



Annual Report *July 2013 – June 2014*

...S FROM DAY 2, WEDNESDAY June 26, 2013

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...ue, Czech Republic



World Organization of Family Doctors
2014



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President's Message



I welcome you to this first annual report from WONCA, our World Organization of Family Doctors. This report has been produced to keep our Member Organizations, Organizations in Collaborative Relationship, Direct Members, and other interested organisations and individuals informed of the progress of WONCA between World Council meetings. This report outlines highlights in the work of your elected executive members, our CEO and secretariat staff, and our working parties, special interest groups and representatives, over the past year. It also includes our most recent annual financial statement and auditor's report.

Inevitably this short report can only provide a snapshot of the huge amount of work that is carried out by WONCA and our members around the world, but more news and details can always be found via the WONCA website – www.globalfamilydoctor.com.

At our World Council meeting in Prague in July 2013, I outlined the six aims of my term as president of WONCA:

1. Continue to work with our Member Organisations to expand the role of family medicine in strengthening primary health care and working towards universal coverage in every country;
2. Strengthen our important work with the World Health Organization (WHO) at global and regional level;
3. Expand WONCA's presence by supporting the development of family medicine in more low and middle-income countries;
4. Support our young family medicine leaders, the future of our profession;
5. Celebrate the many achievements of family doctors around the world;
6. Reinforce the role of family medicine in providing high quality primary care to all people in each of our countries, especially those who are marginalised and most vulnerable.



Your new WONCA executive first met immediately following the World Council meeting in Prague in July 2013. Our discussions were focused on the strategic directions provided by representatives of member organisations at our World Council meeting. In line with these directions and the aims above, we set ourselves three initial key performance indicators.

The first, a commitment to better understand the strength of each of our member organisations in each region, and to expand WONCA's influence by supporting the development of new member organisations in more low- and middle-income nations.

Second, recognizing the importance of the next generation of family doctors, we committed to supporting young family doctors in the development of young family doctor movements in all seven regions of the world, and commenced the process of appointing a family doctor to represent young family doctors on the WONCA executive.

And third, we committed to strengthening WONCA's work with the World Health Organization at global and regional levels to expand the role of family medicine in strengthening primary health care in all countries and supporting universal health coverage.

Through the work of each regional president, we now have a solid understanding of the status of family medicine development in each of the seven regions of WONCA and regional presidents are working with family doctors in many countries which are not yet WONCA members to assist in the development of colleges or societies and working with our CEO to support new organisations apply for membership of our global organisation.



One of the great innovations of WONCA has been the development of young doctor movements. Over the past decade we have seen the development of young doctor groups in the WONCA Europe, Iberoamericana-CIMF, Asia Pacific, and South Asia regions. Over the last year we have seen the establishment of new young family doctor organisations in Africa and the Middle East and North America. We now have young doctor movements in every region of the world which is a landmark achievement. We have also welcomed a young doctor representative for the first time onto WONCA executive, Dr Raman Kumar from India.

We know that our member organisations greatly value WONCA's strong partnership with the World Health Organization (WHO). WONCA's relationship with the WHO received a major boost with the keynote address by WHO Director-General, Dr Margaret Chan, at our world conference in Prague in July 2013. Since that time we have been working closely with staff of the WHO at both global and regional levels. WONCA's WHO liaison person, Dr Luisa Pettigrew, has been doing a superb job creating new opportunities for WONCA to support and influence the development of global health policy by the WHO and the roll out of global health programs and has been greatly supported by WHO's WONCA liaison person, Dr Hernan Montenegro von Muhlenbrock, who addressed our World Council meeting in Prague. Each WONCA regional president has established contact with their WHO regional director and is ensuring family doctor representation and involvement in key regional consultations and programs.

Since July 2013 your WONCA executive has been meeting each month by internet-based video/teleconference. With members located in 14 different time zones, coordinating these meetings is a challenge since while some members are just waking up, others are in the middle of a busy day, and others are preparing for bed. However these meetings have allowed your new executive to quickly understand the key challenges facing our global organization and to fast track decision-making and support for key initiatives. Due to financial concerns, the executive has met as a board face-to-face only once in the past year, in London in January 2014.



Our face-to-face meeting in January was the last WONCA executive committee meeting of Immediate Past President, Professor Rich Roberts, and provided an opportunity for colleagues to pay tribute to the many contributions made to WONCA by Rich over many years of dedicated service to global family medicine.

As president, I meet with our CEO, Dr Garth Manning, each week by Skype, and more often if required. Garth and our Bangkok secretariat have been working very hard to support our organization over the past year and have been providing wonderful support to your executive and our member organisations. Through Garth's initiatives, WONCA's direct membership has grown, life direct membership has been introduced, our external communications have been strengthened especially through the work of WONCA News Editor Dr Karen Flegg, our social media presence has been expanded, and WONCA's core relationships with key stakeholders and global health partners have been enhanced. Garth continues to explore new opportunities for consultancies and sponsorship. Garth also works closely with our Honorary Treasurer, Dr Donald Li, ensuring the financial health and viability of our organization.

The World Council meeting in Prague endorsed WONCA's new global standards for postgraduate family medicine education, developed by our working party on education. These standards provide a benchmark for those developing training programs for family doctors around the world. Our CEO has developed a system to accredit family medicine training programs against WONCA's global standards and to provide formal accreditation. I am pleased to advise that this year the Shanghai Medical College of Fudan University became the first Family Medicine Training Program in the world to receive accreditation against the WONCA Global Standards. In July 2014 I presented a certificate of accreditation to representatives of this training program in the presence of the Director-General of the World Health Organization, Dr Margaret Chan.

At our World Conference in Prague, WONCA released our new Guidebook on The Role of Family Medicine in Strengthening Health Systems, developed by family doctors from around the world in partnership with the World Health Organization and with a foreword by Dr Margaret Chan.

Our working parties are powerhouses of innovation within WONCA. In April our WONCA Working Party on Rural Practice released the new WONCA Rural Medical Education Guidebook, highlighting lessons from around the world on ways to build and support and maintain a highly motivated rural family medicine workforce. It is available free of charge on the WONCA website.

WONCA takes environmental health seriously. We are committed to supporting the leadership role family doctors can play as part of the global transformation towards environmental sustainability that must take place over the coming years. As family doctors we see the direct links between the environment and the health of our patients and our communities every day. Our WONCA working party on environmental health has launched a new WONCA publication on Family Doctors in the Field. The book contains stories from family doctors from across the globe. It is available free of charge on the WONCA website.

I am pleased that several of our working parties have developed new policy statements to inform the work of WONCA in the areas of medical ethics, research, quality and safety, and occupational and environmental safety. These statements have received interim endorsement by WONCA executive, pending consideration for formal adoption at our next World Council meeting in Rio de Janeiro in November 2016. WONCA's working parties on mental health and on women in family medicine have continued their high profile activities. And WONCA's working party on classification, WICC, continues its excellent work supporting the updating and ongoing development of WONCA's International Classification of Primary Care (ICPC).

Our new working party on Indigenous and Minority Group Health Issues has commenced its work since its establishment by World Council in Prague. And Executive has approved the establishment of new special interest groups on health equity and on family violence.

In order to celebrate the achievements of family doctors around the globe, WONCA established World Family Doctor Day, held on May 19 each year. This initiative continues to grow and it was wonderful this May to see World Family Doctor Day activities underway all around the world celebrating the contributions wonderful family doctors make to the lives of their individual patients and to the health and wellbeing of their communities.

One of the great privileges of being WONCA president is having the opportunity to visit our member organisations and with family doctors in countries around the world. Over the first year of my term as president I have visited our member organisations in many countries including the Czech Republic, New Zealand, Taiwan, China, Armenia, USA, United Kingdom, India, Australia, Brazil, Singapore, Hong Kong, Japan, Ecuador, Oman, Malaysia and Ireland, as well as representing WONCA at the United Nations Summit on Millennium Development Goals and the World Health Organization's 2014 World Health Assembly, and speaking at our WONCA regional conference in the Asia Pacific region, and, accompanied by our president-elect Professor Amanda Howe, speaking at the WONCA rural conference held in Gramado in Brazil and the Iberoamerica Summit on primary health in Quito in Ecuador. I have also sent video messages to meetings of other member organisations and had Skype links with meetings of several of our working parties. And I have met with the leaders of many global organisations including the World Medical Association, World Psychiatric Association, and the Global Fund to Fight HIV, TB and Malaria. I thank the many member organisations which have supported my visits.

I thank all members of the WONCA executive for their individual support and steadfast commitment to the ideals of our organization over the past year. And I thank our CEO and secretariat staff for their great support. I look forward to the next two years as we continue to work together to strengthen WONCA and the contributions we make supporting our members and the vital role of family medicine in health systems in all parts of the world.

Michael Kidd
President

2013-2016 Executive



*(Back row from l to r) Donald Li (Member at large); Richard Roberts (Immediate Past President); Raman Kumar (young doctor); Matie Obazee (Africa); Garth Manning (CEO); JK Lee (Asia Pacific); Job Metsemakers (Europe); Karen Flegg (Member at large);
(Front row from l to r): Mohammed Tarawneh (East Mediterranean); Amanda Howe (President Elect); Michael Kidd (President); Ruth Wilson (North America); Pratap Prasad (South Asia); Luisa Pettigrew (Member at large); Inez Padula (Iberoamericana)*

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|----------------------------|--------------------------------------|-------------|
| Professor Michael Kidd | President | Australia |
| Professor Amanda Howe | President-elect | UK |
| Professor Richard Roberts* | Immediate Past President | USA |
| Dr Garth Manning | CEO | |
| Dr Donald Li | Member at Large and Hon Treasurer | Hong Kong |
| Dr Karen Flegg | Member at Large | Australia |
| Dr Maria Luisa Pettigrew | Member at Large and WHO Liaison | UK |
| Dr Matie Obazee | President Africa Region | Nigeria |
| Professor J K Lee | President Asia Pacific Region | Korea |
| Dr Mohammed Tarawneh | President Eastern Med Region | Jordan |
| Professor Job Metsemakers | President Europe Region | Netherlands |
| A/Professor Inez Padula | President Iberoamericana-CIMF Region | Brazil |
| Professor Ruth Wilson | President North America Region | Canada |
| Professor Pratap Prasad | President South Asia Region | Nepal |
| Dr Raman Kumar | Junior Doctor Representative | India |

* To January 2014

CEO and Secretariat Update



The CEO and Secretariat staff have been working hard to support the new Executive from their appointment in June 2013. With only three staff – a manager, an admin officer and an accounts officer – to support the CEO in the running of the organization it is a challenge, but thanks must go to the staff for their motivation and commitment to WONCA as an organization.

Much of the Secretariat's work is routine, involving the day to day running of a large and multi-national organization. Many of the tasks will have been reported on elsewhere in this report, but key tasks during the 12-month reporting period have included:

- Management of membership issues – including annual invoicing of all member organizations (MOs) and dealing with applications and renewals for Direct Members (DMs), Life Direct Members (LDMs) and Academic Members (AMs) of the organization;
- Financial management, including preparation of monthly management accounts for Executive;
- Support to monthly Executive teleconferences;
- Management of scholarship and bursary applications, including Montegut Scholarships and Taiwan Family Medicine Research Awards;
- Organization of the application and selection processes for the Junior Doctor representative on Executive;
- Collaboration with the WONCA Editor regarding inputs to the WONCA website, including production of the weekly E-updates in between editions of WONCA News.
- Regular communication with Member Organizations, including promotion of Family Doctor Day.

Secretariat staff also attend some conferences each year, to meet and network with members and to promote WONCA membership more widely. In this past year, as well as the World Conference in Prague, staff have also attended the Asia Pacific Region conference in Kuching, Malaysia, and the WONCA Europe conference in Lisbon, Portugal.

The CEO has also been involved in a number of key activities over the past year. Details of most appear elsewhere in this report, but among the many activities have been: working with the Hon Treasurer to try to ensure greater financial security for the organization during this triennium and beyond; development of WONCA accreditation and consultancy services as a vehicle to improve income generation; enhancing communication with our members by development of e-communication and a social media strategy; strengthening of contracting for WONCA conferences, in an effort to ensure greater WONCA ownership, and revision of terms and conditions for sponsorship of WONCA events; support to the Organizational Equity Committee; attendance at key WONCA conferences and events; and attendance at the World Health Assembly.

Finances

WONCA Executive was concerned that the 2014 budget, approved by the 2013 World Council, was overly optimistic, and directed our Honorary Treasurer, Dr Donald Li, and our CEO to revise the budget and produce a balanced budget for the year. The revised and balanced budget was presented to Executive, and endorsed in January 2014. Over the past 12 months, income has been better than anticipated, whilst expenditure has been close to target, and the organization is tracking to end the calendar year 2014 with a small surplus. Executive continues to receive monthly financial reports from our Honorary Treasurer and CEO, and will continue to monitor the organization's finances closely over the remainder of the triennium.

At the 2013 World Council, member organization representatives endorsed the recommendation to leave the annual membership levy unchanged at \$1.72 per declared member per year. There was a proviso, though, that all member organisations must be more accurate about the reporting of their membership numbers. It was estimated that this would result in a 10% increase in member dues. Member organisations responded positively to this recommendation and, as a result, income from member dues has risen in 2014 by around 10%, with a further rise of 5-6% projected for 2015.

The financial statement and audit of *WONCA Trust* for the calendar year 2013 are contained within this report.

Membership

As mentioned previously, one of the KPIs agreed by Executive was to recruit at least one new Member Organization (MO) from each region in this triennium. However there is a problem: many of the countries that currently do not have a WONCA MO are subject to government rules which prevent formation of an independent professional College or Society. This applies to many countries, including several in the Eastern Mediterranean, and to other countries with strong family medicine, such as Brunei. Thus, under current WONCA Bylaws and Regulations, groups or associations of family doctors in these countries have been unable to apply for membership. Executive has proposed that such groups or associations should be offered **Membership pro tem**, pending a formal bylaws revision being submitted to the 2016 World Council for consideration. The pro tem concept was used previously, when the WONCA Eastern Mediterranean Region was established, pending its formal endorsement by the subsequent World Council. Any new members admitted under the revised bylaw will be granted observer status at both Regional and World Councils. The CEO will now work with those associations which have expressed an interest in joining WONCA under this arrangement.

During the past 12 months WONCA has been delighted to approve full membership for the Faculty of Family Medicine of the National Postgraduate Medical College of Nigeria.

At its 2013 meeting, World Council endorsed the introduction of a new category of membership – Life Direct Membership. For a one-off payment (currently \$750) WONCA members can now sign up to Direct Membership for life. As well as all the usual benefits of Direct Membership – including substantial discounts on registration fees at all WONCA conferences - Life Direct Members also receive a special certificate of membership, a unique lapel pin, and their names are included on a roll of honour on the WONCA website. Ten members have enrolled in the 12 months to June 2014, and we are delighted to honour them in this first Annual Report:

| | | |
|---------|-----------------------|--------------|
| LDM 001 | Dr Wai-Wang Gene TSOI | HONG KONG |
| LDM 002 | Prof Nabil Kurashi | SAUDI ARABIA |
| LDM 003 | Dr Matie Obazee | NIGERIA |
| LDM 004 | Dr Veerachai Sachdev | THAILAND |
| LDM 005 | Dr Joseph Varghese | MALAYSIA |

| | | |
|---------|----------------------------|----------|
| LDM 006 | Dr Tesshu Kusaba | JAPAN |
| LDM 007 | Dr Antony Davies | CANADA |
| LDM 008 | Dr Olubamiji Peter Olukowi | NIGERIA |
| LDM 009 | Dr Zaaba Bin Abdullah | MALAYSIA |
| LDM 010 | Dr Nivin Youssef | MALAYSIA |

We look forward to welcoming many more members to Life Direct Membership in the coming months and years.

Organizational Equity Committee

As with all key WONCA committees and working parties, the work of the Organizational Equity Committee (OEC) has to be carried out electronically, backed up with periodic teleconferences, but the Committee has been very committed and motivated in its work, led by the Chair, Professor Amanda Howe. Over the past year the OEC has been looking at a variety of equity issues, including issues around: developed/less developed; north/south; younger/older; adequate regional representation; equity of access to information at Council and in elections (ie greater language equity); and nominations and awards. It has undertaken a short survey of equity issues, via Regional Presidents and Chairs of Working Parties, and is currently trying to formulate a Conference equity Statement for presentation to World Council for consideration.

Young Doctor Movements



One major success from Prague's World Council meeting was the decision of Council to expand membership of the Executive by the inclusion of a Junior Doctor representative, to represent the views of the Young Doctor movements on Executive – but also the wider views of all junior doctors within the organization. A job description and person-specification was developed and distributed via the regions and the Young Doctor Movements (YDMs), and it was encouraging that so many (28) high quality applications were received. Executive carried out a preliminary ranking, which produced a shortlist of six candidates, after which a further ranking was carried out. Dr Raman Kumar of India was the clear choice, and he joined Executive at the beginning of January 2014. He

has been very active in liaising with all Young Doctor Movements and with coordinating periodic teleconference between all leaders of the YDMs.

Another key performance objective as agreed by Executive was the formation of Young Doctor Movements (YDMs) in all seven of the WONCA Regions. At the time of the 2013 World Council WONCA had four YDMs:

- Vasco da Gama** (WONCA Europe)
- Rajakumar** (WONCA Asia Pacific)
- Waynakay** (WONCA Iberoamericana-CIMF)
- Spice Route** (WONCA South Asia)

During the Prague World Conference the Africa Young Doctors Movement - **AfriWON** – was established. Since then, the Eastern Mediterranean region has established the **Al Razi Movement**

whilst on 19th May – World Family Doctor Day – the North America Region launched **Polaris**, the YDM for the region. Thus we're delighted to report that all seven regions now have a Young Doctor Movement. Raman Kumar, as the Young Doctor Rep on Executive, does an excellent job at linking the YDMs with Executive, coordinating communication between the seven YDMs, and assisting with their various programmes.

One such programme is the **FM360 Exchange Programme**. Exchange programmes for junior doctors, organized through WONCA networks, have been running since 2000. At the WONCA Europe conference in that year in Vienna the Hippokrates Programme was officially launched, initially with five participating countries (Czech Republic, Denmark, Netherlands, Spain and UK); 25 countries are now involved. Hippokrates existed before the Vasco da Gama movement (VdGM), but VdGM has taken on the coordination of the programme and appoints National Programme Coordinators who are selected through the country Member Organizations.

At the Prague world conference in 2013, VdGM gave a presentation on the exchange programmes and encouraged other Young Doctor Movements (YDMs) to join to expand the programme globally, and thus the FM360 programme was established. The aim of the programme is to promote the professional and personal development of young doctors through intercultural exchanges, where they can visit different primary care settings, in different health systems, and where both visitor and host can learn from each other. The American Academy of Family Physicians (AAFP) and the College of Family Physicians of Canada (CFPC) have both strongly endorsed the programme, and AAFP has recently had its first exchange doctor visiting Austria. The Young Doctors have also been developing a leadership programme for young doctors. Called "**ASPIRE**", this Global Leader Qualification Program is an initiative to augment medical student, resident, and junior GP/FP staff all-round skills while increasing their involvement within their national organizations as well as within WONCA. The name **ASPIRE** is a mnemonic with the letters representing its foundation: **A**cademics, **S**tudents, **P**reconferences, **I**nternational Health Initiative, **R**esearch / **R**esidents, **E**xchanges. After completing all steps, qualified individuals will have accomplished a groundwork that will help them guide and lead others in multiple aspects of family medicine in the global setting.

WHO Liaison

There has been a lot of work by the World Health Organization (WHO) over recent years advocating for Universal Health Coverage and stronger Primary Health Care, however its focus on the role of Family Medicine in strengthening Primary Care service delivery has been relatively weak. WONCA has an important role in strengthening this. Therefore one of the key performance indicators for WONCA's Executive Board during the 2013-2016 triennium is to increase WONCA's engagement with the WHO.

In January 2014 an internal strategy for WONCA-WHO liaison activity was agreed by WONCA's Executive Board. This has three broad objectives:

- to increase WONCA members' understanding of and engagement with WHO activities;
- to increase active participation in WHO activities, relevant across the discipline of Family Medicine;
- to increase WHO's understanding and engagement with WONCA and Family Medicine.

WHO has undergone significant reorganization in recent years and it is facing financial challenges, which limit its ability to support the engagement of external organisations such as WONCA. Likewise WONCA also has internal limitations in terms of resources to support organisation wide engagement with the WHO. Yet despite this, existing WHO contacts have been strengthened, new ones have been established and communication with WONCA members regarding work with the WHO has increased.



WONCA has been represented at high-level meetings including at the UN General Assembly, WHO Executive Board meeting, World Health Assembly, Mental Health Gap Action Programme (mhGAP) Forum, Prince Mahidol Award Conference, Third Global Forum on Human Resources for Health and the Global Symposium on Health Systems Research. WONCA has been represented at annual WHO council meetings in European, Eastern Mediterranean, South East Asia and Western Pacific regions.

Over the past year WONCA and its member organisations have participated in WHO projects on subjects including person centred and integrated health services, adolescent care, non-communicable diseases, malaria, the framework convention on tobacco control, occupational health, patient safety and leadership, rural workforce and transformative education, antimicrobial resistance, classification systems, the environment, and in the development of future agendas on human resources for health.

The Declaration of Quito on *'Universal Coverage, Family Medicine and Social Participation'*, signed in April 2014, marked an important milestone in collaboration with the Pan-American Health Organization (PAHO) in efforts to strengthen Family Medicine in the Americas. In July 2014 PAHO hosted a virtual dialogue with WONCA member organisations on the development of Family Medicine in the context of achieving Universal Health Coverage. WONCA in the Eastern Mediterranean Region (EMR) and WONCA's Working Party on Mental Health have also been extremely active over the last year in helping shape emerging WHO regional strategies on mental health and on *'Strengthening Service Provision through a Family Practice Approach'*.

In addition WONCA has been working towards strengthening its links with other non-governmental organisations with common interests in their work with the WHO including; the World Medical Association, International Federation of Medical Students' Associations, International Council of Nurses, Medical Women's International Association, International Commission on Occupational Health, World Psychiatric Association and International Alliance of Patients' Organizations. Several of these links have resulted in new memorandums of understanding and in joint statements on mental health, occupational health, palliative care and family violence.

As new collaborative projects emerge it feels that the discourse, outside WONCA circles, regarding the fundamental role of the Family Medicine in delivering Primary Care is growing. During WONCA World Conference in Prague 2013 Dr Margaret Chan, Director General of the WHO, launched the WONCA guidebook on the '*Contribution of Family Medicine to Improving Health Systems*'. She spoke of the 'rising importance of Family Medicine' and underlined that 'Family Doctors have always been the backbone of health care' and 'the bedrock of comprehensive, compassionate, and people-centred care'. With Dr Chan's support important meetings between WHO leadership and WONCA have taken place over the past year for this message to be heard across the WHO. Yet there is still potential for significant further progress, in particular through of broader engagement by all WONCA working parties, special interest groups, as well as between more member organisations and WHO across all regions, country offices and across a greater number of WHO departments. However we need your help to achieve this!

If you would like to learn more about current or future WHO engagement, or find out how you could become more involved please contact Dr Luisa Pettigrew Executive Board Member-at-Large & WHO Liaison Officer (whowonca@wonca.net)

News and Media

WONCA News continues to be issued monthly, and is available via the WONCA website. News is also updated regularly on the site, and efforts continue to provide more and better resources on the site for use by WONCA members. Although the Newsletter is no longer routinely available in hard copy, readers can access it on the WONCA website and can print off a hard copy, from the PDF format, if that is their preference. We have also introduced weekly WONCA E-updates, in between editions of WONCA News, and these are sent to all members on our increasing database. We are keen to monetize the website in whatever way we can, but to do this we need to be able to display greater hit rates than currently, although the hit rate is increasing as the database increases.

We are also publicizing WONCA news and events via Facebook and Twitter, though we accept that more needs to be done. To that end we are in the process of recruiting a number of colleagues, with good geographical spread, to help with posting of articles on social media such as Facebook and Twitter.

Two key resources which have been produced in the past year, and which are readily available free of charge on the website, are the ***Rural Medical Education Guidebook*** (RMEG), as produced by the WONCA Working Party on Rural Practice, and the publication "***Family doctors in the field: environmental stories from across the globe***" which has been produced by the WONCA Working Party on the Environment. More information on these appears below, in the section on WONCA Working Parties, but both WPs are to be congratulated on these excellent achievements. The WONCA Working Party on Research is also planning to publish a book on "***A Guide to Research in Primary Care***" and that will be equally warmly welcomed.

World Family Doctor Day

World Family Doctor Day – 19th May - was first declared by WONCA in 2010 and it has become a day to highlight the role and contribution of family doctors in health care systems around the world. The event has gained momentum globally each year and it is a wonderful opportunity to acknowledge the central role of our specialty in the delivery of personal, comprehensive and continuing health care for all of our patients. It's also a chance to celebrate the progress being made in family medicine and the special contributions of family doctors all around the world. Each year we receive an ever-increasing number of reports from our Member Organizations in all parts of the world, highlighting the various activities that they have undertaken to celebrate Family Doctor Day, and it has been a real pleasure to include as many of these reports as possible on the WONCA website.

For 2015 we will again be celebrating Family Doctor Day on 19th May and hope that even more MOs will use the event to highlight and celebrate their achievements. Next year we're suggesting the theme of “*Universal Health Coverage*” though are happy if MOs want to concentrate on a different theme, which may be more pertinent to their immediate local situation. For example, they may want to highlight a climate issue, or a specific disease, and it's important that they have the freedom to make that choice.



WONCA Regional Reports

WONCA Africa



WONCA Africa Region was pleased to celebrate the launch of AfriWON – the Young Doctor Movement for Africa – at the Prague World Conference. Since then the movement has been increasingly active, under the Chairmanship of Dr Kayode Alao.

WONCA Africa has been in discussion with a number of countries in an effort to encourage membership. These countries include: Liberia; Sierra Leone; South Sudan; and Botswana.

African countries had also generated a lot of activities for World Family Doctor Day and had reported these via WONCA News. The theme for Nigeria in 2014 had been “Universal Health Coverage – the role of family doctors”

Finally plans have continued throughout this period for a WONCA Africa conference in Accra, Ghana, scheduled for 18th to 21st February 2015.

WONCA Asia Pacific



WONCA Asia Pacific region (WONCA APR) has not previously had close relations with WHO, but much work has gone on in this period to build a closer relationship. Dr Christine Tineo-Serrano of Philippines had represented WONCA APR at the WHO Regional Committee meeting in 2013. The Regional President, Professor JK Lee, had also met with the WHO Regional Director, a fellow-Korean.

A successful APR research workshop had been held in Fiji in October 2013, with over 30 attendees.

WONCA APR had also held a very successful regional conference in Kuching, Malaysia, in May 2014, with over 1,000 delegates in attendance. At that meeting, Dr Shin Yoshida of Japan took over as Chair of the Rajakumar Movement the Young Doctor Movement for WONCA APR.

Finally WONCA APR hopes to welcome Brunei to WONCA membership following the amendment to membership rules as agreed by the WONCA Executive at its July meeting.

WONCA Eastern Mediterranean



WHO Eastern Mediterranean Region Office (WHO EMRO) is one of the most active WHO regions, and WONCA has been working closely with them, on a number of issues, supporting regional developments. Thus in the past year WONCA has been represented at meetings and consultations involving:

- Development of a mental health strategy for the EMRO region;

- Significant inputs into a strategy document on strengthening family practice in the region;
- Consultative meeting on strengthening workers' health in the region.

WONCA's Regional President, Dr Mohammed Tarawneh, had attended the WHO EMRO Regional Committee meeting in Muscat in October 2013, and had made a statement on WONCA's behalf.

WONCA was pleased to receive an application from Qatar for WONCA membership. Discussions have also been held with a number of other countries, including Tunisia and Kuwait, regarding future membership applications.

Finally WONCA EMR was delighted to support the development of a Young Doctors' Movement in the region. Called "Al Razi", after a renowned Persian pharmacist and physician of the 9th century, the group is chaired by Dr Nagwa Hijazi of Egypt.

WONCA Europe



Key performance indicators

Following WONCA World Key Performance Indicators we looked at our membership. Most European countries are already member organisations. Albania is getting ready to apply for WONCA membership. In addition, WONCA Europe is working together with the WHO to support developments in countries such as: Azerbaijan, Kyrgyzstan, Turkmenistan, and Uzbekistan.

In regard to the involvement of young doctors WONCA Europe can proudly acknowledge the strength of the Vasco da Gama Movement, which celebrated its 10th anniversary in 2014. The VdGM is well organised, links with several networks within our European organisation, and supports the development of young doctor movements in other WONCA regions.

The Regional President and Vice President made a visit to the WHO Europe region headquarters in Copenhagen in January 2014. They met with leaders of several divisions and were updated on the different WHO activities. The aim and activities of WONCA Europe were also discussed. Parties agreed to further collaboration. As a direct result, the Regional President attended a high level meeting of WHO Europe on Coordinated/Integrated Health Services Delivery (CIHSD), and was invited to participate in a forum with representatives of patient groups and other health professionals.

Collaboration with other organisation

The Vice-President is responsible for the relation with the EFPC (European Forum of Primary Care) and UEMO (European Union of General Practitioners). They demonstrate in workshops during conferences of the respective organisations, the joint ambition of improving patient care in inter-professional collaboration between family doctors and other health personnel.

Conferences/meetings

WONCA Europe and its Networks have a regular scheme of meetings, with 1 or 2 meetings a year in different places. New for 2014 was the 1st Vasco da Gama Forum in Barcelona. This meeting, in their 10th anniversary year, especially for young doctors, aimed at looking to the future of family medicine and discussing the challenges ahead.

The annual WONCA Europe conference, though just outside the time scope of this report, was organised by the Portuguese Association for Family Medicine (APMGF) in Lisbon. The attendance was above expectation with 3800 participants including around 1200 young doctors

Future Plan 2014-2016

The newly elected WONCA Europe Executive saw that the networks and special interest groups were flourishing under the umbrella of WONCA Europe with their own aims and objectives. The

Executive felt that WONCA Europe should state a clear joint ambition and formulate a strategy pointing the way ahead. The Future Plan states: “Our ambition is to lead the development of GP/FM in Europe”. The Future Plan, which identifies a number of internal and external activities, was accepted by the WONCA Europe Council in Lisbon, July 2014.

WONCA Iberoamericana-CIMF



The key event in in this WONCA Region during this past year has been the 5th Iberoamericana Summit (or *Cumbre*) on Family Medicine, convened by the Ministry of Health of Ecuador and Municipality of Quito, in partnership with the Pan American Health Organization (PAHO) and WONCA’s Iberoamericana Region, CIMF (the Iberoamericana Confederation of Family Medicine).

Held on 11th and 12th April, and attended by WONCA’s President, President-elect and CEO, this summit saw representation from 20 WONCA member organizations and their governments from across the Iberoamericana region. Delegates shared details of the family medicine-based health reforms and developments under way in many countries across the region. The health system in Ecuador in particular is undergoing some impressive reforms based on strengthening access to family medicine for all people in that country.

The summit ended with the presentation of “[The Quito Declaration](#)” ([Carta de Quito](#)), a strong statement expressing commitment to the ongoing development of family medicine across the region. It is notable that the letter was signed by the Ecuador Minister of Public Health, Carina Vance, as well as by PAHO and WONCA

WONCA North America



The key development in North America Region during the reporting period had been the launch of a North America Young Doctor Movement – *Polaris* – on 19th May, to coincide with Family Doctor Day. On the same day, the Caribbean College of Family Practitioners welcomed a new Chapter – Trinidad and Tobago – to their College. There are no routine WONCA regional conferences in this region, but WONCA is actively represented at both AAFP (American Academy of Family Physicians) and CFPC (College of Family Physicians of Canada) annual meetings.

WONCA South Asia



This has been a busy year for the WONCA South Asia Region. The Regional President, Professor Pratap Prasad, had attended the WHO South East Asia Regional (SEARO) meeting in Delhi in October 2013 and had delivered a statement on WONCA’s behalf. He has also met with the WHO Regional Director in Delhi and with the WHO Representative in Nepal for discussions.

Professor Prasad has also been in discussions with both Bhutan and Maldives regarding WONCA membership. In the meantime two Bhutan doctors have taken Direct Membership of WONCA, adding another country to the list of those with WONCA representation.

Regional conferences have been determined for:

- Chennai, India (August 2014)
- Dhaka, Bangladesh (February 2015)
- Nepal, Kathmandu (Feb/March 2016)

WONCA WORKING PARTIES



WONCA now has eleven Working Parties (WPs). To the ten which existed prior to the 2013 World Council: Education; Environment; Ethics; Informatics; Mental Health; Research; Rural Practice; Quality and Safety; Classification; and Women and Family Medicine; was added an eleventh WP – Indigenous and Minority Groups Health Issues – which was endorsed by the 2013 World Council. Most remain incredibly active, even though financing of the groups is limited. Several of the WPs have been especially active over the past year, and we will highlight some of their great work in more detail below.

WONCA Working Party on Education (WWPE)

WONCA World Council in 2013 endorsed a paper from WWPE entitled “WONCA Standards for Postgraduate Family Medicine Education”. These were adapted from the more generic World

Federation of Medical Education standards to fit the requirements of family medicine training specifically. Thus specific content areas and training sites relevant to Family Medicine are included in the WONCA standards. This accords with the GROW Recommendations (“Group to Redesign the Operations of WONCA”), which were developed in 2009 and endorsed by World Council in 2010. One of the report’s recommendations (No3) was: **“To develop a plan for WONCA to advance the global accreditation of family medicine training to create a consulting service”**.



These standards were piloted during an accreditation visit to Shanghai Medical College of Fudan University in Shanghai in March 2014. The WONCA team consisted of Professors Michael Kidd (President) and Allyn Walsh (Chair of WWPE) and Drs Donald Li and Garth Manning. The Shanghai programme was deemed to have met the WONCA standards and Executive endorsed the team's recommendation to accredit the programme for a period of five years. Drs Li and Manning were back in Shanghai in July to witness the accreditation certificate being awarded by Professor Kidd in the presence of Dr Margaret Chan, Director General of WHO.

WWPE is currently working on WONCA standards for assessment and hopes to have a paper ready to go before Executive and Council in 2016.

WONCA Working Party on the Environment (WWPEnt)

WWPEnt collaborates with WHO in a whole range of issues, including radiation safety, occupational health and air quality. Its key achievement in this period has been the launch of its book "*Family doctor in the field – stories from environmental family doctors from across the globe*". Co-edited by Grant Blashki, Alan Abelsohn, Margot Parkes and Karen Flegg, and launched at the WONCA Europe conference in Lisbon in July 2014, the book aims to profile ordinary family doctors around the world who are interested in environmental issues. The book is freely available from the WONCA website:

<http://www.globalfamilydoctor.com/groups/WorkingParties/Environment/FDinthefield.aspx>

WONCA Working Party on Research (WWPR)

A number of research workshops have been held by regional chapters of WWPR. In addition members of the WP, led by Professors Felicity Goodyear-Smith and Bob Mash, are now exploring publication of a book on primary care research, for general use.

WONCA Working Party on Rural Practice (WWPRP)

WWPRP remains one of the most active of all WONCA Working Parties. In addition to a very active communication strategy, including a vocal Google Group, the WWPRP held an extremely successful Rural Health conference in Gramado, Brazil, in April, to which both the President and President-elect contributed. Their next conference is planned for Dubrovnik, Croatia, from 15th to 18th April 2015.

WWPRP's other major achievement this year was the online publishing of a major work – the ***Rural Medical Education Guidebook*** (RMEG). Supported by WONCA, and in collaboration with the Northern Ontario School of Medicine, Memorial University of Newfoundland (MUN) and the Rockefeller Foundation, the book consists of 71 chapters written by 74 authors. It represents a unique collaboration, with contributions from every continent, and is intended to be a free resource for doctors, educators and others wanting to obtain practical ideas on implementing aspects of rural medical education and to learn from the experience of colleagues in different contexts.

Again, this is freely available via the WONCA website at

<http://www.globalfamilydoctor.com/groups/WorkingParties/RuralPractice/ruralguidebook.aspx>.

The WWPRP has also been reviewing its previous declarations, publications and statements and is working on a number of new policies for presentation to Executive.

WONCA International Classification Committee (WICC)

WICC continues to collaborate with WHO and IHTSDO (International Health Terminology and Standards Development Organization) whilst at the same time working on the development of ICPC-3 (International Classification of Primary Care; version 3). It held its annual meeting in Johannesburg in September 2013 and continues involvement in WHO-FIC - the WHO Family of international Classifications – where it is represented by Professor Thomas Kuehlein.

In 2013 WICC launched its PH3C website (**Primary Health Care Classification Consortium** – www.ph3c.org), which provides content and connections to the larger community involved in primary care classification, terminology and health IT.

WONCA Working Party for Women in Family Medicine (WWPWFM)

The WWPWFM has designated members of its Executive to coordinate with other Working Parties and Special Interest Groups within WONCA and to collaborate on issues of mutual interest. Specific issues that it has been working on throughout the year include:

- refining and revising the WONCA Gender Equity Standards (GES) to assist conferences in the planning, monitoring and evaluation of meetings from a gender equity perspective;
- discussions with the WONCA Organizational Equity Committee on how the two bodies can best coordinate their work towards greater equity;
- developing closer collaborating with WONCA's Special Interest Group on Family Violence to foster joint meetings and exchanges.

WONCA SPECIAL INTEREST GROUPS

WONCA also has eight Special Interest Groups (SIGs). In addition to the four already in existence at Prague (Cancer and Palliative Care; Complexities; Elderly Care; Travel Medicine) the 2013 World Council endorsed that for Point of Care testing (POCT). Since then Executive has recommended endorsement for SIGs on Non Communicable Disease (June 2013), Family Violence (January 2014) and Health Equity (January 2014).

At the WONCA Asia Pacific conference in Kuching, Malaysia, in May 2014 there were some really excellent presentations on Men's Health, and Michael Kidd and Garth Manning have had some preliminary discussions with the International Society for Men's Health (ISMH) to explore how we might collaborate with them more closely in the future. They are keenly aware that men consult less frequently than women, but when they do it is likely to be with a family doctor. Thus family doctors have a pivotal role to play in opportunistic screening and health education, which is why ISMH regard a link with us as so important. We are currently investigating the establishment of a **WONCA SIG on Men's Health**.

WONCA CONFERENCES

Strange as it seems to many, WONCA currently has very little control over its own conferences. Regional conferences are awarded by the individual regions to one of the bidding MOs, who then assume responsibility for all aspects of the event. The World Conference is determined by World Council, from the bids received, and apart from formally contracting with the winning MO, the Secretariat has traditionally had limited input other than through the Conference Planning Committee. However for various reasons that relationship is now changing, and in the future WONCA would like to have more control over its badged conferences, not least to ensure a higher and higher quality, and thus to encourage greater and greater attendance. WONCA conferences should be the “must attend” event, and conferences – especially world conferences – should be attracting tens of thousands of delegates, as other specialty conferences manage to do.

The CEO is currently working on a number of initiatives regarding WONCA conferences including:

- Contracting. Only WONCA Europe and WONCA Iberoamericana-CIMF among the regions are legal entities in their own right, and only they can legally sign contracts regarding conferences. The Secretariat is thus trying to tighten up on the legal aspects of future regional conferences.
- Linked to this, the CEO has developed more robust Terms and Conditions regarding sponsorship of WONCA conferences, which future Host Organizing Committees (HOCs) will have to adhere to.
- HOCs will also more explicitly have to adhere to other WONCA policies, such as the Gender Equity Standards (GES) and any future Conference Equity Statement, if endorsed by World Council.
- We are trying to ensure that future HOCs allocate more slots for WONCA Working Parties, SIGs and other linked groups. These Parties and Groups will have to bid for slots in the usual manner, and must meet all normal conditions in terms of theme and quality, but within those parameters HOCs will in future be expected to give preference to those official WONCA groupings.
- Finally for the longer term we are investigating the benefits of contracting with a Professional Conference Organizer (PCO) who would be contracted for a period of time to work with the Secretariat and the successful MO to run future conferences to the new agreed guidelines.



Of course many WONCA conferences and events take place annually, and most are extremely successful. In the past 12 months the following events have been held:

WONCA Rural Health Conference - in Gramado, Brazil, from 2nd to 6th April 2014. Attended by President and President-elect

Iberoamericana Cumbre (Summit) - in Quito, Ecuador, from 9th to 12th April 2014. Attended by President, President-elect and CEO.

WONCA Asia Pacific Conference - in Kuching, Malaysia, from 21st to 24th May 2014. Attended by President, CEO and Asia Pacific Region President.

WONCA Europe Conference - in Lisbon, Portugal, from 2nd to 5th July 2014. Attended by President, President-elect, CEO, President Europe Region and several other members of Executive.

The next 12 months will be especially busy for the Organization. **WONCA South Asia Conference** was scheduled for Chennai on 16th and 17th August 2014, whilst six out of the seven regions (all bar North America) will hold regional meetings in 2015, and the Rural Health conference will take place in Dubrovnik, Croatia, in April. Full details of all conferences and events are available on the WONCA website, along with details of many Member Organization events.

**Audit Report of WONCA Trust
Financial Year January – December 2013**

THE WONCA TRUST
FINANCIAL STATEMENTS FOR THE YEAR ENDING
1 JANUARY 2013 TO 31 DECEMBER 2013

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ATCL 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. Michael Kidd
Prof. Amanda Howe
Dr. Garth Manning
Dr. Donald KT LI
Dr. Luisa Pettigrew
Dr. Karen Flegg
Dr. Matie Obazee
Prof. Jungkwon Lee
Dr. Mohammed Tarawneh
Prof. Job FM Metsemakers
Prof. Maria Inez Padula Anderson
Prof. Pratap N. Prasad
Dr. Ruth C. Wilson
Dr. Raman Kumar

BANKER

Citibank

This page is for information only

REPORT OF THE TRUSTEE

For the financial period 1 January 2013 to 31 December 2013

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 2013 to 31 December 2013 as set out on pages 2 to 15 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).

The comparatives for the period 1 January to 31 October 2012 was prepared in accordance with International Financial Reporting Standards (IFRS). The period 1 November to 31 December 2012 was prepared in accordance with Thai Financial Reporting Standards (TFRS). The Trust's management believes that the preparation under the two standards has no material differences.

For and behalf of the Trustee
WONCA INTERNATIONAL INC.



DR. GARTH ALEXANDER KENNETH MANNING
Director

Date: 15 October 2014

AUDITOR'S REPORT

To the Trustee of **THE WONCA TRUST**

I have audited the accompanying financial statements of **THE WONCA TRUST** which comprise the statement of financial position as at 31 December 2013 and the income statement, statement of changes in Trust's accumulated funds, and statement of cash flow for the year then ended, and a summary of significant accounting policies and other notes.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these 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.

Auditor's Responsibility

My responsibility is to express an opinion on these financial statements based on my audit. I conducted my audit in accordance with Thai Standards on Auditing. Those standards require that I comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements 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 entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Opinion

In my opinion, the financial statements referred to above present fairly, in all material respects, the financial position of THE WONCA TRUST, as at 31 December 2013 and its results of operations, statement of changes in Trust's accumulated funds, and statement of cash flow for the year ending 31 December 2013, in accordance with Thai Financial Reporting Standards for Non-publicly Accountable Entities

Income statement for the period 1 January to 31 October 2012 presented for comparative purpose

The income statement of THE WONCA TRUST for the period 1 January to 31 October 2012, presented herewith for comparative purposes, was prepared under International Financial Reporting Standards and audited by other auditor whose report dated 15 January 2013, expressed an unqualified opinion on the income statement.



(Mr. Jongsak Norchoovech)
C.P.A. (Thailand), Registration No. 2309

Bangkok
15 October 2014

The Wonca Trust
Statement of Financial Position
As At 31 December 2013

ASSETS

| | | Unit : USD | |
|--|-------|----------------|---------------|
| | Notes | <u>2013</u> | <u>2012</u> |
| CURRENT ASSETS | | | |
| Cash and cash equivalents | 3 | 58,416 | 58,882 |
| Member organizations' dues receivables | | 11,364 | 21,102 |
| Other receivables and prepayment | | 34,968 | - |
| Inventory | | 2,086 | - |
| Other current assets | | 656 | 380 |
| Total current assets | | 107,490 | 80,364 |
| NON-CURRENT ASSETS | | | |
| Equipment, net | 4 | 6,039 | 7,732 |
| Deposits | | 4,064 | 4,064 |
| Total non-current assets | | 10,103 | 11,796 |
| TOTAL ASSETS | | 117,593 | 92,160 |

LIABILITIES AND TRUST'S ACCUMULATED FUNDS

| | | <u>2013</u> | <u>2012</u> |
|--|---|----------------|---------------|
| CURRENT LIABILITIES | | | |
| Other payables and accruals | 5 | 23,542 | 14,508 |
| Membership dues received in advance | | 47,563 | 25,335 |
| Total current liabilities | | 71,105 | 39,843 |
| TOTAL LIABILITIES | | 71,105 | 39,843 |
| TRUST'S ACCUMULATED FUNDS | | | |
| Trust's accumulated funds | | 260,110 | 254,986 |
| Income and expenditure account | | (213,622) | (202,669) |
| Total shareholders' equity | | 46,488 | 52,317 |
| TOTAL LIABILITIES AND TRUST'S ACCUMULATED FUNDS | | 117,593 | 92,160 |

(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 2013**

| | Notes | Unit : USD | | | Total |
|--|-------|-----------------|---|-------------------------------------|------------------|
| | | 2013 | January - October (Audited by other auditor) | November - December (Audited) | |
| REVENUES | | | | | |
| Subscription incomes | 6 | 576,623 | 521,706 | 19,781 | 541,487 |
| Other incomes | 7 | 3,245 | 2,840 | 27 | 2,867 |
| Total revenues | | 579,868 | 524,546 | 19,808 | 544,354 |
| EXPENSES | | | | | |
| President, executive and regional expenses | 8 | 199,137 | 145,314 | 3,549 | 148,863 |
| Secretariat expenses | 9 | 296,790 | 313,548 | 50,611 | 364,159 |
| Special projects' and working parties' | 10 | 4,050 | 32,476 | 4,075 | 36,551 |
| Publications and communication expenses | 11 | 79,919 | 100,810 | 12,044 | 112,854 |
| Other operating expenses | 12 | 10,925 | 43,694 | 62,745 | 106,439 |
| Total expenses | | 590,821 | 635,842 | 133,024 | 768,866 |
| Deficit for the year | | (10,953) | (111,296) | (113,216) | (224,512) |

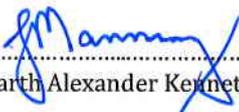
(Notes to the financial statements are an integral part of these financial statements)

Signed  Director
(Mr. Garth Alexander Kenneth Manning)

The Wonca Trust
Statement of Changes In Trust's Accumulated Funds
For the year ending 31 December 2013

| | <u>Trust's funds</u> | <u>Income and expense account</u> | Unit : USD <u>Total</u> |
|--|----------------------|---------------------------------------|----------------------------|
| Beginning balance as at 1 January 2012 | 254,986 | 21,843 | 276,829 |
| Deficit for the year | - | (224,512) | (224,512) |
| As at 31 December 2012 | 254,986 | (202,669) | 52,317 |
| Fund received from WFM | 4,365 | - | 4,365 |
| Fund paid to rural practices | 759 | - | 759 |
| Deficit for the year | - | (10,953) | (10,953) |
| Ending balance as at 31 December 2013 | <u>260,110</u> | <u>(213,622)</u> | <u>46,488</u> |



Signed  Director
(Mr. Garth Alexander Kenneth Manning)

The Wonca Trust
Statements of Cash Flows
For the year ending 31 December 2013

| | Unit : USD | |
|---|----------------|------------------|
| | <u>2013</u> | <u>2012</u> |
| Cash flows from operating activities | | |
| Net profit(loss) for the year | (10,953) | (224,512) |
| Adjustments for: | | |
| Depreciation | 2,496 | 1,444 |
| Bad debt expenses written off during January - October 2012 | - | 4,384 |
| Bad debt expenses written off during November - December 2012 * | - | 43,568 |
| Fixed asset written off | - | 5,503 |
| Inventory written off from dead stock | - | 8,747 |
| Deposit written off | - | 553 |
| Changes in operating assets and liabilities: | | |
| - member organizations' dues receivables | 9,738 | (15,188) |
| - other receivables and prepayment | (34,968) | 50,464 |
| - inventories | (2,086) | 94 |
| - other current assets | (276) | (380) |
| - deposits | - | (4,064) |
| - other payables and accruals | 9,034 | (84,501) |
| - amount due to a related party | - | (3,390) |
| - membership dues received in advance | 22,228 | (5,378) |
| Cash flows from operating activities | <u>(4,787)</u> | <u>(222,656)</u> |
| Cash flows from investing activities | | |
| Purchases of property and equipment | (803) | (12,666) |
| Cash flows from investing activities | <u>(803)</u> | <u>(12,666)</u> |
| Cash flows from financing activities | | |
| Fund received from WFM | 4,365 | - |
| Fund paid to rural practices | 759 | - |
| Cash flows from financing activities | <u>5,124</u> | <u>-</u> |
| Net increase (decrease) in cash on hand and at banks | (466) | (235,322) |
| Cash on hand and at banks - beginning balance | 58,882 | 294,204 |
| Cash on hand and at banks - ending balance | <u>58,416</u> | <u>58,882</u> |

* During 1 November - 31 December 2012 audit, the sum of \$43,568 was written off in the period. This money was first obtained in 2007 as a grant (of \$45,000) from Eli Lilley for a Mental Health Project. The funds (of \$43,568) were spent throughout 2008, and documented by the Singapore Secretariat. Despite this, the money continued to appear annually as receivable on the WONCA International Inc. accounts.

This money was received in 2007 and the majority spent (and documented) in 2008. The Trust is not at all clear why it continued to appear annually on the statement of financial position therefore the Trust decided to write this sum off from the Wonca International Inc. statement of financial position.

Signed  Director
(Mr.Garth Alexander Kenneth Manning)

The Wonca Trust
Note To The Financial Statements
31 December 2013

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.

The comparatives for the period 1 January to 31 October 2012 was prepared in accordance with International Financial Reporting Standards (IFRS). The period 1 November to 31 December 2012 was prepared in accordance with Thai Financial Reporting Standards (TFRS). The Trust's management believes that the preparation under the two standards has no material differences.

Signed  Director
(Mr. Garth Alexander Kenneth Manning)

The Wonca Trust
Note To The Financial Statements
31 December 2013

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

2.2 Foreign currencies translation

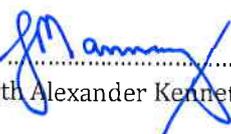
The financial statements of the Trust are measured and presented in the currency of the primary economic environment in which the Trust operates (its functional currency). The financial statements of the Trust are presented in United States of American dollars which is the functional currency of the 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 no re-translated.

Exchange differences arising from the settlement of monetary items, and on retranslation 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 2013**

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 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 |

Signed  Director
(Mr. Garth Alexander Kenneth Manning)

**The Wonca Trust
Note To The Financial Statements
31 December 2013**

2 Summary of significant accounting policies (Con't)
2.6 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.

2.7 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.

2.8 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

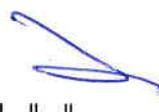
| | Unit : USD | |
|----------------------------------|-------------|-------------|
| | <u>2013</u> | <u>2012</u> |
| Cash on hand | 1,692 | 8,967 |
| Cash at Paypal | 9,732 | 1,107 |
| Cash at banks – current accounts | 46,992 | 48,808 |
| Total cash and cash equivalents | 58,416 | 58,882 |

Signed  Director
(Mr. Garth Alexander Kenneth Manning)

The Wonca Trust
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4. Equipment_net

| | Office, furniture and equipment USD | Computer and equipment USD | Total USD |
|---|---|----------------------------------|----------------|
| Cost: | | | |
| As at 1 January 2013 | 2,783 | 5,305 | 8,088 |
| Addition | 803 | 803 | 803 |
| As at 31 December 2013 | <u>2,783</u> | <u>6,108</u> | <u>8,891</u> |
| Accumulated depreciation: | | | |
| As at 1 January 2013 | (69) | (287) | (356) |
| Depreciation for the year | (557) | (1,939) | (2,496) |
| As at 31 December 2013 | <u>(626)</u> | <u>(2,226)</u> | <u>(2,852)</u> |
| Net book value: | | | |
| As at 31 December 2012 | 2,714 | 5,018 | 7,732 |
| As at 31 December 2013 | <u>2,157</u> | <u>3,882</u> | <u>6,039</u> |
| Depreciation - Assets for the year 2012 | | 1,444 | 1,444 |
| Depreciation - Assets for the year 2013 | | <u>2,496</u> | <u>2,496</u> |



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5 Other payables and accruals

| | Unit : USD | |
|-----------------------------------|-------------|-------------|
| | <u>2013</u> | <u>2012</u> |
| Accrued travelling expenses | 11,928 | - |
| Taiwan FM Research award | 6,000 | 6,000 |
| Professional cost | 3,706 | 975 |
| Wonca Scholarship | 1,000 | 1,000 |
| Printing and editorial costs | - | 6,380 |
| Other accrual | 908 | 153 |
| Total other payables and accruals | 23,542 | 14,508 |

6 Subscription incomes

| | Unit : USD | |
|-------------------------------------|-------------|-------------|
| | <u>2013</u> | <u>2012</u> |
| Member organizations' dues | 321,862 | 328,045 |
| Conference levies | 176,731 | 89,103 |
| Direct individuals' membership dues | 34,850 | 23,840 |
| Licences and royalties | 20,030 | 27,856 |
| Sponsorship income | 20,000 | 69,443 |
| Member academies' dues | 3,150 | 3,200 |
| Total subscription income | 576,623 | 541,487 |

7 Other income

| | Unit : USD | |
|--|-------------|-------------|
| | <u>2013</u> | <u>2012</u> |
| Sales - Wonca guidebooks and merchandise | 2,592 | 860 |
| Income from copying and editing | 435 | - |
| Interest income | 51 | 276 |
| Donation received | - | 1,000 |
| University grant and sundry income | - | 731 |
| Other income | 167 | - |
| Total other income | 3,245 | 2,867 |

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The Wonca Trust
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8 President, executive and regional expenses

| | Unit : USD | |
|--|-------------|-------------|
| | <u>2013</u> | <u>2012</u> |
| <u>Executives' expenditures</u> | | |
| Members' of executive | 88,567 | 47,457 |
| Regional and world council meetings | 57,171 | |
| President | 23,708 | 40,000 |
| CEO | 15,572 | 20,000 |
| President Elect | 2,686 | 317 |
| World Health Organisation Liaison | 1,430 | 1,646 |
| | 189,134 | 109,420 |
| <u>Regional expenditures</u> | | |
| Ibero-Americana | 4,000 | 10,057 |
| Africa | 3,259 | 2,741 |
| North America | 1,275 | 3,549 |
| East Mediterranean | 1,010 | - |
| South Asia | 459 | 664 |
| Asia Pac - Drawn on reserves | - | 19,724 |
| Asia Pac | - | 2,708 |
| | 10,003 | 39,443 |
| Total President, executive and regional expenses | 199,137 | 148,863 |

9 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, (January - October 2012: World Organization Of Family Doctors Ltd; a Company limited by guarantee which was incorporated in the Republic of Singapore) have similar directors of the manager cum Trustee. The amount paid for secretariat expenses for the current financial period amounted to USD 296,790 (January - October 2012: USD 313,548, November - December 2012: USD 50,611, total 2012: USD 364,159)

Signed  Director
(Mr.Garth Alexander Kenneth Manning)