



WONCA Annual Report

July 2018 - June 2019



World Organization of Family Doctors
2019



WONCA Annual Report

July 2018-June 2019

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Executive EXERCISING





*(Back row from l to r): Shabir Moosa (Africa); Mehmet Ungan (Europe); Raman Kumar (South Asia); Pratyush Kumar (Member at Large); Jacqueline Ponzo (Iberoamericana-CIMF); Meng-Chih Lee (Asia Pacific); Jinan Usta (EMR); Marvin Reid (North America); Ana Nunes Barata (Young Doctor)
 (Front row from l to r): Val Wass (Member at Large); Garth Manning (CEO); Anna Stavdal (President-elect); Donald Li (President); Amanda Howe (Immediate Past President); Viviana Martinez Bianchi (Member at Large)*

2018-2020 Executive

Dr Donald Li
 Dr Anna Stavdal
 Professor Amanda Howe
 Dr Garth Manning
 Professor Val Wass
 Dr Viviana Martinez Bianchi
 Dr Pratyush Kumar
 Professor Shabir Moosa
 Professor Meng-Chih Lee
 Dr Jinan Usta
 Prof Mehmet Ungan
 Dr Jacqueline Ponzo
 Professor Marvin Reid
 Dr Raman Kumar
 Dr Ana Nunes Barata

President
 President-elect
 Immediate Past President
 CEO
 Member at Large and Hon Treasurer
 Member at Large and WHO Liaison
 Member at Large
 President Africa Region
 President Asia Pacific Region
 President Eastern Med Region
 President Europe Region
 President Iberoamericana-CIMF Region
 President North America Region
 President South Asia Region
 Young Doctor Representative

Hong Kong
 Norway
 UK
 UK/Ireland
 UK
 USA
 India
 South Africa
 Taiwan
 Lebanon
 Turkey
 Uruguay
 Jamaica
 India
 Portugal

WONCA President



It's a huge pleasure for me to write the opening remarks to this, our latest WONCA Annual Report, and my first as President of the organization. This report provides a snapshot of the huge amount of work that is carried out by WONCA and our members around the world, and has been produced to keep our Member Organizations, our Direct Members, and other interested organizations and individuals informed about WONCA's activities over the past year. It also includes our 2018 annual financial statement and auditor's report.

As I read through the various reports – from Executive, from Working Parties (WPs) and Special Interest Groups (SIGs) and from our Young Doctors' Movements (YDMs) – I am impressed yet again at the tremendous level of activities which take place on behalf of WONCA and family medicine. We are fortunate indeed to have so many dedicated, enthusiastic and motivated members who willingly devote time and efforts to promote and advance our specialty.

It has, as ever, been yet another busy year. I'll begin by paying tribute to my predecessor, Professor Amanda Howe, for all her hard work during her two years in office. Amanda handed over the chain of office to me at our World Conference in Seoul in October 2018 and, with our newly elected Executive, we have continued to carry on the good work of Amanda and our Past Presidents, and their Executive teams.

One of the key highlights of my term so far has been the signing, during the WHO Executive Board meeting in January 2019, of **a joint Memorandum of Understanding with the World Health Organization (WHO)**. The cover to this report shows the signing ceremony, with Dr Tedros Adhanom Ghebreyesus (Director General of WHO) and I exchanging signed copies of the agreement. We have been an Organization in Official Relations (a "Non-State Actor") with WHO for many years but this MOU takes our collaboration with WHO to a whole new level.



WONCA President, Dr Donald Li, leading the latest WONA executive meeting in April, Beijing, 2019

I led the WONCA delegation to both the WHO Executive Board meeting in January 2019, and the World Health Assembly (WHA) in May 2019, and it is clear that WONCA



is held in very high regard by our various colleagues in WHO, with a number of requests from them to meet with us. There is an increasing awareness that to improve health outcomes the majority of care needs to be delivered by Primary Health Care (PHC), through the work of interdisciplinary teams, ideally led by a family doctor, and that these teams need to be well trained, well organized, well supported and well-funded to succeed. I

was also pleased to take part in a major side event during WHA, as the only non-state actor participant among this high-level panel of ministers of health from many countries, in a panel discussion on "Primary Health Care towards Universal Health Coverage and Sustainable Development Goals".



A joint Memorandum of Understanding with the World Health Organization (WHO)

I pay tribute to the entire WONCA team which supports our work at WHO – our WONCA-WHO Liaison, our newly established WHO Advisory Group and to all of our members who represent WONCA through a whole series of meetings and endeavours at WHO, both regionally and globally.

I had the privilege to attend the WONCA Africa conference in Kampala, Uganda, in June 2019. Delegates from 32 different countries came to share their enthusiasm and experiences of developing family medicine across the continent and further afield. My visit also provided the opportunity of having discussions with Dr Prosper Tumusiime, Acting HSS Director at WHO AFRO, as well as other African WHO officials.



WONCA President at WONCA Africa Conference, June, 2019, Kampala, Uganda

During the Conference however, a BMJ editorial was published, co-authored by WHO DG, Dr Tedros. This referred to 45,000 community health workers, in Rwanda, serving as “*the functional link between communities and health facilities, such as hospitals*”. The editorial caused serious concern and anger among our African colleagues because what it described may be the current reality in two countries but it is not delivering the comprehensive person-centred primary health care promised in the Astana Declaration. Together with key family medicine leaders in Africa, we submitted a letter to BMJ in response to the editorial. There was immediate response by Agnes Binagwaho, co-author, who agreed to a teleconference with me and WONCA representatives. She subsequently connected Shabir Moosa, WONCA Africa President, with relevant stakeholders and we are happy to see engagement of all professions in Primary Healthcare starting to work together as a team in collaboration. We are excited and encouraged to see all this gaining momentum.

Our WPs and SIGs continue to be the active engines of the organization, with meetings, workshops, conferences, statements and publications. Later in this report you will be able to read more on each of the groups, but of especial note during this period has been the “*WONCA Statement on Older People’s Care*”, from our SIG on Ageing and Health, and the “*Declaration calling for the Family Doctors of the World to act on Planetary Health*” which our WP on the Environment produced in collaboration with the Planetary Health Alliance.

I have a personal interest in Digital Health in Primary Care and I have been working with our Working Party on e-Health on a pilot project to evaluate and assess an Artificial Intelligence system developed in China to provide training for Family Doctors.

We have continued to add to the WONCA series of publications during this past year. Of particular note have been:

- “*How to do primary care research*” edited by Professors Felicity Goodyear Smith and Bob Mash, of our WP on Research.
- “*Primary care around the world*” edited by Professors Chris van Weel and Amanda Howe, with some recommendations for international policy and development.
- “*Family Practice in the Eastern Mediterranean Region*” a joint publication with WHO EMRO and edited by Professor Michael Kidd and Dr Hassan Saleh.
- “*Migrant Health: a primary care perspective*” produced in collaboration with our SIG on Migrant Care.



During my time on WONCA Executive – in the various roles as Regional President, Member at Large and then President Elect and President – it has been particularly satisfying to see the establishment and growth of a Young Doctor Movement in all seven WONCA regions. Several YDMs have produced individual reports, together with a consolidated report from Dr Ana Nunes Barata who very ably represents the YDMs on the WONCA Executive.

And finally to the regions. Again, a huge amount is happening in all of our regions, expertly reported on by our Regional Presidents. Through their efforts and those of their Executive, we have recruited several new member organizations and academic members throughout the year. In terms of regional events, in addition to attending the Africa Region conference this year, I am looking forward to the South Asia Region conference in Lahore, Pakistan, in November 2019. Next year I hope to attend most, if not all, of the other regional events.

My thanks to my President Elect, Dr Anna Stavdal, our CEO, Dr Garth Manning, and the Secretariat staff, and to all of the WONCA Executive who have given me tremendous support so far in my term of office. I also thank the leaders and members of our committees, working parties, special interest groups and individual representatives for their great continuing work on behalf of our global organization. I am grateful to the continuous support and advice given to me by our Past Presidents who now serve on a Past President's Advisory Committee. But my special thanks go to you, our members, who work hard day in and day out to provide such a great service to your patients.

*Dr Donald Li
WONCA President*

President Elect Report



What an eventful and busy WONCA year!

I started out as WONCA Europe President and was elected President-Elect of WONCA in October. Due to asynchronous election terms between WONCA Europe and WONCA World, the transition of the European regional presidency required some considerable coordination. The final exchange of presidency took place in February this year, and in WONCA Europe Council in June I resigned from the role as Immediate Past President of WONCA Europe due to my role as President Elect of WONCA World.

Many of the regional activities I have been involved in are a natural continuation of the work on the global level.

WHO

Since last summer I have attended several meetings hosted by WHO Europe, on topics relevant globally.

- In August WONCA Europe co-hosted a meeting in Copenhagen on “Integration of Public Health and Primary Care” together with Imperial College London and WHO EURO.
- I was invited by WHO EURO and the Danish Health Directorate to participate in the start-up meeting for an expert group on “Building the economic case for primary care”; which is preparing a report for the UN Assembly this autumn.
- In February I attended a symposium on Digital Health hosted by WHO EURO - with global participation.
- I am continuing as the chair of the “Advisory Board to the Regional Director for the Primary Care Center in Almaty”.

As part of the WONCA delegation to the Astana meeting in October, I participated in three sessions in the scientific program. I also attended the WHO Executive Board meeting in January, and the World Health Assembly in May this year, as a member of the WONCA delegation.

WHO EURO invited me to co-author an editorial in Public Health Panorama in November 2018 on public health and primary care. I have also become a member of the Advisory Group for the Primary Health Care Measurement and Improvement Initiative in WHO EMRO (Eastern Mediterranean Region Office).

Last September I led the WONCA Europe delegation to the Regional Committee meeting in Rome. We submitted several spoken and recorded statements, and this leads on to another main topic which has taken up much of my time and attention in the last 12 months: the work on *Preventing Overdiagnosis and Overtreatment (POD)*.

In June 2018, WONCA Europe Council unanimously adopted a position paper on *Overdiagnosis and Overtreatment*. In August I presented it at the International POD Conference in Copenhagen, and later in the form of a statement to the Regional Committee of WHO EURO, in a workshop at World WONCA in Seoul, and in a session at the Astana meeting.



President elect, Dr Anna Stavdal, at the meeting “Integration of Public Health and Primary Care”, Copenhagen, Denmark, August 2018

In April I was co-author for a paper related to the topic of *Overdiagnosis*, published in the BMJ: “*Reforming disease definitions: a new primary care led, people-centred approach*”. This December I have been invited to give the opening keynote at the POD International Conference in Sydney.

This is closely related to my interest in Core Values of Family Medicine, a topic I have pursued throughout my entire career. Originating from the Nordic Federation, a new brainstorm process has been launched in the European arena, and I have been tasked by WONCA Europe Council to chair the group which will outline the further process. The main issue in this process is how we can adapt to current trends in medicine and society, without losing sight of our core values.

I had the privilege to give the opening keynote on the same topic at the Nordic congress in Denmark, as well as at the opening of the Vasco da Gama Pre-conference in Bratislava around midsummer, followed by a workshop at the main WONCA Europe annual conference. The discussion is highly relevant for our work in the global arena, and I hope that the discussion will engage several of our World WONCA groups and working parties.



President Elect, Dr Anna Stavdal, providing the keynote speech on the topic of “Core Values of Family Medicine”, Denmark

Inter-professional collaboration is another topic I have taken an interest in for many years. Beside the value of emphasizing the importance of the multidisciplinary primary care team, we need to nurture collaboration with secondary care colleagues as well. Over the last years a liaison channel between WONCA Europe and International Hospital Federation has been established. Finding common ground for the best for our patients is a mutual commitment. That explains why I was invited to Health Promoting Hospitals International Conference in Warsaw, and in addition to giving an opening speech, took part in two panels on collaboration and health promotion, representing family medicine and primary health care.

CEO Search

WONCA is searching for a new CEO, as our current CEO, Dr Garth Manning, is retiring at the end of 2020. I have been tasked with chairing the search committee. The committee is in the middle of the process as I write. The CEO post was advertised in the end of April this year, with deadline for applications June 30th. AAFP has kindly offered us secretarial support, which is of great help to us.

WONCA Representation 2018/2019

I have had the privilege of representing WONCA World at several events in different regions. Besides bringing greetings from the President, I have spoken in sessions in the scientific program on the conferences, on topics like advocacy, risk intervention and equity in health care.

- Pre-conference on education in Almaty 2018 prior to the Astana Global Meeting October
- The Global Meeting in Astana October 2018
- Visit to Israel in connection with the annual meeting of the European Rural Network, EURIPA. I had also meetings with Israeli academic leaders, the President of World Medical Association (WMA) and national health authorities.
- Regional Council and Conference EMR in Beirut March 2019
- Regional Council and Conference CIMF in Tijuana May 2019
- Croatian National Conference May 2019
- International Hospital Federation/Health Promoting Hospital International Conference in Warsaw May 2019
- Nordic Congress in Aalborg, Denmark in June 2019
- WONCA Europe Council and Conference in June 2019
- WHO Executive Board and World Health Assembly, in January and May 2019 respectively

*Dr Anna Stavdal
WONCA President Elect*

CEO Report



Welcome to this latest Annual Report from WONCA, which reflects another very busy period for the organization and the Secretariat. We welcome this opportunity to report on our activities and to inform all colleagues – our Member Organizations, Academic Members, individual members, Organizations in Collaborative Relationship and our other partners such as WHO – of the many activities undertaken on your behalf.

The WONCA Secretariat is a very “slim” operation, with only CEO and three members of staff, but it works hard to provide great support to the WONCA Executive and to the other constituent parts of the organization such as Statutory Committees, Working Parties (WPs) and Special Interest Groups (SIGs). I reported last year that the move to a two-yearly cycle of events had put significant additional pressures on the Secretariat, and that remains the case. It has barely recovered from one Council and its aftermath before it starts to prepare for the next meeting and with many additional tasks – weekly e-updates; annual report; monthly Executive teleconferences; twice yearly Executive meetings – the Secretariat operates at 100% capacity all of the time. Nevertheless Dr Nongluck Suwisith (Chief Admin Officer) and the team (Yao Min Chao [Mint] looking after Membership and Administration and Anuta Mustafa [Bee] looking after Accounts) continue to provide very dedicated service to the organization.

There have been two face-to-face meetings of the WONCA Executive during this reporting period, in addition to the regular monthly teleconferences. The first Executive meeting took place in Incheon, South Korea, just before WONCA Council and conference, on 11th and 12th October 2018. The second full meeting of Executive took place in Beijing, China from 17th to 19th April 2019. This was held in conjunction with the annual conference of Chinese Medical Doctors’ Association (CMDA), a new WONCA MO, which kindly provided some support to the event. WONCA Executive participated in a panel presentation and discussion during the conference. The next full meeting of Executive will take place in Bangkok on 20th and 21st November 2019.



WONCA Executive face-to-face meeting in Beijing, April, 2019

We are pleased to report that WONCA finances continue to improve, from the precarious position of just a few years ago, and we are grateful to a series of Hon Treasurers (Francine Lemire; Donald Li; Job Metsemakers; and now Val Wass) for their continuing full support as we have worked hard to get the finances on a more sustainable footing. The Honorary Treasurer reports in more detail elsewhere in this report, and the WONCA Trust audited accounts are included as an annex to this report, but yet again we returned a rather larger surplus in 2018 than predicted, which is excellent news. Sponsorship is now almost impossible to find, but we have been able to earn some useful income from advertising of courses and events. We have also continued to benefit from solid consultancy income and I’m pleased to report that in 2018 our total consultancy surplus (income less expenditure) was just over \$100,000. Consultancies undertaken in these 12 months have included:

- Together with Californian Academy of Family Physicians and Healthcare Performance International we have undertaken training on the management of depression and anxiety with doctors from Asia Pacific Region (and most especially Japan) and with some inputs into South Asia Region also.
- We continue to pilot the WONCA Global Practice Accreditation standards and Professor Rich Roberts and I undertook an accreditation visit in February 2019 to one clinic in Hong Kong and two in Shenzhen, China. We also undertook useful visits and discussions with a number of government clinics and in July 2019 (just after the official time of this report) Professor William Wong and I

undertook a further three accreditation visits to government health centres in the Panyu District of Guangzhou.

- No program accreditation visits have taken place in this period, but two enquiries are being explored, and we are likely to undertake a re-accreditation visit early next year to Shanghai Medical College – the first site WONCA accredited.



Our collaboration with WHO is busier than ever, and the key highlight of this reporting period has been the signing, in January 2019, of an MOU with WHO. WONCA was also well represented at the October 2018 meeting in Astana, celebrating the 40th anniversary of the Alma Ata Declaration. As ever we sent a delegation (President, President-elect, WHO Liaison) to WHO in January for the Executive Board meeting, and I joined the three as part of the delegation to World Health Assembly in May. Many



useful meetings were held with WHO colleagues and we are gratified at the increased interest in meeting with us and the value placed on our inputs.

Accreditation visits in one clinic in Hong Kong and two in Shenzhen, China in February and in the Panyu District of Guangzhou in July this year.

Our Regional Presidents also endeavour to attend their WHO regional events, and in the past 12 months WONCA has been represented at WHO's EURO, EMRO, AFRO (Africa), SEARO (South East Asia) and WPRO (Western Pacific) and also at PAHO (Americas).

WONCA remains active in publishing, and a number of new WONCA publications have appeared during the year. ***“Family practice in the Eastern Mediterranean Region”*** has been produced in collaboration with WHO EMRO, whilst Chris van Weel edited ***“A snapshot of primary health care around the world”*** which results from a series of workshops he and others have held at various WONCA regional conferences. Our Working Party on Research produced ***“How to do primary care research”***. Meantime our SIG on Migrant Health has collaborated on ***“Migrant health: a primary care perspective”***.



As CEO I should have completed my term at the end of 2018, but agreed to stay on for an extra two years. I have indicated to Executive though that I plan to retire at the end of 2020, after over eight years in the post, and so the search has begun for my successor. Dr Anna Stavdal, as President elect, is leading the search, assisted by Professors Ruth Wilson and Job Metsemakers.

One of the many joys of being WONCA CEO is to travel and to meet with colleagues from all over the globe. In this period I have visited three out of our seven regions, including: WONCA World in Seoul; WONCA EMR in Beirut, Lebanon (March 2019); WONCA APR in Kyoto, Japan (May 2019); and WONCA Europe in Bratislava, Slovak Republic (June 2019). I will report elsewhere on planning for future conferences, but I have attended a conference planning meeting in Dubai and Abu Dhabi for WONCA 2020, and in coming weeks will be back in UAE as well as in Sydney (for WONCA 2022) and Dhaka (for WONCA Rural 2020)

I hope you enjoy reading the rest of this Annual Report, with narratives from our regions, our Working Parties and SIGs and our Young Doctor Movements. I and the Secretariat staff look forward to meeting up with many of you through the rest of 2019 and into 2020.

Dr Garth Manning
Chief Executive Officer

WHO Liaison



It was an exciting and rewarding year for Family Medicine and its relationship with the World Health Organization!

October 2018- Global Conference on Primary Health Care- Astana Declaration

On the 40th anniversary of Alma Ata, hosted by the WHO, UNICEF and the Ministry of Health of Kazakhstan, the conference emphasized how the world failed to meet the dream of Alma Ata. The conference highlighted that lack of access to healthy foods, safe and healthy environments, or even clean water, cause disease worldwide; and that over 100 million people are pushed into extreme poverty each year because of out-of-pocket health expenses. In addition, it informed how the underdevelopment of primary health care worldwide, has led to health systems emphasizing sick care, without coordination, continuity, or preventive measures in place.

The Declaration of Astana aspires to be a vision for PHC in the 21st century. It serves as guide and shows a commitment by countries around the world to make concerted efforts to build health systems with strong PHC to accelerate progress on universal health coverage and really improve health for all and the health-related Sustainable Development Goals. Members of the WONCA delegation and other family doctors present in Astana were encouraged to see an emphasis on

“meeting people’s health needs through comprehensive promotive, protective, preventive, curative, rehabilitative and palliative care throughout the life course, strategically prioritizing key health care services aimed at individuals and families through primary care and the population, with essential public health functions as the central elements of integrated health services”

“systematically addressing the broader determinants of health (including social, economic and environmental factors, as well as individual characteristics and behaviour) through evidence-informed policies and actions across all sectors”

“empowering individuals, families and communities to optimize their health, as advocates of policies that promote and protect health and well-being, as co-developers of health and social services, and as self-carers and caregivers”.



WONCA members from diverse countries attended the conference as invited speakers!

WONCA noted that the Declaration no longer included the specific mentioning of family doctors or any other members of the primary healthcare teams. The prior public draft did include different disciplines needed in the Primary Health Care (PHC) team, but these had all been removed in the final version signed by Member States. While we had hoped and strongly advocated for Family Medicine to be specifically included in the declaration, we are encouraged that many of the documents supporting the Astana Declaration do include family doctors/general practitioners as key members of these teams. WONCA’s concern <https://www.globalfamilydoctor.com/news/woncareactiontoastanadeclaration.aspx> is that the actual members of the primary health care team were never named in the declaration, thus not providing enough guidance and support for a well-defined PHC workforce. Until a few weeks prior, the public draft had included family doctors and nurses in the declaration. Our concern is that in many countries, the primary health care team is not trained to meet the complexity, diversity and variety of health care needs that present for care at primary health centers, and having postgraduate-trained family doctors working in multidisciplinary teams with nurses, community health workers, midwives, technicians, and assistants

would answer these needs. The conference showcased best practices and opportunities for success. Ministers, secretaries of health, government representatives and others highlighted ways to improve, practice and invest in Primary Health Care. WONCA leaders participated as lecturers in side events, panel discussions, with passionate participation during Q&A sessions, and with a strong presence in networking. Family medicine was mentioned multiple times during the plenary sessions. In addition, several side events during the Global Conference on PHC highlighted the work and reach of family doctors, including the presentation of Family Practice in the Eastern Mediterranean Region: Universal health coverage and quality primary care.

WONCA was well represented at the Global Conference on Health Care by Drs Donald Li (WONCA President), Amanda Howe (Immediate Past President), Anna Stavdal (President Elect), Ana Nunez Barata (Young Doctor Movement representative), Pratyush Kumar (Member at Large), Viviana Martinez-Bianchi (Executive Member-at-Large and WONCA-WHO Liaison) and Rosa Villanueva Carrasco (WONCA Iberoamericana).



WONCA President, Donald Li, and Dr Tedros Adhanom Ghebreyesus, Director General of WHO sign a Memorandum of Understanding on behalf of both organisation.

January 2019 - Executive Board of WHO in Geneva

The highlight of the week was the signing of the MOU between WONCA and WHO by Dr Donald Li, WONCA President, and Dr Tedros Ghebreyesus, Director General of WHO.

Meetings during EB in January included:

1. Shannon Barkley (Department of Service Delivery and Safety, WHO headquarters- Edward Kelley, MD, PhD, Director of the Department of Service Delivery and Safety, and Karen Kinder Consultant.
2. Jim Campbell, Executive Director, Global Health Workforce Alliance, (GHWA) and Director of the Health Workforce unit
3. Dr Ivan D. Ivanov, Team Lead, Global Occupational Health, Department of Public Health, Environmental and Social Determinants of Health Climate and Other Determinants of Health Cluster
4. Ludy Suryantoro, Disaster risk reduction, Disaster Preparedness – (Donald Met)
5. Dirk Horemans and Jonathan Abrahams, Emergency Medicine (Donald Met)
6. Neelam Dhingra, Coordinator for the Patient Safety and Quality Improvement Unit,
7. Department of Mental Health and Substance Abuse <https://www.who.int/nmh/about/msd/en/>
Devora Kestel (HoD), Tarun Dua, Neerja Chowdhary, Mark van Ommen, Michelle Funk in Quality Rights office, Geoff Reed, Chiara Servili, Child and Adolescent Mental Health https://www.who.int/mental_health/en/
8. Dr Ahmed Al Mandhari, RD EMRO, Dr Zafar Mirza, Director HSD, Dr Ruth Mabry, Tech Assistant to RD (Donald)
9. Dinner with WHO PRO Dr Shin (retiring RD WPRO), Dr Takeshi Kasai (new RD WPRO), Angela Pratt (Assistant, WPRO), Ren Minghui (ADG for HIV/AIDS) and Bernhard Schwartlander (chef de cabinet) - hosted by Donald Li.
10. Carissa Etienne – PAHO RD and Dr. Jarbas Barbosa da Silva Jr., Assistant Director of the Pan American Health Organization

11. Dr Tumusiime Prosper of Health Service Delivery and Dr Joseph Kabore Director of Program Management of WHO AFRO
12. Marian Sedlak, IFMSA Vice President for External Affairs
13. Dr Guy Fones, Acting Head, Global Coordination Mechanism on NCDs
14. Dr. Lubna Al-Ansari, Assistant Director General, Health Metrics & Measurement

WHO Mental Health

WHO mental health resources https://www.who.int/mental_health/en/ Work of the Mental Health Policy & Service Development team http://www.who.int/mental_health/policy/quality_rights/en/ The WHO *QualityRights* initiative is working to improve access to quality mental health services globally and to promote the human rights of people with mental health conditions and psychosocial, intellectual, and cognitive disabilities. As part of this initiative they are developing a good practice guidance document which will present information on community-based mental health services that promote human rights and the recovery approach. <https://extranet.who.int/dataform/237749?lang=en>. Working Party for Mental Health and SIG on Adolescent Health are both involved.

Meeting with Dr Ivan D. Ivanov, Team Lead, Global Occupational Health

Would like to see WHO and WONCA work together to define core competencies of family physicians regarding the interaction between health and work. For example, consideration of working conditions/workplace in the case management of diseases and injuries, medical examinations of workers, return to work, handling work-related health conditions, interactions with client's workplaces and management of occupational health and safety of staff in FM clinics. Connected him to Ezequiel Lopez (Chair of WONCA SIG on Workers' Health) with whom he has worked in the past. We discussed the possibility of a plenary on this topic at WONCA World 2020.

Meeting with Dr Neelam Dhingra - Kumar, Coordinator, Patient Safety and Risk Management

Thanked her for her mentorship and involvement with WONCA. EB144 adopted the EB Resolution 'Global action on patient safety', including the establishment of an annual **World Patient Safety Day on 17 September** and recommended it for adoption at the World Health Assembly (WHA) in May 2019. This marks the achievement of a major milestone in the global patient safety movement.

1. Global action on patient safety: Report by the Director-General
http://apps.who.int/gb/ebwha/pdf_files/EB144/B144_29-en.pdf
<https://www.who.int/news-room/events/executive-board-144th-session>
2. Draft resolution Global Action on Patient Safety
http://apps.who.int/gb/ebwha/pdf_files/EB144/B144_CONF8Rev1-en.pdf
3. Statement of Non-State Actors on 'Global action on Patient Safety'
<https://extranet.who.int/nonstateactorsstatements/meetingoutline/7> Under 6.6.1

Meeting with Carissa Etienne – PAHO RD Pan American Health Organization

Discussed the importance of working together. Dr Etienne discussed there exists a disconnection in resources and a lot of sub specialization when PHC is most needed. WONCA could help most with developing Quality of Care and Patient Safety- These are their most neglected areas. Premature mortality also linked to access to poor quality of services. Provide technical support and guide to technical work. Access and quality. 4/4/19 Received follow up phone call from PAHO Jose Francisco García Gutiérrez, Asesor Regional en Desarrollo de Recursos Humanos de Salud (OPS/OMS) and Ricardo Fabrega Advisor, Pan American Health Organization to meet in Tijuana, Mexico during the WONCA CIMF meeting. There are promising ideas re metrics that include Family Medicine for the region.

Meeting with Dr Tumusiime Prosper of Health Service Delivery and Dr Joseph Kabore Director of Program Management of WHO AFRO

Outlined possibilities for collaboration. They expressed interest in inviting WONCA to meeting in Brazaville. See what work can be done together. Working for Human Resources for Health in Kenya, nothing can

happen without HR. Reinvigorating PHC Approach. Move health services from the hospital to the people. Not enough doctors in the Africa region, need large workforce. Community Health Workers seen as the answer to the need for human resources for PHC. WONCA supports the idea that family doctors should lead interdisciplinary teams. What can be done to retool medical doctors in their teams? Learn from different countries. Reorientation of existing HR. Looking for modalities to train workforce. Would like to learn from others' experiences. Valued meeting with Shabir Moosa. Work on recruiting and retention. Discussed Mental Health QualityRights implementation in Ghana.

Meeting with WHO EMR region

Strong collaboration and launch of the WONCA-WHO book on Family Practice in the Eastern Mediterranean Region co-edited by Prof Michael Kidd.

WHO Disaster Preparedness and Health Security threats

Donald directly working with Ludy Suryantoro, Team Leader, Strategic Partnership for IHR and Health Security, Global Strategic Preparedness Networks.

WHO-WONCA priorities for 2019 Meeting with our lead colleagues within WHO in Service Delivery and Workforce

Shannon Barkley, Ed Kelley, Jim Campbell

1. Filling the gap of 18 Million health workers to achieve the SDGs: To help fill the 18 M health worker gap, more health workers, from all relevant cadres will be needed in PHC
2. Planning of WONCA Side event at WHA 2019
 - Submitted proposal with
 - i. China
 - ii. Argentina
 - Participation in side-event with World Federation of Public Health Associations
3. PHC Global Advocacy – PHC will be on the agenda at several high-profile events, important that WONCA have a voice there to advocate for system transformation toward PHC and the role of Family Medicine in that transformation.
 - United Nations High Level Meeting
 - G7 – PHC themed (opportunity to shape investment of G7 countries, particularly in their development assistance, to be more PHC focused)- Letter sent to regional members involved in G7
 - African Union_ Support and engage to train family doctors. There was a meeting between RCGP and DG Tedros where the potential for RCGP to support transformation of hospitals to teaching hospitals in African Region was discussed.
 - PAHO_ WONCA will meet in Mexico May 2-5 to discuss agenda and in particular metrics for addressing PHC at PAHO countries.
 - Global landscape analysis of international activities of Member Organizations. Start the dialogue with all members (colleges, associations) - what would it take to get financial protection; decision-making; capacity; Faculty of FM; Research capacity. In terms of Education - scale up capacity; regulatory measures.
4. Point of care algorithms for symptom based diagnosis and management of PHC (to be built from WHO guidelines and be adaptable to national contexts); Policy briefs; Indicators
5. Family medicine national training landscape analysis (draft questions in report of the EB)
6. Collaborating center network – List of academic institutions AFRO, EMRO, WPRO, SEARO, PAHO that could serve as collaborating centers on PHC. Will need to know: Name of institution, Focal point and contact information, and Rationale

Documents of importance to WONCA

- PHC Accelerator document <https://www.who.int/docs/default-source/global-action-plan/accelerator2.pdf>
- Global Action Plan <https://www.who.int/sdg/global-action-plan>

- High Level Commission, 2017 Resolution <https://www.who.int/hrh/com-heeg/en/>
- WHO Workforce 2030 https://www.who.int/hrh/resources/pub_globstrathrh-2030/en/
- Recife Report 2013- No health without the workforce <https://www.who.int/workforcealliance/knowledge/resources/hrhreport2013/en/>

May 2019- World Health Assembly (WHA72)

WONCA Participated actively and was well represented by WONCA President, Donald Li, President-Elect Anna Stavdal. Young Doctor representative Ana Nunes Barata, WONCA CEO Garth Manning, Bruce Chater representing WONCA Working Party on Rural Practice, Viviana Martinez-Bianchi as WONCA WHO Liaison, and Monica Burns as WONCA WHO logistician.



WONCA delegation at World Health Assembly, May, Geneva, 2019

WONCA had meetings with

1. Peter Salama, Executive Director UHC and Life Course.
2. Ed Kelley, Shannon Barkley, Katherine Rouleau and Karen Kinder in Health Services Delivery.
3. Jim Campbell, Director of the Health Workforce Department.
4. Devora Kestel and Michelle Funk in the Department of Mental Health and Substance Abuse.
5. Jonathan Abrahams and Dirk Horemans in Disaster Risk Reduction, and Disaster preparedness.
6. Regional meetings with WPRO, PAHO, WHO AFRO.
7. We met with several non-State actors in collaboration with the World Health Organization:
 - ICN
 - International Federation of Medical Students Associations
 - Global Coalition for Circulatory Health
 - Primary Health Care Performance Initiative and
 - World Federation of Public Health Associations, among many others

On the first day, several WONCA members spoke at a side event hosted by China, with a keynote by Dr Tedros who highlighted,

“Let me put it simply: there is no UHC without PHC”.

“In Astana last year we came together and declared that primary health care is the foundation of strong health systems, and that strong health systems are the foundation of universal health coverage.”

“PHC drives forward equity, efficiency and effectiveness.

“We need to be able to show our decision-makers what all of us serving in health care know – that providing high-quality, sustainable care in the community – in other words, care for all at all ages - is the most efficient use of health spending.”

Donald Li, the only non-state actor participant among this high-level panel of ministers of health from many countries, stated

“Universal Health Coverage cannot be achieved without comprehensive, integrated, person-centred primary care services. And comprehensive primary care cannot be achieved without qualified primary care teams. We believe that qualified family doctors should lead those teams. Even as President of WONCA, representing 500,000+ family doctors globally, I would

argue that effective, timely, primary care delivery is not only about doctors - but qualified family doctors should be the clinical lead of the professional, competent, multidisciplinary team, in order to reach greater numbers and population groups and deliver more effective care". He highlighted that "all members of the primary care team should be trained and qualified in delivering community based, person-centred primary care. WONCA is ready and willing to offer technical and policy support to any country which wants to incorporate qualified family doctors into the primary care team."



WONCA President Dr Donald Li, spoke on the importance of Family Medicine to reach UHC through PHC, part of panel at WHA meeting in May 2019

Ministers of Health highlighted their efforts to strengthen PHC, with Soren Brostrom, Director General of the Danish Health Authority, receiving applause when he made a special argument for investing in the specialty of Family Medicine for PHC towards UHC. Ana Nunes Barata spoke on the need to have family doctors involved in planning the future of healthcare delivery. I was asked to speak about the US healthcare system, and during my remarks, I highlighted that

"In the US, patient care delivered with a primary care orientation is associated with more effective, equitable, and efficient health services. Access to primary care lowers overall health care utilization, increases the use of preventive services, and lowers disease and death rates. The major specialty of primary care doctors in the US is family medicine, accounting for 40% of the total primary care physician workforce, followed by general internal medicine and general pediatrics. Family Medicine organizations in the US are building the primary health care workforce via the 25 x 30 initiative to ensure that by the year 2030, 25% of medical school seniors select family medicine as their specialty. Family Medicine strengthens US healthcare; my hope is that Family Medicine will strengthen health systems in every country in the world."

WONCA made comments on several discussion that took place at the World Health Assembly. A collaborative effort with our SIGS and working parties, provided expert opinion on Primary health care towards universal health coverage, Emergency and Trauma Care, Global action on patient safety, Water, sanitation and hygiene in health care facilities among others.

Members States supported the Astana Declaration and promised to support Primary health Care. As Dr. Tedros said,

"The ultimate measure of whether our work this week is successful is not whether we approve resolutions and decisions. The ultimate measure is whether those resolutions are translated into laws, policies, plans and programmes that make a difference on the ground. To our colleagues in Ministries of Health, I ask how you will work with your colleagues across government to invest in jobs. Do you have a clear picture of the needs in your country? Do you have a plan for how to address those needs? To our friends from professional associations and youth organizations, thank you for the productive discussions we have had over the past few months. Our task now is to implement the outcomes of those discussions to strengthen continuing medical education and build multidisciplinary teams of health workers to deliver high-quality, people-centred care. I call on all of us join forces across professions to move together, instead of in parallel.

- *Invest in jobs for UHC.*
- *Ensure decent work and eliminate discrimination.*
- *Implement what works.*
- *Activate the power of youth.*
- *And harness technology to maximize impact."*



WONCA WHO Liaison, Viviana Martinez-Bianchi speaks on the US healthcare system at WHA meeting in Geneva, May 2019

WHA Side Events

I participated as an invited speaker representing WONCA on an *International Vaccination & UHC Capacity Workshop hosted by the American Federation of Public Health Associations*. I spoke on the role of Family Doctors in PHC, in connection to the theme of the event, strategies and good practices to increase primary prevention through increased capacity applied to the vaccination context.



Viviana Martinez-Bianchi, Member at Large and WONCA WHO Liaison participated in WHA Side Events, May, Geneva 2019.

Additional important issues

- In March, WHO published its reorganization <https://www.who.int/dg/speeches/detail/transforming-for-impact>. PHC now has a higher profile.
- WONCA MOs working with WHO country offices are in the best position to collect and submit data on the working of family doctors in PHC. Connect your organizations to the local offices of the WHO: <https://www.who.int/about/who-we-are/regional-offices> See how your organization can work with WHO to improve PHC and UHC in your region and your country.

As I prepare this report, I am planning WONCA's presentation for the UN High Level Meeting on Universal Health Coverage to be held in New York in September 2019.

*Viviana Martinez-Bianchi, MD, FAAFP
WHO Liaison*

WONCA Statutory Committees



Bylaws

Membership Committee

Organizational Equity Committee

Conference Planning Committee

Finance

Bylaws



Following on from the World Council meeting in South Korea in October 2018 it has been a quieter time for the Bylaws and Governance committee. However, bylaws amendments presented in Korea could not be voted on, as the requisite 90 days of notice had not been given. Nevertheless Karen Flegg, as then Chair of Committee, gave a very comprehensive briefing to Council, and took questions. The amendments were then put to an Extraordinary General Meeting at the end of May 2019, when a quorum was reached and all who voted were in favour of the amendments. Thus, the deferred 2018 amendments were approved. The 2019 Bylaws can be accessed at the WONCA website at:

<https://www.globalfamilydoctor.com/site/DefaultSite/filesystem/documents/aboutWONCA/Bylaws%20June%202019%20FINAL.pdf>

The WONCA Africa Regional Bylaws were submitted in January 2019. These have been circulated to the committee with no changes or objections. The draft will be submitted to next WONCA Executive Meeting in Bangkok 20-22nd November 2019.

There were challenges raised about the Bylaws at the WONCA Executive Meeting in Beijing 17-19th April 2019. The WONCA Executive requested to be part of a review process.

I would like to acknowledge the work of my predecessor as Chair, Dr Karen Flegg, and her committee for all their excellent work. The current committee comprises:

- Dr Karen Flegg (Australia)
- Dr Ana Nunes Barata (Portugal)
- Dr Dora Bernal (Colombia)
- Professor Rich Roberts (USA)

*Professor Shabir Moosa
Chair Bylaws and Governance Committee*

Finance



Last year my predecessor as Hon Treasurer, Professor Job Metsemakers, reported that Executive had, at its October 2017 meeting in Bangkok, revisited the 2018 budget. This was in light of the political tensions current at that time on the Korean peninsula. It led Executive to reduce its income forecast from the WONCA world conference. In consequence various budgets were cut to keep expenditure in check. Most regions, all Working Parties and key Executive members had their budgets reduced. In hindsight this was a wise and prudent move, as income from the Korea conference was indeed rather less than anticipated, by some \$100,000.

On a more positive note, income from consultancy activities was rather better than estimated, and WONCA ultimately welcomed surplus income (i.e. total income less expenses) of just over \$100,000, as against estimates of \$45,000.

This radically helped with the relative loss of conference income. In fact, a projected surplus for 2018 of just over \$87,000 translated into a surplus of \$167,000.

Executive does however continue to take a cautious approach to the budget. As noted last year, it has ring-fenced \$200,000 as a strategic reserve, so that the organization has six months of guaranteed funding to maintain operations. Our CEO, Dr Garth Manning, announced that he would step down from his post at the end of 2020. A search has begun for a new CEO. The inevitable costs relating to this, and to the possible relocation of the Secretariat, meant that Executive proposed a transition budget of \$130,000 for 2019/20. This was agreed by Council in 2018. On a brighter note, Executive has been pleased to make \$30,000 available for discretionary funding, and has agreed three grants each of \$10,000. Criteria have been agreed and bids invited for these grants, which will be adjudicated late in 2019 for disbursement in 2020.

Finally the Audit Report for WONCA Trust for 2018 is included as an annex to this report. I pay tribute to Professor Job Metsmakers for his diligence and commitment in handing over the finances in good shape, and to his predecessors – Dr Donald Li and Dr Francine Lemire. I also thank the CEO for his work expanding our consultancy income so effectively and for overseeing the wise management of our finances to ensure the organization's ongoing sustainability.

*Professor Val Wass
WONCA Executive Member at Large
Hon Treasurer*

Membership



As the new Chair of Membership Committee, I am pleased to report that membership applications have remained buoyant during this period. Direct Member numbers remain good, and we have admitted many new Life Direct Members in the past 12 months; they are listed elsewhere in this report and we thank them most sincerely for their support.

Since July 2018 WONCA has been pleased to admit the following to Membership:

As Member Organization

- Chinese Medical Doctors Association Society of General Practice (CMDA)
- Association of Family Physicians of Kosovo
- Greek College of General Practitioners (GCGP)

As Associate Member Organization

- Cross-Straits Medicine Exchange Association Committee of International and Premium Medicine (CHINA)

As Academic Member

- University of Florida, Department of Community Health and Family Medicine (USA)

I thank all members of the Membership Committee for the hard work they undertake on WONCA's behalf and for their timely responses. I also thank Dr Nongluck Suwisith in the WONCA Secretariat for preparing and administering all applications so competently.

*Professor Marvin Reid
Chair, Membership Committee*

Organizational Equity Committee



Members

Viviana Martinez Bianchi – Chair USA/ WONCA Executive
Tin Myo Han - Myanmar
Julien Artigny - France
Thomas Meono Martin - Costa Rica
Kim Yu - USA
Bikash Gauchan - Nepal
Lucy Candib – USA (co-opted by WWPWF)
Kate Anteyi - Nigeria
Garth Manning, CEO WONCA World

Overview

Main issues of concern for the OEC are as follow:

WONCA's role in protecting rights of attendees to speak about LGBTQ issues, and of those who are LGBTQ at all regional and world conferences

- OEC received a letter from family doctors in Brazil expressing concern about LGBTQ rights at the Abu Dhabi conference
- Gender equity among presenters and keynote speakers
- Assure that the conference will hold space for LGBTQ issues
- Assure safety for those who are LGBTQ or those that are lecturing on those issues.
- Clarify what will be allowed or not at WONCA 2020, the risk for the conference and the organization regarding LGBTQ issues in Abu Dhabi.
- Safety for meetings of LGBTQ SIG during WONCA 2020

SIG in LGBTQ and health

- OEC considers the creation of a SIG in LGBTQ+ to be of serious importance to help and inform the OEC and organize and teach on health issues important to this population.
- A SIG has been created with its first in person meeting to occur at WONCA 2020, and WONCA OEC will be involved in assisting for its success

Areas of concern re organizational equity in each region.

- Improving gender equity in organizations
 - Encourage organization to apply the gender equity statement, involve at least 50% women in committees. To ensure that both have equal representation as laid out by the WWP statement policy and that there is a timeline to all of this. Would also recommend that these committees make note and report what efforts they have taken to reach this equality in their notes.
 - Consider the creation of an OEC award, to highlight best practices and have different levels, bronze, silver and gold, with explanations in each level to explain fair and just organizational equity practices. Could have countries then self-reflect on their own level rather than call them out, and could highlight and give awards to Gold member countries.
 - Promote women to rise to leadership positions in regions where there are no women leaders despite many women being family physicians.
 - Promote mentorship programs to achieve gender equity
 - Promote safety for LGBTQ members

Gains regarding Organizational Equity in each region

- Iberoamericana Region has now a SIG in Sexual Diversity and Health Services Access and has been working in the gender equity application for their associates in each country
- Perceived improvements in LGBTBIQ issues in some regions with worsening in others. Will need to monitor as organizations may be influenced by homophobia, gender bias, racism, anti-immigrant sentiment and other inequities ongoing in their region.
- In regards to gender, more women have now the opportunity in the educational field in WONCA Africa.

*Viviana Martinez-Bianchi, MD, FAAFP.
OEC Chair*

Conference Planning Committee

Now that WONCA has moved to a two-yearly cycle of events, no sooner is one major conference out of the way that we are preparing for another – and with a third event looming on the horizon. Thus no sooner was Korea successfully accomplished when our thoughts had to turn to Abu Dhabi for 2020 – and also towards Sydney for 2022.

I visited Dubai in March 2019 for further briefings from, and discussions with, the Host Organizing Committee of Emirates Medical Association and with MeetingMinds, the Professional Conference Organizers (PCO). We also undertook a site visit to the Abu Dhabi National Exhibition Centre (ADNEC) and met with a number of key colleagues there. Immediately following this meeting I attended the WONCA EMR conference in Beirut, where we held a meeting of the Scientific Committee, which includes Professors Chris van Weel, Rich Roberts, Michael Kidd and Amanda Howe. Plans are proceeding, and Dr Bohumil Seifert and I will go again to Dubai and Abu Dhabi in October for a further meeting.



Prof Bohumil Seifert



Dr Garth Manning, WONCA CEO, with the HOC and the PCO team for 2020 WONCA WORLD Conference, Abu Dhabi, UAE

In the meantime discussions have also been taking place with Australian colleagues, looking ahead to Sydney 2022, and I will visit Sydney for meetings and a site visit in August 2019.

My thanks to the HOCs of both Abu Dhabi and Sydney for all their efforts on WONCA's behalf, and my special thanks to my colleague on the CPC, Professor Bohumil Seifert, whose wise advice, friendship and collegiality are very greatly appreciated.

*Dr Garth Manning
Chair, Conference Planning Committee*

WONCA Conferences

We are looking ahead to a whole series of other WONCA events in 2019 and 2020 – and beyond! Among the many events already planned are:

Region / Working Party	Venue	Dates
WONCA Rural	Albuquerque, USA	11 to 15 October 2019
WONCA South Asia	Lahore, Pakistan	22 to 24 November 2019
WONCA Iberoamericana-CIMF Latin American Cumbre (summit)	Puerto Rico	27 and 28 April 2020
WONCA Iberoamericana-CIMF	Puerto Rico	30 April to 2 Mar 2020
WONCA Rural	Dhaka, Bangladesh	15 to 18 April 2020
WONCA Asia Pacific	Auckland, New Zealand	23to 26 April 2020
WONCA Europe	Berlin, Germany	24 to 27 June 2020
WONCA World	Abu Dhabi, UAE	26 to 29 November 2020
WONCA Asia Pacific	Yangon, Myanmar	9 to 12 April 2021
WONCA Africa	Abuja, Nigeria	TBC
WONCA Europe	Amsterdam, Netherlands	7 to 10 July 2021
WONCA Europe	London, UK	1 to 4 June 2022
WONCA World	Sydney, Australia	20 to 23 October 2022



WONCA Members

*Member Organizations
Academic Members
Individual Members*



List of WONCA Member Organization

Full Member Organization (118 members)

COUNTRY	MO name	Acronym	Joined
AFGHANISTAN	Afghan Family Medicine Association (AFMA)	AFMA	11-Nov-15
ALGERIA	Societe Algerienne De Medecine Generale	SAMG	11-Nov-15
ANDORRA	Andorran Society of Primary Care Doctors Associacio Andorrana de Metges D'Atencio Primaria	AAMAP	24-May-94
ARGENTINA	Argentine Federation of Family and General Medicine Federaci3n Argentina de Medicina Familiar y General	FAMFyG	06-Jun-02
ARMENIA	Armenian Association of Family Physicians	AAFP	23-Jul-07
AUSTRALIA	The Royal Australian College of General Practitioners	RACGP	01-Jan-73
AUSTRIA	Austrian Society of General Practice/ Family Medicine	ÖGAM	16-Dec-96
BAHRAIN	Bahrain Family Physicians Association	BFPA	17-Apr-04
BANGLADESH	Bangladesh College of General Practitioners	BCGP	03-Sep-87
BANGLADESH	Bangladesh Academy of Family Physicians	BAFP	01-Jan-04
BELGIUM	Belgian Society for General Practitioners/Family Physicians	BSGP	01-Jun-98
BOLIVIA	Bolivian Society of Family Medicine Sociedad Boliviana de Medicina Familiar	SOBOMEFA	06-Jun-02
BOSNIA AND HERZEGOVINA	Association of Family Physicians of the Federation of Bosnia & Herzegovina	AFPFBiH	01-Dec-11
BOSNIA AND HERZEGOVINA	Association of Family Physicians of Republic of Srpska		18-Feb-11
BRAZIL	Brazilian Society of Family and Community Medicine/Sociedade Brasileira de Medicina de Familia e Comunidade	SBMFC	06-Jun-02
BULGARIA	Bulgarian General Practice Society For Research and Education	BGPSRE	19-Jan-19
CANADA	The College of Family Physicians of Canada	CFPC	01-Jan-73
CHILE	Sociedad Chilena de Medicina General y Familiar	SOCHIMEF	06-Jun-02
CHINA	Cross-Straits Medicine Exchange Association - Committee of General Practice	SEMA-GP	11-Aug-16
CHINA	Chinese Society of General Practice	CSGP	10-Aug-95
CHINA	Chinese Medical Doctor Association General Practitioners Sub-association	CMDA-GP	11-Oct-18
COLOMBIA	Colombian Society of Family Medicine Sociedad Colombiana de Medicina Familiar	SOCMEF	06-Jun-02
COSTA RICA	Costa Rican Association of Specialists in Family and Community Medicine/Asociacion Costarricense de Especialistas en Familiar y Comunitaria		12-Oct-04

Full Member Organization (cont'd)

COUNTRY	MO name	Acronym	Joined
CROATIA	Croatian Association of Family Medicine	CAFM	16-Oct-97
CROATIA	Croatian Family Physicians Coordination	KOHOM	18-May-10
CUBA	Cuban Society of Family Medicine Sociedad Cubana de Medicina Familiar	SOCUMEFA	10-Oct-06
CZECH REPUBLIC	Czech Society of General Practice CLS JEP	CSGP	09-May-93
DENMARK	Danish College of General Practitioners Dansk Selskab for Almen Medicin	DSAM	08-Jan-76
DOMINICAN REPUBLIC	Dominican Republic Society of Family Medicine Sociedad Dominicana de Medicina Familiar	SODOMEFA	12-Oct-04
ECUADOR	Ecuador Society of Family Medicine Sociedad Ecuatoriana de Medicina Familiar	SEMF	06-Jun-02
EGYPT	Egyptian Family Medicine Association	EFMA	23-Jul-07
EL SALVADOR	Salvadorean Family Physicians Association Asociación de Médicos Familiares de El Salvador	AMEFAES	10-May-05
ESTONIA	Estonian Family Doctors Society	ESFD	11-May-96
FIJI	Fiji College of General Practitioners	FCGP	21-Jun-93
FINLAND	Finnish Association for General Practice Suomen Yleislaaketieteen Yhdistys	FAGP	02-Jun-84
FRANCE	French College of General Practice Collège de la Médecine Générale	LECMG	10-Oct-14
GEORGIA	Georgia Family Medicine Association	GFMA	17-Apr-04
GERMANY	German College of General Practice/Family Medicine/ Deutsche Gesellschaft fuer Allgemeinmedizin und Familienmedizin	DEGAM	01-Jan-82
GHANA	Society of Family Physicians of Ghana	SOFPOG	29-Oct-17
GHANA	West African College of Physicians Ghana Chapter Faculty of Family Medicine	WACPGCFM	28-Jun-99
GREECE	Greek Association of General Practitioners	ELEGEIA	03-Oct-88
HONG KONG	The Hong Kong College of Family Physicians	HKCFP	12-May-78
HUNGARY	Hungary Research Organization of Hungarian Family Physicians	CSAKOSZ	03-Jan-10
ICELAND	The Icelandic College of Family Physicians	ICFP	05-Aug-80
INDIA	Indian Medical Association College of General Practitioners	IMACGP	14-Dec-11
INDIA	Academy of Family Physicians of India	AFPI	14-Dec-11
INDONESIA	Indonesian Association of Family Physicians Perhimpunan Dokter Keluarga Indonesia	IAFP	14-Aug-82
INDONESIA	College of Indonesian Primary Care Physicians		01-Apr-17

Full Member Organization (cont'd)

COUNTRY	MO name	Acronym	Joined
IRAN	Iranian Society of General Practitioner	ISGP	18-Aug-16
IRAQ	Iraqi Family Physicians Society	IFPS	27-May-05
IRELAND	Irish College of General Practitioners	ICGP	14-Sep-85
ISRAEL	Israel Association of Family Physicians	IAFP	01-Jan-73
ITALY	Centro Studi e Ricerche in Medicina Generale	CSeRMEG	04-Aug-91
ITALY	Interdisciplinary Scientific Association of both Family and Community Medicine	AsSIMEFaC	01-Jun-04
JAMAICA	The Caribbean College of Family Physicians	CCFP	17-May-92
JAPAN	Japan Primary Care Association	JPCA	28-Mar-85
JORDAN	Jordan Society of Family Medicine	JSFM	17-Apr-04
KAZAKHSTAN	Kazakhstan Association of Family Physicians	KAFP	12-Apr-03
KENYA	Kenya Association of Family Physicians	KAFP	01-Jan-04
KOREA	The Korean Academy of Family Medicine	KAFM	21-May-83
KOSOVO	Association of Family Physicians of Kosovo	AFPK	17-Apr-19
KUWAIT	Kuwait Association of Family Physician and General Practitioners	KAFPGC	11-Nov-15
KYRGYZSTAN	Family Group Practice and Nurses Association of Kyrgyzstan	FPGA	01-Jan-03
LEBANON	The Lebanese Society of Family Medicine	LSFM	12-Apr-03
LESOTHO	Lesotho Medical Association		23-Jul-07
LITHUANIA	Lithuanian College of Family Physicians	LSGK	27-Jun-97
LUXEMBOURG	Luxemburgish Scientific Society for General Practice Société Scientifique Luxembourgeoise de Médecine Générale	SSLMG	19-Dec-05
MACAU	Associação dos Médicos de Clínica Geral de Macau	AMCGM	07-May-92
MACEDONIA	Association of General Practitioners of Macedonia	AGPM	01-Jan-12
MALAYSIA	Academy of Family Physicians of Malaysia Akademi Kedokteran Keluarga Malaysia	AFPM	01-Jan-75
MALTA	Malta College of Family Doctors	MCFD	01-May-89
MEXICO	Mexican College of Family Medicine Colegio Mexicano de Medicina Familiar A.C.	COMMEFAC	06-Jun-02
MONGOLIA	Mongolian Association of Family Medicine Specialists	MAFMS	07-Jun-98
MOROCCO	National Collective of Moroccan General Practitioners	MG MAROC	11-Nov-15

Full Member Organization (cont'd)

COUNTRY	MO name	Acronym	Joined
MYANMAR	Myanmar Medical Association - GPs Society	GPMS	27-May-05
NEPAL	General Practitioners' Association of Nepal	GPAN	22-Jun-97
NETHERLANDS	Dutch College of General Practitioners Nederlands Huisartsen Genootschap	NHG	01-Jan-73
NEW ZEALAND	The Royal New Zealand College of General Practitioners	RNZCGP	01-Jan-73
NICARAGUA	Asociacion Nicaraguense de Medicina Familiar	ANIMEF	10-Oct-06
NIGERIA	Association of General and Private Medical Practitioners of Nigeria	AGPMPN	03-Oct-80
NIGERIA	Faculty of Family Medicine, National Postgraduate Medical College of Nigeria	FGMPNPMCN	01-Jan-98
NORWAY	Norwegian College of General Practice Norsk Forening for Allmenntmedisin	NFA	01-Jan-76
OMAN	Oman Family and Community Medicine Society	FAMCO	23-Jul-07
PAKISTAN	College of Family Medicine Pakistan	CFMP	01-Jan-73
PAKISTAN	Pakistan Society of Family Physicians, Lahore	PSFP	16-Dec-96
PANAMA	Asociacion Panamena de Medicina Familiar	APMF	06-Jun-02
PARAGUAY	Paraguayan Society of Family Medicine Sociedad Paraguaya De Medicina Familiar	SPMF	12-Oct-04
PERU	Peruvian Society of Family and Community Medicine Sociedad Peruana De Medicina Familiar Y Comunitaria	SOPEMFYC	06-Jun-02
PHILIPPINES	Philippine Academy of Family Physicians	PAFP	01-Jan-73
POLAND	The college of Family Physicians in Poland Stowarzyszenie Kolegium Lekarzy Rodzinnych w Polsce	KLRwP	28-Jun-96
PORTUGAL	Portuguese Association of General Practitioners Associacao Portuguesa dos Medicos de Clinica Geral	APMCG	28-Mar-85
ROMANIA	Romanian National Society of Family Medicine	SNMF	22-May-98
RUSSIAN FEDERATION	All Russian Fund - Association of General Practitioners of Russian Federation		23-Jul-07
SAUDI ARABIA	Saudi Society of Family and Community Medicine	SSFCM	24-May-94
SERBIA	Serbian Medical Association/ Section of General Practice	SMAS	10-Oct-06
SINGAPORE	College of Family Physicians, Singapore	CFPS	01-Jan-73
SLOVAK REPUBLIC	Slovak Society of General Practice	SkS GP	09-May-93
SLOVENIA	Slovenian Family Medicine Society	SFMS	09-May-93

SOUTH AFRICA	South African Academy of Family Physicians	SAAFP	29-Aug-81
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Full Member Organization (cont'd)

COUNTRY	MO name	Acronym	Joined
SPAIN	Spanish Society of Family and Community Medicine	SEMFYC	01-Oct-88
SRI LANKA	College of General Practitioners of Sri Lanka	CGPSL	12-May-78
SWEDEN	Swedish College of General Practice Svensk forening for allmanmedicin	SFAM	06-Sep-77
SWITZERLAND	Swiss Society of General Internal Medicine	SGAIM / SSMIG	11-May-95
SYRIA	The Syrian Family Medicine Association	SFMA	18-May-10
TAIWAN	Chinese Taipei Association of Family Medicine	CTAFM	02-May-88
TAJIKISTAN	Public Organization National Association of Family Medicine Workers of Tajikistan		28-May-18
THAILAND	The General Practitioners/Family Physicians Association, Thailand	GPFPAT	28-Mar-85
TURKEY	Turkish Association of Family Physicians	TAFP (TAHUD)	12-Apr-03
UGANDA	Association of Family Physicians of Uganda	AFPU	18-May-10
UKRAINE	The Ukrainian Family Medicine Association	UFMA	07-Feb-99
UNITED ARAB AMIRATES	Emirates Medical Association, The Family Medicine Section		18-Feb-06
UNITED KINGDOM	Royal College of General Practitioners	RCGP	01-Jan-73
URUGUAY	Uruguayan Society of Family Medicine Sociedad Uruguaya de Medicina Familiar Comunitaria	SUMEFAC	06-Jun-02
USA	Society of Teachers of Family Medicine	STFM	29-Aug-81
USA	American Academy of Family Physicians	AAFP	01-Jan-73
VENEZUELA	Sociedad Venezolana de Medicina Familiar	SOVEMEF	06-Jun-02
VIETNAM	Vietnam Association of Family Physicians	VAFP	12-May-05
ZIMBABWE	The College of Primary Care Physicians of Zimbabwe	CPCPZ	02-Jun-76

Associate Member Organization (10 members)

COUNTRY	MO name	Acronym	Joined
AUSTRALIA	Australian College of Rural and Remote Medicine	ACRRM	01-Feb-00
CANADA	The Section of Teachers & Section of Researchers, CFPC	STSR	10-Oct-06

CHINA	Cross-Straits Medicine Exchange Association Committee of International and Medicine		17-Apr-19
ITALY	Italian Academy of Family Physicians Associazione Italiana Medici di Famiglia	IAFP / AIMEF	05-Oct-99
LATVIA	Rural Family Doctors Association of Latvia	RFDAL	01-Jan-05
NIGERIA	Society of Family Physicians of Nigeria	SOFPON	23-Jul-07
PHILIPPINES	Foundation for Family Medicine Educators, Inc	FFFME, Inc	11-May-95
ROMANIA	National Centre for Studies in Family Medicine	CNSMF	10-Oct-06
USA	American Board of Family Medicine	ABFM	30-May-86
USA	Association of Departments of Family Medicine	ADFM	01-Jan-12

Protem (1 member)

COUNTRY	MO name	Acronym	Joined
QATAR	Primary Health Care Corporation	PHCC	02-Oct-13

Organization in Collaborative Relationship (OCR) (10 members)

MO name	Acronym	Country	Joined
International Association for Communication in Healthcare	EACH	UK	18-Oct-15
Institute of Family Medicine of Kenya Trust	INFA-MED	KENYA	01-Jan-04
International Federation of Medical Students' Associations	IFMSA	FRANCE	06-Aug-10
International Primary Care Respiratory Group Dept. of General Practice and Primary Care	IPCRG	UK	23-Jul-07
International Primary Care Cardiovascular Society	IPCCS	NETHERLANDS	29-Oct-17
International Society of Doctors for the Environment	ISDE	ITALY	11-May-89
North American Primary Care Research Group	NAPCRG	USA	16-Oct-97
The Network: TUFH Office	The Network:TUFH	BELGIUM	18-Feb-06
World Health Organization	WHO		29-Oct-17
World Federation of Public Health Associations	WFPHA	SWITZERLAND	29-Oct-17

Lists of WONCA Academic Members by Country (31 members)	
COUNTRY	Title
AUSTRALIA	The Rural Clinical School of Western Australia, University of Western Australia
AUSTRALIA	Department of General Practice, Monash University
AUSTRALIA	Rural Clinical School, The Australian National University
BANGLADESH	Bangladesh Institute of Family Medicine & Research
BHUTAN	Department of General Practice, Khesar Gyalpo University of Medical Sciences of Bhutan
CANADA	Department of Family & Community Medicine, University of Toronto
CANADA	Discipline of Family Medicine, Memorial University Health Science Centre
CANADA	Department of Family Medicine, Queen's University
CHINA	Family Medicine Education Program, United Family Health Care
COLOMBIA	Family Medicine and Community Health Residency, Universidad de la Sabana
COLOMBIA	Rectoría, Fundación Universitaria Juan N. Corpas
CYPRUS	Department for Primary Care and Population Health, University of Nicosia Medical School
EGYPT	Aswan Family Medicine Residency
HAÏTI	Department of Family Medicine (DFM) of Faculty of Medicine and Community Health (FMCH), Queensland University
INDONESIA	Department of Family, Community Medicine and Bioethics, Faculty of Medicine, Universitas Gadjah Mada
JAMAICA	Section of Family Medicine, Department of Community Health & Psychiatry
KUWAIT	The Faculty of Primary Health Care PHF, Kuwait Medical Institute for Medical Specialisation
MALAWI	Department of Family Medicine, University of Malawi
NETHERLANDS	Department of Primary and Community Care, Radboud University Nijmegen Medical Center
NETHERLANDS	Department of Family Medicine, Erasmus Medical Center
NEW ZEALAND	Department of General Practice, University of Otago
PALESTINE	Family and Community Medicine, Annajah University Nablus- West Bank
SOUTH AFRICA	Division of Family Medicine, University of Cape Town
SUDAN	Department of Family and Community Medicine, Faculty of Medicine University of Gezira
TAJKISTAN	National Republican Training and Clinical Family Medicine Cente
USA	Department of Family Medicine, Boston University
USA	Department of Family Medicine, The University of Iowa Carver College of Medicine
USA	Department of Family Medicine & Community Health, University of Wisconsin Medical Foundation
USA	Department of Family Medicine and Rural Health, Florida State University
USA	Hofstra-NSLIJ School of Medicine, Family Medicine Department, South Side Hospital

USA

Community Health and Family Medicine, University of Florida

Lists of WONCA Life Direct Member Sorted by Number

from July 2018 to June 2019 from the total of 208 members

LDM Number	Surname	First Name	COUNTRY
LDM 209	GOPISSETTY	Dr Chandrasekhar	AUSTRALIA
LDM 210	LAM	Dr Tsan Augustine	CHINA
LDM 211	MIYAZAKI	Dr Kei	JAPAN
LDM 212	ETTA	Dr Irvy	AUSTRALIA
LDM 213	RANJAN	Dr K	SRI LANKA
LDM 214	KRISHNA GUPTA	Dr Tula	NEPAL
LDM 215	ANYANWU	Dr Christian Ikeh	NIGERIA
LDM 216	DAKO	Dr Mamudu	NIGERIA
LDM 217	FAKOYA	Dr Oladipupo	Nigeria
LDM 218	ALDAKHEEL	Dr Talal	SAUDARABIA
LDM 219	KIM	Prof Young Sik	KOREA
LDM 220	CHOI	Prof Whan-Seok	KOREA
LDM 221	LEE	Prof Duk Chul	KOREA
LDM 222	HLIANG	Dr Htet Aung	MYANMAR
LDM 223	WILSON	Prof Carolyn Ruth	CANADA
LDM 224	RANA	Dr Muhammad Arif	BANGLADESH
LDM 225	FLEGG	Dr Karen	AUSTRALIA
LDM 226	FROEHNER-BULMER	Dr Barbara	CANADA
LDM 227	RATNASINGAM	Dr Gobith	SRI LANKA
LDM 228	NAZMI ALA' ELDDIN	Dr Leena	JORDAN
LDM 229	PRABOWO	Dr April Imam	INDONESIA
LDM 230	TU	Dr Karen	CANADA
LDM 231	OLAZO	Professor Dr Reynaldo A.	PHILLIPINE
LDM 232	NICODEMUS	Dr Leinani	PHILIPPINES
LDM 233	LEE	Dr Peter	CHINA
LDM 234	RIEL-ESPINA	Dr Aileen	PHILIPPINES
LDM 235	SOON	Dr En Lonog	SINGAPORE
LDM 236	CHANG	Dr Hsien Cheng	TAIWAN
LDM 237	HAMDEME	Dr Abdelaziz	TUNISIA
LDM 238	JALLER	Dr David E	USA
LDM 239	BUENO-NORTIZ	Dr José Miguel	SPAIN
LDM 240	VILASECA	Dr Josep	SPAIN
LDM 241	PERDIKAKI	Dr Pigi Perdikaki	GREECE
LDM 243	TALAPATRA	Dr Subhasis Talapatra	AUSTRALIA
LDM 244	RUANPECH	Dr Pattamas Ruanpech	THAILAND
LDM 245	BESROUR	Dr Sadok Besrour	CANADA

Regional Reports



Africa Region



WONCA Africa Exco Members

The following were elected to the WONCA Africa Exco in October 2018. They were allocated key tasks:

- President: Prof Shabir Moosa (Coordinating Stakeholder Engagement)
- President-elect: Dr. Dan Abubakar (Coordinating Membership)
- Secretary: Dr Joy Mugambi (Coordinating WPs/SIGs)
- Treasurer: Dr Elizabeth Reji (Womens Party Chair)
- Additional Member: Dr. Temitope Ilori (Supporting stakeholder engagement)
- Additional Member: Dr Jane Namatovu (Coordinating Conference)
- Co-opted Member: Dr Kwame Asisi-Boateng (Afriwon Chair)

There have been monthly meetings since the WONCA Africa Council Meeting in Seoul, October 2018. These have been held mostly using Zoom and have been minuted.

- 13th November 2018
- 10th December 2018
- 8th January 2019
- 12th March 2019
- 9th April 2019
- 4th June 2019 (face-to-face)

As per allocated tasks there has been some progress:

1. Stakeholder Engagement (Shabir Moosa)

- WONCA World:** There were three meetings of WONCA World Exco in Seoul. Strategic priorities laid out by President Donald Li were:
 - EXTERNAL: Liaise effectively with WHO; raise the WONCA profile - increase visibility of WONCA globally; and increase WONCA's income to enable more work to be done.
 - INTERNAL: strengthen and consolidate corporate governance; appoint a new CEO to take over in 2020; strengthen and expand the Secretariat; provide more support to WONCA office holders; monitor the work of WONCA Working Parties and SIGs; and improve internal communications.
 - There were plans for a face to face exec meeting bi-annually and virtual meetings every 4 to 6 weeks.
 - Key roles were:
 - 1) Organizational Equity Committee (OEC) - Viviana Martinez Bianchi
 - 2) Bylaws and Regulations Committee - Shabir Moosa
 - 3) Membership Committee - Marvin Reid
 - 4) Nominating and Awards Committee - Anna Stավdal
 - 5) Finance Committee - Val Wass
 - 6) Other: Viviana Bianchi-Martinez: WHO; Pratyush Kumar: WPs/SIGs
 - WONCA Africa reps were: Henry Lawson in Membership, Kate Anteyi in OEC and Elizabeth Reji in Finance
 - WONCA Exco Meetings: There have been several teleconferences since Seoul. Telecon 3rd Dec discussed various reports including Paper on Planetary Health from WP Environment and YDMs in WONCA Regions. Telecon 15th Mar discussed various reports including Ariadne



WONCA Africa Exco 2018-2020



WONCA Africa council meeting in Seoul, 2018

- project and bylaw issues. Both 3rd June and 17th July telecons were missed due to competing priorities.
- vii. The WONCA President wrote letters post-Astana to WHO DG and requested letters from Regional Presidents to WHO Regions. WONCA President wrote letter to MO's informing them of WHO-WONCA MOU outcome. This has formed the basis for WHO AFRO discussions.
- b. WONCA Africa Member Organizations (MO) Consultations:** A WONCA Africa Council Meeting by Zoom was planned for 30th April 2019. The agenda included priorities of Exco. Unfortunately, participation was poor. There was a brief discussion with Member Organizations in Kampala, June 2019 on plans for the next conference/s. It was decided that the next conferences will be in Abuja, Nigeria (2021) and Nairobi, Kenya (2023).
- c. Bylaws:** The draft "Constitution of WONCA Africa" adopted by the WONCA Africa Council Meeting in October 2018 has been circulated to the WONCA World Bylaws Committee for review, with no changes made. The draft will be presented to the WONCA Exco Meeting in Beijing in November 2019 for approval.
- d. WHO AFRO:** We engaged with WHO AFRO in December 2018, via Dr Prosper Tumusiime (HSS Acting Director under Drs Cabore and Moeti), with the support of WONCA World. Dr Tumusiime feels that family medicine fits well with WHO plans. He hopes to engage WONCA Africa in strategy on teamwork for service delivery. WONCA Africa was made aware of WHO AFRO's HEALTH FORUM in Praia, 26-28th March in Cape Verde but found the cost/time excessive. WONCA Africa planned to join the AHAIC meeting in Kigali, Rwanda 5-7th March to engage with WHO, SPARC and PHCPI but cancelled due to passport challenges. Dr Tumusiime came to the WONCA Africa Conference in Uganda in June 2019. A WONCA Africa team (Prof Moosa, Dr Abubabakar, Dr Mugambi, Dr Besigye and Prof Mash) is to visit WHO AFRO in Brazzaville 13-14 August to engage in the light of the MOU between WONCA-WHO. Prof Moosa and Dr Abubakar are to join the WHO AFRO Regional Committee of Ministers 19-23 August 2019 in Brazzaville.
- e. African PHC Networking:**
- i. **Global PHC Research Consortium:** Prof Moosa participated in a meeting in Cape Town (as WONCA) to develop a Global PHC Research Consortium. WONCA and Primafamed will have two seats in a seven-seat consortium (including Ariadne Labs, George Washington University, George Institute, ICDDR, and American University of Beirut). The core administration has been awarded to George Institute (India).
 - ii. **SPARC:** Prof Moosa engaged with Mr Nat Otoo, Strategic Purchasing in Africa Research Centre (SPARC) Coordinator in Nairobi and had a joint workshop in the Uganda Conference. There are discussions on a partnership.
 - iii. **WONCA EMR:** Prof Moosa went to the WONCA EMR Conference in Beirut 23-27th March 2019 to network on support to WONCA Africa and WHO Afro relations. There was a keenness to arrange a joint AFRO-EMRO WONCA-WHO meeting, possibly in Cairo. This was cancelled due to challenges in arrangements and funding.
 - iv. **SADC:** There was engagement with SA DOH Foreign Affairs attaché in November 2018, who facilitates SADC meeting of Ministers. We hoped to meet in December 2018, including Bob Mash (SAAFP President), Derek Hellenberg (College President) and Gboyega Ogubanjo but there has been no progress since.
 - v. **AfriIPEN:** Prof Moosa joined the AfriIPEN Interprofessional Educational and Collaborative Practice (IPECP) Conference in Nairobi 18th July – 3rd August 2019. There was considerable respect and support for family doctor involvement in the team.
- f. AfroPHC:** WONCA Africa is facilitating the development of an African Forum for Primary Care (AfroPHC) as a space for frontline primary care team members to advocate for PHC in UHC. This was based on a proposal at the WONCA Africa WHO Workshop. AfroPHC has support from WONCA Africa, AACP, ICN, APN, AMREF, TUFH, AFREHealth, AfriIPEN and WHO AFRO. The list is growing. WONCA Africa is preparing an application to the WONCA Discretionary Fund for \$10 000 to support the development of AfroPHC. Possible partners so far are WONCA Europe, AfriWON and SIG Migrant Care. An application for WHO AFRO funds to support is also being explored. This will be discussed with WHO AFRO in Brazzaville.

Academic Focus:

- i. **Journal:** There has been successful use of the Official Journal of WONCA Africa, African Journal of PHC and FM (AJPHCFM), for editorials etc. AJPHCFM published an editorial “Get to know WONCA Africa”. The Kampala Commitment 2019 was submitted to journal together with two articles “WONCA Africa moving” and “Collaboration with WHO”. Others are being prepared.
- ii. **Academic Activities:** Prof Moosa also initiated the monthly WONCA Africa PhD Forum Webinar in June and monthly WONCA Africa Academic Development Webinars from July.
- iii. **Primafamed:** Academic membership is a WONCA focus, as a way of adding value. Primafamed is an NGO based in Europe, and there needs to be collaboration between WONCA Africa and Primafamed regarding education and research. The purpose would be to improve the value proposition for Academic Membership of WONCA. Primafamed as official Academic Organization of WONCA Africa was discussed at the Primafamed Pre-Conference in Uganda. Primafamed is to consider official Organization status as it proceeds with organizational development.
- iv. **Engagements:** Prof Moosa opened the FamLeap Trainers Course by RCGP with ten African countries at Wits, Johannesburg on 10th December 2018.



An official journal of WONCA Africa, the African Journal of PHC and FM

2. Membership (Dan Abubakar)

- a. **Current Membership:** We have only ten paid up Member Organizations in Africa: Association of Family Physicians of Uganda, Association of General and Private Medical Practitioners of Nigeria, College of Primary Care Physicians of Zimbabwe, Faculty of Family Medicine, National Postgraduate Medical College of Nigeria, Kenya Association of Family Physicians, Lesotho Medical Associations, Society of Family Physicians of Nigeria, South African Academy of Family Physicians, The Society of Family Physicians of Ghana, and West African College of Physicians Ghana Chapter Faculty of Family Medicine.
- b. **Membership Issues**
 - i. **Lesotho:** A 4-year postgraduate programme started in 2006 with Free State/Boston University. There is four faculty, eleven registrars and four graduates in 2018. An academic centre was built by Boston University with USAID funds. There is considerable support from the Ministry. Prof Moosa engaged with Sebaka Malope/Brian Jack in December 2018 on outstanding dues.
 - ii. **Zimbabwe:** CPCPZ is providing GP certification since 1976 for 3yrs local training. Family physician training was planned but has been obstructed by the Medical Board. There are challenges with the transition from part-time training to full-time training. They are twinning with WSU-Stellenbosch in SA. Prof Moosa engaged with Billy Rigava in December 2018 on outstanding dues.
- c. **Membership Applications in progress:**
 - i. **Ethiopia:** Prof Moosa engaged with Andrew Jannseen and Yohannes Yimer in December 2018 and visited them in March 2019 on progress and membership. A 3-year postgraduate programme started in 2013. Their first graduates emerged in 2016. The Ethiopian Society of Family Physicians was formed in 2016 and is led by Yohannes Yimer. They are busy from June 2019 with an application to WONCA.
 - ii. **Botswana:** Dr Abubakar engaged with Keneilwe Motlathledi (motlathledik@ub.ac.bw), interim president of the registered Botswana Association of Family Physicians. They have a membership of 45 and meet regularly. They are interested in joining WONCA. They have a Family Medicine Department in Botswana University with an undergraduate programme since 2008 and postgraduate programme since 2011. Eleven family physicians have graduated

- since. They have set up a Botswana Association of Family Physicians with Dr Keneilwe Motlhatlhedi as Chair. They have been connected with Nongluck in June 2019.
- iii. **Somaliland:** Dr Mohamed Umer, a final year registrar, joined the WONCA Africa Conference in Kampala June 2019 and was keen to collaborate. Dr Mona Mohamed, chairperson of SOFPA (Somaliland FP Association) and graduate of Amoud University-Somaliland reached out subsequently. They are keen to join and have applied to Nongluck but have challenges obtaining a 'license for the association'.
 - iv. **Rwanda:** Prof Moosa reached out in October 2018 to key family doctors in Rwanda to join WONCA. There was no response. Dr Abubakar engaged with Harris Lygidakis (lygidakis@gmail.com), who is undertaking PhD research in the country. Postgraduate training started 2008 but stopped in 2011 with 9 FPs graduated (8 in non-FP roles and Dr Vincent Cubaka in University of Rwanda running the undergraduate programme on community medicine. No association but they are interested. A reminder email was sent in July 2019, pointing to the WONCA response to the BMJ article co-authored by Dr Agnes Binagwaho and the subsequent teleconference with her. We await their interest in going forward with the facilitation and joining WONCA.
 - v. **Cameroon:** Dr Kayode Alao introduced Dr Serge Engamba to Dr Lawson in December 2017. Dr Engamba came to the conference in June 2019 and started applications with Nongluck. They are challenged by the FP 'Organization' being a subset of a formally recognized medical association.
 - vi. **Sudan:** Dr Sameh Mohamed, family physician and President of the Training Committee of the Sudan Board Family Medicine Council has applied to WONCA in July 2019
 - vii. **Mali:** Dr Abubakar engaged with Dr Mohammed Diabate (mohameddbt@gmail.com). There is a Department of Family Medicine with 4yr postgraduate programme since 2013 but no registered association, with few family physicians. We reached out again in June 2019 to Dr Mohamed Diabate, a specialist in community medicine in Bamako. He said he tried a meeting of family doctors in Mali two years ago but did not succeed. We will have to support.
 - viii. **Togo:** Dr Kossivi Afanvi reached out in July 2019 saying they have an association with leaders but are working on bylaws. They have been connected with Nongluck.
 - ix. **Namibia:** Prof Moosa engaged with Felicia Christians in December 2018 on progress and membership. There is a Department of Family Medicine since 2010 but only one family physician and more focus on undergraduate training with limited capacity and the twinning with UCT in SA. An association has been formed. Dr Aderemi Alagbe, the secretary general of the Academy of Family Physicians in Namibia (AFPAN), is taking the lead on registering it and reached out in December 2018. They have been connected with Nongluck.
 - x. **DRC:** Prof Lukanu of Protestant University of Congo requested to join as academic member and is considering the documents from Nongluck. Prof Edu Burgueno, of Mwene-Ditu University, is also keen on joining as academic member. They have been connected with Nongluck.
 - xi. **Benin:** Dr Abubakar engaged with Dr Faton Honore (honorefaton@gmail.com). An association has been registered and bank account opened. A general assembly was planned for 2019.
 - xii. **Cape Verde:** Ana Nunes Barata has engaged and is willing to assist with other Portuguese-speaking countries in Africa.

See [Contact List](#) and [Progress Report](#)

3. WONCA Africa Conference (Jane Namatovu)

a. Preconferences: 4-5th June 2019

- i. The Primafamed Pre-Conference was held on 4th-5th June with 34 people attending. There was rich discussion on developing the Organization more formally.
- ii. AfriWON Pre-Conference was held on morning of 5th June with 33 people attending
- iii. WONCA Women Pre-Conference was held on the afternoon of 5th June with 30 people attending



Prof Shabir Moosa with Afriwon leader, AfriWON Pre-Conference Kampala, Uganda, 2019

b. WONCA Africa Conference 6-8th June 2019, Kampala, Uganda

- i. There were several plenaries including Donald Li and Amanda Howe
- ii. Dr Prosper Tumusiime (WHO AFRO) and Mr Nat Otoo (SPARC) attended all three days and delivered plenaries.
- iii. There were 44 oral presentations and 21 workshops for 181 participants from 22 different countries
- iv. The income of \$36,981 less expenses of \$33,981 provided a profit of \$3,000 that was split 40:60 between WONCA Africa and LOC.
- v. The Kampala Commitment was issued and supported by a multitude of Organizations.
See <https://www.woncafrica.org/post/kampala-commitment-2019>



WONCA President, Immediate Past President, Regional President and WONCA Africa MO representatives at WONCA Africa Conference 6-8th June 2019, Kampala, Uganda

4. Secretariat (Joy Mugambi)

- a. The website www.WONCAafrica.org, Facebook page, Twitter and YouTube have been refreshed and the WONCA World webpage reviewed.
- b. World Family Doctors Day 19th May 2019. The details are on the WONCA website:
<https://www.globalfamilydoctor.com/member/ForMemberOrganizations/WorldFamilyDoctorDay> All MOs were expected to plan activities and share on the Facebook page of WONCA:
<https://www.facebook.com/WONCAworld/>

5. Working Parties / SIGs in Africa (Joy Mugambi)

- a. WONCA World has placed emphasis on coordination of WPs and SIGs with Pratyush Kumar appointed to coordinate them. We wanted a similar focus as WPs and SIGs are the brains trust of WONCA. Dr Mugambi and Prof Moosa are part of the WPs/SIGs WhatsApp group set up by Pratyush Kumar
- b. There are a number of WPs and SIGs in which Africans are participating and/or leading.
 - i. AfriWON led by Dr. Kwame of Ghana
 - ii. WP on Women and Family Medicine with Elizabeth Reji of South Africa
 - iii. WP on Mental Health with Dr. Ariba of Nigeria
 - iv. WONCA Rural with Dr. Dan Abubakar of Nigeria / Ian Couper SA
 - v. WP on Environment with Dr. Henry Lawson of Ghana
 - vi. SIG on Emergency Medicine Africa region with Dr. Mugambi Joy
- c. We know of some African involved in other WPs and SIGs but Joy is having challenges with obtaining a list of African members from the chairs. This limits the ability of WONCA Africa to support WP and SIG engagement with local MOs / individuals.
- d. There were African-led workshops at the WONCA Africa conference by Women, AfriWON, Mental Health, Ethics and Emergency Medicine. Education/Research was covered by Primafamed.

6. AfriWON (Chair Kwame Asisi-Boateng)

- a. Dr Asisi-Boateng was speaker at a UHC panel discussion at the IFMSA Conference in Kumasi, Ghana in December 2018
- b. There are several theme groups in Afriwon
 - i. Dr Bola Fatusin – Education and Training
 - ii. Dr Ettang Enwongo – Image
 - iii. Dr Pius Ameh – Research

- iv. Dr Jessie Mbamba – Exchange
- c. AfriWON is working on growing membership using a Whatsapp platform with 95 members, increasing their country representatives. They are having monthly meetings. They are also working on social media.
- d. Most of their effort was on the pre-conference in Uganda with its focus on mentorship and leadership in primary care.
- e. The AfriWON Preconference was held on 5th June.
 - i. Their challenges were low participation, finances and challenges with training/recognition.
 - ii. They had workshops in the preconference on Lead for Aspire, Exchange in Africa and Research Mentorship.
 - iii. The AfriWON Whatsapp Chat group increased from 92 to 142 after the conference.

7. Women (Chair Elizabeth Reji)

- a. WWPWFM Africa exec members were: Elizabeth Reji, Omolola Olushola, Margarita Mwai, Martha Makwero, Jane Namatovu, Temi Ilori.
- b. WWPWFM Africa has monthly teleconferences with Zoom
- c. WWPWFM Africa has a successful listserv of more than 100
- d. WWPWFM Africa had a successful preconference with 30 participants in the afternoon of 5th June, Womens Café on 6th June and with 3 workshops in conference 7-8th June on: mentoring, leadership and introduction to research writing.
- e. They elected new country representatives at the conference
 - i. Kenya: Dr. Joy Mugambi
 - ii. Malawi: Dr Martha Markwero / Dr Jessie Mbamba
 - iii. Nigeria: Dr. Olusola Oluwaseun /Dr. Moyosore Makinde
 - iv. Sierra Leone: Dr. Melvina Thompson/ Dr. Oteju Aramide
 - v. South Africa: Dr Elizabeth Reji
 - vi. Zambia: Dr Mpundu Makasa
 - vii. Uganda: Dr Jane Namatovu / Dr. Lilian Mukisa
- f. The Atai Omaruto Award that was funded for \$1000 was presented to Dr. Jessie Mbamba and Dr Moyosore Makinde at the conference.



Participants who joined Wonca Africa Women Working Party Preconference, Uganda, 2019

8. Finances (Elizabeth Reji)

- a. WONCA Africa is not strong financially. We have opened up simple current account in Standard Bank South Africa. There was a resolution two terms before to levy African member Organizations (MO) \$1 per member of MOs but results have been poor. The WONCA CEO has invoiced MOs and sent a letter to MOs (co-signed with Prof Moosa) requesting the \$1 WONCA Africa levy per member of MOs. Only SA has paid. Others are scheduled to address payment in Abu Dhabi as amounts were not known by the treasurer in Uganda. This is being followed up by the treasurer.
- b. There is an allocation of \$7,000 to the WONCA Africa President which has been used to support expenses e.g. Zoom and website. This is being accounted for monthly by the WONCA Africa Treasurer and reported to the WONCA Africa EXCO.
- c. WONCA Africa EXCO resolved to set up Friends of WONCA Africa (FOWA) Fund at the WONCA CEOs office to provide seed-funding for WONCA Africa Conferences, with \$1000 allocated from the WONCA Africa Presidents budget. This has not been activated yet.

- d.** WONCA Africa is actively raising funds through donations to a Paypal account, linked to the current account in Standard Bank SA. However, the online response has been poor.

9. Awards



*WONCA Africa 5-star
doctor Prof Victor
Inem, Nigeria*

- a.** Montegut Award: This \$2000 was shared between Dr Klaus von Pressentin (South Africa) and Dr Yohannes Yimer (Ethiopia). Dr von Pressentin has produced a report (submitted to the WONCA Newsletter). Dr Yimer was unable to join due to last minute visa issues. The President provided a discretionary award of \$500 to Dr Mayosore Makinde (Nigeria) as runner up.
- b.** WONCA Africa 5-star doctor: Prof Victor Inem was chosen for 2019. He was not present in Kampala and a token is being posted to him.

*Professor Shabir Moosa
President
WONCA Africa*

Asia Pacific Region



1. The New Asia Pacific Region (APR) executives for 2018-2020

President: Prof. Meng-Chih Lee (Taiwan)
President-elect: Dr. Mohammad Husni Jamal (Malaysia)
Immediate Past President : Prof. Jung-Kwon Lee (Korea)
Hon. Secretary: Dr. Brian Chang (Taiwan)
Hon. Treasurer: Dr. Mohammad Husni Jamal (Malaysia)
Member At Large:
Dr. Tesshu Kusaba (Japan)
Prof. Shan-Zhu Zhu (China)
Dr. Aileen Riet Espina (Philippines)
Young Doctor Representative: Dr. Erfen Gustiawan Suwangto (Indonesia)

Another appointments approved by APR Council in May, 2019 as follows:

Nominating and Awards Committee
Chair: Dr. Mohammad Husni Jamal (Malaysia)
Editor-in-Chief, Asia Pacific Family Medicine Journal: Prof. Yousuke Takemura (Japan)
APR Representative for WONCA Working Party on Research: Prof. Ryuki Kassai (Japan)



WONCA APR executive and WONCA APR council meeting in Kyoto, May, Japan, 2019

2. Goals for 2018-2020



Dr. Fitriana from Indonesia, award winner for 2019 Montegut APR and Dr. Wendy Biggs from the AFBM, who provided funding support for the Montegut scholarship, to WONCA, at the APR council meeting in Kyoto, May 2019.



Prof. Dr. Mohammad Husni Jamal was elected by the APR Council members to stand for President-elect WONCA APR 2018-2020

- **Collaborate with WHO WP Regional Office, especially new Regional Director Dr. Takeshi Kasai** (President Prof. Meng-Chih Lee; Hon. Secretary, Dr. Brian Chang; Member At Large, Dr. Tesshu Kusaba and Dr. Aileen Riet Espina)
- **Promote APR Conference in Kyoto, New Zealand and Myanmar in 2019, 2020 and 2021, respectively.** (Regional President - Prof. Meng-Chih Lee, Immediate Past President - Prof. Jung-Kwon Lee, Member At Large - Dr. Tesshu Kusaba)
- **Recruit new MOs , for example Cambodia ,Laos and Timor Leste** (Member At Large, Prof. Shan-Zhu Zhu and Dr. Aileen Riet Espin, and President-elect Dr. Mohammad Husni Jamal)
- **Work with APR TRM-Rajakumar Movement activities.** (Young Doctor Representative, Dr. Erfen Gustiawan Suwangto; Hon. Secretary, Dr. Brian Chang, Hon; Treasurer, Prof Mohammad Husni Jamal)
- **Complete the work on election of New Officers of WONCA APR for 2020-2022 in 2020 council meeting in Auckland, NZ.** (President-elect Dr. Mohammad Husni Jamal and Honorary Secretary Brian Chang)
- **Continue and extend APR GP Forum on NCDs to establish Guidelines on NCDs in PHC** (President Prof. Meng-Chih Lee and Honorary Secretary Brian Chang)

- **APFMJ will continue publication as an open-access journal by UGM Press** (President-elect Dr. Mohammad Husni Jamal and Editor Prof. Yousuke Takemura)
- **Completed the nomination and election of 2020 APR 5-star Doctor.** The winner of 2019 5-Star Doctor was Prof. Shan-Zhu Zhu (China) and the winners for 2020 will be Prof. Steve Shih-Tzu Tsai (Taiwan) and Prof. Dr. Kenjiro Narato (Japan).



The winner of 2019 Regional Five-Star Doctor, Prof. Shan-Zhu Zhu (China), announced at WONCA APR meeting, May, Kyoto, Japan, 2019



Prof Nobutaro Ban, Chair of HOC, 2019 WONCA APR meeting Japan, Dr Mora Claramita, Lynn Clarihan Award, Prof Meng Chih Lee, WONCA APR Regional President and Prof Yousuke Takemura, Editor, APFMJ, at WONCA APR meeting, May, Kyoto, Japan, 2019

*Professor Meng Chih Lee
President
WONCA Asia Pacific Region*

WONCA EMR



Current members of the WONCA EMR council

- MG Maroc (Morocco) Dr Fatema-Zohra MCHICH Alami (president)
- SAMG (Algeria) Dr Abdulkarim TFAT (president)
- Egypt Society of Family Prof Taghreed Farhat
- Medicine Dr Nagwa Nashat (representative)
- Lebanon SFM Dr Joumana Antoun (president)
- Jordan Society of Family Medicine Dr Mohamed Rasoul Tarawneh (president)
- Syrian Society of Family Medicine Dr Oraib Alsmadi (Treasurer)
- Iraqi Society of Family Medicine Dr Mohammad Tarawneh (Immediate past president)
- Kuwait Society of Family and General medicine Dr Wesam Mawerdi (president)
- Bahrain SFM (not working) Dr Muntather Saad (president)
- UAE Society of Family Medicine Dr Huda Aldweisan (president)
- Qatar PHC corporation Dr Ali Al Bagara (president)
- Oman Society of Family Medicine Dr Wadea Abdulrahman (president)
- Saudi Society of community and Family Medicine Dr Mohamed Farghali (secretary)
- Afghan Society of Family Medicine Dr Mariam Abdelmalik (General Manager)
- Iran Society of Family Medicine Dr Abdelaziz Al Mehrazi (president)
- WONCA EMR marketing advisor Prof Shaher Alshehri (president)
- Alrazi Young Doctor Movement Dr Esmat Asem (president)
- Dr Abbas Kamyabi (president)
- Ms Lina Aladdin (representative)
- Dr Faramarz Raf (representative)
- Dr Marwa Mohaseb

Membership underway: Palestine Society of Family Medicine

Qatar PHCC full membership with voting privilege is currently under discussion

Activities

a. With WHO EMR:

- i. Meeting with Dr Al Mandhari, WHO EMRO Regional Director on November 22. The meeting was attended by Drs Jinan Usta, Mohammad Tarawneh, Oraib Alsmadi, Nagwa Nashaat and Taghreed Farhat from WONCA EMR and Drs Hasan Salah and Reza Merza from WHO. During the meeting, future collaboration between the two organizations was discussed, including rollout of the bridging program between General Practice and Family Medicine to the EMRO countries, and the role that each Family Medicine Member Organization (MO) can play in implementing this program in their respective countries. It was emphasized that the MOs have access to GPs and Family Physicians working in both private and public sectors, which ensures better implementation of the program.
- ii. Curriculum development for mental health in primary care: A meeting was held in Rawalpindi Pakistan, February 12-14, hosted by Rawalpindi Medical School, in collaboration with WHO EMRO office on mental health. The curriculum relates to a one-year program in mental health following which the enrolled physicians receive a diploma degree in mental health from Rawalpindi Medical School. It is planned to start the program in Pakistan, with the possibility of expansion of the program throughout the EMR region

iii. Bridging program towards Universal Health Coverage in EMR region: A one-year Diploma in Family Medicine is being discussed, targeting General Practitioners in the region. The aim is to increase the number of skilled primary health care providers. The American University of Beirut Family Medicine Department was contracted by the WHO EMRO office to develop the curriculum. The Diploma program was offered for piloting in the following countries: Egypt, Iran, Iraq, Jordan, Lebanon, Oman, Pakistan and Syria. Oman was unable to participate. The academic institutions that will run the program in each country were identified with the help of the WONCA EMR Council member from each country. A representative from each educational institution will be invited to participate in a meeting to be held in WHO EMRO office around mid-September to agree on the content of the curriculum and the details of the implementation process. The Diploma certificate which will be issued to successful candidates will display the logos of WHO EMRO, WONCA and the implementing educational institution of the country.



Prof Jinan Usta, president of WONCA East Mediterranean region, with Prof Michael Kidd, WONCA Past President, at the first consultation meeting of the PHCMI Initiative of the WHO Eastern Mediterranean Region, Cairo WHO EMRO regional office.

iv. An “Advisory Group of the Primary Health Care Measurement and Improvement (PHCMI) Initiative” was formed by WHO EMRO, with the WONCA EMR President as a member. A “Regional Consultative Meeting on Primary Health Care for Universal Health Coverage” was held in WHO regional Office in Cairo from 30 July-1 August 2019.

b. With IFMSA (International Federation of Medical Students’ Associations) EMR

- i. Mapping of the medical schools in 15 countries of EMR region using members of the IFMSA, to catalogue curriculum content on family medicine in current undergraduate programs
- ii. Workshops to be conducted jointly are being discussed and planned. Topics being considered include Medical Ethics, Empathy, and Refugee Health.

c. Conferences:

- i. Jordan Society of Family Medicine conference held its annual conference on November 7-9, 2018. The theme of the conference was “Family Medicine: Towards Universal Health Coverage”. Dr Mohammad Tarawneh, immediate Past President of WONCA EMR, represented WONCA during the opening of the conference.
- ii. Iraqi Society of Family Medicine conference held its annual conference in Baghdad from November 16-18, 2018. The theme of the conference was “Training for Excellence in Family Medicine”. Dr Jinan Usta represented WONCA at the conference and was also an invited speaker.
- iii. The WONCA EMR 6th regional conference was held in Beirut from March 21-24, 2019 in collaboration with the Lebanese Society of Family Medicine and Al Razi movement, under the patronage of the Prime Minister Mr. Saad Hariri. The theme was “Family Medicine: Bridging Gaps and Paving the Future”. There were 453 participants from 38 countries. The conference included workshops run by regional WONCA Working Groups such as Education, Mental Health, Ethics, WONCA Women, and Family Violence.



WONCA President Elect and WONCA EMR Regional president at the 6th WONCA EMR Regional Conference, March 21-24, 2019, Lebanon

d. Celebrations of the Family Doctors’ Day:

The WHO EMRO Regional Director issued a statement to highlight the importance of implementing family practice in the countries of the region. Almost all the member countries of EMR region participated in the celebrations of Family Doctors’ Day. The activities were very varied and are summarized below:

- i. Qatar: lectures in schools, publishing messages related to family medicine in different social networks, media coverage about the roles and responsibilities of Family Doctors, health awareness campaigns in the national library and in the College of Medicine at Qatar university
- i. Kuwait: competition with prizes. An educational video about family medicine was also produced.
- ii. Iraq: conference attended by national authorities with wide media coverage was organized, stressing the important role that family physicians can play in providing optimal and comprehensive primary health care.
- iii. Lebanon: several health awareness activities, with community outreach screening for non-communicable diseases and raising health awareness, were conducted in several supermarkets and the lobby of medical centers which have family medicine departments
- iv. Oman: community outreach including educational activities run by Family Doctors, with health awareness and screening for non-communicable diseases, were conducted in Avenue Mall
- v. Morocco: continuing medical education activities and training; lobbying high ranking officials to highlight the importance of the Family Medicine discipline
- vi. Syria: poster was developed showing gratitude to every family physician, and highlighting family physicians as partners in health
- vii. Al Razi movement: a video was developed and disseminated widely under the title "What do you know about family medicine?". as educational activity about the role of Family Physicians,

e. WONCA Working Parties and Special Interest Groups:

There is active participation of the EMR region in the various Working Parties (WPs) and Special Interest Groups (SIGs). There is still a need to coordinate the activities to ensure representation from the region in each WP and SIG. Drs Fathiyya Al Qasabi from Oman and Muntather Saad from Iraq will be the focal points liaising with Dr Pratyush Kumar, the WONCA Member at Large responsible for the Working Groups.

Upcoming activities

- a. Conferences under WONCA EMR planned so far:
 - i. Morocco: the 9th annual congress of General Medicine in Morocco will be held in Rabat from 3-5 October 2019
 - ii. Oman: First Omani Family Medicine Society conference will be held in Muscat, 18 and 19 October 2019.
 - iii. Iraq: The Iraqi Society of Family Medicine annual meeting is expected to be held in November 2019. Exact date to be announced later.
- b. Participation in the expert meeting for the bridging program to be held in WHO EMRO from 18-19 September 2019
- c. Support for the MS degree in Family Medicine is being provided by the Arab Gulf University of Bahrain

Plan for the EMR region

- a. Further develop the collaboration with WHO EMRO on the bridging program; continue working on the WHO Advisory Group on PHC, strengthening the role of family physicians. Explore other avenues of collaboration.
- b. Discuss with Arab Board of Family Medicine the possibility of mainstreaming the one- year diploma into a board-eligible path
- c. Continue data collection on mapping project with IFMSA and develop recommendations for further development of undergraduate teaching of family medicine.
- d. Continue supporting Al Razy movement and enhance the engagement
- e. Support and increase the involvement of the region in various Working Parties and Special Interest Groups
- f. Consider collaboration with other relevant UN agencies, such as UNICEF

*Dr Jinan Usta
President
WONCA Eastern Mediterranean Region*

Europe



WONCA Europe New Executive Board for the period 2019–2022 was elected/confirmed at the Bratislava Council Meeting 26th June, 2019:

President Elect: Shlomo Vinker, Israel
Honorary Secretary: Eva Hummers, Germany
Honorary Treasurer: Josep Vilaseca, Spain

Members at Large from Network Organizations in WONCA Europe Executive Board:

Adam Windak, Poland for EURACT
Zalika Klemenc Ketis, Slovenia for EQuIP
Thomas Frese, Germany for EGPRN
Sonia Tsukagoshi, UK for VdGM

New members were also elected for the Statutory Committees.

<https://www.woncaeurope.org/news/wonca-president-welcomes-new-wonca-europe-executive-board>

Handover of the Presidency from Dr Anna Stavdal to Prof Mehmet Ungan took place in Oslo, on 16 February 2019 at an Executive Board meeting.

1. **Executive Board meetings** and on-site meetings with Member Organizations (MOs), monthly online GoToMeeting teleconferences (with exceptional weekly online meetings), face to face meetings three times (in October 2018 Ljubljana, February 2019 Oslo, and 25th June in Bratislava). In Slovenia WONCA Europe Past President Igor Svab was visited by President Mehmet Ungan to exchange ideas. He also visited the Slovenia College. On Family Doctors' Day, Northern Macedonia College was visited, and in March 2019 the WONCA Europe President held meetings with the Israel College and opinion leaders.
2. **Organizations in collaboration**-European Medicines Agency (EMA), the European Union of General Practitioners (UEMO), the European Forum for Primary Care (EFPC) and WONCA Europe signed a joint statement on 6 June 2019 at EMA headquarters in Amsterdam. The statement affirms EMA's commitment to actively involve primary care professionals in its work to ensure that we can bring valuable knowledge from primary care into medicines regulation.
https://www.ema.europa.eu/en/documents/regulatory-procedural-guideline/strengthening-collaboration-between-ema-general-practitioners/family-physicians_en.pdf
This will help to strengthen the collaboration between EMA and General Practitioners and across the various Organizations.
3. With increased visibility, WONCA Europe has received more invitations for collaboration with other Organizations related to primary care. One key example is the close relationship with WHO Regional Office for Europe and joint declarations/statements as a Non-State Actor (NSA). In joint pursuit of Universal Health Coverage through strong family medicine, representatives from WHO Europe have participated in WONCA Europe annual conferences for some years.
4. The European Forum for Primary Care (EFPC) is a multi-professional Organization, advocating for primary care with an inter-professional team in its core. WONCA Europe continues to work closely with EFPC, and Professor Mehmet Ungan, the WONCA Europe President, is a member of its Advisory Board, which met on 29 March. EFPC and WONCA Europe are very complementary Organizations and work in close collaboration. Collaboration with UEMO is also good.

5. We are establishing a new collaborative relationship with the European Cancer Organization (ECCO) through our President. This year WONCA Europe was invited to present on improving integration of cancer care at the European Cancer Summit. ECCO has also invited WONCA Europe to join their Board but this has been deferred for now.



Dr Anargiros Mariolis, 2019 WONCA Europe 5-Star Doctor award winner

6. **"The 5 Star Doctor 2019"**. Dr Anargiros Mariolis, was chosen for the WONCA Europe Award for Excellence in Health Care. The award was made during the closing ceremony of Bratislava Conference and also at Council (26 & 29 June 2019) (<http://www.woncaeurope2019.org>).

7. **Montegut Scholarship**, was awarded in Europe to Snežana Janković, a GP practicing in Kraljevo, Serbia, with a special interest in violence against women. She is a member of the WONCA SIG on Family Violence. The scholarship was awarded during the closing ceremony of the Bratislava Conference and also at Council (26 & 29 June 2019)



Dr Snežana Janković, a GP practicing in Kraljevo, Serbia, awarded 2019 Montegut Scholarship

8. **WONCA Europe Scholarship (Leadership) programme 2019-** The purpose of the WONCA Europe Scholarship is to seek and foster future international leaders in family medicine, encourage networking, and enable learning about our discipline's models and the institutions in health care, by providing mentorship and financial support. Dr Ana Luisa Neves, from Portugal, was the first to receive the scholarship (2018). For 2019, the committee selected Dr Claire Thomas from UK. The scholarship winner was announced during the closing ceremony of the Bratislava Conference and also at Council (26 & 29 June 2019)

9. **The core PCO contract** has been revised and signed with Guarant, initially by the conference committee and then by the President. RCGP's bid to hold the WONCA Europe 2022 conference, in London, was confirmed. The conference will also mark the occasion of the 70th Anniversary of RCGP. Conference dates: 1 – 4 June 2022. Member Organizations were invited to consider applications to host 2023 conference.

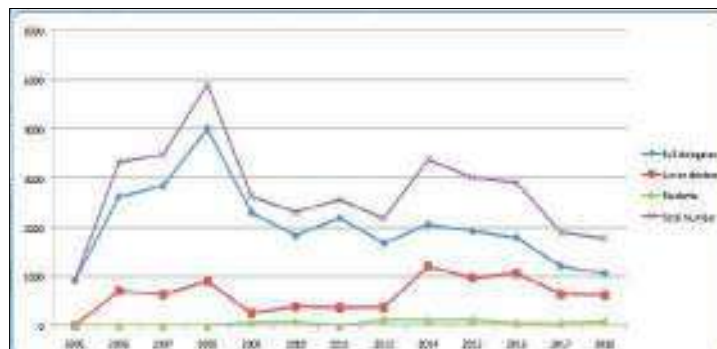
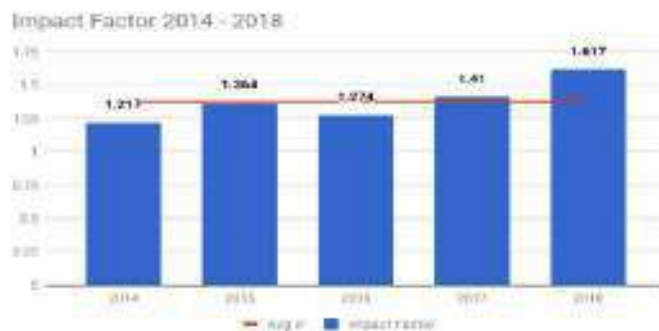


Figure 1 - WONCA Europe conferences: participant numbers (2005-2018)

10. **European Journal of General Practice-** The Journal's impact factor has increased from 1.4 to 1.6. Downloads in 2018, after open access was established, increased by 65% as compared to 2017. An Associate Editor from the South-Eastern Mediterranean region, Athina Tatsioni, is now in the editorial team. Following WONCA Europe Council approval a revised contract was signed by the WONCA Europe President and by Maastricht University. A further contract, with publisher T&F, will be reviewed in 2021.



EJGP Feb 2019 Published. A commentary on “*Research agenda in family medicine—should we adopt the Dutch approach?*”, authored by Shlomo Vinker and Mehmet Urgan, was published. In brief, the commentary suggested that ‘one size does not fit all’ and healthcare systems should modify their research agenda according to their clinical and research capacities and interests. The approach of the Dutch endeavour is important, in its calling for prioritization of healthcare research topics.

11. **European Teaching Agenda on Quality and Safety** in Family Medicine. The document developed by EQUiP and EURACT, and endorsed by both Councils, was endorsed by the WONCA Europe Council.
12. **EQUiP Position Paper on Equity** - This document was endorsed by the Council and is available on the EQUiP website.
13. **New from WONCA Europe’s Six Networks**

Education: Euract’s new President Elect is Dr Nele Michels, Belgium,
Research: EGPRN’s New President is Dr Davorina Petek, Slovenia.

Professor Amanda Howe was guest of honour at the **EQUiP** meeting in April 2019, where a new video on patient safety was presented, and approval was given for the EQUiP general assembly in Zagreb, as well as a new teaching agenda on Quality Improvement, a joint agenda with **Euract**.

Vasco de Gama Exchange Award winners were announced on the website, the Fons Sips Award was made to Elena Krusova.

Europrev: The WHO European Technical Consultation on Screening took place in Copenhagen on February 26th and 27th. Carlos Martins, Chair, participated in the meeting on behalf of WONCA Europe.

The **Europrev** Working Group on Mental Health and Family Violence met recently; Europrev data on Breast Cancer Screening in Europe for 15 fifteen countries is now available; there are 6 modules in “e-learning webinar” programs, two of which are produced jointly with EQUiP, for 2019.

EGPRN, met in Tampere with 300 participants. Very high-quality papers were presented on the theme of Research on Multimorbidity in PHC. The EGPRN new executive board decided to undertake a necessary update of the **Research Agenda in GP/FM** book and are searching for possible funding, in tandem with **WWP on Research**. The Web Based Research Course has 168 participants from 29 countries.

The **Euripa Meeting:** “Isolation and Rural Medicine: Innovative solutions for developing local health services” is planned for 7th - 9th November 2019 at the Hotel Marina Atlantico on São Miguel Island, zores. It is expected to be a fruitful and effective meeting. The Euripa periodical ‘Grapevine’ was published in April.

14. **WONCA Europe Conference in Bratislava** - A successful conference with 1,919 participants, including exhibitors, sponsors and young and free registrants. A large number of abstracts (1122) were submitted. A WONCA Europe Bratislava statement was issued on the subject of “*The Human Side of the Medicine; Learning What it’s Like to be a Patient and What It’s Like to be a Physician*”. The statement was endorsed by Council and presented at the closing ceremony. The statement is available on both WONCA World and WONCA Europe websites.

15. **Core values and principles of general practice** - Anna Stavdal presented the rationale for undertaking this project by WONCA Europe. The initiative was approved by Council. Roar Maagaard, Zalika Klemenc Ketis, Anna Stavdal and Johann Sigurdsson will draft a project plan to take the initiative forward.

16. **Collaboration between academic departments in Europe**- the Network for Primary Health Care Academic Departments met in Ss. Cyril and Methodius University in Skopje, in April, and discussed opportunities for exchange between academic departments across Europe at both undergraduate and post graduate levels. Some departments (Netherlands, Sweden, Estonia, Skopje, Turkey, Spain, Slovenia and Norway) already have such a programme in place and the goal is to extend this opportunity.



17. **New members** - WONCA World agreed two new Member Organizations from the Europe Region - Association of Family Physicians of Kosovo and Greek College of General Practitioners (GCGP). A further application from another Greek organization is pending.

18. Discussions are ongoing about how to address the increasing costs of running the European Journal of General Practice (EJGP). An evaluation of the projected budget will be undertaken and measures put in place to increase income. It was agreed by Council members that ICPC-3 expenses could be shared with other regions: the possibility of this will be pursued.

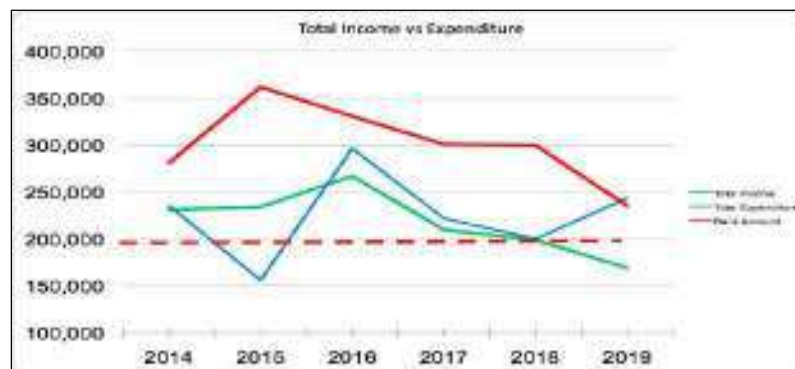


Figure 2- Income vs. Expenditure 2014-2019

Prof. Dr. Mehmet Ungan
 President,
 WONCA Europe
 e-mail: mehmetungan@gmail.com

Iberoamericana-CIMF Region



Our WONCA Iberoamericana, CIMF

The Iberoamerican Board consists of 20 National Associations and Executive Committee. At the recent 2018 WONCA World Council meeting in October, Seoul, Korea, our CIMF meeting was in the "*transition period*". From that point, Dr Jacqueline Ponzo took over as Iberoamericana-CIMF regional president with the new executive board.

The New CIMF executive committee for 2018-2020 consists of four Sub-regional vice-presidents, Treasurer, Executive Coordinator and President. All the positions are voluntary. The board members are:

- Jacqueline Ponzo (Uruguay): President
- Dora Bernal (Colombia): Vice-president Andean Countries
- Jorge Brandao (Portugal): Vice-president Iberian Countries
- José Luis Huerta (Mexico): Vice-president Meso America
- Macarena Moral (Chile): Vice-president South Cone
- Marina Almenas (Puerto Rico): Treasurer
- Thomas Meoño (Costa Rica): Executive Coordinator
- Gabriela Di Croce (Argentina): YFD (Waynakay)

Due to the geographical distances, the executive board have limited opportunities for face-to-face meetings, but they do hold monthly teleconference meeting. A recent action was to form three Working Committees of the Executive Board to support the regional growth and development. All the working committees have their own sub-members who are from the Iberoamerican Board. They include:

- Regulations and Bylaws: Coordinated by President Jacqueline Ponzo
- Communication: Coordinated by Executive Coordinator Thomas Meoño
- Finance: Coordinated by Treasurer Marina Almenas

On April 29th, 2019, the Iberoamericana Region held a new election for the new president-elect who would be the successor for 2020-2022. Dr Jacqueline Ponzo was re-elected for her second term of Iberoamerican Presidency for 2020-2022. This is an excellent opportunity to develop and manage an effective longer term working plan.

Regional duties: The Challenge

Currently, the social and political situations in Iberoamericana presents a major challenge to the health problems and the health care system within our region. The government of each country has different national issues and priorities. Some countries have serious challenges of inequality, extreme poverty, threatened environment and biodiversity, violence, a vast migration problem from Venezuela, Honduras and other countries. These can adversely affect our health care service system and the health status of the people in our Iberoamericana community as well as our daily working as a family doctor.

Conversely, Iberoamericana team have incredible colleagues, including family physicians, young family doctors, residents, universities, professors and National Associations of Family Medicine/Community Family Medicine, who make the dreams possible. Last November in Colonia, Uruguay, the executive board had a great opportunity to meet with the South Cone Presidents of our Member Organizations and their representatives from Chile, Uruguay, Argentina, Paraguay and Uruguay).

The amendment of WONCA CIMF Bylaws was highlighted and discussed. One key issue is to settle the voting rights of the regional young doctor representative on the executive committee. Work is also progressing for our Iberoamerican Summit of Family Medicine/Community Family Medicine, to be held in San Juan, Puerto Rico, in April 2020 with the aim of strengthening and transforming WONCA Iberoamericana-CIMF.

Other work in progress, from our key strategic planning, includes the development of our "indoor and outdoor" communication, our economical sustainability without funding from the pharmacy industry, and the revision of our Bylaws. These will better support the actual regional needs for the region, countries, and WONCA World participation.

I. Regional Working Parties: Strengthening the Structure and the network

The nine Iberoamericana Working groups were confirmed in April.

- Rural health and Family Medicine/Community and Family Medicine,
- Quaternary Prevention,
- Migration, health and Family Medicine/Community Family Medicine,
- Learning and Teaching in FM/CFM, and
- Iberoamerican Research Network IBIMEFA.

Three new regional Working Parties have been established which are

- Spirituality and Health,
 - Environment and Health
 - Gender diversity, Humans Rights and Health Care.
-
- Waynakay, the young family doctors movement, is taken as our ninth Working Party in the Region.

II. Regional and Nationals Conferences: The highlights.

Our 6th Iberoamerican Congress of Family Medicine "*Family medicine as the axis for universal access to health*" was held in Tijuana, Baja California, Mexico from May 1st to 4th, 2019. About 1,377 delegated from 24 countries with an average age of 42 participated in the conference. The event was honoured with the presence of our WONCA President-elect, Dr Anna Stavdal.



Dr Jacqueline Ponzo, the regional president of WONCA Iberoamericana with Dr Anna Stavdal, WONCA President Elect, at the 6th Iberoamerican Congress of Family Medicine, May, Mexico

In the period of this report, our Member Organizations within Iberoamericana region held their national conferences of Family Medicine/Community Family Medicine:

- Paraguay: Asuncion, 23th to 25th August 2018 .
- Argentina: San Juan, 17th to 20th October 2018.
- Bolivia: Santa Cruz de la Sierra, 7th to 9th November 2018.
- Uruguay: Colonia del Sacramento, 18th to 20th November 2018 (including the sub-regional event of South Cone too).
- Peru: Lima, 28th November to 1st December 2018
- Portugal: Braga, 16th to 19th March 2019 (host to Iberioamerican Meeting: WONCA-CIMF, Spain, Portugal and Brazil).
- Puerto Rico: San Juan, April 25th to 27th April 2019.
- Panamá: Ciudad de Panama, 24th to 25th May 2019.
- España: Malaga, 9th to 11th May 2019.
- Brasil: Cuiaba, Pantanal, 9th to 13th July 2019.

III. Non-Pharma and Industries sponsorship. For 2019 our Member Organizations from WONCA Iberoamericana regions continue to plan for their professional conferences. The key strategic plan highlighted is to promote non-pharma and industry sponsorship. The first five organizations who have recently moved away from pharmaceutical industry sponsorship were: Brazilian Society of Family and Community Medicine; Argentine Federation of Family and General Medicine (FAMFyG); Uruguayan Society of Family Medicine (SUMEFAC); and Peruvian Society of Family and Community Medicine (SOPEMFYC). The

Spanish Society of Family and Community Medicine (semFYC) has just finished the first semFYC Congress without pharma sponsorship.

Other events at national level includes:

- May 16th: The Family Medicine Day, in Peru and 30th anniversary of Community Family Medicine in Peru.
- Dec 10th: Good Practice in Primary Health Care. Astana Results: SUMEFAC with PAHO and Ministry of Health in Uruguay.

IV. Advocacy Activities. With strong support from WONCA-CIMF, we continue our communication with the Chairs of the National Associations of our Iberoamericana countries on political processes to the public. The actions highlighted within the last months were:

- Peru: Advocacy for FM/CFM in the new model of health: Integrated Health Networks (Redes Integradas de Salud-RIS).
- Republica Dominicana: Advocacy for the maintenance and increase in the number of training places in the speciality FM/CFM
- Brazil: Support to "SUS" (Sistema Unico de Salud)- Health Unit System

To further contribute to the development of the Family Medicine/Family Community Medicine, Primary Care and Primary Health Care in our Region, we believe it is vital to network with other agencies and organizations. Some of the organizations in contact with WONCA-CIMF at this time are: PAHO/WHO; Peruvian College of Public Health; Argentine Federation of General Medicine; Universidad Andina Simón Bolívar; Chilean Association of Primary Care Physicians; and Latin American Society of Nephrology

V. Activities with PAHO/WHO

- At the Astana meeting in October 2018 Rosa Villanueva (Perú) was part of WONCA Delegation, representing Iberoamericana-CIMF at the event.
- WONCA-CIMF has plans for monitoring the [Strategy on Human Resources for Universal Access to Health and Universal Health Coverage \(CSP29/10 and CSP29.R15\)](#). We are in contact with the PAHO Representatives in each country of Latin America.
- We also have plans in progress to establish a working group between WONCA-CIMF and PAHO in the near future.
- We were part of the Editor Committee of the special issue of the Pan American Journal of Public Health (PAHO Journal) for the 40th anniversary of Alma Ata: Primary health care in the Americas: 40 years after Alma-Ata. Can see in: www.paho.org/journal/en/special-issues/primary-health-care-americas-40-years-after-alma-ata

VI. Young Family Doctors and Residents Movement: Waynakay

In Korea, the council approved a motion to include a young family doctor as part of the Executive Board. To start with this will be only as an observer, as a Bylaws change is needed to give them a vote, but the Bylaws change is in progress. Waynakay held a meeting during the Tijuana conference, and held elections for new coordinators.

The internships/exchanges are a key activity. Since 2015 there has been significant exchange of residents and YD from and to our region. Since 2017 Waynakay (as part of FM360) have received 427 requests, of which 214 exchanges have already taken place, 119 are in process and 21 pre-congress internships completed. The most active countries in this process are Spain, Portugal, Uruguay, Brazil, Argentina and Chile.

VII. Other Regional president activities

As President of CIMF, I have had the opportunity to participate in many events at the last months, including Paraguay, Bolivia and Peru in late 2018. These visits have been especially useful for me to get to know and to talk face to face with the most important current leaders in family medicine in our region. In all the events, my participation as Regional President has been directed to promote and contribute to the development of family medicine / family and community medicine in the region. Other activities include:

- In October 2018 at WONCA World Conference, Seoul. I was invited as key speaker and panellist speaker for three topics of "Family and Community Medicine:
 - As Part of Critical Medical Model".
<http://www.WONCA2018.com/program/index.kin?gubun=3>,
 - "Updates on the Primary Care Assessment Tool (PCAT)" and

- “New Developments for Worldwide Use and Research and Family and Community Medicine: How to Harmonize with People's Needs?”
- In April, in Beijing, China, I participated in the World WONCA Executive Board Meeting and was part of the WONCA Panel at the Chinese Conference of General Practitioners and Family Medicine, presenting on the main health and human resources challenges of the Iberoamericana Region.
- Other visits in 2019 have included: Portugal (March); Puerto Rico (April); Mexico (May); Peru (May and June); and Brazil (Jul).

VIII. CIMF-Celebration of World Family Doctor Day in 2019

The 2019 World Family Doctor Day was celebrated in all countries. We had a social network campaign from WONCA-CIMF. An image and message was developed for this purpose: #AmorTotalMFYC (#TotalLoveFCM). You can view the image at the [link](#).

IX. Research activities

IBIMEFA Network: we have a new coordinator, Lina Maecha, a young doctor from Colombia. Work to further develop the network is ongoing.

The Family Medicine/Community and Family Medicine Journals in our region are:

- Archivos de Medicina Familiar y General, from Argentina
- Revista Brasileira de Medicina da Família e Comunidade, from Brazil
- Revista Chilena de Medicina Familiar (Chile)
- Revista Cubana de Medicina General Integral (Cuba)
- AMF : Actualización en Medicina de Familia (España)
- Atención Primaria (España)
- Revista Mexicana de Medicina Familiar (México)
- Atención Familiar (UNAM), (México)
- Revista Portuguesa da Medicina Familiar e Geral (Portugal)
- Revista Médico de Familia (Venezuela)

X. Towards the future plan -Projects in progress and perspectives

Two new Working Party are in development at this time:

- Women in Iberoamerican Family Medicine/Community Family Medicine
- Mental Health

Four Regional or sub-regional events are in progress:

- Plans are progressing for the 8th Summit (Cumbre) of Family Medicine/Community Family Medicine, in Puerto Rico on 27th and 28th April 2020. Five Ad Hoc Working Parties, involving 240 people from 18 countries of the region, are working on the organization.
- Following the Summit the 2nd Mesoamerican Congress of Family Medicine/Community Family Medicine, and the 64th Conference of Academy of Family Medicine will take place, in Puerto Rico.
- The 7th Iberoamericana Congress of Family Medicine will be place in Vitoria, Sancti Spirit, Brazil, in June 2021. Work has already started preparing for this!
- The 3rd Iberoamericana research workshop is scheduled for 9th to 13th December 2019, in La Habana, Cuba. This will take place within the framework of the Cuban Congress of Family Medicine, commemorating 35 years of the Program of the Family Doctor and Nurse. This has been a very important program in our Region, allowing Cuba to reach all Alma Ata goals by 2000.

*Dr Jacqueline Ponzo
President,
WONCA Iberoamericana-CIMF Region*

North America



Members

- American Academy of Family Physicians (AAFP-Full Membership)
- American Board of Family Medicine (ABFM-Associate membership)
- Caribbean College of Family Physicians (CCFP-Full Membership)
- College of Family Physicians of Canada (CFPC-Full Membership)
- North American Primary Care Research Group (NAPCRG-Organization in a Collaborative Relationship)
- Society of Teachers of Family Medicine (STFM-Full Membership)
- Association of Departments of Family Medicine (ADFM-Associate Membership)
- CFPC Section on Teachers and Section on Researchers (Associate Membership)

The WONCA North America Region (NA) had a meeting on 22 January 2019. At that meeting the minutes and decisions taken by WONCA Council at congress in Seoul 2018 were shared and noted. The upcoming meetings of the Member Organizations were noted and a proposal to have a WONCA NA endorsed meeting of the Caribbean College of Family Physician for Spring 2020 was tabled.

WONCA NA is dominated by relatively strong and autonomous family medicine societies from Canada and the United States and within that context there is clear need and wiliness to strengthen the Caribbean College of Family Medicine. Thus, it was agreed that the initial goal would be the development of a strategic plan which would focus on strengthening the organizational structure of WONCA NA, POLARIS (Young Doctor Movement for North America) and the Caribbean College of Family Physicians.

Within the Region, Member Organizations have been active with elections, promoting the discipline of Family Medicine as well as being engaged in advocacy. A few highlights include:

- The Society of Teachers of Family Medicine (STFM) electing 3 new members to their Board of Directors with Dr. Tricia Elliott as President Elect and a new Medical Editor, Dr. Sarina Schrager, for the Family Practice Management (FPM) journal of AAFP.
- During the review period, The College of Family Physicians of Canada focused on several initiatives including:
 - Emphasizing the importance of access to care through the Patient's Medical Home
 - Integrating mental health services into primary care
 - Ensuring universal access to medication through a national pharmacare program
- Similarly, the American Academy of Family Practice (AAFP) launched several projects during the review period focused on innovations in Information technology for Health, stakeholder engagement through health advocacy and education on the value of Family Medicine as well as Global health.
- In the Caribbean, the Caribbean College of Family Physician (CCFP) signed a Memorandum of Understanding (MOU) with the Caribbean Public Health Agency (CARPHA) to promote primary care agenda in the Caribbean.

*Professor Marvin Reid
President, WONCA North America Region*

South Asia



This is a brief report from the WONCA South Asia Region (SAR) for the 2018-19 Annual Report.

WHO

- a. WHO India: We have a very good contact person in WHO India office - Dr Chandrakant Laharia who is in charge for UHC. We have benefitted from his participating in various workshops and conferences. However it appears that there is very little we can do to influence matters from the bottom up. WHO India office states that they only advise and provide technical support when requested by the Ministry of Health and Family Welfare of Government of India.
- b. WHO SEARO Office: We have communicated with the WHO Regional Director via e-mail. However to date there has been no direct contact or formal discussion. There is a general impression that the Regional Director does not easily facilitate meetings with non-governmental representatives – even those who are in Official Relations with WHO. However in light of the WHO – WONCA MOU, we may try to persuade her to hold a regional consultation of family medicine, moving forward from the past meeting of 2003 and 2001 (Colombo / Jakarta)

Conferences

- a. Update: WONCA SAR Conference Lahore Nov 2019. Call for abstracts mail has been disseminated.
- b. WONCA Emergency Medicine Conference Kathmandu Nepal August 2019. Host organization GPAN has worked hard to ensure a successful event.
- c. WONCA Rural Conference 2020 Dhaka. Dates confirmed as 15th to 18th April 2020. Dr Zakiur Rahman is working with a number of groups within Bangladesh to manage and implement this event. Prof John Wynn Jones has carried out a pre-conference visit to check preparedness and CEO will visit in August 2019. Further updates will be provided in due course.

India Update

- a. Dr Raman Kumar elected to the family medicine specialty board of National Board of Examinations (NBE), under Ministry of Health and Family Welfare, Government of India.
- b. Medical Council of India has responded to the Secretary of Health Government of India in a formal communication assuring integration of family medicine into MBBS curriculum as well as PG programs. However more work has to be done.
- c. The Indian Public Health Standards are being revised and positions for family medicine specialists has been proposed for CHC (Community Health Centers) for the first time. This is the first time any post for family physicians will be created in the public health system in the specialist cadre. The revised standards are to be published in near future.
- d. Government of Indian has launched a large and ambitious health insurance program assuring INR 500,000 (around US\$ 7,000) cover for each family below certain income under the Ayushman Bharat Program. This is being proposed as a financing tool towards aspiration for UHC. More will evolve after the national general elections however program is already in implementation with wellness centers being set up across India at many districts.

Working Parties



*Women & Family
Quality & Safety
eHealth
Ethical Issues
Rural Practice
Education
Research
Environment
Indigenous & Minority Groups
Health Issues
Mental Health
International Classification (WICC)*

Updates from other countries

Nepal: Nepal has been successfully running MDGP training programs at all medical colleges, all of which have formal GP and Emergency Departments. MDGP doctors are very popular across health systems and most of them are integrated with the academics as well as professional sphere. GPs have been promoted to senior levels within the public health system.

Bhutan: Bhutan now has a full time residency program in General Practice at Khesar Gyalpo University of Medical Sciences of Bhutan in Thimphu. The third batch of residents will commence soon.

Sri Lanka: The College of General Practitioners of Sri Lanka (CGPSL) maintains an excellent reputation for CME and CPD. Most universities have department of General Practice. Talks are going on for a World Bank project focusing medical officers within the public health system by CGPSL. General Practitioners are greatly valued and respected within the health system.

Pakistan: Pakistan has now mandate for department of family medicine at all medical colleges. The two WONCA Member Organizations in Pakistan have done excellent work towards faculty development and advocacy and regular CMEs for the practitioners. Pakistan Society for Family Physicians Lahore will be organizing WONCA SAR Conference for 2019. Many faculty from both colleges are involved with ongoing successful MRCGP International examinations.

Bangladesh: Bangladesh College of GPs (BCGP), and Bangladesh Academy of Family Physicians (BAFP) have been organizing the Fellowship/Diploma programs for GPs and trainees. However family medicine is yet to be incorporated within the mainstream of the medical education system. Dhaka is the host for WONCA World Rural Health Conference 2020 and hopefully this event will boost the development of family medicine and General Practice.

Maldives: Maldives is a small Island nation and most of the population is taken care by the trained GPs. The Ministry of Health has continued to show support for the GPs within the health system.

MRCGP[Int]: MRCGP[Int] program licensed to South Asia Board has been running it successfully for over a decade and is very helpful in maintaining standards for trainees. Hundreds of GP trainings as well as practitioners have benefited from this program.

Spice Route:

Spice Route Activities planned at forthcoming national conference of family medicine in Bangalore (August 2019) as well as at WONCA SAR / WONCA EM conferences. Leadership of Spice Route has recently passed from Dr Santosh Dhungana of Nepal to Dr Sankha Radenikumara of Sri Lanka.

World Family Doctors Day 2019

The WFDD was celebrated on 19th May by members and member organizations in different countries. In India AFPI organized rural health camps on this occasion. In Nepal formal celebrations were organized by GPAN in Kathmandu. WFDD is gaining popularity in the South Asian Region and it is an apt occasion to celebrate and promote work of family doctors.

*Dr Raman Kuma
President
WONCA South Asia Region*

Education

“Education is the most powerful weapon to change the world” Mandela

Background: Raising the profile of Family Medicine within both undergraduate and postgraduate education continues to challenge globally as institutions remain focused on traditional secondary care models. Increasing the scholarly profile of Primary Care as an Academic Practice to widen engagement with medical students and trainees also remains slow. We need to raise our profile and shift the power balance. So many of the changes required to achieve UHC require a greater focus on a curriculum shift to look at population as well as individual needs and broaden understanding of issues such as generalism, social accountability and working in interprofessional teams - all areas at the heart of our practice. One day the penny will drop!! In the meantime we plod on.

I am increasingly aware of the challenge of developing education championship within regions and of improving engagement within WWPE itself. I outline progress against our objectives 2018/9:

Resetting Objectives for 2019-2020:

- 1: 2018: Expand the working group to include more countries and encourage engagement:** Requests to join continue and we now have over 175 members. Many our younger members are keen for resources and for support for work in their own institutions. We update by email, but email response and interaction is poor.
- 1: 2019-20: (i) Establish a web depository:** David Keegan in Canada is setting up a web site where resources can be deposited. We plan a small group to comment on this initial platform. This would meet the needs of many of our members and hopefully support across all regions. Complete by December 2019.
- 2: 2018: Engage WWPE members in delivering education workshops at WONCA events.** A total 11 Workshops were held in Delhi (rural collaboration), Krakow and Seoul with other WWPE members where available. Attendance varies; as few as two attendees when John Wynn Jones and I collaborated in Delhi. We are certainly not high profile in terms of timetabling and room allocation. Regional conferences focus naturally on the region submissions and I get a sense education is not always seen as an important central theme. Submissions made this year to EMR, Asia Pacific (poor acceptance), Europe and Africa.
- 2: 2019-20: Establish an executive of influential regional champions for WONCA Education:** Although in the past WWPE voted not to have a regional executive I feel now is the time to attempt this again.
- 3: 2018: Work to collaborate with other WONCA networks and not function in a silo.** This is progressing. Collaboration with EURACT at the Leuven conference and through publication in Education for Primary Care: A guest editorial from Jo Buchanan and 1175 views for a EURACT paper on education requirements across Europe for GP training. We are working with Felicity Goodyear-Smith to promote education research and a paper from her unit was also published in Education for Primary Care. I have also collaborated with the rural WP and SIG for migrant health.
- 3: 2019-20: Continue to promote education collaboration on scholarship and publication through our affiliation with Education for Primary Care.**
- 4: 2018: Raise the status of FM and develop standards for undergraduate education.** A working group is established and we continue to gather views through regional workshops. A major challenge is the diversity of current practice across the world and the importance of not imposing a Western model. The needs of many of our Organizations are very different. Principles are emerging and need to be pulled together in a WONCA document.
- 4: 2019-20: Finalise and disseminate a WONCA document on principles and standards for undergraduate training in Family Medicine by October 2019**
- 5: 2018: Develop a vibrant WWPE group of students and trainees:** We are now actively engaged with IFMSA (International Federation of Medical Students' Associations) and EMSA (European Medical Students' Associations) and have been supporting their workshops some more general at the Association for Medical Education in Europe. A joint workshop on Social accountability has been accepted for Beirut.

5: 2019-2020 Continue to work with IFMSA and EMSA to support and collaborate

6:2018 Expand resources on the website and keep postgraduate and CPD standards updated: The workshops held last year have highlighted the differences in postgraduate training and the diverse needs for CPD delivery globally. It is important we now work to address the needs of Organizations in low income countries.

6: 2019-2020 Continue work to disseminate and develop postgraduate and CPD standards

Appendix 1: WWPE workshops 2018

Rural WONCA Delhi:

1: Harnessing the medical school undergraduate curriculum to recruit and retain in rural practice: Val Wass with John Wynn Jones of the WONCA rural WP

2: Doing educational research in rural practice – (joint with rural WP)
Phil Wilson, Jon Dowell, Val Wass, Ewen McPhee

WONCA Europe Krakow:

1: Developing effective continuing professional development [CPD] for isolated Family Doctors (Joint workshop EURACT & EURIPA). Biserka Bergman Marković, Isabelle Cibois-Honnorat, Val Wass, Jo Buchanan

2: GP training scheme in Europe: ready to qualify as a Specialist? (With EURACT)
Scherpbier N, Maagaard R, Michels N, Wass V.

3: Inspiring the young to become family medicine doctors: A tool which triangulates passion, skill and need. Webster J, Wass V

4: WWPE: Developing the undergraduate (UG) curriculum to promote Family Medicine (FM) in medical schools; tackling the perceived lower status of FM: Val Wass

5: WWPE: Evidence for change to ensure family medicine (FM) assessments mirror, rather than detract, from self-directed learning. Val Wass

Seoul WONCA World

1: Professional Training & Development in Family Medicine/ General Practice around the World - What Is New? Amanda Howe, Valerie Wass, Bastian Seidel, Victor Ng, Cindy Lam

2: WONCA WWPE Continuing Professional Development (CPD) standards: Meeting the needs of WONCA membership organization. Victor Ng Val Wass

3: It sounds so easy but is it? Training trainers for Mental Health Consultations. Christopher Dowrick (Mental Health WP, Val Wass (WWPE), Evelyn van Weel Baumgarten (EACH)

4: Clinical Performance Assessment for generalist physicians. Nobutaro Ban (Japan), Pak Hoonki Korea), Val Wass (UK)

*Prof Val Wass
Chair, WWPE*

e-Health

The aim of the working party is to identify the needs of patients and professionals to ensure relevant patient-focused information and health IT tools are available to all.

Our objectives are to use advanced innovative technology to create personalized e-Health services which contribute to sustainable, efficient and effective healthcare for all, especially those with chronic conditions. We also aim to identify appropriate technology to support health care providers in decision-making, using holistic monitoring strategies combined with advanced technology to support high quality and efficient patient care, using health IT and secure data exchange.

We welcomed 16 new members to the Working Party this year and are developing a governance structure for the group. We currently have representatives from WONCA EMR region, Africa region and Europe region and would encourage interested members from other regions to join us.



As Chair of the Working Party on e-Health I presented at the WONCA Europe Open Meeting 'Primary care at a digital crossroads' during the WONCA Europe Conference. Other presenters included: Clayton Hamilton from WHO, Nick Guldmond, Radeslov Herda, Anna Stavdal, and Andree Rochefort. The meeting was moderated by Harris Lygidakis. The key message which came from this open meeting was that we should ask how digital health affects the core values of Family Medicine. Key points from the discussion included Digital Competencies, e-Health literacy, the patients' needs, the stakeholder's role and how to regulate the industry. There was enthusiastic discussion throughout.

Also at the WONCA Europe Conference 2019 we conducted workshop on Benefits of e-Health and Telemedicine in resource constrained low-and middle-income countries. I made a presentation and other presenters included Harris Lygidakis and Illka Kunnamo. I also participated in an EQuIP workshop on confidentiality in electronic medical records and a workshop of WONCA Working Party on Ethics.

The WONCA Europe conference was used as an opportunity for the Working Party on e-Health to hold a face-to-face meeting where we made plans to develop guidelines for electronic medical records, prepare a toolkit for e-Health which will be available on the WONCA website for members to consult. Discussions are underway to establish a webinar on e-Health which could be made available from the WONCA Website.

During the WONCA Africa conference a workshop on ICT was held, organized by Shabir Moosa. The workshop was attended by Harris Lygidakis and Karen Kinder (consultant to WHO). These collaborations will help to build future relationships with other e-Health associations.

The Working Party on e-Health continues to improve engagement with WHO in other regions. We are also developing an advisory statement on reducing the risk of cyber-attacks on electronic health records.

*Dr Pramendra Prasad Gupta
Chair, WWPeH*

Environment



WONCA Working Party on the Environment Report to the Executive March 2019 Our Working Party (WP) is continuously growing, reaching 98 members from Europe, America, Africa, Oceania, and Asia, in our email group.

We are experiencing increasing email traffic, and for this reason we started our monthly newsletter (check out the March/2019 edition here). We also hold bimonthly e-meetings. We are seeing growing WP representation throughout WONCA conferences. Our Vice-Chair Alice represented WONCA at the Global Climate and Health Summit, which occurred alongside the United Nations Framework Convention on Climate Change (UNFCCC) 24th Conference of Parties (COP24) in Katowice, Poland.

Our recent biggest impact project was the WONCA and Planetary Health Alliance (PHA) “Declaration Calling for the Family Doctors of the World to Act on Planetary Health”, launched on March 1st 2019, which required much coordination and collaboration between many WP members, the PHA and much support from WONCA Exec. It has reached a very significant audience in many countries in little time, thanks to a well-coordinated effort by Dr Tammra Warby. Many medical journals have spread the declaration, and so did the BMJ: “Planetary health: WONCA urges family doctors to commit to action.” The WONCA Air Health Train the Trainer Program, led by Alan, our WP Provost, is an 18 month pilot program, run by WONCA through the WP on the Environment, which aims to increase awareness among family doctors and other primary healthcare practitioners- and in turn their patients - in Lower and Middle Income countries (LMICs) about the health risks of exposure to air pollution, with the goal of reducing the impacts of air pollution on their patients and communities. We received around 180 applicants from every region of the world for this training program! Applications have closed and we are currently selecting the participants. The training side of the program will begin mid-late March and finish with the webinar in late April. Trainers will then be supported to undertake educational and advocacy activities in their own communities.

Finally, we held an e-meeting in February/2019, chaired by Alice, where we revisited our WP Vision/Mission/Objectives and elaborated a strategic plan for the next biennium which involves improving our WP governance, and developing a sustainable events policy proposal for WONCA Exec. These documents will be reviewed by the wider Working Party before being shared with the Executive.

*Dr Enrique Barros
Chair, WP on the Environment*

Ethical Issues

This report contains the main activities conducted by the Working Party on Ethical Issues over the past year. These activities are in line with the activities set to be executed by the Working Party in its two-year plan. It sheds light on what has been achieved of this plan so far.

Activity 1 Structuring the WP on Ethical Issues

Scope

This activity aims at establishing an executive board (EB) for the working party in which all WONCA regions are represented. All WONCA members who have academic involvement and interest in working on Ethical Issues can be involved. This board will meet (online or physically) on regular basis.

Objectives

1. Collaborate on planning for the activities / workshops on Ethical Issues during the International and regional WONCA conferences
2. Ensure the relevance of ethical issues discussed during regional conferences through the regional representative of the WP
3. Establish connection between the Ethics WP and the regional WONCA boards
4. Establish an advisory committee to provide brief consultations regarding complicated ethical dilemmas
5. Issue appropriate statements concerning the major ethical issues of global interest

What has been achieved so far?

1. Executive board members from some regions started working actively on the regional level. This is reflected in the WP workshops that are planned to be executed in three different regions in the coming few months (details below).
2. The Ethics WP executive board members:

Region	Name	Country
Africa	Dr. Peter Taiwo Sogunle	Nigeria
Asia Pacific	Dr. John Fatiaki	Fiji
East Mediterranean	Dr. Amal Al Ali	Qatar
Europe	Dr. Tania Moerenhout	Belgium
Iberoamericana-CIMF	Pending	
North America	Dr. Ross Upshur	Canada
South Asia	Dr. M. Tariq Aziz	Pakistan

What we aim for in the coming year

1. Increase the reach of the WP to the largest number of family physicians. We build on having members from different WONCA regions to achieve this goal.
2. Revisit the WP mission, vision and objectives.

Activity 2 Enhancing Connectivity

Scope

This activity aims at establishing an adequate connection between the WP and WONCA members and extending the reach of the WP recommendations and outputs to the largest number of practicing Family Physicians.

Objectives

1. Improve the awareness of practicing Family Physicians on Ethical Issues
2. Establish platforms for opening continuous discussions on Ethical issues
3. Facilitate dissemination of information related to Ethical Issues
4. Establish routes to ensure prompt response to inquiries on Ethical dilemmas encountered by practicing Family Physicians
5. Establishing connection with other WPs with whom we have intersecting interests

What has been achieved so far?

1. Facebook and Twitter pages were created
 - a. Facebook page link www.facebook.com/EthicsWP (page reached around 700 members)
 - b. Twitter account [@EthicsWP](https://twitter.com/EthicsWP)

What we aim for in the coming year

1. Improve the social media presence and increase the page followers to 1000 members.
2. Widen the range of activities on social media and involve more family physicians in creating its content.

Activity 3 Workshops and Educational Material

Scope

The Ethics WP board is involved in planning the appropriate workshops and activities in the upcoming conferences. The goal would be to create and adopt a curriculum for ethics to be used in the undergraduate and postgraduate Family Medicine training.

Objectives

1. Work collaboratively to write cases on Ethical Issues
2. Draft a curriculum outline to be used for undergraduate and postgraduate Family Medicine training
3. Establish a collaboration with the Working Party on Education for creating the ethics curriculum
4. Establish a collaboration with the Working Party on Research to issue recommendations concerning ethics research areas

What has been achieved so far?

This year, four workshops for the WP have been held. These are:

1. Ethical Considerations of Physicians' Involvement with Politics, WONCA World, Seoul
Presented by Dr. Issam Shaarani



2. Providing Primary Healthcare for the Underprivileged: Ethical Perspectives, WONCA EMR, Beirut, Lebanon (a collaborative workshop between the WP and The Salim El-Hoss Bioethics and Professionalism Program (SHBPP))
Presented by Dr. Issam Shaarani

3. Ethical Issues associated with Traditional Medicine in Africa, WONCA Africa, Kampala, Uganda
Presented by Dr. Taiwo Sogunle and Dr. Shabir Moussa



4. Ethical Challenges of Sharing Information through Electronic Health Records, WONCA Europe, Bratislava, Slovakia.
Presented by Dr. Tania Morenhout

What we aim for in the coming year

1. Establish a sustainable activity of the WP in all regional conferences building on the executive board members, being representative of all regions. Regional WONCA presidents are encouraged to support and facilitate the WP activities.
2. Draft the plan for other activities mentioned earlier (ethics curriculum, ethical cases, etc...).

*Issam Shaarani, M.D.
Chair, WP on Ethical Issues*

Indigenous and Minority Group Health Issues

During the last two years there has been a slight increase of the membership. This was mostly due to the stellar efforts by the Young Doctors Movement groups. Unfortunately the 2 year working plan remained a plan, as the chair, due to personal health issues has been unable to provide the required leadership. Furthermore, active support from the membership has lacked significantly.

Despite the temporary setbacks, I believe the 2 year plan remains relevant for the sector and with a reinvigorated leadership the objectives can be achieved. On that note I have to concede that unless there is a refreshing of the leadership this working group may need to be placed into recess.

WONCA Working Party on Indigenous and Minority Groups Health Issues working plan 2017 - 2019

Dr Tane Taylor, chair of the WONCA Working Party on Indigenous and Minority Groups Health Issues, sets out the activities for the group over the next two years. The activities support the groups previously stated objectives:

- To serve as a focus to stimulate and promote standards of excellence in the primary care management of cultural competency, consistent with patient and professional values and with reference to evidence based health care;
- To promote the concept of indigenous and minority groups health issues;
- To promote and develop indigenous and minority groups health research activities in primary care and the primary care interface;
- To hold scientific meetings, which may include sessions and workshops, during WONCA regional and world conferences, to present original papers and to address broader educational issues through discussion, training and debate;
- To develop and promote appropriate literature for primary care professionals using a variety of resources, including WONCA Online;
- To promote cultural competency world-wide through collaborative working within WONCA, NGOs, government Organizations, patient groups and other medical colleges;
- To address the issue of stigma associated with indigenous and minority groups health issues.

1. Enhance WWPI & MGHI structures

- Expand membership;
- Foster and encourage an 'All of WONCA Governance Ownership' approach to these issues by requiring representation and participation across all WONCA constituencies -Regional Presidents, WONCA Young Doctors Movement, Regional Chairs, Working Parties Chairs, Special Interest Groups Chairs;
- Enhance communication between WWPI&MGHI members

2. Provide leadership

- Advise Executive and Council of relevant indigenous & minority groups health issues;

- Ensure all WONCA sponsored/associated conferences have appropriate content addressing Indigenous & minority Groups Health issues;
- Ensure all WONCA sponsored/associated conferences abstracts are reviewed through an equity lens;
- Encourage WONCA to actively seek and engage with Indigenous & Minority groups across the globe either directly or through their membership Organizations;
- Facilitate discussions within WONCA on how to prioritise the importance of Cultural Competency not only in the training of our new family physicians but also in the delivery of healthcare within our communities across the globe.

*Dr Tane A Taylor
Chair, WWPMGHI*

Mental Health

The aim of the working party is to enhance global equity of access to high quality primary mental health care. Our objectives are to improve internal structures; to offer mental health guidance for WONCA members; and to provide global leadership on primary mental health care.

1. WWPMH internal structures

- Our membership is currently over 240. Our largest groupings are from Europe, Latin America and Asia Pacific.
- We have representation across all WONCA regions and constituencies.
 - Our current elected officer group is Chris Dowrick (UK, Chair), Christos Lionis (Greece, Vice-Chair), Jill Benson (Australia, Secretary) and Juan Mendive (Spain, Treasurer).
 - Vice-chairs for each of the seven WONCA regions are Joseph Ariba for Africa, Cindy Lam for Asia-Pacific, Abdullah al Khatami for Eastern Mediterranean, Christos Lionis for Europe, Leandro Wenceslau and Daniel Puig for Iberoamerica, Kim Griswold for North America, and Pramendra Prasad for South Asia. Sonia-Roache Barker is vice-chair for the Caribbean sub-region.
 - We have specialist liaison with Sandra Fortes (Brazil) and Lucja Kolkiewicz (UK)
 - We are currently seeking to renew our formal liaison with WONCA young doctors.
- Communication between WWPMH members involves structured e-meetings for officers every 3 months, and monthly e-bulletins circulated to all members. We also arrange *ad hoc* working party meetings at regional WONCA conferences.

2. Mental health guidance for WONCA members

- We encourage primary mental health care input to all WONCA conferences. During the past six months we have enabled participation in the World Conference in Seoul and forthcoming Eastern Mediterranean, Asia-Pacific and European regional conferences.
- We continue to collaborate with other WPs and SIGs, including education, WICC, migrant care and the newly formed SIG on adolescents & young adults.
- We continue to publicise and produce practical guidance documents for family doctors on topics identified as important by WWPMH members.
 - i. [First depression consultation](#) (led by Bruce Arroll, NZ): a shortened version of this document is published in [British Journal of General Practice](#).
 - ii. [Physical health care for people with severe mental illness](#) (led by Alan Cohen, UK and Kim Griswold, USA):
 - iii. Shared learning for primary mental health care (led by Helen Rodenburg, NZ): we have produced links to accessible online training materials: <http://www.globalfamilydoctor.com/groups/WorkingParties/MentalHealth3.aspx>
 - iv. [Non-drug interventions for psycho-social distress](#) (led by Weng Chin, Hong Kong); we launched our guidance on this topic at the WONCA Asia-Pacific meeting in November and presented it at WONCA Seoul.

- v. [Core competencies for primary mental health care](#) (led by Chris Dowrick, UK). This was presented at WONCA Seoul and will also be presented at WONCA Kyoto.
- vi. [Management of medically unexplained symptoms](#) (led by Tim olde Hartmann, Netherlands); a shortened version of this document has been published in the [British Journal of General Practice](#)
- vii. Mental health care of migrants (led by Maria van den Muijsenberg, Netherlands, chair of WONCA SIG on Migrant Care).
- viii. Frailty, multi-morbidity and mental health (led by Christos Lionis, Greece).
- ix. Dementia (led by Ferdinando Petrazzuoli, Sweden)
- x. Adolescent mental health (led by Jane Roberts, UK)
- xi. Early years problems (led by Amanda Howe, UK)
- We have negotiated a book deal with Taylor & Francis to publish our guidance documents in a single accessible volume, with additional elements on education and service implications.
- New guidance documents are being considered on the opioid crisis and primary mental health care in humanitarian emergencies.

3. Leadership on global primary mental health care

- We continue to advocate for improved primary mental health care on behalf of family doctors and their patients, for example
 - Caribbean, Eastern Mediterranean and Ibero-American colleagues continue to organise a series of mhGAP training events.
 - Molly Shorthouse (Asia-Pacific) is planning a major mental health initiative for indigenous young people in East Arnhem, Australia.
 - A group led by Ryuki Kassai (Asia-Pacific), in collaboration with EACH (International Association for Communication in Healthcare), has successfully organised a train the trainer programme on depression for family doctors in Japan. The results of this were presented at a plenary session during WONCA Asia-Pacific in Kyoto (May 2019).
 - A consortium involving WONCA, California Academy of Family Physicians and Health Performance Consulting is progressing a Train the Trainers' initiative to improving family physicians' management of patients with depression and anxiety across the Asia-Pacific region; this includes workshops at WONCA World in Seoul (October 2018) and WONCA Asia-Pacific in Kyoto (May 2019).
 - The International Balint Federation led by Don Nease (North America) and WONCA's Young Doctors Movement have an active collaboration to provide Balint groups to YDM participants.
- We continue to promote external collaborations, including with WHO mhGAP, World Psychiatric Association (WPA), World Federation of Mental Health (WFMH) and EACH.
 - In the past six months we have offered expert advice to WHO on their guidelines for the physical healthcare for people with severe mental illness (now published); their Quality Rights Toolkit; the primary care version of ICD-11 mental disorders classification; and their proposed mental health diploma for family physicians. In October 2018, I participated in the mhGAP forum in Geneva.
 - In December 2018, several WWPMH members contributed to the Universal Health and Mental Health conference in Malta.
 - I am member of the WPA-Lancet Clinical Commission on Depression.
 - Several WWPMH members will contribute to the WPA World Congress in Lisbon.



A very successful workshop on a Train the Trainers' initiative to improving family physicians' management of patients with depression and anxiety across the Asia-Pacific region, Kyoto, Japan, May 2019

*Professor Christopher Dowrick
Chair, WWPMH*

Quality and Safety in Family Medicine

1. Executive Board:



The executive board was re-elected in October 2018:

Chair	Maria Pilar Astier Peña	Spain, WONCA Europe
Secretary	Jose Miguel Bu Ortizeno	Spain, WONCA Europe
IT Officer	Alexandre Gouveia	Switzerland, WONCA Europe

2. Objectives

- a. To facilitate family doctors with tools to improve Quality and Safety (Q+S) in their work settings (primary care, emergency units, hospitals...)
- b. To promote tools to improve networking among WONCA members interested in quality and patient safety issues
- c. To collect and maintain updated Q+S resources for family doctors on WONCA webpage
- d. To contact universities and public institutions which offer open source courses on Q+PS to promote the introduction of primary care issues in this area
- e. To prepare and offer Q+S workshops, lectures and seminars for family doctors at WONCA conferences
- f. To have active participation in WHO webinars and other meetings regarding Q+S
- g. To have active participation in WONCA Regional Congresses and Conferences.
- h. To identify a set of Q and S indicators to monitor actions in practice
- i. To participate in the WONCA World Accreditation Process for Family Medicine practices.
- j. To establish alliances that empower Q and S in Primary Care through a global International Safety & Quality in Primary Care Day.

Our activities thus far have focused primarily on objectives b, e, f, g, and i. In reality none of these objectives is ever "accomplished"; they are all activities we will always continue to work on.

3. Conferences and scientific meetings in which the group have participated

- XI Patient Safety Annual Conference in Primary Care in Spain, Madrid 22 June 2018. Equity, Public Health and Patient Safety. Keynote Speakers Lectures at: <https://www.youtube.com/channel/UCV5u2SDR9KcUDbun4mnbKTA>
- 23rd WONCA EUROPE Conference in Krakovia, June 2018:
 - De-prescription Workshop. Dr Bueno-Ortiz, Dr Vilaseca, Dr Fernandez.
- WONCA WORLD EXECUTIVE MEETING IN SEOUL, October 2018:
 - WWPQS annual report 2017-2018 was approved <https://www.wonca.net/News/WorkingPartyonQualityandSafetyannualreport.aspx>
 - WONCA Executive visit to the WP meeting: Dr Li and Prof Howe visited the group to communicate their commitment and to encourage members to continue their activities.
 - Dr MP Astier was endorsed as WWPQS chair by the Council. She was invited to act as an observer during WONCA Council and she collaborated as a teller during the election procedures.
 - WONCA Regional assembly meetings.13/10/2018. Doctors MP Astier and JM Bueno attended several regional meetings to promote the Working Party activities during the Seoul Conference and invited members from different regions to join the group. They were welcomed to a number of regional group meetings:

- a. WONCA Iberoamerica CIMF regional meeting
- b. WONCA Africa regional meeting
- c. WONCA EMRO regional meeting
- d. WONCA South Asia regional meeting
- WONCA CONFERENCE Seoul 2018, 18-21/10/2018. WWPQS AGENDA (workshop pdfs are available at WWPQS Drive File, Seoul workshops):
 - Wednesday Oct 17, 09:30-12:30. Room: 209A (2F) COEX Pre-conference meeting of the WWPQS
 - Thursday Oct 18, 16:20-17:50. Room: 102(1F), COEX Overdiagnosis and Preventive Measures - Policy and Practice in the European Countries. Jose-M Bueno et al.
 - Friday Oct. 19, 10:40-12:10. Room: 202(2F), COEX First Management of Second Victims in a Rural Family Practice. Jose-M Bueno, M-Pilar Astier
 - Saturday Oct. 20 09:30-10:30 Auditorium Presentation of WONCA Awards, Sonia Roche a WONCA fellowship, Veronica Casado 5 Star doctor award.
 - Saturday Oct. 20, 14:15-15:45. Room: 203(2F), COEX Implementing patient safety practices in Primary Care settings. Jose-M Bueno, M-Pilar Astier
 - Saturday Oct. 20, 16:05-17:05. Room: 203(2F), COEX Low Back Pain Tackling in Our Surgery. Can We Improve It? Jose-M Bueno, M-Pilar Astier, V Casado et al
 - Sunday Oct. 21, 08:00-09:00. Room: 201(2F), COEX Medication without Harm: Which Are the Main Topics in Primary Care? Jose-M Bueno, M-Pilar Astier et al
 - Sunday Oct. 21, 10:40-12:10. Room: 202(2F), COEX. Increasing Family Physicians' Capacity to Coach and Mentor Each Other...Who Benefits...Why? M-Pilar Astier et al.
 - "One Family Physician for Every Family": Sharing Experiences of Developing Countries. Prof: Dr Tin Myo Han, Prof Datuk, Dr D M Thuraiappah.
 - Expert Consultation: WHO Global Patient Safety Challenge Medication Without Harm: Early global action to support implementation, Geneva, November 2018. Dr Ruth Wilson attended on behalf of the WP.

4. Training activities

- Training of Family Doctor Residents on patient safety and quality in Zaragoza (Spain)
- Training of Family Doctor Residents on improving clinical reasoning as a tool to reduce diagnostic errors in Zaragoza (Spain)
- Training of fourth- and fifth-year medical students on improving clinical reasoning as a tool to reduce diagnostic errors at Medical School of the University of Zaragoza (Spain)

5. Publications

- Astier-Peña María Pilar, Carlos María Romeo Casabona, Asier Urruela Mora Tendiendo puentes entre regulación jurídica y cultura de seguridad del paciente en el Sistema Nacional de Salud. J Healthc Qual Res 2018;33:65-7Txema Coll-Benejam,
- Rafael Bravo-Toledo, María Pilar Marcos-Calvo, María Pilar Astier-Peña, Impacto del sobrediagnóstico y sobretratamiento en el paciente, el sistema sanitario y la sociedad, Atención Primaria, Volume 50, Supplement 2,2018, Pages 86-95

6. Social Media and WONCA Webpage participation

- Twitter account: @WONCAQ_Safety We encourage members to use it and to disseminate patient safety and quality in primary care issues.
- WONCA webpage:
 - posting of news on WHO webpage about patient safety: <http://www.who.int/patientsafety/en/>
 - post of a summary of Geneva Meeting about Medication Without Harm

7. Participation in WONCA Conferences

- 54th EQuIP Assembly Meeting, 29 - 30 March 2019 in Thessaloniki, Greece. Oral Presentation and Workshop: Medication without harm: Which are the main topics in primary care? Conductors: Maria Pilar Astier-Peña. <https://www.equip2019.eu/>
- 24th WONCA Europe Conference in - Bratislava – Slovakia
Oral Presentation+Workshops: Conductors: Jose Miguel Bueno Ortiz and Maria Pilar Astier-Peña

- 7.3. XII Patient Safety Annual Conference in Primary Care in Spain, Malaga 14th June 2019: The patient and their context. www.seguridadpaciente.com

8. Other activities in collaboration with WHO:

- Dr Neelam Dingra Kumar (WHO) participated in a Spanish Conference on legal issues to improve patient safety culture, in the Spanish Health Ministry in Madrid. 12 Mach 2019

Dr Maria Pilar Astier Pena
Chair, WWPQSFM

Research

Structure & membership

The Chair is Prof Felicity Goodyear-Smith. The group membership is organised by entry into an excel spreadsheet and by membership of a Google Group (WONCA Research Assembly). The WP-R Executive consists of Chair, Regional representatives (Marvin Reid, North America: Bob Mash, Africa; Mehmet Akman, Europe; Ryuki Kassai, Asia Pacific; Raman Kumar, South Asia; Lydia Cabellero, Iberoamericana; Taghreed Farahat, Eastern Mediterranean), Young Doctor representative (Nagwa Nashat) and Chris van Weel as panel convenor. The Council include others active members, such as those involved in the Ariadne Research project (eg Bob Phillips, Amanda Howe, Michael Kidd, Andrew Bazemore), members who are key players in WONCA (eg Shabir Moosa, WONCA Africa President) and others actively involved in WP-R projects.

There were about 120 members listed at the time of the World meeting in Seoul, but many of these were inactive. Members were invited to submit their bios and details about why they wanted to remain on the WP-R. Non-responders were removed from the group following warning that this would take place. There are currently 86 members, most of whose bios are available on the website.

Ariadne project

The WONCA team held two grants: *Identification of Research Gaps to Enable Better Primary Health Care Models of Care in Low- and Middle-Income Countries* and *Identification of Research Gaps to Enable Better Primary Health Care Financing in Low- and Middle-Income Countries*. This was funded by the Gates Foundation through Ariadne Labs. This has led to a number of publications, workshops and conference presentations and now development of a PHC Global Research Consortium – see below.

Conference workshops and presentations of Ariadne project:

1. Presentation: Health Systems Global Satellite Session: Understanding and Addressing Knowledge Gaps in Improving Primary Health Care Systems and Delivery in LMICs from Governance through Quality: Findings from an Emerging Research Consortium at the 5th Global Symposium on Health Systems Research, Liverpool, UK, Nov 2019
2. Presentation of this project at the North American Primary Care Research Group, Chicago, USA Nov 2018 was awarded the AAAPC international prize and a plenary speaking slot: North American Primary Care Research Group (NAPCRG) 45th Annual Meeting. Identification of research gaps to enable better primary health care Organization & financing in low- & middle-income countries. Goodyear-Smith F, Bazemore A, Coffman M, Fortier R, Howe A, Kidd M, Phillips R, Rouleau K, Van Weel C Chicago, US. Oct 2018.
3. Workshop Identification of research gaps to enable better primary health care Organization & financing in low- & middle-income countries. Goodyear-Smith F, Howe A, Fortier R, Kidd M, Phillips R, Van Weel C. WONCA World Conference. Seoul, Oct 2018

Publications

Books

How to do Primary Care Research. Edited by Felicity Goodyear-Smith and Bob Mash. CRC Press, Taylor and Francis, London, UK. 330 pp, 2018. International Comparisons of Primary Health Care Policy: experiences and methodology. In Primary care around the world: recommendations for international policy & development. Edited by Chris van Weel & Amanda Howe, CRC Press, Taylor and Francis Group, Oxford, UK, 2019

Peer-reviewed papers

1. Goodyear-Smith F, Bazemore A, Coffman M, Fortier R, Howe A, Kidd M, Phillips R, Rouleau K, Van Weel C. Primary care research priorities in low- and middle-income countries, *Annals of Family Medicine*. 2019, 17(1):31-35. DOI:10.1370/afm.2329

For the BMJ Global Health Supplement:

2. Goodyear-Smith F, Bazemore A, Coffman M, Fortier R, Howe A, Kidd M, Phillips R, Rouleau K, Van Weel C. Research gaps in the Organization of primary health care in low- and middle-income countries and ways to address them: a mixed methods approach. *BMJ GH Suppl* 2019 in press
3. Goodyear-Smith F, Bazemore A, Coffman M, Fortier R, Howe A, Kidd M, Phillips R, Rouleau K, Van Weel C. A systematic assessment for investigation of primary care financing in low- and middle-income countries. *BMJ GH Suppl* 2019 in press
4. A panel discussion was also held at the 2017 NAPCRG conference in Montreal and has led to a publication (Van Weel C, Van Turnbull D, Bazemore A, Garcia-Penäs C, Roland M, Glazier Rh, Phillips B, Goodyear-Smith F) Implementing primary health care policy under changing global political conditions: lessons learned from 4 national settings. *Annals Family Medicine* 2018; 16: 179-180. DOI <https://doi.org/10.1370/afm.2214>.)
5. Van Weel C, Alnasir F, Farahat T, Usta J, Osman M, Malik M, Nashat N, Alsharief W, Sanousi S, Salah H, Tarawneh M, Goodyear-Smith F, Howe A, Kassai R. Primary Health Care Policy Implementation in the East Mediterranean region – experiences of six countries. *European Journal of General Practice*. 2018. 24(1):39-44). 10.1080/13814788.2017.1397624 – reports the 2017 Eastern Mediterranean panel (Bahrein, Egypt, Lebanon, Qatar, Sudan United Arab Emirates).



Book signing event by Felicity Goodyear-Smith, Bob Mash, Michael Kidd, Chris van Weel & Amanda Howe with their publications at WONCA Booth, WONCA APR conference in May, Japan, 2019

PHC Global Research Consortium

WONCA will have one of the six seats on the steering committee for this Research Consortium. These are awarded to the initial grantees of the Ariadne project. Prof Felicity Goodyear-Smith will represent WONCA, as the lead for the two WONCA grants. WONCA and Primafamed were unsuccessful in their EOI to host the core. A concept note was developed after a meeting in Cape Town in Feb / Mar 2019 to seek funding from Gates Foundation and others. This is still under exploration and negotiation.

Scientific writing workshops

1. Workshop. Scientific writing. Goodyear-Smith F, Flegg K, Akman M. WONCA World. Seoul, South Korea. Oct 2018
2. Workshop. Scientific writing. Goodyear-Smith F, Flegg K. WONCA Asia Pacific. Kyoto, Japan. May 2019
3. Workshop. Scientific writing and publishing. Goodyear-Smith F, Flegg K, Akman M. WONCA Europe, Bratislava, Slovakia. June 2019
4. Writing & publishing workshop. Wallis K, Goodyear-Smith F. AAAPC conference, Adelaide. Jul 2019

Comparative PHC system workshops

The WWPR continues to run panels / workshops whereby different countries compare how their primary care is organised, using regional coordinators in the different WONCA regions. A template to prepare the slides is provided ([panel project resources](#)). These are led by Prof Chris van Weel. The slides are being updated for 2019 to address the include details on access, training, financing and other potential strengths of PHC services.

- 1 Workshop. Developing PHC measures – is it possible to capture the values of PHC? VAN WEEL C, GOODYEAR-SMITH F, KASSAI R, BAZEMORE A. WONCA World Conference. Seoul, Oct 2018
- 2 International Forum: Is the work in progress on developing PHC measures capturing the values of PHC? Van Weel C, Etz R, Goodyear-Smith F, Kidd M, Olde Hartman T, Phillips B, Roland M, van Boven K. North American Primary Care Research Group (NAPCRG) 45th Annual Meeting. Chicago, US. Oct 2018 (working on publication)
- 3 Workshop. Profiling Profiles of Primary Health Care Policy Implementation around the World – from current experiences towards the next phase Van Weel C, Goodyear-Smith F, Kassai R, Bazemore A, Phillips B. WONCA World Conference. Seoul, Oct 2018
- 4 Workshop. Academic family medicine. Howe A, Kidd M, Van Weel C, Goodyear-Smith F, Wass V. WONCA World Conference. Seoul, Oct 2018
- 5 Workshop. Filling the evidence gap on outcomes from primary care development. Howe A, Goodyear-Smith F, Akman M. WONCA Europe, Bratislava, Jun 2019.
- 6 Iberoamericana panel. Caballero L, Franco, J, van Weel C. Focused on the region's input on the main axis of the Astana Declaration. Participating countries: Argentina, Colombia, Paraguay, Uruguay, Venezuela. Tijuana, May 2019 (working on publication)

Website

The WP-R has been updated. It includes mission statement; how to join; the bios of current members (>80), and updated templates for the panel projects see

<https://www.globalfamilydoctor.com/groups/WorkingParties/Research/Plenarypanelprojectresourcedocuments.aspx>

*Professor Felicity Goodyear Smith
Chair, WWPR*

Rural Practice



*John Wynn-Jones, Chair of
WP on Rural Practice with
Bruce Chater, his successor*

The WONCA Working Party on Rural Practice (RuralWONCA) continues to work on a triennium schedule and we will provide a further report after our 16th WONCA World Rural Health Conference in Albuquerque, New Mexico in October 2019.

We decided to retain a 3-year rotation as we believe that 2 years can be too short a time to meet the goals and objectives we have set ourselves for the 3 year period. The current chair of RuralWONCA is John Wynn-Jones and he will be handing the chair over to Professor Bruce Chater who has been the secretary for the last 6 years. RuralWONCA represents a wide range of rural health/practitioners from across the world and we aim to highlight rural issues and aspire to achieve equity and health for all rural people.

Although 48% of the world's population is rural, an International Labour Organization report (2015) stated that only 24% of the world's doctors and 36% of the world's nurses care for them. 56% of those living in rural areas are not covered by health care (against 22% in urban areas). Shockingly, 83% of rural Africans were left uncovered. We cannot and must not allow this to continue and as health professionals we all have a duty to fight this inequity.

Our success in attracting rural practitioners from around the world, meant that we needed to change our structure and as a result we established three tiers of membership

- **The executive:** Each executive member has a portfolio to manage. Executives are chosen by the Council and meet at least once (video/audio) during the year in addition to face to face meetings.
- **The Council:** The council aims to be gender, age, geographically and demographically equitable. We try to ensure that each WONCA region is represented in this way. The membership of the council is limited to approximately 60. Anyone can put their name forward for membership of the council. Potential members will need submit a short video explaining why they want to join council and the council will vote on their candidacy depending whether a position is available on council at the next face to face meeting which is usually at our annual conference.
- **The Assembly:** Everyone who is either a rural health professional, rural academic or a rural health stakeholder is entitled to join the assembly. Assembly meetings take up a day during our annual conferences.

We communicate with each other through a number of media vehicles. The Google Group remains the backbone with over a thousand members. We also run Facebook and Twitter pages.

We strive to achieve equity (gender, age, geography, demography) among our executive and council. We believe that we have come a long way to achieving this. We do not have a policy of asking for representatives from WONCA regions and groups, rather we seek out rural enthusiasts to join our membership. We are constantly being approached by potential members and as a result we have no problems achieving the equity that we aspire to. We have established a young doctor and student group called Rural Seeds.

The Executive

Chair	John Wynn-Jones	UK
Hon Secretary and Chair-elect	Bruce Chater	Australia
Treasurer; Policy; Immediate Past Chair	Ian Couper	South Africa
Publicity	Dave Schmitz	USA
Communications	Jo Scott Jones	New Zealand
Research	Zakiur Rahman	Bangladesh
Education	Barb Doty	USA
Clinical Practice	Bikash Gauchan	Nepal
Developing Countries (LMICs)	Pratyush Kumar	India
Students and Young Doctors (Rural Seeds)	Mayara Floss Veronika Rasic	Brazil Croatia + UK

There has been a significant change in the composition with nearly 50% of the posts taken up by young doctors. Each member has a portfolio and they have a responsibility to report annually to the council and to the assembly.



John Wynn-Jones and the Council members of WONCA Working Party on Rural Practice (RuralWONCA)

Rural Seeds

Rural Seeds has been in existence for 2 years following its launch at the 14th World Rural Health Conference in Cairns in 2017. It has three joint chairs/coordinators Mayara Floss (Brazil), Amber Wheatly (British Virgin Islands +UK) and Veronika Rasic (Croatia + UK). Rural Seeds works closely with the WONCA young doctor groups but it is a separate network which is rural task orientated rather than regionally represented.

Rural recruitment and retention remains one of the major obstacles to Universal Health Coverage and networks such as Rural Seeds are crucial to inspiring the next generation of rural health professionals and achieving equity for the rural poor of the world. Rural Seeds is keen to work closely and in partnership with young doctor groups but values its independence within the family of Rural WONCA. Rural Seeds has its own social media platforms in addition its own google Group. It's achievements over the last 2 years include:

- Rural Family Medicine Café (global discussion group using a number of social media platforms on a regular basis including live events at WONCA World Conferences and the Fourth Global Forum on Human Resources for Health in Dublin 2017)
- Rural Success Stories (an extensive blog gathering success stories in rural health care)
- Global mentoring programme for rural medical students and young doctors (this pilot study has been successful, and a report is available. Funding a permanent service despite the enthusiasm and support has been a problem and we have not been able to roll this out as yet) We are actively looking for funding and the extension of this service will be one of our major priorities for the coming year

Rural Seeds aims to expand its reach and we will be launching a new plan after the New Mexico Conference.

RuralWONCA achievements over the last triennium

RuralWONCA will continue to work to promote rural general medical practice, support rural medical practitioners (and other health care workers) and work to improve the health of rural people around the world.

- **Equity:** Working to achieve equity has been our driving force over the last 3 years. We have worked successfully towards equity within RuralWONCA but our greatest challenge will be working to reduce the global rural/urban divide which remains omnipresent from the richest to the poorest countries (ILO 2015). If the world is to achieve anything like Universal Health Coverage by the year 2030, the rural challenge must be addressed. We have tirelessly pursued this goal over the last 3 years and will continue to do so with increased vigour. Our *"Delhi Declaration: Alma Ata revisited"*, endorsed at the WONCA World Rural Health Conference in April 2018, identifies 6 major themes. This document is our manifesto for the future:
<https://www.globalfamilydoctor.com/site/DefaultSite/filesystem/documents/Groups/Rural%20Practice/18%20Delhi%20Dec.pdf>
 - Equity and access to care
 - Rural Proofing of Policy
 - Health System Development
 - Developing and educating a workforce fit for purpose
 - Realigning the research agenda
 - People and communities
- **Working in partnership:** We have continued to work with other WONCA groups and will continue to do so. We released a joint declaration with the environment group on climate change at our Cairns conference and received support for other statements from the Mental Health, Point of Care Testing and e-Health groups. We have shared workshops and other activities with Education, Indigenous, Research, Women and Family Medicine, Emergency and Family Violence.

We continue to work with WONCA Regional Groups, WHO, Towards Unity for Health, ICOH, Darwin International Institute for the Study of Compassion, American Association of Family Medicine and other Organizations. It is our intention to build on these links and where necessary work with other international bodies to promote Rural Health and Rural Practice. RuralWONCA will also work with professional and rural Organizations in countries that host WONCA World Rural Health Conferences. We have just signed a Memorandum of Understanding with the National Rural Health Association of America. The NRHA, regarded worldwide as one of the foremost cross sectorial rural

Organizations, will - along with the University of New Mexico - host the 16th WONCA World Rural Health Conference in October 2019.

- **Priority areas:** We signalled our intention to prioritise certain areas. We have now a permanent and productive link with China. Attempts to develop and establish a rural network in Asia Pacific has not moved on any further from a rural meeting at the last Asia Pacific Conference. Links with South America continue to grow. Finally we are delighted that we have established a rural network in Africa (WoRA). A rural day was held at this year's WONCA Africa conference and the Chair delivered a Keynote Lecture at the main conference in Kampala in June. We aim to hold the WONCA World Rural Health Conference in Kampala in 2021.
- **Conferences:** We have held two WONCA World Rural Health Conferences since Rio. Both were successful and attracted many delegates
 - 14th WONCA World Rural Health Conference, Cairns, Australia April 2017. A successful conference with over 800 delegates. The conference was preceded by the successful 3rd Global Summit on Rural Generalism. The conference saw the launch of Rural Seeds and a "Rural Call to Action" for students and young doctors worldwide. We also launched a statement on Climate change & the impact on rural communities together with a statement on Burnout in Rural Practice.
 - 15th WONCA World Rural Health Conference, New Delhi, India in April 2018. This conference attracted over a thousand delegates from around the world. We always want our conferences to leave a lasting legacy and we believe that this has done so in India. We were honoured by the participation of the Vice-President of India and 2 Health Ministers. The timing was perfect as it coincided with major changes in India, aimed at securing access to health care for its poor and rural inhabitants. We were delighted to host a National Consultation on Strengthening Rural Primary Care in India. We launched the Delhi Declaration: Alma Ata revisited. See below for further details.
 - Future planned conferences are
 - October 2019: Albuquerque, New Mexico
 - April 2020: Dhaka, Bangladesh
 - 2021 Kampala, Uganda
 - We also have possible strong bid for 2022



We wish to acknowledge the fantastic support and help that we received from both host organising committees and the professionalism that they showed in organising the conferences.

Series of global events led by the strong dedicated advocacy, with visions and will power to compassionate rural GPs for people living in rural areas around the globe

- **Portfolio areas:** We have achieved mixed success with regard to our portfolio areas. Many plans and initiatives are still ongoing with significant emphasis placed on these areas at our conferences. Our communication footprint continues to grow and in particular in LMICs. Areas of note include:
 - An increase in rural research papers published in the International Journal of Rural and Remote Health, indicates the fact that more rural research is being undertaken but much needs to be done to address the 90/10 research gap. A current bid is in place for an MRC grant for a rural collaborative project across 4 countries in South Asia

- The next 2 WONCA World conferences are scheduled to take place in Bangladesh and Uganda and this will mark a significant shift to taking our conferences to areas of need and LMICs
- Students and Young Doctors: Please see the report on Rural Seeds earlier in this report
- Clinical Practice: Rural Generalism remains an important goal in many countries and we continue to promote it as a solution to rural health inequity. There is growing interest in rural generalist nursing and we will continue to support this initiative. We hope to develop a conference statement on Rural Generalist Nursing in Albuquerque
- The Google group continues to grow, and it has become both a major global news source and discussion forum. We have seen the expansion of the resource page which allows us to store and display rural research, evidence and activities from around the world

Plans for the next triennium

A comprehensive work plan will be announced following our 16th World Rural Health Conference. The new chair will seek to establish the plan for the next 3 years.

Working with WHO

RuralWONCA has a close working relationship with WHO, in particular with the Human Resources for Health Directorate. Our relationship started in 2008 when we were part of an expert panel for a programme called **“Increasing Access to Health Workers in Remote and Rural Areas Through Improved Retention”** (<https://www.who.int/hrh/retention/guidelines/en/>) WHO suggested that we follow this up with a guidebook on rural medical education and this publication – the *“Rural Medical Education Guidebook”* (RMEG) - was launched in Gramado, Brazil in 2014.

(<https://www.globalfamilydoctor.com/groups/WorkingParties/RuralPractice/ruralguidebook.aspx>)

We met with Jim Campbell (Director Human Resources for Health) in Rio and invited him to attend the 3rd Rural Generalist and the 14th World Rural Health Conference in Cairns in 2017 (he gave Keynotes at both meetings) Our recent activities to date with WHO include

- We presented a workshop at the Fourth Global Forum on Human Resources for Health in Dublin in November 2017. We lobbied hard to ensure that rural appeared in the final declaration and our perseverance was rewarded:
 - *5. Emphasize the fundamental importance of a competent, enabled and optimally organized and distributed health and social workforce, especially in rural and under-served areas, for the strengthening of health system performance and resilience*
- In a response to the lack of emphasis on rural health care in the draft Astana declaration we launched our own rural response to the 40th anniversary of Alma Ata, called the Delhi Declaration: Alma Ata Revisited. We were honoured and delighted when WHO put this on their website (see attachment) The Declaration is available in 7 different world languages (Arabic, Chinese, Spanish, Portuguese, Japanese, French and English). It has also been endorsed by a number of national Organizations. https://www.who.int/hrh/news/2018/delhi_declaration/en/
- We contributed to the Astana declaration. Again despite the fact that the greatest challenge to SDG 3.8 and UHC was the inequity in access to health care in rural areas, no mention of rural was made in the original draft. After further lobbying and close working with WONCA Executive, acknowledgment of rural appeared in the final declaration.

“We will strive for the retention and availability of the PHC workforce in rural, remote and less developed areas.”
- Finally, we were approached by WHO in October 2018 to undertake a rapid response project to carry out a comprehensive literature review into “Pathways and Pipelines for Rural Training” across all professional groups in LMICs and use the information gained and our extensive rural network to develop a checklist to help LMICs to introduce their own training pathways. We were fortunate to be able to commission an excellent team at Monash University to help us with this work and together with our global expert panel and information gathered using our contacts and Google groups, the project finished on time and has been highly valued by WHO. We believe that the work will be published soon and we have a follow up meeting with the team in Geneva to see how we can take this work forward. We will of course promote this across WONCA on publication.
- The Rural Workforce Pathways Checklist has been well received by WHO and is out for review. We intend to launch the checklist at the conference in Albuquerque. We hope to be joined by a team

from WHO. We are continuing to work with WHO, reviewing the checklist, collecting exemplars and promoting the work

Finally: As I finish as chair, I would like to thank all those that have helped me with my work across WONCA. A special thanks to Garth Manning, Nongluck Suwisith, the WONCA Secretariat, Karen Flegg and the 3 WONCA Presidents (Michael Kidd; Amanda Howe; and Donald Li). I would also like to thank my colleagues in RuralWONCA, the Executive and a very special thanks to Bruce Chater, who as secretary made it all possible. It has been a great honour and a rich and rewarding experience.

*Dr John Wynn-Jones
Chair WWPRP*

Women and Family Medicine



Taking Care of Women... so Women can Take Care of the World.

The Working Party for Women in Family Medicine believes in the power of women family doctors to make a difference in family medicine and to change this world for the better. The Working Party's theme for this Biennium is to take care of women so women can take care of the world and we thank WONCA for giving us this platform to push for this advocacy.

A number of women family doctors face have identified roadblocks in their journey to professional development and leadership in family medicine. Marriage, childbirth, family obligations and domestic concerns force millions of women family doctors to slow down and even drop their medical careers altogether. Social norms curtail their professional growth and limit their leadership potentials. Entrenched gender discrimination - though at times denied by society, often lay the foundation for a lot of missed opportunities at both personal and organizational levels. With the Hamilton Equity Resolution and the Gender Equity Statement, a different future is possible for women family doctors and for WONCA - and WWPWFM intends to drive this further forward in the next biennium.

As Chair of the Working Party, I want to focus our work on helping women family doctors all over the world to develop resilience in order for them to stay on course in their medical careers to enable them to provide medical care that only women doctors can deliver. Using the results of the Resilience Study made by Amanda Howe and Chair-Elect Mimi Doohan and the ongoing study led by Lucy Candib and Jinan Usta on Women Family Doctor Workforce Issues, I hope the WP can develop a support system for all women family doctors in and outside of WONCA. A support system that respects and encourages their rights to grow professionally, an environment that would allow them to make their own choices about the future.

To do this, WWPWFM hopes to provide avenues that would develop the knowledge and leadership skills of women family doctors through a mentorship program linked with the Young Doctors Movement and the different WONCA Regional Councils. WWPWFM also intends to work closely with other Working Parties and Special Interest Groups on mutual areas of interest for convergence and collaboration.

We intend to invest in young women family physicians and emerging women leaders in the region and turn them into a force for innovation and leadership in WONCA. We believe that around the world, we have thousands of young women family doctors who are just waiting to claim their power and fulfill their potential.

With your support and continued hard work, I am confident that the Working Party for Women in Family Medicine would attain its aspirations to take care of women family doctors to enable them to take better care of themselves and others.

I thank you for this opportunity to serve.

Aileen R. Espina MD
Chair, WWPWFM (Oct 2018 – Nov 2020)

WONCA International Classification Committee (WICC)

1. Executive

Chair	Thomas Kuehle	Germany
Deputy Chair	Kees van Boven	Netherlands
Executive Member	Jean-Karl Soler	Malta
Executive Member	Olawunmi Olagundoye	Nigeria
Executive Member	Laurent Letrillart	France
Governance Committee	Diego Schrans	Belgium
Governance Committee	Preben Larsen	Denmark
Governance Committee	Julie Gordon	Australia

2. Achievements. The main achievement has been that Kees van Boven (with assistance) managed to obtain funding from different countries interested in the use of ICPC and willing to fund the development of ICPC-3 via a Consortium (<http://www.icpc-3.info/>). At the moment the Consortium consists of WONCA World, WONCA Europe, Radboud University Nijmegen and an increasing number of participating countries. The ICPC-3 Project started January 2018 and will run for a period of three and half years. It has been the main topic of the WICC annual meetings in 2017 in Lyon (France) and in 2018 in Lviv (Ukraine).

The annual WONCA International Classification Committee (WICC) meeting in 2018 was held from 25th to 31st August in Lviv, Ukraine, with 26 members and observers participating. The main topic was the development of ICPC-3 under organizational leadership of a Consortium under the lead of Kees van Boven at the University of Nijmegen, Netherlands. Another important topic was the development of a primary care version (linearization) of ICD-11 in collaboration with WHO.

The website informing about the work of WICC is the PH3C-website: http://www.ph3c.org/4daction/w3_CatVisu/en/Articles.html?wCatIDAdmin=8. This web-site was developed and maintained under the leadership of Marc Jamouille (Belgium) who in Lviv handed it over to Heinz Bhend (Switzerland) who is going to reconstruct it technically and organizationally.

This year's meeting of WICC will be held in Crete in Greece from 22nd to 26th September 2019. Again, the main topic will be the collaboration of WICC and the Consortium and common work on content of ICPC-3. Vivid discussions are to be expected. Anybody interested in the work of WICC will be welcome.

WICC was represented by its members at many WONCA Region Conferences and WONCA World Conference in Seoul, Korea) in 2018 presenting posters or holding workshops on classification topics like ICPC and the International Classification of Functioning, Disability and Health (ICF).

3. Activities planned and in progress. The core activity planned is ongoing work on ICPC-3.

4. Any activity in collaboration with WHO, either regionally or globally. At the meeting of the WHO-Family of International Classifications (WHO-FIC) Network in 2017 WICC was not represented for a number

of reasons, one of them being that primary care had minimal place on the agenda. At the mid-year meeting and at the last annual meeting in Seoul, Korea (22 to 26 October 2018) there were discussions about the current state of the primary care version of ICD-11.

The main change from ICD-10 to ICD-11 will be a switch from the former big book to a software based version published as a searchable database to be incorporated in other software systems. Another change will be that a so called foundation layer has been created, containing all concepts of the domain of medicine in a defined manner with semantic linkages (is part of..., relates to...) in all possible directions (so called multi-parenting). Classifications are built on this foundation layer which is why they are called linearizations. One of these linearizations is the Joint Linearization for Morbidity and Mortality Statistics (JLMMS) which has been released as a version for preparing implementation in member states, including translations at 18. June 2018.

In the beginning an independent primary care linearization both for the high and a low resource setting in a telescopic structure, based directly on the foundation layer was planned (ICD-11 PC Linearization). Up to now only a simple pick-list from JLMMS as a short version for primary care has been achieved in a preliminary version. This is disappointing but was to be expected as nobody was willing or capable of investing into sufficient work force to achieve the original goal.

At the WHO-FIC annual conference Seoul, Korea Thomas Kühlelein the current chair of WICC highlighted the deficiencies of the ICD-11 PC Linearization and the progress of ICPC-3. A classification is a kind of standard and the benefit of a standard is that there is one and not two of them, Thomas Kühlelein proposed to finish the development of ICPC-3, include its concepts into the foundation layer retrospectively and make it the official primary care classification in the WHO-FIC. The proposal raised some discussions on technical feasibility which could not be solved. A subjective impression is that the problem is less technical feasibility than political will. Although the overarching topic of Seoul WHO-FIC Conference was the anniversary of the declaration of Alma-Ata, again the needs of primary health care played a minor role.

5. Other significant progress as per activity plans. The WICC executive committee and the WICC decided to put all energy into the development of ICPC-3. Unless WHO comes forward with new initiatives to carry on with ICD-11 PC Linearization development, WICC sees no priority in pushing it. Nevertheless, WICC is in principle ready and willing to cooperate with WHO in classification matters and this has also been made explicit at the WHO-FIC Conference in Seoul.

6. Issues arising. The annual WONCA International Classification Committee (WICC) meeting in 2018 was held from 25th to 31st August in Lviv, Ukraine. There were 26 members and observers participating. The main topic was the new version of the International Classification of Primary Care international (ICPC-3) which is currently developed under organizational leadership of a Consortium under the lead of Kees van Boven at the University of Nijmegen/Netherlands. Another important topic was the development of a primary care version (linearization) of ICD-11 in collaboration with WHO.

In the meantime the ICPC-3 Consortium took up its work which can be followed at the Consortium website: <http://www.icpc-3.info/>. Another website informing about the work of WICC is the PH3C-website: http://www.ph3c.org/4daction/w3_CatVisu/en/Articles.html?wCatIDAdmin=8.

This year's meeting of WICC will be held in Crete in Greece from 22nd to 26th September 2019. Again, the main topic will be the collaboration of WICC and the Consortium and common work on content of ICPC-3. Vivid discussions are to be expected. Anybody interested in the work of WICC will be welcome.

*Professor Thomas Kuehlelein
Chair, WICC*

Special Interest Groups



Point of care testing
Health Equity
Family Violence
Conflict & Catastrophe Medicine
Men's health Health
Migrant Care, Int Health & Travel Medicine
Ageing and Health Non-communicable diseases
Quaternary Prevention & Overmedicalization
Cancer & Palliative care
Workers' Health Elderly Care
LGBTQ *Genetics*
Complexities in Health
Emergency Medicine
Adolescent & Young Adult Care

Adolescent and Young Adult Care

We were advised that each WONCA SIG is expected to present an annual report to the organization. What is an annual report? The online Webster dictionary defined this as “a usually lengthy report issued yearly by an organization giving an account of its internal workings and especially its finances.” I will, therefore, base the Adolescent and Young Adult Care SIG on this definition. It will be short, as we are a new group, we have not entirely defined our internal workings, and we have no money.

The SIG was created to allow for networking among family physicians, at a global level, who are interested in the health of adolescents and young adults and/or want to help in educating their colleagues on the care of this population. The WHO estimates that there are nearly eight million individuals worldwide between the ages of 10 to 19 in 2019 (<https://population.un.org/wpp/Download/Standard/Population>). The number between 19 to 25 is unknown, as this group is included in the 18 to 65 age group. Despite this, the fact remains that, at this point in the history of the world, there are many individuals in this category that require health care. Most individuals in this age group are cared for by family physicians. The number is most significant in the middle- and low-income countries. The developmental needs and the return of investment in health and year lived are enormous when you provide a developmentally strength-based medical home for this part of our Population Pyramid, largely ignored by the Medical Field. It is, therefore, important that family physicians be knowledgeable about the medical issues of this population. The major causes of morbidity and mortality varies according to geographical area. Thus, family physicians must be knowledgeable about the determinants of health that will affect this population in the area of the world where they live and work to provide the best care possible.

At this point, our group is small. Our goal is to recruit more members from across the world to establish governance that will reflect this diversity. Such a diverse group will allow us, as a group, to identify the health needs of this population in different areas of the world and work at developing knowledge and skills at managing these issues. Wanting to be evidence-based in our work, we hope to use not only a variety of literature review but to generate our data through collaborative research. This, in turn, will allow us to use a variety of knowledge translation methods to educate our colleagues. Hence, as a group, the pillars of our endeavors will be improved service, research, and education on the topic of adolescent and young adult welfare.

We invite you to join us in the coming year so as to achieve a critical mass to be able to establish a representative governance who will come together, in person or virtually, to do strategic planning, setting goals upon which we can work to improve the health of this group of individuals that represent the future of our world. We presented the news of the creation of this SIG during the past Society of Adolescent Medicine and Health 2019 Conference, past March in Washington DC, at the Global Health Group, with the International Association for Adolescent Health (IAAH). We intend to build durable bridges among both organizations, making sure that we create a Global Network of Primary Care Providers for youth. We are looking for ways to bring resources of different venues to our SIG and WONCA website, and we are just building bridges with other WONCA sub-groups to create an internal proposal and start thinking on how to expand our presence during WONCA 2020 at Abu Dhabi.

*A/Prof Pierre-Paul Tellier
Maria Veronica Svetaz
Co-convenors*

Ageing and Health

The SIG worked hard in 2018 in developing the WONCA Statement on Older People’s care for the WONCA conference in Seoul. This was very well received. The statement can be viewed at: <https://www.globalfamilydoctor.com/site/DefaultSite/filesystem/documents/Groups/ageing/18%20Statement%20on%20ageing.pdf>

We have welcomed a number of new members, from a range of countries. These include from Qatar, Dr Islam Noureldin and Dr Shawqiya Maid; from Oman Dr Ahmed Al Wahaibi and Dr Muraira al busaidi and from Lebanon Dr Jinan Usta. IN addition we have from the conference, Dr Przemyslaw Kardas. Dr Mohd Fairuz bin Ali, Dr Aznida Abd Aziz and Dr Zuraidah Binti Che Man. There new members are very welcome.

There is much work to be done. Individual members of the SIG are working in significant clinical, teaching and research roles in relation to primary care for the Ageing population. We look forward to working with WHO to pursue these interests.

In the meantime the SIG is planning a meeting via teleconference to discuss a workplan. Among other items, we intend to revamp our part of the website in 2019, in order to be more useful to WONCA members.

*Professor Dimity Pond
Chair, SIG on Ageing and Health*

Cancer and Palliative Care

The activities of the SIG this period have concentrated on the planning and maintenance of the International Primary Palliative Care Network (IPPCN). This is a network of family doctors or other professionals involved in primary palliative care. This group meets annually, and this year it convened at the European Association for Palliative Care (EAPC) conference in Berlin from 23 to 26 May 2019.

The EAPC has a reference group for primary palliative care, and an education toolkit has been one of the most significant outputs of this collaboration over the past few years. The members of the reference group and IPPCN have contributed further to education for primary palliative care in India, where a toolkit was workshopped and written up before publication in the Indian Journal of Primary Care. Dr Raman Kumar played a leading role in this work.

Opportunities for palliative care activities at WONCA meetings have not been exploited since WONCA World in Seoul, for which I apologise. Dr Ai from Japan approached me in November / December, and I was unfortunately unable to assist her with planning for the Asia Pacific meeting in May 2019.

One of the members of the IPPCN steering committee, Dr Yasemin Kilic, is from Turkey and has offered to connect that network with Dr Mehmet Urgan who is very supportive of the primary palliative care enterprise that the SIG share with IPPCN. The opportunity for connecting with the WONCA Young Doctors group is also yet to be realised, which is an important action for the next quarter.

Next steps

Next steps in the SIG development include:

- Discuss the next stage of the SIG with WONCA President
- Connect with Dr Praytush Kumar to seek his help with network development and the identification of a steering committee for the SIG. Identify one member from each WONCA region to serve
- Sustain and develop the relationship with regional and international palliative care networks.
- Plan to hold a telephone/skype meeting with interested members
- Plan for one further WONCA regional conference workshop in Cancer and Palliative care before WONCA 2020 in Abu Dhabi

*Dr Alan Barnard
Chair, SIG on Cancer and Palliative Care*

Conflict & Catastrophe Medicine

Function.

1. The WONCA SIG on Conflict and Catastrophe Medicine ('the SIG') provides a coordinated forum through which WONCA can lend its support to improving the quality of care of peoples of the world when they face some of life's greatest challenges.

Membership.

2. Membership of the SIG now exceeds 600. All SIG members work within General Practice / Family Medicine. Most were recruited through presentations at international fora, including WONCA events or via word-of-mouth. Some applications also come through the submission@globalfamilydoctor.com portal to SIGCCM@wonca.net. Most members are linked to WONCA member organizations, but others work independently within their nations' Governmental departments, multi-national companies and charities.

Leadership.

3. The SIG Executive Committee was appointed exclusively through member organisation nominations:

Region / Role	Name	Country
Convenor	Prof Rich Withnall	UK
Vice Convenor	Prof Ranit Mansori	US
Africa	Dr Mamudu Dako.	Nigeria
Asia Pacific	Prof Gerard Gill	Australia
East Med	Dr Berq J. Hadi	Iraq
Europe	Dr Tanja Pekez-Pavllisko	Croatia
	Dr Rosario. Falanga	Italy
Iberoamericana-CIMF	Dr German Romero	Chile
North America	Prof Geoff Hodgetts	US
South Asia	Dr John Llewellyn	India

4. All SIG Executive Committee members have served for longer than one conventional WONCA 'term'. Each holds senior leadership roles within their own nations and/or WONCA member organizations, so their capacity to contribute to the SIG now varies. Smaller nations' representatives remain very active but feel unable to step up to the SIG Convenor or Vice Convenor roles at present due to the resultant resource implications. Our enquiries to the WONCA Executive about upgrading the SIG to Working Party status (enabling access limited central WONCA funding) remain under consideration. Currently, the UK continues to provide most of the administrative, academic and financial support to the SIG.

Objectives.

5. Within the SIG's biennial plan for 2018-20, our aims were to:
 - a. Continue to generate networks that help to develop the specialist medical, public health, leadership and managerial competencies required at the scenes of major man-made and natural disasters.
 - b. Provide a wider appreciation of the opportunities and constraints associated with challenging operational environments, partnerships with international organizations, and varying degrees of host nation support.
 - c. Provide a forum for an exchange of knowledge and information between member organizations' GPs/FMDs.
 - d. Encourage international conflict and catastrophe primary care research, promote the role of the GP/FMD, facilitate education and help to develop effective international collaborative relationships at all levels.

SWOT Analysis of 2018 Outputs.

Strengths.

6. Aims. We met all the Objectives accepted by the WONCA Executive in Jan 17. Within 2018, SIG members from 14 nations¹ developed aims against each Objectives through collaborations including

five major international events:

- a. WONCA East Med (Kuwait, 1-3 Mar 18)
- b. TIDE SPRINT (Genoa, 12-13 Apr 18)
- c. WONCA Europe (Krakow, 24-27 May 18)
- d. NATO Medical Conference (Brussels, 3-4 Sep 18)
- e. 22nd WONCA World (Seoul, 17-21 Oct 18)

7. Research and clinical innovation priorities. Six 'BRIGHT' C&CM research and clinical innovation priorities were agreed spanning medical, health and human factors domains:

B	Blood and blood products forward.
R	Real-time telemedicine to support clinical reach back and reach forward.
I	Information management systems with integrated clinical decision support.
G	Growth of more empowered paramedical personnel.
H	Heightened physiological monitoring, including biosensors.
T	Telemetry, Artificial Intelligence and 'Big Data' in military medicine.

8. Strategic capability priorities. The aims were then developed into six strategic capability priorities: health informatics; workforce issues; human performance; prevention, detection and treatment of emerging health threats; resilience; and pre-hospital emergency care.

9. Organizational priorities. To incorporate the specific requirements of each contributing stakeholder, each strategic capability area was sub-divided into a number of organizational priorities which built upon the original BRIGHT priorities in order to: ensure coherence; avoid duplication; drive efficiency in resource-constrained circumstances; and help mitigate international GP/FM capability gaps. As each strategic capability area is broad and deep, it was agreed qualitative timelines would be more appropriate than quantitative ones. (*TABLE 1 refers*).

10. Impact. The SIG's outputs during 2018 (*examples within TABLE 2*) have confirmed participating Governments, WONCA member organizations and other stakeholders share a common ambition to further improve medical support in times of conflict and/or catastrophe through prioritized research and clinical innovation programmes and projects. The SIG has looked 'up and out' in a synergistic way, embraced early adoption, and recognized that effective, high quality conflict and catastrophe medicine (C&CM) responses require timely, holistic, multi-specialty and multidisciplinary inputs. The principle that international primary care medical collaborations can deliver life-saving advances has now been proven in times of conflict (e.g. use of tranexamic acid in pre-hospital emergency trauma care) and catastrophe (e.g. ebola). Such outputs are now informing and guiding national and international clinical guidelines. We are very grateful that some of our SIG's achievements were showcased in WONCA's electronic update on 28 Sep 18.²

Weaknesses.

11. Through the bestowed Objectives, the WONCA Executive required the SIG to 'generate networks' and support 'research and education'. Building successful networks requires the ability to look 'up and out', and the effective combination and coherence of multiple priorities and preferences. This brings both a depth and breadth of opportunities to influence and impact, but also generates complexity and resource³ risk when (as for other SIGs) no centrally-funded WONCA operational, deployable, academic or educational resources are available to support our outputs.

¹ Australia, Canada, Denmark, France, Georgia, Germany, Netherlands, Norway, Portugal, Slovakia, Sweden, Switzerland, the United Kingdom and the United States.

² <https://www.globalfamilydoctor.com/news/signonconflictandcatastrophemedicineannualreport.aspx>

³ personnel, expertise, facilities, time and money

11. The SIG's successes can only be realized through individual members' endeavors and commitment, and the co-operation and investment of external agencies (e.g. WONCA member organizations; Governmental Departments, Ministries and Administrations; Universities, academic Faculties and Associations; Industry, including multi-national companies; and the charitable sector). As WONCA neither commissions nor funds individual academic and educational outputs, SIG members feel strongly that the WONCA Executive should neither aspire to directly control the priorities and/or work of individual SIG members within their own academic institutions, nor claim any hold over the intellectual property rights, publication or presentation of the outputs they deliver.

Opportunities.

13. The continuing growth of the SIG membership confirms ongoing global interest in contributing to C&CM through: direct service provision; research; clinical innovation; education; and quality improvement activities. Such interest provides opportunities for further global primary care collaborations to enhance disaster preparedness and inform future capability development in order to: prevent injury and illness (PREVENT); improve diagnosis, health surveillance and trend analysis (DETECT); and deliver the best possible quality of care to those affected by conflict and/or catastrophe (TREAT).

14. Future support to those affected by conflict and/or catastrophes is likely to be delivered in changing, increasing complex environments. WONCA and other agencies, such as the World Health Organization, have the opportunity to work together to ensure that international primary care research and clinical innovation activities can optimize preparedness and inform the future medical capabilities required to support challenges including: humanitarian disaster relief; population migration; famine; flood; and man-made conflict including hybrid and CBRN⁴ attacks.

15. The scale of WONCA's ambition should reflect that SIG outcomes are dependent upon the provision of resources from individual participating nations, member organizations and other stakeholders, with costs falling where they lie. Any opportunities to better balance and more equitably distribute costs would be appreciated.

16. To continue to improve C&CM today and shape tomorrow, the SIG sees opportunities to:

- a. Maintain a balanced approach. Clinical, educational and technological advances should be embraced in order to further improve the medical, health and human factors domains. The aim should be to realize both measurable positive patient outcomes at the level of the individual, and population-level benefits.
- b. Consider the future medical readiness perspectives, analyses, priorities and programmes of relevant WONCA member organizations and other stakeholders with particular attention to five central themes: pooling and sharing; a joint interagency, multinational and public approach; modularization; forward projection of medical services; strategic management and global synchronization.
- c. Further assist in identifying and eliciting new capability requirements, ensuring the expected benefits for WONCA are realized by maintaining coherence across all of the interdependent projects, and delivering the most needed changes across the standard DOTMLPFI⁵ capability hierarchy.

Threats.

17. Both the WONCA Executive and SIG leadership have been frustrated by seemingly inexplicable communication issues that have not been explained by forensic IT analysis at both ends. WONCA CEO and SIG Convenor are trying to rebuild these bridges, and it is to be hoped that things can be returned to an even keel, and the previously strong relationship between the SIG leadership team and the WONCA Executive can be swiftly restored to ensure the continued viability of the group.

*Professor Rich WITHNALL
Convenor, SIG on C&CM*

⁴chemical, biological, radiological and nuclear

Complexity in Health and Healthcare

Complexity sciences is increasingly recognized to provide the mental framework as the research methodologies to deal with the “messy problems” facing health care and general and general practice/family medicine/primary care in particular.

Over past 15 years the WONCA-SIG on Complexity has successfully promoted complexity thinking and research in regional and world meetings with many young researchers integrating this into their local work. The SIG is slowly edging towards reaching a critical mass that will require the implementation of a complexity stream in meetings and a representation in the organization’s formal structures.

Of particular note, many of the WONCA-SIG members regularly publish systems and complexity science informed papers in peer-reviewed journals

Recent WONCA-SIG activities

The WONCA world meeting at Seoul

There was considerable interest in the Special Interest Group, notably in the areas of whole person-care, social determinants of health, networks and big data, integrated care and unstable health journeys and potentially avoidable hospitalizations. Members from the following countries presented on these topics:

- Singapore
- Saudi Arabia
- Denmark
- Australia
- Netherlands
- North America
- Ukraine

WONCA Europe meeting in 2018

Similar presentations were from Australia, Germany, Switzerland in a similar vein.

What is complexity?

What is clear is that the term complexity remains poorly understood, despite excellent materials published by Joachim Sturmberg, previous chair of the SIG. The notions of complexity remain difficult in the linear mindset in which especially young doctors are being trained and have to survive in postgraduate education programs.

<http://www.woncaeurope.org/sites/default/files/009%20%E2%80%93%20Complexity%20and%20Primary%20Care.pdf>

Key Messages about complexity in health and healthcare

- Complexity and uncertainty are core characteristics of primary care
- Variables in “living systems” have non-linear (long-tail) distributions
- Small changes in a single system variable can result in largely divergent system behaviours
- Applying system tools helps to understand complex problems and guides the development of solutions
- Simple rules arising from a shared common focus (value) provide the operating principle for all system agents. Such systems are often called complex adaptive or nonlinear dynamic systems.

Plans for the WONCA SIG Complexity in Health and Healthcare

The main objectives of GP/FM objective are to improve the experience of illness and the experience of care through supporting the human capacity to heal, and the human capacity to care and support others. WONCA SIG is committed to a generalist approach to clinical care and primary health care. WONCA SIG is involved in developing the role of the GP (primary care physician) in concert with the developing roles of community health workers, care managers, primary care nurses and care guides.

WONCA SIG vision is to continue to centre care on dynamic systems that represent changes in health experiences including pain into health systems design and evaluation. We are highly supportive of others who have the courage to work with new methodologies and new ideas.

WONCA SIG would like to engage and link WONCA members who are working on transforming overly simple silos of disease management into care networks that can address multimorbidity which encompasses physical, biopsychosocial, spiritual and environmental influences. Artificial Intelligence, deep learning are part of this transformation which is occurring internationally with learning systems including IT. Nevertheless, it is ultimately the GP/FM role to use these systems to their best and resist mindless data driven approaches.

There is a need for ongoing efforts to bring this mindset into the systems and practices of primary care in which we operate!

- WONCA-Europe runs a Complexity WS
- Kyoto Asia-Pacific WONCA will provide an opportunity to consolidate Systems and Complexity approaches in this region
- Complexity Teaching/Research programs exist in Chile, Brazil, Japan, Canada, US, UK, Singapore, South Africa etc

Links with other organizations and networks

The North American Primary Care Research Group (NAPCRG), with the Society of Teachers of Family Medicine (STFM), is also addressing these issues.

The North American Primary Care Research Group released the following:

REVITALIZING GENERALIST PRACTICE: THE MONTREAL STATEMENT

<http://www.annfammed.org/content/16/4/371.full>

There is an overlapping membership between NAPCRG and WONCA SIGs. Many of the tools developed are available on the STFM website.

<https://resourcelibrary.stfm.org/search?executeSearch=true&SearchTerm=complexity&l=1>

Currently, a workshop is being prepared for the next NAPCRG convention with an updating of selected resource materials. In this process materials will be updated in a more user friendly manner for every day practice.

International Society for Systems and Complexity Sciences for Health - Joachim Sturmberg has become the Foundation Chair <https://www.iscsh.org/> The fourth Annual meeting is being held in Knoxville, Tennessee, USA with a strong primary care theme.

International Society for Integrated Care <https://integratedcarefoundation.org/>

While multifaceted, the ICIC has a stream of complexity science and input into WONCA Europe.

Research and Journals

WONCA SIG objective is to encourage evaluation methodology that is able to accommodate the ongoing adaptive change of the complex adaptive systems of unstable health in primary health care.

Since 2009 the *Forum on Systems and Complexity in Medicine and Healthcare*, co-edited by Carmel Martin and Joachim Sturmberg, is the main research publication for systems and complexity research. The Forum is a Section of the Medline-listed Journal of Evaluation in Clinical Practice.

Other GP/FM relevant journals that occasionally have publish some complexity-based articles, to name but a few, include:

Australian Journal of General Practice

BMC Medicine – special editor Trish Greenhalgh

BMC Public Health

Frontiers in Medicine/Public Health.

Health Policy

Journal of Evaluation in Clinical Practice – special editors Carmel Martin and Joachim Sturmberg

Social Sciences in Medicine

*Dr Carmel M Martin
Chair, SIG on Complexity in Health and Healthcare*

Emergency Medicine

This past year has been a time of tremendous growth for the Special Interest Group on Emergency Medicine (SIG EM). The number of members who have indicated interest to join our SIG now number more than 150 with many members who are active participants. Members value the quarterly updates that are sent out highlighting activities by SIG members and opportunities for members to engage and be involved.

Throughout the year, we have encouraged our SIG members to contribute both to family and emergency medicine related events within their own local regions and at WONCA conferences. I am happy to report that our SIG continues to maintain a strong and ever-growing presence at conferences around the world.

Some important local events are highlighted by Dr. Nisanth Menon's work in promoting the Rectify workshops in India which teaches and reinforces basic emergency medicine skills to family medicine providers. Dr. Menon is a strong believer in team-based care and has presented to numerous other health professionals such as nurses to enhance the capabilities of emergency medicine care teams. Dr. Nisanth also led the development of a video in collaboration with various other international organizations to celebrate World Emergency Medicine Day and this can be viewed at <https://youtu.be/N9lyP8392MY>.

The SIG Emergency Medicine has also committed to be a strong presence at WONCA regional and world conferences through organizing multiple workshops. Over this past year, we have led several workshops at the WONCA world conference in Seoul and at regional conferences in Kyoto and Bratislava. One key highlight has been the escape room concept workshop that Dr. Elena Klusova and colleagues developed. This is a novel technique that combines a popular recreational activity like the escape room with learning objectives related to emergency medicine. In this case, the topic was toxicology and complications of recreational substance use. This workshop had its debut at WONCA Europe conference in Bratislava and had excellent participation from attendees. Let's hope that Dr. Klusova will continue delivering this workshop at subsequent conferences!

Beyond the many educational workshops that have been delivered, the SIG EM is also active in advocacy. We continue to assist the WONCA world secretariat in reviewing World Health Organization technical papers and preparing position statements to strengthen our advocacy efforts at World Health Assemblies.

This upcoming year will include many highlights. Most significantly, our SIG EM will be collaborating with the General Practitioners Association of Nepal to host the first ever emergency medicine seminar in Kathmandu, Aug 9-10th, 2019. We anticipate hundreds of attendees from Nepal and around the world and should prove to be a great event with world class presentations and workshops.



Additionally, we would like to wish our Dutch member, Dr. Martijn Rutten, the best of luck as he plans to defend his thesis "Acute primary care in the Netherlands, the cooperation between general practitioner cooperative and emergency department" on September 19th, 2019. Research and scholarly work are key pillars of any discipline and we look forward to Martijn's research to help advance our specialty.

The highlights discussed in this report are merely a sampling of all the great work that our SIG members have accomplished. I want to acknowledge the time and energy our members have contributed to WONCA in advancing the discipline of family medicine.

*Dr Victor Ng
Chair, SIG on EM*

Family Violence

The Special Interest Group on Family Violence (SIG FV) has focused over the last two years on expanding our global connections to systematically support family doctors to address family violence in practice and policy.

We have an Executive group consisting of the co-chairs, Hagit Dascal-Weichhendler and Kelsey Hegarty, the past co-chair Leo Pas and communications lead Raquel Gomez Bravo. In addition to this group, we have a steering committee involving various regions (see below) and Young Doctor links through Nina Monteiro.

Kate Anteyi	Nigeria
Jinan Usta	Lebanon
Nina Monteiro	Portugal
Joyce Kenkre	UK
Carmen Fernández Alonso	Spain
Nena Kopcavar	Slovenia
OmneyaEzzat Elsherif	Egypt
Sajar Othman	Malaysia

Our current and future activities are structures under six main strategies: Connect, Resource, Support, Educate, Communicate, Evaluate.

CONNECT: We have expanded our connections across regions whilst maintaining our strong connection to the Young Doctors movement, particularly with Ana Nunes Barata, and the Women’s Working Party, particularly with Amanda Barnard. The group continues to grow connecting with other professionals who are interested in contributing their knowledge and ideas to the SIG FV.

RESOURCE: Our Call to Action statement of recommendations was approved by the executive group in March of 2018, focusing on exchange and dissemination of training curricula and new knowledge from research. The statement called for at national levels that colleges and academies in WONCA should address family violence policy, training and procedures as a matter of urgent priority in order to have their members supported and resourced to manage this common problem effectively and in an evidence-based manner.

SUPPORT: In October 2018, WONCA executive agreed to our proposed framework for Family Violence consultancy work, and we endeavour to gather interest in participating in that work moving forward in 2019. Taking into consideration the national and cultural contexts, and the specific services within each country, our framework will offer education and training, policy and research through a three-tiered approach, either through face to face, online help and secondary consultation.

EDUCATE: SIG FV has continued to work collaboratively with other groups to educate, including VdGM, WWP Rural, WWPWFM and WP on Quality and Safety, and the SIG on Emergency Medicine, through a number of presentations and workshops in conferences. Furthermore, we had a number of abstracts accepted at conferences, including WONCA Rural in Delhi (April 2018), WONCA Europe in Krakow (May 2018) and the WONCA World conference in Seoul (October 2018), where we also held our annual SIG FV group meeting, and EURIPA Rural Health Forum in Israel (November 2018).

COMMUNICATE: A major achievement has been the update of our website and online newsletters as we seek to communicate with a broader group of people. Alexandra Wilson (SIG FV support person) and Raquel Gomez Bravo have done an excellent job in coordinating this aspect of our work.

EVALUATE: Members continue to link together to apply for research grants with Leo Pas leading this work in Europe.

We continue strong links with the World Health Organization (WHO) on both clinical guidelines, curriculum and research. Our Co-Chair Kelsey Hegarty worked in an advisory capacity delivering WHO Gender Based Violence training in Myanmar, with Dr Claudia Garcia Moreno, which included work with doctors and

nurses. Members had previously advised on the content of curriculum for Gender based Violence for preservice and post service, which will be released in 2019. Dr Jinan Usta, member of SIG, attended WHO Train the Trainer program in 2018 for delivering this curriculum. We highlight the WHO materials on our website, which members have contributed to including a Clinical Handbook and a Health Systems Manual.

*Hagit Dascal-Weichendler and Kelsey Hegarty,
Co-Chairs, SIG on FV*

Genetics

Executive writing group:

Drs Imran Rafi (Convenor, St George's University of London, RCGP Clinical Champion Genomics) Judith Hayward (General Secretary, Health Education England Primary care advisor, RCGP Clinical Champion Genomics, GPSi Genetics), Professor Nadeem Qureshi (University of Nottingham Research Lead), Dr Michelle Bishop (Health Education England), Dr Rachel Joynes (RCGP Head of Clinical Innovation and Research) and Rebecca Twells (Wellcome Genome Campus)

Introduction

The genetics group from the perspective of WONCA has focussed activities undertaken by the UK members. There is a need to publicise the presence and purpose of the group world-wide.

Group membership

There will be dedicated time given to develop the specialist group. The aim in the first instance will be to identify regional WONCA leads. We are confident we could develop this network with contacts based in Canada, Holland and Australia. We will also ask out contacts in the UK to join the group. The executive group members have been very active and the following demonstrates our work: We will also look to develop links with younger doctors interested in developing links with WONCA as well as develop the membership which is very small at the moment.

We are working with the RCGP, Academy of Royal Medical Colleges, Health Education England, the National Institute for Health Research and Researchers for example Professor Martin Dawes from British Columbia who is a world leader in implementing pharmacogenomics into clinical practice.

- Achievements over the last biennium (between World Councils): Please see below which details the work over the last two years
- Activities planned and in progress: Working with the Sanger institute in Cambridge to produce workshops for WONCA international conferences in Berlin and Abu Dhabi in 2020 (see an introduction to this work below).
- The main issue is to utilise help from WONCA executive in building up our membership. Having a presence at conferences will help. Dr Rachel Joynes did attend WONCA Seoul 2018 and represented the group. We would value any advice the executive can offer. Of course funding is always an issue and we will look for sources that could help the group.

Activities:

The Genomics Era is advancing apace, kick-started by the 100,000 Genomes Project and continued by the publication of the UK Chief Medical Officer report 'Generation Genome' by Dame Sally Davies and the launch of the Genomics Medicine Service in the UK in October 2018. In primary care the number of people consulting regarding their own or a family member's genomic test result is set to increase as a result of genomic testing within the NHS but also Direct-to-Consumer genomic testing. So, we in primary care are firmly 'Generation Genome'; but what is being done in order to ensure practitioners are equipped to manage patients concerns and onward clinical care appropriately?

Health Education England's Genomics Education Programme (HEE GEP) now has a mandate for workforce education and transformation in the Genomics Era. The programme recruited Dr. Jude Hayward as Primary

Care Advisor and published a strategy for Primary Care entitled 'Engaging Primary Care' co-authored by Dr. Jude Hayward, Professor Nadeem Qureshi (Co-director of the Primary Care Stratified Medicine Group) and Dr. Imran Rafi (RCGP Joint Clinical Champion for Genomics). This detailed a triple-pronged Educational Needs Assessment comprising an audit of existing educational resources, a Delphi-style survey to identify Knowledge, Skills and Attitudes for Primary Care in the Genomics Era, and a Questionnaire survey to identify how GPs gain information regarding genomics in the consultation in partnership with Professor Nadeem Qureshi; this programme of work is overseen by Dr. Michelle Bishop at HEE GEP, and is due for completion in 2019.

The Royal College of General Practitioners is working in partnership with HEE GEP to incorporate the findings of the educational needs assessment into the updated RCGP curriculum and has recruited two Clinical Champions for Genomics (Dr. Jude Hayward and Dr. Imran Rafi). The next phase, writing education resources, is continuing through formation of a Genomics area within the RCGP website, and creation of a Genomics Toolkit; a suite of professional and patient resources which is due for launch in April 2019. The two clinical champions also continue to represent the interests of Primary Care in a wider context through participation in national working groups including the Academy of Medical Royal Colleges (AoRMC) and the National Institute of Health Research (NIHR)

HEE GEP has also funded an MSc in Genomics Medicine which can be completed in full or in part, and has enrolled a significant number of GPs onto the course (including Dr Rafi (completed 2017, Cambridge) and Dr Hayward (due for completion 2019, Manchester) These GPs are now looking to build on this and are keen to explore how they can develop leadership within Genomics in Primary Care; HEE GEP have responded by hosting an event in March 2019 for these GPs, aiming to build a sustainable network and identify how expertise, experience and leadership can be harnessed and support the wider GP workforce in the Genomics Era. Speakers include Dr. Nadeem Qureshi, Dr. Jude Hayward, Dr. Imran Rafi and Elizabeth Krymalowski (Project manager, RCGP CIRC), showcasing how they have pursued careers in Primary Care and Genomics in different ways.

Dr. Jude Hayward continues to work in a clinical role as GPwSI in Genetics within the Yorkshire and Humber Genomics Medicine Centre, providing a clinical service assessing patients referred as a result of a family history of cancer, Neurofibromatosis Type 1 and other genetic conditions, and offering genetic counselling and testing as appropriate. She also provides expertise in wider clinical issues including advice regarding Contraception and HRT; an exemplar in how the inclusion of GPs in a Genomics Medicine Service ensures holistic care. The UK Society of Academic Primary Care (SAPC) has a genetic special interest group bringing together primary care academics. Research areas include cancer genetics and familial risk assessment. One of the only Applied Genetics in Primary Care research groups in British Universities is at Nottingham. Aligned with the precision medicine initiatives, this has been rebranded as the Primary Care Stratified Medicine research groups bringing together genomic medicine and big data research <https://www.nottingham.ac.uk/research/groups/primarycarestratifiedmedicine/index.aspx>. The group is working with general practitioners in Netherlands and Malaysia. The English School of Primary Care Research has research projects exploring familial risk and pharmacogenomics.

Moving forward, it will be key that Primary Care continues to have a voice in the shaping of the Genomics Era and more generally Precision Medicine. There may be opportunities in clinical care, education (for example ongoing work with Professor Kate Tatton-Brown at St George's University of London), strategic development (for example working with RCGP International), service development (Working and speaking at workshops organised by the UK Stratified Medicines Network), commissioning and research (working with the NIHR Clinical Research Network), and it is crucial that the current Primary Care representation through the above activity is maintained throughout.

A view from the Wellcome Genome Campus Advanced Courses and Scientific Conferences Programme (Rebecca Twells, Head)

Wellcome Genome Campus Advanced Courses and Scientific Conferences (ACSC) is the only UK-based programme providing open postgraduate courses and conferences focused on biomedicine. We fund, develop and deliver training and conferences that span basic research, cutting-edge biomedicine, and the application of genomics in healthcare.

Around 60 events are organised each year attracting up to 4,000 scientists and clinicians to the Wellcome Genome Campus. We have a global reach with delegates from over 130 countries. We also run courses overseas providing training tailored to regional biomedical communities in low- and middle-income countries in Africa, Asia and Latin America. In addition, we reach thousands of scientists and healthcare professionals with our free online courses, partnering with Future Learn.

We work with various Organizations, such as the Royal College of Pathologists, to develop accredited training in genomics for clinicians and healthcare professionals. Examples include laboratory courses in Molecular Pathology and Diagnosis of Cancer, and Genomics and Clinical Microbiology; lecture-based training such as Genomics for Dermatology and Fundamentals of Clinical Genomics, as well as conferences such as the World Congress for Genetic Counsellors. New online courses are being developed, including 'What is Genetic Counselling'. Courses overseas include tailored training workshops alongside international conferences, such as NGS Analysis for Monogenic Disease in African Populations (Kigali, Rwanda).

We would be delighted to work with Imran Rafi, Judith Hayward and other experts in genomics for primary care, to develop a workshop on that theme alongside the WONCA conferences. The proposal is to develop a pilot for the June 2020 Berlin meeting, followed by a workshop at the November 2020 Abu Dhabi meeting. ACSC can provide expertise in course development and pedagogy, as well as funding, advertising and course evaluation, as well as potential instructors from the Wellcome Trust Sanger Institute and elsewhere. We would ask WONCA to assist with finding a training room and to link to the event from their website and help with advertising to their delegates. The course would also require accreditation from the RCGP. ACSC involvement is subject to a proposal being developed by the lead instructors/committee and being accepted by the ACSC Steering Group. They have indicated that they would welcome proposals for events aimed at genomics training in primary care. For our full programme please see our website.

In Summary

There is a very active UK based group pushing forward and representing genomics in primary care. We are very keen to develop a broader base and our focus in the next two years will be to develop a world-wide base. We are happy to work with WONCA council in setting targets around membership and funding. We are also very excited by the involvement of the Wellcome Genome Campus Advanced Courses and Scientific Conferences Programme and are aiming to run workshops in Berlin and Abu Dhabi.

*Professor Imran Rafi
Chair, SIG on Genetics*

Health Equity

The WONCA SIG on Health Equity was formed in 2014 and since that time has grown to include over 250 members representing trainees and practising family doctors from all regions of the world. It is our hope to highlight the work of family physicians in Health Equity and to advance the agenda of better health for all despite the difficulties with racism, gender inequality and other "isms" that prevent health equity.

Our most recent meeting was held in Seoul, Korea in October 2018 in conjunction with the WONCA world conference.

Highlights to now:

In Rio, we had our first Health Equity Across Nations lecture with representatives from India, UK and New Zealand. This expanded in Seoul to two lectures with 9 physician speakers:

Julie Wood (USA)

William Wong (Hong Kong, China)

Nagwa Nashat (Egypt)

Kenneth Yakubu (Nigeria)

Viviana Martinez Bianchi (USA; WONCA-WHO liaison)

Edgar Leon (Ecuador)

Liliana Arias Castillo (Colombia)

Raman Kumar (India)

Ana Barata Nunes (Portugal)

These lectures were well received and also highlighted the tremendous work done by family physicians around the world especially as it pertains to health equity.

We plan to write a paper on “Health Equity across Nations” and publish this as a goal before the next World WONCA meeting in Abu Dhabi. Authors have been identified and we are excited at this collaborative project.

At our meeting in Seoul, we identified the need to increase our collaboration with young physicians, and were happy to extend a welcome to WONCA Polaris member, Viviane Sachs, MD, to our executive committee. We hope that having Dr. Sachs will increase involvement to more from the YDMs around the world and we invite participation from more YDMs. We also will be rolling out a new role for residents in Family Medicine from each country who are interested in Health Equity. It is our hope that by WONCA World 2020, we will have identified one from each region.

We elected a new chair/convener in Seoul, Kim Yu, to take over the role as William Wong stepped down from the position. Veronica Svetas was elected as secretary officer.

Thanks to an invitation from Dr. Donald Li, Dr. Kim Yu presented at the Hong Kong Academy of Medicine, Jan 10th 2019 and was part of a Health Equity panel that addressed the challenges of global health equity from a territory-wide level to an individual physician level, and its association with rapid climate change and disaster preparedness. The session was very well received and even had a legislator in attendance to answer questions on Hong Kong’s response to health equity. Thank you Dr. Li and HKAM for convening such a wonderful event!

Topics and speakers:

- Dr. Donald Li, President of WONCA and Immediate Past President of HKAM was the moderator of the panel discussion.
Challenges to Attain Global Health Equity
- Dr. Kim Yu
Convener/Chair, Special Interest Group in Health Equity, World Organization of Family Doctors (WONCA)
Addressing Health Inequality in Hong Kong/ China: Is It a Problem?
- Dr. William C. W. Wong
Honorary Secretary, Hong Kong College of Family Physicians
Climate Change and Preparedness
- Dr. Chow Yu-fat
Honorary Treasurer, Hong Kong Academy of Medicine
It is our hope that we can continue to have further presentations in other countries around the world and to continue the conversation on Health Equity.

Social Media:

With the help and use of #FMHealthEquity, the number of members of the SIG has grown to more than 250 with representation from all around the world. We hope to increase our social media via facebook and twitter to help amplify our health equity voice.

Further planning is underway for the Pre-Conference on Health Equity, at AAFP’s Global Health Summit, October 2019, in Albuquerque, New Mexico. We look forward and invite all to join us there for more robust discussion on furthering Global Health Equity.

We hope to also introduce EHE awards – “Excellence in Health Equity” Awards which will be discussed further at our next HE SIG exec meeting. These will promote and recognize countries that have led the way in Health Equity and will serve to advance our cause.

Thank you to all for participating in our SIG, and we look forward and invite all in WONCA executive and everyone in WONCA to join us in this fight for global health equity.

*Dr Kim Yu
Convener, SIG on Health Equity*

Migrant Care, International Health and Travel Medicine

General information

This SIG, founded in 2008, aims to improve the knowledge and skills of General Practitioners as well as organizational and financial conditions to deliver culturally competent, equitable and good quality primary care to migrants of all kinds: travelers, economic migrants as well as refugees, including the undocumented.

Organization and members

During the year 2018 Guus Busser, Principal Lecturer at Radboud University Medical Centre in Nijmegen, the Netherlands, gradually took over the chair of the SIG. As Maria van den Muijsenbergh, the former chair, and Guus are working at the same department their cooperation will continue.

The SIG has steadily grown over the years with a sharp rise recently: since May 2018 our membership has grown from 64 to 151 members, and from 18 different nations to 32 nations. Members come from all over the world with significant representation from the UK, the Netherlands, Portugal, USA, Turkey, Australia and Brazil.

Members are involved in international research, medical (postgraduate) education and health care delivery related to refugees and other migrants. The enthusiastic participation of young family doctors, trainees and students is very welcome. A core group has formed over the years, all of whom are involved in teaching and/or research on migrant health and refugee care.

Some active SIG members with relevant functions and experience (a selection)

Mona Osman, Lebanon	<i>Medical Director, Family Medicine Clinics, American University of Beirut Medical Center/ Co-Director of the Refugee Health Program, Global Health Institute</i>
Natasha Kay, UK	<i>Specialist Fellow Travel Medicine for National Travel Health Network and Centre</i>
Ahmad Bawazir, Qatar	<i>Family Medicine Senior Consultant, diploma and membership of Travel Medicine at Royal College of Physicians of Glasgow</i>
Pinar Döner, Turkey	<i>Was involved in Syrian refugee care in rural Turkey</i>
Marcia Tanur, USA	<i>Teaching undergraduate and graduate Masters in Global Health residents, physician assistants and nursing students</i>
Mohammed Rasoul Tarawneh, Jordan	<i>Involved in the care of Syrian refugees in Jordan</i>
Pinar Topsever, Turkey	<i>Special interest in asylum seekers' and refugees' mental health.</i>
Chris Dowrick, UK	<i>Involved in developing and implementing training materials on mental health</i>
Christos Lionis, Greece	<i>Involved in care of refugees in Greece</i>
Patrick O' Donnell, Ireland	<i>Researcher on homeless people</i>
Ana Costa, Portugal	<i>Active student</i>
Kevin Pottie, Canada	<i>Teaching migrant care</i>
Marwa Ahmed, UK	<i>Refugee and migrant care</i>
Ilyas Erken	<i>Was involved in care of Syrian refugees rural Turkey</i>
Cristiano Figueiredo	<i>Chair, SIG Migrant Care Vasco da Gama</i>

Activity in collaboration with WHO, either regionally or globally

Viviana Martinez Bianchi is a member of our SIG and is WONCA's WHO Liaison. At Nijmegen University and at the department of primary care several people collaborate with WHO in the field of public health (Prof. Koos van der Velden) and primary care (Pim Assendelft) and patient record registration data processing (Dr. Kees van Boven, member WONCA International Classification Committee (WICC).

Achievements over the last year

- In 2018 we had a collaboration with Euract and WONCA WP on Education, to exchange and develop educational programs and materials related to culturally sensitive care of immigrants. We exchanged information on curricula and educational materials for GP training. We are seeking opportunities to publish educational programs on migration.
- We continued our collaboration with the WONCA WP for Mental Health: joint guidance for mental health care of migrants will be completed in 2019.
- The European book on migrant care, with contributions from several SIG members, was published in 2019.
- We started a collaboration with Vasco da Gama's SIG Migrant Care, International Health & Travel Medicine.
- As previously reported, in May 2018 we participated in a workshop on international collaboration on migrant care, migration health networks and the development /implementation of guidelines on migrant care. Subsequent to this we joined the new international initiative to establish a worldwide collaboration on migrant care.

Activities planned and in progress

- Our main goal is to improve the communication and connectivity between our members. We hope to initiate more and new activities, including outside of WONCA meetings.
- We have a **Facebook page**, <https://www.facebook.com/SIGmigrantcare/>. This is proving to be a very useful medium for sending and sharing information.
- We plan to have a **WhatsApp SIG group**. Within this group we will exchange information and bring members of the SIG in easy contact with each other.
- A **web-based platform for exchanging educational material** on migrant care would be very welcome. For this the support of WONCA will be necessary, providing a safe environment, yet easily accessible for members, maintaining and updating resources. At the moment this is too much of a challenge for our SIG alone. Collaboration with other SIGs may help to make it a reality.
- We will continue to collaborate with the range of Working Parties and SIGs mentioned above.
- We will strive to strengthen the connection and communication with **WHO**, which will be facilitated through the existing connections with WHO of our SIG members and through the department of Radboud University. We will also continue our collaboration with **Euract**, collaborating on workshops on communication with migrants.

To conclude, we can say our SIG is growing and several promising connections and collaborations have been made.

*Dr Guus Busser
Convener, SIG on Migrant Health
Guus.Busser@radboudumc.nl*

Quaternary Prevention & Overmedicalization

Leadership and Team Building level

Regions Iberoamericana and Europe have active QP&O groups. The strategy to spread Quaternary prevention interest and focus in a global way is developing strongly in the mentioned two regions. However, to achieve a global impact it is necessary to promote leadership and interest in other continents. The activities performed during the Wonca Seoul Conference were important events to promote quaternary prevention in Asia, but it is still early to assess their impact.

Collaborative Network level

An international team established the coordination of Quaternary Prevention activities during the Wonca World Conference in Seoul successfully. Wonca regions involved in this coordination: Asia Pacific (Korea), Europe (Belgium and Swiss), Iberoamericana (Chile).

Ongoing projects

Collaborative Database on Quaternary Prevention Resources and References. Editorial board; Pizzanelli M, Lavalley R, Jamouille M. The project permit to collect, share and retrieve bibliographic references, papers and material with quaternary prevention orientation with education or research purposes. Up to time 120 enters in the database. Proposal available form: <https://tinyurl.com/Tutorial-P4-Library>

On line Forums and Communication Level

WONCA SIG on line International Forum.
Executive Paper B24 Beijing, April 2019

Iberoamericana Region has permanent on line interactive forums.

Posting in the Quaternary Prevention space on WONCA web page. Update is needed: <http://www.globalfamilydoctor.com/News/SIGQuaternaryPreventionOvermedicalizati on-Moreisnotalwaysbe.aspx>

Posting in Quaternary Prevention web blog: <https://prevencioncuaternaria.wordpress.com/blog/>

Exchange Level

QP&O members participated in the proposal of manuscript submitted to BMJ "Reforming Disease Definitions: a new primary care led, people-centred approach"

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Miguel Pizzanelli
Convenor, WONCA SIG on QP&O
quaternaryprevention@gmail.com

Workers' Health

My father was a family doctor who also practiced occupational medicine, and in his words what we really share in this two areas of medicine, is what he used to call the same rules of engagement. And according to him those rules indicates that:

- In medicine there is no black and white, there are all kinds of gray;
- In medicine today's truths will be tomorrow's lies;
- In medicine there are no diseases but ill people.

In other words, we can say that we can work together fundamentally because we share the same values, we practice Prevention, we Focus on Context, we have a Broad view of Health Problems and we practice Patient centered care.

The Special Interest Group on **Workers' Health** has achieved several things, but perhaps its greatest achievement has to do with being living proof that working together between major organizations is possible and fruitful.



The Hague Conference celebrated in The Netherlands in 2011 is the cornerstone of this joint work and I am confident this meeting may one day be remembered as the "Alma Ata" of Primary Health Care and Workers' Health. That is because **WONCA, WHO** and others recognized that basic elements of workers' health care, including preventive services, is or could be provided in primary care settings. An important reason is the coverage of 70-80% of the global population

by primary health care, while only 10-15% of the global workforce is covered by expert-based occupational health services. Further advantages of primary health care are the trust of workers in it, and the location close to where people live, or work. Therefore the challenge is to provide basic forms of occupational health care in primary care, in collaboration with expert-based occupational health services or with new forms of support by occupational health experts, online information and referral facilities in hospitals.

WONCA, WHO and ICOH have taken the lead in demonstrating that working together is possible and fruitful between large organizations dedicated to patient centered care. The joint statement of WONCA and the International Commission on Occupational Health (ICOH) – the first one ever made together – was released on July 3, 2014, during the WONCA Europe conference in Lisbon, Portugal. It was presented by Prof Michael Kidd, WONCA Past President, in his keynote speech and included the pledge that follows.

“The World Organization of Family Doctors (WONCA) and the International Commission on Occupational Health (ICOH) pledge to work with our partner organizations (including WHO and ILO) to address the gaps in services, research, and policies for the health and safety of workers and to better integrate occupational health in the primary care setting, to the benefit of all workers and their families.”

As a new SIG we have set course in order to take this pledge into practice. Main activities undertaken have included aiming to provide resources and support and promote research through presentations and workshops at WONCA conferences.

Past attendance

2011 The Hague Conference on Occupational Health and Primary Health Care Connecting Health and Labor. Sponsor: WHO. TNO. President: Ivan Dimov Ivanov, M.D. WHO The Hague, Holland. November 29 to December 1, 2011

20th WONCA World Conference of Family Doctors. Sponsor: WONCA. World Organization of Family Physicians and the Mexican College of Family Medicine. Joint WONCA-WHO Workshop: Case studies in environment and health in family medicine: "Occupational Health outreach." Convention Center, Prague, Czech Republic. June 25-29, 2013

21th WONCA World Conference of Family Doctors. Sponsor: WONCA. World Organization of Family Physicians and Brazilian Society of Family Medicine. session Workshop on Workers Health. Riocentro, Convention Center, Rio de Janeiro. Brazil. November 2-6, 2016

5th Ibero-American Congress of Family and Community Medicine WONCA CIMF
Sponsor: WONCA. World Organization of Family Physicians, WONCA-CIMF and SOPEMFYC Peruvian Society of Family and Community Medicine. Primary Care and Workers' Health. Hotel Westin. Lima Peru. August 2017

32nd ICOH 2018 Congress on Occupational Health. Sponsor: ICOH. International Commission on Occupational Health. Royal College of Physicians of Ireland. ICOH-WONCA Session. Scaling up Workers Health Coverage Through Primary Health Care. Dublin Convention Center. Dublin, Ireland. April 29 to May 4, 2018.

Statements' participation and contributions:

- "Connecting Health and Labour: What Role For Occupational Health In Primary Health Care. Executive Summary of the WHO Global Conference" 29 November - 1 December 2011.
- SIG on Workers Health. provided translation into Spanish to "Connecting Health and Labour: What Role For Occupational Health In Primary Health Care. Executive Summary of the WHO Global Conference" 29 November - 1 December 2011. The Hague, The Netherlands https://www.who.int/occupational_health/publications/hague_executive_summary/en/

The Future

We renew our commitment to work together with WHO and other organizations with the decision to generate a specific agenda and meetings for the discussion of Workers Health. We also continue to have as goals to organize a work conference on basic workers' health care in PHC settings, trying to continue the work done by WONCA, WHO, ICOH and many other organizations during The Hague Conference in 2011.

We have developed an SIG email Group for enhancing communication between members which can be accessed through our web page. This group already comprises 25 family and occupational health specialists from different regions

<http://www.globalfamilydoctor.com/groups/SpecialInterestGroups/WorkersHealth1.aspx>

We are constantly developing SIG meetings during WONCA- and ICOH Congresses. We also set a special interest in identifying financial resources to support developments, and we reinforce the promotion of SIG activities through social networks.

Twitter <https://twitter.com/PCWorkersHealth>

Linkedin <https://www.linkedin.com/groups/12122638/>

Finally we continue to recruit and welcome new members from all WONCA regions who wish to work together to strengthen the discipline of Family Medicine with a special interest on Workers Health.

"Family Doctors have passion for Primary Care"

*Dr Ezequiel Lopez
Convenor, SIG on Workers' Health*

Young Doctors



YDM Executive Representative



The past six months have been full of changes and new beginnings.

Some young doctors' movements have changed their leadership so we had to say goodbye to excellent leaders who have done impressive work promoting their network both locally and globally. The new leaders have already shown their motivation and engagement in the projects the YDMs are promoting and we have progressed to new objectives.

We have been working closely on the [YDM Global Fund](#), seeing how we can promote its development. The YDM Global Fund was established as a means to promote more equity among regions, so that all YDMs have the possibility to create projects that they consider most important in their respective contexts.

The YDMs have also looked into possibilities how to expand our regional collaboration. As image and promotion are keys to lead the YDMs' message across, we've started working together on a global level, trying to create material that would be useful for marketing. To share our activities, the YDMs have continued to publish the latest news in the YDM newsletter, which continues to be published three times a year.

Research was also put forward as an action point and the YDMs are now looking into possibilities how to develop a global research project. We have also strengthened the collaboration with WONCA's WPs and SIGs and the YDMs have been included in joint projects.

Finally, we are also working on a global leadership program for young doctors in all WONCA regions. Leadership skills are an important skillset for young doctors as they progress in their careers, improving both their personal and professional competences. Even though leadership is seen as a core competence for doctors, the skills are rarely taught and reviewed during the course of the medical training, both in pregraduate as well as in postgraduate settings. With this program, the YDMs would like to propose a means to help young doctors to gain more competences related to leadership and help them build on the competences that have been gained by offering a leadership course.

With the World Health Organization I have continued to work with the Young Leader's Network and the Youth Hub. These networks have thrived, thanks to their interprofessional foundation, allowing which innovative ideas and projects to be established. By integrating different points of view these networks were highly visible at the last World Health Assembly (May 2019) where we participated and progressed the various activities.

These past months have shown to be the start of a term that I very much look forward to as the YDM representative. I am grateful to be surrounded by such inspirational colleagues who have already proved that they will be the driving force for change in the future!



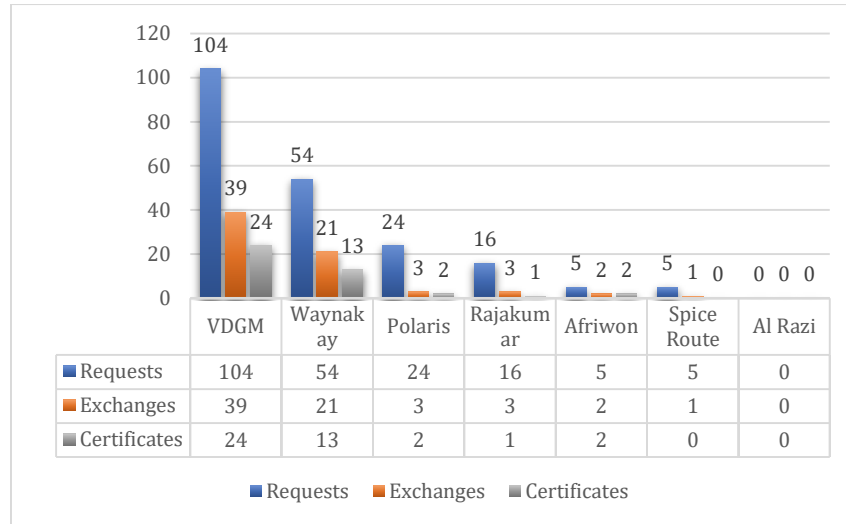
WONCA YDM Representative, Dr Ana Nunes Barata spoke on the need to have family doctors involved in planning the future of healthcare delivery at WHA Side Event, Geneva, 2019

*Dr Ana Nunes Barata
WONCA Executive YDM Representative*

FM 360 Annual Report

From the 1st of July 2018 to the 30th of June 2019 the Family Medicine 360 Program received a total of 208 inquiries, and a total of 69 exchanges and 42 certificates issued.

Follow the graphic separated in YDM regions:



The countries that handed in the highest number of requests for exchanges promoted by FM 360 program were: Brazil and Spain.

The most requested regions were Waynakay followed by Polaris. In 2019 FM 360 had the first exchange in Africa. Also had exchanges in Sri Lanka and Japan. Country wise, the most requested countries for exchanges were the Peru, Uruguay and USA. In terms of FM360 exchange certification, during this period, 42 exchanges were certified and 27 still pending certification.

On June 30th a total of 69 exchanged requests were being organized. To help facilitated the exchange the implementation of the online platform still in progress. Unfortunately the use is not on its full capacity as some issues with the process still present. Currently the coordinators are working with the platform and the email process in order to guarantee the exchange.

The FM360 program is a present topic in conferences, as an example, during the WONCA Seoul a workshop was presented by the coordinators. Other presentations at conferences were in Europe, North America and South America.

The coordination of the FM360 program was transitioned in October 2018. It is important to continue support the FM360 as it is a great opportunity to exchange experiences and build bridges with the family medicine community around the world.

Viviane Sachs, MD

Afriwon

2018 AfriWon Exco



- Dr Nana Kwame Ayisi-Boateng (Ghana) – Chair
- Dr Mariita Douglas Oimeke (Kenya) – Vice Chair
- Dr Ore Makinde (Nigeria) - Secretary
- Dr Nana Kofi Edu Affare (Ghana) – Deputy Secretary
- Dr Pius Ameh (Nigeria) – Research Theme Lead
- Dr Lilian Kaliisa (Uganda) – Country Representative
- Dr Bola Fatusin (Nigeria) – Educational and Training Theme Lead
- Dr Ettang Enwongo (South Africa) - Image Theme Lead
- Dr Jessie Mbama (Malawi) - Exchange Theme Lead
- Dr Joy Mugambi (Kenya) - Ex-officio
- Dr Oteju Aramide (Nigeria) – Ex-Officio
- Dr Nancy Matillya (Tanzania) -Treasurer
- Dr Helena Alabono, (Ghana) -Country Representative
- Dr Murtaza Haiderbhai (Tanzania) - Country Representative
- Dr Ibrahim Banaru (Nigeria) - Country Representative
- Dr Chelsea McGuire (Lesotho) – Beyond Africa Lead
- Dr Benjamin Oluwatosin (Nigeria) – Rural Theme Lead

The current AfriWon Renaissance Executive took over office in October, 2018. Three priority areas defined for the tenure were membership, training and research.

Membership

In the area of membership the strategy was to use social media to build Afriwon's image and attract young doctors to join the group. A WhatsApp group was created dubbed **Afriwon Chat Platform** which initially had a membership of less than 30 in October 2018. Currently, our membership is 185 with participants from all over Africa.

Training

The Education and Training Theme Group of Afriwon has been very active in the past few months. Every month, the group develops and shares multiple choice questions (MCQs) for residents to participate and support their learning. They also facilitate regular webinars on diabetes and other chronic medical conditions of primary care importance. In March 2019, the Education and Training Theme Group published a paper titled Exploring a Sub Saharan Framework for Family Medicine Teachers in the Nigerian Journal of Family Practice.

Research

Afriwon's Research Theme Group has initiated the Afriwon Research Collaborative (ARC) Programme with the objective of building research capacity among young doctors in Africa. The group has also designed a mentorship programme which makes it possible for young family doctors to have research mentors to guide them in research proposal writing, study design and scientific writing.

2019 UGANDA AFRIWON PRECONFERENCE HELD AT THE INTERNATIONAL UNIVERSITY OF EAST AFRICA, KAMPALA

The preconference for AfriWon Renaissance was held on Wednesday 5th June, 2019, with 35 delegates attending. This was an improvement on the 2017 Pretoria attendance which was approximately 20. The AfriWon Chair, Dr Nana Kwame Ayisi-Boateng welcomed all delegates to the preconference. Minutes and report of the 2017 Preconference held in Pretoria, South Africa were presented by the General Secretary, Dr Ore Makinde. In his address, The Chair, Kwame, explained to delegates what Afriwon stands for, recounted the history of AfriWon Renaissance and outlined the group's vision and objectives. He also paid tribute to our founding fathers such as Dr Alao Kayode (1st Chair), Dr Oteju Aramide (1st General Secretary), Dr Joy Mugambi (2nd Chair) and Dr Kenneth Yakubu for his role in keeping the various theme groups active.

Kwame enumerated some of the challenges faced by AfriWon as low membership participation, finances, challenges with family medicine training and fight for recognition of young Family Physicians in various countries. He challenged delegates to join AfriWon, choose at least one theme group and participate fully in their activities. He also asked delegates to draw inspiration from what other young and old Family Physicians are accomplishing and choose mentors who can guide them along the path of excellence.



The preconference for AfriWon Renaissance was held on Africa Regional Meeting, Wednesday 5th June, 2019

The President of WONCA Africa Region, Prof Shabir Moosa also addressed the preconference. He expressed his delight at being invited to address the delegates of the AfriWon Preconference in Kampala. He emphasised that AfriWon is the future of WONCA Africa and that the young doctors should be proud of their chosen career. He explained the responsibilities of young family doctors in addressing the challenges of care at the Primary level. He also pledged the support of WONCA Africa to the activities of AfriWon.



Dr Joy Mugambi did a 15-minute presentation on The Aspire Leadership programme and encouraged delegates to join the programme. She also appealed for someone to replace her as the Lead for Aspire in AfriWon. There was also a presentation by Drs Rianne and Jessie Mbama on Exchange in Africa and among the WONCA YDMs. They explained the benefits of exchange and challenged delegates to participate in exchange programmes. Workshop on Research Mentorship by Dr Kenneth Yakubu and Dr Chelsea McGuire. This was a very impactful workshop as delegates discussed the challenges they face in mentor-mentee relationships. They also identified barriers/gaps to successful research mentorship and how these barriers can be addressed.

Certificates were presented to previous Exco Members of AfriWon Renaissance for their meritorious contribution to the group. At the end of the Uganda Conference, three AfriWon members received prestigious awards:

- Drs Makinde Moyosore and Jessie Mbama – Atai Scholarship
- Dr Nana Kwame Ayisi-Boateng – Best Oral presentation

*Dr Nana Kwame Ayisi-Boateng
Chair, Afriwon Renaissance*

Al Razi



The main group activities Among the EMR Region in the past year were:

- A monthly Skype meeting for the regional representative
- Attending the YDM leads bi monthly skype meeting
- Member recruitment

The Al-Razi movement members attended WONCA 2018 in Seoul and had participated in the YDM pre-conference activities. Also presenting the movement took place through the main conference with three workshops in collaboration with the other movements led by Ana Barata.



- Three workshops were held within the WONCA EMR regional conference from 21st to 23rd March 2019 in Beirut, Lebanon. The workshops were: “Challenges in family medicine training in EMR”; “Practical use of insulin in primary care”; and “Critical appraisal of randomized control trials”.
- Creation of Al-Razi YDM YouTube channel.
- Running of the first YDM Virtual Journal club.
- Celebration of the WONCA World Family Doctor Day:
 - Helping in the video created by all the YDM describing family practice.
 - Creation of a video for young physicians explaining the role of family physicians in the UHC. Ten regions had participated in the video .It released on 19th of May 2019 with 730 views by the sixth day of release
<https://www.youtube.com/watch?v=a6e3UooYr8Q&t=13s>



Jordan Activities

- Participation in ‘The Annual Jordan Medical Association Forum about Specialization and Residency Programs’, held in Amman in 20 February 2019, where Dr. Anas Almohtaseb had presented a lecture entitled ‘How to choose your medical specialty’ for about one hour and Dr. Sumayya Al-Shokhaibi [Al-Razi Jordan supportive group], Dr. Maalak Farhan and Dr. Anas Almohtaseb participated in round table discussion with interested general practitioners about family medicine training, job opportunities, etc.
- Creation of an Arabic community awareness video about the importance of family practice.
https://www.youtube.com/watch?v=vf1l7T_MmN4



Palestine Activities

Running of Consultation Technique Workshop in order to understand the proper technique for the consultation. It was done on the 3/5/2019 with 24 family physician and young family doctor. The work shop was started by power point presentation to remind the attendance about the proper techniques and theory in consultation .This was followed by role play to practice that then feedback by the trainer was done .

*Dr Nagwa Nashat
Immediate Past Chair, Al Razi Movement*

Polaris

Polaris has had a wonderful 2019! We kicked things off this year in Seoul at Wonca World which gave us a burst of energy. This year Polaris is proud to have successfully launched our own website which can be found at <https://www.woncapolaris.org/>. The website has proven to be an excellent tool for communication it allows us to gather information in one place that is of interest to our members. In Dec 18/Jan 19 Polaris published its first ever quarterly newsletter! Each newsletter is based on a Wonca priority area and is usually related to a SIG or WP; such as Women’s Health, Health Equity, Environment and so on.



YDM Members in Seoul



Polaris Website

This year Polaris also saw the launch of Docs in Practice around the World project- a series of mini videos to highlight primary care throughout practice, career options, and the value of family medicine the world. The videos highlight the diversity of. Be sure to check out the videos on our Facebook and Instagram pages.

The FM360 program continues to get stronger in North America. In the last year we have established hosts in Canada and hosted participants in the United States. We are keen to expand our networks and host participants in the Caribbean in the next year.

Polaris has been well represented to our regional family medicine college. We have been tremendously fortunate to be tightly connected to the American Academy of Family Physicians, the Canadian College of Family Physicians and the Caribbean College of Family Physicians. Our voice has been heard across the region and the support we have received has been tremendous.

Right now we are gearing up for our 2019 Preconference entitled Health Equity Across Borders in Albuquerque New Mexico October 9th! We are looking forward to seeing everybody there. Check out our website for registration details. YDM Members in Seoul Polaris Website Polaris members presenting at the AAFP National Conference



Polaris members presenting at the AAFP National Conference

*Dr Cheyanne Vetter
Chair, Polaris*

The Rajakumar Movement



TRM Executive Members 2020-2022

The Rajakumar Executive committee members are as follow:

- Chair: Erfen Gustiawan Suwangto (Indonesia)
- Vice Chairs:
 - Ya Luan Hsiao (Taiwan)
 - Yang Hua (China)
 - Emily Kirkpatrick (Australia)
- Honourable Secretary: Mel Anthony Acuavera (Philippines)
- Treasurer: Wing Yan Chan (Hong Kong)
- Image Lead: Daisuke Kato (Japan)
- FM 360:
 - Coordinator: Naoko Kobayashi (Japan)
 - Assistant Coordinator: Apriani Oendari (Indonesia)
- ASPIRE:
 - Head: Wee Sian Woon (Australia)
- Immediate Past Chair: Shin Yoshida (Japan)

Membership (as of July 31, 2019)

- Total Members are 45 members in 16 countries
- Total with Representatives of Local/Regional Organizations: 15
 - Australia (RACGP) - Chief Rep: Emily Kirkpatrick, Vice Rep: Wee Sian Woon
 - China (GMCMA) - Chief Rep: Zuao Hui Du
 - Cross-Straits (CSMEA) - Chief Rep: Yang Hua
 - Hong Kong (HKCFP) - Chief Rep: Sut Yee Tse, Vice Rep: Loretta chan
 - Indonesia (KIKLPI) - Chief Rep: Erfen Suwangto, Vice Rep: Marshell Timotius
 - Japan (JPCA) - Chief Rep: Daisuke Kato
 - Malaysia (MAFP) - Chief/Vice Rep: Siti Shuhaizam / Lily Zuryani
 - Myanmar (GPS-MMA) - Chief Rep: Wut Hmone Hlaing, Vice Rep: Mya Win Hnit
 - New Zealand (RNZCGP) – Chief Rep: Katelyn Costello
 - Philippines (PAFP) - Chief Rep: Maha Obedoza, Vice Rep: Mel Acuavera
 - South Korea (KAFM) - Chief Rep: Seo Young Kang, Vice Rep: Seo Eun Hwang
 - Singapore (CFPS) - Chief Rep: Xu Bangyu
 - Chinese Taipei (TAFM) - Chief Rep: Ya Luan Hsiao. Vice Rep: Ping Hsun Chang
 - Thailand (GPFPAT) - Chief Rep: Petcharat Sae-Wong
 - Vietnam (VAFP) - Chief Rep: Nguyen Nhat Quynh
 - No representatives: Macau (MAGP), Fiji (FCGP), Mongolia (MAFMS)

Agenda for 2019 to 2020

- Aside from the ongoing collaboration with the young doctors' movement across the Asia-Pacific region and the world, the Rajakumar Movement will focus on medical entrepreneurship as a way to promote, engage and increase capacity of young doctors through a series of seminars based on modules that will be conducted in the subsequent WONCA APR and World conferences as follow:
 - Kyoto APRC (2019): facilitate young doctors' session regarding creating a general business plan
 - Auckland APRC (2020): facilitate young doctors' session to encourage marketing and sales
 - Myanmar APRC (2021): facilitate young doctors' understanding about budgeting and financial planning
 - APRC (2022): facilitate young doctors' understanding and utilization of human resource development
- Intends to increase membership numbers, recruit new members to the executive in order to fill vacant positions via national rep in APR council members then continue to promote the importance of primary care in Asia-Pacific based on social media and web-based membership registration. E.g. promotion of Family Medicine Day from each national rep in YouTube.
- Will also collaborate more with the WONCA Working Parties and Special Interest Groups to enhance and further develop the knowledge and skills of young family physicians. E.g: develop mobile app for mother and child like we are doing in Indonesia.
- Will also strategize and further enhance the FM 360 and ASPIRE, by reviewing the guidelines and enact policies. Promoting the use of the platform across the Asia-Pacific region. Some of young doctors have applied this until now.
- Will be proposing a potential new scheme of funding (external funding) as a way to generate more sponsorship to allow a greater number of members to attend WONCA conventions. E.g: pilot project with a free of charge scheme by IT companies for medical clinics that are run by young doctors. The young doctors should only have to give their academic inputs for development of the products. The companies even can give funding, etc like we are doing in Indonesia.
- Will focus on three main tracks as follows: Entrepreneurship; Research; and Case Discussion. TRM is in the process of formulating objectives on how to make these tracks sustainable and attractive to young doctors.

Meetings

So far 10 (via Skype) meetings have been conducted in 2018-2019:

- 8 monthly meetings, with the following discussed:
 - Planning and agenda for 2019-2020

- Planning and evaluation of WONCA Kyoto 2019 TRM activities
- Updates to existing areas, including TRM Image (social media and website), membership, promotion of various conferences in Asia-Pacific region, and updates per local young doctors' organizations
- Formulating the three track-agenda of the TRM
- Planning for WONCA Auckland 2020 activities
- 2 executive committee meetings, with the following discussed:
 - Strategic direction for 2019-2020
 - Finalisation of guidelines for sponsorship and grants
 - Budget proposal for 2019-2020
 - Membership guidelines discussed
 - TRM guidelines, with amendments proposed

Image Update

Created the following social media platforms to further enhance the Rajakumar Movement:

- Two Facebook accounts created:
 - Open access: <https://www.facebook.com/groups/rajakumarmovement/?ref=bookmarks>
 - Closed group: <https://www.facebook.com/groups/352585562176858/>
- Twitter: @WoncaTRM
- Website: <http://therajakumarmovement.org/>
- WhatsApp: The Rajakumar Movement (for committee members)

Participation in various conventions

The Rajakumar Movement executive committee members and representatives of various local young doctors' organization participated in the following conventions and conferences:



Young doctor's forum in Cross-strait family doctor annual conference in Henan Province of China. It was attended by WONCA President, Dr. Donald Li, with active participation by speakers from the young doctors at the meeting.

- *The 6th Cross-Straits General Practice Conference* organized by The Cross-Straits Medicine Exchange Association Committee of General Practice (SMEA-GP) was held in Zhengzhou of China last March 29 to 31, 2019. The first Asia Pacific Young Doctors Forum held with Dr. Loretta Chan from HKCFP represented The Rajakumar Movement (TRM) and presented the update of Young Doctors Movements in the Asia Pacific Region, Dr. Yang Hua from SMEA-GP, delivered a talk on the development of General Practice in Mainland China, Dr. Pinghsun Chang from TAFM, made a presentation on the role of family physician in palliative care service, and Dr. Victor Loh from NUHS, gave a talk introducing the primary health care system in Singapore.

● *The 5th ASEAN Regional Primary Conference* in Kuala Lumpur, Malaysia, March 28 to 30, 2019. The chair of the Rajakumar Movement, Dr. Erfen Suwangto from Indonesia, delivered a lecture on young doctors' technopreneurship to anticipate the 4th industrial revolution. Dr. Siti Shuhaizam bt Mamat Raduan, the national representative of Malaysia to the Rajakumar Movement, delivered a talk on how to engage public through social media.

- *Philippines* - Dr Mel Acuavera will delivered a talk on the Rajakumar Movement during the Foundation for Family Medicine Educators Convention in Baguio City, Philippines on April 2019

Participation in WONCA Kyoto 2019

WONCA Kyoto (May 2019) - the Rajakumar Movement conducted the following seminars and sessions:

- Pre-conference:



Presenting about the program in primary healthcare sociotechnoentrepreneurship and conducted the Young Doctors Session in ASEAN Regional of Primary Care Conference in Kuala Lumpur, Malaysia (with 3 young doctor speakers and moderator)



Santosh Kumar Dhungana, ex-Chair, The Spice route joined with WONCA YDM leaders from other regions at 2018 WONCA World Meeting, Seoul.



The young doctors attended a TRM party organized by the Japanese young doctors

- o Session on “The Preparedness of Young Doctors in the 4th Industrial Revolution” by Dr. Emily Kirkpatrick
- o Session on “The Need of Entrepreneurship Among Young Doctors” by Dr. Tesshu Kusaba. Topic: *Young doctors with experiences in entrepreneurship shared*: Dr. Siti Shuhaizam, Dr. Naoko Kobayashi, Dr. Kentaro Asakura, and Dr. Masahiro Nishimura
- o TRM Party: The Japanese young doctors organized a TRM party for the young doctors
- o Total Participants during the Preconference: 82 (Japanese young doctors 30, International young doctors 52)
- Main conference:
 - o The Rajakumar Movement conducted a session “Getting started with Entrepreneurship” headed by Dr. Erfen Suwangto

World Family Doctors’ Day

As part of the celebration, the TRM compiled a short video message from various young doctors in Asia-Pacific Region that was shown during the WONCA Kyoto

*Dr. Erfen Suwangto
Chair, The Rajakumar Movement*

*Prepared by:
Mel Anthony E. Acuavera, MD
Secretary, The Rajakumar Movement*

The Spice Route



The Spice Route is the YDM of South Asia Region. Out of the eight countries in the region Bangladesh, India, Nepal, Pakistan and Sri Lanka have well-established Spice Route Movements. Each country has their own board of office bearers at least consisting of Chair, Secretary and FM 360 coordinator. All national chairs/representatives meet on video conference once in two months to

discuss future plans.

Our Vision

To be a YDM which produces world leaders in Family Medicine by collaborating, updating and researching.

Our Board Member

Santosh Kumar Dhungana held the office as the Regional Chair of the Spice Route since 2017 and *Sankha Randenikumara* was elected as the Chair in April 2019.

Regional Chair: Sankha Randenikumara
Regional Secretary: Rabeeya Arsalan
Regional FM 360 coordinator: TBA

Our SAR representatives and the Update on Individual Countries

Bangladesh. Bangladesh Spice Route is led by *Zakiur Rahman* and involved in many CME activities. Many young doctors and students are working with the Spice Route and Primary Care and Rural Health Bangladesh in organizing the next WONCA World Rural Conference 2020 in Dhaka.

Bhutan. Bhutan is the youngest members in our YDM. Formal Spice Route Movement in Bhutan has not yet established, but the few young doctors in Family Medicine training, often communicate with the regional Spice Route Movement. *Kinley Bhuti* acts as the Spice Route liaison in Bhutan.

India. The Spice Route India, headed by *Idris Shariff*, contributed to FMPC Conference 2018 by AFPI, helping to make it a great success.

Nepal. The Spice Route Nepal closely works with General Practitioners Association of Nepal in organizing its activities. *Rupak Bhandari* was appointment new Chair of Spice Route Nepal.

Pakistan. The Spice Route Pakistan headed by *Rabeeya Arsalan* has organized many CME programmes within last year. Many of the programmes were held in and around Karachi.

Sri Lanka. *Sankha Randenikumara* was appointed as the Chair of the Spice Route Sri Lanka as the successor to *Hiranthini de Silva*. Plans were made by the team led by him to improve CME activities and research collaborations.

Our activities: Contributions to the International Events

Many Spice Route members attended the 22nd WONCA World Conference in Seoul, South Korea in October 2018. The Spice Route Chair Santosh Kumar Dhungana contested for the YDM Representative post of the WONCA Council. He was not successful, but secured the second place at the election. The participation of the Spice Route members in many sessions including the workshops by WONCA Working Parties on Rural Practice, Environment and WONCA Special Interest Group on Emergency Medicine were highlighted.

Special thanks to WONCA and the Chinese Taipei Association of Family Medicine, three of the Spice Route members, namely Sankha Randenikumara, Nisanth Menon and Bikash Gauchan were awarded the Taiwan Family Medicine Research Award.



Three members from the Spice Route received the Taiwan Family Medicine Research Award which helped to support their participation in the 2018 WONCA World Conference

Two exchanges under the FM 360 exchange programme took place within last year. Both were between Vasco da Gama Movement and the Spice Route Sri Lanka. Rebecca Brown from UK visited Sri Lanka in January 2019 and Eva Leceaga from Spain in March 2019. Both of them had a good time, experiencing healthcare system in Sri Lanka.

All countries in the Spice Route contributed with 22 video clips to produce a video trailer describing Family Medicine in one word as a project done to commemorate World Family Doctor Day on 19th of May 2019.



Sankha Randenikumara, Chair of the Spice Route Movement, and the members attended the 22nd WONCA World Conference in Seoul, South Korea in October 2018

Future plans

- Organizing WONCA SAR Spice Route pre-conference in Lahore, Pakistan in November 2019
- Improving and enhancing the functions of the Spice Route committees in the member countries
- Supporting establishment of Spice Route Movements in the countries who do not have a YDM (Bhutan, within 2019)
- Initiating a research collaboration within the regional YDMs.

*Dr Sankha Randenikumara
Chair, The Spice Route Movement*

Vasco da Gama Movement (VdGM) The European Young Family Doctors Movement



VdGM Preconference and WONCA Europe Conference, June 2019 Bratislava

A day before the Preconference 12 young doctors had a great opportunity to do the exchange in Slovakian GP offices. We had 25 council members representing their countries during the Council Meeting and over 140 young doctors enjoying and actively participating in the Preconference activities. The theme of the Preconference this year was General Practice: the Human Side of Medicine.

Many young doctors followed our activities during main WONCA Europe Conference. We were hosting our traditional workshops for Exchanges, the Junior Researchers Award and the innovative Young Doctors Marketplace, where senior and junior colleagues can learn more about VdGM activities and network to share ideas, projects and programs. The VdGM booth, as always, was the most happy and funny place in the WONCA village.

In Bratislava our current President Claire Thomas handed over to Katarzyna Nessler. Claire will remain to support us for one more year as immediate Past President. We elected a new WE Liaison in Bratislava - congratulations to Sonia Tsukagoshi from the UK! - and said grateful goodbye to Raluca Zoitanu, who first served as Image Officer and then as the first ever WE Liaison. We will also say farewell to our fantastic Deputy Secretary and former EURACT Liaison Chloe Delacour, who has been invaluable in supporting the work of our Secretariat this past year.

Executive Board

The Executive met every month online and at our face to face weekend meeting in London in December. In addition to carrying out the core work of maintaining and overseeing VdGM's activities we have endeavored to strengthen our Organization through advancing our relationships and our internal infrastructure and Organization.

Key Guidelines and documents developed this year

- **VdGM Policy Development Operational Guideline:** sets out how VdGM will develop policy in matters of importance to our members.
- **Astana Declaration Response:** our response to the WHO Astana Declaration on Primary Health Care.
- **Good Governance Report** which looks at matters of good governance arising within WONCA Europe and VdGM, the management and development of our governing document, the results of our Council survey on electoral reform and council representation and includes a proposal to develop a Good Governance oversight committee.

- **Policy consultation on Bullying, Harassment and Discrimination** which includes looking internally at how to cultivate a professional and respectful working environment, but also at the wider issue of bullying, harassment and discrimination in training and the workplace.
- **Memorandums of Understanding with WONCA Europe Networks:** we developed mutually agreed job descriptions for each Liaison role and successfully filled all of these roles with input from the Networks in selecting the candidates.
- **VdGM explained materials:** a voiceover recorded power point and pdf poster have been created and shared with Council, SIGs and Liaisons to assist them in explaining and promoting VdGM in their countries and to new members and externals.
- **Report and VdGM response to Astana Declaration**
- To know more about our mission and vision, our successes and challenges last year, our tasks, plans and hopes and VdGM response to Astana Declaration please see our 2018-2019 Annual Report.
- <https://vdgm.woncaeurope.org/content/vdgm-annual-report-2018-2019>

*Dr Katarzyna Nessler,
VdGM President*

Waynakay



Family medicine is the principal player in primary care and consequently the young doctor's movement in Latin America continues to participate in the CIMF/WONCA events and their respective societies.

Waynakay was present at the VI Ibero American Congress of Family Medicine, which took place in Tijuana, Mexico, between 1st and 4th May 2019, with many members participating in different presentations during the congress. On May 1st, the official Waynakay meeting was held. During the meeting, the presentation of work committees (including the FM360^o Exchange Program) took place. In addition, different round table sessions were held covering topics such as: "global health and family medicine"; "quaternary prevention"; "migration and its implications in health"; "Exchanges"; "Leadership"; and "Research in family medicine".



Waynakay meeting, with WONCA President-elect, Dr Anna Stavdal, and WONCA CIMF Regional president, Dr Jacqueline Ponzo, at the VI Ibero American Congress of Family Medicine, Tijuana, Mexico May 2019.

Waynakay also continues to participate actively in national congresses in each country. The 15th Brazilian Congress of Family and Community Medicine was held recently (11th to 14th July), with significant participation of the Movement. A new steering committee was also elected into office. Waynakay-Ameyali will also be participating at the I National Congress of ISSSTE Residents in Mexico City, from 31st July to 2nd August.



Waynakay Chairs and the members with the regional president of CIMF, Dr Jacqueline Ponzo, at the 15th Brazilian Congress of Family and Community Medicine

Later, in September, the Argentine Congress of Family and General Medicine of FAMFYG will take place, where Waynakay will make a presentation for the first time at a central table at these events. In the framework of this meeting, the new Movement's Board will also be introduced.

For the forthcoming Ibero-American Summit Meeting of Family Medicine to be held in Puerto Rico in April 2020, five different working groups have been established and these will soon start their activities. Over 65 Waynakay participants have already applied to join these groups.

International internships and exchanges have shown great growth in the region, with Uruguay being one of the most requested destinations in recent times, both from the Latin American region and from Europe. This trend has greatly benefited young Uruguayan doctors, with increased international exposure.

Finally, as an indication of our continuing success as a team, with strengthening family medicine in the region, we welcome Waynakay Latin America's new board of directors for the 2019-2021 cycle:

- *Mesoamerican Region: Juliana Valverde (Costa Rica)*
- *Andean Region: Catalina Coral (Colombia)*
- *Southern Region: Gabriela Di Croce (Argentina)*

*Reported by
Gabriela Di Croce
Co-Chair, Waynakay*

WONCA Awards 2018

At the WONCA Council meeting in Korea in October 2018, Council was pleased to endorse a number of WONCA awards.

WONCA Hon Life Direct Membership

Professor Amanda Howe (UK)
Professor Bob Mash (South Africa)



WONCA Fellowship

Professor Ian Couper (South Africa)
Professor Nural Islam (Bangladesh)
Dr Roar Maagaard (Denmark)
Professor Pratap Prasad (Nepal)
Dr Sonia Roache Barker (Trinidad and Tobago)
A/Professor Bohumil Seifert (Czech Republic)

Professor Nandandi de Silva (Sri Lanka)
Professor Michael Kidd (Australia)
Professor Antoinette Perera (Sri Lanka)
Dr Jim Puffer (USA)
Professor Jim Rourke (Canada)
Dr Mohammed Tarawneh (Jordan)



WONCA Global Five Star Doctor Award (2018)

Dr Veronica Casado Vicente of Spain was chosen as the 2018 recipient.



WONCA World Council Meeting

14 October -16 October 2018, Sheraton Grand Incheon Hotel, South Korea

At 2018 WONCA World Council Meeting, around 80 Member Organizations from 69 countries took part. One hundred and sixty three persons registered to the meeting as council members, observers and other delegates.



WONCA Regional Council Meeting and Happy memories of the 22nd WONCA World Conference in Seoul, 2018





Audit Report of WONCA Trust
Financial Year January – December 2018

THE WONCA TRUST
FINANCIAL STATEMENT FOR THE YEAR ENDING
1 JANUARY 2018 TO 31 DECEMBER 2018

THE WONCA TRUST
FINANCIAL STATEMENT FOR THE YEAR ENDING
1 JANUARY 2018 TO 31 DECEMBER 2018

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JNN Auditing Office Limited
Certified Public Accountants
Bangkok, Thailand

WONCA INTERNATIONAL INC.
(A Company incorporated in the British Virgin Islands)
(Trustee and Manager of the WONCA TRUST)

General Information

REGISTERED OFFICE

Trustnet Chambers
P O Box 3444, Road Town
Tortola, British Virgin Islands

BOARD OF DIRECTORS

Prof. Amanda Howe
Prof. Michael Kidd
Dr. Donald KT Li
Dr. Garth Manning
Prof. Job FM Metsemakers
Dr. Karen Flegg
Dr. Viviana Martinez Bianchi
Dr. Henry Lawson
Dr. Meng-Chih Lee
Dr. Mohammed Tarawneh
Dr. Anna Stavdal
Prof. Maria Inez Padula Anderson
Prof. Kanu Bala
Prof. Ruth C. Wilson
Dr. Ana Nunes Barata

BANKER

Citibank

This page is for information only

REPORT OF THE TRUSTEE

For the financial period 1 January 2018 to 31 December 2018

THE WONCA TRUST

Wonca International Inc. (the Trustee) is under a duty to take into custody and hold the assets of the WONCA TRUST in trust for the relief of sickness, for the advancement of education and for the general benefit of the public in such manner as may be charitable in particular but not so as to limit the generality of the foregoing for the fostering of high standards of medical care in general practice and family medicine in such manner as may be charitable. In accordance with the terms and conditions as stipulated in a Trust Deed dated 1 October 2004, the Trustee shall also manage the WONCA TRUST.

To the best knowledge of the Trustee, it has in all material respects, managed the WONCA TRUST during the financial year covered by these financial statements for the financial year 1 January 2018 to 31 December 2018 as set out on pages 4 to 17 in accordance with the provisions of the Trust Deed.

These financial statements have been prepared in accordance with the Thai Financial Reporting Standard for Non-publicly Accountable Entities (TFRS for NPAEs) as issued by Federal of Accounting Professionals (FAP) and correspond with the International Accounting Standards (IAS) and the International Financial Reporting Standards (IFRS).

For and behalf of the Trustee
WONCA INTERNATIONAL INC.



DR. GARTH ALEXANDER KENNETH MANNING
Director

Date: 21 February 2019

INDEPENDENT AUDITOR'S REPORT

To the Trustee of **THE WONCA TRUST**

Opinion

I have audited the financial statements of **THE WONCA TRUST** ("the Trust"), which comprise the statement of financial position as at 31 December 2018, and the statement of income, statement of changes in the Trust's accumulated fund, and statement of cash flow for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In my opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Company as at 31 December 2018, and its financial performance for the year then ended in accordance with Thai Financial Reporting Standards for Non-Publicly Accountable Entities.

Basis for Opinion

I conducted my audit in accordance with Thai Standards on Auditing. My responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of my report. I am independent of the Company in accordance with the Federation of Accounting Professions under the Royal Patronage of His Majesty the King's Code of Ethics for Professional Accountants together with the ethical requirements that are relevant to my audit of the financial statements, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Other matters

The financial statements of **THE WONCA TRUST** for the year ended 31 December 2017, were audited by another auditor from the same firm as myself dated 8 March 2018, which expressed an unqualified opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Thai Financial Reporting Standards for Non-Publicly Accountable Entities, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Company or to cease operations, or has no realistic alternative but to do so.

Auditor's Responsibilities for the Audit of the Financial Statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Thai Standards on Auditing will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Standards on Auditing, I exercise professional judgment and maintain professional skepticism throughout the audit. I also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Company's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the Company to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

I communicate with management regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.



Miss Nisna Norchoovech
Certified Public Accountant (Thailand) No. 8508
21 February 2019

The Wonca Trust
Statement of Financial Position
As At 31 December 2018

ASSETS

	<u>Notes</u>	Unit : USD	
		<u>2018</u>	<u>2017</u>
CURRENT ASSETS			
Cash and cash equivalents	3	692,664	597,377
Member organizations' dues receivables		7,945	22,042
Other receivables and prepayment		59,013	16,542
Inventory		200	298
Total current assets		759,822	636,259
NON-CURRENT ASSETS			
Equipment, net	4	1,586	2,478
Deposits		4,438	4,239
Total non-current assets		6,024	6,717
TOTAL ASSETS		765,846	642,976

LIABILITIES AND TRUST'S ACCUMULATED FUNDS

	<u>Notes</u>	<u>2018</u>	<u>2017</u>
CURRENT LIABILITIES			
Other payables and accruals	5	37,176	44,458
Membership dues received in advance		30,436	47,370
Total current liabilities		67,612	91,828
TOTAL LIABILITIES		67,612	91,828
TRUST'S ACCUMULATED FUNDS			
Trust's accumulated funds	6	324,669	335,736
Income and expenditure account		373,565	215,412
Total shareholders' equity		698,234	551,148
TOTAL LIABILITIES AND TRUST'S ACCUMULATED FUNDS		765,846	642,976

(Notes to the financial statements are an integral part of these financial statements)

Signed  Director
(Mr. Garth Alexander Kenneth Manning)

The Wonca Trust
Income Statement
For the year ending 31 December 2018

		Unit: USD	
		Notes	
			2018 2017
REVENUES			
Subscription incomes	7	927,492	645,086
Other incomes	8	2,906	4,181
Total revenues		930,398	649,267
EXPENSES			
President, executive and regional expenses	9	263,108	157,513
Secretariat expenses	10	354,606	342,597
Special projects' and working parties'	11	13,768	4,100
Publications and communication expenses	12	30,482	30,335
Other operating expenses	13	110,281	47,798
Total expenses		772,245	582,343
Surplus for the year		158,153	66,924

(Notes to the financial statements are an integral part of these financial statements)

Signed  Director
 (Mr. Garth Alexander Kenneth Manning)

The Wonca Trust
Statement of Changes In Trust's Accumulated Funds
For the year ending 31 December 2018

	<u>Trust's funds</u>	<u>Income and expense account</u>	<u>Total</u>
			Unit : USD
Beginning balance as at 1 January 2017	318,192	148,488	466,680
Fund received from Asia Pacific Regional Reserves Fund	(690)	-	(690)
Fund received from WWP in Mental Health	814	-	814
Fund received from WONCA WP - WFM	(1,319)	-	(1,319)
Fund received from EMR	8,500	-	8,500
Fund paid to WP- Rural Practice Fund	10,239	-	10,239
Surplus for the year	-	66,924	66,924
As at 31 December 2017	335,736	215,412	551,148
Fund received from Asia Pacific Regional Reserves Fund	(4,224)	-	(4,224)
Fund received from WWP in Mental Health	1,600	-	1,600
Fund received from WONCA WP - WFM	140	-	140
Fund received from EMR	(9,509)	-	(9,509)
Fund paid to WP- Rural Practice Fund	926	-	926
Surplus for the year	-	158,153	158,153
Ending balance as at 31 December 2018	<u>324,669</u>	<u>373,565</u>	<u>698,234</u>

Signed  Director
 (Mr. Garth Alexander Kenneth Manning)

The Wonca Trust
Statements of Cash Flows
For the year ending 31 December 2018

	Unit : USD	
	2018	2017
Cash flows from operating activities		
Net profit(loss) for the year	158,153	66,924
Adjustments for:		
Depreciation	892	866
Changes in operating assets and liabilities:		
Member organizations' dues receivables	14,097	(2,146)
Other receivables and prepayment	(42,471)	144,615
Inventories	98	241
Other payables and accruals	(7,282)	4,294
Membership dues received in advance	(16,934)	9,247
Deposit	(199)	2
Cash flows from operating activities	106,354	224,043
Cash flows from investing activities		
Purchases of property and equipment	-	(2,251)
Cash flows from investing activities	-	(2,251)
Cash flows from financing activities		
Fund received from Asia Pacific Regional Reserves Fund	(4,224)	(690)
Fund received from WWP in Mental Health	1,600	814
Fund received from WONCA WP - WFM	140	(1,319)
Fund received from EMR	(9,509)	8,500
Fund paid to WP- Rural Practice Fund	926	10,239
Cash flows from financing activities	(11,067)	17,544
Net increase (decrease) in cash on hand and at banks	95,287	239,336
Cash on hand and at banks - beginning balance	597,377	358,041
Cash on hand and at banks - ending balance	692,664	597,377

Signed  Director
(Mr. Garth Alexander Kenneth Manning)

The Wonca Trust
Note To The Financial Statements
31 December 2018

1. General information

The Wonca Trust ("The Trust") is a Charitable Trust created by a Declaration of Trust Deed and governed by the laws of the British Virgin Islands on 1 October 2004 with Wonca International Inc; a Company incorporated in the British Virgin Islands as the Trustee which holds and manage the assets of the Charitable Trust for the relief of sickness, for the advancement of education and for the general benefit of the public in such manner as may be charitable in particular but not so as to limit the generality of the foregoing for the fostering of high standards of medical care in general practice and family medicine in such manner as may be charitable.

2. Summary of significant accounting policies

2.1 Basis of preparation

These financial statements have been prepared in accordance with the Thai Financial Reporting Standard for Non-publicly Accountable Entities (TFRS for NPAEs) as issued by Federal of Accounting Professionals (FAP) and correspond with the International Accounting Standards (IAS) and the International Financial Reporting Standards (IFRS).

The financial statements have been prepared under the historical cost convention.

Where necessary, comparative figures have been reclassified to conform with changes in presentation in the current year.

Signed  Director
(Mr. Garth Alexander Kenneth Manning)

The Wonca Trust
Note To The Financial Statements
31 December 2018

2. Summary of significant accounting policies (con't)

2.2 Foreign currencies translation

The financial statements of the Trust are measured and presented in the currency of the primary economic environment in which the Trust operates (its functional currency). The financial statements of the Trust are presented in United States of American dollars which is the functional currency of the Trust.

In preparing the financial statements of the Trust, transactions in foreign currencies other than the Trust's functional currency are recorded at the rate of exchange rate prevailing at the date of transactions. At statement of financial position date, monetary assets and liabilities denominated in foreign currencies are re-translated at the exchange rates prevailing at the Statement of financial position date. Non-monetary items that are measured in terms of historical cost in a foreign currency are not re-translated.

Exchange differences arising from the settlement of monetary items, and on re-translation of monetary items, are included in the profit and loss account for the period. Exchange differences arising on the retranslation of non-monetary items carried at fair value are included in the income statement account for the period except for differences arising on the retranslation of non-monetary items in respect of gains and losses are recognized directly in equity. For such non-monetary items, any exchange component of that loss or gain is also recognize in equity.

2.3 Cash and cash equivalents

Cash comprises cash on hand, deposit held at call with banks but excludes deposits with banks that are held to maturity, and certificates of deposit issued by commercial banks and financial institutions, and restricted deposits. Cash equivalents comprise short-term highly liquid investments with maturities of three months or less from the date of acquisition.

Signed  Director
(Mr. Garth Alexander Kenneth Manning)

The Wonca Trust
Note To The Financial Statements
31 December 2018

2 Summary of significant accounting policies (Con't)

2.4 Trade account receivables

Trade accounts receivable are initially recognised at the fair value of the consideration received or receivable and subsequently measured at the remaining amount less any allowance for doubtful receivables based on a review of all outstanding amounts at the year end. The amount of the allowance is the difference between the carrying amount of the receivable and the amount expected to be collectible. Bad debts are written-off during the year in which they are identified and recognised in the income statement.

2.5 Inventories

Inventories are stated at the lower of cost or net realisable value. Cost is determined by the weighted average method. The cost of purchase comprises both the purchase price and costs directly attributable to the acquisition of the inventory, such as import duties and transportation charges, less all attributable discounts, allowances or rebates. Net realisable value is the estimate of the selling price in the ordinary course of business, less the costs of completion and selling expenses. The amount of any write down of inventories to net realisable value is recognised as an expense in the period the write down occurs and presented as cost of sales.

Signed  Director
(Mr. Garth Alexander Kenneth Manning)

The Wonca Trust
Note To The Financial Statements
31 December 2018

2 Summary of significant accounting policies (Con't)

2.6 Equipment

An item of equipment is stated at cost less any accumulated depreciation.

The cost of an item of equipment comprises its purchase price, import duties and non-refundable purchase taxes (after deducting trade discounts and rebates) and any costs directly attributable to bringing the asset to the location and condition necessary for it to be capable of operating in the manner intended by management.

Depreciation is calculated on the straight line basis to write-off the cost of each asset to its residual value by using the estimated useful life of the equipment. The estimated useful lives are as follows:

Office furniture and equipment	5 Years
Computer and equipment	3 Years

2.7 Provision

Provisions, are recognised when the Trust has a present legal or constructive obligation as a result of past events, it is probable that an outflow of resources will be required to settle the obligation, and a reliable estimate of the amount can be made.

2.8 Revenue recognition

Revenue comprises the fair value of the consideration received or receivable for the sale of goods and service net of output tax, rebates and discounts. Revenue from sales of goods is recognised when significant risks and rewards of ownership of the goods are transferred to the buyer. Revenue from rendering services is based on the stage of completion determined by referring to services performed to date as a percentage of total services to be performed.

Signed  Director
(Mr. Garth Alexander Kenneth Manning)

The Wonca Trust
Note To The Financial Statements
31 December 2018

2 Summary of significant accounting policies (Con't)

2.9 Measurement currency

The measurement currency of the Trust is the United States (US) dollars. As the Trust's investments and funds from financing activities are denominated primarily in US dollars, the Trustee is of the opinion that the US dollar reflects the economic substance of the underlying events and circumstances relevant to the Trust.

3 Cash and cash equivalents

	Unit : USD	
	<u>2018</u>	<u>2017</u>
Cash on hand	17,206	28,867
Cash at Paypal	2,063	3,720
Cash at banks – current accounts	649,124	542,216
Cash at banks – saving account	24,271	22,574
Total cash and cash equivalents	<u>692,664</u>	<u>597,377</u>

Signed  Director
(Mr. Garth Alexander Kenneth Manning)

The Wonca Trust
Note To The Financial Statements
31 December 2018

4. Equipment, net

	Office, furniture and equipment USD	Computer and equipment USD	Total USD
Cost :			
As at 31 December 2017	3,457	9,775	13,232
Addition	-	-	-
As at 31 December 2018	<u>3,457</u>	<u>9,775</u>	<u>13,232</u>
Accumulated depreciation :			
As at 31 December 2017	(3,217)	(7,537)	(10,754)
Depreciation for the year	(135)	(757)	(892)
As at 31 December 2018	<u>(3,352)</u>	<u>(8,294)</u>	<u>(11,646)</u>
Net book value :			
As at 31 December 2017	<u>240</u>	<u>2,238</u>	<u>2,478</u>
As at 31 December 2018	<u>105</u>	<u>1,481</u>	<u>1,586</u>
Depreciation - Assets for the year 2017			<u>866</u>
Depreciation - Assets for the year 2018			<u>892</u>

Signed  Director
(Mr. Garth Alexander Kenneth Manning)

The Wonca Trust
Note To The Financial Statements
31 December 2018

5 Other payables and accruals


	Unit : USD	
	<u>2018</u>	<u>2017</u>
Taiwan FM Research award	9,000	13,500
Professional cost	3,823	4,414
Atai Bursary	861	861
Rural Practice - Discretionary Fund	-	7,500
Environment - Discretionary Fund	-	2,000
Accrued personnel expenses	914	949
Deferred revenue	19,000	10,500
Other accrual	3,578	4,734
Total other payables and accruals	37,176	44,458

6 Trust's accumulated funds

	Unit : USD	
	<u>2018</u>	<u>2017</u>
Advance from Asia Pacific Regional Reserves Fund	186,338	190,564
Advance from Wonca Working Party - Rural Practice Fund	27,282	26,356
Advance from East Mediterranean	9,692	19,199
Advance from Wonca Working Party - Mental Health	6,884	5,284
Advance from Wonca Working Party - Women and Family Medicine	191	51
Capital Stock	94,282	94,282
Total trust's accumulated fund	324,669	335,736

7 Subscription incomes

	Unit : USD	
	<u>2018</u>	<u>2017</u>
Member organizations' dues	450,488	443,651
Member academies' dues	3,500	4,370
Direct individuals' membership dues	63,955	81,466
Conference levies	162,970	61,540
Sponsorship income	250	600
Licences and royalties	93,829	42,959
Consultancy income	152,500	10,500
Total subscription income	927,492	645,086

Signed  Director
 (Mr. Garth Alexander Kenneth Manning)

The Wonca Trust
Note To The Financial Statements
31 December 2018

8 Other income

	Unit : USD	
	<u>2018</u>	<u>2017</u>
Sales - Wonca guidebooks and merchandise	2,383	2,988
Interest income	523	406
Other income	-	787
Total other income	2,906	4,181

9 President, executive and regional expenses

	Unit : USD	
	<u>2018</u>	<u>2017</u>
<u>Executives' expenditures</u>		
President	32,002	30,618
President Elect	3,646	1,155
CEO	14,364	18,546
World Health Organisation Liaison	20,233	5,886
Members' of executive	80,474	81,957
Regional & World Council Meetings	85,777	-
Young Doctor Movements	2,640	1,731
Young Doctor Website	2,520	1,200
	241,656	141,093
<u>Regional expenditures</u>		
Africa	6,000	5,064
North America	1,000	185
Asia Pacific	730	744
Ibero-Americana	6,039	4,000
South Asia	4,137	3,552
East Mediterranean	3,546	2,875
	21,452	16,420
Total President, executive and regional expenses	263,108	157,513

Signed  Director
 (Mr. Garth Alexander Kenneth Manning)

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10 Secretariat expenses

The Trust's secretariat expenses, which include administrative, accounting and computer services and other facilities, are provided by a related party. The related party is a company, i.e., Wonca Ltd.; a Company limited by guarantee which is incorporated in Thailand, have similar directors of the manager cum Trustee. The amount paid for secretariat expenses for the current financial period amounted to USD 354,606 (2017: USD 342,597).

11 Special projects' and working parties' expenses

Classification	Unit : USD	
	<u>2018</u>	<u>2017</u>
Quality in Family Medicine	2,000	-
Rural practices	2,000	-
Research	1,500	500
Women and Family Medicine	2,000	-
Environment	1,500	2,600
Education Committee	1,500	500
Mental Health	1,768	-
	1,500	500
Total special projects' and working parties' expenses	13,768	4,100

12 Publications and communication expenses

	Unit : USD	
	<u>2018</u>	<u>2017</u>
Editor's professional fee	26,000	24,000
Webmaster and hosting	4,482	6,335
Total publications and communication expenses	30,482	30,335

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13 Other operating expenses

	Unit : USD	
	<u>2018</u>	<u>2017</u>
Exchange loss	4,371	968
Professional fee	2,229	5,537
Bank charges	14,396	18,491
Bad debt expenses	16,486	4,828
Audit fee	3,823	4,414
Postage and courier charges	4,335	1,881
Stationary expenses	6,000	5,000
Insurance expenses	3,109	3,020
Depreciation expenses	892	866
Registration fees	750	925
Wonca souvenirs	1,009	957
Wonca Foundation & 5 Star Award	1,160	-
Consultancy Expenses	51,549	633
Cost of goods sold	160	268
Corporate income tax	12	10
	<u>110,281</u>	<u>47,798</u>

Signed  Director
(Mr. Garth Alexander Kenneth Manning)



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