

FAMSA Newsletter

July '20
E D I T I O N

...owners of various institutions of learning may start shifting their focus to online learning to minimize unnecessary spending and in the process reduce the cost of tuition for students.

3D printing ...
to produce personal
protective equipment (PPE) for
healthcare workers

By 2030, it is estimated that 42% of the people living in Africa will be youth

Art therapy can profoundly
affect therapeutic trends in our
society

Approximately 80% of the African
population uses herbal medicine
to deal with health problems

AFRICAN MEDICAL STUDENTS' RESPONSE TO COVID-19

After creating the universe, Ra created Osiris-the Lord of Judgment and ancestor of the Ancient Egyptians. He also created Seth- his evil brother - and Isis his wife. As time passed, Osiris grew old weak and blind. Seth took advantage of this and vanquished him, cutting Osiris's body into pieces and spreading them all over Egypt. Osiris's body was dead, but his spirit stayed alive since he was a God. Isis took matters into her hands and collected the body parts from all over Egypt. She impregnated herself with Osiris's phallus and bore a baby boy, Horus. When Horus reached the age of 30, he rose up to claim his birth right by confronting his uncle Seth in a battle. During the long fight, Seth managed to pluck out an eye from Horus so that he could not see just like his father. Since good always triumphs evil, Horus emerged victorious and got back his eye. Instead of putting the second eye back into his own socket, Horus placed the eye in Osiris's socket. His frail blind father could now see once again. In the end, they could both see and ruled Egypt as father and son.

This is culled from an ancient Egyptian story and some say it is the oldest in the world. The story shows us the importance of the young generation (represented by the son Horus) in driving society forward through giving the old generation (represented by Osiris) sight. The young generation has to battle with the problems of the time and emanate solutions for themselves and the old generation too.

Africa is the youngest continent in the world. To put this into context, of the 7.8 billion people in the world, there approximately 1.2 billion youth. Of these youth over 300 million are in Africa. This accounts for over 25% of the World's youth. By 2030, it is estimated that 42% of the people living in Africa will be youth. This means that the present and future Africa is in the hands of the youth. The continent has the biggest asset a land can have. However, assets do not become productive until put to use. The youth need a platform to bring out treasures that lie unexploited. This generation of youth is the most educated, most informed and most connected in history. It is only fair that this is used to make the continent a better place because for whom much is given, much is expected.

This was the motivation behind the creation of the **COVID-19 FAMSA Technical Working Group (CFTWG)**.

The CFTWG is a team of medical students from different African countries working together to implement a creative youth led continent wide response to the COVID-19 pandemic under the Federation

of African Medical Students' Association (FAMSA). FAMSA is made up of a larger group of medical students making prodigious contributions toward improvement of health in Africa and the CFTWG is just one of them.

The CFTWG was engendered by Muganzi David Jolly on the 12th of April 2020 with a membership of 18 including Kapil Narain from South Africa, Oloruntoba Ogunfolaji from Nigeria, O'Neil Wamukota from Kenya, Oyugi Lee from Kenya, Salwa Mohammed from Tanzania, Almathani Hamza from Sudan, Aimee Bernice from Burundi, Ayodeji Richard from Nigeria, Emalieu Sayab from Uganda, Caroline Wachira from Kenya, Opara Irene from Nigeria, Maab Adli from Sudan, Nathanael Kapto from Burkina Faso, Basima Kennedy from DR. Congo, Zakaria Suleiman from Somaliland and Shukuru Ibrahim from Tanzania. This team is working under three committees i.e. research, public health campaign and creative hub committee. The research committee initiatives include: carrying out original research and publishing a weekly bulletin on COVID-19. The public health campaign initiatives include: a digital campaign to promote awareness and dispel myths about the pandemic, webinars and tweet chats, mass media campaign and providing mental health support. The creative hub initiatives include: raising awareness through art, poetry and short stories, highlighting Africans who are contributing greatly towards fight against the pandemic and producing a documentary about the pandemic in Africa.

Some of these initiatives have been going on for the past six weeks and some are yet to be done.

Two members of the team: Muganzi David Jolly and Emma Nalinya- the FAMSA president were chosen to be part of the African Union initiative- African Youth Front against Coronavirus (AYFC). As members of the front they represent FAMSA in coordinating a continent-wide youth response to the pandemic. They have been part of activities like the Africa Dialogue series and the launch to roll out PACT campaign by CDC Africa.

The Africa dialogue series was a three-day event organized by the Office of the Special Adviser on Africa at the United Nations. The annual event occurs on the eve of Africa Day 25th May with an aim of bringing together a wide spectrum of delegates including policy & decision makers to discuss current and emerging issues in Africa. COVID19 & silencing the guns in Africa: Challenges and opportunities was the theme for this year.

PACT is the partnership to accelerate COVID-19 testing. It has three main areas: test, trace and treat. The goal of PACT is to have 10 million tests by October 2020, deploy 1 million community health workers and train 100,000 healthcare workers to support COVID-19 response efforts. It also aims to establish a continent-wide procurement platform for laboratory and medical supplies in Africa.

The CFTWG has started its journey on a good note and this is beholden to each and every member not forgetting the FAMSA executive board which is altruistic. There lies a lot beyond the horizon to be done and there is great hope that this will be done. There is also hope that the story of the CFTWG shall embolden more youth out there to engage with today's problems and spawn phenomenal solutions. A journey of 1000 miles is started with one step and the first step has been taken towards improvement of health in Africa.

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MENSTRUAL HYGIENE MANAGEMENT

What is normal & what is not

Menstruation is a humanitarian crisis that should be discussed without stigmatization. Menstruation shouldn't be shamed while pregnancy praised, both are major parts of the reproductive process. Menstrual Hygiene Management (MHM) is a vital aspect of hygiene for adolescent girls and women throughout their reproductive age (between menarche and menopause). It's safe to say it's an important aspect of hygiene spanning the lifetime of every female.

This article features an interview between Sanitary Sunday, an advocacy campaign group of One Voice Initiative for Women and Children Emancipation (OVIWCE), and a sexual & reproductive health enthusiast who tells us about what is normal and what is abnormal regarding menstrual hygiene.

Aminat (A): With your experience on this topic you are passionate about, what is Menstrual Hygiene Management and what would you describe as a normal menstrual hygiene practice?

Sanitary Sunday (SS): MHM is concerned with access to menstrual hygiene products to absorb or collect menstrual blood, privacy to change the materials and access to facilities for proper disposal of menstrual materials.

A normal menstrual hygiene practice should be a good one which would involve regular and adequate cleaning of the private part, access and use of sanitary materials, frequent changing and proper disposal of non-reusable materials and cleaning and recycling of the reusable ones.

The goal is to remain Clean, Comfortable & Confident.

A: On the flip side, what are abnormal practices? Can you shed more light on these acts you would classify as unwholesome with examples?

SS: The abnormal practices would include unsanitary acts at any point in the MHM process which could stem from lack of care for the external genitalia, inadequate access to absorbent materials, defaulting from changing when due and improper disposal or recycling practices.

Examples of such acts are the use of damp, dirty menstrual clothes, sharing of reusable materials, prolonged use of sanitary towels and materials without changing, poor handwashing practice before and after changing, flushing of used absorbent materials, improper burning and/or disposal of used materials.

A: Can you please emphasize why the above are inadvisable?

SS: It is important to imbibe good MHM practices to avoid the complications and health risks that come with abnormal practices. Poor menstrual hygiene causes rashes in the genital area, urinary tract infections, adverse effects on reproductive health via infection of the internal and external genital tract, toxic shock syndrome from bacteria overload, and even increases the susceptibility of one to cervical cancer.

A: To foster normal menstrual hygiene practices, please share positive examples with us. This can be from personal observations or from research.

SS: The normal hygiene practices can be general, such as those mentioned above, and specific depending on the absorbent/ blood collection material being used. Reusable sanitary towels should be washed, sun-dried, and shouldn't be shared with anyone. Sanitary pads and tampons should be disposed of properly (roll up neatly and throw in a trash can and not flushed). Pads should be changed every 6-8 hours depending on one's flow density. Tampons should be changed every 4-6 hours and should only be used on heavy flow days as it could absorb vaginal fluid on light flow/ spotting days thereby disrupting the microbial balance. Menstrual cups last longer than others, even up to 12 hours, they should be emptied and washed properly before reuse.

A: What are the hindrances that women and girls in low-income households face? Can you recommend practices that are suitable for their finances?

SS: Two words, Period Poverty. Due to financial constraints and lack of basic social amenities like access to clean water supply, it makes it difficult for girls and women in the reproductive age group in low-income households to keep up with menstrual hygiene management.

A recommendation would be to adopt the use of reusable sanitary materials and to acquire training on how to make some of these materials using locally sourced items.

A: As an advocate, what misconceptions have you heard surrounding menstrual hygiene that you would like to debunk?

SS: Menstruation is a normal biological process key to the maintenance of the reproductive health of females. We cannot shame menstruation and praise pregnancy. Talking about menstruation is not a taboo. There shouldn't be stigmatization from being stained.

I know a lot of people cringe at the sight of blood and become uncomfortable with periods but one should note that period blood is NOT dirty blood made up of toxins from the body, instead it could be likened to vaginal discharge, it's a bit of blood with uterine tissue, mucus lining, and bacteria.

Also, the use of tampons does not lead to the loss of virginity.

Lastly, menstruation is not a personal issue, it is a humanitarian crisis as declared by the United Nations in 2014. It should be everyone's business to promote good and adequate menstrual hygiene practices.

CUPS LAST LONGER

A: Outside social media, what other effective and sustainable ways can these habits be encouraged in women who experience menstruation?

SS: Other media platforms can be used to disseminate this information such as the radio, television, use of posters, etc. Advocacy via these channels reaches these areas without Internet access. Also, health education is the single most important first step to creating sustainable practices then empowerment training programs on how to make and maintain reusable materials from locally sourced items. A long term and effective measure would be to incorporate Menstrual Hygiene Management in school curriculums even at pre-pubertal ages.

A: Would you say that the pandemic has some level of effect on menstrual hygiene?

SS: The COVID-19 pandemic has caused restraints on varying issues hence the need to remain curious and create a hypothesis to be tested on the impact of the pandemic on MHM. While it may have affected some individuals, some aren't affected. Having an evidence-based response is crucial however, we should always remember that pandemics do not prevent periods and as such advocacy on MHM should continue to be promoted, the time for action is now.

KEYWORDS: Menstruation, Menstrual Hygiene, Period poverty, Pandemic, Handwashing.

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BE A GOOD INFLUENCE *On Yourself*

Mental health is one's ability to strike a balance between daily stressors and work. Everyone experiences this but more often than not, one is able to be productive at work as they cope with day-to-day stressors. Mental illness comes about when one is not able to cope with daily stressors as they work to full productivity. It may occur over a prolonged duration of time as one tries to sustain the state of imbalance that comes in life.

The COVID-19 pandemic plays a critical role in this state of balance as some of the challenges brought along include: adjusting to new routines i.e. lockdown, working from home, social distancing, lack of adequate information and economic decline leading to inadequate basic needs. Many countries across the world have introduced and enforced these measures to curb the spread of COVID-19.

There are a lot of fears associated with COVID-19 as scientists rush to determine how this disease can be treated and controlled. This has brought about anxiety and panic attacks, stress, insomnia, depression, increased substance abuse, gambling, self-harm, suicidal ideations and attempts.

It is important to note that this new stress factor may contribute to increasing the number of mental illnesses. We thus need to focus on how we can help the general population cope with this pandemic.

We can protect our mental health amidst all these difficult times through personal measures including physical activities e.g. relaxation techniques, such as, progressive muscle relaxation and deep breathing exercises.

Self-care entails maintaining the right mental state for overall wellbeing. These are deliberate and consistent activities like cooking, avoiding alcohol and substance use, as well as drinking a lot of water.

Mindfulness is understanding and accepting these changes and thus attending to your emotions. We can limit information uptake, listen to reliable news sources, take time to avoid triggers, participate and spare time for hobbies and new activities, such as, music, art, online courses and watching documentaries.

Family activities could be movie nights, indoor games, family catch-up time, video calls, routine afternoon naps, household chores and gardening. Children are also affected as schools are closed. Fun activities for them could include singing, dancing, use of gratitude journals, drawing, splash painting and artwork.

Populations at risk include street children, the elderly and refugees. They need adequate routine medication, adequate information on the disease and how to enforce standard public health practices.

Health systems need to ensure that stigma in isolation can be curbed by education on the importance of quarantine with adequate social support. Health care workers are encouraged to exercise, regularly check-in with family & friends and engage in hobbies.

All these are practical ways to stay stable during this period, but professional help is available for all on different platforms.

Together we rise, but, be your hero!

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Africa's fight against COVID-19:

INNOVATIONS

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The first case of coronavirus in Africa was reported on the 14th of February, 2020 in Egypt. 52 other countries have since then recorded at least one case with a total of 69,451 confirmed cases as at May 13, 2020 on the continent. Local and international efforts remain in play to treat infected persons and contain the spread of the disease, while awaiting a more definitive cure. We have here a few of those efforts made on the African continent.

In March 2020, the Institut Pasteur de Dakar, Senegal working closely with Mologic Ltd, a leading developer of lateral flow and rapid diagnostic technologies, sought to develop a **point-of-need diagnostic test for the coronavirus**. This would be the first of such collaboration wherein a diagnostic kit created in the UK would be manufactured in Africa. Following an award of about £1 million from the UK government, Mologic also began working with global validation partners such as the Liverpool School of Tropical Medicine and St George's, University of London in Europe; the Wuhan Institute of Virology and the University of Malaya in Asia; and for Latin America, Fiocruz. The laboratory-based ELISA diagnostic test produces up to 46,000 results per day, and Mologic has made the technology and materials available for use in Africa through its partnership with the Institut Pasteur de Dakar in Senegal. Needless to say, the availability of fast, reliable diagnostic tests for the novel coronavirus facilitates contact tracing and "flattening the curve" of the global pandemic.

The Kenyan Association of Manufacturers (KAM) has developed **ventilators** via its Automotive Sector. These have been approved by Kenya Bureau of Standards (KEBS) for hospital use. "We can see the amount of innovation that is possible in our country. A challenge was given to the manufacturers and we have seen a lot coming into the market. 75% of the materials used in the production are locally sourced," said Ms Maina, the Cabinet Secretary for Industrialization, Trade and Enterprise Development. She went further: "Homegrown solutions are key to sustaining the fight against coronavirus whilst cushioning the economy from shocks arising out of the virus. In the event of a power blackout, this ventilator is equipped with a four-hour battery enabling it to continue service to patients." Local experts from various fields, provided by such companies as Mutsimoto Motor Company, Mobius Motors, Kenyatta National Hospital and Aga Khan University among others were involved in the innovation. These included programmers, biomedical engineers, doctors and automotive engineers. With the number of cases still rising, these ventilators do much to slow down the mortality rate.

A group of students from Kenyatta University has also come up with a **ventilator prototype** dubbed Tiba Vent. Comprising a hard silver and plastic unit with pipes connecting to an oxygen tank and two other pipes delivering the air, the prototype was designed by 16 students from different faculties in under a week. A computer allows health professionals to monitor and control the concentration of oxygen in the air being pumped into the patients' lungs. Upon approval, KU Vice Chancellor, Paul Wainaina, said the institution can produce 50 ventilators a week. "We came up with the idea to make a ventilator when we heard that there were in short supply and with almost all the countries in lockdown, we could not import them from elsewhere," Bernard Karanja, a fifth-year Pharmacy student, said.

Elsewhere, in Sudan, an engineering student has designed a device that can spray **antiseptic automatically**. With evidence supporting the ability of the novel coronavirus to survive in surfaces for days, this comes as welcome innovation directed towards breaking the transmission chain. Khalf Alla is in his third year of study and used locally-obtainable materials in his work.

South African-based three-dimensional (3D) printing solutions provider, Additive Manufacturing Solutions' (AMS') took to mobilising the **3D printing community to produce personal protective equipment (PPE)** for healthcare workers treating patients with the novel coronavirus. Almost 500 responses were recorded on the first day of the call including many AMS staff who agreed to use the company's 3D printers from home. These were from individuals as well as 3D printing companies such as 3D Printing Store, BuildVolume, DaVinciLab and PrintorDie, among others. "I know we have more than 1 000 participants right now," says Bernhard Vogt, AMS MD. The initiative has turned out more than 15 000 face shield visors, but the efforts of AMS are not without its challenges—a shortage of raw materials and hitches in the distribution of the products among others. The company has had discussions with various stakeholders capable of providing these services as well as hospitals that may have the transparent cover needed for the shields in stock. Stationery shops, retail stores and schools are also assisting. Speaking about similar initiatives that seem to be pursuing profit first, Vogt stressed, "Under no circumstances will I allow profiting from a crisis like this. This is the time for South African companies, organisations and individuals to stand together and flatten the curve, fight this virus so we can all go back to work and continue with ordinary life and business".

Similar efforts to use 3D printing technologies in manufacturing hospital equipment have been found in Kenya, where Ultra Red Technologies, along with other Kenyan-owned 3D printers, use open-source prototypes developed by 3DVerkstan, a Swedish company, to print plastic face shields. A **3D-printed prototype for a ventilator adaptor** has also been developed by Ultra Red. It allows doctors to treat either two or four patients at one time, if necessary.

Dr Ola Brown, a Nigerian UK-trained medical doctor has developed a **walk-in COVID-19 testing booth**. Dr Ola Brown, perhaps best known for establishing an air ambulance, Flying Doctors Nigeria, has, with this innovation, expanded access to testing, whilst reducing the risk to healthcare workers. The mobile testing booth incorporates gloves which the healthcare worker uses to take samples behind a glass window without coming in contact with the patient. The gloves are disinfected between patients too., thus reducing the need for single-use Personal Protective Equipment (PPE), already in short supply and quite expensive. Following experimentation with different materials and taking a few pointers from South Korea where similar booths have been used extensively, the product design was said to have taken approximately two weeks. According to Dr Ola, "One of the key issues in my mind continually is how to protect healthcare workers on the front line". Following reports of health workers across Africa having to reuse single-use PPE equipment due to shortages, those who stand at the forefront of the fight

against the virus are subjected to undue risks. Deployment of the newly-developed testing booths has already begun and in its own way should substitute well for PPEs at the point of testing.

A Nigerian company, Wellvis, has created a **free online interface that enables users to self-assess themselves** and categorise their coronavirus risk based on their symptoms and their exposure history. Called the COVID-19 Triage Tool, users are also directed to a nearby health facility or offered medical advice accordingly. "The tool has helped to reduce the number of unnecessary and curious callers to disease control hotlines," said Wale Adeosun, CEO, adding that since March 19, 2020, about 380,000 people globally have used it.

In a similar vein, the South African government has employed the **WhatsApp chat service to run an interactive chatbot that answers questions about COVID-19:** myths, symptoms, and treatment. Over 3.5 million people have benefitted from the service that runs in five different languages since its launch according to Praekelt.org, a Johannesburg-based NGO that supported the Department of Health in setting up the bot.

Asides using apps and websites to spread information about the coronavirus, women market sellers in Uganda have gone a step further to practically help people avoid spreading it. Following restrictions to maintain social distancing, **an app that allows for the safe sale and delivery of fruits and vegetables to customers** has come into play. Called the Market Garden app, it was developed by the Institute for Social Transformation, a Ugandan charity, and launched in 2018. It has helped the country's vendors to keep earning an income during the lockdown. The women sell their goods from their

homes through the app, deliver the goods using motorcycles and taxis, and get paid on the platform, eliminating the risk of viral transmission via cash.

We have not mentioned here those who tirelessly **produce masks from their homes** or seek alternative but effective solutions to sanitisers, let alone the bravery and tenacity of the health personnel in combating the virus at the bedside and in the research laboratories. We nevertheless sing their praises with immense gratitude. Presently, Africa does not seem to be as badly hit as some other continents. We remain optimistic in our observation of safety protocols, but the continent needs all the help She can get from those who dwell within her. Times of great distress such as this should move each person to action, to do what we can with our creativity and brilliance, our hearts, our minds, and adequate consideration of the peculiarities of the African situation to save Her people.

3D PRINTING ... TO PRODUCE PERSONAL PROTECTIVE EQUIPMENT (PPE) FOR HEALTHCARE WORKERS

Discussion Outline

Money
Millennials
regularly
investment

Financial Preparation for Millennials (PPT)





IS ONLINE LEARNING THE FUTURE OF EDUCATION

Is online learning the future of education? Yes, it definitely has a cemented place in education; although it would be a mistake to assume that there will be a time when all learning would completely be online.

Prior to 2020, I had received online lectures on various platforms roughly about 7-9 times per year but with the advent of the coronavirus pandemic, that number has significantly doubled in just about 3 months. I was speaking to a couple of students on how they were adjusting to their new online lectures. One particular student told me of how she was enthusiastic about having online lectures regularly at first, but later on, she found out it was difficult to stay focused and avoid distractions while taking these online lectures. Similar students had the same experience (excluding other obvious problems such as the cost of internet connectivity, compatible device and electricity). Some other students gave positive feedback stating that they felt more relaxed (they didn't have to dress corporately and sit in one spot for a long time), less pressured and more confident in asking questions (as they could easily turn off their video output while asking questions). Even if a significant percentage of the students I spoke with had made negative comments about online learning, it would be inaccurate to conclude that that implied online learning is not here to stay because most of the problems raised were problems that could easily be solved.

To make online learning more effective, we need to:

- Shorten the lectures
- Add moderate amounts of breaks for stretching and walking around in-between lectures
- Ensure everyone has their video output on so that they can be observed (but give them the option of switching it off while asking questions)
- Be flexible with the timing of lectures
- Make use of breakout sessions as it allows everyone to contribute in smaller circles
- Assess students' performance in an interactive way

Online learning has a lot of drawbacks, but so does the traditional face-to-face learning method. Some disciplines rely heavily on the practical and physical presence of both the teacher and the student; an example of this is Clinical Medicine. In medical practice, some theoretical aspects can be taught and learnt online. In fact, there has been a surge of online learning resources such as tutorial videos, research publications, mock exams, flashcards, etc. These services are usually free but in most cases, charge a fee for access to more. It's also not compulsory to meet physically with your research supervisors, but when it comes to training a medical doctor in clinical skills and practice, online learning cannot be the only option. There isn't a more effective way of passing these practical skills than a hands-on physical approach – you can learn how to examine a patient online but you need a patient physically to practice and perfect the skills.

The point here is that online learning alone is not sufficient, but when combined with physical learning in a way that strengthens its good attributes and makes up for its inadequacies, it then becomes the ultimate learning tool.

Economically, online learning is very cost-effective especially in developed countries. The argument now is that owners of various institutions of learning may start shifting their focus to online learning to minimize unnecessary spending and in the process reduce the cost of tuition for students. If students feel they are paying less for the same quality education, then they are most likely to embrace it.

Considering the exponential growth of the internet, faster speed of internet connectivity, and the evolution of smarter online tools, we may very well expect that online learning will soon become well-integrated into typical 21st-century society. That said, we must now consider online learning an integral part of the future of education.



TRADITIONAL

COMPLEMENTARY

&

ALTERNATIVE

MEDICINE

In current times, when microbes and parasites are constantly mutating and lifestyle and communicable diseases are on the rise, it's normal for one to get sick from time to time. And in moments of illness, we seek to restore it in different ways. Eustace may decide to hit the local chemist to purchase some Over The Counter (OTC) painkillers for that mild headache. Chinedu may find that the best way to handle the constant diarrhea and stomach aches he's been having would be to whip up his batiem's magic herbal concoction. Khadijah usually attends her yoga classes thrice a week to manage her ever rising stress levels, while her friend Mabel prefers acupuncture. When Obadiah broke his left femur, he opted to visit his local bone setter although his wife had advised him to get help from an orthopedic surgeon. There are so many options for treatment, with new ones being invented almost daily.

Health care seeking behavior can broadly be divided into two main components: Orthodox/Allopathic/Modern types and the Traditional, Complementary & Alternative Medicine methods (TCAM). Orthodox medicine refers to a system in which medical doctors and other professionally trained and certified practitioners treat symptoms and diseases using ethically and conventionally acceptable methods. Traditional, Complementary and Alternative medicine (TCAM) alludes to a set of health care practices (indigenous or imported) that are delivered outside of the mainstream health care system. Traditional medicine often refers to indigenous long term practices whereas Complementary and Alternative medicine refers to the methods imported from other countries or continents. Additionally, Complementary medicine explains non-mainstream practices that are used together with allopathic medical practices while Alternative Medicine describes those that are used in place of conventional medicine. Originating from a myriad of cultures, beliefs and religions, there are numerous TCAM practices that are still in use to date. Loosely, they can be grouped into five classes:

- Biologically based practices. These are methods that utilize herbal medicines, vitamins, mineral supplements, and natural products such as chondroitin sulfate from shark cartilage to achieve wholesome health.
- Faith and culture-based therapies. Such approaches to health restoration are more indigenous and are rooted in the spiritual and religious beliefs of the communities that practice them.
- Manipulative and body-based approaches. These are the techniques that involve the structures and systems of the body, including bones and joints, circulatory and lymphatic systems and soft tissues. Common examples include chiropractic manipulation, osteopathy and therapeutic massage.
- Mind-body medicine. This refers to a group of healing techniques that enhance the mind's influence over bodily function, to stimulate relaxation and to improve overall health and well-being.
- Alternative medical systems. These types are mostly practiced by Eastern cultures who believe that health depends on the balance and flow of vital energies through the body. A common example is acupuncture for health restoration, which asserts that vital energy flow can be restored by placing needles at critical body points.

Now let's dive deeper into the world of TCAM by gaining a wider and accurate understanding of these methods.

TRADITIONAL BONE SETTING (TBS)

This is a set up in which a person educates themselves from custom and takes up the practice of joint manipulation and healing without any formal education in the accepted medical procedures. The repertoire associated with TBS include management of fractures, dislocations, congenital anomalies along with any associated complications.

Traditional bone setting is patrimonial, being passed on from generation to generation by word of mouth, without documentation of the methods and procedures. However, outsiders can also be trained on the skill via apprenticeship. In Africa, countries that practice this type of traditional medicine the most are Mozambique, South Africa and Zimbabwe. This statistic can be credited to the socio-economic and political pressures in these countries. TBS is also common in Nigeria and Cameroon. Up to 85% of patients with fractures are said to first present to traditional bone setters before presenting to orthodox hospitals.

HERBAL MEDICINE

This system of traditional medicine involves the use of herbal plant preparations in the form of concoctions, macerations, or infusions to treat a wide range of diseases. Approximately 80% of the African population uses herbal medicine to deal with health problems especially in the Western Region of Cameroon, Central Africa where traditional healers and elders use herbs for treatment of reproductive health problems. Information on these plants is mostly handed down by word of mouth over successive generations. Plant families that are commonly used are:

- *Acacia senegal* - Gum Arabic. Indigenous to the semi-desert and drier regions of sub-Saharan Africa, the gum of *A. senegal* has been used medicinally for centuries. Different parts of the plant are used to treat health problems such as bleeding, bronchitis, diarrhea, gonorrhea, leprosy, typhoid fever, and upper respiratory tract infections. African herbalists also use gum acacia to bind pills and to stabilize emulsions.
- *Aloe ferox* - Bitter Aloe or Cape Aloe. It is native to South Africa and Lesotho. In addition to its antioxidant, anti-inflammatory, antimicrobial, and anticancer properties, *A. ferox* is frequently used as laxative medicine.
- *Artemisia herba-alba* - Wormwood. Commonly known as desert wormwood (in Arabic as 'shih' and as 'Armoise blanche' in French), it is a strongly aromatic dwarf shrub that is native to Northern Africa. In Moroccan folk medicine, it is used to treat arterial hypertension and diabetes while in Tunisia, it is used for diabetes, bronchitis, diarrhea, hypertension, and neuralgias. Herbal tea from this plant is also used as an analgesic, antibacterial, antispasmodic, and hemostatic agent in folk medicines.
- *Aspalathus linearis*. As an endemic South African fynbos species, it is cultivated to produce a well-known herbal tea commonly known as rooibos. An infusion of this, when administered to a colicky baby, cures chronic restlessness, vomiting, and stomach cramps. The bronchodilator, antispasmodic, and blood pressure lowering effects of rooibos tea have also been confirmed in vitro and in vivo.
- *Catharanthus roseus* - Madagascan Periwinkle. It is a well-known medicinal plant that is the only source of the anticancer alkaloids: vincristine and vinblastine. The complexity of these alkaloids makes them impossible to synthesize in laboratories. In traditional medicine, the periwinkle is used as a bitter tonic, galactagogue, and emetic. It has also been applied in treatment of rheumatism, skin disorders, and venereal diseases.

ACUPUNCTURE

Presently, acupuncture is an art that is recognized worldwide. Several clinical trials have been undertaken to demonstrate its usefulness as an alternative therapy in inflammatory diseases. It originated in China and is often considered to be a type of Traditional Chinese Medicine (TCM). Of the variations of acupuncture that are widely known, Japanese acupunctural therapy is the most famous. It is characterized by shallow penetration with a fine needle (press tack needles and intradermal needles are used in clinical situations). Restricted points are usually identified based on tenderness, local hardening, and other characteristics of the skin and subcutaneous tissues. Acupuncture works to reduce symptoms and the side effects from medications without risk of interaction from additional medication.

The Pan African Acupuncture Project (PAAP) was created in 2001 and is a volunteer-based non-profit training organization set up in Uganda, East Africa. It focuses on training local healthcare providers on

how to use simple, effective acupuncture protocols to treat the symptoms of malaria, tuberculosis, and other chronic conditions. Their goal is to help integrate acupuncture into the local context and current public-health system in Uganda.

YOGA, MEDITATION AND RELAXATION

Yoga is a mind-body therapeutic technique that combines muscular activity and internally directed mindful concentration on awareness of self, breath, and energy. There are four basic healing principles: the human body is a holistic entity comprised of various interrelated dimensions; individuals and their needs are unique; the person is his or her own healer and healing comes from within since the quality and state of an individual's mind is crucial to healing. Evidence shows that stress is implicated in numerous diseases. Thus, focus on stress management is necessary to reduce the burden of disease. This is especially true for mental health problems such as depression, anxiety, stress, and insomnia. Accordingly, with yogic methods that encourage relaxation, slowing of breath and focusing on the present, there is shift of stimulation from the sympathetic nervous system (flight-or-fight response) to the parasympathetic system (the relaxation response). It also stimulates the rewarding pleasure centers in the median forebrain. The result is calm, which lowers breathing and heart rate, decreases blood pressure, and increases blood flow to the intestines and vital organs meditation.

NATUROPATHY

In South Africa, naturopathy is defined as a system of healing based on promoting health and treating disease using the body's biological healing mechanisms to self-heal through the application of non-toxic methods. The principles behind the method are the healing power of nature, having the naturopathic instructor as a teacher, discovering the root cause of an illness and treating the patient holistically. It capitalizes on preventative medicine through the use of education; by empowering patients to understand the cause of their illness, it encourages a change in lifestyle.

Other types of TCAM that are practiced in other continents though not as much in Africa include: Chinese Medicine, Chiropractic Medicine, Unani Tibb, Homeopathy, Phytotherapy, tai chi, qi gong, hypnotherapy, Feldenkrais method, Alexander technique, Pilates, Rolfing Structural Integration, and Trager psychophysical integration. and Osteopathy. In fact, there are numerous others that are not known but are still routinely practised in small communities all over the world.

So, you may be wondering why TCAM is still being used today when orthodox medical practices which are for the most part superior to it, have been discovered. Well, I asked myself that too and I found that there are a number of reasons why people prefer to stick to the roots as opposed to eating its fruit. Get it? Basically, people who use TCAM prefer it because of:

- ◆ Perceived low costs (most are of low socioeconomic status)
- ◆ Alignment with socio-cultural, religious and spiritual beliefs
- ◆ Accessibility of the medicine
- ◆ Perception that the methods are safe
- ◆ Patient autonomy concerning their health
- ◆ Recommendation from trusted peers, relatives and friends

The most evident reason is that these persons are dissatisfied with conventional health care for its shortcomings in the reasons mentioned above.

Although TCAM is still widely practiced, it poses a great risk to patients, particularly those in more serious conditions. Most methods lack policy and regulation; thus the patient is uninsured should anything go wrong. Additionally, most people who practice the art are not professionally trained and this increases probability of quacks and fake practitioners.

Therefore, until TCAM practices are fully studied and mainstreamed, it is advisable to restrict the home remedies to minor, common conditions while saving the more serious problems for scientifically tested and endorsed therapies.

Now, knowing all that, what would your go-to be the next time you have a stomachache? I know a handy South African herbal mix I'm ready to try.

FLATTEN THE CURVE

WASH
YOUR HANDS WITH
SOAP & WATER

SANITIZE

COVER
YOUR MOUTH
WHEN YOU
COUGH / SNEEZE

OBSERVE
SOCIAL
DISTANCING

AVOID
TOUCHING
YOUR FACE, NOSE, MOUTH
& POTENTIALLY CONTAMINATED SURFACES

SEEK HELP
IF YOU COME DOWN WITH
SYMPTOMS

THE FLOW OF LIFE

Two ovaries once told 'emselves,
"Let's make a self",
and as soon as they were set,
their daughter was sent,
to be joined in legal union with her suitor.

The ballroom was set,
and the visitor being expected,
for the walk,
to start right away,
down the aisle.

The gentleman they anticipated,
as the young damsel took to the way, hoping for the best.
Alas! The visitor never was present,
for a matrimony,
he was the be-all and end-all.

The ovaries waxed wode,
and a great fury it was,
the aftermath of which was the annihilation of the precious ballroom.

The ballroom was the feminine uterus,
the ovaries' daughter; the matured ovum.
The truant suitor was the expected sperm.
and the annihilation; the FLOW!

KAYODE, AYOMIDE TIMILEHIN

Ladoke Akintola University of Technology
Nigeria

BESEECH

A slave is what I am not
Servant, I may be

Arrogant, I am not
Ignorant, I may be

Un-engaged, I am not
However, Quiet, I may be.

Your coat is long, mine short
Your knowledge mile deep, mine mile wide
You have seen 100 patients this week, I have seen 10
You trained for 10 years, this is my first

If I look scared, it's because I am
If I seem intimidated, I indeed am
If I appear confused, I in fact am
If I show up tired and exhausted, I really am

I accept my role as a student
I am satisfied with it
I wake up at 4 a.m. every morning

I put a smile on my face

I worry about my patients
I want to invest in their care
I do not wish their misery to be wasted
I want to learn from their suffering

I only ask,
You accept your role as an educator
You take pride in the opportunity to shape young minds
You understand you are enriching future doctors
You realize we will treat you, your children, and your grandchildren
You invest in turning us into clinicians, not technicians
You encourage us to engage our minds, and think critically

OJUKWU UDOCHUKWU JOHNWILSON

IMO state university
Nigeria



STILL

Setting the pace

The University of Ibadan Medical Students' Association (UIMSA), established in 1960, is the representative body for all medical students in the prestigious College of Medicine, University of Ibadan. UIMSA, as it is fondly called, is the first medical students' association in Nigeria and the largest in Sub-Saharan Africa. Our history dates back as far as 1948 when the prestigious premier university, the University of Ibadan, was founded. We boast of having produced skilled, responsible and highly renowned doctors on the African continent and beyond.

Our leadership structure is a very functional one. It is made up of an **executive council**, a **senate** and a **congress**. The executive council is made up of the president, vice president, general secretary, assistant general secretary, treasurer, financial secretary, public relations officer, sports secretary and two special duties officers from both the pre-clinical and clinical sections of the College. The senate and congress are the legislative and policy making arms of the association respectively. We elect a team of impassioned leaders annually, who protect the interest and ensure the welfare of all members and the ultimate progress of the association.

Every year, there are intriguing and engaging activities lined up for our members. From the orientations that are organized for members going to pre-clinical school and those entering clinical school, to the mentorships and the health sensitization outreaches that receive laudable commendations from the community. Our association is committed to building the capacity of our members, thus

helping them to contribute to societal impact. In collaboration with non-governmental organizations and well-meaning individuals, we engage our members in public health campaigns and health awareness programs. Such campaigns include: World AIDS Day, World Heart Day, Breast Cancer Awareness Month and Cervical Cancer Awareness Month, from which several communities in Ibadan have benefited.

In the area of media and publications, our association is doing much. With a bustling press arm made up of three organizations, viz: **UIMSA Prelim Press**, **UIMSA Pre-clinical Press** and **UIMSA Clinical Press** through which we produce several interesting and up-to-date publications. **Ibadan MedScion** and **UIMSA Bulletin** are the publications that contain informative, educative and entertaining contents that reflect the objectives of our association. Our publications are widely read by our members and people beyond the walls of the college. With a highly commendable social media presence, we launched a weekly interactive platform called **#learnwithUIMSA** on Twitter that addresses different relevant topics in the field of medicine.

Almost like an annual ritual, our members always look forward to the colourful, talent-oriented and yet challenging '**Health Week**.' It is usually a week full of social and cultural activities. Our medical intelligentsia is also put on centre stage during this period. Some events that take place during the week include a symposium where relevant and current medical issues are discussed by seasoned speakers, a competition known as **Osuntokun Quiz Competition** where our best brains are tested and a Community Health Awareness Program, also called CHAP. A cultural night, where talents and colours are put on display, is held in high esteem. Recently added events include a scientific conference and an inter-class debate. To end the week, a dinner or awards night is done in a gallant and magnificent style.

Testament to our international recognition, we hosted the **2018 Federation of Medical Students Association General Assembly (FAMSA GA) and Scientific Conference** that brought together about 600 participants from 12 countries which was sponsored by the World Health Organization (WHO), Johnson and Johnson Foundation, Bill and Melinda Gates Foundation and many other partners. In 2020, we are to host the Association of Medical Schools of Africa (AMSA) Scientific Conference and World Federation for Medical Education (WFME) Execu-

tive Meeting.

As an association made up of about **a thousand students** from every geopolitical region of Nigeria, we collectively celebrate the reputable feats of our individual members. As a result, UIMSA Primus was launched to attempt putting into a single piece the multiple achievements of our high-flying members. We have members that are **Young African Leaders' Initiative (YALI) West African Fellows**. Some have attended both local and international conferences including AMEE Conference, Clinton Global Initiative University (CGIU) Conference, World Healthcare Students Symposium to mention a few. Inspiring members have also founded nonprofit organizations aimed at social entrepreneurship, research development, capacity building, advocacy, civic leadership and youth empowerment.

In September 2019, a Committee on **Curriculum Assessment, Research and Development (UIMSA COM/CARD)** was formulated to provide a platform for an appraisal of the Ibadan Medical Curriculum from the students' perspective while offering recommendations to the College of Medicine. This was done by a 20-person committee that organized social media sensitization campaigns, medical education researches and a symposium. To crown this project's signature efforts, three of its abstracts were selected for the Association of Medical Education in Europe (AMEE) 2020 Virtual Conference.

Research is an ongoing effort in the medical community and as an association, we are committed to both training and providing opportunities for our members. Early this year, a **research workshop** was held to discuss the fundamentals of research and stimulate individual interest. Over 70 of our members who participated in the training were equipped to carry out research on their own. We recently launched a thousand dollar grant application to enable interested and knowledgeable members to engage in practical research.

It's been 60 years since the inception of the University of Ibadan Medical Students Association, and we can boldly say that we are still setting the pace for medical education, clinical research and social entrepreneurship in Nigeria.

ANYAM NGUSHA VICTORY
University of Ibadan Medical Students' Association
Nigeria

MEDICART

There is no other origin for art than the human mind. Art is a collection of creative elements, birthed out of intelligence and a result of deep connection with one's inner sense.

It is a relaxing and inspiring activity for many, whether you choose to create it yourself or to just observe and enjoy it.

However, the particular benefits of artistic expression go much further than relaxation and enjoyment. Stemming from the synchrony between art and medicine, is the concept of "art-therapy" – a very effective, though unpopular form of therapy. Have you ever wondered why you feel so relaxed and lifted when listening to your favorite music genre, how soothing it is having a beautiful cut of nature in a photograph, or why you give so much of a sticky gaze to a painting, or the enormous grin you express while flipping through your photo album?

Well, studies suggest that art therapy helps to lift one's mood and can, therefore, be very valuable in treating issues such as depression, anxiety, post-traumatic stress disorder and some other common mental illnesses. Art takes the inexpressible words off our mouth, makes the prints on moods/emotions, helps to process complex feelings, and finds relief.

Art therapy is simply the therapeutic application of visual arts. Integrating the fields of human development, visual arts and the creative process with models of counseling and psychotherapy, it embodies various activities, from sketching and journalling to making collages, sculpting, painting, singing, photography, etc and all these could be done with little or no input from therapists. Creating a healthy connection with other people becomes much easier when these activities are done in a group. It's important to note that participation in art therapy should be optional, as the expression of self through art can be self-revealing and sometimes as equally exacting as talking about oneself.

However, it is always best to work with licensed art therapists as they would help tailor each activity to suit personal needs.

Art therapy is not about becoming a great artist but about finding connection in one's life, as the process matters more than the result.



Therapeutic effects

Art therapy is very effective in:

- Managing behaviours
- Processing feelings
- Reducing stress and anxiety
- Improving interpersonal relationships
- Increasing self-esteem
- Self-discovery
- Emotional release

Studies also show that creating art stimulates the release of dopamine. This chemical is released when we do something pleasurable and it basically makes us feel happier. Increased levels of dopamine become helpful to a person battling anxiety or depression.

Opportunities

Some therapists work as part of a multidisciplinary healthcare team that includes physicians, psychologists, nurses, mental health counselors, marriage and family therapists, rehabilitation counselors, social workers & teachers. Working together, they determine and implement a client's therapeutic goals and objectives. Other art therapists work independently and maintain private practices with children, adolescents, adults, groups and/or families.

On a closing note, art therapy has been proven by mental health professionals and experts to have significant health benefits and can profoundly affect therapeutic trends in our society if it receives adequate attention as with other alternative therapies.

ILORI IFE TOMISIN
University Of Abuja Medical Students' Association
Nigeria.

UNIABUJA MEDICINE:
Studying Medicine in Nigeria's Capital City



UNIABUJA MBBS Set 6 at the
Faculty of Basic Medical sciences



UNIABUJA MBBS Set 5 at the
Faculty of Basic Clinical sciences

The **University of Abuja (UNIABUJA) College of Health Sciences** is a relatively new institution amongst medical schools in Nigeria. Located in Abuja, the nation's capital city, it has 3 learning centres which are: the permanent site along Airport road, the clinical sciences complex at the University of Abuja Teaching Hospital, and the National Hospital, Garki. Established in 2005, it became fully accredited in 2017 after a series of consultations with regulatory bodies namely, the Nigerian University Commission (NUC), the Joint Admissions and Matriculation Board (JAMB), the Ministry of Education and the Medical and Dental Council of Nigeria (MDCN). Currently, "UNIABUJA Medicine" – as the college is commonly called – has graduated 3 sets of medical doctors and holds the title of champion of the 2019 national quiz organized by the Nigerian Medical Association after coming fourth (4th) in the 2017 edition.

The UNIABUJA College of Health Sciences (also referred to as CHS) comprises three (3) faculties which are the faculties of **Basic Medical Sciences, Basic Clinical Sciences** and **Clinical Sciences**; and runs a six-year programme leading to the award of an **MBBS degree**. The college is already making plans to award other degrees like Bachelor of Science (BSc.) in Anatomy, Biochemistry, Physiology and Medical Microbiology. The college also runs several postgraduate and doctoral degrees in all its faculties.

Undergraduate admission to UNIABUJA CHS is attainable either by JAMB – through her Unified Tertiary Matriculation Examination (UTME) – or via direct entry by advanced-level study programmes or a degree in a basic medical sciences related course. Once admitted, the 6-year journey as a medical student begins. A 100-level (1st year) student takes preliminary science courses (such as Biology, Chemistry and Physics), and is required to pass (score at least 50%) all courses to proceed to 200 level (2nd year). This is known as the 1st MB (Medical Board) exam.

Once in 200 level, the training encompasses Anatomy, Medical Biochemistry and Human Physiology, as well as Community Medicine. This is usually the toughest phase in the college as students compete to be amongst the top 50 candidates in a Transition Exam organised by the faculty to promote students to the 300 level. Both 200 and 300 levels are under the same faculty and last a total of 18 months, after which students are enrolled in the 1st professional exam (also known as 2nd MB). Candidates either pass (score at least 50%), resit (on failing one or two courses), or repeat (if they fail all courses).

Upon promotion to 400 level which is under the faculty of Basic Clinical Sciences, students are transferred to the University of Abuja Teaching Hospital and National Hospital Abuja to commence training in Pathology and Pharmacology while also taking Medicine and Surgery departmental postings. Students are taken to the National Hospital Abuja to observe autopsies with Forensic Pathology lecturers. The lectures in Community Medicine continue and at the end of 14 months, students write the 2nd professional exam/3rd MB for promotion to 500 level. In 500L, students are trained in Obstetrics & Gynaecology, and Paediatrics. They also undergo further rotations in Medicine and Surgery departments and go on fieldwork in Rural and Urban postings under Community Medicine. The 3rd professional exam/4th MB completes this phase of medical training.

In 600L, final year students undergo special postings in the sub-specialties of Medicine, Surgery and Public health, and embark on exchange programs /internships. This usually lasts a 12-month period ending with the 4th professional exam/5th MB involving Medicine, Surgery and Community Medicine. After successfully passing his finals, the student is inducted into the medical profession but still has to undertake a mandatory one-year housemanship in an approved hospital.

Studying Medicine at the prestigious University of Abuja has a lot of interesting opportunities such as the privilege of being trained by renowned, world-class doctors at the National Hospital and the UNIABUJA Teaching Hospital (all lecturers across the three college faculties are medical doctors); proximity and easy access to attending National – and sometimes, international – conferences on healthcare, taking part in rewarding academic contests and competitions, as well as research and innovation opportunities. UNIABUJA Medicine is also culturally diverse and affords an environment for interaction with students from all geo-political zones in Nigeria and other African Countries.

PHILEMON KOJO-WOODE

University of Abuja Medical Students Association
Nigeria

HEROES OF THE PANDEMIC:

The Philippine Film Community

In the Philippines, an enhanced community quarantine was announced on March 17, 2020, to reduce the transmission of COVID-19. This meant months of just staying at home, with some free time on my hands. During this time, I decided to go on a *movie marathon, watching at least 3 films from every country* that piqued my interest.

Film was entirely new to me, and I felt like an outsider trying to traverse the vast conventions of the art form. However, while I was cramming classics that I should have watched while growing up into a shorter time frame, the outside world remained plagued by the pandemic and its social implications. Patients getting treated, without any relative present. Most awaiting their demise, without ever getting to see a doctor. ***Health workers and other front-liners not properly equipped with PPEs, but still risking their lives in the name of service.*** The poor that comprise the vast majority of the Philippine population, carefully rationing their food and water because it will be a month before they get paid by their employers again, assuming that they haven't been laid off.

Intuitively, it may seem as if watching films all day kept me too preoccupied to care about what was going on outside the comfort of my home, but the converse was actually true. As I got more immersed in film, my obsession with style and literariness turned into a more holistic appreciation. I wanted to engage with the online community that, to my surprise, ***played an indomitable role in elevating the art form into an avenue to support the nation, thus making them heroes in their own right.***

LOCKDOWN CINEMA CLUB

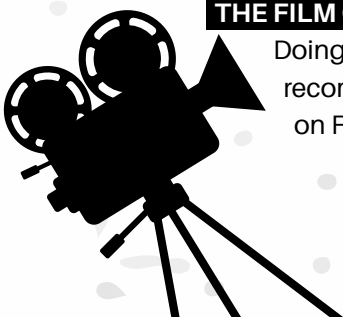
I was quite vocal about the movie marathon I was doing. I wrote short reviews on my Instagram account, and some of my followers replied with the same link to a compilation of films from all over Southeast Asia. The team behind the initiative is called "Lockdown Cinema Club," and ***they rallied both local and international directors to publish their works for free, in order to raise funds for the most vulnerable members of the film community,*** seasonally employed workers at risk of running out of resources along the course of the enhanced community quarantine. To date, they have raised more than ***₱3 million (over \$59,337)*** and have provided for more than 1500 film workers. Inspired by the cause, I interviewed the founders of Lockdown Cinema Club, Filipino directors Carl Chavez and Alemberg Ang, to learn more about the initiative.

Chavez said that he initially contacted the filmmakers that he has worked with or met at local and international film festivals. Afterwards, they started pledging their short films and features, which deeply moved the founders. For some context, the indie film industry in the Philippines is terribly underfunded, ***so most indie filmmakers do not earn much from their films.*** Despite this, however, they were eager to do their part to help with the crisis. Ang said that by doing so, "they risk the possibility of their films being pirated and losing potential income from special screenings to a paying audience, especially as most Filipino indie films are only shown in specialty cinemas." Aside from the altruism clearly displayed by the directors' generosity, the team hopes to amplify the importance of the film employees who work behind the camera and to share the power of cinema in uplifting people's lives.

(Unfortunately, the call for donations is already closed, but if you are interested in viewing the featured indie films, you may check out their Facebook page at <https://www.facebook.com/lockdowncinemaclub/>.)

THE FILM COMMUNITY

Doing the marathon required extensive research on my part. While I was asking my friends for recommendations, I was added to a few "film recs" (short for "film recommendations") groups on Facebook. There, I found a community of avid cinephiles. I was impressed by how ***film was***



being discussed with minimal prejudices, mostly in an intellectual manner. Concurring with the joy of film in its barest form is the passion of individuals actively seeking growth and exchanging titles I've never heard of. On a superficial level, the productivity is good for keeping people busy, indulging in the humanities while on lockdown. *More importantly, however, the experience of watching a film with a community can serve as a momentary sense of relief or escapism* that is useful in coping with anxiety and is beneficial to mental health.

On another note, while news sources and social media are saturated with updates on the pandemic, *film also has the capacity to bring to the surface important issues that would otherwise be overlooked*. In a less political sense, it can serve as a reminder to celebrate the luminosity of life amid times of hardship. Therefore, regardless of the members' intentions behind sharing their favorite movies, the film community serves as a solid support system and as a catalyst for the revival of relevant ideas at a time of so much noise and uncertainty.

In relation to the national politics of COVID-19, the Philippines has been struggling with an inefficient government, headed by a president who has failed to articulate concrete plans to address the crisis. As a response, the film community has been staunch in advocating for the necessary changes to prevent the country from collapsing. Several members started threads on social commentaries applicable to our context and even recommended films such as Laura Greenfield's ***The Kingmaker***, which delves into the ill-gotten wealth of the most corrupt president in Philippine history, claiming that it echoes our current political climate.

Despite not being able to step outside of my house, the enhanced community quarantine still allowed me to partake in a movement that utilizes an art form as a tool for political change and as an impetus for solidarity. What started out as a way to overcome boredom ended up leaving me in awe of a community composed of heroes, who maximize every capacity of their power, in this case, film, to improve the COVID-19 situation of the Philippines.

**...the
community
serves as a
solid
support
system and
as a catalyst
for the
revival of
relevant
ideas**



LEONARD THOMAS SY LIM
Asian Medical Students' Association
Philippines



"Healing Power Of Nature"

With the outbreak of coronavirus all across the globe and change in season, the importance of immunity has been stressed upon again. Here's my tray of immunity with the immunity boosters helping you fight against grave infections and blessing your body.

PRIYANKA MISHRA

Asian Medical Students' Association

COURSE CORRECTION

Through evolution, mankind earned the right,
After millions of years of fight.
Viruses and bacteria, fungi and parasite,
All had to take flight.

Our victory was still nascent,
Yet, we became complacent.
Sin we did,
On paths strewn with errors, we slid.

We abused our might,
Did not treat the environment right.
Our species became a blight,
Earth had a terrible fright.

Selfish and unconcerned,
While so many life forms burned.
We took success to our head,
In our wake, we left others dead.

Nature always wanted to nurture,
It kept tolerating the torture.
Warnings were given multiple,
Unheeded, habitats were left gullible.

Mother always fashions an ideal son,
Punishes till he corrects what he had undone.
Tough love is often necessary,
In relationships to last till infinite anniversary.

Unleashed a virus: origin unknown,
It wrecked havoc. Death's shroud had it worn.
Families left forlorn,
Plans were astray thrown.

Stepped up divine angels to protect,
Nature's rage they did deflect.
After eons, the world noticed,
Idols worthy to be worshipped.

Rising up through the ashes,
In spite of all personal crashes.
Medical and essential personnel,
They worked through hell.

Exposed, they were repeatedly quarantined,
Undaunted, they returned like Wolverine.
Ores of courage, they continued to mine,
To ensure that the world was fine.

In our absence, ecosystems healed,
Emissions dropped, verdant green.
Species which previously reeled,
This lifeline prevented them from becoming had been.

Elsewhere, humanity rallied,
Mistakes learnt and accepted.
Sustainable development was the new benchmark,
We were ready to reemerge from the dark.

Researchers worked day and night,
Wars, riots, bloodshed were no more in sight.
We rose above petty battles,
Together to face any real hassle.

United in lockdowns,
Without any more showdown.
We took our punishment in the right spirit,
Our conduct would ensure no more hit.

Maturity was demonstrated by children,
All cooperated, men and women.
The world became a family,
Lessons never to be forgotten easily.

Taking every organism together,
We would march to be better.
No matter whatever the question,
Failure was never an option.

A beautiful planet we would once again create,
Never would our morale abate.
This time it would all be different,
All our decisions would respect the environment.

And thus was history fashioned,
As this story is told in AD 3000,
Remember that your forefathers had passion,
They rectified mistakes and bounced back in fashion.



DR. VISHNU BALAKRISHNAN UNNITHAN

Intern, Seth GS Medical College and KEM Hospital

Asian Medical Students Association

India

A large group of African medical students, mostly young women, are smiling and looking towards the camera. They are wearing various headwraps and traditional attire. The image is overlaid with a blue gradient at the bottom where the text is located.

FAMSA SCOPA 2019/2020 ACTIVITIES: A REVIEW

FAMSA-SCOPA, the acronym for Federation of African Medical Students Associations- **Standing Committee on Population Activities**, is one out of the five Standing committees of FAMSA. Concerned with population activities and focused on ways & means of keeping the population growth at a level compatible with optimal standard especially in the populous African continent. She commenced this year with an Orientation of Officers on April 27th in a two-hour activity tagged SCOPA Officers Training Program-1 (SOT-1). It was followed by a Capacity building Pan-African Online Conference which held from 7th till 9th of May which was titled SOT2 Online Training Program. Its aim was to equip her officers with the right tools and skills needed to understand their duties, expectations and hence serve better in their capacities.

This Conference featured a series of Lectures facilitated by invited trainers from countries such as Saudi Arabia, Sudan, Kenya and Nigeria. To kick off the conference, an informative lecture titled "FAMSA and YOU" was given by Emma Nalinya, the FAMSA president from Kenya. This was closely followed by an expository one on "Organizing and Planning an Outreach" taken by Mr Khalil-ur-Rahman Abdullah from Nigeria. The first day of the Conference ended with a lecture by Dr. Anthony Adams Dabban on "Sponsorships and Partnerships for Medical Outreaches/Programs."

The second phase of the trifurcated program plan began the next day on the 8th of May. Daniel Ootobo Otele enlightened the officers on "Online Campaign and advocacy strategies" in the first lecture and the highlight of the day perhaps was the lecture given by Assistant Professor Elhadi Miskeen (MBBS, MD, Sudan, FAIMER fellow 2020-2021), University of Gezira, Head Department of Obstetrics and Gynaecology, University of Nisha, Saudi Arabia. His lecture which was themed "Understanding Population Activities and community empowerment through students project for health in Africa (how to conduct and evaluate research to empower your communities), attracted over eighty three participants, all of whom received certificates of Participation on completion of his session.

The last day of the program featured Resident Dr Alman Hassan from Sudan, who delivered an empowering lecture on "Project Management and Execution" which was well attended and understood as seen in the post program quiz and feedback session. Useful resources and materials from the 3-day program were made available to the officers for further perusal at their own pace. Thus, FAMSA-SCOPA began to prepare

for her next program, Online Campaign/Advocacy for the International Day of Families 2020.

The International Day of Families is marked annually on 15th of May. This year, FAMSA-SCOPA joined the United Nations in celebrating the day by participating in the #IDF2020 UN Head Quarters Webinar. Ten members of the committee, all MSA officers, were able to register and attend the webinar accordingly due to limited space allocations. They and the rest of SCOPA however participated in the intensive Online awareness program according to a prior drafted activity guide that included instructions for participation on social media platforms like Facebook, Instagram, Twitter and WhatsApp with posters and Infographics that were also made available for use by the committee. The highlight of the day can be said to be the advocacy video made by members of SCOPA who volunteered to do so.

Still in May, on the 21st day, SCOPA began an SOT-1 program for her new MSA Officers in a process very similar to the first one held at the inception of the committee. The SCOPA Central Committee had a meeting three days afterwards to review all that had been done as well as plan for events upcoming in June. She held her monthly meeting and quiz on the 30th of May, in a bid to keep vibrant the purpose and zeal of her officers as well as discuss milestones and plans achieved. The MSO kit for SCOPA, a document/newsletter containing necessary information for MSA Officers to carry out their duties was also released on the same date much to the glee of the Officers.

There was a nomination process for outstanding MSA Officer of the month for the Months of April and May done on the 5th day in June. This nomination was based on activeness of such Officers and the overall observer dedication to duties, a free and fair election aided by an online poll was conducted and winners emerged. They were interviewed accordingly by the SCOPA editors and their profiles made into posters by Program and Designing department.

In a well thought out process, SCOPA succeeded in screening prospective trainers and producing her own set of Trainers/stakeholders who proceeded to officiate the SOT-2 Batch B program for the new MSA officers from June 17th to 19th. These trainers received a certificate for their accomplishment. The day after the end of the vibrant program was June 20, The World Refugee Day.

As previously done with the International Day of Families, SCOPA embarked on an online awareness campaign within the instructions of the Activity Guide produced by their allocated teams. Social media platforms were made use of in propagating her cause and hashtags were employed to coordinate the process.

Currently, there are over twelve (12) countries represented in SCOPA with thirty (30) or more attendant MSAs. As FAMSA-SCOPA continues to grow in deeds and population, she continually seeks out opportunities and partnerships and are looking to partner with Marie Stopes, IPAS, PEPFAR and other related organizations with aims in line with SCOPA's objectives. SCOPA is also seeking partnership on her project for the year the OFAC (Operation Feed A Child).

OFAC was proposed to address the hunger problems in Africa. By distribution of foodstuff to Africans within communities selected by individual MSAs based on average income of the communities and the palliative plan, it is hoped that we can achieve feeding a minimum of 1000 children from the five (5) African regions (200each). Interested persons and organizations can send an email to scopa@famsanet.org.

Upcoming events for FAMSA-SCOPA include the World Population Day in July and the Breastfeeding Awareness Week in August for which SCOPA has planned visits to maternity wards and advocacy on long term breastfeeding advantages. All other events can be found in our program of activities, which has been made into both text and video formats

THE FERMENTING LOVE

My honey came in stony,
As he hissed of how I kissed,
The tycoon who sealed his cocoon,
And yester claps became my slaps,
With his lashes sparking clashes!

Should your mood have denied me food?
And why maim me based on a claim?
From some noise within a voice,
Among your crew of shoddy brew,
And now to speak I first must bow!

How my maid paid the price!
That she bled and by chance fled,
For she stood and called you crude,
Thus met that knife and saved my life,
Oh! Such heat that made me bleat!

So by luck I faced the muck,
Of mud that made me sad,
As the night gave me fright,
For our boy had no joy,
In the breeze that made him wheeze!

Hence my sleep became a weep,
As my rest was but a test,
Of the pain that I could gain,
From the hunger that rose my anger,
And the violence that made me tense!

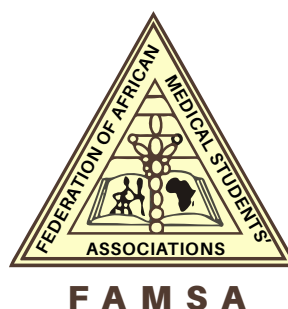
JOSHUA THEURI NYAGA

Egerton University Medical Students Association
Kenya

IN LOVING MEMORY OF ALL THOSE WHO HAVE LOST THEIR LIVES
TO POLICE BRUTALITY AND RACISM

BLACK LIVES
MATTER

This newsletter has been put together through the efforts of the Federations of African Medical Students' Associations - Standing Committee on Publications (FAMSA-SCOPUB)



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and continuously working towards our partnership



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