



WONCA Annual Report

July 2014-June 2015



World Organization of Family Doctors
2015



WONCA Annual Report

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TABLE OF CONTENTS

TOPICS	PAGE
President's Message	3
2013-2016 WONCA Executive Committee	6
President-elect's Report	7
CEO and Secretariat Update	8
WONCA Statutory Committees	12
• Finances	12
• Membership	13
• Organizational Equity Committee	12
• CPC	15
• WHO Liaison	16
WONCA Regional Reports	
• Africa Region	21
• Asia Pacific Region	23
• Eastern Mediterranean Region	24
• Europe Region	26
• Iberoamericana- CIMF Region	27
• North America Region	29
• South Asia Region	30
WONCA Working Parties	
• Education	32
• Indigenous and Minority Groups Health Issues	33
• Mental Health	33
• Research	35
• Rural Practice	36
• WONCA International Classification Committee (WICC)	38
• Women and Family Medicine	40
WONCA Special Interest Group (SIG) Report	
• Complexities in Health	43
• Conflict & Catastrophe Medicine	43
• Elderly Care	44
• Health Equity	44
• Migrant Care, Int Health & Travel Medicine	44
• Point of care testing	46
WONCA Young Doctor Movements	
• YDM Rep WONCA World	50
• AfriWON	51
• Al Razi	52
• Polaris	54
• Rajakumar	55
• Spice Route	56
• Vasco da Gama	57
• Waynakay	58
• WONCA 360 FM Program	59
Appendix	61
Audit Report of WONCA Trust 2014	

President's Message



*Prof. Michael Kidd
President*

I welcome you to this second annual report from WONCA, our World Organization of Family Doctors.

This report has been 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 outlines the highlights of the work of your elected executive members, and our CEO and secretariat staff, and our Young Doctor Movements, working parties, special interest groups and individual representatives over the past year. It also includes our 2014 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. More news and details can be found on our WONCA website – www.globalfamilydoctor.com - and you are invited to sign up for our weekly email updates on the activities of our global organization.

Your WONCA executive has three main goals for the 2013-2016 triennium.

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

Second, recognizing the importance of the next generation of family doctors, we are committed to supporting the younger members of our profession in the development of young family doctor movements in all seven regions of the world, and we have appointed a representative of young family doctors on the WONCA executive.

And third, we continue to strengthen WONCA's work with the World Health Organization and other key global partners to expand the role of family medicine in strengthening primary health care in all countries and supporting universal health coverage.

Through our member organisations, and our direct members, WONCA now represents over 500,000 family doctors in over 145 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 working with our CEO to support new organisations applying 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 organisations, especially in nations of Africa, the Middle East and Central Asia. Our CEO has been conducting a survey of our member organisations to inform how WONCA can do even better in assisting you in your important work in your country and in your region of the world. We have also seen a rise in the number of individual family doctors supporting the work of WONCA by becoming a direct member and, as of 30 June 2015, over 50 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 innovations of WONCA has been the development of young 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. We are now working towards ensuring representation of young doctors on all WONCA working parties and special interest groups.



Meeting with The Rajakumar Movement at the WONCA Asia Pacific conference in Taipei, Taiwan (March 2015).

We know that our member organisations greatly value WONCA's strong partnership with the World Health Organization (WHO). WONCA's WHO liaison person, Dr Luisa Pettigrew, continues to lead our organisation'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 Designated Technical Officer, Dr Hernan Montenegro von Muhlenbrock. Each WONCA regional president has established a working partnership with their WHO Regional Director and ensures family doctor representation and involvement in key regional consultations and health programs.

Your WONCA executive 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. Due to financial concerns, the full executive committee has met face-to-face only once in the past year, in Bangkok in January 2015.

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



Our working parties are the powerhouses of innovation within WONCA and reports on their activities are included in this annual report. In one example, the WONCA World Council meeting in Prague in 2013 endorsed WONCA's new global standards for postgraduate family medicine education, developed by our working party on education. These standards provide an important benchmark for those developing training programs for family doctors around the world. Our CEO has developed a system to accredit family medicine training programs against WONCA's global standards and to provide formal

accreditation and, in July 2014, in the presence of the Director-General of the World Health Organization, Dr Margaret Chan, I presented a certificate of accreditation to representatives of the first Family Medicine Training Program in the world to receive accreditation against the WONCA Global Standards, the Shanghai Medical College of Fudan University training program.

In 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 last May to see World Family Doctor Day activities underway all around the world, celebrating the contributions wonderful family doctors make to the lives of their individual patients and to the health and wellbeing of their communities.

One of the great privileges of being WONCA president is having the opportunity to visit our member organisations and individual family doctors in countries around the world. Over the second year of my term as president I have visited our member organisations in many countries including Bangladesh, Canada, China, Cuba, Denmark, Egypt, Finland, Ghana, India, Portugal, Romania, Singapore, Switzerland, Taiwan, Thailand, United Arab Emirates, United Kingdom, United States of America, Uruguay, and Australia. I thank the many member organisations that have supported my visits over the past year.

In May 2015 I had the privilege to lead WONCA's delegation to World Health Organization's 2015 World Health Assembly, and over the past year I have participated in our WONCA regional conferences in the Africa, Asia Pacific, 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 also sent video messages to national meetings of a number of our member organisations and to those conferences and events that I could not attend in person, including the very successful WONCA World Rural Health Conference held in Dubrovnik. Over the past year I have had the opportunity to meet with the leaders of many global organisations, including the World Medical Association, World Psychiatric Association, World Bank, and Bill and Melinda Gates Foundation, 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.

I thank all members of the WONCA executive for their individual support and steadfast commitment to the ideals of our organization over the past year. I thank our CEO and secretariat staff for their great 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.

I look forward to the year ahead as we continue to work together to strengthen WONCA and the contributions we make together supporting our members and the vital role of family medicine in health systems in all parts of the world.

2013-2016 WONCA Executive



*WONCA Executive: (seated l to r): Luisa Pettigrew (UK), Donald Li (Hong Kong, China), Amanda Howe (UK), Michael Kidd (Australia), Garth Manning, Karen Flegg (Australia)
(standing l to r): Pratap Prasad (Nepal), Inez Padula (Brazil), Matie Obazee (Nigeria), Ruth Wilson (Canada), Job Metsemakers (The Netherlands), Mohammed Tarawneh (Jordan), Jungkwon Lee (South Korea), Raman Kumar (India)*

Photo from Bangkok

Professor Michael Kidd	President	Australia
Professor Amanda Howe	President-elect	UK
Dr Garth Manning	Chief Executive Officer	UK
Dr Donald Li	Member-at-Large and Hon Treasurer	Hong Kong
Dr Karen Flegg	Member-at-Large	Australia
Dr Maria Luisa Pettigrew	Member-at-Large and WHO Liaison	UK
Dr Matie Obazee	President Africa Region	Nigeria
Professor Jung Kwon (JK) Lee	President Asia Pacific Region	Korea
Dr Mohammed Tarawneh	President Eastern Med Region	Jordan
Professor Job Metsemakers	President Europe Region	Netherlands
Professor Inez Padula	President Iberoamericana-CIMF Region	Brazil
Professor Ruth Wilson	President North America Region	Canada
Professor Pratap Prasad	President South Asia Region	Nepal
Dr Raman Kumar	Junior Doctor representative	India

President-elect's Report



*Prof. Amanda Howe
President-elect*

"People, policy and poetry - three reasons for the success of family medicine"

My commitments as a member of President-elect consist of being a member of the WONCA Executive which leads our global organisation, leading a number of WONCA governance functions (including chairing the Organizational Equity and the Nominations and Awards Committees); contributions to our thinking, policy development and organizational development through written communications in WONCA News and presentations at international meetings such as regional conferences; and working closely with the President and CEO. It has been an enormous privilege to meet many members worldwide, to work alongside the skilled and highly motivated staff and colleagues of our Executive, Regional Councils, Working Parties, and Special Interest Groups, and I have learned much. Our organizational structures and communications are getting stronger all the time, which is important given the diversity and geographical dispersion of our activities.

As President – Elect, my goals are entirely aligned with those of the organization as a whole, and I do not expect to change the agenda much when I become President in November 2016 – our mission is a collective one, and the goals we have set must move forward regardless of who is on the team. However, I shall shape my own personal objectives for my term of office over the next year, and hope to get many ideas and influences from others between now and the Rio conference. I have already given my title for my inaugural lecture as *"People, policy and poetry - three reasons for the success of family medicine"*. This indicates my understanding that to be effective we need to use the key instruments of relationships, government structures, and humanitarian values to drive our discipline forward. I shall spend the next year continuing to put forward ideas via my monthly 'policy bites', meetings and communications: learning more about the complex workings and accountabilities of the different parts of our organization; continuing to raise awareness of the equity agenda at organizational level; and aiming for direct communications with all parts of WONCA at some point during the year. Thank you for your efforts for patients, and support for our work.

CEO Report and Secretariat Update

“This second Annual Report is much bigger, and we hope that each year it will grow and grow, allowing all parts of WONCA to better inform our membership of their activities, and also to act as an archive of the organization’s growth and progress.”



*Dr Garth Manning
CEO*

It has been yet another busy year for the CEO and the Secretariat. The three Secretariat staff, led by Dr Nongluck Suwisith (manager@wonca.net) have worked hard to support the CEO and WONCA Executive, as well as member organizations and regions and the various WONCA statutory committees, Working Parties and SIGs.

The Secretariat’s roles and responsibilities spread right across the organization and its activities – from recruiting new member organizations, and processing their applications, to recruitment of Direct Members, upkeep of all administrative databases and assisting the WONCA Editor with the WONCA website and weekly E-updates. There is never a dull moment! A vital part of the work is maintaining the financial viability of the organization, and I work closely with the Honorary Treasurer to ensure that all financial standards are met and that the organization remains on a sound financial footing. In this I am assisted by Anuta (accounts@wonca.net) who produces monthly management accounts to keep Executive informed of the financial situation. She also prepares all documentation for the annual audits, and the 2014 audit report of WONCA Trust is in the annex to this report.

We provide key support to the President, President-elect and the Executive on an ongoing basis, as well as for the regular teleconferences and for the longer, and more detailed, face-to-face meetings. In this period we had a short (half-day) face to face meeting in Lisbon in early July 2014, during the WONCA Europe conference, with those not present in person joining us by videoconference. We also held a very full three-day Executive meeting in Bangkok in January 2015, which I reported on in one of my newsletter columns.



So much of the time is spent in the rather rarified atmosphere of our (very nice) Secretariat office in Bangkok that it’s great to get out to WONCA events, to catch up with many old friends and acquaintances and to make new ones. In this reporting period the staff have attended WONCA Europe in Lisbon (July 2014), WONCA South Asia in Chennai (August 2014), WONCA Asia Pacific in Taipei

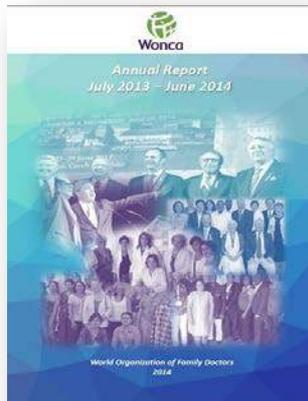
(March 2015) and WONCA Eastern Mediterranean in Dubai (April 2015). In addition to those, I also attended WONCA South Asia in Dhaka, Bangladesh (February 2015), WONCA Rural WP in Dubrovnik (April 2015) and WONCA Africa in Ghana (May 2015).

I also attend the World Health Assembly each year, helping to represent WONCA at this high profile event, and in May 2015 I accompanied our President, Professor Michael Kidd, and Professor Ruth Wilson, our North America President.



President (Professor Michael Kidd) our WONCA North America President (Professor Ruth Wilson), and me (pictured left)

As ever we had a series of very useful meetings with WHO colleagues, and our links with WHO grow ever stronger, nurtured by the great work done by Dr Luisa Pettigrew, our WONCA-WHO Liaison. Luisa's inputs to this annual report can give only a tiny flavour of the work we do with WHO, which I know is greatly valued and appreciated by our member organizations.



One of the key activities in the past year was production of the first-ever WONCA Annual Report, and we were extremely gratified by the enthusiastic response we had to this. This second Annual Report is much bigger, and we hope that each year it will grow and grow, allowing all parts of WONCA to better inform our membership of their activities, and also to act as an archive of the organization's growth and progress.

Our WONCA Editor, Karen Flegg, continues to perform sterling work, keeping the news on the website updated and producing our monthly WONCA Newsletter. More recently we have backed this up with a weekly E-update to members, in weeks when there is no newsletter, and thanks to Arisa for doing that so superbly. If you do not receive this weekly update and would like to do so then please let Arisa know (admin@wonca.net).

Arisa is also the person to contact about any membership issues. We continue to promote WONCA **Direct Membership** (DM), and are grateful to all those who have taken out Direct Membership and continue to renew. Their contributions help us in the work of the organization, but in turn DMs also benefit from a reduced delegate registration fee for all WONCA conferences, so it is a very worthwhile investment.

At the 2013 World Council we also introduced **Life Direct Membership**, which provides the opportunity for individuals to make a special gift to the World Organization of Family Doctors in return for waiver of annual direct membership renewal requirements. Life Direct Member status is open to any health professional who has an interest in supporting the vision, mission and goals of WONCA. So, in return for payment of a one-off fee (currently \$750) colleagues can offer enhanced support to the organization, whilst enjoying all the benefits of Direct Membership, including conference discounts. We are hugely grateful to the 53 individuals who had taken out Life Direct Membership up to the end of June 2014, including 43 who have applied during this reporting period, and we are delighted to list them in this report in recognition of their generosity.



World Family Doctor Day – 19th May - was introduced by WONCA in 2010, as a way of highlighting the role and contribution of family doctors in health systems around the world. We have reported on the 2015 event more fully elsewhere, but for this year the Secretariat staff produced a new logo, which has proved extremely popular, and has been translated into several languages. The staff also produced poster artwork, which was widely used and disseminated.

We continue to try to develop consultancy services, at least in part as an income generating activity for the organization. Our Working Party on Education has produced Global Standards for Postgraduate Medical Education, and a number of programmes in various parts of the world are using these to help in development of more robust training programmes, and we have developed mechanisms whereby WONCA can accredit

programmes, using this guide, if requested. The Working Party is also developing Global Standards for Continuing Professional Development (CPD), whilst we are also in the process of developing Practice Accreditation Standards which we feel may be of interest to many practices around the world.

Conferences occupy a significant amount of our time – especially in busy years such as this – and I have been working to ensure more robust contracting for all WONCA events. I had also spent some time exploring the benefits of contracting with one core Professional Conference Organizer (PCO) who would then take responsibility for organizing all WONCA conferences. Unfortunately whilst we retain the current bidding system for future conferences there will remain many challenges to this, and feedback from member organizations is that, for now at least, it is not something that they are keen to support.

Finally we have continued to work on the website. Keen observers will have noticed that we no longer have any PHARMA sponsorship of the website, but we are still keen to explore possibilities of non-pharma sponsorship. In the meantime we are planning a mid-life refreshment of the site, which will include a jobs portal, where locum and full time vacancies can be advertised, as an additional service to our members. This may only generate small additional income streams but we hope that the increased hits on the site will help to make the site more attractive to potential sponsors, thus enhancing our income and helping us to keep membership levies as low as possible.

Bangkok is a regular transit point for many people, whether holidaying in Thailand or in neighbouring South East Asian countries or else in transit to Australia and New Zealand. We are always VERY happy to welcome visitors to the Secretariat, so please do make a point of coming to see us if ever you are in Bangkok.



WONCA Statutory Committees

Finances

Dr. Donald Li, Chair

The general financial situation has improved further since last year, and is healthier than for some time. In recent years the trend has been for WONCA to run a surplus during world conference years but a deficit in the intervening two years. However I am pleased to report that 2014 ended with a surplus, as can be seen in the 2014 Financial Statement and audit report. Nevertheless 2015 will remain tight financially, and the organization is not yet out of the woods in terms of having a healthy reserve fund.

Income has been increasing via a number of routes. More accurate reporting of membership numbers by Member Organizations has increased MO payments, whilst increasing Direct and Life Direct Membership numbers have also improved income. WONCA is also trying to further develop consultancy services, most especially through programme and practice accreditations, and whilst these are unpredictable sources of income nevertheless I am optimistic that this income source would develop.

At the January 2015 WONCA Executive meeting in Bangkok I presented a revised budget for 2015 to Executive, which they endorsed. Executive also continues to receive monthly financial reports from me, together with the CEO, to help them to monitor the organization's financial status. Finally the Financial Statement and Audit Report for WONCA Trust for 2014 is included as an annex to this report.

Bylaws Committee

Dr Karen Flegg, Chair

There is relatively little to report at this stage on the work of the Bylaws Committee. Various discussions have taken place at Executive meetings, and the Committee has canvassed opinions on a range of Bylaws amendments. Those opinions are now being considered by the Committee as it finalises proposed amendments to the Bylaws for presentation to the WONCA Executive in October 2015. The final proposals will be sent out to all MOs for consideration well in advance of the 2016 World Council meeting.

Organizational Equity Committee

Prof. Amanda Howe, Chair

The Organizational Equity Committee (OEC) continues to "meet" every 3 to 4 months, by teleconference. Work has continued throughout this 12-month period on discussions on, and development of, a draft Conference Equity Statement, which can ultimately be presented to the WONCA Executive for consideration, and recommendation to the 2016 World Council.

As noted in last year's report, a number of issues have been considered, including: language equity; equity between young and old; north and south; developed and less developed. The committee has been keen to produce a document which is comprehensive whilst at the same time being short enough to capture the key issues in a user-friendly manner.

OEC has also been consulted by the WONCA Working Party on Women in Family Medicine (WWPWF), which has been working on a gender equity checklist for WONCA conferences and events, and members of OEC have provided feedback for me as Chair to forward on to WWPWF.

Membership Committee

Prof. Job Metsemakers, Chair

Membership Committee continues to assess all applications received for Member Organization, Associate Member Organization or Academic Member status and to make recommendations to Executive.

The July 2014 Executive Committee meeting in Lisbon considered the situation of a number of countries, whereby recognised groups or alliances of doctors do not meet the current membership criteria, but are keen to become part of the WONCA family. Executive agreed to allow applications for "Membership Pro Tem" from these groups or alliances until membership categories can be revisited and any proposed changes considered by World Council for endorsement. Members pro tem will be charged as Associate Members and have observer status at Council.

Lists of WONCA Life Direct Member

DM Number	Title Full Name	COUNTRY
LDM 001	Dr Wai-Wang Gene TSOI	HONG KONG
LDM 002	Prof Nabil Kurashi	SAUDI ARABIA
LDM 003	Dr Matie OBAZEE	NIGERIA
LDM 004	Dr Veerachai Sachdev	THAILAND
LDM 005	Dr Joseph Varghese	MALAYSIA
LDM 006	Dr Tesshu Kusaba	JAPAN
LDM 007	Dr Anthony Davies	CANADA
LDM 008	Dr Olubamiji Peter Olukowi	NIGERIA
LDM 009	Dr Zaaba Bin Abdullah	MALAYSIA
LDM 010	Dr Nivin Youssef	MALAYSIA
LDM 011	Dr Henk Parmentier	UNITED KINGDOM
LDM 012	Professor Gabriel Ivbjaro	UNITED KINGDOM
LDM 013	Dr Omneya Elsharif	EGYPT
LDM 014	Dr Valerie Wass	UNITED KINGDOM
LDM 015	Dr Lap Kin Chiang	HONG KONG
LDM 016	Dr Krishnaraj Bashyam	INDIA
LDM 017	Dr Jane Greacen	AUSTRALIA
LDM 018	Dr Ramnik PAREKH	INDIA
LDM 019	Dr Jyoti R PAREKH	INDIA
LDM 020	Dr Yukiko Mashiyama	JAPAN
LDM 021	Dr Chi Wing Vincent Lo	HONG KONG
LDM 022	Dr Tooraj Chamacham	AUSTRALIA
LDM 023	Dr Sylvester A Osinowo	NIGERIA
LDM 024	Assist Prof Krishna Suvarnabhumi	THAILAND
LDM 025	Dr Sudev Santira Kesu	AUSTRALIA
LDM 026	Dr Balvinder Dhillon	AUSTRALIA
LDM 027	Dr Lovett Lawson	NIGERIA
LDM 028	Dr Olusoji Soogun	SOUTH AFRICA
LDM 029	Dr Neil Jensen	AUSTRALIA
LDM 030	Prof Sameeh Alalmaie	SAUDI ARABIA
LDM 031	Dr Kathryn Brotchie	AUSTRALIA

Lists of WONCA Life Direct Member (Cont'd)

DM Number	Title Full Name	COUNTRY
LDM 032	Dr Anton Johann Beck	GERMANY
LDM 033	Dr Abdullah Tawfik Khoja	SAUDI ARABIA
LDM 034	Dr Naveed Shah Abbasi	UNITED KINGDOM
LDM 035	Prof Sarah Larkins	AUSTRALIA
LDM 036	Dr Bikash Gauchan	NEPAL
LDM 037	Dr Satish K. Kaushik	AUSTRALIA
LDM 038	Dr Nirmala Kaushik	AUSTRALIA
LDM 039	Dr Evelyn Fang	CHINA
LDM 040	Dr Masatoshi Kondo	JAPAN
LDM 041	Dr Vikas Bhatia	INDIA
LDM 042	Dr Seema	CANADA
LDM 043	Dr Niranjan Sharma	NEW ZEALAND
LDM 044	Dr Adeel Ahmad	UNITED KINGDOM
LDM 045	Dr Mohammed Hilal Al-Azri	OMAN
LDM 046	Dr Pat Avery Masecampo	UNITED OF ARAB EMIRATES
LDM 047	Dr Hiroki Ohashi	JAPAN
LDM 048	Dr Ibrahim Sebutu Bello	NIGERIA
LDM 049	Dr Chuba Chigbo	UNITED KINGDOM
LDM 050	Dr Asma Viqar	PAKISTAN
LDM 051	Dr Gabriel Tanson	USA
LDM 052	Dr Junya Shimamoto	JAPAN
LDM 053	Dr Rodney Pearce	AUSTRALIA
LDM 054	Prof Ryuki Kassai	JAPAN
LDM 055	Dr Dr Hiroto Yamanashi	JAPAN



Conference Planning Committee

Dr Garth Manning, Chair

The Conference Planning Committee (CPC) has met twice in the last year. The first meeting was in Rio in late October 2014, when Drs Bohumil Seifert and Dan Ostergaard joined me in meetings with the Rio Host Organizing Committee (HOC) and the Professional Conference Organizers (PCO). During that meeting we visited the proposed venue for the WONCA Council meeting – the Windsor Hotel at Barra da Tijuca, on the outskirts of Rio – and also visited the conference venue – RioCentro.

The second meeting took place in Natal, in northern Brazil, in early July 2015, just after the annual conference of the Brazilian Society of Family and Community Medicine, and Professor Michael Kidd joined us on this occasion. Huge progress has been made in the conference planning, and plans for abstract submission are almost complete. There will be up to eight plenaries throughout the conference, with careful attention to gender and geographical equity, and we look forward to presentations from colleagues such as Amanda Howe (UK), Katherine Rouleau (Canada), Peter Gotzsche (Denmark), Atai Omorotu (Uganda) and ZENG Yi-Xin (China). The remaining keynote speakers have been chosen, but have not yet confirmed their availability, but they will all bring something special to the conference. We also hope to have senior WHO representatives present, further strengthening the collaboration between our organizations.

For further details of the conference, and also the hotels, social activities and tours being arranged, keep an eye on the conference website (www.wonca2016.com.br) or you can always access full details through the WONCA website (www.globalfamilydoctor.com). It might also be useful to highlight key dates for your diary around Rio conference time:

Wednesday 26th to lunchtime Friday 28th October	WONCA Executive meeting in Paraty
Saturday 29th October	WONCA Regional meetings at Windsor Hotel, Barra di Tijuca, Rio de Janeiro Evening welcome reception for Council delegates
Sunday 30th October to lunchtime Tuesday 1st November	WONCA World Council at Windsor Hotel, Barra di Tijuca, Rio de Janeiro
Afternoon of Tuesday 1st November and/or Wednesday 2nd November	WPs and SIGs meet (RioCentro – the conference venue)
Wednesday 2nd – Sunday 6th November	WONCA World Conference at RioCentro (Opening ceremony at 1800 on 2 nd November).

WHO Liaison



*Dr Maria-Luisa M Pettigrew
WHO Liaison*

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

In January 2014 an internal strategy for WONCA-WHO liaison activity was agreed by WONCA's Executive Board. This has three broad objectives; to increase WONCA members' understanding of and engagement with WHO activities; to increase active participation in WHO activities, relevant across the discipline of Family Medicine; and to increase WHO's understanding and engagement with WONCA and Family Medicine.

The WHO has undergone significant reorganisation in recent years and continues to face financial challenges which limit its ability to support the engagement of external organisations such as WONCA. Likewise WONCA also has internal limitations in terms of resources to support organisation wide engagement with the WHO. Yet despite this, existing WHO links continue to be strengthened, new ones have been established and communication with WONCA members regarding work with the WHO continues.

During 2014/2015 WONCA has been represented at high-level meetings including at the World Health Assembly, Mental Health Gap Action Programme (mhGAP) Forum, Global Symposium on Health Systems Research, First Dialogue Meeting for the Global Coordination Mechanism on Non-communicable Diseases, and Prince Mahidol Awards Conference. In September 2015 the Sustainable Development Goals (SDG) will be agreed by the United Nations with the aim of shaping the international development agenda following on from the Millennium Development Goals. Primary care must play a vital role in achieving this and to this end WONCA has been advocating for inclusion of relevant primary care indicators and targets in the SDGs through correspondence with the Lancet, through participation in the Primary Health Care Performance Initiative led by the World Bank and Gates Foundation, and through seeking engagement in the Primary Care Systems Profiles and Performance initiative in collaboration with the WHO, Gates Foundation and Alliance for Health Policy and Systems Research.

In 2016 the World Health Assembly will be important for primary care and family medicine globally with two relevant major strategies on Person Centred Integrated Health Services and the Global Strategy on Human Resources for Health: Workforce 2030 due. These have been in development over the past year and WONCA continues to provide regular input to draft documents, repeatedly emphasising the importance of primary care and within this the vital contribution of family medicine.

Over the past year WONCA and its member organisations have also contributed to WHO work on subjects including classification systems, ageing and health, patient and family engagement, childhood obesity, palliative care, mental health, non-communicable diseases, the framework convention on tobacco control, occupational health, action across sectors for health and health equity, safe radiation and imaging for children, women's and children's health, rural workforce and transformative education.

WONCA has been represented at annual WHO council meetings in European, Eastern Mediterranean, African, South East Asia and Western Pacific regions . In particular over the last two years WONCA in the Eastern Mediterranean Region (EMR) has been extremely active with the WHO's EMR Office in helping shape WHO regional strategies on non-communicable diseases, mental health and on 'Strengthening service provision through family practice approach: Towards universal health coverage in EMR'. This includes supporting the development and implementation of national action plans to scale up Family Practice in various countries in the region.

WONCA continues to work towards strengthening its links with other non-governmental organisations with common interests in their work with the WHO including; the World Medical Association, International Federation of Medical Students' Associations, International Council of Nurses, Medical Women's International Association, International Commission on Occupational Health, World Psychiatric Association and International Alliance of Patients' Organizations.

Good progress is being made in WONCA's collaboration with the WHO. However there is still potential for significantly more, in particular through of broader engagement by all WONCA working parties, special interest groups, as well as between member organisations and WHO across all regions, country offices and across a greater number of WHO departments. However we need your help to achieve this.

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



WORLD FAMILY DOCTOR DAY





"It is clear that World Family Doctor Day has now become a major event on the calendar of family doctors worldwide."

World Family Doctor Day (FDD) – 19th May - was first declared by the World Organization of Family Doctors (WONCA) in 2010 and it has become a day to highlight the role and contribution of family doctors in health care systems around the world. The event has gained momentum globally each year and it is a wonderful opportunity to acknowledge the central role of our specialty in the delivery of personal, comprehensive and continuing health care for all of our patients. It's also a chance to celebrate the progress being made in family medicine and the special contributions of family doctors all around the world.

This year World Family Doctor Day has been celebrated by more people in more countries than ever before. Our President posted a video message on the WONCA website, and we have been overwhelmed by the number of activities notified; we send our thanks to all who have contributed, whether as individuals or on behalf of organizations.

Translating the words "World Family Doctor Day: May 19" has become important as the day spreads around the world, for example: into Spanish, Portuguese and Chinese.

Día Mundial del Médico de Familia: 19 de Mayo
Dia Mundial do Médico de Família: 19 de Maio
519世界家庭醫師日

It is clear that World Family Doctor Day has now become a major event on the calendar of family doctors worldwide. This year, in WONCA News, we chose to feature celebrations from Nepal, as despite the very recent devastation of their country by earthquakes, the general practitioners of Nepal made a celebration of World Family Doctor day and used it to pay tribute to the victims of the recent tragedy. Truly inspiring.

For more information on World Family Doctor Day, and for reports from the 2015 events around the world, go to the WONCA website at

<http://www.globalfamilydoctor.com/member/ForMemberOrganizations/WorldFamilyDoctorDay.aspx>



WONCA Regional Reports



Africa Region



*Dr. Matie Obazee
Africa Regional President*

The 2014-2015 WONCA year was quite eventful in the Africa Region. Good progress was made in the seven areas of the regional agenda set in Prague.

Membership

Increase in awareness and enthusiasm of members and Member Organisations in WONCA continued throughout the period. There is now a consensus on the benefits of WONCA membership to the Member Organisations. This has resulted in enthusiasm in participation in WONCA activities such as the World Family Doctors Day (WFDD) and Conferences. Interest in Direct Membership by individuals have also been enhanced.

Awareness and interest in participation has also been noted among non-member nations. This was evidenced by the wide representation of participants from 22 African Countries including about 15 that are not yet members of WONCA in the last Regional Conference in Accra. To further reinforce the relevance of WONCA to Member Organisations, I have endeavoured to participate in the Annual Conferences of the MOs.

Communication

This has been mainly by Teleconference meeting of the Regional Executive and e-mail communication to leaders of the MOs. The Accra 2015 Conference offered a useful opportunity for the first face-to-face meeting of Regional Council since Prague.

Linkages

This has focused mainly on engagement with WHO which is a global priority for WONCA. WONCA Africa was invited to participate in the 64th Session of the WHO Africa Regional Conferences held in Cotonou, Republic of Benin, in November, 2014. We hope the engagement will develop further to useful partnership for Family Medicine development in Africa. Plans are on-going to sign a formal MoU with Primafamed that has been having a mutually beneficial relationship with the Region for some time now.

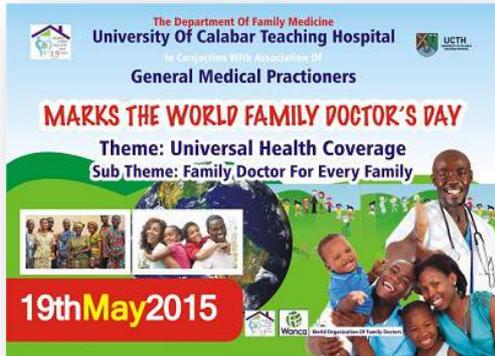
We have initiated moves to increase the number of beneficiaries of the Montegut Scholarship offered by the American Board of Family Medicine. We plan to develop this further.

Effort to get AfriWON members to participate in exchange programmes within and outside the Region is on-going.

Conferences/ Activities.

The 4th Africa Regional Conference was held in Accra from 6th to 9th May 2015. Despite the initial challenges resulting in the shift of the Conference from February to May as a result of the Ebola Virus Disease epidemic, the Conference was a resounding success with participants from over 30 countries including 10 countries outside Africa. The Conference was honoured to have the World President, Prof. Michael Kidd and the CEO, Dr. Garth Manning in attendance.





The World Family Doctors Day (WFDD) was marked with vibrant activities that engaged the attention of our members, policy makers, the Press, and the public across the nation in a number of countries in the Region.

Working Parties/SIG/Young Doctors etc.

African Young Doctors group have continued to remain active and vibrant. They were well represented at the Accra 2015 Conferences. WONCA Women have also become a very active and vibrant group led by Dr. Kate Anteyi, President-elect of the WONCA Working Party on Women and Family Medicine. They participated actively in Accra 2015. Interest and participation of African Doctors in activities of other Working Parties and SIGs has been actively encouraged. A number of them were

encouraged to meet and stage Workshops and presentations on less understood groups such as the WICC during the Accra 2015 Conference. There is a vibrant virtual networking among some of the groups.

National Agendas

WONCA engaged with a number of MOs to identify areas to pursue in the interest of family doctors and the development of Family Medicine in respective countries. The main areas we have engaged has been the promotion of the drive towards a Universal Health Coverage through a Primary Care based National Health Systems. This is yielding dividends, as countries like Nigeria, Ghana and a few others are now keen to develop their National Health Insurance Schemes for more effective coverage.

Another area we have been keen on is the establishment of academic Departments of Family Medicine to teach the discipline from undergraduate levels in the medical schools. We have also recorded some progress in this. The Nigeria University Commission (NUC) has just released a draft of the latest edition of the Benchmark for Minimum Academic Standards (BMAS). The draft has now, for the first time, included the requirement for all medical schools in Nigeria to have such departments. However, effort is still required to ensure the draft is adopted in its present form.

Finance

The Region has now adopted a framework for future financial sustainability through modest annual contributions from members. Implementation is scheduled for 2016.

Challenges

Inevitably many challenges remain. These include: encouraging new member organizations; a weak regional financial base; impact of the Ebola virus epidemic on the region, together with regional conflicts and poverty. Despite these daunting challenges, WONCA Africa has recorded significant progress in the period under review. The prospects for future progress are bright.

Asia Pacific Region



*Prof. Jungkwon Lee
Regional President*

It has been an active year for the WONCA Asia Pacific Region (APR) with the highlight being the annual regional conference, held this year in Taipei, Taiwan from 5th to 8th March 2015. This was preceded, on 4th March, by meetings of the WONCA APR Executive Board and Council. Key decisions made at these meetings included:

- ✚ Subsequent regional conferences were awarded to host member organizations as follows: Thailand (Pattaya) in 2017; Japan (Kyoto) in 2019.
- ✚ Council determined that the election process for President-elect should be carried out by the end of August 2015 by electronic vote. Professor Meng-Chih Lee from Taiwan was elected. He will serve as one of the APR Executive during the last one year of current presidential term and will assume the office as President of WONCA APR from the World conference in Rio 2016.



- ✚ Council nominated Dr. Donald Li (Hong Kong) as a 5 STAR Doctor of AP Region for 2015.



*Dr. Donald Li (Hong Kong)-5 STAR
Doctor of Asia Pacific Region for 2015.*

The Rajakumar Movement, the young doctor movement for the Asia Pacific Region, continues to grow under the leadership of Dr. Shin Yoshida (Japan). We are trying to encourage more delegates from member organizations in the region.

No new member organizations have applied for membership since the last council meeting, although interest has been expressed by a family medicine interest group of University of Health Sciences in Cambodia.

The collaboration with the WHO Western Pacific Region Office (WPRO) is challenging, because of the size of the region, and logistics of president and Executive. Nevertheless Dr Christine Tinio-Serrano of Philippines was able to represent us at the WHO WPRO Regional Council meeting in September 2014.

Eastern Mediterranean Region



*Prof. Mohammed Tarawneh
Regional President*

It has been a particularly busy year for WONCA in the Eastern Mediterranean Region, most especially with joint activities with WHO Eastern Mediterranean Regional Office (WHO EMRO). Activities in the last year have included the following:

The opportunity to work with WHO EMRO, Iraq Office, to finalize a short training course on family practice for Iraqi GPs, in November and December 2014 for 50 days, in Erbil, Northern Iraq. Unfortunately security issues in Iraq postponed this work for the time being.

WONCA EMR conducted its second Conference of Family Medicine, which was held from 30th April to 2nd May 2015 in Dubai, UAE. Over 400 delegates registered for the event and 157 abstracts were received from 34 countries, of which 46 were accepted as oral presentations and 74 as poster presentations. Five workshops were held and 31 guest speakers took part, from the region and internationally. WHO EMRO was also represented. WONCA EMR executives held a short board meeting during the conference, and agreed to have another meeting in October 2015. To see the conference presentations go to:

<http://www.globalfamilydoctor.com/News/WONCAEMRconferencephotosandpresentations.aspx>



The conference participants made the following recommendations:

- ✚ Consider the Family Medicine specialty as the best investment in any health system reform in EMR member states
- ✚ Endorsement for a family medicine programme in every undergraduate medical training program.
- ✚ Encourage each Ministry of Health in the EMR member states to have family medicine represented within primary healthcare directorates.
- ✚ Encourage every Member state of EMR to have a professional member organization of family medicine, which should be involved in the training programs and educational activities in collaboration with Ministries of Health and Ministries of Higher Education.
- ✚ Individual member organizations should help to strengthen the AI Razi Movement of young family doctors of WONCA EMR by encouraging more young family doctors to join this movement.
- ✚ WONCA EMR confirmed its commitment to continue active collaboration with the World Health Organization.

During the 2015 conference WONCA EMR Board signed a two-year MOU with one Pharma company for support to education and training for family doctors in GCC countries, focusing on cardiovascular diseases and diabetes.

During the conference the WONCA Senior Executive members visited Mohammed Bin Rashid Academic Medical Center at Dubai Healthcare City. This is a dedicated academic campus, including The Al Maktoum

Medical Library, Dubai College of Dental Medicine and The Khalaf Ahmad Al Habtoor Medical Simulation Center, and the infrastructure in place to become a hub for world-class healthcare education in Dubai, UAE and the region. WONCA EMR is exploring ways of collaborating more closely with them.

Activities specifically relating to the EMR region President this year have included:

- ✚ Invitation from Kuwait MOH to participate in the PHC conference in November 2014.
- ✚ Participation, at the invitation of WHO EMRO in August 2014 in the expert preparatory meeting and, in November, at the regional consultation meeting, on “Strengthening Service Provision through Family Practice Approach: Towards Universal Health Coverage in the Eastern Mediterranean Region” which was held at the WHO EMRO office in Cairo, Egypt.
- ✚ Representing WONCA EMR at the 61st WHO EMRO Regional Committee in Tunis in October 2014.
- ✚ Together with Prof Nabil Kurashi, WONCA EMR Past President, conducting meetings with Kuwait GP/FM society (including Dr Huda Al-Duwaisan, KGP/FM Society President, and her board) to encourage them to join WONCA.

I have been encouraging Moroccan and Algerian GP societies to join WONCA. The key representatives of these two societies were invited to participate in WONCA EMR 2015 in Dubai where they had the opportunity to meet with senior WONCA leaders, and their membership application is now pending. Kuwait Family Practice Association has also begun the application process for WONCA membership.



WONCA EMR, in collaboration with WHO EMRO, initiated a programme on “scaling up family practice programs to achieve universal health coverage” which aims to identify and record strengths, gaps, opportunities and priorities in service provision of family medicine in three countries – Saudi Arabia, Jordan and Tunisia .

I participated in the World Innovative Summit of Health Care (WISH) meeting which was held in Doha- Qatar in February 2015. Then in March I was invited to Gezira University, to present on the training programs of FM in the EMRO countries and, with other international colleagues, contributed to two workshops about the Gezira medical school short term training program in FM. We offered WONCA’s technical assistance to the University dean and the FM department chair to help in development of curriculum, training programmes and faculty.

WONCA EMR joined with other WONCA regions in celebration of World Family Doctor Day in the majority of EMRO countries. WHO also shared in WFDD celebration by loading relevant material on its website. An important letter was delivered by H E Dr Ala Alwan, WHO EMRO Regional Director encouraging Ministries to celebrate this occasion at country level. A number of the celebratory events were uploaded to the special link on the WONCA website.

Al-Razi YFD for EMR started with three countries (Egypt, Iraq, Kuwait) and six members. They have now reached seven countries (with the addition of Jordan, Lebanon, Palestine and UAE) with 42 members. The movement and its activities is reported on more fully elsewhere in this report.

Europe Region



*Prof. Job Metsemakers
Regional President*

Sad news

On Wednesday 20 May 2015, we said farewell to Janko Kersnik, who died at the age of 55 years. After an acute heart attack, he had fought for his life for more than two weeks. Janko combined many roles: he was the Honorary Secretary of WONCA Europe, the President of EURACT (the European Academy of Teachers in General Practice/ Family Medicine), and a board member of EURIPA (the European Association of rural doctors). He also attained the position of full professor at both Medical Faculties in Slovenia: Maribor and Ljubljana. Furthermore he continued to work as family doctor. He was a true leader and role model, who will be missed.

Key performance indicators

Contact with member organizations in several countries in the east of Europe and beginning of Asia remains very difficult. Limited resources often prohibit participation in our Networks and Annual Conference, although some bursaries can be obtained. Even more difficult is the contact with countries such as Azerbaijan, Kyrgyzstan, Turkmenistan and Uzbekistan. An active outreaching approach was one of the tasks of the late Janko Kersnik.

The Vasco da Gama Movement (young and future doctors) is thriving and held a well-organized, inspiring and busy 2nd Forum in Dublin in February 2015.

Following a visit to the WHO Europe region headquarters in Copenhagen in the beginning of 2014, the President and Vice President attended the Regional Committee meeting in September. Our presence was highly valued, as we were invited to meet Princess Mary the crown princess of Denmark and patron of the WHO region Europe.

Collaboration with other organizations

The collaboration with the EFPC (European Forum of Primary Care) continued in joint workshops at meetings of WONCA and the EFPC. Furthermore WONCA Europe vice president Anna Stavdal became 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 professional in the European Union. This proves to be a complex issue.

Conferences/meetings

WONCA Europe and its Networks have a regular scheme of meetings, with one or two meetings a year in different places. The annual WONCA Conference will be in Istanbul in October 2015. The 2016 conference was already awarded to a consortium of Scandinavian member organizations, to be held in Copenhagen in June 2016, whilst at the Lisbon Europe Council meeting Prague was awarded the 2017 Europe region conference.

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 as sought globally. Discussions have started with the publisher to make the EJGP an Open Access journal, which will allow all of our members free access to research results. WONCA Europe hopes to finalize this process in the year to come.

Iberoamericana-CIMF Region



Dr. Maria Inez Padula Anderson
Regional President

CIMF has had a very special year, with an almost palpable sense of growth and development.

The highlight was the fourth Iberoamerican Conference on Family and Community Medicine, held in Montevideo in March 2015. Under the theme “*Equity and Quality in Health Care*” the Congress was a huge success, with more than 1,500 people from 24 countries attending the 141 scientific activities, in multiple formats, as well as an artistic and cultural programme. The Uruguayan Society of Family Medicine did a great job, and I was delighted to be a part of the Scientific Committee with colleagues from Uruguay and other countries. We were inspired by Leonardo Boff, a professor of philosophy, who brought us a thoughtful perspective on the role of Family Medicine and Primary Care, considering the ethical challenges we are facing nowadays.

We were pleased to welcome so many of our colleagues and friends from WONCA, including our President, Michael Kidd, Past President Richard Roberts and past Executive Member Iona Heath. Other international Family Medicine experts who attended included: Mark Jamouille (Belgium), Stephan Spann (USA); the former presidents from CIMF: Julio Ceitlin (Argentina); Javier Domínguez del Olmo (Mexico); Adolfo Rubinstein (Argentina); and Liliana Arias (Colombia). We were also pleased to welcome a number of representatives from PAHO, as well as several current and ex- Ministers of Health.

As well as the Conference we have had a very active and fruitful period related to the development of Family Medicine and Primary Care in the vast majority of our national associations and in their countries. It is not possible to include all of them in this report, but I would like to highlight the following:

- ✦ the establishment of a standardized curriculum for post-graduate courses of Family Medicine (Argentina, Brazil, Chile, Colombia, Peru)
- ✦ the development and implementation of a community and family model of health delivery with Family Doctors included in the basic teams (Colombia, Costa Rica, Nicaragua)
- ✦ the progressive positioning of Family Medicine in public and private institutions (Puerto Rico)
- ✦ the government initiative ensuring every child has a family doctor (Portugal)
- ✦ the support to FM residents and young doctors in the Waynakay Movement as well as introducing them to the scientific associations of FM (Chile, Colombia, Costa Rica, Paraguay, Uruguay)
- ✦ the development of parameters and initiatives for the certification/recertification process in Family Medicine (Argentina, Bolivia, Chile, Costa Rica, Paraguay)
- ✦ the publication of national policies for the medical undergraduate curricula giving Primary Care and Family Medicine a minimum of 30% of course time
- ✦ an increase in the number of FM Residency Programs as well as an increase in the coverage of the Health Family Strategy to 60% (Brazil)
- ✦ the increasing influence and participation of the FM Associations and/or representatives of FM in influential positions and/or as advisors on themes and issues related to health policies and health systems organization (Chile, Costa Rica, Panama, Paraguay, Spain, Uruguay)
- ✦ significant improvement in recognition of Family Medicine as the key to deliver Primary Care, with the establishment of an economic incentive for Family Physicians who work in the public health system (Chile)

- ✚ the establishment and development of Family Medicine rural teaching-assistance health units (Uruguay)
- ✚ revitalization of the National and Provincial FM Associations; (Argentina, Nicaragua, Panama)
- ✚ the achievement of the Cuban Journal of Family Medicine as the 80th most-read magazine in the Spanish language
- ✚ the visit of Michael Kidd (Wonca President) and the Japanese president of the FM Association (Cuba)
- ✚ establishment of a web-based Journal of Family Medicine (Venezuela)
- ✚ collaboration, with the Ministry of Health, to establish and test assessment tools to measure the quality of primary care delivery (Mexico)
- ✚ publication of an extra edition on Quaternary Prevention of the Brazilian Journal of Family Medicine <http://rbmfc.org.br/rbmfc/issue/view/44> with several authors from different countries (Brazil)
- ✚ organization of the First Congress of Teachers of Family Medicine with guest participation from Iberoamerica, US professors and Deans of Medical Schools (Argentina)
- ✚ training for more than 2,000 professionals all over the country in ALSO (Ecuador)
- ✚ community-based poster competition related to health themes (Puerto Rico).
- ✚ Promotion of FM on TV, radio, newspapers, etc (Bolivia, Puerto Rico).

Organization of FM resident internships within our countries deserves special mention.

In addition to all those initiatives, all of the National Associations held National and/or Provincial conferences on Family Medicine and hosted a range of scientific and academic activities.

Our region was very active in celebrating World Family Doctor Day. Our countries celebrated in many different ways and there were also official dinners and street events highlighting the role of Family Medicine. T-shirts, keychains and other articles with a family medicine theme were produced, and programmes and articles appeared on TV, Radio, Facebook and Twitter. We were really proud of the involvement of the national associations on this special date.

Finally I'd like to commend the great efforts of the working parties of CIMF: the Rural Family Medicine group; the Teaching-Learning in Family Medicine group; the Quaternary Prevention group; the Certification in Family Medicine group; and the IBIMEFA – established as a Research network.

We will now be working hard to organize the sixth Summit of Family Medicine in Costa Rica, to be held on 11th and 12th April 2016, immediately followed by the first Mesoamerican (Central American) Conference of Family Medicine, also in Costa Rica, from 14th to 17th April. We look forward to welcoming the WONCA President, President-elect and CEO to these events.

Our region and our countries face serious challenges to ensure universal health coverage with Family Medicine and Primary Care for all the population. In general, governments do not recognize Family Medicine as the key specialty to achieve this and, in some places, there is a real sense of low self-esteem among our Family Doctors. But things are starting to change for the better. From my perspective, as president of CIMF, I believe the involvement and the proactive attitude of our National Associations (as demonstrated in this report) are a consequence of a policy that is being developed to increase the sense of belonging and of positive development through a collaborative, participative and inclusive process, aimed at raising the profile and standards of Family Medicine in Ibero-america and WONCA.

North America Region



*Prof. Ruth Wilson
Regional President*

Member organizations of the North American region of WONCA remained strong and active in the past year. All held successful and well-attended meetings in 2014.

Our Montegut scholar for 2014 was Dr. Aileen Standard-Goldson, Co-ordinator of the Family Program, University of the West Indies, Jamaica. She attended the Besroul Conference in November 2014 held in conjunction with the College of Family Physicians of Canada Family Medicine Forum meeting. Thanks to the American Board of Family Medicine for sponsoring these scholarships. The Besroul Centre for Innovation in Global Health is a project of the CFPC; this 3rd conference brought together over 70 Family Medicine academics from Canada and 14 other countries around the world as well as administrators from donor agencies such as the World Bank. Professor Michael Kidd, President of WONCA, addressed the conference. Polaris, the newly formed group of young family doctors held an organizing meeting in November 2014; many of the leaders also met at the AAFP global health workshop in La Jolla, as well as at the WONCA Europe meeting in Lisbon. The group has been active in devising the #1WordforFamilyMedicine; this project is easier to view than to explain, so take a look at

<http://www.scribblemaps.com/maps/view/1WordforFamilyMedicine/1wordforfamilymedicine>

Polaris now boasts over 1000 Facebook followers. The group has also pioneered online international Balint groups. It is planning a pre-conference day in conjunction with the AAFP Family Medicine Global Health Workshop in Denver in October 2015.



Polaris members with senior WONCA Leaders (l to r) Steve Hawrylyshyn (Canada), Michael Kidd (WONCA President), Tamra Travers (USA), Aileen Standard Goldson (Jamaica), Ruth Wilson (WONCA North America region president), Victor Ng (Canada) and Kyle Hoedebecke (USA and Polaris chair)

I attended the World Health Assembly in May 2014 in Geneva on behalf of WONCA. This was an opportunity to present the importance of family medicine and primary care at a global level. The key role played by primary care in sustainable effective health systems is important to communicate as the United Nations is working towards the new Sustainable Development Goals. I was able to strengthen ties throughout the region with visits and speaking engagements. I attended the American Academy of Family Physicians FMX in Washington DC in October, bringing greetings on behalf of WONCA to the Board of Directors. I also attended the College of Family Physicians Family Medicine Forum and Besroul Conference, facilitating a panel at that event in November 2014. I was the keynote speaker at the Hawaii Chapter of the AAFP in February 2015. I was also delighted to strengthen ties with members

of the Caribbean College of Family Physicians through my appointment as the external examiner for the family medicine examinations of the University of the West Indies in June 2014.

South Asia Region



*Prof. Pratap Prasad
Regional President*

The key event in the WONCA SAR region during this year has been the South Asia Regional Conference which was successfully organized in Dhaka, Bangladesh, on 13th and 14th February 2015. A letter of goodwill and best wishes was received from Dr. Poonam Singh Khetrupal, Regional Director of WHO South East Asia Region Office (SEARO), and read out during the conference.

The next two WONCA-SAR conferences have been awarded. The 2016 conference will be held in Colombo, Sri Lanka, on 13th and 14th February, whilst the 2017 conference will be held in Nepal, with details still to be confirmed.

Spice Route, the Young Doctor Movement for WONCA SAR, has been busy throughout the year, and was very engaged in the regional conference. A report from Dr Bhavna Matta, Spice Route Chair, will appear elsewhere in the Annual Report.

I attended WHO SEARO Regional Council meeting in Dhaka, 2014, and was pleased to deliver a statement on behalf of WONCA.

Despite the recent earthquake in Nepal, the General Practitioner Association of Nepal (GPAN) celebrated World Family Doctor Day (WFDD) on 19th May by organizing a condolence program for the victims of the earthquake. The program was covered by national television in Nepal and other major media. Other member organizations in the region also celebrated WFDD in a variety of ways.

During this period we have been pleased to welcome some new Direct Members from Maldives, which means that all countries of South Asia can now boast members of WONCA.



WONCA Working Party (WP) Reports



Education

This year has been one of growth of the WONCA Working Party on Education. Our working party is open to all who are interested, and presently has approximately 110 members on the email list. Our members are from every WONCA region and from about 28 different countries.

We are pleased to announce that the *journal Education for Primary Care* published a paper describing the work of our working party: Building Bridges: the World Organization of Family Doctors' work in education. *Education for Primary Care* (2014) **25**: 243–7

We continued to contribute 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 from our Working Party have been put in place for the meeting of the WONCA World Rural Health Conference and WONCA Europe in 2015. In addition, our chair has been asked to moderate and speak at a grand session of Family Medicine specialty training during WONCA Europe.



The WONCA Global Postgraduate Standards for Family Medicine Education are gaining traction and informal feedback suggests that these are being used in many countries building their training for family doctors.

Projects under development include the development of WONCA Global Standards for Continuing Professional Development, which are anticipated to be ready for approval at the 2016 World Council. We are also developing materials to support the WONCA Global Standards in Postgraduate Family Medicine Education and an accreditation guide. It is our hope to produce an electronic handbook. Plans are underway to produce a paper on assessment, aimed at family medicine teachers and program planners.

In addition, we have just agreed to be a part of a special issue for *Education for Primary Care* and will be preparing a variety of articles highlighting Working Party members and their work, including relevant research.

We must express our sadness at the loss this spring of Dr. Janko Kersnik, one of the major contributors to our Working Party, Euract president and long standing member of the WONCA Europe executive. Janko epitomized Family Medicine education and he is sorely missed.

*Allyn Walsh
Chair*

Environment

The Working Party on the Environment continues to collaborate with WHO in issues such as radiation safety, occupational health and air quality. The IberoAmerican WONCA Conference final declaration "[Proclama por la Salud de los Pueblos y del Planeta](#)" was seen by our WP as an important accomplishment, as it reinstated the centrality of a safe environment for human health.

*Enrique Barros
Interim Chair*

Indigenous and Minority Groups Health Issues

Since our last report I attended the PRIDoC (Pacific Rim Indigenous Doctors Congress) in Hualien, Taiwan in November 2014. I convened a workshop on Indigenous and Minority Health Issues that was well received. Prof M Kidd provided a video greeting message to the meeting. There is increased interest from the PRIDoC community to develop closer relationships with WONCA, but it was disappointing to note the lack of support from the Taiwanese medical establishment despite several invitations to their leadership.

I also attended the Wonca Asia conference in Taiwan earlier this year, where once again I facilitated a workshop on indigenous issues. This was well supported especially by our Australian colleagues, and I also managed to get a commitment from the Chinese Taipei Association of Family Medicine to engage with their local indigenous medical colleagues.

In April this year I managed to facilitate via video-conferencing a workshop at the Wonca Rural conference in Dubrovnik. This was also well attended and there were some serious discussions.

The membership of the working party is growing steadily, despite challenges in stimulating interest among the leadership of several of our member organisations. The role of this working party becomes even more relevant with the significant changes around the world in regards to refugees and displaced populations. The issues around equity, human rights and justice will become even more challenging.

Tane A Taylor
Chair

Mental Health (WWPMH)

Over these months members of the Working Party (WP) brought up many ideas and suggestions on how the WP could move forward (and ultimately strengthen WONCA). WWPMH Chair, Luis Galvez-Alcaraz, consulted widely and facilitated many discussions via the internet before any decisions were made. Some of the activities in which our members were involved included the following (not necessarily in chronological order):

A number of members met during the WONCA Europe (2014) conference in Lisbon. At that time Dinesh Bughra (President of World Psychiatric Association) suggested that the Thematic Conference could be in Andalucia. A later meeting in France suggested celebrating the conference in Malaga (Spain) under the umbrella of WONCA World, World Psychiatric Association (WPA) and World Federation on Mental Health (WFMH).

Gabby Ibvijaro and Chris Dowrick have actively participated as a part of the expert group advising WHO on revisions to the mhGAP guidelines, that will be published in October 2015:

World Health Organisation. *Update of the Mental Health Gap Action Programme (mhGAP) Guideline for Mental, Neurological and Substance use Disorders*. Geneva, 2015.

A Skype meeting, organized by Luisa Pettigrew, discussed the implementation of the Mental Health Action Plan. Garth Manning, Gabby Ibvijaro, Chris Dowrick and Luis Galvez also participated. A very exciting development linked to this is the establishment of a group to provide International Consultancy Services in primary mental health care, and implementing mhGAP, through WWPMH. Coordinated by Prof. Gabby Ibvijaro, WONCA can boast considerable international expertise in the field of PMHC. Also being actively considered is a collaboration between members in Saudi Arabia and Portugal to develop a postgraduate Diploma/MSc program.

During this reporting period, work in the regions, and within WONCA, has included:

- ✚ establishment of the Vasco da Gama Movement Mental Health Working group.
- ✚ Collaboration with WHO EMRO to help and support organizations and countries to implement and promote mental health in PHC and communities. Several members of WWPMH attended a WHO EMRO meeting in Cairo (15-17 September 2014) where a study case of integrated MH in PHC in Saudi Arabia was presented as an example of a collaborative work of WWPMH.
- ✚ Sandra Fortes represented WONCA Iberoamericana-CIMF in the ICD-PC studies. She also participated in a meeting in Rio de Janeiro with WHO and PAHO on the subject of "De-institutionalisation and Community Care.
- ✚ Juan Mendive participated in the final ROAMER meeting celebrated in London (and the two previous meetings held in Barcelona, Spain). This project has managed to complete a comprehensive map of research for Mental Health in Europe and its results will have a clear impact in defining policy of research in this field.
- ✚ WWPMH was also actively involved in the International Congress on Mental Health Conference in Lille, France, between 28th and 30th April 2015. The conference, with the theme of "Mental Health for all: connecting people and sharing experience", was a collaboration between the World Federation for Mental Health (WFMH), the Congrès de Psychiatrie et de Neurologie de Langue Française (CPNLF) and many other stakeholders with an interest in mental health. The participation of WONCA was enormous, due to the presence of Job Metsemakers (President WONCA Europe), as well as Igor Svab and many members of WWPMH.. A major highlight of the conference was the launching of the World Dignity Project – regarded as the Declaration of Lille – a project aimed at ending the stigma associated with and bringing hope, shelter & dignity to those affected by mental illness (www.worlddignityproject.com)

At that conference and taking advantage of the presence of the majority of WWPMH members, a meeting was held to discuss future policy and activities. The following issues were discussed:

- ✚ **WWPMH structure** – it was agreed to have like three levels of participation within the structure of the WWPMH:
 - Executive: comprising the Chair, Vice-chair, Secretary and Treasurer
 - Steering Committee: all the registered active members of the WWPMH.
 - Other members of the WWPMH who have collaborated previously or who are interested in a more active role within the group.
- ✚ **WWPMH at WONCA Conference in Rio de Janeiro** (Brazil) in November 2016. WWPMH would want to contribute to various activities during the world conference, and Sandra Fortes proposed three different workshops to be led by WWPMH members. She also suggested a possible pre-conference training week; this will be discussed further in the coming period.
- ✚ **Primary care and homelessness** - Christos Lionis suggested that WWPMH consider some activities related to the issue of homelessness and primary care approach. He distributed a document on a literature review about effective interventions of homeless published by the Australian authorities. It was agreed to explore this possibility further.
- ✚ **Focused invitational meeting to develop PCMH policy and position statements** - Christos Lionis also suggested that WWPMH could organize a small invitational meetings to develop PCMH policy. After some discussion there was general support for this proposal, which could also generate position papers and statements for wider WONCA consideration.

*Luis Galvez
Chair*

Research

International Perspectives on Primary Care Research

This publication, being produced by various members of the WONCA Working Party on Research (WWPR), and edited by Professors Bob Mash and Felicity Goodyear-Smith, is just about on target to be with the publishers by September this year. We are chasing up tardy contributors, editing the sections and working to complete some introductory pieces.

Panel project – presentations at WONCA regional meetings

Panel presentations comparing primary care systems in different nations have been held in Asia Pacific and Africa in 2015 to date, using the template produced after the WONCA World meeting in Prague in 2013.

The **Asia Pacific** plenary symposium of the 2015 WONCA Asia Pacific regional conference in Taipei, Taiwan, was organized by Dr Gene Tsoi and Prof Chris van Weel, with contributions from Kyunghye Cho, Shinn-Jang Hwang, Masako II, Samuel Wong, d Sunfang Jiang, and Chong Phiu-Nah. Six member organizations, China (Shanghai region), Hong Kong, Japan, Republic of Korea, Singapore and Taiwan presented their health systems followed by a structured discussion. A paper 'Critical appraisal of countries' primary health care policy implementation – example from the Asia Pacific region', (lead author Chris van Weel), has been submitted to the British Journal of General Practice and is currently under revision.

The **Africa** plenary symposium, held during the 4th WONCA Africa conference in Ghana in early May, involved five African countries (Botswana; Mali; South Africa; Sudan; Uganda) already involved in the HURAPRIM project (Human Resources for Primary Health Care in Africa) who presented an overview and critique of their primary care systems.

Other Africa Developments

Other developments in Africa include:

- ✚ The report on the 2014 PRIMAFAMED network conference focusing on "*African Primary Care Research: current situation, priorities and capacity building*" was published 5th December 2014.
- ✚ Dr Ronald Kibet from Kenya (Moi University) was appointed as the young doctor representative from Africa on the working party
- ✚ The 7th PRIMAFAMED workshop, held in Accra, Ghana, just prior to the WONCA Africa conference, followed on from 2014's workshop with a focus on research capacity building. Prof Susan Van Schalkwyk from the Centre for Health Professionals Education at Stellenbosch University ran a 1-day workshop on scientific writing for beginners. Profs Gboyega Ogunbanjo (editor of the SA Family Practice Journal), Ian Couper (editor of the African section of the International Rural and remote Health Journal) and Bob Mash (editor of the African Journal of Primary Health Care and Family Medicine) ran a 1-day writing for publication workshop with those who were working on manuscripts. The Stellenbosch University Rural Medical Education Partnership Initiative (SURMEPI) sponsored these workshops, which were attended by around 80 people from 21 African countries. Prof Dinky Levitt from the Chronic Disease Initiative for Africa shared the work that this research network has performed and invited members of the PRIMAFAMED network to consider collaborative research projects. Going forward the network will focus more on research capacity building and collaborative research.

*Reported by:
Bob Mash and
Felicity Goodyear-Smith*

Rural Practice

Introduction

2015 saw the 20th anniversary of the establishment of the WONCA Working Party on Rural Practice (WWPRP) within WONCA and we feel that the time is right to review its activities, structures and membership for the next 20 years.

The WP has had another busy and successful year. Due to the word limit it will only be possible to produce a brief summary of our activities and output over the past 12 months.

The WWPRP met prior to the successful 13th WONCA World Rural Health Conference in Dubrovnik in April 2015. The WP meeting was held over 2 days. The first day was conducted as a workshop, which looked at the future structure, functions and membership of the WP.



The conclusions can be summarised as:

- ✚ Membership and officers – current officers confirmed and a plan to modify the membership & the nature of the WP as an advisory board was developed
- ✚ Actions decided re widening representation – ongoing discussions are in place to ensure that representation is inclusive rather than exclusive
- ✚ Discussion and recognition of the importance of promotion and communication within the rural family & policy makers across the globe
- ✚ Recognition of the importance of working with young doctor movements and medical student groups (including IFMSA – International Federation of Medical Students’ Associations) other WONCA WPs and SIGs

The final report will be made available later this year.

The meeting accepted reports from rural practice initiatives from all the WONCA regions & members were impressed with the range programmes & activities currently taking place. Special congratulations to CIMF who have recently developed it own rural group.

Conferences



- [12th WONCA Rural Conference \(WWRC\) Gramado, Brazil, 2014](#). Final report presented to the WP and plans in place to submit it for publication
- [13th WWRC, Dubrovnik, Croatia, April 2015](#). This was a very successful conference that drew delegates from around the world. The attendance of over 1300 delegates made it the largest WONCA Rural Conference to date
 - 14th WWRC - confirmed for Cairns, Australia in 2017. More information will be available soon
 - 15th WWRC - Plans are in place to take the conference to Uganda in 2018/19
 - WONCA World Conference, Rio 2016. The WP intends to run a rural stream in partnership with our Brazilian

colleagues. There is growing concern among our members that we have not been able to communicate with the organizers.

Statements and policies

The WP has reviewed its output over the last 20 years. Some policies will be updated while others can be seen as historical documents but still relevant. Two new policy statements were agreed and will be sent to

WONCA Executive for endorsement on Simulation in Rural Medical Education and the roles of 2nd Level Providers in Rural Practice.

Future plans for work streams and policies include:

- ✚ Rural Proofing for health (2016)
- ✚ Rewriting the policy on Telehealth
- ✚ Communication and Social Media in rural healthcare
- ✚ Generalist rural practice
- ✚ Patient Safety in conjunction with EURIPA
- ✚ Agricultural and Rural Occupational Health in conjunction with International Congress of Rural Health (ICOH)

Other suggestions for the future include:

- ✚ Point of care testing (in conjunction with the WONCA Special Interest Group)
- ✚ Leadership in Rural Practice
- ✚ Rural Hospitals
- ✚ Rural domestic violence
- ✚ Manifesto for Rural Training and Education
- ✚ Consulting and advocacy role working with countries and NGOs

Rural Medical Education Guidebook

This initiative has been judged as a great success and the WP has received many positive responses from around the world. Future work will include

- ✚ Publishing the guidebook in an easily accessible format
- ✚ Regular updating and filling in the gaps

Communication

The WP needs to improve the way that we present ourselves to the world at large & at the same time make it easier for rural family doctors to engage with us. It has already developed active Facebook and Twitter accounts in addition to the Google group, which has grown to 500 rural doctors and students.

Other initiatives include:

- ✚ Developing a Rural Resource Page in conjunction with the Family medicine resident programme in Idaho
 - <http://www.globalfamilydoctor.com/News/WorkingPartyonRuralPracticesresourcepage.aspx>
- ✚ Continuing to submit monthly “Rural Round Ups” to WONCA news
- ✚ Continuing to expand the Rural Heroes Programme
 - www.globalfamilydoctor.com/member/WONCApeople/RuralHeroes.aspx
- ✚ Writing articles and papers for publication
 - <http://www.rrh.org.au/articles/subviewnew.asp?ArticleID=3245>
- ✚ Working with other organisations and NGOs (TUFH, WHO, etc.)



The WP is working with the Wellcome Foundation and Queen Mary's University to expand the recording of Rural Medicine History and it is holding a “Global Witness Seminar” on line in September. To conclude, the WWPRP has had a successful and fruitful history over the last 20 years; it still has much to do but it feels that it has done much to promote an understanding of Rural Family Medicine Practice around the world.

*John Wynn-Jones
Chair*

WONCA International Classification Committee (WICC)

WICC activities during 2014 continued to follow the stated mission and goals of the Committee, which were reaffirmed by WICC members at the 2014 WICC Annual Meeting in Lisbon:

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



GOALS:

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

WICC continued to follow the path of collaboration with IHTSDO and WHO to harmonize classification standards while at the same time developing ICPC-3. Collaboration with ICTSDO has been productive, but work with WHO has been less successful. Some progress was made toward ICPC-3, limited by the resources available to fund the Committee's work.

1. WICC structure and work in 2014.

WICC is still organized as an "expert volunteer" committee, led by elected Chair (Mike Klinkman, USA), Deputy Chair (Anders Grimsmo, Norway), and 3 Executive members (Thomas Kuehle, Germany; Gustavo Gusso, Brazil; Shabir Moosa, South Africa). WICC has at present approximately 45 members, with the Nominations committee of WICC currently working to identify – and recruit - active members. Observers are permitted and encouraged at meetings; 4 were present at the Lisbon meeting in September 2014. Active Working Groups are responsible for basic work, with oversight by Executive. Full Committee meetings are used for exchanging information, making core decisions, and establishing and maintaining consensus.

Several WICC members informally met at the WONCA Europe 2014 conference, where some workshops and presentations were made on topics related to ICPC-3 development. A smaller group of WICC members met in Malta early in 2014 to work on proposed revisions to the ICPC Process codes for review by the full Committee at the Annual Meeting.

The annual WICC meeting was held in Lisbon 7-11 September, hosted by Daniel Pinto and attended by 27 WICC members and 4 observers. That meeting was preceded by a WICC Open Day on 6 September organized by Daniel Pinto, where Portuguese College members and GPs could discuss their work using ICPC, and where WICC members could report on their own work and ICPC-3 development. About 35-40 Portuguese GPs, medical school faculty, and health officials participated in the Open Day. The primary goals for the Lisbon meeting were to organize chapter work on ICPC-3 and to develop a plan to better manage the WHO collaboration: the full Action Plan agreed at the meeting is attached at the end of this report.

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

2. Use of ICPC in 2014.

The use of ICPC is essentially static. ICPC remains the standard primary care classification in several countries, and limited use of ICPC for small-scale clinical or research projects continues, but it does not appear that any new agreements to use ICPC on a wide scale have been completed. WONCA has been approached by a few groups with interest in using ICPC, but follow through has been limited by resource constraints on both ends.

3. Work with IHTSDO in 2014.

The International Family Practice/General Practice Special Interest Group of IHTSDO (GP SIG), chaired by WICC member Nick Booth, was created in 2009 by a formal agreement between WONCA and IHTSDO. The group has completed a first draft SNOMED-CT primary care reference set of terms (RefSet) and RefSet-to-ICPC map. This product is being field tested at present. The next step is to work out the “governance” process (responsibility for quality) for this product with IHTSDO. Nick Booth was approved to serve another term as GP-SIG Chair for 2014-2016.

4. Work with WHO in 2014.

WICC members led by Thomas Kuehleyn continued to devote significant effort to establish a collaborative relationship with the WHO classification unit but made very little progress. Our primary goal was to create an MOU to guide work to develop a primary care ‘linearization’ of ICD-11 and harmonize it with ICPC, following the path taken in work with IHTSDO. With the support of WONCA Core Executive, WICC was able to nominate Thomas Kuehleyn as liaison to the WHO Family of International Classifications group, and he has effectively built relationships with WHO-FIC leadership in a very short time.

Despite this success with WHO-FIC, at the end of 2014 the situation with the WHO Classification Unit remained challenging, and several WONCA MOs expressed concerns that the ICD-11 primary care linearization was being created without the assistance of primary care classification experts. After discussion with WONCA Core Executive and selected WHO-FIC leaders, a draft letter of concern, addressed to WHO leadership was prepared. The draft was shared with several Colleges, and a number signed and sent the letter. As a result of this, WHO undertook a review of the ICD-11 development process and WICC is rather more engaged in the development, though at a rather late stage in the process.

Mike Klinkman continues to serve as the deputy Chair of the Primary Care Consultation Group for the mental health chapter of ICD-11, with a field trial of the proposed ICD-11-PC only now ready to begin after a long delay.

5. Work on ICPC-3 in 2014.

The consensus within WICC is that the primary goals for ICPC-3 are: (1) to increase space for revised diagnostic content (component 7); (2) to improve risk factor and prevention codes; (3) to carry out major revision of chapters P, X, Y and Z. It has also become clear that we need to create a new approach to handle clinical content related to risk factors, social determinants, and patient goals and preferences which do not fit within the strict episode of care framework. The group continues to work on defining this ‘new’ content under the heading of PERI (PErson-Related Information) for inclusion as optional or expanded content for ICPC-3. We propose that ICPC-3 include ‘basic’ content (current chapter structure expanded to include new and revised content) to be implemented by all users, and additional and optional ‘PERI’ modular content that can be implemented by users who see value in the additional capacity.

Work on the basic content of ICPC-3 continues under the overall leadership of Helena Britt. Small workgroups were assigned to work on a first draft of revised content for each ICPC chapter following a common work process. Progress was made on a few chapters, and the work process was revised at the Lisbon meeting based on the experience of the workgroups and extended discussion by the full Committee. For 2014-15, the workgroups will continue their work with revised membership to better take advantage of geographic proximity so that small face-to-face working sessions can occur. We have learned that working on chapters by post and messaging is quite difficult. Our goal now is to have rough drafts of all ICPC chapters prepared for the 2015 Annual Meeting. For more detail, please see the 2014-15 Action Plan (attached at end of this report). Work on PERI will continue, with interested members carrying out pilot projects exploring the content, general taxonomy issues, and working toward a first draft of a coding structure.

6. ICPC dissemination and training opportunities.

Our public work in 2013 led to several requests to consult with local or regional groups on testing or adopting ICPC. In addition to responding to these one-off requests as best we can, WICC has convened a Working Group to develop training materials and a core curriculum so that we can more effectively respond to requests for materials or in-person training, but progress is slow. We would like to work with WONCA core executive in this area, as it should clearly be linked to an overall strategy to develop and support dissemination of ICPC and classification tools.

7. The goal of a Primary Care Classification Consortium.

We can restate what was written in our 2013 Annual Report.

It remains clear that work will progress very slowly on ICPC-3 if WICC remains a volunteer committee. Progress in creating a structure that could provide long-term support for primary care classification work (the proposed Primary Care Classification Consortium) has stalled. This remains a high-priority item for WICC, as the completion date for ICPC-3 will depend on this transformation in our classification work.

*Mike Klinkman
Chair*

Women and Family Medicine

Seventeen years since women gathered in Dublin during the WONCA World Conference, fifteen years since the group was recognized as a Special Interest Group in WONCA and eleven years after it was formally elevated to the status of Working Party, we can look back and cherish what we have accomplished – the Hamilton Equity Recommendations (HER Statement), the amendments to the WONCA By-laws, Ten Steps to Gender Equity, LEAD statement, Gender Equity Statements (GES) for Scientific Conferences, and the GES Checklist.



A lot of the work of the Working Party was initiated in the interim meetings, between world conferences: 2006 at McMaster University in Hamilton Canada, 2009 at the University of East Anglia, Norwich, UK, and 2012 at the Australian National University in Canberra Australia. The Fourth Interim Meeting was held at the College of Medicine, University of the Philippines in Manila. With limited funds, collaborative efforts were undertaken to ensure that, at a minimum, the Executives of the WP would be able to come to Manila for the meeting. The airfare for the foreign participants was partially supported by the savings from WWPWFM and donations for bursaries from the College of Family Physicians of Canada, Department of Family Medicine at McMaster University and the American Academy of Family Physicians Foundation (through which all donations were channeled).

The Fourth Interim Meeting of WWPWFM, held in Manila from 15th to 19th June 2015, brought together the triumvirate of leaders (Amanda Barnard, Dada Leopando and Kate Anteyi) regional leads of the WWPWFM, some alternate leads and members of the list group. In all 17 participants from 11 countries took part, representing all seven WONCA regions. The meeting/ workshop was led by the WP Chair, Dada Leopando, ably assisted by Aileen Espina, Regional Lead for Asia Pacific, and Lanie Nicodemus, President of Foundation for Family Medicine Educators of the Philippines (FAM MED). The Philippines Academy of Family Physicians (PAFP) and the College of Medicine of the University of the Philippines (UP Manila) co-hosted the event.

So, what did we accomplish in the meeting?

- ✚ One of the major issues discussed was the draft GES Guidebook. An exchange of ideas, clarification of issues and active participation of the delegates enabled a consensus that the GES Guidebook could be a main reference book, with a helpful user guide to accompany. Further work will be carried out by the group on this draft document.
- ✚ Participants were trained by Professor Lucy Candib to review abstracts and websites with a “gender lens.” This was an exercise which was challenging, but also fun.
- ✚ Participants considered the possible future of the WWPWFM, and from key words presented have identified the new mission, vision and goals of the WP. A SWOT analysis was also carried out to help the WP to attain its goals.
- ✚ A Strategic Plan for the next 5 years was formulated, examining how the WP could best advance the gender equity agenda within WONCA and among its Member Organizations.

Of course it was not all work for the participants, and everyone had the chance to enjoy a varied social programme, including a dinner hosted by the PAFP President, Dr Alex Alip, and a tour of UP Manila, culminating in a dinner with UP Manila officials led by the Chancellor and the College of Medicine Dean at the UP Manila Museum of Ideas.

*Dada Leopando
Chair*

Other WONCA Working Parties

WONCA also has Working Parties on: E-health; Ethical Issues; and Quality and Safety in Family Medicine. Further details on all Working Parties are available on the WONCA website at <http://www.globalfamilydoctor.com/groups.aspx>

WONCA Special Interest Group (SIG) Reports



Complexities in Health

The complexity SIG is slowly growing in size. Member contributions have attracted great interest, so much so that we had to keep the doors open to accommodate everyone. Our very successful Lisbon workshop on multimorbidity was showcased at the daily conference review – a great surprise to the presenters and the participants.

SIG members will run complexity workshops focusing on health system reform and medical education at October's European meeting in Istanbul. We will also hold a SIG working group meeting in Istanbul aiming to (1) present complexity theme sessions at future WONCA conferences and (2) publish a complexity workbook for the busy clinician.

Joachim Sturmberg
Convenor

Conflict & Catastrophe Medicine

Since Alma-Ata in 1978, the World Health Organisation, United Nations and individual Governments and Administrations have advocated the global use of primary health care to raise the levels of health in deprived populations by acting upon social, economic and political causes of ill health. Population deprivation and health inequality may result from or be exacerbated by wars, revolutions and civil uprisings, terrorism, natural disasters and other humanitarian crises. 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.

General Practitioners / Family Medicine Doctors (GP/FMDs) from over 30 countries 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 Organisations have also provided humanitarian assistance whenever and wherever the need arises, including the 2004 Tsunami, the 2005 Kashmir earthquake, the 2007 flooding in Central Africa, the 2014 Ebola outbreak in West Africa and the 2015 earthquake in Nepal. GP/FMDs' scope of work in these environments is wide-ranging and often includes pre-hospital emergency care, public health, environmental medicine, tropical medicine and community mental health.

The WONCA Special Interest Group on Conflict & Catastrophe Medicine (WONCA SIG C&CM) provides a forum through which WONCA can lend its support to improving the quality of care of peoples of the world when they face some of life's greatest challenges by: providing useful in-country and regional contacts and networks of GP/FMDs; being a vehicle for the sharing of best practice and clinical innovation; influencing the management of medical services during conflict or post-catastrophe in areas that have big needs but are resource poor; and encouraging collegial discussions between countries.

Representatives from 15 countries spanning all WONCA Regions are being confirmed through their member organisations. One regional representative from each WONCA region will join the Executive Committee. A WONCA SIG C&CM webpage has been established. 'Pre-launch' information was circulated during the WONCA Rural Health Conference in Dubrovnik (15-18 April 2014). A WONCA SIG C&CM 'European Workshop' will be held during the WONCA Europe Conference in Istanbul (22-25 October 2015). Space for a WONCA SIG C&CM 'World Workshop' will be sought within the WONCA World Conference in Rio de Janeiro (2-5 November 2016) to formally launch the SIG on the global stage.

Rich Withnall
Convenor

Elderly Care

The WONCA Special Interest Group on Elderly Care is actively involved in establishing an agenda on elderly care in family practice in different regions of WONCA. During different WONCA events our SIG holds workshops and meetings with interested people around the world, where experience and ideas are shared. Our aim is to promote research and training in this field. The preparation of a research agenda would be the first step and liaison with different organisations and stakeholders would be another important step. Close collaboration with WHO Ageing Life Cycle Department must be promoted. We are aware that organisations like IAGG are preparing guidance for the detection of frailty in primary care. In our opinion SIG Elderly Care needs to be a part of this work. We will continue with our effort to promote and disseminate the concept of elderly care during WONCA meetings and activities.

After a successful workshop at the WONCA World Meeting in Prague, we look forward to hold a workshop and BRITE sessions on Elderly Care at the WONCA Europe 2015 Istanbul conference. We hope to meet different participants from different geographic regions around the world.

Hakan Yaman
Convener

Health Equity

Having been established for a year and a half, our group has been actively promoting the agenda of health equity in primary care. We aim to encourage input and contribution from our diverse members, geographically and professionally, to share ideas, skills and experiences through our regular forums, e-mail updates and newsletters, in addition to the regular committee meetings with regional representatives from Europe, Middle East, Asia Pacific and Australia.

First, we want to expand our knowledge of evidence-based health equity by reviewing available publications, especially those related to primary care, where issues such as delivering care equitably to ageing populations and the increasing number of people with multiple chronic conditions have become major challenges. Second, we aim to deliver engaging workshops on health equity. For instance, last year at the North America Primary Care Research Group (NAPRCG) Conference in New York, our workshop spurred interactive and stimulating discussions on the importance of health equity to interested participants. Our next workshop on health equity will be at the WONCA Europe 2015 conference in Istanbul, where we hope to promote discussion of health equity in medical education and training. We are keen to work with other interested groups to promote this agenda.

William Wong
Convenor

Migrant Care, International Health and Travel Medicine

General Practitioners (GPs) and family doctors all over the world are dealing with increasingly ethnic and cultural diverse populations and with health problems related to migration. Providing person centred holistic care in this context requires special knowledge, skills and organisation. Based on the vision that all-temporarily or permanently - displaced people and travellers at all places in the world should have good access and quality of primary care, a group of GPs involved in the care for migrants, join forces in this Special Interest Group (SIG).

This SIG was initiated at WONCA Europe 2008 and was officially endorsed in 2010, incorporating the previously existing SIG on travel medicine and the field of international health, related to travel medicine as well as to migrant care. Our mission is to improve the knowledge and skills of general practitioners as well as the organisational 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.

Background

In the era of globalization doctors all around the world are confronted with a growing vulnerable migrant population and their specific health problems and health needs. Immigrants – those who are staying for a longer period as well as travellers – and internal migrants bring with them diverse epidemiological profiles, based on different environments and endemities of disease in their areas of origin. United Nations estimate that 3 percent of the world's population lives outside their country of origin (UN 2013): 232 million by 2013. The number of refugees had sharply risen over the last years: (UNHCR global trends report 2015) UNHCR 59,5 million by the end of 2014, compared to 44 million in 2013. An estimated 30 million migrants do not possess a legal basis for their stay.

The health status of asylum seekers, refugees and especially undocumented migrants is often problematic. Beside somatic affections like tuberculosis, HIV and tropical diseases, former exposure to organized violence, forced migration, family rupture and bereavement and length of the asylum procedure often generate psychosocial distress. To fulfil their right to health, accessible and good quality of primary care is a prerogative. Due to challenging ethnic, cultural and socioeconomic health differences, as well as administrative and often financial constraints, delivering primary care to these groups – in developing as well as in richer countries - require specific skills. GPs sometimes feel helpless when they are faced with vulnerable migrant patients, due to a lack of knowledge and cultural competences. They miss the contact with colleagues who can advise them on this topic.

Most travelers seek advice from their own family physician / general practitioner. The family physician needs to be in a position to provide the appropriate advice for his/her patients on matters of travel medicine. With the rapid spread of disease, being well informed is critical to supplying the correct medication. With this in mind the Special Interest Group (SIG) on Migrant care, International health and Travel Medicine within WONCA seeks to provide a platform of knowledge, experience and contacts for general practitioners in order to deliver cultural competent care to the needs of their migrant patients, in particular vulnerable groups like refugees and undocumented, and to practice appropriately in the realm of travel medicine.

Members

Based on this need for networking and exchange of experiences, a small group of GPs from different countries and background (migrant care in daily practice, research, medical education) joined forces and organised a workshop on primary care for migrants, refugees and undocumented migrants for the first time in 2008, during the regional Wonca Europe conference in Istanbul. Since then the SIG has grown to a group of 50 members by September 2015, from 15 different nations (Australia, South-Africa, USA, Canada, Brazil, Ecuador, Turkey, and 8 other European countries). Many of them are involved in international research projects, in training medical students as well as trainees and GP's in cultural competences and / or in delivering primary care to refugees, undocumented and other migrants and travellers.

Activities

To enhance the exchange of knowledge, good practices, education and international research on migrant care, international health and travel medicine in general practice the SIG has developed the following activities:

- ✚ Exchange of good practices by international exchange practice visits (realised between the members of Turkey, Greece, Switzerland, Austria, the Netherlands, and the UK) and involvement of members by establishing Primary care in different African countries
- ✚ Exchange of programs and materials for medical school, vocational training and post graduate education programs, on a small basis by members involved in teaching
- ✚ Exchange of existing and initiating new local and international research projects (e.g. the European funded Restore and C2Me projects); following the workshop organised by the SIG at WONCA Europe in 2012 (Vienna), two collaborative research projects were performed by researchers from Turkey and the Netherlands.
- ✚ Organising workshops at Wonca - Europe since 2008, regional Wonca Asia 2011 and at Wonca world conference 2013. The first workshop was visited by some 20 GPs; in last years workshops over 70 GPs participated.

- ✚ Collaboration with related international groups like the WONCA SIG in equity (since 2014), the WHO Working Group on Needs of Migrant, Refugee and Asylum Seeker Patients around the Globe (2015)

Upcoming activities.

1. Wonca Europe 2015 Istanbul: we facilitate a workshop on the health and care for refugee youth and a workshop on the health risks of and (preventive) primary care for young migrants.
2. Wonca world Brazil 2016: we plan to organise again two workshops: one on refugee care and one on population based person centered care where we compare primary care initiatives from different countries aiming to diminish existing ethnic and socioeconomic health differences
3. We are preparing a position paper on the role of General practice in the care for vulnerable migrant groups (refugees, displaced persons, undocumented)

More information?

If you are interested to join us or to collaborate, please contact the convener:

*Maria van den Muijsenbergh,
Convener*

maria.vandenmuisenbergh@radboudumc.nl

Global Point-of-Care Testing

The WONCA Special Interest Group on Global Point-of-Care Testing was approved by the WONCA World Council in Prague in June 2013.

Membership

The Executive Members of the SIG represent all of WONCA's seven regions, led by Prof Mark Shephard, Asia Pacific (Chair) and Tessa McCormack, Asia Pacific (Secretary).

General membership is open to interested family doctors and to date 79 members from 41 countries representing all seven WONCA regions have joined the SIG.

Activities:

Continuing	Survey regarding POCT in WONCA practices (see update below)
5 January 2015	First SIG POCT newsletter sent to 75 members
6 January 2015	Dr Dalal AlArfaj accepted as Executive Member representing East Mediterranean
8 February 2015	Article on survey published in WONCA news
16 April 2015	Professor Shephard presented POCT workshop at WONCA World Rural Health Conference in Dubrovnik
May to June (Ongoing)	Professor Shephard has started dialogue with Dr Rich Withnall from the WONCA SIG on Catastrophe and Conflict Medicine about collaborative activities between the two SIGs

Survey regarding point-of-care testing in WONCA practices

During 2014, the SIG launched an online survey on point-of-care testing (POCT) and Executive and General Members were asked to disseminate the link to their family doctor colleagues. The purpose of the survey is to obtain a wide understanding of the clinical use, availability, needs, advantages, and limitations or barriers to the implementation of point-of-care testing across all WONCA regions of the world. This information will continue to inform the SIG on priorities for education and research.

Results (as of 4 August 2015):

- ✦ 113 responses have been received representing all 7 WONCA regions, with two-thirds of respondents from Europe.
- ✦ 90% of respondents are Family Doctors.
- ✦ 80% of respondents are currently using POCT in their practices.
- ✦ POCT is being performed by doctors (57%), nurses and nurse practitioners (67%) and laboratory professionals (38%).
- ✦ 55% of respondents perform quality testing to support POCT in their practices.
- ✦ The most common POC tests used in the respondents' practices are glucose (95%), urinalysis (77%), HbA1c (74%), haemoglobin (63%) and Hepatitis B/C (67%).
- ✦ When asked which POC tests respondents would like to have available for their use, 74% said that they would like to have HbA1c testing available by POC. Other tests that 50% or more respondents would like to have available are blood alcohol levels, drugs of abuse, full blood count, INR, C-reactive protein, electrolytes, glucose, cardiac markers, HIV, chlamydia, HBV and HCV.
- ✦ The most commonly reported attributes of POCT were rapid diagnosis and/or treatment (93%), convenience for patient (77%), ease of use (65%) and improved doctor-patient relationship (62%) (Figure 1).
- ✦ 98% of respondents reported one or more barriers to the implementation of POCT. The three most commonly reported barriers related to the cost of POCT (81%), lack of Government reimbursement (51%) and staffing issues (38%).
- ✦ Regarding government regulations and support, only 28% of respondents stated that their country had standards or guidelines for the conduct of POCT, had access to quality assurance programs, and had an accreditation framework for POCT. Just over 40% stated that their local laboratory provided support for POCT.

The survey continues to be open for responses from WONCA Family Doctors and their health professional colleagues. For further details, click on this [link](#).

It is the intention of the SIG to publish the results of the survey in an international peer-reviewed journal across the next year.

Report on SIG Workshop on POCT held in Dubrovnik, April 2015



A workshop entitled 'Barriers to Access of Quality Point-of-Care Testing for Family Doctors' was presented by Professor Mark Shephard on behalf of [the WONCA Special Interest Group on Global Point-of-Care Testing](#) at the 13th WONCA World Rural Health Conference in Dubrovnik, Croatia, held during mid-April 2015.

At the Workshop, Professor Shephard (Chair of the SIG on Global POCT) gave a brief presentation which covered the following topics to set the scene for the Workshop: (i) an overview of the common principles that should be applied when establishing and maintaining a POCT service in a rural family practice setting, (ii) gave selected examples of successful POCT networks in primary care settings, (iii) provided an overview of the SIG's activities to

date (iv) summarised the current findings of the WONCA SIG's Survey on POCT, particularly in relation to barriers to POCT identified by family doctors who had completed the survey to date, and (v) provided a synthesis of the recent published literature concerning barriers to the implementation of POCT in family medicine.

There were some common themes between results of the WONCA survey and the published literature including (a) the cost of supporting POCT in a family practice setting without access to reimbursement and (b) lingering concerns over the accuracy of POCT.

The major focus of the workshop was a discussion of barriers to accessing POCT in rural and remote family practices.

The workshop was attended by 20 participants including 6 from the host nation Croatia, as well as participants from Macedonia, USA, Sweden, Norway, Japan, UK and Australia. For the group discussion session, participants were split into three small (regional) groups who engaged in active conversation and then reported back to the full audience.



Group One from Croatia prepared a wish list for POC tests that they would like to have available in their country. Most participants identified C-reactive protein, HbA1c, troponin, INR, micro-albumin and streptococcus as POC tests that are most in demand. The main barriers to accessing POCT identified by this group included lack of education, knowledge and awareness of the scope of POCT (which could be addressed by the WONCA SIG); resistance among the laboratory fraternity to support POCT in primary care in their country; the high costs of POCT without government rebates and the lack of evidence on the cost effectiveness of POCT. The second group, which comprised members from the Asia-Pacific region, also felt the cost of POCT consumables such as quality control materials was high and that these costs needed to be reduced through pressure from the general practice community. They also mentioned the strain on staff time to perform POCT and pressure from the laboratory sector were inhibiting the uptake of POCT in primary care settings like family medicine. The third group from North America and Scandinavia felt issues with administrative aspects of POCT including the need for detailed documentation of POCT processes and accreditation requirements impeded the uptake of POCT, as well as the lack of financial reimbursement. The Workshop was conducted in a spirit of collegiality and with a positive will to improve access to POCT across WONCA family practices globally.

During the conference, 8 new members joined the SIG on Global POCT.

For more information or to join the SIG, visit [the WONCA SIG on Global Point-of-Care Testing](#). Please [click here](#) to access the short survey on POCT, or visit on our [link](#).

Second SIG Newsletter

The second newsletter for SIG members will be prepared during the next reporting period.

Expression of Interest to continue as Chair and Secretariat of SIG

The current Chair and Secretary of the SIG would like to express their interest in continuing in these roles for a second term, and we will be writing to the SIG general membership to seek their support.

*Mark Shephard
Convenor*

Other WONCA Special Interest Groups

WONCA also has Special Interest Groups on: Cancer and Palliative Care; Family Violence; Men's Health; and Non-Communicable Disease. Further details on all Working Parties are available on the WONCA website at <http://www.globalfamilydoctor.com/groups.aspx>

WONCA Young Doctors Movements





Dr Raman Kumar
YDM Rep WONCA Executive

Representing YDMs at WONCA World executive is a privilege and comes with immense responsibility. Past one year has been action filled, with WONCA YDMs evolving and spreading all over world. Now all seven regions WONCA have their own respective young doctors groups. The two recently established groups are Polaris (North America) and Al Razi (East Mediterranean region) led by Kyle

Hoedebecke and Nagwa Nashat respectively. There have been leadership changes in the groups of Vasco da Gama (Peter Sloane), Spice Route (Bhavna Matta), and the Rajakumar Movements (Shin Yoshida). As WONCA YDM rep I had an opportunity to attend the VGdM pre conference at WONCA Europe conference Lisbon 2014. It was at this event that me, Peter, Alao and Kyle met in person for the first time. We also met with several members of VGdM, AfriWon and Waynakay. The initial challenge was to develop a regular communication system and continued dialogues among YDMs. In past, though we had a few regional groups we did not have any opportunity to communicate except at the international conferences.

The modern IT system and social media makes it easier. Soon we started holding our regular teleconferences on every alternate month through Skype. As an outcome now all of us are conversant about each other's most activities and governance models. YDM activities are regularly splashed all over social media and we see an upsurge in YDM activities across globe. "Tweet chats" have become a norm.

It is also very encouraging to observe several individuals working hard in their personal capacity, trying to strengthen family medicine in their own creative ways. WONCA world has been very supportive of all YDM activities. WONCA recently accredited the FM 360 global exchange program. Several trainees and young doctors have completed international exchange and earned WONCA accredited exchange certificates.

The most exciting event moment of YDM is about to come. At the forthcoming WONCA Europe conference all YDM leads are to meet for the first time in Istanbul. The host organizing committee has kindly accepted a proposal for a plenary grand session where all the YDM reps would be discussing about the challenges to family medicine and primary care within their respective regions.

In future, our aspiration is to work though develop a global network of YDM leaders across globe representing all countries and member organizations. Various working parties and special interest groups of WONCA have welcomed YDMs to their activities. WONCA working party of research has nominated YDM leads for their respective groups. Similarly WONCA working party on rural practice has several enthusiastic trainees and recently qualified young physicians on board. YDMs represent the changing face of family medicine and general practice across world. YDMs are actively working towards future of our health systems throughout globe.



AfriWon



Preamble

AfriWon Renaissance was inaugurated in July 2013 during the WONCA world conference in Prague. An executive body was set up with national representatives from seven countries that had delegates during the conference. Activities within the AfriWon circle has been on a low level.

AfriWon had 10 self-sponsored delegates at the 2014 WONCA Europe Conference in Lisbon and this generated renewed interest in AfriWon activities. Many African WONCA Member Organisations have witnessed increased participation of young doctors in their activities over the past one year.

Enlisting of more countries:

A few countries were enlisted into AfriWon and they include the Gambia, Rwanda. There is a background work to register Ethiopian young doctors into AfriWon. In addition to having individual contacts in countries, there has been a move to organise young doctors in each country into National AfriWon chapters. This was achieved in South Africa, Ghana and Nigeria.

AfriWon Preconference

The first AfriWon Preconference was held during the WONCA African Regional Conference on the 6th of May 2015 with WONCA CEO and President in attendance.

Collaboration with other YDMs

Since the inauguration of AfriWon in Prague, the focus of all groups has been in collaboration to harness the strength and assist with the challenges of each WONCA Region YDM. In the period under review, AfriWon was able to collaborate with the other YDMs in the following ways:

Regional Conferences: Participating in the pre-conferences of the other YDMs

Exchange Programmes: Through the WONCA FM360 international exchange, AfriWon has been able to process successfully a few exchange requests to Africa.

Research: AfriWon Research theme group has worked on a few surveys along with VdGM and WONCA Polaris group. There are other research subjects ongoing presently within the African Continent.

Conclusion With the progressive establishment of national chapters, young doctors in Africa can participate more directly in the activities of AfriWon and become more involved in WONCA World programmes.

Kayode Alao, Chair

Website: www.globalfamilydoctor.com, Email: afriwon@gmail.org
<http://www.globalfamilydoctor.com/groups/YoungDoctorsMovements/AfriWon1.aspx>



Al-Razi YM Report



Among the EMR Region

It started with three countries (Egypt, Iraq And Kuwait) and six members and reached seven countries (Egypt, Iraq, Jordan, Kuwait, Lebanon, Palestine And UAE) with nearly 42 members.

The main group activities were:

- A monthly Skype meeting
- Member recruitment
- Al-Razi Bylaws developed and under revision and finalization
- A research about community acceptance to family physician treating mental illness is going on by

Dr Mohamed Mosa by Dr Nagwa Nashat (pilot study has been done and validation of the questionnaire is done in the current time)

- Facilitate communication and present group themes through social media by creation of [Facebook group](#) AND twitter account @Alrazimovement

Egypt liaison activities

Research methodology workshop



It was conducted on 9/9/2014 by Egypt coordinator Marwa Mohaseb under the supervision of Al Razi convenor Nagwa Nashat and EFMA CEO Prof Taghreed Farahat. Twenty five young family physicians were recruited by addressing Menofiya health Director. An orientation about YDMs and Al Razi movement was presented, then an introduction to medical research lecture was made. After that they were divided into five small groups to work among family health care problems, how to prioritize and how to use research to solve it.

Celebration of the WONCA family doctor day

It was done in collaboration with family medicine department and Egyptian family medicine association (EFMA) by orientation session to the community about the role of family medicine in community and their importance.

Collaboration with MSSA

Based on Dr Garth Manning's input on collaboration with IFMSA, a contact had been made to Menofia Students' Scientific Association (MSSA) which is part of the IFMSA to seek methods for collaboration through Mr. Ibrahim Kandeel MSSA-Menofia president (2014-2015).



Polaris Shines Bright



Polaris celebrated its first birthday on May 19, 2015 - World Family Doctor Day – and what a year it has been! The Movement now has over 1100 Facebook followers and has led Family Medicine on Twitter for the most popular global hashtags including #FMRevolution, #PrimaryCare, #1Care, and #FMChangemakers. More impressively, Polaris has led international collaborations including #1WordforFamilyMedicine and the Balint 2.0 Ambassadors. It has also ensured to maintain a strong presence in other international YDM initiatives.

1 Word for Family Medicine (#1WordforFamilyMedicine)

Over the last 10 months, thousands of Facebook messages and tweets have been sent in dozens of languages from over 50 participating countries spanning all seven WONCA regions. Additionally, the project was promoted by WONCA and multiple countries to help celebrate the 2015 World Family Doctor Day on 19 May. To date, over 80 images have been created in 60 different countries in all seven WONCA regions. Polaris has collaborated with over 100 colleagues around the world and has published in 12 peer-reviewed journals at this time.

Stanford MedX Challenge

Recently, eight members of the FM Changemakers – including Polaris’ Kyle Hoedebecke and Maria Colon-Gonzalez of Polaris – submitted a proposal to the Stanford/MedX Symplur Signals Challenge where the team data-mined Twitter to find primary care hashtags and Twitter handles with the greatest influence. Creating a proprietary mathematical formula, this group developed an impact factor created specifically for social media medical sources similar to that used for medical journals. The idea was so novel that it has been selected as one of the 16 worldwide semifinalists. This impact factor has currently been applied to the site called *YDM Daily News* - which is the only known social media feed using an impact factor for our specialty.



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 recently presented their never-before-seen initiative at the IBF’s annual conference in Metz, France.

Upcoming events!

After participating in Waynakay’s Preconference in March 2015, Polaris has applied these lessons and will be having its first preconference in Denver, USA on 01 October 2015. Polaris will also participate in the VdGM preconference in Istanbul later that same month.

Lastly, Polaris led a coalition of three YDMs - North America, Ibero-America, and Europe – in an evaluation of Twitter use at the 2015 WONCA Ibero-American Conference in Montevideo, Uruguay. Specifically, this study examined the various uses of Twitter during the conference and compares the results to a previously published study from the United States. The study is the first of its kind in Spanish and has been accepted for publication in December 2015.

Kyle Hoedebecke, Chair

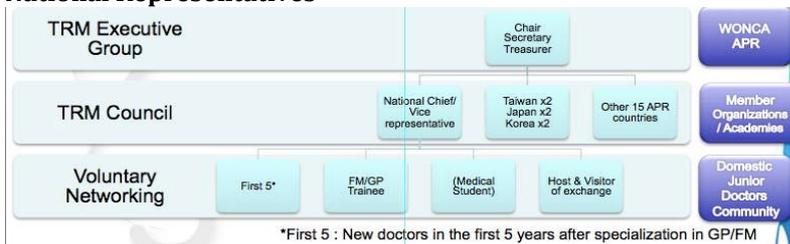
The Rajakumar Movement



The Rajakumar Movement (TRM) is the network of Junior Family Doctors in WONCA Asia Pacific Region. Its mission is to promote family medicine amongst new and future doctors in the Asia Pacific Region by building networks for the exchange of ideas and perspectives in order to create international best practice in family medicine. Its vision is to bring new and future family doctors together and to provide the perspective of new doctors for developing global policy. We are grateful

to the WONCA Asia Pacific Council for their continuing help and support, including provision of \$700 for a bursary to support a young doctor from South Korea to attend Taipei this year.

National Representatives



Shin Yoshida	Japan	Chair / chief rep.
Masatoshi Kondo	Japan	deputy rep.
Jin-ri Kim	South Korea	chief
Myung-hwa Young	South Korea	deputy
Ya Luan Hsiao	Taiwan	chief
Annie Chen	Taiwan	deputy
Maha Rita Obedoza	Philippines	chief
Fitriana Murriya Ekawari	Indonesia	chief



The National Representatives talk via web conference every two months, and we also meet at Asia Pacific Region conferences, such as in Kuching, Malaysia in 2014, when 16 TRM members attended, and Taipei, Taiwan, in March 2015 when we had 25 junior representatives.

You can see us on YouTube:

<https://www.youtube.com/watch?v=f3e6MMkmWTK>

We are also involved in the FM360 young doctor exchange programme. To date we have been involved in three exchanges, with a fourth planned for October 2015:

2014	Apr	South Korea to Netherlands
2015	Feb	Spain to New Zealand
2015	Mar	Myanmar to UK (2 visitors) / Italy to Japan
2015	Oct	France to Japan

Our Future Plans include:

- ✚ Promotion of exchange both within APR and worldwide through the FM360 project framework
- ✚ Collection and Sharing of the information about each domestic FM education system and Young Doctors Movement (YDM) to learn together from all APR member nations
- ✚ Nomination of Representatives from every APR country and regular communication amongst representatives through web conference
- ✚ Closer liaison and coordination with WONCA APR and WONCA World for personnel, financial and other management of TRM
- ✚ Collaboration with six other YDMs in WONCA World to import ideas or activities into TRM to help solve our challenges.

Shin Yoshida, Chair

The Spice Route Movement



The past year has been an active one for The Spice Route Movement. The movement was represented at the major WONCA South Asia Regional (SAR) conferences and got an opportunity to conduct independent sessions at Chennai (India, 2014) and Dhaka (Bangladesh, 2015).

During WONCA SAR 2014 Chennai conference, Dr Bhavna Matta was elected to Chair the Spice Route team and took over from Dr Raman Kumar and Dr Sonia Chery. Dr Pramen Prasad was elected to be Treasurer. The activities during the conference included introduction of the movement to the delegates, introduction of FM 360 exchange program and formulating strategies for future development of organizational plan. A generous annual contribution was announced by senior physicians- Dr Ramnik Parekh and Dr Jyoti Parekh to support various activities of the movement. The development of 'Jyoti and Ramnik Parekh scholarship award' followed which gave opportunity to support five family medicine residents (three from India and two from Nepal) to participate and present scientific research paper at WONCA SAR 2015 Dhaka conference.

The Spice Route session during Dhaka conference experienced thirty local and eighteen foreign Spice Route delegate registrations. The session included inspirational and enthusiastic talk on the leadership skills by Dr Ramnik Parekh, introduction to FM 360 exchange, networking and social media. The Spice Route team was invited to the executive meeting of WONCA SAR 2015 and it was proposed to have the Chair of the Spice Route movement in the executive board.



The Spice Route Movement session at WONCA SAR 2015 Chennai Conference

The Spice Route Movement team has actively participated and contributed towards global YDM activities like #1WordforFamilyMedicine, #FMChangemakers, Balint 2.0 and SoMe YDM.

In addition to increasing awareness regarding various WONCA Young Doctor Movements (YDM's) in SAR among family medicine residents and young graduates within first five years of practice, the Spice Route team also undertook other activities to strengthen SAR YDM. The Spice Route events have taken place at various other conferences in India in association with Academy of Family Physicians of India (AFPI) at Kerala, Karnataka, Pune and Delhi.



The Spice Route Movement session at WONCA SAR 2015 Bangladesh Conference

Upcoming Sri Lanka Conference 2016 preparations are on the way and exciting scholarships would be announced soon to help young doctors from various countries participate in the WONCA SAR 2016 Colombo, Sri Lanka conference.

Bhavna Matta, Chair

Vasco da Gama Movement



This was an eventful and successful year for VdGM. It began with the VdGM Preconference in Lisbon at which we marked our 10th anniversary. In celebration of this milestone, we published *“The Vasco da Gama Movement: 10 Years Sailing, Much More to Discover”*, documenting the origins and development of VdGM along with the vision that led to its creation. Another significant event in Lisbon was the signing of the WONCA Europe *“Lisbon Declaration”*. VdGM was one of the three signatories to this important document, outlining the robust partnership which exists within the WONCA Europe family and also the central role that VdGM occupies within European general practice. In Lisbon a new VdGM President was also elected; Dr Peter A Sloane from Ireland took over the reins from his Italian colleague Dr Harris Lygidakis. VdGM was also an active participant in the WONCA Europe Conference, contributing a number of workshops and presentations to the meeting. Of note, almost 1/3 of all delegates to WONCA Europe were young GPs.

In February 2015 the Second VdGM Forum was held in Dublin, Ireland. Over 300 GPs from 25 countries attended what was an invigorating and robust educational and scientific meeting. 40 posters and 25 oral presentations were given with multiple workshops and 4 plenary sessions. . The inaugural VdGM *“Being Young Staying Young Award”* was presented to Professor Per Kallestrup in recognition of his ongoing contribution to and living embodiment of the spirit of VdGM. Again highlighting the dynamic partnerships that exist within WONCA Europe, we were delighted that both the President and Vice-President of WONCA Europe joined us for the 2 day Forum. It also goes without saying that delegates were also treated to true Irish hospitality.

During the year, Theme Group and Special Interest Group (SIG) activity continued to flourish. An increasing number of exchanges took place under the VdGM Hippocrates Programme, and the global FM360 Programme is now gaining interest and traction in VdGM. Our Research Group again oversaw the very successful Junior Research Award. The Education Group forged new relationships such as that with EURACT. The Image Group contributed beautiful graphic designs for our Conferences, whilst marking 1,500 Facebook followers and growing our social media presence on Twitter and LinkedIn. Under the Beyond Europe Group, alongside our SIGs in gender equity, family violence and rural medicine, two new groups were established; FMChangeMakers is a global collaborative group amongst all the WONCA Young Doctor Movements (YDMs), and we are also delighted to have an active Mental Health SIG. During the year, VdGM also had a presence at a number of international meetings, including the 1st International Mental Health Congress. On the global front, VdGM has played a central role in developing collaboration and relationships with the other regional YDMs. Finally, and very importantly, through the awarding of bursaries from the VdGM Fund we continue to support and enable young European family doctors of lesser means to attend and participate in VdGM events.

Peter Sloane, Chair

Email: info@vdgm.eu Twitter: [@vdgm.eu](https://twitter.com/vdgm.eu) Web: www.vdgm.eu

Waynakay Movement



Waynakay Movement has experienced a significant growth in the past year, mainly prompted by our encounter at the last Regional Conference, where hundreds of young doctors were able to improve their abilities with critical thinking, leadership, and patient care through exchanges, research, and sharing of best practices.

With the collaboration of Polaris and Vasco da Gama movements, Waynakay successfully performed its first preconference during the 4th Iberoamerican Conference of Family and Community Medicine, which took place in Montevideo, Uruguay on March of 2015. Under the theme; “Quality and Equity in Healthcare, almost 200 young family doctors participated in dynamic groups and discussions allowing for reflection on the following areas:

- ✚ Residents and young Family Doctors’ Health
- ✚ Academic programs and International differences
- ✚ Challenges amongst National Health Systems
- ✚ Family Physicians’ Role and Profile

The outcomes of this event were elaborated in the Waynakay Declaration presented at the closing ceremony of the conference. The document emphasizes the continued efforts of young family doctors in Iberoamerica and the collaboration with WONCA CIMF to strengthen Family Medicine together. Each participant returned to his or her country with a newfound enthusiasm and international support system.

Also during the year, an increased number of exchanges took place under the global program FM360, topping the list of applications as regional host.

Definitely, the greatest advancement during this period, was the incorporation of Waynakay Movement as part of WONCA – CIMF executive board, participating as a Working Group and the new establishment of national level young doctor movement at four Iberoamerican countries.

We hope to continue supporting the current efforts and create new collaborations that will fortify Family Medicine at the national level, within WONCA CIMF, and across the globe!

Andrea De Angulo, Chair

Web: www.waynakay.org **Email:** waynakay@WONCA.net **Twitter:** @WONCA_Waynakay

The Family Medicine 360° project

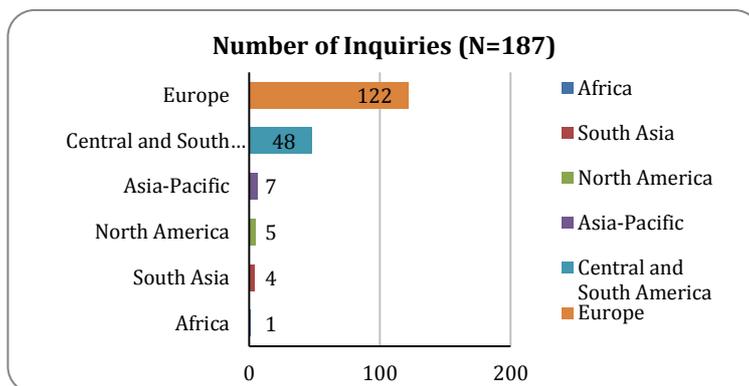


The Family Medicine 360° project has been gaining in popularity since its establishment in 2013. The number of inquiries has risen considerably:

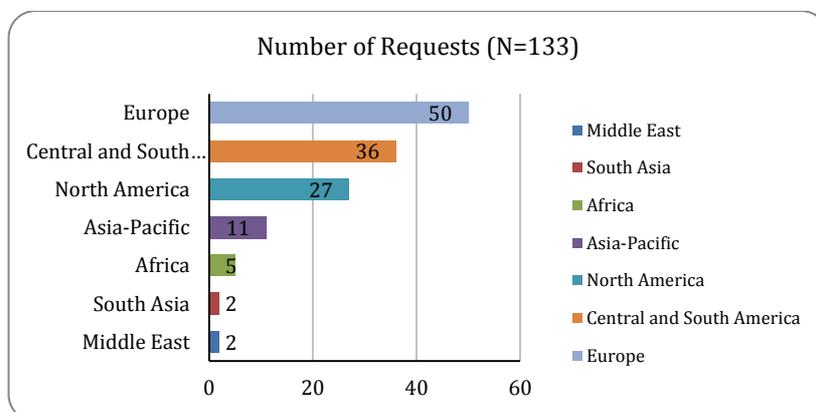
Year	No. of inquiries
2013	37
2014	84
2015 (up to June 2015)	64

Up to June 2015, most requests have come from Europe (65%), followed by the Central and South American region (26%):

Inquiries have come from 22 different countries, being the countries who request the most Spain (38%), Portugal (16%), Argentina and Peru (both with 6%).



As to where participants would like to do their exchange at, the most requested region is the European region (37%), closely followed by the Central and South American region (27%):



Requests have were for 38 different countries, being the countries most requested for exchanges Spain (18%), USA (18%), Brazil and Canada (both with 10%).
Up to June 2015, 27 successful exchanges took place.

In 2014, the [FM360^o webpage](#) was established. This helped to give the program a greater diffusion.

Since 2015, the Waynakay Movement has started to use the FM360 model to promote exchanges within the Central and South American region.

Since March 2015, the WONCA Executive Committee deliberated that, besides the usual FM360 templates, all participants should sign off a legal waiver prior to their exchange. This waiver states that neither WONCA nor the Junior GP associations involved assume any risks, liability or costs associated with the exchange. Visitors must also obtain their own travel insurance. Both these documents must be sent to the WONCA Executive for approval and, once it is given, the exchange is approved as an FM360 exchange.

An article featuring the value of exchanges, based on the results of the FM360 program was also published on the Journal of Family Medicine and Primary Care: Barata AN, Rigon S. Family medicine 360^o: Global exchanges in family medicine. J Family Med Prim Care 2015; 4:305-9

In order to guarantee the program's success, it is required to create a sustainable FM360^o for the future. One of the strategies considered is to create a FM360^o team at WONCA. This team would be responsible to supervise the activity and to deal with the administrative work linked to the FM360^o program of all regions. Furthermore, it is also being put work forward to create a public FM360^o host list, where participants could easily browse through all exchange possibilities.

*Ana Nunes Barata
Coordinator*

THE WONCA TRUST
FINANCIAL STATEMENT FOR THE YEAR ENDING
1 JANUARY 2014 TO 31 DECEMBER 2014

Index	Page
Report of the Trustee	1
Independent Auditor's Report	2-3
Statement of Financial Position	4
Income statement	5
Statement of Changes In Trust's Accumulated Funds	6
Statement of Cash Flow	7
Note to the Financial Statements	8-15

JNN Auditing Office Limited
(Formally ATCL Auditing Office Limited)
Certified Public Accountants
Bangkok, Thailand

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

General Information

REGISTERED OFFICE

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

BOARD OF DIRECTORS

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

BANKER

Citibank

REPORT OF THE TRUSTEE

For the financial period 1 January 2014 to 31 December 2014

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 2014 to 31 December 2014 as set out on pages 4 to 15 in accordance with the provisions of the Trust Deed.

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

For and behalf of the Trustee
WONCA INTERNATIONAL INC.



DR. GARTH ALEXANDER KENNETH MANNING
Director

Date: 5 February 2015

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 2014 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 2014 and its results of operations, statement of changes in Trust's accumulated funds, and statement of cash flow for the year ending 31 December 2014, in accordance with Thai Financial Reporting Standards for Non-publicly Accountable Entities



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

Bangkok
5 February 2015

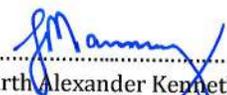
The Wonca Trust
Statement of Financial Position
As At 31 December 2014

ASSETS		Unit : USD	
	Notes	<u>2014</u>	<u>2013</u>
CURRENT ASSETS			
Cash and cash equivalents	3	312,470	58,416
Member organizations' dues receivables		18,701	11,364
Other receivables and prepayment		15,586	34,968
Inventory		1,847	2,086
Other current assets		-	656
Total current assets		<u>348,604</u>	<u>107,490</u>
NON-CURRENT ASSETS			
Equipment, net	4	5,210	6,039
Deposits		4,064	4,064
Total non-current assets		<u>9,274</u>	<u>10,103</u>
TOTAL ASSETS		<u>357,878</u>	<u>117,593</u>

LIABILITIES AND TRUST'S ACCUMULATED FUNDS

		<u>2014</u>	<u>2013</u>
CURRENT LIABILITIES			
Other payables and accruals	5	12,991	23,542
Membership dues received in advance		60,732	47,563
Total current liabilities		<u>73,723</u>	<u>71,105</u>
TOTAL LIABILITIES		<u>73,723</u>	<u>71,105</u>
TRUST'S ACCUMULATED FUNDS			
Trust's accumulated funds		294,032	260,110
Income and expenditure account		(9,877)	(213,622)
Total shareholders' equity		<u>284,155</u>	<u>46,488</u>
TOTAL LIABILITIES AND TRUST'S ACCUMULATED FUNDS		<u>357,878</u>	<u>117,593</u>

(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 2014**

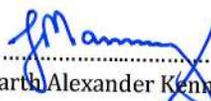
		<u>Unit : USD</u>	
		Notes	
			2014 2013
REVENUES			
Subscription incomes	6	736,463	576,623
Other incomes	7	7,760	3,245
Total revenues		744,223	579,868
EXPENSES			
President, executive and regional expenses	8	142,066	199,137
Secretariat expenses	9	291,694	296,790
Special projects' and working parties' expenses	10	3,199	4,050
Publications and communication expenses	11	33,235	79,919
Other operating expenses	12	70,284	10,925
Total expenses		540,478	590,821
Surplus (Deficit) for the year		203,745	(10,953)

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

Signed Director
(Mr. Garth Alexander Kenneth Manning)

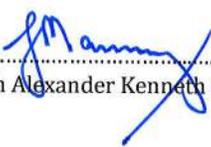
The Wonca Trust
Statement of Changes In Trust's Accumulated Funds
For the year ending 31 December 2014

	<u>Trust's funds</u>	<u>Income and expense account</u>	Unit : USD <u>Total</u>
Beginning balance as at 1 January 2013	254,986	(202,669)	(287,927)
Fund received from WFM	4,365	-	4,365
Fund received from rural practices	759	-	759
Deficit for the year	-	<u>(10,953)</u>	<u>(10,953)</u>
As at 31 December 2013	260,110	(213,622)	46,488
Fund received from Asia Pacific Regional Resery	25,466	-	25,466
Fund received from WWP in Mental Health	8,818	-	8,818
Fund received from WONCA WP - WFM	890	-	890
Fund paid to WP- Rural Practice Fund	(1,252)	-	(1,252)
Surplus for the year	-	<u>203,745</u>	<u>203,745</u>
Ending balance as at 31 December 2014	<u>294,032</u>	<u>(9,877)</u>	<u>284,155</u>

Signed  Director
(Mr.Garth Alexander Kenneth Manning)

The Wonca Trust
Statements of Cash Flows
For the year ending 31 December 2014

	Unit : USD	
	<u>2014</u>	<u>2013</u>
Cash flows from operating activities		
Net profit(loss) for the year	203,745	(10,953)
Adjustments for:		
Depreciation	2,875	2,496
Changes in operating assets and liabilities:		
- member organizations' dues receivables	(7,337)	9,738
- other receivables and prepayment	19,382	(34,968)
- inventories	239	(2,086)
- other current assets	656	(276)
- other payables and accruals	(10,551)	9,034
- membership dues received in advance	13,169	22,228
Cash flows from operating activities	<u>222,178</u>	<u>(4,787)</u>
Cash flows from investing activities		
Purchases of property and equipment	(2,046)	(803)
Cash flows from investing activities	<u>(2,046)</u>	<u>(803)</u>
Cash flows from financing activities		
Fund received from Asia Pacific Regional Reserves Fund	25,466.0	-
Fund received from WFM	890	4,365
Fund received from rural practices	8,818	759
Fund paid to WP- Rural Practice Fund	(1,252)	-
Cash flows from financing activities	<u>33,922</u>	<u>5,124</u>
Net increase (decrease) in cash on hand and at banks	254,054	(466)
Cash on hand and at banks - beginning balance	58,416	58,882
Cash on hand and at banks - ending balance	<u>312,470</u>	<u>58,416</u>

Signed  Director
(Mr. Garth Alexander Kenneth Manning)

The Wonca Trust
Note To The Financial Statements
31 December 2014

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 2014

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

2.2 Foreign currencies translation

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

In preparing the financial statements of the Trust, transactions in foreign currencies other than the Trust's functional currency are recorded at the rate of exchange rate prevailing at the date of transactions. At statement of financial position date, monetary assets and liabilities denominated in foreign currencies are re-translated at the exchange rates prevailing at the Statement of financial position date. Non-monetary items that are measured in terms of historical cost in a foreign currency are no re-translated.

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

2.3 Cash and cash equivalents

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

Signed  Director
(Mr.Garth Alexander Kenneth Manning)



The Wonca Trust
Note To The Financial Statements
31 December 2014

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.

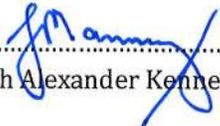
2.5 Equipment

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 2014**

2 Summary of significant accounting policies (Con't)

2.6 Provision

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

2.7 Revenue recognition

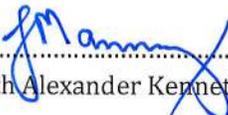
Revenue comprises the fair value of the consideration received or receivable for the sale of goods and service net of output tax, rebates and discounts. Revenue from sales of goods is recognised when significant risks and rewards of ownership of the goods are transferred to the buyer. Revenue from rendering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

2.8 Measurement currency

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

3 Cash and cash equivalents

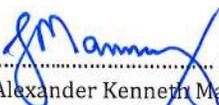
	Unit : USD	
	<u>2014</u>	<u>2013</u>
Cash on hand	14,151	1,692
Cash at Paypal	17,343	9,732
Cash at banks – current accounts	280,976	46,992
Total cash and cash equivalents	312,470	58,416

Signed  Director
(Mr.Garth Alexander Kenneth Manning)

The Wonca Trust
Note To The Financial Statements
31 December 2014

4. Equipment, net

	Office, furniture and equipment USD	Computer and equipment USD	Total USD
Cost :			
As at 1 January 2014	2,783	6,108	8,891
Addition	674	1,372	2,046
As at 31 December 2014	<u>3,457</u>	<u>7,480</u>	<u>10,937</u>
Accumulated depreciation :			
As at 1 January 2014	(626)	(2,226)	(2,852)
Depreciation for the year	(593)	(2,282)	(2,875)
As at 31 December 2014	<u>(1,219)</u>	<u>(4,508)</u>	<u>(5,727)</u>
Net book value :			
As at 31 December 2013	<u>2,157</u>	<u>3,882</u>	<u>6,039</u>
As at 31 December 2014	<u>2,238</u>	<u>2,972</u>	<u>5,210</u>
Depreciation - Assets for the year 2013			<u>2,496</u>
Depreciation - Assets for the year 2014			<u>2,875</u>

Signed  Director
(Mr.Garth Alexander Kenneth Manning)

The Wonca Trust
Note To The Financial Statements
31 December 2014

5 Other payables and accruals

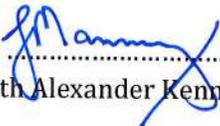
	Unit : USD	
	<u>2014</u>	<u>2013</u>
Taiwan FM Research award	6,000	6,000
Professional cost	2,718	3,706
Wonca Scholarship	1,000	1,000
Accrued personnel expenses	977	-
Accrued travelling expenses	380	11,928
Printing and editorial costs	-	-
Other accrual	1,916	908
Total other payables and accruals	12,991	23,542

6 Subscription incomes

	Unit : USD	
	<u>2014</u>	<u>2013</u>
Member organizations' dues	365,835	321,862
Licences and royalties	125,201	20,030
Consulting revenue	114,323	-
Conference levies	74,530	176,731
Direct individuals' membership dues	54,134	34,850
Sponsorship income	-	20,000
Member academies' dues	2,440	3,150
Total subscription income	736,463	576,623

7 Other income

	Unit : USD	
	<u>2014</u>	<u>2013</u>
Sales - Wonca guidebooks and merchandise	7,630	2,592
Income from copying and editing	-	435
Interest income	100	51
Other income	30	167
Total other income	7,760	3,245

Signed  Director
(Mr. Garth Alexander Kenneth Manning)

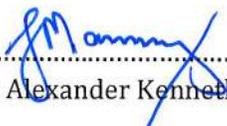
The Wonca Trust
Note To The Financial Statements
31 December 2014

8 President, executive and regional expenses

	Unit : USD	
	<u>2014</u>	<u>2013</u>
<u>Executives' expenditures</u>		
Members' of executive	70,801	88,567
Regional and world council meetings	-	57,171
President	32,770	23,708
CEO	13,672	15,572
President Elect	3,236	2,686
World Health Organisation Liaison	5,138	1,430
	125,617	189,134
<u>Regional expenditures</u>		
Ibero-Americana	10,000	4,000
East Mediterranean	3,122	1,010
Africa	1,693	3,259
South Asia	1,634	459
North America	-	1,275
	16,449	10,003
Total President, executive and regional expenses	142,066	199,137

9 Secretariat expenses

The Trust's secretariat expenses, which include administrative, accounting and computer services and other facilities, are provided by a related party. The related party is a company, i.e., Wonca Ltd.; a Company limited by guarantee which is incorporated in Thailand, have similar directors of the manager cum Trustee. The amount paid for secretariat expenses for the current financial period amounted to USD 291,694 (2013: USD 296,790)

Signed  Director
(Mr. Garth Alexander Kenneth Manning)

The Wonca Trust
Note To The Financial Statements
31 December 2014

10 Special projects' and working parties' expenses

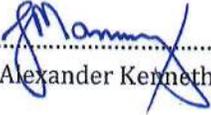
	Unit : USD	
	<u>2014</u>	<u>2013</u>
Classifications	-	3,050
Environment	1,361	-
Ethic	838	-
Rural practices	1,000	1,000
Total special projects' and working parties' expenses	3,199	4,050

11 Publications and communication expenses

	Unit : USD	
	<u>2014</u>	<u>2013</u>
Editor's professional fee	24,000	24,000
Webmaster and hosting	9,235	55,919
Total publications and communication expenses	33,235	79,919

12 Other operating expenses

	Unit : USD	
	<u>2014</u>	<u>2013</u>
Professional fee	17,234	-
Consulting expenses	14,319	-
Tax and VAT paid in Thailand	10,631	-
Bank charges	5,345	5,044
Postage and courier charges	5,330	-
Stationery expenses	4,790	-
Insurance expenses	3,356	564
Depreciation expenses	2,876	2,496
Cost of WONCA Guide book	2,536	1,243
Wonca souvenirs	1,925	1,352
Exchange loss	1,193	11
Inventory written off	-	154
Other expenses	749	61
Total other operating expenses	70,284	10,925

Signed  Director
(Mr.Garth Alexander Kenneth Manning)

The Wonca Trust
Note To The Financial Statements
31 December 2014

12 Other operating expenses (con't)

In 2013 many of the items contained in other operating expenses had been allocated by the then-accounts officer to the Secretariat expenses (Note 9). It was audited on that basis.

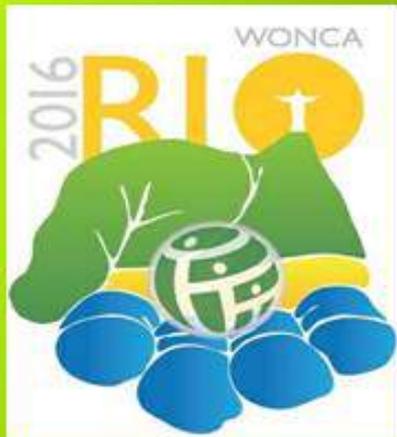
In 2014 the items had more correctly been identified and subdivided, and allocated to their own budget accounts. They were reported and audited on that basis.

For these reasons the Secretariat expenses (Note 9) shows a 2013 expenditure of \$296,790 whilst for 2014 this had reduced to \$291,694.

To the best of our knowledge, equivalent 2013 figures for sub-items in Note 12 are:

	Unit : USD <u>2013</u>
Professional fees	10,752
Tax and VAT	6,317
Postal and courier	3,341
Stationery	6,449

Signed  Director
(Mr.Garth Alexander Kenneth Manning)



20th **Wonca** Europe Conference 2015 *istanbul* **October 22-25, 2015**
 Halic Congress Center
 Istanbul / TURKEY
www.wonca2015.org



WONCA South Asia Region Conference 2016
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 Reaching across the shores to strengthen primary care
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College of General Practitioners of Sri Lanka

WONCA THIRD FAMILY MEDICINE CONGRESS
 EAST MEDITERRANEAN



FAMILY DOCTORS
 with heads and hearts



2016 **WONCA RIO** **21st WONCA World Conference of Family Doctors**
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Family Medicine
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About the report

I welcome you to this second annual report from WONCA, our World Organization of Family Doctors.

This report has been 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 outlines the highlights of the work of your elected executive members, and our CEO and secretariat staff, and our Young Doctor Movements, working parties, special interest groups and individual representatives over the past year. It also includes our 2014 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. More news and details can be found on our WONCA website – www.globalfamilydoctor.com - and you are invited to sign up for our weekly email updates on the activities of our global organization.

Prof. Michael Kidd, WONCA President



World Organization of Family Doctors

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