

WONCA News

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The first woman President - a personal world view from Rio



Prof Amanda Howe of the UK has just taken office as WONCA President, and is our first woman president. The handover occurred at the WONCA World conference in Rio in early November 2016. Pictured above are the new WONCA World Executive for 2016-18.



I am writing this on the plane back to England from Brazil, where I spent three extraordinary weeks in the intense world of WONCA's biggest event – the World conference, and all its related meetings and activities.

If you read no further then let me say – it was a wonderful experience, and I want to thank the many people involved: the Brazilian hosts, including the fantastic 'Oceanos-Eventos' team, the WONCA CEO and secretariat, and all those who offered work and attended. We marked the changes in leadership with fulsome praise for Professor Michael Kidd's legacy as President, and thanked both the 2013-2016 and the incoming WONCA Executive for their hard work and efforts.

Family medicine is a sociable speciality – we are used to meeting people every day from many walks of life, and interacting with many different types of professionals who are involved in the delivery, administration and

development of health care. But there is something uniquely wonderful about being together in our global community, and celebrating both our diversity and common purpose.

The Rio conference was particularly spirited and youthful because of the large numbers of local doctors who came – and danced – and sometimes gave voice to their concerns about the future of their hard-won health reforms and speciality status. We also saw a great emphasis on the arts as a source of renewal and creativity – poetry, photography, music, and short stories - also samba bands, and plenty of socialising. The keynotes, presentations and workshops all seemed to be of high quality, and there was a great mix of attendees from more than 113 countries.

The opportunity and effort both to run and attend our global conferences will accelerate with the move to a two yearly cycle – we look forward to Seoul in 2018, and to Abu Dhabi in 2020. But for this year, the party is over - we return to our clinics and families with renewed energy and ideas, but also to a world with many instabilities and challenges where we shall need to be strong and clear about what family medicine needs to thrive and grow.



Photo: Michael Kidd congratulates Amanda Howe on receiving the chain of office

As the first woman President, it is an honour for me to take WONCA's mission forward for the next two years. I have asked people why a woman matters in leadership – their answer was that this symbolises inclusivity, equity and social justice within our organisation, and so makes people from a similar background believe that they can do also succeed - just as when Obama was elected in the US My 'presidential priorities' attempt to reflect this – continuing a focus on equity, with particular reference to Africa as the region with the worst

health outcomes and many countries with no family medicine system; and to vulnerable communities, particularly people displaced by conflict or living in poverty.

I want to continue to develop our own thinking and evidence, sharing more widely our messages and policies so that we can use these to persuade others of how to create and sustain family medicine as part of a strong health system. And I want to help our members too – both to look after yourselves, but also to spread the word and impact of WONCA so that you and your colleagues can really benefit from this amazing organisation. We held a workshop at Council where many good ideas were discussed about making membership more meaningful; this emphasised the added value to countries who are still struggling to establish family medicine, but also highlighted how many members in each country may NOT know much about WONCA! So if you are reading the WONCA newsletter, and feel WONCA has something to offer you and your fellow family doctors, please be a WONCA champion and spread the word!

Go well and speak again soon

Amanda Howe
WONCA President
November 2016

La primera mujer Presidenta: Un punto de vista persona de Río de Janeiro



Estoy escribiendo estas líneas mientras vuelo de regreso a Inglaterra desde Brasil donde he pasado tres semanas extraordinarias dentro del intenso mundo del mayor evento de WONCA – el Congreso Mundial de WONCA, y todos los encuentros y actividades que tienen lugar alrededor. Por si acaso no vas a leer más déjame que te diga que fue una experiencia maravillosa y que quiero agradecer a todas las personas que se han volcado en la organización: los anfitriones brasileños, incluyendo al equipo de "Oceanos-Eventos", el WONCA CEO y el secretariado, y todas

aquellas personas que se han ofrecido para trabajar y a las que han asistido. Quiero destacar los cambios en el liderazgo de WONCA haciendo un gran elogio del Profesor Michael Kidd y de su legado como Presidente, así como mandar un agradecimiento tanto al ejecutivo de WONCA durante el periodo 2013-2016 como al nuevo acabado de formar, por su duro trabajo y sus esfuerzos.

La Medicina de Familia es una especialidad social – estamos acostumbrados a encontrarnos cada día con gente que lleva diferentes estilos de vida y diferentes perfiles profesionales y que están involucrados en la administración y la investigación en asistencia sanitaria. Pero hay algo maravilloso que no tiene comparación acerca de estar juntos en nuestra comunidad global y es la celebración tanto nuestra diversidad como de nuestro

propósito común. El Congreso de Río fue particularmente inspirador y joven, gracias al elevado número de médicos locales que asistieron – y bailaron – y en ocasiones compartieron sus preocupaciones sobre el futuro de sus reformas sanitarias y su estatus especial ganado con un trabajo muy duro. También pudimos ver el énfasis que se puso en las artes como fuente de renovación y de creatividad – poesía, fotografías, música y relatos cortos – también grupos de samba y muchas actividades de socialización. Los puntos clave, presentaciones y talleres fueron de alta calidad, y hubo una mezcla genial de asistentes de más de 113 países.

La oportunidad y el esfuerzo tanto de hacer como de asistir a nuestro Congreso Mundial se acelerará con el cambio de periodicidad de dos años – estamos esperando con ilusión que lleguen Seoul 2018 y Abu Dhabi 2020. Pero por lo que respecta a este año, la fiesta ha terminado – así que volvemos a nuestros Centros de Salud y con nuestras familias con renovadas energías e ideas, pero también volvemos a un mundo con muchas inestabilidades y retos en el que necesitaremos ser fuertes y dejar claro lo que la Medicina de Familia necesita para desarrollarse y crecer.

Como primera mujer Presidenta de WONCA, es un honor para encargarme de nuestra misión durante los próximos dos años. He preguntado a la gente por qué creen que es importante que una mujer tenga liderazgo – la respuesta fue que esto simboliza integración, equidad y justicia social dentro de nuestra organización y así también lo cree la gente de entornos similares que ven en este hecho una demostración de que también pueden triunfar – así como cuando Obama fue elegido en Estados Unidos. Mis “Prioridades presidenciales” quieren reflejar estos factores – manteniendo el foco en la equidad, con una especial dedicación a África como región del mundo con peores índices de salud y con muchos países sin un sistema de Medicina de Familia; y también me centraré en las comunidades vulnerables, particularmente en la gente que ha tenido que desplazarse a

causa de un conflicto o que vive en la pobreza. Quiero continuar con el desarrollo de nuestra propia manera de pensar y demostrar, compartiendo de forma más amplia nuestros mensajes y políticas de forma que podamos utilizarlos para persuadir a otros acerca de cómo crear y mantener la Medicina de Familia como elemento fundamental de un sistema sanitario fuerte. También quiero ayudar a nuestros miembros – tanto para ofrecerles protección como para difundir el discurso y el impacto de WONCA de manera que tanto tú como tus colegas puedan beneficiarse de esta fantástica organización.



Fotografía: Michael Kidd felicitando Amanda Howe durante el traspaso de poderes.

En el Congreso tuvimos un taller en el cual se debatieron muy buenas ideas sobre cómo dar más sentido a la pertenencia a WONCA; esto enfatizó el valor añadido de los países que todavía se encuentran en fase de lucha para conseguir que se establezca la Medicina Familiar, pero también sirvió para dejar claro que hay muchísimas personas en los países miembro que, ¡NO saben casi nada de WONCA! Así que, si estás leyendo este artículo y sientes que WONCA tiene algo que ofrecerte y consideras que los médicos de familia son tus compañeros, por favor, ¡sé un campeón de WONCA y difúndelo en todo el mundo!

Cuídate y hablamos pronto.
Amanda Howe

La première présidente - une vue personnelle du monde de Rio

Professeur Amanda Howe vient de prendre ses fonctions en tant que Présidente de WONCA et première femme à ce poste. La passation des pouvoirs a eu lieu à la Conférence mondiale de WONCA à Rio au début novembre 2016. Voici, de Rio, sa vision personnelle du monde.

J'écris ce message dans l'avion qui me ramène en Angleterre du Brésil où j'ai passé trois semaines extraordinaires dans l'intense atmosphère du plus grand événement de WONCA - la Conférence mondiale et toutes ses réunions et activités subordonnées.

Si vous n'en lisez pas plus, permettez-moi alors de dire que ce fut une expérience merveilleuse, et je voudrais remercier les nombreuses personnes concernées : nos hôtes brésiliens, y compris la fantastique équipe de 'Oceanos-Eventos', le PDG de WONCA et le secrétariat, tous ceux qui ont travaillé bénévolement et ceux qui étaient présents. Nous avons marqué le changement de leadership par le discours élogieux de Professeur Kidd, président sortant, et avons remercié le comité directeur 2013-2016 et le nouveau comité directeur de WONCA pour leur travail et leurs efforts.

La médecine familiale est une spécialité sociale - nous avons l'habitude de rencontrer des gens issus de différents milieux et savons interagir avec toute une gamme de professionnels qui sont impliqués dans la prestation de services de santé, et dans l'administration et le développement de ces services. Mais c'est particulièrement gratifiant de faire partie de notre communauté internationale, et de célébrer notre diversité et nos objectifs communs. La Conférence de Rio a été particulièrement vive et jeune du fait du grand nombre de médecins locaux présents - et qui ont dansé - et ont parfois exprimé leurs préoccupations concernant le futur de leurs réformes de santé et du statut de leurs spécialités durement acquis. Nous avons également vu l'accent mis sur les arts comme source de renouvellement et de créativité - poésie, photographie, musique et nouvelles - également des groupes de samba, et l'occasion de socialiser. Les éléments

essentiels, les présentations et les ateliers m'ont semblé de haute qualité, et il y avait une grande diversité parmi les participants venus de plus de 113 pays.

L'occasion et l'effort dans la mise en place et la participation aux conférences internationales vont s'accroître du fait du passage à un cycle biennal - nous attendons Séoul 2018, et Abu Dhabi 2020 avec impatience. Mais pour cette année, la fête est finie - nous rentrons vers nos cliniques et nos familles avec énergie et des tas d'idées nouvelles, mais également dans un monde d'instabilités et de défis dans lequel nous devons être fermes et déterminés quant à ce que la médecine familiale requiert pour prospérer et se développer.

En tant que première présidente, j'ai l'honneur de mener la mission de WONCA pour les deux années à venir. J'ai demandé pourquoi une femme présidente importe - la réponse était qu'il s'agit de symboliser l'inclusion, l'équité et la justice sociale au sein de notre organisation, et d'inciter les gens d'un milieu semblable à croire qu'ils peuvent également réussir - tout comme Obama quand il a été élu président des États-Unis. Mes "priorités présidentielles" essaient de refléter ceci - continuant à mettre l'accent sur l'équité avec une référence particulière sur l'Afrique comme la région ayant les plus mauvais résultats de santé et le plus grand nombre de pays sans système de médecine familiale ; et sur les communautés vulnérables, en particulier les gens déplacés par les conflits ou vivant dans la pauvreté.

Je veux continuer à développer notre propre vision et observation en partageant plus largement nos messages et nos politiques afin de persuader d'autres de la façon de créer et de soutenir la médecine familiale comme partie inclusive d'un système de santé fort. Je voudrais également aider nos membres - à se soutenir réciproquement mais aussi à diffuser le message et l'impact de WONCA afin que vous et vos collègues puissiez vraiment tirer profit de cette organisation extraordinaire. Nous avons organisé un atelier au Conseil où beaucoup de bonnes idées ont été émises au sujet de l'importance de l'adhésion; on a

souligné la valeur supplémentaire pour les pays qui luttent en vue de l'établissement d'une médecine familiale, mais on a également mis l'accent sur le nombre de membres dans chaque pays qui sont peu informés sur WONCA ! Si vous lisez ce bulletin, et que vous pensez que WONCA a quelque chose à vous offrir, à vous et à vos

médecins de famille, soyez donc un champion WONCA et diffusez le message! Tenez bon et à bientôt.

Prof Amanda Howe
Novembre 2016

From the CEO's Desk: Reporting on Rio



Greetings again from the WONCA Secretariat. It has been an incredibly busy time since my last column, with a meeting of the WONCA Executive, a WONCA Council and then an incredible few days at the WONCA conference in Rio. Where do I begin??

The outgoing WONCA Executive met for three days in Paraty, a world heritage site around 150 km from Rio, from 26th to 28th October. Most of the meeting was preparing for the World Council, but there were a number of action items on the agenda, including proposals for new WONCA Special Interest Groups (SIGs) and approval of a variety of financial items, among which was agreeing the budget for 2017-18 which would be proposed to Council.

Council itself was hectic and very busy, but all business was conducted in a very collegiate and professional manner, and we're grateful to all delegates and observers for making it such a success. By the time you read this column, the minutes from the Council meeting will have gone out to all Member Organizations, but key notable points included:

- Welcoming 22 new members to WONCA since the last Council meeting.

- Recording three straight years of budget surplus – the first surpluses for many years.
- Ratifying six new WONCA SIGs in: Non-Communicable Diseases;

Men's Health; Health Equity; Genetics; Emergency Medicine; and Workers' Health.

- Endorsing 12 WONCA Position Statements as well as the new WONCA paper (developed in collaboration with iHeed) on "Achieving Universal Health Coverage: Technology of innovative primary health care education".

- Approving a new WONCA Conference Equity Statement.

- Approving new WONCA Standards for Continuing Professional Development

- Ratifying the seven Regional Presidents and the Chairs of WONCA Working Parties (WPs) and SIGs. There will be features on many of these colleagues in coming months in WONCA News.





they form a long and complex document and they include some details which are not generally found in a "constitution". The Bylaws & Regulations tend to be changed at

Elections were also held for WONCA Officer positions, and we are delighted to report that, apart from Professor Amanda Howe assuming the post of WONCA President (and our first woman leader) we also send congratulations to: Dr Donald Li (Hong Kong) who was confirmed as President-elect; to Drs Karen Flegg (Australia) and Viviana Martinez Bianchi (USA) and Professor Job Metsemakers (Netherlands) who were all confirmed as Members-at-Large; and to Dr Ana Nunes Barata (Portugal) who was elected as the young doctor representative on Executive. Congratulations also to Emirates Medical Association whose bid for the WONCA conference in 2020 was successful, with the proposed venue of Abu Dhabi.

Amendments to WONCA Bylaws and Regulations is also a key part of any WONCA Council. Dr Karen Flegg, Chair of Bylaws and Regulations Committee, gave a accomplished presentation on the proposed changes, which was wonderfully concise and yet very clear in what was being proposed. In essence, the Committee had proposed, and Executive endorsed, simplifying the "constitution", that is the Bylaws and Regulations of Council documents, to make them more useful and usable.

WONCA's "Constitution" is made up of two documents – the WONCA Bylaws and the WONCA Regulations of Council. Together

every World Council meeting and the requirements for changing each of these documents are different. The proposal before Council was to create a new concise constitution, which would contain items which did not require change often. The current Regulations of Council would become an organizational policy document called "WONCA Organizational Policies", to guide Executive to act on Council's behalf between Council meetings.

This proposal – and other amendments to the regulations to update them on key issues – were overwhelming endorsed by Council, and the Bylaws and Regulations Committee will now be working on operationalizing these changes.

Two other key sessions of Council are notable. On the afternoon of Day 1, Amanda Howe led a breakout session on membership engagement: "The major challenges for global family medicine and what WONCA should be doing on behalf of its members". Council broke into five groups to discuss the issues and then returned to plenary session to report back on their deliberations. The consolidated report from these discussions has already gone to member organizations for information, and is also included in the Council minutes.

The second notable session was on the morning of Day 2, when we were joined by colleagues from WHO. The session began



with a video message from Dr Carissa Etienne, Director of PAHO – the Pan American Health Organization (WHO for the

Americas) – encouraging Council to continue efforts towards achieving Universal Health Coverage. Dr Hernan Montenegro then presented on “Strengthening health systems through Universal Health Coverage”. Dr Montenegro is WONCA’s WHO Liaison Officer and key contact within WHO HQ, where he works within the Service Delivery and Safety Department, which oversees issues relating to primary health care. Dr Hassan Salah from WHO EMRO (Eastern Mediterranean Region Office) spoke briefly about the challenges and opportunities in WHO EMRO, and he was followed by Dr Jim Campbell from WHO HQ, who is responsible for health workforce issues; he presented on “Global Health Workforce Alliance”. Our members greatly value the work that WONCA does with WHO, and this was a great opportunity to hear at first hand about some of the many issues where our collaboration is taking place.

And as all of this were not enough, Council was then followed by an excellent WONCA World Conference, with over 5,000 delegates. The venue was excellent, the presentations stimulating and the social events were fantastic. Everyone was so warm and welcoming, and it really was the WONCA family all together. Friendships were renewed and new ones made, and we all look forward now to Seoul, South Korea, in October 2018.

We will continue to report on outcomes from Council and conference in the coming months, but in the meantime the Secretariat staff join me in sending greetings to all our members across the globe. We wish you all a Happy New Year for 2017 and look forward to meeting as many of you as possible at the various events throughout the coming year.

Dr Garth Manning
CEO

WONCA Executive 2016-18

WONCA World has a new Executive Committee who will serve until November 2016. Our first woman President,, Prof Amanda Howe, has just taken over from Prof Michael Kidd.



[President 2016-18](#)
[Prof Amanda Howe \(UK\)](#)



[Immediate Past President](#)
[Prof Michael Kidd \(Australia\)](#)



[CEO](#)
[Dr Garth Manning](#)



[President Elect 2016-18](#)
[Dr Donald K T Li \(Hong Kong, China\)](#)



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[Prof Job F M Metsemakers \(The Netherlands\)](#)



[WONCA Asia Pacific Region President](#)
[Prof Meng-Chih Lee \(Taiwan\)](#)



[Member-at-Large 2016-18 & WONCA Editor](#)
[Dr Karen Flegg \(Australia\)](#)



[WONCA East Mediterranean Region President](#)
[Dr Mohammed Tarawneh \(Hashemite Kingdom of Jordan\)](#)



[Member-at-Large 2016-18 & WHO liaison](#)
[Dr Viviana Martinez-Bianchi \(USA\)](#)



[WONCA Europe Region President](#)
[Dr Anna Stavdal \(Norway\)](#)



[WONCA Africa Region President](#)
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[WONCA Young Doctor representative](#)
[Dr Ana Nunes Barata \(Portugal\)](#)



[WONCA South Asia Region President](#)
[Prof Kanu Bala \(Bangladesh\)](#)

Rio reports

Launched in Rio - Rio Statement and resources

The [WONCA Rio statement](#) was launched By Professor Michael Kidd at the opening ceremony of the WONCA World conference held recently in Rio.

Prof Kidd also launched the following items developed in the last triennium:

[The WONCA guidebook](#) translations including into Portuguese

[Rural medical education guidebook 2014](#) (which has been online for some time and is a highly accessed free online publication)

[International Perspectives on Primary Care Research 2016](#)

[Achieving Universal Health Coverage: technology for innovative primary care education 2016](#) (The iHeed report)

[WONCA CPD standards 2016](#) produced by the WONCA Working Party on Education

[Special WONCA edition](#) of *Education in Primary Care* journal October 2016

[The Classic Papers](#) book 2016

[see Michael Kidd's conference opening address](#)
[see WONCA's featured publications](#)

WONCA Rio statement 2016

At the WONCA World conference opening ceremony, in Rio de Janeiro, WONCA President, Prof Michael Kidd released the “Rio Statement” calling for all countries to increase the number of family doctors to achieve high quality comprehensive primary care and universal health coverage.

WONCA Rio statement 2016

The World Organization of Family Doctors (WONCA) calls for all countries to increase the number of family doctors in order to achieve high quality comprehensive primary care and universal health coverage.

Effective strategies include:
improving the skills of doctors already working in the community;

recognising Family Medicine as a specialty and enhancing the academic basis of the discipline;
strengthening the family medicine experience of all medical students;
actively recruiting more medical graduates into more post graduate family medicine training programmes;
giving all family doctors and members of their teams the resources to carry out their work, recognising their contribution, and ensuring their retention in the workforce – all in order to deliver excellent cost-effective people centred care.

[see Michael Kidd's conference opening address](#)

New Report: Achieving SDGs with innovative primary care education

The report, *Achieving Universal Health Coverage: technology for innovative primary care education*, was officially released at the 21st WONCA World Conference of Family Doctors in Rio de Janeiro, Brazil by WONCA and iheed.

In support of meeting Sustainable Development Goal 3 through the expansion and strengthening of primary health care globally, WONCA and iheed are delighted to announce the release of the report *Achieving Universal Health Coverage: technology for innovative primary care education*. We recognise that strong primary health care systems are essential for achieving universal health coverage. Noting the potential of information and communications technology (ICT) to increase primary health care capacity, WONCA partnered with iheed to survey the landscape. This report presents the findings



from this collaboration, including input from over 40 global experts in primary health care, family medicine, medical education, global development and technology.

Professor Michael Kidd, WONCA President, said: “Family doctors are an essential component of each nation’s health system, as we seek to deliver excellent integrated people-centred care to all people, and so ensure universal health coverage. This report highlights the critical importance of the education of the people

who make up the primary health care workforce in each nation, and the role that digital technology can play in ensuring access to educational resources.”

Dr Tom O’ Callaghan, CEO of iheed, said: “In

a world with ever escalating healthcare costs challenging the health budgets of even the richest nations, where years of investment in developing economies healthcare systems have often struggled to have impact and keep pace with escalating healthcare challenges, there have to be new innovative approaches.”

“This report presents findings on how ICT can quickly improve family medicine and primary health care capacity. In particular, it highlights how ICT can be used to enhance and improve education and training of family medicine and

primary health care professionals as part of a team.”

In follow up to the release of the report, an interactive workshop was held by iheed on Tuesday November 2nd, at the 21st WONCA World Conference of Family Doctors to present results from the report and gather input from WONCA delegates.

[Download here](#)

Follow and share with the hashtag:

#ICT4UHCRport

Visit to two Rio health clinics



Clinic staff (l to r): health agent Patricia, Dr Natalia M de Figueiredo, nurses Wilma, Gabrielle & Larissa

WONCA Editor, Karen Flegg and WONCA South Asia Rural leader, Pratyush Kumar, numbered among many who visited primary care clinics in the progressive Brazilian Health System.

Dr Karen Flegg writes: A promise that we would change our thinking if we visited a health centre while at the Rio conference saw dozens of people lining up to attend clinics. I was lucky to be in a group, with three other English speaking colleagues, led by Dr Betina Durovni, Undersecretary for Primary Care in the Rio de Janeiro Health Department.

There are 107 community health centres built and operated on the same model in Rio and more than 122 older adapted clinics that were already operating before the changes in 2008-09.

Our clinic visit was conducted at Clinica da Família Maicon Siqueira – a very new clinic

set up just before the Olympics but already with 25% of its target population of 25,000 registered. The geographical area covered by this clinic is divided into 8 regions of approximately equal population. Each region has a team that looks after its health care – one doctor, one nurse and six community health workers (“agents”). The health agents live in the region, are lay people with a month of initial training and then more ongoing. They know their population, they visit their population in their homes, one of them waits in the health centre in reception for anyone who comes in.



Photo: Rio Health leaders, Dr Betina Durovni, Undersecretary, (left) and Dr Daniel Soranz, Secretary (right), with another colleague.

The clinic is open 8am-8pm Monday to Friday and 8am- 12 noon on Saturday. Each doctor works 40 hours week and has time in the clinic and time on home visits. Teams cooperate in the clinic to cover a doctor or nurse who is doing home visits or on rostered time off. Fifty percent of patients “drop in” without an appointment.



Photo: Inside the clinic rarely seen with no patients.

The actual clinic building is custom designed and built (as all 107 Rio clinics are) with two rows of rooms along a central grassy courtyard. There are consultation rooms, rooms for dressings, baby checks and meetings. There are X-ray and Ultrasound, venepuncture, and dental services on site. Some 'Point of care' testing eg HIV rapidtest is available. Electronic medical records (EMR) were given much consideration before installation in order to ensure data collection and collation between centres. The EMR enables quick monitoring of teams reporting the performance payment system.

The Primary Care Clinics are now the largest placement for residents in Community and Family Medicine in the country, both for physicians as nurses. This together with the students from private and public universities make the Family Clinics a dynamic training system for the Brazilian Health System.

The pharmacy provides drugs from a list of over 100 items. One month's supply is given and while the list is restricted, most classes of commonly used drugs seemed represented, and some with a choice. We noted three diuretics, two ACE inhibitors, a choice of oral contraceptives. As in the hotels in Brazil, condoms are also freely available.

More integration - the public health officers who go out and physically check their regions for example, for water suitable for mosquito

breeding, now go out with the Health agents. This integration has seen them accepted not hated in their communities and needless to say will see them more effective in doing their job. Community involvement in management means meetings are held to discuss

proposals with nominated community representatives. Everything designed to increase 'buy-in' and participation of the



community in their health service.

Photo: Prof Felicity Goodyear-Smith, Chair of WONCA's research Working Party in the dental chair with dental auxiliary staff, Simone and Jamelle

Yes you can go to a private family doctor and either pay a lot of money or bill your very expensive health insurance .. but why would you? The IT is set to collate data and while some outcomes are already showing improvement, like hospital admissions for 'primary care sensitive' conditions and tuberculosis cure rates, it seems possible that given a little more time, huge positive benefits will be recorded in morbidity and mortality and these will revolutionise primary health care in other places. In Brazil, 70% of the country have a primary care structure that is similar to Rio so positive outcomes can be expected to have a significant effect. [see 2016 paper by Soranz el](#)

Dr Pratyush Kumar, the chair of our WONCA

Rural South Asia (WoRSA) group also attended this clinic but he also went to another clinic in one of the favelas. Pratyush writes: Only two of us visited favelas and it was arranged by Rio health secretary, Dr Daniel Soranz.

I went to the favela clinic on a Monday, which is considered most hectic day of the week.

They have different architecture, with a wooden floor and roof and aluminium walls. It looks similar to the urban clinic. They have armed security staff at the entrance as violent clashes are common in favelas.

As far as the health model is concerned it's the same. But there is a difference in prevalence of cases. There were more

reported cases of early pregnancy (the last case was of pregnancy at 11 years of age).

They have a 24hrs emergency service at the favela clinic which was not the case in the urban centre and there are more units than in the urban centre.

In both types of clinics there are many pictures of children, men, women on their wall. They have taken pictures of people living in the clinic area and have put them up on their walls to encourage community participation. These are small things but they carry a strong message from administrators towards making their health system more accessible and people friendly.

Bursaries help colleagues to attend Rio



Photo: WONCA World and WONCA Europe bursary winners at a reception in Rio with WONCA Europe executive members

Earlier this year, WONCA Europe and WONCA World organised a bursary call and offered funding for colleagues to attend the 21st WONCA World Conference. The 17 winners travelled to Rio de Janeiro, participated in the conference actively, and assisted a special award reception. The president of WONCA Europe, Anna Stavdal, noted during the ceremony: "We are delighted to support colleagues across Europe and from the rest of the world. We hope that the conference will be a source of inspiration and have a positive impact on their efforts to

strengthen family medicine in their countries and local communities."

Bursaries were sponsored by WONCA Europe and WONCA World. There was also a [Montegut Scholar](#) from WONCA Europe region who was Dr Eunice Carrapiço from Portugal. (seen in the photo with new WONCA Europe President Dr Anna Stavdal). This award is sponsored by the American Board of Family Medicine Foundation (ABFM-F).

European Bursary Winners

- 1 Ana Costa -Portugal
- 2 Ana Luisa Neves -Portugal
- 3 Candan Kendir Copurlar -Turkey
- 4 Enrique Alvarez Porta -Spain

- 5 Helder Goncalves -Portugal
- 6 Juan Martinez Rodriguez -Spain
- 7 Oleksii Korzh -Ukraine
- 8 Radost Assenova -Bulgaria
- 9 Joana Guerra Silva -Portugal
- 10 Mariana Prudente -Portugal
- 11 Vikesh Sharma -UK

Non-European Bursary Winners

- 1 Martha Makwero - Malawi
- 2 Nana Kwame Ayisi Boateng -Ghana
- 3 Rahman Zakiur -Bangladesh
- 4 Liliansa Laranjo - Australia
- 5 Vicky Ashutosh Sharma - India
- 6 Apurwa Prasad -Nepal

Montegut Scholar, Dr Eunice Carrapiço, has written a very long report for the ABFM-F on her first WONCA conference attendance. Some of her impressions are:

"The experience was a highly fruitful and impressive one. My first positive and striking emotion was the sense of belonging to an enormous family of world family doctors, where visions, hopes, will, creativity and efforts can converge to improve health, human solidarity and well-being all over Earth.

I very much valued the impressive range of themes, perspectives and practical issues, going from policies, organizational issues, spiritual concerns and approaches in clinical practice, to clinical topics and precise practical



procedures potentially offered in order to increase the utility of the action of the family doctor and his/her team in the caring of their patients. One example of this last point was that of periarticular infiltrations and myofascial syndrome treatment. Another crucial aspect was quaternary prevention and the concept of "not to do" recommendations to avoid damaging patients and increase their safety within health care services and systems.

I would like to highlight the message passed by Amanda Howe to consider the family doctor as a social change actor and author, which stresses the power of her/his example and concludes with "we all can be leaders".

WHO Liaison

Viviana Martinez-Bianchi – new WONCA WHO Liaison

Dr Viviana Martinez-Bianchi from USA and Argentina was elected in Rio, as a Member-at-Large on the WONCA World executive and is the new WONCA WHO Liaison person. She reports on the WHO presence and presentations at our recent World conference in Rio.



[More about Viviana](#)

Hello! I am honoured to have been elected to the WONCA Executive, and appointed as WONCA's WHO liaison person for 2016-2018.

I acknowledge the outstanding work of our 2013-2016 WHO liaison, Dr Luisa Pettigrew and include some of her comments below.

The WHO was present at the WONCA World Council meeting in Rio - a video message from Dr Carissa Etienne, Director of PAHO (WHO Office for the Americas), encouraged Council to continue efforts towards achieving universal health coverage. Dr Hernan Montenegro (Coordinator, Services

Organization and Clinical Interventions. Service Delivery and Safety, for the World Health Organization) spoke about “*Strengthening health systems through Universal Health Coverage (UHC)*”.

He gave some background to the role and global responsibilities of WHO: they set norms and standards, articulate evidence based policies, provide technical support to countries, and monitor the health situation around the world. The leadership priorities start with universal health coverage that is safe and of good quality. The changing global context presents both challenges and opportunities to improve health of populations.

WHO is keen to promote the delivery of integrated people-centred health services (IPCHS), taking into account the different contexts in different countries, and working across sectors. Dr Montenegro acknowledged that much of what is being talked about now in terms of integrated people-centred health services—equates to what family medicine has been striving to achieve globally for many years. “*All people have equal access to quality health services that are co-produced in a way that meets their life course needs and respects their preferences, are coordinated across the continuum of care and are comprehensive, safe, effective, timely, efficient and acceptable; and all members of the healthcare team are motivated, skilled and operate in a supportive environment*”.

WHO is currently working on the production of a position paper on high quality primary care and is collaborating with some of the big global organizations to help develop appropriate and measurable indicators to reflect the achievement of Universal Health Coverage (UHC).

Dr Montenegro outlined the work of [Primary Health Care Performance Initiative](#) (PHCPI). He described it as “*a new partnership that brings together country policymakers, health system managers, practitioners, advocates and other development partners to catalyze improvements in primary health care (PHC) in low- and middle-income countries through better measurement and knowledge-sharing. PHCPI will help countries track key performance indicators for their PHC systems, identifying which parts of the system are working well and which ones aren't. This will enhance accountability and provide decision-makers with essential information to drive*

improvements. To make data actionable, this partnership will also provide a platform for countries to share lessons and best practices”.

Dr Hassan Salah, (Technical Officer, Primary and Community Health Care, Integrated Service Delivery Team, Department of Health System Development WHO– EMRO), then briefly talked about challenges and opportunities in WHO Eastern Mediterranean region.

Dr Jim Campbell, (Director Health Workforce Department of WHO), highlighted that the 2030 Sustainable Development Goals’ (SDG) agenda recognizes Universal Health Coverage (UHC) as a pillar of sustainable development. It is a target that underpins all other health targets and is key to their achievement. He stated that progress towards UHC means: reducing the gap between the need for and use of services, improving quality, and improving financial protection.

SDG Target 3.c is to substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in the least developed countries and island states. Key issues in the strategy include: optimize the existing workforce; anticipate future workforce needs; strengthen individual and institutional capacity; and strengthen data, evidence and knowledge.

He introduced the [Global Strategy on Human Resources for Health : Workforce 2030](#), adopted at World Health Assembly (WHA) 2016. It was developed to accelerate progress towards UHC and the SDGs by ensuring equitable access to health workers within stronger health systems. And recognizing that “Health” is a labor sector, and one of the biggest employers in the world. He then presented the report of the *High-Level Commission on Health Employment and Economic Growth*.

At the end of the three talks from WHO, Dr Luisa Pettigrew presented her [report](#) as WONCA-WHO Liaison. She identified important opportunities to engage with WHO, including:

- Ensuring the voice of family medicine is heard, as a key component of primary care.
- Developing robust health systems to achieve SDGs and Universal Health Coverage requires a strong family medicine platform.

- Advocating for greater research into primary care and family medicine.
- Advocating for greater engagement between WONCA Working Parties and WONCA Special Interest Groups with WHO headquarters and regional offices and with individual WHO departments; and between WONCA Member Organizations and WHO country offices.
- Working together with other primary care professional Organizations, such as the International Council of Nurses, to provide evidence to policy makers on primary care delivery.
- Engaging with national governments, to ensure strong family medicine is included in national health policies and operational practice.

I hope to continue the momentum gained by Luisa Pettigrew with WONCA working closely with WHO.

I started in my new role in Rio, meeting members of as many of the Working Parties as it was possible. I know that WPs and SIGs

are due to send their programmes of work for the next biennium in to the CEO and President, and we would all like to know what key messages from your area of interest would you want your WONCA –WHO Liaison to carry to WHO? Please add this to your reports or send me a separate email to the address: whoWONCA@WONCA.net

Viviana Martinez-Bianchi, MD, FAAFP

Presentations

Dr Hernan Montenegro

- [WHO Report to WONCA World Council 2016](#)
- [The Policy Context: Integrated People-centred Health Services](#)

Dr Jim Campbell,

- [Report to WONCA Council: Global Strategy on Human Resources for Health & High-Level Commission on Health Employment and Economic Growth](#)

Luisa Pettigrew

- [Report to Council](#)

WHO Framework on integrated people-centred health services website

Dear colleagues,

It is my pleasure to share with you the new WHO Framework on integrated people-centred health services [website](#), housed within the Service Delivery and Safety department at WHO headquarters.

Why are we excited about the launch of this site?

At the Sixty-ninth World Health Assembly Member States officially adopted the Framework on integrated people-centred health services (IPCHS) and its supporting resolution, formally giving the WHO Secretariat the mandate to work across the organization to support the implementation, national adaptation and operationalization of the Framework. The new website aims to be a steward for the Framework – serving as an important medium for accessing information on the Framework, for sharing technical products and resources, and for communicating key news, events and activities taking place worldwide.

Three sections to visit:

- About the Framework – Development of the Framework, alignment with other WHO strategies, benefits of IPCHS
- Implementation of the Framework – Strategies, policy options, interventions, and a “Call for Action on IPCHS” (*expected release date: December 2016)
- IntegratedCare4People platform – A global network that invites practitioners and organizations to access and share operational and technical insights on how to transform health services to be more integrated and people-centred

Contributions welcome!

Are you or your colleagues transforming, or supporting the transformation of, health services to support the Framework on IPCHS? If so, we invite you to share your practices, reports, tools, and publications, as well as

important news and activities on the IntegratedCare4People platform. For further discussion and collaboration on knowledge management and communications activities, please contact Stephanie Ngo ngost@who.int

Link to our website

We encourage you to link to our websites and support our dissemination efforts by sharing important and relevant news on your communications channels. (*Please note that the WHO IPCHS website is the official who.int website for the Framework, while the IntegratedCare4People platform is an online community that invites practitioners and organizations to access and share operational and technical insights on how to transform

health services to be more integrated and people-centred.)

[WHO IPCHS Website](#)
[IntegratedCare4People platform](#) (*Mobile version now available!)

Thank for your continued support on this important and exciting area of work. We look forward to continuing our collaborations with you in the months ahead.

With warm regards,
Dr Hernan Montenegro
Coordinator
Services Organization and Clinical
Interventions Unit
Service Delivery and Safety Department
World Health Organization

WONCA Groups

Working Party on Research - Activity Plan for the 2016-18



The WONCA Working Party on Research's new Chair, Prof Felicity Goodyear-Smith, reports on the meeting in Rio's development of activity plans for the next two years.

[More about Felicity Goodyear-Smith](#) [Join or find out more about the WONCA Working Party on Research](#)

At the October meeting of the Working Party in Rio, a number of activities were planned to take place over the next two years (2017 to 2019).

1 Comparative research around primary health care policy implementation

This will be a further development of the panel project comparing primary care systems, first proposed by Felicity Goodyear-Smith at WONCA World Cancun, and implemented by

the WP-R since. We plan to progress from describing healthcare systems to exploring cross-country comparisons of how the primary care team operates within the community, connections with social determinants and inter-sectorial collaborations (eg social services). This will reference Starfield's pillars of primary care (first-contact, continuity, comprehensive and coordinated care) for universal provision of affordable, accessible, equitable effective health services. Key members of WP-R will work with the Regional Presidents and convenors of WONCA conferences in their regions to arrange panels to present at these meetings. The panellists will be drawn from people identified as already attending these meetings who can represent their countries. Felicity Goodyear-Smith and Chris van Weel will help with the liaison and organisation of these events.

2 Research Methodology Book

Felicity Goodyear-Smith and Bob Mash will edit this book on how to do research for emerging researchers, which will serve as a companion to our International Perspectives of Primary Care Research. Taylor & Francis are interested in publishing it. We will try and negotiate a cheap sales price for the online version to make it accessible. It will look at research through the primary care lenses, with regard to the mix of research questions, approaches (eg patient and person-centred care, practice-based research), methods (including mixed quantitative and qualitative methodologies) and outcome measures (eg functioning, quality of life), and include how to get funding section. What makes research PC research? How is PC research taught in specific countries? The North American Primary Care Research Group (NAPCRG) Methodology Committee will also collaborate on and contribute to the book.

3 Scientific writing & research capacity-building workshops

Members of the WP-R will run scientific writing workshops at regional WONCA conferences. These will teach the generic skills needed to write research proposals, ethics applications, reports and papers. The first of these is planned for WONCA Europe in Prague 2017

(to be run by Mehmet Akman, Christos Lionis, Karen Flegg).

4 Research Policy Paper

The WP-R will prepare a policy paper on the importance of primary care research. This will be targeted specifically at WHO, and be a contemporary update of the Kingston Declaration. A group of members (including Bob Phillips, Chris van Weel, Obianma Onya, Felicity Goodyear-Smith) will work together to draft this. It will also draw on the SACP statement [Academic Primary Care - Now More Than Ever](#)



Felicity Goodyear-Smith, Chair, WONCA Working Party on Research, November 2016.

Introducing Victor Ng and Miguel Pizzanelli - new SIG convenors

At the Rio conference several new WONCA Special Interest Groups (SIGs) were announced. This month we feature the convenors of two of these, namely Dr Victor Ng of Canada (SIG on Emergency Medicine) and Dr Miguel Pizzanelli of Uruguay (SIG on Quaternary Prevention and Overmedicalization). Next newsletter we feature the new SIG on Workers' Health.

Dr Victor Ng- SIG on Emergency Medicine

Victor Ng BA (Hons), MSc, MD, CCFP(EM) is an Assistant Professor and Consultant Physician in the Department of Family and Emergency Medicine at the University of Western Ontario. His academic interests are primarily in medical education with teaching responsibilities at the undergraduate and

postgraduate level. Victor is highly involved with teaching in the CCFP(EM) program as well as teaching the emergency medicine course to family medicine residents.

Within the College of Family Physicians of Canada (CFPC), he currently serves in a leadership role as the Physician Advisor, Division of Continuing Professional Development and Practice Support. In the past, he has served as the Associate Director, Family Physicians with Special Interests or Focused Practices and as a member of the National Board of Directors. He has sat on the Editorial Advisory Board of the Canadian Family Physician Journal and was a member of the National Committee on Continuing Professional Development at the College of Family Physicians of Canada.



In WONCA, Victor is a member of the Working Party on Education and Working Party on Rural Practice. He led the development of the [WONCA Global Continuing Professional Development \(CPD\) Standards](#). He also serves as the CFPC senior staff advisor for WONCA Polaris, the North American Region's Young Doctor Movement. He is well published in peer reviewed journals in the areas of medical education and has presented nationally and internationally on the topic.

Email: vng@cfpc.ca
Twitter: @victorng_md

Dr Miguel Pizzanelli - SIG Quaternary Prevention and Overmedicalization



My name is Miguel Pizzanelli Báez. I was born in Montevideo in 1962. With Virginia my wife and dear partner, we share raising three children. At this moment we live in Florida, Uruguay. Since 1996 I spent almost all my medical practice time in small rural areas. For seven years (from 2003 to 2010) we had the experience of living and working in a small rural village of 1500 inhabitants. I have varied interests, reading, I try to play several musical instruments in a self-taught way. Hobbies: music, trekking, photography, web-blogs editor. I am general practitioner (family and community medicine) from 2003. I was part of

the first generation of family and community medicine residents trained in Uruguay. I call this the zero generation (remembering of hard times that passed).

I use to disseminate contents in various topics: quaternary prevention, rural medicine, critical thinking development. Quaternary prevention is a concept that defines an attitude ethically center oriented to provide health care focusing on persons trying to share health decisions with them in order to avoid overmedicalization.

Since 2012 I began to actively participate in the society of family and community medicine in Uruguay and from that place in CIMF / WONCA. My role leading dissemination and applied of quaternary prevention concept pushed me to lead quaternary prevention working groups, first in my country later in Iberoamerican region and now in WONCA. My interest in classification and systematic terminologies makes me accept the invitation to participate in WONCA International Classification Committee in the quality of associate member from November 2014 up to date. Since 2008 we develop research focus on Barbara Starfield's Primary Care Assessment Tool in Uruguay. I participate actively in national regional and international CIMF WONCA Conferences (Praga 2013, Montevideo 2015, and Rio de Janeiro 2016).

I think we need to fight both an individual and collective fight. The Individual fight to set collective interests over personal ones. Only through the collective work of all the family doctors and communities together all over the world we will achieve "real" Primary Care: comprehensive health care, equity, and people-centered health care, focus on health better than illness, making reality the utopia of health for all in a better world.

Email: miguelpizzanelli@gmail.com

[Join SIG on Emergency Medicine](#)

[Join SIG on Quaternary Prevention](#)

Featured Doctor

Dr Ana NUNES BARATA - Portugal, Young Doctor on Wonca Executive



Dr Ana Nunes Barata, of Portugal, has been elected to be the Young Doctor Representative on the

WONCA World Executive from November 2016 -2018

What work are you doing?

I'm working as a Family Physician in Amadora, a city close to the northern side of Lisbon and that is one of the most densely populated areas of Portugal. There is still an important lack of family doctors in this area, which increases the challenges when trying to provide healthcare assistance to this population. I work at a healthcare center with a team of seven doctors, six nurses and five assistants, providing care to a population that has a strong multicultural background. My list of patients is organized by families and I am able to provide holistic care to patients from all age groups. As a family doctor in Portugal I am able to organize my schedule for acute and chronic conditions visits, as well as to do home visits for those patients who aren't able to come to the healthcare center. I am also able to provide the required follow-up for low risk pregnancies, assist and supervise the development of toddlers until teenage years, as well as to plan visits in order to offer advice regarding family planning.

During med school and during my residency in Family Medicine, I developed a special interest in Palliative and Hospice Care for which I did a Masters' program in Hospice and Palliative Care, as well as clinical rotations in this field, in different countries. After this experience, currently it is my aim to develop the home care palliative care service in

Amadora, for what I am already collaborating closely with the home care nursing team.

As current demographics show an increasing number of elderly patients, I also looked into getting more knowledge in Gerontology for which I am currently doing a postgraduate education program in Geriatrics.

Feeling the need to answer to multiple challenges in Primary Healthcare, I attended two programs on healthcare management and leadership skills so that I am able to answer more effectively to different problems.

I am a member of the executive board of the Portuguese Association of Family Medicine and am coordinating this organization's department of residents and young family doctors, where I have been working with my colleagues to design activities that are of relevance for young Portuguese Family Doctors as well as to answer to their needs and interests.

Your involvement in the YDM to date

Before starting my residency training in Family Medicine, I had the excellent experience of completing medicine school abroad. Afterwards, I considered it was important to experience healthcare in a different continent, for which I did an observership in Internal Medicine in Japan.

When coming back to Portugal and starting my residency program in Family Medicine I looked into possibilities of carrying on with this experience and getting an international perspective of Primary Care.

I've started collaborating with the Vasco da Gama Movement in 2012, the year where I started my residency training program in Family Medicine. That year, I attended my first WONCA Europe conference in Vienna and I got to know some members of the Vasco da Gama Movement, who strongly motivated me to start working together with this movement.

At that moment, another door opened and I am incredibly lucky to now be able to call some of them, my friends.

Since 2012, it has been a non-stop of activities having focused my efforts in developing a global exchange program for those in family medicine training and in the first five years of family medicine practice. The popular "Hippokrates Exchange Program" was already happening within Europe and, in 2013, during the 20th WONCA World Conference in Prague, the first meeting for a global exchange program took place the Family Medicine 360° program was created.

From that moment on, I have been coordinating this project and it now already has had over 300 inquiries and 53 certified exchanges all over the world. All exchanges follow an educational program that is built on the participant's learning objectives and, in the end, the participant is requested to write a small report on his/her experience. Reading through the reports is truly motivating and inspiring as participants share their reasons why this program was a key experience for their personal and professional development. The FM360° program has been promoting global intercultural knowledge exchange between peers, creating opportunities to change mindsets and inspiring new approaches to Primary Care.

Your hopes for you role as YDM representative on WONCA executive

It is an exciting time to be elected as YDM representative on WONCA Executive. I look forward to working together with the seven YDMs so that they become strong, solid

movements in their regions, thus inspiring young GPs and motivate them to open their horizons.

Our team will support projects that have already been developed, but we look forward to developing initiatives in the areas of research and education in Primary Care, so that that our peers are able to provide the best care and make the best contributions for global health. Furthermore, we will be advocating for young doctors to have a strong presence in WONCA's SIG's, Working Parties and events, so that young doctors are given a stage to discuss and share their ideas.

Another aim is to work more closely with other external organizations (eg. IFMSA) and to also try to be more involved in decisions on policy making, as it is the collaboration with WHO.

Within the WONCA Executive Council, it is my objective to propose new initiatives, to be the voice for concerns of young doctors and to be a facilitator for their resolution. New suggestions will always be welcome, so I'll be looking forward to hearing your inputs!

Your other interests passions out of work?

Travelling, as an opportunity to learn from different cultures, as well as arts, reading, listening to music and spending time outside in nature are some of my hobbies. Spending time with my family and friends is precious for me and I love playing with my dog. I am also very interested in technology, in particular the use of social robots to improve quality of life in elderly patients and ehealth, as an active contributor for patient engagement.

Marc Rivo, WONCA Fellow – what is he doing now?

Marc Rivo, MD MPH, past WONCA editor (2001-2010) of WONCA News, received the prestigious WONCA Fellowship, in Rio, in November 2016. The current WONCA Editor asked him to write about his activities and passions. Marc is President of the Southeast Region of the American Friends of Bar Ilan University, and supporter with his wife Karen of the BIU Medical School and its Department of Population Health. He has chosen to write about his involvement in the BIU hoping it is of interest to WONCA Members. Marc can be reached at MarcLeeRivo@gmail.com

Improving People's Health in the Galil : The Role of Family Medicine, Population Health and Israel's Newest Medical School

In June 2016, Israel's new Bar Ilan University (BIU) Medical School in Safed (Tsfat) graduated its first class of physicians. This article describes the unique communities of the Galil, the history of family medicine in Israel and WONCA, and the role of the BIU's Family Medicine and Population Health faculty in meeting the health needs of this diverse region.

Northern Israel's topography, history, and cultures make it one of the unique places of the world and a popular tourist destination. The African Rift Valley, fed by snow-capped Mount Hermon flowing down the Jordan River to the Sea of Galilee, provides sustenance to millions of migrating birds. The monumental ruins of Beit She'an and Megiddo, popularized in James Michener's "The Source", document the region's importance to great civilizations of the Fertile Crescent over three millennium. The Galilee's hills and mountains provide a comfortable climate with majestic views, waterfalls, nature reserves and hiking trails.

The biblical cities of Tiberias and Safed are Jewish communities continuously inhabited for over 2,000 years and home to the great Rabbis of the Talmud, Kabbalah and other holy texts; while Nazareth and the Sea of Galilee are home to Jesus, Mary and Christianity's birthplace, as well as Israel's largest population of Muslim Arab citizens. Northern Israel today is home to one of the world's most diverse populations, with ultraorthodox (Haredim) and secular Jews, Ethiopian, Russian, North African and Indian immigrants, and Druze, Christian and Muslim Arabs, with Arabs and Jews in about equal numbers, living peacefully in Northern Israel to the borders of Jordan, Lebanon and Syria.

Significant social and health disparities are found in the north compared with the center of Israel (Tel Aviv, Jerusalem and surroundings). Salaries are lower by 35%, a third of the region's population lives in poverty, with higher poverty rates in certain Haredi Jewish and Arab communities. The majority of towns rate three and lower on the national socio-economic 10 step ladder. Infant mortality, unintentional injuries, chronic illnesses and disabilities are also more common. Alongside poorer health, access to healthcare services is more limited in the Galilee. There is a major shortage of hospital beds, physicians and specialized services relative to the center.

In 2009, the Israeli Government unanimously selected Tsfat (Safed) as the site and Bar Ilan University to open Israel's 5th medical school

and first in 34 years. The poor socioeconomic and health disparities of North Israel, and the need to enhance the physician workforce and health system to serve a diverse Arab and Jewish community contributed to this historic decision. ([more](#))



Photo : Bar Ilan University Faculty of Medicine sign, in English, Hebrew and Arabic.

Family Medicine and Population Health were key components of BIU's new Medical School, with its mission to embrace the community, upgrade health care, and effect positive change in the region. Professor Michael "Micky" Weingarten, an Oxford and London University graduate, and Chair of Family Medicine at Tel Aviv University, was selected to serve as the Founding Vice Dean for Medical Education for the Medical Faculty of the Galilee (JPEG 2). Dr Bishara Bisharat, is head of the EMMS Hospital (known locally as the Scottish or English Hospital) in Nazareth, a 150 bed hospital with more than 50,000 annual emergency department visits and 2,000 annual births, and which serves a predominantly Christian and Muslim Arab population. In addition, Dr Bisharat chairs the BIU Faculty of Medicine's Social Accountability Committee.



Photo (l to r) : Bar Ilan University Medical School Dean Ran Tur Kaspas, Associate Dean for Medical Education Micky and wife Susan, Marc Rivo and wife Karen

Today, Dr Zofia Eilat-Zan'ani serves as Chair of the BIU Faculty of Medicine's Department

of Family Medicine. Israeli medical schools introduced compulsory rotations in Family Medicine in the 1960's and established Family Medicine residency programs in the early 1970s. Family medicine rotations exist in all medical schools. All 110 BIU medical students spend one month in Family Medicine in their final year, a project that involves approximately fifty family physicians across the Galil. The Galilee's family physicians are excellent role models embedded in the fabric of the local community and culture.

BIU's Department of Population Health, led by Professor Mary Rudolf, aims to improve the health and wellbeing of the diverse communities in Northern Israel through an early-childhood-years research center, medical education and training in population health, and a social incubator for innovative ideas for improving health springing from the [community](#).

A world renown specialist in pediatrics, childhood nutrition and obesity prevention, Professor Rudolf and her colleagues at Leeds University, UK established the innovative Project HENRY (Health Exercise and Nutrition in the Really Young) to improve childhood health. [HENRY](#) was adopted as a national model in the United Kingdom and now being piloted in underserved Arab and Jewish communities in Israel.



Photo : Head of the Department of Population Health, Professor Mary Rudolf (center), with Dr Sivan Spitzer-Shohat (right) and the Project ETGAR team with Marc Rivo second from right.

Professor Rudolf and Dr Sivan Spitzer-Shohat, a sociologist and Rivo-Essrig Research Fellow in Population Health, direct an innovative hospital discharge and transition of care program involving medical student

home visits called Project ETGAR (JPEG 4). Funded by Israel's Council on Higher Education, ETGAR seeks to understand the social-cultural determinants of health and assure their newly discharged patients are receiving the recommended medical and social services. Professor Rudolf, Dr Spitzer-Shohat and Dr Jumanah Essa-Hadad direct Project Rafael, which selects and provides seed grant money and technical assistance to promising community based organizations



Photo: Dr Jumanah Essa-Hadad from the Department of Population Health (right) with a volunteer educator teaching safe newborn care to new Arab mothers at the Italian Hospital in Nazareth

The Bar Ilan Faculty of Medicine in the Galilee, with its family physician and population health leadership, is on the way to fulfilling its mission as a socially responsive medical school for the unique, diverse population it serves in Northern Israel.

In "WONCA: The First 20 Years", David Game, WONCA President and first WONCA News Editor, chronicled Israel's participation among the 13 founding member countries attending the first WONCA World Conference in Melbourne in 1972. In 1989, the Israel Association of Family Physicians, with Professor Yair Yodfat as Chair and Dr Giora Almagor as Coordinator, hosted the 12th World Conference on Family Medicine held in Jerusalem.

> Next month WONCA News hopes to feature Dr Dan Ostergaard, another new Fellow of WONCA

CONFERENCES



WONCA Rural comes to Cairns Australia, in April 2017

The Australian College of Rural and Remote Medicine (ACRRM) is proud to have been invited by the WONCA Working Party on Rural Practice to host the 14th WONCA World Rural Health Conference at the Cairns Convention Centre from 29 April to 2 May 2017.

The program

The conference will be based around themes most relevant to all rural and remote health practitioners. These include social and environmental determinants of health; leadership, education and workforce; social accountability and social capital, and rural clinical practices: people and services.



ACRRM is looking forward to welcoming a wide range of national and international delegates, including rural and remote doctors; academics and researchers; doctors-in-training, and those involved in medical administration and policy. The program will include plenary/keynote sessions, symposia and workshops; poster presentations and clinical sessions to foster skills development (see photos).



Pre and post conference?

Delegates can also register pre-and-post conference workshops and events, including the 3rd World Summit on Rural Generalist Medicine which will be held on April 28, 2017; and a range of professional development and procedural workshops on the day following the conference (May 3, 2017).

Who should attend?

As the rural workforce of the future, junior doctors and medical students will have a high profile at the conference, with the opportunity to participate in a separate program of presentations and social events in addition to being part of the main program.

A bursary program is being developed for Young Doctors, doctors from developing countries and medical students.

Other things to do?

As part of the conference program, delegates will be able to register for a local activity – a bus trip to a scenic destination, health care facility, or area of historic or cultural significance. There are also plans to organise shorter, medically – focussed site visits within

the conference program.

A comprehensive partner and family program has been organised. Partners will also be welcome to join delegates for the social program, which will include a themed conference dinner and an opportunity to visit the [Tjapukai Cultural Park](#) to learn more about Aboriginal and Torres Strait Islander culture and heritage.

Delegates who would like to extend their stay and further explore the region have the option of participating in one of the two post-conference tours, either to New Zealand to the south, or to explore the Torres Strait Islands to the north of Cairns.

About Cairns

Cairns is a great destination for both national and international visitors, with easy access to a wide range of attractions, including the Great Barrier Reef and ancient tropical

rainforests. The international airport provides a gateway to the Asia Pacific and connecting flights to Europe.

Don't miss the opportunity to attend a great conference in a great location!

For more information or to register for the conference, go to: www.ruralWONCA.com.au

The organizers

ACRRM is a professional medical College recognised by the Australian Medical Council to provide vocational training towards Fellowship in the specialty of general practice. The College's programs are specifically designed to provide Fellows with the extended generalist skills required to provide the highest quality care in rural and remote communities. More information on [ACRRM](#).

Donate or register for bursaries to attend WONCA Rural Conference

Expressions of Interest invited for bursaries

"Young Doctors" (in training for general practice /family medicine or in the first five years of family medicine / GP practice), doctors from developing countries, and medical students, are invited to apply for bursaries to support them to attend the WONCA Rural Health Conference which will be held in Cairns, Australia from 29 April -2 May 2017. If you are eligible to apply for a bursary, please register an expression of interest for application to be forwarded as soon as the process is confirmed. More information is [available here](#).

[Register your interest in a bursary](#)

Bursaries: make a donation to help colleagues attend

For those attending the conference, you can donate to the Bursary fund when you register. If you will not be attending the WONCA 14th World Rural Health Conference in Cairns, but would like to contribute funds in support of eligible applicants from developing countries to attend - please consider this opportunity to help a young colleague or colleague from a

developing country to attend.

[Donate now](#)

Bursaries: Support medical students to attend

Help support students to attend the WONCA 14th Rural Health Conference The World Organisation of Family Doctors (WONCA) and the Australian College of Rural and Remote Medicine (ACRRM) in conjunction with Australian medical groups - the Australian Medical Students' Association (AMSA) and National Rural Health Students' Network (NRHSN) are raising funds to bring international students to attend the 14th World Rural Health Conference in Cairns, Australia (29 April - 2 May 2017).

The money will be used to provide scholarships to international students and distributed on a case-by-case basis, giving them the opportunity to attend a conference which brings the world's leading experts in rural and remote medicine together to share the latest in global rural health.

[Fund a student](#)
[More about the conference](#)

<https://youtu.be/XkLJ3-5YSck>



WONCA CONFERENCES 2017

March 2 – 4, 2017	WONCA East Mediterranean region conference	Abu Dhabi, UAE	woncaemr2017.com
April 29 – May 2, 2017	WONCA World Rural Health conference	Cairns, AUSTRALIA	www.aworldofruralhealth.org.au
June 28 – July 1, 2017	WONCA Europe Region conference	Prague, CZECH REPUBLIC	www.woncaeurope2017.eu
August 17-20, 2017	WONCA Africa region conference	Pretoria, SOUTH AFRICA	Save the dates!
August 17-19, 2017	WONCA Iberoamericana-CIMF region conference	Lima, PERU	Save the dates!
November 1-4, 2017	WONCA Asia Pacific Region conference	Pattaya City, THAILAND	Save the dates!
November 25-26, 2017	WONCA South Asia region conference	Kathmandu, NEPAL	Save the dates!

WONCA Direct Members enjoy *lower* conference registration fees.

To join WONCA go to: <http://www.globalfamilydoctor.com/AboutWONCA/Membership1.aspx>

WONCA ENDORSED EVENTS

08 Apr **World Summit on Social Accountability**
- 12 Apr Hammamet, Tunisia
2017

MEMBER ORGANIZATION EVENTS

For more information on Member Organization events go to
<http://www.globalfamilydoctor.com/Conferences/MemberOrganizationEvents.aspx>

24 Mar **RCGP Global Health Conference**
- 26 Mar London, United Kingdom
2017

24 Mar **International Medicine in Addiction
Conference 2017**
- 26 Mar New South Wales, Australia
2017

30 Mar **11th Congress of General Practice France**
- 01 Apr Paris, France
2017

05 May **STFM Spring conference**
- 09 May San Diego, California
2017

11 May **EGPRN meeting**
- 14 May Riga, Latvia
2017

21 May **International conference on Trauma and
Mental Health**
- 23 May Jerusalem, Israel
2017

12 Oct **RCGP annual primary care conference**
- 14 Oct Liverpool, United Kingdom
2017

26 Oct **RACGP GP 17 conference**
- 28 Oct Sydney, Australia
2017



WONCA ASIA PACIFIC REGIONAL CONFERENCE 2017

**'FAMILY MEDICINE INNOVATION:
CHALLENGES FACING FAMILY PHYSICIANS IN THE 21ST CENTURY'**

NOVEMBER 1 -4, 2017
THE ROYAL CLIFF HOTELS GROUP, PATTAYA, THAILAND



www.woncaaprc2017-pattaya.com

