



Australian Medical Students Association Global Health Network Annual Report 2007/2008

Compiled by Simon Harley, GHN Secretary 2007/08



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AMSA GHN



Chair Report

Negin Sedaghat

Serving in the capacity of Chair on the AMSA Global Health Network has been an incredible experience. I have not only had the opportunity to witness Australian medical students drive and organize creative and meaningful projects in the global health arena, but I have also had the opportunity to attempt to contribute to the process. This is largely due to the enthusiasm and commitment of the AMSA GHN committee, the support of the AMSA Council and Executive (both 2006/07 & 2007/08) and the overwhelming interest expressed by Australian medical students to further *connect, inform and represent*, especially with respect to global health issues.

In following the groundwork of the AMSA GHN Committee 2006/07, the stage was aptly set for further development of the internal workings of the committee, its relationship with AMSA and its contribution to Australia's medical students. Now coming into its fourth year of operation, the AMSA GHN is set to have just one focus and one portal to channel its efforts. This focus is none other than involving and representing medical students across the nation in the plethora of opportunities available in global health. Having established the rules and regulations of the AMSA GHN and having developed the majority of the internal workings of the committee to that of more efficiency, the opportunity to develop even further with respect to medical student involvement in global health has never been greater.

To the AMSA GHN Committee 2008/09 – many congratulations on what will be another exciting year for the GHN. Seize the opportunity to now promote the GHN to heightened scales, to further develop vector by quadrupling the number of contributions, to gain sponsorship in the effort of super-scaling GHN projects and to exercise your creativity in networking, connecting and informing medical students of global health opportunities! With contributions from both the GHN and Australia's medical students, the GHN will only continue to establish itself as the platform for new opportunities in global health to arise, expand and be consolidated.

Finally, many thanks to the efforts and support of all the outgoing GHN representatives, AMSA GHC 08, AMSA Council and Executive (2006/07 & 2007/08) – it has honestly been a pleasure and I kindly extend similar congratulations and appreciation for all your work.

Best wishes for the coming year and beyond!

Secretary Report

Simon Harley

The AMSA GHN Committee for 2007-2008 has helped propel this young organisation onto the national medical student scene. Speaking not only from an Adelaide University perspective (where the GHN is much better known) but also from listening to people at the 2008 Global Health Conference, it seems the GHN's presence within the medical student's scene has become more prominent. Sure, this is the natural progression of a young organisation, but it's fair to say that the efforts of this years' committee has made a large difference.

From a secretarial point of view, I've seen myself as a compiler of the great ideas that the committee has put forward. These have included;

1. A new GHG reporting proforma to help GHGs keep up to date with the happenings of other GHGs.
2. A new format of e-voting (introduced and run by Jess Hamlyn) to help with quick yet informed and fair resolutions put forward to the committee
3. Advocacy proposal (written by Alp Atik, Fred Hersch and Negin Sedaghat - accepted at Handover, July)
4. Introduction of new GHG's from a number of new universities around Australia

Congratulations to the committee this year. For the incoming representatives, the secretarial role is not difficult but can be made a little frustrating. There are a number of things though that can make the the secretary's role easier and this benefits you and the GHN as a whole with reports, agendas and minutes being distributed sooner. It takes very little effort on your behalf.

1. Submit reports in on time. If this is not possible, be sure to let the secretary know.
2. Write within the designated margins on the correct proforma
3. Keep to the same font as designated by the secretary in the proforma.

Just these small details can reduce the time of compilation down and result in agendas and other important documents out quickly.

I've enjoyed the role as secretary. I found it challenging at times, but rewarding as I saw the metaphorical ball start to roll in a number of areas within the GHN.

Good luck to those incoming representatives, and to the outgoing reps, I've enjoyed and appreciated all of your work throughout the last 12 months.



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Publicity Officer Report

Nadine Ata

Many a fun time has been spent working on the Publicity arena this year – from re-re-re-re-reviewing *Vector* editions to getting the shade of orange on the website just that little bit closer to the “true AMSA orange colour” – the *Vector* team, website moderators and I have thoroughly enjoyed taking the brilliant work of last years’ Publicity team another step forwards!

The *Vector* magazine has progressed greatly in the last twelve months – with full credit to the editors, Nicola Sandler and Cara Fox; and layout designers Vanessa Fitzgerald and Tim Fazio. Nic and Cara have taken *Vector* to new heights, with their three editions– *Indigenous Health*, *Students Without Borders* and *Connections* – being enjoyed by more people than ever before. *Vector* is now an insert in the AMSA *Panacea* magazine, is available on the AMSA GHN website (<http://ghn.amsa.org.au/ghn/vector.html>) and is sent to an email mailing list which has more than doubled in size since last year. No doubt the appeal of *Vector* would not be half as great without the brilliant work of Vanessa and Tim who have put together extremely high-quality designs for our readers. A special thanks to Tim for stepping up to the job last minute and performing so magnificently.

The website has undergone some major face-lifts in the past year. Many thanks are extended to Fred Hersch, who uplifted the website to a new level of user-friendliness and information display, and Jaspreet Singh, who has worked to create a very aesthetically pleasing website ready for the incoming GHN committee to build upon. The website has been designed so that opportunities in the area of global health, relevant current affairs and the latest happenings in GHGs can be regularly updated and enjoyed by enthusiasts around the country. Due to popular demand for more transparency to our organisation, a space has also been created for viewers to read the minutes of the monthly GHN teleconferences.

Other publicity endeavors this year have included the GHN Introduction in the October 2007 *Panacea* magazine and a generous GHN section in the GHC conference book.

I have had the pleasure of speaking to the newly elected website moderator; and *Vector* Editor and Layout Designers, who are keen and set to take GHN publications further until July 2009. Best of luck to the incoming Publicity Officer – I hope you find this job as fun and fruitful as I have!



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Global Health Officer Report

Jake Parker

The past twelve months has been a period of critical growth for the AMSA Global Health Network. Entering into the Global Health Officer role in January, one of the key aims the 2008 Executive was to provide an environment conducive to self-sustainability for the GHN. After the wake of changes of the internal structural of the Network passed at the annual handover meeting in 2007, the 07/08 Committee was not only charged with the onus of implementing the new framework, but was expected to further define the procedures, public face, and direction of the GHN with the overarching goal to create tangible outcomes for our members in the global health arena.

Each of the GHN Representatives has played a key role in the promotion of global health opportunities to AMSA's membership base. From international conferences to advocacy surveys to awareness campaigns, the GHN Reps have become the personification of AMSA maxim 'Connect, Inform, Represent'.

The new Working Party (WP) model was utilised, and WPs were soon established to achieve three central tasks identified as area of import by the Committee: collaboration in the form of a national project; the creation of advocacy in global health; and the promotion of GHN/GHG sponsorship.

After much research and deliberation by the GHN, the 'Red Party' was adopted by the GHN as the inaugural National Project for the GHN, and was launched in the fertile ground of the Global Health Conference 08. Numerous global health groups and medical societies are planning to host, or have already hosted, a Red Party in 2008 to raise awareness and financial support for the HIV/AIDS cause. The Advocacy WP initially set itself to create a framework through which global health advocacy will be drafted within the GHN. Subsequent to this, Fred Hersh (06/07 GHN Chair) and Alp Atik (07/08 GHN Rep) instigated the UN Millennium Development Goal policy project. This pilot advocacy project included a survey of over 2000 Australian medical students and will result in both global health media and policy formation. The issue of sponsorship has proved to be more complex than first thought, however, important forward steps have been made, such as the creation of the GHN Treasurer to take on the task of gaining the GHN external financial support. The GHN aims to gain some level of alternative funding sources in the 08/09 term.

The inescapable environment of geographical separation in which the GHN operates ensures that even the most simple of procedures present a challenge to the committee. In an effort to maximise the representative role of the Network, the Committee created and implemented a formal voting procedure which included electronic voting. The current system allows thorough discussion of any given topic whilst maximising the efficiency of the monthly meetings. Negin, the GHN Chair, also amended the structure of the GHN monthly teleconference meetings to maximise the efficiency and efficacy of the GHN, and to great success.



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Significantly, the GHN was formalised within the Association with the drafting and adoption of GHN Regulations and Bylaws at July Council, 2008. Outlining the aims, roles and responsibilities of the Committee, the inclusion of this document into AMSA's Regulations marks a significant step in the maturation of the Network. Only now, with defined roles and boundaries, is the GHN able to operate to its maximum capabilities in synergy with the other components of the Association.

To further maximise the autonomy of the Network, the AMSA Executive has encouraged the GHN to take an degree of autonomy of its budget. This not only promotes thrifty practices, but allows the GHN to expand its operation when it runs in a prudent manner. As the full financial accountability and procedure still remains with the AMSA Executive, they remain as a regulation of the AMSA account and oversee spending by the Network.

Through the tireless efforts of the GHN Publicity Officer, Nadine Ata, the public face of the GHN has been revamped. To her credit, there have been significant aesthetic and functional improvements to the GHN website over the past year. Furthermore, the GHN magazine 'Vector' has become a professional publication, now enclosed in AMSA's biannual Panacea and, as such, has resulted in phenomenal growth in readership.

The creation of a 'GHN Representative Guide' has helped bridge the gap between GHN Representatives and the often 'foreign' other constituents of the Association. With all the information needed to instigate and run a small country contained within it, the Guide gave newly elected GHN Reps a running start to their office.

The future of the GHN is one of continued evolution. The future is exciting: global health policy so close you can taste it, GHN is forever becoming bigger/better/stronger, and new GHGs overflowing with enthusiasm. It's important for the 08/09 GHN Committee to look ahead and plan for the big year ahead of them, but not before looking back and giving thanks to those who have brought it this far. I extend my sincere gratitude to every member of the 07/08 GHN committee for their dedication, passion and vision.



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AMSA GHN

AUSTRALIAN NATIONAL UNIVERSITY

EnSIGN (Engaging Students In Global-health Network)



Activities/Events

- Teddy Bear Hospital and Clown Doctors
- Indigenous Child Health Seminar
- Website redevelopment
- Fiji Village Project (FVP) and FVP Photo Exhibition Fundraiser
- Refugee Health
- EnSIGN Annual Publication

Demographics Majority non-clinical years. Few clinical years participate.

Organizational structure Chairperson(s); Secretary; Year representatives; Project Managers

Sponsorship and Fundraising Most sponsorship & fundraising is arranged through ANUMSS

Relationship with other organizations

AMSA: Only through the AMSA GHN and AMSA GHC

Local MedSoc: EnSIGN is a subcommittee of the MedSoc.

Rural group: Organised one event together last year. Hope to do so again this year.

Benefits and issues in terms of professional relationships:

The ANUMSS is indispensable to EnSIGN. We have enjoyed working with the ANUMSS and are incredibly appreciative of their support. EnSIGN is still not as fully engaged with the AMSA GHN or AMSA GHC. We hope that this will change following AMSA GHC 2008!

Evaluation of GHG

Strengths: Starting to have some more regular events (esp wrt Teddy Bear Hospital). Have developed trans-national project with NZ and Fiji – strengthening links everyday.

Weaknesses: Fewness of numbers to get projects off the ground

Opportunities: As the years progress – expansion to involve clinical years

Threats: Dwindling enthusiasm and therefore decreased support

Resources to overcome any obstacles: ANUMSS Support and maintaining events

Evaluation of the AMSA GHN rep role

Strengths: Really good working relationship with GHG and AMSA Rep. Able to communicate easily with student body via electronic bulletin

Weaknesses: If in clinical years, very difficult to attend meetings on campus and therefore not as in touch as should be.

Opportunities: More involvement with the actual GHG Committee

Threats: Possible lack of interest in subsequent years

Suggestions for incoming AMSA GHN rep

A possible suggestion is to have a “pre-clinical Rep” once you enter third year – then, you can involve the rep early on in the GHN, maintain a really good connection with the pre-clinical team and have a smooth transition at handover.



AMSA GHN

UNIVERSITY OF ADELAIDE
Insight



Insight
educate inspire empower

Activities/Events

- Quiz Night 07
- 2 Photo Exhibitions
- Development Fund Dinner
- 2 Movie Nights
- Welcome BBQ 08
- ATSI workshop
- MPPW workshop
- Dentistry- Education Forum- 'Unconventional Dentistry'
- Kompian, Enga Province in PNG
- Developing links in Ghana
- Vellore Mission, India
- Elective Data Base

Demographics 1000 students on membership list - members include students and professionals from Law, International Politics, International Studies and engineering.

Organizational structure Chair(s), Treasurer, Secretary, Sponsorship Officer, Membership Officer, Curriculum Officer, Education Officer, Project Officer, Marketing Officer, AID Officer, Rotary Liaison, Engineers Without Borders Liaison, AMSA GHN Representative, Year Representatives (years I-VI).

Sponsorship and Fundraising Insight is proud to announce our inaugurals, Benson Radiology. They will be supporting us with funds for general activities and funds for the annual Development Fund Dinner. Insight continues to receive funds from AMSS.

Relationship with other organizations

AMSA: majority of Adelaide delegates going GHC 2008

Local MedSoc: Has been rocky in the past due to certain major sponsors providing funds for AMSS. We hope to/are in the process of mending this and hope to have a more professional relationship in the future. Insight and AMSS hold a number of fundraising events together. Their support has been very much appreciated.

Rural group: Have a member of the executive that sits on both organizations. Aim to hold a 'close the gap' fundraiser in 2008

Benefits and issues in terms of professional relationships:

Building professional relationships without stepping on peoples' toes is something that Insight must continue to do as we become a larger, more reputable organization. Insight has a huge potential with Adelaide University and Alumni approaching us to aid in our growth, both financially and in assisting our fund management and promotions.

Evaluation of GHG

Strengths: Number of people and organizations becoming familiar with Insight and wanting to be involved.



AMSA GHN



Weaknesses: Having the experience and the know-how about forming these relationships

Opportunities: Relationships with local and global communities/hospitals

Threats: Spreading ourselves too thin. Insight must concentrate themselves on the important things.

Resources to overcome any obstacles: Always obstacles! Usually find our way around them and with Insight's exec being so young, it promises to be an exciting future.

Evaluation of the AMSA GHN rep role

Strengths: A great liaising tool between local GHG and interstate GHG's. Boundless opportunities to make change in Global Health awareness and education around Australia.

Weaknesses: it's intimidating coming into the role. It would be great to be able to draw on thoughts and ideas from ALL reps.

Opportunities: Networking and becoming familiar with AMSA processes and Global Health in Australia

Threats: MUST KEEP IN CONTACT WITHIN THE GHN. As soon as a rep loses their perception of making a contribution to the GHN, their enthusiasm will go down. Unfortunately, processes are slow and enthusiasm can drown.

Suggestions for incoming AMSA GHN rep

Don't be afraid to say anything. It's a cliché, but there is always going to be people who are thinking the same as you. Make sure you're organized and be nice to the secretary by getting you GHG reports in nice and early.



AMSA GHN

UNIVERSITY OF TASMANIA
IMPACT



Activities/Events

Collection of medical supplies.
'Foods of the World' nights
O-Week/Societies Day
Welcome lunches
AGM with new committee elected, plus reports of the highly successful year.
Electives night

Demographics of the GHG 150-160 members across all 3 current years of the new MBBS course and final 3 years of the old MBBS course. Some non-med members as well.

Organizational structure Executive committee: President, Vice President, Secretary, Treasurer, Publications Officer, GHN Rep

Sponsorship and Fundraising Organised separately for each project.

Relationship with other organizations

Local MedSoc: None

Rural group: As much as we can (especially electives night)

Benefits and issues in terms of professional relationships: we like collaboration.

Evaluation of GHG

Strengths: Enthusiastic

Weaknesses: To our detriment, we had high standards and were not prepared to delegate outside of the executive committee.

Opportunities: Solid opportunities to raise money,

Threats: The new medical course structure with reduced elective time; not utilizing wider member base of IMPACT

Resources to overcome any obstacles: New initiative to make money available to support 1st/2nd year students to attend GHC; establish subcommittees to share load and increase involvement

Evaluation of the AMSA GHN rep role

Strengths: increasing involvement and knowledge/skills related to international health

Weaknesses: difficulty in maintaining connections with other states/ reps

Opportunities: meeting likeminded people and IFMSA

Threats: the amount of administration work involved

Suggestions for incoming AMSA GHN rep

Be organised, read minutes, be the injection of enthusiasm into the committee;



AMSA GHN



UNIVERSITY OF WESTERN SYDNEY

Global Health @ UWS

Activities/Events

Working to establish and set up a framework from which global health can be pushed forward at our new medical school

Participated in various fundraising activities

Sponsorship and Fundraising Branch of the UWS Medical Society

Evaluation of GHG

Difficulty getting GHG fully functional and operating – with incoming year groups in the new medical school this will naturally become easier

Evaluation of the AMSA GHN rep role

Weaknesses: Not enough commitment and participation – result of MedSoc structure

Suggestions for incoming AMSA GHN rep

Get more involved in national global health issues

- Work harder to set up GHG at UWS
- Take more opportunities in AMSA GHN projects, etc



AMSA GHN

JAMES COOK UNIVERSITY
SANTÉ

Activities/Events

- Red Party
- PNG material drive
- Fundraiser: Run to the Water
- Sanitary product collection for Zimbabwe



Demographics 150 members. 65% pre-clinical years with 35% in years 4, 5, 6.

Organizational structure President/Chair, Secretary, Treasurer, AMSA GHN Rep, Sponsorship Office, IT officer, 1-6 Year Reps

Sponsorship and Fundraising Largely rests upon the group as a whole. The sponsorship officer appointed this year has the sole role of coordinating the fund raising and sponsorship of large scale projects ie. the Run to The Water.

Relationship with other organizations

Medsoc: Closely aligned with JCUMSA. SANTE meetings are attended by the JCUMSA president with input.

Rural Health Society: Communication is continually open with RHINO executive present at SANTE functions and events.

Evaluation of GHG

Strengths: Close relationship with students and staff of SOM. Medical school with high Indigenous health focus and class focusing on social determinates towards improving health care.

Weaknesses: Clinical year involvement limited by dispersion across Darwin, Cairns, Mackay and Mt Isa sites.

Opportunities: Close relationship with PNG health professionals & Indigenous policy makers.

Threats: Further growth across distant sites serves to disperse SANTE further with less and less contact form clinical year students.

Resources to overcome any obstacles: Increased reliance on website and potential growth of new roles with cross site coordinators.

Evaluation of the AMSA GHN rep role

Strengths: Great opportunity share ideas and express to SANTE

Weaknesses: Distance from other medical schools and relative small class cohort means following other university suggestions may have little correlation with JCU perspective.

Opportunities:

Threats: Starved of commitment to own GHG with completion of GHN activities.

Suggestions for incoming AMSA GHN rep

Maintain continuity with other medical societies. Help project GHN goals ambitions and proposals towards SANTE and wider medical student body. Foresee potential project coordination with other GHG.



AMSA GHN



UNIVERSITY OF WESTERN AUSTRALIA

InterHealth

Activities/Events

- Red Party
- Local & International Needs Contribution Scheme (LINCS)
- The International Child Health Review Collaboration (ICHRC)
- Close the Gap day
- Projects Night
- Electives and Exchange Night
- Training day
- Projects in-the-making: Calcutta Village Project, Teddy Bear Hospital, Pharmaceutical debate

Demographics of the GHG Over 100 on the mailing list. Mostly 6th years

Organizational structure: Interhealth is the GHG sub-committee of the Western Australian Medical Students' Society (WAMSS). Our committee is made up of the following positions: Chair (two Co-Chairs in 2008), Secretary, Treasurer, Training and Development Officer, Promotions Officer, NGO Liaison Officer, AMSA GHN Representative, International Federation of Medical Student Associations (IFMSA) Local Exchange Officer (LEO), Project Co-ordinators for each of our projects

Sponsorship and Fundraising Our funding comes directly from WAMSS and our treasurer compiles a budget at the beginning of each year and then submits it to the WAMSS treasurer.

Relationship with other organizations

AMSA: Not much direct contact – mainly liaison via the GHN representative

Local MedSoc: We have very good communication with WAMSS, and the WAMSS president has even attended some of our meetings. We had some members from the WAMSS committee present on our training day as well.

Rural group: With "Close the Gap" day, there is now consideration for the possibility of electing an Indigenous Health Rep on the Interhealth committee.

Evaluation of GHG

Strengths: Very motivated committee members, unbelievable growth in 1 year! The projects have really taken off very well and have definitely made a contribution to the developing world (Red party, LINCS, ICHRC)

Weaknesses: Some projects that were supposed to be launched this year have still not been initiated

Opportunities: More promotion of Interhealth and its projects to get more students involved. Work more closely with WAMSS to achieve this goal.

Threats: Mainly 6th years on the committee. Need to get more pre-clinicals involved and ensure that next year's committee continues the good work!



AMSA GHN



Evaluation of the AMSA GHN rep role

Strengths: I really enjoyed being involved in Interhealth and learning about the different projects currently taking place in the other universities across Australia. The TCs were always very motivational.

Weaknesses: I was not able to attend some of the teleconferences due to my medical elective, and my rural GP rotation.

Opportunities: The role needs to be more well-defined in terms of how much does the GHN rep get involved in the GHG projects etc.

Threats: GHN rep's role should not be left to that of just a liason officer on the GHG committee. It should involve more active components to it too.



AMSA GHN

UNIVERSITY OF NEWCASTLE

Wake Up!

Activities/Events

Refugee week

Birthing Kit Night/Photo Competition Night

Health Equity Selective (HES) Info Session



Demographics Committee has a mixture of new and experienced students. Now encouraging direct involvement in committee from Year 1. Our events are popular among all grades in the medical faculty, as well as staff. We are lucky enough to gain an amazing amount of support from our medical faculty, and John Hunter Hospital – both of whom have helped us immensely.

Organizational structure Executive committee: president, vice-president, treasurer, secretary, supplies officer, publicity officer, sponsorship officer, Medsoc representative, GHN representative. We also have year representatives for first and second year students who are members of the committee.

Sponsorship and Fundraising

Wake Up! receives annual sponsorship from the GP Club, MIPS, MDA National and NUSA.



AMSA GHN



FLINDERS UNIVERSITY

Health and Human Rights Group

Activities/Events

- HEAT Grant
- Kaffehaus – talent night for med students
- Nepal Project – January 2008.
- O-week BBQ
- Meet and Greet Night
- Speaker Series
- MAPW Workshops
- Volunteering with Australian Refugee Association

Demographics Mainly 1st and 2nd years (pre-clinical). Committee is made up of 1st and 2nd years (Chairs are 2nd years)

Organisational structure Co-chairs, Co-Vice Chairs, Secretary, Project Officer, Senior Publicity Officer, Junior Publicity Officer, Media Officer, Social Officers, GHN Rep, 3rd Year Rep, 4th Year Rep, Alumni Rep.

Sponsorship and fundraising We have no sponsorship but are hoping to establish something this year. Fundraising is mainly from events involving students. We will be holding a fundraiser dinner in September where we will hopefully get some sponsors and continual fundraising.

Relationship with other organisations

AMSA: No fixed relationship with AMSA or AMSA Rep.

Local Med Soc: There is no fixed relationship with Med Soc. From handover, GHN Rep will be required to attend Med Soc meetings and communicate AMSA Global information to Med Soc.

Rural Group: No fixed relationship. Have joint subcommittee – Students Interested in Aboriginal and Torres Strait Islander Health (SIATSIH).

Benefits and issues in terms of professional relationships:

HHRG could benefit from more professional, set-up relationships with other medical student groups.

Evaluation of GHG

Strengths: Strong committee. Good base and range of events. Nepal project – possible ongoing project. Relationship with Flinders Medical Centre Foundation.

Weaknesses: Lack of money and time. Lack of website.

Opportunities: Equinox dinner in September. Will raise money for Indigenous and Nepal Project and will build relationships with possible sponsors. Better alumni support. Greater input from 3rd and 4th years.

Threats: Loss of experience as 2nd years move into 3rd year and go to other places.



AMSA GHN



Evaluation of the AMSA GHN Rep role

Strengths: good avenue to get information to GHG members. Fantastic way to find out about other events going on.

Weaknesses: can easily move to bottom of pile due to lack of contact, time. Lack of contact between GHN Reps

Opportunities: Detailed summaries on website after an event (SWOT analysis of event)

Threats: Time.

Suggestions for incoming AMSA GHN rep

Think up another way to tell students of opportunities (eg area in common room). Let people know you are who they should come to if they want to know more.



AMSA GHN

UNIVERSITY OF SYDNEY

Global Home



Activities/Events

Orientation Week - major recruitment drive

Global HOME website launch

'Postcards from Around the World' night

Medicine in Conflict Night

Electives night

Advocacy events eg the Millenium Development Goals leading to the development of the MDG survey.

Demographics There is no official membership procedure with interested parties invited to join an online discussion group. There are currently 69 members of the group. Members are primarily from years one to three.

Sponsorship and Fundraising Global HOME currently is not involved in sponsorship nor fundraising but this may change in the near future with the inaugural Red Party.

Relationship with other organizations

AMSA: As per GHN relationship.

Local MedSoc: Not a formal society but affiliated and thus able to apply for funding if needed. The International Officer for MedSoc is often a member of Global HOME and able to facilitate communication and involvement of members eg Electives Information Night.

Rural group: No formal relationship.

Benefits and issues in terms of professional relationships:

Global HOME operates under the aegis of the Associate Professor of International Health and the Dean is also aware of the groups activities. A good working relationship also exists with faculty members from the School of Public Health. So far there have been no issues regarding group or academic interactions.

Evaluation of GHG

Strengths: Influx of new members with variety of previous international experience. Will be coming into 3rd year of operation and awareness of the group has increased amongst the student body.

Weaknesses: Offsite relocation of 3rd and 4th year students often means 1-2 year turnaround amongst group members making it difficult to keep group stable.

Opportunities: Support from faculty and links with other disciplines offer opportunities for further information and education events.

Threats: High turnover.

Resources to overcome any obstacles: Website, meeting minutes, Medsoc funding and faculty backing.

Evaluation of the AMSA GHN rep role

Strengths: Able to disseminate wide variety of information to interested parties.



AMSA GHN



Weaknesses: Being located offsite ie out of Sydney made it very difficult to keep in touch with day to day running of GHG. A recommendation was made that the role not be available to students who will be rurally placed at the time of office.

Opportunities: Depends on individual focus or interests of GHG members and GHN rep.

Threats: None

Suggestions for incoming AMSA GHN rep

To use the activities of other GHG's as a springboard for ideas.

To pass on as much information as possible from GHN teleconferences ie meeting minutes etc so that the GHN is not seen as an amorphous body.

Encourage GHG members as much as possible to make enquiries and become involved in GHN activities eg Panacea.



AMSA GHN

GRIFFITH UNIVERSITY
HOPE4HEALTH



Activities/Events

Inaugural 'HOPE4HEALTH Cup' (fundraiser)
 Members Launch Party "Flying High"
 Numerous Horizons Seminars with notable speakers
 A number of student trips to the Aboriginal community of Cherbourg in 2007/2008
 Sponsored members to attend the joint QLD rural health club trip to Rockhampton and Yeppoon on the 17th to 20th of April
 Teddy Bear Hospital
 Annual Jazz Dinner Dance
 H4H offered Griffith University 4th year medical students, visiting developing communities for their elective, \$500 in financial assistance as well as a donation of \$1,500 for the local community they will visit for the purchase of medical supplies or aid through our "Developing Community Grant". H4H is offering two of these grants in 2008.
 H4H is now being indirectly sponsored by a medical specialist centre in Brisbane. They have provided wall space for the sale of artwork. A percentage of the proceeds from the sale of the artwork are donated to H4H. This has been a really successful venture in supporting H4H and local artists.

Demographics Originally set up by medical and dental students although now has a number of members from other allied health streams

Organizational structure Executive: President, vice president, secretary, treasurer. Council: Local officer, rural officer, indigenous officer, international officer.

Sponsorship and Fundraising A range of sponsors including MDOs, GU School of Medicine, GU Health, Medical Professional Financers and local small business

Relationship with other organizations

AMSA: H4H has a good relationship with AMSA Council members (past H4H members) and the elected GU AMSA rep

Local MedSoc: Has been strained in the past although there has been discussion of joint projects going forward

Evaluation of GHG

Strengths: Large group of enthusiastic people involved; held a number of well received parties and now have a reputation for holding good events; Members of the Exec live for H4H

Weaknesses: Due to H4H being involved in a high number of projects, it could be said people may be spread too thinly

Opportunities: A large number of 1st year students have shown interest in getting involved – need to harness this opportunity to give H4H continuity

Threats: GU's Medsoc becoming more popular or organised



AMSA GHN



Resources to overcome any obstacles: Involving 1st years now before they declare their allegiance to the Medsoc

Suggestions for incoming AMSA GHN rep

H4H holds their elections at their AGM in October so the AMSA GHN rep will not be elected until then

H4H will be considering splitting the International Officer and AMSA GHN rep roles due to the commitment involved in each



AMSA GHN

UNIVERSITY OF NEW SOUTH WALES
Medical Students' Aid Project



Activities/Events

Education of students and promotion of global health at the annual launch event.

Revision and improvement of governance guidelines over aid donations.

Promotion and training of medical students in the implementation of the MSAP model at the IFMSA August Meeting in Canterbury, UK.

Donation of a medical library to the new medical school at Université Protestante au Congo in the Democratic Republic of Congo.

Delivery of \$159,764.00 worth of supplies to developing world hospitals over the 2007-2008 elective period.

Demographics Even spread amongst pre-clinical and clinical. Pre-clinical year mostly involved in event organising and fundraising. Clinical year mostly involved in collecting equipment from hospitals. Majority fifth year students involved in the running of MSAP. Participation - students from all years, doctors and general community.

Organizational structure Co-chairs, Secretaries, Treasurers, Chief Logistics Officer, Equipment Co-ordinators, Transport Co-ordinator, Publicity Co-ordinator, Fundraising Co-ordinator, AMSA-GHN Rep. *General members are encouraged to attend meetings also*

Sponsorship and Fundraising The UNSW Faculty of Medicine sponsors the catering at our events. All other income are fundraised. In 2007, we fundraised through: individual donations, football game bucketing, Annual Launch, Developing World Health Symposium, General Practice Conference and Exhibition

Relationship with other organizations

AMSA: There is little direct relation of AMSA with MSAP. Any communications is done via the AMSA GHN rep.

Local MedSoc: Our secretary was also the Vice-President of UNSW MedSoc. Through her, we liaised closely with MedSoc to coordinate events that would not clash with

Rural group: MSAP has no direct relation with the rural group.

Benefits and issues in terms of professional relationships:

As MSAP relies on hospitals and doctors for donation of equipment and textbooks, we have good long term relationships with all major teaching hospitals of UNSW and many of the Divisions of General Practice in NSW. This network is quickly expanding to other major hospitals in NSW and interstate due to the promotions online and in state and national medical publications.

Evaluation of GHG

Strengths: Very smooth and efficient operation due to extensive experience. External bodies and persons are encouraged to participate to aid in areas of weakness amongst medical students, such as designing and managing websites. There is ongoing support and advice from MSAP Alumni when guidance is needed.



AMSA GHN



Weaknesses: MSAP's operations are very specific, with much of the logistics operation rather time intensive. This has led to a limitation of the number of events able to be held by MSAP for education and discussion purposes.

Opportunities: Other organizations have approached us for joint projects, allowing for the expansion of MSAP operations to other areas. The coordination of the donation of a medical library to the new medical school at Université Protestante au Congo is an example of larger projects taken on by MSAP. We also get donation offers interstate, which is currently unfeasible for us to collect but poses the possibility of expanding MSAP into a national project, coordinated locally at respective GHGs.

Threats: There is always the constant fear and threat that the supplies donated are not being put to good use or being tampered by corrupt authorities on the receiving end. Efforts are being made to minimize this, including the implementation of Memorandum of Understandings between MSAP and donor hospitals, and surveys for elective students for feedback on the suitability of donations.

Resources to overcome any obstacles: Guidance of MSAP alumni, promotion of continued participation in MSAP for operational continuity and detailed documentation of past experiences help guide future committees in their operations and decisions.

Evaluation of the AMSA GHN rep role

Strengths: Access to other GHG resources, ideas for events and advice on putting on certain events

Weaknesses: Lack of face-to-face contact demotivates reps to contribute to discussion

Opportunities: Promote AMSA events locally and MSAP operations/events nationally

Threats: If TCs do not generate tangible results, GHN reps lose interest, making future TCs and decision making harder, further impeding on the progression of GHN and its operations



AMSA GHN

MELBOURNE UNIVERSITY
VSAP



Welcome to 2008 and the first official publication recapitulating our activities over the past year. I would like to extend my heartfelt thanks and congratulations to all the hard-working members of VSAP. Because of their dedication and investment, we have been able to outdo ourselves once again! An observer might describe our progress nearly akin to Moore's law. Since our start in 2005, we have delivered \$2000, \$9900, and most recently, \$15400 worth of medical equipment and supplies to underprivileged communities around the globe. It is exciting to see such a healthy growth in our organization, and we are eagerly anticipating the challenges that await us this upcoming year.

Certain trends have been observed from our efforts, one of the more interesting ones being about the destinations of VSAP aid over the past year. With the exception of Cameroon and Papua New Guinea, the remaining countries of Solomon Islands, Tanzania, Thailand, Uganda, and Zambia, have all hosted students that have partnered alongside VSAP in the past. This is an encouraging finding. What we have here may be the seeds of growing partnerships that might be available for future University of Melbourne medical students traveling abroad.

While we celebrate our success and the work of our hands, let us remain focused on the people in need. It is for our brothers and sisters around the world that VSAP exists. The day that our hearts no longer beat for their cause shall be the day that we cease to be a worthy investment of time and energy. And until communities in sub-Saharan African (or pretty much anywhere else in the world) can have access to a box of surgical gloves as easily as communities in Victoria, VSAP still has work to do. Let us not grow complacent of our current achievements. Let us neither become disheartened by the seemingly insurmountable global inequality. We only comprise an iota of mankind, but an iota that can impact the world!

We are poised to help make a difference. Together, let us hope for a better tomorrow and strive to make a difference today! I look forward to the work we will do together.



AMSA GHN



DEAKIN UNIVERSITY

Name of GHG – Yet to be decided

Activities/Events

2008 is the first year of the Deakin University Medical School in Geelong, Victoria. As such the global health group at Deakin University is very much in its setting up stages. Our global health representative was elected in mid April and since then we have focused on identifying out who is interested in being part of the group and as a result we have a small steering committee set up. Currently, our focus is on setting up an official group and from early next semester we will be writing the aims, mission statement constitution as well planning what we would like to achieve in the future.

In terms of events, we have run one event which was a bake sale to raise money for victims of Cyclone Nargis in Burma. The medical students provided the baked goods and the 'BAKE FOR BURMA' cake stall was held for the entire university. The event was a great success with lots of people getting involved and we raised \$756.50. All proceeds are being donated to AustCARE.

For the remainder of 2008, in addition to setting up an official group, the Deakin GHG will participate in the HOPE photo exhibition with the Monash and Melbourne GHGs. We will also hold a red week in September to raise awareness and money for HIV/AIDS.

Organizational structure - Yet to be decided.

Relationship with other organizations

Local MedSoc: the global health group will be closely associated with MeDusa.

Rural group: plans to form a relationship with the rural health club at Deakin which as also just been set up.



AMSA GHN

MONASH UNIVERSITY

Ignite



Activities/Events

Trivia night

Monash Pre-Clinical Careers and Cocktails Evening

International food festival

Educational Seminars held in conjunction with the Burnet Institute

Annual dinner

Movies for Medicine

Global AIDS week

Hosting medical students from Sri Lanka

International health curriculum development in the Monash MBBS 2nd year course

Ignite Lunch discussion group – casual lunchtime discussion group for pre-clinical students

Indigenous day – small event, invited a speaker to speak during a lunch break

Supporting the attendance of 3 students from China to GHC 2008 as part of the Asia Pacific Delegation Project

Demographics of the GHG About 400 people, with members from a range of year levels of the Monash MBBS course, post-graduate doctors and students from other fields

Organizational structure Clinical Chair, Pre-clinical Chair, secretary, treasurer, sponsorship officer, AMSA GHN rep, website coordinator, Burnett Officer, E-newsletter officer, first year rep

Sponsorship and Fundraising Co-ordinated by sponsorship officer. Commonly approached organizations: Monash Medical Faculty, MDA National, Burnet Institute

Relationship with other organizations

AMSA: Linked through GHN

Local MedSoc and Rural group: Maintain links primarily through joint events such as trivia nights, Monash Pre-Clinical Careers and Cocktails Evening, International food festivals

Benefits and issues in terms of professional relationships:

Benefits include 1) increased funding and publicity through joint events 2) sharing of contacts and links. Issues include 1) clash of event dates 2) different aims of the groups, hence, messages in joint events might be blurred.

Evaluation of GHG

Strengths: 1) Strong and large member group 2) Driven and passionate executive committee 3) Extensive support from medical faculty

Weaknesses: 1) Funding is limited 2) Lack of administrative facilities

Opportunities: 1) Possible increased funding from medical faculty 2) Through GHC 2008, interest in global health in Monash would increase. 3) With the Monash Gippsland Medical Campus opening up, we can promote global health there.



AMSA GHN



Threats: 1) In the past 2 years, the driving force of Ignite has shifted from mainly the clinical students to the pre-clinical students. This possible dwindling interest in Ignite from the clinical students might be a threat.

Resources to overcome any obstacles: Support from faculty, Burnet institute, links that many of our members have with organizations.

Evaluation of the AMSA GHN rep role

Strengths: Efficient and punctual relaying of information and tasks from GHN to Ignite.

Weaknesses: Less active in lobbying for GHN national projects.

Opportunities: Getting to know the other GHN reps from universities around Australia.

Threats: Teleconferences and emails are a challenging way of sharing ideas, conducting meetings and carrying out national projects.

Suggestions for incoming AMSA GHN rep

Lobby for GHN national projects



AMSA GHN



UNIVERSITY OF WOLLONGONG

WUHOW (Wollongong University Health Over Wealth)

Activities/Events

Red Party held Oct 07, proceeds donated to UNICEF.

Increased GHC attendance from 2 in 07 to 10 in 08 and more that were turned away.

"24 famine for Timor" fundraiser.

Relationship formed with East Timor medical centre.

Demographics Majority of our membership is from the 1st year of our post graduate MBBS course. The aim of the current committee is to increase the membership through Red Party marketing, Red Week and Bake sale.

Organizational structure President, Secretary, Publicity/membership officer, fundraising officer, GHN Rep.

Sponsorship and Fundraising Fundraising officer.

Relationship with other organizations

AMSA: WUHOW is a member of GHN which is a part of AMSA

Local MedSoc: no official relationship at moment

Rural group: no relationship at the moment.

Benefits and issues in terms of professional relationships: none

Evaluation of GHG

Strengths: Very enthusiastic 1st year group now run committee.

Weaknesses: Few 2nd year members, only 80 students per year.

Opportunities: To increase numbers on campus=nurses, rural health club etc.

Threats: none really.

Resources to overcome any obstacles: very little apart from motivation and hard work.

Evaluation of the AMSA GHN rep role

Strengths: Allows good communications with GHN.

Weaknesses: Rep often feels the need to direct decision making with the GHG.

Opportunities: To co-ordinate efforts of GHG's, to borrow successful programs.

Threats:

Suggestions for incoming AMSA GHN rep

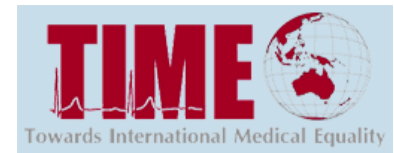
Speed of communication from GHN to GHG. To address raised issues ASAP. Copy/borrow any ideas that have worked for other GHG's.



AMSA GHN

UNIVERSITY OF QUEENSLAND

TIME



Activities/Events

- Medical Aid Project
- Elective Night and Barbeque
- Seminar Series
- Pharmaceutical Sponsorship Debate
- Social Events – Fashion Parade, International Beer Fest, TIME Trivia, International Band Night

Demographics 280 members spanning the four years of the medical programme. The majority of involvement is from first and second years.

Evaluation of GHG

Strengths: Grass roots organization that has secured sponsorship, continues to grow year by year and is moving towards the road of sustainability

Weaknesses: As with any student group, the risk of becoming obsolete depends on the yearly cyclical run of students. The level of involvement in third and fourth year is still low.

Opportunities: There are some very passionate students within the cohort. Greater student involvement is always possible.

Threats: the cohort is huge. The newer years do not feel cohesive as a group and it is becoming harder and harder to connect with the students.

Resources to overcome any obstacles: Communication with other universities on better ways to increase involvement and excitement within the membership.

Evaluation of the AMSA GHN rep role

Strengths: It allows for the opportunity to communicate between GHG's and share ideas and projects between unis.

Weaknesses: The teleconferences can be life sucking. The GHN rep role can become swamped in frivolous paperwork and procedures and needs to be more heavily focused on communication and achieving tangible goals.

Opportunities: There are 20+ super enthusiastic students that are genuinely passionate about global health. This needs to be embraced and used as a resource to enable change. Definitely easier said than done/

Threats: The role could swing either towards becoming swamped in numerous opportunities that never get completed or can become inured with boredom if the year becomes filled with procedures and

Suggestions for incoming AMSA GHN rep

Start tangible projects as soon as possible. There is a real impetus of excitement and change that can occur at the start of the year when people are excited about medicine and the medical course. The beginning of the year is also opportune for re-capturing second years and reinvigorate the cohort before the realities of the medical course becomes apparent.