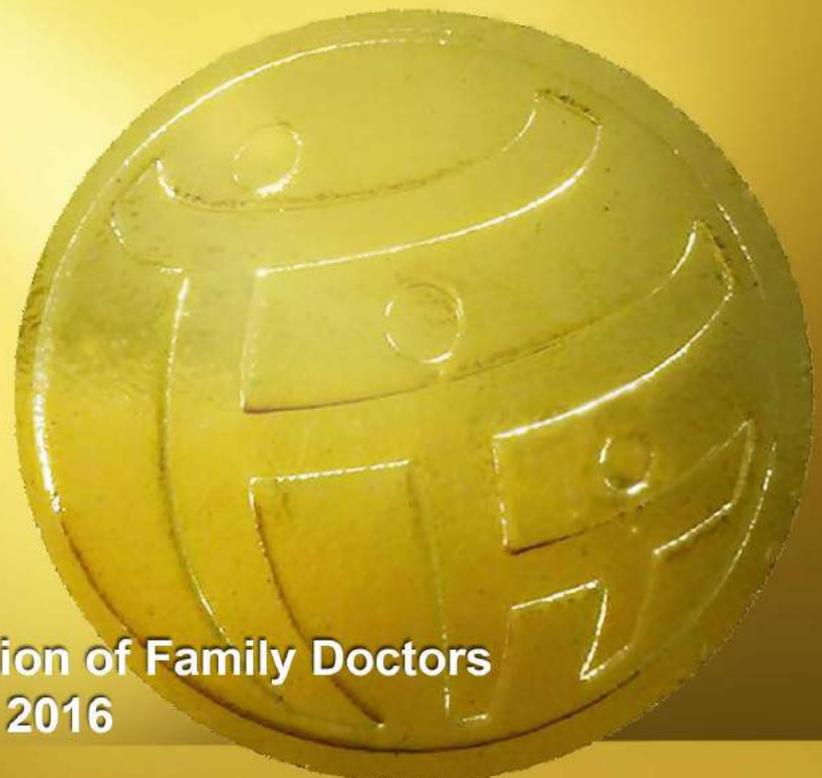




**WONCA ANNUAL REPORT  
JULY 2015-JUNE 2016**



**World Organization of Family Doctors  
2016**



# WONCA ANNUAL REPORT

July 2015-June 2016

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**WONCA EXECUTIVE**



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

## 2013-2016 Executive

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

*“Over the third, and final, year of my term as president I have visited our member organizations in Brazil, Canada, China, Costa Rica, Denmark, Egypt, Ethiopia, Hong Kong, Indonesia, Iran, Japan, Kyrgyzstan, New Zealand, Nigeria, Saudi Arabia, Singapore, Slovak Republic, Sri Lanka, Switzerland, Turkey, United Arab Emirates, United Kingdom, United States of America, Vietnam and Australia. I thank our many member organizations that have supported my visits over the past year”*



## President's Message



**T**his is my third and final annual report as the elected president of WONCA, our World Organization of Family Doctors.

Our annual report is produced to keep our Member Organizations, our Direct Members, and other interested organizations and individuals, informed about WONCA's activities over the past year. This report highlights the work of your elected executive members and our CEO and secretariat, and our seven regions, Young Doctor Movements, working parties, special interest groups and individual representatives over the past year. It also includes our 2015 annual financial statement and auditor's report.

**T**his report provides a snapshot of the huge amount of work that is carried out by WONCA and our members around the world.

When the current WONCA World executive met for the first time in Prague in June 2013, we set our organization three main goals for the three years ahead.

**The first** was our commitment to better understand the strength of each of our member organizations in each region of the world, and to expand WONCA's influence by supporting the development of new member organizations of family doctors, especially in more low- and middle-income nations.

**Second** was our recognition of the importance of the next generation of family doctors. We made a commitment to supporting the younger members of our profession through the development of young family doctor movements in all seven regions of the world, and through, for the first time, the appointment of a representative of young family doctors on the WONCA World executive.

**Third** was our commitment to strengthen WONCA's work with the World Health Organization and other key global partners to expand the influence of family medicine in strengthening primary health care in all countries and supporting the goal of universal health coverage, health care access for all people in all countries of our world.

**T**hrough our member organizations, and our direct members, WONCA now represents over 550,000 family doctors in over 150 countries, in all parts of the world. Each regional president has achieved a solid understanding of the status of family medicine development in their region of the world, and our regional presidents are working with family doctors and governments in many countries which do not yet have a WONCA member to assist in the development of new colleges and societies and postgraduate training programs, and working with our CEO to support new organizations apply for membership of our global organization.

It has been wonderful over the past year to see interest in WONCA membership from many new family doctor organizations, especially from nations of Africa, the Middle East and Central Asia, and to welcome new direct members from those countries which have yet to form their own family doctor organizations, including the Maldives, Ethiopia, Bhutan, Honduras and the Cook Islands.

**W**e have also seen a continuing rise in the number of individual family doctors supporting the work of WONCA by becoming a direct member and, as of 30 June 2016, almost 100 family doctors from around the world have made the commitment to become life direct members of WONCA, and we acknowledge the support of these generous individual colleagues in this annual report.

One of the great recent achievements of WONCA has been the development of our young family doctor movements. We now have vibrant young doctor movements in each of the seven regions of the world, and WONCA and global family medicine have a very active social media presence through the work of our enthusiastic young doctor membership. Our Young Doctor Movements come together through the leadership of our young doctor representative on the WONCA executive, Dr Raman Kumar from India. In



*WONCA President, CEO, and Members of Executive come together with the young doctor leaders from the seven regions in October, Istanbul, 2015.*

a historic first for WONCA, the leaders of all seven young doctor movements met in Istanbul in October 2015 to discuss shared challenges and to plan innovations to support young family doctors around the world. We are also working with our young doctor movements to ensure representation of young family doctors on all WONCA working parties and special interest groups.

We know that our member organizations greatly value WONCA's strong partnership with the World Health Organization (WHO). WONCA's WHO liaison person, Dr Luisa Pettigrew, has continued to lead our organization's work with the WHO,

especially at a global level to ensure WONCA's involvement in supporting and influencing the development of global health policy by the WHO and the roll out of global health programs. This work is greatly supported by the WHO's WONCA liaison person, Dr Hernan Montenegro von Muhlenbrock, who will join our World Council meeting in Rio de Janeiro in October this year. Each WONCA regional president has established a working partnership with their WHO Regional Director and ensures family doctor representation and involvement in key WHO regional consultations and the development of global health programs.



Your WONCA World executive committee continues to meet each month by internet-based video/teleconference. With members located in 14 different time zones, coordinating these meetings is a challenge since while some members are just waking up, others are in the middle of a busy day, and others are preparing for bed. However these meetings have allowed your executive members to share their understanding of the key challenges facing our global organization and to fast track decision-making and support for key initiatives. The executive committee has met face-to-face twice in the past year, in Istanbul in October 2015, and in Abu Dhabi in March 2016.

We will have our final face-to-face meeting in Brazil in October 2016, ahead of the WONCA World Council meeting, where a new World executive committee will be elected, ahead of our World Conference in Rio de Janeiro.



consultancies and ethical sponsorship. Garth also works closely with our respected Honorary Treasurer, Dr Donald Li, to ensure the financial health and continuing viability of our organization.

Our working parties and special interest groups are the powerhouses of innovation within WONCA and reports on their many activities and initiatives are included in this annual report.



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

One of the great privileges of being WONCA president is having the opportunity to visit our member organizations, individual family doctors, medical educators and researchers, and health policy makers in countries all around the world. During my three and a half year term as WONCA president, I have visited over 70 countries and have had the remarkable opportunity to learn about the challenges and successes of family medicine in many parts of the world.



*WONCA President's message on World Family Doctor Day 2016*

**O**ver the third and final year of my term as president, I have visited our member organizations in Brazil, Canada, China, Costa Rica, Denmark, Egypt, Ethiopia, Hong Kong, Indonesia, Iran, Japan, Kyrgyzstan, New Zealand, Nigeria, Saudi Arabia, Singapore, Slovak Republic, Sri Lanka, Switzerland, Turkey, United Arab Emirates, United Kingdom, United States of America, Vietnam and Australia. I thank our many member organizations that have supported my visits over the past year.

**I**n September 2015 I attended the United Nations' launch in New York of the new Sustainable Development Goals, and the accompanying launch of the new Primary Health Care Performance Initiative by Angela Merkel, Bill Gates, Ban Ki-Moon and Margaret Chan. WONCA has been working closely with the World Bank, Bill and Melinda Gates Foundation, and WHO on the Primary Health Care Performance Initiative, which provides a set of indicators to allow measurement and comparison of primary health care developments in low and middle income nations around the world.

In January and May 2016 I had the privilege to again lead WONCA's delegations to the World Health Organization's annual executive board meeting and World Health Assembly. I addressed the World Health Assembly on the role of family medicine and primary health care in meeting the United Nation's new Sustainable Development Goals.

**O**ver the past year I have participated in our WONCA regional conferences in the Eastern Mediterranean, Europe, Iberoamericana, and South Asia regions, and had the opportunity to also meet with members of our Young Doctor Movements in each of these regions. I have sent video messages to national meetings have sent video messages of many of our member organizations and to those conferences and events that I could not attend in person.

I have also had the opportunity to meet with the leaders of many other global health organizations including the World Health Organization, World Medical Association, International Council of Nurses, International Federation of Medical Students' Associations, World Psychiatric Association, World Heart Federation, World Bank, Bill and Melinda Gates Foundation, World Federation of Public Health Associations, and International Alliance of Patients' Organizations, to discuss our shared concerns and

ways we can continue to work together to strengthen family medicine and primary care in all countries of the world. And I have contributed to the world's media, with publications about family medicine in, among others, *Huffington Post*, *The Lancet*, and even a letter in *The Times*.

Among the joys of our organization's many achievements, we have also experienced the deep sorrow of losing several loved and respected members of our WONCA family, including Janko Kersnik (Slovenia), Atai Omoruto (Uganda) and founding member and past WONCA president, David Game (Australia). We grieve their passing and honor their contributions.



*Dr David Game, President of WONCA 1983-1986, visited WONCA Secretariat Office in Bangkok in March 2014. He was 84 at that time.*

**I** thank all members of the WONCA executive for your individual support and steadfast commitment to the ideals of our organization over the past three years. I thank our CEO and secretariat staff for their great continuing work for our organization. And I thank the leaders and members of our 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.

In October this year, the member organizations of WONCA will come together for the meeting of our World Council in Rio de Janeiro, ahead of our World Conference. Then, on November 4, I will hand over the responsibilities of WONCA President to our global organization's first ever woman president, Professor Amanda Howe. I know you join me in wishing Amanda every success as she takes on the leadership of our global organization.

**I** thank you for your trust in allowing me to hold this position for the past three years. It has been the highlight of my professional career. I look forward to meeting with many of you at our World Council and our World Conference in Rio.

*Professor Michael Kidd  
President*

## President-Elect



People have questioned what it is like to ‘wait three years to become President’ – I have not been sitting idle! As President-Elect, I am in fact one of a team who all work tirelessly to try to achieve WONCA’s goals and vision; and this year has been a busy one, with a total of 14 countries visited on WONCA’s behalf (in all the regions except one). The routine commitments of being a member of the WONCA Executive, chairing the Organizational Equity and the Nominations and Awards Committees, and dealing with plentiful e-correspondence are supplemented by making virtual contributions as requested by members, member organizations and working parties. These are often through videos and written contributions, including my monthly ‘policy bite’ in WONCA News.

In terms of the challenges of the next year(s) which I expect to meet as I become President in November 2016, there are three key areas:

- making the strategic and political case for family medicine as a key component of a strong health care system, but also showing how this can be done in practice – as many countries, even if they have accepted the principle, need help to implement specialty training at scale; to upskill untrained primary care doctors; and to move human and financial resources from other sectors
- internally, showing how WONCA adds value to the work of individual member organizations– this is an issue both of action and engagement, with a strong communications strategy needed
- equity and opportunity – to target countries who are not yet members, or do not have family medicine as a specialty as yet; and to support members with expanded resources for education and involvement with WONCA

This of course implies that WONCA in an ideal world would be able to raise additional income for new and improved initiatives – a challenge in times of austerity, especially when member organizations and members themselves may face resourcing challenges. And we also have the challenge of increasing political and economic instability–where division and conflict seems to be a preferred choice to consensus and co-operation, including in my own country. And there is workload, workload, workload–patients, practices, and other personal and professional demands. But I am inspired and encouraged by the efforts and impacts I have seen others make on our behalf, including our indefatigable President and CEO, and I shall aim to deliver everything possible over the next year and those after, while I am in WONCA’s service.

*Professor Amanda Howe  
President-Elect*

## CEO Report and Secretariat Update



This is the third WONCA Annual Report, and we hope very much that it is as well-received as the previous two have been. As highlighted by the President in his remarks, it has been another busy, but successful, year for the organization. WONCA was founded in 1972, some 44 years ago, with just 18 Member Organizations. It has now grown to represent over 550,000 family doctors in over 150 countries and territories – and as you will see from the report of Membership Committee it's still growing.

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 – of course – Member Organizations themselves. Within this reporting period, and in addition to the monthly teleconferences, there have been two full meetings of the Executive – in Istanbul in October 2015 (just prior to the WONCA Europe conference) and in Abu Dhabi in March 2016 (immediately following on from the WONCA EMR conference in Dubai). 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 I hope that members feel suitably informed of the activities undertaken by Executive on their behalf.

One of our aims for this triennium has been to improve communication with our Member Organizations and with our individual members. This Annual Report is one result of that, but we have also endeavored 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 extremely hard to produce copy of high quality and interest, and she and I spent part of this year working with our new web developers to refresh and update the WONCA website – [www.globalfamilydoctor.com](http://www.globalfamilydoctor.com).

We have had very positive feedback about the enhanced communications, and members have also asked for more clinical information and updates, which we will be trying to provide in the coming months. With a very “slim” Secretariat there is a limit to how much we can do, but we are also working to enhance our social media strategy and at other ways to further improve communication and interaction with members.

Dr Nongluck Suwisith continues to lead the Secretariat staff as Chief Admin Officer ([manager@wonca.net](mailto:manager@wonca.net)) whilst Arisa looks after membership and general admin issues ([admin@wonca.net](mailto:admin@wonca.net)) and Anuta looks after the finances ([accounts@wonca.net](mailto:accounts@wonca.net)). Sadly, Arisa will leave us in November, to undertake a Master's program, but her replacement – Chalita – has already joined us on 1<sup>st</sup> June, having undertaken an internship with us over the (Thai) summer of 2015. Many of you will have met the staff at one of the WONCA conferences – in the past 12 months they have been to Istanbul, Colombo, Dubai and Copenhagen – and they will of course be in Rio in November, so please come up and say “hello”.





*Dr Garth Manning (WONCA CEO) with the Chair of Organizing Committee of 21<sup>st</sup> and 22<sup>nd</sup> WONCA World Conference in 2016 and 2018, Dr Gustavo Gusso, Brazil (Left) and Dr Young Sik Kim, Korea (Right)*

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 have also been developing new guidelines for WONCA conference organizers. I have chaired a meeting of the Conference Planning Committee for the Rio 2016 conference (reported on more fully elsewhere in this report) and have also been developing a briefing manual to help new members of Executive to settle in to their new role more easily.

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 especially busy, with numerous inputs to meetings and consultations, and Luisa Pettigrew, our WHO Liaison, has reported much more fully on these elsewhere. Through the Secretariat we also 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 Professors Michael Kidd and Amanda Howe attended with Dr Luisa Pettigrew – and we send a delegation to the World Health Assembly in May. I attended again in 2016, along with Michael Kidd, Amanda Howe and Luisa Pettigrew, 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.

World Family Doctor Day (FDD) – 19<sup>th</sup> 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. Last year we developed a new logo for FDD and this has been enthusiastically adopted and adapted and translated throughout the world. Reports from the many members on FDD activities can be found on the WONCA website.



Finally, 2016 is a major year for WONCA, with World Council in late October followed by the 21<sup>st</sup> WONCA World Conference in Rio de Janeiro. The Secretariat is already busy with preparations, but we look forward to meeting old friends, and making many new ones, either at Council or Conference. We will see you in Rio!

*Dr Garth Manning  
Chief Executive Officer*



# STATUTORY COMMITTEES

## Finances



In last year's Annual Report I was pleased to be able to relate that the general financial situation had improved since 2013, and was healthier than for some time. I also reported that 2014 had ended with a surplus, but that 2015 would remain tight financially, and the organization was not yet out of the woods in terms of having a healthy reserve fund.

The budget for 2015 was predicated on the basis of being in balance – that is, that income and expenditure were roughly equal. This was to ensure that WONCA as an organization did not spend more than it brought in, thus depleting the reserves which it had only just started to rebuild. Income for 2015 was lower than predicted at just under \$540,500 (against estimate of \$622,500). However, against this expenditure was also lower than predicted at \$529,150 (estimated at \$622,500) and thus we in fact managed to return a small surplus of \$11,000. We confidently predict that 2016 will also show a surplus of income over expenditure, for the third year in a row. I do however continue to caution that we must continue to build up a healthier reserve fund, to guarantee the continuing financial health of the organization and I, and Finance Committee, continue to monitor the situation closely.

Consultancy income has been sporadic, but the CEO is working, with WONCA's Working Party on Education and others, to develop practice accreditation standards which we believe will be of interest in a number of countries. Other potential income streams are also being explored, and the WONCA Working Party on Mental Health is building up its consultancy activities through its mhGAP Consultancy arm, which also generates some income for central WONCA funds

In 2016 we have been able to include a small discretionary fund in the budget – some additional funding which regions and working parties can apply to access – and at its March 2016 meeting Executive authorized disbursement of \$20,000 from this fund to a series of applicants. Executive has subsequently disbursed a further \$5,000 in bursaries to enable delegates from less developed countries to attend the WONCA conference in Rio

Finally, the Audit Report for WONCA International Inc - the WONCA Trust - for 2015 is included as an annex to this report.

*Dr Donald Li  
Hon Treasurer and Chair, Finance Committee*

## Membership



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**

- Afghan Family Medicine Association
- Soci t  Algerienne de Medicin General (Algeria)
- National Collective of General Practitioners of Morocco
- Kuwaiti Association of Family Physicians and General Practitioners
- Slovak Society of General Practice (upgraded from Associate MO)
- Bulgarian General Practice Society for Research and Education

**Academic Membership**

- Department of General Practice, University of Edinburgh (UK)
- Department of Family and Community Medicine, University of Gezira (Sudan)

**Organization in Collaborative Relationship**

- European Association for Communication in Healthcare (EACH)

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 98 people have taken out Life Direct Membership, including 45 during this reporting period, and we are pleased to acknowledge their generosity by listing them in this report.

*Professor Job Metsemakers  
Chair, Membership Committee*

## Bylaws and Regulations



After three years of hard work, the proposal for change to the current "bylaws and regulations" is now finalized and ready for consideration at the next WONCA World Council meeting in Rio de Janeiro, in November. The main change is a proposal to simplify the "bylaws and regulations" by separating these two documents.

As well as this major change there are proposals to include appropriate details relating to the Young Doctors' Representative on Executive; and a new category of "pro tem" membership; better define the terms of office of Executive members and the voting at World Council; limit nominations from the floor at World Council; and include the works primary care in the WONCA mission statement. Member organizations were sent details of the proposed changes in April 2016.

Over the past three years, a significant amount of work has been undertaken in order to be able to present a proposal - and this work has been done by e-mail as there have been no face-to-face meetings.

I would like to acknowledge the work of my committee thank them for their input and support in what has been a large and difficult task. Janko Kersnik (Slovenia), who much to our great sadness passed away in 2015, gave significant input in the early development stages. Richard Roberts (USA) was co-opted onto the committee because of his legal expertise and knowledge of WONCA- Rich has given significant and valuable assistance to me in developing the final documents, particularly relating to the legalities of wording. Thank you to the other committee members for their comments and suggestions: Dora Bernal (Colombia), Jane Namatovu (Uganda), Daniel Thuraiappah (Malaysia), Anthony Omolola (Nigeria).

*Dr Karen Flegg  
Chair, Bylaws and Regulations Committee*

## Organizational Equity

The OEC has met virtually 3 times a year. The members during this period were Maria Sofia Cuba (Peru); Sonia Roache-Barker (Trinidad and Tobago); Viviana Martinez-Bianchi (USA); Raluca Zoitanu (Romania); Taghreed Farahat (Egypt); Atai Omoruto (Uganda); Stephen Yohanna (Nigeria); and Tin Myo Han (Myanmar). Very sadly Atai Omoruto passed away earlier in 2016. She was a very vocal and effective member of the OEC and her colleagues will miss her passion and dedication greatly.



The remit of the committee is that *“The Committee shall:*

- 1) Advise Council on all issues concerning equity within WONCA.*
- 2) Measure and monitor the effectiveness of equity policies of WONCA Council and Executive.*
- 3) Monitor and report upon progress in equity in WONCA.*
- 4) Report and make recommendations regarding additional efforts in regard to nominations of women members for office and awards within WONCA.”*

Over the period we have:

- Educated ourselves on the nature and dimensions of equity
- Reviewed sociodemographic mix (sex, age, regional background) of committee membership and award applicants
- Developed a brief for conference equity guidance – the Conference Equity Statement – which will go before October’s Council for formal adoption.
- Encouraged awareness raising on issues such as keynote speaker selection – to reflect member profile as much as possible; and language accessibility (now being addressed in the WONCA newsletter, in some conferences, and also in the forthcoming Council in Rio)
- Liaised with the WONCA Working Party on Women and Family Medicine, who have hosted a piece of work on gender equity in conferences.

Some challenges remain:

- Awareness-raising and networking can be very effective but it depends on personal contact. The capacity for members and the Secretariat is limited, so issues of monitoring and liaison with member organizations is difficult to support.
- We need to ensure that initiatives with an equity theme are notified to OEC and linked with our work
- Much of the work on equity is effectively delegated to the CEO who needs to be able to action this on behalf of OEC and WONCA Executive.

In the next biennium:

- We are currently recruiting for OEC members, whose input we value greatly
- We need to continue the functions above, including the implementation of the CES.

*Professor Amanda Howe  
Chair, Organizational Equity Committee*

## Conference Planning Committee (CPC)



The Conference Planning Committee met twice during this reporting period – in July 2015 (reported on in last year’s report) and in April 2016. I was in Brazil for a full week in April, starting with a visit to Paraty, south of Rio de Janeiro, where Executive will meet for 3 days, from 26<sup>th</sup> to 28<sup>th</sup> October. I then returned to Rio for detailed discussions with the Professional Conference Organizers (PCO), finalizing logistics for the regional meetings on 29<sup>th</sup> October and the World Council meeting from 30<sup>th</sup> October to 1<sup>st</sup> November, all of which will take place in the Windsor Hotel in Barra di Tijuca, a suburb of Rio. Finally, I was joined by my CPC colleagues, Drs Dan Ostergaard and Bohumil Seifert, for two days of meetings and visits with representatives of the Host Organizing Committee (HOC) and the PCO, including visits to the conference venue itself at RioCentro.

The HOC has worked hard to make this the biggest and best WONCA conference ever, and the Scientific Committee has worked especially hard to process and evaluate the many thousands of abstracts received. We believe that they have constructed a really excellent scientific program, which we are sure all delegates will enjoy. We are especially grateful to them for their support in facilitating Working Party and SIG presentations.

Plenary speakers have, by and large, been confirmed:

- At the opening ceremony, on the evening of Wednesday 2<sup>nd</sup> November, Dr Carissa Etienne, Director of the Pan-American Health Organization (PAHO) – WHO for the Americas – will give the keynote address, and Professor Michael Kidd will also present.
- There will be three plenaries on Thursday 3<sup>rd</sup>:
  - Professor ZHU Shanzhu and Dr Donald Li of China (providing an update on family medicine development in that country)
  - Dr Peter Gotzsche of Denmark
  - Dr Katherine Rouleau, who will deliver the Barbara Starfield Memorial Lecture.
- A further three plenary slots are on Friday 4<sup>th</sup> November
  - The first plenary will take the form of the WONCA Awards Ceremony and Presidential handover from Michael Kidd to Amanda Howe
  - Second plenary will be delivered by Dr Daniel Soranz of Brazil
  - Third plenary will be delivered by Drs Kate Anteyi and Matie Obazee (a family medicine update from Africa)
- There will then be a further two plenaries on Saturday 5<sup>th</sup> November
  - Dr Kees van Boven (Netherlands)
  - Professor Amanda Howe (UK) giving her inaugural presentation as President.

Finally, I will be visiting Korea later in 2016 for preliminary discussions with the HOC for Korea 2018, which is now only two years away.

*Dr Garth Manning  
Chair, Conference Planning Committee*

## WONCA AND WHO



The World Health Organization (WHO) has advocated strongly for Universal Health Coverage and Primary Health Care over the past decade. However the message that in order to deliver high quality and comprehensive primary care countries need to invest in strengthening family medicine has not been as clear. Therefore one of the goals of WONCA's 2013-2016 Executive Board has been to increase WONCA's engagement with the WHO through more active participation in WHO activities, by increasing the WHO's understanding and engagement with WONCA and family medicine, and by improving WONCA members' understanding of and engagement with the WHO. As a result, over the

past three years WONCA's World and Regional Executive Boards, several of WONCA's Working Parties and Special Interest Groups, as well as member organizations, have worked to strengthen existing relationships with the WHO and establish new ones. It is arguably the most engaged that WONCA has been with the WHO to date. This year WONCA's status as a non-governmental organization in official relations with the WHO was renewed.

The 2016 World Health Assembly was of particular significance for family medicine and WONCA with the passing of resolutions committing the WHO and member states to the implementation of two important strategies - the *'Framework on Integrated People-Centred Health Services'* and the *'Global Strategy on Human Resources for Health: Workforce 2030'*. These were developed with input from WONCA through engagement in consultations, submission of evidence on the role of family medicine within health systems, and by helping transmit the views and voices of family doctors on the ground across the world. The fact that both WHO strategies emphasize the importance of investing in primary care and make explicit reference to the need to strengthen family medicine globally is an important achievement. However, the most important stage is still to come - implementation. This will require ongoing active engagement by WONCA and family doctors worldwide over the coming years.

In September 2015 the Sustainable Development Goals (SDG) were agreed by the United Nations with the aim of shaping the international development agenda over the next 15 years. Primary health care and family medicine have a cross cutting role in achieving these goals. A statement to this effect this was presented to the World Health Assembly, and we have written in the Lancet and Huffington Post on this subject in order raise awareness of the central function of primary care and family medicine in achieving global health goals.

Over the past year WONCA has also contributed to WHO work on a wide range subjects including; classification systems where we continue to advocate for the further development and use of the International Classification of Primary Care (ICPC); consultations on the global strategy and plan of action on ageing and health; the development of training packages in occupational health; the 'Primary Health Care Performance Initiative' in collaboration with the Gates Foundation and World Bank; the development of guidance on imaging and radiation safety; the development of educational resources on patient safety and quality of care in primary care; as well as the prevention and control of non-communicable diseases; childhood obesity; adolescent health; and antimicrobial resistance. WONCA's Working Party on Mental Health is leading the way in providing training in mental health related to the WHO's Mental Health Gap Action Program.



WONCA has been represented at key global events including at the Prince Mahidol Awards Conference (Thailand), the WHO's Primary Health Care Improvement Global Stakeholder Meeting, the High-Level Commission on Health Employment and Economic Growth's consultation with health professionals, the Forum for Generation of Policy Relevant Knowledge hosted by the Alliance for Health Policy and Systems Research Health Systems and Innovation at the WHO; the **Final Consultation of the European Framework for Action on Integrated Health** and WONCA will be represented at the International Classification of Diseases (ICD-11) Revision Conference later this year by WONCA's International Classifications Committee.

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 South East Asia, Western Pacific and Americas regions on subjects including disaster preparedness and diabetes. Engagement with the WHO's Eastern Mediterranean Office has been particularly strong over the past three years, where WONCA has delivered leadership training and has been helping shape and deliver WHO regional strategies on non-communicable diseases, mental health, as well as supporting the implementation of action plans to scale up Family Practice in countries across the region. We have also welcomed the participation of WHO representatives at various regional WONCA conferences and look forward to the WHO's participation at the 2016 WONCA world conference in Rio de Janeiro.

Developing collaborative activities with other non-governmental organizations with common interests in their work with the WHO has also continued. Over the past year we have particularly sought collaborations with the International Federation of Medical Students' Associations, 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.

Significant progress has been made in WONCA's engagement with the WHO. However as always there is still potential for improvement, in particular through of broader engagement by WONCA across all WHO country offices and across a greater number of WHO departments. Your help is necessary to achieve this. 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 Luisa Pettigrew Executive Board Member-at-Large and WHO Liaison Officer ([whowonca@wonca.net](mailto:whowonca@wonca.net)).

*Dr Luisa Pettigrew  
WONCA-WHO Liaison Officer*

# WONCA MEMBERS



## Lists of WONCA Member Organization by Country

### Full Member Organization (113 members)

COUNTRY	MO name	Acronym	Joined
AFGHANISTAN	Afghan Family Medicine Association	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 Academy of Family Physicians	BAFP	01-Jan-04
BANGLADESH	Bangladesh College of General Practitioners	BCGP	03-Sep-87
BELGIUM	Belgian Society for General Practitioners/Family Physicians	SSMG	01-Jun-98
BOLIVIA	Sociedad Boliviana de Medicina Familiar/ Bolivian Society of Family Medicine	SOBOMEFA	06-Jun-02
BOSNIA AND HERZEGOVINA	Association of Family Physicians of Republic of Srpska		18-Feb-11
BOSNIA AND HERZEGOVINA	Association of Family Physicians of the Federation of Bosnia & Herzegovina	AFPFBH	01-Dec-11
BRAZIL	Brazilian Society of Family and Community Medicine Sociedade Brasileira de Medicina de Familia e Comunidade	SBMFC	06-Jun-02
BULGARIA	Bulgarian General Practice Society For Research and Education	BGPSRE	19-Jan-19
CANADA	The College of Family Physicians of Canada	CFPC	01-Jan-73
CHILE	Sociedad Chilena de Medicina General Familiar	SOCHIMEF	06-Jun-02
CHINA	Chinese Society of General Practice	CSGP	10-Aug-95
CHINA	Cross-Straits Medicine Exchange Association - Committee Of General Practice	SEMA-GP	
COLOMBIA	Colombian Society of Family Medicine Sociedad Colombiana de Medicina Familiar	SOCMEF	06-Jun-02
COSTA RICA	Costa Rican Association of Specialists in Family and Community Medicine/Asociacion Costarricense de Especialistas en Familiar y Comunitaria		12-Oct-04
CROATIA	Croatian Association of Family Medicine	CAFM	16-Oct-97
CROATIA	Croatian Family Physicians Coordination	KOHOM	18-May-10
CUBA	Cuban Society of Family Medicine/ Sociedad Cubana de Medicina Familiar	SOCUMEFA	10-Oct-06
CZECH REPUBLIC	Czech Society of General Practice	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

## Full Member Organization (cont'd)

COUNTRY	MO name	Acronym	Joined
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	Collège de la Médecine Générale / College of General practice	LECMG	10-Oct-14
GEORGIA	Georgia Family Medicine Association	GFMA	17-Apr-04
GERMANY	Deutsche Gesellschaft fuer Allgemeinmedizin und Familienmedizin /German College of General Practice/Family Medicine	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 General Practitioner's	ICFP	05-Aug-80
INDIA	Academy of Family Physicians of India	AFPI	14-Dec-11
INDIA	Federation of Family Physicians' Associations of India	FFPAI	01-Jan-10
INDIA	Indian Medical Association College of General Practitioners	IMACGP	14-Dec-11
INDONESIA	The Indonesian Association of Family Physicians Perhimpunan Dokter Keluarga Indonesia	IAFP	14-Aug-82
IRAN	Iran Society of General Practitioner	ISGP	18-Aug-16
IRAQ	Iraqi Family Physicians Society	IFPS	27-May-05
IRELAND	The Irish College of General Practitioners	ICGP	14-Sep-85
ISRAEL	Israel Association of Family Physicians	IAFP	01-Jan-73
ITALY	Centro Studi e Ricerche in Medicina Generale	CSeRMEG	14-Aug-91
ITALY	Interdisciplinary Scientific Association of both Family and Community Medicine (Associazione Scientifica interdisciplinare e di Medicina di Famiglia e di 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

## Full Member Organization (cont'd)

COUNTRY	MO name	Acronym	Joined
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	FGPNA	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	Société Scientifique Luxembourgeoise de Médecine Générale Luxemburgish Scientific Society for General Practice	SSLMG	19-Dec-05
MACAU	Associação dos Médicos de Clínica Geral de Macau	AMCGM	07-May-92
MACEDONIA	Association of General Practitioners of Macedonia	AGPM	01-Jan-12
MALAYSIA	Academy of Family Physicians of Malaysia/ Akademi Kedokteran Keluarga Malaysia	AFPM	01-Jan-75
MALTA	Malta College of Family Doctors	MCFD	01-May-89
MEXICO	Colegio Mexicano de Medicina Familiar A.C. Mexican College of Family Medicine	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	Asociación Nicaraguense de Medicina Familiar	ANIMEF	10-Oct-06
NIGERIA	Association of General and Private Medical Practitioners of Nigeria	AGPMPN	03-Oct-80
NIGERIA	Faculty of Family Medicine, National Postgraduate Medical College of Nigeria	FGMPNPMCN	01-Jan-98
NORWAY	Norwegian College of General Practice Norsk Forening for Allmenmedisin,	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	Asociación Panamena de Medicina Familiar	APMF	06-Jun-02
PARAGUAY	Paraguayan Society of Family Medicine / Sociedad Paraguaya De Medicina Familiar	SPMF	12-Oct-04
PERU	Peruvian Society of Family and Community Medicine/La Sociedad Peruana De Medicina Familiar y Comunitaria	SOPEMFYC	06-Jun-02
PHILIPPINES	Philippine Academy of Family Physicians	PAFP	01-Jan-73
POLAND	The college of Family Physicians in Poland/ Stowarzyszenie Kolegium Lekarzy Rodzinnych w Polsce	KLRwP	28-Jun-96

## Full Member Organization (cont'd)

COUNTRY	MO name	Acronym	Joined
PORTUGAL	Portuguese Association of General Practitioners Associação Portuguesa dos Médicos de Clínica 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	The Slovak Society of General Practice of The Slovak Medical Association/ Slovenska spoločnosť všeobecného praktického lekárstva SLS	SksGP SkMA	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 Association of General Practice Svensk förening för allmänmedicin	SFAM	06-Sep-77
SWITZERLAND	Swiss Society of General Internal Medicine	SSMG/SGAM	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
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 EMIRATES	Emirates Medical Association, The Family Medicine Section	EMA	18-Feb-06
UNITED KINGDOM	Royal College of General Practitioners	RCGP	01-Jan-73
URUGUAY	Sociedad Uruguaya de Medicina Familiar y comunitaria/ Uruguayan Society of Family and Community Medicine	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 (AIMEF)	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 Center for Studies in Family Medicine	CNSMF	10-Oct-06
USA	Association of Departments of Family Medicine	ADFM	01-Jan-12
USA	American Board of Family Medicine	ABFM	30-May-86

## Protem

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

## Organization in Collaborative Relationship (OCR) (10 members)

Name	Acronym	COUNTRY	Joined
Brazilian Society of Family Medicine / Sociedade Brasileira de Medicina de Familia (SOBRAMFA)	SOBRAMFA	BRAZIL	12-Apr-03
European Association of Communication in Healthcare	EACH	UNITED KINGDOM	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	UNITED KINGDOM	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)	BAVOP	BELARUS	17-Apr-04
The Network: TUFH Office	The Network: TUFH	BELGIUM	18-Feb-06

## Lists of WONCA Academic Members by Country (33 members)

COUNTRY	FULL NAME
ARGENTINA	Clinica Belgrano Family Medicine Department, Clinica Privada General Belgrano
AUSTRALIA	Department of General Practice, Monash University
AUSTRALIA	Discipline of General Practice, University of Sydney
AUSTRALIA	Rural Clinical School, The Australian National University
AUSTRALIA	The Rural Clinical School of Western Australia, University of Western Australia
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	Department of Family Medicine, United Family Hospitals
COLOMBIA	Fundación Universitaria Juan N. Corpas Specialization in Integral Family Medicine
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, 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
NETHERLANDS	Department of Family Medicine, Erasmus Medical Center
NETHERLANDS	Department of General Practice, Julius Center UMC Utrecht
NETHERLANDS	Department of Primary and Community Care, Radboud University Nijmegen Medical Center
NEW ZEALAND	Department of General Practice, University of Otago
NIGERIA	Family Medicine Department, University College Hospital
PAKISTAN	Department of Family Medicine, Aga Khan University
SUDAN	Department of Family and Community Medicine, Faculty of Medicine University of Gezira
TAJIKISTAN	National Republican Training and Clinical Family Medicine Center
TANZANIA	Department of Family Medicine, AKU-EA, Aga Khan University- Eastern Africa
THAILAND	Department of Community Medicine, Faculty of Medicine, Prince of Songkla University

## **Lists of WONCA Academic Members by Country (cont'd)**

<b>COUNTRY</b>	<b>FULL-NAME</b>
UK	Department of General Practice, University of Edinburgh
USA	Department of Family Medicine and Rural Health, Florida State 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, University of Wisconsin Medical Foundation
USA	Department of Family Medicine, University of Illinois at Chicago
USA	Department of Family Medicine, University of Kansas Medical Center
USA	Hofstra-NSLIJ School of Medicine, Family Medicine Department, South Side Hospital

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## Lists of WONCA Life Direct Member by Surname

SURNAME	FIRST NAME	COUNTRY	DM NUMBER
ABBASI	Dr Naveed Shah	UNITED KINGDOM	LDM 034
ABDULLAH	Dr Zaaba Bin	MALAYSIA	LDM 009
AHMAD	Dr Adeel	UNITED KINGDOM	LDM 044
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
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
BROTCHIE	Dr Kathyrn	AUSTRALIA	LDM 031
CHAMACHAM	Dr Tooraj	AUSTRALIA	LDM 022
CHIANG	Dr Lap Kin	HONG KONG	LDM 015
CHIGBO	Dr Chuba	UNITED KINGDOM	LDM 049
DAVIES	Dr Anthony	CANADA	LDM 007
DHILLON	Dr Balvinder	AUSTRALIA	LDM 026
DOSAJ	Dr Seema	CANADA	LDM 042
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
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
IVBJARO MBE	Prof. Gabriel	UNITED KINGDOM	LDM 012
JENSEN	Dr Neil	AUSTRALIA	LDM 029
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
KUSABA	Dr Tesshu	JAPAN	LDM 006
LARKINS	Prof Sarah	AUSTRALIA	LDM 035
LAWSON	Dr Lovett	NIGERIA	LDM 027

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

SURNAME	FIRST NAME	COUNTRY	DM NUMBER
LEE	Prof Jungkwon	SOUTH KOREA	LDM 099
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
MARTINEZ	Dr Maria Pia	AUSTRALIA	LDM 057
MASECAMPO	Dr Pat Avery	UNITED OF ARAB EMIRATES	LDM 046
MASEL	Dr Matthew John	AUSTRALIA	LDM 092
MASHIYAMA	Dr Yukiko	JAPAN	LDM 020
MEHRA	Dr Sonia	UNITED KINGDOM	LDM 076
METSEMAKERS	Prof Job FM	NETHERLANDS	LDM 103
MORLEY	Dr Christopher	USA	LDM 096
MURATA	Dr Yoji	JAPAN	LDM 087
NEGREAN	Dr Cristina	ROMANIA	LDM 069
NEGREAN	Dr Aurel	ROMANIA	LDM 070
NGUYEN	Dr Duc Thanh	CANADA	LDM 065
OBAZEE	Dr Matie	NIGERIA	LDM 003
OHASHI	Dr Hiroki	JAPAN	LDM 047
OLUKOWI	Dr Olubamiji Peter	NIGERIA	LDM 008
ONYA	Dr Obianma	NIGERIA	LDM 102
OSINOWO	Dr Sylvester A	NIGERIA	LDM 023
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	Professor Zakiur	BANGLADESH	LDM 073
RUPASINGHE	Dr Maithri	SRI LANKA	LDM 074
SACHDEV	Dr Veerachai	THAILAND	LDM 004
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
SHORBAGI	Dr Sarra	UAE	LDM 081
SOOD	Dr Sanjay	USA	LDM 101
SOOGUN	Dr Olusoji	SOUTH AFRICA	LDM 028
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
VARGHESE	Dr Joseph	MALAYSIA	LDM 005
VASANWALA	Assist Prof Farhad Fakhruddin	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 Hiroto	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

At the inauguration of the current Regional Executive in Prague in May 2013, we outlined seven broad areas we intended to focus on to give direction to the administration. They were: Membership, Communication, Committees, Working Parties, Conferences, Finance, National Priorities and Linkages. However, at the inaugural meeting of the World Executive, the President, Prof. Michael Kidd, gave the Executive members a 3-point Key Performance Indicators he wanted the Region and WONCA leadership to focus on. These were:



- Working with Member Organizations
- Working with Young Doctors Groups and
- Working with W.H.O

With this in mind our Regional Executive thus amended our regional agenda to streamline it with the World Agenda. In spite of enormous challenges within the Region as exemplified by the Ebola virus Disease (EVD) epidemic that slowed down progress in the West Africa sub, the Region made remarkable progress in most of the outlined objectives.

There is increasing interest in, and enthusiasm for, WONCA membership and activities in the region. This was demonstrated by the response in attendance at the Accra 2015 with participation recorded from about 30 countries within and outside Africa. The warm friendship exhibited during the Conference was remarkable. Most of our Member Organizations have enthusiastically embraced the celebration of the World Family Doctors Day.

We have also seen an upsurge in the number of countries and institutions that commenced training programs in Family Medicine at undergraduate and post graduate levels notably in Nigeria, Ethiopia, Sierra Leone and Rwanda. There was also a plethora of academic promotions to senior academic positions of Professor and Associate Professor especially in Nigeria. The National University Commission of Nigeria reviewed the Benchmark for Minimum Academic Standards and now included the teaching of Family Medicine and establishment of the Department of Family Medicine as part of the requirements for accreditation with effect from 2016.



**AfriWON**, the Young Doctors Group for Africa, continues to thrive under the leadership Dr Kayode Alao. The Region has endeavoured to support the young doctors within the limit of available resources. The Region has determined that the nomination for the Montegut Scholarship from the ABFM shall be exclusively for active members of AfriWON. With the approval of the ABFM, the sponsors of the scholarship, the fund was managed to allow for more beneficiaries during this period, and it was supplemented by Regional support for two beneficiaries to attend the Rio Conference.

WONCA Africa President has travelled extensively in the region during this period. He was invited to participate in the WHO Africa 2015 Regional Council held in Ndjamena, Chad. An invitation to participate in this year's Regional Council in Addis Ababa, Ethiopia



has also been received. During the Chad Council meeting, Regional President met with WHO Africa Regional Director, Dr Matshidiso Moeti, and our World President, President-Elect, CEO and WONCA WHO Liaison-Officer met with Dr Delanyo Dovlo, Director of Health Systems WHO AFRO, during the World Health Assembly in May 2016. Prior to this, WHO AFRO knew little of WONCA, and so it has been a useful opportunity to brief them on our activities.

The Regional President attended the Annual General Conferences of a number of our Member Organizations in Nigeria during the period. He also attended the First Global Conference on Patient Centered Care organized

by the Kenyatta University, Kenya. He is billed to be at this year's Annual Conference of the South Africa Academy of Family Practice. He successfully assisted the Association of Family Doctors in the Gambia to point of readiness for application for WONCA membership.



Finally the relationship between Primafamed and the Region was further strengthened during the period under review. Primafamed played a prominent role at the Accra 2015 Conference in which they organized a successful pre-Conference workshop that was well attended. The World Executive is working with Primafamed to explore potential opportunities for further collaboration.

*Dr Ehimatie M. Obazee.  
President, WONCA Africa Region*

## Asia Pacific Region

The region has had no regional conference this year in accordance with our bylaw. The following are the regional conferences for the coming years: Pattaya, Thailand in 2017; Seoul, Korea (World conference) in 2018; Kyoto, Japan in 2019. The venues of the year 2020 and every year afterwards will be decided at the 2016 council meeting at Rio de Janeiro.

The structure of The Rajakumar Movement has been more concrete chaired by Dr. Shin Yoshida (Japan). Active members on board are Masatoshi Kondo (Japan), Jin-ri Kim (South Korea), Myung-hwa Young (South Korea), Ya-Luan Hsia (Taiwan), Annie Chen (Taiwan), Maha Rita Obedoza (Philippines), Fitriana Murriya Ekawati (Indonesia), and Lindsay Moran (Australia).

More delegates from member organizations are expected. They now have regular video tele-meeting. Active participation in the FM 360 family medicine exchange program and promoting conference exchange within Asia Pacific region are ongoing projects.

There have been no new member organizations admitted since the last council meeting.

WHO Regional Office for the Western Pacific convened the Diabetes Networking meeting on April 6, 2016 as a celebration event for World Health Day. WONCA was invited to attend the workshop meeting along with many stakeholders including WHO collaborating centers, ASEAN NCD Alliance, Asia Diabetes Foundation, International Diabetes Federation, International Federation of Medical Students' Associations, World Diabetes Foundation and so on. The Regional President attended the group work with Dr. Sheikh Mohd Amin from the Academy of Family Physicians of Malaysia to produce the consensus document "Call to action: Together on the frontline against diabetes". In addition, I had a talk about more engagement of WONCA resources in the future regional projects with Dr. Shin Young-Soo, WHO Regional Director, and other officers.



*Prof JK Lee with prof. Meng-Chih Lee, president elect of AP region (Right) and Dr John Yang, president of Korean Academy of Family Medicine (Left) in the conference ceremony of Japan Primary Care Association.*

The President attended the 7<sup>th</sup> Annual Conference of Japan Primary Care Association (JPCA) held in Tokyo on 11<sup>th</sup> and 12<sup>th</sup> June. The existing Tripartite (Japan- Korea-Taiwan) international symposium was expanded to six countries including Malaysia, Singapore and Thailand by the generous support of JPCA. The theme on Generalist education and research in the region was well presented. The conference was a great success with 5,850 participants.

The current Vice President of WONCA Asia Pacific, Meng-Chi Lee from Taiwan will begin his term as Regional President in November this year. There are a number of executive vacancies; the nomination process will start soon with elections to take place during the regional meeting in Rio later in the year.

*Professor Jungkwon Lee,  
President, WONCA Asia Pacific Region*

## Eastern Mediterranean Region

WONCA Eastern Mediterranean Region (EMR) has had an extremely busy and successful 12 months. One key highlight has been ever closer collaboration with WHO Eastern Mediterranean Region Office (WHO EMRO). Collaborations have included:

- WONCA EMR finalized a module of action plan to expand FP program in collaboration with WHO EMRO, WHO EMRO supposed to send a new AWP to WONCA EMR for follow up and applying.
- WONCA EMR President attended the WHO Regional Committee meeting in Kuwait from 5<sup>th</sup> to 8<sup>th</sup> October, 2015.
- WONCA EMR President participated in the WHO meeting “Regional consultation on development of bridge programs for capacity building of general practitioners in the EMR Region” in Cairo, Egypt, on 10<sup>th</sup> and 11<sup>th</sup> May 2016.
- WONCA EMR has also been invited to send a representative to participate in the “Consultation on advancing Family Practice in EMR” planned for 23<sup>rd</sup> and 24<sup>th</sup> July 2016, again in Cairo (though the meeting dates have subsequently been postponed).



Two meetings of the WONCA EMR Executive were held during this period: in Amman, Jordan, in November 2015 and in Abu Dhabi, March 2016. Executive has agreed new Bylaws for the WONCA EMR Region. Dr Mohammed Tarawneh was re-elected as WONCA EMR President for the new term 2016-2018 and Dr Jinan Usta from Lebanese Society of Family Medicine has been confirmed as regional President-elect. WONCA EMR President attended most of WONCA EMR local conferences as well as WONCA Executive meetings in Istanbul October 2015 and Abu Dhabi March 2016. Other WONCA EMR representatives participated in several regional activities.



*Dr Mohammed Tarawneh participated in the WHO meeting “consultation on advancing Family Practice in EMR” in Cairo, 2016*

WONCA EMR conducted its Third FM conference in Dubai from 17<sup>th</sup> to 19<sup>th</sup> March 2016, with many PHC experts from the region and around the world participating in excellent inputs in the scientific event. One very special session was led by WHO EMRO who ran a very participative workshop on WHO plans for scaling up family medicine and family practice to achieve UHC in the region.



*WONCA EMR Council Meeting in Dubai 2016*

The next WONCA EMR conference is planned for 23<sup>rd</sup> to 25<sup>th</sup> March 2017 in Abu Dhabi, UAE. Emirates Society of Family Medicine has also submitted a bid to host the WONCA 2020 World Conference, with the proposed venue being Abu Dhabi.



*The 3<sup>rd</sup> EMR Conference in Dubai, 17-19 March 2016*

**O**ther events in the region have included:

- Al Razi, the Young Doctor Movement for EMR, has gone from strength to strength and membership has grown in this period. Two young family doctors were nominated for Montegut scholarship 2015 and 2016, and one application was sent to the FM360 exchange program.
- More MOs joined the WONCA EMR Region - Morocco, Algeria, Kuwait , Afghanistan and Gezira University -Sudan North (Academic Member)
- World Family Doctor Day was widely celebrated in most of EMRO counties.
- WONCA EMR and Sanofi Pharma company organized a one-day workshop in Kuwait city for about 70 Kuwaiti family physicians & GPs titled "Primary Care & antibiotics use".

*Dr Mohammed Tarawneh  
President, WONCA Eastern Mediterranean Region*

## Europe Region



**WONCA Europe** has maintained progress during 2016. We held our 2015 WONCA Europe conference in Istanbul (Turkey) in October, and our 2016 conference in the middle of June in Copenhagen (Denmark). Both conferences attracted around 3000 participants with approximately one third of participants being young and future doctors. On both occasions the Vasco da Gama Movement organized a successful pre-conference introducing their participants into the WONCA organization, and its Networks. All other WONCA Europe Networks or Special Interest Groups held their regular meetings.

### Key performance indicators

WONCA Europe welcomed the Bulgarian General Practice Society as a Full Member organization. Contact with member organizations in several countries in the east of Europe and the former Soviet Union remains very difficult. WONCA Europe will be present at a conference of these countries in St Petersburg (Russia) in October 2016, and will continue to support these countries when possible.

The Vasco da Gama Movement (young and future doctors) has officially been adopted as a Network in the Bylaws of WONCA Europe. They continue to hold their pre-conference meetings, their VdGM Forum meetings, and continue to organize the inspiring exchanges. As VdGM is not a signed-up membership organization, but more a participatory network they have no income from membership. Aside from the yearly WONCA Europe grant, they have to find other ways to secure funds. One of the steps is to convince WONCA Europe Member Organizations to support a limited number of young and future doctors in attending meetings of VdGM and other Networks.

The collaboration with WHO Region Europe has been further strengthened in the last year. The President and Vice President attended the Regional Committee meeting in September 2015. We made another visit to the WHO Headquarters in Copenhagen, discussing the participation of the WHO in the WONCA Europe Conference. Dr Hans Kluge, Director of Division of Health Systems and Public Health gave a key note at the conference on the relationship between WHO and WONCA. Another sign of a closer collaboration is the invitation to provide feedback to documents, or to attend WHO meetings.



*Prof. Job Metsemakers at the opening ceremony of 2016 WONCA Europe Conference in Copenhagen*

### Collaboration with other organizations

The collaboration with the European Forum of Primary Care (EFPC) continued in joint workshops at meetings of WONCA and EFPC. WONCA Europe Vice President, Anna Stavdal, is a member of the EFPC advisory board.

Collaboration with UEMO (European Union of General Practitioners) centers around professional qualifications in the light of free movement of professionals in the European Union. This proves to be a complex issue, but a joint meeting in Copenhagen did set out clear steps for the next year. Further links have been established with the European Medicine Agency (EMA), by participation in a workshop in London.

The WONCA Europe Council accepted the Copenhagen Legacy document which stimulates the current approach to be visible and to connect with relevant partners, in order to reach our goals.

### **European Journal General Practice (EJGP)**

The journal is one of the ways to stimulate the development of our discipline by publishing research results from European countries, although submissions are sought globally. The Impact factor of the EJGP has increased again (1.364), underpinning the important position of the Journal. WONCA Europe will finalize the contract with the publisher to make the EJGP an Open Access journal by 2017, which will allow all family doctors around the world free access to our research results.

### **WONCA Europe 2015 Istanbul Statement**

At the end of the WONCA Europe 2015 Istanbul Conference, a joint statement on refugees was put forward saying : *“Refugees should have access to equitable, affordable and high-quality health care services in all Europe”*. (Statement available on WONCA World website in English, Portuguese and Spanish). The Special Interest Group on Migrant Care, International Health & Travel Medicine has taken the lead in organizing workshops and meetings to provide family doctors with the right skills and tools to provide the necessary care to refugees.

So while business may have continued as usual in the past year we have certainly worked very hard to increase collaboration on many fronts in order to better represent our member organizations.

*Professor Job Metsemakers  
President, WONCA Europe Region*

## Iberoamericana-CIMF Region

This has been a very active time for the development of Iberoamericana-CIMF and the family medicine associations coming from 20 different countries. We start this report highlighting 3 topics:



**I** Our most important event in this period was the VI Iberoamerican Summit of Family and Community Medicine, held on April 12th and 13th, 2016 in the city of San Jose, Costa Rica, with the main theme: “Universality, Equity and Quality in Health Systems: The Family and Community Medicine as Axis” This great event was organized by the Costa Rican Ministry of Health, the Caja Costarricense de Seguro Social (the main organization of medical assistance in Costa Rica), the Iberoamerican Confederation of Family Medicine (CIMF), the World Organization of Family Doctors (WONCA), the Association of Family Medicine and Community of Costa Rica (MEDFAMCOM), the Pan American Health Organization (PAHO- WHO of the Americas) and with the collaboration of the Universidad Iberoamericana (UNIBE).

We had the most honorable participation of the Minister of Health of Costa Rica, the Executive President of the Caja Costarricense de Seguro Social, authorities from WONCA President, Professor Michael Kidd, President-elect Professor Amanda Howe and CEO, Dr Garth Manning, as well as the Executive Committee of the CIMF and representatives of the Ministries of Health of Panama, Colombia, Brazil, Honduras, Mexico and Puerto Rico; other family doctors, health managers, professors, preceptors, residents and students.

One hundred and seventy representatives from 24 countries were given the task of raising discussions based on 5 axes of thematic work:

- Axis 1: Universality, Equity and Quality in Health Systems: The Family and Community Medicine as Axis
- Axis 2: Training in Family and Community Medicine, Certification and Recertification
- Axis 3: Reference and Counter-Reference System: care coordination mechanisms and role of Family and Community Medicine in the structure of Network Health Services
- Axis 4: Research in Family and Community Medicine
- Axis 5: Quaternary Prevention: Medical Ethics, Evaluation and Efficiency in Health Systems

After very interactive discussions, seven main definitions and 25 subsequent recommendations were generated and embodied in the “Carta de San José” (the Letter of San José); with the aim of providing momentum to the development in each of our countries; and to achieve the goals proposed in accordance with the deadlines established in the proposed recommendations.

**II** The very first Mesoamerican Conference of Family and Community Medicine, held on April 14<sup>th</sup>, 15<sup>th</sup> and 16<sup>th</sup>, also in San José, where 244 people participated in 5 parallel sessions with simultaneous presentations, workshops, discussions, case stories and plenaries.

**III** The publication of the results and articles related to the V Cumbre Iberoamericana, (V Iberoamerican Summit), held in Quito, Ecuador, on the 11<sup>th</sup> and 12<sup>th</sup> of April 2014. We encourage you to read the final versions which can be accessed at <https://www.rbmf.org.br/rbmfc/issue/viewIssue/48/14>.

### **Family Medicine Advances in Education and Investigation with Iberoamerican Countries**

- Start of the Residency Program in Family Medicine (FM) in Panama through a partnership with the Ministry of Health
- The introduction of the Curriculum Minimum in Post Graduate FM Programs in Colombia
- Record in the number of residents that concluded FM in 2015 in Brazil, Ecuador and Portugal;
- National training program for preceptors in FM Residency Programs - based on Distance Education, promoted by the Brazilian Health Ministry in association with the Brazilian Society of Family Medicine and other Universities;
- Inclusion and increase of the participation of FM and/or Primary Care in undergraduate curriculum of public and private universities in Argentina, Brazil and Panamá;
- The reactivation of the Chilean Journal of Family Medicine by the Chilean Association of FM

### **Advances in The Participation of Family Medicine at the Health National Policies and at Other Medical Institutions**

- Participation of the Chilean FM Society working together with the Ministry of Health for the promulgation of the law that encourages the work of primary care professionals in Chile.
- The participation of Costa Rican Family Doctors along with the Caja de Asistencia, enhancing the primary care level, and putting at least one FM as reference for each health district (which covers four or five primary care teams).
- Family Doctors in Uruguay and Portugal occupying higher functions at the board of the health ministry, contributing for the improvement of primary care and the development of the specialty at the national health system.
- In Argentina the Family Doctors are increasing their participation, delivering health care for the retired and the pensioners, as well as at Social Security.
- In Argentina and Brazil, Family Medicine is also growing at the private sector level;
- In Paraguay, the number of Family Doctors is increasing and, also, the interest in professional qualification and scientific activities.
- Different associations are being recognized as important partners and advisers, at the same level of other scientific societies and national institutions, in issues related to medical research, medical assistance, elaboration of medical protocols and other professional topics (Colombia, El Salvador, Mexico, Nicaragua, Panamá)
- Cuba still has universal health coverage with Family Doctors; and working for the progressive qualification of the Medical and Nurse Family Health Program.

### **Societies' Scientific Activities**

All 19 countries that sent information for this report have gone through a period with many expressive and diversified scientific activities. These included national and international conferences, seminars and meetings, covering several themes and focusing on different kinds of public advocacy. Many associations accepted the political challenge to expand their activities throughout their countries, reaching out to other states and municipalities, to better serve communities through primary health care and family medicine.

### **World Family Doctors' Day**

We are very proud that all 19 countries celebrated Family Doctor Day, and carried out one or more activities on May 19<sup>th</sup>. Dinners, seminars, campaigns on health education in the streets, at universities, with 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, etc.

### **CIMF's Working Groups**

The five Working Groups of CIMF deserve a special mention. They have all been created to develop themes that are strategic for the enhancement of Family Medicine in Latin and Ibero-america:

- Certification, Recertification and Accreditation in Family Medicine;
- Investigation;

- Quaternary Prevention;
- Rural Family Medicine;
- Teaching and Learning in Family Medicine.

In addition to these working groups, we have the Waynakay Movement (Young family doctors), which is also a CIMF Working Group. All of them are doing a fantastic job and achieving very important results, such as publications, participation in conferences and other events, and conducting research to identify the profile of our region, relating more closely to the issues of each working group, listed above. A more detailed report from Waynakay can be found elsewhere in this Annual Report.

### Threats and Challenges

Of course as well as the many achievements in the region we have also faced many threats and challenges. Looking across the region:

- **Peru** has suffered a decrease in the number of places for the FM residency program;
- **Chilean** Universities do not recognize FM and FM has low influence in the undergraduate and post-graduate programs.
- The **Bolivian** Society is trying to convince the government and the regional representative of PAHO to invest in FM rather than in generalists for the Primary Care level. A similar issue is occurring in El Salvador.
- In **Ecuador**, the government is calling other professionals to fill jobs planned for the Family Doctors. Another problem in Ecuador is the immigration of Family Doctors and / or other specialities with questionable qualification to deliver health assistance at the Primary Care level.
- Conversely, the economic crisis in **Puerto Rico** is pushing both older and younger doctors to leave the country, whilst in **Spain** it has decreased the number of workplaces in Primary Care.
- The economical and political crisis in **Venezuela** is affecting the involvement and active participation of the Family Doctors at the Venezuelan Society of FM; and the number of affiliates is decreasing. In this country, the government has a massive program for training family doctors but the local society of FM believes that this program is not sufficient to develop the necessary abilities for having a qualified Family Doctor.
- In **Panamá**, there is a resistance from other medical specialities related to the opening of a Family Medicine Service in the largest hospital in the country. The problem is that this service is essential for the start of the residency program in FM.
- In **Argentina** and **Uruguay** there is a decrease in interest in the FM residency program.
- In **El Salvador** the FM Residency Program has been closed at the Institute of Health Insurance.
- In **El Salvador** and **Uruguay** the violence is affecting the work at the Primary Care level.

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

## North America

**M**ember organizations of the North American region of WONCA remained strong and active in the past year. All held successful and well-attended meetings in 2015.

**Polaris** The young family doctor group under the leadership of Dr. Kyle Hoedebecke held a pre-conference meeting in Denver Colorado in September 2015 prior to the American Academy of Family Physicians FMX. It also held a successful meeting in Tobago in conjunction with the Caribbean College of Family Physicians, on World Family Doctor day. Polaris now boasts over 2000 Facebook followers. Among other accomplishments, the group has pioneered online international Balint groups



**Our Montegut scholar** for 2015 was Dr. Shastri Motilal from Trinidad and Tobago. He attended the Polaris pre-conference meeting and the Global health Conference of the AAFP. Thanks to the American Board of Family Medicine for sponsoring these opportunities. Dr. Motilal says “I wish to again thank you for affording me the opportunity of attending this conference. It was an amazing experience meeting so many other Family Physicians and I know I have forged links that would last a lifetime. The information I gained from this conference would not only benefit me but also my patients, my students in training and the overall development of Family Medicine my region.”

**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 Denver in September, bringing greetings on behalf of WONCA to the Board of Directors. She also attended the College of Family Physicians Family Medicine Forum and Besroul Conference in Toronto. A highlight of the Besroul conference was the discussion of the newly launched primary care performance measurement initiative. <http://phcperformanceinitiative.org/> 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 June 2016.



*Ruth Wilson, Regional President, pictured with Dr Pauline Williams Green, past president, and other members of the Caribbean College of Family Physicians)*

On behalf of WONCA, she attended the WHO High Commission High-Level Commission on Health Employment and Economic Growth: Health Professional Associations’ Consultation. She also organized the program for the 9<sup>th</sup> International Conference on Person Centred Care through the life course in Geneva in April. This meeting was co-sponsored by WONCA. A number of prominent family physicians presented their work, including Chris van Weel, Ted Epperly, Victor Ng, Susan Phillips, Glenn Brown, and John Parks. The meeting included a special session at the WHO on the health workforce needs for the future. She also attended and spoke at the Family Medicine Postgraduate Update as well as providing a keynote address at 2<sup>nd</sup> national Conference of Family medicine and Primary Care, both in New Delhi in November 2015.

*Professor Ruth Wilson  
President, North America Region*

## South Asia Region

It was a great opportunity for Dr. Garth Manning (CEO WONCA) and me to visit Bhutan in November 2015. Our visit was very fruitful with meeting with Minister of Health and Director General of Health. We also attended the first medical conference organized by the Ministry of Health. The visit served its goal of starting General Practice program in Bhutan. At present, Bhutan has developed its curriculum for the general practice program. I would like to thank our WONCA President, Professor Michael Kidd, for his support and Dr. Chhabi Lal Adhikari, Bhutan, for his contribution in developing the curriculum.



Dr. Preethi Wijegoonewardene, Past President of SAR WONCA represented the region at a WHO regional consultation meeting in Colombo on best practice in patient safety and quality care. There have been regular conferences going in the SAR region since 2013 to 2016, due to active participation by member organizations, young doctors and Spice Route activities which made all the conferences a successful one. In 2016, SAR WONCA conference was held in Sri Lanka and was a very successful event.



For the first time a remarkable and meaningful statement was given by WHO Representative, Dr. Jos Vandelar to Nepal on World Family Doctor Day on May 19. This was memorable event for this region and I would like to express my sincere thanks to Dr. Vandelar for this statement:

*“When a medical problem hits, Family Doctors, or General Physicians as they are sometimes called, are in many instances the professionals that are called upon first. The reason is that the Family Doctors are often the trusted confidants of the patient, and very often also of the patient’s family. They know their patients’ issues better than anyone, because they are regularly in contact with patients and with their family. In some ways, they are part of the “family”. Their role in “first line” medicine is key: they make the first decisions around diagnosis, treatment, referral, and advise on support from family and environment. They are very well placed to take a “holistic” approach to medicine. World Family Doctor Day – 19<sup>th</sup> May - is an opportunity to applaud the work done by hundreds of thousands of Family Doctors around the world.”*

In 2013, SAR WONCA was represented by only 5 countries. After being elected as Regional President, I had the opportunity to include Bhutan and Maldives in this region. These involvements lead to all the countries of SAR being represented at WONCA.

I am very thankful for Montegut Scholarship Committee for allowing me to split the scholarship for two persons, one for a regional conference in Sri Lanka and one for World conference in Brazil. These scholarships were awarded to Maldives and Nepal respectively.

This is my last annual report as South Asia President. I am sure that colleagues from this region will continue to contribute towards strengthening WONCA in this region in future too. Last but not least, I would like to thank all the current Executive members for their kindness and support. I would like to thank Prof. Michael Kidd or his regular guidance and Dr. Garth Manning for his generous support. Thanks also to Nongluck and Arisa in the WONCA Secretariat for their constant support and prompt response and action.

*Professor Pratap Prasad  
President, South Asia Region*



WONCA YOUNG DOCTOR  
MOVEMENTS REPORTS

## WONCA YOUNG DOCTOR MOVEMENTS



*Dr Raman Kumar  
Young Doctor Representative*

The past year has been a spectacular period for all YDM groups which is reflected in the reports of the respective YDM group leaders. The most significant event was YDM meet at WONCA Europe Istanbul Conference 2015, when all seven YDM leads were able to come together for the first time with the support of WONCA World. We have seen steady progress on global collaborative projects such as FM 360, research publications and ASPIRE. We also have witnessed emergence of strong network of hundreds of young doctors and medical on social media sites. As we move towards next world conference in Rio 2016, we will focus on formalizing these networks. Currently we are working on draft YDM charter and operational guidelines for YDM networks which are likely to be adopted during pre-conference meeting.

More detailed reports from all seven Young Doctor Movements, as well as from the coordinator of the FM360 Exchange Programme, follow below.



*From L to R: Koyode Alao (AfriWon); Raman Kumar (WONCA YDM representative); Kyle Hoedebecke (Polaris); Peter Sloane (Vasco da Gama Movement); Shin Yoshida (The Rajakumar Movement); Andrea de Angelo (Waynakay); Bhavna Matta (The Spice Route Movement); Nagwa Nashat (Al Razi)*

## AfriWON



AfriWON experienced an accelerated growth during the report period. The circulation of the previous year's report generated increased interest among young doctors all over Africa evident by the number of new members on AfriWON Facebook page and involvement in their national AfriWON Chapters.

### Updates from Countries

Rwanda and Ethiopia have new family medicine training programs at both the postgraduate and undergraduate levels. Malawi, a new entrant into postgraduate Family Medicine training launched her program in February 2016. Martha Makwero was actively involved in this. The pioneer family physicians and trainers in most of these countries are young doctors who are also active in AfriWON. Zimbabwe, using her young doctors' population, is in the process of starting off her postgraduate training program. Kenyan, Rwandan, Ghanaian and Nigerian young doctors were not just active at their institutional levels but also at their national Family Medicine Associations where they were elected members of the executive.

### AfriWON Preconference

The second AfriWON Preconference will be held in 2017 in Pretoria, South Africa. AfriWON Constitution and governance will be unveiled and a new executive will take charge during this meeting. The Eastern and Southern African countries are working on details of this program.

### Regional Conferences and Workshops

AfriWON members in Nigeria, South Africa, Kenya, Rwanda were all actively involved in the Family Medicine National Congresses of their countries in the report period. Gulnaz Mahmoud and Joy Mugambi assisted in organising the Primafamed Conference in Kenya in May 2016 which attracted a significant number of young doctors across Africa.

### AfriWON Theme and Special Interest Groups

The WONCA World supported all the YDM leads to the WONCA Europe Conference in Istanbul 2016 where a plenary session, workshops and meetings were held. Following this, AfriWON is solidifying the collaborations it earlier developed with the WONCA SIGs. In addition to this, more AfriWON members are becoming increasingly active in the various WONCA Working Parties and Special Interest Groups. In order to ensure a smooth transition from the YDM activities to the WONCA WPs and SIGs, AfriWON started plans to replicate all these groups in our network.

### Exchange Programs

Eales Owens and Rene Kabera officially took over the responsibility of Exchanges within Africa and the FM360 Exchange thereby making administration of exchanges easier. A few exchanges were successfully processed by the group.

### Research

AfriWON Research theme group held regular online meetings during the year aimed at developing manpower and collaboration in research. The group also collaborated with other YDMs in the area of data collection and publications. Two of the group's manuscripts were accepted for publication in the report period.

### Faculty Development and Leadership Training

Joy Mugambi pioneered the WONCA ASPIRE Leadership program for Africa and this is expected to yield more active young doctors in the coming years. Four AfriWON Members attended the University of Toronto International Program to strengthen Family Medicine coordinated by Katherine Rouleau in May 2016.

## Conclusion

While communication lines were difficult, workload enormous and African national economic indices were dropping, the African Young Doctors were resilient in their activities to promote Primary Care and Family Medicine through the Region. The movement is working on increasing activities at the grassroots and publishing same to encourage the development of more chapters. The movement engaged in WONCA Direct Membership drive and hopes to achieve 80% success in the coming year.

*Kayode Alao  
Chair*

## Al Razi

**Al Razi** started with 6 members in 3 countries (Egypt; Iraq; Kuwait) and has now expanded to nearly 50 members in 10 countries, with the original three countries being joined by Jordan, Lebanon, Palestine, and UAE and our most recent additions of Oman, Morocco and Qatar.



The main group activities in the past year have included:

- A monthly Skype meeting
- Celebration of the World Family Doctor Day for family physicians :
  - Releasing a congratulation video message from all the national liaisons (see above) with 328 views by the fifth day of release.
  - Releasing of the following hashtags: Al\_Razi #family\_doctor\_day #سالوني\_عن\_طب\_الاسرة requesting all the family physicians in the EMR to express their opinions about family practice on their own day. More than 100 responses.
  - Celebrating family physicians by dedicating them a pink flower during their work in the family health centers expressing admiration and happiness with them on their own day. This occurred in all the regional countries.
  - Sending a congratulation card on behalf of Al Razi to all accessible family physicians in the region. Three cards were created in Arabic, English and both. They were distributed via social media and emails to all accessible family physician
- Al-Razi Bylaws finalization
- Facilitate the communication and present the group themes through social media by Creation of:
  - Facebook group <https://www.facebook.com/groups/326207480911108/>
  - twitter account @Alrazimovement

## Internationally last year Al Razi

- Attended the YDM leads meeting at WONCA Europe in Istanbul (October 2016)
- On the first day of the WONCA EMR conference in Dubai, the Al Razi Young Doctors' Movement was privileged to present their first workshop in a regional conference with the support of WONCA EMR. Entitled "Modalities to face burnout", it was presented by the young family physicians of the movement such as, Nagwa Nashat (Egypt), Anwaur Buhamra (Kuwait) and Suzi Ismael (U.A.E). The workshop was attended by 22 participants. It was an interactive workshop about diagnosing and facing burnout in practice. Encouraging feedback was received. WONCA leaders Prof Michael Kidd, Prof Amanda Howe and Dr Garth Manning attended its opening, to

wish luck to the presenters. Prof Amanda Howe, WONCA President-elect attended most of the workshop.

- Collaborated in FM360 young doctor exchange program
- Collaborated with other movements e.g: Polaris in Balint 2.0 & #1WordforFamilyMedicine (creation of images for Egypt, Jordan & Palestine)

### Country Liaison Activities

#### *Kuwait*

- Collaboration with the family doctors' association in arranging a workshop for the family medicine on Saturday 21 May, 2016 to announce their strategy to focus on the occupational health of the family physician whether mental or physical or social. Greeting cards and flowers were given to all in attendance.

#### *Palestine*

- A lecture for all family doctors in El Nagah university was conducted on May 19, 2016
- Television interview on May 19, 2016 by Dr Suha about the importance of family practice in the community
- a radio show with our colleague Dr Suha (Palestine) talking about family physician day

#### *Egypt*

- 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 May 9-10, 2016
- Family physician practice improvement scientific day titled "Family practice and summer diseases" on May 22 in Menoufia Medical syndicate in collaboration with family medicine department in Menoufia University, Medical syndicate & EFMA
- A short lecture about Al Razi activates was presented followed by dissemination of pink flowers to the attendees (75 family physicians)

#### *Jordan*

- Dr Mohamed Mossa launched his mobile phone application in conjunction with the family doctor week celebration
- Research methodology workshop was conducted on 9/9/2014 by Egypt coordinator Marwa Mohaseb under the supervision of Al Razi convenor Nagwa Nashat & Egypt FM Association CEO Prof.Taghreed Farahat. Twenty-five young doctors attended. An orientation about YDMs & Al Razi movement was given, followed by an introduction to medical research. After that they were divided into 5 small groups to work on family health care problems - how to prioritize and how to use research to solve them

*Nagwa Nashat  
Chair*

## Polaris



Polaris celebrated its second birthday on May 19, 2016 - World Family Doctor Day - in style on the Caribbean island of Tobago. Simultaneously, we held the 2016 Polaris Forum, which brought together individuals from around North America and the globe to share our personal experiences and exchange our international best practices. In the digital realm, the Movement now boasts over 2100 Facebook followers and has been among the Family Medicine leaders on Twitter for the most popular global hashtags including #FMRevolution, #PrimaryCare, #1Care, #Meded and

#FMChangemakers. More impressively, Polaris has led international collaborations including #1WordforFamilyMedicine, YDM SoMe Ambassadors and the Balint 2.0 Ambassadors. It has also ensured to maintain a strong presence in other international YDM initiatives.

Internally, the Movement has also increased and updated its Executive. We have continued leadership from Steve Hawrylyshyn and Cheyanne Vetter from Canada, Tamra Travers from the US, and Shastri Motilal from the Trinidad and Tobago. Our new additions are Ray Mendez from the US and Amber Wheatley from the British Virgin Islands. We also have key individuals participating in the Rural Cafes with Amber Wheatley (British Virgin Islands) and Balint 2.0 with Maria Colon (Puerto Rico/US) and Shaker Carroll (The Bahamas).

### **#1WordforFamilyMedicine**

Over the last 12 months, thousands of Facebook messages and tweets have been sent in dozens of languages from over 85 participating countries spanning all seven WONCA regions. Additionally, the project was promoted by multiple countries to help celebrate the 2016 World Family Doctor Day on 19 May. To date, over 100 images have been created in 85 different countries in all seven WONCA regions. Polaris has collaborated with over 130 colleagues around the world and has published in 18 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. Look for us at the WONCA World Conference in Rio!

### **Upcoming events!**

Polaris looks forward to participating in the upcoming events in Rio de Janeiro with multiple members giving presentations during both the preconference and conference proper. 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 and events including a new Balint group and additional publications. After Rio, the next Polaris event will likely be in Canada in conjunction with their national conference.

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

## Spice Route



The highlight of this year was laying down of **The Spice Route Movement Council** which took place during WONCA South Asia Region (SAR) 2016, Colombo Sri Lanka conference in the presence of WONCA SAR executives. The members joined hands to welcome association of Maldives with the Spice Route Movement for the first time. The announcement of including the Chairperson in the Executive Board of WONCA SAR was made.

The Spice Route movement was represented at WONCA Europe, Istanbul 2015 conference which was an opportunity to meet the leads of seven different regions under one roof. The Young Doctors shared a common platform and addressed various different aspects of their movements. I take this opportunity to thank Dr Raman Kumar, who supported two young doctors from India through Academy of Family Physicians of India to experience an International conference. 'Jyoti & Ramnik Parekh Scholarship' aided attendance of four young doctors from various SAR countries to attend WONCA SAR 2016 Colombo, Sri Lanka conference.

Young doctors participated in celebration of **World Family Doctor day** at College of Family Medicine, Pakistan where a lecture emphasizing the important role of Family Physicians in smoking cessation was delivered. To promote the concept of Family Medicine and creating awareness on the role of Family Physicians this year our young doctors celebrated this day at their institutions; Liaquat National Hospital offered free screening of Hypertension, obesity and diabetes at their community based centers emphasizing the importance of integrating NCD management in Primary care. The event was also covered by media at various channels. The trainees of Family Medicine at Indus Hospital took the responsibility to organize health awareness sessions which were deeply appreciated by doctors and community.



Young doctors are determined to active contribution in promoting Family Medicine at every level; be it inauguration and establishment of new Family Medicine departments at institution, representing

themselves at international RCGP conference through acceptance of paper for poster presentation and winning RCGP ERIC GAMBRIILL Memorial award with their well formulated objectives to observe GP practice in UK.

The Spice Route movement also conducted session at 2<sup>nd</sup> National Family Medicine and Primary Care (FMPC) India – TSRM session. Dr Kunal Doshi, through his dynamic leadership facilitated two international FM 360 exchanges during FMPC. I take this opportunity to thank Dr Riaz Qureshi, who announced annual generous support of up to \$ 2500, through MRCGP INT Board scholarship to aid in TSRM activities to encourage young doctors. I extend my best wishes to Dr Sanam Shah (Pakistan), Aspire TSRM lead accepted as semi-finalist in Stanford/ Med X competition and Congratulations to Dr Bikash Gauchan (Nepal) for winning the Taiwan scholarship. I congratulate Dr Pratyush Kumar Mishra, a young doctor who is leading WORSa, WONCA rural India forum, for launch of WoRSA.

Upcoming WONCA WORLD Conference 2016 preparations are on the way and exciting scholarships would be announced soon to help young doctors from various countries participate in the conference. We look forward to work with full zeal and passion and are motivated to continue promoting the importance of Family Medicine in our region through research, education and health promotion not only at the institution level but at community level so that affordable, accessible quality primary health care no longer remains a dream but a reality for our people.

*Reported by Bhavna Matta (India), Rabeeya Saeed, Santosh Kumar Dhungana (Nepal), Hiranthini De Silva (Sri Lanka), Zakiur Rahman (Bangladesh), Ali Shareef (Maldives)*

*Dr Bhavna Matta  
Chair*

## The Rajakumar Movement



In the 2015-2016 period, The Rajakumar Movement (TRM), the Young Doctors Movement for WONCA Asia Pacific Region, has recruited new national representatives from Philippines, Indonesia, Australia and Thailand to add 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 photo).

Several national representatives have led their domestic young doctors movement. Fitriana Murriya Ekawati established their Social Network Service (SNS) interest group of YDM in Indonesia. Ya-Luan Hsiao and Annie Chen organized their first morning session of YDM in Spring Regional Taiwan Family Medicine Association Conference in 2016. Maha Obedozora organized the pre-conference for YDM connecting their conference room to worldwide YDM leaders in the first ASEAN Congress for Family Medicine Educators held in Pasay City Philippines in April 2016.

We coordinated five FM360 exchange programs in this year including Myanmar to UK (two doctors); Japan to UK and Netherlands; Philippine to US; and France to Japan.

In the coming period we plan more TRM activities including conference events, FM360 coordination and website management amongst our fantastic national representatives.

*Shin Yoshida  
Chair*

## Vasco da Gama Movement



Another eventful and successful year for the Vasco da Gama Movement (VdGM) focused around the two annual WONCA Europe Conferences; WONCA Istanbul in October 2015 and WONCA Copenhagen in June 2016. At both meetings, VdGM not only held successful 1½ day Pre-conferences, but was heavily involved with active participation in the main Conference. Of note, almost 1/3 of all delegates to both WONCA Europe Conferences were young GPs.

Highlights from Istanbul included the first meeting of all seven Young Doctor Movement (YDM) Leads along with a joint meeting with the WONCA World Executive, the first ever meeting of the 6 WONCA Europe Network Leads, and most important of all, the accordance of full Network status to VdGM within WONCA Europe. These events were significant in demonstrating both the global presence of the WONCA YDMs and the recognition that VdGM has achieved in Europe from more senior established colleagues. VdGM was also proud that Ana Nunes Barata (Portugal) was selected to coordinate the FM360 Exchange Program at global level.

In Copenhagen, our Preconference team gave us the concept of GPTopia; designing Family Medicine of the future. Other highlights from the meeting were the election of the first VdGM President Elect, **Dr Claire Marie Thomas** (United Kingdom), and the overall scale of VdGM contribution with a total of 19 Workshops and Seminars being delivered during the Conference. Significant future planning work was also done during a fruitful and robust annual VdGM Council meeting.

During the year, the VdGM Executive continued to meet monthly with one full weekend meeting taking place in Rome in February 2016. The 5 VdGM Theme Groups (*Research, Education and Training, Exchange, Image and Beyond Europe (BE)*) continue to support a myriad of activity. Examples include the 13 Conference Exchanges announced by National Exchange Coordinators, and the steady increase in Social Media Channel membership overseen by the Image Group; VdGM now has over 1600 members of its VdGM Facebook Group, over 500 members of the VdGM Facebook Page, and over 1700 Twitter followers. The Image Group also launched the innovative 2016 VdGM Photographic Competition “*VdGM Through My Eyes*”.

The BE Theme Group now supports 4 Special Interest Groups (SIGs) (*Gender Equity, Family Violence, Women’s Health and Mental Health*) and oversees 5 Global Collaborations (*#FMChangemakers, #SoMeAmbassador Network, the ASPIRE Global Leadership Program, the IFSMA and YDM Rural / WWP Rural Practice*). VdGM now also has formal liaisons with 4 of the 5 other WONCA Europe Networks; EQuIP, EGPRN, EURIPA and EURACT.

The VdGM Awards and Prizes given out at both Istanbul and Copenhagen included the Junior Research Award, Hippocrates and Carosino Exchange Prizes, and of great pride to VdGM, 4 Fund Awards (*bursaries to support and enable young European family doctors of lesser means to attend and participate in WONCA Conferences*). The VdGM Fund Awards exemplify the participatory Family nature of VdGM and that we encourage as many new and future Family Doctors from all over Europe to get involved.

Peter Sloane  
Chair

## Waynakay



Waynakay movement keeps expanding in the Ibero-American Region, now reaching two more countries: Bolivia and Dominican Republic. After the Montevideo Declaration in March of 2015, residents and Young Family Doctors continue joining their countries' Scientific Association, with some of them taking position in their respective executive board. At the moment, 64% of the National Scientific Associations involve Waynakay

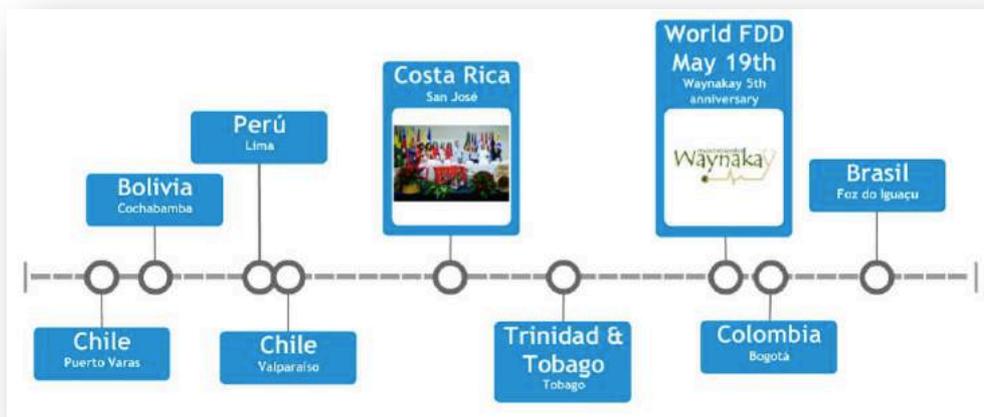
members at their executive committee, but only 27% are allowed to participate with voice vote.

Several national Waynakay encounters have taken place with international collaboration from other young doctors, in the intention to strengthen national organizations by exchanging positive experiences. Financial resources and permissions from academic programs still challenge the development of these events; however, the quality of those that occurred in the past year is very promising.

One of the most significant encounters was the sixth Summit of Family Medicine in Costa Rica, which took place on April 2016, immediately followed by the first Mesoamerican (Central American) Conference of Family Medicine, also in Costa Rica. The presence of Young Doctors did not go unnoticed, for they shone with own light during the working groups, leading workshops and interposing at conferences. Young attendants were enriched by the opportunity to learn beside those long experienced, and become involved with different organizations such as PAHO and political actors.

During the past year, Waynakay members dedicated special interest in topics such as: research in primary healthcare, quaternary prevention, patient-centered integrated health care, rural medicine and leadership. Questions regarding, "What kind of family doctor do I want to be? ", "What are the values of Family Medicine?" and "What is my role in Primary Health Care?" were discussed and led to individual reflection.

Waynakay Movement has become more visible in social media, thanks to the Communication Committee under the coordination of Lina Mahecha (Young Doctor from Colombia).



Our region continues to be the most requested through FM360 exchange program, where visitors learn alternative ways to provide healthcare, and widen their horizons by the intercultural knowledge exchange between peers. Rosario Caballé (Young Doctor from Argentina) was elected the new regional coordinator for FM360.

The elected council for 2015-2017 is the following:

- |                        |                       |
|------------------------|-----------------------|
| ▪ Argentina            | Rosario Caballé       |
| ▪ Brazil               | Carlos Enrique Peloso |
| ▪ Bolivia              | Mauri Angulo          |
| ▪ Chile                | Pablo Araya           |
| ▪ Colombia             | Karen Muñoz           |
| ▪ Costa Rica           | Juliana Valverde      |
| ▪ México               | Félix Arciniega       |
| ▪ Paraguay             | María Belén Giménez   |
| ▪ Perú                 | Carlos Albrecht       |
| ▪ República Dominicana | Yokasta Germosén      |
| ▪ Ariel Diaz           | Uruguay               |

Waynakay Movement representatives:

- |                    |          |
|--------------------|----------|
| ▪ Andrea De Angulo | Colombia |
| ▪ Rodolfo Deusdará | Brazil   |
| ▪ Virginia Cardozo | Uruguay  |

We are happy to invite all young doctors to our next WONCA World Preconference in Rio de Janeiro, on 1-2 November 2016, where all seven regions will be present!

*“Approaching our world with passion”*

Web: <http://www.waynakay.org/> Email: waynakay@WONCA.net Twitter: @WONCA\_Waynakay

*Andrea di Angulo  
Chair*

## FM360 Program



From the 1st July 2015 to the 30th June 2016 the Family Medicine 360<sup>o</sup> program received a total of 169 enquiries, being that 67,4% came from Europe (region covered by the Vasco da Gama Movement).

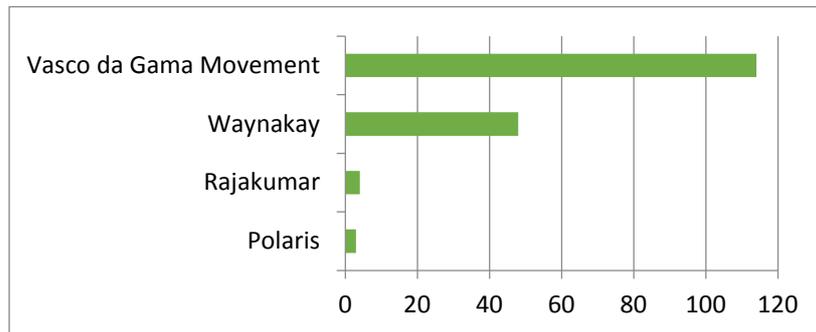


Fig.1 – Distribution of incoming enquiries, by Young Doctors' Movement region, for the FM360<sup>o</sup> program

Looking into it country wise, the countries that handed in the highest number of requests for exchanges promoted by the FM360<sup>o</sup> program were Spain (42,2%), Portugal (12,1%), Brazil (9%) and Peru (8%).

The most requested regions were Central and South America (40,6%), followed by North America (23,1%) and Europe (20%). (Fig.2)

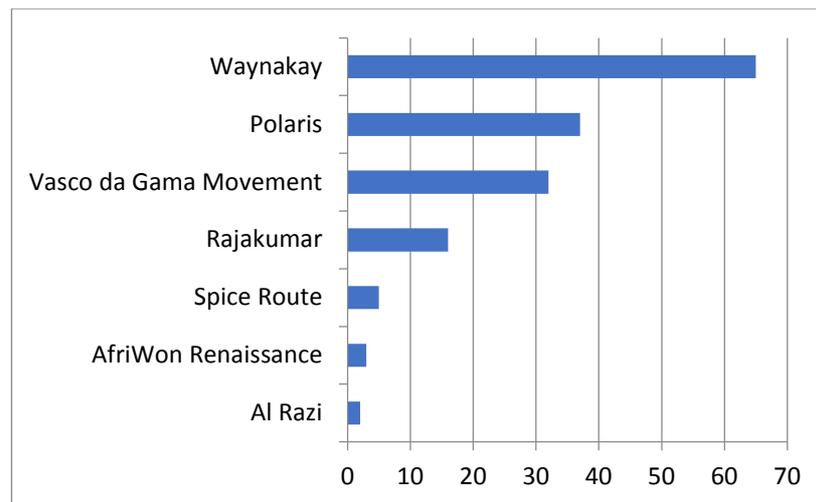


Fig.2 – Distribution of regions, covered by a Young Doctors' Movement, that were requested to host exchanges promoted by the FM360<sup>o</sup> program

Country wise, the most requested countries for exchanges were the United States of America (18,7%), Spain (11,4%) and Brazil (9%).

In terms of FM360<sup>o</sup> exchange certifications, during this period, 16 exchanges were certified and 14 exchanges are still pending certification. On the 30th June 2016, a total of 39 exchange requests were being organized.

With the rise of exchange requests, in order to facilitate the management of incoming requests, the FM360<sup>o</sup> program established a section on its webpage where all available host practices are listed. To gather potential hosts, a small google form was created and it was promoted through the WONCA newsletter and WONCA working groups. It was agreed among all FM360<sup>o</sup> regional coordinators that it would be very important to assess hosts' reliability before putting up their details on the webpage. For this purpose, each regional FM360<sup>o</sup> coordinator contacted every host applicant and their contacts were thereafter put up on the webpage.

Also taking into account the amount of workload involved, it was requested to WONCA that it would be important for the FM360<sup>o</sup> program to have a platform to support the management of all global exchanges. This platform would not only facilitate the exchange requests management, but would also guarantee a greater safety for the whole process. For this purpose, a draft with the requirements for the platform was designed and it is greatly expected by the FM360<sup>o</sup> coordinators.

The 20th WONCA Europe Conference in Istanbul was an important chapter for the FM360<sup>o</sup> program. All YDM leaders attended this event, so it was a great opportunity to discuss strategies and current problems that the program was facing. It was also decided that it would be beneficial for the FM360<sup>o</sup> program to have a global coordinator. Consequently, this position was established and a new email address under a WONCA label was created - [fm360@wonca.net](mailto:fm360@wonca.net)

The Family Medicine 360<sup>o</sup> program also looked into possibilities of learning from other exchange partners with a long exchange experience. Thus, it collaborated with the International Federation of Medical Student's Associations (IFMSA) by reviewing the learning outcomes and created a checklist for IFMSA's Student's Handbook for Professional Exchanges in Primary Care.

*Ana Nunes Barata*  
*FM360 Coordinator*

# WONCA WORKING PARTY (WP) REPORTS



## WONCA WORKING PARTIES (WPs)

### Education

The WONCA Working Party on Education (WWPE) has had another productive year and has welcomed a steady flow of new members. We function as an open group, and all are welcome to join. Our membership spans the globe, and includes both young doctors and senior educational leaders. To date, we have approximately 124 members on our email list.

Over the past year we have been busy developing Global Standards for Continuing Medical Education in Family Medicine, under the leadership of Dr. Victor Ng (Canada). The subcommittee includes Heather Grusaukas (Australia) Nandani de Silva (Sri Lanka), Eleni Politi (Greece) and Allyn Walsh (Canada) with Paula Vainiomaki as an emeritus member. The standards have been reviewed by members of the working party, presented at the WONCA Rural Conference 2015, WONCA Europe 2015, and have had input from WONCA's Young Doctors movement. They were also presented at the World CPD Congress 2016 in San Diego as a best practice oral.

The standards are based on the World Federation for Medical Education's global standards in Continuing Professional Development, and we anticipate that they will provide helpful guidance for WONCA member organizations and all practicing family physicians. We anticipate having the standards ready to be considered for approval at the World Council in Rio.

The journal *Education for Primary Care* will produce a special WONCA issue in September 2016. Our Working Party has been very active in submitting articles to peer review for this issue and other members have been peer reviewers. Our chair has been one of the guest editors for the issue, along with Luisa Pettigrew, WONCA Executive member.

As usual, our working party contributed to the review of abstracts for WONCA Europe 2015, and we remain available to support any of the regional WONCA meetings with the educational aspects of their conferences.

Workshops sponsored by our working party were held at both WONCA World Rural Health Conference and WONCA Europe in 2015. These workshops were focused on the tools our working party has developed for family medicine education, and spanned the educational continuum from basic medical education, through postgraduate training into continuing professional development. In addition, our chair moderated and spoke at a grand session of Family Medicine specialty training during WONCA Europe 2015. Many thanks to Drs. Val Wass, Sam Merriel, Victor Ng, and Nazan Karaglu for their help in the development and facilitation of these workshops.

We have several workshops accepted for World WONCA in Rio, including a new one on assessment of learners.

The WONCA Global Postgraduate Standards for Family Medicine Education are gaining traction and both informal and formal feedback suggests that these are being used in many countries building their training for family doctors. They have been presented at many meetings of family medicine teachers around the world. We have been engaged in discussions with WONCA Executive around the use of these standards in being able to provide a WONCA accreditation to those programs that so wish. Guides to the use of the Postgrad Standards and to achieving a WONCA accreditation are close to completion.

Our Working Party will meet at World WONCA in Rio de Janeiro in November, where Allyn Walsh (Canada) will conclude her second term as Chair of the WWPE. We have recommended a new Chair to the World Council – Professor Val Wass of UK - and look forward to energetic leadership and continued productive activity.

*Professor Allyn Walsh  
Chair*

## E-health

### WONCA Policy Statement on e-Health

- [The policy statement](#) was finalized in April 2016 and published in June 2016 after several rounds of e-mail discussions, two small group sessions, and discussions with individual members of the Working Party.
- The statement emphasizes patient-centred care enabled by one record covering primary care, secondary care and related social care, where the primary care physician is the coordinator, a population health perspective, and the right of the primary care team and the patient to use health information systems tailored to their needs. Secondary use of anonymized health care data is promoted under safety regulations. The policy statement is intended to serve as guidance for national eHealth policies.

### Workshops

- A workshop was organized in collaboration with WICC (WONCA International Classification Committee) at WONCA Europe 2015 in Istanbul . The topic of the workshop was “How does coding support the key tasks of the GP and improve patient care?” with the following presentations followed by small group discussion: Ilkka Kunnamo, Duodecim (Finland): Benefits from coding in primary care; Stephen Sutch, Johns Hopkins (USA): Identifying patients for case management programs in England; Angel Ruiz Téllez, CYMAP (Spain): Is it possible to promote excellence in general practice via computer-assisted coding?; Ferdinando Petrazzuoli WICC (Italy): ICPC-3 development.
- A workshop was organized in collaboration with EQuIP at WONCA Europe 2016 in Copenhagen. The topic of the workshop was “What do patients expect from eHealth – let the patients tell us”. The workshop was attended and facilitated by three Danish patients that were using eHealth services. The policy statement was given to all participants as a handout. The patients expressed support to the statement, particularly on empowerment with practical real-time tools. [See presentation by Ole Stangegaard](#)

### Congresses and meetings

- Ilkka Kunnamo attended the EQuIP Autumn workshop in Zagreb 2015 where the draft policy statement on eHealth was discussed in small groups.
- Ilkka Kunnamo participated the Guidelines International Network conference in Amsterdam, The Cochrane Colloquium in Vienna, and HIMSS Conference in Las Vegas. [Ilkka Kunnamo co-chaired the G-I-N Multimorbidity Working Group](#). [the GRADE Tech Group of the GRADE Working Group](#), and participated the Cochrane Tech and G-I-N Tech groups.

### Publications and presentations

- Essay in WONCA Europe World Book of Family Medicine – [European Edition 2015: How to build an ideal healthcare information system](#)
- Presentations by the Convenor: Ilkka Kunnamo had 6 international presentations, all partly dealing with information technology in primary care. [A video of a presentation at an event organized by Vertical \(starting at 45'\)](#)

*Dr Ilkka Kunnamo  
Convenor*

## Environment

Our WONCA Working Party on the Environment (WWPEnt) has had a busy year. The Iberoamerican Congress was held in March 2015, in Montevideo, Uruguay. Several people participated in a meeting of the WWPE, and we started discussing our concept of planetary health. This event was very productive, as we managed to collaborate with the final plenary statement “Proclama por la Salud de los Pueblos y el Planeta” (Manifest for the Health of the Peoples and the Planet). In May a new [Pro-tempore chair of the WWPE](#) took office - Dr. Enrique Barros from Brazil.

### Other activities have included:

- Ernesto Mola is leading the process for a WONCA resolution on justification for medical radiation exposure and contributed to WHO's newly published document “Communicating radiation risks in paediatric imaging: Information to support health care discussions about benefit and risk”.
- Alan Abelsohn is leading a partnership with the WHO to tackle climate change and air pollution;
- WONCA endorsed the [DOHA declaration](#) recognizing that "Health must be central to climate action."
- A meaningful partnership between the WWP on Rural Practice, led by Chair John Wynn-Jones, has started to develop with our WWPE. Finally, much energy was directed towards bringing a sound environmental health scientific program to the WONCA World Conference in Rio de Janeiro.

### Plans and Ambitions for the next biennium

- Disseminate the WONCA endorsement of the Doha Declaration, stimulating national associations to also become signatories and promote regional and local Climate action.
- Create awareness within WONCA of the dire environmental and planetary challenges faced by all nations, while aiming to promote primary care and family medicine as a well matured ecologically sustainable way of mitigating and adapting (as opposed to more hospital-centric and resource depleting strategies).
- Establish a WWPE co-chair for every WONCA region.
- Strengthen our partnerships with WHO.
- Participate in different events (family physician conference or meeting) promoting to include and discuss environmental health issues (related clinical practice, policies health, educational programs, etc.) regional and global.

*Dr Enrique Falceto de Barros  
Chair, Pro Tem*

## Ethical Issues

The WONCA Working Party on Ethical Issues has continued to organize symposia entitled “Challenges to our professional attitudes” and workshops on “recent ethical dilemmas” at WONCA conferences in the last triennium. Based on a compiled list of interested colleagues a forum to collect, exchange and discuss situations which produce ethical dilemmas for colleagues in General Practice has been established and maintained and relevant literature is circulated quite regularly.

At the **WONCA Europe Conference 2015 in Istanbul**, the title of the symposium was “ethical challenges due to treating friends and family”. Again, this symposium was quite well attended with presentations from Malta, Hungary and Turkey. Most of them included personal experiences by the presenters, some of them quite moving. Further, it was quite surprising for most participants to learn that in many countries and professional associations there are recommendations and principles relating to the topic of treating friends and family which are, however, mostly unknown globally.

At the **last WONCA Europe Conference in Copenhagen 2016** only the usual workshop on ethical dilemmas was organized. In these workshops several situations that posed ethical dilemmas to colleagues are presented and discussed. They usually attract some 50 to 100 colleagues.

At the **WONCA World Conference in Rio**, the topic of the symposium will be “challenges to our professional attitudes – discrepancies between high hopes, political promises and everyday reality in primary health care”. Again short reports from countries such as Hungary, United Kingdom, Turkey and Brazil as well as Austria will highlight the differences in the position, the perspectives and practice reality of primary health care between countries at the European and global level.

Since its foundation in 2000 the group has been quite active in increasing awareness for ethical issues within WONCA and in organizing attractive sessions at WONCA conferences. My thanks go to all who contributed and participated, in particular to my former co-convenor Micky Weingarten. This year’s business meeting will, therefore, discuss options for how to proceed in the future.

*Professor Manfred Maier  
Convenor*

## Quality and Safety

Over the past year the WONCA Working Party on Quality and Safety in Family Medicine has continued to actively participate in many WONCA regional meetings.

In the Asia Pacific Region Meeting in Taiwan in 2015, the standard of presentations of all presenters reflected the quality of primary care. In many of these APR countries, healthcare is facilitated by public financing. There is increasing political will to reform health services in China and Indochina countries; the major perennial problem is shortage of trained human resources in the primary healthcare team. Increasingly, individuals who are providing quality medicine do lead the way, but have a long way to go.

In Europe, there was participation in a seminar on quality in primary care in London which highlighted many issues of quality in Europe. The following is an excerpt of a session which one of our members chaired: <https://drive.google.com/file/d/0B7UAzm1WZLR8Tm90MEFHSEkyTDA/edit>

Equity is an important issue in France, where there are major social health inequalities, and where the “inverse care law” applies. To improve equity of care it is necessary to measure it in daily practice. To achieve this, the first step is to characterize the social situation of individual patients. Within the French College of General Practice, a working group, including GPs and epidemiologists, developed a guideline entitled “Why and how to register social information for an adult patient in general practice?” The guideline describes the most useful social information to collect, how to register patients in a standardised way, and how to use the data in daily care and in quality improvement.

Patient safety in primary care is a very new topic in France with limited knowledge. The first epidemiologic data on incidence of adverse events (AEs) in ambulatory sector are known only since December 2013. We observed 22 AEs/1000 contacts (visits– home visits–phone contacts) and no harm for 3/4 AEs. 2% were serious AEs. The main types of risk situations were identified by the ESPRIT study. There is therefore a long way to go to promote the aims and objectives of the working party, and for this to happen there has to be more meaningful effort by MOs to allocate resources to spur their activities.

#### Report from the USA

- Society of Teachers of Family Medicine, 3-5 December 2015, Dallas, Texas, Teaching Family Medicine Residents Quality Improvement Concepts and Practices Utilizing a Chronic Kidney Disease Co-management Project Involving Family Physicians and Nephrologists, Sayre, JW.
- WONCA Europe International Meeting, 24 October 2015, Istanbul, Turkey, Teaching Quality Improvement Processes to Family Medicine Residents, Sayre, JW.

#### Report from Nigeria

- At the Nigerian National Conference, there will be a workshop on 'Quality and Safety In Family Medicine' on the 15th-16th April 2016

*Dr Daniel M Thuraiappah  
Chair*

## Research

#### Multi-National Plenary Panel Project

At the WONCA World meeting 2013 held in Prague, Professors Felicity Goodyear-Smith, Jeannie Haggerty and Chris van Weel proposed this initiative that involves WONCA Regional Meeting panel discussions on international comparison of primary care implementation in different nations, using the format and templates developed and provided at our [WONCA website](#). Following meetings were held during this reporting period.

#### WONCA Europe Regional Conference 2015

Istanbul, Turkey	Convened by Prof Mehmet Ungan. Oct 2015
Bulgaria	Radost Asenova
France	Jean Pierre Jacquest
Norway	Knut Arne Wensaas
Italy	Nicolo Buono
Sweden	Anna Nager
Ireland	Andree Rochford
Hungary	Imre Rurik

#### WONCA South Asia Regional Conference 2016

Prof Chris van Weel organized a panel at this meeting in Sri Lanka in February 2016.

#### WONCA Europe Regional Conference 2016

Copenhagen, Denmark Convened by Prof Mehmet Ungan. 2016

Austria	Manfred Maier
Portugal	Ana Luisa Neves
Germany	Thomas Kühlein
Israel	Shlomo Vinker
Greece	Athanasios Symeonidis
Latvia	Gunta Ticmane
Croatia	Durdica Kasuba Lazic

In addition, Professor Chris van Weel led conference workshop at NAPCRG 2015 with focus on Mexico, organized and based on the Workshop's ppt. framework, comparing health systems and primary health care, titled 'international comparison on primary health care policy implementation':

### **International Perspectives on Primary Care Research**

The book *International Perspectives on Primary Care Research*, edited by Felicity Goodyear-Smith & Bob Mash, April 2016, CRC Press, pp. 255 is now in print, and will be formally launched at the Rio meeting. This book is primarily a WONCA WP-R initiative edited by Professors Felicity Goodyear-Smith and Prof Bob Mash. There are 52 authors from 24 different countries. There is also a chapter by WONCA President-Elect Amanda Howe, and the forward by President Michael Kidd.

#### **Africa: (Professor Bob Mash)**

The PRIMAFAMED network, which is a network of family medicine departments in sub-Saharan Africa, has a focus on education and research. The most recent meeting was at Kenyatta University, Nairobi in May 2016 - approx. 100 people from 20 different depts. of family medicine/universities across Africa attended. We engaged with the following research related activities:

- Workshop on scientific writing to assist those with manuscripts for publication
- Workshops on research proposal writing for quantitative, qualitative and action research type studies
- Plenary presentation and workshop on use of the Primary Care Assessment Tool and formation of a special interest group to look at collaborative research in region

#### **South Asia: (Dr. Basharat Ali)**

Research Methodology workshop held at the 26<sup>th</sup> Annual International Conference of Family Medicine by South Asian Primary Care Research Network (SAPCRN) and Pakistan Society of Family Physicians Lahore. Venue was Pearl Continental Hotel Lahore.

Two research methodology workshops for Family physicians of Lala Musa district Gujrat Pakistan were held on invitation of Gujrat chapter of Family physicians and were arranged under the umbrella of University of Health Sciences Lahore to promote research culture in remote areas. These workshops covered all the relevant topics.

### **International Federation of Primary Care Research Networks (IFPCRN)**

This group under Chairmanship of Professor Christos Lionis is relooking at new initiatives and ways to revitalize the federation.

#### **Some recent contributions of Professor Waris Qidwai, Chair of WWPR**

- National Coordinator and Principal-Investigator (2015-16): in a Project titled "Initiate insulin study" which aims to estimate the time taken to initiate insulin therapy in type 2 diabetes in Pakistan, a multi-center observational study.
- Editorial on invitation: Translational Research and Complexity of Clinical Practice: Issues, Challenges, and Way Forward. Journal of the College of Physicians and Surgeons Pakistan 2016, Vol. 26 (6): 453-454
- 20th WONCA Europe 2015 Istanbul Congress, at Istanbul, Turkey. Invited speaker on: "*Issues, Challenges and way forward for Primary Care Research: A global perspective*" and "*Translational Research and Complexity of Care*"; and conducted workshop on "*Challenges and way forward for Primary Care Research: A global perspective*".
- Lead Guest Editor for a special issue of PubMed Indexed journal "European journal of Integrative Medicine" on Complimentary Medicine for sexual and reproductive health. Available at: <http://www.sciencedirect.com/science/journal/18763820/8/1>
- Invited Advisor, World Health Organization (WHO) regional workshop, on Scaling up Capacity Building of General Practitioners in Countries of the Eastern Mediterranean Region, held at WHO EMR Office at Cairo, Egypt

*Professor Waris Qidwai  
Chair*

## Rural Practice

It's been another busy and fruitful year for Rural WONCA. The rural global family has grown significantly as a result of our reaching out through digital communication and social media as part of our attempt to ensure geographical, demographic, generational and gender equity. We head for Rio de Janeiro stronger than ever with a successful record, new ideas and aspirations for the next 3 years.

The world remains a turbulent place and some of our rural colleagues are struggling to provide care against all the odds due to conflict, natural disasters and appalling poverty in some of the most inaccessible parts of the world. The new Sustainable Development Goals are even more ambitious than the goals they replaced and we feel that we in Rural WONCA must work to highlight the plight of half the world's population who live in the rural areas

### **Our ongoing work goals include:**

#### **Improving communication and making the WWPRP more visible.**

We have an active Google Discussion Group with over 600 members, Rural WONCA Facebook Page, Rural WONCA Twitter Account (@RuralWonca) and a monthly rural article in WONCA News. A Rural Young Doctor & Student Facebook Page has also been established. Medical student, Mayara Floss runs an innovative "Rural Café" on Google Hangouts and she has collaborated with Pratyush Kumar to establish a blog called Rural Health Success Stories (<http://ruralhealthsuccess.blogspot.co.uk>), which collects inspiring human rural health stories from around the world. We have also recently launched a medical student Google discussion group as part of our plan to establish a global rural medical student network

#### **Membership of the WWPRP**

We must engage with the next generation and identify the future leaders for the rural movement. Rural WONCA has direct representation from 4 of the 7 Young Doctor Movements and it is our aim to ensure that they will all soon be represented. We are working with medical student groups across the world and IFMSA (International Federation of Medical Student Associations) with the aim of establishing a World Rural Medical Network, which we intend to launch formally at next year's WONCA Rural Health Conference in Australia.

We have a clear commitment to Gender Equity. More women are joining the WP and our Executive already demonstrates equal gender representation.

Rural WONCA has traditionally reflected a significant bias towards the developed world. It is often harder to recruit members from low and middle-income countries because of travel and communication costs. The new communication strategy has helped engage new members and achieve a better degree of geographical equity. Regional groups have already been established in Europe, South America and South Asia.

#### **The Rural Medical Education Guidebook**

The *Rural Medical Education Guidebook* was launched in 2014 & continues to have a significant impact with plaudits from around the world. The Guidebook is now available as a PDF download and we have secured further funding to edit the current edition and fill in some of the gaps.

#### **Conferences**

We held a very successful World Rural Health Conference in Dubrovnik, Croatia in 2015. Like so many of our conferences before, it has already left a local legacy. Our next World Conference is planned for Cairns Australia in April 2017. "A World of Rural Health" will be jointly hosted by The Australian College of Rural and Remote Medicine and The Australian National Rural Health Alliance in partnership with Rural WONCA (<http://www.aworldofruralhealth.org.au>).

#### **Working with other working groups, SIGs and NGOs**

We have continued to work with global, regional and special interest groups within WONCA and external organizations, NGOs and professional bodies.

### **Rural Resource Website**

Dave Schmitz from Idaho has established [a rural online resource site](#) where grey literature and important rural documents can be stored and made easily available.

**Rural Generalism:** There has been a growing need to ensure that rural doctors have the skills that specific rural contexts require. Rural WONCA continues to support the Australian College of Rural and Remote Medicine (ACRRM) and The Canadian Society of Rural Physicians, who have developed the concept of “The Rural Generalist”.

We have achieved much over the last 3 years but we still have much to do.

Some of our future aims will include:

- A new structure for Rural WONCA with new roles and responsibilities of its members and officers: The Working Party has outgrown its original structure and many new rural family doctors want to join and contribute.
- World Rural Health Conferences planned for Australia (Cairns 2017) and Uganda (2018)
- Plans to ensure that all the WONCA Regions Young Doctor Movements are represented
- The establishment of regional rural representative groups.
- Extend our membership to encourage more young doctors, women and representatives from low and middle income countries
- Develop and launch World Rural Medical Student Network
- Continue to develop programs such as the [Rural Heroes Project](#), [The Rural Resource Page](#), [The Rural Medical Education Guidebook](#) & others. We will be publishing policies on “Rural Proofing” and the roles of Nurse Practitioners and Physicians Assistants in Rural Practice
- We have already started work on a revised policy document on the use of digital communication in rural practice.

*Dr John Wynn-Jones  
Chair*

*WONCA also has Working Parties in Indigenous and Minority Groups Health Issues; Mental Health; Women and Family Medicine; WONCA International Classification Committee (WICC).*

# WONCA SPECIAL INTEREST GROUP (SIG) REPORTS



## WONCA SPECIAL INTEREST GROUPS (SIGs)

### Complexities in Health

The Complexity SIG remains a small group with a high impact. In 2015-16 we conducted a number of workshops at the WONCA Europe conference in Istanbul including:

- *Innovation for Primary Care. The Development of an Optimal Care Delivery Framework and*
- *Curiosity & Complexity in Primary Care and Health Education. A Complexity SIG workshop*
- *and Copenhagen*
- *Integrated Multi-morbidity Management for Your Practice: What are Enablers and Barriers to Effective Implementation?*

Workshops generally attracted 70 to 80 participants. In addition, individual members also presented their own work.

For the forthcoming year(s) I would like to expand the SIG Leadership team. We also want to continue running Complexity workshops that focus on addressing the pressing issues for family medicine from an inter-dependent and inter-connected dynamic perspective. Participant feedback indicated the need for a “Complexity in Healthcare for Dummies” primer – we are working on a proposal with a view of launching a short primer at a forthcoming WONCA meeting.

*Dr Joachim Sturmberg*  
*Convenor*

### Conflict and Catastrophe Medicine

The Inverse Care Law highlights how those in the greatest need often received the lowest, if any, standards of care. Global analyses of strategic trends anticipate conditions that could widen global health inequality, making coordinated General Practice/Family Medicine efforts in times of conflict and catastrophe even more important.

In recent years, General Practitioners / Family Medicine Doctors (GP/FMD) from over 30 countries have tried to help the populations of Afghanistan and Iraq ravaged by conflict. Concurrently, GP/FMD have contributed to the defence of their nations, peacekeeping and peace support activities, anti-piracy initiatives and counter-narcotic operations. GP/FMDs working within international Governmental and Non-Governmental Organizations have also provided humanitarian assistance whenever and wherever the need arises. Examples include after the 2004 Tsunami, the 2005 Kashmir earthquake, the 2007 flooding in Central Africa, and currently as part of the international response to the Ebola outbreak in West Africa and the earthquake in Nepal.

The WONCA SIG on Conflict & Catastrophe Medicine (C&CM) provides a new, 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.

The aims of the SIG on C&CM are 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.
- Provide a wider appreciation of the opportunities and constraints associated with challenging operational environments, partnerships with international organizations, and varying degrees of host nation

- Provide a forum for an exchange of knowledge and information between member organizations' GPs/FMDs.
- Enable the global educational, research and service provision activities of military GPs/FMDs to be represented before other world organizations and forums concerned with health and medical care.
- Engender symbiotic support for the extant WONCA Rural Forum, as both groups of colleagues sometimes face similar clinical challenges.
- 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.

Representatives from all WONCA Regions have been identified through their member organizations. The Executive Committee comprises one regional representative from each WONCA region. Over 100 individuals have signed-up to contribute to the SIG. It is encouraging that engagement in the WONCA SIG C&CM has been considered by the majority to represent an investment in terms of the networks, academic collaborations, opportunities for innovation and enhancement in clinical and professional experience that would be gained from participation.

A "**SIG on C&CM**" [webpage](#) has been established. 'Pre-launch' information was circulated during the WONCA Rural Health Conference in Dubrovnik (15-18 April 2014). European workshops were held during the WONCA European Conferences in Istanbul (22-25 October 2015) and Copenhagen (15-18 June 2016). A pre-Conference meeting will be held at the WONCA World Conference in Rio (2-6 November 2016).

*Professor Rich Withnall  
Convener*

## Family Violence

### Setting priorities

[The WONCA Special Interest Group on Family Violence \(SIGFV\)](#) ends a first term of almost 2 years in Rio de Janeiro beginning of November 2016. In Kuching (WONCA ASIA PACIFIC 2014) and Lisbon (WONCA EUROPE 2014) the development of effective training programs had been defined as first priority. Time to look back what we have so far succeeded.

### What was realized in 2015?

#### Training projects

The project of Prof Jan Coles of online undergraduate teaching was further developed and tested at [Melbourne University](#). A young colleague under her supervision, and with the help of our membership and the WONCA Working Party on Women and Family Medicine, carried out a review on the actual state of training showing the urgency to incorporate training in basic and graduate curricula of medical schools.

In the Eastern European and Western Asian areas the Special Interest group supported UNFPA for a train the trainers Initiative adding practical training about disclosure and counselling into the [United Nations Population training Package for Asia](#).

We also experimented applying this package locally in a post war area in Northern Kosovo. This experience reinforces the need for interactive skills training on disclosure strategies and tightened our links to the Women against Violence Europe movement (WAVE).

The project IRIS was replicated into a training package tested in emergency care and maternal services in 5 EU countries using internationally trained clinical leads and domestic violence advocates to organize

case finding and referral. The Europrev network audited this Implement program (<http://gbv-implement-health.eu>) showing the main limiting factor remains disclosure at practice level.

#### **WONCA workshops at almost all meetings**

Meetings were organized linked to several the WONCA Africa and WONCA Rural meetings in spring 2015, which resulted in new views on community action and task definitions. In Europe SIGFV participated in EUROPREV and EGPRN meetings in 2015 to extend collaborative efforts and organized a high profile Family Violence workshop track in Istanbul. The Vasco Da Gama group is the active collaborative young doctors group who organized interactive and recruiting training workshops in Istanbul.

#### **Communication strategy**

A discussion on screening and case finding during a WONCA EUROPREV workshop in Istanbul led to refined proposal for a joint statement on prevention as described in our first newsletter. We also extended our network in Eastern European countries and Asia by providing keynote lectures on primary care and family violence in the meeting of the *Association of general practice/family medicine of South-East Europe AGP/FM SEE* (Ljubljana June 2015). An interactive play was tested as a strategy to stimulate awareness for collaboration in care.

#### **Preparing research priorities**

A poster on research priorities was defended in Edrine during the EGPRN. A further paper on research priorities has been prepared for the first newsletter in 2016 by Prof Gene Feder of Bristol University.

#### **Conclusion**

Gradually our special interest group matures and thematic working groups prepare upcoming activities. Recommendations are circulating to submit to the WONCA Executive and Council to define a formal WONCA Policy on Family Violence. Structuring international collaboration and displaying our work are next priorities.

*Dr Leo Pas  
Convener*

## **Health Equity**

The WONCA Special Interest on Health Equity group has been actively promoting the agenda of health equity in primary care. Our rise in membership from geographically and professionally diverse backgrounds facilitates greater reach of important health equity issues and related events. This is promoted by regular forum, e-mail updates as well as through our newsletters and workshops.

In addition, regular committee meetings with regional representatives from Europe, Middle East, Asia Pacific and Australia compile latest developments of our group. For example, our group conducted a health equity workshop at the WONCA Europe conference in Istanbul. Discussions identified a number of facilitators and barriers to health equity. Prominent barriers to achieving health equity include poor health literacy; which comprises cultural knowledge in addition to skills for reading, writing and numeracy. On the service side, austerity measures and lack of consultation time also puts GPs and the healthcare system under considerable pressure amidst efforts to ensure equitable consideration and treatment. In contrast, increasing involvement of GPs, longer consultation, and interpreters for patients were listed as some of the ways to facilitate health equity. This work has now been written and submitted for publication in peer-reviewed journal.

Consistent with previous workshops, the importance of medical education is still a top priority. To reflect this, our group is seeking to strengthen health equity across the WONCA organization by weaving health equity and its prerequisites into the WONCA Standard for Post Graduate Medical Education. Further we aim to contribute to gaps in the health equity literature through continual academic research, a study in progress includes a scoping review to explore management of co-morbidities in the primary care setting with emphasis on health equity. The study seeks to examine the prevalence and capacity to manage

complex health states, that involve multiple medical and socio-cultural health related needs, often seen in general practice. Finally, our affiliation to the International Journal for Equity in Health, not only allows us to mutually keep up to date with latest health equity research, but also to strengthen the efforts and sharing in the health equity community.

*Dr William Wong*  
Convener

## **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 cultural competent, good quality of primary care to migrants of all kinds: travellers, economic migrants as well as refugees including the undocumented.

The SIG has grown to a group of 55 members by July 2016, from 18 different nations in Australia, South-Africa, USA, South-America, Middle-East and Europe. The last two years we welcomed 12 new members, and succeeded to involve colleagues from South-America, and the Middle-East. Members are involved in international research, medical (postgraduate) education and health care delivery related to refugees and other migrants and travellers.

### **Activities in 2015 - 2016**

1. International exchange practice visits (Turkey, Greece, the Netherlands, Ireland)
2. Exchange of educational programs (e.g. contributing to the development of the training course on migrant care for Irish GPs).
3. Initiating and participating in international research projects (European funded projects Restore, C2Me and EUR-HUMAN, and small bilateral collaborative projects).
4. Workshops and symposia on refugee care at WONCA Europe Istanbul 2015 and Copenhagen 2016; attended by over 70 (workshops)-100 (symposia) participants. At the WONCA World 2016 in Rio de Janeiro, a symposium on refugee care as well as a workshop on linguistic and cultural differences are being organized. In September 2016 the convener of the SIG is asked as key-note speaker on refugee care at the Vasco da Gama conference in Jerusalem.
5. Collaboration with other WONCA groups
  - participation in the WP on Equity
  - collaboration with the WONCA International Classification Committee on the development of a mobile ICD coded patient held record for refugees and other migrants.
  - meeting with WONCA Working Party on Education and EURACT in Rio to discuss the joint development of education on primary healthcare for refugees
  - 2017 WONCA Europe in Prague a joint workshop with the WONCA SIG on violence
  - in 2017 jointly with the WONCA Working Party on Mental Health an activity with the EPA (the European Psychiatry Association) on mental health care for refugees
6. Contribution to and dissemination of the "WONCA Europe 2015 Istanbul statement on refugees"

*Dr. Maria van den Muijsenbergh*  
Convener  
[m.vandenmuijsenbergh@elg.umcn.nl](mailto:m.vandenmuijsenbergh@elg.umcn.nl)

## Point of Care Testing (POCT)

The total number of members in the SIG on Global Point-of-Care Testing (POCT) has now reached 95 (as at June 2016); these members represent 43 different countries and all seven WONCA regions.

The year 2016 marked the completion of the SIG's on-line survey on POCT. The survey included 19 questions in 3 main categories: demographical questions (n=5), questions relating to the current use, availability and demand for POCT (n=7), and questions about the advantages and limitations or barriers to the implementation of POCT (n=7). The survey was open from March 2014 to June 2016.

The POCT survey received responses from GPs in each of WONCA's 7 regional sectors (n = 150), but the responses were weighted heavily from the European zone. The 5 most common POC tests currently used in family practices were glucose, urinalysis, lipids, haemoglobin and urine pregnancy tests. The 5 POC tests that GPs indicated they would like to have available in their practices in the future were HbA1c, cardiac markers, full blood count, INR and electrolytes.

The most valuable attributes of POCT in general practice were considered to be its capacity to provide rapid diagnosis and treatment (88%), convenience for the patient (75%), ease of use (60%), improved doctor-patient relationship (57%) and improved patient adherence to medication (55%).

The three main barriers to the adoption of POCT in general practices were costs of devices and/or test kits, lack of reimbursement for POC tests, and staffing issues (including resources, turnover or time constraints).

The Secretariat intends to publish the results of the on-line survey in a relevant peer-reviewed international journal, while the findings of the survey will inform future planned educational activities of the SIG.

Across 2015-2016, the Chair of the SIG (Professor Mark Shephard) has written/edited a book on POCT entitled: *A Practical Guide to Global Point-of-Care Testing*. The book focusses on POCT in primary care and will be released in November 2016. The book features a chapter on Point-of-Care Testing in General Practice, which was co-written by Professor Shephard and WONCA President Professor Michael Kidd AM.

*Professor Mark Shephard  
Chair*

*WONCA also has Special Interest Groups in Cancer and Palliative Care; Elderly Care; Genomics; Men's Health; and NCDs.*

## WONCA CONFERENCES

The 12 months covered by this report have been busy ones for WONCA conferences. Major events in this period have included:

- WONCA Europe conference in Istanbul from 22<sup>nd</sup> to 25<sup>th</sup> October 2015, including a Vasco da Gama movement pre-conference. Of especial note was that all Young Doctor Movement (YDM) leads attended, along with Dr Raman Kumar, YDM representative on Executive, and there were a number of memorable joint presentations.
- WONCA South Asia conference in Colombo, Sri Lanka, on 13<sup>th</sup> and 14<sup>th</sup> February 2016.
- WONCA Eastern Mediterranean Region conference in Dubai, UAE, from 17<sup>th</sup> to 19<sup>th</sup> March 2016.
- WONCA Iberoamericana Cumbre (Summit) in San Jose, Costa Rica, on 12<sup>th</sup> and 13<sup>th</sup> April 2016, followed immediately by the first-ever Meso-(central) American conference, also in San Jose, from 14<sup>th</sup> to 16<sup>th</sup> April.
- WONCA Europe conference in Copenhagen, Denmark, from 15<sup>th</sup> to 18<sup>th</sup> June 2016, preceded by a two-day Vasco da Gama pre-conference. This Copenhagen conference was a joint venture between the Nordic Colleges representing Denmark, Iceland, Sweden, Norway and

Excitement is now building towards the WONCA World conference in Rio de Janeiro, from 2<sup>nd</sup> to 6<sup>th</sup> November, which promises to be the biggest and best WONCA global conference to date. Plans are also under way for the WONCA World conference in Seoul, Korea, in October 2018.

2017 will also be a very busy and active year for WONCA events. Already in the calendar are:

Region/WP	Venue	Dates (2017)
WONCA Eastern Mediterranean	Abu Dhabi	2-4 March
WONCA Rural Health Conference	Cairns, Australia	30 April – 2 May
WONCA Europe	Prague, Czech Republic	28 June – 1 July
WONCA Africa	Pretoria, South Africa	17 - 20 August
WONCA Iberoamericana-CIMF	Lima, Peru	23 – 26 August
WONCA Asia Pacific	Pattaya, Thailand	1 – 4 November
WONCA South Asia	Kathmandu, Nepal	25 – 26 November





Audit Report of WONCA Trust  
Financial Year January - December 2015

**THE WONCA TRUST**  
**FINANCIAL STATEMENTS FOR THE YEAR ENDING**  
**1 JANUARY 2015 TO 31 DECEMBER 2015**

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**THE WONCA TRUST**  
FINANCIAL STATEMENT FOR THE YEAR ENDING  
1 JANUARY 2015 TO 31 DECEMBER 2015

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JNN Auditing Office Limited  
Certified Public Accountants  
Bangkok, Thailand

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

**General Information**

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**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 2015 to 31 December 2015**

### **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 2015 to 31 December 2015 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: 26 February 2016

**AUDITOR'S REPORT**

To the Trustee of **THE WONCA TRUST**

I have audited the accompanying financial statements of **THE WONCA TRUST** which comprise the statement of financial position as at 31 December 2015 and the income statement, statement of changes in Trust's accumulated funds, and statement of cash flow for the year then ended, and a summary of significant accounting policies and other notes.

**Management's Responsibility for the Financial Statements**

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

**Auditor's Responsibility**

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

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

#### Opinion

In my opinion, the financial statements referred to above present fairly, in all material respects, the financial position of THE WONCA TRUST, as at 31 December 2015 and its results of operations, statement of changes in Trust's accumulated funds, and statement of cash flow for the year ending 31 December 2015, in accordance with Thai Financial Reporting Standards for Non-publicly Accountable Entities



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

Bangkok  
26 February 2016

**The Wonca Trust**  
**Statement of Financial Position**  
**As At 31 December 2015**

**ASSETS**

Unit : USD

	<u>Notes</u>	<u>2015</u>	<u>2014</u>
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	3	354,247	312,470
Member organizations' dues receivables		8,426	18,701
Other receivables and prepayment		10,592	15,586
Inventory		1,579	1,847
Other current assets		-	-
Total current assets		374,844	348,604
<b>NON-CURRENT ASSETS</b>			
Equipment, net	4	2,353	5,210
Deposits		4,241	4,064
Total non-current assets		6,594	9,274
<b>TOTAL ASSETS</b>		<b>381,438</b>	<b>357,878</b>

**LIABILITIES AND TRUST'S ACCUMULATED FUNDS**

	<u>Notes</u>	<u>2015</u>	<u>2014</u>
<b>CURRENT LIABILITIES</b>			
Other payables and accruals	5	10,838	12,991
Membership dues received in advance		59,549	60,732
Total current liabilities		70,387	73,723
<b>TOTAL LIABILITIES</b>		<b>70,387</b>	<b>73,723</b>
<b>TRUST'S ACCUMULATED FUNDS</b>			
Trust's accumulated funds	6	320,520	294,032
Income and expenditure account		(9,469)	(9,877)
Total shareholders' equity		311,051	284,155
<b>TOTAL LIABILITIES AND TRUST'S ACCUMULATED FUNDS</b>		<b>381,438</b>	<b>357,878</b>

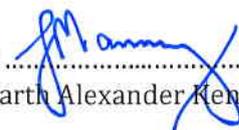
(Notes to the financial statements are an integral part of these financial statements)

Signed  Director  
(Mr. Garth Alexander Kenneth Manning)

**The Wonca Trust**  
**Income Statement**  
**For the year ending 31 December 2015**

		<u>Unit : USD</u>	
		Notes	
			<u>2015</u> <u>2014</u>
<b>REVENUES</b>			
Subscription incomes	7	532,254	736,463
Other incomes	8	<u>6,465</u>	<u>7,760</u>
Total revenues		<u>538,719</u>	<u>744,223</u>
<b>EXPENSES</b>			
President, executive and regional expenses	9	152,253	142,066
Secretariat expenses	10	298,110	298,684
Special projects' and working parties'	11	2,510	3,199
Publications and communication expenses	12	36,000	33,235
Other operating expenses	13	<u>49,438</u>	<u>63,294</u>
Total expenses		<u>538,311</u>	<u>540,478</u>
Deficit for the year		<u>408</u>	<u>203,745</u>

(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 2015**

	<u>Trust's funds</u>	<u>Income and expense account</u>	Unit : USD <u>Total</u>
Beginning balance as at 1 January 2014	260,110	(213,622)	46,488
Fund received from Asia Pacific Regional Reserves Fund	25,466	-	25,466
Fund received from WWP in Mental Health	8,818	-	8,818
Fund received from WONCA WP - WFM	890	-	890
Fund received from WFM	-	-	-
Fund paid to WP- Rural Practice Fund	(1,252)	-	(1,252)
Surplus for the year	-	203,745	203,745
As at 31 December 2014	294,032	(9,877)	284,155
Fund received from Asia Pacific Regional Reserves Fund	16,600	-	16,600
Fund received from WWP in Mental Health	(3,761)	-	(3,761)
Fund received from WONCA WP - WFM	(4,045)	-	(4,045)
Fund paid to WP- Rural Practice Fund	8,001	-	8,001
Fund received from EMR	9,693	-	9,693
Surplus for the year	-	408	408
Ending balance as at 31 December 2015	<u>320,520</u>	<u>(9,469)</u>	<u>311,051</u>

Signed  Director  
(Mr. Garth Alexander Kenneth Manning)

**The Wonca Trust**  
**Statements of Cash Flows**  
**For the year ending 31 December 2015**

	Unit : USD	
	<u>2015</u>	<u>2014</u>
<b>Cash flows from operating activities</b>		
Net profit(loss) for the year	408	203,745
Adjustments for:		
Depreciation	2,901	2,875
Changes in operating assets and liabilities:		
- member organizations' dues receivables	10,275	(7,337)
- other receivables and prepayment	4,994	19,382
- inventories	268	239
- other current assets	-	656
- other payables and accruals	(2,153)	(10,551)
- membership dues received in advance	(1,183)	13,169
- Deposit	(177)	-
<b>Cash flows from operating activities</b>	<u>15,333</u>	<u>222,178</u>
<b>Cash flows from investing activities</b>		
Purchases of property and equipment	(44)	(2,046)
<b>Cash flows from investing activities</b>	<u>(44)</u>	<u>(2,046)</u>
<b>Cash flows from financing activities</b>		
Fund received from Asia Pacific Regional Reserves Fund	16,600	25,466
Fund received from WFM	(4,045)	890
Fund received from rural practices	(3,761)	8,818
Fund paid to WP- Rural Practice Fund	8,001	(1,252)
Fund received from EMR	9,693	-
<b>Cash flows from financing activities</b>	<u>26,488</u>	<u>33,922</u>
<b>Net increase (decrease) in cash on hand and at banks</b>	41,777	254,054
<b>Cash on hand and at banks - beginning balance</b>	312,470	58,416
<b>Cash on hand and at banks - ending balance</b>	<u><u>354,247</u></u>	<u><u>312,470</u></u>

Signed  Director  
(Mr. Garth Alexander Kenneth Manning)

**The Wonca Trust**  
**Note To The Financial Statements**  
**31 December 2015**

**1. General information**

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

**2. Summary of significant accounting policies**

**2.1 Basis of preparation**

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

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

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

Signed  Director  
(Mr.Garth Alexander Kenneth Manning)

**The Wonca Trust**  
**Note To The Financial Statements**  
**31 December 2015**

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

**2.2 Foreign currencies translation**

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

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

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

**2.3 Cash and cash equivalents**

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

Signed  Director  
(Mr. Garth Alexander Kenneth Manning)

**The Wonca Trust**  
**Note To The Financial Statements**  
**31 December 2015**

**2 Summary of significant accounting policies (Con't)**

**2.4 Trade account receivables**

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

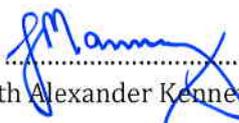
**2.5 Equipment**

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

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

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

Office furniture and equipment	5 Years
Computer and equipment	3 Years

Signed  Director  
(Mr. Garth Alexander Kenneth Manning)

**The Wonca Trust**  
**Note To The Financial Statements**  
**31 December 2015**

**2 Summary of significant accounting policies (Con't)**

**2.6 Provision**

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

**2.7 Revenue recognition**

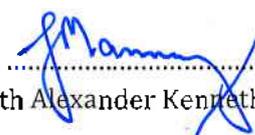
Revenue comprises the fair value of the consideration received or receivable for the sale of goods and service net of output tax, rebates and discounts. Revenue from sales of goods is recognised when significant risks and rewards of ownership of the goods are transferred to the buyer. Revenue from rendering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

**2.8 Measurement currency**

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

**3 Cash and cash equivalents**

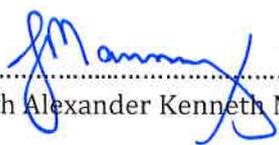
	Unit : USD	
	2015	2014
Cash on hand	6,184	14,151
Cash at Paypal	18,266	17,343
Cash at banks – current accounts	319,753	280,976
Cash at banks – saving account	10,044	-
Total cash and cash equivalents	354,247	312,470

Signed  Director  
(Mr.Garth Alexander Kenneth Manning)

**The Wonca Trust**  
**Note To The Financial Statements**  
**31 December 2015**

**4. Equipment, net**

	<u>Office, furniture and equipment</u> USD	<u>Computer and equipment</u> USD	<u>Total</u> USD
Cost :			
As at 1 January 2014	3,457	7,480	10,937
Addition	-	44	44
As at 31 December 2015	<u>3,457</u>	<u>7,524</u>	<u>10,981</u>
Accumulated depreciation :			
As at 1 January 2014	(1,219)	(4,508)	(5,727)
Depreciation for the year	(692)	(2,209)	(2,901)
As at 31 December 2015	<u>(1,911)</u>	<u>(6,717)</u>	<u>(8,628)</u>
Net book value :			
As at 31 December 2014	<u>2,238</u>	<u>2,972</u>	<u>5,210</u>
As at 31 December 2015	<u>1,546</u>	<u>807</u>	<u>2,353</u>
Depreciation - Assets for the year 2014			<u>2,875</u>
Depreciation - Assets for the year 2015			<u>2,901</u>

Signed  Director  
(Mr. Garth Alexander Kenneth Manning)

**The Wonca Trust**  
**Note To The Financial Statements**  
**31 December 2015**

**5 Other payables and accruals**

	Unit : USD	
	<u>2015</u>	<u>2014</u>
Taiwan FM Research award	3,000	6,000
Professional cost	3,724	2,718
Wonca Scholarship	1,000	1,000
Accrued personnel expenses	1,011	977
Other accrual	2,103	2,296
Total other payables and accruals	10,838	12,991

**6 Trust's accumulated funds**

	Unit : USD	
	<u>2015</u>	<u>2014</u>
Advance from Asia Pacific Regional Reserves Fund	193,146	176,546
Advance from WP - Rural Practice Fund	17,132	9,131
Advance from EMR	9,693	-
Advance from WWP in Mental Health	5,057	8,818
Advance from Wonca WP - WFM	1,210	5,255
Capital Stock	94,282	94,282
Total trust's accumulated fund	320,520	294,032

**7 Subscription incomes**

	Unit : USD	
	<u>2015</u>	<u>2014</u>
Member organizations' dues	413,973	365,835
Member academies' dues	3,535	2,440
Direct individuals' membership dues	56,141	54,134
Conference levies	34,042	74,530
Sponsorship income	20,000	-
Licences and royalties	4,563	125,201
Consulting revenue	-	114,323
Total subscription income	532,254	736,463

Signed  Director  
(Mr. Garth Alexander Kenneth Manning)

**The Wonca Trust**  
**Note To The Financial Statements**  
**31 December 2015**

**8 Other income**

	Unit : USD	
	<u>2015</u>	<u>2014</u>
Sales - Wonca guidebooks and merchandise	5,003	7,630
Interest income	259	100
Other income	1,203	30
Total other income	6,465	7,760

**9 President, executive and regional expenses**

	Unit : USD	
	<u>2015</u>	<u>2014</u>
<u>Executives' expenditures</u>		
President	16,415	32,770
President Elect	4,535	3,235
CEO	16,034	13,672
World Health Organisation Liaison	4,920	5,084
Members' of executive	83,189	70,856
Young Doctor Movements	9,884	-
	134,977	125,617
<u>Regional expenditures</u>		
Africa	6,745	1,693
North America	1,000	-
Ibero-Americana	4,000	10,000
South Asia	2,700	1,634
East Mediterranean	2,831	3,122
	17,276	16,449
Total President, executive and regional expenses	152,253	142,066

Signed  Director  
(Mr.Garth Alexander Kenneth Manning)

**The Wonca Trust**  
**Note To The Financial Statements**  
**31 December 2015**

**10 Secretariat expenses**

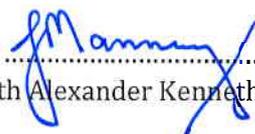
The Trust's secretariat expenses, which include administrative, accounting and computer services and other facilities, are provided by a related party. The related party is a company, i.e., Wonca Ltd.; a Company limited by guarantee which is incorporated in Thailand, have similar directors of the manager cum Trustee. The amount paid for secretariat expenses for the current financial period amounted to USD 298,110 (2014: USD 298,684).

**11 Special projects' and working parties' expenses**

	Unit : USD	
	<u>2015</u>	<u>2014</u>
Working Party Women and Family Medicine	2,000	-
Working Party Environment	510	1,361
Working Party Ethic	-	838
Rural practices	-	1,000
Total special projects' and working parties' expenses	2,510	3,199

**12 Publications and communication expenses**

	Unit : USD	
	<u>2015</u>	<u>2014</u>
Editor's professional fee	24,000	24,000
Webmaster and hosting	12,000	9,235
Total publications and communication expenses	36,000	33,235

Signed  Director  
(Mr.Garth Alexander Kenneth Manning)

**The Wonca Trust**  
**Note To The Financial Statements**  
**31 December 2015**

**13 Other operating expenses**

	Unit : USD	
	<u>2015</u>	<u>2014</u>
Exchange loss	6,837	1,193
Professional fee	6,376	17,234
Bank charges	6,203	5,345
Bad debt expenses	5,862	-
Audit fee	5,046	3,641
Postage and courier charges	4,822	5,360
Stationary expenses	4,812	4,791
Insurance expenses	3,216	3,356
Depreciation expenses	2,901	2,875
General expenses	988	-
Cost of Wonca Guide Book 2013	916	2,536
Registration fees	600	700
Wonca souvenirs	457	1,925
Consulting expenses	-	14,320
Other expenses	402	18
	<u>49,438</u>	<u>63,294</u>

Signed  Director  
(Mr. Garth Alexander Kenneth Manning)



**14<sup>TH</sup> WORLD RURAL HEALTH CONFERENCE**  
29 April–2 May 2017



**A WORLD OF Rural Health**  
CAIRNS CONVENTION CENTRE  
AUSTRALIA 2017



**22<sup>nd</sup> WONCA Europe Conference**  
June 28 – July 1, 2017  
Prague, Czech Republic

General Practice in Europe  
**Growing in diversity** together



**Wonca** FAMILY MEDICINE CONGRESS  
EAST MEDITERRANEAN



**WONCA ASIA PACIFIC REGIONAL CONFERENCE 2017**



**'FAMILY MEDICINE INNOVATION'**  
Challenges Facing Family Physicians in 21st Century

1-4 NOVEMBER 2017,  
ROYAL CLIFF HOTELS GROUP, PATTAYA, THAILAND

## *About the report*

*Our annual report is produced to keep our Member Organizations, our Direct Members, and other interested organisations and individuals, informed about WONCA's activities over the past year. This report highlights the work of your elected executive members and our CEO and secretariat, and our seven regions, Young Doctor Movements, working parties, special interest groups and individual representatives over the past year. It also includes our 2015 annual financial statement and auditor's report.*

*This report provides a snapshot of the huge amount of work that is carried out by WONCA and our members around the world.*

*Prof. Michael Kidd, WONCA President*



**World Organization of Family Doctors**

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