

WONCANews

An International Forum for Family Doctors



CONTENTS

Wonca News Triennium Issue

From the Wonca President : Taking Pride in our Achievements from 2007 to 2010 3

From the CEO's Desk : Wonca's Journey During the Past Triennium 4

From the Editor : Ours Has Been a Great and Grand Journey 8

WONCA CANCUN SCHEDULE OF EVENTS: MAY 16-23 2010 9

- Welcome to Cancun for the 19th Wonca World Conference
- Wonca World Council May 16-18
- Wonca World Conference May 19-23

Wonca REGIONAL NEWS 12

- Africa Region
- Asia Pacific Region
- Europe Region
- Iberoamericana-CIMF Region
- North America Region
- Middle East South Asia Region
- Eastern Mediterranean Region

Wonca WORKING GROUP NEWS 21

- Working Party on Rural Practice
- Working Party on Women and Family Medicine
- Working Party on Mental Health
- Working Party on Education

HEALTH AND HEALTH SYSTEM NEWS 25

- Wonca and the World Health Organization
- "15by2015": A Campaign to Strengthen Primary Health Care Around the World

MEMBER AND ORGANIZATIONAL NEWS 27

- Can Wonca "GROW"?
- Wonca Africa and Primafed Hold Train-the-Trainer Workshop
- Josep Basora is New President of the Spanish Society of Family and Community Medicine
- Honoring Wonca's Leaders – In Memorium

RESOURCES FOR THE FAMILY DOCTOR 35

- Searching Primary Health Care Including Family Practice in Index Medicus
- Mental Health and Primary Care
- WHO's 2008 World Health Report – Primary Health Care, Now More than Ever
- The Historic 2008 WHA Resolution on Primary Health Care
- WHO's Social Determinants of Health

WONCA CONFERENCES 2010-2013 AT A GLANCE 40

LIST OF WONCA MEMBER ORGANIZATIONS 41

GLOBAL MEETINGS FOR THE FAMILY DOCTOR 46

World Organization of Family Doctors
www.GlobalFamilyDoctor.com

Wonca President

Professor Chris van Weel
Department of Primary and Community Care
Radboud University Nijmegen Medical Centre
117 HAG, PO Box 9101
6500 HB Nijmegen
The Netherlands
Tel 31 24 361 6332
Fax 31 24 354 1862
Email C.vanWeel@elg.umcn.nl

Wonca Chief Executive Officer

Dr Alfred W T Loh

Wonca World Secretariat

7500A Beach Road
#12-303 The Plaza
Singapore 199591
Tel 65 6224 2886
Fax 65 6324 2029
Email admin@wonca.com.sg

Wonca President Elect

Richard G Roberts, MD, JD, USA

Immediate Past President

Professor Bruce L W Sparks, South Africa

Honorary Treasurer

Professor Michael Kidd, Australia

Executive Members at Large

Dr Javier Dominguez del Olmo, Mexico
Dr Iona Heath, United Kingdom
Professor Michael Kidd, Australia

Regional Presidents

Wonca Africa

Professor Khaya Mfenyana, South Africa

Wonca Asia Pacific

Dr Donald K T Li, Hong Kong

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Wonca Iberoamericana - CIMF

Professor Adolfo Rubinstein, Argentina

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Dr Preethi Wijegoonewardene, Sri Lanka

Wonca North America

Dr Alain Montegut, USA

Wonca Eastern Mediterranean

Dr Nabil Kurashi - President Protem

Saudi Arabia

Chair, Bylaws & Regulations Committee

Dan Ostergaard MD, USA

Chair, Wonca Publications and Communications Committee

Dr Geoffrey D Martin, Australia

Editor, Wonca News & Editorial Office

Marc L Rivo, MD, MPH
4566 Prairie Avenue
Miami Beach, FL 33140, USA
Tel 1 305-671-7327
Fax 1 305-674-8839
Email marcivo@aol.com

WONCA GLOBAL SPONSORS





6° bulletin

19TH WONCA WORLD CONFERENCE OF FAMILY DOCTORS

May 19th-23th, 2010 Cancun, Mexico

www.wonca2010cancun.com

Attend the Wonca world conference and enjoy the Cancun wonderers

The Conference, first ever organized in a Latin American country, promises to be a very stimulating international event with delegates coming from all Wonca regions. **Wonca Cancun 2010** will provide the opportunity to bring together experts in family medicine and primary care from all over the world to exchange ideas, information and the most up to date findings allowing us to enhance family health across diverse cultures.

Cancun is a gateway to the wonders of the mexican caribbean and the maya world, as well as the vast nature reserves of state Quintana Roo.

There are about 140 hotels in Cancun with more than 24,000 rooms and 380 restaurants. 4.000.000 visitors arrive each year in an average of 190 flights daily. Cancun's hotel zone is shaped like a 7 with bridges on each end connecting to the mainland. Resorts on the horizontal or short end of the 7 tend to have more gentle surf because the waves here are blocked by the island of Isla Mujeres which lies just off shore. The hotel zone offers a broad range of accommodations, ranging from relatively inexpensive motel-style facilities in the older section closest to the mainland, to luxury hotels in the later sections. Travelers will find many well-known theme restaurants and clubs here.

For more information, please visit:

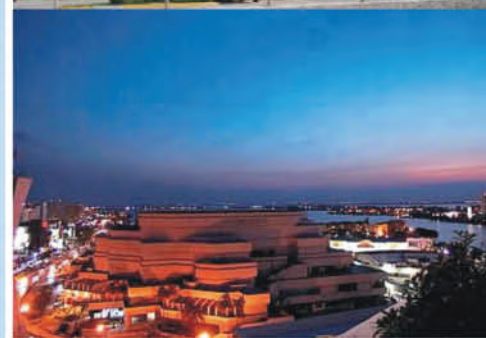
<http://cancun.gob.mx/turismocancunqroo>

And for the delegates and their families, the Organizing Committee has negotiated special rates in the nearest hotels of Cancun Convention Center.

We would like to invite you to our web page, where you can find detailed information for accommodation and de conference.

www.wonca2010cancun.com

We look forward to seeing you in Wonca Cancun 2010!



For more information:

+ 52 55 55 99 28 60

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Wonca Cancún 2010 at YouTube:

<http://www.youtube.com/watch?v=L5WDzGyLsV0>



FROM THE WONCA PRESIDENT :

TAKING PRIDE IN OUR ACHIEVEMENTS FROM 2007 TO 2010

This issue marks the ending of the 2007 – 2010 Triennium, that will be concluded at the Wonca World Council and Conference at Cancun in May. Wonca lives through a three year life span ever since in 1980 World Conferences were scheduled with a three-year rather than a two-year interval. Plans and budgets are made, and officers appointed, to guide Wonca through that period, and the Wonca Council will critically appraise Wonca's performance in the last three years.

This – my last – President's column is therefore an appropriate moment to look at what Wonca has been doing between 2007 – 2010. The regular readers of this Column will recognize most of the points, from previous publications, but there is nothing wrong, I think in summarizing it here again. The achievement that stands-out above all others was the WHO Resolution on primary health care, that the World Health Assembly adopted in May 2009. This made a great occasion for primary health care. It concluded a period of hard work from Wonca, TUFH and other proponents. First and foremost, though, it marked the power of Wonca as an international body. Foundations of the success of the Resolution were laid when we met the WHO Director General Dr. Margaret Chan and her staff in the Autumn of 2007. And a couple of other achievements followed that memorable day in Geneva: the report 'Integrating Mental Health into Primary Care' of the mental health working party was a collaboration with WHO that truly put mental health on the agenda and will guide primary care development in the coming years.

Also in collaboration with WHO, but with SNOMED as well, is the work on ICPC that should result in an ICPC-3 even more sensitive to the needs of primary care informatics and compatible with all important other classifications. The memorandum of understanding that Wonca made with the managing organization of SNOMED – ITHSDO – may look like a small step, but marks a new significant development in the work of Wonca's oldest working party, WICC. More international collaborations got under way, marking the importance of primary care presence at the global scene – with the World Psychiatric Association, with the World Medical Association and a great number of others in Person Centered Medicine, in collaborations on chronic diseases and in particular the issue of multi-morbidity/co-morbidity. And there were a number of important developments within Wonca as

well: the pro-term Middle East Region got under way with its first regional conference in Muscat, after an earlier conference in Abu Dhabi. There was a most significant regional conference in Africa that set-off most welcome developments in that region. And in South Asia it was possible to get Indian membership back, and hard work did lead to the preparations of a much needed regional conference later this year in Kathmandu, Nepal.

All together, never before have there been so many regional Wonca conferences than in the past three years. With the introduction of academic membership, Wonca has fostered its link with university departments around the world. To this should be added the dialogue with the National Library of Medicine who introduced in a most welcome move, the Subject Title 'Primary Health Care', in their ordering of scientific journals. All together, this represents many achievements for which I think Wonca can be proud. With limited resources, Wonca has delivered in my view more than could reasonably have been expected.

Everyone, from the member organizations, the regions, the working parties and special interest groups, the executive and the Wonca office can take ownership of this pride. But at the same time, these achievements should also be a reason of grave worry and concerns: at a time when primary health care is taking global central stage, Wonca can only do as much as its limited resources will allow. And with the pedestrian time-frame of three years, the opportunities to liaise with our member organizations, regions, working parties and special interest groups only once every three year, when the world of primary care has changed beyond recognition, is simply not good enough. In fact, due to the global economic crisis, I had to urge the Executive to take the most painful decision of putting on hold most of Wonca working parties' activities in the past two years. While an indispensable decision for Wonca to survive, this was catastrophic in terms of the service and support to primary care around the world. In rather cynical terms, the mere survival of Wonca through this triennium may be seen as an accomplishment. But given the importance of primary care development such a decision to put vital global work on hold is simply unacceptable.

This is the overriding concern that the Executive has, and this has led us to explore ways in which the operational force of Wonca can be dramatically improved. The Cancun Council will have to act on this, and that makes the coming get-together one of the most important ones in Wonca's history. I sincerely hope that Council will have the leadership courage to come to crucial decisions. The coming president, professor Rich

Roberts, has led the proposals for this fundamental restructuring of Wonca – the GROW proposals. The importance of primary care on the international health agenda is such that there is little perspective in not moving. As part of this better preparation of Wonca for its future, Council will be asked to secure the selection of the best people to lead Wonca and in particular to get rid of the current lack of balance in gender distribution of Wonca office bearers.

Experience has taught us, that the natural flow of elections for office will not bring-in more women. This has urged Executive to propose clear targets for the number of women to be elected into Wonca leadership positions. Exciting decisions lay ahead, and it is hoped that soon the Wonca life cycle will no more be the pedestrian three years of now.

As may transpire through, the last three were busy years, occasionally frustrating, but in all a unique and most rewarding period. I thank all the members of Executive, regional Executives and Councils, the Member Organizations, Working Parties and Special Interest Groups, and of course that unique group of two women and a man – the Wonca Singapore Office – for the unwavering support I received.

This issue of Wonca News not only concludes the 2007 – 2010 Triennium, it is also the last issue that has been made under the responsibility of Marc Rivo as Editor. At the Cancun Council, a new Editor will be appointed, and this is an appropriate moment to thank Marc for his excellent contributions to Wonca. Since 2001, Marc has served us in the Editorship of Wonca News. Marc brought great editorial skills to the job that made Wonca News a most accessible source of what was happening in Wonca. But above all it was Marc's passion for family medicine and primary care that drove him – a passion that served Wonca earlier, when Marc was co-editing the Wonca-WHO Guidebook and helping to lead the global primary care capacity building activities of the 1990's. For all this, I would like to express Wonca's high appreciation to Marc Rivo.

This Column marks the end of my term as Wonca President. In Cancun, Professor Richard Roberts will take over the reign of Wonca, and I am convinced that he will be an excellent President. For him it will be as it was for me, a more than busy three years, and I urge all of you to give him the same support that I was fortunate to receive. That support will be in the best interest of Wonca's mission – the health of people around the world.

Professor Chris van Weel
President of Wonca

FROM THE CEO'S DESK:

WONCA'S JOURNEY DURING THE PAST TRIENNIUM

The world economic downturn starting in mid-2008 affected significantly the overall ability of Wonca to proceed with most of the planned activities of the Organization, especially during the second half of the triennium. This is reflected in the reports from the various Wonca Committees, Working Parties and Ad-hoc Committees to the Wonca World Council in Cancun.

My column in this triennial issue of Wonca News will only cover the issues that were significant in this past triennium and it complements the report of the Wonca World President given in his column.

The Wonca World Secretariat

The Wonca World Secretariat continues to function with the same number of staff as in the earlier triennium; namely the CEO, the Administrative Manager, and the Accounts Executive. Ms Yvonne Chung, the Administrative Manager and Ms Gillian Tan, the Accounts Executive, have between them worked out a smooth and efficient work flow which I believe has served Wonca, its Regions and Sub-groups well over this past triennium.

Since the relocation of the Wonca World Secretariat to Singapore in 2001, the Secretariat had been housed within the premises of the College of Family Physicians of Singapore. In late 2008, the Secretariat was informed by the College that it required more space for its own operational need.

The Wonca World Secretariat then moved to its present location in an office complex in downtown Singapore in April 2009. This new office is about twice the size of the earlier one at the premises of the College of Family Physicians, Singapore. This has allowed for a better office layout with sufficient space for storage and a table space for an additional staff if needed. The Secretariat continues to provide efficient and prompt administrative support to all of Wonca Executives, Wonca Regions, Wonca Committees, Working parties, and Special Interest Groups.

The Wonca Executive Committee

During the 2007 – 2009 Triennium, the Wonca Executive Committee continued to meet as a Full Executive annually

with the Core Executive (consisting of the President, President-Elect, Honorary Treasurer and CEO) meeting about six months between the Full Executive Meetings. This manner of Executive Meetings, although far from ideal, was introduced during the 2001–2003 Triennium and continued through the years into this triennium to save on the cost of travel and accommodation for Wonca.

In the triennium under consideration, Full Executive Committee Meetings were held as follows:

- July 2007 in Singapore during the Wonca World Conference
- February 2008 in Dubai during the Regional Conference of the proposed Wonca
- East Mediterranean Region (EMR)
- June 2009 in Hong Kong during the Asia Pacific Regional Conference

Full Executive Meetings were always held where possible in conjunction with and at the same venue as regional conferences to give greater visibility and support to the region.

During the triennium, Core Executive Meetings were held as follows:

- October 2008 in Melbourne during the Asia-Pacific Regional Conference
- February 2009 in Singapore (in conjunction with the GROW Meeting)
- January 2010 in Singapore

Wonca Membership Update

At its inauguration in 1972, there were only 18 founding member organizations in Wonca. By 1994 there was a total of 50 member organizations and by 1999 this had increased to 69. Wonca had 27 new member organizations joining in the

2001–2003 triennium and another 15 in the years 2004–2006.

During this past triennium, Wonca grew at a much slower pace than that seen in the earlier two trienniums. In the past triennium Wonca grew by one Full and one Associate Member with no new Organizations in Collaborative Relations with Wonca. There is one applicant for full membership under consideration by the Wonca Membership Committee.

The new members welcomed into the Wonca family during the triennium were the:

- Federation of Family Physicians Associations of India (FFPAI) as Full Member
- Hungarian Research Organization of Hungarian Family Physicians as Associate Member.

The Wonca Secretariat continues to receive enquiries and expressions of interest from various family doctor organizations globally from time to time. Currently the Secretariat is dealing with enquiries from: Azerbaijan, Croatia (a possible 2nd organization), Japan, Malawi, Qatar, Sudan, Syria, and Uganda.

To date, Wonca has 100 Full Members, 10 Associate Members and 10 Organizations in Collaborative Relations (OCRs) with Wonca. Wonca membership now covers every continent on the globe and member countries represent over 80% of the world's total population. A study of the spread of membership over the globe will reveal that there are still a significant number of countries in the Central Asia and Africa regions that have yet to become members of Wonca. These are mostly developing countries that are likely to benefit significantly from the introduction of Primary Care into their health care system.

A significant development in the

history of Wonca at this Cancun World Council will be the official inauguration of the Wonca East Mediterranean Region (Wonca EMR) and the formal recognition by the Council of this new regional entity. This newly formed Region currently has 8 member organizations from Bahrain, Egypt, Iraq, Jordan, Lebanon, Oman, Saudi Arabia and United Arab Emirates. Future members may include Kuwait, Qatar, Syria and Yemen.

Academic Department 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 can identify with the aims, objectives, and mission of Wonca and that are prepared to support Wonca activities locally, regionally and internationally. Wonca Executive felt that, particularly in the developing countries like those of Eastern Europe and South America, emerging departments in our discipline were likely to become the champions of the discipline in their fast evolving health care scene. Wonca, working in close collaboration with these establishments, will 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 category was launched at the Wonca Asia Pacific Regional Conference in Melbourne, Australia, on 1-5 October 2008. This was an

appropriate occasion as the major Heads of Family Medicine Academic Departments in Australia and the Region were holding their meetings at this conference. 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 09, and Basel, Switzerland in September 09.

At the end of March 2010, Wonca has 43 Academic Members from 14 countries. There is much more to be done in raising the number of academic department membership. Wonca Regional Presidents will be key in promoting the recruitment of such membership for Wonca.

International Classification of Primary Care (ICPC)

In December 2003, Wonca received the good news that the WHO-FIC (Family of Classification) Network of the WHO Collaborating Centres had endorsed ICPC as a member of the WHO-FIC. In February 2007, Wonca finally also received from Oxford University Press the agreement to return the publishing rights of ICPC-2 back to Wonca.

These developments have given rise over the past triennium to many expressions of interest by countries for the national licensing rights of ICPC. Using a standard formula for royalty applied across the board, Wonca has been successful in selling the national licences for ICPC to seven countries in the past triennium (Switzerland, Finland, Turkey, Iceland, Denmark, Brazil and Georgia).

In 2007, there were no fresh inquiries for national licenses for ICPC. There are ongoing negotiations for sale of the national licenses to several other countries at time of writing of this report. Below are the inquiries received in 2008 -2010 which the Secretariat have handled

and given the necessary information on the national license fees payable should the license be purchased.

- Sept 2008, Greece - Greek Ministry of Health
- Dec 2008, Spain - Semfyc – a Wonca member organization
- July 2009, Hong Kong - Department of Health
- July 2009, Italy - CASPUR, a non-profit Interuniversity Consortium providing HPC and IT services to Italian universities
- April 2010, Malaysia – from a commercial inquiry
- April 2010, Sri Lankan – Ministry of Health

In addition to the sale of national licenses, Wonca has, in the Triennium, also agreed to the use of ICPC in numerous research projects by university departments of primary care and also national governments. These licenses for use in research purposes have all been given free of royalty and for a defined period to encourage and promote the use of ICPC globally.

During the past triennium three other significant developments in connection with ICPC and the Wonca International Classification Committee (WICC) must also be mentioned:

The first significant development is the WHO/WONCA Memorandum of Understanding in classification development. The aim of the collaboration is to create a standard health care classification that is usable in primary care settings worldwide and that can be linked to more specialised classifications, terminologies, and nomenclatures where necessary.

WHO and Wonca will collaborate to create an integrated suite of health care classifications. This suite will include the revised version of ICPC (ICPC-3) as the basic primary care classification. ICPC-3 will be mapped to the ICD-11 and ATC

classifications in a telescoping fashion. ICPC-3 will contain links to ICF and (if available) ICHI. Both ICPC and ICD could be mapped to SNOMED-CT in collaboration with the International Health Terminology Standards Development Organization (IHTSDO). This arrangement will enable episode-oriented data entry, retrieval, and analysis at any of several levels of granularity and will support a diverse set of use cases.

The Memorandum of Understanding between WHO and Wonca will be signed within the next few months. Key persons in WICC will play important roles in this collaboration.

A second major development is that Wonca and the International Health Terminology Standards Development Organisation (IHTSDO) signed a Harmonization Agreement in December 2009 to launch 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. This joint effort brings the expertise that Wonca has built over more than 30 years a major step forward. The collaboration will substantially strengthen health informatics for primary care. At the same time, it will improve the value of classification and taxonomy, through its focus on the health and health problems of people in the community. Core members of WICC will be involved in this collaboration with IHTSDO.

The third major development is related to plans for an international consortium for ICPC-3 development. In line with recent moves by WHO to develop ICD-11 and the International Health Terminology and Standards Development Organization (IHTSDO) to develop SNOMED-CT, Wonca has decided to embark on the

development of ICPC version-3 (ICPC-3). The objective is to create a standard health care classification that is usable in primary care settings worldwide and one that can be linked to more specialized classifications, terminologies, and nomenclatures where necessary. There is a clear need for a single primary care classification that works in many settings worldwide. Classifications for primary health care must support a range of use cases, from developing countries to advanced countries using full electronic patient records (EPRs). The optimal data model for primary care will organize data into longitudinal episodes of care.

This project to develop and maintain ICPC-3 will require funding beyond the means of Wonca and will be an ongoing undertaking. To solve the problem of funding and support for the continuing work on ICPC-3, Wonca has proposed the creation of a formal independent consortium, with an agreed working relationship with WHO and IHTSDO. The consortium would be chartered by Wonca. Its organizational structure and internal governance could be patterned after IHTSDO. It would be funded largely by national colleges or health ministries committed to the national use of ICPC. This is a currently work in progress.

Wonca is currently exploring with the John Hopkins University's Bloomberg School of Public Health the possibility of marketing ICPC-2 with their ACG System. The Johns Hopkins Adjusted Clinical Groups® (ACG) System is one of the most widely used methods of its type in the world. Over the past 25 years, Johns Hopkins University has gathered considerable experience applying ACGs, despite inherent differences in health care systems, in more than a dozen countries throughout Europe, Asia and North America.

Recognizing ICPC as the preferred

coding system for primary care, and in cooperation with international co-researchers, the ACG International team has developed an ACG model based on the ICPC coding system. While the coding system has thus far been used solely for research and development purposes, JHU anticipate that there will be commercial interest in this model in the future. It is their goal that the new model be available for incorporation into local and/or national coding systems. Negotiations over the past six months have been fruitful and we are now trying to firm up the collaboration.

The World Health Organization (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 Wonca 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 has been an NGO in Collaborative Relations with WHO continuously since 1979. Our NGO status was recently renewed in February 2010 for the next three years. Currently Wonca enjoys several areas of collaboration with WHO and these, we hope, will increase in the years ahead. Some of the ongoing collaborations include:

1. The Global Alliance against Chronic Respiratory Diseases (GARD) – a WHO Initiative in which Wonca is 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, Dr Gabriel Ivbijaro from the Wonca Working Party on Mental Health,

sits in 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 are 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-10 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 enjoys Observer Status in the Conference of Parties to the WHO Framework Convention on Tobacco Control (WHO-FCTC)

Perhaps the most significant development in the relationship between WHO and Wonca was the address given by the Wonca World President to the WHO World Health Assembly (the first ever by a Wonca World President). Wonca President Chris van Weel 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 to urge 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 as supported by Wonca and other NGOs was passed by the World Health Assembly.

The Past Triennium's Financial Situation

The past triennium (2007 – 2009) had been a taxing period for Wonca

financially and organizationally. Towards the second half of the triennium, the financial difficulties of the Organization required drastic measures to be undertaken by Wonca Executive Committee to safeguard Wonca from a financial crisis.

Two major global events in the course of the three years beginning in early 2008 had significant impact on the finances of Wonca. The first was the review undertaken by the governments in the USA and Europe on how pharmaceutical multinationals were relating to medical organizations, especially in their sponsorship of educational events and materials. The second was the global economic meltdown starting in the USA and spreading globally. Both these events significantly impacted Wonca in that support from industry for Wonca conferences and associated activities were drastically reduced.

It was fortunate for the Organization that, whilst support from industry fell significantly between 2007 and 2009, most of this loss was cushioned by a greater than forecasted contribution in conference levies received from the World Conference in Singapore and from the regional conferences in Wonca Europe and Wonca Asia-Pacific during the triennium. As a whole, conference levies have replaced industry support as the second most important contributor to revenue beside membership dues. This is good and desirable as we look to becoming less dependent on industry in the years ahead.

Overall, Wonca has financially negotiated this difficult past 2007 – 2009 Triennium fairly well by means of the regular reviews made of the Organization's finances during the Executive Meetings held annually and the Core Executive Meetings held approximately six months after each Full Executive Meeting. A note of appreciation and thanks must be extended to all stakeholders who co-operated fully with the Wonca Executive Committee when severe financial belt-tightening had to be undertaken to ensure the financial health of the Organization.

Dr Alfred Loh
Chief Executive Officer
World Organization of Family Doctors

FROM THE EDITOR:

OURS HAS BEEN A GREAT AND GRAND JOURNEY

At the 16th Wonca World Council in Alpine Health, South Africa in 2001, I was selected to be the 8th Wonca News Editor and attempt to fill the enormous shoes of David Game, the first and longest serving Wonca News Editor. The 19th Wonca World Council in Cancun in May 2010 will mark my 50th issue as Wonca News Editor and the end of my 3rd three-year term. When we gather in Cancun, I will turn over the responsibilities of Wonca News to the 9th Wonca News Editor and end my association with the Wonca Executive and World Council. It will also mark the end of a labor of love and joyful journey with this remarkable global organization spanning two decades and seven World Councils and Conferences.

As Wonca News Editor and an ex-officio member of Wonca Executive, I have been blessed to participate in and record the extraordinary achievements and growth of our organization in the first decade of the 21st century. The memories are endless. Highlights that come to mind include the birth of the new Wonca Iberoamericana-CIMF and Eastern-Mediterranean regions, the celebration of our 100th member organization, the Kingston Research Conference, the opening of the new Wonca Secretariat in Singapore and GFD website, the first Wonca Asia Pacific Regional Conference in Beijing, the Council's gender equity bylaws changes, and the historic 2009 World Health Assembly resolution to improve health systems by strengthening primary health care and family medicine.

I was blessed to be able to produce and report on Wonca's journey in the 2001-2004 Triennial issue of Wonca News at the 17th Wonca World Council meeting in Orlando in 2004; and produce and share the 2004-2007 Triennial issue of Wonca News at the 18th Wonca World Council meeting in Singapore in 2007.

Part of this professional void after two active decades with Wonca will be filled with continued family medicine and public health advocacy in the United States. I am blessed to be Chief Medical Officer of a network of community health centers (on EHR platforms) caring for one million Americans, half of whom are uninsured, as well as serve on faculty of two medical schools, on our state chapter's family medicine board of directors, and as a member of NCQA's Medical Home Advisory Committee. Now may be the best opportunity for the United States to assure all Americans access to quality and affordable

health care. Our community health center, primary care led health care system is a model for the US. I am participating in national efforts to promote primary care and family medicine, the medical home, integrated health information systems, and financing reforms that promote meaningful use reporting of quality, safe and affordable care. We must 'seize the moment' this time around in the USA.

Yet, as Cancun approaches, I realize that my last Wonca World Conference as Wonca News Editor and member of Executive will be quite emotional – a time to give thanks to so many friends and to part ways with my Wonca family after 20 years. The greatest joy of being a part of Wonca is to have been blessed to get to know so many amazing family doctors that truly make a difference in the lives of so many people around the world.

For someone like you who loves family doctors and what we believe in, parting paths in Cancun with Wonca's Executive Committee and Council and with wonderful friends I've know and admired for almost two decades will be sad, yet I hope special.

I am truly blessed that my wife Karen and daughters Jessica (age 22) and Julie (age 19) will be joining me in Cancun. My wife, Karen, is a nurse, community health activist and my soul-mate and fellow life traveler. She has been a constant source of love, support, advice and inspiration during my two decades of association with Wonca, and joined me at her first Wonca World Conference in Dublin, Ireland in 1998. We were blessed that our daughters were able to join us at the Wonca World Council in Singapore in 2007. It seems perfect that Karen and I are celebrating our 25th Wedding Anniversary on May 19th in Cancun with our daughters and during the opening day of the 19th Wonca World Conference!

The responsibility of the Wonca News Editor is to record and archive the significant events in Wonca's journey. Hopefully, you will conclude that the 8th and 2nd longest serving Wonca News Editor accomplished that task. Yet, the reality is that I could have only succeeded with the active input by the Wonca Executive and Secretariat, as well as Wonca's Regions, Working Groups, Member Organizations and Direct Members. I thank all of you for sending me important articles and photos from your meetings, travels and work, and for all your good ideas. I also want to acknowledge the invaluable, continuous support from Yvonne and Alfred with the Wonca Secretariat, as well as the good work of our Wonca News publisher.

So, thank you all for your interest, support, and most of all, your friendship. If you happen to be in Cancun, please see me so we may celebrate together. After all, ours has been a great and grand journey.

Marc L. Rivo, M.D, M.P.H.

Editor, Wonca News
marcrivo@aol.com
4566 Prairie Avenue
Miami Beach,
FL 33140 USA
1-305-674-8839 (fax)

**19TH WONCA WORLD
CONFERENCE CANCUN
WATCH: MAY 19-23 2010**

**WELCOME TO CANCUN
FOR THE 19TH WONCA
WORLD CONFERENCE**

On behalf of the Host Organizing Committee of the 19th Wonca World Conference of Family Doctors (Wonca Cancun 2010), I have the great pleasure welcoming you and thousands of our international colleagues in Cancun, Mexico, from May 19-23, 2010.

For the first time in the history of the World Organization of Family Doctors (Wonca), a Latin American country will be the venue for a World Conference of Family Doctors: In October 2004, the Mexican College of Family Medicine was designated by the Wonca World Council as organizer of the 19th Wonca World Conference of Family Doctors.

This Conference will spread the latest scientific and technological breakthroughs in our discipline. It will draw the attention of the Family Doctors from different parts of the world and will lead to the reflection on the technical and social role that Family Medicine must have to achieve the international goals that were proposed in the 2000 Millennium Summit: the Millennium Development Goals (MDGs).

Through Wonca Cancun 2010 we will analyze issues related with the technical and social role of Family Doctors in the achievement of the main international goals proposed during the 2000 Millennium Summit, the Millennium Development Goals (MDGs). We also will continue the Wonca tradition of distributing cutting edge technology, promoting

global calls to action and announcing practical applications of the latest medical progress.

The Scientific Program for the Wonca Cancun 2010 will be structured around the MDGs most strongly linked to Family Medicine, and will respond also to Wonca Goals and scientific needs from the seven Wonca geographical regions.

The Plenary Sessions will include leaders of the United Nations health organizations as well as representatives of other international organizations. The Program will also include a variety of activities oriented to increase and strengthen the knowledge and skills of all the potential participants: free standing papers, workshops, symposiums, poster presentations, and academic activities with Wonca Working Parties, Task Forces and Special Interest Groups.

The 19th Wonca world conference, the first ever organized in a Latin American country, promises to be a very stimulating international event with delegates coming from all Wonca regions. Wonca Cancun 2010 will provide the opportunity to bring together experts in family medicine and primary care from all over the world to exchange ideas, information and the most up to date findings allowing us to enhance family health across diverse cultures.

And for the delegates and their families the possibilities for entertainment, adventure and contact with history and nature are endless. Cancun truly has it all.

For relevant information up to the last minutes, please visit us at: www.wonca2010cancun.com

Soon, you will learn and contribute to the latest in family medicine, health care, and health, and enjoy

our history, culture and hospitality! Welcome to Cancun!!

Dr. Javier Dominguez del Olmo
Honorary Chairman Host
Organizing Committee
Wonca Cancun 2010

Wonca World Council Meeting – May 16-18

The Wonca World Council will be held at the Fiesta Americana Grand Coral Beach Hotel, Cancun, Mexico, for three full days from Sunday, 16 May to Tuesday, 18 May 2010. The Council Meeting will commence from 8.30 am to 5.30 pm each day with an hour's break for lunch between 1.00 – 2.00pm. There will also be a tea/coffee break during the morning and afternoon sessions of the Council.

Please note that there will be two Council break-out sessions during this Meeting. There will be one session each in the afternoon of the first and second day of the Council Meeting. A list of participants and discussion groups will be placed on your Council table for your information.

A special registration desk will be set up by the Host Organising Committee of the 19th Wonca World Conference to register all Council Members and Official Observers in the foyer outside the Main Ballroom during the days of the Council Meeting.

Pre-Council Briefing Saturday, 15th May 2010 at 6.00 – 7.00 pm

There are some Council Members who will be attending the Wonca Council Meeting for the first time and who may not be familiar with the rules and proceedings of Council. For the benefit of these new Council Members and any other Council Member who wish to attend, the

Wonca Executive will organize a special briefing on the various aspects of the Council Meeting on Saturday, 15 May 2010 at 6.00 – 7.00 pm.

The briefing will be conducted by Dr Dan Ostergaard, Chair of the Wonca Bylaws & Regulations Committee and Dr Geoff Martin, Chair of the Publications and Communications Committee. They will be assisted by the Wonca President, President-Elect, Honorary Treasurer and the CEO. Council member who wish to attend the briefing should notify the Wonca Secretariat. The briefing will last about an hour and there will be a Q & A session at the end of the briefing.

Welcome Dinner for all Wonca Council Members and Official Observers Saturday, 15th May 2010 from 7.30 – 9.30 pm

There will be a welcome buffet dinner for all Wonca Council Members and accompanying official observers of Member Organizations and their spouses on the evening of Saturday, 15th May 2010 from 7.30 – 9.30 pm at the Fiesta Americana Grand Coral Beach Hotel, Cancun. Admission will strictly be by invitation only and you are advised to inform the Wonca Secretariat of the names of the Council Member or Official Observer and the guests with your organization as soon as possible by email admin@wonca.com.sg There will not be any tickets issued or sold for additional attendees.

Wonca World Council Agenda & Agenda Papers

The full set of the World Council agenda and agenda papers will be sent to you electronically to your given email addresses and in a CD by airmail nearer the date of the Council Meeting. This is one small way that Wonca can contribute to

the environment and help save on the cost of postage and paper.

Please download, print and bring your own set of agenda papers with you to the Council Meeting if you need to have a hard copy for the Meeting. Please note that there will not be any hard copies of the Council Agenda and Agenda Papers available at the Council Meeting. There will be electrical power source available on all delegates' tables for their laptop computers. It is strongly recommended that you read through the Agenda Papers, before the Council Meeting to acquaint yourself with the issues being discussed. The Agenda Papers have been categorized into different sections for ease of reference and to assist with locating the relevant documents during the Meeting.

Wonca Council Break-out Sessions

There will be two break-out sessions during the Wonca World Council.

The First breakout session will be held on Sunday, 16th May 2010

The Second breakout session will be held on Monday, 17th May 2010

Each Breakout session will be from 2.00 – 3.30pm.

All groups will report back their findings and recommendations to Council between 4.00 – 5.30pm. All Council Members and Official Observers of Council will be invited to participate in these break-out sessions. Participants will be divided into smaller discussion groups of about 20-25 persons per group. Each group will then appoint its own facilitator and rapporteur. A list of the participants in each group will be circulated to all Council participants at the start of the Council Meeting.

The two Break-out Sessions will be on:

1. GROW (Sunday, 16th May 2010)
2. Future of Primary Care (Monday, 17th May 2010)

The necessary supporting papers for these break-out sessions will be included in the Agenda Papers in the CD under Section E. Please read through these papers in advance of the breakout sessions as they provide valuable background information on the subject of the sessions.

Wonca Bylaws changes recommended by Wonca Executive Committee

At the meeting of the Wonca World Council in Orlando, Florida, USA in October 2004, Council made multiple revisions to the Bylaws and Regulations. The major purpose of those changes to the Bylaws and Regulations then was to make future revisions to the Bylaws and Regulations in a shorter time frame than in the past. At the meeting of the Wonca World Council in Singapore in July 2007, the changes adopted in 2004 were ratified and no further new changes to the Bylaws and Regulations were proposed. Therefore, changes to the Bylaws that are adopted by Council in Cancun, Mexico in May 2010 shall be operative from the conclusion of that Council Meeting. The changes to the Regulations adopted by the Council in May 2010 shall be operative immediately upon approval by Council.

The Bylaws and Regulations Committee has worked from 2004 to 2009 on a series of changes for presentation to the Council in Cancun in May 2010. Some of the changes are of an editorial nature, simply for clarification, or are self explanatory. The most major change in the proposed Bylaws and Regulations is a series of amendments related to equity with particular emphasis on gender equity. The proposed changes to Bylaws and Regulations were dispatched in hard copies and electronically to all Member Organizations in May 2009.

The Wonca Secretariat has received several comments and feedback on the proposed changes and these were discussed at the Core Executive Meeting in Singapore in January 2010.

To encourage greater participation from all Members of Council and to ensure that any changes to the Bylaws & Regulations receive adequate discussion, Wonca Core Executive has planned for an open forum (a "town-hall" type meeting) to be held on the morning of the first day of the Council Meeting (16 May 2010). The Bylaws changes will therefore be the first item of business on the first day of Council.

Three bidders for the venue of the 20th Wonca World Conference in 2016 will be making their presentations to Wonca Council on the second day of Council (Monday, 17th May 2010 from 5.00 – 6.30pm.) The three bids are from the following countries & organizations: Royal Australian College of General Practitioners & Royal New Zealand College of General Practitioner (joint bid) for Sydney, Australia; Brazilian Society of Family and Community Medicine for Rio de Janeiro, Brazil; The

Korean Academy of Family Medicine for Seoul, South Korea. Voting by Council for the venue of the 2016 Wonca World Conference will be made by secret ballot on the final day of Council (Tuesday, 18th May 2010).

19th WONCA WORLD CONFERENCE – MAY 19 - 23

The 19th Wonca World Conference will be held at the Cancun Conference Center. Please visit the Wonca World Conference website at www.wonca2010cancun.com for complete details of the program.

Join us in our Opening Ceremony on Wednesday, May 19th at 2:30 PM at the Gran Cancun Hall to witness the official opening of the 19th Wonca World Conference! Official welcome addresses and speeches will take place first.

After the Official Opening Ceremony, our Keynote Lecture on "The Millennium Development Goals: What is the role of Family Medicine?" will kick start the formal Conference Program. Don't miss the opportunity to attend this exciting Opening Ceremony and Keynote Address.

Plenary sessions beginning at 8:30 AM will open each day of the conference from Thursday May 20th to Sunday May 23rd.

**Wonca President's Address, Wonca Awards Ceremony and Installation of New Wonca Officers
Saturday 22 May 2010, 14.30-16.00 hrs**

During this event, the in-coming Wonca Executive Committee Members will be installed and the incoming Wonca World President, Prof Rich Roberts, will give his Inaugural Speech outlining his agenda for Wonca for the coming triennium. This event will also witness the presentation of the third "Wonca International Award of Excellence in Health - The 5-Star Doctor" to the winner. There will also be the presentation of the Wonca Fellowship and other prestigious awards that Wonca gives to recognize the contribution by certain of its members to Family Medicine in the context of their local community or internationally. You are all strongly urged to come and show your support for this event.

WONCA REGIONAL NEWS

WONCA AFRICA

The 2nd Wonca Africa Conference was held in Rustenburg, South Africa, from 25th to 28th October 2009. The first one was in Abuja, Nigeria in 2000. The Conference Theme was "Developing Family Medicine in the African Context". There were three (3) committees involved in the organization of this conference. These were: The Host Organising Committee chaired by Prof Khaya Mfenyana, the Scientific Programme Committee chaired by Prof Steve Reid and the Local Organising Committee chaired by Prof Gboyega Ogunbanjo. The conference was attended by about 300 delegates who came from all over Africa. There were also delegates from other parts of the world including Europe, Scandinavia, United Kingdom, Australia, India and America. The delegates came from over 20 countries.



From Left to Right: Chair of the Local Organizing Committee: Prof Aboyega Ogunbanjo, Wonca World President: Prof Chris van Weel, Former Wonca Africa President: Dr Alan Fatayi- William and Wonca Africa President: Prof Khaya Mfenyana

The delegates were officially welcomed by the President of the South African Academy of Family Physicians as the host Wonca Africa Member Organisation. His welcome address was followed by that of the Wonca Africa President, Prof Khaya Mfenyana, who was also the Convenor of the conference. Wonca World President, Prof Chris van Weel took the stage and welcomed the delegates on behalf of Wonca World. In his speech, he thanked the Past Wonca World President, Prof Bruce Sparks, for his role in Wonca and his presence at the conference, to the applause of the whole house.



Wonca Africa President:
Prof Khaya Mfenyana



Wonca President:
Prof Chris van Weel

The Belgian Ambassador, His Excellency Jan Mutton gave a very detailed speech, where he outlined the role of Belgium in the Development of Family Medicine in Africa, through the leadership of Professor Jan de Maeseneer. Professor Jan de Maeseneer is the Promoter of Prim famed Edulink ACP EU Project and the VLIR 2006 Project.



(left – right) The Belgian Ambassador to South Africa: His Excellency Jan Mutton, Deputy Director General of Health, North West Province: Dr Andrew Robinson, Republic of South Africa - Honourable Minister of Health: Dr Aaron Motsoaledi, Wonca World President: Prof Chris van Weel, Wonca Africa President: Prof Khaya Mfenyana and President of South African Academy of Family Physicians Dr Shadrack Mazaza.

The conference was officially opened by the South African Minister of Health, Dr Aaron Motsoaledi. He spoke with passion about government commitment to primary health care and family medicine with a strong emphasis



Honourable South African Minister of Health:
Dr Aaron Motsoaledi



Wonca Treasurer:
Prof Michael Kidd

The plenary session key note speakers were: Prof Michael Kidd, the Wonca Treasurer from Australia, Prof Barasa Otsyula from Kenya, Prof Bob Mash from South Africa, Prof Mustafa Khogali from Sudan, Dr Modupe Oladipo from Nigeria, Prof Chris van Weel, the Wonca President from Belgium, and Prof Jan de Maeseneer from Belgium.

The main thrust of the conference was in workshops that specifically dealt with eight sub-themes. These sub-themes were: The African Context and Community; Primary Health Care and Health Systems; Training in Family Medicine; Ensuring Quality of Care; Role and Scope of Practice of the Family Practitioner; Equity and Family Medicine; Private Practice, Faith-Based Hospitals and Private-Public Partnerships; African Family Values and Women in Family Medicine. The last day was spent mainly on consolidating the theme statements by theme coordinators. The consolidated statements were presented at plenary, refined and adopted as a conference “Statement of Consensus on Family Medicine in Africa”, under the leadership of Prof Bob Mash and Prof Steve Reid. The conference was closed by the past President of Wonca World, Prof Bruce Sparks from South Africa.



Dr Aaron Motsoaledi and
Prof Khaya Mfenyana



A Sub – Theme
Workshop

This conference statement has now been published in the African Journal of Primary Health Care and Family Medicine, Vol. 2, No.1 (2010). This was an opportunity for Africa to define what Africa can relate to, rather than what is always derived from other countries, especially the developed world. This is the greatest achievement of the African Region so far and I am very happy to be associated with it.

A social evening was organized for all the delegates by the local organizing committee, in addition to the formal conference dinner. This social evening was a colourful one, where delegates, who had time to change before the event, had put on their traditional attire. The delegates were entertained by local music, food and dance.



Dr Kefilee Hlabyago, Senior Family Physician University of Limpopo issuing tokens of appreciation to Prof Michael Kidd of Australia and Dr Modupe Oladipo from Nigeri

I therefore would like to thank Wonca Executive for believing in us and for the support that was given to us as Wonca Africa. Special thanks go to the Wonca President and Wonca Treasurer, Prof Chris van Weel and Prof Michael Kidd respectively, for being able to attend the conference and make the contributions they made. Special thanks also go to Wonca Africa as a Region, for allowing the South African Academy of Family Physicians to host the conference and also allowing me to be the Convenor. The conference would not have taken place without the long meetings and hard work of all the members of the three (3) organizing committees. Special thanks to Prof Gboyega and Prof Steve Reid as Chairs of the Local Organising Committee and Scientific Programme Committees respectively. We would also like to thank the key note speakers and all those who attended the conference as we would not have heard a conference without them. Lastly, I would like to thank the Editor of Wonca News, Dr Marc Rivo, for constantly supporting us and insisting to get a report on this Wonca Conference for publication.

Wonca Africa managed to hold a second Wonca Africa Conference almost ten (10) years after the first one that was held in Nigeria in 2000. This has given Africa encouragement to host the 3rd Wonca Africa Conference in either 2011 or 2012 in another country in Africa. This is what we pledged to achieve and this is what we will finalise at the Wonca Africa Regional meeting that will be held in Cancun, Mexico, on 15 May 2010.

Phambili Africa, Phambili!! Forward Africa Forward!!

Professor Khaya Mfenyana
Wonca Africa President
kmfenyana@wsu.ac.za

ASIA PACIFIC REGION

The Asia Pacific Region remained very active over the past 3 years with two regional meetings being held in Melbourne in 2008 and in Hong Kong in 2009. Both were well attended despite the threat of the swine flu in Hong Kong in 2009. We look forward to the future meetings in Cebu, Philippines in 2011 and Cheju, Korea in 2012 as conference organization works progresses.

Many countries continue their reform of health delivery systems with emphasis placed on primary care and family medicine. Shifting care from

hospitals to communities is one of the major reform agenda of People's Republic of China. Hong Kong is also undergoing healthcare reform and enhancing primary care through the promotion of family medicine is of high priority. Government is committed and resources have been allocated to invest in human capital of primary care. This conforms to the historic resolution 62.12 passed in the World Health Assembly in 22nd May 2009 and hopefully will reach the target of 15 by 2015. We look forward to more governments and administrations in the region supporting primary care and family medicine by decree. I am sure countries can help one another by sharing experiences on how to overcome difficulties.

The Regional Research Network rejuvenated in Vietnam in 2008 continues to attract much interest and participation within the Asia Pacific Region. Countries that have still not yet been able to join WONCA such as Laos and Cambodia were able to send participants through bursaries and financial aid from member organizations in the region. These research meetings also provided an opportunity for experience sharing in the promotion of family medicine in less developed countries. A major initiative is adapting the Primary Care Assessment Tools developed by Prof. Barbara Starfield to use in the region taking into account of different culture and patient expectations. This will be useful for the developing countries to justify gaining additional resources from government to enhance primary care. We expect the ReNap meetings to continue annual within the region and am hopeful this will encourage the remaining few countries in the region to join as WONCA member organizations.

The Raja Kumar movement which supports trainees and registrars in family medicine training founded by enthusiastic Dr Naomi Harris from

Australia is progressing well and is expanding beyond Australia and Asia Pacific Region. We look forward to an International movement with more family medicine trainees joining the WONCA family and gaining mutual support.

We look forward to continued enthusiasm and efforts in promoting family medicine in the next triennium. WONCA Asia Pacific Region is also keen to participate in the GROW initiative of WONCA World.

Dr Donald Li
Asia Pacific Regional President

WONCA EUROPE

The structure of Wonca Europe is complex. It includes not only a lot of countries, but also a multitude of networks: doctors, working together on an international level in an area of common interest. The challenge of Wonca Europe is to make it possible for them to work together under one roof.

Member organizations

In the last three years, we have managed to include most of the countries in Europe through its member organizations to be represented in Wonca. The process is practically complete and will certainly be over in the next triennium. This means that we have to face a challenge of enormous diversity across the health care systems, political situations, wealth and academic standards. Although Europe is often considered as rich and developed, it also has countries where family medicine is still in its infancy and needs support. On the other hand, the most developed countries need to see the organization as an useful tool for achieving their goals. During yearly council meetings these diversities become obvious, but so far, we

have managed to agree on common policies regarding ethical principles of pharmaceutical sponsorship, and we are also reaching a consensus on preventive activities of family doctors in Europe.

Networks

The European region works very closely with network organizations: the groups of family doctors with a special interest in specific areas of family medicine. The three founding members of Wonca Europe are EGPRN (the research network), EURACT (the family medicine teachers) and EQUIP (the quality network). In the last three years, the collaboration with them was very useful. I would especially like to highlight the fact that the Research agenda for general practice was published by EGPRN. It is an important document, that gives an overview of research priorities and challenges in Europe.

The other networks were also very active: the rural doctors (EURIPA), doctors, interested in prevention (EUROPREV), and junior doctors (the Vasco da Gama movement) all had their regular meetings and a lot of activities. Because the organization is financially stable, we have been able to support them more than in the past three years.

In the last three years, we have also managed to ensure cooperation from other networks of doctors, who are interested in clinical fields (e.g. cardiovascular disease, gastroenterology, diabetes). All this wealth of diversity is a source of many new ideas and developments. In the last three years, we have managed to incorporate their expertise in our conferences and other activities. We have created a new “category” of networks: the Wonca Europe Special Interest Groups (WESIGs). Through this arrangement, we have arranged that

they are represented at the council and that they have a possibility to represent the organization during international events.

Wonca World

The collaboration with Wonca World has been steadily improving. Europe is committed to the development of family medicine on the world level and we try to support it as much as possible. The differences in the position of the discipline in different countries and regions in the world call for an agreement between the regions and the world organization that would be of mutual benefit for all. The process of agreeing on a memorandum of understanding between Wonca Europe and Wonca World is underway and will hopefully be finished soon.

This year, we are for the first time in a position to offer scholarships to doctors to attend the Wonca World conferences. This year, doctors from other regions of the world will be able to attend the Wonca World conference in Cancun through a bursary programme that has been developed for this purpose. We hope this initiative will become a regular activity of our region.

Other organizations

In the last three years, we have had a series of contacts with the UEMO and the European Forum for Primary care (EFPC). Both organizations are interested in the political dimension of family medicine and policy issues. In autumn 2009, during the conference in Basel, we have agreed that we will cooperate in the future in this respect.

We have also had good cooperation with some specialist groups:

- The collaboration with the European Cardiovascular society has resulted in Wonca Europe's

participation in the new version of European guidelines for prevention of cardiovascular diseases

- The collaboration with the World Psychiatric Association has resulted in a joint conference in Granada, Spain, with a prospect of future conferences on mental health
- The collaboration with the World organization of occupational medicine (WONCA-ICOH) has resulted in regular meetings and participation at conferences
- The collaboration with the European Society of Radiology has resulted in a common document that is going to be published soon.

Financial Issues

I am happy to report that Wonca Europe is a financially stable organisation that has enough financial resources to promote the development of family medicine at the European level. The last triennium was especially successful and we were largely unharmed by the global recession. This allows us to finance the work of the networks, to support projects and to finance the work of our secretariat.

Wonca Europe Regional Conferences

The central yearly meeting point of family doctors in Europe is the Wonca Europe regional conference. In the last three years, we have worked hard on the quality of the conferences and this work has paid off. The conferences now regularly gather around 4500 participants. They were organized by local colleges (France, Turkey and Switzerland). The role of Wonca Europe was to provide support and advice in the organization of these meetings. All the three conferences were both a financial success for the

colleges and for Wonca, but also an important event that has improved the development of family medicine in these countries.

The European Journal of General Practice

Wonca Europe publishes its journal, the European Journal of General Practice. Although it has been indexed in Medline, the situation three years ago was not very positive: there were problems with articles being published on time and the number of copies was declining. In the last three years, we have managed to improve the situation: we have a new publisher and a new editor. The new editorial board has set itself a goal to reach indexation in SCI and receive an impact factor. The journal is now being published regularly and the quality of the editorial process and the papers received is very high. Hopefully this will be enough to achieve indexation in SCI and to attract readers.

Conclusion

Although Europe represents the biggest region of Wonca in terms of membership, the organization is being managed by a small and dedicated team of seven Executive committee members who work in their free time in order to represent European family doctors internationally. They are supported by one secretary, who manages all the administrative tasks from an office in Ljubljana, Slovenia. I know no other international organization that is able to achieve so much with so little. I am grateful that I had an opportunity to work with such a wonderful team.

Igor Svab
Wonca Europe President

IBEROAMERICANA – CIMF REGION

I would like to report on the key activities developed by the Regional President and Executive during the last triennium.

1st Expert Meeting of Wonca Iberoamericana to Promote Research in Family Medicine - Cali, Colombia

This 3 day long meeting inspired by the Wonca Kingston Conference, took place in Cali, Colombia, from February 27-29, 2008. It was led by Wonca Iberoamericana CIMF and the Faculty of Medicine of the Universidad del Valle, where Liliana Arias Castillo, our VP for the Andean Region and President of the Colombian Society of Family Medicine, is the Dean. The conference was a big success, gathering around 180 delegates, half of them from many countries of the Region, who came to participate in workshops, small meetings, seminars and conferences focused on how to promote research in Family Medicine and Primary Care in our Region. Walter Rosser, chair of the Wonca Research Working Party, led a one-day workshop of how to start up research amongst primary care clinicians. Other invited speaker was the Director of Research of PAHO, Luis Gabriel Cuervo, a family doctor graduated in Cali. In our last day, we convened a session of research delegates from many countries of the Region to start the process of implementing a research network resembling NAPCRG and the European network, this Commission will be coordinated by Dr Julian Herrera, from Colombia, and integrated by other primary care researchers of the region.

Organization of the III Regional Summit of Family Medicine. Fortaleza, Brazil, April 28th through 30, 2008

Continuing the process of empowering of Primary Health Care and Family Medicine in Latin America through the sensitization of health policy makers from the region towards this aim, initiated with the first Summit held in Seville in May, 2002 and followed in the second summit in Santiago de Chile in October 2005, Wonca-Iberoamericana-CIMF held the third Iberoamerican Summit in Family Medicine in Fortaleza, Brazil from April 29 to 30th, 2008. Brazil has established a nationwide Family Health Program (FHP) based on the Family Doctor, which has expanded its coverage from a negligible population in 1996 to almost 100 million people (more than 50% of the population) at this time. This Federal program is one of the leading health policies in Brazil to increase equity and quality in health care through improvement in access, coverage and outcomes, especially for the most vulnerable population. Because of its magnitude and extension, FHP has become one of the most important developments of Primary Care and Family Medicine worldwide.

The III Summit was a high-profile political event organized by the Ministry of Health of Brazil and Wonca Iberoamericana CIMF, with the support of PAHO/WHO, coordinated by Brazilian Society of Family and Community Medicine (SBMFC) and chaired by Dr Inez Padulla Anderson, her President. The conference was attended by almost 150 delegates, including Ministers of Health (Brazil, Portugal and Uruguay) and high officers of the Ministries from most of the countries of the Region, Deans of medical schools and other policy makers involved in PHC in the region.

Additionally, our President, Chris Van Weel, our President-elect, Rich Roberts, as well as the Presidents and delegates of all the twenty Family Medicine Associations of Wonca Iberoamericana, participated actively in the meeting. Conferences, panels and working sessions were very intense and at the end of the Summit the "Carta de Fortaleza", with the main conclusions of the small-group sessions was read to all the audience.

This unique opportunity to join policy makers, PAHO/WHO, academia and leading family doctors to advocate on behalf of Family Medicine and the betterment of population health in terms of equity, effectiveness and quality through PHC, has shown remarkable results for the visibility and growing of our specialty in the region.

Wonca Iberoamericana CIMF Council of Delegates

This 2-day meeting was held in San Juan, Puerto Rico on April 22th and 23, 2009 before the II Regional Conference of Wonca Iberoamericana CIMF, with the presence of the Regional executive board as well as delegates of all National Associations of Family Medicine. The agenda included a discussion about the Wonca 2008 budget cutbacks to all regions and WP as a result of the global financial crises and how to build a priority setting framework agreed by all stakeholders in our organization, to deal with this scenario should the crises persists. In addition, I commented about the GROW initiative lead by the President elect, Rich Roberts and the preliminary results of the first meeting held in Singapore last February. We also reviewed the programs, activities and initiatives at regional, sub-regional and country level developed along the year, including the conclusions

and recommendations of the III Iberoamerican Summit of Family Medicine held in Fortaleza, Brazil in May, 2008. The honorary treasurer, Marina Almenas, presented the last year Regional financial report and the proposed budget for 2009.

At the end of the first day, a cocktail party was organized with the presence of all delegates, the Wonca President-elect, Rich Roberts and PAHO/WHO General Director, Dr Mirta Roses, with whom we could talk about further initiatives between PAHO and Wonca.

In the morning of the second day, the Wonca President, Prof. Chris Van Wheel and the Wonca President-elect, Dr. Rich Roberts were warmly welcomed to the council meeting, opening a profitable discussion about Wonca different initiatives focusing particularly on GROW initiative

On the second day, other regional issues were discussed, in particular a draft Regional document that is being developed about the profile of competences of the Family doctor in Latin America as well as the progress in the activities of the new Regional research network (Red IBIMEFA) and the policy of accreditation of MO in our Region.

Wonca Iberoamericana CIMF elections for 2010-2013

In the afternoon of the first day, we proceed to make the elections for the President Elect and the next executive board with the presence of the delegates of most of the MOs. Liliana Arias Castillo, former VP of the Andean region was elected for President of Wonca Iberoamericana-CIMF for the triennium 2010-2013. César Brandt from Venezuela will continue serving as a Executive Secretary; Inez Padulla from Brazil

will serve as VP of the Southern Cone (Argentina, Brazil, Chile, Paraguay and Uruguay), Lourdes Arratia from Bolivia will serve as a VP for the Andean region (Bolivia, Colombia, Ecuador, Perú and Venezuela); Miguel Angel Fernandez from Mexico will serve as VP for Meso America (Costa Rica, Cuba, Dominican Republic, El Salvador, México, Nicaragua and Panamá) and Luis Aguilera, from Spain, will serve as VP for the Iberian Peninsula (Portugal and Spain).

II Regional Conference of Wonca Iberoamericana-CIMF

The II Regional Conference of Wonca Iberoamericana-CIMF was held in San Juan, Puerto Rico from April 23 th through 26th, 2009. The HOC of the Puerto Rican Academy of Family Medicine worked diligently on the scientific program as well as the social activities despite the challenges posed by the recent global financial crises that hampered the attendance of delegates from the region. The congress took place in a recently inaugurated venue at San Juan Convention Center. The theme of the conference was “The Family doctor in Patient care, Education and Research. Dr Marina Almenas, Chair of the HOC will send shortly a summary report of the Regional Conference.

Last but not least, I would like to express my gratitude to my friends and colleagues of Wonca world as well as Wonca Iberoamericana CIMF executive committees for their constant support and trust.

Adolfo Rubinstein
IberoAmericana-CIMF
Region President

WONCA North American Region

The 6th annual American Academy of Family Physicians’ (AAFP) Family Medicine Global Health Workshop was held September 10-12, 2009 at the Omni Interlocken Resort in Denver (Broomfield), Colorado. Daniel Ostergaard, MD, AAFP Vice President of Professional Activities, welcomed Professor Chris van Weel as keynote speaker. Professor van Weel spoke concerning political issues in global health and the role of primary care and family physicians to secure relevant health care for populations and people.

The workshop framework was developed by the AAFP Center for International Health Initiatives (CIHI), created in 2000 in response to increased interest in the global development of family medicine. The CIHI Advisory Board members also served as workshop core faculty.

Since 2003, the workshop has gradually broadened its thematic message and educational goals to meet the needs and interests of a growing population of family doctors, family medicine educators, family medicine residents and medical students interested in and passionate about global health and quality primary care development worldwide.

The College of Family Physicians of Canada (CFPC) held its Annual General Meeting during the College’s Family Medicine Forum in Calgary. At that time, the CFPC confirmed the CFPC Executive Committee for 2009-2010, including the College’s new President, Dr. Cathy MacLean, Head of the Department of Family Medicine and Professor at the University of Calgary, Alberta. The CFPC Executive Committee also includes Past President Dr. Sarah Kredentser, Winnipeg, MB; President-

Elect/Chair of the Board Dr. Rob Boulay, Miramichi, NB; Honorary Secretary-Treasurer Dr. Val Rachlis, Toronto, ON; Member-at-Large (1 year term) Dr. Harold Dion, Montreal, QC; and Member-at-Large (3 year term) Dr. Nirvair Levitt, Vancouver, BC. Dr Cal Gutkin is FCFP Executive Director and CEO.

The American Academy of Family Physicians held its Annual Meeting in Washington DC in October 2009. Lori Heim, a family physician in Laurinburg, N.C., assumed the role of president of the American Academy of Family Physicians (AAFP). The AAFP represents more than 94,600 physicians and medical students nationwide. Roland Goertz, a family physician in Waco, Texas, was chosen president-elect of the American Academy of Family Physicians. Dr Doug Henley is FAFP Executive Vice President.

Certification of family physicians is a very important agenda for the Caribbean College of Family Physicians (CCFP). They are working towards a certification exam in 2012 for family physicians who have completed a training program. There remains a question for the future about physicians have not completed a training program and how they can obtain practice eligibility. These physicians must now complete 150 hours of continuing medical education over 3 years to maintain membership in the college. The College hopes that these doctors will not need to take the examination to be certified. The CCFP will hold its Conference in Barbados on Nov 20-22, 2010.

The American Board of Family Medicine (ABFM) initiated its Maintenance of Certification (MOC) program in 2003. By end of this summer, the transition was completed and all diplomats are now engaged in MOC. The ABFM In-Training Examination (ITE) is now

being used internationally. There is a 30 year history with the American University of Beirut. It has now expanded to Macau, Vietnam, Laos, Cambodia, Australia Lebanon, Dubai, and Oman.. A pilot ITE at Capital University in Beijing will be developed. The ITE has now been delivered in Spanish as well.

There is increasing interest by US specialty boards in international certification. This has been prompted in part by the Ministry of Health in Singapore which has initiated parallel training programs akin to those in the US, resulting from an agreement between Singapore and Duke University which led to the development of an academic health center and medical education programs. The Accreditation Council on Graduate Medical Education (ACGME) has developed an ACGME – International and has now contracted to develop investigate accreditation in Singapore. The ACGME is interested in having the American Board of Medical Specialties (ABMS) partner in this to have a final terminal pathway for the ACGME-I program leading to certification. In the last 12 months there have been discussions in ABMS and by individual specialty boards about international certification. A group at ABMS is developing a work plan to evolve this process.

The American Academy of Family Physicians (AAFP) has a consumer side website – familydoctor.org. There is a lot of information regarding health related matters. AAFP’s website, www.aafp.org, has a search engine. If one types in “value of family medicine” – they will find the top 100 articles of the world literature to be used for advocacy.

The College of Family Physicians of Canada (CFPC) certification process has three routes – 2 yr residency, practice eligible route with exam, and an alternate route – process without exam until 2012. Certification remains the best “ticket” for portability of licensing across the country.

The CFPC is looking at standards for certification in other countries. They have found that standards of certification in the US and Australia are comparable to Canada. They are now looking at the UK, Ireland and France. There is a Global Health committee working as an awareness raising committee for the College.

Alain Montegut
North America Region President

MIDDLE EAST SOUTH ASIA REGION

During this Triennium, my main concern has been bringing back India into the WONCA fold, and I have done much canvassing with the two groups. IMA-CGP and the FPPA Mumbai.

I undertook a second visit to Mumbai on my way to the WHO-SEAR regional committee meeting – 61st session from 8th – 11th September 2008 in New Delhi.

During the 61st session of the World Health Assembly, I represented WONCA as an observer for South Asia, when I was called upon to deliver a brief message on behalf of WONCA – South Asia.

As Regional President, World Organization of Family Doctors (WONCA), Middle-East and South Asia Region, I highlighted the pivotal role played by general practitioners at primary health care level in preventive and curative medicine. I requested the governments and health planners of countries in the SEA Region to include all General Practitioners into the primary health care system of their respective countries, in order to encourage young doctors to go in for postgraduate education in family medicine so that every member in the community had an identified family doctor to look after his/her primary health care needs.

Being an active member of the Royal College of General Practitioners and an examiner and a Board Member of the RCGP International South Asia Exams, I have visited Chennai, and also when I went as examiner for the Postgraduate Institute of Medicine Colombo, I took the opportunity to speak to all stakeholders from IMA-CGP of India regarding rejoining WONCA.

The 3rd International Family Medicine Conference at Aga Khan University was held from 31st October to 2nd November and I was invited as a Guest Speaker at the inauguration ceremony, as the Regional President of WONCA-MESAR. I stressed the need for family physicians in the region to unite and take the discipline forward, and also to convince Governments, Ministries and Universities in South Asia to make sure that the GP/FP is well accepted as a “pivot” in a primary health care team in each of our countries. This was well accepted by all those present, who were also very keen to work along with WONCA in the future to develop these ideas.

We also initiated discussions to establish a primary care research network in South Asia, and the initial planning is now going as to invite all GP’s interested in research at primary care level, to join this network. As

a starter it has been suggested to conduct a research methodology workshop in Sri Lanka, with the participation of representatives of all WONCA members in the region. We hope to conduct it in September 2009, in Colombo in collaboration with the annual scientific sessions of the College of GPs of Sri Lanka.

Bangladesh has been showing interest in hosting a regional conference for South Asia, and I gave them my blessings and assured support. Nepal has also written that they wish to host a regional conference in 2010, for which again, I expressed my support.

Preethi Wijegoonewardene
MESAR President

Wonca Executive Meets in Dubai with New Eastern Mediterranean Region

The Wonca Executive met from February 11-13, 2008 in Dubai, United Arab Emirates, and attended the Wonca Eastern Mediterranean Regional (EMRO) Board meeting on February 14th chaired by EMRO Protem President, Nabil Al Kurashi from Saudi Arabia,

During the visit, a Wonca delegation consisting of President Chris Van Weel, CEO Alfred Loh, President Elect Rich Roberts, Honorary Treasurer Michael Kidd and Nabil Al Kurashi met with the UAE Minister of Health, His Excellency Humaid Mohammed Al Qutami and Undersecretary of Health Ali Shakar regarding the role of primary care and family medicine in health reform efforts in the United Arab Emirates and Gulf Cooperation Council region.

The aim of the UAE-Wonca collaboration is to advance the development of effective and efficient primary care in the UAE/GCC region, and to promote a standard health care classification that is usable in primary care settings and linked to other more specialized classifications where necessary. The UAE Minister of Health expressed his appreciation for the role of the family doctor and Wonca's support in improving people's health in the UAE/GCC region. Their productive dialogue led to the signing of a historic Memorandum of Understanding between Wonca President Chri van Weel and the UAE Undersecretary of Health Ali Shakar, for Wonca to assist the UAE in primary care development efforts and in the distribution, promotion and training of Wonca's International Classification of Primary Care (ICPC-2) throughout the region.

Afterwards, the Wonca delegation met with Qadhi Saeed Al Maroshed, the General Manager of the Dubai Health Authority. The General Manager was very supportive of the efforts of Wonca and its family doctors to health improve the delivery of primary care services to the people of Dubai.

These historic meetings and MOU were made possible through the efforts of the Wonca President and CEO, Wonca EMRO Protem President Nabil al Kurashi and Mustafa Al Hashimi, Emirates Medical Association Board Member and Treasurer of Wonca EMRO. The meetings were under the patronage of Sheik Hamdan Bin Rashid Al Mahtum, Deputy Ruler of Dubai, Minister of Finance and Industry, and President of the Dubai Health Authority. The meeting was supported and sponsored through the Ministry of Health, Dubai Health Authority, the Abu Dhabi Health Authority, the Dubai Convention Bureau and through the Sheik Hamdan Al Mahtum Award for Medical Science.

Members of the Wonca Executive attended the EMRO Council meeting presided over by EMRO Protem President Nabil Al Kurashi. EMRO Council members in attendance included: Mustafa Al Hashimi, EMRO Treasurer from the Emirates Medical Association's (EMA) Family Medicine Society; Taghreed Farahat, Head of the Egyptian Association for Family Health Development and Meravat El Rafi from Egypt; Maha Al Saheb and Oraib Al Smadi representing the Jordan Society of Family Medicine; Mohamed Shaikh on behalf of Mariam Al Shetti, Chairperson Bahrain Family Physician Association; and Adnan Ahmed Albar representing Saudi Arabia. Other EMRO Regional Board members include: Sundus SH Khalil, representing the Administration Board Iraq Family Physician Society; Khalil Al Ashkar, representing The Lebanese Society of Family Medicine; and Badriya Al-Rashedi, Chairperson and representative of the Oman Family and Community Medicine Society; The meetings and logistics were superbly arranged by Lina Alaa Al Deen, Manager of the EMA and Senior Association Manager of MCI – Middle East, our two support organizations.

The Wonca Executive also attended an EMRO symposium held in Abu Dhabi (UAE), hosted by Nabil Kurashi and Omar Al Jabri, Chairman of the Emirates Family Medicine Society and Mustafa Al Hashimi, Emirates Medical Association Treasurer, in collaboration with the Abu Dhabi Health Authority. The EMRO symposium, "Future Challenges in Ensuring Continuity of Care in Family Medicine" celebrated the historic presence of the EMRO region and Wonca Executive in this symposium, yet acknowledged the challenges that lay ahead for the family doctors of the Middle East so that primary care

and the family doctor are seen as central in efforts to make health systems more responsive to people's needs in every country in the region.

During the Abu Dhabi EMRO Symposium, an important EMRO regional workshop on Gender Equity was hosted by Amanda Howe, WWPWFM Chair from Canada; Iona Heath, Wonca Executive Member-at-large from the United Kingdom, and Atai Omoruto, WWPWFM Representative on the Bylaws Committee from Uganda.

Faisal A Latif Alnasir, Vice President of Arabian Gulf University in Bahrain, and Chair of the Arab Board of Family Medicine, the accrediting and licensing board for family medicine in 22 Middle Eastern countries, and Adnan Ahmed Albar, Professor and Chairman of the Saudi Scientific Council for Family and Community Medicine were important invited guests to the EMRO Regional Board, Wonca Executive and EMRO symposium meetings. The Wonca Executive and EMRO Board saw firsthand the high regional standards of family medicine practice and education promulgated by the Arab Board of Family Medicine during a site visit hosted by Family Medicine Residency Director Fawaz Aboudi at the Al Bateen Primary Health Care Center in Abu Dhabi.

EMRO Protem President Nabil Kurashi set an ambitious and exciting direction for Wonca's new region when he told the EMRO symposium delegates, "Our vision of the Region is that there will be a family doctor for every family who is well trained, compassionate and provides personalized, continuous care."

The historic series of meetings among the Wonca Executive, the leadership of the newly established Wonca EMRO Board and the UAE and Abu Dhabi health authorities set an ambitious and hopeful agenda of family medicine development in the Middle East.

Nabil Kurashi
Eastern Mediterranean Region President Protem

WONCA WORKING GROUP NEWS

WONCA WORKING PARTY ON RURAL PRACTICE

The 9th Wonca Rural Health World Conference 2009 took place from June 12th–14th 2009, in Hersonissos, Crete, under the auspices of the Wonca Working Party on Rural Practice and hosted by Prof Christos Lionis. The congress was sponsored by the Medical Faculty of the University of Crete and was organized by the Clinic of Social and Family Medicine, the Greek Society of General Medicine and the European Society of Rural Medicine (EURIPA). The congress was also supported by the Athens Medical Association, the National Faculty of Public Health, and the Greek Society of Social Pediatrics and Promotion of Health, under the auspices of the Greek Ministry of Health and Social Solidarity.

Health inequalities and the role of primary health care in reducing inequalities and improving care constituted the main theme of the conference. The first day of the conference focused on inequalities of health, whereas the second day focused on technologies suitable for rural settings and the third day focused on island medicine. Despite the unfavorable international conditions, including the economic recession and flu pandemic, the congress was attended by 691 participants from 44 countries and was considered a success.

Of particular importance were the resolutions that were adopted at the end of the conference.

The "Resolution on Access to Essential Medicines" for which the support of the Wonca Executive is requested, states: "We, participants in the 9th Wonca World Rural Health Conference, pledge our support for the Medecins Sans Frontieres Access to Essential Medicines Campaign, and call on:

- National governments and multinational pharmaceutical organisations to improve access to existing treatments through supporting production of generics in developing countries and ensuring that critical medicines are exempted from international trade barriers
- National governments and global organisations such as the United Nations and WHO to:
 - stimulate the development of newer and better medical diagnostic and therapeutic tools that take into account the needs of people in poor countries, particularly infectious diseases like TB and malaria
 - reshape the way medical research and development is

funded so that medical innovation serves those most in need and is not predominantly market-driven as at present.

The “Resolution on Integration”, supports strengthening primary care services through the “15 by 2015” campaign, stating: “As participants in the 9th Wonca World Rural Health Conference, we commit ourselves to supporting the 15 by 2015 campaign, to signing the global petition and to encouraging colleagues, organisations and donor agencies in our home countries to add their weight to this campaign.”

Two collaborative efforts during the conference were important. First, a team from the WHO programme, “increasing access to health workers in remote and rural areas through improved retention”, attended the conference. The Working party had excellent meetings and a joint workshop with them. Items that were discussed included the recommendations they are developing, the Health for All Rural People (HARP) document, a possible WHO collaborating Centre for Rural Health, and the Guidebook on Rural Medical Education. As a result of these discussions, the Working Party executive held a joint teleconference with them in October. Two members (Ian Couper and Roger Strasser) were invited to join the WHO Expert Group, in addition to John Wynn-Jones, and attended their meeting in Hanoi, Vietnam in November. This is a very exciting development.

Secondly, discussions were held with the International Commission on Occupational Health (ICOH) Scientific Committee on Rural Health, which led to the drafting of a joint Memorandum of Understanding, which is attached. We would request the support of the Executive for this MOU.

In addition, a full day pre-conference workshop was hosted by the Working party to look at rural medical education. A Guidebook on Rural Medical Education has been planned; in the workshop, participants presented draft outlines of chapters for input and discussion. Dr Bruce Chater is taking the lead on this – we hope that an editorial team will have a face-to-face meeting during the year to take his forward.

The Working Party had excellent meetings before and after the Conference. The key decisions at the Working Party meeting were as follows:

1. The efforts of the Wonca Executive in ensuring the passage of the WHO resolution on primary care, which originated from the HARP process, were acknowledged. The working party offers any support it can in ensuring this is disseminated and implemented. A letter to this effect was sent to the president in June.
2. The Working Party endorsed the international electronic journal Rural and Remote Health (ww.rrh.org.au) as the international journal in the field
3. It was noted the website needed updating and Dr Ijaz Anwer was mandated to do that.
4. Agreed that the Wonca Rural Information Technology Exchange (WRITE) sub-committee had served its purpose and should be dissolved.
5. Efforts should be made to broaden representation in the working party of younger doctors and students, as well as women.

Working with the webmaster and an IT specialist, Dr Ijaz made substantial revisions and updating of the working party’s section of the Global Family Doctor website, to ensure that it is now more relevant and up to date. This has the potential to be a valuable resource

for rural doctors. The process of keeping it up to date is of course an ongoing one.

It was agreed that the 2011 conference would be held jointly with the Asia-Pacific regional conference to be held in February 2011 in Cebu City in the Philippines. Dr Bruce Chater has been invited to sit on the organising committee and Dr Aileen Espina from the Philippines has been invited to join the working party. It will be the first such joint venture and we hope will be of great benefit all round. A small post-conference meeting will be organised in a rural area.

It has been agreed with the Network-TUFH to hold a joint conference in 2012, to be hosted by the Northern Ontario School of Medicine in Ontario, Canada.

Dr John MacLeod, a founding member of the Wonca Working Party on Rural Practice and a quintessential rural doctor, passed away after bypass surgery on 1st September 2009. He had spoken at the Crete conference on the topic of Island medicine, about which he was very passionate. It is a great loss. Representatives of the working party were able to attend his funeral in September and also the memorial service held at the University of Glasgow earlier this month.

Professor Ian Couper
Chair: Wonca Working Party on Rural Practice
ian.couper@wits.ac.za

Wonca WORKING PARTY ON WOMEN AND FAMILY MEDICINE

The Wonca Working Party on Women and Family Medicine (WWPWFM) has published the proceedings of its June 28-July 3,

2009 meeting which took place at the University of East Anglia (UEA), Norwich, Norfolk, United Kingdom. Forty delegates from eighteen countries representing all Wonca regions met from 28 June - 3 July 2009 at the University of East Anglia. Almost half of these were first time Working Party attenders, recruited because of their potential as emerging leaders for family medicine.

The broad aims of the meeting were to: Develop leadership potential in family medicine, especially among women doctors; Build on strategic goals set by delegates through which they plan to impact on clinical, training and research priorities in women and children's health; Plan strategic goals which relate to working with higher education structures and family medicine organisations to improve capacity for family medicine; Encourage people early in their careers to develop their academic and leadership potential for service and scholarship.

The WWPWFM started with a coming together of minds in the Wonca 1998 meeting in Dublin, and was recognized as a Working Party by the World Wonca Council in 2001 in Durban. At the 2004 Wonca Triennial Meeting in Orlando, the Working Party ran a strategic preconference planning workshop, led a plenary session during the World Conference, and formulated an Action Plan to guide the next three years. In 2006, 25 members of the Working Party from 16 countries and all 6 regions met in Hamilton, Ontario, Canada – an important and productive meeting which led to the Hamilton Equity Recommendations (The HER Statement); specific proposed gender equity amendments to the Wonca Bylaws; a “Women's Track” for the Wonca Singapore '07 meeting with a special emphasis on leadership development; and

progress in developing a statement urging Wonca to promote awareness of the vital effects of gender as a determinant of health.

The HER statement and the ‘Ten Steps to Gender Equity’ were adopted by Council at the Singapore triennial in 2007, where the Working Party again hosted both a pre-conference and a number of events in the main programme. A significant number of the proposed changes to the bylaws have been formally proposed to Council for voting in the 2010 Triennial in Cancun, Mexico, and WWPWFM contributions have been visible in most Wonca regional meetings. Many other activities, including a Monograph and Literature Review, occurred in this period, and are archived on our website www.womenandfamilymedicine.com.

However, much remained to be done. In order to maintain momentum and to extend our activities, it was agreed that we would have a further ‘interim’ meeting for our Working Party before the 2010 triennial. The Chair for 2007-2009, Amanda Howe, agreed to host this at her own university in U.K. Planning was undertaken by the Executive, who from 2007-2010 were: Amanda Howe (Chair, UK, Europe Region), Cheryl Levitt (Past Chair, Canada, North America Region), Amanda Barnard (Chair Elect, Australia, Asia Pacific), Kate Anteyi (Nigeria, Africa), Liliana Arias-Castillo (Colombia, IberoAmerica), Lucy Candib (U.S.A., N America), Ilse Helleman (Austria, Europe), Zorayda “Dada” Leopando (Phillipines, Asia Pacific), Atai Omoruto (Uganda, Africa), Dorothy Pieters-Jang (Curacao, Caribbean- North America), and Nandani de Silva (Sri Lanka, MESAR). The Working Party were delighted to receive a formal greeting from the Wonca World President Chris van Weel to start the meeting, and to be able to debrief with members of

the Wonca World Executive, Professor Michael Kidd and Dr Iona Heath on July 3 2009.

What did we achieve? Greater awareness of Wonca, two consensus statements - on Gender Equity Standards (GES) Statement for Wonca Scientific Meetings, and the ‘LEAD’ statement; an updated Action Plan, an international guest speaker for University of East Anglia on Gender Equity in Medical Practice and more projects linked with the World Health Organisation Millenium Goals. The website will be updated with a full archive section and more ‘stories of our lives’.

Most immediate of all, we worked on our programme for the Wonca triennial in May 2010 in Cancun. We also considered the important next steps in the Bylaws and Regulations amendment process, where our group has been responsible for many of the changes currently to be voted on by Council in 2010. The amendments developed with the Wonca World Executive included the creation of a Wonca Equity Committee, which can monitor all Wonca activities to ensure that equity is practiced as well as preached.

We also addressed capacity building, regional links, and succession planning. With a new Eastern Mediterranean Region (EMRO) member, we have full regional representation on our Executive, and will have the same in the ‘emerging leaders’ co-ordinating group. Amanda Howe is standing aside a year early as Chair due to other professional commitments, but she remains on the Executive. Amanda Barnard (Australia) has stepped up a year early so there is no overall change in the Core Executive until Cancun.

We are leading the way in family medicine, and gender equity for doctors and patients is a crucial

strategic platform for success. Please contact us for more information.

Amanda Howe
WWPWFM Chair 2008-9
Amanda.howe@uea.ac.uk

Amanda Barnard
WWPWFM Chair 2009-10
Amanda.barnard@anu.edu.au

WORKING PARTY ON MENTAL HEALTH

In recognition of the importance of mental health in primary care, Wonca has a Working Party for Mental Health whose mission is to improve the recognition and access to treatment for mental health worldwide by working with members and other stakeholders to develop mental health knowledge and skills. Some of the activities and achievements of the Wonca Working Party on Mental Health targeted at the prevention of mental ill health are described below.

Wonca supports mental health advocacy and the rights of service users worldwide and collaborates with mental health advocacy organizations at every opportunity. This year's collaboration with the World Federation for Mental Health resulted in Wonca leading the 2009 World Mental Health Day "Call to Action". This focused on the importance of reducing stigma at all levels of society by integrating mental health into primary care and will contribute to improved mental health outcomes including depression and suicide prevention. (<http://www.wfmh.org/ooWorldMentalHealthDay.htm>). This year, Wonca collaborated with the other members of the Mental and Physical Health Platform in Europe to produce a document on how best to improve the mind and body connection. As physical health is often co-morbid with depression, targeting this connection will result in improved depression outcomes and suicide prevention.

Within the upcoming year, the Wonca Working Party on Mental Health plans to produce a DVD based resource that will be distributed to primary care teams worldwide to highlight the importance of the recognition and management of mental disorders including depression and suicide prevention. This DVD will use actors to illustrate clinical encounters of family doctors worldwide building on the work done on 'Look, Listen and Test' and communication skills. It will also address issues related to dementia and co-morbidity in general. We will be looking for other partners to collaborate with us in developing this educational resource.

The Wonca Working Party on Mental Health is a contributor to the WHO Mental Health Gap Forum that is looking at how the mental health gap can be addressed in Europe and the rest of the world. Wonca will play its part by joining others in applying for grants to support developing nations and in the provision of technical expertise and manpower for states that require such input. Through the improvement of government awareness and by enhancing the skills of individual health workers, mental health outcomes, including depression and suicide prevention, will be a global priority. The Chair of the Wonca Working Party on Mental Health and the President of Wonca attended the launch of the Partnership Forum in Geneva in 2009 and agreed to collaborate with the Who in an advisory capacity. The Wonca Working Party on Mental Health will hold a stakeholder meeting during 2010 to see how we can make the mhGAP Action Plan a reality.

The Wonca Working Party on Mental Health is currently developing a work plan dedicated to the production of training and reference material that will be of use to primary care clinicians globally. Wonca will identify, and collaborate with, other stakeholders to ensure that the material continues to be robust and of high utility value in high, middle and low income countries. We propose to produce a manual that will support Primary Care clinicians to treat and manage common primary care mental health problems, using evidence-based interventions. This manual will be developed by applying the methodology used to produce 'Integrating mental health into primary care: a global perspective.' The working title is 'Primary Care Mental Health – A Practical Manual.'

The Wonca Working Party on Mental Health is collaborating with the WHO to develop and deliver training in mental health advocacy and policy aimed at primary care physicians. The plan and programme are in the advanced stages of development and will be rolled out in late 2010.

The Wonca Working party on Mental Health will continue its successful collaboration with the World Federation for Mental Health (WFMH) by providing background literature pertaining to primary care mental health and the 2010 theme chosen. Mental Health in Primary Medicine will again produce a special issue in collaboration with the WFMH to mark this year's World Mental Health Day and will hold a workshop and event and encourage all our members worldwide to mark this occasion.

The Wonca Working Party on Mental Health will continue to maintain a high profile presence at Wonca

Regional and World Conferences and at Psychiatric Conferences world-wide. The proposed Wonca Working Party activities for Wonca World in Cancun includes a Mental Health Skills Training Workshop. In addition, the Working Party will conduct a book launch of the WHO-Wonca publication, Integrating Mental Health Into Primary Care: A Global Perspective. The book is currently available in English and Portuguese.

Dr Gabriel Ivbijaro
Chair, Wonca Working Party on Mental Health
gabluca@aol.com

The Wonca Education Working Party and Global Standards for Medical Education

The Wonca Education Working Party is developing a set of standards for medical student education, postgraduate training in family medicine / general practice and continuing professional development for family doctors.

The first two standards developed by the working party were formally adopted at the Wonca World Conference in Singapore in 2007. Called the "Singapore Statements", they were that:

"Every medical school in the world should have an academic department of family medicine / general practice, or an equivalent academic focus."

"Every medical students in the world should experience family medicine / general practice as early as possible and as often as possible in their training."

In 2009 the Working Party hosted three workshops on the further development of these global standards for medical students, for doctors undertaking postgraduate training in family medicine / general practice, and for the continuing professional development of experienced family doctors. The workshops were held at the Wonca Europe Regional Conference in Basle, the Wonca Asia Pacific Regional Conference in Hong Kong and the Wonca Region (CIMF) Conference in Puerto Rico. The outcomes of the three workshops are now being collated by the Working Party members with the aim of presenting the standards to the Wonca World Council in Cancun in May 2010.

This work builds on the inspiring leadership and legacy of Wonca member, the late Dr Jack Rodnick.

The longer term aim of the working party is to use these standards to revise the collaborative work conducted in the 1990s by Wonca and the World Health Organisation on medical education and family medicine.

Professor Michael Kidd
Chair, Wonca Working Party on Education

HEALTH AND HEALTH SYSTEM NEWS

WONCA AND THE WORLD HEALTH ORGANIZATION

The World Health Organization (WHO) is the authority on international health within the United Nations' system and is led by its Director-General. WHO experts produce health guidelines and standards, and assist countries to address public health issues. Through the WHO, national governments jointly tackle global and regional and local health problems and work together to improve the health and well-being of the people of the world.

Wonca's collaboration with the WHO dates back nearly 30 years to the early 1980s. Since that time Wonca has worked continuously with the WHO on many projects of importance to global health.

Wonca is recognised as one of over 180 nongovernment organisations in official relations with the WHO and is the recognised non-government organisation for family medicine. This is recognition of the importance to global health of family medicine and the recognised role of Wonca as the international leader in setting standards for clinical practice and education and training and research in family medicine around the world. In this role Wonca can advocate for primary health care and for the role of family doctors in ensuring strong primary care is available to all people in each of the countries of the world.

It is clear that Wonca's member organisations value this recognition of Wonca and family medicine by the WHO. Research by MCI for the GROW study showed that 85% of responding member organisations expressed very strong support for the statement that

“Wonca’s official position as a recognised authority and collaborator with the World Health Organization (WHO) is extremely important.”

Wonca Executive appoints a member to be its main liaison with the staff of the WHO global headquarters in Geneva. Michael Kidd was appointed as the Wonca-WHO liaison person in 2006. He has been building on the excellent work of Wonca’s previous recent liaison persons, Dr Ilse Hellemann and Professor Igor Svab.

There is a three yearly review conducted by WHO of its collaboration with Wonca. This review was last conducted in 2009 and Yvonne Chung and Alfred Loh of the Wonca Secretariat worked with Michael Kidd to prepare the triennial report. In February 2010 Wonca was advised that the Executive Board of the WHO had confirmed the continuation of maintaining Wonca in official relations with the WHO.

The World Health Assembly is the annual meeting of the delegations from the 193 countries which make up the WHO membership. The World Health Assembly is held in the main United Nations assembly hall in the Palace of Nations in Geneva. Each national delegation usually includes that nation’s Minister for Health and other senior government members and senior Health Department bureaucrats. The assembly meets in May each year to set policy for the WHO, to approve the WHO budget and, once every five years, to appoint the Director-General. The work of the World Health Assembly is supported during the year by a 34-member Executive Board which is elected by the Assembly. There are also six regional committees which focus on health matters of a regional nature. Non-government organisations in official relations with the WHO, including Wonca, are invited to attend the annual World Health Assembly as observers. Each year Wonca has a delegation present at the World Health Assembly.

One of the highlights of the work carried out by Wonca with WHO over the past triennium was the historic meeting on November 7, 2007, between the Wonca President, President-elect, WHO Liaison Person and CEO with the WHO Director-General, Dr Margaret Chan. Facilitated by Wonca Asia Pacific Regional President, Dr Donald Li, this meeting at WHO Headquarters in Geneva provided the opportunity for the Wonca President, Professor Chris van Weel, to inform the Director General about the work of Wonca and our member organisations and established a strong base for collaborative work over the next three years.

The second highlight was in 2009 when, for the first time at a WHO World Health Assembly, the President

of Wonca was invited to address the assembly. Our President, Professor Chris van Weel spoke in support of a resolution calling for all member nations to reinvigorate their health care systems through a strengthening of primary health care. This resolution was based in part on long standing work by the Wonca Rural Working Party with the WHO. Wonca, in partnership with The Network: Towards Unity For Health, had requested that the resolution be amended to include mention of the need to invest in the human capital of primary health care and that member countries should be urged to train sufficient numbers of health workers, in particular primary health care nurses, midwives, community based allied health professionals and family physicians. The resolution was passed by the World Health Assembly. This was another important moment in the history of Wonca.

Wonca working parties and individual representatives have been working in partnership with the WHO at a global and regional level on a large number of key activities and projects over the past three years including the global renewal of primary health care, mental health, rural health, classification, chronic diseases, patient safety, health workforce, tobacco cessation, health professional education, chronic respiratory diseases and aged care. Wonca was also involved in the development of the 2008 World Health Report on the renewal of primary health care.

Professor Michael Kidd
Wonca-WHO Liaison Person

“15by2015”: A CAMPAIGN TO STRENGTHEN PRIMARY HEALTH CARE AROUND THE WORLD

Global support to improve health care delivery in developing countries has increased at an unprecedented level of 26% between 1997 and 2002, from \$6.4 to \$8.1 billion. Yet, the vast majority of aid has been allocated towards disease-specific projects (termed “vertical programming”) rather than towards more broad-based improvements in population health, such as preventive measures, primary care services, and health workforce development (termed “horizontal programming”). Such well-financed vertical programs have had the unintended consequence of destabilizing community health care and diverting essential health personnel away from the local health system.

Wonca believes that a new global strategy is needed to achieve a synergy among vertical disease programs and the horizontal person and community-focused programs.

Primary health care and prevention are the best and most affordable ways to save the most lives and improve overall health. With the launch of the “15 by 2015” campaign, Wonca asks that donor organizations allocate 15% of their vertical funding towards sustainable comprehensive primary health care that is accessible and affordable in all regions of the world.

The eight Millennium Development Goals (MDG), www.un.org/millenniumgoals, form a blueprint agreed upon by all the countries and leading developmental organizations worldwide to make unprecedented efforts to meet the needs of the world’s poorest by the target date of 2015. Improvement of health and thereby improvement of health care is one of the objectives in these eight goals. With the campaign “15 by 2015”, Wonca wants to specifically target health care and make all stakeholders aware of this important to strategy to attain the MDG’s goals. Quality health care-accessible and affordable – is a right for all; most everybody agrees on this, but the way to reach this is not always clear. Vertical programs improve health care, but only for small groups of people with specific diseases. Some people with specific diseases receive good care, yet others remain untreated because there are no doctors, nurses or medication available for them.

Furthermore, salaries of health care providers working for donor-funded vertical programs are often two to four times that of equally trained government workers in primary health care. This induces an internal brain-drain (loss of well-trained people where they are most needed) where local health care workers move from their work in health centres and hospitals to the better-paid projects of donor organizations.

The “15 by 2015” campaign calls for all major global health donors to allocate 15% of all their grants towards strengthening the primary health care system of the country in which they work. The target date is the same as with the globally known and used eight millennium development goals, 2015.

Primary health care cuts across diseases in a systemic way. Investing in improving the quality of primary health care (infrastructure, human resources and equipment) is a broad-based and sustainable investment that makes health care accessible and affordable for all. For example, if good primary health care were available in the 42 countries accounting for about 90% of child deaths worldwide, 63% of these deaths could be prevented. The most prevalent health care problems in developing countries are respiratory illnesses, diarrhoea and complications of labour and delivery. These can and must be treated within

the same primary health care framework that deals with diseases such as malaria, tuberculosis and AIDS. Primary health care teams, based in the community, consisting of family physicians, mid-level health care workers, nurses, nutritionists, social workers, health promoters, can really make a difference.

GlobalFamilyDoctor.com-Wonca Online has a link to the “15by20015” initiative or go directly to www.15by2015.org for more information and to sign a petition in support of the “15by2015” campaign. Also, see the editorial in the 8th of March 2008 Edition of the British Medical Journal.

WONCA MEMBER AND ORGANIZATIONAL NEWS

CAN WONCA GROW?

Wonca has never been more influential, or more vulnerable. Member organizations have grown to 120 in number and represent nearly 100 countries, 250 000 family doctors, and 90% of the world’s population. Recent accomplishments include adoption of the World Health Assembly resolution on primary health care and the family physician; publication of two landmark monographs in collaboration with WHO (“Integrating mental health into primary care” and “Primary Health Care: Now More Than Ever”); agreement with IHTSDO to link its SNOMED and our ICPC classification systems; negotiations with several Persian Gulf countries to assist in the redesign of their health systems; and vibrant Working Parties leading the way on classification, mental health, research, women and gender equity, and other areas important to family doctors.

Yet, a global economic downturn, inadequate funds to bring leaders together with sufficient frequency to plan and execute change, and the constraints of running a world organization with a too small budget and too few part-time staff pose a serious challenge for Wonca – we may become a victim of our own success by raising expectations that cannot be met. The recent global economic crisis has clarified an emerging reality about Wonca – we must transform from an academic club to a professional association. Our decision processes have been too slow, requiring 6 years to effect bylaws changes. Our funds are too few and our funding streams are too limited. In 2009, two sources of funds will account for 85% of Wonca revenues: dues from member organizations

(60%) and pharmaceutical support (25%). Payments by three countries (Canada, UK, USA) comprise more than half the dues; one member organization (AAFP) contributes nearly 20% of all Wonca revenues. Our largest member organizations have made clear that they find it increasingly difficult to justify their Wonca dues payments to their own members. While global sponsorships and symposia funded by pharmaceutical companies have shrunk from 35% to 20% of Wonca revenues, we need to reduce further our reliance on pharma support and diversify our funding sources.

Cognizant that more than bylaws changes are needed, the Wonca Executive last year approved the creation of the Group to Redesign the Operations of Wonca (GROW). Members of GROW included the Core Executive (President Chris van Weel, President-Elect Richard Roberts, Honorary Treasurer Michael Kidd, and CEO Alfred Loh), along with those with financial expertise (Asia-Pacific Regional President Donald Li and Iberoamericana Regional Honorary Treasurer Marina Almenas) and national college expertise (Dutch college CEO Arno Timmermans). Nikki Walker and Chester Chou of MCI, the world's largest association management firm, were engaged as consultants to the GROW project.

As part of the GROW project, the MCI consultants conducted the first ever study of member organization attitudes and expectations about Wonca. The study consisted of a qualitative analysis of telephone interviews with 8 national leaders and funders and a quantitative web-based survey of 110 member organizations, with a response rate of about 45%. The GROW study revealed that the challenge facing Wonca is that the member organizations that provide the most funds to Wonca perceive that they

get little of value from Wonca, while those that perceive the most value, and have the greatest need for even more services, do not have the means to pay for those services. All developed countries now have member organizations and they have indicated they cannot pay more dues; in the future new member organizations will come only from developing countries with limited abilities to contribute dues. Reliance on member organization dues must therefore give way to more diverse revenues from valued products and services.

The GROW group was tasked to meet once in February 2009, review the study findings, and issue a report with recommended changes for Wonca's governance, budget, and activities. The GROW group developed a report recommending sweeping changes that envision a larger and more engaged Wonca with a greater diversity of revenue sources resulting from a wider array of products and services that will be valued by those in both developed and developing countries. The GROW report was reviewed by the Wonca Executive, which revised the GROW recommendations and adopted a series of eight resolutions that focus priority attention on the requisite business model and operational priorities for Wonca's future growth.

The preamble below presented in GROW resolution 1 has been submitted to Council members as a proposed bylaws change to be considered at Cancun 2010. The proposed GROW vision, mission, and objectives statements also proposed in GROW resolution 1 will be considered by the Council, but not likely adopted as bylaws changes until after Cancun 2010. Resolution 2, which contemplates the creation of a new Committee to oversee the World Conference, will

be circulated to the World Council for its consideration at Cancun 2010 as a possible change to the regulations.

Professor Richard Roberts
Chair, GROW project
Wonca President-Elect

GROW Resolutions Adopted by Wonca Executive, 4 June 2009, Hong Kong

Resolution 1: The following are referred to the Bylaws Committee for development of new Bylaws and Regulations to be considered by the Wonca World Council.

Preamble

1. Cognizant of the fundamental aspiration of all individuals, families, communities and people to achieve and maintain the highest quality of life:
2. Recognizing the centrality of improved and optimal health to the achievement of the highest quality of life:
3. Recalling the important provisions of the charters, declarations and instruments of the international organizations regarding human rights, equity, development, health and human dignity:
4. Recognizing that the elimination of other violations of universal human rights, equality, including gender inequality, are important prerequisites for development including the improvement and achievement of optimal health:
5. Affirming that the improvement and achievement of optimal health is dependent on high standards and levels of health care provision, organization, teaching and research:
6. Convinced that general practice/family medicine is the cornerstone of the achievement of high standards and levels of health

care provision, organization, teaching and research throughout the world: and

7. Noting the global benefit of organization and knowledge exchange between general practice/family medicine organizations and practitioners, and between general practice/family medicine and other organizations concerned with health and medical care:

The general practice/family medicine organizations of the world constitute themselves as the World Organization of National Colleges, Academies and Academic Associations of General Practitioner/Family Physicians.

Vision: A world where all people have the opportunity to attain optimal health and quality of life, and their full potential.

Mission: Wonca will contribute to this vision by promoting the concept of every family in the world having access to a family doctor.

New tagline – “For every family, a family doctor.”

Objectives: Wonca will advance its mission through its efforts to:

1. Foster high standards of care and the use of best practices in general practice/family medicine.
2. Promote the personal, compassionate, comprehensive, and continuous care of the individual in the context of the family and community.
3. Represent the policies and clinical, educational, and research activities of family doctors to other world organizations and forums concerned with health and health care.
4. Stimulate research, innovation, and the generation of new knowledge in general practice/family medicine.
5. Support and facilitate the devel-

6. Encourage and support the development of academic organizations of general practice/family medicine.
7. Provide a forum for exchange between Member Organizations and between family doctors around the world.

Resolution 2: A Wonca Conference Committee will be established by Cancun 2010, which will:

1. Be responsible for the Wonca World Conference and work in collaboration with the Host Organizing Committee of the chosen region.
2. Consist of a representative of each Wonca region and such other members as may be necessary.
3. Advise the Executive and Host Organizing Committee on scientific and logistical matters regarding the World Conference.
4. Study the feasibility of an annual Wonca World conference that is rotated among regions.

WONCA AFRICA AND PRIMAFED HOLD TRAIN-THE-TRAINER WORKSHOP

From 25-31 October in Rustenburg, South Africa, the World Organisation of Family Doctors (WONCA) organized the second regional meeting in the African region, with assistance of Primafamed partners and associates. This conference was followed by the Primafamed Training-of-Trainers workshop.

The WONCA Africa conference had around 300 participants from all over Africa. Several other non-African people joined due to their connection with universities or health care facilities in Africa.



Lucille Pick & Gboyega Ogunbanjo for Wonca Africa and Maaike Flinkenflögen & Lynn Ryssart for Primafamed,



Leaders from WONCA World, WONCA Africa and Primafamed - Bruce Sparks, Chris Van Weel, Jan De Maeseneer, Michael Kidd, Shadrack Mazaza, and Khaya Mfenyana

The workshop was opened by Prof. Jan De Maeseneer, the promoter of the Primafamed Edulink ACP EU project and the VLIR 2006 project. During the opening session Prof. Pierre de Villiers presented on the African Journal of Primary Health Care and Family Medicine (AJPCFM, www.phcfm.org) which was launched one year before at the first Primafamed conference in Kampala. In his presentation “Research publication in an African context” he spoke on the importance of open access publication, the opportunities but also the challenges. After this official opening there was a nice reception with healthy bites for all.

The second day of the workshop had the theme “family medicine

curriculum”. It started with the introduction and discussion of CanMeds, what roles should a medical expert/ family physician be able to perform and how does this fit in the African context. After this 3 workgroups discussed the family medicine curriculum, the African way. The curricula at different universities often have a big overlap, though there was also a lot of discussion about issues like length of the training; from a one-year training program in Sudan to a four-year program in several other countries, with a big difference in contents.

The overall theme of the third day was capacity building. Prof Khaya Mfenyana, the President of Wonca Africa, stated this morning with an impressive and inspiring presentation on patient-centered care. He told the group a few stories of patients he occurred with during his career as a doctor and used these examples to show the importance of patient-ceteredness. Full with emotion he was telling and participants were captured by his stories while you could hear a pin drop in the room.

In the afternoon, during the poster session, several people presented posters mainly focusing on the family medicine training in the different countries and the development of training sites. All Primafamed partners made a poster on family medicine training at their department and the development of the training in the last year with the assistance of the Edulink funding.

In the afternoon Dr Ephraim Dafiewhare gave a general presentation on quality assurance and the importance of this, also in the development of the curricula. In the workshops the focus was on assessment, both assessment of clinical skills with OSCE (Objective Structured Clinical Examination) and doctor-patient communication.

The last day of the workshop had “research” as leading theme. Dr. Olayinka Ayankogbe gave an introduction on research and publications: “Building a research culture in family practice in Africa”. With a lot of personal experience of research in the context of African PHC and family medicine he gave an overview of the different steps that need to be taken to do research, starting with reading journals with use of internet, to disseminating the results. In the workshops topics like research design and methodology and grant writing were discussed. With input from the participants, useful information and advices, on how to start a research, where to get funding and how to write, were exchanged.

All people funded by the Primafed Edulink ACP EU project and the VLIR 2006 project were accommodated in

the Road Lodge Hotel, a few kilometers from the venue. Transport from and to the venue was done by local taxi with minibuses.

The Edulink EU-funded Primafamed project paid for two participants per partner- university to attend the WONCA Africa conference and Primafamed workshop. Next to this twelve people representing the associates of the project were funded. The VLIR funded 18 people to attend.

We would like to thank our sponsors Edulink ACP EU and VLIR UOS for the possibility to organize this event and let us bring all our partners together to the WONCA Africa conference and the Primafamed meeting. The full meetings and discussions have been very fruitful with good outcomes we can work on further in the coming year.

Jan De Maeseneer Primafamed project promoter	Maaïke Flinkenflögel Primafamed project coordinator Conference organiser	Lynn Ryssaert Conference organiser
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JOSEP BASORA IS NEW PRESIDENT OF THE SPANISH SOCIETY OF FAMILY AND COMMUNITY MEDICINE

Josep Basora was elected as new SEMFYC President of the Spanish Society of Family and Community Medicine (SEMFYC) at the 29th National Spanish Conference that took place in Barcelona last November. In that General Assembly also elected the new SEMFYC Executive, which is composed of members from the different Federal societies, and their aims are to attend the needs of the family doctors of the different Spanish communities. The SEMFYC Executive is:

- President: Josep Basora Gallisá (Catalan Society)
- Vice President: Ana Pastor Rodríguez Moñino (Madrid Society)
- Vice President: Domingo Orozco Beltrán (Valencian Society)
- Vice President: Emilia Bailón Muñoz (Andalusian Society)
- Honorary Secretary: Salvador Tranche Iparraguirre (Asturian Society)
- Honorary Vice- Honorary Secretary : José Luis Cañada Millán (Aragon Society)
- Honorary Treasurer: Pascual Solanes Saura (Catalan Society)

According to SEMFYC by-laws, there is a transition period and the term of office of the new executive shall commence four months later, at the conclusion of the SEMFYC Spring Annual Meeting, which was held in Segovia in March 26-27th. Dr. Josep Basora succeeds Dr. Luis Aguilera as President.



Wonca President Chris Van Weel and SEMFYC Leadership at the Opening Ceremony



Wonca President-Elect Rich Roberts and SEMFYC Leadership at the Closing Ceremony



Wonca President-Elect Rich Roberts with the SEMFYC Host Organizing Committee

An initiative that Josep Basora presented seeks to expand diversity, with officers from the different federal societies of SEMFYC. The idea of this new executive is to make an effort to understand the different needs of the professionals of the different communities and to help merge their different visions, ideas and approaches in SEMFYC. All the new officers do have long experience in managing and have served in relevant posts in SEMFYC or in its Federal Societies. His vision is “to foster a representative society that works as a team, with sustainable initiatives in this challenging environment. SEMFYC will promote the creation of its own innovative products, keeping the principles of independence, bioethics and transparency, and will effectively represent their 20.000 members in the national and international area taking advantage of its privileged strategic positions in both the European and Latin-American setting”.

Among his proposals are the following: To improve the conditions of the clinical practice as means to increase the value of and to defend the room and competences of the Speciality of Family and Community Medicine; To strengthen its federal model and its synergies among SEMFYC and their 17 federal societies; To foster its members participation; To create “the Primary Care Home” in order to bring together the Spanish Primary Care Societies so as to unify the family medicine community; To strengthen SEMFYC international participation; To develop personal Continuing Medical Education programs; To encourage the use of new technologies as a means of improving relationships with member family physicians; To promote the Academy of Family Medicine and to establish a network of Universities which are friendly to Family Medicine; To improve research in the different primary care fields; To enhance SEMFYC’s Quality Plan as a tool to optimise SEMFYC management and support to its members.

José Miguel Bueno Ortiz
 jmbuenoortiz@telefonica.net

HONORING WONCA’S LEADERS IN MEMORIUM

The following family physician leaders were remembered via the pages of Wonca News during the past Triennium. These are just a few of the many family physicians that we hold in our hearts and minds as we prepare to gather in Cancun for the 19th Wonca World Conference.

Lynn Carmichael – Founder of STFM and Family Medicine in the USA



As founder and President of the Society of Teachers of Family Medicine and first editor of its academic journal, Lynn’s vision and efforts helped to create family medicine in Florida and the USA. He established the country’s first family-medicine residency program at the University of Miami’s medical school in the 1960s. He established community clinics in some of Miami-Dade County’s neediest neighborhoods, serving migrant workers in Homestead and the urban poor and homeless in Liberty City and Coconut Grove. He also founded the Society of Teachers of Family Medicine and was the first editor of its academic journal. Many of his former residents and students are current leaders in the family medicine movement throughout the country. Lynn’s vision of family medicine transcended borders and today his name often comes up in discussions about global health, and workforce development in resource-poor countries.

Cecil Helman – South African Family Physician and Medical Anthropologist



Dr Cecil Helman was born in Cape Town, South Africa into a medical family, and qualified as a doctor at the University of Cape Town Medical School. He left South Africa because of the apartheid system, studied social anthropology at the University College London, and worked as a family doctor for 27 years for the National Health Service, combining his clinical practice with a distinguished academic career. Dr Helman was an international expert on medical anthropology – the cross-cultural study of health, illness, and medical care – and on the many different forms of healthcare and healing found worldwide. He researched everything from primary health care systems to traditional healers, in South Africa, Brazil, and elsewhere. He was particularly interested in the humanistic side of medicine - especially the role of stories and narratives in medical care, and what they reveal about the inner worlds of both doctor and patient. His textbook, “Culture, Health and Illness”, has been used in more than 40 countries since it was first published in 1984.

Henk Lamberts – International Founder of Primary Care Classification



A Dutch family physician, Henk Lamberts will forever remain connected with the International Classification of Primary Care (ICPC). Together with Maurice Wood, he conceptualized and developed a unique classification for primary care and pioneered its inclusion in the (electronic) medical record. Due to his leadership and persistence, ICPC became the standard for Dutch family practice and found its way to many countries around the world. His advocacy also led to the recognition of family medicine as a scientific discipline in its own right, by the Royal Netherlands Academy of Arts and Sciences. Henk Lamberts, as a family physician in a new suburb of Rotterdam, developed the multidisciplinary, community health centre model in the Netherlands. Henk’s passionate endeavours to evaluate and analyze the impact of community oriented health centres set the tone and direction of Dutch primary care and introduced patient and practice-oriented research into daily family practice on a large scale. Henk Lamberts was a founding member of the Wonca International Classification Committee where he met Maurice Wood and began their lifelong friendship and development of primary care classification systems.

John AJ Macleod – Scottish Global Rural Health Advocate



Dr John MacLeod was an iconic rural doctor who made a significant contribution to international rural health throughout his career. He was the family doctor to the island of North Uist, Outer Hebrides, Scotland until his retirement after 27 years in practice. He had followed his parents into the family general practice and the family's service to the local community totaled 77 years. John was a founding member of the WONCA Working Party on Rural Practice in 1993 and a familiar figure in his Scottish kilt at the international meetings. Lorna, his wife, was very much part of the medical team and coped with a change in lifestyle from London to a remote island with wonderful skill and understanding to support John. Their three children are now successful adults and Lorna has remained an important part of island community life.

David Morley: UK Pioneer and Teacher for Underserved Practice

David Morley was Founder and President of Teaching-aids At Low Cost, a remarkable UK-based charity that has provided reference and learning materials for health workers and communities in developing countries since 1963. David was also Professor Emeritus at the Institute of Child Health, London. He has practised in Nigeria, East Africa, and India, and has also travelled in the Middle East, China and South America. Since retirement he has dedicated himself to a number of causes, most notably the challenge of meeting the information and learning needs of primary and district-level health workers. In recent years, David championed the production and distribution of e-TALC CD-ROMs containing high-quality content for health workers, and has distributed tens of thousands of these worldwide, especially to hospitals and health facilities in Africa with poor internet connectivity. His wife Aileen, his children and grandchildren, gave him great pleasure during his long life.

Thomas P (Tommy) Owens – Founder of Family Medicine in Panama and ICFM



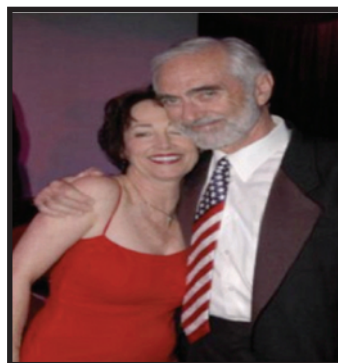
Tommy Owens was a tireless advocate for his patients in Panama, a pioneer, a generous leader and a compassionate warrior for family medicine in the Americas, Spain and Portugal. He was in general practice at the Policlínica Presidente Remón, Caja de Seguro Social (CSS and also ran his own inner city, private practice, Clínica Owens. He became Chief of the General Practice Service of the republic of Panamá, Associate Dean and Director of the School of Medicine at FM-UP from 1992-1998 and national Chief of Adult Health of the CSS. He successfully negotiated the formation of the Department of Family Medicine at FM-UP and forever remained its godfather and moral compass. He was a founding member and 3rd President of the International Center for Family Medicine and an active participant in the American Academy of Family Physicians and Wonca through 4 decades. In 2005 he was declared the Father of Family Medicine in Panamá by the national schools of medicine. A family man, he and Cris were inseparable from the time they met in 1958. They have four sons and one daughter: Tomás (a family physician), Patricia (a businesswoman), Jaime (a computer and security analyst for the Panamá Canal), Ramsés (a lawyer) and Carlos (a radiologist).

**Rajakumar – Wonca World President
1986 - 1989**



Dr. Rajakumar was President of Wonca 1986-1989, a most inspirational international leader of family medicine and a hero of primary care around the globe. Due to his determined guidance, Wonca became the organization it is today, aptly summarized in our logo 'World Family Doctors: Caring for People'. Dr. Rajakumar was a leading left-wing intellectual and academician in his native Malaysia, and a co-founder of the Labor party in the early 1960s. Prior to his Wonca Presidency, he was President of the Malaysian Medical Association from 1979-1980, President of the Malaysian Scientific Association from 1981-1983 and for many years President of Malaysian Academy of Family Physicians. Dr. Rajakumar practiced the principle of thinking globally, acting locally. He practiced in the run-down district of Loke Yew, and remained faithful for many years to this population that did depend on him for medical care. And he fostered international relations for Wonca beyond the direct context of health care – in particular the collaboration with UNICEF, in line with his social conscience and political leadership. He stayed fully involved in Wonca, long after his term of office had come to an end, and kept-on working to improve healthcare and particularly primary care. In 2006, during the Wonca Asia Pacific regional Conference in Bangkok he delivered the Wes Fabb oration.

**Jonathan (Jack) Rodnick – Family
Medicine Educator**



Jack was a visionary global leader of family medicine and medical education. He entered academic family medicine in 1973 at the Santa Rosa (California) Family Practice Residency Program, which was affiliated with the University of California, San Francisco (UCSF) and rose to become UCSF Chair of the Department of Family and Community Medicine. He served on the Board of Directors of the Society of Teachers of Family Medicine (STFM) and served as STFM President in 1987-1988. He was the editor of the International Family Medicine Education column of the Society's journal, Family Medicine, and in the Fall of 2007 edited a special issue of that journal on international family medicine as a part of the international effort on global health. In 2007, Jack was appointed as the STFM representative to Wonca and given a leadership role in the newly established WONCA Academic Departments membership group. Jack and his wife Judy shared a special bond and zest for life and adventure.

Louise Sparks – Wonca First Lady



Louise Sparks was the wife of Wonca Past President Bruce Sparks. Louise and Bruce met 50 years ago when they were very young. In 1969, when Bruce was an intern, they were married. They eventually had two delightful children, Richard and Alexandra, who were an absolute and continuing source of delight, concern and blessings. Of motherhood, Louise wrote, "With it came responsibility, worry and all consuming love. All else is secondary!" In addition to being a loving mother, Louise was a brilliant English Scholar and lover of classics, and a teacher, writer and poet. Most importantly, Louise was the true and enduring spouse, a magnificent caring companion and Bruce's "only best friend" for life. Their relationship was built solidly on a foundation of deep love and affection. Louise will be remembered for the full life she lived with warmth, love, devotion, courage, genuine concern and friendship.

Isaac Tannenbaum - Family Medicine Pioneer in Canada

Isaac (Issie) Tannenbaum was one of the leaders in developing the specialty of family medicine in Montreal, Quebec and across Canada. He was born in Lvov, Poland, but grew up in Montreal, attended McGill University, and practiced in Montreal, Quebec until his retirement in 1995. He won great admiration and respect from his peers when he opened in 1969 a 2-year residency program at the Jewish General Hospital (JGH) in Montreal based upon the standards of the College of Family Physicians of Canada. He became Chief of the JGH's Herzl Family Practice Center. When McGill University established a Department of Family Medicine, the JGH Family Practice Centre became one of its important teaching units and Dr Tannenbaum was appointed an Associate Professor, the first family doctor to hold an academic position at McGill. Dr Tannenbaum was universally admired and respected for the care and dedication he gave to his patients and for his commitment to excellence in the delivery of family medicine and primary care. He is survived by Ada, his wife of 60 years, and his children, Terry-Nan and Andre (Dascal) of Montreal, David and Mayta of Toronto, Ontario and Lynn and George (Collin) of Calgary, Alberta, and six grandchildren.

RESOURCES FOR THE FAMILY DOCTOR

SEARCHING PRIMARY HEALTH CARE INCLUDING FAMILY PRACTICE IN INDEX MEDICUS

View <http://wwwcf.nlm.nih.gov/serials/journals/index.cfm> to view primary health care and family medicine.

Today, Family medicine researchers may be pleased to be able to find the new Subject Title "Primary Health Care – including Family Practice" with 34 journals brought under this title. Look under the Subject Title 'Medicine – including General Medicine' and you will see that the primary care/general practice/family practice journals are no longer listed under this title.

Wonca and the world's family doctors view as a major step forward listing primary care research journals listed in their own right.

Now, the 'ISI Web of Knowledge', that provides the system under which bibliometric analyses of papers and publications are made, may be more likely to adopt this new category.

MENTAL HEALTH AND PRIMARY CARE

In 2008, Wonca and the WHO issued a landmark report 'Integrating Mental Health into Primary Care: A Global Perspective' (www.who.int/mental_health/resources/mentalhealth_PHC_2008.pdf). This influential report has made an international impact and provides practical examples for achieving integration in a variety of low, middle and high income economies. The report has now been translated by the Portuguese government into Portuguese and will be available to other governments and medical organisations who may wish to translate it.

Wonca has developed a method of improving mental state assessment in primary care by using the concept of 'look, listen & test', which is described in Primary Care Mental Health, Volume 3, Number 2, June 2005, pp. 145-147(3). The Wonca Working Party on Mental Health has carried out a series of workshops and training in mental health assessment at Regional Wonca conferences to raise awareness of the role of primary care clinicians in the recognition of depression and prevention of suicide.

To support the dissemination of evidence based best practice in primary care mental health, the Wonca Working Party on Mental Health has developed a resource, the Journal of Mental Health in Family Medicine (http://www.radcliffe-oxford.com/journals/J20_Mental_Health_in_Family_Medicine/default.htm). The Journal is now been listed in PubMed Central on this link: <http://www.ncbi.nlm.nih.gov/pmc/journals/968/>

WHO'S 2008 WORLD HEALTH REPORT – PRIMARY HEALTH CARE, NOW MORE THAN EVER

The World Health Organization's 2008 World Health Report, "Primary Health Care – Now More Than Ever", is an important and historic health policy document for all family doctors, especially those in leadership policies at the local, national and international level in their communities, health systems and professional organizations.

The 2008 WHO World Health Report asserts that "primary health care" is needed, now more than ever, as a guiding principle for health systems that are responsive to individual and community needs. The Report's first chapter describes the challenges of our increasingly urbanized, globalized and aging world, and the limitations the current system. These trends contribute to a rise in chronic diseases, like heart disease, stroke, cancer, diabetes and asthma that create new demands for long-term care and strong community support.

Key health system limitations identified in the report include:

- 1) hospital centrism – health systems built around hospitals and specialists,
- 2) fragmentation – health systems built around vertically-oriented diseases and other priority programs, and
- 3) health systems left to drift towards unregulated commercialism.

The WHO Report concludes that conditions of "inequitable access, impoverishing costs, and erosion of trust in health care constitute a threat to social stability."

Paradoxically, in far too many cases, people who are well-off and generally healthier have the best access to the best care, while the poor

are left to fend for themselves. Health care is often delivered according to a model that concentrates on diseases, high technology, and specialist care, with the power of primary care and prevention largely ignored.

Specialists may perform tasks that are better managed by general practitioners, family doctors, or nurses. This contributes to inefficiency, restricts access, and deprives patients of opportunities for comprehensive care. When health is skewed towards specialist care, a broad menu of protective and preventive interventions tends to be lost. WHO estimates that better use of existing preventive measures could reduce the global burden of disease by as much as 70%.

The WHO Report observes that inequities in access to care and in health outcomes are usually greatest in cases where health is treated as a commodity and care is driven by profitability. The results are predictable: unnecessary tests and procedures, more frequent and longer hospital stays, higher overall costs, and exclusion of people who cannot pay. In rural parts of the developing world, care tends to be fragmented into discrete initiatives focused on individual diseases or projects, with little attention to coherence and little investment in basic infrastructures, services, and staff. As the report observes, such situations reduce people to "programme targets." Above all, health care is failing to respond to rising social expectations for health care that is people-centred, fair, affordable and efficient.

In the World Health Report, WHO proposes that countries make health system and health development decisions guided by four broad, interlinked policy directions. These four represent core primary health care principles redefined in a more comprehensive and modernized

way than in the original and limited definition of 30 years ago. The four sets of primary health care policy reforms cited in the report are:

- Universal coverage: For fair and efficient systems, all people must have access to health care according to need and regardless of ability to pay.
- Enhanced people-centered primary care services: Health systems can be reoriented to better respond to people's needs through primary care centered delivery points embedded in communities.
- Strengthened community-centered public health policies: Healthier communities may be realized by integrating public health actions with primary care, by pursuing healthy public policies across sectors and by strengthening national and transnational public health interventions.
- Effective health system leadership: Effective leadership is required to institute these health system reforms to meet personal and public needs and expectations.

These four Primary Health Care oriented strategies – universal coverage, enhanced primary care, enhanced public health initiatives, and effective leadership – are seen the as best way of coping with three ills of life in the 21st century: the globalization of unhealthy lifestyles, rapid unplanned urbanization, and the ageing of populations. The four primary health care oriented reforms are aimed at realigning specialist-based, fragmented and commercialized health systems in order to meet rising public expectations for effective, efficient, accessible and affordable care.

A primary health care approach, when properly implemented, protects

against many of these problems. It promotes a holistic approach to health that makes prevention equally important as cure in a continuum of care that extends throughout the lifespan. As part of this holistic approach, it works to influence fundamental determinants of health that arise in multiple non-health sectors, offering an upstream attack on threats to health. The complete WHO 2008 World Health Report may be ordered or downloaded online at <http://www.int/whr/2008/en/index.html>

THE HISTORIC 2008 WHA RESOLUTION ON PRIMARY HEALTH CARE

As evidenced by the historic World Health Assembly (WHA) resolution on this subject, a growing number of World Health Organization (WHO) member states and the world's political and international health leaders recognize the urgent need to make a major, sustained commitment to strengthening health systems based upon primary health care. This renewed political interest presents the important opportunity needed to make sustainable improvements that benefit across disease areas and health programmes, and redouble global efforts to meet the challenge of achieving the Millennium Development Goals.

WHO maintains a link with key resources related to primary health care at: <http://www.who.int/healthsystems/>

On the link, one may download for free The WHO 2008 World Health Report, "Primary Health Care: Now More Than Ever", and obtain additional information related to the WHA Resolution on Strengthening Health Systems Based upon Primary Health Care.

The historic WHA Resolution 62.12 adopted in Geneva on May 22, 2009 is published below.

SIXTY-SECOND WORLD HEALTH ASSEMBLY WHA62.12

Agenda item 12.4 22 May 2009

Primary health care, including health system strengthening

The Sixty-second World Health Assembly, welcoming the efforts of the Director-General, and recognizing the pivotal role that WHO plays in promoting primary health care globally;

Having considered the report on primary health care, including health system strengthening;

Reaffirming the Declaration of Alma-Ata (1978) and the United Nations Millennium

Declaration (2000); Recalling the Ottawa Charter for Health Promotion (1986) and subsequent relevant resolutions of WHO regional committees and Health Assemblies;

Recalling also the discussions at the series of summits and global, regional and national conferences that have reaffirmed the commitment of Member States to primary health care and strengthening health systems;

Noting the growing consensus in the global health community that vertical approaches, such as disease-specific programmes, and integrated health systems approaches are mutually reinforcing and contribute to achieving the health-related Millennium Development Goals.

Recognizing the need to draw on the experiences, both positive and negative, of primary health care in the years since the Declaration of Alma-Ata and the Millennium Declaration.

Welcoming The world health report 2008, published on the thirtieth anniversary of the international conference of Alma-Ata, that identifies four broad policy directions for reducing health inequalities and improving health for all: tackling health inequalities through universal coverage, putting people at the centre of care, integrating health into broader public policy, and providing inclusive leadership for health; and also welcoming the final report of the Commission on Social Determinants of Health; Reaffirming the need to build sustainable national health systems, strengthen national capacities, and honour fully financing commitments made by national governments and their development partners, as appropriate, in order to better fill the resource gaps in the health sector;

Reaffirming also the need to take concrete, effective and timely action, in implementing all agreed commitments on aid effectiveness and to increase the predictability of aid, while respecting recipient countries' control and ownership of their health system strengthening, more so given the potential effects on health and health systems of the current international financial and food crises and of climate change;

Strongly reaffirming the values and principles of

primary health care, including equity, social justice, universal access to services, multisectoral action, decentralization and community participation as the basis for strengthening health systems;

1. URGES Member States:

- (1) to ensure political commitment at all levels to the values and principles of the Declaration of Alma-Ata, keep the issue of strengthening health systems based on the primary health care approach high on the international political agenda, and take advantage, as appropriate, of health-related partnerships and initiatives relating to this issue, particularly to support achievement of the health-related Millennium Development Goals;
- (2) to accelerate action towards universal access to primary health care by developing comprehensive health services and by developing national equitable, efficient and sustainable financing mechanisms, mindful of the need to ensure social protection and protect health budgets in the context of the current international financial crisis;
- (3) to put people at the centre of health care by adopting, as appropriate, delivery models focused on the local and district levels that provide comprehensive primary health care services, including health promotion, disease prevention, curative care and palliative care, that are integrated and coordinated according to needs, while ensuring effective referral system;
- (4) to promote active participation by all people, and re-emphasize the empowering of communities, especially women, in the processes of developing and implementing policy and improving health and health care, in order to support the renewal of primary health care;
- (5) to train and retain adequate numbers of health workers, with appropriate skill mix, including primary health care nurses, midwives, allied health professionals and family physicians, able to work in a multidisciplinary context, in cooperation with non-professional community health workers in order to respond effectively to people's health needs;
- (6) to encourage that vertical programmes, including disease-specific programmes, are developed, integrated and implemented in the context of integrated primary health care;
- (7) to improve access to appropriate medicines, health products and technologies, all of which are required to support primary health care;

(8) to develop and strengthen health information and surveillance systems, relating to primary health care in order to facilitate evidence based policies and programmes and their evaluation;

(9) to strengthen health ministries, enabling them to provide inclusive, transparent and accountable leadership of the health sector and to facilitate multi-sectoral action as part of primary health care;

2. REQUESTS the Director-General:

- (1) to ensure that WHO reflects the values and principles of the Declaration of Alma-Ata in its work and that the overall organizational efforts across all levels contribute to the renewal and strengthening of primary health care, in accordance with the findings of the Commission on Social Determinants of Health;
- (2) to strengthen the Secretariat's capacities, including capacities of regional and country offices, to support Member States in their efforts to deliver on the four broad policy directions for renewal and strengthening of primary health care identified in The world health report 2008;
- (3) to collate and analyse past and current experiences of Member States in implementing primary health care and facilitate the exchange of experience, evidence and information on good practice in achieving universal coverage, access and strengthening health systems;
- (4) to foster alignment and coordination of global interventions for health system strengthening, basing them on the primary health care approach, in collaboration with Member States, relevant international organizations, international health initiatives, and other stakeholders in order to increase synergies between international and national priorities;
- (5) to ensure adequate funding for health system strengthening and revitalizing primary health care in the Programme budget 2010–2011;
- (6) to prepare implementation plans for the four broad policy directions: (1) dealing with inequalities by moving towards universal coverage; (2) putting people at the centre of service delivery; (3) multisectoral action and health in all policies; (4) inclusive leadership and effective governance for health; to ensure that these plans span the work of the entire Organization, and to report on these plans through the Executive Board to the Sixty-third World Health Assembly and subsequently on progress every two years thereafter.

Eighth plenary meeting, 22 May 2009

WHO'S SOCIAL DETERMINANTS OF HEALTH REPORT

Social inequities and injustice are killing people on a "grand scale". A child born in a Glasgow, Scotland suburb can expect a life 28 years shorter than another living only 13 kilometres away. A girl in Lesotho is likely to live 42 years less than another in Japan. In Sweden, the risk of a woman dying during pregnancy and childbirth is 1 in 17,400; in Afghanistan, the odds are 1 in 8. Biology does not explain any of this. Instead, the differences between - and within - countries result from the social environment where people are born, live, grow, work and age.

"The toxic combination of bad policies, economics, and politics is, in large measure responsible for the fact that a majority of people in the world do not enjoy the good health that is biologically possible," the Commissioners write in *Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health*.

These "social determinants of health" have been the focus of a three-year investigation by an eminent group of policy makers, academics, former heads of state and former ministers of health. Together, they comprise the World Health Organization's Commission on the Social Determinants of Health.

http://www.who.int/social_determinants/en/

WHO Director General Chan welcomed the Commission's Report, concurring that, "Health inequity really is a matter of life and death," She challenged stakeholders to provide leadership to improve health systems, primary care and people's health, stating, "Health systems will not naturally gravitate towards equity. Unprecedented leadership is needed that compels all actors, including those beyond the health sector, to examine their impact on health. Primary health care, which integrates health in all of government's policies, is the best framework for doing so."

Sir Michael Marmot, Commission Chair said: "Central to the Commission's recommendations is creating the conditions for people to be empowered, to have freedom to lead flourishing lives. Nowhere is lack of empowerment more obvious than in the plight of women in many parts of the world. Health suffers as a result. Following our recommendations would dramatically improve the health and life chances of billions of people."

Much of the work to redress health inequities lies beyond the health sector. According to the Commission's report, "Water-borne diseases are not caused by a lack of antibiotics but by dirty water, and by the political, social, and economic forces that fail to make clean water available to all; heart disease is caused not by a lack of coronary care units but by lives people lead, which are shaped by the environments in which they live; obesity is not caused by moral failure on the part of individuals but by the excess availability of high-fat and high-sugar foods." Consequently, the health sector – globally and nationally – needs to focus attention on addressing the root causes of inequities in health.

"We rely too much on medical interventions as a way of increasing life expectancy" explained Sir Michael. "A more effective way of increasing life expectancy and improving health would be for every government policy and programme to be assessed for its impact on health and health equity; to make health and health equity a marker for government performance."

Based on this compelling evidence, the Commission makes three overarching recommendations to tackle the "corrosive effects of inequality of life chances":

1. Improve daily living conditions, including the circumstances in which people are born, grow, live, work and age.
2. Tackle the inequitable distribution of power, money and resources – the structural drivers of those conditions – globally, nationally and locally.
3. Measure and understand the problem and assess the impact of action. Improving daily living conditions begins at the start of life.

The Commission recommends that countries set up an interagency mechanism to ensure effective collaboration and coherent policy between all sectors for early childhood development, and aim to provide early childhood services to all of their young citizens. Investing in early childhood development provides one of the best ways to reduce health inequities. Evidence shows that investment in the education of women pays for itself many times over.

Billions of people live without adequate shelter and clean water. The Commission's report pays particular attention to the increasing numbers of people who live in urban slums, and the impact of urban governance on health. The Commission joins other voices in calling for a renewed effort to ensure water, sanitation and electricity for all, as well as better urban planning to address the epidemic of chronic disease.

WONCA CONFERENCES 2010 – 2013 AT A GLANCE

Information Correct as of February 2010.
May be subject to change.

**Wonca Direct Members enjoy lower conference registration fees

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

2010			
19 – 23 May	19 th Wonca World Conference	Cancun MEXICO	Millennium Development Goals: the Contribution of Family Medicine
6 – 9 October	Europe Regional Conference	Malaga SPAIN	Family Medicine into the Future Blending Health & Cultures
2011			
21 – 24 February	Asia Pacific Regional Conference	Cebu PHILIPPINES	Paradigms of Family Medicine: Bridging Old Traditions with New Concepts
8 – 11 September	Europe Regional Conference	Warsaw POLAND	Family Medicine - Practice, Science and Art
2012			
24 – 27 May	Wonca Asia Pacific Regional Conference	Jeju SOUTH KOREA	Evidence Based Approach To Primary Care
4 – 7 July	Europe Regional Conference	Vienna AUSTRIA	The Art and Science of General Practice
2013			
June	20 th Wonca World Conference	Prague CZECH REPUBLIC	Family Medicine: Care for Generations

LIST OF WONCA MEMBER ORGANIZATIONS

Wonca Member Organizations (2010)

Country

1	Andorran Society of Primary Care Doctors Associacio Andorrana de Metges D'Atencio Primaria	ANDORRA
2	Argentine Federation of Family and General Medicine Federación Argentina de Medicina Familiar y General (FAMFyG)	ARGENTINA
3	Armenian Association of Family Physicians	ARMENIA
4	The Royal Australian College of General Practitioners	AUSTRALIA
5	Australian College of Rural and Remote Medicine	AUSTRALIA
6	Austrian Society of General Practice/Family Medicine Osterreichische Gesellschaft fur Allgemein und Familienmedizin	AUSTRIA
7	Bahrain Family Physicians Association	BAHRAIN
8	Bangladesh College of General Practitioners	BANGLADESH
9	The Bangladesh Academy of Family Physicians	BANGLADESH
10	The Belarussian Association of General Practitioners (BAVOP)	BELARUS
11	Belgian Society of General Practitioners/Family Physicians	BELGIUM
12	The Network: TUFH Office	BELGIUM
13	Sociedad Boliviana de Medicina Familiar Bolivian Society of Family Medicine	BOLIVIA
14	Association of Family Medicine Specialists and Residents of Federation Bosnia and Herzegovina and Republika Srpska	BOSNIA And HERZEGOVINA
15	Brazilian Society of Family and Community Medicine Sociedade Brasileira de Medicina de Familia e Comunidade (SBMFC)	BRAZIL
16	Brazilian Society of Family Medicine / Sociedade Brasileira de Medicina de Familia (SOBRAMFA)	BRAZIL
17	The Section of Teachers & Section of Researchers, CFPC	CANADA
18	The College of Family Physicians of Canada	CANADA
19	Scientific Society of Family and General Medicine of Chile Sociedad Cientifica de Medicina Familiar y General de Chile	CHILE
20	Chinese Society of General Practice	CHINA
21	Colombian Society of Family Medicine Sociedad Colombiana de Medicina Familiar SOCMEF	COLOMBIA
22	Costa Rican Association of Specialists in Family and Community Medicine/Asociacion Costarricense de Especialistas en Familiar y Comunitaria	COSTA RICA

23	Croatian Association of Family Medicine	CROATIA
24	Cuban Society of Family Medicine/ Sociedad Cubana de Medicina Familiar	CUBA
25	Cyprus Medical Association of General Practitioners Ltd	CYPRUS
26	Czech Society of General Practice CLS JEP	CZECH REPUBLIC
27	Danish College of General Practitioners Dansk Selskab for Almen Medicin DSAM	DENMARK
28	Dominican Republic Society of Family Medicine /Sociedad Dominicana de Medicina Familiar	DOMINICAN REPUBLIC
29	Sociedad Ecuatoriana de Medicina Familiar	ECUADOR
30	Egyptian Society for Improving Family Health	EGYPT
31	Salvadorean Family Physicians Association / Asociacion de Medicos Familiares de El Salvador	EL SALVADOR
32	Estonian Society of Family Doctors	ESTONIA
33	Fiji College of General Practitioners	FIJI
34	Finnish Association for General Practice Suomen Yleislaaketieteen Yhdistys	FINLAND
35	College National des Generalistes Enseignants CNGE	FRANCE
36	La Société Française Médecine Générale SFMG	FRANCE
37	Georgia Family Medicine Association	GEORGIA
38	Deutsche Gesellschaft fuer Allgemeinmedizin und Familienmedizin / German College of General Practitioners and Family Physicians	GERMANY
39	West African College of Physicians Ghana Chapter Faculty of Family Medicine	GHANA
40	Greek Association of General Practitioners ELEGIA	GREECE
41	The Hong Kong College of Family Physicians	HONG KONG
42	International Association of Agricultural Medicine & Rural Health	HUNGARY
43	The Icelandic College of Family Physicians	ICELAND
44	Federation of Family Physicians' Associations of India, c/o General Pracitioners Association- greater Bombay	INDIA
45	Indian Academy of General Practice	INDIA
46	The Indonesian Association of Family Physicians Perhimpunan Dokter Keluarga Indonesia	INDONESIA

47	Iraqi Family Physicians Society	IRAQ
48	The Irish College of General Practitioners	IRELAND
49	Israel Association of Family Physicians	ISRAEL
50	Scientific Interdisciplinary Association of Both Family and Community Medicine (AsSIMEFaC)	ITALY
51	International Society of Doctors for the Environment ISDE Scientific Office	ITALY
52	Centro Studi e Ricerche in Medicina Generale CSerMEG	ITALY
53	Italian Academy of Family Physicians Associazione Italiana Medici di Famiglia (AIMEF)	ITALY
54	The Caribbean College of Family Physicians	JAMAICA
55	The Japanese Academy of Primary Care Physicians	JAPAN
56	Jordan Society of Family Medicine (JSFM)	JORDAN
57	Kazakhstan Association of Family Physicians	KAZAKHSTAN
58	Kenya Association of Family Physicians	KENYA
59	Institute of Family Medicine of Kenya Trust	KENYA
60	The Korean Academy of Family Medicine	KOREA
61	Association of Family Group Practices, (FGPA) Kyrgyzstan	KYRGYZSTAN
62	Rural Family Doctors Association of Latvia	LATVIA
63	The Lebanese Society of Family Medicine	LEBANON
64	Lesotho Medical Association	LESOTHO
65	College of General Practitioners of Lithuania	LITHUANIA
66	Société Scientifique Luxembourgeoise de Médecine Générale Luxemburgish Scientific Society for General Practice	LUXEMBOURG
67	Associação dos Médicos de Clínica Geral de Macau	MACAU
68	Academy of Family Physicians of Malaysia Akademi Kedokteran Keluarga Malaysia	MALAYSIA
69	Malta College of Family Doctors	MALTA
70	Colegio Mexicano de Medicina Familiar A.C. Mexican College of Family Medicine	MEXICO
71	Mongolian Association of Family Clinics	MONGOLIA

72	General Practitioners' Society, Myanmar	MYANMAR
73	General Practitioners' Association of Nepal	NEPAL
74	Dutch College of General Practitioners / Nederlands Huisartsen Genootschap NHG	NETHERLANDS
75	European General Practice Research Network EGPRN	NETHERLANDS
76	Royal New Zealand College of General Practitioners	NEW ZEALAND
77	Asociacion Nicaraguense de Medicina Familiar	NICARAGUA
78	Faculty of Family Medicine, National Postgraduate Medical College of Nigeria	NIGERIA
79	Association of General and Private Medical Practitioners of Nigeria	NIGERIA
80	Society of Family Physicians of Nigeria	NIGERIA
81	Norwegian College of General Practice Norsk Forening for Allmenmedisin, NFA	NORWAY
82	Oman Family and Community Medicine Society	OMAN
83	College of Family Medicine Pakistan	PAKISTAN
84	Pakistan Society of Family Physicians, Lahore	PAKISTAN
85	Asociacion Panamena de Medicina Familiar	PANAMA
86	Paraguayan Society of Family Medicine / Sociedad Paraguaya De Medicina Familiar	PARAGUAY
87	Peruvian Society of Family Medicine & Integral and Management Health / Sociedad Peruana de Medicina Familiar, Integral y Gestión en Salud	PERU
88	Foundation for Family Medicine Educators, Inc	PHILIPPINES
89	Philippine Academy of Family Physicians	PHILIPPINES
90	Kolegium Lekarzy Rodzinnych w Polsce College of Family Physicians in Poland	POLND
91	Portuguese Association of General Practitioners Associacao Portuguesa dos Medicos de Clinica Geral	PORTUGAL
92	Romanian National Society of Family Medicine/General Practice	ROMANIA
93	National Centre for Studies in Family Medicine	ROMANIA
94	All Russian Fund- Association of General Practitioners of Russian Federation	RUSSIAN FEDERATION
95	Saudi Society of Family and Community Medicine	SAUDI ARABIA
96	Serbian Medical Association/ Section of General Practice	SERBIA
97	College of Family Physicians, Singapore	SINGAPORE

98	Slovak Society of General Practice	SLOVAK REPUBLIC
99	European Academy of Teachers in General Practice EURACT	SLOVENIA
100	Slovenian Family Medicine Society	SLOVENIA
101	South African Academy of Family Practice/Primary Care	SOUTH AFRICA
102	Spanish Society of Family and Community Medicine, SEMFYC	SPAIN
103	College of General Practitioners of Sri Lanka	SRI LANKA
104	Swedish Association of General Practice Svensk forening for allmanmedicin	SWEDEN
105	Swiss Society of General Medicine SSMG/SGAM	SWITZERLAND
106	Chinese Taipei Association of Family Medicine	TAIWAN
107	The General Practitioners/Family Physicians Association, Thailand	THAILAND
108	Turkish Association of Family Physicians (TAHUD)	TURKEY
109	Ukranian Association of Family Medicine	UKRAINE
110	Emirates Medical Association, The Family Medicine Section	UNITED ARAB EMIRATES
111	Royal College of General Practitioners	UNITED KINGDOM
112	International Primary Care Respiratory Group Dept. of General Practice and Primary Care	UNITED KINGDOM
113	Sociedad Uruguaya de Medicos de Familia (SUMEFAM) Uruguayan Society of Family Medicine	URUGUAY
114	Society of Teachers of Family Medicine	USA
115	American Board of Family Medicine	USA
116	American Academy of Family Physicians	USA
117	North American Primary Care Research Group, NAPCRG	USA
118	Sociedad Venezolana de Medicina Familiar	VENEZUELA
119	Vietnam Association of Family Physicians	VIETNAM
120	The College of Primary Care Physicians of Zimbabwe	ZIMBABWE

GLOBAL MEETINGS FOR THE FAMILY DOCTOR

WONCA WORLD AND REGIONAL CONFERENCE CALENDAR

19th Wonca World Conference, Cancun 2010

Host : Mexican College of Family Medicine
 Theme : Millennium Development Goals: The Contribution of Family Medicine
 Date : 19-23 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 : jdo14@hotmail.com

Wonca Europe Regional Conference, Malaga, Spain 2010

Host : The Spanish Society of Family and Community Medicine (SEMFYC)
 Theme : Family Medicine into the Future: Blending Health and Cultures.
 Date : 6-9 October 2010
 Venue : Málaga Conference Hall (Palacio de Ferias y Congresos de Málaga)
 Contact : Dr. Luis Gálvez-Alcaraz
 Chair Host Organizing Committee
 Spanish Society Family and Community Medicine
 Address: Portaferrissa, 8, pral.
 08002 BARCELONA (España)
 Tel : 93 317 03 33
 Fax : 93 317 77 72
 Email : luisgalvez@semfyc.es

Wonca Asia Pacific Regional Conference, Philippines 2011

Host : The Philippine Academy of Family Physicians
 Theme : Paradigms of Family Medicine: Bridging Old Traditions with New Concepts
 Date : February 2011
 Venue : Cebu, Philippines
 Contact : Prof. Zorayda Leopando
 Chair, Host Organizing Committee
 Email : dfcmdada@yahoo.com
 woncacebu2011@gmail.com

Wonca Europe Regional Conference, Poland 2011

Host : The College of Family Physicians in Poland
 Date : 8-11 September, 2011
 Venue : Warsaw, Poland
 Theme : Family Medicine: Practice, Science and Art
 Contact : Ms Katarzyna Dubas
 Health & Management
 Sarego 16/3 Street
 31-047 Krakow, Poland
 phone : 48 12 429 5015
 fax : 48 12 431 21 44
 Email : Katarzyna.Dubas@ziz.com.pl
 Web : www.woncaeuropa2011.org

Wonca Asia Pacific Regional Conference, South Korea 2012

Host : The Korean Academy of Family Physicians
 Date : 24-27 May 2012
 Venue : Jeju South Korea
 Theme : Evidence Based Approach To Primary Care
 Email : kafmsd@kafm.or.kr

Wonca Europe Regional Conference, Vienna, Austria 2012

Host : Austrian Society of General Practice / Family Medicine
 Date : July 4-7, 2012, Austria
 Center Vienna (ACV)
 Theme : The Art and Science of General Practice
 Contact : Vienna Medical Academy
 Alser Strasse 4, Unicampus
 AAKH
 1090 Vienna
 Tel : 43 1 405 13 83-0
 Fax : 43 1 407 82 74
 Mail : woncaeuropa2012@medacad.org
 Web : www.woncaeuropa2012.org

MEMBER ORGANIZATION AND RELATED MEETINGS

AAFP Annual Scientific Assembly, United States 2010

Host : The American Academy of Family Physicians
 Date : 29 Sept - 3 Oct, 2010
 Venue : Denver, Colorado
 Web : www.aafp.org

RCGP Annual National Primary Care Conference, United Kingdom 2010

Host : Royal College of General Practitioners
 Date : 7-9 October, 2010
 Venue : Harrogate International Centre
 Web : www.rcgp.org.uk

Travel Medicine, South Africa 2010

Theme : Travel Health Africa – Research and Reality
 Date : October 14-17, 2010
 Venue : Capetown International Convention Center, South Africa
 Contact : Dr Garth Brink
 Mail : gkb@itikzn.co.za

WONCA TRIENNIUM HIGHLIGHTS



▲ Rich Roberts, Wonca President Elect at 2009 Asia Pacific Regional



▲ Wonca Europe Region and President Igor Svab - 2nd row 4th from left



▲ Alain Montegut (Center) with North America Region



▲ Mesar President Preethi Wijegoonewardene and Wonca President Chris van Weel with the Indian Academy of Family Physicians



▲ Marc and Karen Rivo, with Julie (L) and Jessica (R) at 18th Wonca World Conference



▲ President Aldofo Rubenstein (center) and Wonca Iberoamericana CIMF Region



▲ Wonca CEO Alfred Loh, Past President Bruce Sparks and President Chris van Weel



▲ Bruce Sparks with Yvonne Chung, Alfred Loh and Gillian Tan of the Wonca World Secretariat, Singapore

WONCA TRIENNIUM HIGHLIGHTS



▲ President Chris van Weel signing Wonca- United Arab Emirates Cooperative agreement



▲ Wonca Leadership at historic meeting with WHO Director General Margaret Chan



◀ Chris van Weel with Jan De Maeseneer testifying at the World Health Assembly in Geneva



▲ Chris van Weel with Dan Ostergaard bringing Wonca greetings to the American Academy of Family Physicians



◀ Wonca Iberoamericana CIMF President Adolfo Rubinstein at the Third Iberoamerican Summit in Family Medicine in Fortaleza, Brazil



◀ Wonca International Classification Committee meeting in Dunedin, New Zealand where Niels Bentzen of Denmark retired and Mike Klinkman of USA became WICC Chair

WONCA TRIENNIUM HIGHLIGHTS



▲ Meeting of the newly established Wonca Working Party on Education



◀ Wonca Cancun World Conference Host Organizing Committee Chair Javier Dominguez del Omo and wife Teresa



▲ Wonca Working Party on Mental Health Chair Gabriel Ivbijaro and World Psychiatric Association HOC Chair Francisco Torres at the Wonca-WPA Conference in Granada



◀ Nabil Kurashi, Protem President (top right) at meeting of the Eastern Mediterranean Region in Dubai, UAE

WONCA TRIENNIUM HIGHLIGHTS



◀ Wonca Working Party on Women and Family Medicine at University of East Anglia, United Kingdom



▲ Atai Omoruto and Past Chairs Amanda Howe and Cheryl Levitt with the Working Party on Women and Family Medicine



▲ Wonca Research Working Party Chair, Walter Rosser (second from right) at the Iberoamericana-CIMF Research Conference in Cali,



▲ David Game, Michael Boland, Dan Ostergaard, Bob Higgins and Bruce Sparks



▲ Past Chair Roger Strasser (R) with Jim Rourke (L) handing over the stag horn, the Rural Practice Working Party's gavel, to new Chair, Ian Cooper.