



www.famsanet.org

Federation of African Medical Students' Associations

FAMSA

Newsletter

JULY EDITION



Table of content

WELCOME MESSAGE	3
INTRODUCING THE EXECUTIVE COUNCIL	5
EXCERPTS OF THE 36TH FAMSA GENERAL ASSEMBLY 2022	6
ARTICLES	7
• Medical Specialties: Africa in Perspective	8
• Mental Health and Depression: An undercover Pandemic	12
• The Future of Telemedicine in Africa	15
• The Burden of Non-Communicable Diseases: Ignorance or Poverty?	18
POEMS	21
• A Mourning Healthcare System (Poem about African Doctors' migration to Abroad)	22
• Awake (Poem about coexistence between Doctors and Nurses)	22
• They are of us (Poem about Disability)	23
• Tears of Kumba: An uncultured culture (Poem about FGM)	24
MY FAMSA JOURNEY	25
37TH FAMSA GENERAL ASSEMBLY 2023	40
REFERENCES	41



WELCOME MESSAGE FROM THE PRESIDENT



Greetings members of the FAMSA community!

It's a pleasure to welcome you to our July Newsletter.

As you know, FAMSA is dedicated to advocating for the highest standards of medical education and healthcare throughout Africa. Over the past few months, since our election, we have been working tirelessly on different projects, and we are proud that we have continued to offer a variety of programs and initiatives aimed at enhancing the image of medical students in Africa. Additionally, we have expanded our reach to more African countries, which has allowed us to connect

with more medical students and healthcare professionals, facilitating greater collaboration and exchange of ideas. Our organization has also made great strides in research and development, with several projects currently underway that aim to address some of the most pressing health challenges facing the African continent. These projects are being carried out in collaboration with other organizations and institutions in the medical field, and we hope it will allow us to leverage their expertise and resources to achieve our goals more effectively.

We recognize that the healthcare sector in Africa is facing numerous challenges, including inadequate infrastructure, limited resources, and insufficient training and education opportunities. However, we remain steadfast in our commitment to contribute towards advancing medical education and healthcare across Africa, and we are constantly exploring new ways to address these challenges.

We also understand that some medical students in Africa, such as those in Sudan, are facing even greater challenges due to the unstable political climate and internal conflicts in their countries. We sympathize with these students and their families and acknowledge the difficulties they are experiencing. FAMSA is committed to supporting these students in any way we can, including providing access to medical resources and educational opportunities, and advocating for their rights to safe and effective healthcare. We believe that by working together with our members, partners, and stakeholders, we can make a positive difference in the lives of these medical students and contribute to improving the overall healthcare system in Africa.

In conclusion, I am proud of the progress that FAMSA has made over the past few months. We are making a significant impact in the healthcare sector in Africa, and we are committed to continuing our efforts to promote medical education and healthcare throughout the continent. I would like to thank all of our members and partners for their ongoing support and dedication, and I look forward to working with you all to achieve our shared goals.

Sincerely,
Banturaki Davis
FAMSA President
2022/2023



MESSAGE FROM SCOPUB CHAIRPERSON



Dear AfroMedics,

As we progress through the 2022/2023 tenure, we are glad to release FAMSA's first Newsletter for the year - The July Newsletter. This edition highlights the talents embedded in our AfroMedics as clearly portrayed through the amazing articles and poems you shall come across whilst reading. Africa is a diverse continent yet our similitude in terms of challenges is quite striking. We therefore hope that this newsletter awakens a desire in you to join us in our efforts of making the facts known then collectively altering the status quo. Our Dear Mama Africa's Health System deserves BETTER!

As initially communicated, this is just the beginning and we anticipate subsequent newsletters further highlighting the numerous engagements of FAMSA, its Regional Teams, and Standing Committees "towards the improvement of healthcare in Africa". As the Official Platform for all Medical Students' Associations within the continent, FAMSA unreservedly takes pride in You, the AFROMEDICS for always giving it much value and I urge us all to thrive even harder in ensuring that our Federation makes it to higher heights in the coming years.

Finally, I wish to extend an undiluted gratitude to everyone who has contributed to this Newsletter. From the amazing submissions from different students and the awesome inputs of our SCOPUB Article Writers, to the Graphic Designer who has ensured a befitting compilation of this Newsletter, appreciations are definitely in order. We wish to see more diversity in the subsequent Newsletters thus urging us all to take ownership of what rightly belongs to us. You never know how far a genuine piece could go so let's keep writing with an intention to educate and embrace our Dear AFRICA!

Greetings from The Smiling Coast of Africa as I remain grateful for being opportune to serve as your Chairperson for the tenure. Together, we can make the desired difference!

Kindest Regards,
Fatoumata S Sarjo
FAMSA-SCOPUB Chairperson 2022/2023





INTRODUCING THE EXECUTIVE COUNCIL



Federation of African Medical Students' Associations

FAMSA EXECUTIVE COUNCIL 2022/2023

Banturaki Davis
President
MUMSA - Uganda



Abdulhammed O Babatunde
Vice-President
UIMSA - Nigeria



Patience Akampurira
GEN Secretary
MUMSA - Uganda



Victor Femi-Lawal
ASST GEN Secretary
UIMSA - Nigeria



Anthony Bamwine
GEN Treasurer
MUMSA - Uganda



Deborah A Ogundijo
HQ Admin
UIMSA - Nigeria



Oluwabusola Adebesein
RC West Africa
UniGAMSA - Gambia



Chido Sunga
RC Southern Africa
ZIMSA - Zambia



Fodop Samuel GJ
RC Central Africa
CATUC-MSA - Cameroon



Alshimaa O Suliman
RC Northern Africa
AMSA - Sudan



Lugaaju Charles
RC East Africa
MBUMSA - Uganda



Cinamon B. Nyagaka
SCOPA Chairperson
AKUMS - Kenya



Isa Muhammad J
SCOHE Chairperson
FUDUMSA - Nigeria



Sefiu Adeshina Usman
SCOMER - Chairperson
OOUMSA - Nigeria



Fatoumata S Sarjo
SCOPUB Chairperson
UniGAMSA - Gambia



Wendy Kinara
SCOPE Chairperson
AKUMS - Kenya



Yankuba Jabbie
Ex-Officio 1
UniGAMSA - Gambia

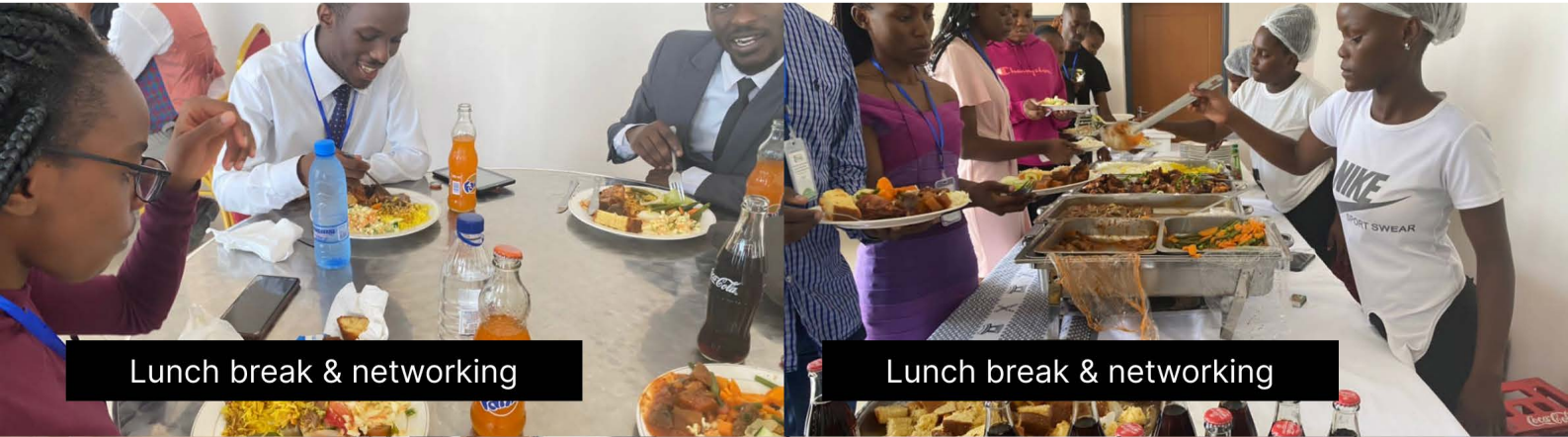


Dr Malinga Paddy D
Ex-Officio 2
Alumni MBUMSA - Uganda



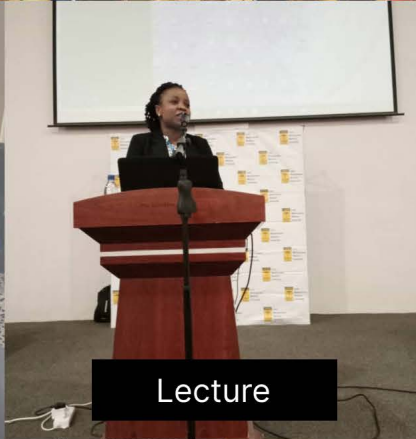


EXCERPTS OF THE 36TH FAMSA GENERAL ASSEMBLY 2022



Lunch break & networking

Lunch break & networking



Lecture



Lecture



Lecture



FAMSA 2022 GA Delegates



Lecture



Lunch break



JULY 2023 EDITION



ARTICLES

ARTICLES

ARTICLES



MEDICAL SPECIALTIES: AFRICA IN PERSPECTIVE

Africa is a vast and diverse continent with a rich cultural heritage and a complex healthcare landscape. While the continent has made significant progress in improving healthcare access and outcomes in recent years, it continues to face significant challenges in developing and expanding medical specialties.

The medical field comprises diverse specialties that are vital in ensuring the provision of superior healthcare. These specialties, which encompass but are not restricted to Obstetrics and Gynaecology, Paediatrics, Anaesthesiology, Surgery, Gastroenterology, Dermatology, and Family Medicine, among others, are all critical components in delivering excellent healthcare.

The shortage of medical specialists in African countries has been identified as a major obstacle to delivering quality healthcare services and achieving universal health coverage. Healthcare specialists are medical experts with in-depth knowledge and training in a specific area of medical practice.

There are several advantages of healthcare specialists to healthcare, a few of which are:

1. Specialists can provide more targeted and precise diagnoses, treatments, and procedures than general practitioners.
2. Medical specialties also play an essential role in the healthcare industry by providing an organized system for patients to receive specialized care.
3. Specialists are very essential to the proper education of undergraduate and postgraduate medical students.

All these aid in improving patient outcomes, and help to organize the delivery of healthcare services.





The World Health Organization (WHO) reports that even though Africa accounts for a quarter of the world's disease burden, its contribution to global health spending is below 1%. Additionally, the continent produces a meager percentage, less than 2%, of the drugs used in the region. (Africa Renewal, 2017)

Moreover, Africa lacks enough doctors to meet its growing healthcare demands. On average, there is just one doctor for every 10,000 people, with a current shortage of 2.3 million doctors and an estimated increase to 4.3 million by 2035. (Mustard Africa, 2022)

It is imperative to recognize the significance of these specialties in providing high-quality healthcare services in Africa.



MEDICAL SPECIALTIES IN AFRICA

The healthcare system in Africa is host to a lot of medical specialties, below are a few of the major ones practiced:

- **Infectious Diseases/Tropical Medicine:** Given the high prevalence of infectious diseases in Africa, there is a significant focus on this specialty across the continent. Medical Professionals in this field are saddled with the responsibility of solving complex infection-related problems. Infectious diseases such as malaria, tuberculosis, HIV/AIDS, cholera, meningitis, and others remain the leading causes of death in Africa. A massive increase in the number of trained personnel in this field is one of the most important steps to eliminate the existing burden of disease in Africa. (Fenollar & Mediannikov, 2018)





- **Internal Medicine:** Internal medicine is a broad specialty that deals with the prevention, diagnosis, and treatment of diseases in adults. Specialties in Internal Medicine include cardiology, gastroenterology, endocrinology, nephrology, dermatology, oncology, neurology, etc. Due to the emergence of Non-communicable diseases (NCDs) like diabetes, chronic respiratory diseases, cancers, chronic kidney diseases, and cardiovascular diseases, it is pertinent to promote this specialty among general practitioners and medical students. (Gouda et al., 2019)
- **Surgery:** This is the branch of medical practice that treats injuries, diseases, and deformities by the physical removal, repair, or readjustment of organs and tissues, often involving invasive procedures. (Oxford Dictionary). Specialties in surgery include Cardio-thoracic surgery, neurosurgery, plastic surgery, General surgery, etc. However, there is a shortage of surgeons in several African countries. A study in Nigeria found that a delay in the performance of elective procedures was due to the shortage of trained personnel.
- **Obstetrics and Gynecology:** Doctors in obstetrics and gynecology (O&G) care for pregnant women and unborn children, and look after women's sexual and reproductive health. In 2015, maternal mortality rates varied widely across regions, ranging from 12 deaths per 100,000 live births in developed countries to 546 in Sub-Saharan Africa. Maternity also significantly adds to the high incidence of women's illnesses. (Mohamed Ali Ag Ahmed et al, 2017).
- **Pediatrics:** Pediatrics is the branch of medicine that deals with the health and medical care of infants, children, and adolescents from birth up to the age of 18. Pediatrics aims to reduce infant and child rates of death, control the spread of infectious diseases, and promote healthy lifestyles. According to a study, it was found out that there were 157,878 children for every pediatrician on average in Nigeria (Ekure et al., 2017)

CHALLENGES FACING MEDICAL SPECIALTIES IN AFRICA

- **Lack of resources:** Healthcare financing in Africa is hindered by inadequate investment, insufficient policies and plans for financing health services, high levels of direct payments by individuals, lack of protection for the disadvantaged, suboptimal financial management, ineffective resource allocation, and weak coordination among partners. (Kirigia et al., 2009)
- **Brain Drain:** With the incentive of higher pay and modern facilities, Africa's top doctors continue to stream overseas in search of greener pastures. This results in a huge gap in the health system. According to research in 2019, it was discovered that Nigerian medical doctors predominantly seek work opportunities in the UK and the US, with 93% and 83% respectively, with the country having a very poor doctor-patient ratio of 1:4900. (Premium Times, 2023)



- **Poor leadership and management:** In a healthcare leadership study, it was found that poor leadership is often caused by managers' lack of knowledge of leadership techniques, as they may not believe in their effectiveness or necessity. This is consistent with findings from two earlier studies in Nigeria by other authors. (Oleribe, O. O. et al., 2019)

THE WAY FORWARD

- **Incorporating the latest technology:** This is very pertinent as Incorporating the latest medical devices and equipment can help in improving diagnosis, treatment, and patient outcomes. Also, Mobile Health technology can help in improving healthcare access and delivery by providing health information and services through mobile devices
- **Collaboration with international organizations:** Collaborating with international organizations can aid medical specialties via funding, offering training and education to African medical professionals most importantly sharing of information and best practices.
- **Support for research and development:** This can greatly aid improve the overall quality of healthcare services in the continent one of which is by developing new treatments and therapies which will help develop better treatments and preventive measures for the various infectious diseases plaguing the continent.
- **Leadership and Capacity Development:** Effective leadership can create a culture that prioritizes quality, minimizes conflicts, and improves healthcare system performance. Capacity building on this subject is urgently needed and should be mandatory for healthcare training institutions and all healthcare workers, as well as being a requirement for healthcare leadership. (Oleribe, O. O. et al, 2019)

CONCLUSION

In conclusion, the development of medical specialties in Africa is critical to meeting the healthcare needs of the continent's growing population. With a diverse range of cultures, geographies, and healthcare challenges, African nations must invest in specialized training and infrastructure to improve access to quality healthcare. As the burden of disease continues to shift towards chronic illnesses, the development of fields such as cardiology, neurology, and oncology is of particular importance. By addressing the shortage of medical professionals and investing in healthcare infrastructure, African nations can enhance the well-being of their people and promote economic growth. The road ahead is challenging, but by working together, African nations can transform their healthcare systems and build a healthier future for all.

AUTHOR

IME, AARON ETIMBUK

UNIVERSITY OF NIGERIA MEDICAL STUDENTS' ASSOCIATION (UNMSA)

JULY 2023 EDITION

MENTAL HEALTH

MENTAL HEALTH



MENTAL HEALTH AND DEPRESSION: AN UNDERCOVER PANDEMIC



Mental health as regards the world health organization refers to a state of mental wellbeing that enables people to cope with the stresses of life, realize their dreams and abilities, learn well and work well, and contribute to their communities. It is an integral part of our health and wellbeing that underpins our collective abilities to make decisions, build relationships, and shape the world we live in.

It's one of the non-communicable conditions that have taken a toll on our continent. A number of people are being affected regardless of age, financial status, or education levels. It exists at various degrees which are experienced differently by the various individuals.

Mental health as regards the world health organization refers to a state of mental wellbeing that enables people to cope with the stresses of life, realize their dreams and abilities, learn well and work well, and contribute to their communities. It is an integral part of our health and wellbeing that underpins our collective abilities to make decisions, build relationships, and shape the world we live in.

It's one of the non-communicable conditions that have taken a toll on our continent. A number of people are being affected regardless of age, financial status, or education levels. It exists at various degrees which are experienced differently by the various individuals. However, there is a great misunderstanding amongst individuals about mental health conditions. Many believe mental health only has to do with the mental disorders and psychotic diseases which is not the case. It encompasses all these including other mental states associated with distress, impairment in functioning and risk of self harm.

There are a number of factors that contribute to the mental health of an individual; these include both internal and external forces. The different determinants of mental health need to be taken into account as they increase the risks of people acquiring mental health conditions if not done in the right way. These determinants can be social, economic, political or environmental factors. Things like poverty, physical contact among people, childhood experiences, physical health conditions, trauma, parenting should be paid attention to amongst others.

Mental health plays a big role in our daily lives; it is key in our struggles to thrive and achieve the goals we set in our lives. The way we look at ourselves, the faith and belief that we see in us is a major contributor to our success.



The importance that mental health holds in the community seems to be underlooked by many of us which has led to a lot of problems.

There is a lot happening especially amongst youths including students and the major cause is their mental health. We have heard of cases of students killing themselves, people giving up on their academics accompanied by a lot of stigma making people uncomfortable and unhappy in life. There is not much being done to ensure the good mental wellness of everyone thus, we need to wake up and make a change.

There is therefore a greater and urgent need for action concerning the mental health of our people. Many have lost lives, become depressed, and fail to speak or seek help because of the opinion that society holds on such issues. We need to spread awareness and make people know that it is okay to feel down, but it is not okay to stay feeling down, getting depressed or harming yourself. People need to know that it is okay to step out and speak to someone and even more okay to be vulnerable and ask for help. We need to educate the masses on how significant mental health is in relation to living healthy lives. People need to understand that making others feel bad for your own happiness is not okay.

It all starts with us! Spare time and check on the people around you and ask them how they are feeling. Each and everyone has a role to play in improving the mental health of our people. Each stakeholder should use their different capacities to promote good mental health and prevent the rising issues around mental health conditions. Together, we can make a change and make this world beautiful and amazing for everyone and one way of doing that is through having great mental wellness for everyone.

#MentalHealth!
#HowRUFeeling?

AUTHOR

NANDERA KETRA VENESA
MAKERERE UNIVERSITY MEDICAL
STUDENTS' ASSOCIATION, UGANDA.

JULY 2023 EDITION

THE FUTURE OF TELEMEDICINE IN AFRICA

THE FUTURE OF TELEMEDICINE IN AFRICA





THE FUTURE OF TELEMEDICINE IN AFRICA

Telemedicine is the diagnosis and treatment of patients through communication over the telephone. Telemedicine refers to the delivery of medical care and general health services from a distance.

It is a term that I would define as a divine intervention to avoid the stress on both patient and doctors in a like manner by its providence of an interface for doctors to provide care to patients, without either of the parties needing to have a physical meeting, it's basically virtual medicine.

The United States started the first and most recognizable practice of Telemedicine in 1960, it was used for monitoring astronauts in NASA flights by the medical teams during project mercury. The medical teams simply observed these astronauts on land while they were in space, they provided medical advice where necessary and consistently evaluated their conditions. As demonstrated by NASA the physicians didn't need to be there to offer medical care.

WHAT CAN TELEMEDICINE BE USED FOR?

Since its use by NASA, more funding was allocated towards more telemedical pursuits and before long, it was used in these fields of medical care:

- Psychiatry; telepsychiatry
- Radiology viz Teleradiology
- Neurology
- Midwifery
- General consultation

WHY AFRICA?

When asked why Africa needed to use telemedicine I'd first answer saying; why not? Medicine in Africa needs one factor that it doesn't necessarily consistently have yet, and that's growth, I mean the entire telemedicine approach was already made to be forcibly used by us during the Covid-19 pandemic, in countries like South Africa, telemedicine was used by doctors and midwives to communicate with the pregnant women that were at risk and couldn't possibly go to the hospitals. The innovations to tackle the pandemic through Telemedicine could not be abandoned even in the absence of the pandemic and here's why;

- **We are so many!**

The vastness of the entire populace was enough reason for Africa to seriously consider telemedical advances as the way to go. Here in Nigeria, there isn't even a suitable ratio of doctors to a patient.



- **Brain drains**

No, I do not mean draining the brain literally. Brain drain is what happens when doctors leave Africa to work abroad. Now, this wouldn't be a problem if there weren't so many that left, but it leaves us with an unending deficit of doctors, and guess what? Telemedicine solves this.

- **It's just so much easier**

The world is evolving and so are its trends, if we do not want to be left we must join the bandwagon.

So now do you believe me when I say we have no reason not to advance using telemedicine? Thankfully, the African leaders and thus medical bodies see the use of it all, and as such telemedicine has greatly been pursued in Africa.

TELEMEDICINE IN AFRICA

The telemedicine services available in Africa are; maternal care, child care, occupational health care, mental health care, radiological services, geriatric medicine, and e-pharmaceutical services to mention a few. Countries such as; Kenya, Nigeria, and South Africa already have a form of good communication and internet services, so launching Telemedicine at first proved to be possible.

The first instances of the use of telemedicine in the medical sector of these countries were entirely forced upon them by the novel pandemic that ravaged them. They were forced to encourage more virtual forms of medicine due to the necessary precautions that were in place at the time and so I would like to consider the pandemic to have been a necessary evil as it required us as a continent to step out of our shackles of archaic but laudable medical practices as we imbibed Telemedicine and all it had to offer.

But then, to put it rather lightly, the pandemic eventually went away and with the fall of cases and the spread of Covid, Africa to my surprise continued to embrace telemedicine and it is still seen practiced although not unflawed in the sub-Saharan parts of the continent, in South Africa, Kenya, and Nigeria amongst a host of many other.

Thus, it is safe to say that although flawed by lack of resources, lack of facilities, and lack of sensitization of the all-around process of making Telemedicine in Africa a conquered feat, it seems very possible and there is indeed a light at the end of the tunnel.

AUTHOR

SASHA JOHN FULANI

AHMADU BELLO MEDICAL STUDENTS ASSOCIATION (ABUMSA)

JULY 2023 EDITION

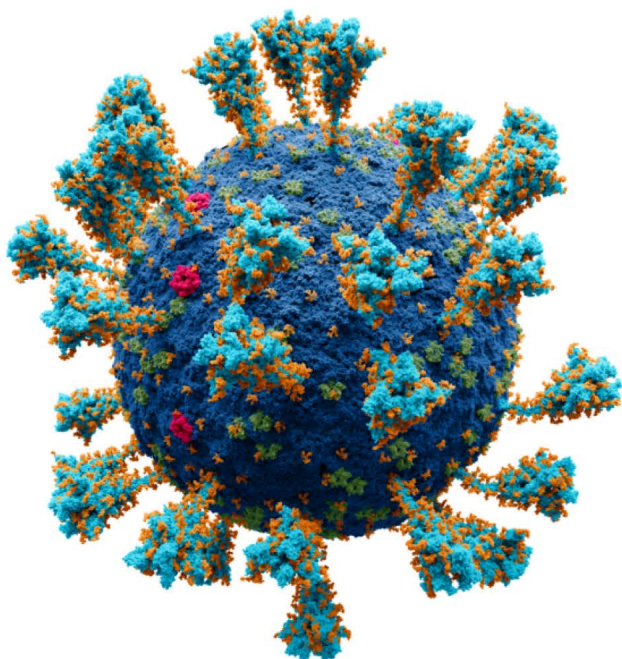
THE BURDEN OF NON-COMMUNICABLE DISEASES:
IGNORANCE OR POVERTY?

THE BURDEN OF NON-COMMUNICABLE DISEASES: IGNORANCE OR POVERTY?





THE BURDEN OF NON-COMMUNICABLE DISEASES: IGNORANCE OR POVERTY?



The outbreak of the Corona Virus Disease in Wuhan, China in the year 2020 has put the world on its toes. Now, it isn't questionable to infer that an average man knows how harmful the spread of diseases could be. However, it has become quite alarming for the medical sector around the world that diseases which cannot be transmitted from one person to another now take the lead in the causes of death. According to the World Health Organisation, Non-Communicable Diseases contribute to the top ten causes of death in low, middle and high-income countries. This brings to nought the hypothesis that Non-Communicable Diseases depend mainly on the poverty or state of wealth of a country; although it is not far-fetched to conclude that Non-Communicable Diseases seem to ride easily on the coattails of poverty.

The heavy burden that might spiral into a worldwide epidemic has been laid upon the medical sector and requires that medical practitioners work hard to alleviate the cause and overall effects of Non-Communicable Diseases by apportioning resources which would be targeted at risk reduction. Some of the Non-Communicable Diseases are cancer, stroke, obesity, diabetes and dementia, which is common among the ageing population.

Risk Factors For Non-Communicable Diseases.

The World Health Organisation has also discovered that lifestyle and the quality of life lived play a crucial role in determining if an individual is at risk of Non-Communicable Diseases or not.

1. Use of Tobacco: This has been one of the leading causes of the various respiratory illnesses and organ damage recorded in recent years. Therefore, it isn't strange to find a tobacco addict becoming a victim of lung cancer, liver damage or having difficulties with respiration. It has also been discovered that adults who do not smoke but are exposed to secondhand smoke are at risk of developing lung cancer.

This creates an opening where prompt intervention is required from the medical health sector to help both the smoker and whoever stays with them.

2. Poor nutrition: Poor nutrition is one of the risk factors for the increasing spread of Non-Communicable Diseases particularly in low and middle-income countries. The absence of the capital to get good nutrition has caused so many of the citizens from such countries to resort to single diets which are usually carbohydrate-dominant because of the energy supply. These unhealthy diets and eating patterns have therefore created an avenue for a spike in blood glucose levels.



As a result of this, there has been a record of more cases of Diabetes in these countries compared to the high-income countries where the citizens get to enjoy a variety of nutrition.

3. Lack of Physical Activities: This is a risk factor everyone has to pay attention to. Most importantly, people who have good nutrition but do not actively engage in any exercise regimen are at risk of Non-Communicable Diseases like Obesity, Lipid accumulation and decline of the lung function.

This has thus placed a necessity on medical practitioners to remind their patients about the importance of exercising regularly which not only helps to shed unnecessary fats from the body organs but also, increases the lung capacity, creating an avenue for a healthy lung.

The Way Forward.

Abraham Lincoln once said, "I do the very best I know how, the very best I can, and I mean to keep on doing so until the end."

This could be the situation to describe the medical health sector today as we must strive to do the very best we know how, the very best we can and keep doing so until the end of the world because every human being on earth can only live a happy life if they enjoy a peak state of health and this includes:

1. Advocating against the use of tobacco and other related products in excess.
2. Enlightening and educating the public on the importance of keeping a healthy diet.
3. Creating an avenue and welfare support for people who cannot afford basic needs like good food and good healthcare.
4. Medical practitioners could also include physical training as a part of their treatment models for patients whose conditions allow.
5. Every man on earth should have a sense of responsibility for the next man to him and correct any vices that could put their health in jeopardy.

Doing this on a small scale will spiral into a greater level and humanity will once again, defeat the burden called Non-Communicable Diseases just like we did with the CoronaVirus pandemic.

AUTHOR

AKINJOBI T. OLUWAGBEMISOLA
MSA: UNIVERSITY OF IBADAN MEDICAL
STUDENTS' ASSOCIATION, NIGERIA.

JULY 2023 EDITION

POEMS

POEMS

POEMS





A MOURNING HEALTHCARE SYSTEM

She lies ridden in bed,
 She's in pain because of her many woes,
 She looks like she lost someone so dear,
 She is Mother Africa.
 Come back, I need you.
 Come back, I need you she hums,
 Your land needs you.
 My sons in white coats gone to where the
 pasture's green,
 Gone to where they'd be held by the rope of
 their steths,
 Gone to where they would be no more than
 a chained servant.
 All because they seek to be rid of me,
 Rid of their obligations to me and their
 brethren,
 Rid of the inadequacies that we could
 correct if they were present.
 The many deaths, the pain in my people's
 eyes,
 The communicable yet never-ending sorrow,
 I can't dare to bear it anymore
 My mourning is no longer bearable,
 I need them, I need you!
 To make Africa better,
 To make our lands as great as the lands to
 which you flee,
 To save our lives.
 So, come back, would you?

AUTHOR

Sasha John Fulani
 Ahmadu Bello Medical Students Association
 (ABUMSA)

AWAKE (POEM ABOUT COEXISTENCE BETWEEN DOCTORS AND NURSES)

I'm awake!
 Though certainly not by choice.
 I can smell chloroform sifting through the air,
 Interspersed with the aroma of Alibaba's
 suya.
 I'm awake, yet I cannot rejoice.
 I'm awake!
 Though I am asleep,
 My ears tingling from the surgeon's tone-
 firm and deep,
 Confabulating with the theater nurse in his
 keep.
 Pull, Tie, Cut, Split.
 I'm awake!
 Yet waiting for sleep.
 I feel the scalpel's painless kiss,
 As the nurse's tone shifts...
 Sleep paralyzed,
 I'm derealized with fear.
 Is this another argument,
 Or just a nightmare?
 I'm awake, Yes
 But just as tense.
 Listening with terror
 As this reaches a feverish fervour.
 I'm awake!
 Though I wish I wasn't
 This argument progresses
 Something about tone and superiority, they
 said.
 Being understaffed and undermined.
 It sucks to be maligned.
 An intervention is needed
 Before this line is exceeded.
 I'm awake!
 Yet full of pride,
 Teamwork is beautiful to see
 Today that beauty is me.

AUTHOR

Okei Faith
 MSA: University of Ibadan Medical Students'
 Association



THEY ARE OF US (POEM ABOUT DISABILITY)

The sun stands at ease and shines,
 The moon did not fail to smile,
 At those who are born different.
 The ocean waves dance in their presence.
 Even the rain showers them with love.
 But those who seem not to be different,
 Remain indifferent,
 Questioning their reason to be alive and different.

When last were you silenced?
 Even though you have a voice to speak.
 When last were you brought down?
 No matter how much you try to rise.
 When last were you lost?
 In a world you call your own.
 When last did you shed hot tears?
 Because you found no place to call home.
 These ones breathe hot air daily,
 Curses spilling from their lips like melted volcano,
 As tears falling like balls of hot oil
 Whispering, "why am I here?"
 Let these ones dream too.
 With a sound understanding that,
 They are differently enabled
 They are of us!

Even when multiple syndromes arise in a single body,
 The soul is still not a nobody.
 This soul has a path in life.
 A path of impact.
 Our body is flesh and blood,
 Their body is not flesh without blood.
 We have a spirit and a soul,
 They are not without spirit and soul.
 So why should our countenance
 Leave them with no hope?
 Telling those with down's syndrome
 To go down!

AUTHOR

OLATUNJI ZION
 UNIVERSITY OF IBADAN MEDICAL
 STUDENTS ASSOCIATION





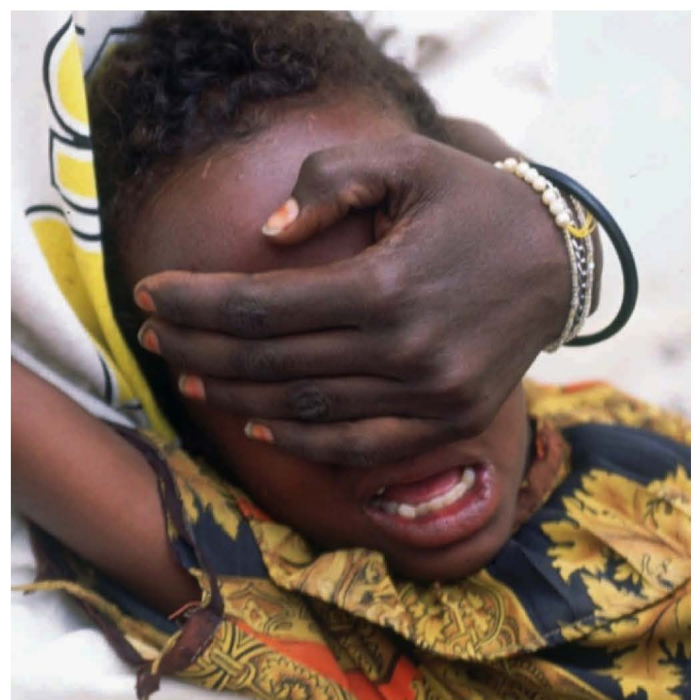
TEARS OF KUMBA: AN UNCULTURED CULTURE (POEM ABOUT FGM)

Uninspired by the frigid breeze that blew her undergarments apart
 She lay, her legs akimbo, her body stiff from the fearful sweats that bathed her skin
 And waited, to be sent on the slow tortuous walk to sterility.
 The sharpened caustic razor cutting through her labia
 Set her majora hysterical, with solemn ecstasy, as the fine sharpened blade cut slowly through it
 Her minora, a mosaic of shredded flesh with blood, set her body rolling in wild fervent agony.
 She rubbed herself in her mother's underwear, mother told her it'll gird her pain round her loins
 And soak every stain of blood in warm embrace
 So she lay abask, and waited, as the color of her thighs shone with crimson red, to feel what mother said she'll feel.
 The loosened tenacity of the underwear, shredded from overuse, held her insides reverberating in murderous pain.
 Darkened from the incessant drops of blood from all the others before her, hers clung desperately to her thighs
 She cradled them in her hands, as she walked the streets, her bruised purity that now flowed from her groin.
 Like play cards, she watched as she fell apart
 Her essence aggressively swept away by the strong tides of a tornado
 Shaken from the nightmares that will not go away, she withered within, the uproar of her soul in turmoil, exterminated her roots, and like an earthquake, her velvety tree fell.

She'll live to scorn, all her life, all that carved this path
 And sent her walking, on this slow tortuous journey to sterility.

AUTHOR

MADUAGWU CHINECHEREM JOY
 NNAMDI AZIKIWE UNIVERSITY MEDICAL
 STUDENTS' ASSOCIATION (NAUMSA)



JULY 2023 EDITION

MY FAMSA JOURNEY

FEATURING STRUCTURED INTERVIEWS WITH SELECTED PAST
AND PRESENT EXECUTIVES OF FAMSA



MISS LAURA NYIHA (FAMSA ALUMNUS)



- Please tell me about yourself.

Answer: My name is Laura Nyiha, a fifth-year medical student of Kenyatta University, and my MSA is called the Association of Kenyatta University Medical Students. I currently serve as the President of my MSA.

I'm a creative young lady who is also the founder of African health stories; a platform that gives voiceless people out there the avenue to share their stories, and to let their voices finally be heard and listened to.

We do this by sharing health-related experiences in the form of stories from the perspectives of patients, health professionals, caregivers, and

founders of health organizations as well. All experiences are shared; the good, the bad, and the ugly, in that manner we can influence certain situations so as to impact positive change. In that light, I'm also the founder of Pre-health, an organization concerned with preventive medicine; it ensures that we play a role in reducing the disease burden in a majority of African countries due to the prevalence of non-communicable diseases that can indeed be prevented. It's an initiative that's here to ensure that people are aware of preventive medicine and its measures. We also conduct seasonal mobile health tracks all around Kenya as of now to share awareness amongst the populace.

- It is established that you have served in the Executive Council of the Federation of African Medical Students Associations (FAMSA). Could you kindly elaborate on this?

Answer: I have served FAMSA in two ways; I started as the General Secretary (2019/2020) and the following year, I became the Vice president (2020/2021). I then proceeded to become an Ex-Official member of the succeeding Executive Council (2021/2022).

- You're indeed an experienced alumnus of FAMSA. Please walk us through the memory lane of your journey and what it felt like serving FAMSA in the capacities earlier mentioned. Per se, what's your unique story?

Answer: So, I had the opportunity to go to Uganda; at that point, I would say my skill set had grown beyond my expectations. I vied for the vice president position which I got and the feeling was indeed surreal.

Before then I had never been outside my country; the first time I went to Uganda for the General Assembly, I realized I was completely enamored by the beauty of it all. The scenery in Uganda was so beautiful thus, my love for culture, arts, and Africanism, I owe it all to FAMSA.



- There's an erroneous belief that's currently ravaging and eating deep into the prospects of most medical students who happen to take an interest in extracurricular activities. We're made to believe that medicine itself is a "jealous lover" and so unapologetically demands your unalloyed attention and time. How can you disapprove of this Ma? Seeing that you shouldered the two and still came out successful.

Answer: I believe in coexistence; I think that even if one is a medical student, it shouldn't just be medicine. I feel yes, it is one aspect of your life and a very important one at that but there is a need for coexistence with other things. Perhaps music, arts, literature, painting, dancing, or perhaps a business venture. I do not know what passions you may have but I believe you can always find a way to coexist them all.

Take me for example, my love for arts alongside my passion for medicine and the leadership positions I took up in FAMSA brought me to establish African Health Stories and Pre-Health. Through me, I hope you can see that there's always going to be a way to merge both leadership positions and medical school. I believe you can do it so go out there and sell yourself to the world.

- Having successfully served in the capacities that you did above, what impact has this had on your life and of course, what would you refer to as your greatest achievement?

Answer: My greatest achievement in FAMSA is gaining the ability to capacitate and influence my colleagues and other medical students to take charge of the mantle, to want to fill up the spaces and take up positions in the leadership of FAMSA and the other medical student associations alike.

It's important to have someone to look up to, someone to ask for advice. When my colleagues come forward to me to ask how they could go about calls for positions that they wanted to apply for, it gives me so much joy seeing that they eventually get it and do it and become good leaders who create positive impacts. That is my greatest achievement, seeing that I became a tool that reaffirms to others that they had the ability and potential to join those leadership positions, so all of us can do the job together.

- If you were given a chance to serve FAMSA again, what would you do differently?

Answer: If I had that chance, I would find a way to create a way by which all FAMSA members could directly exchange cultures. I know that we presently do so indirectly by communicating with each other, but I believe it could be done better.

If given the opportunity, I would create a structure that is properly organized and functional in such a way that the different countries in Africa as well as their cultures are represented and can easily be exchanged with one another.

I love culture and Africanism, and I believe FAMSA is a great avenue for that.

- Miss Laura Nyiha, we have a lot of Afro-medics out there who are yet to find their footing in both academic and extracurricular activities. What would be your advice to these young and vibrant medical students?



Answer: You have such vibrancy, I mean something within you telling you that you can do this. I would advise you to do it, you can excel in your academics and still succeed in your extracurricular activities so just go ahead and do them! You will never know unless you try.

- If you have any concluding remarks or an overall point to make, please go ahead.

Answer: Right now, I'm a leader, and a creator. The things I've done and in all the ways I've served, I owe it all to FAMSA. FAMSA was the first leadership platform where I got to start and looking back now, I am really glad that I did it all.

This was how it all started; I was in my second year of medical school and one day, in a WhatsApp group, I had seen a text saying there was this organization called FAMSA that intended to hold their general meeting in Kenya at the time. The call was for people who wanted to join the organizing committee for the 33rd FAMSA GA in Kenya. I applied for logistics and it took an awfully long time before I eventually got a response on a random day; I got an email saying I had been accepted.

Before then, I would have considered myself the kind of person that loved to lie low and a reserved person but I found myself coming out of my shell. I learned and finally got a hold of things, and we consequently had meetings amongst the organizing committee, that is, the meetings held on Saturdays. At some point, while we continued planning, I thought we weren't going to be able to hold the GA that year until Dr. Emma Nylela suddenly came up and said it would be holding just that we needed to restructure the organizing committee. Then came COVID-19 and yet again, we had to delay plans of holding the GA so I imagined it would have to be canceled but yet then, something else happened and it was decided that we would have it anyway since COVID had not started being felt here in Africa.

The plans for the GA was a lot of work, but it was definitely worth it! My most vivid memory was the entire feeling when I got to the airport to pick up some Nigerian delegates and take them to the hotels to which they were to stay. I recall it was around 2 am, it was raining and all but we still sang and made so many memories that I keep till now. That moment was blissful, my best memory yet from the FAMSA General Assemblies that I've attended.

Then I got the opportunity to be the General Secretary for that tenure and not before long, COVID hit hard and we secluded our activities to Zoom and other online platforms. Through that, I learned quite a lot including how to pitch, how to set up a zoom, how to tell others about FAMSA, how to write minutes of a meeting; it was a surreal period for me, especially during a time of much unrest in the world. I would say that everything I did with FAMSA as a leader at the time of COVID simply kept me sane.



DR. MALINGA PADDY DERRICK (FAMSA ALUMNUS)



- Please tell me about yourself; I mean, who is Dr. Paddy?

Answer: My name is Dr. Malinga Paddy Derrick. I am a Ugandan and a graduate of Mbarara University who served FAMSA through the Mbarara University Medical Students' Association (MBUMSA). I am passionate about quality healthcare delivery in Uganda and Africa generally as I consider healthcare to be a basic human right that everyone is deserving of. The desire to make an impact in promoting positive healthcare delivery remains my inspiration to keep striving.

- It is established that you have served or are currently serving in the Executive Council of the Federation of African Medical Students' Associations (FAMSA). Could you kindly elaborate on this?

Answer: Yes, that is absolutely right. I have steadily climbed the ladder as far as FAMSA's leadership is concerned. I served as the Chairperson for the Standing Committee on Health and Environment (SCOHE) in 2020/2021, proceeded to serve in the position of Vice President in 2021/2022 and I'm currently serving as an Ex. Officio which is more of supervision and offering advice to the current executive owing to my experience in the federation.

- You're indeed an experienced alumnus of FAMSA. Please, walk us through the memory lane of your journey and what it felt like serving FAMSA in the capacity/capacities earlier mentioned? Per say, what's your unique story?

Answer: My Journey with regards to FAMSA can only be described as love at first sight. It all began with the 34th FAMSA General Assembly which was being hosted in Uganda and online (1st FAMSA hybrid GA). I was part of the rapporteur team under the Local Organizing Committee so I experienced the GA firsthand. Applications were opened for some vacant positions so I applied for the position of Chairperson for SCOHE and got selected. I considered this as FAMSA giving me a chance to serve regardless of me not being so experienced in its administration so I gave my best and was in fact recognized as one of the most outstanding executives of that tenure. The following year, I was encouraged by my fellow executives from the then concluded tenure to apply for the position of Vice President in the next tenure as they had seen the commitment and passion in me. I obliged and again got elected to continue serving FAMSA in a higher capacity. Despite the challenges of serving in those positions, I have to admit that FAMSA has had great and positive impacts on me and my journey as a medical student and as a leader.



I enjoyed serving in every capacity and was able to achieve a lot such as the initiation of the HIV/AIDS Technical Working Group which still lives on to raise awareness about HIV/AIDS and what can be done. I have grown from a beginner to the level of the experienced, thanks to FAMSA.

- There's an erroneous belief that's currently ravaging and eating deep into the prospects of most medical students' who happen to take interests in extracurricular activities. We're made to believe that medicine in itself is a "jealous lover" and so unapologetically demands your unalloyed attention and time. How can you disprove this Sir? Seeing that you shouldered the two and still came out successful.

Answer: Medicine might be demanding and a jealous lover as indicated however, I believe that everyone has the same 24 hours including those that tend to balance medicine and extracurricular activities perfectly. I am not an exception to this having dealt with medical school and major FAMSA responsibilities simultaneously but I always dedicated a specific time duration to my FAMSA duties. It comes down to asking oneself whether you're willing to do it or not! Will you challenge yourself to serve excellently alongside medical school or will you simply give excuses? "No Excuse Leadership" is a book authored by Brace Barber and has beautifully shaped my ideologies in this aspect so I'd encourage anyone to read it. Additionally, one of my former classmates, Dr Muganzi David Jolly who is currently the President of Student Community of AfreHealth and Patient Centered Care Movement – Africa, who inspired me had equally served in FAMSA before his great leaps whilst in medical school. The question remains "will you do it or rather choose the easy way out by giving excuses"? It is a matter of passion and priorities; the willingness to do and still succeed.

- Having specifically served as the Vice President of FAMSA, what impact has this had on your life? And of course, what would you refer to as your greatest achievement?

Answer: As earlier emphasized, serving in FAMSA generally has had a lot of impacts on me both individually and professionally. It has tremendously sharpened my vision and preparedness for becoming a better doctor. I could confidently describe myself as not being just any doctor but one that is levelheaded enough to deal with team dynamics with utmost people skills thus, FAMSA's impact cannot be quantified. More so, the first few months after graduating medical school and before employment are usually challenging but my involvement in FAMSA had exposed me to institutions and individuals through whom, I had paid internships and activity participations because my capabilities were already known to them beforehand. During my tenure as SCOHE chairperson, I equally hosted a successful 2-days webinar on Non-Communicable Diseases which was attended by over 300 people with speakers from various countries within the sub-region. One of the individuals from that event later contacted me to work on a project that involved designing a campaign template or strategy on Non-Communicable Diseases. As for my greatest achievements(s), I would consider them to be partnership with International AIDS Society, initiation of the HIV/AIDS Technical Working Group (TWG), Drafting of a statement on behalf of FAMSA for the 71st and 72nd sessions of WHO African Region and facilitated the training of students from all regions of Africa on policy statement development and advocacy.



Our participation in the WHO session had specifically brought FAMSA to the attention of WHO following the lasting impression made by our representatives. I remain proud of my colleagues and grateful for the achievements registered.

- If you're given a chance to serve FAMSA again, what would you do differently?

Answer: I sincerely wish that I would have discovered and served FAMSA earlier than I did. This is the one thing I wish to have done differently. If any other, then it would be to go about the 36th FAMSA GA differently. It was initially supposed to be hosted by the Cavendish University MSA in the Southern Region of Africa as we value decentralization of GAs to encourage maximum and equal participation of all regions. However, this couldn't proceed as planned so the GA was hosted by University of Zambia Medical Students' Association instead and although I greatly commend the organizing committee for a job well done, the GA didn't completely unfold as we'd like in terms of standards. This was mainly because the hosting nation was rather new to FAMSA so that came with challenges and I wish things could have been done differently.

- As much as we fully acknowledge your affiliation to FAMSA, we are not oblivious to the fact that there is equally a world beyond FAMSA especially after graduating from medical school. How has life beyond FAMSA and Medical School been for you so far?

Answer: To begin with, I really miss FAMSA. There is an alumni network but it is not so functional perhaps due to life after medical school being tough and the need to put one's life together both personally and professionally. However, the experience gained from working with FAMSA continues to be a guiding tool in dealing with this phase of my life/career because whilst you wait, your past engagements get you hooked up with one opportunity or the other and that's the difference that comes with serving as a student leader. Additionally, you barely ever lack a mentor to push you further after your potentials have been made apparent to them already. As hard a phase as life after medical school is, you can definitely count on FAMSA to be the torch that lights your path.

- Sir, we have a lot of Afromedics out there who are yet to find their footing in both academic and extracurricular activities. What would be your advice for these young and vibrant medical students?

Answer: I would advise such individuals to join FAMSA and exploit their potentials. Get involved in extracurricular affairs and explore your potentials. When we start working in hospitals as doctors, we get to deal with humans over and above mere diseases. The people skills needed to ravage through could be developed by being engaged in extracurricular affairs because that is not something you learn in a classroom. Medical knowledge alone isn't sufficient so you need other skills like leadership, time management, networking, administration, planning and lobbying, optimum utilization of weaknesses and strengths just to name a few. I personally didn't consider myself as passionate about healthcare advocacy until I stepped out of my comfort zone to work on a statement for the WHO session. I was so motivated to have my voice heard on behalf of all those that it concerns.



It led me to discovering advocacy as one of my strengths and I am thankful for that. As long as there is a will, there is always a way. To every medical student out there, you are more than just a medical student so limiting yourself to medicine only actually limits your potentials overall.

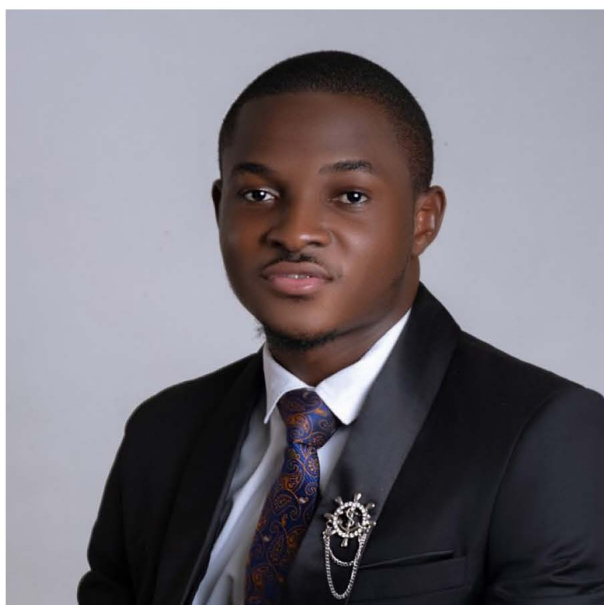
- If you have any concluding remarks or an overall point to make, you may please go ahead.

Answer: I want to emphasize one point and that is, as a medical student, you can choose to be “a” medical student like any other or “the” medical student that has gone the extra mile to achieve beyond the four corners of a classroom wall. I always refer to one of my mentors in the person of Dr. Bony who once told me that I could someday become “a” Minister of Health like any other person who has held such a post, or become “the” Minister of Health who has made obvious impacts in terms of changing the narratives. As a Medical Student, my advice is to never limit yourself and whatever you decide to do, give it your very best. The rewards are enormous.





MR. ABDULHAMMED BABATUNDE (CURRENT VICE PRESIDENT)



- Please tell me about yourself; I mean, who is Mr. Babatunde?

Answer: My name is Abdulhammed Babatunde, a 500L medical student schooling at University of Ibadan. My MSA is called UIMSA which is University of Ibadan Medical Students' Association

- You are believed to be serving as the current Vice President of the Federation Of African Medical Students' Association, what do you have to say about this Sir?

Answer: Yes, that is very true. I'm the current Vice President of the Federation of African Medical

Students' Associations although I equally served in the preceding tenure of 2021/2022. I was the Chairperson for the Standing Committee on Medical Education and Research (SCOMER).

- Sir, could you please share with us what your responsibilities are as a Vice President?

Answer: Well, as a Vice President, I oversee the affairs of all the Standing Committees in FAMSA. I equally get to review all proposals, agendas and reports of the Federation and various Standing Committees before approval. I'm also in charge of organizing meetings and keeping account of the progress of the various Chairpersons for the different Standing Committees. And of course, I assist the president as and when required of me.

Additionally, FAMSA has an annual General Assembly and Scientific Conference so the bulk of the planning with regards to the forthcoming General Assembly lies heavily on my shoulders. That is a greater part of my responsibility.

- What barriers have you encountered so far?

Answer: The basic challenge here so far has been the language barrier in Africa. A lot of countries in Africa are yet to come to terms with speaking a common language so it's really a great challenge. For the greater part of the students who reside in non-English speaking areas, it is seemingly hard to reach out to them and talk to them about FAMSA as some of them are not yet aware that an association such as this is in existence. Oftentimes, we try to create positions for these students and encourage them to get fully involved, but that has not effected a lot of change. One time, we had to create a special kind of flier for them in their native languages to drive home our point. Eventually when some of them got into the association, it was hard to keep up because here, English language is generally used and that is a language that they do not understand.



So you get to realize that it is really a major challenge, and it has hampered the progress of the association as a whole. FAMSA is yet to permeate certain areas because of this singular barrier.

Another real challenge is that some MSA's are yet to come to terms with serving in organizations, groups and associations with sustaining balance in their academic pursuits. You wouldn't believe me if I told you that there are some MSA's that have never held any position outside that of their own MSA because they're afraid of juggling the two and failing out of medical school.

- That in fact brings me to my next point Sir. There's an erroneous belief that's currently ravaging and eating deep into the prospects of most medical students' who happen to take interests in extracurricular activities. We're made to believe that medicine in itself is a "jealous lover" and so unapologetically demands your unalloyed attention and time. How can you disprove this Sir?

Answer: The truth is, what works for Mr. John might not work for Mr. Ade. You've got to really know and understand what works for you. Some students can multitask better than others. And for such students, it's easier to take up a political position and not experience any hinge. Some others who cannot multitask might find the path a little rough, because it'll take a lot more to cope and balance academic work with politics. Some students are fast readers too. They do not have to spend so much time reading and understanding a concept and so they have more time to engage in politics. Some who are slow readers, might have to read a particular concept over and over again to understand and comprehend. For such people, it might not be too advisable to juggle up politics and academics.

The summary of everything is to understand what works for you and follow it. If you can serve in positions and still maintain an excellent academic record, then go for it. But if taking up a position will adversely affect your academics, I'd rather you don't engage in it.

Also, an individual can take up one or two positions in which he/she can seamlessly give his/her best. We all understand that we're medical students and we've got to study. Don't apply for numerous positions that will, at the end of the day, jeopardize your academics.

Like myself, I'm not actively involved in politics in my MSA. But that doesn't apply to FAMSA. Don't try to be fully politically involved in your MSA, NiMSA, FAMSA and every other association that comes your way. At the end of the day, you'll be overwhelmed with responsibilities and you might lose focus and start working behind schedules.

Lastly, I'd advise that those who are still in preclinicals rather focus on their studies. There's a whole lot to cover up for while in preclinicals. Second MBBS exam is one of the toughest examinations in medical school. So I'd kindly advise for the time being, that you focus and give your academics the full attention it deserves. After you've crossed the bridge, you can now fully get involved.

- How has serving as Vice President of FAMSA impacted your life?

Answer: Serving as the Vice President of the Federation of African Medical Students' Associations has in no less way been of great impact on my life. It has better enhanced my leadership capabilities, it has given me exposure and broadened my horizon. Though not much has been done yet as I just recently got elected but I'm still actively in service and I believe this journey is going to make more sense as I walk the path.



MR. BANTURAKI DAVIS (CURRENT PRESIDENT)



- Please tell me about yourself; I mean, who is Mr Davis?

Answer: My name is Banturaki Davis, a student from Makerere University, Kampala, Uganda. I am currently in my fourth year and about to go into my fifth year of medical school.

- Nice to meet you, Mr Davis! It is established that you have served and are in fact, currently serving in the Executive Council of the Federation of African Medical Students' Associations (FAMSA). Could you kindly elaborate on this?

Answer: Yes, I have served in the Federation of African Medical Students' Association in different capacities. I served in the Standing Committee for Population Activities (FAMSA-SCOPA) in the 2020/2021 tenure as the Media and Communication Officer, and also under the Executive Chairman or President, Dr. Yankuba Jabbie in the 2021/2022 tenure as the chairperson for the Standing Committee on Professional Exchange (FAMSA-SCOPE). Currently, I am the President of the Federation of African Medical Students' Associations.

- Awesome! That's a great bio you've got there sir! You're indeed an experienced member of FAMSA. Please, walk us through the memory lane of your journey and what it has been like serving FAMSA in the capacities earlier mentioned. Per se, what's your unique story?

Answer: I am still serving and I have much to learn. So, I still have time to collectively sum up everything. But right now, I keep pushing, learning from my predecessor, trying to catch up and possibly, doing more so that at the end of the tenure, I would have made some impact.

- There's an erroneous belief that's currently ravaging and eating deep into the prospects of most medical students who happen to take an interest in extracurricular activities. We're made to believe that medicine in itself is a "jealous lover" and so unapologetically demands your unalloyed attention and time. How can you disprove this Sir? Seeing that you are shouldering the two and are still successful.

Answer: There is a difference between truth and misconception. While it is true that medicine requires your undivided time and attention, I think the reason we find it difficult to juggle both extracurriculars and schooling is because our educational systems are really outdated. Being a good advocate is not equal to being a good medical practitioner and in this situation, good advocacy automatically causes good leadership so, medical students in Africa find it hard to cope.



We have been trained to be more effective in academics than in our capacity as leaders causing us not to practise leadership at all and in truth, practising leadership could have given us the quality education we run after. Basically, I think we need to transform our educational system and emphasise leadership more.

- As much as we fully acknowledge your affiliation to FAMSA, we are not oblivious to the fact that there is equally a world beyond FAMSA especially after graduating from medical school. What are your plans sir? Do you plan to stay to work towards the betterment of healthcare in Africa or will you be leaving for greener pastures abroad?

Answer: I will most likely be staying in Africa after school. Maybe, for the purpose of continuing my learning, I might travel abroad but for now, I see myself in Africa - to evolve rather than escape from it.

- Sir, we have a lot of Afromedics out there who are yet to find their footing in both academic and extracurricular activities. What would be your advice for these young and vibrant medical students?

Answer: The most important thing for the success of any medical student is to get the right orientation and I emphasised earlier that our educational systems need to be revamped to accommodate and help discover the potential of every student in the medical schools rather than obliterate it with school work.

Conclusion

Thank you so much for giving us some part of your time Sir Davis. Once again, we sincerely appreciate this great privilege to have this discussion with you. It was a truly inspiring one. We only hope that our audience get to be motivated enough to uphold the FAMSA that has been empowered by the likes of you. It's an honour to hear from your unique perspective.



DR. EMMA NALIANYA (FAMSA ALUMNUS)



- Please tell me about yourself; I mean who is Dr. Emma Nalianya?

Answer: I'm Emma Nalianya, a medical doctor from Kenya who's very interested in global health and health policy to improve health care and wellness across the globe. I attended Kenyatta University in Nairobi, Kenya. My school hosted the 33rd General Assembly and scientific conference for FAMSA in February 2020.

- Wow. That's nice. It is established that you have served in the Executive Council of the Federation of African Medical Students' Association (FAMSA). Please, could you kindly elaborate on this?

Answer: Sure! I served FAMSA as the President in the 2019-2020 tenure and consequently, as an Ex-official member in the 2020-2021 tenure.

- You are indeed an experienced alumnus of FAMSA. Please walk us through the memory lane of your journey and what it felt like serving FAMSA in the capacity of the President. Per se, what was your unique story?

Answer: My tenure in FAMSA started at a very strange and uncertain time because I was a final year medical student and the COVID pandemic had hit Africa so hard and lockdowns were getting imposed. My team and I had no experience working during a pandemic, but we were able to bring our heads together and come up with solutions to the problems we were facing, and we realized that teamwork was very paramount. Among the things we did was that we formed a technical working group on COVID-19 that supported the continental response to COVID-19. And we also encouraged medical students to take an active role in responding to the pandemic. We had some of them distributing masks, some of them educating mothers on how to breastfeed even with the COVID pandemic. For example, what do you do if you're infected with COVID and you're a breastfeeding mother? And carried out public health campaigns around COVID-19. We also came up with organizational policies in FAMSA that I believe are currently contributing to the growth and sustainability of the federation. We also fostered strong partnerships with reputable organizations, including the WHO.

At the moment, we get invitations to attend the regional council for Africa, where we present our statements and propose possible solutions and recommendations to challenges that Africa is currently facing. I was able to grow as an individual and in a team. My people management skills improved and I acquired diplomatic skills. I have become a very confident leader.



Above all, I was able to serve the Federation from the heart beyond the egoistic self, knowing I am doing this for the best of the family and not for myself. I was very happy that at the end of the tenure, I could meet my objectives and even outdid myself. The rest of the team was able to achieve their objectives as well. We succeeded together as a team.

- That's a laudable feat. Well-done Ma. Moving further to the next question. There's an enormous belief that is currently ravaging and eating deep into the prospects of most medical students who are interested in extra-curricular activities. We are made to believe that medicine in itself is a jealous lover and so it demands your unalloyed attention and time. How can you disprove this Ma'am? Seeing that you shouldered the two and still came out successful.

Answer: Okay, thank you very much for that question. Being president in my final year was not a walk in the park because my number one priority was passing my examinations, and that was the reason why I was in medical school. My number one priority was my education but I also had a leadership responsibility that I had to excel at. I planned my time very well and paid attention to even the minor details, knowing that I have to split my time between two teams, and I did not have the luxury of time, so I had to use the little time I had to do my best. I had an amazing team of executive council members who were very passionate about their work and contributed greatly to my success both as a leader and a medical student because most of the team members carried out their tasks excellently and meticulously, and that reduced the workload on the leadership. In my opinion, extra-curricular activities are just the right spice that medical students need to add to their life because, at the end of it all, almost all students in the class are conferred the medical and surgical degree, but what else do you have in addition to that?

- That's very true. Thanks so much, Ma'am. Having specifically served as the president of FAMSA, what impact has this had in your life? And of course, what would you refer to as your greatest achievement?

Answer: Brilliant, thank you very much. Serving as a president of FAMSA opened up numerous opportunities, including those I had never imagined. To add to that, I was able to network with amazing people whom I thought I would never talk to in my life. It continues to impact me positively today. I continue to enjoy the fruits to this very day. I also grew in my leadership skills and acquired first-hand information about things that were never taught in medical lectures. My greatest achievement was reviving FAMSA because my tenure began at a very dark time for the Federation due to several things that had happened before. But my team and I were able to bring back the light into FAMSA.

- Well-done once again Ma'am. If you are given a chance to serve FAMSA again, what will you do differently?

Answer: What I would do differently is I would delegate more duties because I remember I had the challenge of delegating duties at the beginning of my tenure. But as the tenure grew, I learned that everything is better when everyone chips in and brings their unique magic in.



- Thank you so much, Ma'am, for that timely piece of advice I'll do well to put it into practice. As much as we fully acknowledge your affiliation to FAMSA, we are not oblivious to the fact there is equally a world beyond FAMSA, especially after graduating from medical school. How has a life beyond FAMSA and Medical School been for you so far?

Answer: Okay. I would say that life has been quite fair and it's very different from our fantasies in medical school because we had a certain perspective of how life will be after medical school. But I want to tell you that, it's not like that. And as a young adult, you will know once you get there and experience it for yourself. I encourage you to face it head-on with a huge smile and a positive attitude and everything will turn out well eventually.

- Ma'am, we have a lot of Afromedics out there who are yet to find their footing in both academic and extracurricular activities. What would be your advice for these young and vibrant medical students?

Answer: My advice would be pretty short and to the point. So here it is; start today for tomorrow will never come and you'll thank yourself later.

- If you have any concluding remarks or an overall point to make, you may please go ahead.

Answer: I can never be thankful enough for my experience in FAMSA and I know that I would never have gotten it anywhere else. And for that, I am very indebted to FAMSA.

Conclusion

Thank you so much for giving me some part of your time, Ma'am. Once again, I sincerely appreciate the great privilege to have this discussion with you. It was a truly inspiring one. We only hope that our audience get to be motivated enough to uphold the FAMSA that have been empowered by the likes of you. It is an honor to hear from your unique perspective.



The 37th General Assembly and Scientific conference will be a physical forum where about 800 Medical Students, Doctors, Trainees and other Health Professionals from Africa and beyond are expected to attend. With the theme, “Promoting Preventive Medicine through Enhanced Primary Health Care in Africa”, we anticipate a high-impact, world-changing conference in The Gambia that offers an environment for high-yield and critical contributions to the health of Africa and the Globe. This exerts the collaborative partnership with the University of the Gambia Students’ Union, the American International University Medical and Pharmacy student Association (AMPSA) and the Medical Student Association of Cheikh Anta Diop university, Dakar.

OUR MISSION

The 37th General Assembly and Scientific Conference seek to create a platform where Medical students and other health professionals can be involved and contribute to Global Health and play active roles in structuring the future of healthcare in Africa for sustainable development.

OBJECTIVES

To create a balanced platform for medical practitioners, trainers, policymakers and medical students to discuss among other things ways in which the continent can integrate primary health care and promote preventive medicine. With a focus on bringing out research findings and innovations and discussion that will improve the adoption of PHC in African countries.

SPONSORSHIP & ENQUIRIES

Hadiza Mariam Sesay - LOC Chair +220 306 6200

Musa Touray - Secretariat +220 337 1555

Fatoumata S Sarjo - Publicity +220 301 8150

Email: famsaga37@gmail.com Website: <http://www.famsaga2023.com>

FOLLOW US





REFERENCES

World Health Organisation, "Non-Communicable Diseases", <https://www.who.int/health-topics/noncommunicable-diseases>

Common risk factors for major non-communicable disease, a systematic overview of reviews and commentary: the implied potential for targeted risk reduction, Ruth Peters, Nicole Ee, [...], and Kaarin J. Anstey et Al, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6794648/>

Goodyreads, Abraham Lincoln Striving quotes, <https://www.goodreads.com/quotes/tag/strivin>

World Health Organization. (2016). World Health Statistics 2016: Monitoring Health for the SDGs. Geneva: World Health Organization.

Ogeng'o, J. A., & Obimbo, M. M. (2019). Internal Medicine in Africa: Training, Practice, and Research. *The African Journal of Internal Medicine*, 11(1), 1-3.

Awolude, O. A. (2020). Internal medicine in Africa: challenges and prospects. *The Pan African medical journal*, 36(Suppl 2), 1-2.

Kirigia, Joses & Barry, Saidou. (2009). Health Challenges in Africa and the way forward. *International archives of medicine*. 1. 27. 10.1186/1755-7682-1-27.

Oleribe, O. O., et al.(2019, November 6). Identifying Key Challenges Facing Healthcare Systems In Africa And Potential Solutions. *International Journal of General Medicine*, Volume 12, 395–403. <https://doi.org/10.2147/ijgm.s223882>

F. Fenollar, O. Mediannikov, Emerging infectious diseases in Africa in the 21st century, *New Microbes and New Infections*, Vol26, Supplement 1, 2018, Pages S10-S18, ISSN 2052-2975, <https://doi.org/10.1016/j.nmni.2018.09.004>.

Gouda, H. N. et al., (2019). Burden of non-communicable diseases in sub-Saharan Africa, 1990–2017: results from the Global Burden of Disease Study 2017. *The Lancet Global Health*, 7(10), e1375–e1387. [https://doi.org/10.1016/s2214-109x\(19\)30374-2](https://doi.org/10.1016/s2214-109x(19)30374-2)

Adebowale-Tambe, N., & Yusuf, K. (2023, March 2). Brain Drain: dRPC, experts, others discuss implications on Nigeria's health sector (LIVE UPDATES). *Premium Times Nigeria*. <https://www.premiumtimesng.com/health/health-news/585687-brain-drain-drpc-health-experts-others-discuss-implications-on-health-service-delivery-live-update.html>

Ekure, E. N., et al., (2018). Clinical epidemiology of congenital heart disease in Nigerian children, 2012–2017. *Teratology*, 110(16), 1233–1240. <https://doi.org/10.1002/bdr2.1361>

Federation of African Medical Students' Associations

FAMSA *Newsletter*

JULY EDITION



This Publication has been put together through the efforts of the Federation of African Medical Students' Associations*Standing Committee on Publications (FAMSA*SCOPUB)

FOR ENQUIRIES, CONTACT
scopub@famsanet.org

www.famsanet.org