



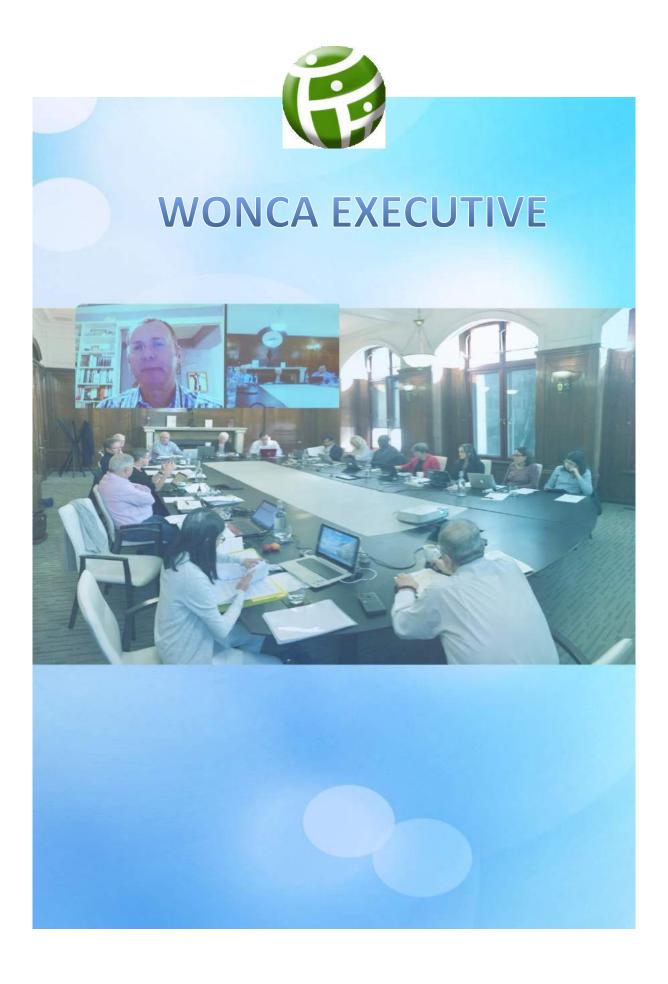
World Organization of Family Doctors 2017



July 2016-June 2017

Table of Contents

Торіс	Page
2016-2018 Executive Committee	2
WONCA President	4
President elect	8
CEO Report	11
WONCA Statutory Committees	
• Finance	15
Organizational Equity Committee	15
Bylaws Committee	16
Membership Committee	17
WHO Liaison	18
Conference Planning Committee	20
WONCA Conferences	21
WONCA Members	
Member Organization	23
Academic Membership If a Discrete Manufacturing	29
Life Direct Membership MONICA Pariental Paraenta	30
WONCA Regional Reports	2.4
Africa RegionAsia Pacific Region	34
	35 37
East Mediterranean RegionEurope Region	40
Iberoamericana-CIMF Region	40
North America Region	45
South Asia Region	46
WONCA Young Doctors' Movements	40
YDM Executive Representative	49
FM360 Exchange Programme	50
AfiWon Renaissance	52
Al Razi	53
• Polaris	54
Spice Route	55
The Rajakumar Movement	57
Vasco da Gama Movement	58
 Waynakay 	62
WONCA Working Party Reports	
• Education	64
 Environment 	66
Mental Health	67
• Research	69
Rural Practice	70
Women and Family Medicine	74
 WONCA International Classification Committee 	75
WONCA Special Interest Group Reports	
Ageing and Health	78
Cancer and Palliative Care	78
Conflict and Catastrophe Medicine	79
Emergency Medicine	80
Family Violence Genetics	81
Genetics Global Point of Care Testing	82
Global Point-of-Care Testing Migrant Care International Health and Travel	83
Migrant Care, International Health and Travel Ousternary Provention and Over modicalisation	84
 Quaternary Prevention and Over-medicalisation Worker's Health 	85 86
WONCA Honours and Awards	88
WONCA Honours and Awards WONCA World Council Meeting	90
Audit Report of WONCA Trust 2016	90



2016-2018 Executive



(Back row from I to r): Mohammed Tarawneh (Eastern Mediterranean); Inez Padula (Iberoamericana); Kanu Bala (South Asia); Anna Stavdal (Europe); Henry Lawson (Africa); Viviana Martinez Bianchi (Member at Large); Ruth Wilson (North America); Meng-Chih Lee (Asia Pacific); Ana Nunes Barata (Young Doctor)

(Front row from I to r): Karen Flegg (Member at Large); Garth Manning (CEO); Michael Kidd (Immediate Past President); Amanda Howe (President); Donald Li (President-elect); Job Metsemakers (Member at Large)

Professor Amanda Howe	President	UK
Professor Michael Kidd	Immediate Past President	Australia
Dr Donald Li	President-elect	Hong Kong
Dr Garth Manning	CEO	UK/Ireland
Professor Job Metsemakers	Member at Large and Hon Treasurer	Netherlands
Dr Karen Flegg	Member at Large	Australia
Dr Viviana Martinez Bianchi	Member at Large and WHO Liaison	USA
Dr Henry Lawson	President Africa Region	Ghana
Professor Meng-Chih Lee	President Asia Pacific Region	Taiwan
Dr Mohammed Tarawneh	President Eastern Med Region	Jordan
Dr Anna Stavdal	President Europe Region	Netherlands
A/Professor Inez Padula	President Iberoamericana-CIMF Region	Brazil
Professor Ruth Wilson	President North America Region	Canada
Professor Kanu Bala	President South Asia Region	Bangladesh
Dr Ana Nunes Barata	Young Doctor Representative	Portugal



WONCA President



This is my first year as President of WONCA, our World Organization of Family Doctors. The annual report is an important part of our aim of showing our members what we have done with and for them over the past year. This report provides a brief insight into the huge amount of work that is carried out by WONCA with our members around the world.

In Rio in 2017, the new WONCA World Executive met to set the following priorities for 2016-2018:

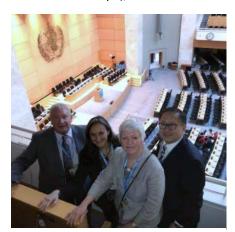
- continuing the important goals of expanding the role of family medicine particularly in low- and middle-income countries;
- strengthening our work with the World Health Organization;
- · supporting young family medicine leaders;
- · celebrating achievements of family doctors around the world;
- enhancing the impact of family medicine through providing high quality primary care to all people in each of our countries, especially those who are marginalized and vulnerable.
- We are also committed to improving member engagement, to building the evidence for policy leadership, and to assist the development and enablement of the global family medicine workforce.

We are proud to have 124 Member Organizations from over 130 countries and territories, (including three new members over the past year); 30 Academic Members; 1,283 Direct Members; 156 Life Direct Members and 42 Honorary Life Direct Members. In all, we have members in more than 140 countries and territories. All of us are working towards supporting further new members in this regard, and I am particularly grateful to the regional Presidents for their hard work.

Personally, I have found my first 7 months as President both exciting and thought provoking. The wonderful global conference in Rio de Janeiro was followed by periods of desk work as well as global travel. I have been to two regional conferences (WONCA EMR in Abu Dhabi, and Prague for WONCA Europe), been to WHO in

Geneva twice, to China, Palestine, Australia (for the WONCA Rural conference in Cairns), and to Tunisia for the 'Towards Unity for Health' conference. Internal development agendas for WONCA include the next phase of development of the International Classification of Primary Care; more work on accreditation, for practices as well as educational providers; a 'review and refresh' of the work of our Working Parties and Special Interest Groups, many of whom are doing fantastic work; continuing work on effective communications; discussions with academic leads and collaborators about how best to identify and use evidence on workforce and performance (requested by WHO); and governance activities.

In addition to the monthly newsletter, and weekly e-updates, I have written three letters specifically to our member organisations which have had some very positive responses. Each day my WONCA inbox and social media contacts fill up fast, and it is always welcome to be in touch with my global colleagues after the end of a day in clinic or at the university.



WONCA President, President Elect, CEO and WHO liaison come together at 2017 World Health Assembly, Geneva, Switzerland in May 2017

















The intellectual opportunities as President are considerable – it is a challenge to ensure family medicine is visible and its outputs suitably reflected. We continue to work with the World Bank, WHO, the Gates Foundation and partners on the Primary Health Care Performance Initiative and relevant potential indicators. I write many talks, each one different for different audiences; and contribute to publications-including a recent free e-book on leadership and a chapter in the forthcoming book from our Research Working Party. Ensuring representation and a high profile for WONCA is a constant theme-whether putting in abstracts for conferences, assisting our various executive and working party leads when they are asked to represent us, or seeking appropriate leads from regions and countries. There is more opportunity than we can cover, but with goodwill and effort we try to make the best of these situations to get the voice of family medicine heard.



WONCA World President was a speaker at a high level WHA side event 'building Health Care Systems for the Future", sponsored by the People's Republic of China, with participation of BRIC countries (Brazil, the Russian Federation, India and China).

And, of course, the achievements of each President are partly reliant on the work and efforts of us all. I thank all members of the new 2016-2018 WONCA executive for your support and commitment to the values and practical work of our organization. I thank our CEO and secretariat staff for their great continuing work, and I thank the leaders and members of our regional Councils, committees, working parties, special interest groups and individual representatives for their great continuing voluntary work for our global organization, and for the people of the world.



WONCA World President provided her key note speech, "Stand as one", at The 22nd WONCA Europe Conference, Prague, Czech Republic, 28 June 2017

My keynote theme at the WONCA Europe was "Stand as one"—a plea for unity and compassion in a world which is often sad and divided. I pointed out the importance of knowing and using definitions of family medicine to help us to speak the same language and to bring us together, and showed how the diverse parts of our organisation make different contributions to the same overall cause. I emphasised how much it matters every day what you do in your own practice with your own patients - this speaks volumes about how you value all peoples. I also highlighted the importance of going beyond our own front door, and using our community, country and professional networks to improve the lives of our peoples and to reduce or minimise health risks.

And this, I hope, is where your member organisations and our crosscountry networks add value, because we give your voice to power, and can try to influence decisions about health care and the need to

train and retain family doctors for an effective health system. In healthcare, and particularly in family practice, we have great opportunities to change the way people think. We have to stand together for the right of everyone to have good accessible affordable care that they can rely on—to have doctors they trust, and to be professionally worthy of their trust. We have to face up to prejudices and make good judgements about the right actions, informed both by facts and feelings. We can also show the right values in the face of stigma, prejudice, and indeed overt racism. And through our actions I hope we may bring some healing to our troubled world.

Thank you for your hard work for this great cause.

Professor Amanda Howe WONCA President



President Elect



I am indeed honoured to become President-elect during the WONCA World Council meeting in Brazil in 2016. Together with our President, CEO and other members of the WONCA World executive council we lead our global organization and WONCA governance functions sharing and exchanging thoughts, communicate regularly via email and scheduled teleconferences. We work closely with our hard working and motivated WONCA secretariat staff.

As President - elect, I chair the Organizational Equity Committee and had two meetings via teleconference. It had been a very positive meeting and a number of issues were discussed. OEC had started to look at breakdown of WONCA awards, nominations and bursary winners by gender and geography and had sought to identify breakdown of WONCA member organizations by gender. The report is enclosed in the annual report.

I am beginning to learn a lot more about the Working Parties and Special Interest Groups. I have communicated and had a teleconference with the WONCA SIGs on Conflict and Catastrophe Medicine and Emergency Medicine as I am doing work in Hong Kong in this area being chairman of the Hong Kong Jockey Club Disaster Preparedness and Response Institute HKJC DPRI. A three-day WHO



Donald Li, WONCA President elect, at the WHO Emergency Medicine Teams Global Meeting in December 2016, Hong Kong

Emergency Medicine Teams Global Meeting co-hosted by HKJC DPRI was held in Hong Kong in December 2016. Disaster Response and Preparedness is an area where WONCA could liaise more with WHO. CEO, Viviana and I had a meeting with the relevant WHO personnel during the World Health Assembly in May 2017. President Amanda suggested me to align work in this area and start to articulate WONCA priorities.

I attended the WHO World Health Assembly in May together with Amanda, Garth and Viviana. It was an eye



Donald Li with Garth Manning, WONCA CEO, at 2017 World Health Assembly, Geneva

opening experience and extremely valuable. We managed to meet with many relevant WHO people involved in primary care, manpower, NCDs, mental health, healthy ageing, and emergency response as well as attend a side event on BRICS healthcare where our President had the opportunity to speak as a panelist. I also hosted a dinner for WHO WPRO Regional Director Dr Shin as well some key WPRO staff. The few days in Geneva were indeed inspiring and motivating. I am proud that WONCA is recognized by WHO as a valuable collaborating partner.

It has been an enormous privilege as President-elect to meet many members worldwide. Besides continuing my work to develop and enhance primary care in China through my involvement in training family physicians and speaking at family medicine conferences in different provinces, I also visited Taiwan, Singapore and Nepal during the past year. It was fascinating to see how each country adopts innovative care models to suit the needs of the population. I really appreciate the dedicated family doctors often working with limited



WONCA President, WONCA President Elect and WHO Liaison at 2017 World Health Assembly in May, Geneva

resources and sometimes under compromised conditions. I am also encouraged to meet young family doctors who remain optimistic and look toward a bright future working as family doctors.

As President – Elect, my goals are entirely aligned with WONCA as a whole. Our mission is a collective one, and the goals we have set will move forward. I am shaping my personal objectives for my term of office over the next year, and hope to get many ideas and influences from others. I shall spend the next year contributing ideas though regular meetings and communications and learning more about the complex workings and accountabilities of the different parts of our organization. I have participated in weekly Skype calls with President and CEO.

I would like to congratulate Secretariat on settling the paperwork relating to Directors and shareholders of WONCA International Inc. and WONCA Trust. In particular, huge congratulations to Dr Nongluck who has worked diligently on this for some considerable time. Amanda, Job and I are finalizing the section of the minutes of the London executive meeting regarding extension of contract of CEO and KPIs etc.

Thank you for your support for our work.

Dr Donald Li WONCA President Elect



CEO Report



It's hard to believe, but this is now the fourth WONCA Annual Report, which continues to grow year on year. We know that our Member Organizations and individual members find it useful, and enjoy reading it, but many of our partners – such as WHO and Organizations in Collaborative Relations – also find it a useful way to keep up to date with the many activities of our busy organization.

For the Secretariat it has been another busy year, supporting the CEO, President and other members of the WONCA Executive, as well as the WONCA Statutory Committees, Regions, Working Parties (WPs), Special Interest Groups (SIGs) and Member Organizations themselves. Of course we

have also had a full meeting of WONCA Council, which generates a considerable amount of work for the Secretariat, and following on from Council we have a new President and Executive and many new Chairs of our WPs and SIGs.

Within this reporting period, and in addition to the monthly teleconferences, there was one full meeting of the 2013-16 Executive – in Paraty, Brazil, in October 2016 (just prior to the WONCA World Council and conference). We have also held two meetings of the new 2016-18 Executive – a short meeting in Rio de Janeiro immediately

after Council, and then a rather longer one in London on 1st and 2nd April 2017. Every meeting of Executive has a very full agenda, covering strategy, finances, bylaws, policy and reports and recommendations from the various WPs and SIGs. I have continued to provide feedback on these meetings through my columns in WONCA News, and the President has written personally to all Member Organizations following key meetings, so I hope that members feel suitably informed of the activities undertaken by Executive on their behalf.

We continue to try to improve communication with our Member Organizations and with our individual members through a variety of means. This Annual Report is one result of that, and the President's letters have also generated a very positive response. We have also endeavoured to communicate and inform through the monthly WONCA News and through our weekly E-updates to members. Dr Karen Flegg, the WONCA Editor, continues to work



WONCA World Council Meeting at Windsor Barra Hotel, Rio de Janeiro, 30 OCT-1 NOV 2016

extremely hard to produce copy of high quality and interest. With a very "slim" Secretariat there is a



WONCA Executive meeting in Paraty, Rio, October 2016 and the meeting in London, April 2017.

limit to how much we can do, but we are also working to enhance our social media strategy and other ways to further improve communication and interaction with members. Executive has formed a Task Force, led by Dr Anna Stavdal (WONCA Europe President) to look at a WONCA World communication strategy, and she will be reporting its preliminary thoughts to the WONCA Executive at its October 2017 meeting in Bangkok

Dr Nongluck Suwisith continues to lead the Secretariat staff as Chief Admin Officer (manager@wonca.net) whilst Chalita looks after membership and general admin issues (admin@wonca.net) and Anuta looks after the finances (accounts@wonca.net). Many of you will have met the staff at one of the WONCA conferences – in the past 12 months they've been to Rio, Abu Dhabi and Prague - so please come up and say "hello".



CEO with President and President Elect at WHA Sideevent, May 2017

For my part I have again travelled widely in this period, and have had the good fortune to meet many friends and colleagues in many countries and regions. I have represented WONCA at a number of conferences and events, as well as at several meetings at the World Health Organization (WHO). I have been working to further develop consultancy services for the organization, as a potential additional income stream, and Executive has now endorsed the WONCA Global Practice Accreditation Standards which we hope to pilot soon.

The Honorary Treasurer has reported on the financial health of the organization, and it is pleasing that we have been able to report a surplus in each of the past three years, with a small surplus predicted also for 2017. For a number of reasons, income from Rio was lower than predicted, and so some reductions in budgets for 2017 had to be implemented by

Executive. We also need to build up a greater reserve fund, to ensure WONCA's sustainability in the event of unforeseen events, but the situation is massively better than even four years ago. Sponsorship remains challenging, in part because of our move away from PHARMA funding and in part simply because of a new paradigm in sponsorship, but we are optimistic that at least some of this loss of income can be compensated for through consultancy services, including the new global practice accreditation.

Our members regularly tell us that one of the most important roles of WONCA is as the voice of family medicine at WHO. This year has been as busy as ever, with numerous inputs to meetings and consultations, and Viviana Martinez Bianchi, our "new" WHO Liaison, has reported much more fully on these elsewhere. Through the Secretariat we try to ensure that our Regional Presidents attend the WHO Regional Committee meetings in their own parts of the world, to ensure that WONCA's voice, and that of family medicine, is heard regionally as well as globally. We also send representation to the WHO Executive Board in January each year – this year Professor Amanda Howe and I attended – and we send a delegation to the World Health Assembly in May. I attended again in 2017, along with Amanda Howe, Donald Li and Viviana Martinez Bianchi, and we had a whole series of meetings with WHO colleagues and with other health professional organizations over several days. Reports of all of these activities and meetings have appeared in WONCA News and on the WONCA website. Dr Anna Stavdal has also been busy within Europe. As well as attending WHO Euro meetings in her own right, she has also been representing WONCA World at WHO discussions in Almaty, Kazakhstan, on how we can celebrate the 40th anniversary next year of the Alma Ata Declaration of 1978. More details will appear in WONCA News as and when they are available.

World Family Doctor Day (FDD) – 19th May – was introduced by WONCA in 2010, as a special day to highlight the role and contribution of family doctors in health systems around the world. It has grown and grown in prominence each year, and we are delighted to receive so many reports from Member Organizations highlighting the activities undertaken to acknowledge the central role of our specialty in the delivery of personal, comprehensive and continuing health care for all our patients. A couple of years back, we developed a new logo for FDD and this has been enthusiastically adopted and adapted and translated throughout the world. This year's theme was "Depression", which tied in nicely with WHO's Mental Health Day theme, and we were able to use some very useful materials from the WHO website. Our WP on Mental Health also created an evidence-based guide to help to manage the first, crucial consultation with patients who may be depressed, accessible via the WONCA website:

http://www.globalfamilydoctor.com/News/MentalHealthMatters-WorldFamilyDoctorDay2017HighlightingDep.aspx

WE (Family Sharing high stranded of et to participate in some groups, like vasco de Gamma and Diabe ny nome country Tunisia. Your work is the motivating factor, that makes us love Family Medic I am so excited to join WONCA and to attend my first conference this N has developed into my passion and I look forward to not only representing UT Southwes se group of people. ut also learning from such my time when I was teaching I have been following the I continue to travel to see a long-term relationship with WONCA in the future and wish to apply for life direct membership. Lam family physician Arab board of family medicine 2016. I like WONCA Family medicine is ten to health access in developing countries. Every facility and patient deserve a knowledgable physician review to them. I wish I could be a member of WONCA and attend international events. I would like to be a leader in the practice of family medicine in my country Thope your job continue improving health for everybody in the world. I want to join your group hoping your collaboration in this field helping me to start this programe in my country Sudan Passion for family practice. Monga will give me the opportunity to attain the peak of this practice for my career and for my community



This past year has also seen two further WONCA publications, which have attracted great interest. The first – "Family Medicine: the Classic Papers" edited by Michael Kidd, Amanda Howe and Iona Heath - is a collection of classic papers on family medicine from around the world, as selected by global family medicine leaders. This book has been shortlisted for the 2017 British Medical Association medical book awards.

The second book, edited by Felicity Goodyear-Smith (Chair of the WONCA WP on Research) and Bob Mash, is "International Perspectives on Primary Care Research". This book examines how the evidence base from primary care research can strengthen health care services and delivery, tackle the growing burden of disease, improve quality and safety, and increase a person-centred focus to health care. These two books join the increasing library of WONCA publications including: The WONCA Guidebook 2013 ("The Contribution of Family Medicine to Improving Health Systems" – and translated into various languages including Slovak and Vietnamese); "Integrating mental health into primary care – a global perspective"; "Family doctors in the field" (stories from environmental family doctors from across the globe); and, of course, the "Rural Medical Education Guidebook", freely available on the WONCA website.

So, all in all the organization remains busy and vibrant, with lots of activities taking place. The reports which follow, from our Statutory Committees, our regions, our Working Parties and Special Interest Groups and our Young Doctor Movements, will

highlight in much greater detail all that has been going on over the past 12 months. I hope very much that you enjoy reading them.

Dr Garth Manning Chief Executive Officer

WONCA STATUTORY COMMITEES

Finance



In the last Annual Report June 2015 – June 2016 the Hon Treasurer was confident to predict a surplus for 2016. As the new Hon Treasure I am happy to inform you that we indeed made a surplus. The projected Income for 2016 was set at \$902,000 but we came short of that at \$888,000. Income from membership was higher than projected, but we did not get the expected income from Licences, Sponsorship and Consultancy. Expenditure was projected at \$842,000 and we only spent \$730,000. A more detailed view shows that several budgets have not been depleted. As a result the surplus over 2016 which was projected at almost \$60,000 came to a surplus of almost \$160,000. That of course is very good news and strengthens the financial reserves of WONCA.

For 2017 WONCA Council accepted a budget balancing Income and Expenditures. We did not foresee a surplus as we have no income from a World Conference in 2017. WONCA Executive revised the budget in April 2017 to keep the budget balanced. Whether we will succeed depends largely on the income from Sponsorship, Licenses, and Consultancy, which together account for \$ 70,000. The CEO is working on all three activities, and although there are some hopeful signs, the deals have not been closed. Working closely with the CEO to stay within our budget for 2017, we are also taking a realistic perspective on the income of 2018.

Finally, the Audit Report for WONCA International Inc – the WONCA Trust – for 2016 is included as an annex to this report.

Prof Job FM Metsemakers WONCA Executive Member at Large Hon Treasurer

Organizational Equity Committee



The previous Organizational Equity Committee (OEC)-in post until October 2016-spent considerable time formulating a WONCA Conference Equity Statement (CES). They succeeded in developing a Statement which managed to cover key aspects of organizational equity whilst staying short enough to be very readable and manageable, and are to be congratulated on their achievements. The CES was presented to Council in October 2016 where it was unanimously endorsed and is now being operationalised.

The new OEC has been working hard at examining other organizational equity issues. In particular, it is concentrating on ways to enhance greater equity of WONCA awards and honours, on both a gender and geographical basis, and also wants to consider LGBTQ issues within the organization. It will report further on

progress in next year's report and in full to WONCA Council in October 2018.

Dr Donald Li President Elect Chair, OEC

Bylaws Committee



At the WONCA World Council in Rio, in 2016, major changes to the WONCA By Laws were approved. The main change was to simplify the "bylaws and regulations" by separating these two documents, resulting in the Bylaws document only, being our new constitution.

As well as this major change, Council also approved the inclusion of appropriate details relating to the Young Doctors' Representative on Executive; details of a new category of "pro tem" membership; better definition of the terms of office of Executive members and the voting at World Council; limitations on nominations from the floor at World Council; and inclusion of the words primary

care in the WONCA mission statement.

The new WONCA Bylaws and Regulations Committee (2016-2018) has work to do in cleaning up the resultant document and ensuring both the Bylaws and the WONCA Organizational Policies (previously regulations) appropriate to purpose.

Discussion has begun on some proposals for the 2018 World Council including on a shorter mission statement and on more information that can be included in the Organizational Policies now that they are no longer part of the constitution. I would like to acknowledge the work of my current committee and thank them in advance for the work they will be doing over the coming year.

- Dora Bernal Colombia
- Akin Moses Nigeria
- Chandra Thuraisingham Malaysia
- Richard Roberts USA (co-pted)
- Val Wass –UK (co-opted)

Dr Karen Flegg WONCA Executive Member at Large Chair Bylaws and Regulations Committee

Membership Committee



WONCA continues to receive many applications for Full Member Organization (MO) status, Associate MO status, Academic Member status and for Organization in Collaborative Relationship (OCR) status. Applications are received and checked in the Secretariat, with any supplementary questions addressed to the applicant, and then applications are forwarded to Membership Committee for evaluation. Finally, the committee's recommendations are forwarded to Executive for consideration and endorsement.

In the past 12 months, we have been pleased to admit the following to WONCA membership:

Full Membership

- The Hungarian Research Organisation of Family Physicians (CSAKOSZ) upgrade from Associate Member
- 2. The Academy of Family Physicians of India (AFPI) upgrade from Associate Member
- 3. The Bangladesh Academy of Family Physicians (BAFP) upgrade from Associate Member
- 4. The Iranian GP Association, Tehran, Iran
- 5. Cross-Straits Medicine Exchange Association-Committee of General Practice, Beijing, China
- 6. College of Indonesian Primary Care Physicians, Indonesia

Academic Membership

- 1. Department of Family, Community Medicine and Bioethics, Universitas Gadjah Mada, Yogjakarta, Indonesia
- 2. Department of Primary Care and Population Health, University of Nicosia Medical School, Nicosia, Cyprus
- 3. Department of Family and Community Medicine, Annajah University, Nablus- West Bank
- 4. National Republic Training and Clinical Medicine Center, Tajikistan
- 5. Department of Family Medicine, University of Malawi College of Medicine.
- 6. Division of Family Medicine, University of Cape Town, South Africa.

At the 2013 World Council WONCA introduced Life Direct Membership, which provides the opportunity for individuals to make a special gift to WONCA in return for waiver of annual Direct Member renewal requirements. To date 156 people have taken out Life Direct Membership, including 60 during this reporting period, and we are pleased to acknowledge their generosity by listing them in this report.

My thanks to members of the Membership Committee for their assistance so far during this biennium and also to the Secretariat, most especially Dr Nongluck Suwisith, for greatly facilitating the application processes.

Professor Ruth Wilson WONCA North America Regional President Chair, Membership Committee

WHO Liaison



WONCA continues to engage with the World Health Organization (WHO), working on increasing WHO and its member states' comprehension of Family Medicine and improving WONCA members' engagement with the WHO and understanding or the organization. WONCA's message is that to deliver high quality and comprehensive primary care, countries need to invest in strengthening family medicine, and that training more family doctors as critical members of multidisciplinary teams providing integrated, people-centred primary health care will be key to the foundation of universal health coverage pursued by WHO. WONCA's World and Regional Executive Boards, several of WONCA's Working Parties and Special Interest Groups, as well as member

organizations, continue to work to strengthen existing relationships with the WHO and establish new ones.

In May 2017, the World Health Assembly (WHA) elected Dr Tedros Adhanom Ghebreyesus to be the new Director General of WHO. Dr Tedros explained that he would focus on five priorities: 1) Health for all, through the right of every individual to basic health services, 2) The development of global and local health systems capable of preventing, monitoring, detecting and responding to public health emergencies, 3) Securing the health, dignity and rights of women, children and adolescents 4) Advancing both mitigation and adaptation strategies for climate and environmental change, and 5) Transforming WHO into a more effective, transparent and accountable agency.

An important resolution adopted by the 70th World Health Assembly should be highlighted for its potential contribution to the global development of Family Medicine. The Health Assembly, with Resolution A70R6 agreed to a 5-year action plan under which "WHO will collaborate with the International Labour Organization, and the Organization for Economic Cooperation and Development in working with governments and key stakeholders to address the global health and social workforce shortfall and contribute to international efforts to achieve the Sustainable Development Goals". This plan calls on countries to view the health and social workforce as an investment,



WONCA WHO Liaison presented "WONCA statement on Human Resources for Health" at World Health Assembly in Geneva on May 25,

and take advantage of the economic benefits of growth in the health and social sector to achieve universal access to health care. We welcome the WHO's commitment to supporting reforms in the health workforce, particularly the development of the primary health care sector, and highlight the importance of Family Medicine as the core specialty for primary care.

The Fourth Global Forum on Human Resources for Health - Building the health workforce of the future - to be held in Dublin, Ireland, from 13-17 November 2017 is part of this year's agenda of the Health Workforce Department of WHO. This intersectoral forum will welcome participation from a range of actors across education, health, labor/employment and finance sectors. WONCA will be represented at the forum. A Youth Forum, on 14th November, will convene a network of young change agents to generate ideas, explore best practices, encourage future collaborations, and network with other youth leaders from different backgrounds. WONCA young doctor representatives and medical students with a passion for rural practice are involved in the organization of the Youth Forum.

WHO is currently working on a Primary Health Care Performance Initiative http://phcperformanceinitiative.org (PHCPI) that brings together policymakers, health system managers, health care practitioners, advocates and other development partners in primary health care in low- and middle-income countries to catalyze improvements through better measurement and knowledge-sharing. As Family doctors, we have the opportunity to get involved, share our stories and improve PHC measurement and systems in our communities.

Please go to this website http://www.phcperformanceinitiative.org/get-involved-phcpi to share Family Medicine stories.

During this past year WONCA has contributed to WHO's work on a wide range of subjects including care for the elderly, identifying experts to participate in the Clinical Consortium on Healthy Ageing (CCHA), a multidisciplinary network of experts that will advance research by facilitating data sharing and new analysis, and support WHO in developing standards, and clinical guidelines necessary for the implementation of the global strategy to combat ageism, maintain functionality, lay foundations for sustainable longer term care,

create age friendly cities, and address workforce needs. We continue to advocate for the further development and use of the International Classification of Primary Care (ICPC). We are working on addressing mental health in primary care, in collaboration with the Working Party on Mental Health, and participating with the WHO Mental Health Gap Action Programme (mhGAP).

WONCA also continues to strengthen regional links, with representation at annual WHO Regional Committee meetings in the European, Eastern Mediterranean and African regions, as well as various other key meetings in Western Pacific, South East Asia, North America and Iberoamericana regions. We have also welcomed the participation of WHO representatives at various regional WONCA conferences and were especially pleased to welcome Dr Hernan Montenegro (WHO WONCA key liaison) and Dr Jim Campbell (Director of WHO Human Resources for Health) to both our WONCA World Council and the 2016 WONCA world conference in Rio de Janeiro.

The WHO European Centre for Primary Health Care (ECPHC) is based in Almaty, Kazakhstan. The WHO



Primary Care Advisory Group was established in 2016 to support the work of the ECPHC and held its first meeting in June 2017. WONCA attended as a member of the Advisory Board of the Primary Care Center together with other representatives of organizations with expertise to advocate for the strengthening of primary health care. WONCA will be involved in the organization of a meeting for the 40th Anniversary of the signing of the Alma-Ata Declaration in 2018.

We have also continued to develop collaborative activities with other non-governmental organizations with common interests in their work with the WHO. These organizations include: International Federation of Medical Students' Associations, World Medical Association, International Council of Nurses, International Commission on Occupational Health, World Heart Foundation, World Psychiatric Association, International Alliance of Patients' Organizations, World Federation of Public Health Associations and International College of Person Centered Medicine.

We need your collaboration in the generation of data connected to the work of Family Physicians worldwide. If you would like to learn more about WONCA's engagement with the WHO, or find out how you could become more involved please contact Dr Viviana Martinez-Bianchi, Executive Board Member-at-Large and WHO Liaison Officer (whowonca@wonca.net).

Dr Viviana Martinez Bianchi WONCA Executive Member at Large WONCA-WHO Liaison

Conference Planning Committee



There have been two brief meetings of the Conference Planning Committee during this reporting period. In October 2016 I visited Seoul, Korea, for meetings with both the Host Organizing Committee (HOC) and the Professional Conference Organizers (PCO). Plans were already advancing well, and I was impressed at the enthusiasm and energy of the HOC, led by Professor Jong Sik Kim

I returned to Seoul in May 2017, along with Dr Bohumil Siefert, for a two-day visit. We inspected a number of possible venues for the WONCA Council meeting, and a final decision will be made soon, once all the pros and cons have been considered. We also inspected the conference venue — CoEx in the

Gangnam District – which is a huge venue, but one which will offer great facilities for our event. Again, the meeting with the HOC was extremely productive, and it is clear that they have all arrangements well in hand. A further meeting in Korea will be held in early 2018.

But of course, now that we have moved to a two-year cycle for conferences, we are also starting to plan for 2020 in Abu Dhabi. I will be visiting Dubai on 6th and 7th August for meetings with members of the HOC and PCO in and will report in subsequent Annual Reports.

Dr Garth Manning WONCA CEO Chair, Conference Planning Committee





WONCA CEO and Dr Bohumil Siefert, Conference Planning Committee, during the meeting with Prof Jong Sik Kim, Chair of the HOC and the PCO of the next 2018 WONCA World Conference in Seoul,

WONCA Conferences

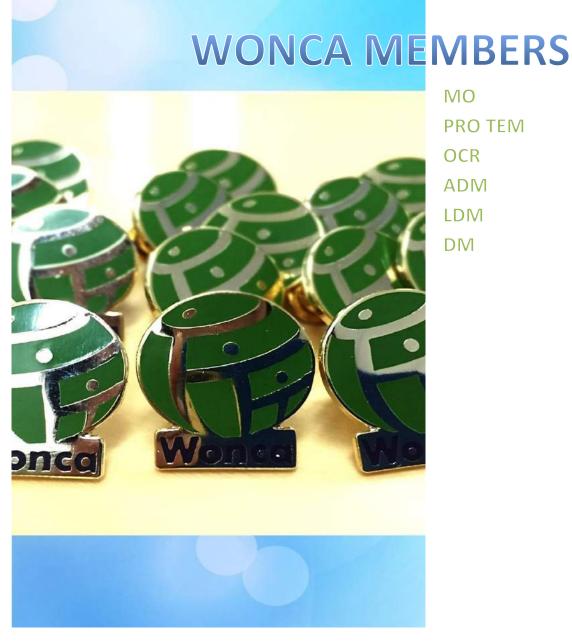
The highlight of this reporting period was, of course, the WONCA World Conference in Rio de Janeiro in November 2016, probably the biggest WONCA event to date. No WONCA events can be planned for the fourmonth period prior to a world event, so July to December 2016 were quiet, but activities picked up again in 2017. Among the WONCA meetings and conferences which have taken place have included:

- WONCA Eastern Mediterranean Region conference in Abu Dhabi, from 2nd to 4th March 2017
- WONCA Rural Conference in Cairns, Australia, from 29th April to 1st May 2017
- WONCA Europe conference in Prague, Czech Republic, from 29th June to 1st July 2017.

The next 12 months will also be a busy period, with many events planned. Among the highlights will be:

Region/WP	Venue	Dates
		+h +h
WONCA Iberoamericana-CIMF	Lima, Peru,	17 th to 19 th August 2017
WONCA Africa	Pretoria, South Africa,	18 th to 20 th August 2017
WONCA Asia Pacific Region	Pattaya, Thailand	1 st to 4 th November 2017
WONCA South Asia Region	Kathmandu, Nepal	25 th and 26 th November 2017
WONCA Eastern Mediterranean	Kuwait City, Kuwait	1 st to 3 rd March 2018
WONCA Iberoamericana Cumbre (Summit)	Cali, Colombia	13 rd and 14 th March 2018
WONCA Iberoamericana-CIMF	Cali, Colombia	13 th to 14 th March 2018
WONCA Rural Health conference	Delhi, India	26 th to 29 th April 2018
WONCA Europe	Krakow, Poland	24 th to 27 th May 2018
WONCA World	Seoul, Korea	17 th to 21 st October 2018





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Lists of WONCA Member Organization

Full Member Organization (114 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 Federación 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 Osterreichische Gesellschaft fur Allgemein und Familienmedizin	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	SSMG	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 Comunidado	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 Generaly 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
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 Costarriencense de Especialistas en Familiar y Comunitaria		12-Oct-04
CROATIA	Croatian Association of Family Medicine	CAFM	16-Oct-97
CROATIA	Croatian Family Physicians Coordination	КОНОМ	18-May-10

COUNTRY	MO name	Acronym	Joined
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	CMG	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	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	Federation of Family Physicians' Associations of India	FFPAI	01-Jan-10
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
IRAN	Iran 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

COUNTRY	MO name	Acronym	Joined
ITALY	Centro Studi e Ricerche in Medicina Generale	CSeRMEG	14-Aug-91
ITALY	Interdisciplinary Scientific Association of both Family and Community Medicine (Associazione Società Scientifica Interdisciplinare e di Medicina di Famiglia e Comunità)	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
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 Societé Scientifique Luxembourgeoise de Médecine Générale	SSLMG	19-Dec-05
MACAU	Associacao dos Medicos de Clinica 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 Kedoktoran 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
MYANMAR	Myanmar Medical Association - GPs Society	GPSM	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

COUNTRY	MO name	Acronym	Joined
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 Allmennmedisin	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
PANAMA	Asociacion Panamena de Medicina Familiar	APMF	06-Jun-02
PARAGUAY	Paraguayan Society of Family Medicine Sociedad Paraguaya De Medicine 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 Polse	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
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
THAILAND	The General Practitioners/Family Physicians Association, Thailand	GPFPAT	28-Mar-85

COUNTRY	MO name	Acronym	Joined
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 Familiary 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
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
PAKISTAN	Pakistan Society of Family Physicians, Lahore	PSFP	16-Dec-96
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

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
Braziliian Society of Family Medicine Sociedade Brasileira de Medicina de Familia	SOBRAMFA	BRAZIL	12-Apr-03
European Association of Communication in Healthcare	EACH	UK	18-Oct-15
Institute of Family Medicine of Kenya Trust	INFA-MED	KENYA	01-Jan-04
International Association of Agricultural Medicine & Rural Health	IAAMRH	INDIA	08-Nov-01
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 Society of Doctors for the Environment	ISDE	ITALY	11-May-89
North American Primary Care Research Group	NAPCRG	USA	16-Oct-97
The Belarussian Association of General Practitioners	BAVOP	BELARUS	17-Apr-04
The Network: TUFH Office	The Network:TUFH	BELGIUM	18-Feb-06

Lists of WONCA Academic Members by Country (30 members

ARGENTINA Clinica Belgrano Family Medicine Department, Clinica Privada General Belgrano 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 CANADA Department of Family & Community Medicine, University of Toronto CANADA Discipline of Family Medicine, Memorial University Health Science Centre CHINA Family Medicine Education Program, United Family Health Care COLOMBIA Family Medicine and Community Health Residency, Universidad de la Sabana COLOMBIA Cundinamarca, Fundación Universitaria Juan N. Corpas CYPRUS Department for Primary Care and Population Health, University of Nicosia Medical School GERMANY Institute of General Practice, University of Erlangen-Nuremberg 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 PHF, Kuwait Medical Institute for Medical Specialization MALAWI Department of Family Medicine, University of Malawi, University of Malawi NETHERLANDS Department of Primary and Community Care, Radboud University Nijmegen Medical Center NETHERLANDS Department of General Practice, Julius Center UMC Utrecht 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 Gape Town SUDAN Department of Family and Community Medicine, Faculty of Medicine University of Gezira TAJIKISTAN National Republican Training and Clinical Family Medicine Center THAILAND Department of Family Medicine, Boston University USA Department of Family Medicine, The University of Iowa Carver College of Medicine USA UW Department of Family Medicine and Rural Health, Florida State University USA Hofstra-NSLIJ	Country	Full name
AUSTRALIA Department of General Practice, Monash University AUSTRALIA Rural Clinical School, The Australian National University BANGLADESH Bangladesh Institute of Family Medicine & Research CANADA Department of Family & Community Medicine, University of Toronto CANADA Discipline of Family Medicine, Memorial University Health Science Centre CHINA Family Medicine Education Program, United Family Health Care COLOMBIA Family Medicine and Community Health Residency, Universidad de la Sabana COLOMBIA Cundinamarca, Fundación Universitaria Juan N. Corpas CYPRUS Department for Primary Care and Population Health, University of Nicosia Medical School GERMANY Institute of General Practice, University of Erlangen-Nuremberg 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 PHF, Kuwait Medical Institute for Medical Specialization MALAWI Department of Family Medicine, University of Malawi, University of Malawi NETHERLANDS Department of Family Medicine, Erasmus Medical Center NETHERLANDS Department of General Practice, Julius Center UMC Utrecht 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 TAJIKISTAN National Republican Training and Clinical Family Medicine, Prince of Songkla University USA Department of Family Medicine, Boston University USA Department of Family Medicine, Boston University USA Department of Family Medicine, Community Health, University of Wisconsin Medical Foundation USA Department of Family Medicine & Community Health, University of Wisconsin Medical Foundation USA Department of Family Medicine and Rural Health, Florida State University	ARGENTINA	Clinica Belgrano Family Medicine Department, Clinica Privada General Belgrano
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CANADA Discipline of Family Medicine, Memorial University Health Science Centre CHINA Family Medicine Education Program, United Family Health Care COLOMBIA Family Medicine and Community Health Residency, Universidad de la Sabana COLOMBIA Cundinamarca, Fundación Universitaria Juan N. Corpas CYPRUS Department for Primary Care and Population Health, University of Nicosia Medical School GERMANY Institute of General Practice, University of Erlangen-Nuremberg 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 PHF, Kuwait Medical Institute for Medical Specialization MALAWI Department of Family Medicine, University of Malawi, University of Malawi NETHERLANDS Department of Frimary and Community Care, Radboud University Nijmegen Medical Center NETHERLANDS Department of General Practice, Julius Center UMC Utrecht 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 Amedicine, University of Medicine University of Gezira TAJIKISTAN National Republican Training and Clinical Family Medicine, Prince of Songkla University USA Department of Family Medicine, Boston University USA Department of Family Medicine, Boston University USA Department of Family Medicine, The University of Iowa Carver College of Medicine USA UW Department of Family Medicine and Rural Health, Florida State University	BANGLADESH	Bangladesh Institute of Family Medicine & Research
CHINA Family Medicine Education Program, United Family Health Care COLOMBIA Family Medicine and Community Health Residency, Universidad de la Sabana COLOMBIA Cundinamarca, Fundación Universitaria Juan N. Corpas CYPRUS Department for Primary Care and Population Health, University of Nicosia Medical School GERMANY Institute of General Practice, University of Erlangen-Nuremberg 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 PHF, Kuwait Medical Institute for Medical Specialization MALAWI Department of Family Medicine, University of Malawi, University of Malawi NETHERLANDS Department of Primary and Community Care, Radboud University Nijmegen Medical Center NETHERLANDS Department of Family Medicine, Erasmus Medical Center NETHERLANDS Department of General Practice, Julius Center UMC Utrecht 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 TAJIKISTAN National Republican Training and Clinical Family Medicine Center THAILAND Department of Family Medicine, Boston University USA Department of Family Medicine, Boston University USA Department of Family Medicine, The University of Iowa Carver College of Medicine USA UW Department of Family Medicine and Rural Health, Florida State University	CANADA	Department of Family & Community Medicine, University of Toronto
COLOMBIA Family Medicine and Community Health Residency, Universidad de la Sabana COLOMBIA Cundinamarca, Fundación Universitaria Juan N. Corpas CYPRUS Department for Primary Care and Population Health, University of Nicosia Medical School GERMANY Institute of General Practice, University of Erlangen-Nuremberg 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 PHF, Kuwait Medical Institute for Medical Specialization MALAWI Department of Family Medicine, University of Malawi, University of Malawi NETHERLANDS Department of Primary and Community Care, Radboud University Nijmegen Medical Center NETHERLANDS Department of Family Medicine, Erasmus Medical Center NETHERLANDS Department of General Practice, Julius Center UMC Utrecht 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 TAJIKISTAN National Republican Training and Clinical Family Medicine Center THAILAND Department of Community Medicine, Faculty of Medicine, Prince of Songkla University USA Department of Family Medicine, Boston University USA Department of Family Medicine, The University of Iowa Carver College of Medicine USA UW Department of Family Medicine and Rural Health, Florida State University of Wisconsin Medical Foundation USA Department of Family Medicine and Rural Health, Florida State University	CANADA	Discipline of Family Medicine, Memorial University Health Science Centre
COLOMBIA Cundinamarca, Fundación Universitaria Juan N. Corpas CYPRUS Department for Primary Care and Population Health, University of Nicosia Medical School GERMANY Institute of General Practice, University of Erlangen-Nuremberg 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 PHF, Kuwait Medical Institute for Medical Specialization MALAWI Department of Family Medicine, University of Malawi, University of Malawi NETHERLANDS Department of Primary and Community Care, Radboud University Nijmegen Medical Center NETHERLANDS Department of General Practice, Julius Center UMC Utrecht 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 TAJIKISTAN National Republican Training and Clinical Family Medicine Center THAILAND Department of Community Medicine, Faculty of Medicine, Prince of Songkla University 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 and Rural Health, Florida State University	CHINA	Family Medicine Education Program, United Family Health Care
CYPRUS Department for Primary Care and Population Health, University of Nicosia Medical School GERMANY Institute of General Practice, University of Erlangen-Nuremberg 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 PHF, Kuwait Medical Institute for Medical Specialization MALAWI Department of Family Medicine, University of Malawi, University of Malawi NETHERLANDS Department of Primary and Community Care, Radboud University Nijmegen Medical Center NETHERLANDS Department of General Practice, Julius Center UMC Utrecht 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 TAJIKISTAN National Republican Training and Clinical Family Medicine Center THAILAND Department of Community Medicine, Faculty of Medicine University 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 Department of Family Medicine and Rural Health, Florida State University	COLOMBIA	Family Medicine and Community Health Residency, Universidad de la Sabana
GERMANY Institute of General Practice, University of Erlangen-Nuremberg 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 PHF, Kuwait Medical Institute for Medical Specialization MALAWI Department of Family Medicine, University of Malawi, University of Malawi NETHERLANDS Department of Primary and Community Care, Radboud University Nijmegen Medical Center NETHERLANDS Department of Family Medicine, Erasmus Medical Center NETHERLANDS Department of General Practice, Julius Center UMC Utrecht 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 TAJIKISTAN National Republican Training and Clinical Family Medicine Center THAILAND Department of Community Medicine, Faculty of Medicine, Prince of Songkla University USA Department of Family Medicine, Boston University USA Department of Family Medicine, The University of Iowa Carver College of Medicine USA UW Department of Family Medicine & Community Health, University of Wisconsin Medical Foundation USA Department of Family Medicine and Rural Health, Florida State University	COLOMBIA	Cundinamarca, Fundación Universitaria Juan N. Corpas
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 PHF, Kuwait Medical Institute for Medical Specialization MALAWI Department of Family Medicine, University of Malawi, University of Malawi NETHERLANDS Department of Primary and Community Care, Radboud University Nijmegen Medical Center NETHERLANDS Department of Family Medicine, Erasmus Medical Center NETHERLANDS Department of General Practice, Julius Center UMC Utrecht 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 TAJIKISTAN National Republican Training and Clinical Family Medicine Center THAILAND Department of Community Medicine, Faculty of Medicine, Prince of Songkla University USA Department of Family Medicine, Boston University USA Department of Family Medicine, The University of Iowa Carver College of Medicine USA UW Department of Family Medicine & Community Health, University of Wisconsin Medical Foundation USA Department of Family Medicine and Rural Health, Florida State University	CYPRUS	Department for Primary Care and Population Health, University of Nicosia Medical School
JAMAICA Section of Family Medicine, Department of Community Health & Psychiatry KUWAIT The Faculty of Primary Health PHF, Kuwait Medical Institute for Medical Specialization MALAWI Department of Family Medicine, University of Malawi, University of Malawi NETHERLANDS Department of Primary and Community Care, Radboud University Nijmegen Medical Center NETHERLANDS Department of Family Medicine, Erasmus Medical Center NETHERLANDS Department of General Practice, Julius Center UMC Utrecht 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 TAJIKISTAN National Republican Training and Clinical Family Medicine Center THAILAND Department of Community Medicine, Faculty of Medicine, Prince of Songkla University USA Department of Family Medicine, Boston University USA Department of Family Medicine, The University of Iowa Carver College of Medicine USA UW Department of Family Medicine & Community Health, University of Wisconsin Medical Foundation USA Department of Family Medicine and Rural Health, Florida State University	GERMANY	Institute of General Practice, University of Erlangen-Nuremberg
JAMAICA Section of Family Medicine, Department of Community Health & Psychiatry KUWAIT The Faculty of Primary Health PHF, Kuwait Medical Institute for Medical Specialization MALAWI Department of Family Medicine, University of Malawi, University of Malawi NETHERLANDS Department of Primary and Community Care, Radboud University Nijmegen Medical Center NETHERLANDS Department of Family Medicine, Erasmus Medical Center NETHERLANDS Department of General Practice, Julius Center UMC Utrecht 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 TAJIKISTAN National Republican Training and Clinical Family Medicine Center THAILAND Department of Community Medicine, Faculty of Medicine, Prince of Songkla University USA Department of Family Medicine, Boston University USA Department of Family Medicine, The University of Iowa Carver College of Medicine USA UW Department of Family Medicine & Community Health, University of Wisconsin Medical Foundation USA Department of Family Medicine and Rural Health, Florida State University	INDONESIA	
MALAWI Department of Family Medicine, University of Malawi, University of Malawi NETHERLANDS Department of Primary and Community Care, Radboud University Nijmegen Medical Center NETHERLANDS Department of Family Medicine, Erasmus Medical Center NETHERLANDS Department of General Practice, Julius Center UMC Utrecht 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 TAJIKISTAN National Republican Training and Clinical Family Medicine Center THAILAND Department of Community Medicine, Faculty of Medicine, Prince of Songkla University USA Department of Family Medicine, Boston University USA Department of Family Medicine, The University of Iowa Carver College of Medicine USA UW Department of Family Medicine & Community Health, University of Wisconsin Medical Foundation USA Department of Family Medicine and Rural Health, Florida State University	JAMAICA	
NETHERLANDS Department of Primary and Community Care, Radboud University Nijmegen Medical Center NETHERLANDS Department of Family Medicine, Erasmus Medical Center NETHERLANDS Department of General Practice, Julius Center UMC Utrecht 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 TAJIKISTAN National Republican Training and Clinical Family Medicine Center THAILAND Department of Community Medicine, Faculty of Medicine, Prince of Songkla University USA Department of Family Medicine, Boston University USA Department of Family Medicine, The University of Iowa Carver College of Medicine USA UW Department of Family Medicine & Community Health, University of Wisconsin Medical Foundation USA Department of Family Medicine and Rural Health, Florida State University	KUWAIT	The Faculty of Primary Health PHF, Kuwait Medical Institute for Medical Specialization
NETHERLANDS Department of Family Medicine, Erasmus Medical Center NETHERLANDS Department of General Practice, Julius Center UMC Utrecht 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 TAJIKISTAN National Republican Training and Clinical Family Medicine Center THAILAND Department of Community Medicine, Faculty of Medicine, Prince of Songkla University USA Department of Family Medicine, Boston University USA Department of Family Medicine, The University of Iowa Carver College of Medicine USA UW Department of Family Medicine & Community Health, University of Wisconsin Medical Foundation USA Department of Family Medicine and Rural Health, Florida State University	MALAWI	Department of Family Medicine, University of Malawi, University of Malawi
NETHERLANDS Department of General Practice, Julius Center UMC Utrecht 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 TAJIKISTAN National Republican Training and Clinical Family Medicine Center THAILAND Department of Community Medicine, Faculty of Medicine, Prince of Songkla University USA Department of Family Medicine, Boston University USA Department of Family Medicine, The University of Iowa Carver College of Medicine USA UW Department of Family Medicine & Community Health, University of Wisconsin Medical Foundation USA Department of Family Medicine and Rural Health, Florida State University	NETHERLANDS	Department of Primary and Community Care, Radboud University Nijmegen 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 TAJIKISTAN National Republican Training and Clinical Family Medicine Center THAILAND Department of Community Medicine, Faculty of Medicine, Prince of Songkla University USA Department of Family Medicine, Boston University USA Department of Family Medicine, The University of Iowa Carver College of Medicine USA UW Department of Family Medicine & Community Health, University of Wisconsin Medical Foundation USA Department of Family Medicine and Rural Health, Florida State University	NETHERLANDS	Department of Family Medicine, Erasmus Medical Center
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 TAJIKISTAN National Republican Training and Clinical Family Medicine Center THAILAND Department of Community Medicine, Faculty of Medicine, Prince of Songkla University USA Department of Family Medicine, Boston University USA Department of Family Medicine, The University of Iowa Carver College of Medicine USA UW Department of Family Medicine & Community Health, University of Wisconsin Medical Foundation USA Department of Family Medicine and Rural Health, Florida State University	NETHERLANDS	Department of General Practice, Julius Center UMC Utrecht
SOUTH AFRICA Division of Family Medicine, University of Cape Town SUDAN Department of Family and Community Medicine, Faculty of Medicine University of Gezira TAJIKISTAN National Republican Training and Clinical Family Medicine Center THAILAND Department of Community Medicine, Faculty of Medicine, Prince of Songkla University USA Department of Family Medicine, Boston University USA Department of Family Medicine, The University of Iowa Carver College of Medicine USA UW Department of Family Medicine & Community Health, University of Wisconsin Medical Foundation USA Department of Family Medicine and Rural Health, Florida State University	NEW ZEALAND	Department of General Practice, University of Otago
SUDAN Department of Family and Community Medicine, Faculty of Medicine University of Gezira TAJIKISTAN National Republican Training and Clinical Family Medicine Center THAILAND Department of Community Medicine, Faculty of Medicine, Prince of Songkla University USA Department of Family Medicine, Boston University USA Department of Family Medicine, The University of Iowa Carver College of Medicine USA UW Department of Family Medicine & Community Health, University of Wisconsin Medical Foundation USA Department of Family Medicine and Rural Health, Florida State University	PALESTINE	Family and Community Medicine, Annajah University Nablus- West Bank
TAJIKISTAN National Republican Training and Clinical Family Medicine Center THAILAND Department of Community Medicine, Faculty of Medicine, Prince of Songkla University USA Department of Family Medicine, Boston University USA Department of Family Medicine, The University of Iowa Carver College of Medicine USA UW Department of Family Medicine & Community Health, University of Wisconsin Medical Foundation USA Department of Family Medicine and Rural Health, Florida State University	SOUTH AFRICA	Division of Family Medicine, University of Cape Town
THAILAND Department of Community Medicine, Faculty of Medicine, Prince of Songkla University USA Department of Family Medicine, Boston University USA Department of Family Medicine, The University of Iowa Carver College of Medicine USA UW Department of Family Medicine & Community Health, University of Wisconsin Medical Foundation USA Department of Family Medicine and Rural Health, Florida State University	SUDAN	Department of Family and Community Medicine, Faculty of Medicine University of Gezira
USA Department of Family Medicine, Boston University USA Department of Family Medicine, The University of Iowa Carver College of Medicine USA UW Department of Family Medicine & Community Health, University of Wisconsin Medical Foundation USA Department of Family Medicine and Rural Health, Florida State University	TAJIKISTAN	National Republican Training and Clinical Family Medicine Center
USA Department of Family Medicine, The University of Iowa Carver College of Medicine USA UW Department of Family Medicine & Community Health, University of Wisconsin Medical Foundation USA Department of Family Medicine and Rural Health, Florida State University	THAILAND	Department of Community Medicine, Faculty of Medicine, Prince of Songkla University
USA UW Department of Family Medicine & Community Health, University of Wisconsin Medical Foundation USA Department of Family Medicine and Rural Health, Florida State University	USA	Department of Family Medicine, Boston University
USA Department of Family Medicine and Rural Health, Florida State University	USA	Department of Family Medicine, The University of Iowa Carver College of Medicine
USA Department of Family Medicine and Rural Health, Florida State University	USA	
USA Hofstra-NSLIJ School of Medicine, Family Medicine Department, South Side Hospital	USA	
	USA	Hofstra-NSLIJ School of Medicine, Family Medicine Department, South Side Hospital

Lists of WONCA Life Direct Member Sorted by Surname (156 members)

SURNAME	FIRST NAME	COUNTRY	DM NUMBER
ABBASI	Dr Naveed Shah	UNITED KINGDOM	LDM 034
ABD EL-HAMID HEGAZY	Dr Nagwa Nashat	EGYPT	LDM 129
ABDULLAH	Dr Zaaba Bin	MALAYSIA	LDM 009
ABDULMOGITH	Dr Mohammed	SUADI ARABIA-RIYADH	LDM 134
ABRIK	Dr Anas Mohammed Riyad	SAUDI ARABIA	LDM 143
AHMAD	Dr Adeel	UNITED KINGDOM	LDM 044
AHMAD	Dr Sajad	UNITED KINGDOM	LDM 150
AHNFELDT-MOLLERUP	Dr Inger	DENMARK	LDM 147
AHNFELDT-MOLLERUP	Dr Peder	DENMARK	LDM 148
AL HOULI	Dr Hebah	KUWAIT	LDM 083
AL KHUZAEI	Dr Deyaa	QATAR	LDM 079
Al MESAIFRI	Dr Meshal Abdulla	QATAR	LDM 060
AL MULLA	Dr Nouf	KUWAIT	LDM 082
AL QATTAN	Dr Mariem	KUWAIT	LDM 085
ALALMAIE	Prof Sameeh	SAUDI ARABIA	LDM 030
ALAMI	Dr Fatima-Zohra Mchich	MOROCCO	LDM 089
AL-AZRI	Dr Mohammed Hilal	OMAN	LDM 045
ALDEI	Dr Shaikhah	KUWAIT	LDM 086
ALKHATIB	Dr Ahmad	UAE	LDM 135
ALSHAREEF	Dr Mohammed Abdullah	SAUDI ARABIA	LDM 115
ALSHOALA	Dr Qasim Mohammed	SAUDI ARABIA	LDM 123
ALSHOWAIR	Dr Abdul Majeed	SAUDI ARABIA	LDM 133
ARIBA	Dr Adekunle Joseph	NIGERIA	LDM 111
ASGHARI	Dr Shabnam	CANADA	LDM 138
BALA	Prof Kanu	BANGLADESH	LDM 128
BASHYAM	Dr Krishnaraj	INDIA	LDM 016
BECK	Dr Anton Johann	GERMANY	LDM 032
BELLO	Dr Ibrahim Sebutu	NIGERIA	LDM 048
BENDER	Dr John Lumir	USA	LDM 095
BENDHAFARI	Dr Fatemah	KUWAIT	LDM 084
BHATIA	Dr Vikas	INDIA	LDM 041
BOSE	Dr Barish Baran	INDIA	LDM 121
BROTCHIE	Dr Kathyrn	AUSTRALIA	LDM 031
CAIRNS	Dr Bryan Mitchell	USA	LDM 151
CAIRNS	Dr Mary Rosa Buckler	USA	LDM 152
CASTRO	Dr Adrian	AUSTRALIA	LDM 140
CASTRO	Dr Lea	AUSTRALIA	LDM 141
CHAMACHAM	Dr Tooraj	AUSTRALIA	LDM 022
CHANG	Dr Hsuan-Jui	TAIWAN	LDM 154
CHIANG	Dr Lap Kin	HONG KONG	LDM 015
CHIGBO	Dr Chuba	UNITED KINGDOM	LDM 049
DASHSASH	Dr Noha	SAUDI ARABIA	LDM 137
DAVIES	Dr Anthony	CANADA	LDM 007

Lists of WONCA Life Direct Member Sorted by Surname (cont'd)

SURNAME	FIRST NAME	COUNTRY	DM NUMBER
DETTMANN	Dr Nicole	USA	LDM 126
DHILLON	Dr Balvinder	AUSTRALIA	LDM 026
DHUNGANA	Dr Santosh Kumar	NEPAL	LDM 114
DJAMO	Dr Olga	FRANCE	LDM 105
DOSAJ	Dr Seema	CANADA	LDM 042
EBERT	Dr Sean Patrick	CANADA	LDM 106
EBERT	Dr Nicole	CANADA	LDM 125
ELSHERIF	Dr Omneya	EGYPT	LDM 013
FANG	Dr Evelyn	CHINA	LDM 039
FRANEY	Dr Cara Marie	NORWAY	LDM 068
GANI	Dr Abdul Hafiz Bin Mohamad	MALAYSIA	LDM 061
GAUCHAN	Dr Bikash	NEPAL	LDM 036
GREACEN	Dr Jane	AUSTRALIA	LDM 017
GUSSO	Dr Gustavo	BRAZIL	LDM 091
HADJADJ	Dr Amina	QATAR	LDM 136
HADLEY	Dr Lesca	USA	LDM 056
HAGMAN	Dr Erik	FINLAND	LDM 067
HATA	Dr Toshihiko	JAPAN	LDM 097
HAVAL	Assist Prof Smruti Mandar	INDIA	LDM 062
HAYA	Dr Marinda Asiah Nuril	INDONESIA	LDM 078
HIROWATARI	Dr Sandra	AUSTRALIA	LDM 131
IMUETINYAN	Dr Godfrey Osarumwense	NIGERIA	LDM 104
IRANDOUST	Dr Babak	NORWAY	LDM 122
ISLAM	Dr Mohammed Nurul	BANGLADESH	LDM 113
IVBJARO MBE	Professor Gabriel	UNITED KINGDOM	LDM 012
JENSEN	Dr Neil	AUSTRALIA	LDM 029
KAMNERDSIRI	Dr Watcharaphol Alexandre	BELGIUM	LDM 149
KASSAI	Prof Ryuki	JAPAN	LDM 054
KAUSHIK	Dr Satish K.	AUSTRALIA	LDM 037
KAUSHIK	Dr Nirmala	AUSTRALIA	LDM 038
KESU	Dr Sudev Santira	AUSTRALIA	LDM 025
KHOJA	Dr Abdullah Tawfik	SAUDI ARABIA	LDM 033
KIDD	Prof Michael Richard	AUSTRALIA	LDM 100
KIM	Dr Kyoungwoo	SOUTH KOREA	LDM 077
KONDO	Dr Masatoshi	JAPAN	LDM 040
KUMAR	Dr Raman	INDIA	LDM 075
KURASHI	Prof Nabil	SAUDI ARABIA	LDM 002
KURUVILLA	Dr George	UNITED KINGDOM	LDM 120
KUSABA	Dr Tesshu	JAPAN	LDM 006
LARKINS	Prof Sarah	AUSTRALIA	LDM 035
LAWSON	Dr Lovett	NIGERIA	LDM 027
LEE	Prof Jungkwon	SOUTH KOREA	LDM 099

Lists of WONCA Life Direct Member Sorted by Surname (cont'd)

SURNAME	FIRST NAME	COUNTRY	DM NUMBER
LI	Dr Donald Kwok Tung	HONG KONG	LDM 108
LO	Dr Chi Wing Vincent	HONG KONG	LDM 021
MACASPAC	Dr Maria Corazon	AUSTRALIA	LDM 058
MARKOWE	Dr Emmanuel Andreas Markakis	COLOMBIA	LDM 088
MARKUNS	Assist Prof Jeff	USA	LDM 071
MARSHALL	Dr Brendan John	NEW ZEALAND	LDM 146
MARTINEZ	Dr Maria Pia	AUSTRALIA	LDM 057
MASECAMPO	Dr Pat Avery	UAE	LDM 046
MASEL	Dr Matthew John	AUSTRALIA	LDM 092
MASEL	Dr Susan Jane	AUSTRALIA	LDM 118
MASHIYAMA	Dr Yukiko	JAPAN	LDM 020
MEHRA	Dr Sonia	UNITED KINGDOM	LDM 076
METSEMAKERS	Prof Job FM	NETHERLANDS	LDM 103
MILLAN PEREZ	Dr Sonia Patricia	COLOMBIA	LDM 142
MOOSA	Prof Shabir Ahmed Hassim	SOUTH AFRICA	LDM 156
MORLEY	Dr Christopher	USA	LDM 096
MURATA	Dr Yoji	JAPAN	LDM 087
MUTASIM	Dr Md Amin Al	AUSTRALIA	LDM 153
NEGREAN	Dr Cristina	ROMANIA	LDM 069
NEGREAN	Dr Aurel	ROMANIA	LDM 070
NGUYEN	Dr Duc Thanh	CANADA	LDM 065
NICOLAS	Dr Maria Emmylou	PHILIPPINES	LDM 155
OBAZEE	Dr Matie	NIGERIA	LDM 003
OBIEGBU	Dr Nnaedozie Paul	NIGERIA	LDM 112
OHASHI	Dr Hiroki	JAPAN	LDM 047
OLUKOWI	Dr Olubamiji Peter	NIGERIA	LDM 008
OLUWOLE	Dr Adeosun Adeniyi	NIGERIA	LDM 116
ONYA	Dr Obianma	NIGERIA	LDM 102
OSINOWO	Dr Sylvester A	NIGERIA	LDM 023
OWENS	Dr Tomas Patricio	USA	LDM 109
PADIKAL MOHAN	Dr Krishnakumar	INDIA	LDM 127
PANDEY	Dr Subhash	NEPAL	LDM 064
PAREKH	Dr Ramnik	India	LDM 018
PAREKH	Dr Jyoti R	India	LDM 019
PARMENTIER	Dr Henk	UNITED KINGDOM	LDM 011
PAUDEL	Dr Tarun	NEPAL	LDM 072
PEARCE	Dr Rodney	AUSTRALIA	LDM 053
RAHMAN	Prof Zakiur	BANGLADESH	LDM 073
RAMOS VALLADÃO JÚNIOR	Dr José Benedito	BRAZIL	LDM 110
RIVO	Dr Marc	USA	LDM 107
RUPASINGHE	Dr Maithri	SRI LANKA	LDM 074
SACHDEV	Dr Veerachai	THAILAND	LDM 004
SCARBROUGH	Dr Catherine	USA	LDM 139

Lists of WONCA Life Direct Member Sorted by Surname (cont'd)

SURNAME	FIRST NAME	COUNTRY	DM NUMBER
SCHULZ	Dr Carmen	NORWAY	LDM 144
SCHULZ	Dr Matthias Steffen	NORWAY	LDM 145
SCOTT-JONES	Dr Joseph	NEW ZEALAND	LDM 119
SEN GUPTA	Assoc Prof Tarun K	AUSTRALIA	LDM 094
SHALTONI	Dr Sajedah	QATAR	LDM 080
SHARMA	Dr Niranjan	NEW ZEALAND	LDM 043
SHIMAMOTO	Dr Junya	JAPAN	LDM 052
SHOKOUHI	Dr Babak	IRAN	LDM 117
SHORBAGI	Dr Sarra	UAE	LDM 081
SOOD	Dr Sanjay	USA	LDM 101
SOOGUN	Dr Olusoji	SOUTH AFRICA	LDM 028
STANGE	Dr Pontus	SWEDEN	LDM 130
SULAIMAN	Prof Dr Nabil	UAE	LDM 132
SUVARNABHUMI	Assist Prof Krishna	THAILAND	LDM 024
TANSON	Dr Gabriel	USA	LDM 051
TKACHENKO	Dr Victoria	UKRAINE	LDM 098
TSOI	Dr Wai-Wang Gene	HONG KONG	LDM 001
TURLEY	Dr Luke Elliot	UNITED KINGDOM	LDM 124
VARGHESE	Dr Joseph	MALAYSIA	LDM 005
VASANWALA	Assist Prof Farhad Fakhrudin	SINGAPORE	LDM 066
VECELLIO-BURCKHARDT	Dr Marco	SWITZERLAND	LDM 063
VIQAR	Dr Asma	PAKISTAN	LDM 050
WASS	Dr Valerie	UNITED KINGDOM	LDM 014
YAMANASHI	Dr Hirotomo	JAPAN	LDM 055
YANG	Dr Evelia Lastimosa	PHILIPPINES	LDM 093
YOUSSEF	Dr Nivin	MALAYSIA	LDM 010
YU	Dr Kim	USA	LDM 059
ZIZZO	Dr Filippo	ITALY	LDM 090

WONCA Regional Reports



Africa Region



Member Organizations

The region was able to recruit two new academic members - University of Malawi and University of Cape Town, South Africa.

WHO Linkages

- A link was established with the Africa Regional Representative of WHO Dr Dela Dovlo.
- Rwanda and the WONCA WHO liaison were linked up for the PRIMASYS

Project (Primary Care Systems Profiles and Performance).

Regional Activities

- Regional conference is planned for August 18-20, 2017 in Pretoria, South Africa.
- Royal College of General Practitioners (RCGP) and an academic member of WONCA (University of Stellenbosch) collaborated to conduct a Trainer of Clinical trainers (TCT) workshop in Pretoria South Africa where six African countries were invited. These were Botswana, Ghana, Kenya, Malawi, South Africa and Uganda.
- A Memorandum of Understanding had been reached with the Africa Journal on Primary Care and Family Medicine to make WONCA Africa more visible.
- World Family Doctor Day (WFDD) was well celebrated in Nigeria, Ghana, Kenya, Uganda and Tanzania. A report was made in WONCA News and pictures hosted at the regional website.



- The Regional President visited Dar-es-Salaam and supported them to launch the Society of Family Physicians of Tanzania on WFDD. Plans are afoot to join WONCA as a Member Organization.
- A new approach to training family physicians was launched in Ghana. The Modular Family Medicine
 Training Program targets doctors in the District and Rural hospitals who cannot leave their duty
 posts/hospitals to undergo postgraduate training.
- WONCA Africa Rural Group (WoRA) was launched at the WONCA Rural Conference in Cairns, Australia.

Young Doctor Movement Activities (AfriWON Renaissance)

- Three young doctors have been sponsored by Montegut scholarship from American Board of Family Medicine (ABFM) to attend the Africa Regional Conference in August.
- One young female doctor (Yet to be named) will be sponsored by the new Atai Amorotu Scholarship to attend the regional conference. This is being sponsored by the WONCA Working Party on Women in Family Medicine.
- An elaborate pre-conference meeting is planned for 15-17 August 2017 in Pretoria.

Challenges

- The region lost a key supporter for its activities (Primafamed) based in Ghent, Belgium. We are grateful for all their support over the past 10 years.
- We need academic sponsors to support the training of Family Physicians in Zimbabwe.
- · We have begun work in Tanzania to support them to encourage their government to accept
- Family Medicine as a specialty

Dr Henry Lawson Africa Region President

Asia Pacific Region



President of WONCA Asia Pacific Region (APR) set Five Major Goals for 2016-2018

- Expansion of membership (recruiting Cambodia, etc.);
- Reinforcement of partnership with WHO regional offices;
- Promotion of WONCA and WONCA activities, e.g. World Family Doctor Day (WFDD) and major conferences, in our region;
- Continuing support for the Young Doctors' Movement;
- Advancement of family medicine education and research as well as implementation of family medicine system in MO countries.

Major Duties of WONCA APR Executives

Position	Name	Key responsibilities
President	Meng Chih Lee (Taiwan)	 Directing and coordinating WONCA affairs and tasks in Asia Pacific Region. Serving as the liaison between WONCA and WHO in the region. Promoting conferences and activities related to WONCA in the region. Advancing family medicine education and research and assisting in the implementation of family medicine system in MOs. Promoting family medicine system in the region (currently only implemented in China and Taiwan)
Vice President	Gene Tsoi (Hong Kong)	 Deputy to the President; assisting in the management of WONCA affairs and tasks in Asia Pacific Region. Assisting in the recruitment of new members of WONCA APR.
Immediate Past President	Jung Kwon Lee (Korea)	 Advising the president in the management of WONCA affairs and tasks in Asia Pacific Region. Mentoring and assisting in matters related to The Rajakumar Movement (TRM).
Hon Secretary	Brian Chang (Taiwan)	 Assisting the President Managing and coordinating administrative affairs of WONCA APR.
Hon Treasurer	Md Husni Jamal (Malaysia)	 Overseeing finance-related matters of WONCA APR. Assisting in the recruitment of new members of WONCA.
Member at Large	Frank Jones (Australia)	 Assisting in the promotion of WONCA and WONCA-related activities and conferences in Asia Pacific Region.
Member at Large	ZHU Shanzhu (China)	 Assisting in the promotion of WONCA in APR. Supervising the promotion of family medicine education and research in the region and the implementation of family medicine system in MOs.
Chair, The Rajakumar Movement (YDM)	Shin Yoshida (Japan	 Overseeing TRM-related issues and affairs. Serving as the liaison between WONCA APR and the Young Doctors' Movement. Establishing TRM regulations, including election-related bylaws.

Connection with WHO Western Pacific Region Office (WPRO)

We received a letter from WHO Regional Director for the Western Pacific, Dr Shin Young-Soo, to express their recognition of WONCA as a key partner and the long history of collaboration. Meng-Chih will join the Regional Committee meeting for the Western Pacific in Brisbane, Australia on October $9^{th} - 13^{th}$, 2017.

Recruitment of new MOs

The WONCA Membership Committee received an application from College of Indonesian Primary Care Physicians for Full Membership of WONCA. APR was happy to support, Prof Ruth Wilson and Membership Committee recommended acceptance and this was endorsed by Executive. We will continue to pursue recruitment of new MOs.



Prof Meng-Chih Lee, Dr Garth Manning, Dr Gene Tsoi with Assoc. Prof Somjit and the Host Organizing Team of WONCA Asia Pacific meetingto be held in Pattaya, 1-4 NOV. Thailand

Preparatory 2017 WONCA APR Conference in Pattaya

Meng-Chih and CEO Manning held a meeting with the HOC of 2017 APR conference Pattaya on May 6th and 7th 2017. Discussions were held on matters such venue and time for the Pattaya council meeting, Bursary Plan, Wes Fabb Orator, Lyn Clearihan Award, enrolment of MOs joining the meeting, etc.



Celebration of World Family Doctor Day (WFDD) on May 19, 2017

The theme of WFDD for this year was "Depression", and the MOs in Taiwan and China held a variety of activities to celebrate.

Preparing for the nomination for APR President-elect

With the help of Karen Flegg (Bylaws committee), the process for the election of president-elect at the November 2017 APR Council is being coordinated by APR Nominating and Awarding committee.

Professor Meng Chih Lee Asia Pacific Region President



WONCA Asia Pacific Regional President, Prof Meng-Chih Lee (middle), with Past APR President, Prof JK Lee (Left), and Vice President (Right) with WONCA member organisations from Australia, China (mainland), Fiji, Hong Kong, Indonesia, Japan, South Korea, Macau, Malaysia, Mongolia, Myanmar, New Zealand, Philippines, Singapore, Taiwan

Eastern Mediterranean Region



Liaison with WHO EMRO

WONCA EMR President Dr Mohammed Tarawneh and WONCA President Prof Michael Kidd were invited to attend the 63rd WHO EMRO (Eastern Mediterranean Region Office) session of the new Regional Committee meeting in October 2016 in Cairo, where a new Regional Director (RD) was nominated to take over from Dr Ala Alwan. Dr Mahmud Fikri was elected to post and WONCA EMR looks forward to working with him. WONCA EMR had worked closely with Dr Alwan to expand the family medicine specialty in the EMRO countries and to

integrate NCDs and Mental Health into primary health care in the region to achieve universal health coverage for these countries. Prof Michael Kidd thanked him for his understanding and for the excellent support he showed during his term to scaling up family medicine practice in the region.

Prof Kidd and Dr Tarawneh congratulated the new RD Dr Fikri who promised to continue supporting family medicine specialty to grow up in the region. A delegation from WONCA EMR plans to meet the WHO EMRO Regional Director and his team, to continue the work on scaling up family medicine started with the previous RD. WONCA EMR President was invited to participate in the Expert consultation on Mental Health in Primary Health Care, EMRO, 19-20 September, in Cairo, Egypt.

An Invitation has been received to attend and participate in, the 64th session of the WHO Regional Committee, to be held in Islamabad, Pakistan; Prof Waris Qidwai from Agha Khan University, Karachi, Pakistan will represent WONCA EMR at this event.

WONCA Executive and World Council Meeting

WONCA EMR was delighted that a bid from Emirate Family Medicine Society and its partners—MeetingMinds (the Professional Conference Organizer — PCO), ADNEC (Abu Dhabi National Exhibition Center) and ADTCA (Abu Dhabi Tourism and Cultural Authority)—won the right to host the WONCA 2020 World Conference.



WONCA EMR President with former WHO EMRO Regional Director, Dr Ala Alwan , at the 63rd WHO EMRO session in October 2016 in Cairo

WONCA EMR partially covered the costs for some EMR Member Organization representatives to attend WONCA WORLD Council and WONCA World Conference 2016 in Rio de Janeiro. The WONCA EMR Treasurer, Dr Oraib Alsmadi, had the honour to be the first lady from our region to stand for election to WONCA Executive



as Member at Large. Sadly, she was not successful on this occasion, but we congratulate her on an excellent effort.

WONCA EMR president participated in two WONCA Executive meetings in this period. The first was in Paraty (Brazil) in October 2016 and the second in London in April 2017.

Prof Mohammed Tarawneh with representatives from Emirats Family Medicine Society and the PCO-MeetingMinds who won the right to host the WONCA 2020 World Conference in Abu Dhabi

WONCA EMR Executive Meetings

WONCA EMR conducted two Executive meeting during this period. The first was held in Rio de Janeiro, just ahead of the World Council meeting in October 2016. The second was held in Abu Dhabi, UAE, in March 2017,

during which Executive agreed to establish the Dr Ali Shakar scholarship, which will be launched during the WONCA EMR 2018 conference in Kuwait. The scholarship will be awarded, against approved criteria, to one candidate on a yearly basis, to allow her/him to attend WONCA EMR annual conference. Executive also agreed to create a number of regional networks / working parties in topics such as education, research, gender equity, rural and other committees.

The next WONCA EMR Executive meeting will be held in Beirut, Lebanon, in conjunction with the Lebanese Society of Family Medicine conference, to be held from 29 September to 1st October 2017. An invitation to all EMR Executive has been sent by Dr Khalil Ashgar, LSFM President.



WONCA EMR President and his EMR executive board in Rio de Janero, October 2016

WONCA EMR Workshops

WONCA EMR has an agreement with Sano-Pharma to collaborate on medical education workshops and programmes. The first was conducted on 19th May 2016 in Kuwait, in collaboration with the Kuwait Family Medicine Society. A further workshop was held in Lebanon in September 2016, in collaboration with the Lebanese Family Medicine Society, with over to participants. Dr Mohammed Tarawneh, Dr Jinan Usta and Dr Oraib Alsmadi took part as lecturers. In conjunction with World Family Doctor Day on 19th May 2017, a workshop took place in Dubai. The next workshop, in UAE, is planned for 24th November 2017.

WONCA EMR Conferences

WONCA EMR conducted its 4th conference of family medicine from 2nd to 4th March 2017 in Abu Dhabi, UAE. This conference was honoured to have participation of the last four WONCA leaders - Prof Chris Van Weel; Prof Richard Roberts; Prof Michael Kidd; and Prof Amanda Howe. Other Academic international and regional speakers participated, and for the third year we had a WHO EMRO specialized panel session on family medicine and primary health care in the region.



WONCA President, Prof Amanda Howe, together with WONCA Past Presidens: Prof Chris Van Weel, Prof Richard Roberts, and Prof Michael Kidd, with Prof Mohammed Tarawneh, WONCA EMR President, at the opening ceremony of the 4th WONCA EMR conference, 2-4 March 2017 in Abu Dhabi, UAE

WONCA EMR 2018 conference of family medicine will be held in Kuwait City from 1st to 3rd March 2018. A delegation comprising WONCA EMR President, Dr Tarawneh and President-Elect, Dr Jinan Usta, conducted a visit to Kuwait in April 2017 to meet with the local host society and to be briefed on the steps that have been taken to put in place the scientific program, guest speakers, the venue and the financial issues; a delegate from the PCO also attended.

Al Razi, the Young Doctor Movement for the EMR Region, actively participated in the WONCA EMR 2017 conference and in the workshop conducted in Lebanon. More details of the Al Razi YDM activities can be found in their own report, later in this document.

Celebrating World Family Doctor Day

Many WONCA EMR Member Organizations celebrated World Family Doctor Day on 19th May. This year's theme was "Depression", and lectures to family doctors and education to the public were conducted throughout the region by:

- Kuwait Family and General Medicine Society Dr Huda Alduweisan (KFGMSpresident), Dr Oraib Alsmadi (WONCA EMR treasurer), Mrs. Lina Alaa Al deen (WONCA EMR Advisor) and other colleagues from Kuwait;
- Egyptian Society of Family Medicine Prof Taghreed Farahat (ESFM president), Dr Nagwa Hijazi (WONCA EMR Al Razi YDM president) and other colleagues from ESFM;
- Other Societies in the region eg Jordan, UAE, Lebanon, Morocco;
- A poster was created by Al-Razi YDM and sent to all EMR MOs to add their societies logos to it.



Report on 2017 WONCA EMR FDD activities within the regions

Other EMR Activities

Dr Mohammed Tarawneh, WONCA EMR President participated as an examiner in the Arab Board/family medicine specialty examination held in Erbil, Iraq Kurdistan in April 2017. He was also invited to participate in the World Innovation Summit for Health (WISH) which was held in November 2016 in Qatar. He was also invited to attend several local family medicine conferences in the EMR countries in the second half of 2017. He has been invited by the Department of Family Medicine of Jordan Science and Tech University to participate in their medical conference in Jordan as a speaker in September 2017. Finally he was delighted that the Tunisian societies of family medicine have united under one "network of Tunisian societies of family medicine" and they plan to apply for WONCA membership; the Palestinian Society of Family Medicine is also in the process of applying to join WONCA.

Prof Mohammed Tarawneh Eastern Mediterranean Region President

Europe Region



Executive Board and COUNCIL

In the WONCA Europe (WE) Council in Rio de Janeiro, the Executive Board (EB) was elected with a new composition due to recent bylaws changes, - which includes the introduction of the Immediate Past President for the first year of the term - and a President Elect replacing the vice president position.

WONCA EUROPE EB 2016-2019:

Anna Stavdal President

Job Metsemakers Immediate Past President

Mehmet UnganPresident ElectHarris LygidakisHon. SecretaryJosep VilasecaHon. Treasurer

Roar Maagaard EURACT, member at large
Shlomo Vinker EGPRN, member at large
Zalika Klemenc Ketiš EQUIP, member at large
Raluca Zoitanu VdGM, member at large
Barbara Toplek WONCA Europe Secretariat



WONCA EUROPE Executive Board at WONCA Europe meeting, Prague, 2017

EB have scheduled monthly online meetings, and had the first face to face meeting in Bulgaria in February this year,

with the second prior to the European Council meeting in conjunction with the annual conference in Prague at the end of June.

The WE Council, held prior to the Prague conference in June this year, endorsed two steering documents (available on the WONCA Europe website) for this term:

- The Future Plan is an overall plan, built around three main goals: **building identity**, as WONCA throughout the organisation; **increasing visibility**; and **exerting influence**.
- The Communication Strategy has three elements: establishing a communication advisory board; engaging a communication facilitator; and developing the web site.

A new Scholarship Program was also adopted by Council, aimed at developing future leaders with experienced mentors and with financial support over four years each.

Networks and SIGs

The activities in groups and networks are flourishing - annual meetings and courses have been held, publications issued, and many workshops and symposia run at European conferences.

The network of teachers in family medicine, EURACT, will celebrate its 25th anniversary later this year. The quality network EQUIP held a successful conference on patient safety in Dublin in February, and a mutual statement on patient safety, between WE and EQUIP, was developed (available on the website). The research network, EGPRN, launched an online research course this spring, with free admission for all WONCA Europe members. EuroPrev and Euripa (Rural Doctors' Network) are both growing in activities.

Young and future family doctors

The Vasco da Gama Movement got a new chair last winter-Claire Marie Thomas from UK. The movement is growing, and held a successful preconference prior to this year's WONCA Europe conference in Prague. The movement received a donation of 20 000 Euros from WE to strengthen the bursary funds of the young doctor movement.

European Journal of General Practice

The European Journal of General Practice (EJGP) has gone "open access" from 2017. The citation rate has increased exponentially since the transition and the journal keeps its Impact Factor of 1.274 this year.



Chairing the Advisory Board Group in Almaty, here with Regional WHO Director Szuszanna Jakab and the Minister of Health in Kazakhstan

WONCA Europe Conference Committee

New for this year is the WONCA Europe Conference Committee (WECC), consisting of members from EB, Council, member organisations and current, future and past host organising committees (HOCs). The mandate of this committee is to secure continuity and enhance exchange of experiences between HOCs, in order to improve the quality and increase accessibility to the European conferences. One of the current issues on the agenda of WECC is whether a core PCO for the European conferences would be a good solution.

Member organisations in need of support

There is an explicit goal for WONCA Europe to reach out to the few countries in the regions which do not yet have a member organisation for family medicine, as it is an ongoing work to support member organisations in need of support.



WONCA Europe President at the opening ceremony of the 2nd Congress of General Practitioners and Family Doctors of Kyrgyzstan in Osh, Kyrgyzstan, with the Minister of Health and the first lady and the whole presidium.

The Bulgarian association is the youngest member of WE. In February EB attended the Bulgarian national conference, met with deans of universities and health authorities together with local colleagues.

In May, the President was invited to the second Congress of General Practitioners and Family Doctors of Kyrgyzstan in Osh, Kyrgyzstan. She contributed to the scientific program as well as to the dialogue between the association and the authorities. Family medicine enjoys little recognition in Kyrgyzstan. This year the Minister of Health, as well as the First lady, attended the opening; there was great media coverage including an interview with the WE President by the national TV broadcaster. The support from WONCA Europe was highly appreciated, and national recognition is growing.

Our ambition is to follow up on this work. There are still countries in this region without member organisations in WONCA Europe.

Position paper on over-diagnosis/overtreatment

On the initiative of the Nordic Federation of General Practice (NFGP), Council discussed the challenges related to the increasing trend of over-diagnosis and overtreatment. NFGP has launched a position paper on this topic, and WE Council established a working group tasked to propose a European position paper on the topic.

WHO Europe and WONCA Europe

WE is increasingly engaged in liaison work with WHO in the region, and was represented at the Regional Committee Meeting in Copenhagen in September 2016. WE submitted two statements in collaboration with other NGOs, of which one was read aloud to the general assembly.

The President was invited as a member of an Advisory Board of the Regional Director, for the activities to be carried out in 2018 by the Primary Care Center set up in Almaty in relation with the 40th anniversary of the

Alma Ata Declaration. She was also elected chair of the first meeting which took place in Almaty in June this year.

In relation with the 10th anniversary of the Tallinn Charter, which also takes place next year, - the President was invited to "WHO European Health Systems Foresight Group". The group had their first meeting in Brussels in the start of July, and shall continue its work in the coming year- to plan activities and initiatives meant to support the implementation of the Sustainable Development Goals with regards to health in the years to come.

The WHO Europe Director of Public Health and Health Systems, Hans Kluge represented the WHO Regional Director at the opening of the WONCA Europe conference in Prague. The WONCA Europe Open Meeting was a

mutual session between our organisations: "WHO and WONCA: Person Centered Care - Policy meets Practice".





Collaboration with European Forum for Primary Care (EFPC) and UEMO

This collaboration is of high priority to WE. Anna Stavdal has been a member of the advisory board of EFPC the last three years. President Elect Mehmet Ungan stands for election this year to replace her. The three organisations have had a joint workshop during the annual WE conferences in the last five years, and will continue this work. Professional recognition and regulations in the EU region is currently on the mutual agenda of UEMO and WONCA Europe.

The WONCA Europe Conference 2017

The annual conference took place in Prague in the end of June, with around 2500 participants, of which one third were young

doctors. The scientific program as well as the social program facilitated exchanges between groups and individuals with mutual interests.

The theme for the conference was "Growing together in Diversity". The statement from the conference has been published on the conference web site and conveys an important message in today's Europe. This is the third time in 20 years Prague has hosted a WONCA conference. A big effort!

The activities under the umbrella of WONCA Europe are flourishing. Our plans are ambitious, and work is carried out in good spirits.

Dr Anna Stavdal Europe Region President

Iberoamericana-CIMF Region



This has been a very significant time for our region, the WONCA Iberoamericana(CIMF) and its family medicine associations, coming from 18 different Latin American and two Iberoamerican countries.

The most important event celebrated in our region was the 21st WONCA World Conference, held on November 2-6, 2016, in Rio de Janeiro, Brazil. This was the world's largest WONCA Conference: More than 5,000 people came from more than 100 countries and had a good time, with an impressive scientific program and very good social activities.

In terms of the CIMF itself, we are experiencing times of change and adaptation within the Executive Committee, facing the challenges of including and meeting the expectations of the different countries that make up our region, with quite different realities regarding the situation of Family and Community Medicine and Primary Care.

The global economic crisis is leading to a shift to the right, with serious consequences in most Latin American countries. Poverty is growing and people are getting more and more sick, with an increase in the prevalence of mental health problems, violence, suicides and other chronic and acute diseases. In addition, loss of a significant number of social rights, with disinvestment in the fields of education and health, are negatively affecting the situation of both family medicine and family doctors.

As President of CIMF, I have had the opportunity and the honour to collaborate with the book *Family Medicine, The Classic Papers*.

Related to the publication, we were proud to publish, in November 2016 - in English, Spanish and Portuguese-eight articles on the 6thCumbrelberoamericana, (6th Iberoamerican Summit), held in San José, Costa Rica, on the 11 and 12 of April 2016. We would like to invite you to read and to give us a feedback of this special number of the RBMFC-the Scientific Journal of the Brazilian Society of Family and Community Medicine. Below, the links for the articles in its English version:

VI Iberoamerican Summit on Family and Community Medicine

https://www.rbmfc.org.br/rbmfc/article/view/1397/797

Family and Community Medicine as the core of Health Systems Universality in Latin America: an exploratory analysis of the region https://rbmfc.org.br/rbmfc.org.br/rbmfc/article/view/1382/799

Family and Community Medicine as the core of the Health Systems Equity in Latin America: an exploratory analysis of the region https://rbmfc.org.br/rbmfc/article/view/1383/802

Health Quality Assessment in Family Medicine and Primary Care in Ibero America

https://rbmfc.org.br/rbmfc/article/view/1389/803

Referral and Counter-Referral Patient Management Systems in Latin America: Care Coordination Mechanisms and the role of Family and Community Medicine https://rbmfc.org.br/rbmfc/article/view/1384/805

Strengthening the teaching-learning process of Family and Community Medicine in Iberoamerica $\frac{1}{2} \left(\frac{1}{2} \right) = \frac{1}{2} \left(\frac{1}{2} \right) \left$

https://rbmfc.org.br/rbmfc/article/view/1385/807

Certification, Recertification and Accreditation in Family and Community Medicine in Iberoamerica https://rbmfc.org.br/rbmfc/article/view/1386/809

Research in Family and Community Medicine in Ibero-America

https://rbmfc.org.br/rbmfc/article/view/1387/811

Quaternary Prevention: Medical Ethics, Evaluation and Efficiency in the Health Systems

https://rbmfc.org.br/rbmfc/article/view/1388/813

LETTER OF SAN JOSÉ https://rbmfc.org.br/rbmfc/article/view/1398/795

World Family Doctor Day was very well celebrated within all the 20 countries of our region: Dinners, seminars, campaigns on health education, at universities, with family doctors, residents, and students; interviews talking about Family Medicine and sending encouraging messages to the affiliates and health personalities, using a variety of media such as e-mail, Facebook, twitter.

The five Working Groups of CIMF deserve a special mention, too. They are still working and developing themes that are strategic for the enhancement of Family Medicine in Latin and Ibero-America. The five groups are:

- Certification, Re-certification and Accreditation in Family Medicine
- Investigation
- Quaternary Prevention
- Rural Family Medicine
- · Teaching and Learning in Family Medicine

From 2016, we have started organizing the 5th Conference of Family and Community Medicine that is going to be held in Lima, Peru, on the 16-19 August 2017, with the theme *Passion for the care of people*. We are

expecting to have about 1,500 family doctors and other health professionals attending the event. http://lima2017woncacimf.com/



Prof Mario Acuña
"The Family Doctor will
be a revolutionary, or will
be nothina."



Prof José Mauro Cerrati Lopes





We shall also be starting the organization of the 7th Summit of Family and Community Medicine that is going to be held in Cali, Colombia, on the 13 – 14 March 2018, with the theme Family Medicine and Public Polices in Lands of Equity and Peace.

Finally, I want to mention that we have lost, prematurely, two excellent Family Doctors in our region - models of ethics, competence and dedication to the cause of Family Medicine and Primary Care. Professor Mario Acuña, from Argentina (died 31st October, 2016), and Professor José Mauro Ceratti Lopes, from Brazil (died 7th Jun, 2017). We are very thankful to them for their important and transforming work. Their messages still live on in our memories, forever guiding and inspiring our path.

A/Professor Maria Inez Padula Anderson Iberoamericana-CIMF Region President

North America Region



Member organizations of the North American region of WONCA remained strong and active in the past year. All held successful and well-attended meetings in 2017.

Polaris

The young family doctor group under the leadership of Dr Kyle Hoedebecke and Dr Maria Colon-Gonzalez met during the World WONCA conference in Rio de Janeiro. The meeting provided an opportunity for networking, planning North

American FM360 activities, and finalizing a structure and

constitution for the group. Thanks to the American Academy of Family Physicians and the College of Family Physicians of Canada for supporting these initiatives.

Our **Montegut scholar** for 2016 was Dr Marvin Reid from Jamaica. He attended the World WONCA conference in Rio de Janeiro, and represented the Caribbean College of Family Physicians at the WONCA World Council meeting. He is President-Elect of the CCFP. Thanks to the American Board of Family Medicine for sponsoring these opportunities.



Prof Ruth Wilson, Prof Michael Kidd and the Member Organisations from North American region on their meeting at WONCA World Council Meeting in Rio de Janeiro, 2016, Brazil.

Regional President's activities

Dr Wilson was able to strengthen ties throughout the region

with visits and speaking engagements. She attended the American Academy of Family Physicians FMX in Orlando in September 2016 along with World WONCA president Michael Kidd. She also attended the College of Family Physicians Family Medicine Forum and Besrour Conference in Vancouver. She also participated in the Starfield Summit on Health Equity in Portland Oregon.



Prof Ruth Wilson with Prof Michael Kidd at the American Academy of Family Physicians FMX in Orlando in September 2016



WONCA NA Regional President visit to the Caribbean College of Family Physicians and throughout the region.

She was pleased to strengthen ties with members of the Caribbean College of Family Physicians through her appointment as the external examiner for the family medicine examinations of the University of the West Indies in May 2017. She addressed the Bahamian chapter of the CCFP on this visit.

In Rio de Janeiro at the World WONCA conference she was re-elected as WONCA North America President for a second term, to end at the time of the next world conference in Seoul, Korea in 2018.

On behalf of WONCA, she spoke and participated in the 10th International Conference on Person Centred Care through the life course in Geneva in May 2017. This meeting, co-sponsored by WONCA, included a special session at the WHO on WHO global programs. She also participated in the Starfield Summit on Health Equity in Portland Oregon.

Professor Ruth Wilson North America Region President

South Asia Region



On 29 October 2016, Counsellors of the WONCA South Asia Member Countries met in Rio de Janeiro to nominate its Regional President for the term 2016-2018. The representatives nominated Prof Kanu Bala as the WONCA South Asia President for the term; they also nominated President-elect, Secretary, Treasurer and Scientific Secretary for the region. Prof Bala's nomination was subsequently endorsed by the WONCA World Council.

A new WONCA SA Council was formed with all the

representatives from Member Organizations, Associate Member Organizations, Academic Members, Country Representatives, and SA Past Presidents. First Council Meeting was held in Kochi, Kerala, India on 28th January 2017; Dr Garth Manning, WONCA CEO, joined the meeting.

In 2016, WONCA South Asia was represented by eight Member Organizations and three Academic Members. Other Organizations are encouraged to apply for WONCA Full Membership, Associate Membership and Academic Membership. One application is under consideration for WONCA Full Membership.

Dr Garth Manning and Prof Kanu Bala attended the 3rd National Conference of the Family Medicine and Primary Care of the Academy of Family Physicians of India (AFPI) on 27th to 29th January 2017 at Kochi, Kerala, India. Other important leaders of the region including Dr Ramnik Parekh joined the meeting.

The 21st National Conference of the Bangladesh Academy of Family Physicians was held on 3-4 February 2017 at Dhaka, Bangladesh. Prof Kanu Bala, WONCA SA President, and Prof Preethi Wijegoonewerdene, Past President of WONCA SAR, joined the conference. Dr Mustafa Jalal Mohiuddine, President of the Bangladesh Medical Association, and a very influential member of the ruling party of Bangladesh, joined the meeting as Chief Guest. In Bangladesh, there are about 14,000 Community Health Clinics which would be ideal for placement of family doctors. Dr Mohiuddin promised to discuss the matter with Prime Minister Sheikh Hasina. It was a great step to further family medicine in Bangladesh. A Workshop of MRCGP [International] South Asia for the Family Physicians was held at Dhaka, Bangladesh on 4th February 2017. Six Resource Personnel from Sri Lanka, India and Bangladesh joined to train the potential candidates who are willing to sit for MRCGP [International] South Asia Examinations.



WONCA South Asia Council on 29 October 2016 Meeting in Rio, Brazil





WONCA CEO, WONCA SAR president and representatives from SA region supported the 3rd National Conference of AFPI in Kochi, India in January 2017.





Prof Kanu Bala and Prof Preethi Wijegoonewerdene at the 21st National Conference of the Bangladesh Academy of Family Physicians, 3-4 February 2017 at Dhaka, Bangladesh. The meeting included a workshop of MRCGP [International] South Asia for the Family Physicians.





Prof Kanu Bala with the executives and members of the CFMP at Karachi, Pakistan and MRCGP[INT]South Asia executive Board

On 9th March 2017, there was a meeting with the executives of the College of Family Medicine of Pakistan (CFMP)–Full member of WONCA. On 10 March 2017, there was a meeting of the MRCGP [International] South Asia Board. WONCA SA President joined the meeting as a Board Member.

Spice Route Movement [YDM] has elected a New Chair. The WONCA South Asia feels proud seeing the activities and development of 'The Spice Route Movement' in this region. As the President of the WONCA South Asia, I would like to thank all the concerned members for their dedication and effort. Maintaining all the formalities and procedures, the Spice Route Movement Executives elected as their New Chair Person as **Dr Santosh Kumar Dhungana**, from Nepal. WONCA South Asia has endorsed the election of the New Chair for the Spice Route Movement, with immediate effect.

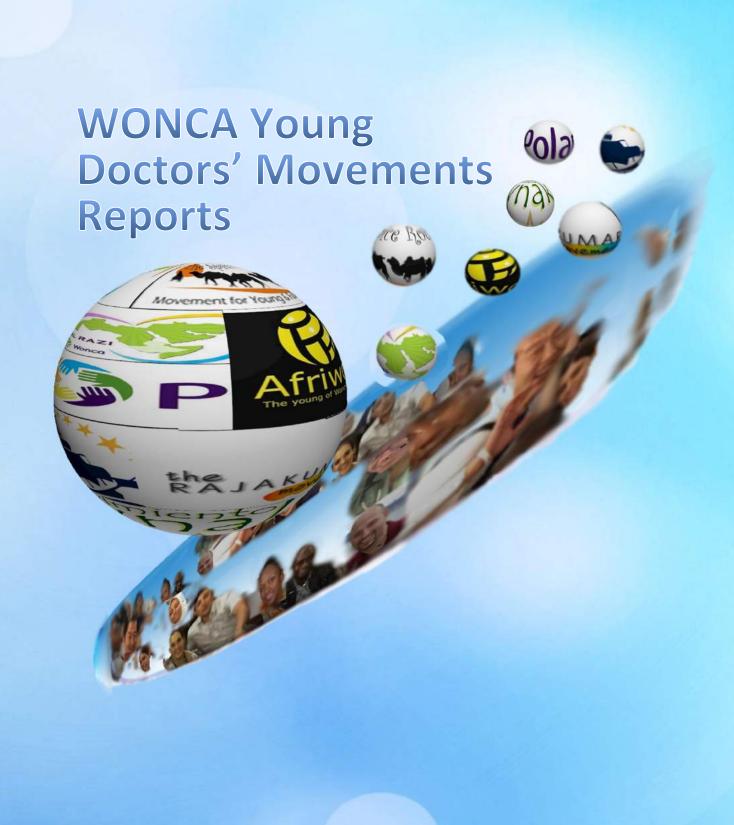
World Family Doctors Day [WFDD] is widely observed by the Member Organizations of the South Asia. Bangladesh Academy of

Family Physicians, Family Physicians' Association, Vadodara, Gujarat, India, Academy of Family Physicians of India and College of Family Medicine Pakistan have all sent their reports on WFDD activities.

Work is in progress for the WONCA South Asia Regional Conference on 25-26 November 2017 at Kathmandu, Nepal. Prof Amanda Howe, Dr Donald Li, Dr Garth Manning and Prof Kanu Bala will all attend the meeting. Prof Pratap Narayan Prasad, Chairman of the Organizing Committee, and WONCA CEO are working together to make the conference a success. Spice Route Movement will organize a preconference programme on 24 November 2017.



Prof Kanu Bala South Asia Region President



YDM Executive Representative



Raman Kumar was WONCA's first Young Doctor Representative and he cultivated and cared for the spirit of union, collaboration and engagement of the seven WONCA Young Doctors' Movements (YDMs) to achieve common goals. Since my election as the new Young Doctor Representative during the last WONCA World Council meeting in November, I have been working on projects that had already been started in the last triennium, as well as developing new points of action. I have also been collaborating on WONCA's Social Media strategy and have tried to increase WONCA's presence on Social Media.

Looking back to the past seven months, having had this opportunity to be the Young Doctor Representative has been an amazing and rewarding experience. It's inspiring to have the chance to collaborate with other young doctors on global projects that may come to strengthen the future of Family Medicine. Young Doctors are the future of Family Medicine, so, creating opportunities that may help to open up horizons and creating new expectations is always challenging.

On March 2017, WONCA's YDMs agreed to adopt a common image that should represent global agreement (shown at top of page).

The following are the action points that WONCA's YDMs are striving to develop and are collaborating on:

- Formalizing and giving visibility to WONCA's YDMs' global activities by developing the YDM
 Operational Guidelines and the YDM global charter, as well as striving for WONCA YDM activities to be
 included in WONCA World's Constitution and Organizational Policies;
- Strengthening the expression of WONCA's YDMs in their respective regions, as well as globally;
- Strengthening the collaboration and integration of young doctors in WONCA's Working Parties and Special Interest Groups;
- Developing a YDM Global Fund in order to support young doctors from all over the world and so diminish causes for inequity;
- Strengthening the collaboration with other organizations, such as IFMSA and WHO.

The detailed reports on the activities of the seven WONCA YDMs as well as the activity regarding the FM360º program follow in the next pages of this report.

Ana Nunes Barata
YDM Representative on WONCA Executive



FM360 Exchange Programme

Introduction

Since the beginning of Family Medicine 360º (FM360º) the program has seen a rise of the number of inquiries it receives annually. (Fig. 1)

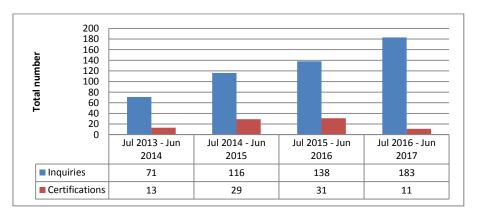


Fig.1 – Distribution of incoming inquiries and certifications of the FM360º program (data on 30/06/2017)

The region with the highest number of completed and certified exchanges is Waynakay (35%). The regions that follow are the Vasco da Gama Movement (31%). Polaris (22%), Rajakumar (3%), Spice Route (3%) and AfriWon Renaissance (2%).

The decrease of the number of certifications in 2016-2017 may be because there is some delay when submitting the exchange reports. Furthermore, exchanges are being requested with more time in advance (on 11th June 2017, there are already requests for 2018) which also decreases the number of certifications for this year. Nevertheless, FM360º is still experiencing important difficulties in terms of finding available hosts. This is also the reason why some regions have a lower percentage of completed exchanges as it is more difficult for them to accommodate potential exchange participants.

Traffic

Similar to last year, most inquiries came from participants from the region of the Vasco da Gama Movement (60%), followed by the participants from the Waynakay region (39%). (Fig. 2)

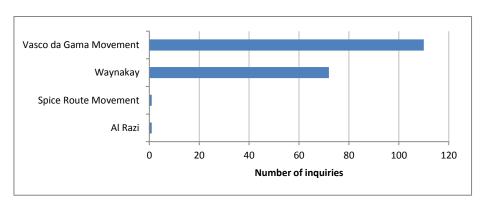


Fig.2 – Distribution of incoming inquiries, by Young Doctors' Movement region, for the FM360º program

Countrywise, the countries that handed in the highest number of requests for exchanges promoted by the FM360º program were Spain (39%), Brazil (27%) and Portugal (14%).

As for the regions to where exchanges are requested to, the most requested regions were Europe (33%) and, unlike last year, Central and South America jumped into second place (28%), while North America dropped to third place (21%). (Fig.3)

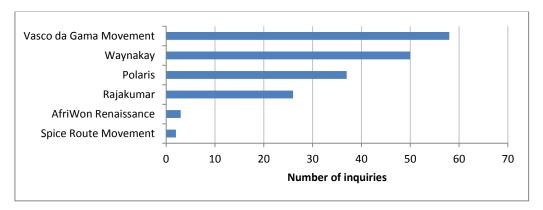


Fig.3 – Distribution of regions, covered by a Young Doctors' Movement, that were requested to host exchanges promoted by the FM360º program

Countrywise, the most requested countries for exchanges were the United States of America (13%) and Portugal (13%), followed by Spain (10%). By 30^{th} June 2017, a total of 65 exchange requests had been organized.

Organization and plans for the future

During the last year, the FM360°'s Regional Representatives have been holding regular meetings and discussing potential strategies in order to make the program more robust and sustainable. In February 2017 the official Spanish template for FM360° was approved and it has been in use for exchanges between two Spanish speaking countries since then.

Due to the increasing number of exchange requests, a motion for the establishment of an FM360 exchange management platform and for the inclusion of FM360º's information on globalfamilydoctor.com was put forward and presented by the Young Doctor Representative during WONCA World's Executive meeting in March 2017. Both these motions were approved and, since then, work is being developed in order to meet both objectives.

There have also been discussions as to how to engage potential hosts and motivate them to participate in the program. Even though this is quite different in the various regions, we are trying to come up with common strategies for host engagement.

Finally, there have also been discussions for the establishment of a regional FM360° prize.

Dr Ana Nunes Barata

AfriWon Renaissance





AfriWon Renaissance is celebrating its 4th birthday this July 2017. It has witnessed two successive Executive Committees - the first Executive Committee was led by Dr Kayode Alao (Nigeria) from 2013 – 2016. Dr Joy Mugambi a Family Physician in Kenya, took over leadership shortly after the 21st World WONCA Conference at Rio, November, 2016.

We have held six skype executive meetings, and in addition we have improved our online visibility via Twitter, Telegram, Facebook and a conference website. We have started #AfriWonbridges, as an initiative to encourage visits and collaboration within Africa. The first visit started in Uganda in May 2017 where I meet Dr Innocent Besige and Dr Jane Namatovu who introduced me to the residents in the Makerere University program we had a meeting to explore AfriWon while encouraging them to apply for scholarships to attend Pretoria conference. We recently attended the inaugural ceremony of Tanzania Association of Family Physicians (TAFP) hosted by a group of AfriWon members with WONCA Africa president to encourage and share the importance of being part of WONCA and AfriWon Renaissance. I hope to journey into Rwanda, Malawi, Congo and Ethiopia to advocate and grow Family medicine in the region.

Our five strategic pillars for 2016-2018 are:

- Membership growth
- Advocacy for young African family physicians
- Communication and Publicity
- Research capacity building
- Exchange Collaborations

2016-2017Activities

- Our first official AfriWon Exchange is on 16thAugust, 2017.
- Our second pre-conference, with the theme of "Building Bridges of Change (#AfriWon2017)" is scheduled for 17th August, 2017 at Pretoria, South Africa. Details are available at the program website: http://www.afriwon2017.org/
- A membership drive is ongoing via
 https://goo.gl/forms/lp5x42Ygn0CNz98s2 aimed at having a complete database for young FPs and FM trainees in Africa; we currently have 106 registered members to date.
- We are developing country-based AfriWon National structures aimed at promoting Theme groups in various African countries. The aim is to take our vision closer to the young African FPs and Trainees.
- Exchange theme is promoting Young Family Doctor Exchanges within Africa. Along with FM360 international exchanges.
- Research theme group is activating country based AfriWon research teams









Uganda visit at Makerere University Department of Family Medicine







Tanzania visit with WONCA Regional President, Prof Henry Lawson

We can be contacted through our accounts as follows:

Telegram: https://t.me/joinchat/D MXKT72jH Jf09YkE7mYQ

• Twitter: @theRealAfriWon

Facebook: https://www.facebook.com/groups/afriwon

Email: <u>afriwon@wonca.net</u>

Joy Mugambi Chair, AfriWon Kenneth Yakubu: Image theme group lead

Al Razi





The main group activities have been:

- · A monthly Skype meeting
- Creation of Al-Razi YDM promotional video
- Al-Razi Bylaws finalization

Palestine Liaison Activities

A lecture for the teenagers about family physician role and proper personal hygiene. Myth in menstrual cycle and healthy food was approached.

Lebanon Liaison Activities

A travel medicine article was co-authored by Hadi in Medicine des voyages journal.

Morocco Liaison Activities

Formulation of a group from 10 doctors from different regions & a proposed social media activities plan was introduced.

Egypt Liaison Activities

- Community awareness sessions for the importance of family practice in the community in collaboration with EFMA and the family medicine department in Menoufia University in Munshaat sultan PHC to the community on December 2017
- Publishing a paper titled "Health care and social media, what patients really understand" in f1000 research in February, 2017

Internationally in recent months

- Attending the YDM leads meeting
- Collaboration with other movements e.g.:
 - o Polaris in Aspire program and Balint 2.0
 - o Polaris, Spice Route and Afriwon in Symplur Medx team

Future plans in the next year

- Celebration of the WONCA family doctor
- A YDM workshop in each regional conference
- A preconference in the next WONCA/EMR conference

Nagwa Nashat Chair, Al Razi Movement

Polaris





Polaris, the youngest YDM, celebrated its third birthday on May 19, 2017 - World Family Doctor Day. Nevertheless, we continue to foster innovative collaborations in our region and across the world. In the digital realm, the Movement now enjoys over 2600 Facebook followers and has been among the Family Medicine leaders on Twitter for the most popular global hashtags. More impressively, Polaris has led multiple international collaborations including #1WordforFamilyMedicine, the YDM SoMe Ambassadors forum, and the Balint 2.0 Ambassadors initiative. Most recently, we have led the effort to get the ASPIRE Global Leader program off the ground. It was finally approved as a pilot this year. With collaboration from all YDMs, this is sure to be a global success.

On the Executive, we have continued leadership from Steve Hawrylyshyn and Cheyanne Vetter from Canada, Ray Mendez from the US, and from the Caribbean - both Shastri Motilal, and Amber Wheatley. Our new addition is Canadian resident Steve Cashman from Canada who also works as our FM360 in his country. We also have key individuals participating in the Rural Cafes with Amber Wheatley as well as Viviane Sachs for FM 360 in the US. Notable contributions also come from both Maria Colon (Puerto Rico/US) and Shakera Carroll (The Bahamas) for their active participation in the Balint 2.0 initiative.

#1WordforFamilyMedicine has continued to receive thousands of Facebook messages and tweets in dozens of languages. There are now over 110 participating countries spanning all seven WONCA regions. Additionally, the project continues to be promoted by multiple countries to help celebrate the 2017 World Family Doctor Day on 19 May. Polaris has collaborated with over 150 colleagues around the world and has published in over 20 peer reviewed journals at this time.

Balint 2.0 Ambassadors. The group calls itself the "Balint 2.0 Ambassadors" with the "2.0" referencing the technological aspect while the "ambassadors" portraying its international nature. The group was formed on the Polaris Facebook forum with much interest from all YDMs. The group has collaborated with the International Balint Federation (IBF) and plan to submit a peer-reviewed publication upon project completion. In the meantime, the group has presented their never-before-seen initiative at multiple conferences around the world.

What about upcoming events? Polaris looks forward to its upcoming #Polaris17 event in conjunction with Canada's yearly FMF event located in Montreal this year. We will be refocusing efforts within the region to ensure Canadians, the Caribbean, and the US all have proper support and representation within the Movement.

We thank the American Academy of Family Physicians (AAFP), the College of Family Physicians of Canada (CFPC), the Caribbean College of Family Physicians (CCFP) and WONCA for their continued support!

Kyle Hoedebecke Chair, Polaris

Spice Route





The Spice Route Movement (TSRM) is the WONCA South Asia Region working group for new and future doctors who have an interest in Family/General Practice. It aims to promote professional development and excellence in this field by creating opportunities for young and future Family/General Practitioners of South Asia. Its activities include organising seminars and workshops to promote leadership amongst young FP/GP, supporting national and international exchanges in collaboration with the Hippokrates programme, encouraging joint research projects and publications, and engaging with comparative discussions and studies of education and training facilities in the South Asia region.

The Spice Route Movement was officially inaugurated at the WONCA South Asia/GPAN (General Practitioners Association of Nepal) conference in Kathmandu, Nepal in December 2010.

Executive team

Chair Santosh Kumar Dhungana

National Chairs Md Innamin Bangladesh

----- Bhutan
Md Idris Shariff India
Ali Shareef Maldives
Santosh K Dhungana Nepal
Rabeeya Arsalan Pakistan
Hiranthini De Silva Sri Lanka

Activities by Spice Route Council

- Election of new Spice Route Chair- Election of Spice Route Chair was done by online/ email voting by Spice Route council members. Santosh K Dhungana, from Nepal was elected as Chair.
- Participation in the WONCA world meeting, and the WONCA secretariat meeting in Rio, Brazil. WONCA SAR ad hoc meeting was conducted in the same venue.

• Jyoti and Ramnik Parekh Scholarship

At the WONCA South Asia Regional Conference Chennai 2014, Drs. Jyoti Parekh and Ramnik Parekh, senior colleagues from Mumbai, announced a special gift for the young family doctors of the South Asia region. The couple committed Indian Rupees 100,000 every year to support the Spice Route Movement (the South Asia region movement for young family doctors). The scholarship is to be awarded every year to deserving young doctors in South Asia region towards supporting their participation in regional exchanges, global exchange program FM360 and WONCA conferences. This year the scholarships will be awarded to young GPs from South Asia member nations who will attend the WONCA SAR Kathmandu conference, November 25 and 26, 2017.

National activities/ plans- Bangladesh

• Family Doctor day- 19th May 2017-celebrated, in collaboration with Bangladesh Academy of Family Physicians and Primary care and rural health Bangladesh.

- Discussion meeting- 4th April 2017-discussion about Spice Route, its activities in Bangladesh and in other countries and upcoming conference in Nepal for November 2017, with medical students and young doctors in various medical colleges of Bangladesh
- Attending National young entrepreneurs conference 2017
- Membership drive- 427 members to date

National activities/ plans- India

• The 3rd National Conference of Family Medicine and Primary Care, January 28 and 29, 2017 organized by AFPI (Academy of Family Physicians of India)-Spice Route sessions conducted.

National activities/ plans- Pakistan

- First orientation workshop for Spice Route Movement in Pakistan will be organized in December 2017
- Community camps and educational awareness session on a regular basis

National activities/ plans- Nepal

- Preparation for the WONCA SAR meeting on the 25 and 26 of November 2017 is well underway.
- One-day pre-conference for spice route planned for 24th November, 2017
- Abstract submission and registration are open currently.
- Website for registration and abstract submission-
- http://www.gpansarwoncaconference.org.np/index.php? page=register
- http://www.gpansarwoncaconference.org.np/index.php? page=abstract

National activities/ plans- Sri Lanka

- Formation of Spice Route national committee which comprises of national chair, secretary and FM 360 coordinator and nine committee members
- Membership drive about 40 new members have joined TSRM SL
- A health camp was held in a rural town on 19 May, 2017
- Launching of an electronic health record on 1 June 2017
- · Rules and regulations pertaining to TSRM-SL were drawn up
- Future activities a campaign to educate the public "know your GP"

Santosh Kumar Dhungana Chair, Spice Route

The Rajakumar Movement





In 2016-2017 term, The Rajakumar Movement (TRM), the young doctors' movement (YDM) for the WONCA Asia Pacific Region, has welcomed new national representatives from Philippines, Indonesia, Australia and Thailand, adding to the original

members of Taiwan, Korea and Japan. We have had regular web conferences every two months and discussed our conference event and exchange program sharing each country's situation (see photo1).

At the WONCA Rio conference, we added further representatives - from China and Hong Kong – and together we are all working to support the promotion of the forthcoming WONCA Seoul conference in 2018 (see photo2). We send our annual activity report to the WONCA APR Council, and gratefully acknowledge their contribution of \$2,500 to TRM's budget, covering two travel bursaries (each of \$1,000) and pre-conference costs (\$500).

For the upcoming WONCA APR Conference in Pattaya, we plan to have our first organized pre-conference in Asia Hotel, and hope to welcome at least 50 participants to the event of young doctors. Opening remarks will be by Professor Meng-Chih Lee (WONCA APR president), followed by a keynote speech by Professor Michael Kidd (Immediate Past President of WONCA), and an introduction to TRM by Dr Shin Yoshida (Chair of TRM). All activities will be undertaken with TRM participants together with 3rd year GP trainees in Thailand, and we thank Professor Somjit Prueksaritanond (President of The Royal College of Family Physicians of Thailand) for her

generous support. We plan small group discussions among TRM members on future domestic and international collaboration of young doctors in Asia Pacific Region and ASPIRE (young doctors' leadership program) workshop, and look forward to our main social gathering on the night of Oct 31th. With generous support from HOC, we will hold our collaboration workshop and management conference in the main conference venue during the APRC in the afternoon of Nov 1st and 2nd.

Several national representatives have led national events for their domestic young doctors' movement. Fitriana Murriya Ekawati established their SNS interest group of YDM in Indonesia. Ya-Luan Hsiao and Annie Chen organized a morning session for YDMs at the spring Regional Taiwan Family Medicine Association Conference in 2016. Maha Obedozora organized a preconference for YDM and connecting their conference to worldwide YDM leaders in the first ASEAN Congress for Family Medicine Educators held in Pasay city Philippines in April 2016 (see photo). In April 2017, Zuao hui Du invited Shin Yoshida to Chinese Medical Doctors Association General



Practitioner Training Forum held in Nanjing, China, where he delivered a presentation introducing TRM to the participants. Masatoshi Kondo summarized TRM history and activities into poster presentation for the annual conference of Japan Primary Care Association held in Takamatsu, Japan in May 2017.

We coordinated six FM360 exchange programs this year, including Myanmar to UK (two doctors), Japan to UK and Netherland, Philippines to US, France to Japan, and Spain to Japan.

We are going to plan more organized movement regarding conference event, FM360 coordination and website management amongst our fantastic national representatives.

Dr Shin Yoshida Chair, The Rajakumar Movement

Vasco da Gama Movement





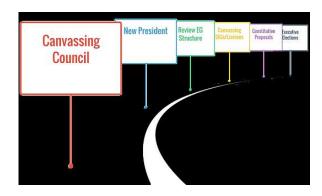
Our Executive consists of nine members who are nationals of the following countries: Croatia, France, Italy, Norway, Portugal, Romania, Turkey and United Kingdom.

Events

This year the Executive have been working hard supporting host committees, attending multiple meetings and delivering multiple posters, oral presentations and workshops at various WONCA Events. It has been a particularly busy year as we have had two VdGM

forums and a WONCA World Conference since our last Council meeting in Copenhagen.

Alongside the core events and our monthly online Executive Group meetings, the Executive has engaged with several network and working party events either in person, via online presence or through Liaison representation. These include the EURIPA Forum, EURACT Council Meetings, EGPRN Council Meetings, YDM Global Committee Meetings, WONCA Europe Council Meetings and the WONCA Rural Working Party Conference.



In addition, we have contributed to efforts by the Foundation for the Development of GP/FM in Croatia and "Andrea Stampar" School of Public Health to bring you the International Course for the Development of Research Capacities in GP/FM, which is planned to be held in Zagreb (Croatia) in September 2017.

Organizational Development

In February we welcomed our new President, who took up her office in January 2017, with an interactive face to face meeting in London. During this meeting we reviewed our core organisational objectives and evaluated our current activities and progress towards them. This led to a number of proposed changes to our infrastructure and function.

Some of the theme groups were struggling to maintain activity. Education & Training has less than five active members, Beyond Europe had members only active within specific SIGs and as Network Liaisons and Research had few active members otherthan the EGPRN Liaison.

As a consequence of this analysis we proposed a restructure of the Executive by moving some Theme group lead roles for Education and Training, Beyond Europe and Research to become Special interest groups that are led by members with interest. This has made space on the Executive to focus on new roles that contribute to our core objectives, support core activities and should better facilitate the development of organizational sustainability: Events Liaison, Campaigns/Policy & Planning Liaison (title to be confirmed) and Fundraising & Awards Liaison.

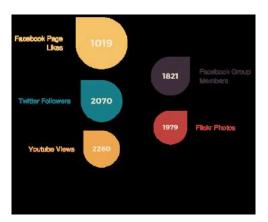
Throughout the year we have been canvassing opinion from Council and Liaisons to aid our future policy and planning activities to meet the needs of our growing network. The Council Meeting in Prague will see us running a vibrant and hotly contested election, proposing a number of updates and developments of our constitution and running active working groups to mandate the executive, our Liaisons to external networks and our internal SIGs.

Online

Our social media, website and overall online presence ahs been active and dynamic, engaging with members across Europe and beyond.

This year we celebrated World Family Doctors Day with a campaign with the hashtags #timetotalk #heretolisten to promote the cause of Depression, with many young doctors across Europe and beyond tweeting and posting pictures to raise awareness. In addition, our President contributed to video messages for the YDM Global Executive and the ASPIRE Global Leaders campaigns to commemorate the event.

Awards



We have revised some of our existing awards and opened up new opportunities through expanding the Junior Researcher Award to include the Promising Researcher Award, the winners of which will be announced along with the Hippocrates and Carosino Exchange awards in the 22nd WONCA Europe Conference Closing Ceremony in Prague.

We have maintained our VdGM Fund support for two places for the main WONCA Europe conference and also for the first time extended that support to two colleagues to attend the 4th Forum in Strasbourg.

We honoured Dr Luisa Pettigrew in the 4th Forum in Strasbourg with the 2nd edition of the Being Young Staying Young Award in

recognition and thanks for her contributions to our network over many years and continuing to inspire and support us.

In the autumn we were saddened to hear of the passing of Dr Fons Sips, one of the senior colleagues instrumental in laying the foundations for what was to become the Vasco da Gama Movement. In his honour our past President launched the Fons Sips Memorial Award, to be presented to his children in memorium during the WONCA Europe Conference Closing ceremony in Prague.

Exchanges

Our Exchanges have continued to function well and we are seeing ever increasing numbers and popularity, now engaging not only in Hippocrates exchanges inside Europe but also being active in the FM360 international exchange program.

We also have had several fantastic conference exchanges, not only during VdGM Forums and WONCA Europe Conferences, but at several National level events too. Exchanges remains a vibrant and core part of what makes this Network such a valuable intercultural platform.

Much more work is needed in the coming year to streamline the processes and align work for both Hippocrates and FM360 exchange coordination, whilst maintaining the continued engagement of our fantastically hard working Exchange Theme Group, including the National and Regional Exchange Coordinators.





Fons Sips (from 2005)

We remain amazed and humbled at the hard work and commitment shown by all involved in organising exchanges across our Network!

Key challenges

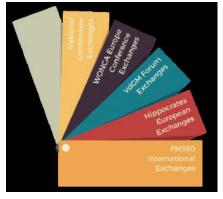
- Navigating presidential handover earlier than expected
- Coordinating activities of our various groups
- Setting up closer collaboration with external networks
- Lack of access to bank accounts for a period of time
- Re-evaluating and reshaping executive function and theme groups
- Photo competition had poor participation
- Identifying sustainable funding possibilities
- Coordinating unified communication strategies for advertising conference exchanges
- Financial planning for awards and bursaries
- Negotiating with YDM Global regarding future funding for all seven regions
- Managing both Hippokrates and FM360 exchanges and looking for ways to synchronize them
- Dissolving the Beyond Europe Theme Group to bring Liaisons and SIG Leads closer to Council
- · Motivating members to engage with theme group activities
- Gathering responses and support form senior national associations to aid our members

Key successes

- Receiving many strong applications for our upcoming executive elections
- Reviewing our function and proposing constitutional updates
- Engaging with Council and Liaisons to garner input into policy and planning
- Being present and engaged in multiple events
- Supporting members through VdGM fund bursaries for forums and WE conferences
- Recognizing contributions from senior colleagues through the Being young; staying young Award and the Fons Sips Memorial Award
- Maintaining good relationships with WONCA Europe and securing funds to aid the VdGM fund
- Gaining official representation with EURACT through the appointment of our new Liaison
- Establishing guidelines for exchanges and conference exchanges
- Increasing communication and autonomy of Liaisons and SIG Leads by bringing them closer to Council
- Regularly attending and engaging with the YDM Global Committee
- Being present and engaged at WONCA World preconference and main conference
- Keeping our website and social media up to date
- Creating banners for the forums
- Compiling and tracking VdGM activities at WONCA Europe conferences
- Creation of the Promising Researcher Award
- Gaining new representatives from new countries for Council
- Improving the format of Executive record-keeping, minutes and reporting
- Engaging more regularly with Council

Key goals for the year ahead

- Seeking sources of sustainable funding for administrative activities and to support member activities
- Developing and updating operational guidelines for activities including events, communications,
 SIGs and Liaisons
- Inducting and handing over to the newly elected members of our Executive
- Consolidating and improving the quality of our work by creating engaging platforms and useful content at events and on line



- Canvassing the views and opinions of our members on key topics and feeding this into WONCA through Liaisons
- Strengthening Executive function through improved communications and use of innovative task management systems
- Improving internal communication between Council, Executive, Liaisons and SIGs
- Strengthening our relationships within WONCA SIGs, Networks and Working Parties and with external agencies such as IFMSA

Finally....a huge thanks to all our hard-working Executive! Several have come to the end of their term of office during this reporting period, and we wish them all the best in their future endeavours.

Claire Marie Thomas Chair, Vasco da Gama Movement

Waynakay





Regional Activities and Events

Our Movement has been expanding rapidly since Montevideo, 2015. But it should be pointed out that it has been strengthened by the bond between CIMF and Waynakay. We have been an active member in every activity from WONCA's Iberoamerican region, and worked towards the relation between Waynakay's member in each country and its scientific society.

- In June 2016, we had Waynakay's "Cono Sur" Forum in Foz de Iguazú, Brazil. This Forum involves five countries: Paraguay, Brazil, Argentina, Chile and Uruguay. We had representatives from all those countries and the main topic was linked to our working group "Education".
- Following the WONCA Iberomericana's summit in April 2016 in Costa Rica, our Waynakay members continued working on the publication of the results from this event.
- Our region hosted the 21st WONCA's Conference in Río de Janeiro. Linked to this event we organized a one-week internship for young doctors from all over the world in Brazil.
- In that same event Waynakay organized the Young Doctor Movements pre-conference with representatives from all YDM regions.
- In Río de Janeiro we were part of the first meeting of YDM Executive Committee[†]. From this moment on we've been working together with young family doctors from all over the world.
- We had our Waynakay's Council where we changed our bylaws defining ourselves as a Latino American Movement (not Iberoamerican) and stated that our movement will not have a president or one leader. Instead we will continue having an Executive Board formed by three representatives, one from reach Waynakay's region: "Cono Sur", "Mesoamérica", and "Región Andina". The Directive Board will be formed by one representative from each country.
- Waynakay started working toward WONCA Iberoamerican Conference in August 2017, preparing internships and the meeting of the Directive Board when we will elect our new members of the Executive Board.
- Waynakay at a local level, in each country, had been active in different activities promoting the Movement locally.

Andrea de Angulo, Medico de Familia Colombia Virginia Cardozo, Medico de Familia Uruguay Co-Chairs, Waynakay

WONCA Working Party Reports



Education

"You must be the change you want to see in the world." Mahatma Gandhi

Background: The WWPE functions as an open group with the aim of developing a vibrant, interactive and supportive network of educationalists across the globe who will catalyse change. Many of our individual national challenges are mutual. Recruitment to, training for and retention of family doctors worldwide remains a major issue. We have identified an urgent need to join to address this. Without an appropriate workforce for primary care delivery, it is difficult to envisage delivery of the WONCA Rio statement calling for "all countries to increase the number of family doctors to achieve high quality comprehensive primary care and universal health coverage." We have a responsibility to raise the status of family medicine as a career-and believe this is an urgent priority for WONCA to address.

New leadership: At the Rio conference where Professor Allyn Walsh handed over the baton of leadership to myself, Val Wass, after six years of most inspiring and effective leadership.

Redefining our aims: 2016-2018 strategy: In Rio we defined our strategic priority aims:

Raise the status of FM in the undergraduate (UG) curriculum: Lobby through WONCA to influence the UG curriculum to support the Singapore and Rio statements. We aim to (i) improve the status of the discipline (ii) attract the brightest and best into FM (iii) foster high Academic status for FM.



Prof Val Wass OBE, Chair of WONCA Working Party on Education, ran the workshop of family medicine education at the 14th WONCA World Rural Conference in Cairn, Australia

- Programme accreditation: Continue to build on the published WONCA standards for PG and CPD education building a resource for WONCA to support programme accreditation. Work to promote PG training CPD for FM particularly for underserved areas
- Sharing resources: Develop processes for sharing education resources both within the Working Party and across the WONCA networks and for producing guideline documents applicable across the continuum of education.

Communication: Redefining the working group: It has taken some time to work through the mailing list to identify active versus non-active members of the WWPE. We currently stand at 99 active members from 45 countries. I am very grateful to Karen Flegg for her help in improving access to the website and enabling regular updates. The plan is to now attempt an active google chat group while at the same time circulating 4-6 updates per year to the full circulation list. Whether an executive group over and above the open group is necessary remains undetermined.

Progress against strategic aims:

Raise the status of FM in the UG curriculum: Building on a workshop held at Rio 2016, two further workshops have been held at the WONCA rural conference in Cairns (focused on social accountability) and at WONCA Europe in Prague. There is undoubtedly strong interest in improving the status of family medicine in the UG curriculum globally. The workshop in Prague in June concluded with the following actions:

- We need to lobby and impress specialist power brokers who influence the curriculum.
- All medical schools should establish/improve /strengthen a Department of General Practice.
- Family medicine needs to be represented in some way in every year of the UG curriculum. It can be a problem if only introduced late in the curriculum; start early and increase exposure.
- We need to gain territory from other specialities and the influence they have on students

A further workshop has been submitted to the Asia Pacific conference in November after which a decision needs to be made on how to take this work forward. A symposium at WONCA World 2018 might focus thought.

The group also proposes and is working to involve medical students more in WONCA to promote Family Medicine as a career pathway and actively engage young doctors in the WWPE.

Programme accreditation: The CPD standards were approved at the World Council in Rio. Allyn Walsh and Victor Ng have kindly agreed to continue to work on standards. We plan a CPD workshop for the WONCA Asia Pacific conference and a leading article for Education for Primary Care on CPD standards. The standards undoubtedly provide an excellent platform on which WONCA can build accreditation and quality assurance of education programmes worldwide.

Sharing resources:

- The journal *Education for Primary Care* produced a special WONCA issue in September 2016 which was well received. Several actions to widen access to the journal have been approved: (i) Taylor and Francis agree to support a third non-UK deputy editor; Ian Wilson in Australia was appointed to this role. (ii) Access to the journal is now available in Australian Universities. (iii) A series of six articles on training for patient safety is now free access (iv) We have negotiated a free access for one month to one article per issue which have been advertised in the WONCA news and widely accessed. We plan, with the SIG on migrant care, a series on training for dealing with migrants in 2018.
- Workshops sponsored by WWPE have been held in 2017 at the WONCA World Rural Health Conference (Cairns) and WONCA Europe (Prague) and have been submitted for Asia-Pacific (Pattaya). We are focusing educationally on formative assessment in the workplace and plan to produce a guide to assessment as a WONCA resource.

I thank the President, Chief Executive and the Executive Committee for their ongoing support which is much appreciated and Karen Flegg for her unstinting help with the website and news dissemination.

Annual reports provide an excellent opportunity to reflect and 2018 must be the opportunity to produce a WONCA strategy for engaging with medical students and medical schools globally to promote careers in Family Medicine. "We must be the change we want to see in the world."

Val Wass OBE Chair, WONCA WP on Education

Environment



Our Working Party has had a very productive year. We had a wonderful WONCA World Conference in Rio de Janeiro, where over one thousand World delegates displayed their support to environmental issues by wearing a green ribbon distributed by us. Along with the ribbon, they also received a card showing our new logo inspired by the Hummingbird and the Forest Fire Tale with a link to a brief video https://youtu.be/JVmDOJcBrRO. We also distributed the WONCA Statement on Justification and appropriateness in radiological diagnostics (Lead by Ernesto Mola): http://www.globalfamilydoctor.com/site/DefaultSite/filesystem/documents/Groups/Environment/Env%20Resolution%20on%20justification.pdf

In Rio we also held many workshops on environmental health issues, where many delegates signed up for our Working Party EMAIL LIST (now with over 250 members). Our Official Working Party Meeting in Rio elected our new Executive Members: Enrique as Chair, Paola Rava Dellepiane as Vice-Chair, Alan Abelsohn as Provost, and regional co-chairs and junior co-chairs (see our webpage).

Other significant 2016-2017 achievements and plans by our working party:

- WONCA Statement on Planetary Health and Sustainable Development Goals (Endorsed in April) http://www.globalfamilydoctor.com/site/DefaultSite/filesystem/documents/policies_statements/Statement%20on%20planetary%20health.pdf
- Joint WONCA Rural and Environment Call to Action (John Wynn Jones and and Alice McGushin leading) (awaits approval by WONCA Executive).
- Convene a "TASK FORCE to develop recommendations for achieving sustainable, low carbon and accessible health systems in the context of the Sustainable Development Goals" (archived)
- Development of policy for sustainable WONCA events (drafting Lead by Paola Rava Dellepiane and Alice McGushin) https://docs.google.com/document/d/1W9q4pkVQ4LC78VJHdn5Lcmubs9d WCEVjly5nEvcDNIE/edit
- Stimulate WONCA Environment representation in WONCA regional and other key conferences (Alice McGushin in WONCA Rural Health Conference in Cairns, Ralph Guggenheim and Enrique Barros in WONCA Europe in Prague, Paola Rava Dellepiane in WONCA Iberoamericana in Lima).
- Alan Abelsohn, in partnership with WHO, has successfully lead a pilot Urban Health Initiative
 (UHI)/Train the Trainer program in Ghana, where a meaningful collaboration with Dr Henry Lawson
 (Africa Region President) started to develop. This UHI aims to reduce air pollution by addressing the
 major sources of air pollution including: indoor use of cookstoves; waste management; traffic
 reduction; and industrial emissions. The aim is to engage health professionals, especially family
 doctors, with a view to capacity building among family doctors and other health professionals. The
 objective is to expand this initiative to other countries.
- Develop regular PODCASTS (Alice McGushin and Grant Blashki) and Blog (Ralph Guggenheim)
- Update WONCA Environment webpage
- Increase recognition and participation in our WONCA Environment Working Party
- Working Party Video

Enrique Barros Chair, WONCA WP on the Environment

Mental Health

The aim of the working party is to enhance global equity of access to high quality primary mental health care.

Since November 2016, we have made substantial progress on our three broad objectives: to improve internal structures; to offer mental health guidance for WONCA members; and to provide global leadership on primary mental health care.

Improve WWPMH structures

- Our membership has expanded from 46 in October 2016 to over 120 currently. Our largest groupings are from Europe and Latin America.
- We now have representation across all WONCA regions and constituencies.
 - We have elected Chair (Chris Dowrick), Vice-Chair (Christos Lionis), Secretary (Jill Benson) and Treasurer (Juan Mendive).
 - Vice-chairs have been appointed for each of the seven WONCA regions: Joseph Ariba for Africa, Cindy Lam for Asia-Pacific, Abdullah al Khatami for Eastern Mediterranean, Christos Lionis for Europe, Raquel Vaz Cardoso for Ibero-America, Kim Griswold for North America, and Pramendra Prasad for South Asia. We also appointed Sonia-Roache Barker as vice-chair for the Caribbean sub-region.
 - We have maintained specialist liaison with Sandra Fortes (Brazil) and Lucja Kolkiewicz (UK) and Brazil; and established liaison with WONCA Young Doctors (Ray Mendez, USA).
 - Communication between WWPMH members has been enhanced by structured e-meetings for officers every 2-3 months, and by regular e-bulletins circulated to all members. We also arrange ad hoc working party meetings at regional WONCA conferences.

Offer mental health guidance for WONCA members

- We advise Executive and Council of issues relevant to primary mental health, for example on WHO primary health care policy for the Eastern Mediterranean region.
- We are encouraging primary mental health care input to all WONCA conferences. To date we have enabled participation in regional conferences in Cairns, Abu Dhabi and Europe, with plans in place for Lima, Pretoria and Pattaya.
- We are developing collaboration with other WPs and SIGs, including education, WICC, migrant care and non-communicable disease.
- We have created time-limited task groups to provide practical guidance for family doctors on topics identified as important by WWPMH members:
 - First depression consultation (led by Bruce Arroll, NZ): our guidance was featured for World Family Doctor Day in May, and has already been translated into Arabic, Chinese and Portuguese. All are available on the WONCA website.
 - Physical health care for people with severe mental illness (led by Alan Cohen, UK): our guidance and training materials were launched at WONCA Prague and are available on the WONCA website.
 - Shared learning for primary mental health care (led by Helen Rodenburg, NZ): we have produced links to accessible online training materials which will soon be made available to WONCA members.
 - o Non-drug interventions for psycho-social distress (led by Weng Chin, Hong Kong); we will launch our guidance on this topic at the WONCA Asia-Pacific meeting in November.
 - Core competencies for primary mental health care (led by Chris Dowrick).
 - Management of medically unexplained symptoms (led by Tim Olde Hartmann, Netherlands).
 - Mental health care of migrants (led by Maria van den Miujsenberg, chair of Migrant Care SIG, with Chris Dowrick).
 - o Frailty, multi-morbidity and mental health (led by Christos Lionis, Greece).

Provide leadership on global primary mental health care

- We advocate for improved primary mental health care on behalf of family doctors and their patients, for example on the recent breakdown of community care arrangements in South Africa, and on the need to address the adverse mental health effects of forced migration.
- We continue to offer expert advice and training through our international primary mental health care consultancy. Our Ibero-American team led by Raquel Vaz Cardoso and Sandra Fortes recently organised a second successful mhGAP training event in Rio, and plans another to coincide with WONCA Lima in August.
- We continue to promote external collaborations, including with WHO mhGAP, World Psychiatric Association, World Federation for Mental Health and European Association for Communication in Health Care. We have advised WHO on its Quality Rights policy initiative and are currently working with mhGAP (and WICC) on the primary care version of ICD-11's mental disorders classification. In October, WWPMH officers will participate in the mhGAP forum in Geneva and the WPA World Congress in Berlin.
- Next year we have agreed to work with the WHO mhGAP team in developing and disseminating an implementation manual for the integration of mental and behavioural health with primary care.

Christopher Dowrick Chair, WONCA WP on Mental Health

Research

WONCA's Working Party on Research has been increasingly active in the past year, our membership is growing and a Google discussion group has been set up.

Books

Our book, 'International Perspectives on Primary Care Research' (Editors WWPR Chair Felicity Goodyear-Smith & Bob Mash, 2016, CRC Press, pp. 255) was formally launched at the Rio meeting 2016, and we have signed an agreement with CRC Press for a second book, 'How to do Primary Care Research'. Chapters have been commissioned, several have already been returned and a couple even finalised. It will be published in 2018.

Panels

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.

- In 2017 at the WONCA East Mediterranean Regional Conference in Abu Dhabi, Prof Chris van Weel led a session in which the health systems of Bahrain, Egypt, Lebanon, Qatar, Sudan and the United Arab Emirates were compared. A paper for publication has been prepared ('Primary Health Care Policy Implementation in the East Mediterranean region').
- A panel was also held with four countries (Ukraine, Romania, Macedonia and Finland) at WONCA Europe Regional Conference in Prague in June, led by Prof Mehmet Ungan.
- Further workshops comparing systems in México, Republic of Dominicana, Argentina, Paraguay, Ecuador and Panamá (WONCA Iberoamericana-CIMF Regional Conference 2017, Lima, Peru, led by Lidia Caballero and Jacqueline Ponzo) and Australia, Malaysia, Mongolia, Myanmar, Thailand and Vietnam (WONCA Asia Pacific Regional Conference2017, Pattai, Thailand, led by Ryuki Kassai), are scheduled for August and November respectively.

Research Capacity Building

Members of WWPR ran a workshop on scientific writing at the WONCA Europe Regional Conference in Prague, Czech Republic in July 2017, and a further one is planned for Thailand in November. A master set of slides on how to write (including sections on general tips and on preparing a paper for a peer-reviewed journal) is available for members running these workshops, as well as an interactive exercise on critiquing and correcting a poorly written abstract.

CARD

A member of the WWPR, Dr Ronny Gunnarsson from Queensland, Australia, has started the Collaborative Advantage Research Database (CARD). This database of research projects is open to all countries (currently predominantly Australia). It aims to facilitate collaboration by enabling researchers to find each other. It contains a simple form collecting basic information with only one registration required, even if multiple organisations are involved in a particular project. See https://au.researchweb.org/is/jcu/document/171661.

Felicity Goodyear-Smith Chair, WWP on Research

Rural Practice



Introduction

It has been another busy year for RuralWONCA. Our council met on two occasions within 6 months at the World WONCA Conference in Rio de Janeiro (November 2016) and at the 14th WONCA World Rural Health Conference in Cairns Australia (April 2017).

The important themes addressed during the 12-month period were:

- Values of the group: It was decided to produce a values statement to assert who we are and guide
 current and more importantly future members of the council. We were grateful to the Rural Doctors
 Association of South Africa for their help. The statement is currently being finalised and will be
 submitted for approval to WONCA Executive.
- Equity and relevance: Equitable representation remains our most important guiding theme. We have
 made important advances in gender, generational, geographical and demographic equity but much
 still needs to be done. The greatest challenge remains representation from the poorest and most
 inaccessible parts of the world. We continue to ensure that our actions are as relevant to the needs of
 working rural family doctors as they are to academic institutions and professional bodies
- Shaping the rural health workforce: Our involvement and close working relationship with the Rural Generalist Movement is crucial to the need to develop a medical workforce that is relevant to, and meets the needs of, the rural populations that the workforces serve. The principles of the Rural Generalist Movement are relevant and applicable worldwide but its delivery will be country specific and dependant on resources, health systems and culture. We welcome the final report from the 3rd Rural Generalist Summit (held prior to the 14th WONCA World Rural Health Conference) where we had a major role and look forward to working with the authors to deliver its goals.
- Young rural doctors and medical students: The future of rural practice lies in their hands and it is our
 responsibility to work closely with the next generation of rural activists. RuralWONCA has established
 in partnership with some exceptional students and young doctors, a new global network called Rural
 Seeds. (More on this initiative later)
- Working in partnership: As rural is a cross cutting theme and the work of WONCA all Working Parties and SIGs have rural significance, we try to forge valuable partnerships with other groups in WONCA. The same can be said for working with other NGOs and organisations outside WONCA. Strong relationships have been formed with WHO, The Network Towards Unity for Health, National Rural Health Association (USA) etc.
- **New structure to RuralWONCA:** Details of the proposed changes were included in last year's report. We have opted to continue to work to a 3-year work programme. The council has adapted well to the change and we are working to develop a sustainable model for the assembly meetings.

Work plan

We met all our targets for the last 3-year work plan (2013-2016) and we have set ourselves an ambitious programme for the current 3 years. We are 9 months into the new plan and hope to receive progress reports for all the portfolio holders at the end of the year.

Networks

It is our ambition that all the WONCA regions will have local rural regional networks. Current networks in Europe (EURIPA), South America (CIMF Rural) and South Asia (WoRSA) appear to be working well. We are delighted to announce the formation of an Africa Network (WoRA) and wish it good fortune. Special thanks to our African colleagues. We are also hoping to establish an Asia Pacific network and colleagues from WoRSA and Asia Pacific countries will be holding a workshop at the next regional conference in Thailand.

Portfolios

Each executive member now has their own portfolio and as mentioned earlier we will be receiving their annual progress reports at the end of the year.

The portfolios plans and their progress to date include:

- Research: Dr Zakiur Rahman (Bangladesh)
 - o It is crucial to increase rural research in low and middle income countries
 - Develop avenues through journals to publish research globally
 - Develop a strategy on rural research and identify an agenda
 - Work to address the issues raised at the International Mini-symposium on Generalism Research in Rural Medicine Tromso, Norway 2016
- Developing World: Pratyush Kumar (India)
- Establish a strategy to address rural issues in low and middle income countries
- Build an interactive website & App
- Students and young doctors: Mayara Floss (Brazil) and Veronika Rasic (Croatia and UK)
 - o Build networks, connections, representations on RuralWONCA Council
 - Make rural conferences accessible and relevant to Students and Young Doctors
 - Link to YD Movements around the world
 - Continue to promote Rural Cafe and Rural Success Stories and other initiatives. Develop new initiatives.
 - o Promote Rural Seeds
- Clinical Practice: Bikash Gauchan (Nepal)
 - Develop a portfolio of clinical cases
 - Collect evidence based guidelines from around the world
 - Help coordinate knowledge & skills based education events at WONCA and RuralWONCA events
 - Promote Rural Generalist Practice Globally
- Education & Training: Barb Doty (USA-Alaska)
 - o Continue to work on the Rural Medical Education Guidebook
 - Work closely with other portfolio holders and the WONCA Education Working Party
 - Concentrate on the needs of doctors working in Low and middle income countries
 - o Explore the idea of a future textbook on rural practice
- Publications: Dave Schmitz (USA- North Dakota)
 - o Continue to work on the RuralWONCA Resource Page https://woncarural.org
 - Work on policies (work in progress and future policies)
- Communication: Jo Scott Jones (New Zealand)
 - o Continue to use/promote Social Media in all its forms
 - o Develop policies on Virtual Health & Telehealth
 - Keep abreast of changing technology
 - Manage the RuralWONCA brand
 - Manage "Rural Roundup" in WONCA News
- Policy Development: Role of Past Chairs
 - Help engineer change by engaging with global institutions, NGOs, WHO etc.
 - Position RuralWONCA at the forefront of Rural Practice/Health around the world as RuralWONCA Ambassadors
 - o Support and work with portfolio holders
 - Help review past policies
 - Develop a strategic approach to policy development
 - Work with Bellagio Statement on Human Capital for Human Security-Investing in Health Workforce Education and Training
 - Look to a proactive approach to new policies over the next 3 years

Rural Seeds

"Rural Seeds" is shorthand for "Rural World Doctors in Training" and comprises students and young doctors either working in, or intending to work in, rural practice. It aims to be a global network to raise awareness and guidance in training for rural practice using the mentorship and knowledge available from WWPRP and its members. One of the main aims is to identify rural healthcare needs in different areas, countries and regions and try to understand what they could improve through the local and global community.

This is our most significant and exciting development since the launch of the Rural Medical Education Guidebook. The network was launched at the 14th WONCA World Rural Health Conference in Cairns alongside the Rural Seeds "Cairns Call to Action-Health for all rural people around the world" Appendix 2. The statement concludes:

"As young people, we often underestimate the influence that we have as rural health professionals in training. However, it is through our lived experiences that avenues for change can be identified and it is through our collective efforts that such changes can begin to occur. We can choose to lead initiatives for the betterment of rural health, and take action"

RuralSeeds initiatives include:

- · Rural Family Medicine Café
- (https://www.facebook.com/familymedicinecafe)
- https://www.youtube.com/watch?v=FxlEBBvVFzU
- Rural Health Success Stories
 (<u>http://ruralhealthsuccess.blogspot.com.br/)</u>

Plans are in place to establish a global mentoring programme and a rural advisor (in the mode of TripAdvisor) to evaluate rural health placements. Rural Seeds is already working with







WONCA WP on Rural Practice, led by Dr John Wynn-Jones, his network, and WP board members at the successful 14^{th} WONCA World Rural Health Conference in Cairns Australia. Prof Amanda Howe, WONCA President, joined the meeting

future conference organisers to ensure that Student and Young Doctors programmes are established in all future WONCA World Rural Conferences and that registration fees are appropriately costed. The new RuralWONCA constitution stipulates that at least one young doctor and one medical student from each WONCA region is appointed onto the council

Conferences

The successful 14th WONCA World Rural Health Conference was held in Cairns in April with over 800 delegates from over 30 countries attending. The conference was preceded by the 3rd Rural Generalist Summit. Special thanks to The Australian College of Rural and Remote Medicine for the excellent organisation. The post conference statements will appear later in the document.

Future Conferences

15th WONCA World Rural Health Conference will be held in New Delhi, India 27th-29th April 2018. This will be India's first rural health conference. India has a vast population with 68% living in rural areas. The conference will be preceded by a rural health film/video festival. The conference promises to gather one of the largest gatherings of rural doctors and health workers ever assembled. A special very low registration fee has been agreed for young doctors and students.



- 16th WONCA World Rural Health Conference. Plans are moving forward to hold the conference at the Global Health Centre at the University of New Mexico in October 2019. A Global/International preconference with be held prior to the main event. Other partners will include The AAFP's Centre for Global Health Initiatives and the National Rural Health Association.
- 17th WONCA World Rural Health Conference. Following the disappointment associated with the failure to secure adequate support by 2019, the proposed Ugandan conference will now be held in Kampala in 2020 or 2021

Working in partnership

Rural WONCA has formal established links with WONCA WPs in: Women and Family Medicine; Environment; Education; Indigenous & Minority Groups Health Issues. It has also links with the following SIGs: Family violence; Conflict and Catastrophe; Point of Care Testing. It also has established links with the following Young Doctor Groups: Vasco da Gama; Spice Route; Polaris. We were able to issue a joint statement with the Environment WP which will be submitted to WONCA Executive for endorsement.

Since we will be meeting as a council in India, earlier in the year, we will not be holding a council meeting in Seoul and it is our aim to use the time and opportunity to visit as many of the other groups meetings as possible to build alliances and explore possible options to work together.

Special initiatives

We have been able to develop links with the World Health Organisation in the past and we were honoured to have the Jim Campbell, Executive Director, Global Health Workforce Alliance, and Director of the Health Workforce Department, at the World Health Organization, join us for the Cairns conference. The conference was an ideal shop window to highlight some of main global rural challenges to Universal Health Coverage and some successful solutions already in place across the world. We were able to pursue and highlight rural workforce issues with him and we consequently have been invited to submit proposals to run panel discussions at Fourth Global Forum on Human Resources for Health in Dublin (November 2017). We are delighted that we will also be working closely with the WONCA Executive, who will also be hopefully running a panel session. We await final confirmation of all three submissions. Rural Seeds has been invited to join in the organisation of the youth pre-conference meetings and will also be running a Rural Café.

Policy Statements

- RuralWONCA Values Statement. (For submission to WONCA Executive)
- The Rural Seeds Cairns Call to Action-Health for all rural people around the world (For submission to WONCA Executive)
- Statement on Resilience and Preventing Burnout in Rural practice (For submission to WONCA Executive)
- Joint RuralWONCA/Environment WP Statement on the Rural Implications of Climate Change (For submission to WONCA Executive)
- We await the final statement on the 3rd Rural Generalist summit and look forward to working with the authors to help promote the recommendations

Conclusions

We are grateful for the help from WONCA Executive and the secretariat and feel that we are on course to meet our goals for the current triennium. We would not however be able to achieve anything without the hard work and dedication of our members who give me up precious time to spread the Global Rural Health message around the world.

John Wynn-Jones Chair WONCA WP on Rural Practice

Women and Family Medicine



The WWPWFM goals for the 2016-2018 biennium is to have an impact at WONCA regions through expansion, networks and linkages, and address women's health at primary care through family medicine perspective. The objectives include enhancing leadership skills among women family doctors, improving women's health at primary care, strengthen collaboration with other WONCA Working Parties, Young Doctors groups and SIGs. WWPWFM continues to advocate for adoption of GES handbook and checklist by WONCA Council.

Interim meeting

WWPWFM organizational interim/business meeting is scheduled for August 14 – 16, 2017 in Soweto, South Africa. The meeting objectives are to develop standards for improving women's health at primary care and develop strategic plans for the next biennial. Dr Shabir Moosa and his institution are hosting the interim meeting.

Activities

Working with WWPWFM regional leads, preconference meetings and women's track on women's issues will be organized in all WONCA regional conferences. WWPWFM will be participating in the



The interim meeting of the WWPWFM in August, South Africa

WONCA Africa conference in August 18-20, 2017 and in other WONCA regions preconference. It has approval for three abstracts on pre-conference meeting, leadership in family medicine and building resilience of disaster torn communities. WWPWFM participates actively in WHO MCH webinars. It also networks with other WONCA working parties and SIGs. WWPWFM has an active collaboration with WONCA rural.

Dr Atai's scholarship award

Dr Atai Omoruto was an outstanding family doctor from Uganda, and a very active member of several WONCA groups, including WWPWFM. Sadly, she died in 2016, just after she had been awarded the WONCA Global Award for Excellence – the Five Star Doctor award. In her honour, WWPWFM established the Atai Scholarship and WONCA World Executive and WWPWFM will be awarding the first Dr Atai's scholarship to an African woman family doctor at the WONCA Africa region conference in August 2017. The scholarship supports attendance at the regional conference. WWPWFM solicited donations to the Atai's fund, from members of WONCA Council, Working Parties and SIGs.

Kate Anteyi Chair, WONCA WP on Women and Family Medicine

WONCA International Classification Committee (WICC)

WICC activities during 2017 continued to follow the stated mission and goals of the Committee, which were reaffirmed by WICC members at the 2016 WICC Annual Meeting in Turku/ Finland:

MISSION: To develop and maintain classifications that accommodate the complete domain of family/general practice AND To ensure that these classifications are interoperable to the highest degree possible with standard international health care terminologies and classifications, IN ORDER TO contribute to equitable quality health care worldwide.

GOALS

- To achieve widespread international use of ICPC
- To maintain and revise ICPC to accommodate expanded health care knowledge
- To develop productive working relationships with other international standards development organizations
- To support the work of WICC and WONCA through licensing of ICPC
- To create and disseminate additional classification tools as needed to capture and codify the complete domain of family/general practice

WICC continued to follow the path of collaboration with IHTSDO. The PC-subset within SNOMED could be accomplished in the meantime. Concerning work with WHO on developing an ICD-11 PC linearization there also has been major progress in terms of a first draft. The burden of the work was done by Kees van Boven, together with Thomas Kühlein on the side of WONCA and Martti Virtanen, Robert Jakob and Linda Best on the side of WHO. However, there still is urgently needed a contractual basis for this collaboration. Although a first draft for this contract has been set up, to our knowledge it has not been signed yet. Major progress was made toward ICPC-3. WONCA Executive has agreed to support a consortium that will bear the brunt of ICPC-3 development supported financially by the countries already using ICPC-2 at a national level and the generous support of Nijmegen University in the Netherlands. ICPC-3 development will be mainly accomplished by the consortium under leadership of Kees van Boven and Huib ten Napel, supervised by a committee of the contributing countries. WICC will serve as the legitimizing body and support the work by adding the viewpoints and needs of non-European countries in close collaboration with the consortium. The details of this collaboration are currently being worked out.

WICC Structure and Work in 2016

WICC is still organized as an "expert volunteer" committee, led by the elected Chair Thomas Kühlein, Germany, Deputy Chair Kees van Boven The Netherlands, and 3 Executive Members Helena Britt Australia, Jean Karl Soler Malta and Shabir Moosa South Africa. WICC has at present approximately 45 members. The Nominations committee (Diego Schrans Belgium, Daniel Pinto Portugal and Julie Gordon Australia) as worked hard to revise the WICC Policy Document which was approved at the last meeting of WICC. The Nominations Committee has clarified the list of active members. Observers are permitted and encouraged at meetings. Active Working Groups are responsible for basic work, with oversight by Executive (e.g. ICPC-3 development working group; process codes working group; translations working group; training and dissemination working group; mapping update working group). Full Committee meetings are used for exchanging information, making core decisions, and establishing and maintaining consensus.

The WONCA World conference in Rio Brazil 2nd to 6th November 2016 was co-organized by the WICC member Gustavo Gusso. Kees van Boven gave a key note lecture under the title "It takes two for the tango" about the Patient, his/her doctor and the reason for encounter, defending the need to concentrate on the symptom diagnosis, the disease burden and capacity of patients and medical records. Several WICC members informally met at the WONCA Europe 2017 conference in Prague /Czechoslovakia, where a workshop led by Thomas Kühlein and Kees van Boven together with colleagues from Switzerland (Stefan Essig, Melissa Selb, Gerold Stucki) from Belgium (Pauline Boeckxstaens, Diego Schrans) and the Netherlands (Simone Postma) on the use of ICF in Primary Care and another on missing categories in ICPC-2 for the development of ICPC-3 were held. The annual WICC meeting was held in Turku/ Finland 10.-15 September 2016, hosted by Mårten Kvist and attended by 28 WICC members and observers. The chair Mike Klinkman was again unable to attend the meeting for lack of funding. At the beginning of the meeting Thomas Kuehlein was elected as the new chair

with Helena Britt, Jean Karl Soler and Shabir Moosa being elected as the Executive committee. Thomas appointed Kees van Boven as the deputy chair. The primary goals for the Turku meeting were to continue chapter work on ICPC-3 and to approve the policy document of WICC. The report of the meeting had been sent to WONCA after the meeting.

The WICC executive continued its practice of monthly conference calls via Skype to manage work and planning, and participated in calls with WONCA core executive on a quarterly basis.

Use of ICPC in 2016/17

The use of ICPC is slowly expanding. ICPC-2 licenses have been sold to Ukraine and Austria. Kees van Boven and Huib ten Napel carried out training workshops for ICPC in Ukraine. Thomas Kühlein is in close contact with the Austrian colleagues in order to support the implementation of ICPC. ICPC remains the standard primary care classification in several countries, and limited use of ICPC for small-scale clinical or research projects continues.

Work with IHTSDO in 2016/17

The International Family Practice/General Practice Special Interest Group of IHTSDO (GP SIG), chaired by WICC member Nick Booth, was created in 2009 by a formal agreement between WONCA and IHTSDO. Although the group consists also of some WICC members it is not formally part of the WICC. The group has completed a first draft SNOMED-CT primary care reference set of terms (RefSet) and RefSet-to-ICPC map. This product is being field tested at present. The next step is to work out the "governance" process (responsibility for quality) for this product with IHTSDO.

Work with WHO in 2016/17

Thomas Kuehlein, Kees van Boven and Olawunmi Olagundoye (Nigeria) joined the WHO-FIC council in 2016 in Tokyo, Japan. The informal PC working group had already formed into a formal working group. However ICD-11 PC Linearization was not an official topic at the conference. This is telling, regarding the status of Primary Care within the international classification specialist community and WHO. Thomas Kuehlein, Kees van Boven and the WICC are still concerned about the fact that a contract has still not been agreed. The worries are about digging the grave of ICPC by helping develop and adding formal acknowledgement to a picklist of ICD-11 which in the end will be inferior with ICPC-2 and even more with ICPC-3.

Work on ICPC-3 in 2016/17

Also in the period between the WICC meetings 2016 and 2017 work on ICPC-3 did not get forward. As a volunteer committee without major funding the WICC was unable to meet for further work in the chapter groups. This underlines the need for the consortium to take over this kind of work.

Thomas Kuehlein Chair WICC

Other WONCA Working Parties

WONCA also has the following Working Parties:

- Ethical Issues
- E-Health
- Indigenous and Minority Groups Health Issues
- · Quality and Safety in Family Medicine

WONCA Special Interest Group Reports



Ageing and Health

For many years WONCA has had a Special Interest Group (SIG) on Care of the Elderly. Unfortunately for a number of reasons this SIG has been inactive in recent years, but the WONCA Executive, led especially by our President, Professor Amanda Howe, has been energetically trying to reform and resuscitate the SIG. This has been encouraged by our work with the Ageing and Life Cycle Department in WHO, with whom we have a growing working relationship.

Rapid growth of the ageing population is by now a well-recognized fact, both in the developed and developing world. The fact that this group has special medical and social needs is also established. However a large majority of medical personnel continue to be unaware of the unique requirements posed by the elderly. All of this is compounded by scarcity of geriatric specialists, making primary care physicians largely responsible for medical provision of the aged.

There is great scope and potential for this SIG in terms of building capacity in areas of education and research that both translate into better evidence based care for the elderly. It is therefore imperative that we develop ability within our organization to respond to the needs of this population by providing better care and improving quality of life of such individuals.

A number of people have already responded positively to the call for new members of this SIG, but anyone else who would like to become more involved is asked to contact Amanda Howe in the first instance at **Amanda.howe@wonca.net.**

Cancer and Palliative Care

The SIG is closely aligned with the Cancer and Primary Care Research International group (Ca-PRI) and the International Primary Palliative Care Network.

The Rio pre-conference of the WONCA SIG on Cancer and Palliative care attracted a large group, including many Brazilians eager to hear about palliative care in the community internationally. It was organized by the International Primary Palliative Care Network which has members in every continent.

We ran a jointly-badged Ca-PRI-WONCA all-day workshop at the European Cancer Congress (ECCO) in Amsterdam January 28, (http://www.eccocongress.org/). This all-day workshop was very successful and well-attended. The three day Ca-PRI conference in in April 2017 in Scotland (http://www.ca-pri.org/index.php/edinburgh-2017) was very successful with over 160 attendees.

In May we were invited by the European Commission Initiative on Breast Cancer (ECIBC) for a meeting at the Joint Research Centre (JRC) in Ispra to explore possible collaboration.

We will run a workshop on cancer survivorship at WONCA Prague in June 2017. We expect this workshop to be a success as they usually are. However, we find it a bit harsh to invite speakers who have to pay the full congress fee.

Some members of the palliative group have produced a video that they are translating into different languages to explain a rationale for early palliative care. They decided it was a very useful educational tool for GPs, so it is now published on http://bmj.com/cgi/content/full/bmj.j878. Also available on Facebook (https://www.facebook.com/pg/bmjdotcom/videos/).

David Weller & Annette Berendsen Co-Convenors, WONCA SIG on Cancer and Palliative Care

Conflict and Catastrophe Medicine

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

Following successful workshops at WONCA Europe (Istanbul 2015, Copenhagen 2016 and Prague 2017) and WONCA World (Rio 2016) conferences, SIG on C&CM membership has now grown to over 300. An Executive Committee is now established with representatives from all WONCA regions. Prof Ranit Mansori (Professor of Family Medicine, Georgetown University School of Medicine, USA) became Vice Convenor in Nov 16.

The SIG on C&CM's activity plan for the 2016-2018 biennium was accepted by the WONCA Executive in Jan 17. The SIG has:

- **Generated networks** by exploring opportunities for further internal symbiosis with other WONCA WPs and SIGs regarding 'golden threads' (eg. rural medicine; women's health; migrant care) and established new external linkages (eg. Institute of Remote Healthcare).
- Enhanced appreciation of operational environments by authoring prolonged field care clinical guidelines, and providing subject matter expertise upon request to member organisations and individuals to support GPs/FMDs working in C&CM environments.
- Improved knowledge and information exchange through the delivery of well-attended workshops at WONCA Conferences, on-line postings, exploitation of social media and the production of reports for the WONCA Executive.
- Undertaken primary care research, with programmes including: clinical prolonged field care; heat
 illness triage tools; and physiological biosensors and health informatics innovation to support clinical
 reach forward, reach back and decision-making. Training materials are being developed to support
 and promulgate the lessons identified.

During the next year, the SIG on C&CM will 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. It will continue to provide a forum for an exchange of knowledge and information between member organisations' GPs/FMDs, and 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.

Rich Withnall Convenor, WONCA SIG on Conflict and Catastrophe Medicine

Emergency Medicine

The WONCA Special Interest Group (SIG) in Emergency Medicine is one of the newest SIGs within the WONCA World family. It was launched in November 2016 in Rio de Janeiro, Brazil in conjunction with the WONCA world conference.

Emergency medicine and urgent care has been recognized as a key domain of care within family medicine. In many countries such as Nepal and Canada, family physicians participate strongly in delivering emergency care. Globally, this is particularly apparent in rural and remote health systems. The main objectives of the SIG include the creation of workshops and continuing professional development opportunities for family doctors who are practice in the domain of emergency medicine. In addition, we collaborate strongly with other WONCA working parties and special interest groups such as the SIG Disaster and Catastrophe Medicine to assist and advise the WONCA Executive on matters relating to emergency medicine.

Despite being a young SIG, our group has engaged participants in all WONCA regions with involvement from several WONCA young doctor movements. Workshops have been planned for WONCA regional conferences including WONCA Europe in Prague and WONCA Asia Pacific in Pattaya City. We continue to recruit and welcome new enthusiastic members from all WONCA regions and work together to strengthen the discipline of Family Medicine.

Victor Ng Convenor, WONCA SIG on Emergency Medicine

Family Violence

The Family Violence Special Interest Group, active since 2014, has focused in 2016/17 on continuing our global connections and supporting family doctors to undertake identification and care of families affected by family violence.

The group has been growing steadily with new members from different geographical areas joining, as well as new co-chairs since November 2016. We take this opportunity to thank the previous chair, Leo Pas, for his tireless efforts.

Main activities undertaken have included aiming to educate, provide resources and support and promote research through presentations and workshops at WONCA conferences. Members presented at conferences: WONCA Europe at Copenhagen (June 2016), WONCA World in Rio de Janeiro (Nov 2016), WONCA Rural in Cairns (May 2017) and WONCA Europe at Prague (June 2017).

We continue to emphasize the needs for both training and research on FV; many group members continue to be active in these areas. As a group we are collaborating with Dr Raquel Gomez Bravo who has started a PhD project related to training on Family Violence.

Cooperation with several other WONCA groups (including Mental Health and EURACT) has been interesting, fruitful and exciting. Joint workshops were organized for several WONCA conferences with EUROPREV, EQUIP, and SIG on Migrant Care. Topics addressed included Mental Health and Family violence; Quality and Safety; Family violence in Migrants/refugee populations. Leo Pas represented the network at the open scientific meetings of EGPRN, EQUIP and the 30th celebration of WAVE (Women Against Violence Europe).

One of our important goals is connecting and working with young doctor movements. Accordingly, in Copenhagen (WONCA Europe 2016) a successful preconference was organized. Joint VdGM and SIGFV workshops were presented in the 3rd VdGM Forum in Jerusalem (September 2016 – FV and Cultural aspects), and in Prague (WONCA Europe 2017 – FV and Pregnancy). We are continuing our efforts to strengthen young doctors' interest and involvement addressing family violence.

A workshop meeting in Nijmegen in 2016, hosted by the Center of Women studies of Radboud University and in collaboration with the WONCA SIG, honoured Sylvie Lo Fo Wong on her retirement for her excellent work in the family violence space. At the meeting, projects were presented and research priorities for the family violence field were defined in the morning. In the afternoon through discussions and presentations the basis was laid for a statement on family violence, which was formally agreed upon at the WONCA world meeting in late 2016. 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. Accordingly a recommendation statement "WONCA SIGFV CALL TO ACTION TO WONCA COLLEGES AND ACADEMIES" was formulated and will be presented to WONCA Executive in 2017.

At the international level, we recognize the need to strengthen regional support and resourcing, and continue to strengthen cooperation with organizations such as the World Health Organisation and United Nations including development of a global curriculum for health professionals.

Finally, acknowledging the need for connecting, communicating, and displaying materials and resources, we have developed a communication plan which we have started to implement. This will include more newsletters (2 published in June and October 2016), a website update and the exploration of the use of social media.

Hagit Dascal-Weichhendler & Kelsey Hegarty Co-Convenors, WONCA SIG on Family Violence

Genetics

Members of the WONCA SIG on Genetics recently attended the Pharmacogenetics stratified network meeting on primary care in London – the link to the meeting is http://www.uk-pgx-stratmed.co.uk/. The meeting brought together key individuals who have an interest in stratified medicine and the talks in the morning complemented the afternoon breakout sessions which led on to various discussions on what stratified medicine might mean to primary care. It is planned that a report of these proceedings will be made available in due course.

Other significant events coming up include:

- Society of Academic Primary Care meeting in July in Warwick, England (https://sapc.ac.uk/conference/2017)
- RCGP conference in Liverpool in October (http://www.rcgp.org.uk/annualconference)
- Gen-Equip: Equipping Primary Care Professionals with Genetics Education. Professor Helen Skirton has written about Gen-Equip www.primarycaregenetics.org.
 - The aim of the Gen-Equip project is to provide online genetics education to health professionals in primary care. The project team comprises experts in primary care, genetics, patient support and professional education. To address the need for free, accessible resources that can be used when convenient to the practitioner, the project team has produced:
- A set of nine online modules, based on typical patient cases
- A series of short webinars on important topics for clinical practice (e.g. family history taking; understanding genetic test results)
- Tools for daily clinical practice.

The modules are available in Czech, Dutch, English, Icelandic, Italian and Portuguese. They are suitable for professionals in practice and can also be used to support medical, nursing and midwifery undergraduate or post-graduate education.

Our evaluation thus far shows the resources are highly effective in improving knowledge and in changing practice. Please disseminate the links to the resources, try them yourself and use them when teaching colleagues or students.

The link to the resources is http://www.primarycaregenetics.org

Imran Rafi Convenor, WONCA SIG on Genetics



GLOBAL POINT-OF-CARE TESTING

As of 30 June 2017, there are 111 members in the Special Interest Group (SIG) on Global Point-of-Care Testing (POCT), comprising 11 Executive Members and 100 General Members; these members represent 44 different countries and all seven WONCA regions.

The SIG's online survey on the use of POCT by members of WONCA has now been closed. The survey received a total of 162 responses, with responses from GPs from all seven WONCA regions. The SIG Secretariat is preparing a paper for publication, comparing the results from the WONCA survey to those from other recently published surveys in this area.

In May 2017 at the 14th WONCA World Rural Health Conference in Cairns, Queensland, Australia, Professor Mark Shephard, Lara Motta, Tessa McCormack and Brooke Spaeth presented a workshop titled 'Point-of-Care Testing for Today's Family Doctor: Innovations and Applications' on behalf of the WONCA Special Interest Group on Global Point-of-Care Testing. The workshop was well attended, with over 30 participants, mostly from the host country of Australia and New Zealand, as well as a number of participants from the Philippines, Canada and Nigeria. Lively discussions around the use (and cost) of POCT occurred amongst the group tables, followed by an interactive session where participants moved from table to table and were given a practical demonstration of a range of POCT devices used to detect and manage chronic, acute and infectious diseases. Following the workshop, 13 new members



Mark Shephard demonstrating POCT for HbA1c at the WONCA World Rural Heath Conference, May 2017

joined the SIG. A summary of the workshop was prepared by the SIG and published in the July 2017 WONCA News: www.globalfamilydoctor.com/site/DefaultSite/filesystem/documents/email%20Newsletters/17Jul.pdf.

Professor Mark Shephard & Lara Motta Convenor & Secretary, WONCA SIG on Global Point-of-Care Testing

Migrant Care, International Health and Travel Medicine

This SIG, founded in 2008, aims to improve the knowledge and skills of general practitioners as well as the organizational and financial conditions to deliver culturally competent, good quality primary care to migrants of all kinds: travelers and economic migrants as well as refugees, including the undocumented. The SIG has grown to a group of 60 members by July 2017, from 18 different nations in Australia, South Africa, USA, South America, Middle East and Europe. Members are involved in international research, medical (postgraduate) education and health care delivery related to refugees and other migrants and travelers.

Activities in 2016 - 2017

- We started a collaboration with Euract and WONCA WP on Education to exchange and develop
 educational programs and materials for Irish GPs related to culturally sensitive migrant care. This will
 result in 2018 in on-line available trainings and educational materials for GP training as well as postgraduate education.
- We contributed to the development of a European book on migrant care; several SIG members will be co-authoring this book.
- We started a collaboration with the WONCA WP for Mental Health and will together develop guidelines for mental health care and migrants.
- In collaboration with EACH (European Association of Communication in Healthcare) we formulated a brief guide on working with interpreters
- Workshops and symposium on refugee care and on cultural competent healthcare at WONCA World 2016 in Rio do Janeiro attended by over 70 (workshops)-250 (symposium) participants. At WONCA Europe in Prague we organized together with the SIG on family violence a workshop on migration and violence (60 participants); with the WP for mental health a workshop on mental health and migration (40 participants) and we participated in the workshop on advocacy (40 participants); in addition there were several oral presentations by members of our SIG.

Maria van den Muijsenbergh Convenor, WONCA SIG on Migrant Care Maria.vandenmuijsenbergh@radboudumc.nl

Quaternary Prevention and Over-medicalisation

During the WONCA World Council in Rio de Janeiro in October 2016, Council approved the creation of the Special Interest Group on Quaternary Prevention & Over-medicalization.

The Quaternary Prevention and Over-medicalization Biennium Plan 2017-2018 was submitted on February 2017 and endorsed by WONCA Executive. Therefore, this report refers to a short period. All goals reported in this document are referred to concrete objectives proposed in the biannual plan.

Objectives and Achievements summary

Objective 1 Leadership and Team Building level

Objective To establish a SIG Executive Team representative of all WONCA Regions and install regional working groups.

Goals

- Each WONCA Region must designate two regional leaders.
- Create a regional group. (Each group would adapt activities to regional resources and priorities)

Objective 2 Collaborative Network level

Objective To create a Quaternary Prevention and Overmedicalization International Network. **Goals**

To identify strategic thematic areas and leaders or institutions to provide knowledge, abilities and tools to strengthen the network. Possible areas: Overmedicalization, Critical reading and appraisals of medical literature, EBM, Ethics, ICTs, Community comprehension of overmedicalization risks, Public policies, Quaternary Prevention conceptual framework, knowledge.

Objective 3 Communication Level

Objective To initiate communication resources

Goals

- To identify strategic thematic areas and leaders or institutions to provide knowledge, abilities and tools to strengthen the network.
- To create virtual forums (regional and international) to communicate in an effective way.
- To edit a web page with the objective to facilitate access to Quaternary Prevention news, activities and resources. To consolidate an Editorial Web page Committee.

Achievements

- Collaborative Database on Quaternary Prevention Resources and References has been created and it is being populated.
- A Tutorial document has been published: Pizzanelli M, Lavalle R., Jamoulle M. Quaternary Prevention Library and Resources (QP library). 2017 Apr 10 [cited 2017 Apr 22]; Available from: http://orbi.ulg.ac.be/handle/2268/209390
- The SIG International Forum was created. Iberoamericana Region has very active forums from many years ago.
- Quaternary Prevention web blog (building process): Multilingual; SIG has a WONCA web page;
 Facebook Quaternary Prevention pages Spanish, Portuguese, Twitter

Objective 4 Exchange Level

Objective To disseminate Quaternary Prevention and Overmedicalization concepts in scientific activities, publications, teaching, and promote its application to medical practice. Disseminate the Quaternary Prevention concept and the ways to apply to health professionals and to the community in order to expand the perspective from general practitioners to the society.

Goals Promote in each region the incorporation of the theme and content of quaternary prevention to encourage reflection and application of these in community clinical activity. Contact Congress Scientific Committees.

Achievements Quaternary Prevention and Overmedicalization SIG is supporting many activities from December 2016.

- Marc Jamoulle's participation speaker in I European Forum on Prevention and Primary Care.
 Quaternary prevention the art of "primum non nocere". Porto, 2017 April 3-4
- WONCA 2017 Iberoamerican Conference (Lima August 2017). Several activities were proposed to the Conference Scientific committee.
- Applying Quaternary Prevention. Webinar and course organized in Argentina by FAMFyG and Quaternary Prevention Group in Argentina and Quaternary Prevention leaders from Iberoamerica and Europe.
- Italian Network of Scientific Associations Affiliated with WONCA. "Preventing overmedicalization by listening and sharing-Overmedicalization and quaternary prevention" organized by that will be held in Lecce – Italy - from 28-30 September 2017.
- Tunisian National Congress of General and Family Medicine, which asked support to Prevention activity, that will be held in Monastir from 3- 5 of November 2017.
- Institutional document of position of the Uruguayan Society of family and community medicine
 on conflict of interest. Guide to good practice; Financing in scientific activities and research
 projects and conflict of interest. Available in Spanish



Miguel Pizzanelli MD, MSc.
Convenor, WONCA SIG on Quaternary Prevention & Overmedicalization
miguelpizzanelli@gmail.com

Workers' Health

Health and work are intimately linked, as formulated in the WONCA - ICOH Statement (Lisbon, 2014). Poor health, injuries and disabilities prevent many from working at full capacity or from working at all. Having no work is a risk in itself for health and wellbeing, for not having an income, poverty for the family, a less purposeful life, and social isolation.

WONCA, the International Commission on Occupational Health (ICOH), WHO and others recognize 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.

As stated in the WONCA / ICOH Pledge on Workers' Health, 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.

In accordance with this vision, a new WONCA Special Interest Group on Workers Health was approved by the WONCA World Council in Rio in November 2016, whose aim is to identify collaborative ventures regarding gaps in services, education, research and policies for the health and safety of workers and to better integrate occupational health in PHC settings.

Since the creation of our Group in November 2016, our objectives have been related to the dissemination and promotion of the activities of our SIG. In essence our actions have been directed to:

- Collecting and promoting country experiences, including scientific evaluation
- · Presenting this experiences during World and Regional Meetings, past and future events
 - Workshop during WONCA World Rio Conference 2016
 - WONCA Europe Meeting 2017 in Prague Workshop presented by Peter Buijs and Frank van Dijk
 - Workshop to be held during WONCA CIMF 2017 Meeting in Peru to be presented by Ezequiel Lopez
 - Inputs planned to ICOH World Congress. Future Workshop during ICOH World Conference to be held in Dublin in 2018, by Garth Manning, Frank van Dijk, Peter Buijs, Ezequiel Lopez and others.
- We have developed an SIG email Group for enhancing communication between members which can be accessed through our web page. This group already comprises 15 family and occupational health specialists from different regions
 - http://www.globalfamilydoctor.com/groups/SpecialInterestGroups/WorkersHealth1.aspx
- Organizing a work conference on basic workers' health care in PHC settings, trying to continue the work done by WONCA, ICOH, WHO and many other organizations during The Hague Conference in 2011
- Developing Basic Occupational Health education & training programs for PHC professionals6.
 Collecting and writing (scientific) articles and policy considerations7. Organizing SIG meetings during WONCA- and ICOH Congresses
- Identifying financial resources to support developments
- Developing and promoting SIG activities through social networks10. Various publications in preparation telling the experience achieved during last Workshops.

Conclusion

We believe that despite having few months of existence the beginning of our group is very auspicious. We are convinced to be gathering a very important experience through the exchange produced during the events in which we have participated so far. We also hope to complement this learning and mature as a group during the future events in which we will be participating.

Ezequiel Lopez Chair, WONCA SIG on Workers' Health

Other WONCA SIGs

WONCA also has SIGs in:

- Complexities
- Health Equity
- Men's Health
- Non-Communicable Diseases

WONCA Honours and Awards

At the WONCA World Conference in Rio de Janeiro in November 2016 WONCA was pleased to bestow the following honours and awards on members, as endorsed by WONCA Council:

WONCA Fellowship

Dr Iona Heath (UK)

Professor Bob Higgins (USA)

Professor Gabby Ivbjaro (UK)

Professor Janko Kersnic (Slovenia)

Dr Nabil Kurashi (Kingdom of Saudi Arabia)

Dr Francine Lemire(Canada)

Professor Christos Lionis (Greece)

Professor Job Metsemakers (Netherlands)

Dr Dan Ostergaard (USA)

Dr Ramnik Parekh (India)

Dr Marc Rivo (USA)

Professor Rich Roberts (USA)

Dr Goran Sjonell (Sweden)

Dr Preethi Wijegoonewardene (Sri Lanka)



WONCA Honorary Life Direct Membership

Professor Taghreed Farahat (Egypt) Professor Sir Andrew Haines (UK) Professor Michael Kidd (Australia) Professor Waris Qidwai (Pakistan)

WONCA Five Star Doctor Global Award

Dr Atai Omoruto (Uganda)

















WONCA Global Health Award

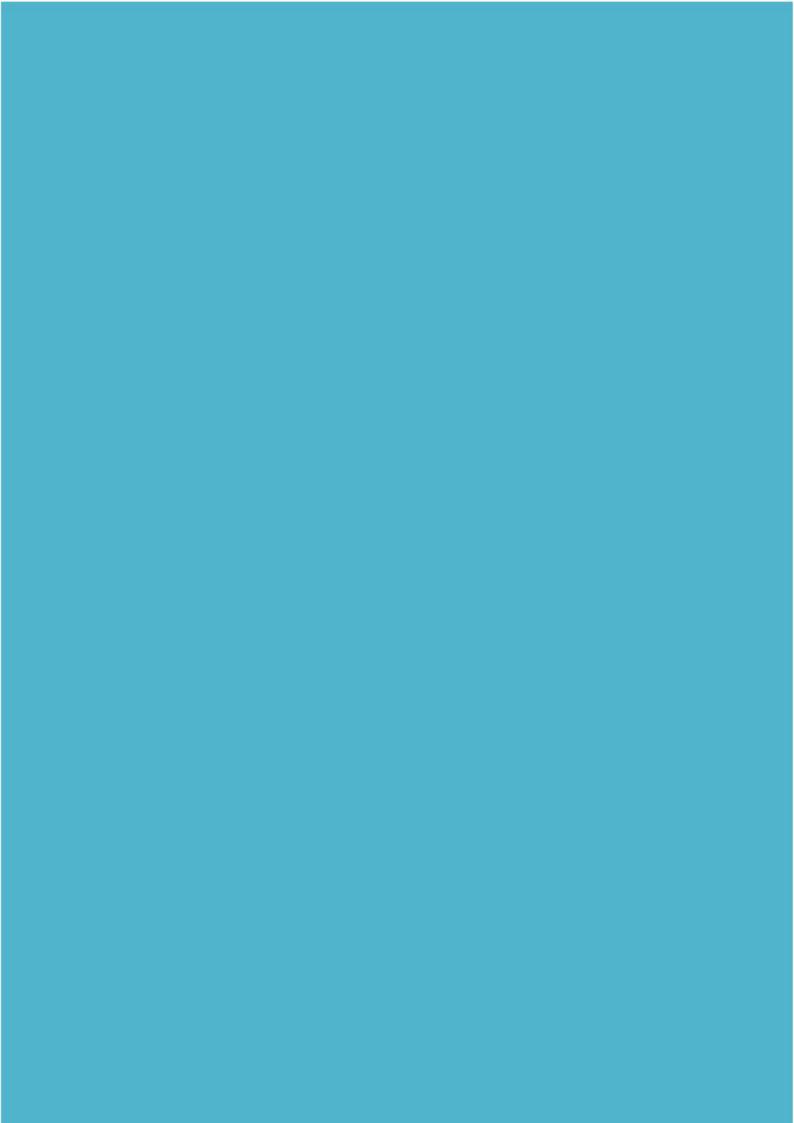
Government of Brazil



WONCA WORLD COUNCIL MEETING 30 October-1 November 2016, Windsor Barra Hotel, Rio de Janero, Brazil

At 2016 WONCA World Council Meeting, around 80 Member Organizations from 67 countries took part. One hundred and sixty eight persons registered to the meeting as council members, observers and other delegates. The WONCA family coming together yet see more!







Audit Report of WONCA Trust Financial Year January - December 2016

THE WONCA TRUST FINANCIAL STATEMENTS FOR THE YEAR ENDING 1 JANUARY 2016 TO 31 DECEMBER 2016

THE WONCA TRUST

FINANCIAL STATMEENT FOR THE YEAR ENDING 1 JANUARY 2016 TO 31 DECEMBER 2016

Index	Page	
Report of the Trustee	1	
Independent Auditor's Report	2-3	
Statement of Financial Position	4	
Income statement	5	
Statement of Changes In Trust's Accumulated Funds	6	
Statement of Cash Flow	7	
Note to the Financial Statements	8-16	

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. 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

REPORT OF THE TRUSTEE

For the financial period 1 January 2016 to 31 December 2016

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 2016 to 31 December 2016 as set out on pages 4 to 16 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: 17 February 2017

1



JNN AUDITING OFFICE LIMITED

Certified Public Accountants

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 2016, 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 2016, 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.

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 .1 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.

Mr. Jonksak Norchoovech

Certified Public Accountant (Thailand) No. 2309

17 February 2017

The Wonca Trust Statement of Financial Position As At 31 December 2016

ASSETS

		Unit: USD		
	<u>Notes</u>	<u>2016</u>	<u>2015</u>	
CURRENT ASSETS				
Cash and cash equivalents	3	358,041	354,247	
Member organizations' dues receivables		19,896	8,426	
Other receivables and prepayment		161,157	10,592	
Inventory		539	1,579	
Total current assets	(539,633	374,844	
NON-CURRENT ASSETS	0.5			
Equipment, net	4	1,093	2,353	
Deposits	15	4,241	4,241	
Total non-current assets	-	5,334	6,594	
TOTAL ASSETS		544,967	381,438	

LIABILITIES AND TRUST'S ACCUMULATED FUNDS

CURRENT LIABILITIES	<u>Notes</u>	2016	<u>2015</u>
Other payables and accruals Membership dues received in advance	5	40,164 38,123	10,838 59,549
Total current liabilities TOTAL LIABILITIES TRUST'S ACCUMULATED FUNDS		78,287 78,287	70,387 70,387
Trust's accumulated funds Income and expenditure account Total shareholders' equity TOTAL LIABILITIES AND TRUST'S ACCUMULATED FUNDS	6 _	318,192 148,488 466,680 544,967	320,520 [9,469] 311,051 381,438

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

The Wonca Trust Income Statement For the year ending 31 December 2016

		<u>Unit: USD</u>	
	Notes		
		2016	<u> 2015</u>
REVENUES			
Subscription incomes ·	7	895,684	532,254
Other incomes	8	9,327	6,465
Total revenues		905,011	538,719
EXPENSES			/
President, executive and regional expenses	9	317,303	152,253
Secretariat expenses	10	328,284	298,110
Special projects' and working parties'	11	21,851	2,510
Publications and communication expenses	12	41,501	36,000
Other operating expenses	13	38,115	49,438
Total expenses		747,054	538,311
Surplus for the year		157,957	408

(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 2016

Unit: USD

		Income and	
	Trust's funds	expense account	Total
Beginning balance as at 1 January 2015	294,032	(9,8 7 7)	284,155
Fund received from Asia Pacific Regional Reserves Fund	16,600	•	16,600
Fund received from WWP in Montal Health	(3,761)		(3,761)
Fund received from WONCA WP - WFM	(4,045)	92	(4,045)
Fund paid to WP- Rural Practice Fund	8,001	<u>=</u>	8,001
Fund received from EMR	9,693	*	9,693
Surplus for the year		408	408
As at 31 December 2015	320,520	(9,469)	311,051
Fund received from Asia Pacific Regional Reserves Fund	(1,894)	-	(1,894)
Fund received from WWP in Mental Health	(586)	2	(586)
Fund received from WONCA WP - WFM	160	*) 	160
Fund received from EMR	1,007	2	1,007
Fund paid to WP- Rural Practice Fund	(1,015)	磊	(1,015)
Surplus for the year		157,957	157,957
Ending balance as at 31 December 2016	318,192	148,488	466,680

Signed Director (Mr.Garth Alexander Kenneth Manning)

The Wonca Trust Statements of Cash Flows For the year ending 31 December 2016

	Unit : USD	
	<u>2016</u>	<u>2015</u>
Cash flows from operating activities		
Net profit(loss) for the year	157,957	408
Adjustments for:		
Depreciation	1,260	2,901
Changes in operating assets and liabilities:		
- member organizations' dues receivables	(11,470)	10,275
- other receivables and prepayment	(150,565)	4,994
- inventories	1,040	268
- other current assets		=
- other payables and accruals	29,326	(2,153)
-membership dues received in advance	(21,426)	(1,183)
- Deposit		(177)
Cash flows from operating activities	6,122	15,333
ž.		
Cash flows from investing activities		
Purchases of property and equipment		(44)
Cash flows from investing activities		(44)
Cash flows from financing activities		
Fund received from Asia Pacific Regional Reserves Fund	(1,894)	16,600
Fund received from WFM	160	(4,045)
Fund received from rural practices	(586)	(3,761)
Fund received from EMR	1,007	9,693
Fund paid to WP- Rural Practice Fund	(1,015)	8,001
Cash flows from financing activities	(2,328)	26,488
Net increase (decrease) in cash on hand and at banks	3,794	41,777
Cash on hand and at banks - beginning balance	354,247	312,470
Cash on hand and at banks - ending balance	358,041	354,247
	The second secon	

Signed Director (Mr.Garth Alexander Kennett Manning)

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.

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 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.

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)

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

Ollit. USD	
<u>2016</u>	<u> 2015</u>
34,557	6,184
38,630	18,266
275,099	319,753
9,755	10,044
358,041	354,247
	2016 34,557 38,630 275,099 9,755

SignedDirector
[Mr.Garth Alexander Kenneth Manning]

4. <u>Equipment, net</u>

Office, furniture and equipment	Computer and equipment	<u>Total</u>
USD	USD	USD
3,457	7,524	10,981
· <u>-</u>		-
3,457	7,524	10,981
(1,911)	(6,717)	(8,628)
(692)	(568)	(1,260)
(2,603)	(7,285)	(9,888)
	8	
1 546	807	2,353
		1,093
		2,901
		1,260
	and equipment USD 3,457 - 3,457 (1,911) (692)	and equipment equipment USD USD 3,457 7,524 3,457 7,524 (1,911) (6,717) (692) (568) (2,603) (7,285) 1,546 807

5 Other payables and accruals

	Unit : USD	
	2016	<u>2015</u>
Taiwan FM Research award	13,500	3,000
Montegut Scholarship 2015 for Africa Region	2,090	-
Professional cost	4,099	3,724
Rio Bursary	5,000	-
Atai Bursary	2,761	<u>#</u>
Rural Practice - Discretionary Fund	7,500	â
Environment - Discretionary Fund	3,000	=
Wonca Scholarship	**	1,000
Accrued personnel expenses	964	1,011
Other accrual	1,250	2,103
Total other payables and accruals	40,164	10,838

6 Trust's accumulated funds

Unit: USD	
2016	<u>2015</u>
191,253	193,146
16,118	17,132
10,699	9,693
4,470	5,057
1,370	1,210
94,282	94,282
318,192	320,520
	2016 191,253 16,118 10,699 4,470 1,370 94,282

7 Subscription incomes

	Unit : USD	
	<u> 2016</u>	<u>2015</u>
Member organizations' dues	451,570	413,973
Member academies' dues	4,039	3,535
Direct individuals' membership dues	85,938	56,141
Conference levies	349,288	34,042
Sponsorship income	-	20,000
Licences and royalties	3,049	4,563
Consultancy income	1,800	·
Total subscription income	895,684	532,254

8 Other income

Out: 020	
<u>2016</u>	<u> 2015</u>
5,525	5,003
420	259
3,382	1,203
9,327	6,465
	2016 5,525 420 3,382

9 President, executive and regional expenses

	Unit: USD	
	<u>2016</u>	<u> 2015</u>
Executives' expenditures		
President	38,328	16,415
President Elect	5,373	4,535
CEO	14,470	16,034
World Health Organisation Liaison	1,389	4,920
Members' of executive	118,465	83,189
Regional & World Council Meetings	102,965	-
Young Doctor Movements	19,556	9,884
	300,546	134,977
Regional expenditures		
Africa	6,561	6,745
North America	1,500	1,000
Asia Pacific	2,000	-
Ibero-Americana	1 <u>45</u> 11	4,000
South Asia	2,467	2,700
East Mediterrannean	4,229	2,831
	16,757	17,276
Total President, executive and regional expenses	317,303	152,253

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 328,284 (2015: USD 298,110).

11 Special projects' and working parties' expenses

	Unit: USD	
	<u> 2016</u>	2015
Classification	3,000	<u>u</u>
Rural practices	9,500	.
Women and Family Medicine	4,351	2,000
Environment	3,000	510
Mental Health	2,000	
Total special projects' and working parties' expenses	21,851	2,510

12 Publications and communication expenses

Unit: USD	
<u>2016</u>	<u> 2015</u>
24,000	24,000
17,501	12,000
41,501	36,000
	2016 24,000 17,501

13 Other operating expenses

	Unit : USD	
	<u> 2016</u>	<u> 2015</u>
Exchange loss	244	6,837
Discretionary Fund	6,000	
Professional fee	2,507	6,376
Bank charges	8,379	6,203
Bad debt expenses	3,150	5,862
Audit fee	4,099	5,046
Postage and courier charges	2,759	4,822
Stationary expenses	5,148	4,812
Insurance expenses	3,003	3,216
Depreciation expenses	1,259	2,901
General expenses	-	988
Cost of Wonca Guide Book 2013	5	916
Registration fees	600	600
Wonca souvenirs	370	457
Wonca Foundation & 5 Star Award	51	-
Other expenses	546	402
	38,115	49,438

SignedDirector
(Mr.Garth Alexander Kenneth Manning)



About the report

The annual report is an important part of our aim of showing our members what we have done with and for them over the past year. This report provides a brief insight into the huge amount of work that is carried out by WONCA with our members around the world.

Prof Amanda Howe WONCA President



World Organization of Family Doctors

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