

WONCANews

An International Forum for Family Doctors



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FROM THE WONCA PRESIDENT:

HEALTH PROFESSIONALS UNITE ON PATIENT SAFETY

“Health workers are a positive asset, not a cost item”

Dr Tim Evans

*Assistant Director-General
Evidence & Information for Policy,
WHO
Geneva, May 2006*

I had the pleasure of attending, as an observer, the World Health Professions Alliance (WHPA) Leaders Forum: Working Together for Safe Health Care in Geneva from 20 – 21 May 2006. The main theme of the meeting related to patient safety, but the global shortage of health personnel was also addressed. The WHPA is an alliance of nurses, pharmacists, physicians and dentists represented by their respective organisations, namely the International Council of Nurses, International Pharmaceutical Federation, World Medical Association, and the World Dental Federation. These organisations thus represent millions of health professionals globally, seated jointly in country delegation clusters.

The unfortunate and sudden collapse and death of the Director-General of WHO, Dr LEE Jong wook that weekend placed a major pall over the later proceedings of the meeting. His major contributions to polio eradication, access to medication, support for treatment of HIV/AIDS patients globally, health human resource development and preparation for a possible avian flu pandemic were acknowledged and praised.

Despite the sad news about Dr Lee, the gathering of world leaders contributed actively to discussions around patient safety, combating counterfeit medicine and materials, developing inter-professional teams for safer health, and the crisis in health professional resources globally. What impressed me was the collaborative and mutual respect demonstrated by the representatives of the four major professions to each other. There were some statements about turf issues, especially the concern from pharmacists about their limited clinical roles in patient care.

Dr Yoram Blacher, a WMA executive member from Israel set the scene on patient safety and medical errors. He indicated that it is estimated that 10% of the world's population who receive health care have had their health affected by errors. This figure pales in the wake of the number of 'near misses'. The usual response is unfortunately to find the guilty parties rather than attempts to improve the system. He indicated that studies had shown that many health professionals were pushed out of medicine altogether, or into 'safer' professions and disciplines. Defensive medicine practices were often a natural response to threatened litigation.

While defensive medicine has negative consequences such as reluctance to manage high-risk populations and domains, unnecessary over-investigation, and allegiance to legal considerations rather than necessary clinical decisions, there can also be positive spin-offs for patients. These include increased adherence to clinical guidelines and screening protocols, improved record keeping, and also more frequent consideration of patient consent.

The delegates concluded that there was a need for a blame-free

responsible healthcare environment, which would encourage confidential self-reporting of near misses. There were also calls for system and working environment changes, and the nurturing of a culture of safety to replace the culture of blame.

My concern with these broad statements of intent was that self-reporting would probably not be acceptable to our medical protection insurers and could possibly even result in increased litigation, unless reporting is protected by legislation such as the Patient Safety and Quality Improvement Act in the USA. Reporting such errors in some countries could jeopardise the practitioner's employment and possible safety. But in Geneva, of greater concern to me was that there was the limited stress placed on preventing health-worker errors. As professionals, we should take steps to pre-empt such mistakes, and aim to improve the quality of patient care through enhanced clinical competence & expertise. In family practice, this can be encouraged through programmes of self-audit, chart review, self-reflection, observed consultations and formal morbidity and mortality discussions. The challenge would be how to attract the doctors who really need such programmes - a problem faced by all voluntary educational programmes.

How often have we heard the statement, "In medicine mistakes happen - doctors are only human?" A 1999 report, *To Err is Human*, revealed that one million people in the United States suffer from preventable medical injuries with estimates from 44,000 to 98,000 deaths from them every year. Some Wonca Member Organisations have developed initiatives and programmes on patient safety, and have stressed the importance of minimising doctor-initiated errors. Such initiatives usually involve

voluntary reporting, creating an environment of safety, protected confidentiality, a system for comprehensive analysis of errors to identify actions that would minimize the risk that reported events recur, the sharing of patient safety information among healthcare organisations and fostering confidential collaboration with other healthcare reporting systems.

However, the challenge to many practitioners in developing areas of the world where systems and organisational structures do not exist for such programmes is “how do I ensure the safety and optimal care of my patients”. We need to continually ask ourselves, “Am I doing the best I can for my patient, using the best available evidence and most effective measures at my disposal, and am I being honest about what I can and cannot do.”

Professor Bruce Sparks

President

World Organization of Family Doctors

FROM THE CEO'S DESK:

GENDER EQUITY IN WONCA

At its first meeting following World Council elections in Orlando in October 2004, members of the new Wonca Executive noted the gender imbalance in the Executive Committee. Only one woman, Regional President of Wonca Africa Dr Abra Fransch, was represented. In addition to Dr Fransch, the previous Executive Committee was represented by Member at Large and immediate past WHO-Wonca Liaison Person, Dr Ilse Hellemann.

Gender imbalance did not escape the notice of members of the Wonca Working Party on Women and Family Medicine (WWPWFM). At the meeting I had with the WWPWF President, Dr Cheryl Levitt, in Vancouver in late 2005 on the occasion of the First Regional Council Meeting of Wonca Region North America, this issue was extensively discussed. Dr Levitt indicated to me then that her Working Party was keen to help address this situation. I welcomed the idea and initiative. I felt that proposals from the Working Party would help Wonca Executive in its deliberations on this issue at its future meetings.

A quick review of the data and documents available in the Wonca World Secretariat showed that gender imbalance in this world organization is significant and initiating constructive actions is long overdue. At the member organizational level, a quick count revealed that only 15 (17%) out of 89 current Presidents of Wonca Member Organizations are women.

At the global level, a quick look at the compositions of Wonca World Councils revealed that female Council Members in the various past Councils were also very small in numbers. The 1998 World Council had 8 (17%) female representatives out of 47 total Council Members. In 2001, 7 (14%)

out of 49, and, in 2004, 15 (21%) of 69 were women.

So it could be safely concluded that the issue of gender imbalance needs to be addressed at both national and global levels

At the Core Executive Meeting in Singapore in February 2006, this issue of gender imbalance in Wonca was discussed at length. Core Executive agreed then that there needed to be increased female representation and better gender balance or equity in Wonca. Executive felt however that the issue needed focused discussions and also input from the Working Party on Women and Family Medicine, as well as input from Wonca Member Organizations. Core Executive felt that Member Organizations should be encouraged to send more female representatives to Wonca meetings. Executive also felt it necessary that there be changes in the Wonca Bylaws and Regulations to promote gender balance or equity as otherwise there may be no significant change within the world organization. For example, under the section on the Election of Members at Large, the Bylaws could specify that at least one Member at Large should be a female member. In the section on the creation of Committees and Working Parties, a clause on gender balance / representation could be added.

It was also suggested that there should perhaps be mechanisms such as mentorship and leadership development programs in Wonca Member Organizations to promote gender equity at Wonca events and in the various Wonca-office positions. Arising from these discussions, Core Executive decided that there would be a specific item on gender balance on the agenda of the Full Executive Committee Meeting in Buenos Aires in October 2006.

Members of the WWPWFM are currently holding extensive discussions among themselves on how best to correct the gender imbalance in Wonca. The Working Party will shortly be submitting a set of recommendations to Wonca Executive for its consideration. This will hopefully in time lead to changes in the Wonca Bylaws and Regulations that will promote gender equity.

The process may be a long one but then any journey must start with the first step.

Dr Alfred Loh

Chief Executive Officer
World Organization of Family
Doctors

FROM THE EDITOR:

**EXAMINING THE ROLES
OF WOMEN FAMILY
DOCTORS**

This issue of Wonca News contains the first of a series of six significant articles to be published by the Wonca Working Party on Women and Family Medicine (WWPWFM) examining the role of women physicians and family doctors in Wonca and throughout the world. The articles are excerpted from a monograph coauthored by WWPWFM Chair Cheryl Levitt, Lucy Candib, Barbara Lent, and Michelle Howard. The first article, published in this issue, examines the role of women in organized medicine. Subsequent articles will examine women in training, practice and academia, as well as women physicians caring for patients and themselves.

In their introduction to this important series, the authors state that, when the role of women family doctors is optimized in all of these settings, then the health of the people are optimized. Readers are encouraged to contribute their knowledge and perspectives to the coauthors in the WWPWFM, particularly from Wonca member organizations where published information on the role of women family doctors is limited.

This issue also reports on relevant news to Wonca Member Organizations and Direct Members regarding the World Health Organization. Wonca Executive member, Michael Kidd, reports on the 58th World Health Assembly in Geneva, Switzerland. The World Health Report 2006: Working Together for Health is reviewed in the Resources for the Family Doctor section. The vital global work of the WHO took second stage as Wonca joined many organizations around the world in mourning the sudden death of WHO Director General, LEE Jong-wook, also reported in this issue.

Finally, this issue reports on the upcoming World Rural Health Conference and Wonca Regional Conferences in Florence, Buenos Aires and Bangkok which are rapidly approaching. As we move towards the final year of the Triennium leading up to the Wonca World Conference in Singapore in July, 2007, I welcome reports from Wonca's Working Parties, Task Forces and Special Interest Groups and Member Organizations that examine and promote the role of Wonca and its family doctors around the world.

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FEATURE STORIES

**WORKING PARTY SEEKS TO ENHANCE ROLE OF
WOMEN FAMILY DOCTORS IN WONCA AND HEALTH
SYSTEMS**

Increasing numbers of women are entering family medicine and general practice around the world. In some countries (for instance, Russia or the Philippines) women became the major providers of general practice and family medicine during the 20th century; in some (e.g., Canada and the United States), women have increased in numbers recently; and in others (parts of Asia, Africa and the Middle East) still only a few women are family physicians. Although women family physicians play an increasing role in both developing and developed countries, they frequently face societal, cultural and institutional barriers, including limitations on their scope of practice.

The health of a population depends, among other things, on the ability of the healthcare workforce to deliver the best possible care. Barriers preventing women physicians from meeting their full potential occur in training, in practice, in organizational medicine and in academia. When women form a part of the workforce but are limited in how they contribute, the whole society loses out. All medical organizations around the world that are committed to the highest quality family medicine should endeavour to remove institutionalized gender barriers that limit the full participation and contribution of women members.

Women physicians' enormous contributions to the profession have benefited both physicians and their communities. They bring a variety of life experiences, work in many different practice settings, both urban and rural, and participate in academic and medical organizations. Women physicians have been leaders in advocating for all aspects of women's health: for appropriate use of power within the doctor-patient relationship, for research in areas of importance to women, for reproductive health and choice, and for recognizing the importance of gender as a determinant of health for both men and women. Women integrate an understanding of women's lives into their professional work. They have been leaders in stressing the importance of a balance between career and family - an issue that is of importance to both men and women in medicine. Women physicians have highlighted the need for enhanced interpersonal skills for all practitioners, including non-hierarchical relationships with patients and peers.



From R to L - Cheryl Levitt, Barbara Lent, Lucy Candib, meeting at Langdon Hall in Ontario, Canada, in February 2002 to develop the Working Document on Women and Family Medicine

Wonca provides a forum for exchange of knowledge and information between member organizations of general practitioners/family physicians. Wonca also

represents the interests and promotes the educational, research and service activities of general practitioners/family physicians at other world organizations concerned with health and medical care. Decisions adopted by Wonca have a large symbolic and potentially practical influence on family medicine and general practice in all parts of the world. Wonca formally endorsed the Beijing Declaration and Platform for Action from the Fourth World Conference on Women in 2001 and 2002, with its far reaching vision of women's rights to all aspects of health including reproductive freedom. Women family physicians have worked within the Wonca member organizations around the world to develop approaches to the systematic discrimination against women and to promote the full development and wellbeing of women as patients and doctors. Initially informally, and later formally, women physicians have organized working parties, standing committees, and sometimes separate organizations, nationally and internationally, to address cultural and structural barriers to their full professional development, and to working with and on behalf of their patients. At the 16th International Conference of Wonca in Durban, in 2001, a group of women participants established the Wonca Working Party for Women and Family Medicine (WWPWFM).

As one of the activities of the WWPWFM, we undertook an international literature review to collect evidence, documentation, reports, and media coverage about the barriers facing women family physicians. We developed a monograph to provide this material in a variety of formats, including a point-form summary, a narrative descriptive report and an annotated bibliography, all available on our website at www.womenandfamilymedicine.com. Briefly the chapters are:

Women in Organizational Medicine-Covers issues of under-representation of women and barriers, importance of women's contributions, and examples of women's caucuses and projects.

Women Family Physicians In The Doctor-Patient Relationship-Discusses women's practice patterns, the medical encounter, communication style, patient satisfaction, gender differences in activity levels, and a feminist perspective of the medical encounter.

Women Family Doctors Caring For Themselves And Their Families-Discusses physical and mental health, stress and burnout, depression and substance abuse, and the need for flexible practice for women.

Women In Training (Medical School And Post-Graduate Training)-Covers issues of gender and racial/cultural discrimination, sexual harassment, decisions about marriage and parenting, choice of specialty and gender bias in medical education.

Women In Practice-Covering issues of sexual stereotypes in practice, personal and professional role pressures, attitudes, policies and practices pertaining to women physicians, sexual orientation, challenges in rural practice, and relationships with nurses.

Women In Academia-Covering issues of promotion and tenure, gender differences in compensation, gender bias in competitive evaluations, role models and mentorship, research career and tokenism.

Not surprisingly, culture, language and geographic origin limit the scope of the literature. The experiences of women physicians from many parts of the world have not yet reached the published international literature. In other regions, some of the literature reflects educational and practice environments that have subsequently undergone significant change. The world of women family physicians is in a period of rapid transition. Thus, the monograph is a 'work-in-progress'. We hope to keep it updated by the international literature and by the ongoing research being undertaken by the WWPWFM.

This monograph will be summarized in a series of six articles that will be published by Wonca News over the next year, beginning with this June issue's summary of the chapter entitled, Women in Organizational Medicine.

We encourage readers to write to us with comments and suggestions. Readers can find further information about the WWPWFM at the group's website at www.womenandfamilymedicine.com, where we post the group's Working Document and descriptions of other activities and reports. We encourage those interested in subscribing to the listserve to send a message to Dr. Lucy Candib, the listserve coordinator at lcandib@massmed.org.

Cheryl Levitt MBBCh

Lucy Candib MD

Barbara Lent MD

Michelle Howard MSc

Wonca Working Party on Women and Family Medicine

Working Party Releases First of a Series: Women in Organizational Medicine

Although the number of women doctors in family medicine is increasing, many women continue to face major barriers at the personal, professional and structural levels limiting their full participation in organizational leadership and reducing their impact on clinical, organizational and social policies. Innovative strategies to promote equitable participation of women in leadership positions would result in a strengthened family medicine workforce

This article on women in organizational medicine represents a summary of our review of the reported experiences from peer reviewed and grey literature (unpublished reports and news-items mostly found on the internet) of authors from Western and English-speaking countries and ideas shared with women from the Caribbean and Europe. Further details, including an annotated bibliography can be found at www.womenandfamilymedicine.com.

Women often have a distinct style of practicing medicine that is likely to carry over to their involvement in organizational medicine as well. Although, at times, women face restrictions in their scope of practice, they also contribute substantially to clinical care by their particular focus on the health issues facing women and children. Women physicians have been leaders in advocating for improved women's health, safety and reproductive rights internationally. When they are in positions of power in public office, they bring more attention to the issues of women and children. Women physicians are more likely to practice obstetrics, preventative care, and counseling than men. They are also more likely to do research in women's health and to draw attention to health issues affecting women and children. These contributions can potentially be even greater in less developed countries where women and girls are more disadvantaged in society.

A primary reason for the disparity between the involvement of men and women in organizational medicine is the pressure of balancing career and family responsibilities, as well as traditional gender imbalances in domestic and child-rearing responsibilities. Women report difficulties in taking on the extra responsibilities involved in being a part of a medical organization, while maintaining their home lives as well. For instance, most organizational meetings take place after hours, further extending the workday and conflicting with women's involvement with their children's lives. Often women in

leadership positions strive to develop policy around lifestyle and balance beneficial to all individuals.

Lack of mentoring and opportunities for skills development are often cited as barriers to women's involvement in leadership in Western and English-speaking countries. In the last decade, several medical organizations in Canada and the United States have developed specific leadership programs for junior, mid-career and executive women, while other organizations have made deliberate efforts to encourage senior women physicians to mentor more junior women. Women physicians in senior positions in academic, clinical and research organizations are important role models for women medical students and residents, and can highlight medical leadership as a valuable career path. Medical organizations need to ensure that their leadership represents the needs of the members and reflects inclusive interpersonal styles, so that women will make a professional commitment to participate in this important arena.

Organizational bodies need to take responsibility to ensure equitable representation. Policies and procedures, bylaws and structures should all be examined to identify the barriers to women's participation and revised to ensure and monitor equitable participation. Women entering organized medicine have encountered informal hurdles, discrimination and sexism resulting in a failure to be included and/or welcomed into organizational medicine. This 'old boy's network' mentality can be extremely destructive and counterproductive. Appointment of a few isolated women to formal committee positions is often viewed as a gesture of 'tokenism', where women's inclusion fulfills appearances of gender equality in representation but does not recognize or encourage their distinct and full contributions. Organizations can undertake to expunge these discriminatory behaviors through a culture of open and safe discussion, avoidance of tokenism and through the active promotion of inclusive and protective policies and practices.

A preoccupation about the image of the profession may limit the advancement of women. Some physicians have expressed concern that if women become visible in organizational leadership, society might view the whole profession as "women's work", resulting in a loss of prestige, income and authority. Instead, the increasing numbers of women in medicine, including family medicine, offer an opportunity both to draw from a wider pool of candidates and to bring women's strengths to medicine, rather than serving as a problem for the practice of medicine. As well, women have

significant potential to improve rather than diminish the image of the profession by demystifying medical skills and knowledge and practicing in a more collaborative and less hierarchical manner.

In some countries, although no published English literature documents the status of women in organizational leadership, we know anecdotally that disciplines dominated by women, like family medicine, have lower perceived status than other specialties. For example in Latvia, nearly all family physicians are women; in some South American countries, women dominate family and community medicine. In contrast, in the Caribbean, while women family physicians are prominent in family and community medicine, they still feel valued and powerful in relation to men and each other. Caribbean women physicians strongly advocate for women's and children's health and social justice for the marginalized. They feel an advantage in being perceived as similar to nurses in their emphasis on caring. Nevertheless, they acknowledge tensions between men and women regarding access to powerful positions.

In many countries, women physicians established their own medical organizations to serve as their voice. The Medical Women's International Association (MWIA) is an association of medical women representing women doctors from 70 countries in all five continents. Formed in 1919, when women were hardly a presence in medicine, the MWIA still today actively pursues its goals: to promote the cooperation of medical women in different countries and to work against gender-related inequities in the medical profession including bias in career development and financial rewards. The MWIA website [<http://www.mwia.net/>] lists a number of countries with medical women's associations active in addressing these concerns.

Around the world, leaders in organizational medicine are becoming increasingly aware that the promotion of equity and gender will have profound benefits to all. Both men and women of good conscience have advocated for promoting more inclusive organizations. In some countries, conventional medical associations, universities and colleges have established committees to begin to address the challenges of gender and equity.

In 2002, a group of women within Wonca established the Wonca Working Party on Women and Family Medicine (WWPWFM) to work through Wonca to improve the health of women by enabling family doctors worldwide to meet their full potential as health care providers to their communities. The WWPWFM is determined to remove institutionalized gender barriers,

change gender-based values and habits that support systematic discrimination in the profession, and focus attention in Wonca on women's and girls' health. Members of the WWPWFm believe that institutional transformation of Wonca and its member organizations, as well as personal change through the empowerment of our members, can act as catalysts to wider systemic changes in home countries. By the next triennial meeting in Singapore, in 2007, the WWPWFm will prepare a position paper with recommendations to enhance the contribution of women family doctors to the organization and the profession.

Please see www.womenandfamilymedicine.com for the full Monograph, Summary and Annotated Bibliography on Women in Organizational Medicine. We hope this article and the series will encourage women to write to us about their experiences around the world and help inform our future work.

Cheryl Levitt MBBCh

Lucy Candib MD

Barbara Lent MD

Michelle Howard MSc

Wonca Working Party on Women and Family Medicine

WONCA REGIONAL NEWS

WONCA EUROPE REGION TO CONVENE IN FLORENCE - AUGUST 27-30

It is our pleasure to invite you to the 12th Wonca Europe Regional Conference that will be held in Florence, Italy on August 27-30, 2006. The aim of the organizing committee is to prepare in Florence 2006 an event to be remembered as one of the most important offered by WONCA Europe to its members and all those caring for General Practice/Family Medicine.

WONCA Europe has more than 30 member organizations and represents more than 45,000 family physicians in Europe. The society is the academic and scientific society of general practitioners in Europe. The aim of the society is to improve standards of care in General Practice/Family Medicine; stimulate networking among GPs with an interest in professional development, research, education and quality improvement.

The conference theme "Towards a Medical Renaissance: Bridging the Gap Between Biology and Humanities" seeks to bridge the gap between biology and the humanities. Illness, disease and sickness, three words full of meanings for one very specific human biological condition, to be understood, needs to be observed from many different points of view. That is precisely the exciting underlying thread of the 12th WONCA Europe Conference; a thread that will conduct participants through six main topics: 1) biology and humanities, 2) caring for the world, 3) family practice research, 4) quality, 5) education, and 6) risk and safety.

These themes will allow doctors, while easily surfing through their preferred conference sessions presenting, discussing and facing their own everyday real problems, to be exposed to new ideas, state of art knowledge and reliable guidelines. Every moment of the conference will be an occasion to "think globally" in a rigorous scientific manner and to "act back locally" in a highly professional way.

Each one of these topics will have a dedicated chairman that will follow the works during the three days of the conference and will summarize the State of the Art in the last plenary session. So participants may follow the lectures and sessions of their main interest but, before leaving the conference, will be informed about what of relevance has been told in all the other ones. Everyone will be able to bring back home a clear idea about the important ideas which emerged during the ongoing process of the conference.

With such relevant philosophical and scientific inheritance, with its beautiful Mediterranean climate, good and healthy food, and great shopping, Florence is the ideal place for the 12th Conference of WONCA Europe ESGP/FM. Florence is one of the most beloved cities in the world, an open sky museum famous worldwide. In the fifteenth-century Florence, a self-governed, independent city-state with a population of 60,000 became with its writers, painters, architects and philosophers the cradle of Renaissance culture; Renaissance shifted mankind into the centre of the

known cosmos ad man became its measure.

Since the thirteenth century travelers praised the warmth and comfort of Florentine hospitality. The tradition is carried on today by a highly organized service totalling more than 350 hotels and pensions of different categories, able to accommodate more than 20,000 guests. Most hotels are in the city centre near the Congress Centre Fortezza da Basso. Special rates have been negotiated for congress participants.

To register and for additional information, please contact us via phone (39 055 50351), email (info@woncaeuropa2006.org) or the web (www.woncaeuropa2006.org)

We surely want you to have a marvelous stay and no doubt Florence will be able to marvel you; but we do not want for you only a beautiful show. We would like you to go back home pleased by the certainty to have lived a very exciting and scientifically relevant experience in being where important topics, for general practitioners from all over Europe and the Mediterranean area, were stated and discussed.

We strongly want Florence 2006 to become another important step for all GPs attending, on the way toward a thriving General Practice both for Italy and Europe. We are lucky enough to have at our disposal Leonardo's land: the best place to build a new Renaissance for Family Medicine.

Dr. Giorgio Visintin
Chairman, Organizing Committee

Dr. Massimo Tombesi
Chairman, Scientific Committee

Professor Igor Svab
President, Wonca Europe

Professor Chris van Weel
President-elect, Wonca World

1st Wonca Iberoamerican-CIMF Regional Conference to Meet in Buenos Aires - October 11-14.

It is a great honour for me to announce the 1st Iberoamerican Wonca-CIMF Regional Congress that will be held in Buenos Aires from October 11th to October 14th, 2006. The whole city is getting ready to welcome the family physician community for four days.

We have prepared an extensive scientific program with plenary sessions, round table discussions, workshops, and satellite symposia. Also, participants will have a chance to get new and updated information, participate in expert debates and breakfast sessions, scientific presentations, skill assessment stations and the option to take the specialist certification exam. In addition to the opportunity of enjoying the meeting with peers and friends from around the world, several social and tourist activities have been scheduled. More than forty eminent personalities from well-known academic institutions will be among the guests. They will include most family medicine's areas of interest.

Buenos Aires, the city of Borges, Cortazar, Maradona and Gardel and capital of the Argentine Republic, is a city of culture, fashion, gastronomy, art and music. It is also known as the city of tango, good beef and soccer. Before or after the Congress, you will be able to visit some of the top tourist spots in Argentina, such as the Iguazu Falls, Bariloche and the Patagonia glaciers.

We are getting ready for your visit. We want you to enjoy a warm stop in our city and to get the most

out of this high-level scientific conference that will contribute to the development of better professionals and a healthier population.

To learn more about our exciting conference and to register, please visit our website at:
www.woncacimfcongreso2006.com/

We are looking forward to seeing you all in October 2006.

Greetings,
Dr. Sergio Solmesky MD
Chairman
famfyg@aamf.org.ar

El Primer Congreso Regional de Wonca-CIMF Iberoamericano Realizara en Buenos Aires de 11 al 14 de Octubre

Como coordinador del Comité Científico es para mi un gran honor invitarlos anunciar el I Congreso Regional de Wonca-CIMF Iberoamericano que realizaremos en Buenos Aires del 11 al 14 de Octubre de 2006 e introducirlos en lo que será sin lugar a dudas un evento académico formidable. Estamos orgullosos de estar preparando un programa científico tan diverso e interesante, las posibilidades de formación son muy variadas y se encuentran distribuidas a través de ejes temáticos dominados por los principios de nuestra especialidad.

En este sentido encontrarán desde simposios, mesas redondas, talleres, cursos, presentación de trabajos orales y posters, hasta una serie de novedosas actividades como las sesiones de video, las actualizaciones en medicina centrada en el paciente, y los talleres interactivos.

Nuestros invitados extranjeros prometen entregarnos unas

plenarias colmadas de conocimientos y reflexiones que puedan ser de utilidad para la práctica de la Medicina Familiar en toda Iberoamérica. Se hará especial énfasis en temas que reflejen los distintos roles que hoy ocupa el Médico de Familia y que pueden favorecer la construcción de un sistema de salud centrado en la Atención Primaria.

Esperamos sinceramente que este congreso sea una gran oportunidad para compartir experiencias y ampliar nuestros horizontes, encontrar viejos amigos o hacer nuevos, y escuchar novedosas investigaciones e ideas que puedan servir para mejorar la salud de nuestros pacientes, así son los Congresos de Wonca.

Estamos sorprendidos por la cantidad de propuestas de actividades recibidas hasta el momento, provenientes de toda Iberoamérica. Si todavía no han enviado las suyas, también los invito a ser parte de este Congreso mediante el envío de sus trabajos científicos. Navegando en este sitio encontrarán la información necesaria para hacerlo.

Finalmente me gustaría aprovechar la oportunidad para agradecerles a todos los miembros del Comité Científico por su colaboración y por el trabajo que realizan día a día.

Dr. Ezequiel López
 Coordinador del Comité Científico
 famfyg@aamf.org.ar

Come to Bangkok for the Asia Pacific Regional Conference - November 5-9

The 15th Wonca Asia Pacific Regional Conference will be held for the first time in Bangkok, Thailand during 5-9 November, 2006. The conference will be hosted by the General Practitioners/ Family Physicians Association, Thailand and the Royal College of Family Physicians of Thailand, under the auspices of the World Organization of Family Doctors (Wonca - World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians).

The theme of this meeting is "Happy and Healthy Family". We, the family doctors, along with physicians, dentists, nurses, pharmacists, public health personnel and all health-care workers, have to work closely together for taking proper care of the illness, prevent and control diseases, and promote health for all. These are challenging goal for us to achieve in an era with a rapid growth of new technology, industrialization, and population mobility.

The meeting will provide us opportunities to bring together family doctor teams in urban and rural areas, sharing their experiences and learning from experts as well as fostering partnerships in the region.

Thailand has been the site of numerous international meetings, and Bangkok is the gateway of the region. The country's rich heritages, beautiful scenic seaside and mountain views as well as our unique Thai hospitality will make your visit truly memorable.

For further information and to register to attend, please visit our conference website at www.wonca2006.org

We look forward to welcoming you to Bangkok in 2006.

Sawasdee.

Kachit Choopanya, MD., MPH. & TM.
 Chairperson of the Organizing Committee
 Prasong Tuchinda, MD.
 Honorary Chairperson

HEALTH AND HEALTH SYSTEM NEWS

WONCA REPRESENTATIVES ATTEND THE WORLD HEALTH ASSEMBLY

In May I was honoured to be invited to be one of the two delegates of Wonca, along with Professor Deborah Saltman, to attend the annual World Health Assembly of the World Health Organisation (WHO).

The WHO is 60 years old in July 2006. Wonca is recognised as a "Nongovernmental Organisation in official relations with the World Health Organisation". This is prestigious recognition of the importance to global health of family medicine. I found that many of the delegates knew about Wonca.

The size of the meeting was initially overwhelming. The meeting is held in the United Nations Palace of Nations which is enormous. Meeting rooms are scattered across several floors and signage is minimal. Security was tight and very visible so there was always

someone to point you in the right direction.

The main United Nations assembly hall is enormous. The delegations from each of the 192 countries which are members of the WHO are situated at tables on the main floor. Representatives from other organisations and the media sit in the tiers of balconies. NGOs in official relations have our own balcony high above the proceedings which provides the opportunity to meet with other NGOs and talk about the policies being developed, and the work of our own organisations.

The sad death of Dr LEE Jong-wook

The meeting was of course overshadowed by the sudden death of WHO Director General Dr LEE Jong-wook on the day before the World Health Assembly began. Many tributes were made to the man and his leadership and his remarkable contributions to the health of the people of the world.

Dr Lee's prepared address was shared with the members on the opening day of the conference. It was a wonderful speech and is available on the web.

Dr Lee's strongest focus in his speech was on the fight against HIV and the need to keep up the pressure to get prevention, treatment and care linked and working. His aim was for no one on the planet to die because they can't get access to antiretroviral drugs, for no one to miss being tested, diagnosed and treated because there are no clinics, for HIV positive mothers not to unwittingly transmit HIV to their babies, and for parents with HIV to live and look after their children rather than leave behind AIDS orphans. This was the aim

behind the WHO "3 by 5" program which was an attempt to get 3,000,000 people in developing nations onto antiretrovirals by 2005. The program succeeded in getting around 1.3m people on drugs which is still a major achievement especially as the program has helped to build foundations for continuing efforts in prevention, treatment and care in so many countries. However the battle of course continues as there are still over 6m people in urgent need of antiretroviral treatment for HIV, as well as many more in urgent need of treatment for TB and malaria. Dr Lee provided examples in his speech of WHO leadership in the control of malaria and TB and the enormous challenges remaining in the combat of these two killer diseases.

Dr Lee advised that polio is now only endemic in four countries - India and Pakistan, which are both on track to complete eradication by the end of 2006, Afghanistan where conflict stands in the way of some children and the polio vaccine, and Nigeria where up to half the children in the northern states are still missing out on vaccination and which is the last uncontrolled reservoir of polio in the world.

Dr Lee spoke about avian influenza and the role of the WHO. H5N1 has now been reported in wild and domestic birds in over 50 countries and in humans in 10 countries, including the recent cluster of human cases in Indonesia which was being investigated at the time of the World Health Assembly. He spoke of the death and destruction of over 200 million birds and the huge loss of livelihood and essential nutrition which this represents. He spoke of the need for continuing vigilance and preparedness which is essential for all member nations.

Dr Lee addressed the World Health Report 2006 which described the growing global health workforce crisis, again an issue of concern to Wonca's member organisations. WHO and its partners have launched the Global Health Workforce Alliance.

Dr Lee spoke about the new global report Preventing Chronic Diseases which he stated analyses for the first time the scale of the damage from diseases such as cancer, diabetes and cardiovascular disease (all core business for family medicine). The WHO has proposed a goal of reducing chronic disease deaths by a further 2% annually until 2015. This initiative would prevent 36 million premature deaths worldwide.

Finally Dr Lee spoke about his accountability framework for the WHO which provided an insight into the mind of the man. He stressed that WHO reports were to detail the results of what the WHO sought to achieve. So instead of the annual TB report detailing how many consultations and meetings were held in the past year, it said that in the previous year 4.8 million people with TB globally were treated under the DOTS strategy and that 80% of these people were now cured. The outcomes focus is refreshing and, in this era of electronic data collection, possible on this scale for the first time.

The boy from Kenya and the Prince of Wales

There were two major presentations to the whole assembly.

The first presentation was by a 19 year old man from Kenya, Johnson Mwakazi, who was invited by Dr Lee to speak on behalf of the 40 million people with HIV. He delivered a brief but moving poem

based on his experiences. I later heard how he described with great humility how he was “just dust” compared to the gathered dignitaries at the assembly and how his eyes opened wide when he was told that he is just as important as any other person at this meeting and any other person on the planet.

The second presentation was by the Prince of Wales and this was reported widely in the international media. The main message of Prince Charles’ speech was that health professionals and health officials should not ignore the lessons about health which may be learned from traditional sources in each of our countries and that we should see if we can blend traditional lore with new science. He spoke about treating the whole person, the impact of the environment on health, and the impact on a nation’s health from many areas of government policy in addition to specific health policy.

Prince Charles also spoke about some of the evidence-based benefits of alternative health care, such as the use of St John’s wort and acupuncture for chronic pain. This of course grabbed the attention of the media who did a great job of reinterpreting his meaning. He did make the only reference to family doctors that I heard in the whole week when he stated that “50% of UK general practitioners refer their patients for complementary therapies”. I am not sure where His Royal Highness gained his information from but perhaps the Royal College of General Practitioners might also need to educate him a little on the many other important roles of general practitioners and family doctors in ensuring that the people of his nation have access to high quality primary care services.

Prince Charles did finish with a plea that the nations of the world each develop their own plan for integrated health, reflecting each nation’s traditional health wisdom, and support the health of their environment, and balance their investment in prevention as well as cure. Seems like a reasonable message to me but then I am not a tabloid journalist.

The World Health Assembly Agenda

The agenda of topics discussed (and more importantly the resolutions passed) at the assembly was broad and much is of interest to the core business of Wonca and our member nations.

The agenda included:

- * Pandemic influenza preparedness and response

- * Eradication of poliomyelitis
- * HIV/AIDS prevention, treatment and care
- * Sickle cell anaemia
- * Smallpox eradication - destruction of virus stocks
- * A draft global strategy on prevention and control of sexually transmitted infections
- * Prevention of avoidable blindness and visual impairment
- * The WHO Framework Convention on Tobacco Control
- * Nutrition of infants and young children
- * Child and adolescent health and development
- * International trade and health
- * Intellectual property rights (mainly discussing generic medications)
- * International migration of health personnel and the challenge this poses for health systems in many developing countries
- * The role of the WHO in health research
- * Emergency preparedness and response - including responses to natural disasters and the health consequences of armed conflicts and the dreadful impact especially on women and children
- * Health promotion in a globalised world
- * Patient safety
- * A new global strategy on diet, physical activity and health
- * Control of African trypanosomiasis
- * Reproductive health
- * Sustainable health financing, including universal health coverage and social health insurance
- * The role of contracts in improving the performance of health systems
- * Strategies to strengthen nursing and midwifery

It was impossible to be across the discussion on each topic. However each morning the papers for discussion that day were distributed in hard copy. All the resolutions are available on the WHO website at <http://www.who.int/mediacentre/events/2005/wha58/en/>

Professor Michael Kidd
President of The Royal Australian College of General Practitioners
and WONCA Executive Member

Wonca Mourns the Death of WHO Director General, Dr LEE Jong-wook

More than 1000 people packed into the Basilique Notre-Dame in Geneva to attend the funeral of WHO Director General Dr LEE Jong-wook and to hear tributes to his life and work. Dr Lee died on May 22, 2006. He was 61.

Dr Lee became Director-General of the World Health Organization on 21 July, 2003. Before that, he had worked for more than 20 years for the Organization, first battling leprosy in the South Pacific islands, then tackling vaccine preventable diseases including polio. At WHO Headquarters in Geneva, he pioneered new ways for people to gain access to tuberculosis medicines.

“Dr Lee’s work defined and exemplified the very best of WHO,” said Rhyu Si-min, Minister of Health and Welfare of the Republic of Korea, who spoke on behalf of the international health community. “He wanted change to take place on the ground. He travelled great distances, to more than 60 countries in three years. And he would never hesitate to travel the distance across the floor to take the hand of a child who was sick. His work has touched millions, and has made their lives better.”

Expressions of deep sympathy and tributes to Dr Lee’s leaders were sent in around the world including from ordinary people, ministers, non-governmental organizations, and heads of state. On behalf of Wonca, CEO Dr Alfred Loh sent the following expression of sympathy:

The World Organization of Family Doctors (Wonca) extends its sincere condolences to the family of Dr Lee Jong-Wook, Director-General of the World Health Organization.

On behalf of the Wonca World President, the Executive Committee and World Council, I would like to express our deepest sympathy to Dr Lee’s immediate family and to the WHO. We are deeply saddened by the news of his sudden death.

Wonca, an international NGO of general practitioners/family physicians devoted to improving the quality of life of the peoples of the world through fostering and maintaining high standards of care and education, has worked with WHO via a number of joint projects with the shared vision of improving the health of individuals and communities globally.

The congruence of the mission of Wonca through the training and orientation of family doctors and the efforts of WHO to assure all of the world’s citizens a level of health that will permit them to lead socially and economically productive lives, creates a natural synergy ideally suited to providing high quality essential care that is equitable, relevant, and cost-effective.

Until his sudden and untimely death, Dr Lee led WHO very effectively in its mission to help people attain the highest possible level of health. The world will mourn the loss of a dedicated and open-minded global leader in health care.

Dr Lee’s widow has requested that in lieu of flowers, donations in memory of Dr Lee should be given to the project where she works, Socios En Salud in Lima, Peru. Donations can be given via the sister organization of Socios En Salud, Partners In Health www.pih.org

MEMBER AND ORGANIZATIONAL NEWS

REGISTER FOR THE 7TH WONCA WORLD RURAL HEALTH CONFERENCE IN SEATTLE - ANCHORAGE SEPTEMBER 8-13

It is a great pleasure for me, on behalf of the Wonca Working Party on Rural Practice, the University of Washington School of Medicine’s Department of Family Medicine and WWAMI program, the American Academy of Family Physicians, and our State Academies, to invite you to participate in the exciting experience of the 7th WONCA World Rural Health Conference. This meeting will be held in Seattle, Washington, USA from September 8-13, 2006.

Since Seattle and the University of Washington School of Medicine are the home of the WWAMI medical education program (Washington, Wyoming, Alaska, Montana, Idaho), we have established the conference theme of Transforming Rural Practice Through Education. Education plays many roles for rural physicians. From preparing them to practice, to offering opportunities to teach in their practices, education permeates our lives and is very important for rural physicians. The thirty-five year old WWAMI program allows the University of Washington School of Medicine to serve as the medical school for five states that comprise 27% of the land mass of the US, yet contain only 3% of the population-this is truly a rural region, and decentralized community based medical education is at the heart of the WWAMI program. Much of our educational process is dependant on the participation of community based volunteer faculty physicians located throughout our area-education and practice are inextricably tied to each other.

The Seattle portion of the meeting will include two linked major conferences, one dedicated to the scientific, health policy, and medical education aspects of global rural health, and the other dedicated to continuing clinical education for rural physicians. Our international program and scientific committee is looking forward to developing a comprehensive program of posters and presentations that will be both stimulating and interesting.

More information on our fascinating city can be found at the website of the Seattle Convention and Visitors Bureau. In addition to a very strong scientific and clinical educational program, we will provide a cultural and social experience that will be very enjoyable. We will focus the cultural program on the native peoples of the Northwest and Alaska. Our social functions will create an opportunity for you to meet other rural physicians from around the world, have some fun, and get to know our region better.

Seattle is the largest city in the Pacific Northwest region of the United States. Founded in 1869, the City of Seattle is located in the State of Washington on Puget Sound, 113 miles (182 km) from the U.S.-Canadian border. It is a beautiful multi-cultural metropolis located between Puget Sound and the Cascade Mountains, interspersed with large lakes. The city is rich in history and has long served as a major port and as the gateway to the Northwest and Alaska. Surrounded by mountains and water, the greater Seattle area features picture-perfect views and abundant recreational opportunities year-round. Room blocks will be reserved for conference attendees. Additionally, economical room and board packages will be available in dormitory facilities on the University

of Washington campus near the conference venues. Cuisine in the Seattle area is famous for fresh seafood, local farm produce, and other Northwest specialties. The areas cultural diversity has produced a wide variety of ethnic restaurants.

Following the Seattle conferences, we are very pleased to offer a post-conference session to consider actual rural health systems at Talkeetna Lodge near Denali National Park in Alaska. The Talkeetna Alaskan Lodge offers the premier lodge experience with spectacular views of Mount McKinley (Denali as it is known locally), Denali National Park and the Alaska Range. The Talkeetna Alaskan Lodge is Alaska Native owned and operated, offering a resort style setting with unique and awe-inspiring Denali and Alaska Range views that are simply unmatched. Located just outside the heart of Talkeetna, it is easy to treat yourself to the many local activities, including favorites like flightseeing - where you can even land on a glacier in Denali National Park.

Registration, educational and scientific program information, accommodations and sightseeing for both the main and post-conference may be found at www.ruralwonca2006.org.

We hope that you will plan to join us and be part of our exciting program.

Tom E. Norris, MD
Chair, Organizing Committee
tnorris@u.washington.edu

Tomlin Paul - Wonca Global Family Doctor for May

Dr Tomlin Paul was born in 1960 in the small village of Morne Diablo in Trinidad and Tobago in the southern Caribbean. After studying

for his medical degree at the University of the West Indies in Jamaica, he went on to further his studies in community health and in 1986 graduated with a Master of Public Health. He has been working in Jamaica since, as a family physician, teacher, researcher and volunteer.

Dr Paul's heart has remained in the community over the years. He has been a teacher of community health for the past 20 years and for the last 3 years has been responsible for coordinating the undergraduate programme in his Department at the University of the West Indies. He teaches family medicine and primary care to medical students and coordinates a rural experience where students gain first hand experience in managing and treating common problems in the community. In 2002 he developed a course for Family Medicine residents on Health promotion and wrote an accompanying monograph. He is also the co-developer of a web-based module in health management for medical students.



Any better picture?
Very low resolution
Dr Tomlin Paul,
Wonca Global Family
Doctor for May 2006

In 1993, together with one his classmates, Dr Paul founded Health Plus Associates, a medical centre which delivers family medicine and specialist services to community members in Kingston, Jamaica. He has directed this Centre and worked on a part time basis as a family physician over the years, where he has developed a reputation as a caring and compassionate family physician. He has a strong interest in geriatric family medicine and has also provided care at a senior

citizen nursing home over the last 4 years and has participated in WHO discussions on the development of Age Friendly Guidelines for primary health care centres. He has also published and presented numerous papers on areas of family medicine and community health in the Caribbean.

Dr Paul has also demonstrated leadership in the development of the regional Family Medicine organization - the Caribbean College of Family Physicians. He has been a regional Vice President of this organization for the past 4 years and has been involved in its development of accreditation process and in the planning and delivery of its research conferences.

Dr Paul gives of his time widely to a range of organizations. He is a founding director of the Whole Person Resource Centre, a non-governmental agency involved in capacity building and whole person development. He has served on a number of national and regional bodies and is currently a member of the National Family Planning Board of Jamaica and an executive member of Hope Estate Educational Partners, an organization which he co-founded to develop safer and healthier environments for children. He has worked closely with the Pan American Health organization in developing health promotion training in the Caribbean. He also makes contributions to his local church through participation as a family physician in the church clinic and in delivering talks at educational seminars.

Dr Paul demonstrates the balance of a teacher, researcher and community/family physician and volunteer and is a deserving winner of the Wonca Global Family Doctor of the Month Award for May 2006.

(Editor's note: The "Global Family Doctor of the Month" Award is an award to encourage philanthropy among primary care practitioners and to honour doctors giving their time and expertise to their global colleagues and their patients. The award is given to doctors who are recognised by their colleagues as having contributed significantly to the community in which they work by way of their practice, community involvement, charity work or other humanitarian acts.

- Each Award winner will receive:
1. A letter of congratulations from the Wonca CEO
 2. An Award certificate signed by the President of Wonca and the CEO of Wonca suitable for framing.
 3. A complete office diagnostic set from Welch Allyn worth approximately US\$400.

Submission Requirements:

1. Title and Full Name of nominee.
2. Photo of nominee. The winner and his/her photo would be featured on Wonca's website www.GlobalFamilyDoctor.com
3. Postal address of nominee.
4. Reasons for nomination for the Award.
5. Brief resume or CV of the nominee
6. Any other relevant information that would assist Wonca in the selection process.

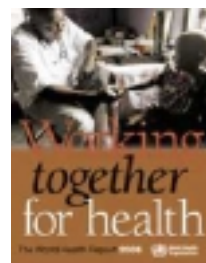
Please submit nominations and accompanying documents via email for this monthly Award to:

Dr Alfred Loh
 CEO
 World Organization of Family Doctors (Wonca)
 #01-02 College of Medicine Building
 16 College Road
 SINGAPORE 169854
 Ph +65 6224 2886
 Fax +65 6324 2029
 Email admin@wonca.com.sg)

RESOURCES FOR THE FAMILY DOCTOR

THE WORLD HEALTH REPORT 2006 - WORKING TOGETHER FOR HEALTH

The World Health Organization publishes annually a major global health report. The World Health Report 2006 - Working Together for Health contains an expert assessment of the current crisis in the global health workforce and ambitious proposals to tackle it over the next ten years, starting immediately. The report reveals an estimated shortage of almost 4.3 million doctors, midwives, nurses and support workers worldwide. The shortage is most severe in the poorest countries, especially in sub-Saharan Africa, where health workers are most needed. Focusing on all stages of the health workers' career lifespan from entry to health training, to job recruitment through to retirement, the report lays out a ten-year action plan in which countries can build their health workforces, with the support of global partners.



The World Health Report 2006 - Working Together for Health

Based on new analyses of national censuses, labour surveys and statistical sources, WHO estimates there to be a total of 59.2 million full-time paid health workers worldwide (see Table 1). These workers are in health enterprises whose primary role is to improve health (such as health programmes operated by

government or non-governmental organizations) plus additional health workers in non-health organizations (such as nurses staffing a company or school clinic). Health service providers constitute about two thirds of the global health workforce, while the remaining third is composed of health management and support workers.

Workers are not just individuals but are integral parts of functioning health teams in which each member contributes different skills and performs different functions. Countries demonstrate enormous diversity in the skill mix of health teams. The ratio of nurses to doctors ranges from nearly 8:1 in the African Region to 1.5:1 in the Western Pacific Region. Among countries, there are approximately four nurses per doctor in Canada and the United States of America, while Chile, Peru, El Salvador and Mexico have fewer than one nurse per doctor. The spectrum of essential worker competencies is characterized by imbalances as seen, for example, in the dire shortage of public health specialists and health care managers in many countries. Typically, more than 70% of doctors are male while more than 70% of nurses are female - a marked gender imbalance. About two thirds of the workers are in the public sector and one third in the private sector.

Workers in health systems around the world are experiencing increasing stress and insecurity as they react to a complex array of forces. Demographic and epidemiological transitions drive changes in population-based health threats to which the workforce must respond. Financing policies, technological advances and consumer expectations can dramatically shift demands on the workforce in health systems. Workers seek opportunities and job security in dynamic health labour markets that are part of the global political economy.

The spreading HIV/AIDS epidemic imposes huge work burdens, risks and threats. In many countries, health sector reform under structural adjustment capped public sector employment and limited investment in health worker education, thus drying up the supply of young graduates. Expanding labour markets have intensified professional concentration in urban areas and accelerated international migration from the poorest to the wealthiest countries. The consequent workforce crisis in many of the poorest countries is characterized by severe shortages, inappropriate skill mixes, and gaps in service coverage.

WHO has identified a threshold in workforce density below which high coverage of essential interventions, including those necessary to meet the health-related Millennium Development Goals (MDGs), is very unlikely.

Based on these estimates, there are currently 57 countries with critical shortages equivalent to a global deficit of 2.4 million doctors, nurses and midwives. The proportional shortfalls are greatest in sub-Saharan Africa, although numerical deficits are very large in South-East Asia because of its population size. Paradoxically, these insufficiencies often coexist in a country with large numbers of unemployed health professionals. Poverty, imperfect private labour markets, lack of public funds, bureaucratic red tape and political interference produce this paradox of shortages in the midst of under utilized talent.

In tackling these world health problems, the workforce goal is simple - to get the right workers with the right skills in the right place doing the right things! - and in so doing, to retain the agility to respond to crises, to meet current gaps, and to anticipate the future.

A blueprint approach will not work, as effective workforce strategies must be matched to a country's unique history and situation. Most workforce problems are deeply embedded in changing contexts, and they cannot be easily resolved. These problems can be emotionally charged because of status issues and politically loaded because of divergent interests. That is why workforce solutions require stakeholders to be engaged in both problem diagnosis and problem solving.

This report lays out a "working lifespan" approach to the dynamics of the workforce. It does so by focusing on strategies related to the stage when people enter the workforce, the period of their lives when they are part of the workforce, and the point at which they make their exit from it. The road map of training, sustaining and retaining the workforce offers a worker perspective as well as a systems approach to strategy. Workers are typically concerned about such questions as: How do I get a job? What kind of education do I need? How am I treated and how well am I paid? What are my prospects for promotion or my options for leaving? From policy and management perspectives, the framework focuses on modulating the roles of both labour markets and state action at key decision-making junctures.

The full report may be downloaded at <http://www.who.int/whr/2006/en/index.html>. Copies of this publication can be ordered from: bookorders@who.int

Lifting the Smoke-screen - 10 Reasons for a Smoke-free Europe

Scotland became the sixth European country to be smoke free on March 26, 2006, following the example of Ireland, Norway, Italy, Malta and Sweden. England will be smoke free next year after a historic vote in the Parliament last month. In France the support to become smoke free is growing after the release of (a 151 pages) an official report of IGAS, which recommended last month that the best solution is a complete ban in all public places in France. <http://www.ladocumentationfrancaise.fr/rapports-publics/064000239/index.shtml>

A recent report was released in the European Parliament entitled Lifting the Smoke-screen - 10 Reasons for a Smoke-free Europe. Professor Konrad Jamrozik of the University of Queensland made estimated that more than 79,000 adults die each year as a result of passive smoking in the 25 countries of the EU. A total of just over 19,000 of the deaths are among non-smokers.

Figures for second-hand smoking-related deaths are broken down by country (25 European Union countries plus Iceland, Norway and Switzerland), by age (under 65 years, over 65 years), by site (home, work, including separate figures for the hospitality industry) and by condition (lung cancer, ischaemic heart disease, stroke, chronic non-neoplastic pulmonary disease).

Where smoke free policies have been introduced, at least three out of every four people support them. Compliance rates are high. In Norway, 94% of respondents reported that they were seldom or never exposed to tobacco smoke in bars and restaurants following the legislation in December 2004 compared with 56% the previous year. The policy has become more popular since its introduction in New York, Ireland, Norway and New Zealand. In Norway, popularity increased from 47% before the law was introduced to 58% afterwards. Support has also increased in Italy.

Tobacco companies have always claimed that a smoking ban in bars and restaurants would have a negative impact on business and lead to fewer sales and less employment. Independent and reliable research on the financial impact of smoke-free policies in the hospitality industry provides evidence that counters the tobacco industry's economic claims.

A review of the literature by Scollo and colleagues of almost 100 studies, produced before 31 August 2002,

from Canada, UK, USA, Australia, New Zealand, South Africa, Spain and Hong Kong, failed to find a negative impact or a positive effect in studies based on objective and reliable measures. <http://tc.bmjournals.com/cgi/content/full/12/1/13>

Other information on the effect of recent smoking bans in British Columbia (2002), New York (2003), Ireland (2004), Norway (2004) and New Zealand (2004) has not shown a negative impact on business. They concluded that, "The truth is that there is no country or state which experienced negative economic impact after a smoking ban in bars and restaurants".

The report, Lifting the Smoke-screen - 10 Reasons for a Smoke-free Europe, may be downloaded on <http://www.ersnet.org/ers/default.aspx?id=4577>

Luk Joossens
Advocacy Officer, Association of European Cancer Leagues
Brussels, Belgium
Member of GLOBALink - The International Tobacco-Control Community
www.globalink.org
(Editor's note: Submitted to Wonca News by Professor Rick Bohtelho, Chair of the Wonca Task Force on Tobacco Cessation)

Call for Papers Issued by Education for Health Editors

The editors of Education for Health, the journal of The Network: Towards Unity for Health, have issued a call for papers for a special issue entitled, The Integration of Medicine and Public Health in Practice Through a Unity of Purpose and Action.

In 1999, WHO held an international conference to address the current fragmentation of health systems and to develop a framework for better melding the domains of medicine and public health in health care delivery. The resulting framework created, referred to as: "Towards Unity for Health" (TUFH) addresses the need for a better coordination of health service delivery through partnerships among the community, health service providers, policy makers, health professionals and academic institutions. As described by one of its creators, TUFH "endeavors to create a unity of purpose and action among stakeholders". The theoretical model has now been tested explicitly in several field projects internationally as well as implicitly in a variety of other sites in developed and developing countries.

The editors of Education for Health, a journal listed in several databases including Index Medicus, are now planning a special issue of the journal to showcase this model. We are seeking manuscripts that of descriptions and evaluations of programs demonstrating innovative patterns of service and implement the basic principles of TUFH. We would like to emphasize that we are soliciting manuscripts that model these principles; it is not necessary that the project has any connection to TUFH. These principles include: consensus building among stakeholders, community engagement, leadership training, shared management and resource development and deployment. Roles of the five stakeholders - health service providers, health professionals, the community, policy makers and the academic community, should be described. Programs may be at the community, district, state or national level.

Two types of papers may be submitted:

- * Full papers of 3000 words or less. These should include the initial program objectives, a description of the partners and their roles, the implications of

the program for the health professions and evidence of impact.

- * Brief communications of less than 1200 words. A full program evaluation is not required. This format may be used to describe programs which are in the process of being implemented but have not yet been evaluated.

Articles in English, Spanish and French are welcome. Summaries in these languages will be available for each article .

Manuscripts are due by July 31, 2006 and should be submitted via email to “Education for Health” at: efh@network.unimaas.nl. Routine author guidelines will be utilized, which are available at: <http://www.the-networktufh.org>. If you have specific questions, please contact either of us via email.

Margaret Gadon, MD, MPH
Michael Glasser, Ph.D.
 Co-Editors Education for Health
 Email: efh@network.unimaas.nl



**SAVE
THE
DATE**

**7th WONCA Rural Health Conference
2006**
*Transforming Rural Practice
Through Education*

September 8-15, 2006
 Seattle, WA, USA

www.ruralwonca2006.org www.ruralwonca2006.com
www.ruralwonca2006.net

WONCA Rural Conference
 September 8-10, 2006
 University of Washington campus

Clinical Conference
 September 11-13, 2006
34th Annual Advances in Family Practice and Primary Care
 University of Washington campus

Post Conference
 September 13-15, 2006
Talkeetna Alaskan Lodge — Anchorage, Alaska



WONCA CONFERENCES 2006 – 2011 AT A GLANCE

Information correct as of January 2006.
May be subject to change.

**Wonca Direct Members enjoy lower conference registration fees

See Wonca Website www.GlobalFamilyDoctor.com for updates & membership information

2006	Region	Venue	Theme
27 – 30 Aug	European Regional Conference	Florence ITALY	Towards Medical Renaissance: Bridging the Gap Between Biology and Humanities
8 – 16 Sept	World Rural Health Conference, Clinical Conference, & Post Conference	Seattle Washington USA Anchorage, Alaska, USA	Transforming Rural Practice Through Education
11 – 14 Oct	Iberoamericana - CIMF Regional Conference	Buenos Aires ARGENTINA	Building a Primary Care-Based Health System: the Role of the Family Doctor
5 – 9 Nov	Asia Pacific Regional Conference	Bangkok THAILAND	Happy and Healthy Family
2007			
24 – 27 July	18th WONCA WORLD CONFERENCE	SINGAPORE	Genomics and Family Medicine
17 – 21 Oct	European Regional Conference	Paris FRANCE	Re-Thinking Primary Care in the European Context: A New Challenge for General Practice
2008			
1 – 5 Oct	Asia Pacific Regional Conference	Melbourne AUSTRALIA	A Celebration of Diversity
2009			
5 – 8 June	Asia Pacific Regional Conference	Hong Kong	Building Bridges
2010			
19 – 23 May	19 th WONCA World Conference	Cancun MEXICO	Millennium Development Goals: the Contribution of Family Medicine
2011			
February 2011	Asia Pacific Regional Conference	Cebu PHILIPPINES	Paradigms of Family Medicine: Bridging Old Traditions with New Concepts

GLOBAL MEETINGS FOR THE FAMILY DOCTOR

WONCA WORLD AND REGIONAL CONFERENCE CALENDAR

Wonca Europe Regional Conference, Florence 2006

Host: CSERMEG
 Theme: Towards Medical Renaissance
 Date: 27-30 August, 2006
 Venue: Florence, Italy
 Contact: OICsrl
 Viale Matteotti 7
 50121 Florence, Italy
 Tel: +39 0555 0351
 Fax: +39 0555 001912
 Email: wonca2006@oic.it
 Web: http://www.woncaeurope2006.org

Wonca 7th Rural Health Conference, Seattle-Anchorage 2006

Host: Wonca Rural Health Working Party
 Theme: Transforming Rural Practice Through Education
 Date: 8-15 September, 2006
 Venue: 8 -10 September – Wonca Rural Conference
 University of Washington campus
 11-13 September, 34th Annual Advances in Family Practice
 University of Washington campus
 13-15 September, Post Conference
 Talkeetna Alaskan Lodge
 Anchorage, Alaska
 Contact: Tom E Norris, MD
 Chair, Host Organizing Committee
 Department of Family Medicine
 University of Washington
 School of Medicine
 Box 356390
 Seattle, WA 98195-6390,
 USA

Fax: 206-543-3101
 Email: tnorris@u.washington.edu
 Web: http://www.ruralwonca2006.org/

Wonca Iberoamericana-CIMF Region, Buenos Aires, 2006

Host: Federacion Argentina De Medicina Familiar y General
 Theme: Pursing Equity and Efficiency in Healthcare: The Role of the Family Doctor
 Date: 11-14 October, 2006
 Venue: Sheraton Hotel, Buenos Aires
 Contact: Federacion Argentina De Medicina Familiar y General
 Tel: 54 11 4958 5079
 Email: famfyg@aamf.org.ar
 Web: www.famfyg.org.ar

15th Wonca Asia Pacific Regional Conference, Bangkok 2006

Host: General Practitioners/Family Physicians Association of Thailand
 College of Family Physicians of Thailand
 Theme: Happy and Healthy Family
 Date: 5-9 November, 2006
 Venue: The Royal Golden Jubilee Building
 Contact: Dr Kachit Choopanya,
 Chairman, Host Organizing Committee
 11th Floor, Royal Golden Jubilee Building
 2 Soi Soonvijai, New Petchaburi Road
 Bangkok, Thailand 10320
 Tel: 66(o) 2716 6651
 Fax: 66(o) 2716 6653
 Web: www.wonca2006.org

18th Wonca World Conference, Singapore 2007

Host: College of Family Physicians, Singapore
 Theme: Genomics and Family Medicine
 Date: 24-27 July, 2007
 Venue: Singapore International Convention and Exhibition Centre
 Contact: Dr Tan See Leng,
 Chairman,
 Host Organizing Committee
 College of Family Physicians, Singapore
 College of Medicine Building
 16 College Road #01-02
 Singapore 169854
 Tel: 65 6223 0606
 Fax: 65 6222 0204
 Email: contact@cfps.org.sg
 Web: www.wonca2007.com

ONLINE REGISTRATION NOW OPEN

Wonca Europe Regional Conference, Paris, 2007

Host: French National College of Teachers in General Practice
 Theme: Rethinking Primary Care in the European Context
 Date: 17-21 October, 2007
 Venue: Palais des Congres Paris, France
 Contact: French National College of Teachers in General Practice
 6 rue des Deux Communes
 94300 Vincennes, France
 Tel: 33-153 669 180
 Email: cnge@cnge.fr
 Web: www.cnge.fr

19th Wonca World Conference, Cancun 2010

Host: Mexican College of Family Medicine
 Theme: Millennium Develop Goals:
 The Contribution of Family Medicine
 Date: 26-30 May, 2010
 Venue: Cancun Conventions and Exhibition Center,
 Cancun Mexico
 Contact: Mexican College of Family Medicine
 Anahuac #60
 Colonia Roma Sur
 06760 Mexico, D.F.
 Tel: 52-55 5574
 Fax: 52-55 5387
 Email: javier.dominguez@unfpa.org.mx

MEMBER ORGANIZATION AND RELATED MEETINGS

8° Congresso de Medicina de Família e Comunidade (8th Brazilian Meeting of Family and Community Medicine), Sao Paulo 2006

Theme: Comprehensive Health Care in Brazil: The Contribution of Family and Community Medicine - Making Medical Practice More Relevant to People's Needs
 Host: Brazilian Society of Family and Community Medicine
 Date: 15-18 June 2006
 Venue: São Paulo, Brazil
 Host: Brazilian Society of Family and Community Medicine
 Contact: Rua Marquês de Itu, 408 Cj 34/35
 Vila Buarque
 São Paulo - SP
 Brazil - Cep: 01223-000
 Phone: 55 11 83636868
 Fax: 55 11 33613089
 Email: sbmfc@sbmfc.org.br
 Web: www.sbmfc.org.br/congresso2006

13th World Conference on Smoking or Health, Washington, DC 2006

Theme: Building Capacity for a Tobacco-Free World
 Date: 12-15 July, 2006
 Venue: Renaissance DC Hotel
 Washington, D.C., USA
 Contact: John Seffrin, PhD
 Chief Executive Officer
 American Cancer Society
 Email: secretariat2006@cancer.org
 Web: http://www.2006conferences.org/

American Academy of Family Physicians (AAFP) Annual Scientific Assembly, Washington, DC 2006

Date: 27 Sept - 1 October, 2006
 Venue: Washington DC Convention Center
 Contact: AAFP
 11400 Tomahawk Creek Parkway
 Leawood, Kansas 66211-2672, USA
 Tel: 1 913 906 6000
 Fax: 1 913 906 6075
 Email: international@aafp.org
 Web: http://www.aafp.org

The Royal Australian College of General Practitioners 48th Annual Scientific Conference, Brisbane 2006

Date: 5-8 Oct, 2006
 Theme: Be the Future
 Venue: Brisbane Convention and Exhibition Centre
 Contact: Michaela Fox
 Email: michaela.fox@racgp.org.au
 Web: http://www.racgp.org.au/asc2006/

International Society for Quality in Health Care 23rd International Conference, London 2006

Date: 22-25 October, 2006
 Venue: London, United Kingdom
 Contact: ISQua Secretariat
 212 Clarendon Street
 East Melbourne 3002 AUSTRALIA
 Phone: +61 3 9417 6971 ..
 Fax: +61 3 9417 6851
 Email: isqua@isqua.org
 Web: http://www.isqua.org

College of Family Physicians of Canada (CFPC) Family Medicine Forum, Manitoba 2006

Date: November 2 - 4, 2006
 Venue: Quebec City Convention Centre
 Quebec City, Quebec
 Contact: Joanne Langevin; Meetings Manager
 Cheryl Selig, Registration Coordinator
 2630 Skymark Avenue
 Mississauga, Ontario, Canada L4W 5A4
 Tel: (905) 629-0900 / 1-800-387-6197
 Fax: (905) 629-0893
 Email: info@cfpc.ca
 Web: www.cfpc.ca



18th Wonca World Conference

24 – 27 July 2007

Suntec Singapore

Genomics & Family Medicine

Genomics & Family Medicine

PLENARY LECTURES



Impact of Human Genomics on the Practice of Medicine

Professor Edison Liu
Executive Director, Genome Institute of Singapore



Future Health Agenda

Dr. Shigeru Omi
Regional Director, Western Pacific
Regional Office of the World Health
Organisation



The Journey of the Genome - How Could it Impact Modern Medicine? (Tentative)

Dr. Spencer Wells
Population Geneticist, National
Geographic



Title to be advised

Dr. Francis S. Collins
Director, National Human Genome
Research Institute (NHGRI)



Pharmaco-genomics - Current Status and Future Potential in Clinical Practice

Professor David B. Goldstein
Director, IGSP Centre for Population
Genomics & Pharmacogenetics



Translational Research in Family Medicine

Professor Yvonne Carter
Dean, Warwick Medical School



Ethical and Medico-Legal Issues in the Age of Genomics

Professor Michael Kidd
Head of the Discipline of General Practice,
The University of Sydney

call for abstracts

Deadline for Abstract Submission : **31 August 2006**
Notification of Abstracts' Acceptance : **1 November 2006**

Online Registration and Abstract Submission is NOW OPEN!!!

For more information, visit us at:
www.wonca2007.com

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[Updated as of 30 May 2006]