



WONCA Member Organisations

20 February 2017

Dear colleagues

**First member organization newsletter from the President Amanda Howe, 2016-2018**

As promised at the Council in Rio following our useful workshop and business meeting, I am adding a President's letter to our usual newsletter and e-updates. I will usually do this after a W.H.O. liaison meeting in Geneva, or after a WONCA Executive, so that the leaders of our member organizations are fully up to date with key strategic discussions.

***WONCA and options for members to pursue their special interests at a global level***

We had a very successful World Conference in Rio in November, which left us with many 'matters arising'. I have now received updated programmes of work from the majority of our Working Parties and Special Interest Groups (WPs and SIGs). These are being updated on the WONCA Website (see [www.globalfamilydoctor.com](http://www.globalfamilydoctor.com)). Many member organisations know of individuals or groups of family doctors who are interested in these areas, so please think about encouraging them to link up with the WPs and SIGs to broaden their horizons. There are also Young Doctors' Movements in all seven regions, which provide fantastic peer support and encouragement, as well as enabling all those involved to learn about international issues and broaden their horizons. For those with clinical special interests, we have ways of linking with regional and international networks such as the International Primary Care Respiratory Group, with whom we have a Memorandum of Understanding, allowing WONCA members to join their activities.

***WONCA and the World Health Organization***

WONCA is a registered Organization in Official Relations with the World Health Organization (WHO), and we try, via our Regional Presidents, to engage with their offices in each area of the world. The President, usually with the CEO and President – Elect and Executive lead (currently Dr Viviana Martinez-Bianchi), attend the World Health Assembly each year, and I have also just attended the Executive Board of WHO with our CEO, Dr Garth Manning. Much of the Assembly was preoccupied with the election of the next Secretary General, which will occur in May 2017, and with the core historical business of management of infectious disease outbreaks and other humanitarian crises. However, there were several items on the agenda where we posted statements on behalf of WONCA – workforce, and also migrant health, for both of which we already have policy available. You can see the whole Executive Board agenda with published statements on the WHO website (<https://extranet.who.int/nonstateactorsstatements/meetingoutline/7>).

We had useful business meetings with Jim Campbell, who spoke at our Rio conference. Jim is WHO Director for Health Workforce, and through him we are invited to represent WONCA at the fourth Global Workforce Summit in November 2017. We are currently working both within WONCA and with the WHO Service Delivery and Safety leads to define our preferred models of the position of family medicine within a strong primary health care workforce, but most of our thinking is already done – *“Train as many family doctors as possible, and make sure they can offer accessible, affordable, high quality care over time to an identified population where they can integrate care at the level of the*

*person and across the cycle of health and illness*". Easy to say – but hard to do; so it is excellent that we have established and can build on these contacts at WHO level. Member organizations are warmly invited to discuss any WHO needs and inputs with our regional Presidents, and to ask for advice at national level on these issues if needed.

We also had meetings with a number of other directorates linked to our Working Parties and Special Interest Groups – mental health, environmental issues, workers' health, informatics, and ageing and lifecycle - and with other NGOs such as the International Council of Nurses (ICN), and the International Federation of Medical Students' Associations (IFMSA) – both important to the workforce discussions. All these meetings and more will be followed up with actions, with the intention being that this strategic advocacy both educates other about the importance of family medicine, and allows us to help our members' interests beyond their own scope and political possibilities.

### ***New publications that you can use to support strategic arguments for family medicine***

I also attended a meeting of the Organization for Economic Cooperation and Development, registering at the suggestion of WHO colleagues. This was called *'People at the Centre: a Policy Forum on the Future of Health'*. A lot of commendable discussions about patient priorities and integrated care occurred, though also with predictable concerns about the need to measure quality of activity, and contain costs. There was a very strong focus on primary health care, and an important document was launched at the event by the Commonwealth Fund. This was the subject of one of the main panel discussions- *'Designing High-Performance Health Care System for Patients with Complex Needs – Ten Recommendations for Policy Makers'*.

<http://www.commonwealthfund.org/publications/other/2017/ten-recommendations>).

The focus here was on patients who are *'high cost, high need'* – though not necessarily high demand. I was excited to read Recommendation 3, which said that *'more family physicians and geriatricians were needed'* rather than the escalating numbers of hospital subspecialists seen in most OECD countries. Another report on the OECD website *'Caring for Quality in Health'* (<https://www.oecd.org/els/health-systems/Caring-for-Quality-in-Health-Final-report.pdf>) had 4 major recommendations on strengthening primary care and the role of generalists – so these two reports are worth taking some headlines from, and quoting to support our case.

### ***A request to our members – data needed***

In addition, we need some up to date information from you to aid our discussions about global capacity in the family medicine workforce. This has been requested by Jim Campbell (see above) as part of our discussions about the place of family medicine in the global health workforce, as he apparently does not have data on the current situation for family doctor training in many countries. Please therefore review this survey, try to find accurate answers if you can, and complete it as soon as possible.

Many thanks for all your hard work, hope this short newsletter is of interest, and look forward to receiving your responses. I shall write again in April, after our executive meeting in London.

Very best wishes

**Professor Amanda Howe**  
**President WONCA.**

**Start Survey**