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FEDERATION OF AFRICAN MEDICAL STUDENTS' ASSOCIATIONS



# *Newsletter*

November 2023 Edition



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# Welcome Message



Vice President FAMSA 2023

**Abdulhammed Babatunde**

Greetings to all Afro Medics!

It is a pleasure to welcome you to the November Newsletter. This Newsletter aims to summarize some key activities of FAMSA through her Headquarters, Standing Committees, Regional Councils, and Technical Working Groups. Since the tenure started, FAMSA Executive Council (EC) Members have led various impactful projects across Africa to contribute to the advancement of healthcare.

Some of these projects include Research Training for Afro Medics, Journey into Publishing (JIP), Regional Scientific Meetings and Conferences, Emergency Medicine Training, Poetry and Poster Design Competitions for World Breastfeeding Week, and Policy writing Workshops, among others. All of these initiatives have a lasting impact on African Medical Students and the local communities at large.

The Federation has also partnered with other organizations with aligned interests and represented the voice of African Medical Students on the global stage, such as the 73rd WHO Africa Meeting held in Gaborone, Botswana. While we have achieved remarkable successes,

We have also encountered challenges, including a lack of funding for projects, inadequate support from Ministries and other health authorities, medical school stress, and poor communication, which have affected the optimal performance of Executives and other FAMSA officers.

It is also important to address the current crises in many African countries, such as the recent military coup in Niger and Gabon, and civil war in South Sudan and Ethiopia, among other political and economic instabilities. These conflicts are a global health concern as they impede progress toward achieving Universal Health Coverage and worsen health indicators in the affected regions. However, we remain committed to supporting the global health community in addressing public health challenges in the affected countries and regions.

As the Vice President, I am committed to the growth and well-being of all FAMSA Executives while monitoring their activities. In light of this, I organize capacity-building sessions, award the most active EC members monthly, and hold quarterly check-in meetings with EC members. As the tenure ends, I want to encourage all African Medical Students to take up roles and positions in FAMSA to contribute to healthcare advancement in their medical schools and countries. I also use this opportunity to invite everyone to the “Smiling Coast of Africa” for the 37th FAMSA General Assembly and Scientific Conference.

Together, we can make Africa a Healthier and Happier continent.

Thank you.



# **FAMSA HIGHLIGHTS**







# FAMSA HEADQUARTERS

## INTRODUCTION

FAMSA Headquarters was established in the year 1977 and is located at the University College Hospital, Ibadan. FAMSA Headquarters serves as a permanent address for use by International Organizations, Governments, Corporations, other bodies and private citizens whose goodwill and cooperation FAMSA has sought, for assistance in the execution of FAMSA projects in any part of Africa.

The FAMSA Headquarters has an Administrator, a General Advisory Board and a caretaker Association which is the University of Ibadan Medical Students' Association. The head of the FAMSA Headquarters is the Administrator and he/she controls its activities. The current Administrator for the 2022/2023 tenure is Ms. Deborah Ogundijo. The Administrator constitutes the Headquarters Board from members of the caretaker association and in the event of the expiration of the

tenure of an Executive Council, the Headquarters Board takes over the running of the Association till a new Executive Council is elected.

## MEMBERS OF FAMSA HEADQUARTERS

- The current Advisory Board was constituted on 3rd November 2022.
- Made up of 18 board members, all medical students of the Caretaker Association, the University of Ibadan Medical Students' Association.
- There are **9 Directorates** each with various functions and headed by a Director: Directorate of the **Administrator**- Miss Deborah Ogundijo, Directorate of the **Board Secretary**- Miss Dada Rachel, Directorate of **Human Resources**- Miss Odukoya Gbemisola, Directorate of **Media Interna**- Miss Ola Titlayo, Directorate of **Media Externa**- Mr Ajala Promise, Directorate of **Projects and Logistics**- Mr Sebastian Ukpong, Directorate of **Finance**- Miss Lateef Bisola Maryam, Directorate of the **Undersecretary to the General Assembly**- Miss Chika Nnawuogo, Other **Board Members**- Miss Akinlade Nasirat, Mr Akintola Abdu-Qudus, Miss Oluwatomisin Akanbi, Miss Joy Ibor, Miss Bolatito Adefunke, Miss Awofeso Maryam, Miss Nneka Amakom, Mr Ayeni Samuel, Mr Aina Joshua, Mr Oyewale Godwin and **Board Advisers** -Miss Ifeyinwa Ogbogu, Mr Iseoluwa Owwoeye, Mr Obinna Amaji, Mr Habeeb Awodele, Mr Yakubu Ibrahim, Miss Oyindamola Moradeyo, Mr Samuel Olawale, Miss Tunmise Aladesawe.
- The General Assembly Committee headed by Miss Bolatito and the Media team which is headed by Mr. Promise Ajala set up to carry out specific tasks.

## CORE DUTIES OF FAMSA HEADQUARTERS

- FAMSA Headquarters shall be a centre for archives of FAMSA and a pivot for information and communication.
- Membership recruitment.
- Interagency collaboration and building of Partnerships.

## ACTIVITIES OF THE FAMSA HEADQUARTERS

- Membership Recruitment: No new membership applications have been received so far.

- Maintenance of the website, social media platforms, official emails, and mailing lists.
- Information storage, organisation, and retrieval.
- Support for the General Assembly Organising Committee.
- Registration of FAMSA with the Corporate Affairs Commission (CAC).
- Support for Registration of FAMSA in The Gambia.

## ACTIVITIES OF THE BOARD (INTERNAL)

- **Fortnightly Board Meetings**
- **Board Presentations:** Addressing the Global Burden of Non-Communicable Diseases by Miss Maryam Awofeso, How to Write Curriculum Vitae and Motivation Letter by Programs Coordinating Committee Members, Teamwork: Committing to the Common Goal by Miss Akanbi, Destigmatizing Mental Illness and Mental Disorders by Miss Joy Ibor, Diphtheria: Addressing the recent Outbreak in Nigeria by Miss Bolatito, how to make a good presentation by Miss Ola Titilayo.
- **Capacity Building Sessions:** Organised by the Director of Media Interna in collaboration with the Director of Human Resources.
- **Professional Etiquettes:** The session on the topic above was held on Monday, January 9th, 2023 and was taken by Mr Akin-Ajani.
- **Effective Use of Google Workspace:** The capacity building session was held on Saturday, January 14th, 2023 and the Speaker for the session was Mrs Egbeyale Funmilayo, a seasoned Product Manager and Administration and Client Relationship Management Expert.
- **Harnessing Opportunities in Tech for Improving Healthcare:** The session on the topic above was held on Saturday, 8th April, 2023. The Speaker for the Session was Miss Olutola Vivian Awosiku, a Digital Health Professional.
- **How to Make Stellar Presentations:** The Session on the topic was taken by Mr. Abdulhammed Babatunde, the Vice-President of FAMSA and it was held on Monday, 31st July 2023.



- **Writing Professional Emails:** The session was held on Thursday, 3rd August 2023 by Mr Yusuf Babatunde.
- **Fundraising:** Essential skills and strategies for success on Saturday, 9th September 2023 by Dr Nifemi Adetona.



The poster features a group of four diverse volunteers in blue 'VOLUNTEER' t-shirts smiling behind a cardboard box labeled 'DONATIONS'. To the right, a hand holds a circular diagram with 'Fundraising' at the center, surrounded by various methods: Grants, Financial Endowment, Product Fundraising, Special Events, In-kind Donations, and Crowdfunding. Below this is a yellow sign that says 'FUND RAISER'.

 **FEDERATION OF AFRICAN MEDICAL STUDENTS' ASSOCIATIONS (FAMSA) HEADQUARTERS' BOARD**

# Fundraising:

Essential skills and strategies for success

 **10am**  
**9th September, 2023**

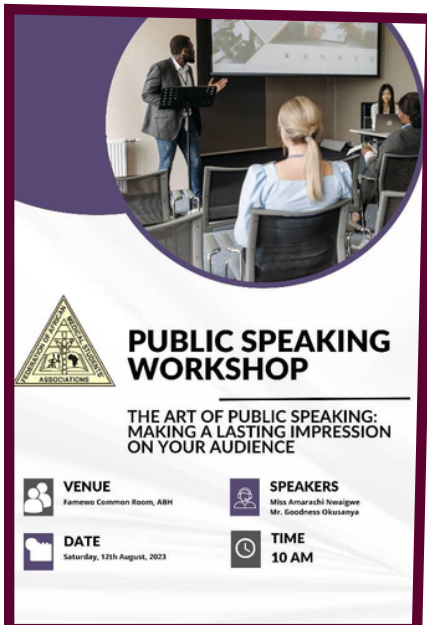
 **Zoom**

 **Dr. Nifemi Adetona**

- **Public Speaking Workshop**

**Topic: The Art of Public Speaking - Making a Lasting Impression on your Audience**

The Public Speaking Session was held on Saturday, 12th August 2023. The Speakers for the session were Miss Amarachi Nwaigwe and Mr. Goodness Okusanya, who are both Award-Winning Public Speakers with a proven record of excellence.





- **Recruitment and Training of New Members:** This is coordinated by the Director of Human Resources, Miss Odukoya Gbemisola. We have had a complete round of PCC member recruitment. The second round has commenced with new PCC members admitted for 2 months before they are fully incorporated as FAMSA Headquarters Board members.
- **Members' Welfare: For exams and send forth.**
- **Professional Development of Board Members.**

## ACTIVITIES OF THE BOARD (INTERNAL)

- Opportunities for development and recruitment of new Board Members: Capacity-building sessions, and presentations.
- Renewal of MoU: World Pre-health Conference, Asian MSA.
- New Partnerships: AfricaPHSN initiative.
- Application submitted to be accredited as a non-state actor to participate in WHO Regional Committee for Africa sessions.

## ONGOING

- Renewal of MoU: Lecturio, IPSF-AfRO, IFMSA, American Medical Students Association, Bricks Training.
- New Partnerships: AMopportunities, International Society for Chronic Illness, International AIDs Society, West Africa Health Organisation, Wolter-Kluwer, The Global Humanitarian Aid Project etc.
- Bricks Training Project.

## PARTNERS

- Asian Medical Students' Association
- International Pharmacy Students' Federation (IPSF)
- International Federation of Medical Students Associations (IFMSA)
- World Pre-health Conference

- Lecturio
- BlueCloud
- Child Family Health International
- Scholar Rx
- Africa PHSN Initiative

## CONTACT DETAILS

Emails: [famsaarchives@gmail.com](mailto:famsaarchives@gmail.com), [hq@famsanet.org](mailto:hq@famsanet.org)

Website: [famsanet.org](http://famsanet.org)

## PERMANENT ADDRESS

C/O Office of the Provost  
College of Medicine  
University of Ibadan  
Ibadan, Nigeria.



# SCOPUB REPORT



## TEAM BUILDING AND INTRODUCTION OF FAMSA LEADERSHIP

As a fundamental basis of any strengthened association or structure, the tenure kicked off with selection of qualified individuals to serve as Medical Students' Association Officers (MSA Officers) or as part of the SCOPUB Central Committee. A transparent means of application was ensured through an open call which further resulted in a structured series of interviews with applicants in order to make final decisions on who is to be appointed. Following the establishment of a solid team in place, orientations were held to not only ensure familiarization with SCOPUB as a Standing Committee, but also with FAMSA as an umbrella body for African Medical Students. Most importantly, all efforts were put towards ensuring that Executives knew exactly what was expected of them as per their individual and collective responsibilities, as well as carving out a feasible year-plan for the tenure. The Committee equally holds Monthly meetings to reflect on what has gone by and brainstorm on what's to come as well as gauging everyone's progress or challenges within the Team.





Not only was SCOPUB concerned with putting a formidable team in place, but it equally ensured that Afromedics got to know their main FAMSA Executive Council Members through brief flier introductions across all social media platforms. “Happy New Month” Flyers were equally utilized and dispatched with links to all FAMSA Social Media Handles in order to expand our audience and boost the viewership and engagement rate of these pages accordingly.



## STANDING IN SOLIDARITY WITH SUDANESE AFROMEDICS

In the face of crises disrupting the peace and calm of Sudan, SCOPUB spearheaded a dispatched publication to highlight FAMSA's condemnation of the ongoing crises whilst standing in solidarity with the Afromedics therein. An infographic was designed and translated into Arabic (most spoken language in Sudan), and this was published on all FAMSA Social Media Platforms as our hearts remained with our colleagues from Sudan. In line with FAMSA's ideals, we as a Federation of African Medical Students call for Peace and Calm within the African continent.



## SCOPUB OFFICERS OF EACH QUARTER AWARDS

Just as Dale Carnegie rightly mentioned in his book - How to Win Friends and Influence People, "Abilities wither under criticism, they blossom under encouragement". The Leadership of SCOPUB initiated the idea of publicly commending the most outstanding MSA Officer and Central Committee Member for each quarter of the tenure. Structures only continue to exist if there is continuity of individuals efficiently carrying out their duties. Thus, such persons deserve to be recognized from the lot, applauded, and publicly celebrated which is exactly what SCOPUB does. This singular act goes a long way in assuring the beneficiary that their work is sincerely noticed, whilst motivating slacking members to double up their efforts. The Winners for the 1st Quarter were Mr. Orji Isaac C. (SCOPUB Central Committee Member – Graphic Designer) and Ms. Osaretin Vanessa Ehiorobo (MSA Officer for UIMSA). The Winners for the 2nd Quarter were Ms. Favour Chizaramekpere Okoroafor (SCOPUB Central Committee Member – Financial Secretary) and Ms. Ashley Kamau (MSA Officer for KeMUMSA).



Orji Isaac C.



Osaretin Vanessa  
Ehiorobo



### SCOPUB OFFICERS OF THE FIRST QUARTER

### SCOPUB OFFICERS OF THE SECOND QUARTER



Ashley Kamau



Favour Chizaramekpere  
Okoroafor

## “THANK YOU AFROMEDICS” INITIATIVE

The “Thank You Afromedics” is an initiative that pictorially highlights some of the achievements of the Federation for each month. Featured activities for each month mainly put into consideration all Standing Committees, Regions, and Technical Working Groups. The target is usually our General FAMSA Members in an effort to remind them of what has been achieved, thank them for partaking in these activities and rendering them successful, but to equally encourage them to continue taking ownership of all FAMSA-related activities. Moreover, this initiative has become an efficient means of giving the general public an insight into the activities and laudable strides of FAMSA.





## CAPACITY BUILDING TRAINING: BASIC GRAPHIC DESIGNING

As a committee that heavily utilizes designs in carrying out its tasks, it was beyond necessary to build the capacities of members in this regard. The said training therefore targeted all SCOPUB Central Committee Members, MSA Officers and their colleagues from their respective institutions. It lasted for a total of four days spanned over two weekends in May 2023 and the Trainer took attendees through the Basics of Graphic Designing with explicit Canva demonstrations, a designing app most suitable for beginners. Despite the challenges associated with attendance and unfavorable networks, it was a huge success with an overly willing Instructor (Mr. Oisagbai Godday Oviesu) that mentored a handful into appreciating Basic Design Creations.

FEDERATION OF AFRICAN MEDICAL STUDENTS' ASSOCIATIONS  
(FAMSA)

### Capacity Building Training for SCOPUB Central Committee and MSA Officers

Topic  
**BASIC GRAPHIC DESIGNING**

DATE: 20th, 21st, 27th & 28th  
May 2023

TIME: 4-5pm GMT Daily

Google Meet

TRAINER  
**Oisagbai Godday Oviesu**  
Graphic Designer-  
Creative Director (UltraO Studio)

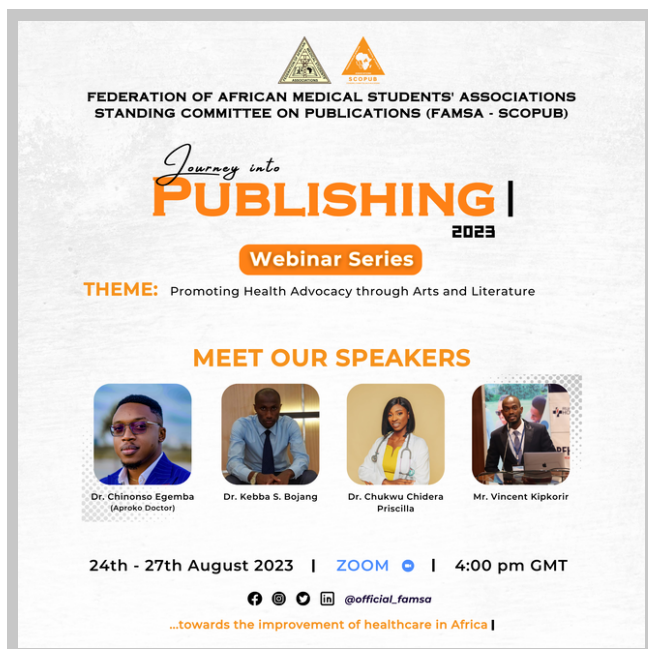
## FAMSA AT 55 ANNIVERSARY CELEBRATION

It has been 55 years since some brilliant individuals pioneered the formation of this great Federation. Over five decades down the line, FAMSA has undergone immense growth and has equally had so much impact despite the existing challenges. Thus, efforts were made to bring to the notice of Afromedics and the general public alike that 2023 marks the 55th anniversary of our beloved Federation. Infographics were designed to convey how FAMSA in fact came into existence and how much this milestone means to the Federation. Similarly, an alumni perspective was given by Miss Laura Nyiha on what it means to have served and grown within FAMSA and as expected, it is nothing short of amazing yet challenging.



## JOURNEY INTO PUBLISHING

The Journey into Publishing activity was initiated during the last tenure and has been successfully sustained during this tenure and gladly, with new dimensions. This year's JIP was centered on the theme "Promoting Health Advocacy through Arts and Literature". The event kicked off with a four-day consecutive Webinar Series (August 24th to 27th) under the following topics respectively: (1) An Insight into the Journal of African Medical Students (2) The Role of Creative Writing in Promoting Health Advocacy (3) The Role of Poetry in Promoting Health Advocacy and (4) The Role of Creativity/Content Creation in Promoting Health Advocacy. All Topics were facilitated by experts in what they do and feedback from our webinar attendees was overly positive. The Webinar Series was followed with a contest in which students were allowed to send in submissions on two main topics - (1) Sickle Cell Anemia Advocacy (2) Breast Cancer Advocacy and under any of our three main categories namely: (1) Creative Writing (2) Poetry (3) Designing/Content Creation. The Contest was fully funded by donors and Winners of each category were awarded 50\$ each. The activity was equally decentralized so SCOPUB MSA Officers equally held JIP-inspired activities in their respective MSAs.




**FEDERATION OF AFRICAN MEDICAL STUDENTS' ASSOCIATIONS  
STANDING COMMITTEE ON PUBLICATIONS (FAMSA - SCOPUB)**


*Journey into*  
**PUBLISHING |**  
2023


**Webinar Series**


**THEME:** Promoting Health Advocacy through Arts and Literature

**MEET OUR SPEAKERS**

  
 Dr. Chinonso Egemba  
(Aproko Doctor)

  
 Dr. Kebba S. Bojang

  
 Dr. Chukwu Chidera  
Priscilla

  
 Mr. Vincent Kipkorir

24th - 27th August 2023 | **ZOOM** | 4:00 pm GMT

...towards the improvement of healthcare in Africa |



**FEDERATION OF AFRICAN MEDICAL STUDENTS' ASSOCIATIONS  
STANDING COMMITTEE ON PUBLICATIONS (FAMSA - SCOPUB)**

*Journey into*  
**PUBLISHING |**  
2023

**Contest\***

**Categories:**

- Creative Writing
- Poetry
- Graphic Designing / Content Creation

**Topics for submission:**

- Sickle Cell Anaemia Advocacy
- Breast Cancer Advocacy

**Submissions to commence on:**  
**27th August 2023**

**Sponsor**



**50\$**  
**CASH PRIZE**  
will be awarded to WINNERS  
of Each Category!

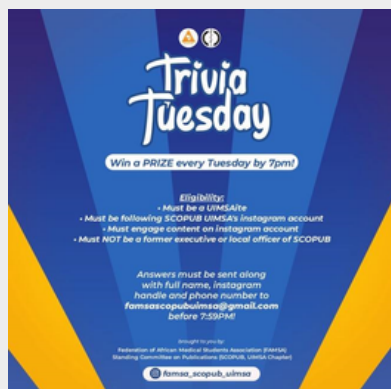
**Qualification Criteria:**

- Must be a medical student studying in Africa
- Must come from an MSA that is part of FAMSA
- Must have registered for and attended at least 2 of our webinar series

...towards the improvement of healthcare in Africa |

## PHOTO DUMP – HIGHLIGHTS OF MSA SCOPUB ACTIVITIES

MSA Officers remain an integral and vital component of SCOPUB. Whilst the SCOPUB Leadership remains proactive in ensuring that impactful activities are always spearheaded and successfully implemented at central level, MSA Officers equally remain studious in ensuring that SCOPUB remains an active Standing Committee in their respective institutions with noteworthy activities that engage their membership meaningfully. The 2022/2023 tenure has indeed seen very amazing activities including both physical and virtual, single handedly or collaboratively facilitated by SCOPUB MSA Officers across the board. Here are image excerpts of some of these activities, all of which have added to the vibrancy of SCOPUB for the tenure.



**RED BLOOD CELL COMPATIBILITY TABLE**

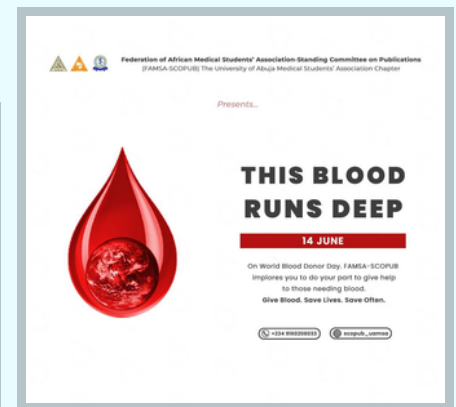
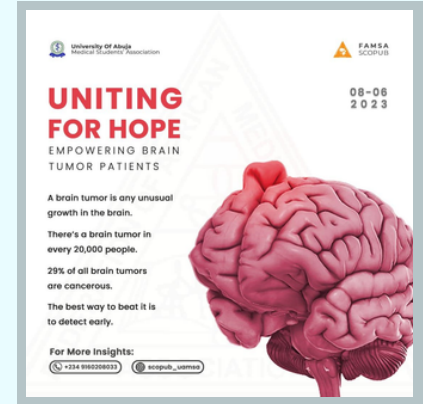
	O-	O+	A-	A+	B-	B+	AB-	AB+
O-	✓	✗	✗	✗	✗	✗	✗	✗
O+	✓	✓	✗	✗	✗	✗	✗	✗
A-	✓	✗	✓	✓	✗	✗	✗	✗
A+	✓	✓	✓	✓	✗	✗	✗	✗
B-	✓	✗	✗	✗	✓	✓	✗	✗
B+	✓	✗	✗	✗	✓	✓	✗	✗
AB-	✓	✗	✗	✗	✗	✗	✓	✓
AB+	✓	✓	✓	✓	✓	✓	✓	✓

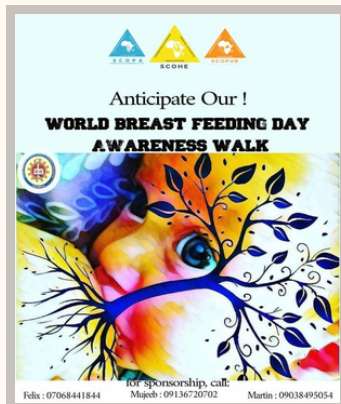
O is The Universal Donor. AB is The Universal Recipient.

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Federation of African Medical Students' Association Standing Committee on Publications (FAMSA-SCOPUB) The University of Abuja Medical Students' Association Chapter













# SCOHE REPORT



## WORLD SCOHEENVIRONMENT DAY

Date: 5th June 2023

Description: SCOHE commemorated World Environment Day by conducting several community outreaches, seminars, community clean up and social media campaigns in different locations in Africa.

Target Beneficiaries: The Public

Project Goal: To sensitize the general public on the impact of plastic pollution on One Health.

Project Impact: More than one thousand community members from different locations in Africa were sensitized on the impact of plastic pollution to One Health and how to abate the undesired impact.





## SCOHE'S RESPONSE TO CHOLERA OUTBREAK IN AFRICA

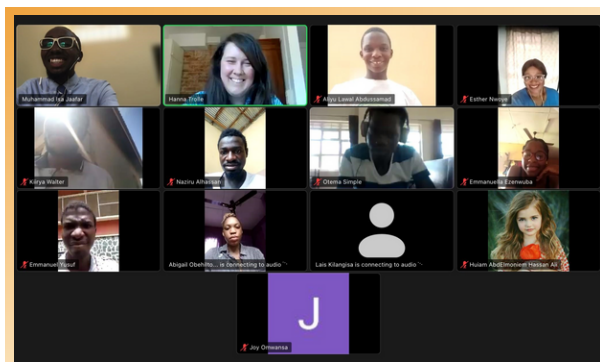
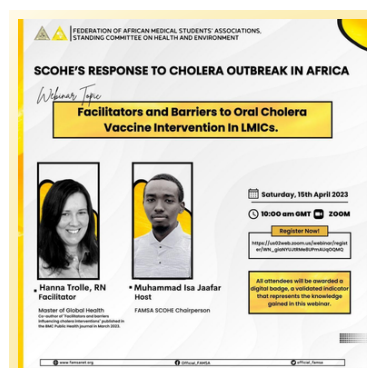
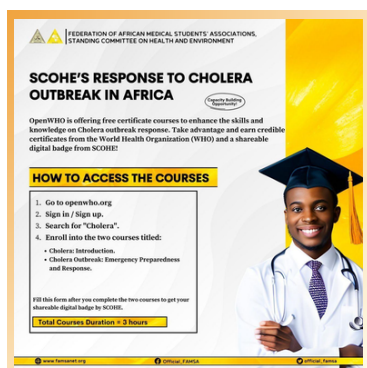
Date: 19th March to 30th April

Description: A project to respond to the cholera outbreak in Africa. This was achieved by providing capacity building opportunities for Afro medics, hosting enlightenment webinars and supporting cholera activity coordinators with campaign resources (Cholera Q & A bank in English and Portuguese).

Target Beneficiaries: Afro Medics

Project Goal: To inform and build the capacity of medical students in Africa in order to prepare them and motivate them to take actions that will reduce the threat of this current cholera outbreak in Africa. This was achieved through organizing a webinar session, providing resources to medical students (like posters) and introducing medical students to the Open WHO free certificate course on cholera.

Project Impact: More than 50 Afro Medics took and completed two Open WHO certificate courses on Cholera and Cholera preparedness and response. Over 80 Afro medics attended SCOHE's webinar on "Facilitators and Barriers to Oral Cholera Vaccine Intervention in LMICs". Lastly, over 150 Afro Medics received free project resources (campaign posters and Q & A bank).



## WORLD MALARIA DAY

Date: 25th April, 2023

Description: "In commemoration of World Malaria Day, SCOHE hosted a webinar session with diverse 3 speakers on the theme "Time to Deliver Zero Malaria in Africa: Implementing the Novel Malaria Vaccine". SCOHE also conducted a series of outreach activities in different local chapters.

Target Beneficiaries: Afro Medics

Project Goal: To raise awareness and promote action towards acceptance of malaria vaccines as it's rolled out in Africa.

Project Impact: More than 100 medical students were enlightened on the novel malaria vaccines and were motivated to take actions to promote the acceptance of the vaccine as it is rolled out. Over five different community outreach activities were conducted by SCOHE local offices and community members were enlightened on preventive measures to malaria and were presented with free mosquito nets, free malaria test, and antimalarial drugs.





# SCOPA REPORT

## SCOPA: The Heartbeat of FAMSA's Commitment to a Healthier Africa

As we delve into the vibrant and diverse world of FAMSA, one can't help but be drawn to the dedicated individuals who form the very backbone of our organization. Among the myriad of committees and subgroups that make up our dynamic federation, there is one that has long stood out for its unwavering commitment to a healthier, more sustainable Africa - the Standing Committee on Population Activities, fondly known as SCOPA.

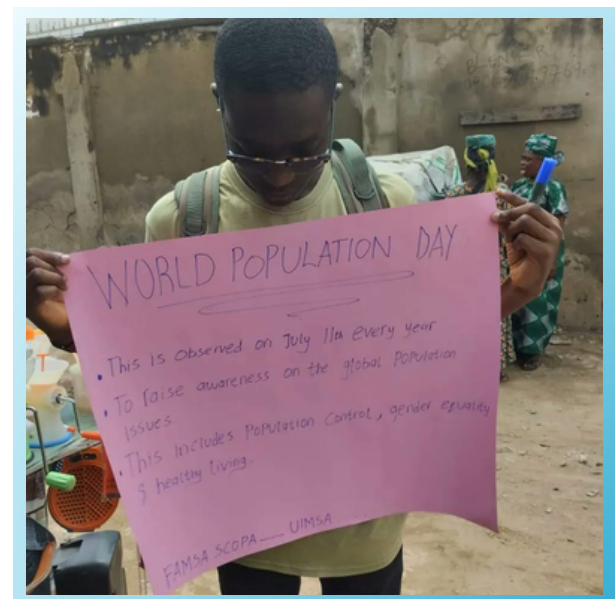
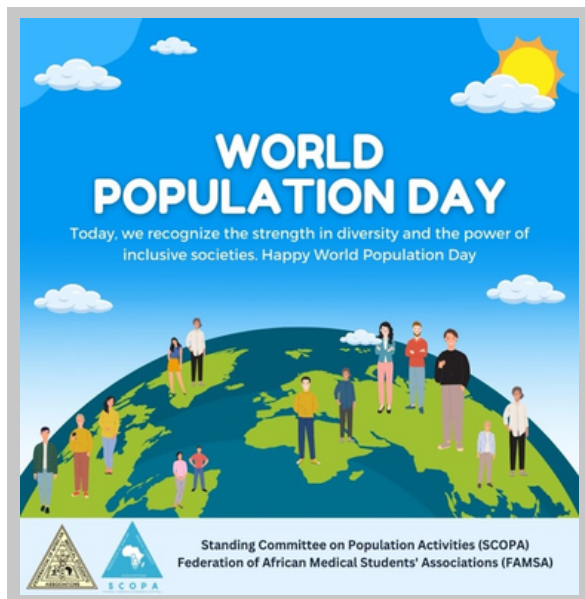
SCOPA, an integral part of FAMSA, is a testament to our collective determination to address one of the most pressing challenges that our beloved continent faces - population dynamics. It's no secret that Africa, a continent of immense beauty and endless potential, is home to a population that has been growing at an unprecedented rate. With this rapid growth comes a myriad of challenges, from limited access to healthcare to increased strain on resources. SCOPA, however, has emerged as a beacon of hope, tirelessly working towards a future where Africa's population growth is in harmony with optimal health standards.

In a world that often seems to prioritize other issues over the well-being of our continent, SCOPA remains a steadfast advocate for the importance of population dynamics. The committee, composed of some of the most dedicated and passionate individuals, works tirelessly to provide a platform for understanding and addressing these crucial issues. They are not just number-crunchers; they are champions of human rights, advocates for gender equality, and ambassadors for a brighter tomorrow.

SCOPA's mission is not just about the numbers; it's about the very heartbeat of Africa - its people. They recognize the invaluable potential that resides in each and every individual across our diverse nations. They understand that for Africa to truly thrive, we must ensure that every citizen has access to the healthcare, education, and opportunities they deserve. In doing so, SCOPA is helping to break down the barriers that have held us back for far too long.

Their commitment to sustainable development and optimal health standards is a source of inspiration for all of us in FAMSA. They are at the forefront of advocacy, education, and awareness-raising on matters of population dynamics. Through seminars, workshops, and innovative campaigns, they empower the youth to make informed decisions about their health and family planning.



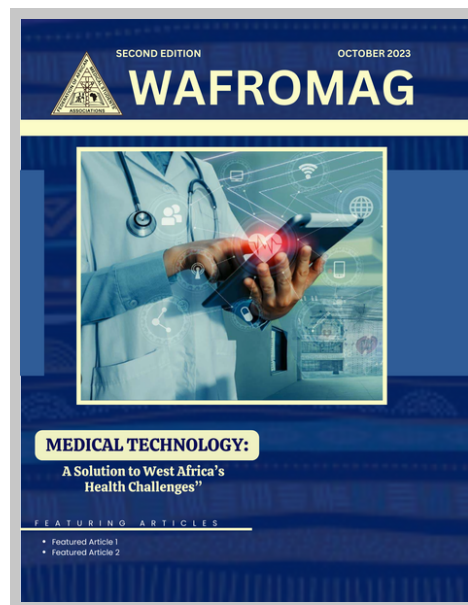




# THE WEST AFRICAN REGIONAL COUNCIL

## THE WEST AFRICAN REGIONAL MAGAZINE

The West African Regional Magazine (WAFROMAG) is a publication of the FAMSA West Africa Editorial Team under the leadership of the Vice Regional Coordinator for External Affairs. This year's publication would be the Second Edition of the WAFROMAG. The previous publication was made in October 2022, just before the FAMSA General Assembly. The theme for the first edition was "West African Cultural Practices: The Health Implications." This theme acknowledged West Africa and all its cultures.



## FAMSA LEADERSHIP SERIES

FAMSA leadership series pioneered by the Vice regional Coordinator Membership and Capacity building and the Regional coordinator FAMSA West Africa. It was held in the 2nd quarter, it was a wonderful webinar that trained Afro medics on how to be good leaders as students and outside medicine in the professional world, how to navigate challenges of being a leader and how to balance extracurricular activities with school works and the importance of engaging in extracurricular activities such as FAMSA and how it helps build you up as an individual.



## ENTREPRENEURSHIP SUMMIT

The Entrepreneurship Summit 2.0, 2nd of its kind but 1st weekend summit of its kind. Held in the fourth quarter, pioneered by the Regional Finance Officer and the Regional Coordinator, did give an amazing insight into the financial world. The summit was Themed “Entrepreneurship in Medicine” and sub-themed “Becoming a successful Doctorpreneur and Navigating through the challenges in this modern world”. This summit educated Afro medics on the importance of having the spirit of entrepreneurship as we practice medicine as our discipline considering it’s a good alternative source of income.

It was honored by esteemed and top medical doctors who happen to be successful in the field of entrepreneurship in which they shared with us their real-life experiences on how they were able to overcome challenges they may have had on the way as well as encourage Afro medics on a similar path moving forward.





**FEDERATION OF AFRICAN MEDICAL STUDENTS' ASSOCIATIONS, WEST**  
**AFRICAN REGIONAL COUNCIL PRESENTS**

## ENTREPRENEURSHIP SUMMIT 2.0

**"BECOMING A SUCCESSFUL DOCTORPRENEUR; NAVIGATING THROUGH THE CHALLENGES IN THIS MODERN WORLD"**



**Adebesin Oluwabusola Juliet**  
CHIEF HOST  
Regional Coordinator FAMSA-West Africa  
600level Medical Student



**Omalu Fabian Chetachukwu**  
HOST  
Regional Finance Officer, FAMSA-West Africa Chapter  
300level Medical Student



**Ogunka Favour**  
CO-HOST  
FAMSA Officer to BUAMS  
400level Medical Student



**Dr. Plenseh Diana Paye-McClain**  
SPEAKER  
Deputy Director, Innovation and Entrepreneurship, BRIDGE-U, College of Health Sciences, University of Liberia



**Dr. Woelyn Oghenejode**  
SPEAKER  
Nefa Collections (Fashion Accessories Brand)



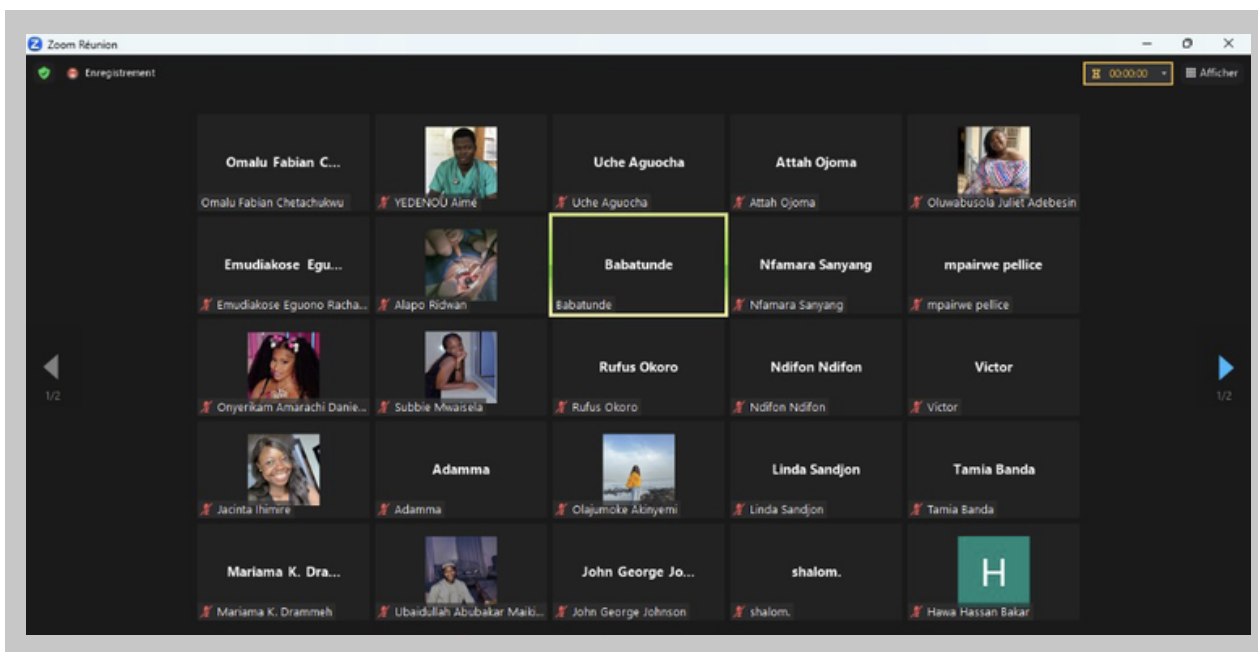
**Semakalu Gabriel**  
SPEAKER  
Co-founder & Managing Director, Astralite Ventures International Ltd



**Uche Aguocha**  
SPEAKER  
Certified Financial Education Instructor (CFEI)  
Founder, myeduhub.ng & The Finance Village

◀◀◀ Saturday and Sunday 23rd & 24th SEP 2023 6:00PM (WAT) ZOOM MEETING ▶▶▶▶

ALL ATTENDEES WILL BE AWARDED CERTIFICATES THAT REPRESENTS THE KNOWLEDGE GAINED IN THE SUMMIT



## FAMSA 102

FAMSA 102, Held in the 1st quarter. A detailed webinar on what FAMSA is all about, opportunities, what it stands for, its origin, benefits and the continental exposure one stands to achieve with FAMSA. It was held in over 30 different MSA's across west Africa. Pioneered by the different FAMSA officers in the various MSA's supervised by the Vice regional coordinator internal affairs. It really introduced various Afro medics to FAMSA and increased students' interest in FAMSA as intended.



**Federation of African Medical Students' Association |  
Office of the FAMSA MSA OFFICER for UAMSA**

Presents

# FAMSA 102

## A FAMSA know it all.



**Uzoma Egenti**

HOST



**Bantukari Davis**

FAMSA  
PRESIDENT



**Efaemide Ikot Itam**

NIMSA LIAISON  
OFFICER TO FAMSA



**Philemon Kojo-Woode**

34th FAMSA  
PRESIDENT



**Adebesin Oluwabusola Juliet**

FAMSA WEST AFRICAN  
REGIONAL COORDINATOR

**WHAT YOU WILL GAIN:**

All about FAMSA | What FAMSA stands for  
Benefits of FAMSA | Continental Exposure

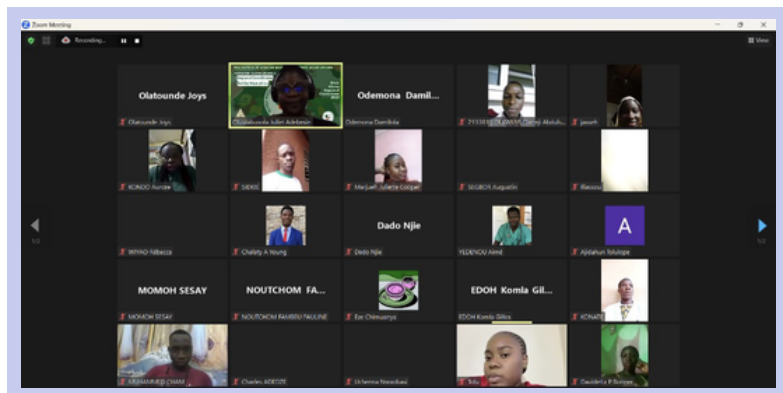
**SATURDAY 29TH MARCH 2023 | 6PM**

**VENUE**

<https://meet.google.com/ugn-aaks-ork>

# THE WEST AFRICA REGIONAL SCIENTIFIC CONFERENCE

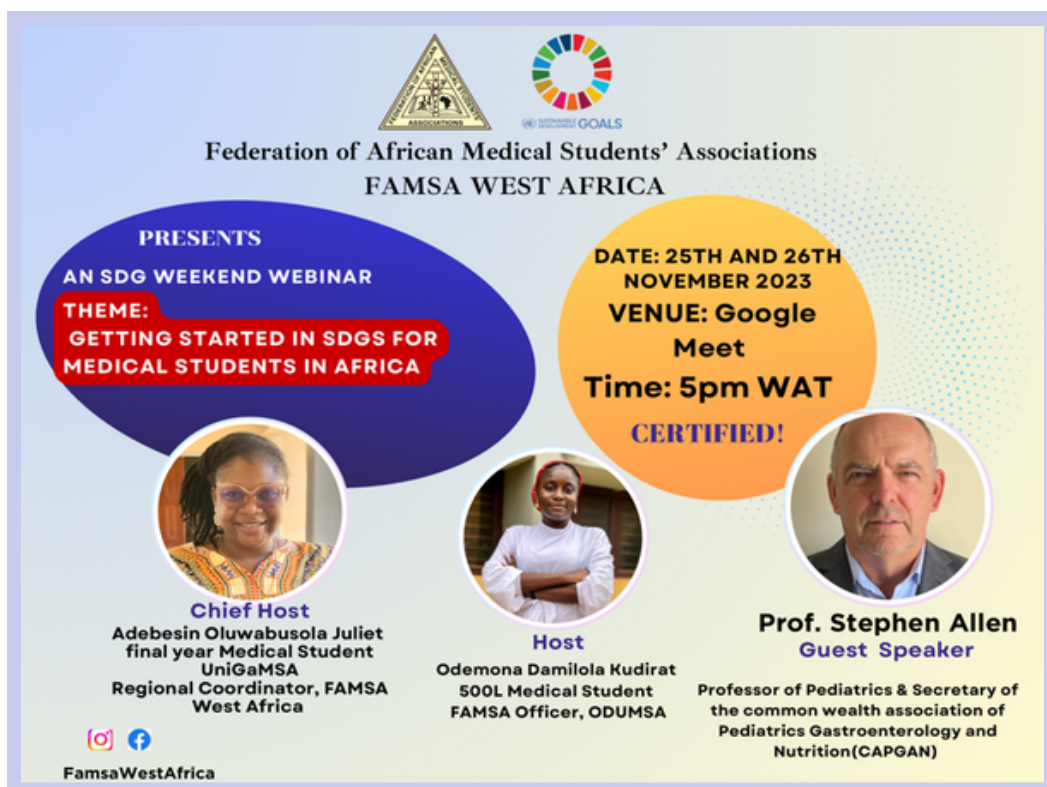
The Regional Conference was held in the 3rd quarter, it was an opportunity for the various West African countries in FAMSA to come together, network and enjoy various exposures to webinars and capacity building workshops. The Theme for this year's conference was Digitizing health, Bridging gaps. It was attended by delegates from different West African Countries, there were breakout sessions on various standing committees, interactions and debates on medical ethics and morals , and discussions on digitizing health in Africa.





## THE SDG WEEKEND

An SDG weekend! A 2-days program with distinguished guest speakers speaking on sustainable development growth, United Nations' 17 goals to achieve a better and brighter future for all by 2030. The webinar enlightened medical students on the various goals, and how medical students can contribute to a brighter and better future for all using the SDG's in Africa.



The poster is for the FAMSA West Africa SDG Weekend Webinar. It features the FAMSA logo and the United Nations Sustainable Development Goals logo at the top. The text reads: "Federation of African Medical Students' Associations", "FAMSA WEST AFRICA", "PRESENTS AN SDG WEEKEND WEBINAR", "THEME: GETTING STARTED IN SDGS FOR MEDICAL STUDENTS IN AFRICA". The date and venue are listed as "DATE: 25TH AND 26TH NOVEMBER 2023" and "VENUE: Google Meet". The time is "Time: 5pm WAT" and it is "CERTIFIED!". Three individuals are featured: Chief Host Adebesein Oluwabusola Juliet, Host Odemona Damilola Kudirat, and Guest Speaker Prof. Stephen Allen. The poster also includes social media icons for Instagram and Facebook, and the text "FamsaWestAfrica".

**Federation of African Medical Students' Associations**  
**FAMSA WEST AFRICA**



**PRESENTS**  
**AN SDG WEEKEND WEBINAR**  
**THEME:**  
**GETTING STARTED IN SDGS FOR MEDICAL STUDENTS IN AFRICA**

**DATE: 25TH AND 26TH NOVEMBER 2023**  
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**CERTIFIED!**

**Chief Host**  
Adebesein Oluwabusola Juliet  
final year Medical Student  
UniGaMSA  
Regional Coordinator, FAMSA West Africa

**Host**  
Odemona Damilola Kudirat  
500L Medical Student  
FAMSA Officer, ODUMSA

**Prof. Stephen Allen**  
**Guest Speaker**  
Professor of Pediatrics & Secretary of the common wealth association of Pediatrics Gastroenterology and Nutrition(CAPGAN)

   
FamsaWestAfrica

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# HIV TWG REPORT



## Myth and Facts:

Part of our efforts to challenge misconceptions and falsehoods around HIV/AIDS, the FAMSA HIV/AIDS TWG releases biweekly publications on myths and facts around themes in HIV.



**FAMSA**  
HIV/AIDS TWG

**Myth**


Using any type of condom will totally prevent HIV/AIDSs.

**Fact**

The best condoms to protect against HIV are latex condoms. Synthetic rubber condoms are good for people with latex allergies. However, these break more often. Natural membrane condoms have small holes in them and don't block most STDs.

**#HIVtransmission**

Federation of African Medical Students' Associations





## Policy Writing Workshop

The team saw a need for training Medical students on Health Policy and Advocacy by experienced professionals to equip them with the knowledge required to contribute to a better environment for PLWHA and curbing the spread of HIV.



## Research Bulletin:

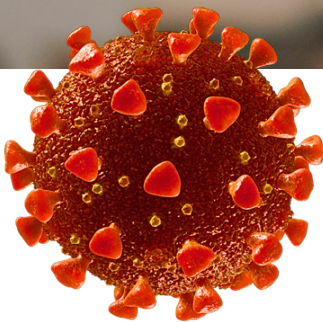
A monthly research bulletin covering a variety of important HIV topics in the African context. The HIV epidemic continues to profoundly impact several African countries, claiming a significant number of lives, pushing more people into poverty, and disrupting economies. Amidst all these, however, one thing remains - staying informed is the surest first step to combating the contagion. HIV/AIDS research has been a critical tool in the battle for the past more than three decades.

## Outreaches

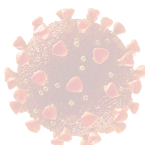
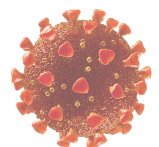
The FAMSA HIV TWG collaborated with the University of Ibadan Student Union to provide HIV testing to the students of the University of Ibadan in May 2023.





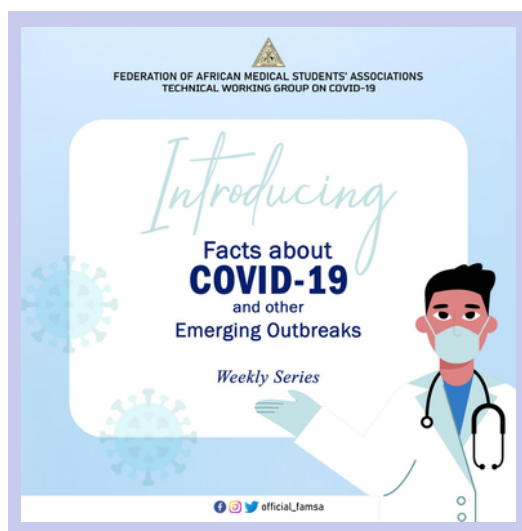


# COVID-19 TWG REPORT

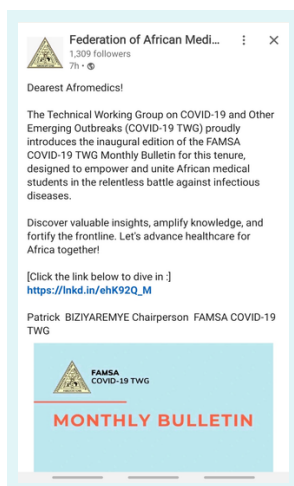




Online introduction of awareness messages in relation to the Covid-19 pandemic which was introduced in July 2023 with the aim of disseminating strong messages regarding the existence of the disease and prevention measures. All communication materials are accessible in English but equally translated to French and Arabic, as these are the three main languages spoken in the African continent. Our messages are shared in series and shall be a continuous project aimed at making impact throughout the continent and beyond.



Publication of our monthly bulletin which is enriched by the message of various epidemic statuses, and summary of our team message for acknowledging and fighting against them.



A close-up photograph of a person's hands writing in a white notebook with a silver pen. The person is wearing a dark suit jacket over a light blue shirt. In the foreground, a red laptop is partially visible, resting on a dark surface. The background is a blurred green foliage. A large orange rectangle with the word 'ARTICLES' in white capital letters is overlaid on the center of the image.

# ARTICLES





## MODERN MEDICINE: THE ULTIMATE RAGNAROK, TICKING TIME BOMB

*Written by Billy Ongere  
5th Year Medical Student-University of Nairobi, Kenya*

The year is 1804, and the population of the world has just hit 1 billion. Humanity has just hit this unfathomable milestone. Never before has this ever happened. Fast forward 123 years later, the population hits 2 billion. We have managed to double the human population in a century. These are insane values. If I were to fast forward another century what do you think the new population would be? 3 billion, No! We are doubling, so 4 billion? No! The current population as of 2023 stands at 8 billion. Mindboggling, isn't it? Humanity octupled in 200 years. To put this into context, we have existed for thousands of years and never before has this ever happened. No mathematical equation can explain this, not exponentials, not logarithms, not even Newtonian calculus. No one saw this coming. Well if Oppenheimer could contemplate the catastrophic effects of the newly invented atomic bomb, then sadly I wouldn't say the same for Alexander Fleming, the brilliant Scottish physician who invented penicillin. He had just come up with the holy grail in medicine



Yes, here comes modern medicine. Advanced diagnostics and advanced treatment. The advances have been quite spectacular and we are currently working on gene therapy. A new therapy some have said is like playing God. Are we becoming Icarus here? Well, we know what happened at the end. One of the most important scientific discoveries of all time if not the most important, is the theory of natural selection. This is one of the pillars of evolution. Even the most ardent discreditors of evolution somehow acknowledge this. Natural selection is exhibited by all living ecosystems. Even cells of the body exhibit this. Cancer cells exhibit this. Guess who is not left out? Infectious agents. As much as modern medicine has eliminated the weaker bacteria and fungi, it has led to the formation of strains that are resistant to all forms of antibiotics. Corynebacterium is drug-resistant, and some species of *Neisseria gonorrhea* are emerging, not to forget the obturate *Pseudomonas*. Bacteria are becoming stronger and the worst is yet to come. One could only envisage what a bacterial pandemic would look like. Remember the Bubonic plague? The disease that wiped off a third of Europe? Well, this time it will be of our own making.

Before the advent of antibiotics and modern medicine, only the strongest among us would survive. This would in turn perpetuate stronger species. Species chosen by mother nature itself. Some people claim that mother nature

is just an atheist way of denying God's existence. Let theists have one up against atheists in this one. Anyway, we lived like animals. When an animal in the wild gets sick it does not look for medicine but allows its immune system to fight off the infection. The weaker animals succumb while the stronger live on and pass down the genes. Our immune system is nature's way of fighting off infection, not harvesting antibiotics from fungus or synthesizing them in the laboratory. Some may argue that our encephalization enabled us to do this. A species is supposed to adapt the best way it knows how. We never adapted; we found a cheat code against nature. We eliminated the infantry and left the cavalry. Sooner or later, the cavalry will charge at us. We may be many, but we are unarmed. Plasmodium infections are also getting drug-resistant to the mighty Artemisinins. Remember Tu Youyou, the woman who invented artemisinins and won the Nobel Prize in Medicine or Physiology. She saved countless lives, but still, the plasmodium endured and some strains are now resistant. So, all in all, she didn't really save lives but postponed the inevitable,

While the bacteria and protozoa are getting stronger, our species are getting weaker. Those who nature doesn't support their survival have thrived and propagated their genes, thus further weakening the species. A pandemic is looming on the horizon. The mutated bacteria and even viral

diseases like Influenza are a ticking time bomb. Oppenheimer was worried about the impact of the atomic bomb on humanity, Alexander Fleming might end up being the one that ends the human race. He might end up being the villain in his hero book. Your achievements never matter in the face of recency bias. Unfortunately, humans are plagued by this. Superman was lauded for some time, but when they saw how limitless his power was, they turned against him. Antibiotics are being lauded now, but when they fail eventually, which they will, all inventors will be crucified. This is because the outcome will be disastrous. We are currently enjoying the fruits of modern medicine. However, all good things have an end. Violent delights have violent ends. The sweetest honey is loathsome in its own deliciousness.

Not to be left behind are NCDs, the powerhouse of Big Pharma. Big Pharma constitutes one of the engines of capitalism, which puts profits before everything else. Profits are a fancy way of describing exploitation. Most of the NCDs have a genetic linkage. Hypertension, obesity, diabetes, cancers, name it! Whether you 'cure' someone (I don't know if it is possible) or not, they spawn more offspring who have a high chance of developing the NCD. The disease remains in the person's lineage, costing the subsequent generations more and more money, but serving as a cash cow for the Big Pharma industrial complex. This further increases our

population, but one riddled with NCDs that serve as a fertile ground for severe infections. Tick tock!!

The thing is that the universe as we know it, was created, scientifically, by the Big Bang. This gave off a vast array of energy that is still expanding and stretches the limits of the universe. The universe began with subatomic particles and became what it is now. This means that the resources of the universe, are limited. I don't know why I am talking about the universe because as nature would have it is to restrict humans to Earth. The Earth relative to the universe is like a grain of sand in the vast oceans and deserts of the Earth. We are not multi-planetary. This is what the tech mogul Elon Musk has been preaching over the years. If the universe has finite resources, one could only imagine what of the earth. Yet it is not only humans that occupy this earth. There is competition among living species on Earth for these resources. The current population which is estimated to hit 11 billion at the end of the century is already overwhelming the limited resources on earth. Africa which is already low on food has the highest population projection. Before colonialism and before modern medicine, the African population was kept in check by natural selection and primitive medicine. Hunger was unheard of. The population has since exploded and so many people are dying of hunger. The beauty of modern medicine is that it has enabled us to survive but at the

risk of depleting resources. Land when overcultivated becomes infertile. We will have no option but to expand and encroach forests and also burn more fossil fuels for our energy demands. At the end of the day, it is modern medicine that has enabled climate change. This has set up a vicious cycle that will eventually be the end of us.

So, what is next? Population control? Stop modern medicine? Unfortunately, this is not possible. We are already in a hole and we cannot leap from the hole. We can only dig the hole hoping that one day we will find a way out down the hole. Well, this demonstrates how dire and hopeless the situation is. The dice has been cast. The dominos are falling. Just live the moment. Infectious agents will not disappear but become stronger thanks to Darwinism. Modern medicine may end up eliminating our species, it offers a quick fix but weakens the species in the long run. One thing we know for sure is that weak species do not survive. Our numbers may be high right now, but not for long. (Goodman, 2023; Malaria, n.d.; Nations, n.d.; Randall, 2021; Weissman, 2015)

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## A Letter to a Woman

Hello,

To the extraordinary being out there, who possesses the potential to be a wife, a sister, and above all, the sacred carrier of life; a mother. I understand that your days are consumed by the pursuit of existence, the care of others, and the worries that accompany your familial responsibilities. I recognize your tireless efforts to shape a better world, in whichever way you can. Yet, amidst the chaos, there is something you may not realize – we desperately need you to be a part of it. Allow me to shed light on some enlightening facts that I believe will guide you.

Have you ever pondered the delicate equilibrium that governs our world? It is this equilibrium that necessitates the cycle of life and death, ensuring a semblance of balance. Nature, in all its wisdom, favors equilibrium. In the realm of biology, our bodies possess the remarkable ability to regulate the division of cells, signaling them to halt when necessary. Maintaining this equilibrium holds profound implications for our well-being, although I shall refrain from delving into the intricacies of its impact. However, I am certain you are familiar with the term "cancer," though I am uncertain of the extent of your knowledge. Allow me to simplify it for you – cancer arises when the division of cells spirals out of control, defying nature's inherent survival mechanisms.

Yet, the most disheartening reality lies in the fact that the precise cause of cancer remains elusive. Nevertheless, we have identified certain risk factors, and among them, breast cancer stands as a formidable adversary, both in terms of incidence and mortality. Thus, I shall focus on this particular foe. Like any other cancer, breast cancer can be defined as the unbridled proliferation of cells. While some risk factors, such as age and family history, lie beyond our control, there are others that we can influence- including breast feeding, limiting or avoiding alcohol and smoking, controlling your weight, engaging in physical activities, avoiding exposure to radiation.

Therefore, my esteemed lady, if you find yourself in the bloom of youth, at an age where you possess agency over these modifiable risk factors, I implore you to extend kindness unto yourself and seize this opportunity. And if, perchance, you have surpassed the threshold of forty, fear not, for there still exists a chance to detect it in its nascent stages. Waste no time, make your way to the nearest hospital, and partake in a screening.

We love you and we NEED you!

Yours,

Sincerely,

*Written by Etsubdink Gete Ayele  
EMSA - Ethiopia  
Winner, Creative Writing Category  
Journey into Publishing Contest 2023*



## SICKLE CELL ANAEMIA ADVOCACY

*Written by Ndoh Eunice Ekenedirichukwu  
UNMSA Nigeria  
Participant, Creative Writing Category  
Journey into Publishing Contest 2023*

I always wondered why John sat alone in class. He hardly joined other students to partake in most sports activities during recess. I was new to the school, and I noticed my classmates treated him like a weakling. In my usual curious manner, I walked up to John one day to ask him why he had no friends. That day was the beginning of an unexpected friendship. Contrary to what I had thought about John, he was such a delight to be around. He told me he skipped school most times because he had to go for his routine medical check-ups. That was when I realised that John suffered from sickle cell anaemia.

Sickle cell anaemia is an inherited condition of red blood cells where the red blood cells are deformed. It happens when a child inherits two mutated forms of



haemoglobin (HbS), one from each parent. Due to the abnormal shape of these red blood cells, they clump together in a deoxygenated state and get stuck while passing through small blood vessels thereby limiting blood supply to the body's organs and causing pain. This distorted shape of the red blood cells also causes them to have a shorter than normal lifespan leading to anaemia and the frequent need for blood transfusion. Complications like stroke, leg ulcers, acute chest syndrome, blindness, and kidney damage often arise in chronic cases.

John explained that he kept warm with his cardigan most times to avoid having a crisis. He was such a lively person who often joked about the many medications he always had to take. John had a younger brother. I knew this because he told me how his brother was so dear to him and how his brother cared so much for him despite being the younger one. John was going to surprise his brother that Christmas with a computer game. I could see the way his eyes lit up each time he talked about his family; his mother, whom he described as selfless, and his father whom he said had spent so much money on his medications and regular checkups. He told me that some people with sickle cell anemia were not as privileged as he was to receive such emotional support. He went ahead to tell me of a female friend with a similar condition whom he met at the hospital.

The first time she had a crisis, she was taken to a prayer house because her condition was mistaken for a spiritual attack. It was not until she started developing leg ulcers that her parents finally sought medical attention. Her condition was discovered very late, and she died a few days after meeting John. When I asked him if he was sometimes traumatized by the thought that he

might die like his friend, he replied with a sentence that has stuck with me all my life. 'Sickle cell anaemia is not a death sentence and it does not define a person'.

I looked forward to the day John would tell me of his brother's reaction when he finally gave him the Christmas gift. Sadly, the day never came because John died 2 months before Christmas. He suffered a severe crisis in his room that cold morning and no one came to his rescue early enough. It was barely an hour after he died that his mother found his corpse in his bathroom after she noticed he hadn't come out as usual to have his breakfast. My friendship with John ended too soon.

I didn't go to school for days because I was filled with so much emotion. I also didn't want to see the faces of my classmates who treated John like he had a plague. After days of mourning the loss of my friend, I decided to channel all my emotions to sickle cell advocacy; to help erase the stigma of sickle cell anaemia. I was on a mission to transform the way the society viewed and approached sickle cell anaemia.

Some people don't have access to effective medical treatment and many die from neglect, ignorance and poverty. Advocacy brings to the limelight the medical attention, and emotional support that these people ought to receive.

People who suffer from sickle cell anaemia have to be well informed on the importance of regular check-ups, drug compliance, healthy diets, hydration, and warm temperatures to decrease their risk of painful crises. Also, the society should be made aware of the importance of prenatal screenings and routine check-ups which help with early detection and prevent severe complications in the future. Voluntary blood donation from qualified individuals should be encouraged because a lot of sickle cell anaemia patients require blood transfusion which is usually not in consistent supply. The families of people with such conditions go through a lot both financially and emotionally, and there is a need to advocate for better support and resources for these individuals.

Some people see people with this condition as drug addicts because of their constant use of drugs. The frequent need to visit the hospitals also makes people assume that people who have sickle cell anaemia are weak individuals. Living with sickle cell anaemia can be quite challenging and the sometimes, unpredictable crisis is enough frustration for these individuals. They are humans and should be treated with kindness. Everyone should have access to quality information about sickle cell anaemia and support groups for individuals with the condition should be set up.

Sometimes I wonder if John's family saw him the way I did; a fighter, even in death! He was determined to live life to the fullest despite his condition. It has been five years since John died but that doesn't mean that I've forgotten the good times we shared. Don't wait until you lose a dear friend to this condition before you become an advocate. If we all become advocates, the quality of life of people who suffer both directly and indirectly from sickle cell anaemia will be greatly improved.



# Blood Donation: A Call for Attitudinal Change In Africa

*Written by Akinjobi Oluwagbemisola Temitope  
Article Writer, SCOPUB Central Committee*

## INTRODUCTION

The smell unique to a hospital filled my nasal cavity, the doctors in their ward coats, the medical students in their scrubs and the nurses in their smart uniforms entered the periphery of my vision. They were all running towards one direction where an automated voice kept repeating, code blue, theatre 5, second floor.

It was dizzying watching each one of them run past me to attend to this adult medical emergency. Apparently, the blood bank had run out of blood supply and the patient being operated on had a rare 'O-negative' blood type and as a result, was at risk of going into shock. Of course, I was not back home in Nigeria, I was in one of the teaching hospitals in Australia and to my surprise, I saw how everyone rallied to get



the needed blood type and save the life of the poor patient. This gave me a sense of culture shock as I had witnessed how reluctant Africans could be in giving out their own blood. So, what was the difference? The people's orientation? The race or the people's attitude towards life?

## Meaning of Blood Donation

Blood donation is a voluntary process of having the blood or blood components of a person drawn for primary medical intervention or use in biopharmaceutical medications. Blood donation has been verified to be a vital part of worldwide healthcare<sup>1</sup>. Blood donation must be voluntary and without the evidence of coercion or threat on the part of the blood donor. The donor's blood must also be properly tested against pathogens, infections and bacteria so as not to compromise the state of health of a recipient.

## The Importance of Blood Donation

Blood could be one of the most expensive gifts any human could give a fellow human and the availability of safe blood goes a long way in saving lives. The importance of blood donation cannot be overemphasised, especially in a healthcare environment. This is because multiple patients will/are currently and constantly in a state requiring blood such as:

- **Anaemia:** This is the loss or reduction in the volume of blood. For a 70kg man, studies show that it is necessary that such a person has up to 5-6 litres of blood<sup>2</sup> and a 2 deficit in this amount creates a risk of various levels of anaemia which might necessitate blood transfusion.
- **Haemorrhages** caused by childbirth, accidents or surgical emergencies are also some major reasons why blood donations are important. Many times, medical emergencies happen on the table where certain blood vessels are punctured, the swift availability of blood then serves as a saving grace for the patient. Also, many deliveries have been characterised by unexpected tears and bleeding of the mother and blood transfusion which is enhanced by blood donation helps to keep the mother alive.

Exploring the various importance of blood donations in healthcare and medicine creates a fast-rising need for Africans to call to order their negative attitudes towards blood donation.

## The Statistics of Blood Supply And Demand In African Countries

According to the World Health Organization, although<sup>3</sup> African countries have begun to make progress in coordinated blood transfusion services, policy frameworks,

and distributing blood and blood products, blood donation in Africa remains too low to meet the demands with 38 African countries failing to meet the demands of more than 3 million units of blood in 2020.

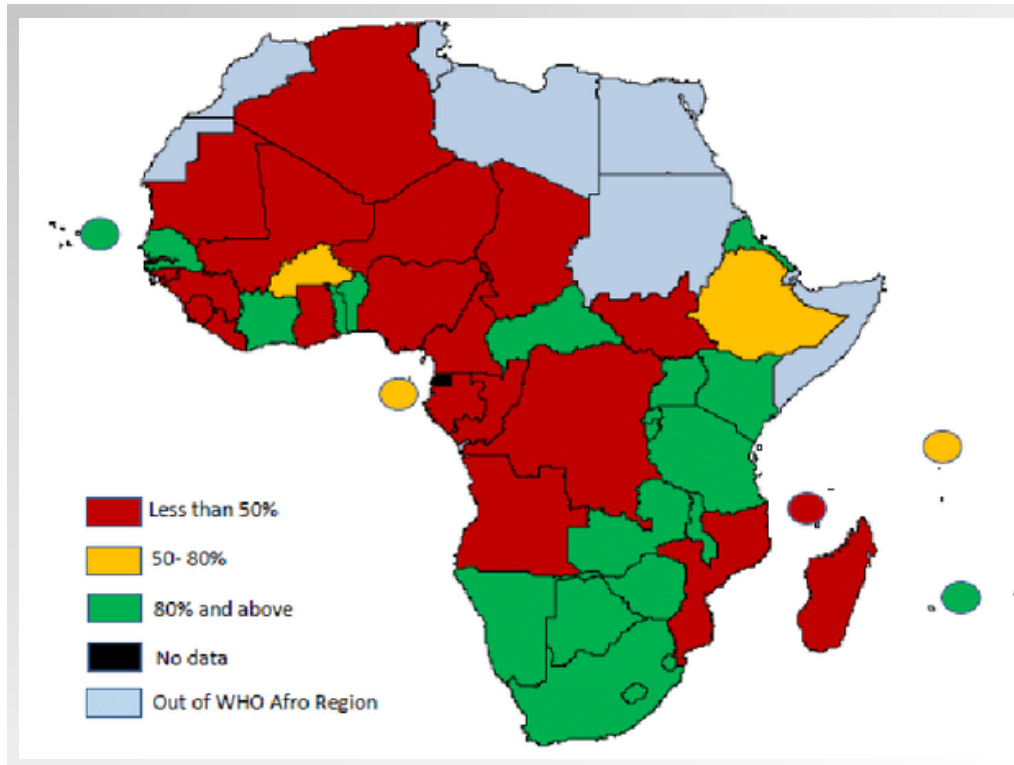


Figure 1. The average proportion of voluntary non-remunerated blood donations in 46 countries of the WHO Afro region in 2013 Image source: Loua, André & Jean-Baptiste, Nikiema & Kasilo, Ossy & Tagny, Claude. (2018). Blood safety and availability in the WHO African region. *Global Surgery*. 4. 10.15761/GOS.1000189.

These shortfalls in demand especially affect women with pregnancy-related complications, accident victims and children with life-threatening anaemia.

### Challenges Facing Blood Donations In Africa

Although blood donation is an integral

part of optimal healthcare globally, in Africa, there have been bottlenecks impeding the growth of this initiative leading to a shortage of blood and creating unavoidable medical emergencies. These bottlenecks have mostly been caused by the presence of cultural, societal and <sup>3</sup> religious diversities in Africa and by the poor

presence of education about the need for and the importance of blood donation. To tackle these obstacles, a multifaceted strategy is required. It is imperative to undertake initiatives that try to dispel myths, educate communities, upgrade infrastructure, and create helpful policies. To improve blood donation in Africa, cooperation between governments, healthcare institutions, non-governmental organisations, and local people is important. Some challenges impeding the improvement of blood donation activities in Africa include;

## 1. Beliefs and Misconceptions about blood donations

Africa, being a diverse continent has been plagued with different beliefs from various cultures and tribes with each one creating myths, stories and moral lessons out of previous blood donors. This has caused willing blood donors to shrink back and hesitate whether to donate blood or not. In a study carried out in South Africa in 2015, it was discovered that among other misconceptions and beliefs that plagued blood donation, fear was an eminent factor deterring people from donating blood. All types of fear including the fear of needles, fear of fainting after donating, fear of blood or a fear of reduced health were recorded<sup>4</sup>. The misconception that the blood of 'blacks' was not important and would be thrown away also created a larger percentage of the responses recorded.

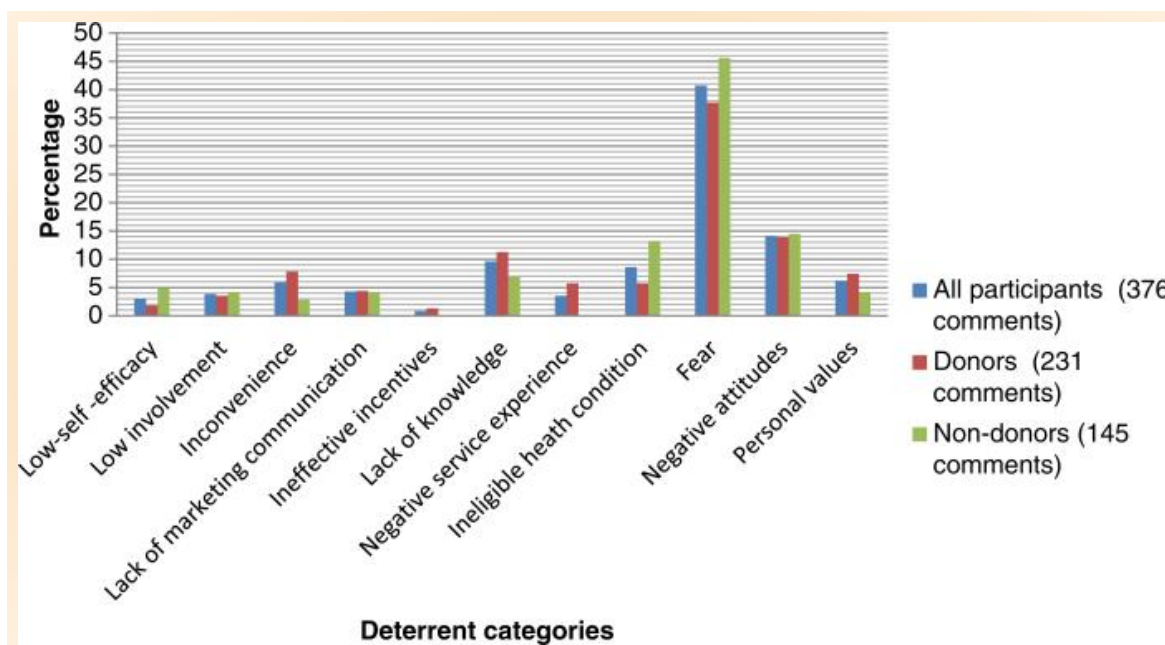


Figure 2. Frequencies of deterrents to blood donation, by participant group. (The unit of analysis is the number of comments of each deterrent.)



## **2. Lack of public enlightenment and education**

The knowledge about blood donation among Africans has been discovered to be relatively low compared to their counterparts in developed countries. This creates a special effect in the minds of Africans where they believe that only family relations can give blood to one another which is, unfortunately, not so. The unavailability of enlightenment about who should or should not donate blood in Africa also serves as a major stumbling block in improving the attitudes of Africans towards blood donation. This has caused many ineligible but willing individuals to donate blood causing it to backfire and instilling fear in the non-donors or people who were once considering donating blood.

## **3. Lack of access to infrastructures and healthcare facilities**

Many Africans are willing to give their blood, especially if the person needing it was a dear person or at the point of death. However, hospital infrastructures and blood banks in some African villages, towns and countries are not readily available and people have to go long distances to donate blood; this discourages many donors as they do not want to face the risk of travelling long distances to give their blood. Limited access to these facilities creates a 5 hurdle that contributes to the difficulties faced in

organising blood donation campaigns in Africa. Many other factors such as the dwindling number of healthcare professionals as a result of the increasing exodus of health workers in Africa, poor government policies towards ensuring the wellbeing of donors, and the practices of baiting donors with money rather than encouraging voluntary donations are also barriers that need to be broken in ensuring a smooth blood donation practice all over Africa.

## **A Call For Attitudinal Change in Africa**

Blood donation in Africa is a cornerstone, which although, has been ignored for years must now be placed at the centre of activities in healthcare and medicine. There is, therefore, an urgent need for a change in mindset, a change in behaviour and a change in attitude towards blood donation in Africa. These can be achieved by:

1. Beliefs and misconceptions towards blood donation should be addressed and corrected. This can be done by educating the people about the effects accompanied by blood donation such as dizziness and how to battle it. The fear of needles can be prevented in the donors by educating healthcare professionals to learn how to distract the donors as their blood is being withdrawn; this will help to lower their

heightened response towards the pain felt by a needle jab.

The fear of racism among African donors should also be curbed by creating anti-racist laws and policies in the health sector and bringing to book every health professional found to be guilty of being a racist.

2. The public should be educated on what blood donation is all about. This can be done by engaging in walks and campaigns on the streets of Africa or in schools, sponsoring jingles on radio, television and social media on the importance of blood donation and creating billboards, banners and stickers to this effect. This will help make voluntary blood donation appealing to the average man in Africa and thus, more people will be encouraged to help others by giving their blood. These public campaigns should also include educating people on who should not donate blood (such as people with the cold, flu, infected with a virus, people on antibiotics, people with anaemia, people who are pregnant or planning to be, people who had just lost blood recently in accidents or menstruation among others), this will help protect the health of intending blood donors and also encourage Africans to take care of themselves considering the fact that their health was

important to save another person's life.

3. Government and government policies towards healthcare and medicine in Africa should be reviewed, improved and implemented. Healthcare workers should be encouraged with incentives and healthcare facilities such as blood banks should be well-equipped with state-of-the-art equipment. This will facelift the state of the medical sector in Africa and encourage health workers to stay back rather than fleeing to developed countries for greener pastures. Government officials, stakeholders and organisations should also ensure collaboration with global organisations such as the World Health Organisation(W.H.O), United Nations (UN) and United Nations International Children's Emergency Fund (UNICEF) so as to ensure optimal health for the citizens of Africa. Attitudinal change towards blood donation in Africa is not a one-man duty but will only happen by a collaborative effort between African citizens, African governments and international organisations and in essence, Africans will come to realize that we give so that others may live.

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NIHMSID: NIHMS 706625 PMID: 26104809





## **Ethical Considerations in Organ Transplantation: Balancing the Need for Life-saving Procedures with Ethical Dilemmas**

If there were to be a most memorable day in the history of medicine, it would be December 23, 1954, when the first successful organ transplant occurred. This successful operation paved way for tremendous advancements in medicine. At last, organ transplantation has emerged as a leading topic in medicine through its huge success in saving lives, by the replacement of damaged and non-functional organs. Interesting though this might seem at surface glance, organ transplantation is a very complex topic indeed. Not only has it yielded great benefits, but it has also created dilemmas based on ethical grounds. This is because, with advancements in organ transplantation, ethical considerations have become increasingly complex. Now, more than ever, several ethical considerations are involved in organ transplantation.

Ethical considerations in organ transplantation are issues that arise in decision-making about the appropriateness of an organ for a recipient, and the equitable distribution of organs (Schineller, 2018). As Veins (2016) noted, they include concerns about autonomy and consent, fairness and equity, confidentiality, and the ethical use of medical technology. These ethical considerations seek to balance the interests of patients, donors, and the general society (Lizza & Reisner, 2017).

Informed consent is a key ethical consideration in organ transplantation. In this case, donors and recipients are well-informed about the potential risks and benefits of transplantation. This is a central ethical principle in organ transplantation (Joffe, 2019). It ensures that the donor and recipient are making a voluntary and well-informed decision to participate in the transplant.

Another key ethical consideration in organ transplantation is fairness and equity. As more people benefit from organ transplantation, the demand for organs continue to exceed the supply. As a result, the enormous gap between demand and supply has raised pertinent questions like: 1. How should organs be allocated? 2. Who should get the priority? To address the issues, ethical considerations suggest certain criteria which include: compatibility with donor, medical urgency, survival benefits, and waiting time. Savulescu & Daar (2011) observed that organs and transplant procedures are overtly expensive. Often, the rich get an unfair advantage as they can easily afford the overtly expensive organs. This has raised ethical concerns about the disparities in access to transplantation based on socioeconomic status, race, and other factors. Ethical consideration in this regard has led to the deregulation of organ purchase in some countries as a means to prevent the exploitation of the poor and vulnerable.

Similarly, ethical principles are largely influenced by religious beliefs and social values. For instance, some religions may have specific teachings on the donation and transplantation of organs. An example of such religions is Islam which prohibits the consumption of pork. Therefore, the xenotransplantation of pig organs is discouraged in Islam. Due to the influence of religious beliefs and social values, ethical considerations ensure that the patient's religious beliefs and cultural values are respected and considered.

Furthermore, ethical considerations address the issue of artificial transplantation and xenotransplantation which involve the use of artificial and animal organs respectively. Both of these approaches have raised ethical concerns. With artificial transplantation, there is the concern that it could lead to a loss of human dignity as people could become more like robots than humans. In terms of xenotransplantation, there are ethical concerns about the risk of disease transmission. Moreover, animal rights groups strongly object to xenotransplantation,

arguing that it is a gross violation of animal rights.

However, the attempt to solve ethical issues in organ transplantation has created new problems and complications. These problems are referred to as “ethical dilemmas”. Ethical dilemmas are conflicting choices as regards what is right or most appropriate for a given situation (Astrue, 2019). A common ethical dilemma in organ transplantation is on the issue of organ scarcity. The unavailability of human organs has resulted in the deaths of many people in the transplant waiting list. The troubling question is: Could more lives be saved if there were no objections to artificial and xenogenetic transplantation? Similarly, in a situation involving a deceased donor or an unconscious recipient in critical state, adhering to the principle of informed consent becomes extremely difficult. Moreover, the problem with who should get the priority can result in an ethical dilemma, when surgeons and physicians feel obliged to allocate organs to persons with higher chances of survival, as a failed transplant will result in an enormous waste of time and resources. These situations alongside other ethical dilemmas can disrupt life-saving procedures. Consequently, a crucial question arises: How can we balance life-saving procedures with ethical dilemmas? By adopting optimal strategies, this problem can be solved.

The foremost strategy to adopt in balancing ethical dilemmas with life-saving procedures, is in ensuring that the patient’s best interest is the centre of any decision. To achieve this, the ethical principle of beneficence should be weighed against the principle of autonomy. Next, the principle of non-maleficence, which ensures that no intentional harm is caused on the patient should be strictly adhered to. Afterwards, the principle of autonomy which respects the patient’s right in decision making should be taken into account. For instance, a patient’s personal decision to undergo a transplant should be weighed against opposition from family. These steps adhere to the principle of “primum non nocere” which is part of the Hippocratic Oath that suggests that first priority should be to avoid causing harm (Thompson, 2020). Thus, in situations where ethical dilemmas arise, taking actions that would do the least harm is top-most priority, even if it is not the ideal solution (Thompson, 2020).

In conclusion, it is seen that several ethical considerations are involved in organ transplantation. These ethical considerations can, sometimes, result in ethical dilemmas which conflict with life-saving procedures. Although ethical dilemmas may not be completely eradicated, they can be balanced with life-saving procedures. In this way, more lives will be saved and, at the same time, ensuring fairness and equity for all.



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*Written by Ugor Benedict Akpanke  
UIMSA - Nigeria  
Winner, UIMSA 2023 Essay Writing Competition*



# POEMS





## Sickle Cell Anemia Advocacy

They say love's beauty knows no bounds,  
Two carriers, fate's path, in love they found,  
Yet, how does love shape the sickled warrior's  
life's rounds?"

As Breakfast tea was cold,  
Amidst her crises she fought,  
Tiny frame, a warrior's spirit inside,  
Her condition's grip, unyielding and taut,  
Yet she laughed, her strength she couldn't  
hide.

Eyes that sparkled through moments of pain,  
"Kafa na, kai na" her whispered plea,  
Invisible battle, her spirit's gain,  
A fighter in a world that could not see.

Lunch time had Families united, wearied  
hearts intertwined,  
Beside her bed, hands held close tight,  
Crescent cell's darkness they'd often find,  
Yet love's light around her always rose.

In quiet rooms where doctors convene,  
Discussing cells and vessels' cruel plight,  
A fight for life, like none they'd foreseen,  
A quest to bring a cure into sight.

But where's the spotlight, the morning news?  
Stories untold, struggles unheard,  
Amidst bustling markets, daily cues,  
The fight continues, their cries unheard.

In the cold subtleness of moonlight,  
Dinner doesn't taste the same.

Advocates rise, their voices unite,  
Campaigns for awareness, strong and clear,  
Both offline and online,  
Let's bring the challenges to light,  
A mission to end suffering's sphere.

So let this poem be a call to all,  
That we may reason together,  
To stand for those who fight each day,  
Sickle cell warriors, young and old,  
Together we'll pave a brighter way.

Written by Abdulsalam Umar  
ABUMSA - Nigeria  
Winner, Poetry Category  
Journey into Publishing Contest 2023



## Topic: Breast feeding and working mothers

*Written by Anguyo Milton*

*FUMSA - Uganda*

*Winner, World Breastfeeding Week Poetry Competition*

In a world where work consumes our days, a  
bond of love still finds its ways.

Amidst the hustle and endless grind,  
Breastfeeding and work, beautifully entwined.

A mother's heart, both fierce and tender,  
balancing duties, a true contender.

Her workplace calls, demanding her time, but  
a precious connection, she won't let decline.

With determination, she paves her path, an  
advocate for the future's heartfelt aftermath.

She embraces the challenge, strong and serene,  
breastfeeding her baby, even when unseen.

In boardrooms and offices, she stands tall,  
juggling deadlines, a super heroine's call.

Yet, she knows her power, her nurturing  
might, breastfeeding her child, both day and  
night.

She seeks support, a workplace that cares,  
flexible hours, and a space that shares.

Breaks for expression, a lactation room,  
empathy and understanding, banishing  
gloom.

For breastfeeding and work, they can  
intertwine, creating harmony, a union divine.

A mother's love, flowing through her veins,  
nurturing her baby, despite life's strains.

A testament to resilience, strength, and grace,

breastfeeding and work, a beautiful embrace.

For in this dance of motherhood and career,  
the love between a mother and child, crystal  
clear.

So let us champion this precious bond,  
empowering mothers, far and beyond.

Breastfeeding and work, a harmonious blend,  
supporting dreams and the love we send.

May every workplace understand and see, the  
power of breastfeeding, a gift that's free.

And together, we'll forge a future so bright,  
where motherhood and work truly ignite



## OUR DEAREST FAMSA

*Written by Fatoumata S Sarjo  
Final Year Medical Student  
UniGaMSA – The Gambia*

Over the years and through the days  
FAMSA has carved out impeccable ways  
To not only prove its existence but register its impact  
Defying the odds and building a future with Afro medics  
Oh, hear the tunes of success that come in various lyrics

A Federation built on a strong foundation of servitude  
One that prioritizes Africa's Healthcare with great magnitude  
From raising awareness to grassroots involvement at various altitudes  
Its community engagements have brought about positive attitudes  
Amidst dedicated Afro medics deserving of none other than gratitude

From SCOPUB and its cues to immensely promote student publication  
To SCOHE raising voices for Breastfeeding and against Breast Cancer  
Remember SCOPA for her stance in addressing population-related affairs  
Not to forget SCOMER steadily promoting medical education  
And SCOPE's admirable steps of unifying a diversified Africa

Africa in its beauty and admirable diversity  
From the Western, Eastern, and Southern Africa  
To the Northern and of course, the Central Africa  
Not to forget our impeccable Technical Working Groups  
FAMSA's influence crosses borders and reaches hearts

To you that is yet to join this amazing family  
This is your chance to be part of what makes the difference  
And to you that is yet to render your support financially or otherwise  
Will you not support that which seeks to improve the health of our people?  
For only through the spirit of togetherness shall we change the narratives of Africa's Healthcare  
system



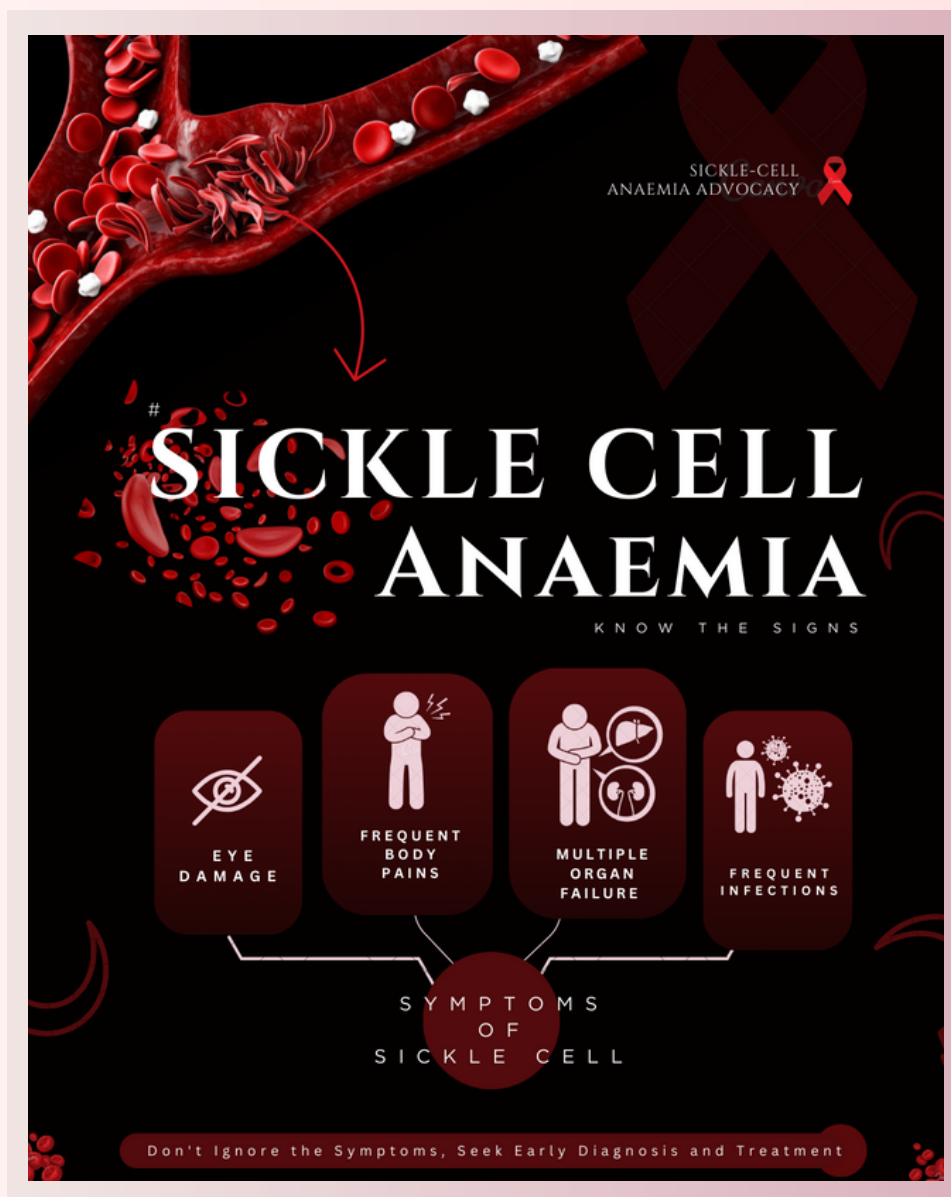
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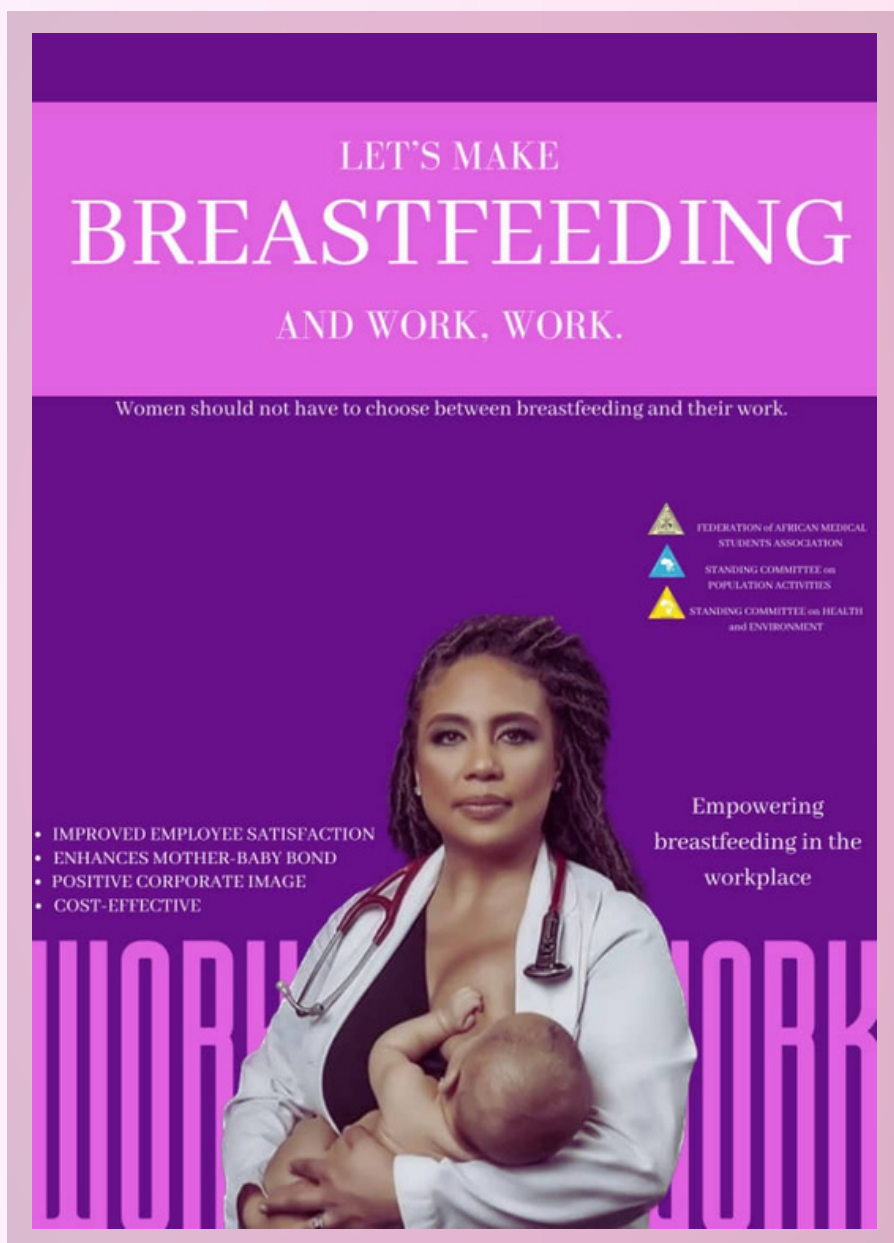


**Designed by Osunsanmi Semilore Pelumi**  
**LASUMSA - Nigeria**  
**Winner, Designing Category**  
**Journey into Publishing Contest 2023**





**Designed by Tolu Olukeye**  
**BUAMS - Nigeria**  
**Winner, World Breastfeeding Week**  
**Designing Competition**



**Designed by Isatou Jasseh**  
**UniGaMSA - The Gambia**  
**Participant, Designing Category**  
**Journey into Publishing Contest 2023**

## BREAST CANCER

Breast cancer is a disease in which cells in the breast grow out of control



**#Unite for Pink Strength**  
Conquer Breast Cancer Together



1 in 8 women will develop breast cancer

## SYMPTOMS

Look for...



A change in size or shape of your breast.



A change to the nipple, such as crusting, an ulcer, redness or an inversion.



Nipple discharge that occurs without squeezing.



A change to the skin of your breast, such as redness or dimpling.

Feel for...



A new lump or lumpiness, especially if it's only in one breast.



An unusual pain in your breast or armpit that doesn't go away.

## RISK FACTORS



Lifestyle



Age



Genetics

## PREVENTIONS



Exercise



Plan



Mammogram

# FAMSA

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