

**MEDSIN AUTUMN GENERAL ASSEMBLY
MANCHESTER UNIVERSITY UNION
SATURDAY 7th OCTOBER**

1. Zusana Ebertova and Naomi Sims appointed as chairs.

**2. Katie Garman presented activities of NC 2005-2006
Gerard Millen gave financial report for the year 2005-2006**

3. Voting cards handed out at Roll Call.

Roll Call – those in bold were present. NVM – non-voting members.

BRANCHES

Aberdeen
Barts
Belfast
Birmingham
**Brighton Sussex -
NVM**
Bristol
Cambridge
Cardiff
Dundee
Durham
Edinburgh
Glasgow
GKT
Georges
HYMS
Imperial
Leeds
Leicester
Liverpool

Manchester
Newcastle
Nottingham
Oxford
Peninsula
UCL
St Andrews – NVM
Sheffield
SOAS - NVM
Southampton
Swansea
Warwick
BMA-MSc

ACTIVITIES

Campaigns
CPRIS
Crossing Borders
Exchanges
Fair Trade - NVM
Global Health Project
GHAP
Homed
Malaria - NVM
Marrow
MedAID – NVM
PharmAware
Sexpression
SKIP
Stop AIDS - NVM
Teddy Bear Hospital
Trade Justice - NVM
UKAM07
Who 4 WHO? - NVM

4. Joel Burton and James Church gave a report of Medsin-UK's attendance at IFMSA's August Meeting 2006.

- 21 medsin members attended – involved in organisation of pre-Gas.
- 700 medical students from various countries.
- Plenaries, Training Sessions and Breaded Zucchini
- Marrow awarded the Rex Crossley Award as best IFMSA international project
- Joel and Pete assisted the Japanese football team to cup glory by beating Palestine.
- Won the bid to host UKAM07
- Opportunity for UK delegation to meet and discuss national issues.
- Promoting Medsin's values – PharmAware given a BIG PUSH, Fair Trade Café.

- Why attend a GA – learning about and raising awareness of GH issues, sharing ideas, meet people from all over the world.
- Comedy Quotes
- GO TO AUSTRALIA – deadline midnight

5. Many presents and kisses given out to NC 2005-06 to say thank you for all their hard work.

6. Abi Smith gives a presentation of the National Committee 2006-07 Priorities for the Year.

- Teambuilding in Scotland
- Serbia
- New Website
- UKAM recruitment and OC
- Meeting in Leeds
- Australia
- UKAM weekend kickoff

Priorities

- Facilitating shaping the direction of Medsin – members inputting, accessibility, transparency, facilitate discussions of any changes members want to take.
- Campaigns – promotion nationally and within branches, form campaigns team to work together, support campaigns if they have their own GA's, develop role of campaigns director, encourage campaigns to contribute to national events
- Global Health – to ensure that NC considers GH in everything it does, work with GH people to make more central to organisation as a whole
- Exchanges – work with NEOs to support them, working with branches so that people know about exchanges, working with deands to know about Medsin, IFMSA and exchanges, UKAM is a great opportunity for this.
- Fundraising – sustainable funding, project based funding, developing role of VPE
- Activities and Branches – interaction at a local level, improving communication within the network, making the network more accessible.

Group Aims

- Make sure we're accessible
- Good resources
- Make sure NC guided by members
- Keep website looking ace

Individual Aims

- Develop our roles
- Giving us direction
- Enabling us to know where we fit in

Anything else you want us to do?

National Committee introduce themselves.

7. Sunil Bhopal Coordinates Branch Proposal Presentations

St Andrews absent – Sunil tells us a bit about them. They are a joint Medsin/EMSA branch, with the Medsin focus on projects and exchanges through EMSA.

SOAS – David gives us an overview of SOAS Medsin and what they've been up to.

Brighton-Sussex

- Donald Henderson involved in WHO's successful smallpox eradication, lends his good name as honorary president. Set up in 2005. Committee structure already exists.
- Promote interest in health care internationally
- Advance the study, control and prevention of disease.
- Lecture from Brian Greenwood about Malaria, Water Aid comedy night, MSF/LSHTM speakers, electives evening.
- Hope to become part of Medsin, planning 'World Party' UNICEF fundraising event, first aid course, phrase book/language workshops
- Campaign involvement is a major reason to be involved in Medsin. Establish links. Student interest is quite high.

8. Tom Taylor presents the new Medsin website and instructs us all on how to use it properly.

BREAK

9. Ahmed Ali, President of IFMSA gives a presentation

- History of IFMSA – 1951, 98 countries, WHO recognition. Mission to introduce medical students to global health
- Activities – exchanges of students, ideas, experience, competencies,
- Introduction to standing committees – Professional Exchange, Medical Education, Research Exchange, Human Rights and Peace, Reproductive Health and AIDS, Public Health.
- Structure of IFMSA – regions
- Meetings – national conventions, sub-regional and regional meetings, international meetings (GAs)
- UK in IFMSA – everything is in the UK, we have the best officials and will be putting on the best GA
- Internet – www.ifmsa.org,
- Subscribe to the mailing list – ifmsa-general-subscribe@yahoogroups.com
- Contact Ahmed or Zuska for more information

10. Ian King gives an update from the UKAM2007 organising committee

- 30 very enthusiastic new OC people
- Vision – To inspire a local community of future leaders in health intent on ensuring access to essential medicines for all.
- Mission – Our mission is to host an open GA where, through collaboration and exchange of ideas on global health issues, our vision will be brought into action. This GA will be ethical, environmentally sustainable and

internationally accessible. We hope to inspire future leaders in health to be proactive on a local and global level.

- Bid OC – went to Serbia, fought off competition from Lebanon and won vote by 75%. Theme voted in – Access to Essential Medicines
- Speakers – Kumar!!! Richard Horton for opening ceremony, Mike Rowson, Royal family???
- Support from all 3 parties, Lancet, IHMEC, MWF, THET, etc...
- Canterbury
- £12,000 raised so far for MSAF (medical schools assistance fund). Want to have 1,000 students, rather than the usual 600-odd.
- First time UK hosting since 1964-5.
- What now? Raise money, involve all Medsin groups.

11. Ally Ford and James Church give a presentation on IFMSA exchanges

- Set up in Edinburgh, Nottingham, UCL and Leicester
- Aim to set up in every medical school
- The world is a book, and those who do not travel read only a page
- Training today in Manchester – Sub-Regional Training in Holland coming up.
- exchanges@medsin.org for more info.

12. Sunil Bhopal – MM2007

- Mini-meeting on selection of delegates, has been much discussion among NC and have set criteria on which we will judge criteria.
- Make up of delegation
 - Leader of delegation – President
 - 2 NEOs
 - BMA Reps
 - Person with knowledge of an experience in projects (VPP if available)
 - Person with knowledge of and experience of campaigns (Campaigns)

Remaining 10 places

- People relatively new to Medsin (30%)
- People with experience in Medsin, but new to IFMSA (30%)
- People experienced in both (30%)

Any remaining/unfilled places will be filled by the highest scoring applicants.

The rationale for the 6 initial positions is that this is important to fulfil the role of Medsin within the IFMSA.

- Scoring System
 - clear idea of why going and what hoping to get out of meeting
 - Concrete goals for their return from the meeting
 - How a person will be able to input into Medsin as a result.
 - Prior involvement in Medsin/IFMSA
 - Enthusiasm
 - Ability to work in a team
 - A well written application

Applications have been open for 2 weeks and close at midnight tonight (this was later extended until the close of the meeting on Sunday and forms made available).

Q.1)Katie Garman – in the past people have asked about how much it's going to cost and where you can get money from.

Sunil to Abi, Abi to Gemma – We have to pay registration for accommodation and food, delegates then have to pay travel expenses. Registration £235-50.

Sources of money – Lancet, Unions, Medsin groups

Q.2)Liz, Bristol – How many places for delegation to UKAM2007

Abi – going to be a large number of us, 30 in OC – each of those people need a team of helpers, as well as ordinary delegates. Applications will work in same way – applications to be on delegation and OC help.

Gemma – additional £100 for pre-GA.

13. Joel Burton introduces training topics

LUNCH

14. Emily Rigby gives presentation from the BMA MSC

What does the MSC do?

- Welfare – bullying and harassment, disability, dyslexia guidelines, support
- Finance – graduate top-up fees, implications of UKCAT, Pensions
- Education – foundation programmes, MMC, Feedback, International Health (particularly relevant to Medsin – taken to conference last year as a motion that we should be working on global health issues)

Structure of MSC explained

Relevance to Medsin?

- Representation – you as a medical student, things you're worried about now, worried about for the future. Seen by the profession and externals as your voice. So let us know what's important what we should be working on.
- Local reps are accountable to you.
- You are able to come along to conference at the end of March.
- Medsin is permanently co-opted to MSC. Abi on the education sub-committee for global health. Other members on the MSC working with her on that issue.
- MSC chair sits on activities board

Questions

Q.1) David Biles, Bristol

If I thought that no education should be pharma-sponsored what would be the best way for getting BMA to agree on that? What could BMA do on that if it got voted through?

A.1) Go to local intra-school committee chair. If you don't have one, approach MSC rep. Deadline for motions, not totally sure – motion must be in by that date. You must not put it forward as an individual interest, needs to be discussed with the committee and put it forward as their priority. Each med school gets 3 priority motions, one of which is guaranteed to be spoken about. Others go into a ballot and you need to find everyone at conference and try to get them to vote for this one. Motions compiled as 'This conference believes that...' That goes to conference, gets

debated, someone stands up against. If it gets passed, the MSC mandated to work on that the following year. Also goes to ARM. If it gets passed there, the whole BMA has to work on it. Hopefully your motion would have a guide in it, e.g. writing letters, meetings with people. Dependent on motion. Emily has seat on council heads of medical schools. They are not pressurised to listen to us, but can do her best.

Q.2) Russell

Assuming that the motion is passed, what legislation is in place to enforce this?

A.2) If the motion is something regarding practice of the BMA then this can be held accountable. If it's about applying pressure to an external organisation, we can do our best, but can't force them. E.g. fair trade at BMA conferences/events, have been trying to phase it in. If it's internal we are accountable, we are accountable if it's external, but can't force them.

Q.3) Selina Rodrigues, Newcastle

What progress made on motion about GH in curriculum?

A.3) Working on it at the moment with Abi on sub-committee.

Abi – Abi and gemma sitting down with Rob and Catherine and probably Tom and Dave. BMA would like more of a plan about how this would work in practice.

Contact Emily for more information:

Er2419@bris.ac.uk

erigby@bma.org.uk

15. Gerard Millen gives Guide to Charity Status

Very important!!! Listen up!

Gained Charity Status in October 2005

The charity is Medsin-UK/TMCF- this is only the national committee – branches, projects, campaigns cannot claim to be part of a charity!!

Fundraising – street collection raising money for Medsin-UK (which is the NC). Raise £150, give it to NC. You then need to apply to NC for a grant, e.g. if you're going on holiday with your committee, you won't be able to get it back to cover this... NC will keep a minimal amount (<5%).

Grant applications – project in local branch that is not nationally recognised, we cannot use charity status to fundraise for that – only nationally recognised projects.

As an NC we are applying for national and international grants, but not local grants.

If you want to apply for a local grant, TELL US – fill in forms and send them to us to finalise. We will apply for you and send the money to you if/when it arrives.

Summary – if in doubt – JUST ASK

vpexternals@medsin.org

committee@medsin.org

Q.1) Where are the forms to apply for money back?

A.1) They will be available under resources this week.

Q.2) Lizz, Bristol

When you say we have to inform you, is this official in writing or just tell one of you?

A.2) In writing – there will be a form for this too.

Q.3) Gemma, HYMS

If we get a local grant that doesn't have to have charity status, can it go straight to the branch?

A.3) Yes

Q.4) Mark, Leicester

Is any kind of fundraising that we do illegal if not done through you?

A.4) Only if you say that you are having it in aid of a registered charity. As long as you make it clear that you are not a charity or part of a charity.

Cannot say that you are under the umbrella of a charity.

Q.5) Sunil

How long is the whole process expected to take?

A.5) Should be a quick turnaround if the application form is sent off quickly. Once NC have agreed that we are happy to give it back.

Abi - When you are fundraising, if you use the words 'Medsin-UK' you MUST quote the charity number and give the money to us to give back to you.

Q.6) Gemma, HYMS

Are day to day running costs considered for getting money back from a fundraiser such as a cake sale?

A.6) As long as they are things that you are going to use to put back into the network. IF it's a grant you're applying for, make sure what you are applying for is relevant to your use.

Q.7) Selina, Newcastle

Trusts that are area specific – would be problematic to do this through the national committee as the address is not local.

A.7) MUST go through the charity address - i.e. Abi's address.

Abi - the reason for that is that we have to sign to say that we know what's going on, etc.

Sunil - As far as the NC is concerned, this is not trying to take anything away from the branches, it's trying to add to it. If you wish to take advantage of the charity number (which you would not necessarily for a cake sale)

Q.8) Jilly, Liverpool

We are a society of our students union. We get £150 for the year. Is it okay for that to go through us, rather than through Medsin-UK.

A.8) Yes, that's fine as long as you are not applying in the name of Medsin-UK

Q.9) Tom Yates, GHAP

Ethical funding – if it's coming from Medsin-UK are these applications subject to medsin's funding policy.

A.9) Yes, absolutely, they are subject to our policies.

So we have to wait 6months for approval of a grant application to pass at a GA?
No, we would use a common sense approach

Q.10) Gemma, HYMS

Our students' union is a charity. Are there any problems with being a member of both?

A.10) No

Q.11) Selina, Newcastle

Are you taking 5% of any money that goes through you or will it just reflect your postage costs?

A.11) No, it will be more than postage, we will have to put in time and effort and for printing costs. E.g. you raise 164.67, we would probably send £160 back.

Q.12) Tom Yates, GHAP

Could we have a list of who we are applying to for grants so that it is publicly available.

A.12) Yes, that's fine. To go on website.

Q.13) Mori, Edinburgh

Projects – can they use Medsin charity status?

A.13) If they are nationally recognised or affiliate project or campaign, then yes. But if it's for a local project, then no, e.g. can't raise for MedAID at the moment, but if it's accepted tomorrow, then you can.

Sunil – projects may not necessarily fall within medsin's aims if not approved by GA

Q.14) Lizz, Bristol

Bristol funds both affiliate and local projects. If we have a fundraiser and give money to you and then get it back – some would end up going to local projects that are not necessarily recognised.

A.14) As long as it's going through you we can't tell you how to spend your money, so for example we could give you money that has been raised and you could give it to BuDeTang.

16. Gemma Owens – presentation - Branch Affiliation Fees

Category decided by how much support each branch gets, how big and how active the branch is.

C – new branches mainly start off here

Exemptions – not necessarily exempt yet, we are voting on this tomorrow.

Cardiff, Durham, Nottingham – restarting or new

St. Georges – not active last year

Warwick, Peninsula – outstanding, but due to pay

Tomorrow – change in fees?

Motion 44

To change cat A from 130 to 150

To change cat B from £80 to £100

Branches have been consulted on this. Have had a mixed response that will be discussed tomorrow.

Incoming from BAF 05/06 – £1890 – seems like a lot, but isn't really for Medsin-UK. Most money goes to pay IFMSA fees - these were £1561.90. This is part of the reason behind the proposal to increase fees.

Slide of proposed categories shown – have consulted those who we have proposed changes to.

Gemma requested someone from George's and Glasgow to speak to her this weekend, but no one available.

Q.1) Michelle, Warwick

What do you mean by more active?

A.1) Have been working with Sunil to establish how active branch has been over the past year.

Sunil – I am on the branches side of this as I represent them. Asked questions such as - did they have a president, did they have a committee? If they did, whether they did anything or not is not really the question – if a group called Medsin existed, have counted them as active. In some places where they are inactive – may be projects running, but no committee. Any comments on this?

Q.2) Jilly, Liverpool – where has this come from? Who decided this?

A.2) Sunil – have been speaking to presidents and trying to make decisions in conjunction with them. Don't want fees to be a hindrance to anyone.

Q.3) Jilly, Liverpool – if we have problems paying and we speak to you about it, would it be possible to pay in instalments?

A.3) Gemma - does complicate things but no serious problems with this and don't want to see branches struggle with this. In the past we have had presidents paying out of their own pockets and don't want this to happen.

Q.4) Jilly – when do we have to pay?

A.4) Gemma - usually in December, usually ask for it to be within three weeks, but doesn't usually happen.

Q.5) Lizz, Bristol

Is this a majority vote?

A.5) Abi – need a quorum for everything.

Nat – relative majority needed.

Q.6) Mark, Leicester

We have discussed about places active or not. Are there criteria for categories?

A.6) Gemma – most in Category A are just more financially capable, no strict boundaries between them. Most Medsin groups stay in category A if they get there, unless something drastic happens. We didn't have the response we were looking for

from questionnaires; most who responded were the ones who were able to pay and were happy with increases.

Pete – it's about your ability to pay.

Sunil – we really don't want money that is valuable to us as Medsin to impinge on local branches. If you are really struggling to pay BAF we will try to keep you down a category, but the thing with branch fees is that they are really essential to funding of Medsin so not just random amount of money, but really makes a difference to us.

Gemma – please return questionnaires.

Gemma, HYMs – requested another questionnaire

17. Medsin-UK Budget for 2006-07

Fairly excessive, but this is why we have VPE.
Split into essential and non-essential.

ESSENTIAL

Item	Quantity	Cost	Total Cost
Branch Resource Pack Updates (50)	1	£45.00	£45.00
Website Host	1	£20.00	£20.00
Printing External Resources	100	£2.00	£200.00
Printing GA Resources	2	£50.00	£100.00
T-shirts	200	£5.00	£1,000.00
IFMSA Fees	1	£1,500.00	£1,500.00
ukpha	1	£40.00	£40.00
Publicity Materials	1	£200.00	£200.00
Print Annual Report	1	£150.00	£150.00
Bank Fees (inc. transfer fees)	1	£55.00	£55.00
Charity Trustee Indemnity Insurance	1	£300.00	£300.00
Audit of Accounts	1	?	?
Total			£3610

IDEALISTIC

Item	Quantity	Cost	Total Cost
National Committee Travel costs	10	£100.00	£1,000.00
Speaker Tours	1	£150.00	£150.00
Flip Chart Holders	2	£40.00	£80.00
Flip Chart Paper (Pack of 5)	3	£10.00	£30.00
Mobile phone costs	10	£100.00	£1,000.00
Postage	10	£10.00	£100.00

Start up costs for membership scheme	1	£200.00	£200.00
Stationary and office costs	1	£200.00	£200.00
Campaigns AGMs	4	£50.00	£200.00
Total			£2960

An explanation was given for each item on the budget

Total - £6,570

10% for unexpected costs - £660

Total (+10%) - £7,230

Really depends on what kind of income we get as to how realistic an estimation of our spending.

Q.1) Lizz, Bristol

In ideal budget could you have start-up costs for conferences as at the moment there is nothing to support them?

A.1) Abi – most conferences make money. In the bylaws last GA we passed that first 250 goes to next conference. This is not our ideal budget, that's more like 8,000.

This is the realistic ideal budget.

Q.2) Julia, CPRIS

£1000 for t-shirts. Who are the t-shirts for? Would you not be selling them back so it's not really 1,000?

A.2) This is because it's an initial cost as we don't know if we're going to sell them all. We have to pay this cost initially. And wait to see if we get it back.

18. Pete and Abi Discuss Medsin's potential partnerships

At the moment – used to be a list on the website, had never been voted on at a GA and was very unofficial with not much input from members. We would like to change this and allow input into whether or not we form these partnerships and on what terms. We also need to discuss this in terms of what we can say to externals when we go and meet them.

Currently up for discussion:

Oxfam

AMREF

PHM

UKPHA

THET

Voting – these have been moved to guidance statement session. Get a brief overview now, more at mini-meeting held at other times in weekend.

AMREF

Very interested in working with Medsin.

African organisation -97% workers are African. Flying doctors originally, advocacy to African governments and work in European and North American countries. Aim to strengthen and work with public health systems.

Medsin Gains:

- Experience of an African NGO – come to conferences, give talks, tell us what they think on issues, would be useful to work with.
- Access to speakers

AMREF gains:

Access to people interested in African health.

Fundraise if members want to, but not the only thing they are after.

Problems that Pete sees:

May conflict with the campaigns we have already, may take from our time.

Take large amounts of pharmaceutical money. That may conflict with our values.

Abi – presenting again as more information was requested at SGA

OXFAM

You all know who they are.

They are moving into the world of health through their report on essential services, want to mobilise civil society, local governments and international community behind public services. Targeting next G8.

Both gains: work together, louder voice

Medsin gains:

Access to resources, speakers, training

Access to health coalition – Medact, the BMA, unison. Getting all GH interested people into one forum.

Oxfam gains:

Access to students of health, we are the future of health,

Numbers to join this campaign

Joint policy statements, local and national.

Problems Pete sees:

Limited time and resources, they are massive and we get too close, they don't see us, just Oxfam.

PEOPLE'S HEALTH MOVEMENT

Grassroots organisation

Networks of health organisations all over the world.

Advocate for health issues, fairly idealistic. Possibly unachievable.

We need to endorse the charter to get involved.

Abi has left a pile at the front for people to read.

What the charter says:

Radical changes in trading rules

Cancellation of third world debt

Transformation of WB and IMF

Medsin Gains:

Participation in a worldwide network. Very keen for us to get involved. Based in Cairo at the moment. Want us to actively get involved. Nice that they're bothered.

PHM gains:

Another endorsement

Problems:

Very idealistic, very political, may alienate some members

Says:

Globalisation has to be opposed

Blame placed on IMF, WTO, WB AND TNCs

Demands the control and taxation of speculative international capital flows

Rich countries to reduce consumption by 90%

Demand radical reforms on the UN Security Council.

Point of information:

Tom Yates – oppose embargoes in any situations.

Lizz, Bristol – possible problems with partnerships and NGOs, when are we having this debate?

Abi – talking about this in mini-meeting that Pete and I are running tomorrow.

Sunil – who else has endorsed?

Jen – I have a list (she later discovered that she didn't have said list)

Julia – they want us to co-sign policy statements. In past discussions we have been looking at how Medsin endorses stuff vs. GHAP endorsing it?

UKPHA

National network of public health organisations

Joining fee - £50

We can take part in policy forming.

We have been a member in the past.

Bal – Point of information – in the past when we were a member we had a great opportunity to tell people about Medsin and promote ourselves.

Abi – really good opportunity to build Medsin's name in the public health world and earn some more respect.

John, Manchester – if we were a member in the past, why aren't we any more?

Abi – purely financial, fee has to be paid to stay a member. Was not a conscious decision to leave, someone forgot to renew it.

THET

Sohur Mire here to represent them

Capacity building between our hospitals and hospitals abroad.

They want to work with us to develop resources that students can use for electives, etc. Want student representation on steering committee. Invitations to each others conferences. Keep costs down for Medsin members, e.g. £6. Next one on mental health.

THET gets:

Student representation

Input into student targeted resources

Student perspective on development links

Medsin gets:

Develop links with international education institutions

Share learning materials

Make friends... electives?

Q.1) Julia, CPRIS

Do partners have a vote at our GA?

A.1) No, not under current constitution

Q.2) Julia, CPRIS

This is quite a big job to maintain these links. Who is this going to fall on?

A.2) Ones that are very attached to someone's job, then mostly that person. President is the link with externals.

Q.3) Julia, Leicester - already have a THET collaboration. Links with Gondar in Ethiopia. Student project about this in Medsin Leicester, have exchanges and electives. Doesn't have to just stay with NC – can have individual links.

Q.4) Mori, Edinburgh – I can see how THET is relevant to local branches, how do the others relate to local branches?

A.4) Pete – access to speakers, resources

Q.5) Russell,

If there is a difference in policy between two different partners, what do we do?

A.5) If they were severely conflicting, then yes, but we are likely to be working together.

Sohur Mire from THET presentation about the organisation

Sohur requests input from Medsin members about what kind of relationship we can have. She has lots of leaflets.

19. Baljinder Singh co-ordinates Project Proposals

Ally Ford presents MedAID on behalf of Hannah, currently on elective

Medical equipment from hospitals and GPs and send to places where equipment needed.

Idea is very basic – going on in other branches, within or without Medsin

Unused equipment from Edinburgh Royal sent overseas.

Students on GP placements procure equipment no longer in use.

Would like to make it a network so that we can transport more bulky equipment en masse. We have found ways to transport things through shipping etc and through volunteers going overseas.

Small things particularly good for electives

Q.1) Lizz, Bristol

How do you ensure that supplies are sustainable

A.1) There is constant turnover of supplies in Edinburgh that we can send

Q.2) Lizz, Bristol

How do you make sure it's sustainable over there?

How do you make sure people know how to use equipment?

A.2) Point made that expanding network would enable med aid to develop these things further.

Answers supplied from hannah's email to bal dated 4/10/06

Q.3) Abi – the money spent shipping stuff over. Has medaid considered spending money over there to better their economy?

A.3) Ally – the transport we managed to negotiate. It has hardly cost anything. It was a shipment that was going anyway and managed to get our stuff taken. I am not sure about future costs.

20. Pete coordinates campaigns proposals

Preamble – this is about coming up with an idea that you care about and putting it forward as a national campaign. Another level on top of that is priority campaigns which lets you decide what you want Medsin to be spending most time on in terms of campaigns.

Tom Yates and Dave Biles Present Who 4 the WHO?

JW Lee died in the summer.

The process for elections of successor is problematic. Countries can nominate people and then publish manifestos which are not really circulated and not easy to get hold of – we have two of thirteen. There is a meeting behind closed doors, board of WHO meets and there are 34 of them – 192 member countries. They have a vote and this decides who runs the WHO. There is very little franchise, debate, democracy. We would like to highlight the need for reform in this. Will be a short-lived campaign – ends in November. WHO is a very important body – guidelines, frameworks produced. They do lots of other crazy things like eradicating smallpox. Important that someone accountable and charismatic is elected to lead it and to represent poor and unhealthy people worldwide.

Q.1) Lizz, Bristol – How does the WHO feel about this campaign?

A.1) Very little media coverage as of yet.

Q.2) Are there any other groups running campaigns such as this in the world?

A.2) Medact and Mike Rowson – we are working closely with them. PHM are also working on it. We are aware of what they are doing, but not working with them yet.

Q.3) What do you expect to achieve?

Is the lancet working on this and are we working with them?

A.3) Lancet are covering this and if we are voted, we will be in touch with Richard Horton.

Plan:

Drafting a letter, calling for more transparency – as many signatures as possible. Trying to hit press with it – looking for high-level signatures such as Nelson Mandela and Bill Gates. Want to deliver this letter to every ministry that has say in relationship with WHO in the world by a medical student. Draft letter is being finalised over the next few days and you can be involved in the discussion of what you think should be included – through GHAP mailing list.

The more signatures the better – the challenge is to find 5 famous people, or high-standing academics and we will collate a massive list and ask them to sign it. Also hoping that medical students will want to sign this as well.

Delivering the letter – challenge to get someone to deliver the letter in each ministry who we can post the letter to and get them to deliver to their ministry.

Using IFMSA network as they have supported the campaign in a policy statement at AM06 in Serbia.

All to go on the GHAP page on the website.
Hoping to produce a campaign briefing.

Q.1) Lizz, Bristol

Do we print off letter and sign and post it to you from website?

A.1) Just need a list of names that are willing to sign it.

Q.2) Sunil - This is a campaign being run by the project, GHAP.

A.2) The GHAP was formed to address issues key to global health.

Q.3) What advantage is it having it as a Medsin campaign rather than offshoot of GHAP?

A.3) Just need Medsin's name for maximum publicity at the moment.

Q.1) Michelle

Do you want us to go back to medical schools and get names?

A.1) Yes, we want well-known peeps and normal peeps and all to sign.

Q.1) Gemma, HYMS

Do you actually want us to go up to these academics before we send you the details?

A.1) If their address is publicly available then yes, but if not then chat to them first.

Early November – delivering to foreign and commonwealth office in London.

End of Minutes for Saturday