

CEO'S FINAL REPORT

TO WONCA EXECUTIVE COMMITTEE, 1 - 2 October 2012

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This is my last report as the Chief Executive Officer of WONCA to the WONCA Executive Committee and the 2013 WONCA World Council before I retire from the appointment, on 3rd October 2012.

It has been an interesting, demanding and a learning experience for the staff of the Secretariat and especially for me but I hope these eleven years have yielded growth for WONCA in size, influence, stature and diversity. More importantly, I hope, it has also to some degree brought greater benefit to the members of this world organization and to global Primary Care.

I will only highlight the significant developments in the Organization during the eleven years that the WONCA Secretariat has been in Singapore, since May 2001. So much has happened in this period that it would be impossible for me to give an exhaustive account to the Executive Committee and World Council.

In time, I hope this report will become an informative archive for the Organization.

WONCA CORPORATE MATTERS (INTERNAL)

a) The establishment of WONCA as a legal entity

One of the first tasks I had as the WONCA CEO was to settle the legal status of the Organization.

WONCA, since its inception in 1972 and at the time of its relocation to Singapore in 2001 was technically a club or an unincorporated association with international members. It had not been registered anywhere and hence it was not a legal entity. It was a group of persons bound contractually by its bylaws. The assets and liabilities of WONCA then were owned jointly by the members at that time. This would have been problematic if any legal issue arose.

To avoid foreseeable risks to all of WONCA's assets and intellectual properties (eg ICPC-2) and to also provide complete transparency in the way its financial affairs were conducted, the Organization in these eleven years evolved into three entities, namely:

- (i) **World Organization of Family Doctors Limited (WONCA LTD)**, a legally constituted entity registered in the Republic of Singapore on 2 June 2000 to manage the finances of the WONCA World Secretariat.
- (ii) **WONCA International Incorporated (WONCA INC)**, a company properly and legally constituted in the British Virgin Islands on 29 August 2001 as a company limited by shares to handle all WONCA funds through an off-shore account in a Singapore bank. By doing so, it ensured that WONCA did not need to pay tax on its earnings whilst operating from Singapore. It is recommended that WONCA INC continues as the legal entity for the Organization after the Secretariat transfer to its new location.

(iii) **WONCA Trust**, established on 1 October 2004 as a Charitable Trust created by a Declaration of Trust Deed and governed by the laws of the British Virgin Islands. WONCA Trust owns all WONCA assets and intellectual property rights.

b) The institution of transparent and corporate systems of accounting and audit

To ensure complete transparency and accountability in the way financial affairs were conducted for each of the three companies WONCA Ltd, WONCA Inc and the WONCA Trust, each entity's annual financial reports were submitted for annual audit by the independent auditor approved by the World Council.

The audited accounts each year were signed off by the Directors of the Company comprising the CEO, WONCA President, President-Elect and the Honorary Treasurer.

c) The Institution of monthly Management Accounts Reporting to the WONCA Executive Committee

Since 2010, the WONCA Secretariat has presented to the Executive Committee a full set of the monthly Management Accounts of the WONCA Trust with the necessary explanations and comments from the CEO. This has enabled the Executive Committee to be kept well informed of the monthly current state of WONCA's finances.

d) The introduction of a standardized discount policy for the per capita Membership Dues payable by member organizations based on the GDP per capita of each country

During my tenure as CEO, WONCA adopted a formula for membership subscription for countries at different levels of economic development.

Following the 2004 WONCA World Council's acceptance of the Executive Committee's recommendation to have a more structured policy for calculating the membership dues payable by WONCA Member Organizations (MOs), these dues are now categorized into four broad groups based on the GDP per capita of the country from World Bank figures with the following discounts applicable to the amount of dues payable by the four categories:

- a) MOs with GDP per capita above the world's average, pay the full quantum of MO dues, i.e., 0% discount.
- b) MOs between the world average and 50% of that average receive a 33% discount on the dues payable.
- c) MOs with GDP per capita of less than 50% of world average receive a 50% discount.
- d) MOs in countries with GDP per capita of less than 75% of the world average receive a 75% discount.

These rates have been implemented by the WONCA Secretariat since January 2005.

e) The introduction of a standardized WONCA World Conference contract between WONCA and the Host Organizing Committee to oversee the conduct of a world conference

At the WONCA World Council Meeting in Orlando in October 2004, it was agreed that a WONCA Conference Contract was needed to spell out clearly the various responsibilities of the Host Organizing Committee, the Host Organization and also World WONCA itself in the organizing of a WONCA World Conference.

This document was timely and necessary and serves as a guide to member organizations wishing to bid to host a WONCA conference and for the organization to better understand the seriousness of the bid and the obligations of hosting a world conference.

After several reviews, the final version of the conference contract was approved by the WONCA Executive at its meeting in Buenos Aires in October 2006. The Host Organising Committee of the 2010 WONCA World Conference in Cancun, Mexico, was the first to sign the agreement.

The standardised WONCA Conference Contract is now used for all world conferences.

WONCA CORPORATE MATTERS (EXTERNAL)

a) The promotion of closer collaboration between the WHO and WONCA

WONCA's relationship with The World Health Organization (WHO) dates back to September 1979 when the then WONCA Executive Committee took the decision that it should enter into a working relationship with WHO with the view to its admission as a Non-Government Organization (NGO) of WHO. This was achieved soon after that.

WONCA's status as an NGO in Collaborative Relations with WHO has been continuous since 1979.

At the time of writing, WONCA's NGO status is being considered for renewal by the WHO for another three years. The decision will be made known to WONCA after the WHO Executive Board meets in January 2013.

WONCA has had several areas of collaboration with WHO in the past eleven years. Some of these collaborations include:

- 1) ***The Global Alliance against Chronic Respiratory Diseases (GARD)*** – a WHO Initiative in which WONCA was a founding member to address the increasing burden of respiratory problems globally.
- 2) ***The WHO International Advisory Group for the Revision of ICD-10 Mental and Behavioral Disorders*** – a WONCA representative from the WONCA Working Party on Mental Health, was a member of the Group to provide the primary health care perspective.
- 3) ***The International Classification of Primary Care (ICPC-2)*** - a WONCA product, continues to be a member of the WHO Family of International Classification (FIC). Members of the WONCA International Classification Committee continue to be in discussions with the WHO to map ICPC to the other classifications in the WHO FIC. The revised version of ICPC to be called ICPC-3 will be mapped to ICD-11 which is currently in the process of being developed.
- 4) ***WHO Framework on Tobacco Control*** – WONCA continues to support WHO with on-going work and conference activities in raising global awareness on tobacco control. WONCA currently enjoys Observer Status in the Conference of Parties to the WHO Framework Convention on Tobacco Control (WHO-FCTC).
- 5) ***WONCA President addresses WHO World Health Assembly*** - In 2009, perhaps the most significant development in the relationship between WHO and WONCA over these thirty years was the address given by the WONCA World President at the time to the WHO World Health Assembly. This was a 'first' by a WONCA World President, during which he spoke in support of the resolution calling on all WHO member nations to re-invigorate their health care through a strengthening of Primary Care and urged them to invest in human capital by training sufficient numbers of healthcare workers especially primary care nurses, midwives, community based allied health workers and also family physicians. The resolution supported by WONCA and other NGOs was passed by the World Health Assembly in that year.

- 6) **Millennium Development Goals** – WONCA, as an NGO in Collaborative relations to the WHO, played its part in the WHO Initiative on The Millennium Development Goals by having its final report the subject of the breakout session at the WONCA Cancun Council Meeting in 2010. WONCA also contributed to the WHO report on the Social Determinants of Health.
- 7) **Social Determinants of Health** - WONCA has a representative on the Knowledge Network of Health Systems of the WHO Initiative on Social Determinants of Health. WONCA was invited to comment on the WHO Commission on Social Determinants of Health's Interim Report.
- 8) **Mental Health** - On 26 May 2006, WONCA received an invitation from the WHO International Advisory Group for the Revision of ICD-10 Mental and Behavioural Disorders to send a representative to the Group. WONCA subsequently nominated the chair of the WONCA International Committee on Classification (WICC). The WONCA Working Party on Mental Health also collaborated with the WHO Mental Health Policy and Service Development (MHP), Department of Mental Health and Substance Abuse, on a project integrating mental health into Primary Care. A comprehensive information fact-sheet was subsequently developed on a joint Report on the Integration of Mental Health into Primary Health Care. This document outlines the rationale and advantages for integration, describes best practice models of integration from around the world, and made specific recommendations to countries. The joint Report was finalized in December 2007.
- 9) **Meeting with the WHO Director General (DG)** - In November 2007, a delegation of the WONCA leadership consisting of the President, President-Elect, WONCA-WHO Liaison Person and the CEO met with the WHO Director General, Dr Margaret Chan and other key officials at the WHO Office in Geneva. This was the first ever meeting between the WONCA leadership and the WHO DG and emphasized the importance WHO gave to WONCA as an NGO in collaborative relations with it. A second meeting of the WONCA leadership with the WHO DG and key officials was held in Geneva on 13-14 August 2012, to discuss WONCA's collaborative relations and to identify WONCA's key issues in its work with WHO in the coming triennium.
- 10) **WHO Director General as Guest of Honour at the Prague World Conference**
At the point of writing, it is confirmed that the WHO Director General will be attending the 2013 Prague WONCA World Conference as the Guest of Honor and to deliver the opening keynote address. This will be the first ever attendance by a WHO DG at a WONCA Conference and demonstrates the significance that WHO attributes to WONCA as an NGO in collaborative relations with it.

b) The recognition of ICPC by the WHO-FIC Network.

In December 2003, WONCA received news that the WHO-FIC (Family of Classification) Network of WHO Collaborating Centers had endorsed ICPC as a Member of the WHO-FIC. In its opinion, ICPC had fulfilled the requirements for membership as it was a well developed, well used and well maintained product. ICPC was hence accepted into the Family of Classification as a related classification to be used for health information registration in Primary Care.

c) Standardized formula of royalty for use of ICPC

The membership of the WHO-FIC resulted in greater interest in ICPC globally and enquiries were received by the WONCA Secretariat on the purchase of the national licences for the exclusive use of ICPC by several countries. A formula for the calculation of royalty for ICPC based on the GDP and GDP per capita ppp was submitted by the WONCA Secretariat to the Executive Committee and accepted by the Committee as the basis for future sale of national licenses of ICPC to all countries. At the time of writing of this report ten countries have acquired the national licence for ICPC-2.

d) The re-acquisition of ICPC rights from Oxford University Press.

Following the recognition by WHO-FIC of ICPC, there were expressions of interest by several countries for the English language version of ICPC but with the publishing rights residing with Oxford University Press (OUP), there was no way that WONCA could make the licenses available to these countries. In 2005, WONCA Executive endorsed a proposal by the CEO that attempts be made to re-acquire the publishing rights of the English language version of ICPC from OUP. In 2007, after much communication between the WONCA CEO and OUP, it was finally agreed that OUP would return the publishing rights to WONCA. This provided WONCA the avenue for income regeneration through the sale of national licenses to health institutions and authorities.

e) The sale of national licenses of ICPC

Following the re-acquisition of the intellectual property rights to ICPC and using a standard formula for royalty calculation applied across the board, WONCA has been successful in selling the national license for ICPC to ten countries and several commercial software establishments. Several enquiries and negotiations with ministries of health and commercial software companies are on-going.

f) Ethical Collaboration with Industry

Following the relocation of the WONCA Secretariat to Singapore in May 2001, the CEO requested and was given approval to pursue collaborations with industry along strict ethical grounds as a possible avenue of income for the organization. This resulted in two sponsored satellite symposia at the world conference in Orlando USA. Similar sponsorships from industry of unrestricted educational grants for satellite symposia organized by WONCA became a feature in several subsequent WONCA regional conferences. This was followed by the introduction of the WONCA Global Sponsorship from industry which has since been an important source of financial support for the WONCA Website over the past seven years.

There are several proposals currently under negotiations with industry that may result in significant revenues for the organization, eg, the WONCA – ICC COPD Kit , the Global Foundation Sponsorship scheme for the WONCA Website and the Mental Health in Primary Care Workshop and Seminars.

g) Relationships with other related medical organizations

In these past eleven years, the WONCA Secretariat has continued to build on the existing relationships and has established new ones

- The World Medical Association (WMA)
- The World Health Professional Alliance (WHPA)
- The International Federation of Medical Students Association (IFMSA)
- The Health Professional Global Network (HPGN)
- The International Society for Quality in Health Care (ISQUA)
- Towards Unity for Health – The Network (TUFH)
- International Primary Care Respiratory Group (IPCRG)
- The European Respiratory Society (ERS)
- The American Thoracic Society (ATS)
- The Asia Pacific Society on Respiriology (APSR)

h) Memorandum of Understanding with John Hopkins University

On the 1 December 2010, WONCA signed a Memorandum of Understanding with the Johns Hopkins School of Public Health (JHSP) to jointly market the ICPC-2 International Classification of Primary Care, version 2) and ACGs (Adjusted Clinical Groups System) globally. Recognizing ICPC as the preferred coding system for primary care, and in cooperation with international co-researchers, the ACG International team developed an ACG model based on the ICPC coding system. It is the goal of both

parties that the new model be made available for incorporation into the local and/or national coding systems of ministries of health, universities and primary care research centers.

i) Memorandum of Understanding with IHTSDO

In Rustenburg, South Africa in October 2009, WONCA and the International Health Terminology Standards Development Organization (IHTSDO) launched a cooperative effort to facilitate the safe and effective use of information in general practice and family medicine. This effort focuses on enabling the complementary use of clinical classifications and standardized terminology. In this cooperative effort, an international group of family doctors from the WONCA International Classification Committee (WICC) has been providing guidance through a new International Family Physicians/General Practitioners Special Interest Group (SIG), established within the IHTSDO governance structure. The SIG suggests and updates family medicine and general practice content in the SNOMED CT International Release and serves as a mechanism for clinical quality assurance from a family medicine and general practice perspective for SNOMED CT.

WONCA MEMBERSHIP ISSUES

a) WONCA Global Membership

At its inauguration in 1972, there were only 18 founding member organizations in WONCA. By 2000 this had increased to 66 member organizations.

One of the key tasks given to the Secretariat in Singapore then was to grow the membership of WONCA globally. With that request in mind, all avenues of membership promotion were explored and inquiries on membership vigorously pursued. In the past eleven-year period (2001 – 2012), WONCA grew significantly by another sixty organizations. WONCA had 29 new organizations joining in the 2002- 2004 triennium, 20 organizations joining in 2005 - 2007, five organizations joining in 2008 -2010; and six organizations in the period 2011 – 2012.

At the time of writing, WONCA has 126 members organization in 102 countries covering every continent on the globe with member countries representing over 90% of the world’s total population.

WONCA had such an increase in membership to the extent that it was able to create the two new regions: WONCA Iberoamericana-CIMF and WONCA East Mediterranean. There are now seven WONCA Regions mirroring closely the WHO Regions globally, namely Africa, Asia-Pacific, East Mediterranean, Europe, Iberoamericana-CIMF, North America and South Asia. Of special significance was the outreach of WONCA to the countries in Central Asia such as Kyrgyzstan, Kazakhstan and the Republic of Mongolia who are now members of the Organization. As there is no WONCA Central Asia Region, Kyrgyzstan and Kazakhstan are in the WONCA Europe Region and Mongolia is in the Asia Pacific Region.

The current breakdown on organizations by region is presented below.

WONCA REGION	No. of organizations Includes OCRs
Africa	9
Asia Pacific	19
East Mediterranean	9
Europe	48
Iberoamericana-CIMF	17
North America	7
South Asia	9

A study of the spread of WONCA membership globally will reveal that there is still a significant number of countries in the Central Asian and African regions that are yet to be members of WONCA. These are mostly developing countries that are likely to benefit most from the introduction of Primary Care into their health care system.

b) Revision of Direct Members Dues

Following the 2004 WONCA World Council's acceptance of the Executive's recommendations to have a more structured policy for Direct Member dues, the Secretariat introduced a fresh scheme where new applicants pay a once off joining fee of US\$40 and annual membership dues of US\$25 per year, or \$75 for three years. In addition, regional dues, where applicable, were added. Currently, the additional dues are applied only to the European and Asia Pacific Regions. These rates have been implemented by the WONCA Secretariat with effect from January 2005.

c) WONCA Academic membership

The WONCA Executive at its meeting in Ithala, South Africa, in May 2001 discussed at length the possibility of introducing a special category of Academic Department Membership (ADM) to accommodate departments that identified with the aims, objectives, and mission of WONCA and were prepared to support its activities locally, regionally and internationally. Particularly in the developing countries like those of Eastern Europe and South America, emerging departments of Family Medicine were likely to become the champions of the discipline in their fast evolving health care scene. WONCA, working in close collaboration with these establishments, would mean for these emerging departments greater recognition and empowerment within their parent universities. There were therefore obvious advantages for both parties in coming together. Another objective was to attract more primary care researchers, educators, teachers and trainers to WONCA meetings and to improve academic leadership of primary care around the world.

The Academic Department Membership was launched at the WONCA Asia Pacific Regional Conference in Melbourne on 1-5 October 2008. Following that launch, similar regional launches of the Academic Department Membership were held at the regional conference in:

- Rustenburg, South Africa, in March 2009,
- Puerto Rico, in April 2009, and
- Basel, Switzerland, in September 2009.

Following the launches, WONCA has 43 members in this category in 20 countries. There is much more to be done in raising the number of academic department membership and WONCA Regional Presidents will be key in promoting the recruitment of such membership for WONCA.

d) WONCA Committees, Working Parties and Special Interest Groups

In the eleven year period, the Singapore Secretariat has helped in the facilitation and formation of the following WONCA sub-entities:

i) The Research Working Party

This started out as an *ad hoc* Task Force on Research. One of its defining milestones, and with full administrative support provided by the Secretariat, was the invitational conference in Kingston, Ontario, on 8-11 March 2003 on the future of research in family medicine: ***Improving Health Care Globally: The Necessity Of Family Medicine Research***. Some 80 experts from more than 30 countries took part. The recommendations from the conference were subsequently been published in the Annals of Family Medicine, 2004; 2 (suppl. 2) in E-version and hard copy.

Based on the conference recommendations, the objectives of a WONCA research policy were defined, and the World Council approved the establishment of a Working Party on Research in 2004.

ii) **The Working Party on Mental Health**

The WONCA Special Interest Group (SIG) on Neurology and Psychiatry was formed in 2004. In the subsequent few years the SIG was very active in the area of educational forums, development of stakeholder relations, contribution to literature and research and especially in collaboration with WHO on the integration of mental health into Primary Care. In response and in appreciation for all the work done by the SIG, WONCA Executive at its meeting in Buenos Aires in October 2006, agreed to upgrade the SIG to the status of a WONCA Working Party. This Working Party on Mental Health is currently one of the most active groups in WONCA and works very closely with the Department of Mental Health and Substance Abuse of WHO. It published the book entitled "*Integrating Mental Health into Primary Care – A global perspective*" in conjunction with the WHO and is currently in the final stages of producing another book entitled "*A Companion to Primary Care Mental Health*" which will be published by Radcliffe Publishing.

iii) **The Working Party of Education**

At the WONCA Executive Meeting in Kyoto in 2005, Prof Michael Kidd was requested to look into the possible re-establishment of a Working Party on Education. Executive felt this to be important given that education is core business for each of the member organizations of WONCA, and given the increase in interest at an international and regional level in education for Family Medicine. The Core Executive Meeting in February 2006 approved the proposal for the Working Party on Education. Its mission is to support high quality education, training, assessment and continuing professional development in general practice / family medicine for medical students, doctors in training, and established general practitioners and family doctors.

iv) **The World Conference Committee**

The World Conference Committee was established in May 2010 by World Council at its meeting in Cancun, Mexico. One of its aims is to study the feasibility of a more frequent WONCA World Conference and related WONCA business meetings. This committee will report to the World Council in Prague in June 2013.

v) **The Organizational Equity Committee**

The Organizational Equity Committee was established by the World Council May 2010 by World Council at its meeting in Cancun, Mexico. One of its aims is to improving organizational equity, including gender equity.

e) **WONCA Website www.GlobalFamilyDoctor.com**

The initial WONCA Website was set up in the Sowerby Centre for Health Informatics at Newcastle-upon-Tyne (SCHIN). This was a static website which displayed information on WONCA, its member organizations, Direct Membership, WONCA Committees, Working Parties, Special Interest Groups, WONCA conferences and publications.

The new WONCA Website www.globalfamilydoctor.com (GFD for short) was officially launched in Singapore in November 2001 on the same day as the official opening of the WONCA World Secretariat. The revamp of the old static website was initiated by the Executive Committee of the earlier triennium (1999- 2001) but only became a reality at the end of 2001.

GFD started as a joint-venture with medi+World, an IT company with a business in distance learning in Australia. The contract required that medi+World fully sponsored and financed the development of GFD for three years at no expense to WONCA. This was an attractive proposition then before the dot-com bubble collapsed. In the three years, GFD had grown very quickly and became recognized as the cyber showcase of WONCA globally. Unfortunately, sponsorship that had looked so promising at the start did not materialize during the period and the website was a losing proposition. With the contract period of the three years over, WONCA Executive did not feel it fair to expect medi+World to continue the underwriting of GFD.

Consequently, GFD was fully taken over and owned by WONCA as of May 2004. This also meant that WONCA had to finance GFD. This was made feasible by the introduction of industry sponsored satellite symposia at WONCA conferences and the WONCA Global Sponsorships initiated by the CEO in the period soon after WONCA took on the financial cost of the website. Journal Alert/Journal Watch was a special feature introduced by then Webmaster, Wes Fabb, and became an important attraction for visitors to the website. These also kept the visits to the website high and growing.

At the start of the current triennium (2011 - 2013), the Executive Committee decided to undertake a major reorganization of the website as visits to the site were declining. Journals Alerts were discontinued due to cost constraint and a re-design of the website was commissioned. A WONCA Editor was appointed to oversee its daily management and to create a more interactive website. The bi-monthly WONCA Newsletter also underwent a major transformation in its content and appearance as well as its publication and distribution process to reflect the contemporary, diverse and global character of WONCA. A website marketing company was also appointed to market the website for ethical advertisements as a source of revenue for WONCA.

The key to the future continued success and growth of GFD lies in the ability of WONCA to finance the Website itself or to secure advertisements and sponsorships from medical related companies and industry. This cyber showcase is attracting interest from the pharmaceutical companies but it will be necessary that WONCA creates an atmosphere that is both conducive and appealing to such sponsors but keeping strictly to the ethical approach necessary to safeguard its reputation as an independent academic organization.

CONCLUSION

There were many other developments and projects that the Singapore Secretariat has been involved in over the past four trienniums but these have not been mentioned to keep this report to a reasonable length. Most of these can be found in the various minutes of WONCA World Council, Executive Committee and Core Executive Committee meetings as well as in the reports from the Regional Presidents and Chairs of Committees, Working Parties and Special Interest Groups.

The Singapore Secretariat has worked with four WONCA Executive Committees under four World Presidents, Michael Boland, Bruce Sparks, Chris van Weel and Richard Roberts. As mentioned earlier, these were challenging and yet interesting years as the various Executive Committees and Presidents had different leadership styles and approaches in tackling the problems and challenges in advancing the mission and objectives of WONCA. I have learned and benefited much personally from working with the different Executive Committee Members and Presidents and I admire their dedication and commitment to WONCA.

I will be failing in my duty as CEO if I do not state here my and especially WONCA's deepest appreciation and gratitude to the two very loyal and hardworking staff, Yvonne Chung and Gillian Tan. All these years, they have given their best, and sometimes more than the call of duty, to the Organization in ensuring that the administrative and accounting aspects of the WONCA have, at all times, been efficient and reliable. They have performed their duties at significant personal cost as they worked with no salary increments and reduced year-end bonuses towards the end of their term of employment with the WONCA. It has also been my privilege to have worked with such dedicated and efficient staff for almost 12 years.

Finally, I wish WONCA every success in the many endeavors and challenges ahead and to thank all past and present Executive Committee Members and Presidents for their friendship, advice and cooperation during my term as Chief Executive Officer.

Alfred Loh
WONCA CEO 2001-2012