject of shame and taboo;

- 5-15% of women of reproductive age globally, have abnormal menstrual cycle globally;
- 3 out of 10 girls are unaware of menstrual hygiene;
- 90% of girls miss 1-5 days of school on average every month due to their period;
- 23% girls aged 11-18 drop out due to lack of sanitary supplies, fear of staining.

Menstruation, a natural process in women’s life, needs special care from physical and psychological points of view. Negligence in menstrual hygiene can result in biological disorders; for example, different sorts of infections. However, unfortunately, awareness concerning this area of life is not highlighted, due to socio-cultural trends of our society. In the present age, menstrual hygiene needs more attention because of rapidly increasing active participation of females in different walks of life.

One of the main reasons behind the issue is that menstruation is considered, in many societies, including Pakistan, a hidden and secret issue. It is not openly discussed between mothers and daughters. In many cultures, menstruation is being perceived as unclean and embarrassing; it is also believed that it must remain hidden in communication.

There is a lack of adequate knowledge and proper facilities for menstrual waste management. Girls belonging to low income class and less educated families do not know how to dispose off sanitary material properly, especially in times of immediate need. The focus on menstrual hygiene management is an essential part of promoting hygiene and sanitation amongst adolescent girls and women, who constitute approximately 45 percent of the total female population.

Menstrual hygiene promotion will be an indirect support to gender equity, national development, high literacy rate and MDGs accomplishment.

Menstrual Health and Hygiene Management is critical to be taught, in order to achieve the Sustainable Development Goals 3, 4, 5, 6, 8 and 12: to ensure healthy lives, inclusive quality education, gender equality, sustained availability of sanitation, economic growth and sustained consumption and production respectively.

In Pakistan, the social perception of topics like menstruation and menarche are forbidden to be discussed. The stigma is largely based on societal thinking that speaking of menstruation is somehow unethical and sinful. Before conducting our project, we knew that we would have to tackle these hurdles. Adding to the hurdles is the problem that when girls share what they were taught in seminars to their mothers and females friends and family, it is not looked upon as a positive change. It is often mistaken as an endeavor to spoil the minds of young girls. This is because the mothers and elder women of girls attending these seminars are mostly illiterate and uneducated. They consider that topics like sexual health should not be taught in schools. They may even come to the authorities of respective institutes and complain that the girls are being exploited.

“Menstrual Health and Hygiene” project was conducted in high schools of 3 cities of Pakistan.

Girls of age 14-16 were given information on proper management of menstruation, various disorders, health and dietary recommendations related to menstruation. They were guided on simple ways to ease the pain so they can actively participate in daily life activities. The topics of dangers of unsanitary habits and complete hygiene guideline were covered during the sessions. They were taught how to precisely measure when the expected date of their next periods are, to prevent accidents and emergencies.

Before starting the seminar, we explicitly told the girls that we were not advising them to speak of menstruation in front of every other person, or to especially glorify it. It is just a normal physiological process. We explained to the girls about when they should seek for help and speak up about the problems they experienced during menstruation. We were there to guide them on how they, themselves, must care about their hygiene during menstruation. Our focus was on empowerment of these young girls rather than dependency on others. We wanted the girls to be more aware, so that they would know when to consult a doctor or a professional. We told them to share the hygiene manual and the valuable information we have taught them during the seminar to the females of their families. After a few weeks, we revisited the school and asked the authorities if any complaints were received from parents, and, luckily, there were none. We were successful in disseminating knowledge on menstrual health and hygiene in a positive manner.
As to how the event itself took place: First, we performed pre-evaluation by asking the girls some basic questions related to hygienic measures taken during menstruation, and management of menstrual blood flow. The questions we asked were not especially scientific. That gave us the information about their approach towards dealing with menstrual flow. The response wasn’t encouraging because there is so much taboo around this topic. We found that the girls were hesitant to talk and discuss openly. So before beginning with formal presentation and training, we first went around the topic (at their level) about how it’s necessary to bring this thing out in the open if we want to end issues related to menstrual health.

Then, to encourage active involvement of participants of the seminar we conducted an activity called “Let’s Break the Myths”, in which we asked teenage girls to tell the forum about the myths about menstruation they believed to be true. The activity was a learning tool as well as an ice breaker. We started by telling a few myths we had heard about menstruation from our mothers. We talked to the girls at the level of language they best understood and interacted in. After this, the girls felt comfortable and started to discuss openly the myths they heard. We discussed each one of them individually to disprove them, by way of showing the lack of scientific evidence.

We gave the girls 2 skills during our seminar:

They were taught how to precisely measure the expected date of their next periods, in order to prevent accidents and emergencies.

They were also provided demonstration of the proper way to discard the menstrual absorbents and pads.

At the end of the session, the girls were provided with a "hygiene kit". The kit had menstrual flow absorbents, sanitary soaps and a hygiene manual, which contained complete healthcare and sanitary guidelines required to maintain cleanliness and prevent infections during menstruation.

We went back to those schools after 2 months, to evaluate the impact of our project. Questionnaires were filled out by the girls, which indicated the following:

- More than 87% of the audience benefited from the knowledge provided.
- 65% of the girls correctly knew they had to consult a doctor in case of painful menstruation, missed period for 3 months, excessive bleeding.
- 70% knew that food with vitamin C and iron should be preferred over junk food during menstruation.
- 87% learnt that best way to deal with painful menstruation was a brisk walk rather than laying in bed or avoiding food.
- 74% said that they consider menstruation as positive and as a sign of good reproductive health.
- 92% said that the session greatly increased their knowledge on menstrual health and hygiene.

Several misconceptions and taboos surrounding the topic were also cleared. The girls who attended the seminar were advised to spread the useful knowledge to their female friends and relatives, so the impact of our project could be increased.

The project also included a promotional video to spread the awareness to medical students about the importance of discussing menstrual health and hygiene through IFMSA - Pakistan social media pages. Medical Students from different colleges participated in the video and expressed their points of view on why talking about menstruation is critical for female health. The video can be found in the following link: https://www.facebook.com/qamc.ifmsapakistan/videos/326392341196817/

The project will be continued over the course of the next 2 years, covering schools of all over Pakistan, and by repeated follow ups to reinforce the knowledge on menstrual health.

Activity Coordinators: Ayesha Siddiqua, Haniya Waseem, Tabeer Warraich.

Report by: Ayesha Siddiqua

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Dignified and Non-Discriminatory Health Care
INcommunity: training on underserved populations

In countries where residents are supposedly entitled to free health care, what explains that individuals from specific groups still face challenges in accessing basic healthcare services? The so-called “neglected populations” are those populations whose socio-economic, cultural and legal conditions deny them opportunities available to the rest of society. Inequality in accessing healthcare services can be observed through the discrepancy in the life expectancy that exists between populations of the different neighborhoods on the island of Montreal, Canada. This discrepancy can be as high as 9 years between the territories covered by different clinics. For the neglected communities, who have specific needs and are already facing prejudice, the lack of access to healthcare services sets them in a vulnerable position. The situation is further aggravated by a lack of coordination of the services offered, and by the insufficient understanding of these populations and their needs. All these factors contribute significantly to the aggravation of the accessibility problem these already very vulnerable populations face.

Because of a lack of exposure to the neglected communities during their training, healthcare providers can fail to grasp their context and these populations may therefore face significant stigma. This can then lead to the delivery of a lower quality care to these patients. Future healthcare providers, including medical students, must therefore benefit from better exposure to the vulnerable populations in their own community to prevent these issues.

In line with promoting access to health and tackling the lack of exposure of medical students, the Standing Committee on Human Rights and Peace of IFMSA Québec has implemented an immersion program in local neglected communities, in 2011, for preclinical medical students. It is called the INcommunity project. As students, we should get involved with these communities and get to know them, as we will have to work with them during our future medical practice. The earlier we start working with individuals in vulnerable settings, the better we can grasp the reality of life conditions and context and the more efficient we will be in breaking any potential prejudice.

The vision of INcommunity is aligned with a more social approach to medicine. It aims to take medical practice beyond the purely biological causes of diseases approach and help students realize the importance of a more holistic approach to healthcare as well as prepare them to use it with their future patients. Through our 4-week extra-curricular summer immersion in one of the five target populations, participating students gain an early exposure to the social conditions and medical particularities in some communities. This program aims to increase the awareness of future doctors with respect to the reality of neglected groups of population here in the province of Québec. The benefits of this program to students are multifold, as it will: (i) help stimulate their interest in working with the above discussed groups; (ii) emphasize their interdisciplinary work; (iii) increase their awareness of resources available for vulnerable populations.

Each year, INcommunity participants take part in this one month immersion, in June or July. The program offers immersion in one of five different populations: Migrants, Indigenous, Inner-city urban setting, Law offenders, and Women in vulnerable settings. As we wish to encourage and emphasize interdisciplinary work, we work with more than 50 partner organizations to give a variety of immersion settings such as clinics, hospitals, organizations, shelters, rehab centers, etc. During their daily immersion, students will be offered the opportunity to interact with various different professionals and increase their knowledge of the various resources that exist.

To complement the immersion, we use various learning methods to further engage the participants in the program. Participants, first, receive a pre-immersion training to give them information on vulnerable populations. This year, participants finished their training on May 19th, 2018, and are ready for their immersion. Workshops are then organized to allow participants to reflect on issues, faced by these populations, and to prepare for what they may experience during their immersions. During the immersion, we facilitate discussions around the issues faced by the communities through weekly readings, debriefings with other participants and mentorship sessions with doctors to encourage students to reinvest what they learn and consolidate them. Finally, participants have to produce a final report, based on a logbook they have to keep throughout the internship. In the report, the participants must answer the reflective questions provided at the end of the immersion and share their experience and lessons learned. This report will help the INcommunity team to improve the program and assess the benefits it offers to the participants.

Since 2011, more than a 100 students have been given the opportunity to take part in the INcommunity immersion program. At the end of their immersion, participants often mention their intention to
maintain their involvement with the target populations and even pursue a medical career in organizations or clinics that work with these populations. The partner organizations and partner professionals of the program also appreciate the initiative and interest of medical students to be exposed to these communities. Some of our current partner physicians are past participants of the program who want to transmit their passion to the new participants each year.

The next step for the program is to increase the number of partner organizations. When achieved, we expect this to allow a higher number of participants, and ultimately help implement a monitoring program of the participants to better measure the long-term impact of the project. Finally, one of the most significant results of the program is its adaptation, just two years after its creation, into a mandatory clerkship week called “Social Engagement” in 2013 at the University of Montreal. This achievement not only illustrates how student initiatives and leadership spirit can influence the medical curriculum, but also gives us the motivation to continue this important effort as SCORPions!

References

Emergencies, Disaster Risk and Humanitarian Actions

International Training on Disaster Medicine

This year, the International Training on Disaster Medicine (ITDM) has been enrolled in the program. This helps us ensure that the trainings related to the topic of Emergencies, Disaster Risk and Humanitarian Action are being streamlined and followed up. Find here two articles from the latest ITDMs, during the pre-GA in Egypt in February and at SRT Kenya in April. We thanks Mohammed and Morgan, TdmT graduates, for their contribution

ITDM pre MM – How far do we need that? - Mohammed Yasser Elsherbeny

The history of disaster is as old as humanity. Most disasters are not predictable. They can occur anytime and anywhere and we need to realize that there is no system immune to disasters. The definition of disaster should be pushed beyond the general concept of earthquakes, volcanoes or tsunami waves to include any situation of imbalance between needs and resources. Not only human resources and loss of lives but also different kinds of resources such as infrastructures, economy, food and water. Disaster medicine is the area of medical specialization serving the dual areas of providing healthcare to disaster survivors and providing medically related effort in disaster management. Disaster medicine specialists provide insight, guidance and expertise on the principles and practice of medicine both in the disaster impact area and evacuation facilities to emergency management professionals, hospitals, healthcare facilities, communities and governments. The objective of all disaster
management is to reduce the occurrence and/or the impact of catastrophic situations on life, environment, and property. Disaster management can be illustrated with the disaster cycle and its four phases—Prevention/Mitigation, Preparedness, Response and Recovery. Training healthcare providers and medical students in disaster response is one of the most important aspects of the preparedness phase.

Hence, we conducted our International Training on Disaster Medicine (ITDM) during the IFMSA Pre-March Meeting 2018 in Hurghada, Egypt. It is a training provided by medical students to undergraduate students. Twenty medical students from 16 different countries attended this three-day interactive workshop about disaster response. The workshop included sessions about pre-hospital management, triage in disaster situations, hospital management, international humanitarian laws, international coordination and cluster systems, and psychological first aid to disaster survivors. The training was conducted through lectures, table top simulations of pre-hospital, hospital scenarios and a complete disaster scenario in addition to a real-sized simulation of a mass shooting incidence. This workshop was conducted by disaster medicine trainers graduated from the Research Center in Emergency and Disaster Medicine (CRIMEDIM), Piemonte Orientale University, Novara, Italy, where they develop the training outline and scientific content.

Over the last century, the number of disasters has increased exponentially, indicating that future generations of physicians will be called upon to provide mass casualty treatment to an even greater extent than before. It is for this reason that disaster medicine cannot simply be considered as the act of some brave and valiant healthcare anymore, it should rather be a defined medical discipline. Moreover, training in disaster medicine are a must to improve our skills in disaster response and disaster management as a whole.

ITDM in Eastern Africa Region - Morgan Ngunjiri

Along the sandy beaches of Diani, Kenya held its first ITDM of the country and the wider region. Expectations and excitement ran high as participants from 6 nationalities from across the world gathered, eager to learn and to have an impact on their respective communities with the newly acquired skills and knowledge.

Our journey began 2 weeks prior with Pre-ITDM online training modules. This new concept was implemented to meet the need to emphasise certain competencies in Disaster Medicine and to give participants enough time to go through key concepts and reflect on them. The most relevant competencies were Disaster Risk Reduction and humanitarian field response – Sphere, humanitarian Charter and minimum standards. Through a set of interactive exercises, videos and literature, the participants’ appetites were teased, leaving them wanting for more as they awaited the on-site training.

The 3 days of training were a frenzy of activities, filled with a lot of fun and laughter but most importantly reflections on our current state of disaster preparedness as a region. The participants demonstrated an impressive grasp on the content based on their assessments and execution of table top simulations. The main difference with previous trainings was our emphasis on advocacy as we were training advocates to influence policy as well. Our hope is that the emphasis on advocacy emphasis resonates in our participants’ way of thinking, stirring them to be next leaders in the field of DRR.

As organisers, our objectives were met. We got stellar participation from our trainees, we had fun, we exchanged knowledge and we continue to build a network of medical students interested in Disaster Medicine.
Environment and Health Program encourages NMOs activities that address climate change, water sanitation, outdoor and indoor air pollution, fossil fuel divestment, health sustainability and green hospitals, food production and security. These kind of activities that tackle these issues matter because they are actually making changes 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.

This year, a lot of impactful activities have been enrolled in the Program. An example of these activities is No Slum Areas from IFMSA-Egypt. I am happy to share with you such an enlightening activity.

NO Slum Areas
Shreef Nasser- IFMSA Egypt

Physicians have a noble message in life; some might even consider it the noblest of all. This noble message involves helping people in their greatest times of peril, when their health is endangered or when pain and suffering is all they can feel. Out of such belief and the belief that we can make a change no matter how young we are, The members of Students’ Scientific Society (SSS) came up with the idea of a project which aims to lessen the agony of the people living in slum areas, even if just a little. With that noble aim in mind, the project was called NOSA, short for No Slum Areas. It started in 2014 and is ongoing to this date. This project’s first edition was carried out in 5 slum areas and is still expanding.

Students’ Scientific Society’s activities usually aim at raising awareness of students in universities and schools about different diseases, especially the most prevalent ones in Egypt. However, what led to the execution of NOSA was a question that came up among the members: “why don’t we aim this campaign at people who barely receive any awareness?”

The first step was the preparation of the medical convoy. Students went to specific slum areas on different days, raising awareness and measuring blood pressure and blood glucose levels to provide enough information for the doctors on the convoy who accompanied the students with the necessary medical equipment and knowledge. Specific clinics were prepared to provide the best working atmosphere for the doctors, while the SSS members divided the tasks among 5 teams:

1. Registration and preparation team to organize the entry of patients to the clinics.
2. Doctors’ assistant team to help the doctors in examining the patients.
3. Awareness team to roam the streets of the slum area and visit homes to raise awareness about the different diseases.
4. Screening team to measure the blood pressure and blood glucose level of the patients.
5. The pharmacy team which collected the medications which were later provided for free as well as directing the slum area’s actual pharmacies, which patients were directed to when their prescriptions contains medications that couldn’t be found elsewhere.
6. Follow up team to follow the serious and chronic cases after the end of the convey, to provide free examination and prescription also.

NOSA provided health awareness of many diseases as diabetes mellitus, hypertension, anti-addiction and hepatitis to over 800 families, and provided health services to over 4000 patients. What truly made NOSA successful, however, was the organization, execution, and, most importantly, the motivation. Members participating in the project were full of unparalleled drive to solve problems slum areas suffer from such as hunger, poverty, illiteracy, insufficient facilities and many others. While we might not be able to solve these core problems, we are planning to make a change, however slight it may be.

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 an 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.

AIQasim Abdallah
Program Coordinator on Environment and Health
Ethics and Human Rights in Health
Human Rights for Medical Practitioners

The Human Rights for Medical Practitioners workshop was an amazing experience for me! Human rights are my passion, so I spend a good amount of my time learning about human rights and discussing them with others, but this workshop has widened my vision like nothing else ever has.

For three days, alongside many amazing participants, not only did I get to acquire all sorts of new knowledge but I also got to put it into practice. We learned about the right to health and discussed how to solve problems regarding access to health. We created our own countries and discussed how International Humanitarian Law (IHL) would be implemented in different settings, after which we gathered and discussed how IHL is being implemented in our respective countries. We learned about the sustainable development goals and what we can do to achieve the specific objectives and finally, we had a refugee simulation and a debate where we tackled several different topics.

Every facilitator and participant who made this workshop possible, thank you for those bonding and life-changing 3 days together.

Gender-Based Violence
SAAM - Embrace Your Voice

The issue of sexual harassment was a taboo until recently, but it is gaining recognition. From being limited to a social issue, it is now becoming a broader legal and human rights issue. Building awareness on women, their families, and communities is a way to create an environment where gender-based violence is not tolerated.

As medical students, we receive a number of cases ranking from domestic violence, acid attacks, molestation to rape. The number of reported rape cases in Nepal in the first month of the year 2017/18 was 131 and the numbers have been rising at an alarming rate. Not only that, but in all kinds of workplaces such as governmental or corporate settings, sexual harassment cases have been piling up in Human Resource (HR) departments for so long and not much has been done.

Women are taught to regard themselves as helpless, unable to act, unable to perceive, and in no way self-sufficient. This fear results in a passive rather than active response to male aggression. She may become paralyzed with fear, restrict her behaviour (i.e. not going out alone, not doing anything without her partner’s permission), try to appease her attacker and worry about how she can prevent a future attack instead of fighting back. However, this is not the solution!

The ultimate solution is encouraging every woman to speak up against the violence and fight for themselves.
EVENTS

1. Panel discussion highlighting the present scenario of sexual assault in Nepal: NMSS-SCORA conducted a Panel Discussion on Sexual Assault Awareness on the 21st of April 2018 at TUTH, Mahajgunj. We had numerous panelists that provided good materials:
   a. Palita Thapa, from the ‘National Woman Commission’ who enlightened us on how governmental policies can counteract the problem;
   b. People speaking on behalf of the ‘Sexual Assault Prevention’ related app launched by the Nepal Government;
   c. Laxmi Acharya, from the ‘Nepal Police’, who discussed the current scenario of sexual assaults, preventive measures, date rape drugs and their safety pin campaign to provide self defence trainings;
   d. Binjwala Shrestha, from the ‘Department of Public Health who discussed the SDGs related to the prevention of gender biases and the current policies in the world;
   e. Apekshya Niraula, a Human Rights Advocate, who explained to us the ways to report sexual assault in cases where we are the victim or when someone else comes to us about an assault case;
   f. Eugene Walung, a forensic expert, who discussed many cases of sexual assault and how they are evolving. The audience was around 200 medical students from different medical colleges, public health activists and representatives of different Sexual Assault Rehabilitation Centres.

2. Spoken word poetry session on stories of sexual assault: NMSS-SCORA conducted a Spoken Word Poetry Competition on the 21st of April 2018 at TUTH, Mahajgunj with the theme ‘Embrace your Voice.’ Students and medical students from 11 different medical colleges of Nepal participated in the competition. It was a unique way that helped explore the creativity of medical students and discuss a burning issue in an interesting manner.

3. Online Story Writing Competition: It was yet another way to encourage medical students to get in touch with their souls and help them express their stories regarding sexual assault. We had an overwhelming participation with more than fifty stories on the theme ‘Embrace your voice’ and the best story was awarded to Ayush Jha, a first year medical student of KUSMS, Dhulikhel. We have yet to publish the stories after having consent from the writers.

EVENT PURPOSE:

1. Promote medical students’ participation from all over the country, to enhance their capabilities to fight the social stigma and help the general population speak up against assault.
2. Provide a more open platform for medical students to give their honest opinion about various policies and governmental provisions.
3. Spread awareness about the various governmental provisions that have been implemented in order to ensure that the victims will be served justice.
4. Increase advocacy skills, which will improve the ability of future doctors to fight for the rights of their patients.
5. Draw the attention of the public and concerned stakeholders.

The program was funded by Nabil Foundation, supported by ASHA-Nepal, Sankalpa-Nepal, Samiksha Books and conducted by NMSS-SCORA.
Health Systems
World Health Day Campaign

By Yanis Merad
(Association Nationale des Étudiants en Médecine de France/ANEMF)

On the World Health Day of 2018, ANEMF joined the #HealthForAll movement. As Universal Health Coverage (UHC) is a priority for us, we wanted to design a campaign focusing on the inequalities observed in our French health system. We chose six types of inequalities: financial, geographic, cultural, gender-based, disability-related and age-related ones. Our campaign pointed out a concrete situation for each type of inequality, and gave a proposition to reduce it.

This campaign was really useful as it highlighted ANEMF’s stand on UHC, and brought up several propositions of ours to help achieving it. Its main impact was the awareness it raised among students and stakeholders. It was also very complemented by other activities led by ANEMF, which impacted directly the issues we highlighted with this campaign. For example, ANEMF recently signed a pledge for better education of health students on taking care of patients with disabilities.

Healthy Lifestyles and Noncommunicable Diseases
Breast cancer awareness campaign

Breast cancer is a rapidly growing problem in our country especially in the remote areas of Punjab and KPK, mainly due to the lack of awareness in the majority of the affected women, which is why, with this campaign, we are trying to spread awareness in the rural areas of Punjab so far and we will be visiting some more rural areas of south Punjab and Sindh in the near future.

Women with low levels of awareness and literacy from the remote areas of Pakistan are the main target group for our activity. We believe that there is a higher risk of these women developing breast cancer because they neglect its symptoms. We surmise this may have happened due to the lack of awareness, which leads to progression of the disease which may prove to be lethal. The direct beneficiaries are the women who are being addressed by our team of trained health care providers. Objectives that are to be achieved by this campaign are: women’s ability to self-examine themselves, their awareness of the cause of breast cancer, their knowledge of breast cancer’s early signs and symptoms as well as the complications of breast cancer. Out of all the objectives in the list, self-examination is one of the key objectives.

We planned to achieve our objectives by spreading awareness about breast cancer amongst the women of different rural areas of Pakistan. Doing this will encourage them to examine themselves for the signs of the disease and it would help increase the chances of early diagnosis, in the case of eventualities, leading to less damaging
outcomes. Success indicators are that by the end of every session women will have learned the self-examination techniques and that they will be motivated to check themselves regularly and seek a physician’s review if symptoms are found. A feedback form in the local language is given at the end of the session to the women who attended the session and they are asked to fill it in. The ones who cannot read and write are helped by our healthcare providers who ask them the questions and record their responses. Post evaluation will be done in the long-term to check the decrease in breast cancer prevalence rate on the targeted rural area.

Cancer is a non-communicable disease and it is rapidly growing worldwide; Pakistan is not an exception. Hence, our objective is to spread awareness amongst the women of Pakistan about this disease so that those who may suffer from it can identify it and seek a physician’s definitive diagnosis during the early stages of the disease. The common goal of the program and our activity is to spread awareness about cancer and ensure that women are aware of the abnormal bodily changes at the onset of breast cancer.

HIV/AIDS and other STIs
“The Stigma Challenge”- Belgian Medical Students’ Association

Opening Statement:
Hi There! If you are searching for an interesting and enlightening activity with a fresh perspective on Stigma relating to STIs, look no further than the Belgian Medical Students’ Association (BeMSA)’s “The Stigma Challenge”.

Dear IFMSA Friends,

HIV/AIDS and other STIs attract high levels of stigma worldwide. People do not want to talk about them and they don’t want to be associated with them; however, these are really important issues affecting our sexual health. Stigma is a barrier for anyone with an STI in attaining the highest quality of healthcare and it is also entirely man made, so it must be addressed and fought against.

This is why I’m glad to showcase the work of BeMSA who took time to shed a light on this important issue. They executed a beautiful activity which has also been reported and was very impactful. See for yourself!

“The Stigma Challenge”- Belgian Medical Students’ Association (BeMSA)

Our Goal- Why focus on Stigma?
Historically, as you all may know, SCORA was “driven by a strong will to take an active part in interventions concerning HIV and sexually transmitted infections (STIs) and to support people living with HIV/AIDS through working to decrease stigma and discrimination.”

 Aside from international events such as “World AIDS Day” in which we took part, we wanted to take another moment within our term to address “stigma” in a broader way, not only by focussing on HIV but also by moving along other SCORA Focus Areas.

What did we do?
Three events for this Edition.

On the 27th of March 2018, three cities, Brussels, Ghent and Leuven, hosted their own edition of “The Stigma Challenge”, each Local Committee being free to approach “stigma” in their own vision.

In Brussels, people, mostly teenagers, were invited to take part in a circuit of different stops. The goal was to test and improve their current knowledge about HIV, AIDS, STIs, teach them in a playful way about sexual behaviour, and get familiar with screening and contraception.

1https://ifmsa.org/sexual-reproductive-health-including-hivaids/, 16th of May 2018
In **Leuven**, people could visit different booths, some of them concerning knowledge about HIV, AIDS, and STIs, others more daring, such as a condom race, a speed-dating game, an “Upperdare stand” (presentation of sex toys), and the opportunity to attend a free consultation with a Sexologist.

In **Ghent**, the focus was on “Sexuality and Migration”, exploring this topic through interactive games, information stands of organizations who work in this field and lectures by researchers and healthcare professionals, one of their guests being the International Centre for Reproductive Health (ICRH).

**Impact**

Our students and volunteers were able to reach between 400 and 500 people, some of them being medical students themselves, while others being passerbys.

**How to implement your own Stigma Challenge?**

1. Start ahead of time.
2. Try to define your team’s vision of stigmatisation and how you can bring it to your public.
3. Find motivated students and organizations within your Local Committee.
4. Get started!

I wish you all the best.

BeMSA

**Hanna Ballout**

LORA 2017-2018

Université Catholique de Louvain, Brussels

A huge thank you to the NORA Pieterjan Van Rijckeghem, Hanna Ballout and the entire BeMSA SCORA Team for sharing! It’s very inspiring and we can appreciate the impact of their work as they also reported their activity. So, if you have an activity already enrolled make sure to report it and share your outcomes with us! If you haven’t enrolled yet, what are you waiting for? I’m always available at hivaid@ifmsa.org to share ideas with you, answer your questions and help with the enrolment or reporting process.

Red hearts and Red Hugs,

Modupe Ojelabi

Program Coordinator for HIV/AIDS and other STIs

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**Maternal Health and Access to Safe Abortion - #Maternal Mental Health Matters: Adressing Postpartum Depression**

Summarizing sentence: We hope that more people will no longer see the post partum depression as a matter of stigma.

Postpartum depression is an often overlooked maternal mental health disorder, affecting both women and their partners during the postpartum period. Although about 85% of women have mood disorders symptoms after giving birth commonly known as baby blues, about 10% develop serious illness affecting the lives of both the mother and her family - as members of society, it affects us all. Until recently, this topic was not recognised adequately in IFMSA work, however, this year, maternal mental health is included in the European SCORA priorities. As a result, a session on Postpartum Depression (PPD) was facilitated during the March Meeting in Egypt, addressing not only the clinical theory and emotional aspects, but also what we, as a society, can do to help women suffering from PPD. As the topic received immense interest from the participants, a small working group was created in order to tackle the issue on the regional level.
The aim of the small working group, coordinated by SCORA regional assistant for Europe and Maternal Health and Access to Safe Abortion programme coordinator, was to raise awareness on PPD, helping to understand how to recognise and how to address it properly by celebrating the World Maternal Mental Health Day on the 2nd of May. The campaign we developed consisted of a Facebook picture frame promotion and development of comprehensive infographics addressing the definition, numbers, symptoms and ways to get involved regarding the PPD that were shared in social media on 2nd of May. We are very happy to say our campaign has achieved great results, as the frame was used 633 times not only by European region members but by from students all around the globe and the infographics were shared extensively. We hope that more people will no longer see the post partum depression as a matter of stigma and that beneficiaries of the campaign are now well informed on addressing the issue.

We encourage you to walk the talk and get involved in your national member organisation by raising awareness and starting a discussion on this often forgotten issue. If you are not yet sure on the concrete steps you could take, we welcome you to join in the last part of our campaign - IFMSA European open space discussion focused on exploring the Post Partum Depression project possibilities you could apply in your national member organisation! More information will follow soon. #maternalmentalhealthmatters.

It is essential that medical students are no longer regarded simply as consumers of the education programme but as partners in the process and they are engaged in transforming their own schools in the quest for quality. Students should have a say in discussions about the mission of the medical school, the development and implementation of the curriculum, the evaluation of the teachers and staff promotion, policy decisions etc.

Find here an article written by Obada Nahawi about the ‘IFMSA-Jo SCOME Camp’ Project aiming to boost student involvement in medical education.

IFMSA-JO SCOME Camp

The Hashemite Kingdom of Jordan, which once captivated ancient travelers, continues to enthrall a whole new generation as a modern, vibrant nation. From the haunting, primeval starkness of Wadi Rum, to the teeming center of urban Amman; from the majestic ruins of bygone civilizations to the timeless splendor of the Dead Sea, Jordan is unveiled as a unique destination offering breathtaking and mysterious sights, high standard accommodations, exquisite cuisine and countless activities that can provide visitors with inspiration, motivation, and rejuvenation. Whether it is a conference for 5000 people, a lavish dinner in the peerless desert of Wadi Rum, a barbecue at the shores of the Dead Sea, or a reception atop a medieval castle overlooking the Jordan Valley, the amicable and competent people of Jordan will ensure a memorable, once in a lifetime experience.

Nowadays, students seem to be facing a tougher, unforgiving, and ever-changing world. Consequently, they need to be equipped with more than just a voice to speak out and stand up. They need means to help them face the hurdles of the long path of medicine. Students get frustrated, tired and depressed from all the unrealistic expectations and duties thrown at them. All that labor, in hopes of a future that we foresee; one which we strive to reach.

To ensure we achieve our goal, this camp has taken the step of engaging students in a meaningful and productive way; by allowing them to choose the
theme, topics, and issues they feel are most worthy of a conversation so that participants feel that the experience is truly designed for them. We also had the students communicate with other stakeholders, organizations that share our goals, such as medical schools, the Ministry of Health, and other higher education representatives so that we can form a realistic approach to translating our common goals into the real world.

Our Main Goal is: Addressing medical education issues, as seen by medical students, and formulate actions toward solving them.

- Step 1: Hold 10 workshops in 5 universities to reach 25% of each university’s students.
- Step 2: Gain the support of the deanships and instructors.
- Step 3: Guarantee the full active participation of students in the Medical Education Camp survey and workshops.
- Step 4: Compile 1000 survey responses, so we can strongly argue that we have achieved our goal.

What have we done so far?

We organized the camp in 2 phases. Phase 1 is holding a global survey; the results can expand our knowledge of issues facing medical education using a sample that better represents medical students. This will allow us to explain the extent of the issue to our faculties, and how tackling it would create a positive impact on global health.

Phase 2 is when our camp will make an exciting turn. Open to students worldwide, we will hold the camp in Jordan King Hussein Talal convention center – Dead Sea from the 4th -7th of July 2018. There we will build skills and knowledge through training workshops, speaker panels, and discussion sessions. All to craft a common approach so we work together for the improvement of our education and the health of the world.

The camp will be split up into the following 4 categories over 4 days
1. Does the quality of education matter? Day 1
2. Pre-clinical teaching methods. Day 2
3. Clinical teaching methods. Day 3
4. Postgraduate study. Day 4

This camp will represent all the dreams and hard work put into SCOME at IFMSA:Jo, and the dedication of people in countries all over. Did we do it? Did we manage to engage them? Please check out the details of our website to find out.

For more information, you can check our website: https://ifmsa-jo.org/scome-camp
Mental health is one of the most pressing concerns today. While we battle off the more severe disorders, we tend to overlook the finer pernicious ones. Think about it, with all the posters and graphic illustrations and motivation speeches making the rounds, one would think the obvious cure for stress is “Don’t be stressed.” That’s like saying, “Don’t have chicken pox!”

Amusing but not unreal. Preaching to someone, “Life is beautiful, just chill and live it!” is easier said than done. The reason why counselling often does not work like it should is because it is extremely difficult to pinpoint a single cause of such a disorder. People call them mood swings, blues, burnouts—but an increasing frequency of these disorders, especially in youth, is alarming. Each of us have something buried deep down that wishes to come out but cannot due to a saddened mind with a chaotic flow of thoughts enveloped in a blank canvas of dullness.

So, if you have something that nags your mind, something that words fail to describe, something that is at the tip of your tongue, if there is something that you wish to express, just #SketchItOut!

The activity is the brainchild of Dr Arshiet Dhamnaskar, former VP-PRC of the Medical Students Association of India. He observed that during idle times, when one’s mind was off any kind of worry-inducing stimulus, it would run into a phase of pondering. Herein, people would resort to scribbles at the corner of their notebooks. They would be either meaningless or would depict a recent tragedy, some amusing fantasy or a secret wish of the heart. Arshiet then decided that it might be possible to better this by encouraging the mind to channel these expressions onto paper, and thus, #SketchItOut was brought into play.

You don’t have to be an artist to participate. We encourage each and everyone to come forth and express their thoughts onto paper. And for that you don’t need to be anything more than human.

The pilot phase of the activity was carried out online, targeting members of MSAI-India. A total of 22 submissions was received. They received an admirable response on social media, with individual submissions even receiving over a couple of thousand responses each. The auxiliary phase was carried out at the IF-MSA March 2018 General Assembly Activities Fair and 19 sketches were collected from an international medical student population base. Plans are underway to expand the capacity of this activity to approach larger, diverse yet specific target populations. What is likeable about this activity is that it not only a simple, cost-effective, low-maintenance method to approach a bigger problem, but also almost always provides immediate results. Experiments will be done soon to harness these into quantitative parameters for better impact assessment.

For the improvement of our community, everyone out there is called upon to help spread the word about this activity, and carry it out wherever possible. The activity is open to all practical modifications under the #SketchItOut banner. Sometimes small steps can generate more progress than one may imagine. So keep thinking, keep expressing, keep sketching!
Organ, Marrow and Tissue Donation
Marrow Hero by IFMSA Poland

Hello again, IFMSA members

If you are reading this right now, you must know that you are awesome. Let us see how we are achieving more change with donation. In this edition we’ll talk on the international campaign on blood donation, international action on blood donation & MSM as well as see an example of our members great activities. I hope you enjoy reading this.

IFMSA international blood donation campaign 2018

Starting in the 27th of May, This is the first international campaign done by IFMSA on blood donation in the occasion of the International Blood Donor Day, celebrated every year in the 14th of June. It aims to improve knowledge of members on blood donation and its importance, and give them the tools to promote it in their countries. It consists of a Facebook photo frame, a series of infographics showing the need for blood donation, its advantages, method and procedure and how to promote it in your community. The campaign also included a quiz and a survey to assess members’ knowledge and evaluate the situation in their country; lastly, a webinar on the International Blood Donor Day was also done to provide capacity building to our audience.

Blood donation & MSM

One of the main barriers related to blood donation is the ban and deferrals imposed on the MSM community (Men who have sex with men). This started since the 80s, with the HIV epidemic, as they were seen as a potentially dangerous group. However, nowadays, with the technological advancement, which enables effective prevention and early detection of STIs, MSM no longer constitutes a dangerous population group, and continuing to have the ban or deferral to donate blood is a clear act of discrimination against them. Fortunately, we see nowadays that many countries have started dropping and reducing these bans. After discussing this important topic in the last GA, we decided to start taking action about it.

We made a survey to assess the situation in different countries to be able to compare and come up with a world map that shows how the situation is in different countries and encourage members to speak up for it and advocate for reducing and removing bans and deferrals against MSM community in their countries.

Marrow Hero by IFMSA Poland

Marrow donation is a relatively new medical procedure, and thus, not many countries have implemented it yet, and many people are not aware of its importance and life saving potential.

Our members in IFMSA Poland took the initiative and decided to start working on the topic. Since 2014, they organized events in public places, like shopping malls, sports matches, fair halls and pubs, to raise awareness of people about the importance of marrow donation, correct myths and wrong ideas that they had about it, as well as register people as potential donors. They also targeted universities, to reach young people (as a potentially more reachable and open minded population) and focused on peer education to teach them and convince them to donate. This work is done in collaboration with an NGO (DKMS) and local centers of marrow donation, which provided materials for registration, while providing continuous theoretical and practical training for members to make them ready and able to reach and register people.

Up until today, they have educated 15943 persons and registered 4495 potential bone marrow Donors.

If you want to know more about marrow hero you can get in touch with the activity coordinator by: dominik.nowczek95@gmail.com

Lastly, I would like to encourage you to take a step forward and act to save lives with donation. Contact me now on organdonation@ifmsa.org if you need any support. As I always say, “Doing good is the only virus worth spreading”.

Let us all spread the message of saving lives, let us all spread the action of donation.

Best Regards,
Saad Uakkas
Program coordinator on organ, tissue and marrow donation
Sexuality and Gender Identity
Training on Heteronormativity

The training began with a short video on LGBTQ+ and the trainer explaining the immense vocabulary of the LGBTQ+ community, focusing on the most significant terms and their differences. Moreover, the healthcare needs of the LGBTQ+ were discussed to an extent, including an interactive simulation of clinical situations, followed by a group discussion. Various questions were raised regarding the subtleties of collecting patient histories and the emphasis on specific questions aimed at the members of LGBTQ+ community, as well as mistakes commonly made by healthcare professionals. An open space discussion commenced after the training: the students were able to speak to the lecturers and amongst themselves in a non-formal manner and further debate the issues that were raised during the workshop.

All in all, the training had twenty-eight participants. Training on Heteronormativity not only contributed to increasing the competences of medical students but also aided in including foreign students in Lithuanian Medical Students’ Association activities. The case examples were uploaded to the IFMSA SCORA online database to be used during future trainings, since the needs of LGBTQ+ are not yet included in the curriculum of medical education and such workshops have high relevance and will be implemented once again in the future.

Teaching Medical Skills
Why should I report my activity?

But what happens after the activity comes to life? Did you really reach all the people you wanted to? Were you able to have the impact you aimed for?

Please see one of the examples of an enrolled activity below in the form of an interview we had with one of our enrollees:

**Activity:** “OPEN YOUR EYES”

**Activity Coordinator:** María Paz Lasso
Did the activity produce the results you expected?

The activity was beyond my expectations. At first, I was hoping to capacitate medical students regarding gender based violence, so they would learn to identify cases and how to be more conscious about the topic when they treat their future patients. The activity was done with medical students wearing makeup playing a scene on gender based violence, where instead of only getting to present to the public through the mass media present there, we also made interviews in order for the whole community to see them by publishing the performance in various different platforms afterwards.

This opened our eyes, to see there is more work left to do in this area.

Were there as many medical students participating as you planned?

In fact, there were less medical students than expected due to many other activities in the same month. However, this didn’t affect our results.

Do you think that the impact created was the one you expected?

It was much bigger, as we can see from the publication of our project in all the newspapers from the cities where it took place. Also, for medical students it was more than clear, since all of them took their part seriously during the campaign.

Furthermore, during the capacitation, their eyes were opened, since most of the information was new. They learned about the GBV types, forms and how to handle them.

Do you think IFMSA should take into account the enrollment, or the report?

I think they definitely take the whole activity into account. The methodology we used was completely different than in other activities, since the medical students acquired new skills and this has a really big impact on our audience. Also, I invite you all to replicate the activity on an international level, since the topic is trending nowadays.

Do you have any suggestion for the Activity Coordinators around the world?

I suggest to get more involved in this project’s area. This way, you can give more ideas to create activities, you can help your NMO and the NMOs in your region to have more quality activities.
SCOMEdy
The Guardians of Medical Education share their stories
Medical education is considered to be one of the most challenging studies that one can pursue, and we as medical students tend to lose our focus, our goals and our ambition along the way. As a consequence, our performances are greatly affected, whether in our daily studies, exams or even during hospital rotations which can have great repercussions on our patients and the care we ought to provide for them.

Each year, due to stress, overwork, loss of motivation and ambition, approximately half of the students in a class have to retake their exams in order to proceed to the next grade, and even then, some of them will have credits that will delay their access to the internship year which only adds to the aforementioned setbacks. All of this have a great impact on students and it can sometimes lead them to giving up in the middle of their education.

To get out of the infernal cycle of de-motivation and failure, we came up with a remedy, inspired by the famous TEDx conferences; we call it “Med TALKS”. A conference dedicated to students where our successful professors and role models are invited to share with us their journey to success, their experiences, some stories and anecdotes that will inspire, encourage and rekindle the flame of ambition within the students, making them more ready to tackle on their future obstacles and become well-educated young doctors who are able to provide the best care possible.

Beyond empowering the students, inspiring them to succeed and decreasing the rate of failure, our goals also included enabling students to be better advocates through the creation of a free exchange space between them and stakeholders (e.g., the professors) through the cultivation of an easygoing environment. Through this, students were able to express their concerns on different topics and build partnerships with solid bases.

To ensure the best impact and a high rate of participation, we included the whole student body in the choice of the speakers through an online survey asking for their opinion on whom we should invite to the event.

The end choice was set on three professors with different backgrounds and different generations to ensure diversity; A chief of the gynecology ward who tried several different paths before turning to the medical field and becoming chief of one the most sought after units that serves the entire eastern region of the country and successfully direct-ed it. A professor in internal medicine and one of the best clinicians of his generation that made us see medical studies as not only science, but also, as an art. Last but not least, we also had the first female pediatrician of east Algeria and first Arab instructor in pediatrics who is certified by the WHO and UNICEF as one of our speakers.

With the wide range of experiences, the guests gave the students different points of view on how each and every one of them overcame obstacles and difficulties and managed to succeed against all odds. With this conference we reached twice the expected number of participants; around 250 students, from freshmen to those nearly graduated. Through an online feedback survey, we were able to then measure our impact; all our objectives were met with different degrees as all of the students felt more inspired and motivated, most of them found guidance and a safe space for them to talk freely with their professors.

TEDx conferences have inspired millions of people around the world and after seeing their impact globally we acted locally by setting up our own modified version to meet our own needs and therefore have the best possible impact to our own community.
Humanization: a common denominator between IFMSA and Doctors Without Borders

Lívia Sousa Ribeiro, Luana Oliveira Soares, Alexsandro Santana Brito
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Doctors Without Borders or Médecins Sans Frontières (MSF) is a humanitarian organization, established in 1971 in France. This organization aims to provide medical care, as well as palliative care for neglected populations, giving them visibility, regardless of the country in which they are located. In this context, it is possible to reaffirm that MSF offers humanitarian support, in addition to healthcare, to those most in need, not applying value judgments to discriminate against race, religion, nationality or political conviction.

Sharing this view, The International Federation of Medical Students Associations (IFMSA) is a student organization that connects medical students from around the world. It seeks to form medical students who can make a difference. For this, several projects are developed, in which the student is trained in skills such as leadership, productivity, communication and teamwork, becoming the protagonist of his own formation.

In this context, IFMSA is related to MSF because it also values a humanized side of care and seeks not only to promote health but also to contribute to social improvement. In addition, in both organizations, there is a thought that the physician needs to be able to apply effective methodologies to optimize the management of resources in health care. From this perspective, both organizations seek to act impartially, by not endorsing partisan proposals or systemic ideologies. They reaffirm values such as humanization, unity, ethics, equity and citizenship.

A report by the International Labor Organization found that 80% of the population in 44 countries live without some kind of health protection. Worldwide, 40% of people do not have access to health services: that is almost 3 billion people. Faced with this social reality, it is imperative to say that organizations such as MSF and IFMSA, which draw attention to health needs, are of great importance in the context of physician training. On October 19, 2017, Santo Antônio de Jesus-Bahia, IFMSA BRAZIL (Local Committee of the Federal University of the Recôncavo da Bahia – UFRB) held a Thematic Table in commemoration of the Doctor’s Day, with the aim of presenting the IFMSA and trying to relate its mission and vision with the work of Doctors Without Borders and knowing the performance of a “doctor without borders”. In addition, it was possible to celebrate Doctor’s Day together with the UFRB community and, in particular, to present an expanded concept of health, medicine, being a doctor and being a health professional.
Hacking the healthcare system

The medical system in Romania faces a lot of difficulties due to a lack of proper organization, impossibility to bring advances close to rural citizens, and the outdated mentality of some professionals, most of which are not even acquainted with IT intelligence in their everyday work. Having this in mind, we decided to fill in some of these gaps by getting to the root of these problems, namely, a non-efficient collaboration between the healthcare and IT field. We aimed to aid them by bringing innovators together to develop solutions for an easier and faster diagnosis, treatment, equitable access to health services and a more patient-centered clinical experience.

We believed that we needed to start from the foundation of the medical field, meaning students, because if anyone can make a change, it would be the young enthusiastic students and other fellow members of our generation. Finally, we identified that the best way that we can challenge their ambition and intelligence by creating a competition to solve specific medical system issues.

Therefore, we decided to borrow the “hackathon” concept and apply it in the medical field, so we created MedHack, the first health hackathon in Cluj-Napoca and Transylvania. This implied having formed teams that solved a certain problem over a given uninterrupted period of time, turning a solution into a prototype.

We brought together students and young professionals from various fields: medical, IT, engineering, etc. 135 participants attended the event, out of which about 50% were IT oriented, 45% medically oriented and the rest had another domain of expertise. The participants formed 29 teams of 3 to 6 people, and each team chose a challenge to solve in 30 hours of continuous work. The challenges were mainly formulated by professionals working in the healthcare domain and were comprised of the following categories: Medical Education, Public Health, Patient centered care, Telemedicine, Administrative and a special category – Bring your own solution. Our teachers, as well as other healthcare providers, programmers and engineers took the role of mentors, continuously giving advice to the teams.

The final results were stunning. Our winning teams envisioned smartphone retina scanning for diseases, AI-controlled prostheses, as well as hospital bed management applications. The most valuable aspect of their experience was most likely the possibility of taking their ideas to a higher level thanks to our collaboration with engineering companies. 15 of 29 teams continued working on their projects even after the event and 6 of them are currently implementing them.

We believe that we took the first step in the right direction. Maybe we didn’t change the world but we are definitely on the right track. Who are we though? We are HEART - a group of enthusiastic medical students from FASMR Romania, Cluj-Napoca who share ideas and work together to build a community that inspires and innovates. The project was not just about solving certain issues in the medical system, but mainly about shifting mentality and stimulating interprofessional collaboration between these two very different domains.

Based on our data, we are positive that, even in small measures, we have begun to bridge the gap between healthcare professionals and IT/engineering professionals.
Tutorats: actors in the fight against social inequalities

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150M € (175 US $). That is how much freshmen spend each year in France to prepare for the competition giving access to specific branches of medical studies. These are large individual costs that cannot be invested by every household. To fight this selection by money, the 2nd and 3rd year medical students in our ranks mobilized massively to help aspiring doctors by what we call the Tutorats, or in english: “Tutoring Sessions”. Their goal is to restore equal opportunities for students by providing quality preparation for all.

In France, in order to become a doctors, pharmacists, dentists, physiotherapists or midwife, it is necessary to overcome the competitive exam of the PACES. During this intense and selective university year at the end of which, on average, only the 12% highest ranked students are accepted. In the faculty of the city of Lille (north of France), 450 are admitted to medicine for a total of 3,300 students. This year is particularly difficult because of the considerable amount of knowledge to accumulate in biology, mathematics, chemistry, physics, anatomy and even in the humanities. This particular year is complicated on a pedagogical as well as on a practical, everyday life level since the students are also confronted with several transitions: they have to pass from high school classrooms to packed amphitheaters, from clear textbooks to learning how to take notes and often from a family home to studio apartments or student residence. As a side-effect, this difficult exam is also known to provoke mental health problems.

Faced with the disarray of first-year students who want to put all the chances on their side, private preparation organizations have developed something called “prepas”. They bargain for access to private educational services, offered in parallel to the year of PACES. In the Paris region, their annual cost represents an average of € 4,700 (US $ 5,500) for a non-grant student, which is 25 times more expensive than the registration fees for the PACES. This increases the gap in access to health care studies even further: let’s remember that in France, there are 2.8 times more students from families of executives at the university than children of workers.

It is in response to the expansion of these private preparation enterprises that the concept of “Tutorats” were born. They are made up of 2nd and 3rd year students having passed the PACES competition. Tutorats have been compulsory in the faculties of medicine since 1998. To fight against preparatory organizations, they have developed the same educational initiatives as those agencies but for free: the average cost of one year of tutoring is 30 € in France, with 60% of free Tutorats. These Tutorats are now widely used and implanted organizations in the medical faculties: they organize training sessions, provide complete material photocopies, and organize learning sessions for PACES. They give methodological advice, correct the annals of the competition and set up pre-start weeks before the beginning of the year. The success rate for the students who have followed the tutoring Sessions is comparable to those of the prepsas: in Caen (north-west of France), among those admitted in the second year, 57% followed the Tu-
Tutoring Sessions against 55% for the participants of private prepas.

There are now more than 4,000 tutors in all faculties and 60,000 students in PACES, out of which 47,000 are enrolled in the Tutoring Sessions of their faculty. Over the years, tutorials have diversified their actions. They are no longer limited to educational activities: they now ensure the active orientation of freshmen and high school students by going to high schools and participating in career fairs. They also multiplied actions towards students’ well-being in order to fight against the anxiety that usually comes with the commencement of the PACES: for example, the Tutorats of Dijon (east of France) puts in place sessions of massage and qi-gong subsidized partly by their university. Today, these Tutoring Sessions are officially recognized by the Ministry of Higher Education and Research, that valorizes their actions each year.

Thanks to the Tutoring Sessions, faculties of medicine can rectify social inequalities in regard to their own accessibility. But the Tutoring Sessions are more than a support service: they are the democratization of pedagogical capacities and the will of mutual aid between students, which expands progressively to other years of the health curriculum as well as in other sectors.

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Beyond Flexner 2018: The beginning of Interprofessionalism and Social Accountability at UWI Mona, Jamaica

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The Flexner Report in 1910 pioneered medical education reform in America, focusing on the traditional science-based curriculum that predominates today. Unfortunately, in doing so, the social mission of medical education fell to the wayside. The Beyond Flexner Alliance, led by George Washington University Professor Fitzhugh Mullan takes the interprofessional approach of health professions education to social accountability in addressing health care disparities and inequity with community engagement, promoting diversity, and focusing on the social determinants of health to make health not just better but fairer.

In 2016, as Deputy Dean for Outreach at the medical school of the University of the West Indies (UWI) Mona Campus in Jamaica, Dr. Tomlin Paul introduced the then JAMSA National Officer on Medical Education, Nikolai Nunes to Interprofessional Education and Social Accountability in academia. That December, the first of what would be three interprofessional student volunteer health fairs over the next year was launched, working alongside community and civil society leaders to address the priority health needs of rural and urban communities.
In July 2017, realizing that this movement would transcend ad-hoc basis and require not only organization, but priority, Mr. Nunes along with Student Representative Jeremy Smith, and former JAMSA President H. Anton Small inaugurated the ‘Student Leadership Council’ uniting the student leadership and representatives across our seven health professions schools (including medicine) to coordinate interprofessionalism and social accountability amongst the student body.

This work lead to an abstract titled ‘Opportunities and Challenges for promoting Health Professional Students’ Outreach at UWI, Jamaica’ being accepted at the Beyond Flexner 2018 conference in Atlanta, GA in conjunction with the Morehouse School of Medicine and Emory School of Nursing. The three-day conference ran from April 9-11th and was attended by Dean Dr. Tomlin Paul, Professor Maria Jackson, and Mr. Nunes. Sir Michael Marmot, father of the Social Determinants of Health was the keynote speaker and he impressed the importance of social factors outweighing the biological in terms of differences in average lifespan across various settings.

The plenaries featured several experts on the social mission and addressing health inequities while concurrent breakout sessions allowed us to engage in smaller groups and some were even led by student leaders and researchers from across the United States. A visit to the Center for Civil and Human Rights Museum poignantly reinforced the themes while a multitude of Community Site visit options allowed for attendees to experience the themes in action. The author visited Morehouse, ranked first in Social Mission in the US, to observe their small group community-based learning of first year students tackling social policy and advocacy.

While this may represent merely the beginning for interprofessional education and social accountability at UWI Mona, the future is undoubtedly bright. Work is already underway at faculty level with a combined faculty-student committee while a Student Task Force is being recruited with representatives from each department to steer this change at the student level. Next on the agenda is using the IFMSA Social Accountability Toolkit Assessment to survey the student population at baseline before launching a social accountability public relations campaign using the Toolkit’s resources. Following this, the student population will be surveyed again to qualitatively assess the uptake from the campaign before proceeding with the next phase which involves ensuring that the schools’ visions, missions, and curricula for teaching, research, and service revolve fully around social accountability.

Additionally, during this year, the JAMSA NOME visited one of the newest NMOs to have joined IFMSA; the Trinidad and Tobago Medical Students’ Association (TTMSA), and also the Cave Hill Medical Students’ Association (CHMSA) in Barbados, who at the time were preparing their NMO application, to brief both on the social accountability program underway in Jamaica. As these NMOs nationalize fully in the near future, possibly incorporating US offshore medical schools in their nations, there exists considerable potential and opportunities for the growth of social accountability in medical and health professions education in the English-speaking Caribbean region which will contribute significantly to strengthening the Human Resources for Health and overall health systems.
Medical Education and Capacity Building united for social accountability

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A socially accountable medical school works with the community and key stakeholders in order to anticipate the population’s health needs. This can be possible by identifying the communities a medical school serves, recognising the social determinants of health and directing the university’s education, curriculum, research and services to these necessities.

However, it is clear that, although medical schools have such a social role, a large majority of them has not achieved the “accountable” status yet. Consequently, building a strategy to reach this status is required, which should involve:

1. Expanding information, advocacy and communication;
2. Promoting partnerships;
3. Guaranteeing that their resources are being used to promote social accountability (SA) and;
4. Evaluating the impact of their actions in a population’s reality.

Taking all these facts into consideration, the need to discuss SA in our medical schools is clear. Though, the first sparkle to claim changes is ought to start with the students, by encouraging them to discuss and engaging them to actively participate in their medical education.

With that in mind, a training approach to this topic would be extremely useful, integrating both Capacity Building and Medical Education. So, the principal objective of this paperwork is to report the experience of a training session whose main theme was SA in medical schools.

The training took place in a classroom at the medical school building in the Universidade de Pernambuco (UPE), Santo Amaro campus, Recife – PE, Brazil, on 27th of October of 2017, from 1:30 to 4:00 PM. The training, which would be facilitated by two trainers, was planned based on the materials proposed by IFMSA, such as the Trainer’s handout, Powerpoint presentations, the Social Accountability Toolkit, as well as other references.
The training session was approved on the 14th of October of 2017 by the Capacity Building Director (CB-D) of IFMSA Brazil, and the feedback was submitted on 10th of November and approved by the CB-D on 28th of November. The event was spread using the Local Committee social media, with the purpose of provoking a considerable adhesion to the session.

By examining the feedback provided by the trainees, it is important to outline some concerns. Firstly, about the positive points, it was notable that all participants agreed about the relevance of the thematic and were pleased to understand the theory and how it is applied to reality. Furthermore, the participants stressed about the dynamics used and the sense that everyone was focused on the tasks.

As suggestions, it was mentioned to use other audiovisual materials, in an effort to function as energizers, and to better detail the information about the training for next marketing strategies. No negative comments were registered.

On one hand, Although the theme of the training was relevant, the adherence did not live up to the initial expectations, due to the fact that neither of these themes were sufficiently discussed by medical students, nor any previous activities about it were carried out at the university. Therefore, the participation to the event could have decreased since the students were unfamiliar with the theme and owing to the lack of specific data about how the space would work out.

On the other hand, the training provided an insight, for the participants, about how the students could act in order to propose beneficial changes in their medical schools, which could be done by contacting stakeholders and making use of advocacy. Nevertheless, the training emphasized that the activity can involve other groups such as the Professors, attitude that could enrich the debate.

Moreover, it would be a riveting option for the entire local committee to come up with an agenda of thematic meetings, round table discussions, or other medical education activities, with the intention to discuss SA, instead of only doing an isolated training session. Another point to be taken into account is to establish partnerships with other institutions to get more support and recognition.

Finally, the training was able to consolidate the social accountability concept, promote trainees’ critical thinking and engagement, and allowing them to embark on a journey which may very well result in a positive impact to both their universities and the society in general.

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Experience Report: How do Discussions in the Discipline of Medical Humanities Assist the Construction of a More Ethical Identity Under a Reflective Critical Vietnam?

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INTRODUCTION

The training of doctors requires a quality education that gives it a generalist, humanistic, critical and reflective view. Based on the National Curriculum Guidelines (DCN), the academic acquires a humanistic education based on the reflection on the various socio-cultural aspects of illness, cure and interpretation of diagnosis. Thus, the baccalaureate course in medicine of the University of the Region of Joinville (UNIVILLE) attempts to establish the first contact of academics in the first two periods with the discipline of medical humanities. With the intention of socializing successful experiences in the inclusion of the discipline, we would like to report the learning dynamics in the area of general medicine.

Goal: To report acquired impressions throughout the medical humanities discipline as an attempt to assimilate new concepts applied to medical education in the contemporary world.

EXPERIENCE REPORT

A bibliographical survey was carried out on the topic related to the experiences acquired during the classes from July 2017 to April 2018 and on a theoretical basis, using scientific articles related to the subject in the databases SCIELO, CAPES and Portal de Journals of the University of São Paulo. The research was restricted to the complete texts, the time period of the publication dates from 2010 to 2016, the languages of the articles were Portuguese and English and, afterwards, seven articles were used for theoretical construction. In addition, an analytical observation of the development of the classes was carried out and the contents taught and their relation to the use of each student were evaluated.

RESULTS AND DISCUSSIONS

In the learning process it was observed that the teacher brought in as an application of the interdisciplinarity instigated the students to actively participate in the reflections about questions involved in doctor-patient relationships. According to Rios (2015), health humanities will make sense to doctors and students when they understand and experience the latent dimensions of being a doctor and practicing medicine. Thus, it is worth emphasizing that medical students play psychodynamic roles that create bases for the doctor-patient relationship. Over time, it becomes very important for the academic to flourish in his ideals and to highlight humanization in the professional ethical construction itself.

Based on the assumptions, bibliographically oriented character of articles reporting on the dynamics applied in other university environments was used in the study. According to AYRES (2013) at the University of São Paulo, the developmental experience of a Medical Humanities discipline is structured in four modules aligned with the concept and practice of Health Care: Philosophy, History, Anthropology and Psychodynamic Partner of the Clinical Meeting. It is worth noting also, the notes of SOUSA (2012), which states that if the disciplines of the Humanities are interwoven with the incorporation and interpretation of human experiences, the “Medical Humanities” should trace similar paths in relation to human experiences of diseases, disabilities and medical interventions.

For RIOS (2015), there is an awareness that common sense or a supposed vocation for medical practice is not enough, it is also necessary to have educational investments with adequate strategies for the development of the medical being. Therefore, the experience was valid since the introspective methods provided a better expansion of beliefs about the diversity of cultures that permeate the processes of illness,
diagnosis, treatment and cure of malaria.

Thus, to promote a more dynamic and attractive training while keeping up with the demands of the contemporary market requires a human professional and a ‘medical being’ in its totality.

CONCLUSION

It is perceived that the formation of physicians who are able to develop humanistic relations with both their patients and the health team is a determining factor for the future of the medical professional. Thus, the discipline plays a primordial role in training by providing a set of occupational skills inherent to the human being, which is often “asleep” due to the absence of well-structured reflexive processes.

The classes enabled the development of communication skills between the doctor and the patient, and triggered reflections on the construction of the identity of the humanized medical professional. A paraphrasal of Edgar Morin’s answer in a past interview when asked about the importance of teaching the “uncertain” nature of human understanding to the next generation is a fitting conclusion: He said that we must teach human understanding, because it is an evil from which all suffer in different degrees. Misunderstandings can start in the family, continue in school, in work, and in love. Thus, it is important to teach human to face uncertainties, because it is important to find something in common and understand each other through similarities that are at its root, uncertain.

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Which specialty would you date?

“Example is leadership” - Albert Schweitzer

Medicine in the 21st century demands physicians to become clinical experts in their selected specialty and be proficient in educating their patients on how to mitigate disease risk. However, medical students are often unaware of all post-graduate training opportunities. Since changing medical specialties requires supplementary years of post-graduate training, it is essential that medical students reflect on their projected career path, based on their defined goals (1).

The Standing Committee on Medical Education (SCOME) of the International Federation of Medical Students’ Associations (IFMSA) aims to strengthen training for future physicians, as they become healthcare leaders who identify gaps in modern medicine and promote solutions to improve access, availability and quality of medical care. Factors, such as personality, clinical interests, target patient population, work-life balance, and research engagement, are important to consider when selecting options for post-graduate training. Thus, by providing mentorship to medical students, they can be taught about each medical specialty, converse with specialists, and carefully select which specialty is aligned with their career path.

In June 2018, SCOME members of the Dominican Medical Students’ Organization (Organización Dominicana de Estudiantes de Medicina, ODEM) continued their consistent efforts to empower Dominican medical students to strengthen their proficiency in various medical education topics, increase health activism and advocacy in their universities, and engage in continued medical education seminars and programs. They did this through a project called: “Speed Dating Specialties,” an innovative activity that served as a platform to share information on existing medical specialties via group talks. By allowing a two-way exchange between medical specialists and medical students, medical students could learn about clinical and surgical specialties, discuss the importance of an interdisciplinary approach in today’s healthcare delivery, and dispel myths about any field. At each table, medical specialists led these exchanges with five or eight medical students, by describing the post-graduate training period, depicting a common workday schedule, recommending essential skills, and reflecting on a memorable experience that had marked their career. Each medical specialist offered valuable insights to the medical students, empowering them to seek post-graduate training according to their passions, achieve their professional goals, and be leaders in the clinical and community settings.

At each table, there was one central theme that was discussed, which was about how vocation is the main axis for health professionals. Nowadays, healthcare service delivery can be viewed as robotic, where physicians may appear as de-humanized machines, with limited time for individual patient consultations due to the large number of patients who need to be evaluated. For this reason, our SCOME members of ODEM-Dominican Republic are committed to fostering future physicians to be able excel in their clinical practice, research initiatives, and demonstrate empathy and robust physician-patient communication skills.

In summary, role models are crucial elements of clinical training. Likewise, interaction with role models of particular clinical fields is firmly connected with medical students’ decision in the path of their training (2). This mentorship involves the encouragement of students to observe and reflect on the benefits and drawbacks of their preceptors’ behaviors and emulate those which they feel are important. This successful SCOME activity served as an example of promoting role models and mentorship to physicians-in-training. Thus, these physicians may help create a future vision and motivate future colleagues to

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become compassionate and empathetic healthcare leaders in their selected medical specialty.

References

We are the solution

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Yes, you read it right. Medical students can be the solution to nearly all global medical education challenges, and this is what is happening in Egypt!

The Egyptian ministry of higher education adopted a new system for undergraduate medical education. This decision came after long discussions and thorough consultations amongst all Egyptian medical schools and the National Authority for Quality Assurance and Accreditation of Education (NAQAAE) over the past two years. Now you might ask how we were part of this.

In October, 2016, the Supreme Council of Universities (SCU) and the NAQAAE organized workshops and facilitated discussions in all Egyptian medical schools. IFMSA-Egypt SCOMEdians were actively present in those sessions, raising their opinions on the current education process and outcome and giving their inputs to develop it into another one.

In December, 2016, we designed a survey to assess the satisfaction rate amongst the students in the Egyptian medical schools, in regards to the education they receive at their schools. We were amazed when we received more than 2000 responses within less than 10 days.

“We want all of you to know that the students want the change and they have the passion to help you during this process, they want it to be real.”

This, among other replies we got on our survey, shows how much medical students in Egypt are desperate for change and how passionate they are to contribute to it.

In addition to our contributions during the workshops in medical schools, this survey and its results were presented to the SCU and were incorporated into the report on the undergraduate system evaluation, and finally the change we were hoping for, happened.

In March, 2018, the prime minister issued an executive order to reform the undergraduate medical education system to be 5 years of integrated undergraduate studies, and proposed a change to the law to extend the internship duration to be 2 years. Involving all Egyptian medical schools, the undergraduate medical education system in our country hadn’t witnessed any similar major reform for more than 50 years.

For many years, the medical sector of the SCU has been working alone on this reform program, but its work finally managed to manifest this huge result when they engaged us students, meaningfully and productively.
“Today, more than ever before, students seek to enhance their own abilities as well as future generations’ capacities to understand, comprehend, engage, and, when necessary, transform the world they live in.”
- Adam Fletcher

Dear medical students around the world,

There’s nothing called impossible. There’s only passion and hard work. We know we have still a long way to go to establish a better Egyptian medical education system, but we are proud of what we’ve achieved, we are determined to finish what we started and we are not doing it alone!

Now you’ve just read our story. Why don’t you create yours and share it with us? Let’s create a global movement for better medical education. Education that can help our communities grow healthier. Education where students are heard and show themselves as the magical solution!

For me, this academic period has been very different from others. The classes I am currently taking are a whole lot more interesting than they used to be. I can say that somehow, I have done advocacy for a better education in my medical education system. Finally, I approach my classes in a way that I had not thought of before. In such a short time, SCOME made me fight for a better education, not only for me but for all my colleagues. What I value the most in SCOME is the way to change a mindset, from accepting the way education is, to one that cannot be satisfied by any type of educational system but the best. With the tools SCOME provides us, we can make small impacts that will add up in the minds of the medical students and propel the capacity to make changes in our communities.

You might be wondering what SCOME did to have the impact it has on my life. The experience that opened my mind to a new way of thinking was the first ever AMET held in this year’s America’s Regional Meeting in Paraguay. I learned so much from my facilitators, Ximena, Pablo and Pahua. To be honest, I had never experienced this learning experience anywhere else. The way of transmitting knowledge on improving medical education was astonishing. Every day I would wake up wanting to know what I could do to make my education system better. The approach they had for us to learn how to change and improve our medical education system was efficient. They worked on the way we think, the capabilities we have, and the inspiration we need to have an impact in our universities. I firmly believe that each one of the friends I made in the AMET are making important changes in their communities. Since the AMET, I have grown in my ability to teach and create educational opportunities. As a SCOREan, I worked with SCOME to make a workshop on the writing of clinical cases back in Honduras.

I owe it to the AMET for teaching me about the influence I could have by advocating for medical students all over the world. I do not plan on staying here, SCOME made me realize that I have a lot of work to do and working in my university is just the start. I encourage every medical student to know more about education and how they can change it for the better. As future doctors, we need to transmit our knowledge as widely as possible to our communities to bring real change in our health systems.
Discovering the Advocate of my Education

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After years of multidisciplinary activities, both medical and non-medical, where I have acquired different social and professional skills as well as enriched my knowledge about healthcare and its different challenges including the field of Medical Education, it was with great motivation and enthusiasm that I presented my candidature to become an intern in the WFME-IFMSA program for the period of April-June 2018.

This was a once-in-a-lifetime opportunity for me, not only to get closer to attaining one of the goals I have always aspired to achieve, i.e., to make a difference in people’s lives and promoting their right to the highest attainable standard of health and education, but also to become familiar with the history and work of the WFME as the leading institution of such impacts on Medical Education worldwide and thus on Global Health.

As a matter of fact, since the first weeks of work as an IFMSA intern at the WFME office in Ferney-Voltaire in France, a huge part of those expectations had been met as I closely assisted the shared management and development of the medical school records hosted within the Word Directory of Medical Schools in order to enhance both the visibility and the quality of information about Medical Education programs around the globe.

Furthermore, thanks to my previous IFMSA experiences that strengthened my ability to produce results within deadlines, not only was I able to finish the main task I was given within just one month which is updating the informations related to medical schools in my region (EMR), but I also successfully managed to cover over 70 countries within other regions including all medical schools in native English-speaking countries. I also had the privilege to meet the WFME president Professor David Gordon with whom I discussed the NGO’s current priorities and challenges along with its history and achievements. This in turn, enabled me to take the initiative of getting more involved by suggesting and drafting potential IFMSA-WFME joint plans of action for 2 agenda points in the WFME Executive Council Meeting that took place at the beginning of May 2018:

1. The Exploitation of Medical Students and Young Doctors
2. WFME Regional Capacity Building in relation to IFMSA

Other than that, this internship also allowed me to both enlarge my network and to interact with members from other international organizations, such as the WHO interns and officials, during the different meetings I attended. This helped me gain greater insight on different topics related to Global Health such as during the 71st WHA and the 11th Geneva Conference on Person-Centered Medicine that took place by the start of April 2018.

These different opportunities along with the different responsibilities that I successfully carried on as a WFME intern would not have been possible without the supportive and heart-warming working environment that joined both the WFME and the WMA secretariat and staff. Indeed, as our office was next to the WMA cafeteria, we daily shared our lunch break while some other times we had yoga sessions together in the same building.

Therefore, by the end of the internship, it was very hard for me to say goodbye to this second family I was part of for almost three months. The diversity of age, language and origin along with the different academic and cultural backgrounds of the different members of this family enriched my experience...
even more while I had the opportunity to broaden my general knowledge on a daily basis during the lunch break discussions.

Last but not least, I would like to encourage any other fellow IFMSA members, who is equally passionate about both Medical Education and personal development, to apply for this WFME-IFMSA program and serve in line with the objectives of the two NGOs both independently and in coordination with senior colleagues while holding the belief that they will be positively impacting future medical students and making a change on a large scale.
Learning a language effectively can depend on motivation, instruction, and exposure to it. Last year, we started getting requests to correct cover letters from medical students at the Universidad Pedagógica y Tecnológica de Colombia (UPTC) in Tunja, Boyacá. We noticed that students had a desire to learn how to write in English for academic purposes. Unfortunately, the university does not offer an academic writing course tailored to learning how to write cover letters, resumes, or letters of recommendation in English. After analyzing this need, we decided to propose the first-ever Academic Writing Course at the UPTC led by the Standing Committee on Professional Exchange. The initiative was proposed and accepted by the Curricular Committee of the School of Medicine at the UPTC in 2017. Students from different semesters started attending the class, and they soon began developing their writing skills. The class had such an impact on the medical community, that the students began to change their attitudes about learning a foreign language. They started to see English as a means to communicate and open doors of opportunities. The objectives of the class also changed as we started to get to know the students better. The objectives went from teaching people simply how to write in English, to helping them engage with their community. The class also became a place for students to unwind and destress from their regular routine and coursework.

Sometimes, in medical education, affective factors are not addressed. One of the criticisms directed toward medical programs is that “there is a disproportionate focus on cognitive aspects of learning and less intentional emphasis or study on affective factors” (Kusurkar, Croiset, Mann, Custers, & Ten Cate, 2012, as cited in Lemoine, Nassim, Rana & Burgin, 2018). We decided to focus on how the medical students were feeling, and we soon found out that they had a lot to offer to their community. Thus, we started a pen-pal letter exchange program, where UPTC medical students wrote to a mystery reader. The readers turned out to be a group of young students from the rural community of Oicatá, Boyacá. Oicatá is a small village 20 minutes from the university. Even though it is relatively close to the city, farming families are very poor, and some older adults do not know how to read and write. This community is also particular because children are not encouraged to go to college. By creating these bonds through letters, we have seen a change in attitudes and motivation, from both the rural children and medical students.

Our second social project underway is called “Books for Hope”. After discussing empathy in the class one day, medical students started creating their own children’s books to share with the children in the hospital. This project has been a wonderful experience for us because we can see how the medical students have grown as writers, how they have helped change others with their words, and how these types of social opportunities can help medical students grow as future doctors. What started out as a humble project to help struggling writers in English ended up being an agent for change.

References
Writing with a Purpose

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Surgery in a Global Context: a new SCOPE-SCOME Educational Activity

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Exchanges are about education. Through SCOPE Exchanges we have the chance to actively contribute to increasing learning experiences and helping on building better future doctors.

Besides the opportunity provided by the clerkship itself, as IFMSA exchange officers we also have the chance to support our worldwide students in developing skills and expanding their horizons. All of this can be summed up in two words: Educational Activities (EAs).

With the purpose of increasing knowledge and awareness of medicine in a global context, SCOPE is currently working on the implementation of a new standardized training on Basic Surgical Skills (BSS) in collaboration with SCOME. The elaboration of material, manual and guidelines is being done by a Small Working Group.

The main idea of having a BSS Training raised from a need of our exchange students. Around 48% of exchange students in SCOPE attend their clerkship in a surgical department (with General Surgery being the most popular department amongst all specialties); nevertheless, a specific standardized educational activity focused on access to surgical care and basic surgical skills was not integrated as a core component of IFMSA Exchanges until this year.

The goal of this new standardized Basic Surgical Skills Training is to prepare students to be placed in a surgical environment different than the one they have been exposed to in terms of level of facilities, health providers and resources, equipping the students with knowledge and skills for basic surgical procedures, and raising awareness of how surgery is performed in different clinical settings.

The training includes theoretical parts on access to surgical care and ethical issues in surgery, health and safety protocols, interaction with the surgical staff and basic surgical skills. The practical training focuses on interactive activities such as case studies, role playing exercises and practical simulations. Topics covered include gowning and surgical scrubbing, suturing and knotting techniques, as well as the different types of anesthesia.

The training is currently in its test implementation phase, and it is an activity which is meant to be delivered directly to exchange students. Our goal is to allow as many NMOs as possible to deliver this training, exposing students to surgery in a global context and maximizing the exchange learning outcomes while protecting the patients.

If you want to know more about the Basic Surgical Skills Training for exchange students and how to implement it in your NMO, please send an email to da.scope@ifmsa.org or scoped@ifmsa.org.
Implementing a Standardized Global Health Training in Exchanges

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When thinking of the exchanges that we organize within IFMSA, it is sometimes difficult to tie this in with the other activities that we, as an organization, take part in and organize. Where most of our activities clearly contribute to health, international medical exchanges may not do so as obviously. Still, the reason why exchange officers put in all of this effort to organize our exchanges, is to improve global health. We believe that this happens by allowing exchange students to get familiar with the concept of global health, including many of its facets; facilitating their experience in a different health care system and finally by allowing them to create a network of (future) medical professionals all over the world.

Within SCOPE and SCORE, we are continuously working on the improvement of our exchanges. This includes making sure that global health is indeed a part of our exchanges. To do so, many initiatives are taking place, including the implementation of pre-departure trainings and upon arrival trainings for exchange students. At the beginning of this term, one of the plans was to develop a training specifically on the topic of global health for medical students. During the term, a small working group has been working hard on the development of this training and is now entering its test phase. In order to understand the connection between global health and exchanges, this article aims to describe the process of the development of this training, including the topics covered and the goals of these topics.

It could be argued that the most challenging part of the development of the training was actually determining the topics that need to be addressed during the training. As we are aware, global health consists of many different aspects, deciding which of these are most relevant to exchange students, proved to be a challenge. The small working group aimed to make use of expertise that we have within our federation, by including members from SCOPE, SCORE and SCOPH. In the end, after trying to decide which topics were most applicable to the experience of an exchange student, the decision on topics was finally made.

The training starts off with an introduction to the concept of global health. In order to make sure that all further concepts are well understood, it is important that all participants of the training have a mutual understanding of the concepts that those build on. Furthermore, in order to gain a deeper understanding of global health, the second topic focuses on determinants of health and health equity. This topic might be one of the most important when it comes to the relationship between exchanges and global health. The unique opportunity that exchanges provide is to live and work within a completely different context. This means that students are exposed to a completely different environment than their own. Therefore, the determinants can be very different from the ones of the student’s home country and exchanges provide the opportunity to not only establish a difference between determinants of health but also directly experience and observe how they affect people’s health.

Moreover, the training focuses on health systems. This ties into the aforementioned unique opportunity as well. Working in a different country provides exchange students with the opportunity to explore and understand a different healthcare system. Healthcare is unique in a way that it is provided everywhere, in many different ways. This provides the opportunity for an exchange student to experience the same idea of healthcare, in a completely different system. Not only will the student thereby understand a new healthcare system, but they will also gain a further understanding of their own healthcare system by exploring a new perspective.

In addition, current developments of global health are addressed, such as Sustainable Development Goals, climate change or refugees. Finally exchange students will receive a direct description of the connection between their exchange and global health and how their opportunity can contribute to global health in the best manner. The training ends by providing the students with tools and resources, to motivate further action.
All the content of the training has been included in a presentation which is made to be delivered directly to exchange students; a more detailed transcript for the trainers has also been developed. We hope to provide a training that has the opportunity to contribute to global health implementation in exchanges everywhere, and thereby contribute to what our whole federation stands for.

If you want to know more about the Global Health Training for exchange students and how to implement it in your NMO, please send an email to ga.scope@ifmsa.org or scoped@ifmsa.org.

Academic experience at the oncology’s reference center of Latin American, the “Hospital de amor”

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Exchanges enter the academic landscape as a complement to daily teaching, increasing knowledge in health technology innovations and bringing new academic links. Besides showing the daily routine of the specialty that is accompanied, it helps the student to choose their professional journey after graduation.

This report aims to describe the student experience when integrating a national academic mobility program, through IFMSA-Brazil. The internship took place in Barretos, São Paulo, Brazil, at the Hospital de Amor, which is an institution recognized in Brazil and in the world as a reference center in the field of oncology, with high standards of quality and humanization in care. It is the largest oncological institution in the country based on units spread throughout the country.

The exchange took place in the period of two weeks in February of 2018 through the local committee of the Faculty of Health Sciences of Barretos Dr. Paulo Prata (FACISB) at the Hospital de Amor, in the neurosurgery service. The whole process was mediated by local university committees through IFMSA-Brazil. The exchange student was from the sixth period of medicine at the Federal University of Paraná. The activities involved includes following the doctor’s appointments in the neurosurgery (adult and pediatric) clinic and the visualization of surgeries that were mainly biopsies and resection of benign and malignant tumors in the region of the brain and spine.

Despite the program being in a specific area, due to the interprofessional meetings, I was also able to follow the teams of oncology, pediatrics, radiotherapy. It was clear the importance of the multiprofessional team, not only of several medical specialties, but also of other professions. All of them working together provided a complete care for the patient.

The use of neuronavigation was common in the hospital, as well as other technologies that are found in very few centers in the rest of the country, such as the Da Vinci robotic surgical system (the surgery is done four meters away from the patient,
Outpatient care for pre and post-operative case follow-up was mostly done in the afternoon. I was able learn about some rare cases such as a patient with Von Hippel-Lindau syndrome. Here the importance of the doctor-patient relationship is shown, everything was explained in an easy way, where the doctor explained the risks and benefits of a neurosurgical procedure and the patient’s condition. Certainly, I learned a lot about the importance of a horizontal relationship based on trust with the professional who will perform the procedure. I also experienced a bit about how to say bad news, the importance of speaking with clear and simple language, giving a realistic hope, ensuring that palliative care will continue and the emotional support needed. Humanization is the key word of that hospital.

Where the pediatric cases took place, in addition to the excellence of technologies and treatment (there is a partnership with Saint Jude Children’s Research Hospital - the most renowned center for pediatric cancer treatment in the world), the building was colorful, full of toys, in a way that softened the suffering of every child that was treated there. Moreover to all the professional support, the patients also had social assistance. I was able to follow up cases of ependymomas and myeloblastoses that were resected and that had recoveries with very few or no damages.

Besides the professional experience, I was able to meet people from several Brazilian universities and from outside the country and I had cultural experiences with the local committee. Having lived the practice of humanization of care through facing realities as difficult as cancer cases also contributed to my personal growth, making the exchange complete in all areas: professional, cultural and personal. It is hoped, therefore, that the system may contribute towards a greater incentive and aggregation of the exchange of teaching, during the undergraduate courses in order to improve the academic formation beyond the disciplines and internal internships to the educational curriculum.

References
2. Hospital de câncer de Barretos - Conheça o ‘Da Vinci’: o mais...
I spent 1 month; 30 days; 43200 minutes; 2592000 seconds, making infinite memories in Greece.

I did my exchange program clerkship in the University Hospital of Larissa, Greece in the department of Radiology. I had the privilege to learn from some of the best professors and residents in Greece about MRI, CT, USG and X-Ray interpretation and how to make a differential diagnosis. I also got to see many different procedures, such as the embolization of neo-vessels of a carcinoma, RF ablation of a recurrent renal carcinoma, as well as a liver and lung biopsy in interventional radiology. A highlight of the exchange for me were lectures on emergency neuroradiology, as well as functional and clinical MRI especially when I managed to attend a lecture by Dr. Gail Rousseau, one of the best neurosurgeons in the world who was also President Barack Obama’s nomination for Surgeon General of the United States, on pituitary anatomy, imaging and surgery.

My professors and residents not only taught me about radiology but also shared stories about their life. They told me about the government, tax policies and the healthcare system in Greece. It was fascinating to see how much people’s lives had changed after the financial crisis.

I had a chance to interact with local Greek students and learn about their life, food and culture. They were so incredibly warm and welcoming. They treated me like one of their own, told me their stories, shared their homes, became tourist guides for us on our trips and so much more! My host, Gloria, even made a map of the city for me! Greece is a beautiful country, not just because of the oceans, mountains and monuments but because of how beautiful the people are.

I was studying alongside 15 other exchange students from countries like Mexico, China, Japan, South Korea, Italy, Germany, Hungary, Bosnia, Argentina and Paraguay. Each and every one of them was unique. They taught me about their culture and practices and how different medical schools are around the world. I realised the stark difference between practices of the east and the west. We grew incredibly close in a matter of just 30 days. We talked about everything- from small things like movies, music, dance to very intense discussions about goals and aspirations. I remember our first night in Delphi when we walked around the city at 2 am and lay underneath the stars. It was a wonderful night. I’m going to remember all the house parties when we sang and danced and acted like absolute fools. I’m going to remember movie night-when I fell asleep after the first movie and they put rubber ducks on me! I’m going to remember walking around Larissa for the entire night and watching the sunrise with my best friend who was leaving the next day. I’m going to remember all the times we laughed at stupid jokes and cried when everyone started to leave. They were extraordinary people. I hope to meet them again in the future and act like fools again.

Ever since I was a child, I loved mythology. All of the stories I read as a child, came to life. In Delphi, I could picture the oracle, making prophecies about the future. In Athens, I could imagine the Greek emperors and philosophers giving lectures in the ancient agora. I could visualise the ancient Athenians making sacrifices to the goddess Athena in the Parthenon. My inner nerd was having the time of her life!

Someone once compared traveling to flirting with life and I couldn’t agree more. I left a little part of my heart in Greece- with the people, the cities, the oceans and the stars.
A professional exchange is a precious experience both in an educational and cultural way. It makes you grow, be more aware of your capabilities, be more aware about the world around you and build new connections. The colleagues and friends that you meet during the exchange or with whom you strengthen your relationship (if you already knew them), are some of the most valuable things that you will have after the exchange.

Isn’t it beautiful if that one day you could cooperate with them again as a doctor and save lives together? Maybe you would organise some international medical programs that would help your patients get health care in other countries and vice versa.

Also, an important lesson from the exchange is that medicine and health care are universal - many principles are the same in the different countries, because we all have one aim - to ensure the best possible treatment for the patient.

We are Ajla Hamidović and Emina Letić, two medical students from the Faculty of Medicine Sarajevo, Bosnia and Herzegovina and we went on an IFMSA SCOPE exchange together in the Dokuz Eylül University Hospital (Dokuz Eylül Üniversitesi Hastanesi) in Izmir, Turkey. We were in different departments, one cardiology and the other anaesthesia. We have different interests and characters but together with our colleagues, we had a great time.

At the end, we both realised that this exchange made us closer and we have become great friends. Enriched with this experience, we share ambitions and strive to make changes in our society through many projects we carry out in collaboration with our international friends.

These are our stories

**Ajla’s story**

My exchange started on July 1. Emina, my colleague from the faculty, and I came to Izmir not knowing what a magnificent experience we were going to have. We were welcomed by our amazing hosts, students of Dokuz Eylül University hospital, who were always willing to help and to guide us. Time spent in Izmir was priceless. During the weekdays, I used to be at the hospital working at the cardiology department but later I tried to explore the city as much as I could with my friends. Indeed, there were many beautiful places there, such as Inciralti, Alsancak, Asansör, Bostanlı... so many memories and special moments. We tried delicious Turkish food, enjoyed the sunsets of Izmir, went to Foça, Çeşme, Pamukkale. This exchange enriched me. I have made new friendships with people from all over the world and strengthened the one with Emina. Besides that, I spent quality time in the hospital learning from the expert physicians. One month passed quickly and I am so grateful for every moment! Until the next time; Görüşürüz, Izmir

**Emina’s story**

My beautiful Izmir time lasted for four weeks during July 2017. These four weeks were filled with the stunning memories, amazing experiences and the beautiful people. I spent my exchange in the anaesthesia department and I was pleased to meet well-educated doctors and kind staff members that helped me and gave me a chance to participate in the procedures. My working environment was supportive and it encouraged me to learn new things and I definitely fell in love with the surgery and the anaesthesia because of that.

In our free time, we were exploring Izmir and we found the city absolutely gorgeous. The unfortunate thing is that there were still some places we have not seen. One of my favourite free time activities was sitting on the coast and looking at the astonishing Izmir sunsets. Exploring the city would not have been possible without our dear Turkish contact persons from the local committee. They always great suggestions, they were great guides and friends that
wanted to help in every situation. They never got tired of making sure we had an amazing exchange experience in their city the exchange amazing.

My other foreign colleagues on the exchange were friendly and I truly appreciate all our deep conversations about cultural diversity, medicine, the society and life - these conversations made me more open-minded and tolerant.

One takeaway message that we would like to convey here is that we believe all students should participate in an exchange program, not only because it will strengthen their knowledge and cultural experience, but also allow them to understand that values for all healthcare workers are universal. This, of course, in addition to the opportunity to build relationships with the friends they already know and strengthen bonds with the new ones they make.

Exchange your mind to the Mex(ico)

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When I think about my Exchange experience in Mexico, I have always had a hard time trying to summarize it. “One of the best experiences in my entire life” could begin to cover it, of course, but even that is not enough.

It all starts when I - finally - decided to apply to the Exchange program by IFMSA Brazil. Amongst all the possible choices of exchange destination and the huge variety of specialties and departments available to choose from, I was more than excited to go! But of course, the fear of not being accepted was also ever present (especially when you are only at your second semester of medical school, still doubting yourself all the time).

After what seemed like a decade, I found out that I was accepted to go to Mexico for one month! Words can’t even begin to explain how much excitement and happiness I was feeling! For a girl who had never been outside of her country before, this trip seemed like an astonishing opportunity, not only to develop a whole new sense of independence and responsibility, but also to combine two of my passions: medicine and new languages.

I have to admit, Spanish and I didn’t get along very well. Since in school we had to take both English and Spanish, and my young self was so obsessed with American songs and movies, English polarized all of my attention, and I only studied Spanish enough to pass the subject. Little did I know in the near future I would jump out of a plane, all by myself, to a Spanish speaking country, and actually fall in love with it!

Coming from a country which is known for its hospitality and warmth like Brazil, I was afraid that people would not be very welcoming with me and that I would feel left out. But once again, I was fortunately wrong. From the vendors on the street, hospital staff to the amazing and sweet members of AMMEF/ACEM, kindness and a general sense of helpfulness. Even when I could not understand their fast and beautiful Spanish, they would take their time, slow it down and explain it to me until I got it. That’s how I was able to communicate during my month there, and I couldn’t be happier with my improvement, to the point where I could understand completely a Spanish lecture about EKGs and even answer some questions about it, without asking the doctor to slow it down or translate something for me.

The department I was originally assigned was neurology, but when we got to the Hospital General Carlos Canseco, in Tampico, the doctor responsible for teaching suggested we rotated in some services in order to get more insight about how the whole hospital works. I couldn’t be more grateful for that op-
portunity. We experienced so many amazing services (pediatrics, internal medicine, emergency, and my two favorites, surgery and obstetrics). Learning about their protocols, how they prescribe medication, how their public health system works and so many more aspects of Mexican medicine were a great eye-opening moment for me, and I will surely bring some of those learning experiences to my practice in Brazil.

The hospital itself was outstanding. It was all renovated, amazingly equipped and offered a lot of services and specialties. Compared to our some of our precarious hospitals in Brazil, which lack supplies and payment for the professionals, I couldn’t even believe Canseco was actually a public hospital in the first place. Unfortunately, I was told that not all public hospitals there are so well prepared like Canseco, as much as they hoped it would be.

Lastly, I would like to take a moment to encourage you to give the exchange of IFMSA a chance. Besides visiting amazing places (in my case, Cancun, Puerto Vallarta, Xilitla, Mexico City and my host town, Tampico), and getting new medical knowledge, you will make unforgettable memories and lifetime friends. As I like to say, I could compare my stay in Mexico to the birth of a baby I so happily assisted during my internship. I jumped right on this experience without even knowing how it would be, and I came home as a totally different and better person. Our world is so amazingly diverse, and we all should take a moment to admire how much beauty there is out there. So, get out of your comfort zone, and I guarantee you won’t regret it.
“How did you end up here in Larissa?”

That was the question I got asked the most during my clerkship in University Hospital of Larissa, Greece. Larissa is a small city, 4-hour bus or train ride away from the capital city, Athens. As it is a smaller city, people always asked me how I end up there, all the way from Indonesia. I bumped into Indonesians when I was in Santorini and Athens, because they are popular holiday destinations, but Larissa? I am pretty sure I was the only Indonesian in that town. But, in the end, “how” is not really important, what matters the most is that I am thankful I did.

Why?

I don’t know how to say this without giving an understatement, but first of all, Greece is a beautiful country. There’s a quote regarding Greece, “It takes a lifetime for someone to discover Greece, but it only takes an instant to fall in love with her.” I think it rings true. Honestly, the reason I chose Greece was because of the famous Santorini, but once I arrived in the country, there were a lot of other mesmerizing grounds to cover. It’s more than just the famous houses of Oia or the stones of the Acropolis. There are a lot of places to visit and things to explore, from indulging on its breathtaking beaches and mountains, to discovering the fascinating Greek ancient history. Greek culture is also very full of interesting music and dance, and famous heavenly delicacies (Gyros! Greek yogurt! Souvlaki! Moussaka!). And let’s not forget about the people. Greeks, both strangers and those I got to know personally, are some of the kindest, most helpful, and relaxed people I have ever met.

During the selection process, I prioritized on the department for my placement. It was important for me to have genuine interest in the field, because as much as I would like to travel, I would mostly spend my time at the hospital. I was thankfully assigned to my first choice of department: ophthalmology! My daily activities in the hospital included observing and examining patients in the clinic, as well as observing and/or assisting...
in clinical procedures and surgeries. All conversations in the hospital were carried out in Greek; therefore, I mostly waited until the doctors translated them to me. Sometimes, there were English-speaking patients, so I could take some history, too. Desired field combined with supporting surrounding—very engaging consultants, attentive residents, friendly nurses, compelling cases—talk about a perfect combination!

A credo I held during my exchange was work hard, play harder. My exchange is so much more memorable because of what happened outside the hospital walls. There were 13 other incomings at the time—from Bosnia, Hungary, South Korea, Japan, China, Italy, Mexico, Argentina, Paraguay, India and Germany—so, we were a big company. And the Greeks, too, they truly know how to have fun! From evenings over coffee or crepes to movie nights or fun parties on weekdays, and from pretty beaches to magnificent hills on weekends—we have bonded through them all. And I have to exclusively mention I was lucky to stay with the greatest hosts anyone could possibly have; the room they provided was lovely, but everything they did for me filled the whole space with the warmth of home.

Before coming to Greece, I thought the hardest part of an exchange was organizing documents while juggling with my final exam preparation; but after a month spent there, I know they only come second. The first one was bidding farewell to the home and family I have made there. When I said goodbye and hugged everyone on my last day, I was holding back tears. For me personally, there is nothing better than spending my last period as a medical student than to go on an exchange.

To close off, let’s go back to the question on how it was like to have spent time in Greece. I would always answer with “It was wonderful,” which it was, but it doesn’t feel like the word did the month justice. I tried very hard to come up with the right word to describe the whole thing, and although it took some time, I eventually did.

“It felt like home.”

After all that happened, Greece is a redefined word for me, it’s no longer just another foreign, faraway country I see in a map; it’s a home where I left a piece of me, just as much as I took a part of it with me forever.
General surgery in Sofia - Bulgaria: knowing the new

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Bulgaria is situated in south-east Europe in the eastern part of the Balkan Peninsula. It is a comparatively small country, with a total area of approximately 111,000 km². Despite being part of the European Union (EU) since 2007, the country still has its own currency, the Bulgarian lev.

Life expectancy at birth has been increasing in all EU countries and the same is happening in Bulgaria. Roughly half of total health expenditure is publicly financed and it has exceptionally high out-of-pocket payments (48%), the highest in the EU. Also 12% of the population lack insurance coverage. The revenue base for the Social Health Insurance (SHI) remains narrow due to low incomes, many uninsured individuals, and a large informal sector. Unmet needs for medical care access point and access problems across all income percentiles may happen also because of financial reasons. Some progress has been made in terms of governance and accountability. Given the wide range of challenges — an ageing society, revenue mobilization, professional migration and workforce shortages — the direction of recent reforms is encouraging, but these reforms need more time to become effective.

The internship at the general surgery department was at the Aleksandrovskaya Hospital in the capital Sofia, a public hospital with a high influx of patients. During the month of January it was possible to follow the logistics of the surgery area, the preoperative bureaucracy, the surgery itself, and also the postoperative care with the patient.

The routine was first started with the patient care, the scheduling the surgeries, followed by postoperative evaluation. Then, most of the time was devoted to general surgery, which involved the areas of thoracic, abdominal and mastology surgery, allowing contact with the most varied cases. This underscored the importance of linking clinical knowledge with the surgical stage, a unique opportunity to exponentially refine the clinical learning curve, improve surgical skills, and improve patient care delivery.

In addition to the experience in the surgical field, the exchange to such a different country showed the relevance of having open minds to explore the new, the unusual. Sofia is a city with many students from various parts of Europe, which contributed even more to the exchange of perspectives and cultures, knowledge of other political systems and to know the language variants of another language. The capital is also one of the oldest cities in Europe and it was the scene of numerous disputes in the past, which has made it historically very rich. Walking in the center of the city is fascinating, there are many monuments and old constructions, and doing this with a local resident is even better. It’s amazing how people know so much about the history of their country, an admirable love and knowledge.

The opportunity to experience new practical perspectives, the psychological maturity, self-confidence and independence provided by the exchange allowed me to increase my worldview. It went far beyond traveling from the Brazilian summer to the Bulgarian winter. This international mobility strengthened my pre-professional path and my personal development, becoming a unique experience of academic formation and a cultural adventure.

References:
First, let’s say that IFMSA as a whole is a life changing experience; but why can SCOPE be called the single, most life-changing committee of IFMSA?

Let’s break it down chronologically; When you’re a contact person, you get to know a person from across the globe, their culture, traditions and language, then you carry the responsibility of introducing them to yours, making sure you’re giving them a good orientation before they arrive to your country, and then, partially carry the responsibility of teaching them your culture, social norms and society in cooperation with the LEO/LORE; This teaches you the basics of intercultural tolerance, how to carry responsibility and how to properly introduce your country.

Now, if you’re a LEO, the situation is slightly different; you’re not a volunteer anymore, you’re officially responsible for your incoming students, their accommodation, boarding, social programs, paperwork and anything that may benefit/harm them; This responsibility is a burden any LEO will understand. You are 100% committed to helping your incomings & facilitating their stay, and being there for them for a whole month; You are also responsible for ensuring a smooth exchange process for your outgoings through AFs checking, database follow up, PDT and other stuff. If this can’t teach you how to be a responsible person, nothing will.

Now with being a NEO, feels like it is basically being the national “Minister”: you’re responsible for diplomacy with other NMOs, making your NMO a popular destination, signing bilateral contracts, voicing your NMO’s concerns in the GAs and working for its best interest, solving your students’ problems. A lot of work on a national scale that will teach you how to be a diplomatic, strict, flexible and responsible person.

Of course, if you are an exchange student, that is a completely different experience; You get to live a new life in a new country, see different cultures, new societies, try new food, listen to new music, see how healthcare system works abroad, get to understand global health in a real-life scale... it’s a life in a month!

Exchange is a life changing experience, no matter if you are a contact person, LEO/LORE, NEO/NORE or even an exchange student.
Once you enter scope, you are not leaving the same person.
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Health system reform and universal health coverage in Latin America

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In Latin America and the Caribbean (LAC), health-system reforms have produced a distinct approach to universal health coverage, underpinned by the principles of equity, solidarity, and collective action to overcome social inequalities. In most of the countries, government financing enabled the introduction of supply-side interventions to expand insurance coverage for uninsured citizens with defined and enlarged benefits packages and to scale up delivery of health services.

At the same time, countries have achieved improvements in health and well-being for all segments of the population: average life expectancy has risen significantly, more children live to see their first and fifth birthdays, and fewer mothers are dying from complications of childbirth. Nonetheless, health inequities persist between and within countries, and some health outcomes are still unacceptable, challenging health systems to develop innovative approaches that will improve responsiveness and address people's changing needs.

Universal health coverage (UHC) has been at the center of the global public health agenda in recent years. As one of the overarching goals of health systems, UHC provides countries a way forward to address unmet needs and health inequities.

A distinguishing feature of the health-system reforms in LAC was the strong focus on the development of comprehensive primary health care on the basis of Alma Ata principles as the platform of primary health care and the vehicle for achieving universal health coverage, reducing inequities, and democratising health through participation.

The improvements in mean level and equity for all countries for both indicators were achieved by increasing access to the poorest segments of the population. However, despite improvements, there is still opportunity for further improvements in all countries.

To appreciate the influence that the political landscape has on health service delivery in LAC, it is important to understand how it has changed over time. During the nineteenth century, charitable organizations provided health services to the majority of the population. The most notable progress in health outcomes took place in the mid-20th century after public sector investments in safe water and sanitation infrastructure, vector control, vaccinations, health promotion, and the expansion of education centers for physicians, nurses, and other medical professionals. In more recent times, Latin Americans have demanded more responsive health systems, compelling their countries' governments to explore reforms in order to advance UHC.

Efforts to improve system responsiveness include developing clear medical guidelines and standards, linking resources to incentives for providers, and implementing information systems that improve strategic decision-making.

Democratization, coupled with sustainable, equitable economic growth and broad social reforms, has improved living conditions and increased demand for better health care. In this environment, health emerged as a fundamental human right and, in turn, UHC as a means to make this right a reality. The LAC countries have also shown a tendency to perform better than expected, which can be partly attributed to sound public policies and increased public health expenditure. The region continues to show improved health outcomes and strengthening economies.

Despite progress, however, inequality remains high. To counter inequality, countries must maintain macroeconomic stability and adapt to changing demographics, which fuel demands for more comprehensive health coverage. The region must find ways to expand fiscal space for health. Slowing population growth is almost certain to continue and countries will progressively age. This trend will challenge the region to become more creative in expanding financial protection and health care coverage in a sustainable manner to deal concurrently with NCDs and infectious diseases.

It is our work, as part of the IFMSA and the future health-care professionals, to keep working in the reform of a friendlier health system, focused in primary healthcare, but overall, a system that moves towards UHC. This is the only way we can really advocate for the right of health, looking for not just attention but also quality.

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To appreciate the influence that the political landscape has on health service delivery in LAC, it is important to understand how it has changed over time. During the nineteenth century, charitable organizations provided health services to the majority of the population. The most notable progress in health outcomes took place in the mid-20th century after public sector investments in safe water and sanitation infrastructure, vector control, vaccinations, health promotion, and the expansion of education centers for physicians, nurses, and other medical professionals. In more recent times, Latin Americans have demanded more responsive health systems, compelling their countries’ governments to explore reforms in order to advance UHC. Efforts to improve system responsiveness include developing clear medical guidelines and standards, linking resources to incentives for providers, and implementing information systems that improve strategic decision-making.

Democratization, coupled with sustainable, equitable economic growth and broad social reforms, has improved living conditions and increased demand for better health care. In this environment, health emerged as a fundamental human right and, in turn, UHC as a means to make this right a reality. The LAC countries have also shown a tendency to perform better than expected, which can be partly attributed to sound public policies and increased public health expenditure. The region continues to show improved health outcomes and strengthening economies. Despite progress, however, inequality remains high. To counter inequality, countries must maintain macroeconomic stability and adapt to changing demographics, which fuel demands for more comprehensive health coverage. The region must find ways to expand fiscal space for health. Slowing population growth is almost certain to continue and countries will progressively age. This trend will challenge the region to become more creative in expanding financial protection and health care coverage in a sustainable manner to deal concurrently with NCDs and infectious diseases.

It is our work, as part of the IFMSA and the future healthcare professionals to keep working in the reform of a friendlier health system, focused in primary healthcare, but overall, a system that moves towards UHC. This is the only way we can really advocate for the right of health, looking for not just attention but also quality.
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Substance abuse, shield of knowledge with researches

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In 2018, 48% of women are illiterate, 25% of children are out of school, and 11% of schools are destroyed or used for other purposes in Yemen. Moreover, 79% of the population is poor compared to 49% in 2017, GDP per capita has declined 61% in the last three years. Less than 50% of health facilities are functioning, 18% of districts have no doctors, 56% of the population - 16 million people - do not have regular access to basic health care. (1) All of this in addition to, or a byproduct of the recent political crisis that damaged the infrastructures of all the country sectors especially the health sector. This leads to many diseases, epidemics and public health problems spread in the community, which could otherwise be prevented with proper knowledge and education. The high percentage of illiteracy increases the challenge and the responsibility for us as medical students to raise the awareness of the community.

One of the most important public health problems that could be prevented with proper knowledge is Substance abuse. According to World Health Organization it refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. (2) The extreme danger of substance abuse become increasingly clear when one considers substance abuse death trends from around the world. The UNODC (United Nations Office on Drugs and Crime) maintains statistics on drug-related deaths by region, in North America, the number of drug-related deaths was 47,813 and the estimated mortality rate per million people is 155.8, Asian nations had between 16,125 and 118,443 estimated deaths, with the mortality rate per million people ranging from 5.8 to 42.4. (3) Globally, substance use of products such as alcohol, cigarette, and khat leaves (Catha edulis) has become a major public health concern with accompanying socio-economic problems. Studies show that substance use, particularly in developing countries, has dramatically increased. (4) We believe this shows substance abuse to be a significant public health issue that we need to shine a light to in Yemen.

A study was carried out with 456 students from Hadhramout University by medical students in 2017 as a community medicine project. The respondents answered a self-administered, pre-tested questionnaire, aiming to assess the prevalence of substance abuse among them. The substances that was included in the study ranges from medical drugs (Analgesics, Antibiotics, Hypnotics and sedatives, Steroids, Antidepressant, NSAID, Stimulants) to social substances (Cannabis, Tobacco, Cigarettes, Khat and Alcohol). The study sample included students from 18 to 29 years of age, the major age group was 22-25 year (81.1%). The data we gathered showed that substance abuse prevalence rate reached 78.7%, with 47.6% recognized as real substance abuser as they used the substance once or more per month. Painkillers and antibiotics had
the highest rate of the abuse with 86.1% of respondents reporting painkiller misuse and 57.1% reporting antibiotic misuse. Other than that, the data revealed that the “lack of knowledge about the risk of the substance” and “seeking for medical care” were the highest factors that originally led to the abuse.

The results of the study revealed that there was a really serious public health problem concerning substance abuse especially in the case antibiotics of antibiotics, though in most circles, it is linked more to concerns about antimicrobial resistance. This gave us - as a medical student - a great responsibility as the study shows that the main factor that lead to substance abuse is “lack of knowledge about the risk” which for the most part confirms that the main cause of this particular public health problem is lack of the proper knowledge.

Therefore, knowledge should be considered as a cornerstone of our fight to control the spread of, not only substance abuse, but also of any public health issue that threatens the community. Based on this study as well, it is my opinion that to be able to deliver the proper knowledge to a certain community and to achieve the maximum level of awareness, it may be beneficial to conduct a different public health study which should help us determine the priorities and relevant public health issue statistics that could assist us in coming up with solutions for these issues. After that - as medical students - we have to conduct campaigns and activities that focuses on the aspect of awareness, creating the shield of knowledge that protect the community with the guidance of researches. Furthermore, it will contribute at the end to achieve the prevention, which is the main goal of public health.

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About Suicide: It is Not Nonsense

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In recent years, the growth of suicide rates in Brazil and in the world demonstrates the need to develop activities that aim to discuss the issue. In Brazil, the World Health Organization (WHO) shows that 24 people commit suicide in the country daily (1). A national study pointed out that the northeast region recorded the highest percentage increase in the rate of suicides in the period of 2000-2012. Although still below the national average, the suicide rate in the region jumped from 3.0/100,000 inhabitants in 2000 to 5.2/100,000 inhabitants in 2012 (2). The second most populous state in the northeast, Pernambuco has one of the lowest rates of suicide in the country, with 3.43 deaths per 100,000 inhabitants. However, it is notorious that the cities of the interior of the state present rates higher than the national and state averages. An example of this is the city of Serra Talhada, which in 2013 registered a suicide rate of 7.22 deaths per 100,000 people (3). It should be noted that medical professionals are one of the most susceptible groups due to all the adversities experienced in their professional practice, which also highlights the need for an academic intervention. In addition, it also highlights the importance of both students and the general population to know how to deal with people who suggest suicidal ideation.

Considering all these aspects, the IFMSA Brazil UPE-ST Committee carried out interactive activities for the dissemination of information about suicide through 39 medical students (41% of the total of the university students), who were previously trained, in one of the busiest public points in the municipality of Serra Talhada / PE. The campaign...
entitled “#NãoÉDrama” (“#ItsNotNosense”) was widely publicized and counted on the support of the Serra Talhada campus of the University of Pernambuco, the Course’s Student Center and the City Hall.

The action took place on September 22, 2017, during the national suicide awareness month, and was divided into several activities. Around 350-400 people were directly impacted by the execution of the activity. This resulted in several activities promoted during the event, including Hug Stops - people passing through the square were approached by a couple of students passing information about suicide, like epidemiology, prevention and approach, handing out an information booklet and offering hugs -; the practice of Yoga - performed in the space of the square by a specialized professional of the practice, aiming at relaxation of the participants -; and the Motivational Circle - the organizers were arranged in a semicircle, with the participants of the action passing through each of them for moments of inspiring and motivational conversations -.

Among the participants who answered the evaluation questionnaires of the event, 96.5% considered it effective in transmitting knowledge about suicide and more than 90% considered it satisfactory. When questioned about the level of prior knowledge about the topic, 21.1% thought they had a lot of knowledge, while another 36.8% said they had little knowledge. In the end, 91.2% of the participants who answered the questionnaire said they were interested in learning more about the topic and were motivated to pass on this knowledge to the community.

In an unprecedented way, different organizations were gathered within the university to promote a suicide prevention activity in the community. Thus, through this it was possible to perceive the effectiveness of the action both in stimulating the interaction of medical students with each other and with the population. The articulation of different classes in favor of a single objective allowed the students to overcome the classrooms’ barriers and could act in the dissemination of the knowledge about suicide. They could also realize that caring is not only about treating illnesses, but also offering psychological and emotional support, perceiving the other in a more holistic way.

It is believed that the campaign was successful concerning the promotion of an effective relationship between strangers, in addition to stimulating participants’ self-esteem through the use of motivational phrases. During these moments, it was possible to observe people expressing emotions and sharing experiences related to the point in question. This moment offered by the event allowed the extravasations of the participants’ internal illnesses, that alleviated their anguish and had their suffering softened.

Therefore, we believe that actions like these are capable of teaching lessons that are not suited to learning within the classroom. Thus, such interventions should be encouraged more frequently in professional education in order to encourage the ability to perceive the needs that are not present in books.

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Antimicrobial Resistance: It’s Time to Fight!

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How many times do you prescribe an antibiotic for yourself? How many times do you share your leftover antibiotics with your sick friend? How many times do you get antibiotics over the counter, recommended by your pharmacist?

These antibiotics represent an integral component in modern medicine through saving millions of lives from former deadly infections and sharing in the success of major surgeries as organ transplants and chemotherapies. Now, we live in fear of bacteria, which are rapidly developing resistance to them. This has led to over 700,000 deaths worldwide, spurting us onto a post-antibiotic era, where minor infections can once again kill. In addition, the access and ability to pay for expensive second-line antibiotics to treat resistant bacteria has become an escalating economic burden.

There’s a threatening lack of research and data on antimicrobial resistance in many parts of the world, especially from countries like Egypt where over-the-counter antibiotic use is common. Nevertheless, a study conducted in Minya District, Egypt, reported that most of its respondents saw patient self-medication as the prime driver of antibiotic overuse. About 21% of its contributing physicians reported that patient over-the-counter access is what mainly led them to prescribe unnecessary antibiotics.

In the Eastern-Mediterranean Region (EMR), the overall level of awareness on antibiotics use is also low. A study in Saudi Arabia confirmed that 64% of its participants have purchased antibiotics without a prescription from pharmacies, and 72% described that they did not finish the antibiotic course once they felt better. In Jordan, 87% of the study participants listed viral diseases as an indication for antibiotics.

How can we kill this global health threat before it kills us?

Two words: Behavioral Change.

Social and cultural norms influence human behaviors such as prescribing, purchasing, consuming, and sharing antibiotics. Here comes the role of medical students, as public health advocates, to improve awareness and understanding of antimicrobial resistance.

We can also promote new behaviors to decrease the spread of infections through hand hygiene, food safety and vaccinations.

As SCOPH Regional Assistant for the EMR, I have seen the accelerating rates of antibiotics misuse within the region. The recent outbreak of wars and political conflicts also provoked the re-emergence of infectious diseases in need of effective antibiotics. Hence, I was inspired to start a Small Working Group on antimicrobial resistance to create an advocacy toolkit specific to EMR. It aims to empower medical students with the knowledge and skill to plan their own activities on antibiotic resistance and target all levels of the society including the general public, health professionals, and policy makers. The toolkit intends to prove that targeted education can translate into cultural change among individuals. Proposing a national policy that would require a patient to receive a physician’s prescription to obtain antibiotics is an example of how policy makers can be addressed.

Not only do resistant bacteria arise in humans, there’s also a widespread dissemination of resistant bacteria and genes in the environment and food systems. Thus, advocacy must be in line with the One Health approach, through promoting biosecurity measures and use of vaccines in animals to decrease the use of antibiotics in the agricultural sector.

From 70,000 to 10 million deaths by 2050, that’s how catastrophic the impact of antimicrobial resistance is expected to reach. That’s why it should be given first priority, and that’s how we plan to competently tackle it.

Omnia El Omrani.

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Finding HEMO: establishing a virtual student-run BLOOD BANK

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NEMO is battling between the two worlds and is about to get lost completely because he cannot find his way back home in good health. But in order to save NEMO from getting lost, we have to be ‘Finding HEMO’ on our way there. Imagine, if you could donate blood and help life at the same time.

Plenty of patients die each day due to lack of available blood for transfusion, especially in countries like Pakistan, where terror attacks and trauma cases are an occasional emergency, coupled with the prevalence of blood disorders like thalassemia & hemophilia. For us, the quest for blood donation is always necessary.

In such circumstances, the families of the patients and the hospital resources struggle for each unit of blood. This is where IFMSA-Pakistan wishes to play a pivotal role, providing the ones in difficulty with an easy and efficient way of getting in contact with a blood donor, just by a click or phone call away.

Hence, on World Blood Donation Day, the 14th June 2017, IFMSA-Pakistan launched our Nationwide IF-MSA-Pakistan Blood Bank under the slogan of “Wear your Heart on your sleeve. Donate Blood”. Thus, by using the established network of IFMSA-Pakistan across medical colleges in all 4 provinces of the country, we worked towards making the task of finding a blood donor an easy one.

A National Working Group (NWG) was established, under which Local Working Groups (LWGs) were to be developed in each member college of IFMSA-Pakistan. To suit this purpose, the LMDC-Local Council started a project between the 19th and 22nd February 2018, which continues to this date.

The project aimed at spreading awareness regarding blood donation and setting the first chapter of the blood bank according to the national guidelines, so that it serves as a model for other colleges to follow.

The project had multiple areas of activity. It aimed at creating a Blood Donor Database for which google forms were used for social media circulation and Blood Donation Sign up Booths were set up around campus.

Students were informed on how to get their blood group tested and those new to blood donation were counselled. Five to ten


minutes motivation talks were also carried out in classrooms with the assistance of the Pathology Department.

Posters were put up on campus and in affiliated hospitals to spread awareness about the causes and the type of blood disorders like Thalassemia and Hemophilia as well as about the factors that predispose an individual to blood disorders.

In order to meet Blood Donor Demand, contact advertisement posters were placed around the attached medical school hospital and campus. All social media forms were used for broadcasting purposes.

Simultaneously, fundraising through a bake sale was also carried out and raised 60,000 Pakistani rupees. These funds are to be channeled towards strengthening the blood donation network by developing a blood bank app, in order to achieve better patient healthcare.

Evaluation of the project was done via sticky feedback notes on the assigned College Bulletin Board for the Blood Bank and through social media comments.

The project is an ongoing one. The database is updated every four nights and a record is kept on the number of blood donations. The Donor Database has a capacity of over 400 and has been linked to Microsoft Excel for access and search. The Blood Bank enjoys an operational status and is meeting blood donor demands efficiently. Our statistical records show an average of two donations per week. When a blood request is made, the assigned representative checks the database and sends out a text message to all the blood donors. If the blood donor is willing, he/she is called, the details are shared and is then connected with the person who filed in the request. In a few cases, where transport is a hurdle, free rides have also been arranged to assist blood donors.

In the future, we aim at creating Blood Donation Awareness videos to motivate more volunteers and we are in the process of developing an application, to be made available on web, Appstore and Play store by the name ‘Finding Blood – help Life, find itself back’. The introduction of this app will help to eradicate the barriers we face in the blood donor demand chain and will also result in more signups. Who knows where this project can take us? From carving our way to a national campaign, we may lead to create an international network.

Power and Control: How We Get Ahead of Mosquito-Borne Diseases

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Located in the center of the Great Antilles, the Dominican Republic (DR) is a middle-income country that shares the Island of Hispaniola with the Republic of Haiti. Many Dominicans live in marginalized communities with poor conditions. They regularly encounter limitations to meet basic needs, including access and availability of health care services, proper education and availability of water. Since some communities receive water once or twice per week, they must store water in tanks and buckets. Inadequate management of these water containers can facilitate environmental conditions that can lead to mosquito-breeding sites. Since Aedes aegypti is the primary vector of zika, chikungunya, yellow fever, and dengue fever, community adherence to recommended dengue prevention and control measures is essential (1).

In light of this issue, ODEM-Dominican Republic members of the Standing Committee on Public Health (SCOPH) organized the health campaign, “One Last Enemy: Aedes”, at the Dr. Moscoso Puello Hospital in Santo Domingo. They designed educational posters, which offered basic information about the Aedes mosquito vector, mosquito-biting patterns, mosquito-transmitted diseases, and recommended prevention strategies. ODEM members emphasized the importance of identifying mosquito-breeding sites that often remain unnoticed, such as fish tanks, flower vases, and water tanks. Audience members included health care workers, medical students, and families.
Significant work must be done to limit the propagation of arboviruses. Since no specific treatment exists for zika, dengue, or chikungunya viruses, the most cost-effective approach is prevention. First, environmental management incorporates attention to control of the water supply. The constant monitoring of water reservoirs, allows for the controlling of sanitation, hygiene, and overall care for the areas within close proximity to where water is lodged or stored. Hence, the reduction of the breeding sites incidence rates for vector-borne diseases are achieved. Second, chemical control includes the use of pesticides to cease mosquito reproduction and viral dissemination. However, some of the challenges with the use of pesticides include air pollution and mosquito resistance to the pesticide, so this approach needs to be used in moderation. Third, public health education about the mosquito vector and associated diseases can empower communities to take action and prevent mosquito breeding sites (2).

Moreover, Integrated Vector Management (IVM) was developed by the World Health Organization (WHO), initiating a bond between multiple organizations to implement prevention programs that were efficient, cost effective, sustainable, and pollution free (3). This tactic utilizes many forms of interventions, including education about the vector and vector-borne diseases in communities to social empowerment and collaborations with health facilities. Thus, community members and health planners can work in conjunction to provide behavioral change strategies that benefit the reduction of vector-borne diseases transmission.

As ODEM members, we should continue to coordinate essential community-based health campaigns that educate community members on infectious and chronic disease concerns. Simple actions to reduce mosquito-breeding sites, such as maintaining common hygiene practices and coordinating community clean-up campaigns, are important first steps to begin dengue prevention and control efforts. As medical students, we can empower our community, motivating community members to have an active role in their physical and psychosocial health. By promoting appropriate behaviors to reduce presence of mosquito-breeding sites, we can create a new culture for generations that emphasizes prevention measures.

References

Prevention Strategies for Preterm Births in the Dominican Republic

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“A mother’s arms are made of tenderness and children sleep soundly in them” – Victor Hugo

The World Health Organization (WHO) has reported that an estimated 15 million preterm births (<37 gestation weeks) occur annually (1), which can increase risk of birth complications, congenital malformations, and developmental disabilities (e.g., growth, learning, visual, hearing). It may also increase risk of maternal complications related to maternal anemia, tobacco and other drug consumption, hypertension, diabetes, and lack of prenatal care (2). Although high-income countries have demonstrated sufficient resources to minimize child mortality rates with the correct strategies to prevent diseases, low-income countries with high rates of social and economic inequalities have experienced a greater burden of child mortality. These limitations in cost-effective healthcare service de-
livery include minimal breastfeeding support, limited educational programs for pregnant women, and inappropriate infection control practices before and after the delivery process.

In 2014, the National Committee of Statistics in the Dominican Republic (DR) estimated that 2.5% of children born die before reaching 28 days of life, where 80% of these deaths would have been preventable with high-quality prenatal care and timely maternal assistance. Main causes of mortality include bacterial sepsis, respiratory distress syndrome of the newborn, and prematurity. This is a high number in relation with other countries in Latin America and the Caribbean, which represent 0.9% preterm live births who die in the neonatal period of life (3).

As a response to the high maternal and neonatal mortality rates and reduced exclusive maternal breastfeeding rates as a result of the inequality, limited prenatal care in the DR, the United Nations International Children’s Emergency Fund (UNICEF), the DR Ministry of Public Health and the National Health Service implemented the project “Baby Friendly Hospital” (“Hospital Amigo del Bebé” in Spanish), in different DR public and private health centers. This effort consists of the continuous improvement of the quality of care for all mothers and their babies during pregnancy, delivery, and postpartum periods. Medical staff work to prevent neonatal mortality by promoting six strategies: 1) quality in prenatal care; 2) attention to the mother in the health center; 3) hygienic practices during the newborn delivery; 4) exclusive breastfeeding and early mother-baby attachment; 5) infection control in the health center and home; and 6) confirmation of birth registration prior to hospital discharge (3). In this way, the government, health system and future families free the economic and psychological myth that implies that a preterm child requires more expensive care.

As a requirement for public or private health centers to be part of the “Baby Friendly Hospital” program, they must demonstrate other requisites and effective programs that support maternal and child health. It must also obtain the approval of the different DR health organizations and apply the introduction of new quality standards in healthcare such as helping babies breathe. Some examples include: 1) Kangaroo mum program, which teaches mothers of premature and low birth weight baby techniques to keep children’s bodies warm and alive without the incubator, and also how to breastfeed; 2) reduction of vertical transmission of HIV and congenital syphilis, which increase the psychological, economic and social burden for families; 3) strengthening the first level of care by adopting National Preventive Medicine Programs for diseases such as diabetes, hypertension and tuberculosis; 4) strengthening the reference system in complicated cases to a specialized health center; and 5) incorporation of the obstetric and pediatric nurse as a human resource in health and neonatal screening and monitoring of babies under special conditions (3).

As medical students and future health professionals, we serve important roles as medical staff in our national health systems. By understanding the infrastructure of our health systems, our basic and clinical science training will help us promote the use of clinical guidelines as a framework for our clinical and community initiatives. With a globalized vision of medicine as IFMSA members, we can contribute to reduce neonatal mortality rates by organizing local and national health campaigns. One example is participation in the International World Prematurity Day on November 17, to promote best practices in newborn and mother care such as proper nutrition for pregnant women, high-quality prenatal care, and communication with healthcare providers (4). Hence, IFMSA members can learn the value of health promotion and prevention in health care service delivery, aiming to decrease the incidence of maternal and neonatal mortality.

References
UHC in India

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The Fundamental Rights are defined as basic human rights of all citizens. These rights, defined in Part III of the Constitution, are applied irrespective of race, place of birth, religion, caste, creed, or gender. Universal Health Coverage was declared as a Fundamental Human Right according to the Health For All agenda by The Alma Ata conference in 1978 and yet, at least half of the world’s population does not have full coverage of essential health services.

This World Health Day ’18, the students of MSAI India, decided to explore the World Health Organization’s theme for this year: Universal Health Coverage or Health for All. On this momentous occasion, students all over India were a part of SCOPHIndia’s comprehensive National Event, ‘A look at UHC’! Many were not aware of the fact that, The Bhore Committee in India was the pioneer for suggesting a three tier system for Health Care, back in 1943-6. After which it was adopted by Member countries of the WHO. Currently, only 20-25% of India’s population is covered under a public/private health insurance scheme. Since the launch of the National Rural Health Mission in 2005 and the Rashtriya Swasthya Beema Yojana in 2008, the out of pocket expenditure on healthcare in India has been reduced but still remains one of the highest in the world. Budget reallocations as well as efforts for better Healthcare in India exist, but are negated by the massive population explosion.

The Government’s latest effort is termed as the world’s largest government funded healthcare programme, and it would take healthcare protection to a new aspirational level. The health care plan, part of the government’s 2018-19 budget presented, would offer 100 million families up to 500,000 rupees, or about $7,860, of coverage each year. Also discussed was the difference between equity and equality, as was accurately framed by a student, “We cannot generalize health care, it’s very specific for people and should follow the policy of, ‘Something for all and more for those who need it the most.’ UHC does not only include individual treatment services; it also includes population based services such as Public Health campaigns, adding fluoride to water, and controlling mosquito breeding grounds and so on. We concluded our discussion with practical inputs regarding our role as future Health Professionals. How we, can make progress towards UHC. The following are the results we found:

1. Focus on Prevention: Cardiovascular diseases, cancer, chronic respiratory diseases and diabetes are the largest contributors to morbidity and mortality in the country. We, at SCOPH India, strongly believe that ‘Treatment without prevention is simple unsustainable’. Our activities largely target this aspect of Health Care.
2. Better financing: More money for health but also more health for the money. Efficient budget allocation, stringent monitoring and establishment of accountability mechanisms are indispensable for UHC implementation.
3. Unity in Diversity: As the many states in India are at varying levels of development, the UHC vision for the country needs to be cognizant of these diversities. Also inter-state coordination and ‘learning by example’ would help us accomplish this mammoth task.
4. Public-Private Partnership (PPP): This aspect of the NHP was widely intercepted as a topic of debate in the recent past, but has since been accepted as a short term measure to fill critical gaps in the health system. Boon or bane, it remains the best business model in the Indian Healthcare Sector!

At the end of this discussion, we stressed on the fact that Universal Health Coverage is not an absolutely free healthcare plan, as that is neither free, feasible, nor is it sustainable in the long run. It should ideally cover at least primary healthcare. ‘Strengthen the PHC, on the road to UHC’.
INTRODUCTION
The BMT (Bone Marrow Transplant) is a procedure that can restore a previously ill recipient's bone marrow function. [1] The donor cells can come from the bone marrow itself, circulating blood or the umbilical cord. [2] The recipient’s major issues are the small chances of compatibility with the donor’s cells and the shy numbers of registered donors. [3] Chances vary from 1 in 100,000 to 1 in 1 million. [4] A research held in Porto Alegre concluded that most of the interviewed people did not know how the REDOME (National Register of Bone Marrow Donors) registration process worked. [5]

Inspired to solve these problems, the action “Heroes of The Bone Marrow” brought information to medical graduate students in UFPB (Federal University of Paraíba), instigating them to register and heighten the number of possible donors as its primary objective. Later, the students were taken to the blood center to complete the registration process.

The specific objectives were to enlighten the donation and transplantation process, stimulate possible donors to actually donate, expose the humanitarian benefits of donating, stimulate the diffusion of knowledge about BMT in the general population and to bring relevance to diseases that are treated with BMT.

METHODOLOGY
This is a cross-sectional, quantitative study with the application of an evaluative questionnaire on the degree of knowledge about bone marrow donation of the UFPB medical students. The sample included students from 1st to 7th period of medicine and as inclusion criteria, any student present in class during the awareness campaign. The use of the questionnaire, held between April 23th and 27th after an explanation of the action “Bone Marrow Heroes” in the classrooms of the mentioned periods, obtained voluntary participation of the audience through Informed Consent. The identities of the participants were preserved. The collected data was analyzed through the Microsoft Excel 2013 program by researchers and an advisor.

RESULTS
Out of the 382 medical students approached in the UFPB, 166 new registrations were made to REDOME, establishing a proportion of 43.45%, well above the 5% indicated by the WHO. There was a weekly increase of over 400% and a 65.09% monthly increase membership during the action, with 39.05% coming directly from the campaign. Among students at the center, 70.9% previously thought about donating; 80.81% had never been exposed to an action to encourage donation; 81.4% did not know REDOME; 62.79% believed that the process would be painful; 31.97% thought that more than 5 ml blood would be needed; 27.32% believed that hospital admission would be mandatory; 36.04% believed that the puncture was done in the vertebral column; 12.79% thought that donated bone marrow was not replaced and that the process carried risks associated with paraplegia.

DISCUSSION
The naturally altruistic medical student will be a physician, an information disseminator, or perhaps a Public Health manager. Moreover, the results further reinforce not only the potential, but also the need for them to be aware of bone marrow donation. Despite being medical students, some of them still needed to be demystified. Besides, most of them were stating that they knew about it, but they confused bone marrow with spinal fluid, and still, they misunderstood the process of bone marrow bank’s registration, thinking large amounts of blood were necessary.

The potential was that it was an audience that already contemplated the idea of registering to the bank, but that only a few were actually registered. Furthermore, many of them have never been exposed to bone marrow cam-
campaigns, almost the same amount of people who did not know about REDOME. Therefore, campaigns are scarce and necessary, giving the impression that the only problem was lack of information. The number of effectively registered medical students prove the effectiveness of the campaign. The synergy between the action and the target audience was enough to produce in just five days, with very little resources, a significant impact in a state-level hemocenter with adhesions to a single medical college.

CONCLUSION

BMT remains a partially or totally unknown process to society in general and among medical undergraduates it was no different. The Bone Marrow Heroes campaign promoted a change to this scenario, not only bringing information and consciousness to medical students, but also to society through TV media. The action was well received by it’s target public, and there was significant participation in every stage. Given the current demand for bone marrow donators throughout the national territory, the use of similar actions in other municipalities or states is necessary and feasible, through cooperation with society, state and reference institutions.

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Everything is going to be Fine
Don’t Stress out, screams our brain each day

Do you go to a gym? Physical health has gained an enormous importance these days which often overshadow mental health. Every other person works on their biceps but, what about mental health? Each and every being in the 21st century is prey to acute or chronic stress. The biological reason behind stress is simple and clear, the increase in sympathetic stimulation elicits the flight, fight, and fright response which are detrimental to our health in the long run. According to a much simpler definition, stress is the inability of an individual to be able to perform a task that they desire to accomplish, it could be completing a simple biology project, or even contesting the presidential elections.

Stress is a double edged sword, but a vast majority of the population is never able to reap the benefits of the positive half and neither do they realize the deleterious effect of the negative half. Having some control over the negative edge could boost our pro-
ductivity and satiety to an enormous extent. It is not about eradicating stress from its roots but just working on it to focus on the positive aspects. Situations could be stressful depending on the manner in which you perceive and tackle them. Could we tackle this malady without antipsychotics and sedatives? Several life skills and daily practices could help us convert negative stress to positive stress.

Meditation, it is the undisputed activity that improves mental health. During meditation you have to let your thoughts flow like water initially and later on learn to empty your mind. After which, the act of feeling your organs and blood flowing through your body will connect you in a deeper level to your body. When the framework of neuroplasticity is applied to meditation, the mental training of meditation is fundamentally no different than other forms of skill acquisition that can induce plastic changes in the brain. Such changes include alterations in patterns of brain function assessed with functional magnetic resonance imaging (fMRI), changes in the cortical evoked response to visual stimuli that reflect the impact of meditation on attention, and alterations in amplitude and synchrony of high frequency oscillations that probably play an important role in connectivity among widespread circuitry in the brain. These changes help to reduce stress related anxiety, depression and panic attacks. Performing meditation daily help you connect and chat with yourself in this era of social media and internet where people have forgotten to spend time with themselves.

Positive mindset, is one of the most canvassed life skill. Can you imagine just perceiving a stressor stimuli in a positive manner could prevent you from dying earlier in the long run.

“No matter how bad it is or how bad it gets, I am going to make it” – Les Brown

Repeating this statement in your head every time you are stressed out could cool down the erupting volcanoes inside. No lengthy paragraphs or prayers but repeating the aforementioned quote would help you gain confidence and assurance. There are no mountains so steep that we can’t conquer. If we looked at each task on hand as an opportunity, there would be a rocketing increase in the performance. Moreover worrying about any task you failed to accomplish would not make it any better. Having faith that everything that happens is a lesson which was much needed in your life would provide reassurance. Everything happens for a reason and you will realize the importance of all the ups and downs in your rollercoaster ride only once it’s over. So never worry or stop your journey and let the momentum help you roll ahead in life.

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The mind is always on the run. Chasing one thought after another. Bringing storms of emotions to rock the boat that is life. But it is in our control. It is our power.

Depression, is when you lose that power. A state of mindlessness. When what you think is beyond your control. You feel powerless. You feel fatigued. You feel lost.

However, these feelings, or the lack thereof, is far from the worst attribute of this monster. Depression creeps up on you without warning. It spreads its trap and, before you know it, you are stuck. When you do, it may be too late.

But there is a saviour. And that could be you. Look around you and try to save those falling prey to this silent disease. Look for the signs and you could very well save someone’s life. But what is it, you ask, that you are searching for?

See their mind. Racing. And out of control. A blur of ideas and emotions that makes thinking impossible. The mind is exhausted, overthinking every detail. This state of mindlessness makes one anxious and uncertain.

See their body. So frail and tired. Finding it impossible to leave the safety of their bed. This fatigued body fears taking on the days challenges. So they cower in the safety of their homes, resting for hours and finding no respite.

According to the World Health Organization (WHO), an estimated 350 million people suffer from depression globally. This is more prevalent in the age group of 18-25 and the disorder manifests itself in various forms in different individuals. However, in all the affected individuals, it is a given that the normal way of life is altered and in severe cases, even the will to live. The simplest and most effective step to reduce the cases of depression worldwide, is to recognise it at an early stage and receive treatment. However, self-diagnosis is very difficult.

Hence every individual can play a crucial role in this case and help recognise the signs of depression. By being open to talk to a person or by hearing someone out, you could help them identify if they’re suffering from this disorder. By talking to them and supporting them, you can save them from what they fear the most – feeling alone.
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But there is a saviour. And that could be you. Look around you and try to save those falling prey to this silent disease. Look for the signs and you could very well save someone's life. But what is it, you ask, that you are searching for?

See their eyes. Shining bright at first sight. Slowly the dullness speaks for itself. They are tired. Tired of the long, sleepless nights. Pining for the dreams that they used to have and longing to light up, on catching a favourable sight. These eyes, so tired of dripping with tears uncalled for, silently asking to be understood.

See their lips. Quivering. These lips that once were the gateway to their profound thoughts, now tremble at every attempt. Silent, yet screaming for help. All they wish for is to be heard.

See their mind. Racing. And out of control. A blur of ideas and emotions that makes thinking impossible. The mind is exhausted, overthinking every detail. This state of mindlessness makes one anxious and uncertain.

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Girl’s Everyday Fight

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A recent study by the United Nations Entity for Gender Equality and the Empowerment of Women-Egypt shows that 99.3% of Egyptian women have experienced some form of sexual harassment during their life. Amongst forms of sexual harassment, the study indicates that 96.5% of the women involved in their survey reported that the harassment they were exposed to came in the form of touching, which was the most common manifestation of sexual harassment. Verbal sexual harassment had the second-highest ratio. *

For many Egyptian women, sexual harassment - which sometimes turns into violent mob-style attacks - is a daily fact of life. **

The problem has 3 poles: First: Males who cause the problem often deny there is such a thing called harassment in the society. Some others think it is not harmful. Second: Girls feel unprotected and lack the skills nor the self-confidence required to deal with such situations. Third: Schools and universities are not safe. Most students - who are the most exposed segment to harassment - witness, experience, and even perpetrate the harassment, but rarely have the opportunity to talk about it, learn how to handle it, or brainstorm possible actions to end it. When a person chooses to be non-responsive in a harassment situation, it may not necessarily mean that the behavior was not offensive. A lot of people react that way because they don’t think they have much better alternatives.

So we in Mansoura, a Local Committee of IFMSA-Egypt, decided to work on the second pole which is girls’ awareness, self-esteem and self-defense skills. First of all, we started by online and physical campaigns to raise the university and School girls’ awareness on what harassment is, how to deal with it and what the consequences of harassment according to the Egyptian law are. We reached more than 300 girls in the physical campaigns and almost 10K in the online campaign.

Secondly, we organized condensed sessions for girls on how to deal with harassment safely, called “Wen-Do”, which is a form of self-defense art for women. Wen-Do focuses on scenarios often experienced by women; including sexual assaults, domestic violence, all the way up to rape. Classes do not involve any physical contact unless a participant is ready and willing to. The system also encompasses feminism and empowering discussion about issues facing women and violence in contemporary society.

Thirdly, one important face of empowerment is dealing with the stress that follows harassment. So we started a support group for girls. It was amazing and very useful for the participants despite of their diverse experiences.

All this motivated us to take a bigger step. We went to a charity association in a simple village near our city, named Shrenqash, where we organized a mass Wen-Do class with 90 preparatory school girls participating, and together, we put solutions to the harassment situations facing them in their daily life.

After the tremendous impact of what we did in Shrenqash, we thought: ‘what else can we do’? Of course we must direct the effort back to our university fellows. So, we organized a mega event for girls in the University including Zumba dances and Wen-Do classes for empowerment, called Igmad, which means “Be Strong!” in Co-operation with the German embassy in Cairo and the University presidency. The event was outstanding and attracted more than 300 university girls to participate.

Even with all this impact, I still believe there is much more we need to do to eliminate this endemic disease from our nation and the world, but I also believe this will not happen except by true empowerment and courage.
Therefore, I’m calling every female fighter in Egypt and all around the world to believe in herself and her abilities to defend herself, her body and her dignity against anyone who thinks they can treat her with inferiority or sexism. Our efforts were just an initiative. We will continue, but we’d love to have you onboard!

*http://www.stopstreetharassment.org/2013/04/99-of-egyptianwomen/
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Women and Crime

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CRIME! CRIME! CRIME! THERE IS NO DEADLINE

Nowadays, two words: women and crime, go hand in hand as we come across many incidents of increasing crimes against women. Every 54 minute, a rape is committed; every 26 minutes, a woman is being molested and every 7 minutes, a criminal offence against women take place. 1 out of 3 women are sexually harassed and 38% of women face sexual harassment in the workplace. There has been a 51% rise in sexual harassment during 2014-2015. 70% of working women don’t even report sexual harassment in India, and the bitter truth is that it can be done not only at workplace but even in the four walls, public areas, online on social media etc. Young girls are not the only victims of these heinous crimes. Six month old babies and 80 year old women can suffer from these horrendous acts as well. So, are our daughters safe anywhere, at any age? The answer is no, not even in their castles and not even in their cradles. Why is the situation worsening day by day instead of improving, even after so many provisions in place? Where are we failing? Although so many acts and laws have been framed, this immoral act is still not coming to an end.

Sexual harassment is not the only torment; many other vengeful acts take place against women. If a woman spurns sexual advances, rejects a marriage proposal, or refuses a dowry, then revenge is taken by attacking them with acid. Acid attack is an intentional act of throwing acid on to the victim to take revenge and to torture them. Acid throwing is also known as vitiolage. Sulfuric and nitric acid are the most common types of acid used in these attacks, causing excruciating pain and terror. It also melts human flesh, even bones and leaves the victims scarred for the rest of their lives. Acid attacks lead to physical, psychological, social and economic consequences for the victim. Acid attack is now turning into a global problem as it is rising at an alarming rate, but strict rules and norms can change the scenario. After the case of Lakshmi, Supreme Court has banned the sale of acid which is also called TEZAB.

As far as my understanding goes, this is the impact of the predominant male society of India. The degradation and devaluation of women’s glory is a result of male dominance. From ages past, women were treated very badly as their existence were considered nothing for the society. Societies that praised a Goddess on one hand, humiliated other conventional women on the other hand. Women are the bulk victims of crimes like sexual harassment, rape, eve-teasing, marital rape, acid attacks and this way; violence operates through multiple pathways to destroy women’s bodies, minds, as well as their souls.

One of the biggest reasons behind the existence and escalation of this evil is lack of courage and confidence in our women. Victims always have a fear of social stigma, losing jobs and of being isolated from society. Most of the women are passive victims. Some women flee while others decide to stay silent due to lack of support from family and friends, lack of other means of economic support, limited options available to her. Another big issue is that there is a lack of education and awareness on this subject. Women do not know how to resist such a situation and only a few have the knowledge of the rights given to
them by law. The majority of victims shy away from unwanted publicity. The harshness in the proceedings and the delays in the proceedings are the major drawbacks of the criminal justice system.

Mere lip service is not a solution. The need of the hour is complete eradication of these monstrous acts from society. Creating laws and strict punishments are not the ultimate panacea. The Indian legal system has introduced laws to protect women from such acts but laws are of no use unless they are properly implemented. A proper implementation of these acts must be ensured. Awareness amongst women is a necessity and it can be easily achieved through various mediums like TV commercials, internet sources, door to door campaigns etc. Women must be encouraged to raise their voice for their dignity. It is high time to seriously ponder on the question on how to curb violence against women and how to make India a safer place for women.

A new approach to Sexual and Reproductive Health Education for Adolescents in Brazil

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Inefficiency in sexual and reproductive education is a major challenge in vulnerable and at-risk communities, in which these themes are poorly explored. HIV/AIDS dissemination dynamics is a worrying issue in Brazilian cities, such as São Paulo, with the higher increase of incidence seen in 15 to 24 year-old people. Gender-oriented prejudice in lower income outskirts populations affects 82% of 14 to 24 year-old women, and this is the age group (15 to 29 years old) mostly distressed by sexual orientation prejudice. Mostly forbidden in Brazil, illegal abortion carried out in inappropriate conditions is the third cause of maternal death in the country, a burden that falls especially on the poor and black women. Aiming to address these problems, the Sexual and Reproductive Health Education for Adolescents Project was created. Workshops were developed with a new methodology, to empower and inform teenagers. Its pedagogy was based on peer-training and active-learning activities, instead of traditional lectures.

The objectives of the workshops were mainly to raise awareness toward gender discrimination and stereotypes, sexual orientation prejudice, adherence to preventive practices for STIs, HIV forms of spreading, stigma and discrimination against people living with HIV, aspects of the testing and treatment reality for HIV and abortion under the focus of public health. The project was held in a state school in a vulnerable community in São Paulo city with approximately 100 students from the high school, also involving around 30 undergraduate volunteers from the University of São Paulo Medical School.

Aiming to create a new model of interactive and active-learning workshops, a text guide was to developed to direct the project’s modus operandi. The educative approach was inspired by the Peer-Education model, taking advantage of the potential of young medical students as peer educators in establishing a more trusting and less hierarchical relationship with the teenagers.

The themes: HIV/AIDS, Gender and sexual orientation, and Abortion under a public health perspective were discussed in small groups of ten students conducted by two of the undergraduate volunteers that carried out interactive discussions, group dynamics and debates using audiovisual resources that were appealing to the adolescents.

To analyse the experience, both a quantitative (using multiple choice questionnaires pre and post intervention) and qualitative analysis approaches (using field journals written by the volunteers) were used for the workshops, aiming to conclude...
whether it was effective and which strategies worked better. A study of the medical students’ experience with the project was also performed through pre and post intervention self-analysing questionnaires, aiming to draw a conclusion of the impact that such activities have on the development of their medical knowledge.

The quantitative results showed a significant increase in the mean of right questions answered - pre-intervention: 3.268/6; post-intervention: 4.307/6 p<0.001 (t test). The qualitative analysis with the field journals showed that the adolescents had a positive response to the workshops, emphasizing their involvement and excitement with most of the activities. The horizontal talk, use of audiovisual resources and open discussions were the main factors leading to the success. It also showed that punctuality of activities, contents of some discussions materials should be improved or changed. From the volunteers’ perspective, they interpreted their experience with the project as positive mainly in light of the aspects of acquiring knowledge, trust in self-ability to communicate with others and ability to deal with prejudices.

In conclusion, the use of non-conventional strategies, such as active debate, encouragement of student participation, ludic learning and digital media resources, combined with the peer-education strategy, led to the assimilation of the aimed subjects, reflection on the importance of tolerance and critical view over prejudice, contributing to the students’ empowerment and autonomy.

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Did you ever wonder what SCORE Exchanges are all about?

A brief comment of a NORE on Exchange.

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After four years as being part of my local committee and two years being the National Officer of Research Exchange (NORE) of DESTEM BRAZIL, finally, my time had arrived to go for my highly anticipated exchange program. The destiny? A place totally unexpected and that I had never imagined in visiting, much less for an exchange of scientific research during my medical education: Kazakhstan!

Located in central Asia, having borders with Russia, Turkmenistan, Uzbekistan and several other central asian countries that, without this exchange would be totally distant countries that would never have to do anything with me.

On this, I am happy to say that I was totally wrong! I arrived, like any other exchange student, totally apprehensive and afraid of what would be waiting for me and how the people would be, the country, the language (If Russian is difficult, I could not imagine the Kazakh language. But here we go!), the food and the structure of the university itself, since the little that we know about the country is simply the fact that it used to be part of the old Soviet Union. Fortunately, in the first minute of my disembarkation at the airport, I already was warmly welcomed by the people of the university of Astana, the capital of the country who then took me to the lodging, where I could rest so that, the following day, I could continue the trip to the city which would be my place of the research, Karaganda, in the Karaganda State Medical University.

The city was not very big, but it had wonderful places and even more wonderful and accepting people. Every day I was more and more surprised! The structure of the university was also very good and I was welcomed with open arms by the teachers of the department of physiology of the university, where I would accomplish my research, with focus in the cardiovascular physiology and the capacity of the body's regulatory systems to adapt under different situations, which had excellent and very interesting results and outcomes, ready for publications soon, both in Brazil and in other countries.

Of course being in a different country, with new people and a culture that is totally different from the one that you are used to also has its obstacles, but nothing that was impossible to adapt to. Even in the frozen winter of Kazakhstan (around minus 40 Celsius degrees) it was possible to adjust, obviously, with several coats and just with the eyes left outside! Just a joke, but still an unforgettable winter!

In my experience, the exchange was something that left a permanent mark in my heart and in my life, with friendships that I will never forget, with extremely important people in my life now and with beautiful and unforgettable adventures. The country was beautiful and the people even more so.

I don't regret, even for one second, that I have made this choice during my academic life in medicine. I believe that this has helped me grow a lot not just academically and professionally, but also personally, as a person. It is a place where I learned to be more tolerant, where I learned how to have a better understanding of other cultures and social habits. Truly indescribable. To all other students looking to go on an exchange, I leave you with a message: Don't be afraid of facing those adventures, do not be reluctant to do exchanges in non-European or other distant countries. They certainly, have a lot to offer and I recommend them to everyone wholeheartedly.

There was one bad part though: the farewell and how much I miss it now!

Victor Zenatti Femía – NORE of DESTEM Brazil
After four years as being part of my local committee and two years being the National Officer of Research Exchange (NORE) of DENEM BRAZIL, finally, my time had arrived to go for my highly anticipated exchange program. The destiny? A place totally unexpected and that I had never imagined in visiting, much less for an exchange of scientific research during my medical education: Kazakhstan!

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Victor Zenatti Femía – NORE of DENEM Brazil
Initiative on the importance of research by and for medical students

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Ever since we became involved in IFMSA through AEMPPI-Ecuador, we have come to realize that this organization represents constant educational and teaching opportunities at its core. When working on Research Exchanges, we have strengthened that point of view by promoting educational activities and by trying to share relevant information that will lead to new activities and strategies towards medical education within research exchanges. These activities are intended to be carried out thinking globally and have significant impact locally, where our members could put their efforts and learn about the basics of research, and how to perform them efficiently and outcome-oriented.

After the SCORE Awareness Campaign, we became very motivated. As a result, alongside the LOREs, we prepared and designed a series of publications shared from April 23rd to April 26th in the official social networks of AEMPPI-Ecuador to raise awareness about the importance of research in the field of Medicine. Why did we decide to do this?

Nowadays, for medical doctors, medicine needs to be evidence-based, which is why it is relevant that we understand not only the published papers, but also the importance of developing a culturally sensitive perspective towards inequities around healthcare systems around the world. Thanks to research, medical students have managed to develop self-discipline, a crucial commitment in their training. Research is the fundamental axis of the progress in the academic education of a medical student: new proposals, ideas and theories are being investigated. To investigate is to look for the beginning of everything.

In order to encourage medical students, we must be able to answer this question: How can research benefit the medical profession as a whole? Well, it improves the way medicine is taught and understood by its students. Medical education is the foundation and stepping stone of the institution of medicine. With collaborative learning into the practicality of medicine along with investigations into the basic sciences, the student becomes better suited to practice medicine. Modern medicine is characterized by activity. The student no longer merely watches, listens, memorizes: they do. Their own activities in the laboratory and in the clinic are the main factors in his instruction and discipline. An education in medicine nowadays involves both learning and learning how. We must understand the scientific method as not only a tool for the investigator, but also for the physician working at the bedside. This process is highly hypothesis driven and highly evaluative of facts and problems, allowing students to be analytical, thorough, and critically open minded. These qualities are not only important for the student, but also the teacher of medicine. Medical research serves to keep the quality of medical education high, at both the teacher and students’ ends.

Research around the world contributes to the advancement of medicine, helps to understand public health problems around the world and is strongly connected to IFMSA’s vision and established goals, especially within exchanges programs.
Turkey had always been on my travel bucket-list and I could not choose any better way to check it off my list other than going there for an exchange.

After passing several selection processes that started a year prior to my departure, I was qualified to go on a research exchange to Turkey! I got my first choice project, “Obtaining and Printing Out 3D Anatomic Model from 2D DICOM Files” from Gazi University in Ankara.

Before the exchange started, I was able to celebrate Eid properly at the Indonesian Embassy and explored a few parts of the city. I was slightly concerned because it would be the first time that I was spending Eid away from home; but I got the warmest welcome from the friendly Indonesians who also spent their Eid there. I felt a glimpse of home although I was thousands of miles away.

During the exchange, I was supervised by Professor Tuncay Peker from the Department of Anatomy. He was so kind and humble; we were so moved when he said he tried to improve his English because we were coming. The rest of the staff were also very welcoming and helpful. Professor Tuncay has already been working with 3D organ models for years now and has printed plenty of anatomical models, so we knew we were learning from the best in this field. The goal of the research was to print out 3D organ models from DICOM files, which are radiological files, such as CT scans or MRI files. Other than working with a printer and software, we were also given a tour around the animal research lab and the opportunity to dissect cadavers using a surgical microscope.

Honestly, this research turned out to be different from what I initially had in mind. I was expecting to print out real organs to be used for medical uses; but this turned out to be more for a teaching purpose. It was still amazing nevertheless, and I got to bring home my own 3D model knee!

What I initially had in mind. I was expecting to print out real organs to be used for medical uses; but this turned out to be more for a teaching purpose. It was still amazing nevertheless, and I got to bring home my own 3D model knee!

Other than the project, one of the best things of the summer exchange is the weekend trips. TurkMSIC prepared three weekend trips to Izmir & Pamukkale, Olympos, and Cappadocia. While those places were beautiful, the best part about the tours was getting to know other exchange students from other cities, because it was the only time all incomings in Turkey gathered in one place. After all, it’s the people we take the journey with that matter the most, right?

One question that I got a lot after I returned was regarding the military coup that occurred during my stay. We heard the shootings and witnessed the jets flying above us, and got down on the ground at the station because a blast occurred so close to where we were that the whole building shook. Thankfully, we were departing from Ankara for the weekend trip to Olympos, so we didn’t get to experience the rest of the chaos. When we came back to Ankara, the chaos had eased although Turkey was put under emergency status. I’m thankful my family remained calm and didn’t force me to leave the country so I could resume my exchange, because a few of my friends didn’t get to finish their exchange and went back to their countries because of it.

Most people also questioned my choice of city, maybe because when people think of Turkey, they think of Istanbul. Frankly, there was not much to see in Ankara due to it being the capital, it was more of a working, administrative city than a touristic one. During the month I spent there, I frequented shopping malls or went out to have
if I hadn’t chosen Ankara, I would not have met the amazing people I now call my family.

All in all, this exchange was a life-changing experience as I got to be a student abroad like I’ve always dreamt of, learned a lot of new things both in terms of medicine and culture, travelled to places I’ve never been, gained a new family, and eventually gave myself a chance for personal growth. Thank you, Turkey, for the summer that gave me so much to look back on, yet a lot more to look forward to!

Global Health and Research Exchange

“*If anyone saved a live, it would be as if he saved the lives of all mankind.”*  

In 2014, the IFMSA Vice President for External affairs —Claudel P. Desrosiers— attended the World Health Summit, and stated by its end that “Global health is an interesting concept that sparks a strong sense of commitment and passion in many organizations around the world, as I have witnessed in recent years, and including in IFMSA. People, especially the youth, feel empowered by global health. They want to do and study global health because they feel connected to the global community. They know global health allows them to dare to dream about a society that is fairer.”

When I enrolled into the university, I discovered IFMSA: this amazing medical student’s organization that envisions a world in which all medical students are united for global health. At first, I thought that the concept of global health means health for all, and, as a matter of fact, I thought it was simply a. Now, however, and after three years in this organization, I have come to know that global health does not mean creating an ideal world, but to make it healthier.

There is no universal definition of global health as a concept, and many authors will argue over it. However, one of the most commonly used definitions is the following: “Global health is an area for study, research, and practice, that places a priority on improving health and achieving equity in health for all people worldwide”. Global health emphasizes transnational health issues, determinants, and solutions; it involves many disciplines within and beyond the health sciences and promotes interdisciplinary collaboration; and is a synthesis of population-based prevention with individual-level clinical care.

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Global Health, thereby, transcends political and geographical borders, class, ethnicity and culture. The term stresses the commonality of health and health-related issues which unite us all and require global and interdisciplinary cooperation in order to reach a state of health equity and interdependence.

SCORE is one of the six committees that form IFMSA. It holds some of my passions: researching to answer questions and solving problems, as well exchange programs that provides us with the chance to interact with people from different cultures, backgrounds and health systems.

The research exchange program is a gigantic network in which students experience research for a month. Through this experience, students are also in close contact with the local population, since the whole exchange is organized by local students; this aspect is very relevant, and automatically facilitates students to experience health on an international level and the effect that social determinants have on health.

It is also expected that students share their experience with their colleagues worldwide and use their newly acquired knowledge to become competent and passionate health advocates. The skill could also be used to plan new projects, campaigns and events that have positive impacts on society and promote health for all.

IFMSA taught me that research is a tool we can use to change the world and make it a better place; IFMSA taught me that exchanges are a great opportunity to share our similarities and to celebrate our differences. IFMSA taught me that, if I want to feed my ever growing hunger for knowledge, share my ideas with the world, do a positive impact, make plenty of friends, create unforgettable moments and much much more, I should join the dark blue committee.

Be IFMSAian
Be SCOREian

Hey Ho! (Healthy School)

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Hello Medical Students from all over the world, have you ever known about water and air contamination research yet? Through this article, we would like to introduce one of the community-based SCORE CIMSA UNAND projects called Hey Ho. Let’s research and find out.

Hey Ho is a community development project by CIMSA UNAND in SMA Negeri 3 Padang. Like it’s name, Hey Ho aims to create a healthy school environment by increasing research interests of SMA Negeri 3 Padang students about water and air contamination. Hey Ho is motivated by the lack of research interest of young people nowadays. Do you know the annual contribution of scientists and scholars in Indonesia to knowledge, science and technology is only about 0.012 percent? which is much lower than Singapore’s contribution of about 0.179 percent (Scientific American Survey).

Therefore SCORE CIMSA UNAND promotes Hey Ho. Through Hey Ho, SCORE CIMSA UNAND and young researchers conducted a research on air and water hygiene quality at SMAN 3 Padang as a pioneer of increasing high school students’ interest in research. By empowering peer educators that have been formed to train other new peer educator candidates, we hope to form an independent community capable of doing interpretations, and presenting research results. This way, we hope that there will be an awareness in maintaining the cleanliness and health of the school environment.

Hey Ho also supports SDGs point 3 “Good Health and Well-Being” and the CIMSA Program “Environmental...
Sustainability”. Hey Ho was held from August to October 2017, during which Hey Ho was implemented with a Pre-Intervention and 5 distinct Interventions.

On August 18th 2017, SCORE CIMSA UNAND conducted a presentation to the principal of SMA Negeri 3 Padang. This presentation was useful to extending the MoU we had with the high school and to explain to the school about the Hey Ho intervention. Previously SCORE members have also contacted and consulted with dr. Linosefa, Sp.Mk, our faculty overseer, about the project.

Furthermore, at the first intervention on August 26th 2017, there was a bonding between members of SCORE CIMSA UNAND and young researchers as well as with the best student peer educator from previous editions of Hey Ho. In addition to enhancing teamwork, this bonding is also useful for students to get to know more about young researchers who will be guiding Hey Ho this year. To increase young researchers’ knowledge in Hey Ho, there was an explanation about water and air contamination and its relation with some diseases by Fakhri Zuhdian Nasher, S.Ked.

The second intervention on September 12th 2017 was about sampling. Before taking water and air samples in SMA Negeri 3 Padang, SCORE members prepared all medium samples, sterilization and sample incubators. The “MAD” medium was used for air samples and the “lactose broth” medium lactose broth for water samples. In process of sampling, all young researchers used gloves and the steps were explained to the students. After taking samples at some point, the next step was the incubation process in the Microbiology Laboratory of FK Unand by SCORE Members of our local committee.

Two days after this, on September 14th 2017, the third intervention took place. Members of SCORE invited young researchers to see the results of the bacterial incubations. There, young researchers learned to interpret incubation results submitted by the peer educators and SCORE members. After that, young researchers documented the sample results in scientific reports and group presentations. This aims to improve the skills of young researchers to report results of their studies systematically.

On Saturday September 16th 2017, the young researchers shared the results of their research about water and air contamination with other students of SMA Negeri 3 Padang. Sharing was done through presentations and discussion. This aims to make the results of research known to all students at that school and produce a healthy behavior change in maintaining the cleanliness of school environment. Intervention was closed with a questionnaire about clean and healthy lifestyle.

Finally, on the last intervention on October 21st 2017, Hey Ho was closed by awarding medals and certificates to all young researchers as a tribute to their active participation during Hey Ho. In addition, we also gave a gift to the headmaster of the school for the generosity of SMAN 3 Padang in supporting Hey Ho. Hopefully, the new peer educators can share more knowledge gained from Hey Ho with all people in SMA Negeri 3 Padang, so everyone understands how important it is to maintain air and water cleanliness in the school environment.
Howdy SCOREpublics!

Being able to enroll in the medical student exchange and explore the medical world out there should be a pleasure that each one of you get to experience in your life. CIMSA-ISMKI is collaborating with IFMSA to represent Indonesia as the NMO that will be able to provide international exchange opportunities for medical students of Indonesia. Accordingly, SCORE CIMSA has just carried out the national exchange fair.

Exchange fair is a national program held by all local committees to attract and motivate Indonesian medical students to join the SCOPE and SCORE exchange programs of Indonesia. The medical students can choose which country they would like to make their exchange destination as long as there are contracts between NMOs or NOREs of the chosen country with Indonesia. The objective of this fair is to develop the minds of medical students in terms of research, hence joining the exchange program as well as giving access to the application form to those willing to join the program. This April marks the month that we had all been waiting for - the month of the Exchange Fair! This year, we held it bigger than ever, with the theme of #ExploreTheWorld, both on the national and local level. We held a national social media campaign using Instagram, which consisted of photo challenges, quizzes, Instagram stories interactive templates, and a teaser video of our exchange program. There were two photo challenges, #FutureExplorers and #OutgoingsDiary. Just like the name, #FutureExplorers photo challenge was a challenge for our future goings. They were challenged to upload their holiday photo with our twitter ribbon and customized promotion caption, and the account with most likes would get a free Application Form for our exchange program. At the end of the campaign period, there were 54 participants, with Ramlan from Sumatera Utara University as the winner, who achieved 1265 likes in total. Congrats, Ramlan!

The second one, the #OutgoingsDiary photo challenge was addressed to our former goings. We invited them to relive their previous exchange experiences to create the hype of this year’s Exchange Fair even more. We also promoted their pictures by posting them on @scopecimsa, @scorecimsa, and our members’ Instagram stories. The quizzes and interactive Instagram stories templates that we created were to promote our exchange programs, especially to the medical students who have fewer access to SCOPE and SCORE, or in other words, who come from universities with no SCOPE and/or SCORE, in a more fun way. We held eight quizzes in total. These quizzes were there not only to promote our exchange program, but also to assess what medical students in Indonesia know about our program. We used Instagram pollings to find out the percentage of the correct answers. The results were diverse, some questions only had a 50% rate of correct responses, which means there is still a need for us to promote our exchange program better.

On the other hand, we believe that the national social media campaign was a huge success! Both SCOPE and SCORE National Officers received a higher number of applicants this year. However, not to forget, just like years before, all SCOPE and SCORE locals also held the Exchange Fair, all with twists from each local committee. Most of our local level Exchange Fairs consisted of two series of events: Exchange Booth and Exchange Seminar, with the same goal, to promote our exchange programs and to open the registration for our future goings. We do hope by the end of this year’s Exchange Fair, we can select the worthy future goings that will soon represent Indonesia to the eyes of the world.

Blue HUGS From INDONESIA!!!!
Enriching experience in Zacatecas

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When I left Brazil to travel to Mexico, I had no idea what I was going to experience. I could never have imagined how amazing my exchange would be. I made an application for a research on Type 2 Diabetes as my first option, because of my interest in Endocrinology, so when I was rearranged to a different city, I was still able to be on a research on the same theme.

Once I arrived to Zacatecas, the city I was assigned to, I found out I had to go to the Instituto Mexicano del Seguro Social (IMSS) hospital. At first, I was worried, because I had just finished my first year of study. But then, I was paired with Rossana, another Brazilian student, who was at the same apartment I stayed, and we had rotations with the residents of Internal Medicine. It was very interesting, because I had never been to a hospital to actually try to understand the patient’s conditions.

To my surprise, after some days, we were able to follow an endocrinologist for a few days. That was one of the best things I experienced since I started studying Medicine. I liked Endocrinology before, but after that, I like it even better. Doctor Gerardo Gaytán was very interested that we asked him plenty of questions and he explained everything to us.

After that enriching experience, we were finally going to one of the laboratories of Universidad Autónoma de Zacatecas (UAZ). I was expecting that we would work in a lab with many people, but they let us in fact use a lab all by ourselves to learn how to prepare capsules of rosemary to treat patients with Type 2 Diabetes. We were able to actually synthetize the medicine from the very beginning, doing all the steps that were necessary. I could not ask for a better experience, like everyone else, I had submitted my Application Form (AF) to come to bigger cities in Mexico.

And when I was at Zacatecas, I realized I had a much better opportunity in my hands, not only because of the opportunities we had in our research project, but also because of the people we met. Besides that, I was close to Guadalajara, so it was part of our Social Program to go on a trip to this city as well and I had planned since the beginning to spend some days in Mexico City meaning that, in the end, I was able to come to two of the biggest cities in the country in addition to enjoying the rich historical and mining city of Zacatecas.

Our local contact people from the NMO were very attentive, they took us to touristic places, as well as places where we could buy things we needed. They also have an organized calendar for their Social Program, gathering all incomings that are interested on the activities (we were at least 20 people). I will certainly always remember this exchange as one of the most special experiences I had. I recommend an exchange to everyone, but I warn you: be prepared to experience some of the best days of your life!
The Perfect Host

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No one said working in exchanges was going to be easy. Well maybe some did; Some people may think working on exchanges is just about parties and making new friends. What they don’t realize is that it is actually a full time job; from one day to another, you become a party planner, tourist guide, translator, history teacher, confidante, and sometimes even act as a matchmaker! However, your life as medical student does not stop. You have to balance between your schoolwork, exams, shifts, consults, teamwork and your life as an exchange officer.

What is it really like being an exchange officer? As students, we wait for the whole the semester to get our vacation started, but as an exchange officers that is when the work begins. While all our classmates are feeling anxious to start again after all the rest they got, you are still wondering, “Where did all that free time go?” I remember having a great and full summer of work with all the incomings. I was about to start a really stressful and hard semester and I really wanted to sleep for a week, but I couldn’t.

For the upcoming month, I would be on call almost every day plus classes. In addition, we had full house for incomings. As the incomings started arriving and the classes began, the amount of things I had to do, started to pile up just like a bunch of dirty dishes waiting to be washed.

Running, not sleeping, being hungry, sometimes grumpy. Having to change my shift, staying after hours; not going home for a couple of days, having tons of deadlines. Despite everything, exchanges is all I want to do. Meeting different people, cultures, new languages (some words at least), have fun with them, learning about how healthcare is like in their countries, planning new projects to change the world, showing around the country and being proud of it. I liked and sometimes loved these new people I am meeting. In the blink of an eye, the month is over. They start packing and saying goodbye, asking to come visit, even fighting each other to make me choose their country to go on an exchange.

After all the people, the memories, the great and not so great moments you had, I’ve grown. I made many new friends on whose couch I can crash when I travel. I smile at their messages asking how I’ve been doing. Sometimes they even convince their friends to come to my country because they really enjoyed being here. They even say it was one of the best experiences of their life and they think it is because of me.

I cannot lie, not everything is going to be easy. Sometimes you will have to say no, spend more money or have less time to do your work, but you will end up with many new friends, new experiences that not a lot of your classmates can say they had. Your global vision of medicine will teach you more than you think. Of course, you’ll be tired but nothing is going to stop you to keep growing and learning. Nothing will stop you from becoming the perfect host.
The Refugee Crisis: Our Responsibility

as humans first and doctors second.

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He looked at me with his big brown eyes and never in my whole life did I feel as vulnerable and as small as I did in that moment. I fled from his gaze by looking at the thermometer in my hand and with a shaky voice declared his temperature normal for the American pediatrician I was assigned to help that day. His mother - younger than myself with another infant at her hip - asked me if everything was okay with her little boy, I reassured her that he has only a little sniffle and will be running around the place wreaking havoc like every three-year-old ought to in no time. She did not look like she believed me so she focused on reading the pediatrician’s face for nonverbal clues that might discredit my diagnosis and only when she saw the doctor’s confident smile did she take the prescription in the hand holding the infant and her toddler’s hand in the other and leave moderately satisfied. I took in a deep breath and tried to get my emotions under control and told myself sternly to get it together. I had just witnessed another three-year-old toddler born with Cri-du-chat syndrome suffering from severe pneumonia and extreme dehydration being transported on the chest of a crying visiting nurse in an ambulance out of the closed refugee camp in the Jordanian desert to the nearest hospital to get immediate medical care after many failed attempts at sufficient rehydration at the minimally-equipped camp clinic. Her mother had abandoned her because she, as a disabled child, was seen as a burden and when she got sick was cast aside with the excuse that “it is better for her if she dies”. I later learned the child’s name was Sedra. I returned to Germany without knowing what happened to Sedra.

No matter how hard I tried, I could not cast the mother in the role of the villain. She did not and still does not have access to any form of awareness spreading campaigns or educational forums that would have dispelled her - through flawed traditions and illogical superstitions - acquired mistrust and apprehension towards the disabled. Just like the 19-year-old mother of two - whose son I treated - does not enjoy the right of protection against child marriage, the right to obtain information about family planning and have access to possible methods of contraception. Examples that demonstrated how essential health education is among all populations in general but most especially among the refugee population being at their most vulnerable and susceptible to stigmatization and discrimination even in health care.

It is one of our most important responsibilities to not only treat the patients but to do our best to improve their overall health and health awareness. We have to start criticizing the practice of having the refugees live in closed-off camps for years on end, as is the case in some countries - and start actively advocating for their integration not only in their hosting communities but also in the healthcare systems and health awareness programs of their hosting countries to guarantee dignifying and non-discriminatory care for them. Although in some countries, like Germany, a number of effective steps on the path of integration have been implemented, campaigns and initiatives still fight for policies that would ensure an unlimited health care coverage for refugees resembling the one the general population enjoys. All these duties come second to the most sacred one of all: Empathy and Compassion.

In Germany, one of the first human contacts the refugees experience is the first medical examination every asylum-seeker has to go through in order to be declared disease-free or given the appropriate treatment for whatever it is that might ail him/her. I don’t believe I can describe with eloquent enough words how important it is for the examining doctors to show a kind gesture to the terrified individuals standing in front of them, be it a smile of understanding for an anxious mother or a colorful stick for a confused child. After months of being on the run, focusing solely on survival, enduring indescribable hardships and now endless questions from immigration officers, to be recognized as fellow human beings and given the feeling that they’ve been heard and understood and that their needs and lives matter is a most precious gift. A gift that we as practitioners of the noblest profession are responsible to bestow upon those who need it the most.
He looked at me with his big brown eyes and never in my whole life did I feel as vulnerable and as small as I did in that moment. I fled from his gaze by looking at the thermometer in my hand and with a shaky voice declared his temperature normal for the American pediatrician I was assigned to help that day. His mother - younger than myself with another infant at her hip - asked me if everything was okay with her little boy, I reassured her that he has only a little sniffle and will be running around the place wreaking havoc like every three-year-old ought to in no time. She did not look like she believed me so she focused on reading the pediatrician’s face for nonverbal clues that might discredit my diagnosis and only when she saw the doctor’s confident smile did she take the prescription in the hand holding the infant and her toddler’s hand in the other and leave moderately satisfied. I took in a deep breath and tried to get my emotions under control and told myself sternly to get it together. I had just witnessed another three year old toddler born with Cri-du-chat syndrome suffering from severe pneumonia and extreme dehydration being transported on the chest of a crying visiting nurse in an ambulance out of the closed refugee camp in the Jordanian desert to the nearest hospital to get immediate medical care after many failed attempts at sufficient rehydration at the minimally-equipped camp clinic. Her mother had abandoned her because she, as a disabled child, was seen as a burden and when she got sick was cast aside with the excuse that “it is better for her if she dies”. I later learned the child’s name was Sedra. I returned to Germany without knowing what happened to Sedra.

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Refugees’ Mental Health and Psychosocial Support: What you do not learn about in Medical School.

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In many medical schools, there is an overall focus on illness rather than on wellness. Medical students generally graduate with a remarkable interest in “fixing” and “treating”. However, their exposure to other fundamental concepts, such as empathy and resilience, remains widely variate, depending on where they study and what their medical schools offer.

The expression “Mental Health and Psychosocial Support” (MHPSS) represents any form of local or external support that helps to promote or protect psychosocial well-being and/or avoid or treat mental disorders. In IFMSA’s March Meeting 2018 PreGA, one IFMSA alumnus, who specializes in MHPSS decided to come back to IFMSA to introduce this field to medical students. Dr. Hatem Alaa Marzouk, MRCPsych (UK), MSc. coordinated a 3 day workshop on Refugees’ MHPSS, to help medical students understand the mental health and psychosocial consequences, in the immediate aftermath and over time, for refugees and asylum seekers. The workshop also allowed medical students to meet professionals and experts in MHPSS for refugees in the EMR region and build their knowledge and motivation for possible future careers or volunteer roles in the field. One of the main goals of the workshop was to engage participants in global participative activities, to practice the learned skills and information as a follow up on the workshop that was attended by 13 medical students from 10 different IFMSA NMOs.

Nour Sabbagh, a participant from IFMSA-Sweden, said that the refugees’ MHPSS workshop was an amazing and instructive experience. The reason why she chose this workshop was that she is a part of a project called ‘LIVH’ in Sweden, which is directed to supporting refugees. She wanted to get a better understanding on how to deal with refugees, especially when it comes to mental health.

Berkehan Erkilic, another participant, from Turkey, delivered 2 days of sessions in TurkMSIC’s National Women’s Workshop on “The Psychosocial Approach to Traumatized Individuals and Mental Health”. It was a fruitful workshop, in which all the participants learned the basics of mental health and psychological aid. The feedback was very positive, and the participants felt the sense of growth throughout the workshop, as they grasped the idea of the right approach to people who have undergone trauma and their needs in comprehensive and interactive activities.

Alessandra Forte, from SISM Italy, conducted a follow up activity in her NMO after the workshop. The first part of the day was about giving information about important definitions (refugee, immigrant etc.) and the current statistics about refugees and immigrants in Italy and worldwide. Then, participants engaged in role-plays where they experienced the feeling of having to flee from their country and making difficult choices along the way, possibly ending in detention centers or reception hubs where people spoke a different language that they did not understand.

The second part was conveying some of the knowledge learned in the workshop, especially about community-based approaches, where refugees help refugees, ideas to help them integrate in the society and the Inter-Agency Standing Committee intervention pyramid model.

This workshop epitomized the role of IFMSA in passing two types of knowledge; that would be generational knowledge, during which the more experienced members of IFMSA and alumni pass on their years of experience and Peer to Peer education, where the participants took the knowledge from that workshop and spread it in it their own; The other is extracurricular knowledge which is about such topics that as future doctors, medical students need to be aware of.
Both are important to have, in this case, to shed the light on a previously un-discussed topic in IFMSA, but of growing concern in the international scene, which is the Mental health of refugees.


**Family Planning and the Role of Male Partners Analyzed from a Developing Country Perspective: Insights the Dominican Republic**

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“We realize the importance of our voices only when we are silenced.” -Malala Yousafzai

Family planning, defined as the practice of controlling the number of children that a family or a particular person decides to have, controls birth intervals by means of contraception or voluntary sterilization. However, this field of medicine is not limited to controlling childbirth or the timing between pregnancies. In fact, this practice encompasses multiple areas, forming a holistic approach for a better quality of health for men and women, hence constituting a pillar for human rights and sustainable development of populations. It guarantees accessibility to safe contraceptive methods, adequate sexual education, including the knowledge of sexually transmitted infections, pregnancy testing and counseling, preconception health services to improve infant and maternal outcomes, as well as basic infertility treatment.

The role of men in family planning as users and partners is not universally recognized. Therefore, it has been misunderstood (1) and knowledge is still pending in terms of their involvement and the synergistic effect the joint work of males and females can have in family planning (2). The father’s role has traditionally been seen as one of power. Depending on the cultural and background settings, it can be observed how gender relations are usually power-driven, instead of creating balance between roles (3). Nonetheless, a new organizational framework that incorporates men into maternal and child health programs has emerged.

In developing countries, there are approximately 214 million women in reproductive age who want to avoid pregnancy. These women are facing inadequate use of contraceptive methods, reflecting the global unmet necessities related to family planning. The Dominican Republic reported that 11.4% and 10.8% of women had experienced unmet needs of family planning in 2010 and 2013, respectively (4,5).

Different causes might explain this phenomenon, where one was the limited access most women and men experience during their reproductive years, highly influenced by culture, education and economical background. Henceforth, this reflects the needs of men and women of the Dominican Republic regarding the obtention of basic information about safe, effective, affordable, and acceptable reproductive healthcare services.

Nevertheless, reluctance persists in terms of omission of men in matters relating to reproductive health. The truth is that both parties play a significant role and influence in family planning and reproductive health, which is why the great majority of efforts should not be tailored exclusively for women. As mentioned, a substantial percentage of reproductive health programs has traditionally focused on women, although recent research suggests that men can support and encourage women’s access to reproductive health services significantly. A man’s support of or opposition to contraception has a strong influence on contraceptive use, especially in developing countries where male roles have a great impact on reproductivity.

Sociodemographic and cultural factors are closely related to knowledge, attitudes and practices of users in different healthcare scenarios, especially with family planning.
It has been observed that when men are informed and aware of the importance of family planning, they are more willing to support their partners in adopting the most adequate contraception plan. Thus, an effective program implementation depends more on sensitizing people rather than on rational organization.

In countries of the region, with similar socio-demographic conditions, recent studies have shown that the male participation in family planning is poor, resulting in many gaps linked to underlying gender conditioning. Consequently, the current state of countries must be taken into account when studying the dynamics of family planning, including gender-role perspectives. Through community interaction during our clinical rotations, we were able to take in the lack of support and presence that existed from the male counterpart. Men did not come in for a family planning or reproductive health consultations, as it was mostly placed onto the woman's responsibility.

Knowing all these things, as ODEM-Dominican Republic members, we can increase the educational opportunities by raising awareness about this topic. Through the dissemination of knowledge as a tool of empowerment within the regions where reproductive health is not completely accessible, medical students can motivate men and women to make informed and conscious decisions regarding their reproductive health and family planning decisions. Thus, medical students can create opportunities for life, which positively build communities and emphasize reproductive health and family planning decisions for both sexes.

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Persons with albinism living in Malawi have two major enemies, each almost a paradox of the other. There is the scorching African sun, causing damage to their unprotected skin; and then the social discrimination and darkness resulting from an uninformed society. While dealing with the biological effects of albinism, persons with albinism in Malawi have also to face ill-treatment stemming from an ill-informed society and harmful myths spread amongst people. The myths spread include the belief that persons with albinism are ‘ghosts’, lacking the ability to feel and that they are unable to truly die. Most popular are the beliefs that their bones & body parts, through traditional practices, bring wealth to one who possesses them. This led to the recent rise in the murder and mutilation of persons with albinism of all ages, with children being the most at risk. A look at the tragic tales of those who lost their lives to such evil practices reveals how the perpetrators of these crimes were, more often than not, a relative to the victim; someone in whom they trusted. Imagine having your humanity stripped from you by having a price tag put on you. Imagine watching the betrayal by somebody you thought protected you. Such is the dark reality for an unacceptable number of persons living with albinism.

As SCORP Malawi, we saw how the raising of albinism awareness is vital in the course of ensuring a peaceful, safe environment for all people regardless of melanin levels. With this in mind, we organised an Albinism Awareness themed poetry night, using the poetry medium to deliver a message to people, one that not only reaches the ears of people, but also touches their hearts in order to move them to make a change. From the night, we collected donations that were then given to the Albinism Association of Malawi, with a local news team also coming in to cover the event. A social media campaign was also organised where people were encouraged to post photos with captions #NotGhosts or #ShiningOurLightToTheWorld in order to show unity and support in the fight against discrimination.

The awareness campaigns acted as a platform to educate the ignorant; to highlight the needless suffering endured by neighbours, brothers, sisters much closer to us than we know. Providing the kindling for our passion to ease their difficulties and, most of all, to let those with albinism who may feel like they are alone in a dark, cruel world know that they are not alone. The work on albinism awareness is far from over, but we believe one day, through the continued efforts of all, we will be part of the light that drives out the darkness that torments people with albinism.
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