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Executive
(Back row from l to r): Meng-Chih Lee (Asia Pacific); Pratyush Kumar (Member at Large); Marvin Reid (North America); Shabir Moosa (Africa); Jacqueline Ponzo (Iberoamericana-CIMF); Ana Nunes Barata (Young Doctor; Raman Kumar (South Asia); Jinan Usta (EMR); Mehmet Ungan (Europe)

(Front row from l to r): Viviana Martinez Bianchi (Member at Large); Anna Stavdal (President-elect); Donald Li (President); Garth Manning (CEO); Val Wass (Member at Large)

WONCA Executive

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

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

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

This is surely the strangest year any of us have experienced in our careers. The COVID19 pandemic has displaced plans, accelerated adoption of new ways of doing things, changed the way we consult with our patients and, as ever, has seen family doctors and GPs on the front line dealing with diagnosis and early treatment of patients. Huge gaps are now all too apparent in our readiness and preparedness for global health challenges. The need for health to be the top priority for every government is clear. Explicitly, the need for good quality, comprehensive primary healthcare, delivered by a qualified PHC team, is of paramount importance. That message cannot be allowed to get lost in the race towards developing a vaccine, while dealing with increasing numbers of positive cases and the ongoing range of illnesses and diseases which have taken a back seat in recent times.

We must speak out at every opportunity and use our voices and our numbers to influence developing global health policies. As a WONCA Executive we will continue to use our voice in the global forum of WHO, putting the case for primary healthcare-led health systems, as coherently and as loudly as we can. In each of our countries we, as family doctors, can use our voices to influence governments and WHO to focus on the benefits of introducing or expanding or strengthening comprehensive primary healthcare. Of course, hospitals are necessary – no-one would suggest otherwise. But the vast majority of illnesses and diseases can and should be dealt with in the community, taking account of the whole person, many of whom have a multiplicity of conditions and co-morbidities.

The introduction and/or reinforcement of the PHC cadre of professionals cannot be created overnight: there is no magic wand available to ensure that PHC teams can be available to every person across the globe. But that should be the goal and countries should be encouraged to work as quickly as possible towards that goal. If not for the achievement of the SDGs, then surely the pandemic and its sequels have made people realise that the big gap in the system is comprehensive primary healthcare, available to all.

As the WONCA Secretariat prepares to publish the Annual Report I am humbled by the huge amount of work and collaboration going on among our members. The response to the introduction of the WONCA webinars was truly surprising. We did not expect participation to be so high or to remain so consistently high, with people participating on various platforms. We are grateful for the work everyone put into these (including the preparation, the technical staging and the behind the scenes connections across the globe).

We are also pleased that WHO officials found the WONCA webinars so useful, with officers and advisors joining all of our webinars. It is obvious that there is a thirst for believable, trusted, knowledge and sharing of experiences. Collaboration between our Working Parties and Special Interest Groups on topics which straddled various key issues was impressive. The demand for webinars was so strong that a second tranche has been arranged, with Working Parties and Special Interest Groups bidding to fill the slots available. This has resulted in a number of interesting collaborations, which will inform future research and actions.

As you will see from each of their reports, our regions have taken the challenge of the pandemic to do things differently and have responded in diverse and innovative ways to support each other, to provide learning and sharing opportunities and to build collaborations across the primary healthcare professions. In spite of the challenges, each region reports a huge amount of activity, building of alliances, and consolidating educational and professional developments. They are to be congratulated.
As your President I would normally be visiting and attending conferences and meetings across the globe, meeting you face to face and enjoying the wealth of skills and commitment from our members. I am sorry that this has not been possible this year – but I really appreciate meeting so many of you virtually from my consulting rooms or my home, as we have held our meetings and webinars and virtual conference talks. We will meet again, face to face, hopefully soon. In the meantime, I was honoured to be invited by WHO to participate in consultations and to be featured in webinars to share the experiences of family doctors as part of the PHC team, in the context of COVID19. I also enjoyed being interviewed by Domhnall MacAuley, the new editor of British Journal of General Practice (BJGP) and have had an editorial published in BJGP as well as an article I co-authored published in BMJ.

As you know from other reports, we have had to postpone our planned World Council meeting and conference, which has saddened many: not least those who have put so much work into organising and facilitating these huge meetings. After much deliberation of WONCA Bylaws and Regulations it has been decided that our current Executive will continue in post for another year, until we can meet face to face as a World Council.

Our Members-at-Large, Val Wass, Viviana Martinez-Bianchi and Pratyush Kumar have each been very active undertaking their respective assigned responsibilities. As Treasurer, Val has worked closely with Garth Manning, our CEO, to ensure that we adhere to our stated position of clear, unequivocal, budgets, responding to changes in circumstances quickly and keeping Executive apprised of all developments. Val also chairs the Working Party on Education, which is going from strength to strength. Vivi is a networker par excellence and in her role as WONCA-WHO Liaison she has helped to reinforce our collaborations with WHO both globally and in the regions. Pratyush has been involved, with Anna Stavdal, in helping to streamline the procedures for Working Parties and Special Interest Groups, so that joining them is easier and membership is transparent, and encouraging them to report more consistently on the great work they are doing.

I am immensely grateful to our President-Elect Anna Stavdal, with whom I work so closely, and to our CEO Garth Manning and the Secretariat team, especially Dr Nongluck, for their support and hard work in keeping the organisation functioning in such challenging circumstances.

And speaking of our CEO and the Secretariat, I want to put on record my enormous gratitude for their years of work, building WONCA back to being a viable and thriving organisation. As Garth retires at the end of this year and the Secretariat moves to Brussels to start the next phase of our WONCA life, I would like to thank Garth and the small team in Bangkok. With determination, commitment and ongoing hard work they have responded to the demands of the Member Organisations, introduced and grown the number of Life Direct Members, networked on behalf of WONCA across the globe, and developed the consultancy opportunities for practice accreditation and postgraduate programme accreditation. Much of the work undertaken by Garth goes unseen but ensures that we continue as a thriving Organisation, representing our members. With his (mostly) calm and committed perseverance he has supported successive Presidents, Presidents-Elect and Executives for more than eight years. I know I act on your behalf to thank him sincerely and extend our hope that he enjoys his retirement, when it happens.

In normal circumstances this would have been my ‘farewell’ article in the Annual Report, after serving as your President for the two-year term. These aren’t normal circumstances. So, I will remain as your President, increasingly sharing responsibilities with our President-Elect, Anna Stavdal, until our Council can meet in person to endorse the handover of responsibility. I am both proud to do so and delighted to be working so closely with Anna.

Until we meet again, stay safe and be kind to each other.

Dr Donald Li
WONCA President
President Elect Report

Over the second half of 2019, and until the pandemic broke lose, I was active travelling, attending WONCA Rural Conference in Albuquerque in October, and the regional SAR conference in Lahore in November.

I also represented WONCA in a number of other arenas, including at the Spanish Minister of Health’s conference on Patient Safety, at the European Health Forum Gastein in October, and the Preventing Overdiagnosis Conference in Sydney in December.

Since spring 2020 I have joined the advisory board of the PARiS Study (Patient Reported Indicator Survey Initiative,) as a member of the advisory group of international stakeholders.  

WHO activities.
I was invited to chair the opening panel on a global event on health systems response to NCDs in Oman in December 2019, and attended the European Screening Conference in Copenhagen in February 2020 as special advisor.

In June I accepted an invitation to participate in a commission at WHO Europe - to look at health systems strengthening in the aftermath of the pandemic. The commission will deliver a report to the Regional Committee, and is chaired by former PM Monti from Italy, and consists of high level formerly active politicians and a few representatives from civil society organisations, supported by an advisory board of scientists. WHO Director General, Dr Tedros, will present the report together with WHO Europe Regional Director, Hans Kluge, in September.

This provides WONCA with a golden opportunity to impact the development of health systems thinking and provide family medicine research, underpinning the importance of primary care with highly qualified family doctors.

I continue to chair the Advisory Board to the WHO Euro Primary Care Centre in Almaty. This year’s meeting was postponed due to corona.

Content-wise, my work has focused on a number of interrelated topics: core values of family medicine, digital health, overdiagnosis/overtreatment, classification/disease definitions/ICPC and advocacy.

Over the last year I have participated in a Nordic brainstorming process on the core values of family medicine, and I am chairing a committee mandated by WONCA Europe Council to launch a similar European process.

Digital health and the role of Family Doctors in creation, implementation and evaluation has been highlighted in the IT accreditation pilot with Ping An Good Doctors, China. A session was prepared for the second WHO conference on Future Digital Health Systems in Copenhagen in March together with Donald Li, Harris Lygidakis and Nicjk Guldemond. The event was cancelled due to the pandemic, but the accreditation process will certainly continue to be in focus.

Preventing Overdiagnosis has been a core topic for me throughout my career. It links to the core values project, as well as to digital health.
I am a member of a multi-professional, international group exploring the topic ‘Redefining Disease Definitions’. The same group published a paper in BMJ earlier this year:  
https://ebm.bmj.com/content/24/5/163 Redefining disease definitions and preventing overdiagnosis: time to re-evaluate our priorities

In October I delivered a TEDx talk on “Why we need supergeneralists in hyper-specialised health care”, available on YouTube.

I have also published a number of articles on “core values in family medicine”, in journals and blogs:  
Published pieces on Core Values:  
https://www.globalfamilydoctor.com/News/InmyviewAnnaStavdal.aspx  
WONCA Global Family Doctor  
https://huspeteblogi.fi/the-core-values-of-family-medicine/  
Department of General Practice and Primary Health Care, University of Helsinki and Helsinki University Hospital, Finland  
Medical Forum Australia

At a governmental Norwegian meeting on ‘Medical overactivity’ in February, I gave a talk on international perspectives on overdiagnosis/overtreatment.  
Selection process for the new CEO. In November 2019 the selection process for a new CEO was finalized. As Chair of the search committee I would like to thank the core committee, Professors Job Metsemakers and Ruth Wilson, for their unfailing efforts and for good collaboration, along with Professor Val Wass and Prayush Kumar in the second phase of the process. The contract with the new CEO, Harris Lygidakis, was signed early in 2020. The new WONCA Secretariat will be located in Brussels from November 2020, when Harris will formally take up post. The Bangkok Secretariat will cease to operate form 31st December

COVID 19 Webinars.  
The WONCA webinars took place every weekend from the start of April until the end of May, and I took part in the organizing and preparation for these, together with Donald Li, Garth Manning and Harris Lygidakis.

The COVID 19 pandemic has caused disruption on many levels. It has been a pleasure to work with Donald, Garth, and gradually also the CEO designate Harris Lygidakis, to find good solutions for WONCA under these circumstances.

Dr Anna Stavdal  
WONCA President Elect
Welcome to this latest Annual Report from WONCA, which reflects a very challenging year for the organization and the Secretariat, due to the COVID-19 pandemic. We welcome this opportunity to report on our activities and to inform all colleagues – our Member Organizations, Academic Members, individual members, Organizations in Collaborative Relationship and our other partners such as WHO – of the many activities undertaken on your behalf.

This will be my last Annual Report as CEO, as I step down at the end of December 2020 after over 8 years in office. I congratulate my successor, Dr Harris Lygidakis, who will be known to many of you from his time with the Vasco da Gama Movement and also as Hon Secretary of WONCA Europe. Harris has already been involved in a number of our activities, but will officially start in November to allow a handover period.

From January 2021 WONCA's Secretariat will move to Brussels, and the Bangkok office will close. It is timely, and highly appropriate, to pay huge tribute to Dr Nongluck Suwisith who has been an outstanding Chief Admin Officer to WONCA, and a remarkable advocate for WONCA and for family medicine more generally. With her very small team of Yao Min Chao [Mint] looking after Membership and Administration and Anuta Mustafa [Bee] looking after Accounts, the trio have continued to provide very dedicated service to the organization.

During this reporting period there have been two key meetings of the WONCA Executive, in addition to the regular monthly teleconferences. The first Executive face-to-face meeting took place in Bangkok on 20th and 21st November 2019. A second face-to-face meeting was planned for May in Belfast – my home city – in recognition of my time as CEO. Alas this quickly fell victim to the COVID-19 lockdown, and Executive met instead by Zoom on 14th and 15th May. It is all but inevitable that our next full meeting (November 2020) will also have to be virtual, given the ongoing travel restrictions for so many.

COVID-19 has had a major impact on family doctors globally, who have often been very much on the front line of the COVID response. Your inputs have been crucial, and we remember our colleagues who have died as a result of their dedication to the treatment of others. COVID has also severely disrupted so many of our plans for 2020. We had begun discussions quite early with Abu Dhabi about the viability of going ahead with our world event in November. It was clear that attendance in person would be difficult, if not impossible, for many people, and this was confirmed by Executive during our May meeting, when several indicated that they would not be able to travel for the remainder of 2020. We explored the possibility of a virtual Council and conference, but met many challenges to our governance. There was a very real risk that even if a virtual Council were to go ahead it would not be quorate, as only those present in person and those holding a proxy, would count in terms of a quorum and voting rights. This last point, together with the dilemma of different time zones led us ultimately to have to recommend postponement. We sought the views of our Member Organizations (MOs) and the vast majority of responders fully supported the postponement option. We are most grateful
to the MOs for their support and also to the Host Organizing Committee of Emirates Medical Association and the professional conference organizers for Abu Dhabi for their flexibility and complete cooperation. The events have now been postponed by 12 clear months, with Council now scheduled for 21st to 23rd November 2021 and conference from 25th to 28th November 2021.

Allied to this we also held discussions with Royal Australian College of GPs, our hosts for WONCA 2022 in Sydney. They also confirmed that they would be happy to postpone by one year, and so our world event will now take place in the last quarter of 2023. We have recommended that the current Executive remain in office until November 2021, when officer elections will take place for the Executive which will serve 2021-2023. The Council and conference following Sydney will now take place in 2025, with bids to be voted on in Abu Dhabi in November 2021.

The global pandemic has also decimated our conference programmes. One after another, events have had to be postponed or cancelled, which is distressing as we rely so much on these events to meet and connect. The only event which remains for 2020 (at least at time of writing) is the WONCA Europe conference in Berlin. Originally planned for June, this has now been rescheduled for 17th to 19th December 2020, providing us with our sole opportunity to meet up in this calendar year. But in an effort to provide at least some connection and support to our members we arranged a series of WONCA webinars throughout April and May 2020, involving our Executive, many of our Working Parties (WPs) and Special Interest Groups (SIGs) and also engaging with a number of our WHO colleagues. These webinars proved popular and we got some great feedback from members. We hope to plan more webinars in the latter part of 2020, after discussion with our WPs and SIGs. The webinars can be accessed on YouTube at https://www.youtube.com/channel/UC_NvHfNFH71d2rqqgQA1ug

We are pleased to report that WONCA finances remain healthy, despite loss of income from postponed events. The Honorary Treasurer reports in more detail elsewhere in this report, and the WONCA Trust audited accounts are included as an annex to this report, but it is pleasing that yet again our surplus for 2019 was rather bigger than planned. We had budgeted for a surplus of $27,000 and in fact were able to report a surplus of almost $77,000. A budget revision was carried out in May, to take account of the disturbance in income and expenditure, and Executive will now also have to cast a budget for 2021 later in 2020. Advertising of courses and events provides small but steady income and we continue to benefit from solid consultancy income. Two consultancies in China have had to be postponed, though it is very much hoped that they can take place before year end.

We continue to collaborate closely with WHO and “meet” through regular teleconferences. We had opted not to attend the WHO Executive Board meeting in January, but instead to devote our budget, time and energy on World Health Assembly in May. Of course this then fell victim to COVID-19 and was converted into a 1½ day virtual event which our WHO Liaison, Dr Vivi Martinez Bianchi, attended.

WONCA remains active in publishing, and a number of new WONCA publications have appeared during the year. Our Working Party on Mental Health have produced “Global Primary Mental Health Care: Practical Guidance for Family Doctors” while our SIG on Migrant Health contributed to “Migrant Health: A Primary Care perspective”. At least two further publications are in the pipeline. One is a joint publication from our Working Parties on Education and Research: “A Practical Guide to Primary Care Educational Research”. The second – as yet untitled - is from our consortium which has been working on the development of ICPC-3 (International Classification for Primary Care; version3) which will be launched at WONCA Europe in Berlin in December 2020.

I hope you enjoy reading the rest of this Annual Report, with narratives from our regions, our Working Parties and SIGs and our Young Doctor Movements.
WHO Liaison

WONCA Statement of support for the World Health Organization

In June 2020, WONCA released the following statement (endorsed by WONCA Executive) outlining its support for WHO in the current coronavirus pandemic:

The COVID-19 Pandemic constitutes a serious public health crisis, affecting all countries in the world. WONCA recognizes the World Health Organization’s critical and leading role during the pandemic, working across six regions, delivering essential equipment, providing technical guidance and education, and mobilizing resources while emphasizing health for all.

WONCA will continue to partner with WHO in its efforts to improve health through providing comprehensive care for people of all ages and encouraging Universal Health Coverage through strong Primary Health Care; and will continue to collaborate in technical papers, educational resources, and policy support.


COVID-19: Health Services Learning Hub

WHO has invited WONCA to be a member of the COVID-19: Health Services Learning Hub. The goal of the hub is to drive activated learning to maintain essential health services in the context of the COVID-19 pandemic - and transform health services for the future. WONCA will coordinate with member organizations how best to participate in this endeavour, and who the Member Organisation focal points will be to collaborate.

WHO Executive Board and World Health Assembly

WONCA did not attend the WHO Executive Board meeting in February, given there had been several new WHO discussions for change of status (and confusion) around participation of non-state actors. We participated in WHA73 on 22 May 2020 virtually, using video conference technology. The meetings had an emphasis on the COVID 19 Pandemic, a reduced agenda to fit into two days.

The following is WONCA’s written statement to the WHA:

Statement

WONCA represents 550,000 family doctors in 150 countries working at the frontline of primary health care (PHC). “First in, Last out,” Family Doctors have a strong and continuous role in the fight against novel coronavirus.

Family doctors are often the first contacts of patients in the fight against outbreaks and manage people’s chronic conditions, mental health and preventive measures, with attention to the whole family and the community. A key problem is that many countries put all the emphasis on hospital-centred models, often relegating PHC to the margins, when PHC should have been at the forefront of a pandemic response.
WONCA recommends

1. Appropriate funding for PHC, and an increase in the numbers of family doctors and other members of the healthcare team trained so that every country is prepared to manage the pandemic.
2. Ensure access to care, drugs & diagnostics availability for COVID-19 and non-COVID-19 conditions.
3. Family doctors and other PHC professionals are central to health emergency risk management, preparedness and communication locally & nationally. To ensure their protection, PPE must be provided to all.
4. Rural migrants, inner city dwellers, people living in multigenerational family units, refugees and other vulnerable populations are often the worst affected; adequate consideration should be given to their socioeconomic and health needs.
5. More widespread testing to better understand the true prevalence of disease in the community
6. Breaking silos and providing innovation in data and technology with data integration, allowing much improved health information exchange between hospitals, PHC, labs, practices, and health departments.
7. PHC needs to be included in Humanitarian Aid and Global Health planning and budgeting. Without PHC the outcomes of this and future pandemics and disasters will be worse.

Success will come from investing in the frontline with well-resourced PHC teams working at the community level

WHO teleconferences

Several working teleconferences held. Participants have included for WHO: Ed Kelley, Shannon Barkley, John Fogarty, WHO Division of UHC and Life Course
For WONCA: Donald Li, Anna Stavdal, Shabir Moosa, Monica Burns, Viviana Martinez-Bianchi, Garth Manning. Much of the discussion revolved around COVID and how WONCA can help with dissemination of information, and members providing access to care.

Action points included:
- identify mechanisms for dissemination of WHO guidance through WONCA networks
- identify opportunities for WONCA’s support on evidence review or guideline review
- opportunities for WONCA to participate in forthcoming learning platforms for maintaining essential health services
- identify WONCA activities where WHO can support, e.g. webinars
- identify a list of WHO resource people who could join the WONCA webinars panel (this is ongoing, with WHO representation in our WONCA Webinars)

The WHO Academy is rapidly upscaling training via a number of digital, easily accessible, learning applications. Please help WHO design and prioritise content and delivery methodologies that support and enable health workers worldwide boost their knowledge and skills related to the COVID-19 outbreak. A survey went out, closed now. Here is a link. https://www.who.int/about/who-academy

WHO material on COVID 19. Great informational material
https://www.who.int/emergencies/diseases/novel-coronavirus-2019

Strategic and Technical Advisory Group of Experts (STAGE) for maternal, newborn, child, adolescent health, and nutrition, “based on a widely distributed open call”. The STAGE will report to the WHO Director General and will be supported by a Secretariat housed within WHO. The inaugural meeting to formally launch the initiative was held (virtually due to COVID-19) on April 30 and May 1, 2020. The Terms of Reference and profiles of all members are available on the STAGE website:
https://www.who.int/maternal_child_adolescent/stage/_mncahn_current_members_list_bios/en/

We were asked to provide relevant comments on the proposed Terms of Reference and membership, which we did. And we provided comment that WONCA should have direct representation in this group. I
have noticed, however, that we do not show up on the list of partners contributing to the WHO Department of Maternal, Newborn, Child and Adolescent Health. This is an area we need to improve.


WONCA was invited to observe the April and May session and I have submitted a statement that reads:

"WONCA, the World Organization of Family Doctors, represents 600,000 family doctors/general practitioners in every region of the world. We are the only medical specialty taking care of the whole family unit. We care for all age groups, provide prenatal care, labor and delivery, and care for babies, children, adolescents and adults, in urban, suburban and rural environments. Health prevention, and advice on nutrition, are aspects of everyday life for our front-line clinical teams. WONCA hopes to be invited as a participant in the STAGE team in the future. WONCA looks forward to the recommendations of STAGE and commits to sharing the STAGE recommendations to PHC teams around the world."

WONCA received an invitation for a WHO ad-hoc consultation on managing the COVID-19 infodemic. Organized by the EPI-WIN team at World Health Organization, which took place on Zoom 7–8 April 2020, 14–17h Geneva time on both days. (‘infodemic’ - an over-abundance of information – some accurate and some not – that makes it hard for people to find trustworthy sources and reliable guidance when they need it, and for policy-makers to use in policy-making.) The aim of this technical consultation was to develop an infodemic response framework to guide targeted interventions to promote dissemination of reliable information about COVID-19, and reduce misinformation, rumours and myths about COVID-19. I attended on behalf of WONCA. The presentations are included in this link https://www.who.int/teams/risk-communication/who-ad-hoc-online-consultation-on-managing-the-covid-19-infodemic

Death of Dr. Peter Salama, Executive Director of WHO's Division for Universal Health Coverage - Life Course. Peter was in charge of the agenda for PHC, and his premature death was a big blow to WHO and those who knew him. https://www.who.int/news-room/detail/24-01-2020-who-mourns-passing-of-dr-peter-salama. No person has been named yet to take his important place. WONCA submitted a letter of condolence.

WHO regional work

WONCA CIMF. I have been working with Jacqueline Ponzo and representatives from PAHO, to draft an MOU between WONCA CIMF and PAHO, which was to be signed during the Puerto Rico Cumbre on April 28, but plans were delayed due to COVID 19. The draft in Spanish is agreed by PAHO, and translation into English was sent to the team for approval. I am trying to engage North America region as well. Some PAHO colleagues have been attending the WONCA CIMF Zoominars.

AfroPHC. Amazing work has been done by Shabir on AfroPHC, which includes WHO Africa officers. The first AfroPHC Steering Group meeting took place on Tuesday 21st January. WHO AFRO is a member. The first conference of AfroPHC was going to take place 18-21 June 2020 at Wits University, Johannesburg but had to be suspended due to the Pandemic.

Let me know of work in other regions so I can keep a good eye, and let me know of opportunities to help.

Partnerships deriving from WHO collaboration

Civil Society Engagement Mechanism for UHC2030 (CSEM)
The International Health Partnership for UHC2030 (UHC2030) is the global movement to strengthen health systems for Universal Health Coverage (UHC), as part of the Sustainable Development Goals (SDGs). It is a multi-stakeholder platform that promotes collaborative work at global and country levels on Health Systems Strengthening (HSS), advocates for increased political commitment to UHC, and facilitates accountability and knowledge sharing. We became an official partner in October 2019 during the UN High
Level Meeting. [https://csemonline.net/] A webinar on the civil society response on COVID 19 was done on April 21 [https://csemonline.net/project/webinar-civil-society-participation-in-the-covid-19-response/]

**Primary Health Care Performance Initiative**
Primary sources [https://improvingphc.org/blog/2020/04/22/introducing-primary-sources]. PHCPI, in partnership with WONCA and AfroPHC, have started a new blog series, “Primary Sources”, highlighting stories from across the globe, focusing on:
- how countries are mobilizing their PHC systems to respond to COVID-19;
- how the pandemic is impacting the delivery of essential PHC services; and
- key experiences and lessons learned that can help others in similar situations.

**The Global Coalition for Circulatory Health**
The Global Coalition for Circulatory Health (GCCH) provided a global perspective on the circulatory risk factors and outcomes associated with COVID-19 and covered ways of supporting the healthcare workforce. Dr Viviana Martínez Bianchi, WONCA Member-at-Large & WHO Liaison, represented WONCA. [https://www.youtube.com/watch?v=WncLWeJlvvA]

**LINKS to documents of importance to WONCA**
WHO Website on PHC: [https://www.who.int/health-topics/primary-health-care#tab=tab_3]
Primary Healthcare Operational Framework [https://www.who.int/docs/default-source/primary-health-care-conference/operational-framework.pdf?sfvrsn=6e73ae2a_2]
PHC Accelerator document [https://www.who.int/docs/default-source/global-action-plan/accelerator2.pdf]
Global Action Plan [https://www.who.int/sdg/global-action-plan]
High Level Commission, 2017 Resolution [https://www.who.int/hrh/com-heeg/en/]
WHO Workforce 2030 [https://www.who.int/hrh/resources/pub_glostrathrh-2030/en/]
Recife Report 2013- No health without the workforce [https://www.who.int/workforcealliance/knowledge/resources/hrhreport2013/en/]

Viviana Martinez-Bianchi, MD, FAAFP
WHO Liaison
WONCA Statutory Committees
Bylaws

The current committee comprises:
- Dr Karen Flegg (Australia)
- Dr Ana Nunes Barata (Portugal)
- Dr Doral Bernal (Colombia)
- Professor Rich Roberts (USA)

The 2019 Bylaws (with amendments from the Extraordinary General Meeting at the end of May 2019) can be accessed at the WONCA website.

Further challenges with the Bylaws were identified. These were addressed by the Bylaws Committee (including Executive Committee members) since October 2019. Formal proposals were made to the Executive Committee at the biannual extended meeting held virtually on 14-15 May 2020.

A number of Bylaws amendments were proposed and agreed by Executive whilst some others have been referred back to the Bylaws Committee for further work. The full set of proposed amendments will be circulated to WONCA Council in advance of the next Council meeting in November 2021. The WONCA Africa Regional Bylaws were also discussed and were accepted with minor changes.

There have been further Bylaw issues identified since May 2020 (including virtual Council and annual meetings for legal requirements) that will be worked on for Abu Dhabi in November 2021.

All regional Bylaws have been collated. There is no record of them being ratified by Council as expected.

Organizational Policies are also being reviewed to be in alignment with the Bylaws and adequate to the requirements for good governance of WONCA as a global organisation.

I would like to acknowledge the work of the Bylaws and Executive committee a for all their excellent work.

Professor Shabir Moosa
Chair Bylaws and Governance Committee

Finance

It has been a challenging 12 months for WONCA’s finances. COVID-19 has resulted in the cancellation or postponement of many WONCA events, so conference levies – one of the key sources of WONCA income – have dried up entirely in 2020. Equally, consultancy income has suffered, as it has not been possible to undertake accreditation visits, even though two programme accreditations and one practice accreditation are currently pending. It is hoped that these become possible before the end of 2020, to improve the year-end situation.
Last year I was able to report that 2018 had produced a surplus of $167,000 against a predicted surplus of just over $87,000. I noted that Executive continues to take a cautious approach to the budget. We are grateful to our predecessors who had wisely ring-fenced $200,000 as a strategic reserve, so that the organization has 6 months of guaranteed funding to maintain operations. This has made our situation much more tolerable – and certainly vastly better than would have been the case just a few years ago.

We are also undergoing a transition to a new CEO and Secretariat at the end of 2020. A budget of $150,000 had been allocated for this, to allow for recruitment (both of new CEO and new staff), redundancy of current staff, legal and accounting fees relating to the new organization and general costs for transferring archives and materials from Bangkok to Brussels. This may not be sufficient. We are keeping expenditure under review and will look again later in 2020 before drafting a budget for 2021.

At its meeting in Bangkok in November 2019, Executive undertook a revision of the previously agreed budget for 2019. Most of the revisions were relatively minor, though it was clear that the WHO budget no longer covered the many WHO-related activities being undertaken and so it was increased from $25,000 to $40,000. Against this, consultancy income increased from $90,000 to $140,000 so a predicted deficit of $28,000 became a predicted surplus of $36,000. By year end, in fact, the surplus was just over $77,000.

Executive also revised the budget for 2020, increasing budgets for WHO and, at the same time, increasing projected income from both Member Organization levies and consultancy income. Two major expenses had to be included for 2020 - $30,000 for discretionary funding (already allocated and funded from a previous year’s surplus) and $120,000 for the Secretariat transition. The estimate for the year was for a deficit overall of $116,500 but the revisions to the budget reduced this predicted deficit to $84,000.

COVID-19 has, inevitably, rendered much of this budget out of date. Executive had to consider further revisions during its virtual meeting in May 2020. At this meeting I made a number of proposals to Executive. The key ones were reduction of various membership income streams – MO levies and Direct Member levies – and significant reduction in conference levies. Against this, Secretariat expenses were predicted to fall and, of course, Executive travel and WHO and meeting costs were less. We remain hopeful that at least 50% of anticipated consultancy income will be achievable in 2020. The net effect overall was a minor revision in predicted deficit, from the previous $84,000 to $80,500. Keeping in mind that $150,000 of expenditure had been previously agreed – and funded from previous years’ surpluses – we believe that this is an acceptable situation. If consultancy income is less than we forecast then it will come on line in 2021. We are cautiously optimistic about the financial security of WONCA.

I must thank the President, President-Elect, CEO and the entire Executive Committee for fully supporting my recommendations and endorsing them.

Finally, the Audit Report for WONCA Trust for 2019 is included as an annex to this report.

Professor Val Wass  
WONCA Executive Member at Large  
Hon Treasurer

Membership

I am pleased to report that membership applications have remained buoyant during this period. Direct Member numbers have been challenged by the cancellation and postponement of various WONCA events, thus reducing recruitment opportunities, though we have admitted a number of new Life
Direct Members in the past 12 months; they are listed elsewhere in this report and we thank them most sincerely for their support.

Since July 2019 WONCA has been pleased to admit the following to Membership:

**As Member Organization**
- Malaysian Family Medicine Specialists' Association (FMSA)
- Botswana Association of Family Physicians
- Palestinian Association of Family Medicine
- MEDCAMER Family Medicine (MFM), Cameroon
- Society of Family Physicians of Liberia (SOFPOL), Liberia
- Hippokrates, Greece

**As Academic Member**
- Community Based Medical Education, King’s College London
- Global Public Health and Primary Care, University of Bergen
- Department of Geriatrics and General Practice, Shanghai, China

I thank all members of the Membership Committee – Prof Ruth Wilson, Dr Oraib Alsmadi, Dr Henry Lawson, Dr Jose Miguel Bueno Ortiz, Dr Tesshu Kussaba and Dr Pramendara Gupta - for the hard work they undertake on WONCA’s behalf and for their timely responses. I also thank Dr Nongluck Suwisith in the WONCA Secretariat for preparing and administering all applications so competently.

Professor Marvin Reid  
Chair, Membership Committee

**Organizational Equity Committee**

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

**Overview**
Main issues of concern for the OEC are as follows:

**Effect of the pandemic on members**
- Lack of access to appropriate PPE in many countries, in all regions
- Lack of inclusion of PHC/FM in the decision-making for pandemic response is being felt in some regions.
- 40 to 60% of decrease of consultations, causing financial problems to some practices.
- Inequity of health service shows even more than before, becoming common knowledge.
Situation of Young Doctors and Trainees working without PPE during the Pandemic

- The OEC received reports from trainees and young physicians in some parts of the world being forced to work without adequate PPE. Issues may involve lack of information, sometimes being told to work without it because they are “less at risk” due to being young.
- The OEC liaised with Dr Ana Nunes Barata (YDM representative on Executive) to look at a proposal for a short statement in coordination with the YDMs, WW Exec.

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

- Discussion about how the selection of the host country of WW Conf is done, and how safety of all attendees needs to be considered.
- The difficult balance between diplomatic approach to encourage Family medicine and be true to the core values of the organisation.
- Assure that the conference will hold space for LGBTQ issues.
- Assure safety for those who are LGBTQ or those that are lecturing on those issues.
- Clarify what will be allowed or not at WONCA 2020, the risk for the conference and the organization regarding LGBTQ issues in Abu Dhabi.
- Safety for meetings of LGBTQI SIG during WONCA 2020.

SIG in LGBTQ+ health

A SIG has been created with its first in-person meeting scheduled to occur at WONCA 2020, and WONCA OEC will be involved in assisting for its success.

Areas of concern re organizational equity in each region

Improving gender equity in organizations

- Encourage organizations to apply the WONCA gender equity statement: involve at least 25% women and 25% men in committees.
- Consider the creation of an OEC award, to highlight best practices and have different levels, bronze, silver and gold, with explanations in each level to explain fair and just organizational equity practices. Could have countries then self-reflect on their own level rather than call them out, and could highlight and give awards to Gold member countries. (EXEC to evaluate)
- Promote women to rise to leadership positions in regions where there are no women leaders despite many women being family physicians.
- Promote mentorship programs to achieve gender equity.
- Promote safety for LGBTQ members.

Gains regarding Organizational Equity in each region

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

Viviana Martinez-Bianchi, MD, FAAFP.
OEC Chair
WONCA Members

Member Organizations
Academic Members
Individual Members
## List of WONCA Member Organization

### Full Member Organization (125 members)

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### Full Member Organization (cont’d)

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<td>MACAU</td>
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<td>AMCGM</td>
<td>07-May-92</td>
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Full Member Organization (cont’d)

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<th>Joined</th>
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<td>MAFMS</td>
<td>07-Jun-98</td>
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<td>MOROCCO</td>
<td>National Collective of Moroccan General Practitioners</td>
<td>MG MAROC</td>
<td>11-Nov-15</td>
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<td>MYANMAR</td>
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<td>27-May-05</td>
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<td>RNZCGP</td>
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## Full Member Organization (cont’d)

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### Associate Member Organization (10 members)

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<td>Cross-Straits Medicine Exchange Association Committee of International and Medicine</td>
<td>STSR</td>
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<td>ITALY</td>
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<td>FFFME, Inc</td>
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### Organization in Collaborative Relationship (OCR) (10 members)

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<td>ITALY</td>
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### Lists of WONCA Academic Members by Country (34 members)

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<tr>
<td>AUSTRALIA</td>
<td>Rural Clinical School, The Australian National University</td>
</tr>
<tr>
<td>BANGLADESH</td>
<td>Bangladesh Institute of Family Medicine &amp; Research</td>
</tr>
<tr>
<td>BHUTAN</td>
<td>Department of General Practice, Khesar Gyalpo University of Medical Sciences of Bhutan</td>
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<tr>
<td>CANADA</td>
<td>Department of Family &amp; Community Medicine, University of Toronto</td>
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<td>Discipline of Family Medicine, Memorial University Health Science Centre</td>
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<tr>
<td>CANADA</td>
<td>Department of Family Medicine, Queen’s University</td>
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<tr>
<td>CHINA</td>
<td>Family Medicine Education Program, United Family Health Care</td>
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<tr>
<td>CHINA</td>
<td>Department of Geriatrics and General Practice, Ruijin Hospital North Shanghai Jiaotong University School of Medicine</td>
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<tr>
<td>COLOMBIA</td>
<td>Family Medicine and Community Health Residency, Universidad de la Sabana</td>
</tr>
<tr>
<td>CYPRUS</td>
<td>Department for Primary Care and Population Health, University of Nicosia Medical School</td>
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<tr>
<td>EGYPT</td>
<td>Aswan Family Medicine Residency</td>
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<tr>
<td>HAÏTI</td>
<td>Department of Family Medicine (DFM) of Faculty of Medicine and Community Health (FMCH), Queensland University</td>
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<tr>
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<td>Department of Family, Community Medicine and Bioethics, Faculty of Medicine, Universitas Gadjah Mada</td>
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<td>JAMAICA</td>
<td>Section of Family Medicine, Department of Community Health &amp; Psychiatry</td>
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### Lists of WONCA Life Direct Member Sorted by Number

from July 2019 to June 2020 from the total of 269 members

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<td>Dr En Lonog</td>
<td>SINGAPORE</td>
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<td>LDM 239</td>
<td>BUENO-NORTIZ</td>
<td>Dr José Miguel</td>
<td>SPAIN</td>
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<td>LDM 240</td>
<td>VILASECA</td>
<td>Dr Josep</td>
<td>SPAIN</td>
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<td>LDM 241</td>
<td>PERDIKAKI</td>
<td>Dr Pigi</td>
<td>GREECE</td>
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<tr>
<td>LDM 242</td>
<td>PARIDA</td>
<td>Assist Prof Dr Swayam Pragyan</td>
<td>INDIA</td>
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<td>LDM 243</td>
<td>TALAPATRA</td>
<td>Dr Subhasis</td>
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<td>Dr Pattamas</td>
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<td>Dr Sadok</td>
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<td>AFRICA</td>
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<td>PBS</td>
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Africa Region

WONCA Africa Exco Members

The following were elected to the WONCA Africa Exco in October 2018 and allocated tasks:

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

There have been minuted bi-monthly EXCO meetings, held mostly using Zoom. In 2019 they were 9th Jul 10th Sep and 12th Nov. In 2020 they were 10th Jan 10th Mar 12th May 14th Jul. The next is planned for 8th Sep.

As per allocated tasks there has been some progress:

1. **Stakeholder Engagement (Shabir Moosa)**
   
   1. **WONCA World:**
      
      i. WONCA Exco Telcon Meetings: There have been several. Most discussion has been around regional progress and bylaws. A key progress item has been the weekly COVID webinar since April 2020.
      
      ii. WONCA Exco Face-to-face Meetings: Bangkok November 2019. There was approval of an advance loan every two years to WONCA Africa Conferences based on the Flowa Fund proposal up to $5000. There was support for the AfroPHC effort (including funds to assist the PHC Concept document process).
      
      iii. WONCA Exco Extended Telcon 14-15 May 2020: There was extensive discussion on postponing the WONCA World Council and Conference to November 2021. There were Bylaw proposals discussed as well as support of the WONCA Africa Bylaws, with changes.
      
      iv. WONCA EXCO Special Telcon: This was a special meeting to discuss governance challenges within WONCA Exco and emerged with agreements about strengthening governance.
   
   2. **WONCA Africa Member Organisations (MO) Consultations:** MO’s (both current and potential) have been provided these reports. There was also a special meeting 23rd June to discuss the EXCO term implications for the postponement of the WONCA Council Meeting to 2021. It was resolved that the term of WONCA Africa Exco be extended a year as well.
   
   3. **Bylaws:** The draft “Bylaws of WONCA Africa” adopted by the WONCA Africa Council Meeting in October 2018 and supported by WONCA Exco will be presented to the WONCA Council Meeting in Abu Dhabi 2021 for approval.
   
   4. **WHO Afro:** After engaging with WHO Afro in 2018/2019 Dr Tumusiime provided an extensive letter of engagement in February 2020 that included a memo to WHO Country Representatives. There were six areas of collaboration identified (The full document is available in a [post](#)).
      
      i. Building relationships and mutual understanding further
      
      ii. Strengthening the DHS through family physicians
      
      iii. Improving the quality of PHC and DHS
      
      iv. Connect WHO resources with the training of family physicians
      
      v. Primary care research
vi. Support for development of AfroPHC

There has been extensive engagement by WONCA Africa MOs at country level with WHO Country representatives, coordinated by Innocent Besigye. Whilst the WHO AFRO relationship is intact overall progress has been shaped by COVID, including AfroPHC and COVID in Africa Webinars. These started 19th March and ended 7th August 2020

5. African PHC Networking:
   i. Global PHC Research Consortium: Primafamed remains in the engagement with the Prof Bob Mash participating in WONCA EXCO and Prof Shabir Moosa participating in PRIMAFAMED EXCO meetings.
   ii. SPARC: There is a plan to have a webinar on the issue of UHC with SPARC’s new director.
   iii. WONCA EMR: There has been poor progress on a joint AFRO-EMRO WONCA-WHO meeting. However, Prof Moosa joined two WONCA EMR meetings – Muscat (17-20 Oct 2019) and Doha (19-22 Feb 2020).
   iv. SADC: The engagement with SADC has had no progress.
   v. AfrIPEN: Prof Moosa remains nominally part the AfrIPEN network and they are part of AfroPHC.

6. AfroPHC:

AfroPHC, as a space for frontline primary care team members to advocate for PHC in UHC, is already set up with website, google group, monthly webinars and a leadership/management course. The conference in June has been postponed. There have been monthly Core Team Meetings with progress on developing a concept note on PHC Teams including family doctors in Africa. There is a planned virtual AfroPHC workshop 4-7pm on 9-11 September 2020.

7. Academic Focus:
   i. Journal: There has been limited use of AJPHCFM for editorials etc. Articles are being prepared.
   ii. Academic Activities: The WONCA Africa PhD Forum Webinar and WONCA Africa Academic Development Webinars have been terminated.
   iii. Courses: The online Leadership and Management course in partnership with AHLMN has been agreed to and circulated with over 200 students enrolled. However, actual participation and completion is poor.
   iv. Primafamed: Primafamed as official Academic Organization of WONCA Africa was finalized with a document signed between Prof Mash and Dr Manning

2. Membership
   a. Membership Applications in progress:
      i. Botswana: Botswana Association of Family Physicians is now a member.
      ii. Cameroon: MEDCAMER is now a member
      iii. Liberia: Society of Family Physicians of Liberia, SOFPOL is now a member.
   b. Applications in progress:
      i. Ethiopia: Ethiopian Society of Family Physicians application is delayed.
   c. Outstanding: Somaliland, Rwanda, Mali, Togo, Namibia, DRC, Benin, Cape Verde.

See Contact List and Progress Report

Professor Shabir Moosa
President
WONCA Africa
Asia Pacific Region

APR executives

President: Prof. Meng-Chih Lee (Taiwan)
President-elect: Dr. Husni Jamal Mohammad (Malaysia)
Immediate Past President: Prof. Jung-Kwon Lee (Korea)
Hon. Secretary: Dr. Brian Chang (Taiwan)
Hon. Treasurer: Dr. Husni Jamal Mohammad (Malaysia)

Members At Large
Dr. Tesshu Kusaba (Japan)
Prof. Shan-Zhu Zhu (China)
Dr. Aileen Riet Espina (Philippines)

Young Doctor Representative: Dr. Erfen Gustiawan Suwangto (Indonesia)

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

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

Jobs done in 2019-2020

- Asia Pacific Family Medicine Journal has been reorganized and has a new publisher - UGM - since August, 2019. APFMJ is now running much more steadily than before.

- APR Projects on Management of Chronic pain and NCDs to formulate guidelines for primary health care providers have been initiated with supervision by WONCA World and sponsorship from Pfizer and California Academy of Family Physicians since winter 2019. A face-to-face forum with representatives from six MOs was successfully held during December 3-7 in Singapore.

- President Meng-Chih Lee visited The General practitioners/Family physician association (TGPFMA) of Thailand, and joined their Annual CME course-Review of Family Medicine in Bangkok. President Lee had been warmly welcomed with dinner by the president and executives of TGPFMA on November 21, 2019.

- Nominations for the 2020-2022 officers of APR have been received, and the voting will be held at the coming council meeting in Abu Dhabi before 2020 WONCA World conference.

- The nomination and election of 2020 APR Five-Star Doctor: Prof. Steve Shih-Tzu Tsai (Taiwan) and Prof. Kenjiro Narato, Japan, the 2020 WONCA APR Five-Star Doctors
Dr. Kenjiro Narato (Japan) are the successful winners, and will be awarded in person at the coming APR council meeting in Abu Dhabi.

- Professor Ryuki Kassai, APR Liaison person to WONCA Working Party on Research, coupled with co-authors from APR MOs, have successfully submitted a regional networking paper, titled Priorities for Primary Health Care Policy Implementation across the Asia Pacific Region: recommendations from the combined experience of six countries, to the Australian Journal of Primary Health.

**Things to be done**

- The 2020 Auckland APR Conference has been postponed due to the coronavirus pandemic. Nevertheless, APR council meeting will move to the coming council meeting in Abu Dhabi before 2020 WONCA World conference.

- Congratulations to Dr. Than Tun Aung (Myanmar) and Dr. Chrismar L. Mocorro (Philippines) for being selected as the recipients of Professor Meng-Chih Lee’s APR Presidential Bursary! Recipients will be awarded USD 1,000 each for their outstanding efforts in promoting family medicine both locally and globally. Due to the COVID-19 pandemic, the bursary committee has decided to move the award ceremony to this year’s APR council meeting at WONCA World Conference, which will take place in Abu Dhabi from 25-29th November 2021.

*Professor Meng Chih Lee*
*President*
*WONCA Asia Pacific Region*
A. No changes to the member council representatives.

B. WONCA EMR congratulated to the Palestinian Association of Family Medicine to be a new WONCA Full Member Organization endorsed by WONCA Executive in May 2020.

C. WONCA EMR congratulated to Dr Nagwa Nashat, Egypt, and Dr Mohammed Ali Rabaie, Palestine, who were nominated and selected as the WONCA EMR Five-Star doctor for 2019 and 2020.

D. Activities with WHO:

• The bridging program is progressing: A training of trainers (TOT) has been done for Egypt academic institutions in December, another one was planned for April to include academic institutions from other countries, yet it could not be done because of the pandemic. The plan is to continue with online TOT.

• Response to Covid 19: A Letter from WONCA EMR was addressed to Dr AlMandhari (Regional Director, WHO EMRO) to collaborate in the primary care response to Covid 19 in the region. A guidance document was developed by WHO EMR to advise policy makers, particularly at sub-national level, and service providers, both in health and social protection sectors, about their frontline defense functions in the response phase of the pandemic. The document was reviewed by WONCA EMR and will have acknowledgement. A series of training sessions as capacity building on telemedicine in primary care are being considered.

• A webcast was held on April 11, 2020 and council members presented the Covid 19 in their own countries. Several points were raised for discussion. Another webcast took place on May 2.

• On 8th July 2020 there will be another webcast run by the Arab Public Health Association on ArPHA COVID-19 - Primary Care Service During and Post Covid-19. The speakers will be Dr Hassan Salah, Regional Advisor on Primary Care, WHO EMRO; Professor Mehmet Ungan, President, WONCA Europe; Chair Person: Dr Jinan Al-Usta, President, WONCA Eastern Mediterranean Region; Discussion Panelists will be Dr Ali Abutiheen, Consultant Family Physician, Associate Professor of Primary Care, Kerbala University, Prof Tawfik Khoja, ArPHA Vice President and Prof Salman Rawaf, ArPHA, President.

Dr Jinan Usta, WONCA EMR regional president, in an Arabic language webcast, April 2020, explaining COVID-19.

Dr Nagwa Nashat, Egypt, and Dr Mohammed Ali Rabaie, Palestine, WONCA EMR Five-Star Doctor for 2019 and 2020

Dr Jinan Usta
President
WONCA Eastern Mediterranean Region
Europe

WONCA Europe Executive Board

President Prof. Dr. Mehmet Unga, Turkey
President Elect Prof. Shlomo Vinker, Israel
Honorary Secretary: Prof. Eva Hummers, Germany
Honorary Treasurer: Ass. Prof. Josep Vilaseca, Spain

Members at Large from Network Organizations in WONC A-E:
EQuIP: Assoc. Prof. Zalika Klemenc Ketis, Slovenia
EURACT: Prof. Adam Windak, Poland
EGPRN: Prof. Thomas Frese, Germany
VdGM: Dr. Sonia Tsukagoshi, UK
Executive Secretary: Barbara Toplek, Slovenia

1. WHO Europe

1.1. During the pandemic, from February 2020, we had many communications with WHO Regional Director and with WHO Representatives in various countries in Europe. WONCA Europe’s main achievement was persuading WHO to write to governments with specific advice.

1.2. Contact with WHO Europe continued with Hans Kluge and Pavel Ursu regularly, supporting them to advise governments to include Family Doctors into Pandemic Decision/Management Committees in the WHO Region Europe, including the Balkan Countries, Turkey, Azerbaijan and Slovenia.

1.3. The Turkish President signed an agreement with WHO Europe for a new WHO Centre of Excellence for Preparedness for Humanitarian and Health Emergencies. Based in Istanbul, it will cover the whole region.

1.4. With Country Directors of WHO Europe, we have planned and communicated messages to family doctors in each country of the region. These messages have included warnings about measures to address potential increases measures in violence against health workers but mainly family doctors.

1.5. Expert meeting to launch the process of developing the WHO European action plan on health literacy, Copenhagen, Denmark 12–13 February 2020: Report will be published. In summary we have been discussing the description of Health Literacy. Around 50 experts and stakeholders from civil society, policy, research, practice and education, as well as staff members from WHO Regional Office for Europe and WHO headquarters attended the workshop. There was in-depth overview and discussion on current opportunities, challenges and gaps related to health literacy; the development of future scenarios guiding long-term planning purposes; and indications of concrete, practical actions needed to shape the future proactively while considering major influential trends such as SDGs, equity, migration, new technologies and digitalization and people-centeredness.

The general outcomes of the meeting are being used to draft the vision, actions, expected outcomes and relevant indicators to guide the enhancement of health literacy actions in the European Region by 2030 and beyond. A formal consultation process with WHO European Region Member States is also planned at the end of the drafting process. As a follow up, two
expert working groups will continue their work more specifically on health literacy in the context of digital health and equity.

1.6. WHO European Screening Conference, 11-12 February 2020, Copenhagen, Denmark. Noncommunicable diseases and health checks are the target. The policy makers, health professionals and the public could be unaware of the potential harms of screening, and there shall be a cost and burden on the health system. There is a need for strong quality assurance. The Conference aimed to increase the effectiveness of screening programs within the Region, maximizing benefits and minimizing harm. J.Brodersen, A. Stavdal were active participants, as well as other familiar faces. Family doctors have a huge role to play in terms of setting the guidelines for effective practice.

1.7. Inter-country retreat: integrating public health and primary health care services in the European Region – towards a preventative and health promoting primary healthcare system; WHO Europe PHC Expert Group for Integration- Bled 27-28 Feb, 2020; PHC-PHS retreat took place at the beginning of the year. Assistant Professor Tonka Poplas-Susic, from Slovenia who was the Five-Star Doctor of WONCA Europe 2014, and Public Health Physician Pia Vracko, former Secretary of State, Ministry of Health of the Republic of Slovenia were also actively participating. The role of the experts was to participate in the group discussions, provide examples of PHC-PHS integration, and help to explore potential solutions in some of the challenges that countries face now. There were Kazakhstan, Kyrgyzstan, Azerbaijan, Turkmenistan, Tajikistan governments and also WHO offices country directors in the workshop. There was enthusiasm for continued work. We have supported many documents and our Networks’ products with those governments and they seem to appreciate WONCA Europe for the document and expertise support.

2. WONCA Europe Executive Board Activities: Since January 2020, one face to face Meeting in Greece (February), and regular monthly Go2Meetings online were held, as well as those with MOs and special topics with Network Presidents and committees.

2.1 WONCA Europe, at the beginning of March, created a COVID-19 resource page, targeted for use of General Practitioners/Family Physicians. We also recommended prioritizing any guidance from the country-specific local health authorities. Below you may find the online resources we have gathered for our members from ECDC & WHO.

https://www.woncaeurope.org/kb/covid-19-resources-for-general-practitioners-family-physicians

2.2 A Presidential Letter was sent to all of the MOs on COVID 19- Pandemic. (available: https://www.woncaeurope.org/news/view/presidential-letter-on-covid-19)

2.3 As President of WONCA Europe I was invited to co-sign two statements together with both Equip and also VdGM presidents.

2.4 A monthly short Newsletter has been re-established. Contributions for the Newsletter are welcome. Editors are Sonia and Shlomo.


2.6 Worked on an interview related to WONCA Europe and the Pandemic in Scandinavian Journal.

2.7 Planning for a scientific article on Pandemics, in EJGP WONCA Europe Journal with all EB as authors, with Adam Windak taking the lead.

2.8 A short video, script prepared by Burak Usgurlu the IT manager with Zalika Klemenc Ketic and the whole EB, sending a motivational message to all colleagues in this very challenging time.

2.9 COVID-19 Webinar on Primary Care service during and post COVID-19 Pandemic, Wednesday 8th July 2020, by ArpHa and WHO Collaborating Centre of Imperial College London; Dr Hassan Salah, Regional Advisor on Primary Care, WHO EMRO, Professor Mehmet Ugan, President, WONCA Europe, with a range of panelists including: Dr Ali Abutheen Consultant Family Physician, Associate Professor of Primary Care, Kerbala University; Prof
2.10 The 4th of July Joint Meeting with WHO Europe & WONCA Europe; “Family Doctors & WHO & Pandemic: the way forward; a different way to celebrate World Family Doctor Day, 19th May 2020.” This Webinar designed by WONCA Europe and WHO Europe was held in the WHO Europe Web Infrastructure with more than 1,000 online participants. Speakers included Prof. Dr. Mehmet Ungan, President of WONCA Europe; Dr. Hans Kluge, WHO Regional Director for the European Region. Challenges facing Family Doctors in Fighting COVID-19: Experiences from the Field by Prof. Dr. med. Thomas Frese, WONCA Europe Speaker and Options for a better PHC Response to Pandemic and other crises: Primary Health Care roles and capacities; Options for System transformation by Dr. Natasha Azzopardi Muscat, Director of the Division for Country Health Policies and Systems, WHO Regional Office for EURO were the presentations.

2.11 WONCA Europe is celebrating its 25th Anniversary. During the European Conference of Family Doctors in Berlin, December 17-19, 2020, we will take the opportunity to thank and honour our colleagues in all our member organizations for their demanding work as family doctors in their communities especially after such a pandemic. We announced and collected nominations for the "WONCA Europe 25th Anniversary Award for featured doctor". Member Organizations have chosen one featured doctor from their own organization who would represent all the good in family medicine in their country. They will receive a certificate and will be invited to the stage in the special WONCA Europe Open Meeting at the “European Conference of Family Doctors” in Berlin in December.

2.12 WONCA Europe Executive Board and Greek MOs, Thessaloniki Face to Face Meeting; February 2020. WE EB & two MOs and one Associate MO from Greece met to discuss the proliferation of organisations representing family doctors. In a country with circa 3000 GPs, this is not ideal. There would appear to overlap in membership across all the organisations. The issue has an impact when it comes to voting rights at WONCA World.

2.13 Core values group: The meeting planned for Utrecht in May was held online, in which representatives of all WE networks were invited to participate. A face-to-face meeting in October in Copenhagen is planned (if possible).

3. The European Forum for Primary Care (EFPC) Representing WONCA Europe I am still a member of the Advisory Board: a very positive attitude in collaboration with WE. The coming EFPC conference in Ljubljana, Slovenia is at the premises of the Slovenian Medical Chamber 27-29 September. The main partner for the conference is the Ljubljana Health centre.

4. European Medicines Agency (EMA) Following the expression of interest from WONCA Europe, and my nomination as an observer to the PCWP/HCPWP meetings in 2020, I have been offered a place for the meeting on 3-4 March, at the headquarter building for 2 days in Amsterdam. UEMO (Mary McCarthy and EFPC (Walter Morooco) were there as Member organizations and I was there as an observer on behalf of WONCA. We plan to propose more scientific approach to the issues for the future, to ensure practical outcomes.

4.1 Questions about whether non-steroidal anti-inflammatory medicines (NSAIDs) such as ibuprofen could worsen coronavirus disease (COVID-19) were explained and there is currently no scientific evidence establishing a link between ibuprofen and worsening of COVID-19.

4.2 EMA is monitoring the pandemic related medicine trials closely and will review any new information that becomes available on this issue in the context of the pandemic. The related treatment and vaccine studies are all under close monitoring and information is available on the web site.

4.3 Availability and accessibility of medicines was discussed, and the role of Family Doctors and Prescription privileges and regulations.

4.4 An update on activities related to the presence of nitrosamine impurities in medicines, like Sartans (ACE-II inh), Metformine, Ranitidine. Please see the web site for more information. If the situation improves, we plan to meet on 11 Sept 2020 with EMA, on issues specific to FP/GP, to pursue the agreement I have signed.

4.5 European Cancer Organization (ECCO): Good collaboration continues.
4.6. The video with Q&A discussing the role of primary care in cancer is in the ECCO website receiving 20,000 visitors per month. The social media and ECCO bi-monthly newsletters have a combined reach of over 100,000 physicians, healthcare professionals and 33 medical society partners. That contributes to higher visibility for WONCA Europe Cancer Care. 

4.7. I have been invited as a Keynote Speaker in European Cancer Organization: Yearly Cancer Summit-ECC, and also published jointly the paper "ECCO Essential Requirements for Quality Cancer Care: Primary care" in Critical Reviews in Oncology/Hematology.[https://www.sciencedirect.com/science/article/abs/pii/S1040842819301441](https://www.sciencedirect.com/science/article/abs/pii/S1040842819301441)

5. **PeerVoice Educational Activities Partnership**- WONCA Europe has recently partnered with PeerVoice to review and endorse some of its educational activities. The first of these activities is titled "Who Is at Risk of Fracture? Clues to Early Detection in Postmenopausal Women". Content is analyzed and approved by the WONCA Europe EB. For the free of charge education series members may visit the following link: [http://www.peervoice.com/FNS981](http://www.peervoice.com/FNS981)

6. "**The Five-Star Doctor 2020**". The winner of WONCA Europe Five-Star Doctor of 2020 is Dr Austin O’Carroll from Dublin, Ireland.

7. **Montegut Global Scholar Program 2020**: Dr Susanna Onanyan from Armenia, is the WONCA Europe candidate for the Montegut Global Scholar Program 2020

8. **WONCA Europe Scholarship (Leadership) program 2020**: The purpose the scholarship is to scout and foster future international leaders in family medicine, encourage networking, and enable learning about our discipline’s models and the institutions in health care, by providing mentorship and financial support. The 2020 scholar winner is Yelena Khegay, a Family Physician, with an MPH degree, from Kazakhstan. Previous scholars were Dr Ana Luisa Neves, from Portugal (2018) Dr Claire Thomas from UK (2019). The scholarship winner will be announced in the WONCA Europe Open Meeting and Closing ceremony of the Conference in Berlin and also in Council Meeting.

9. **Financial Overview**: In 2019 the ongoing expenses continued, such as EJGP, NWs, Office, Scholar - but the income decreased. We revisited the budget at the beginning of 2020 and ended the Communication facilitator position and previous web master contracts, foreseeing that incomes were much lower than before due to conferences. In 2020 - higher expenses were projected due to another council meeting in WW meeting this year which is not possible now. Income – incomes from Bratislava (and Krakow) was lower than in previous years. We predicted a better attendance in Berlin, but due to the pandemic that is impossible. Our bank account balance and the projection to the end of the year became even lower than some of our networks! We have worked to create additional income through Horizon and Educational projects. The critical funds are being spent now. We are currently identifying financial risk reduction measures as we do not see the condition as sustainable without good conference income in 2020, which is not now possible.

10. **Our new IT system.** Individual registration and accounts are now possible. Statistics and usage tendencies, auto messages, social media specifications, are now linked. IT is now keeping the data in our system to be used when necessary. Linked with the IT system we are now building our own virtual conference system which will be launched soon. The issue of privacy was addressed during the registration by a consent in Berlin.

11. **WONCA Europe Conferences**: Full-paying delegates decreased every year roughly from 1800 to 900 in the last 4 years. And junior doctors from 1200 to 600 (last three years constantly around 600).

11.1. **WONCA Europe Conference in Berlin**: Postponed and “European Conference of Family Doctors” will take place instead on December 17-19 2020. The name changed due to a debate
about whether this could be badged as a WONCA event, as regional conferences cannot be held within four months of the world event. The December event will be shorter and with fewer participants than usual, but would still include plenaries from Amanda Howe and Donald Li and WHO Europe Director Hans Kluge. CEO Garth Manning and Donald Li confirmed that DEGAM could use “European Conference of Family Doctors" and include the WONCA Europe logo with DEGAM’s logo as member organization. You may click on the two links below to see the web version. Links 1. http://www.familydoctorseurope2020.org/ 2. https://www.woncaeurope.org/m/events/view/25th-wonca-europe-conference-core-values-of-family-medicine---threats-and-opportunities.

The new dates are problematic because of proximity to the Christmas vacation but there was no other date and venue option due to massive postponements of all conferences in Berlin.

11.2. **2021 Amsterdam conference contract** is signed with the Dutch College, although the number of local participants will not be high according to the college due to government policy.

11.3. **2022, is in LONDON.** The conference will also mark the occasion of the 70th Anniversary of RCGP. Conference dates: 1 – 4 June 2022. Member organisations are invited to bid for 2023 conference.

12. **ICPC3:** Prof. Thomas Frese, who is representing WONCA Europe in ICPC3 related issues, (regularly) reported about the conflict between two groups in ICPC3 developments. However, only 14% of countries are using the ICPC codes, (14%), but it was a mandatory standard in only (3%) according to a study published in Rev Bras Med Fam Comunidade (Rio de Janeiro, 2016 Jan-Dec; 11(38):1-9). Thomas Frese will participate in the ICPC3 online meeting and report to EB about developments. We will ask the ICPC3 group for a report. We are following the group as we still pay. We shall have a detailed report although the property belongs to WONCA not Europe. WONCA Europe believes success will only be achieved if ICPC3 is made mandatory for all countries rather than the current 14%.

13. **European Journal of General Practice, EJGP**

13.1. Upon proposal of SIGs in Bratislava we have contacted EJGP to see if they might be interested in collaboration with SIGs to work on articles in special clinical topics. EJGP was positive and agreed to a meeting with WESIGs which would be an opportunity for all sides. I expect the outcome to be beneficial for the journal, SIGs and especially for our members who are eager to have more research results to put into general practice.

13.2. We want to share the very good news with you all: the EJGP’s new IF = 2.478; and EJGP has moved up in the ranking of primary health care journals to #7/19, Contract with T&F is in 2021

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Impact factors of EJGP and its ranking in 2019

14. **News from WONCA Europe’s Six Networks**

14.1. **EQuIP:** new dates for the postponed 2020 conference 26- 27 January 2021. This will be the only EQuIP Conference until 2022; website contains a Newsletter advertising WOCNA Webinars

14.2. **EURACT:** Postponed 3rd Educational Conference in Budapest is now 24-25 September 2021, a word from the new EURACT President, Nele Michels is on the web. Council meeting
2020 Kiev is also postponed. 28th Janko Kersnik International EURACT Bled Course “Tyranny of Health” in September is still on the agenda. A new EURACT study to explore the influence of COVID 19 pandemic on GP/FM education in Europe has been designed and a letter to the editor announcing this study was accepted for publication in the Education for Primary Care. EURACT will apply for a special project grant to start a new distance learning initiative. The first topic will deal with COVID 19 infection; however it might expand in the future. A Belgium company specializing in medical education will work on the application of this EURACT-WONCA Europe possible collaboration.

14.3. **EUROPREV**: There are offline 6 modules in “e-learning webinars program” in the web, each of 90 minutes and completion is certified.

14.4. **EGPRN**: 90th meeting in Gothenburg, originally scheduled in May 2020, will be postponed to May 2021. It is still not clear how the October EGPRN meeting in Istanbul will be conducted, but it will be organized classically or as a virtual congress, or as a mixed option. The EGPRN has given a task to work and renew the Research Agenda in GP/FM for Europe. Collaboration with WWPR will be made. The Web Based Research Course has now 200 participants from 33 countries, many certified as graduates,

14.5. **EURIPA**: Decided to postpone its 10th Rural Health Forum from September 2020 to September 2021. Instead EURIPA will host a virtual event in the autumn of 2020. More information will be available at www.euripa.org and also at www.euripaforum2020.eu The periodic Grapevine is on a small virus having a huge impact globally: rural Europe experiences in the practices of the Covid-19 pandemic in many countries also with a small survey

14.6. **VdGM**: A statement by the President, signed with me, on the pandemic and also a Newsletter with the topic of Well Being mainly related with COVID. May be interesting for other regions also, a quite extensive work by our young colleagues.

*Prof. Dr. Mehmet Ungan*
*President,*
*WONCA Europe*
*E-mail: mehmetungan@gmail.com*
Iberoamericana-CIMF Region

Regional Executive

- Thomas Meoño: CEO
- Marina Almenas: Treasurer
- Macarena Moral (Chile): Vice-President Subregion South Cone (resigns in January)
- Dora Bernal (Colombia): Vice-President Subregion Andinean Countries
- Jose Luis Huerta (Mexico): Vice-President Subregion Mesoamerican
- Jorge Brandao (Portugal): Vice-President Subregion Iberian
- Gabriela Di Croce (Argentina): Young Doctor representative (from Oct 2018 the Executive Committee added a Young Doctor representative, without vote until this change has been validated by bylaws)
- Jacqueline Ponzo (Uruguay): President 2018-2020 (re-elected 2020-2022)

General activities in the region

Summit Preparation

Workgroup Topics 8th Ibero America Summit of Family and Community Medicine, San Juan 2020

- The Social and Economic Impact of the Specialty of Family Medicine in Health Systems
- The Contribution of the Family Medicine Specialty in Disaster Prevention and Response.
- Sexual Diversity and the Right to Health
- Doctor - Patient Relationship - Forms and Potentialities
- Human Talent in Family Medicine for Economic and Social Development

Family Medicine Events:

Some National and Regional Events (Family Medicine or Community Family Medicine Congress) were cancelled or modified for COVID-19 or others reasons:

- II Meso-American Congress, Puerto Rico, Apr 2020
- 8th. Ibero American Summit of Family Medicine, Puerto Rico, Apr 2020
- Cuba, Dec 2019 (to Jul 2020)
- Portugal, Mar 2020 (to Sep 2020)
- Puerto Rico, Apr 2020 (to June 2020, virtual)
- Spain, May 2020 (virtual)
- Mexico, May 2020
- Panamá, May 2020
- Brazil North-East, Jun 2020 (to Oct)

Other national events in the year, for which new dates have not yet been set, are:
Cuba, Dominican Republic, Paraguay, Colombia, Argentina, Chile, Brazil South, Uruguay, Perú.


Activities of Working Parties of CIMF

Highlights:
- Environmental Health Group. Participants in the event in Chile, addressing COP25, Dec 2019
- Spirituality and Health Group: Course for the team
Activities with YDMs
The research: "2018 survey 2018 of residents in family and general medicine of the Argentine Republic", from Waynakay Argentina and the national commission of residents of FAMFYG won the first prize for poster presentation at the national congress

Links with WHO in the region
- Development of the text of MOU between CIMF and PAHO
- Building links in two workstreams: equity and human resources

E-learning
- Participation in the review of Planetary Health course in Brazil. The course was delivered on 27th April, with 1100 people registered
- Co-organized course on acute kidney disease in primary care (Latin American Nephrology Association, PAHO and WONCA Iberoamericana-CIMF), to take place in November 2020

COVID-19 pandemic related activities
- WONCA-CIMF Webinars on COVID-19 and Family Medicine (with 50-200 people each event)
  - March 28th
  - April 4th
  - April 18th
  - May 9th
- Participation in other COVID-19 events:
  - WONCA World Webinar #1, April 12th
    https://web.facebook.com/woncaworld/videos/1077377482679200/?v=1077377482679200
  - Coronazoom SUMEFAC (Uruguay) April 18th
    https://web.facebook.com/woncaworld/videos/1077377482679200/?v=1077377482679200
  - Republica Dominicana Webinar, May 23rd
- Press interviews for national and international media

Perspectives and plans
Working parties in progress:
- Mental health and family medicine
- Rights of women in family medicine (physicians and patients)
- 7th Regional Congress, Brazil 2021
- 1st Congress of WWP Environment

Adj/Prof Dr Jacqueline Ponzo, WONCA CIMF regional president, presented up-to-date data and discussed on COVID-19 situation in IberoAmericana on Webinars hosted by WONCA World, 12th APR 2020; and WONCA IberoAmericana on 10th May 2020

Dr Jacqueline Ponzo
President,
WONCA Iberoamericana-CIMF Region
North America

The North American Chapter held a virtual meeting at February 10th Monday 5 pm to 6 pm Eastern time. The matters discussed included the upcoming WONCA 2020 Council & Conference in Abu Dhabi in November 2020, Montegut awards, the progress towards development of a written formal Constitution being led by Prof Ruth Wilson and process for transition to a new president of the North American Region.

Dr. Sabriquet Pinder-Butler was accepted as the Montegut Scholar for 2020 and the funds will be used to defray the cost to attend the Abu Dhabi Conference.

Prof Ruth Wilson produced a draft document of the North American Bylaws and this will be circulated for comments.

The Caribbean College of Family Physician held their Triennial conference Feb 28th to March 1st under the theme “CREATING FAMILY DOCTORS FOR 2030”. Speakers included WONCA CEO Dr. Garth Manning and Victor Ng.

A proposal was shared for a MOU between WONCA NA and Iberoamericana-CIMF regions to facilitate greater collaboration between the regions. The draft MOU currently was in Spanish and an English translation was being prepared. Once available, it would be circulated to the Executive of NA for discussion, editing and ratification. It is hoped that this process will be completed before the Ibero-america-CIMF meeting in April 2020 to facilitate signing at that meeting.

The term of the current president ends in Nov 2020 and the president indicated that he would not be seeking another term. By custom the next president should from the USA.

The next WONCA NA meeting was scheduled to occur in May at the Society of Family Medicine Conference or virtually. However due to the COVID19 pandemic, the STFM 2020 Annual Conference has been rescheduled for August 24-28th.

Both the AAFP and CFPC have made available to WONCA technical resources for Family Physicians to use in their response to the COVID19 pandemic.

Professor Marvin Reid
President, WONCA North America Region
South Asia

COVID 19 Pandemic - Solidarity Statement by South Asian Family Physicians:
Family physicians and GPs of South Asia are working at the forefront of the COVID 19 pandemic. A statement of solidarity on COVID 19 pandemic by South Asian Family Physicians has been developed as a consensus document by all member organizations in the region. This statement is available on the WONCA World Website and published in the Journal of Family Medicine and Primary Care (JFMPC). The statement is available at the following link: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7346906/ and https://www.globalfamilydoctor.com/News/SouthAsiaStatementofSolidarityonCOVID-19.aspx

WHO SEARO Regional Meeting:
SAR President attended the 72nd session of the WHO regional committee of South East Asia from 2nd to 6th September 2019. There was a visible focus on emergency preparedness, measles elimination, NCDs, and Universal Health Coverage.

Conferences:
**WONCA SAR Lahore conference in November 2019.** The conference was a great success in spite of the challenges. More than 140 speakers presented in three parallel sessions. A separate Spice Route Session was also organized. 40-50 international delegates also participated.
**WEMSEM Seminar Kathmandu 2019.** President addressed the delegates during the inaugural function. It was a very successful conference, and a small meeting was also convened for WONCA SAR and members of the Spice Route Movement.
**WONCA Rural Conference Dhaka April 2020** has been postponed until further notice, and there is an ongoing discussion on holding a virtual of the hybrid conference.
**World Family Doctors Day 2020.** The WFDD was celebrated on 19th May through a webinar organized by Spice Route in partnership with WONCA SAR. Member organizations also organized several digital events.

International visits:
**Nepal** - WONCA SAR president was invited to WEMSEM emergency medicine Kathmandu by GPAN, a conference of WONCA Working Party on Emergency Medicine.
**Bhutan** - President was invited to Bhutan on an official visit. The visit was very fruitful as he had the opportunity to meet the honorable Health Minister and Director General of Health Services of Bhutan. He also visited the university and the teaching hospital in Thimpu and had an opportunity to meet the dean of the faculty of health sciences. President was also taken for a tour of the healthcare facilities in the community setting.
**Sri Lanka** WONCA SAR president was invited by the CGPSL as chief guest to the annual academic session.

Spice Route:
Spice Route council members from South Asian countries are able to maintain momentum and regularly organizing online meetings. They also have initiated research activities and several academic sessions. Spice Route national councils are functional and are very vibrant.

Social Media
Members are active on Facebook groups, FB pages, WhatsApp groups, and share academic resources.

Dr Raman Kuma
President
WONCA South Asia Region
WONCA Working Parties Reports

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

“Without changing our patterns of thought, we will not be able to solve the problems that we created with our current patterns of thought.” ~Albert Einstein

**Background:** Raising the profile of Family Medicine (FM) across the education continuum remains a global challenge. World-wide institutions remain resistant to move from traditional secondary care based models. Now, as Covid-19 catalyses an acute metamorphosis in education delivery, patterns of thought are changing. As Einstein suggests, this may move us forward. The recent WONCA WWPE Webinar highlighted the commonality of the forces driving change and emerging solutions.

**Aim:** We aim to develop evidence based standards, and processes (which are inclusive and not Western dominated) to support education across regions where needs and resources are diverse and to use these to support WONCA consultancies for accreditation of training.


1: 2019-20: Establish a web depository: This is keenly sought by our members. Plans to complete a Canadian based resource platform by December 2019 failed as did a bid to the discretionary fund.

1: 2020-21: Succeed in establishing this resource. Discussion in place with incoming CEO to ensure aligned with WONCA web policy development.

2: 2019-20: Establish an executive of influential regional champions for WONCA Education: Although in the past WWPE voted not to have a regional executive we attempt this again. Regional champions identified apart from Iberoamericana CIMF region. Awaiting suggestions.

2: 2020-21 Establish regular zoom meetings to set policy and leadership handover in Nov 2020.

3: 2019-20: Work to collaborate with other WONCA networks and not function in a silo. This is progressing. Collaboration with EURACT continues. There is now a EURACT member on the EPC Editorial Board. Disappointingly the Discretionary fund bid to support greater collaboration failed.

3: 2020-21: Continue to promote education collaboration on scholarship and publication through our affiliation with Education for Primary Care journal.


4: 2020-2021: Finalise standards November 2020 and work on further publications.


5: 2020-2021: Continue to build links through WWPE Executive and UH launch at WONCA World.

6: 2019-2020 Continue work to disseminate and develop postgraduate and CPD standards. This work has increasingly focused on accreditation of training programmes (Shanghai and Japan); and endorsement of training curricula (Japan, Bahrain) and a pilot of CPD modules (MIMS Hong Kong).

6: 2020-2021: Continue to work with WONCA World to develop accreditation and training and build on final undergraduate standards for medical schools.

Prof Val Wass
Chair, WWPE
e-Health

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

Our objectives are to use advanced innovative technology to create personalized eHealth services that contribute to sustainable, efficient and effective healthcare for all persons, especially patients with chronic conditions; to support those patients in their vitality, self-management and independent living using a holistic personalized approach supported by technology; to support the health care providers in decision making, using holistic monitoring strategies, combined with advanced technology; and to support high quality and efficient patient care through the use of interoperable health IT and secure data exchange between and across all relevant stakeholders.

We have an additional 20 members to the working party this year. We are moving towards establishing an organized internal structure. We have representation from WONCA EMR region, Africa Region and Europe Region and we are looking for representation from other regions.


WONCA, together with its working party on eHealth, is currently developing a certification program aimed at ensuring the services, technology, organisation, finances and implications of a product to meet specific standards, and in particular those related to primary health care. Ping An Good Doctor (PAGD), a Shanghai based company, is developing an AI assisted medical system which offers online and offline consultations.

I attended the PAGD & WONCA Project kick off meeting on 21st December 2019 in Shanghai, China along with other members.

Ping An Healthcare and Technology Company Limited approached WONCA with a request for certification of their solution “Ping An Good Doctor Intelligent Consultation Assistant”. Ping An Good Doctor Intelligent Consultation Assistant (PAGD) is a digital service with an artificial intelligent based consultation for the assistance of online doctors active in the Chinese market. Following this request, a team of experts was established to perform an evaluation of the PAGD solution on the basis of which a certification might be granted or not.

The mission of WONCA is to improve the quality of life of peoples through its values and by fostering high standards of care for family medicine. The evaluation of digital health applications, such as PAGD, is becoming increasingly important to improve their quality, ensure patient safety and strengthen public and professional trust. As such, WONCA plays a pivotal role in developing a certification and accreditation program ensuring the services, technology, organisation, finances and implications of a product and/or provider meet specific standards.

The conceptualisation of a certification framework is built on how WONCA perceive good clinical practise through the eyes of family medicine and in the broader context of sustainable healthcare systems: the values, principles and perceptions we have provide the guidelines for the evaluation of the services and technology which might support this.

We planned to host workshops in various WONCA Regional Conferences but due to the COVID-19 pandemic most of the conferences are postponed. We are organizing different workshops which include various aspects of digital Health during WONCA WORLD CONFERENCE 2020 in Abu Dhabi. We are also invited to organize a workshop specifically on Artificial Intelligence at the WONCA WORLD CONFERENCE 2020.
We encourage Family Physicians/General Practitioners in using digital health like Telemedicine for the management of COVID-19 patients in their region. To support this, we offer resources on the WONCA Website for references.

Our members from different regions are also working with their respective WHO regional offices in the development and strengthening of digital health.

We are hoping to expand our Working party further and we encourage interested people to join.

Dr Pramendra Prasad Gupta
Chair, WWPeH

Environment

WONCA Working Party on the Environment Report to the Executive March 2019

Our Working Party (WP) is continuously growing, reaching 98 members from Europe, America, Africa, Oceania, and Asia, in our email group.

Topics:

1) The WONCA AirHealth Train the Trainer program, coordinated by Alan Abelsohn and Alice McGushin, has been progressing very well. We have 75 funded Air Health Trainers from LMICs within every region. As of late March, 37 of our trainers had recorded almost 200 activities. The number of reported activities has now increased to 237 (due to email prompting completion of the reporting form). Feedback from participants has been very positive. All of our trainers are affected by the COVID-19 pandemic, with many of them working on the frontline. Many of our trainers participated in a virtual meeting to discuss challenges, with experiences shared from Nigeria to Bangladesh, Syria to Colombia. We appreciate that, during this time, it is unlikely many of our trainers will be able to complete air health training activities between March and July. In order to support our trainers, we made the decision to implement the following measures:

1. Give all trainers access to the WONCA Environment Zoom account so that they can give online training if they have the time;
2. Remunerate all trainers for their activities from the start of October 2019 to the start of April 2020;
3. Extend the program period from end of July to the end of October, remunerating trainers for their activities April - October at this time.

To-date, trainers have completed fewer hours delivering activities than anticipated. This has resulted in a lower outlay for remuneration than planned. Thus, the maximum number of training hours that will be remunerated will be increased to 100. Several of our trainers have already completed more hours than this, with photo documentation and reports to demonstrate this.

We believe this to have been a successful and innovative program, and are in the process of seeking funding for a scaled-up program that will continue to train and support health professional trainers in LMIC, both in air pollution and in climate change/planetary health issues.
II) WONCA officially recognized Climate emergency in December 2019. ([https://www.globalfamilydoctor.com/News/WorkingPartyontheEnvironmentrecogniseClimateEmergency.aspx](https://www.globalfamilydoctor.com/News/WorkingPartyontheEnvironmentrecogniseClimateEmergency.aspx)) This is expected inspire family doctors and their national associations around the world to help lead the future with confidence that carbon neutral emissions are urgently needed and achievable.


IV) WONCA Planetary Health/Climate Change online course project
The WONCA WP Environment was pleased to have received discretionary funding from WONCA of $10,000 to develop a series of training modules in Climate Change/ Planetary Health. The goal is to use these modules in the next round of the Train the Trainer program, which are currently being developed. They will be based on a similar program, in development in Brazil, by WONCA members Mayara Floss and Enrique Barros. The 8 modules will be translated into English, and then adapted to an international audience and for our train the trainer program. They will be presented at the WONCA 2020 Conference in Abu Dhabi (or later, if it is deferred).

V) WONCA Executive approved the WONCA Working Party on the Environment project to hold the WONCA Planetary Health Conference in 2021 in the city of Vitória/Brazil, during the CIMF and the Brazilian family medicine conference. - [https://www.sbmfc.org.br/eventos-e-congressos/](https://www.sbmfc.org.br/eventos-e-congressos/)
The Brazilian host organization is determined to make it an environmentally friendly conference, aiming to help set a new standard for WONCA conferences around the world.

VI) Active Email group members: 114 (from Africa/Americas/Europe/Asia/Oceania)
We continue to have an influx of new members, and many interesting discussions and projects.

VII) Inspired by the WONCA call on Planetary Health action, the Brazilian pilot Planetary Health distance learning with TELESSAUDE-UFRGS launched in April 27th. [https://www.ufrgs.br/telessauders/cursos/](https://www.ufrgs.br/telessauders/cursos/)

VIII) WONCA endorsed the #HEALTHYRECOVERY letter to the G20 presidents recommending that health and science be at the core the global economic recovery plans from the COVID19 pandemic. [https://www.bmj.com/content/369/bmj.m2077](https://www.bmj.com/content/369/bmj.m2077)

Dr Enrique Barros
Chair, WP on the Environment

**Ethical Issues**

Main Activities / Achievements of 2019 – 2020

1. The Ethics WP executive board is now complete.

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<th>Email</th>
<th>Country</th>
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<tr>
<td>Africa</td>
<td>Peter Taiwo Sogunle</td>
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<td>Nigeria</td>
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<tr>
<td>Asia Pacific</td>
<td>John Fatiaki</td>
<td><a href="mailto:docjohn@connect.com.fj">docjohn@connect.com.fj</a></td>
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<td>East Mediterranean</td>
<td>Amal AL Ali</td>
<td><a href="mailto:aalali@phcc.gov.qa">aalali@phcc.gov.qa</a></td>
<td>Qatar</td>
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<tr>
<td>Europe</td>
<td>Tania Moerenhout</td>
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<td>Belgium</td>
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<tr>
<td>Iberoamericana-CIMF</td>
<td>Carmen Nadal Agost</td>
<td><a href="mailto:cgna13@hotmail.com">cgna13@hotmail.com</a></td>
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<td>North America</td>
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<td>South Asia</td>
<td>M. Tariq Aziz</td>
<td><a href="mailto:dr_tariq_aziz@hotmail.com">dr_tariq_aziz@hotmail.com</a></td>
<td>Pakistan</td>
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</table>
2. WONCA Working Party on Ethical Issues was part of a multidisciplinary meeting on “Ethical Aspects of Radiation Protection in Health Care” at the WHO Headquarters - Geneva. The purpose of this meeting was to collect views and experiences about ethical aspects of radiation protection in medicine, identify ethical issues that may arise in different scenarios, and discuss how the radiation protection principles are applied in such conditions. The meeting gathered professionals from different regions of the world including experts on biomedical ethics and radiation protection, as well as representatives from relevant stakeholders in the field of medical use of radiation. The expected outcome of this workshop was to outline a WHO guidance document on ethical considerations in using radiation in health care.

3. The WP was part of a webinar organized by the Lebanese Medical Student International Committee (LeMSIC) entitled “COVID-19 & Ethics”. The Webinar addressed some of the ethical issues related to diagnosis, treatment, research and public health ethics related to COVID-19 pandemic.

4 Our Facebook page has become more active with more than 1100 followers. Weekly posts are contributing to increasing the reach of the WP. www.facebook.com/EthicsWP

Future activities
We plan to focus on the theme of “Teaching Medical Ethics” for the upcoming WONCA conferences. We look forward to creating an open dialogue to address the challenges in teaching ethics to medical students and to Family Medicine Residents. We plan to target family physicians who are actively involved in teaching bioethics, members of ethical committees, or those who have an interest in medical education.

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

Mental Health

The aim of the working party is to enhance global equity of access to high quality primary mental health care.
Our objectives are to improve internal structures; to offer mental health guidance for WONCA members; and to provide global leadership on primary mental health care.
1. WWPMH internal structures
   - Our membership is currently over 250. Our largest groupings are from Europe, Latin America and Asia Pacific. Our most recent members are from Kazakhstan and Pakistan.
   - We have representation across all WONCA regions and constituencies.
     - Our elected officer group is Chris Dowrick (UK, Chair), Christos Lionis (Greece, Vice-Chair), Jill Benson (Australia, Secretary) and Juan Mendive (Spain, Secretary).
   - We have specialist liaison with Sandra Fortes (Brazil).
• Communication between WWPMH members involves structured e-meetings for officers every 3 months, and monthly e-bulletins circulated to all members. We also arrange ad hoc working party meetings at regional WONCA conferences.

2. Mental health guidance for WONCA members

• **WONCA COVID-19 webinar 2:** WWPMH provided three panelists (Chris Dowrick, Christos Lionis and Sandra Fortes) for the second WONCA COVID-19 webinar, on mental health, on 19 April 2020. This can be accessed on [https://youtu.be/QDX2AFKtcgw](https://youtu.be/QDX2AFKtcgw)

• **Advocacy programme:** WWPMH, in collaboration with Ana Nunes Barata of WONCA Young Doctors, and Larry Green et al from Farley Health Policy Center in Colorado, has received a grant from WONCA Executive to pilot test an educational program to equip motivated family doctors who wish to advance the integration of behavioral health care into routine primary care practice. We have recruited 12 enthusiastic young family doctors, from all WONCA regions, and set up a virtual learning community to serve as a test bed for this programme. We intend to report to the WONCA World Conference in Abu Dhabi.

• We continue to produce **practical guidance documents** for family doctors on topics identified as important by WWPMH members.
  o  **Global Primary Mental Health Care: Practical Guidance for Family Doctors.** (Routledge, 2020). This book brings together our existing guidance documents already published on the WONCA website (on core competencies, first depression consultation, non-drug interventions, medically unexplained symptoms and physical care of severe mental illness), and includes new guidance on migrant mental health care, mental health of young people, frailty and multimorbidity and managing patients with multimorbidity.
  o  I am grateful to Bruce Arroll, Alan Cohen, David Clarke, Christos Lionis, Weng Chin, Sandra Fortes, Kim Griswold, Tim olde Hartmann, Cindy Lam, Fiona Moir, Vicky Mount, Maria van den Muijsenbergh, Ferdinando Petrazzuoli, Jane Roberts, Jinan Usta and Venetia Young for their contributions to this book.
  o  Bruce Arroll has produced a YouTube video of the first depression consultation guidance as a talk for medical students.
  o  Our guidance on medically unexplained symptoms has been translated into Chinese, thanks to Cindy Lam and colleagues from Hong Kong.
  o  Cindy and colleagues are currently working on a Chinese translation of the non-drug intervention guidance.
  o  **Recovery in relationships:** Amanda Howe (UK) led a working group on this topic, and the resulting guidance is now on the WONCA website.

• We encourage primary mental health care input to all WONCA conferences. At the 2019 WONCA Africa conference in Kampala, Joseph Ariba, Erica Dickson and colleagues led a symposium titled “Challenges to delivering optimal mental health care by primary care practitioners in Africa.”
  o  WONCA conferences are currently on hold due to the COVID-19 pandemic, but we anticipate resuming with contributions to the World Conference in Abu Dhabi.

• We continue to collaborate with other WONCA groups, including Young Doctors, Education WP, Quality & Safety WP, Rural Practice WP and Migrant Care SIG.

3. Leadership on global primary mental health care

• We continue to lead the expansion of primary mental health care, on behalf of family doctors and their patients:
  o  **Train the Trainers**
    • A group led by Ryuki Kassai (Japan), in collaboration with EACH, successfully organised a train the trainer programme on depression for family doctors in Japan.
The results of this were presented at a plenary session of WONCA Asia-Pacific in Kyoto in May 2019.

- A consortium involving WONCA, California Academy of Family Physicians and Health Performance Consulting led a ‘Train the Trainers’ initiative to improving family physicians’ management of patients with depression and anxiety across the Asia-Pacific region. Following a successful two-day workshop during WONCA Asia-Pacific in Kyoto, the trainees have organised training sessions with family doctors and other primary care professionals in their own localities. For example:
  - In Shenzhen China, Ruihong Liu delivered training to more than 65 general practitioners, most from remote areas of Guangdong Province;
  - Linh Nguyen led a training programme for family doctors in Vietnam, with a focus on the reality of mental health care needs, and five ways to wellbeing;
  - In Nepal, Pramendra Prasad completed a training event on the management of depression and anxiety in primary care, in a rural hospital more than 200km from where he works.

- Sandra Fortes and WWPMH colleagues from Brazil have been involved with a major training programme for primary care staff in the north of the country, based on mhGAP for humanitarian emergencies, to support the many thousands of refugees arriving across the border from Venezuela.

- Sonia Roache-Barker reports considerable activity, including mhGAP training across the region, a focus on student mental illness prevention on university campuses, and new community-based approaches to reducing stigma in Trinidad.

- Shimnaz Nazir reports that primary mental health care in Qatar is expanding. He has been nominated as primary care lead for their new dementia service.

- Behind the Mask: Alfredo de Olivera Neto is writing a blog about family doctors experiences of managing COVID-19 in Brazil: [https://causosclinicos.wordpress.com/](https://causosclinicos.wordpress.com/)

- We continue to promote external collaborations, including with WHO, EACH, APEC, RCGP, WFMH and WPA.
  - WHO:
    - Jinan Usta (Lebanon) and Abdullah al Khatami (Saudi Arabia) took part in the Intercountry meeting to review the implementation of the Regional Framework for scaling up action on mental health in the Eastern Mediterranean Region, in Cairo, September 2019. Abdullah continues to empower primary mental health care in collaboration with WHO colleagues across EMR, through a combination of high level policy events and practical workshops.
    - In October 2019, Abdullah and I participated in the WHO Mental Health Forum in Geneva.
    - Professor Al Mahrezi (Oman) represented WONCA at the WHO meeting on NCDs and Mental Health in Oman, December 2019.
    - I have agreed to take part in a consultation on Parkinson’s Disease, including an expert meeting in Geneva originally scheduled for May 2020.

  - EACH:
    - With thanks to Evelyn van Weel Baumgarten (Netherlands), WWPMH and EACH are sharing mental health and well-being guidance on our respective websites during the current pandemic.

  - APEC:
    - Cindy Lam, Ryuki Kassai and I, with strong support from Garth Manning, are contributing to the APEC Digital Hub-WONCA Collaborative Framework on Integration of Mental Health into Primary Care in the Asia Pacific. A meeting in Singapore in November 2019 led to a memorandum of understanding. We are now co-producing a white paper on next steps.

  - RCGP:
    - Amanda Howe, in her role as College President, is planning a high level policy meeting between RCGP, WWPMH, WPA and other interested stakeholders.
In April 2019 WONCA was voted a *Mental Health Champion* by the World Dignity Project. In a worldwide vote involving more than 2000 people, we were honoured for making "an outstanding contribution to stand up for, fight for and promote well being for all with equality of treatment and dignity in experience".

- **WPA**
  - Amanda Howe, Juan Mendive and Sandra Fortes contributed to the WPA World Congress in Lisbon in August 2019.
  - I am working with WPA colleagues Roger Ng and Helen Herrman on a survey of psychiatrist opinions about family doctors' mental health competencies.
  - I continue to contribute to the WPA-Lancet Clinical Commission on Depression, whose report is expected later this year.

### Quality and Safety in Family Medicine

Dr Prerna Babbar, Deputy Medical Superintendent, AIIMS Rishikes (India) (remote participation) and Dr Alexander Gouveia, Internal Medicine, University of Lausanne (Switzerland) at **1st Technical conference on the preparation for the First World Patient Safety Day 17/09/2019**. Geneva, 13-14/06/2019.

Astier Peña, MP participated as organizer and scientific committee member in the **12th Conference on Patient Safety in Primary Care in Spain**. Malaga, 14/06/2019. "Patient safety of patient's daily life". 

Webpage: [www.seguridadpaciente.com](http://www.seguridadpaciente.com) and Conference’s video on: [https://www.youtube.com/user/sanoysalvoes](https://www.youtube.com/user/sanoysalvoes)

Some members WWPQS participated at **WONCA Europe Conference 2019** held between 23rd and 27th June 2019 in Bratislava (Slovakia) in the following workshops and oral presentations:

- **ORAL COMMUNICATION**: *Family doctors as patients: how they behave and which are the issues to improve*. Authors: Gallego Royo A, Perez Alvarez C, Marco Gomez B, Martinez Boyero T, Altisent Trota R, Delgado Marroquin MT, Astier Peña MP

- **ORAL COMMUNICATION**: *Promoting patient safety culture and giving support to second victim with family medicine residents*. Puntes Felipe, Blanca; Astier Peña, María Pilar; Domínguez García, Marta; Mira Solves JJ; Carrillo Murcia I.

- **ORAL COMMUNICATION**: *Validation of a questionnaire on patient safety culture and second victim experiences for resident physicians*. Puntes Felipe, Blanca; Astier Peña, María Pilar; Domínguez García, Marta; Mira Solves JJ; Carrillo Murcia I.

- **WORKSHOP**: *Increasing family physicians' capacity to coach and mentor - the next evolution in medical education and professional development*. Ng V, Wass V, Astier-Peña MP, Nunes-Barata A, Dascal-Weichhendler H

- **WORKSHOP**: *Promoting patient safety tools in family practices*. María-Pilar Astier-Peña, José Miguel Bueno-Ortiz, María Fernández García, Josep Vilaseca Llobet

**Professor Christopher Dowrick**

*Chair, WWPMH*
Rochfort Andree. **ICGP Webinar. Host and Speaker.** *The Power of making Positive Changes at your Practice.* In conjunction with Diarmuid Quinlan (IRL) Sinead Feeney (IRL) and Jean Hubbard, Practice Manager (IRL) Andree Rochfort. **KoHoM Croatia Annual Congress.** Sibenik *How to be a high quality GP-Paediatrician in Family Medicine*

**JULY 2019**

**WORKSHOP: The Third WHO Global Patient Safety Challenge: Medication without Harm (MWH).** María-Pilar Astier-Peña, José Miguel Bueno-Ortiz, María Fernández García, Josep Vilaseca Llobet

**PANEL Digital health Symposium.** Psychosocial impact of ITC in GP work. Chaired by Harris Lygidakis and co-speaker Anna Stavdal. Speaker: Andree Rochfort.

**WORKSHOP: Small Steps towards Patient Safety.** Andree Rochfort, Isabelle Dupie

**WORKSHOP: Keeping Patients Safe from Harms by avoiding medical Over-intervention and Under-intervention.** Andree Rochfort and www.EQuiP.woncaeurope.org.colleagues


Rochfort Andree. **8th July National Annual Induction Day for new GP Trainee intake.** Dublin (Ireland). Nurturing your success and happiness through quality care

**AUGUST 2019**

Astier Peña, MP online lecture on: *“Primary Care level, a priority for health”* In the **XXXIII National Conference and XXXII International Conference on Nursing** held on 22th August 2019 in Ciudad de Mexico, Mexico.
SEPTEMBER 2019

Dr Laura Conangla and Dr Rosario Pérez participated as WWPQS representatives at WHO Conference on Ethics in Radiology as presenter and organizer respectively. 4-5/09/2019, WHO Headquarters, Geneva (Switzerland).

Many members of the WWPQS had the lighting up of their campus or health institutions or outstanding buildings at their towns in orange in observance of World Patient Safety Day. Anna Stavdal, WONCA World President-Elect, gave the opening lecture “Patient safety in Primary Care”. Astier Peña, MP chaired of the panel “Best 7 Primary Care Patients Experiences in Patient Safety” First Spanish World Patient Safety Day Conference 17/09/2019, in the Spanish Ministry of Health, Madrid.

Ana Stavdal with semFYC executive members and WWPQS executive members held a meeting with the Spanish Health Ministry and afterwards with the Spanish General Medical Council President.

Astier Peña, MP lecture on “Having a family doctor is an essential health protection factor for patient safety: Could Spain be an example?”, 6th Chinese National Congress on General Practice, 21-22/09/2019 in Xi’an, China https://www.globalfamilydoctor.com/News/FromthePresidentOctober2019.aspx


Rochfort Andree. UCD Dublin Medical Students. Take a selfie of your self-care for your own safety-Rochfort Andree.RPL Young GPs Course. Quality and the Quadruple Aim of self care. Dublin (Ireland)

Rochfort Andree. Tallinn Annual GP Congress Who helps the helpers keep quality on track
Rochfort Andree. Practical Tips on Minimising Burnout. Tallinn (Estonia)
Rochfort Andree. Vasco da Gama conference Keynote. Patient Safety in Primary Care. Torino (Italy)

OCTOBER 2019

Prof Bob Mash, Executive Head: Department of Family and Emergency Medicine. Head Division of Family Medicine and Primary Care represented WWPQS at the High-level forum: “Africa Patient Safety Initiative”. 24-25/10/2019 in Cape Town, (South Africa)

NOVEMBER 2019

Astier-Peña MP, Brosed Yuste Ch, Marcos-Calvo MP. Online Course for healthcare professionals in Aragon (Spain) on “An adequate response and care for first, second and third victims from a severe adverse event”, Aragon Health Service. Spain. (Coordination and tutoring of 70 hours in 8 modules).
Rochfort Andree. If prevention is Good for Patients Could it be good for Doctors? EuroPrev Conference, 04/11/2019 Oporto (Portugal)
WONCA Annual Report July 2019-June 2020

Rochfort Andree- An Adverse Event in your Practice – How would you cope? WS in conjunction with Retired GP Group ICGP. Deirdre Kinlen (IRL) and Monica McWeeney (IRL). **ICGP National Winter meeting** Athlone (Ireland)

Rochfort Andree- ICGP National Winter meeting Athlone. *How can GPs Lead on Planetary Health?* WS with GPs from **Society of Irish Doctors for the Environment** [www.ide.ie](http://www.ide.ie)
Rochfort Andree. **ICGP Webinar**: Cutting the Cost of Stress at Work by Implementing Changes.

**JANUARY 2020**

Astier-Peña MP gave a lecture on “*The baton of patient safety in the emergency care race*” in the VI Emergency Medicine and Casualties Update Conference of Spanish Society for Family and Community Medicine (semFYC) held on 31/01-01/02/2020 in Madrid, Spain.

**FEBRUARY 2020**


Rochfort Andree. **Stress Management module for Multidisciplinary Team in GP. ICGP Diploma in Practice Management**, Dublin (Ireland)


Rochfort Andree. March 2020 **ICGP COVID Webinar Series**, Speaker on 2 webinars. **Self-Care for HCWs and GPs**


Rochfort Andree. **Systematic Review on Patient Self-Management in Chronic Disease**.


**WONCA World Webinars on COVID.** 24/05/2020. Quality and Safety

Shabir Moosa, WONCA Africa President, has been very involved in the COVID response: managing safety/quality of COVID patients / staff and maintaining quality of PHC services. He has developed a PHC response, refined with infectious disease and public health specialists. This is now being implemented across Johannesburg and Gauteng (South Africa). We hope it will be adopted nationally and assist other African countries. He has moved his weekly continuing professional development in Johannesburg online and now shares it more widely across Africa, focusing on clinical issues related to COVID-19.
Shabir Moosa Weekly WHO webinar since end March on COVID in Africa.

**WWWPOn Q and S in FM members’ participation in Blogs from JUNE 2019 until JUNE 2020:**

Semfyc: [www.semfyc.es](http://www.semfyc.es)

Sano y Salvo: [https://sano-y-salvo.blogspot.com/](https://sano-y-salvo.blogspot.com/)

ISQUA Blog:

Astier P. COVID19 - Posts from the front line: Learn from this pandemic that primary care must be strengthened [https://www.isqua.org/resources-blog/blog/covid19-posts-from-the-front-line-learn-from-this-pandemic-that-primary-care-must-be-strengthened.html](https://www.isqua.org/resources-blog/blog/covid19-posts-from-the-front-line-learn-from-this-pandemic-that-primary-care-must-be-strengthened.html)

**WWWPOn Q and S in FM members’ participation in WONCA Newsletter from JUNE 2019 until JUNE 2020:**


**WWWPOn Q and S in FM members’ scientific publications from JUNE 2019 until JUNE 2020:**

"Avoidable adverse events caused by ignoring the Do Not Do recommendations. A retrospective cohort study conducted in the Spanish primary care setting" BMJ Quality & Safety. Your manuscript ID is bmjqs-2020-010909. In press.


José Joaquín Mira Solves, Yolanda Agra Varela, María Pilar Astier Peña, J. Caro, Carmen Silvestre Busto, Guadalupe Olivera Cañadas, M.P. Calvo, Jesús María Aranaz Andrés. Dejar de hacer lo que no hay que hacer. Anales del sistema sanitario de Navarra, ISSN 1137-6627, Vol. 42, Nº. 1, 2019, págs. 101-103


Carlos María Romeo Casabona, Asier Urruela Mora, Enrique Peiró Gallizo, F. Alava Cano, Montserrat Gens Barberà, Ignacio Iriarte Arístu, Carmen Silvestre Busto, María Pilar Astier Peña. ¿Qué normativas han desarrollado las comunidades autónomas para avanzar en cultura de seguridad del paciente en sus
Research

Structure & membership
Chair of the group is Prof Felicity Goodyear-Smith. The group membership is organised by entry into an excel spreadsheet and by membership of a Google Group (WONCA Research Assembly). There are currently a total of 90 members in the Working Party. All members provide a brief bio which are listed on the website. See https://www.globalfamilydoctor.com/groups/WorkingParties/Research.aspx

The WP-R Executive consists of Chair, Regional representatives (Marvin Reid, North America; Bob Mash, Africa; Mehmet Akman, Europe; Ryuki Kasai, Asia Pacific; Raman Kumar, South Asia; Jacqueline Ponzo, Iberoamericana), Young Doctor representative (Nagwa Nashesat) and Chris van Weel as panel workshop convenor.

The Council includes other active members involved in the Ariadne Research project (Bob Phillips, Amanda Howe, Michael Kidd, Andrew Bazemore), members who are key players in WONCA (Shabir Moosa, WONCA Africa President) and others actively involved in WP-R projects (Joyce Kendre).

The effect on outcomes of country-specific strategies and primary health care strength in COVID-19 pandemic response: an international study
Felicity Goodyear-Smith is leading an international study on the influence of PHC in a country's successful response to COVID-19. Other researchers are Working Party members Prof Bob Phillips and Assoc Prof Andrew Bazemore, plus three other team members (Karen kinder, Stefan Strydom and Cristina Mannie). This study is endorsed by WONCA. WONCA Management, Executive and Working Party on Research members have been actively engaged in promoting and disseminating the international survey to their colleagues and networks. The survey finishes on 30 April, and following analyses, papers will be submitted for consideration in peer-reviewed journals. The research team would like to thank WONCA members for their support.

Scientific writing workshops

The following workshops have been run since the last report

The following workshops were accepted for 2020

Due to COVID-19, the Asia Pacific Region and Europe region conferences have been postponed to Nov and Dec 2020 respectively. Given the uncertainty about possible resurgences of the virus, it is still possible that these, and also WONCA World in November, will not go ahead, or may in time be converted into online (virtual) meetings.
Comparative PHC system workshops
The WWP-R continues to run panels / workshops whereby different countries compare how their primary care is organised, using regional coordinators in the different WONCA regions. A template to prepare the slides is provided (<panel project resources>). These are led by Prof Chris van Weel. The slides have been updated for 2020. The current focus is on PHC policy and covers the clinical disciplines working in PHC in the community, training and registration, PHC as the point of access for health care, relationship of PHC to other community services, how teams support or impede response to community needs, how PHC is financed, PHC strengths, barriers and lessons for other countries.

The following workshops have been run since the last report

The following workshops have been accepted for 2020
3. WONCA World conference, Abu Dhabi Nov 2020. International examples of the extent that policy implementation has resulted in strengthening primary health care in specific countries Profs Mehmet Akman, Felicity Goodyear-Smith, Chris van Weel (four country experts to be named later).
4. WONCA World conference, Abu Dhabi Nov 2020. Building Primary Care Research Capacity Globally - Showcasing Research Training Programs Prof Felicity Goodyear-Smith, Prof Chris van Weel, Dr Martha Makwerio, Dr Sandro Rodrigues, Dr Karma Tenzin

See note about conference postponements above.

Workshops & research activates from allied WP & SIG
4. SIG on Family Violence. The SIG on Family Violence has received funding from WONCA and EGPRN to conduct a research project on Improving Opportunities for Primary Care and Advocacy for Family Violence (IMOCAFV) in 2019 to 2021 from up to 28 countries.

AfriWon Research Collaborative Online Research Training and Mentorship
In September 2019, working party member Prof Chelsea McGuire lead the launch of a pilot online research training and mentorship program targeting trainee and early career family physicians in sub-Saharan Africa, called AfriWon Research Collaborative. The curriculum for this program is based on the afore mentioned book How to do Primary Care Research. The pilot programme is guided by an Advisory Group that meets quarterly that includes membership by Profs Goodyear-Smith and Mash.
Peer-reviewed papers on PHC issues including cross-country comparisons


For the Executive’s interest I also refer you to Goodyear-Smith F, Ashton T. New Zealand health system: universalism struggles with persisting inequities. The Lancet, 2019. 394(10196):432-442. DOI: https://doi.org/10.1016/S0140-6736(19)31238-3 which summarises the New Zealand health system and can serve as a reference for analysing and comparing systems in other countries.

PHC Research Consortium

The inaugural meeting of the Primary Health Care Research Consortium was held in Delhi India in Feb 2020. WONCA holds one of the six seats on the steering committee, represented by Felicity Goodyear-Smith. The Bill and Melinda Gates Foundation has given the Consortium funding to establish itself over the next two years. There is funding for two small projects based on the priority questions developed during the Ariadne Lab projects in 2018.

The Research Consortium is chaired by Prof Bob Mash, from Stellenbosch University, South Africa. who represents Primafamed (the academic arm of WONCA Africa). A full report from the first meeting has been tabled separately to WONCA Executive.

Practical Guide to Primary Care Educational Research

Profs Mehmet Akman and Felicity Goodyear-Smith, in collaboration with Prof Val Wass, Chair of the Working Party on Education, are editing a book entitled Practical Guide to Primary Care Educational Research. This is another in the WONCA series to be published by CRC Press, Taylor and Francis Publishing, as a companion to our previous books How to do Primary Care Research edited by F Goodyear-Smith and B Mash, 2018, and International Perspectives in Primary Care Research, edited by F Goodyear-Smith and B Mash, 2016.

A number of experts from around the world, including members of the Working Party on Research, are writing the chapters. The book should be published in 2021.

WONCA Besrour Prize for Emerging Researchers from LMIC

Dr Sadok Besrour from the Besrour Centre for Global Family Medicine at the College of Family Physicians of Canada is generously making available awards for the best oral and poster presentations by an emerging researcher from a low- or middle-income country (LMIC). at the WONCA World conference in Abu Dhabi. Awards are $5,000 (USD) for the best oral presentation, and $2,000 (USD) for the best poster presentation. To be eligible, researchers must have started their research career within the last five years, are the first author, are from a LMIC and conducted their research predominantly or exclusively in a LMIC. Recipients...
of the Taiwan Family Medicine Research award will not be eligible. The winners will be presented with their awards at the closing ceremony.

Website
The WP-R has been updated. It includes our mission statement; how to join; the bios of the 90 current members, and updated templates for the panel projects. See https://www.globalfamilydoctor.com/groups/WorkingParties/Research/Plenarypanelprojectresourcesdocuments.aspx

WONCA Webinar
On Sunday 31 May, the WP-R hosted the last in the current series of WONCA webinars. This primarily addressed research activities around the COVID-19 pandemic. Profs Bob Phillips and Andrew Bazemore presented early findings from an international primary care survey; Prof Michael Kidd shared learnings from the primary care response in Australia, and action research running alongside this; Prof Felicity Goodyear-Smith gave a brief update on the quick regular COVID-19 family medicine practice survey being run in the US, Canada, Australia and New Zealand; Prof Chris van Weel presented an analysis of Nijmegen PBRN of changes in practice, changes in presented health problems since 1st COVID-19 case identified in Netherlands; Prof Bob Mash gave a brief update on the international Primary Health Care Research Consortium (of which WONCA is a founding member), and our incoming Chair, Prof Mehmet Akman, told us about the new WP book ‘A practical guide to primary care educational research’.

Plans for the future
In addition to the activities outlined above, the WP-R focus will include:
1. Efforts to build research capacity in LMICs, and help change the poor regard to primary care research in these countries. Strengthening our connection with the Besrour Centre and working with the PHC Research Consortium will assist here.
2. Comparative country studies with focus on the primary care infrastructure and their effectiveness (in the current round the emphasis has been on primary care policy).

Succession planning
At WONCA World in Abu Dhabi, Nov 2020 Prof Felicity Goodyear-Smith will step down as Chair after two successive two-year terms. Her successor is Prof Mehmet Akman, School of Medicine, Marmara University, Turkey. Mehmet has been a very active member of the Working Party and will lead the group forward with innovation and enthusiasm.

Professor Felicity Goodyear Smith
Chair, WWPR

Rural Practice
The WONCA Working Party on Rural Practice is one of the largest and most active working parties. Our group is made up of over 1000 front-line rural doctors and academics. We provide grassroot responsiveness to our doctors needs through our meetings, events and the google group.

The clearest signal of this during the Covid Pandemic has been the daily information and collegiate google group post that has allowed family doctors in rural areas around the world to share their stories and advice with others. A big thanks to our immediate past chair John Wynn Jones for providing this service from his home isolation in the UK.

It seems incredible that what we now see was not anywhere to be seen when we met in Albuquerque just over 6 months ago. The 16th International Rural Health Conference, co-hosted on our behalf by the University of New Mexico (UMN) and the National Rural Health Association (NRHA), was great success. It was inspiring to see what their two great institutions have achieved. The University of New Mexico has always been a champion for the rural, underserved and indigenous people and the evident partnership of
communities and rural family doctors, nurses and home-grown health workers was truly inspiring. The NRHA is the oldest rural multidisciplinary rural organisation and shows just what working as a team in rural areas can do. Other highlights were everything from the Rattle Snake pit challenge (a chance to pitch a good rural initiative) to the amazing Albuquerque Balloon Festival. The Conference also integrated with the AAFP Global Summit.

Internationally, we have built on the Delhi Declaration and worked with WHO on a Rural Pathways project which has been extensively disseminated and discussed. At the WHO World Health Assembly, I joined other WONCA officials in discussing our document and rural family doctor issues with a number of WHO and other officials. At the Albuquerque conference we were fortunate to have significant further interactions with WHO, PAHO, the USA DHS and Network TUFH. Anna Stavdal represented WONCA excellently.

From the conference came:

- The first Island Medicine Statement and Award for Outstanding Service to Island Health was bestowed on Dr John MacLeod (posthumously) and Dr Kenjiro Setoue

- The Rural Nursing and Midwifery Albuquerque Statement 2019 – supporting our colleagues in the International Year of the Nurse and Midwife and with our second nurse accepted on to our Council

The joint Albuquerque Attestation on the Future of Rural Family Medicine in the USA 2019 from UNM, AAFP and NRHA in support of rural health in USA. We had a wonderful dinner to celebrate Johns Wynn-Jones’s extraordinary 6-year period as chair. We looked forward from there to our conference in April in Dhaka Bangladesh. Our young band of dedicated rural doctors and academics from Bangladesh Primary Care and Rural Health and Brahmanbaria Medical College worked tirelessly to prepare a fabulous conference. Just when it was taking shape the first reports of a novel corona virus appeared and by February it was clear that we would have to be holding a virtual conference. The continued spread however made even small numbers of people unable to congregate and meant that most rural doctors were busily coping with COVID 19 or preparing their communities for it. Sadly, we have now had to postpone even the virtual event. We have been steadily working on key presentations and will honour our organisers with a celebration in the near future when road ahead is clearer.

Our next conferences are in Uganda in 2021 and Ireland 2022 and we have enthusiastic organisers working hard on making these events memorable.

Our Rural Medical Education Guidebook has been a monumental work that has brought together a significant proportion of the world’s leaders in rural health. We have recently commissioned a further 8 chapters and the revised guidebook will be launched shortly.

In partnership with Network: Towards Unity for Health 10 of our key thought leaders have produced a lecture series addressing many of the most significant issues in Rural health. These have almost all been recorded and will be launched in May.

Rural Seeds are our future and have made some wonderful achievements over the last year

1. Contribution to the Rural Medical Education Guidebook. At the beginning of 2019 Rural Seeds completed two articles for the new edition of the Rural Medical Education Guidebook: “Rural Seeds - Innovation and Rural Healthcare” and “Mentor-Mentee Program: Mentoring in Areas without Established Rural Training Pathways”, providing an important future doctor contribution to the conversation around access to rural medical education.

2. Rural Cafes have been held at multiple WONCA events. Throughout 2019 we continued to hold the Rural Family Medicine Cafe at conferences: WONCA Europe in Bratislava, Slovakia https://www.youtube.com/watch?v=N_PM9vUYz4U

WONCA rural Health Conference in Albuquerque, USA https://www.youtube.com/watch?v=uQXLWsAJAx0

EURIPA Forum in the Azores
3. Rural Seeds Website. With support from our Brazilian colleagues we have created a new website. [https://www.ruralseeds.com/](https://www.ruralseeds.com/) This interactive platform allows people to find out more about Rural Seeds and rural health, what we do and how they can engage with us.

4. WONCA Rural Conference Albuquerque. A number of students and young doctors participated and presented their work at the conference.

5. Rural Videos project. In 2019 Rural Seeds have launched four videos about Rural Health:
   - Pesticides - [https://www.youtube.com/watch?v=35bFl8QsVOU](https://www.youtube.com/watch?v=35bFl8QsVOU)
   - Francesca Alta - Pocket - [https://www.youtube.com/watch?v=E3spKEhdWoQ&t=2s](https://www.youtube.com/watch?v=E3spKEhdWoQ&t=2s)
   - Planetary Health - [https://www.youtube.com/watch?v=E3spKEhdWoQ&t=2s](https://www.youtube.com/watch?v=E3spKEhdWoQ&t=2s)
   - Who is and what it does the Rural Family Doctor? [https://www.youtube.com/watch?v=RgQjlVfY0v8&t=1s](https://www.youtube.com/watch?v=RgQjlVfY0v8&t=1s)

6. Rural Health Success Stories. In 2019 the project Rural Health Success Stories have uploaded three new stories. We encourage people to continue submitting more stories as involvement is crucial for the development and continuity of the project.

The road ahead is unclear in so many aspects, but the WONCA Working Party on Rural Practice will continue to support our members during this time. With rest of WONCA we contributed a Rural panel session to the WONCA COVID Webinars in May to highlight the experiences and issues of rural doctors.

We will also continue our advocacy for rural health and inspire young doctors to a career as Rural Family Doctors.

Associate Prof Alan Bruce CHATER  
Chair WWPRP

**Women and Family Medicine**

The Working Party for Women in Medicine (WWPWF) started out as a Special Interest Group (SIG) which was initiated by Marilyn McMurchie in 1998 during the WONCA World Conference in Dublin. She together with a group of intrepid and like-minded women felt the need for women's voices to be heard in WONCA's discussions and conversation; for women to have a seat in WONCA's table where important decisions affecting women's family physicians worldwide are made.

Twenty years after, that dream has now become a reality with a more gender-balanced WONCA World Executive, more women leaders in Member Organizations and a strong and vibrant Working Party for Women in Family Medicine (WWPWF)

The Working Party currently leads in the advancement of Gender Equity as the cornerstone of Health for ALL by empowering WOMEN Family Doctors within and outside WONCA through its various works and activities of its members in their respective countries, national organizations and professional networks.

Election of Working Party Chair and Regional Leads is held during WONCA World Conferences and the current Working Party Executive is as follows:
Chair: Aileen T. Riel-Espina, MD (Philippines)
Immediate Past Chair: Kate Anteyi (Nigeria)
Chair Elect: Naomi Doohan (USA)

Advisers: Amanda Barnard (Australia); Lucy Candib (USA); Zorayda Leopando (Philippines)

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<tr>
<th>WONCA Region</th>
<th>Regional Lead</th>
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<td>AFRICA</td>
<td>Elizabeth Reji (South Africa)</td>
<td>Olusola Oluwaseun (Nigeria)</td>
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<td>ASIA-PACIFIC</td>
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<td>Jung-Jin Cho (South Korea) Samantha Murton (New Zealand)</td>
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<td>Patience Nenna Ekperi (USA) Paula Henry (Caribbean)</td>
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<td>SOUTH ASIA</td>
<td>Anu Kushwa Ha (Nepal)</td>
<td>Shiraji Munira Choudhury (Bangladesh)</td>
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WWPWFM Activities

The Working Party endeavors to conduct Pre-Conferences and Women’s Track in all WONCA Regional And World Conferences. In the 2018 World Conference in Seoul, South Korea, the Working Party had a successful Pre-Conference and a well attended Women’s Track. Dr Noemi “Mimi” Doohan was elected as Chair Elect and she is set to take over the Chairmanship of the Working Party in the 2020 Conference in Abu Dhabi.

The Working Party was able to hold successful pre-conferences in the WONCA Regional Conferences in the following WONCA Regions: Asia-Pacific (April 2019); Africa (June 2019) and Europe (June 2019).

During the WONCA Africa Regional Conference, the 2nd Atai Omoruto Scholarship Bursary Grant was awarded to Dr. Jessie Mbamba and Dr Moyosore Makinde. This bursary was established by the Working Party in honor of Dr. Anne Deborah Atai-Omoruto to support young women family physicians from the African region to participate in WONCA Conferences.

This year 2020, we were slated to have pre-conferences and women’s track again in regional conferences and in the WONCA World Conference in Abu Dhabi but plans have to be placed on hold due to the cancellation of international conferences brought about by the global COVID-19 pandemic.

A significant output of the Working Party was the **Five Recommendations** from the Resilience Project Research with SMART Goals that were developed with WWPWFWM Pre-Conference feedback and Consensus support from October 2017 – October 2019.

1. **Knowledge**: Help more family doctors to learn about the literature on transitions
   a. Post literature review on WWPWFWM website
   b. Plan to lead WWPWFWM workshops at biennial WONCA World Conferences on transition and resilience
   c. Plan to develop curriculum that can be shared on WWPWFWM website for family medicine educators to teach residents and medical students

2. **Toolkits**: Rehearse transition scenarios
   a. Plan to do “fishbowl exercise” at Regional Conferences using lived experiences as well as role playing with scenarios that emerged from resilience research
   b. Develop Fireside Chats as a forum for developing and using toolkits
   c. Develop videos of fishbowls and podcasts for sharing on social media

3. **Mentors**: Create clear opportunities to support during and after transitions
   a. Develop social media platform for mentorship relationships (to assist with identifying and connecting dyads)
b. Focus mentorship relationships specifically on certain transitions (e.g. new motherhood, separation from family) to help with sustainability for mentors

4. System Change: Careers and workplace planning should embrace and expect flexible working
   a. Create recommendations/policy statements for WONCA executive and national academies/colleges regarding provision of childcare and supporting part time work
   b. Create a resource guide on WWPWF website for links to laws and resources in each region about women doctors at work (for example laws about childcare). This is important, for example, for women who are moving to a new country.

5. Focus on Gender: Address the underlying gender issues
   a. Encourage more research on gender equity and working conditions for women family doctors
   b. Create inclusive forums that include men

6. Would be good to create a resource guide for links to laws in each region about women doctors at work (for example laws about childcare)

7. WONCA could be the home for resource guides.

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

WONCA International Classification Committee (WICC)

Executive

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<th>Chair</th>
<th>Thomas Kuehlein</th>
<th>Germany</th>
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<tr>
<td>Deputy Chair</td>
<td>Kees van Boven</td>
<td>Netherlands</td>
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<tr>
<td>Executive Member</td>
<td>Jean-Karl Soler</td>
<td>Malta</td>
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<td>Executive Member</td>
<td>Olawunmi Olagundoye</td>
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<td>Laurent Letrillart</td>
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<td>Governance Committee</td>
<td>Diego Schrans</td>
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<td>Preben Larsen</td>
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<td>Governance Committee</td>
<td>Julie Gordon</td>
<td>Australia</td>
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The WICC is organized according to its policy document.

1. Achievements over the last biennium (between World Councils)

The Consortium, under the lead of Kees van Boven and Huib ten Napel, made further progress in the development ICPC-3 via [http://www.icpc-3.info/](http://www.icpc-3.info/). ICPC-3 development started in January 2018 and runs for a period of three and half years. Currently all milestones have been achieved.

The annual WICC-meeting in 2018 was held from 22nd to 26th September in Hersonissos/Crete/Greece. There were 23 members participating. This year there were no observers. The main topic was the development of ICPC-3 under organizational leadership of a Consortium led by Kees van Boven at the University of Nijmegen/Netherlands. Another important topic was the development of a primary care version (linearization) of ICD-11 in collaboration with WHO.

A new website is now available showing the work of WICC at [http://wicc.news/](http://wicc.news/). This web-site was developed and maintained under the leadership of Heinz Bhend (Switzerland). We kindly ask to replace the link of the former website with the link to this new one.

The next WICC meeting was planned to be held 21st – 23rd June 2020 in Berlin, before the WONCA Europe Conference, but that has had to be postponed. The Consortium hopes to be able to discuss and clarify the
final issues and challenges so that ICPC-3 can be launched at the WONCA World Conference in Abu-Dhabi. Vivid discussions are to be expected. Anybody interested in the work of WICC will be welcomed.

WICC was represented at many WONCA Region Conferences presenting posters or holding workshops on classification topics like ICPC and the International Classification of Functioning, Disability and Health (ICF).

2. Activities planned and in progress

The core activity planned is ongoing work on ICPC-3. Minutes of the 2019 meeting and the WICC action plan for 2019/20 are available on request.

3. Any activity in collaboration with WHO, either regionally or globally

At the meeting of the WHO-Family of International Classifications (WHO-FIC) Network in 2019 Thomas Kuehlein and, by a video presentation, Kees van Boven, represented WICC and WONCA in Banff/Canada. In a midyear teleconference I (Thomas Kuehlein) had learned that a new group consisting of members of the Family Development Committee of WHO-FIC had been formed without officially ending the existing group (led by Martti Virtanen and Kees van Boven) and without even informing them or WONCA. In this new group there was no primary care physician involved. The group proclaimed to now develop a primary care classification for all primary care providers including nurses, physiotherapists and others.

I sent a formal protest which led to his inclusion into the group. There he protested as there had been no discussion and agreement about the usefulness of a common classification for all primary health care providers, no methodology, no work plan and no funding. Furthermore, a letter drafted by Garth Manning, supported by Anna Stavdal and me, signed by our president Donald Li was sent to WHO protesting about the poor collaboration. When I arrived at the Banff meeting expecting fierce discussions all trouble had disappeared. The WHO-FIC colleagues acknowledged that there has been a thorough analysis about the usefulness of a common classification for all primary health care providers, a methodology for this development, a work plan and funding. Still, WICC is in principle ready and willing to cooperate with WHO in classification matters which has also been made explicit at the WHO-FIC Conference in Banff. Furthermore, WHO-FIC members have been invited to participate in the Consortium meetings.

WICC will be putting all of its energy into the development of ICPC-3.

Professor Thomas Kuehlein
Chair, WICC
WONCA Special Interest Group Reports

- Adolescent & Young Adult Care
- Ageing and Health
- Cancer & Palliative care
- Complexities in Health
- Conflict & Catastrophe Medicine
- Emergency Medicine
- Emerging Practice Models for Family Medicine
- Family Violence
- Genetics
- Health Equity
- LGBTQ Health
- Migrant Care, Int Health & Travel Medicine
- Non-communicable diseases
- Point of care testing
- Quaternary Prevention & Overmedicalization
- Workers’ Health
Adolescent and Young Adult Care

The Adolescent and Young Adult Care SIG is still in its infancy.

Progress since Last Report
Our goal for this year was modest, we wanted a presence at the WONCA World and WONCA European meetings to network and recruit members to our group. A workshop, by Dr Tellier, was submitted and accepted for both conferences. However, both conferences have now been postponed. Dr Svetaz had a workshop accepted at Abu Dhabi, about how to create Inclusive Programs for teens and their parents, but this has been postponed.

Doctor Tellier, in conjunction with the Family Medicine Education Research group and the Section of Adolescent Medicine at McGill University, completed a systematic review, which is yet to be published, on the continuing education needs of family physicians. We identified three main themes which included, a) needs in communication skills, b) knowledge related to common acute problems, chronic health issues and guidelines, and c) awareness of systems issues such as transition of care. Based on this information, we will endeavour to present workshops at WONCA conferences on these issues and to develop a resource bank for the WONCA website to address these needs.

The SIG assisted members of the new Eastern Mediterranean Region to write an internal WONCA grant application to advance the health of teens in this part of Asia. Dr Svetaz and Dr Tellier presented about the SIG at the International Association for Adolescent Health meeting held during the Society for Adolescent Health and Medicine 2019 annual conference. Dr Tellier also spoke about the SIG during the First Conjoint Conference of the Royal College of Paediatrics and Child Health and Society for Adolescent Health and Medicine held in September 2019 in Ascot, UK.

Work/Collaboration with WHO
Dr Svetaz contacted Dr. David Anthony Ross, PhD, MSc, MA, BMBCh, from WHO, with the suggestion of joining resources with the Society for Adolescent Health and Medicine (SAHM) to do Webinars on adolescent and young adult health, but the connection did not produce fruitful outcomes, as of now. In person networking was expected to occur during the Society of Adolescent Health and Medicine 2020 conference, in San Diego but it was canceled due to COVID-19. Dr Svetaz will be attending the 12th World Congress of the International Association for Adolescent Health, in Lima, Peru, hoping to establish contact at that venue.

Goals for the upcoming year
Dr Tellier will be presenting at the European WONCA conference. Network and recruit members at the conferences we will be attending, the Family Medicine Forum in Winnipeg in November, the International Association for Adolescent Health also in November and the Society for Adolescent Health and Medicine in Baltimore in March 2021 where Dr Tellier will retroactively be receiving the 2020 Outstanding Achievement in Adolescent Medicine award.

A/Prof Pierre-Paul Tellier
Maria Veronica Svetaz
Co-convenors
SIG on Adolescent and Young Adult Care
Ageing and Health

**Membership:**
There were 39 members from 21 countries as of April 2020. The group represented a wide range of clinical and research interests.

**Activities**

**Plan developed in 2019**
During 2019, in conferences, and through face to face meetings we developed a program of workshops to be held at various regional WONCA meetings across 2020. The aim was to explore primary care of older people from the perspective of a range of stakeholders from WONCA regions.

We were successful in gaining acceptance for workshops related to older people and health for the Asia Pacific and Europe regional conferences before our efforts were derailed by the pandemic. We were also successful in being approved for a workshop at the WONCA world conference.

**Modified activity plan**
The Asia Pacific and Europe regional conferences have been rescheduled, and we hope to present the workshops if possible on the rescheduled dates. We are still scheduled to present at the world conference, and await developments about this.

**Activities developed over 2020**
The group is collating information about aged care and COVID from different countries and hope to post this on the website in the near future. We are also exploring the possibility of running a webinar on this topic. There are many difficult issues for primary care of the older people that have been exposed by the pandemic, and lessons to be learned.

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

Cancer and Palliative Care

The Cancer and Palliative Care Special Interest Group (SIG) has had a fallow year. In the past, meetings of the steering group of the International Primary Palliative Care Network (IPPCN) every year have provided the framework around which the advocacy, education and community of practice have consolidated. Since the last report, these meetings have been limited and the writer who chairs the SIG and co-chairs the IPPCN has not been able to organise the workshops and seminars as before. The cancellation of the WONCA Europe and latterly the WONCA world meetings as well as the EAPC research conference have affected the plans of the SIG.

The chairperson has met online with Professor Amanda Howe on one occasion, but the tentative plans to develop the work of the committee were not put into place. Dr Pratyush Kumar has been supportive through the WhatsApp group for chairs of SIGs.

The members of the group IPPCN continued to support each other informally, through involvement in research and advocacy and presentations. Several publications have been conceived and developed though none have reached publication stage yet.

The chair acknowledges that this is unsatisfactory, and that further work needs to be undertaken to promote the disciplines of Cancer and Palliative Care in family medicine and primary care with the help of the network and support of the WONCA office.

The chair feels that a new structure should be developed to give the SIG the best chance of providing support and care to family doctors throughout the world at the time of COVID-19 and at the time of increased need
for palliative care because of the late diagnosis of cancer and solid organ failure due to the disruption of health systems by COVID-19

I undertake to discuss this with Dr Kumar and establish a steering committee which will be able to be mutually supportive and that the meetings and work of this special interest group continues in a way that it is sustainable and developmental.

Dr Alan Barnard
Convenor, SIG on Cancer and Palliative Care

Complexity in Health and Healthcare

Complexity science is increasingly recognized as providing the framework for research methodologies to deal with the “messy problems” facing health care in general and, for our SIG, the ‘messy problems’ of family medicine, primary care and general practice.

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

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

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

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

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

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

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

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

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

**Links with other organisations and networks**
The North American Primary Care Research Group (NAPCRG), with the Society of Teachers of Family Medicine (STFM), are also addressing these issues.
The North American Primary Care Research Group released the following useful statement: REVITALIZING GENERALIST PRACTICE: THE MONTREAL STATEMENT
http://www.annfammed.org/content/16/4/371.full

There is overlapping membership between NAPCRG and our WONCA SIG. Many of the tools developed are available on the STFM website.
https://resourcelibrary.stfm.org/search?executeSearch=true&SearchTerm=complexity&l=1

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

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

International Society for Integrated Care https://integratedcarefoundation.org/
While multifaceted, the ICIC has a stream of complexity science and input into WONCA Europe.

**Research and Journals**
Our objective is to encourage evaluation methodology that is able to accommodate the ongoing adaptive change of the complex adaptive systems of unstable health in primary health care.

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

Members of our SIG have published numerous papers and chapters which we are happy to share.

Carmel M Martin, MBBS, MSc, PhD, MRCGP, FRACGP, FAFPHM

*Dr Carmel M Martin*
Convenor,
SIG on Complexity in Health and Healthcare
Emergency Medicine

The 2019-2020 year has seen some significant growth for the WONCA special interest group (SIG) on emergency medicine. We now number more than 200 participants from all regions of the world, with very active participation. Updates are sent to members every 2-3 months detailing the work of the SIG and strong positive feedback on our activities is regularly received.

The highlight of the year would undoubtedly have to be the WONCA Emergency Medicine Seminar (WEMSEM) that was hosted by Nepal on Aug 9-10, 2019. My sincere thanks to Prof. Pratap Prasad, Dr. Pramendra Prasad, Dr. Laxman Bhusal and all the hard-working colleagues in Nepal who made this incredible event possible. We had over 250 participants, including 23 international delegates, who presented on a wide range of emergency medicine topics including critical care, airway management and ultrasound applications. Importantly, the WEMSEM provided a forum for discussion on how emergency care can be delivered effectively and safely in rural environments.

The inaugural session of an "International Educational & Cultural Exchange Series on Emergency Medicine" was held at Amala Institute of Medical Sciences, Thrissur on 28th August 2019 with strong participation from WONCA SIG EM members. The invited speaker for the event was Dr. Elena Klusova, who delivered a session on "Helicopter rescue and Out of Hospital Emergency Medicine" followed by a panel discussion. The panelists included Dr. Resmi S. Kaimal, President of AFPI Kerala and fellows from the Academic College of Emergency Experts in India. Dr. Nisanth Menon was the organizer and moderator for the session. The meeting ended with an ample dose of inspiration to the medical students, aligning them to primary care and emergency medicine.

As we entered 2020, the world had to unfortunately confront the COVID-19 pandemic. The SIG EM has a number of abstracts and presentations submitted to conferences such as the WONCA Asia Pacific and Europe regional conferences. As a result of the pandemic, both these conferences have had to be postponed. However, the Spanish EM SIG team has been able to make a general rehearsal of the carefully prepared complex Escape Room workshop proposed for the WONCA and DEGAM congress. We thank Dr. Miriam Rey, Dr. Elena Klusova and Dr. Rabee Kazan for representing our group in the Catalan Society of Family and Community Medicine in Barcelona, Spain and opening the path to the new chain of work planned by the group for the future.
In an effort to support family doctors around the world, the SIG EM has committed to working with the WONCA executive to collaborate and contribute on the COVID webinar series. Since the initial webinar trial, we have planned to collaborate to deliver content on topics such as mental health and medical education. As the pandemic unfolds, we will continue to work with our WONCA colleagues to support their work and everyday practices as they care for patients during these uncertain times.

Finally, I want to acknowledge the hard work of my executive committee, Dr. Elena Klusova (Spain), Dr. Pramendra Prasad (Nepal), Dr. Nisanth Menon (India), Dr. Joy Mugambi (Kenya) and Dr. Kim Yu (USA). Without their support and collaborations, none of our great work would be possible. It is now, more than ever, that we need the global community to work together to ensure that family medicine plays an appropriate leading role in caring for our patients and communities.

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**Emerging Practice Models for Family Medicine**

WONCA Executive Committee approved a Special Interest Group on Emerging Practice Models of Family Medicine during the meeting in Bangkok November 19th 2019.

**Key leaders of the SIG:**
Donald Li, President WONCA, Hong Kong  
Rich Roberts, Past President, WONCA, USA  
Dr Wendy Gu, Worldwide Medical of Huashan Hospital, Shanghai, China and Chair, Society of Premium and Special Needs Primary Care of Cross Straits Medical Exchange Association.  
Prof Mehmet Ungan, Regional President of WONCA Europe  
Dr Raman Kumar, Regional President of WONCA South Asia  
Dr Ling Qiu, Director of Family Medicine, Jiahui Health, Shanghai, China  
Dr Michael Coffey, MD VIP USA

**Joined in August 2020.**
Dr Krishna Syamala board certified Family medicine physician in USA currently working as a hospitalist in State of Missouri.

**Activities 2019-2020:**
WONCA Webinar on eHealth. Donald Li, Rich Roberts, Mehmet Ungan and Pramendra Prasad will be presented on October 4th Sunday at the webinar. The program will be as follows:
- Telehealth in the COVID 19 Pandemic – Ilkka Kunnamo, university of Helsinki, Finland.
- Artificial Intelligence applications and its benefits in the pandemic – Nick Guldemond, Leiden University and Medical Center, National eHealth Living Lab (NeLL), Netherland.
- Digital Health Literacy, digital divide and misinformation – Prof. Richard H. Osborne, Director, Center for global Health and Equity, Hawthorn campus, Australia.
- Use of eHealth in emerging practice models in family Medicine – SIG on Emerging Models in family medicine.
- Telemedicine practice in Low Resource Setting using basic IT tools - Dr. Raman Kumar, President WONCA SAR (5 min)
- Experience on the IT base difficulties we faced with and how we solved as a learned lesson? Mehmet Ungan, President WONCA Europe
- Panel Discussion – Predicting Digital Health after the Pandemic : Donald Li and Prof. Richard Roberts (15 Min)

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*Dr. Donald Li, Convenor,  
SIG on Emerging Practice Models for Family Medicine*
Family Violence

The Special Interest Group on Family Violence (SIG FV) continues to work, expanding our global connections to systematically support family doctors to address family violence in practice and policy. Our Executive group consists of the co-chairs, Hagit Dascal-Weichhendler and Nena Kopcavar Gucek, who recently replaced Kelsey Hegarty, the past co-chair, Leo Pas and communications lead Raquel Gomez Bravo. In addition to this group, we have a steering committee involving various regions and Young Doctor links.

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

CONNECT: The current Covid-19 pandemic has a huge impact on family violence rates as well as on services and primary care response. Members of the SIG have been connecting and exchanging information, ideas and resources, making the connection between us stronger and empowering. Over time, we have expanded our connections across regions whilst maintaining connections and collaborating with young doctor movements, WONCA Working Parties, SIGs and networks (including VdGM FV SIG, WWP Rural, WWPWF, Emergency Medicine; Patient Safety; Education; EGPRN; EUROPREV, EURACT, EQUIP). We have also been promoting interdisciplinary collaboration. Some members took part in the EFJCA (European Family Justice Centers Alliance) conference at the end of 2019, and several are involved in a shared project, IMOCAFV, described below. The group continues to grow, connecting with other professionals who are interested in contributing their knowledge and ideas to the SIG FV.

RESOURCE: Members of FV SIG are involved in promoting incorporation of FV agenda, training materials and other resources for healthcare teams and patients within their national colleges, in line with the Call to Action Statement of Recommendations on FV which was approved by WONCA Executive in March 2018. In order to provide resources for clinicians relevant to the Family Violence upsurge during the COVID-19 pandemic a summary with useful information and links was posted on the WONCA website. We launched the IMOCAFV project (described below), which will also provide relevant materials and resources.

SUPPORT: In October 2018, WONCA Executive agreed to our proposed framework for Family Violence consultancy work. Taking into consideration the national and cultural contexts, and the specific services within each country, our framework offers education and training, policy and research through a three-tiered approach, either through face to face, online help and secondary consultation.

EDUCATE: A WONCA Webinar, hosted by WONCA President, CEO and President-Elect took place on May 3rd 2020, titled "FAMILY VIOLENCE DURING COVID-19 CRISIS: overview and role of primary care teams". The webinar and presentation will remain available online so they can be of use to a wider audience of primary care physicians. Our SIG has worked over the years collaboratively with other groups as specified above to educate on various aspects related to Family Violence, through a number of shared presentations and conference workshops. Some presentations were planned for EGPRN in May 2020 and in WONCA EUROPE Berlin June 2020, where our executive member and lead of communication, Raquel Gomez Bravo, was asked to give a keynote lecture as well. Due to the pandemic conference plans have changed. In case the pandemic continues, we will try to plan more online training. Related to training is also the initiative to define family violence-related core competencies for GP’s, and we will continue this work during the next months and holding a workshop on the topic hopefully in December in Berlin (postponed from June).

COMMUNICATE: We continue with online newsletters to our SIG LIST (146 subscribed members) and recently reactivated a google group for active discussions (73 members), skilfully managed by Raquel Gomez Bravo. Meetings of the SIGFV have been conducted via zoom and skype applications for years; therefore, we are confident we can continue to function in the same mode in the future, regardless of the circumstances.

EVALUATE: The IMOCAFV PROJECT was initiated in collaboration with other WONCA networks and groups. In November 2019, with the collaboration of EGPRN, EUROPREV, YDM’s, VdGM Family Violence SIG, the project received recognition through discretionary funding by WONCA World, allowing it to expand its coverage of countries worldwide. The project reviews models of care for Family Violence in the
Health Equity

This report highlights health equity activities from September 2019 to April 2020

On October 9th 2019, the American Academy of Family Physicians held a Preconference on Health Equity called “A Call to Action on Health Equity” on the day before their annual Global Health Summit. This was the first time they have held a preconference and we were thrilled that its major focus was on health equity and that several members of our WONCA health equity SIG were able to participate. This was also just a few days prior to WONCA’s Rural Health Conference so there were family doctors from our wider WONCA community from around the globe who were also in attendance. The summit assembled global stakeholders with the aim of increasing knowledge and promoting engagement among thought leaders in the fields of medicine, public health, education, health services research, social service organizations, and other community members. Participants networked with colleagues and collectively developed plans that would lead to actions in their local communities to achieve health equity. The summit concluded with a service activity to provide 900 hygiene kits to a local non-profit organization.

Major highlights of the preconference include:

1. Health Equity Across Nations panel – this is a continuing series of lectures that started several years ago at the WONCA World meeting in Brazil in 2016, continued in Seoul in 2018 and have now featured over 12 speakers from 10 countries. The 2019 panelists included:
   Dr. Kim Yu – United States - Moderator
   Dr. Joy Mugambi – Kenya
   Dr. Jorge Hidalgo Chavez – Spain
   Dr. Victor Ng – Canada, bringing our total now to 15 speakers from 13 countries. It is our hope to continue our series in the future and publish our findings on “Health Equity Across Nations” before the next WONCA World meeting.

2. WONCA Polaris developed a Health Equity Declaration during the AAFP’s Global Health Summit in September 2019 which included:
   “The young doctors of Polaris:
   • Recognize that health equity is directly impacted by discrimination with regards to race/ethnicity, socioeconomic status, gender, sexual orientation, religious affiliation, disability and other factors and these factors are interconnected and must be addressed simultaneously to affect change.
   • Recognize the direct effects that safe housing, clean water, air quality, and broader environmental justice issues have on health outcomes and that these issues disproportionately affect lower income communities and communities of ethnic minorities.
• Recognize that traumatic events, exposure to violence and crime, sexual assault, and abuse contribute to mental and physical health inequities and that upstream measures to prevent these adverse experiences, especially for children, are critical to attain equity.
• Recognize that ensuring high quality education for all children and improving general health literacy are necessary tools to improve health equity.
• Believe that access to excellent primary care including mental health care and substance abuse treatment are important to create health equity and therefore family physicians should advocate to eliminate financial, geographic, and any other barriers to this care.
• Recognize that numerous systematic interventions and policy changes throughout societies and governments are crucial to achieve health equity.
• Recognize that advocacy is an essential skill set required by family physicians to improve health equity and that as young family physicians we have a responsibility to speak for those who cannot and to build partnerships to improve health equity across borders.
• Assert that all family physicians should recognize health inequity and be able to evaluate contributing factors leading to inequity. We additionally assert that all medical schools and post graduate training programs should offer formal instruction on the principles and evaluation of health equity.
• Uphold that equity is vital to achieving health for all communities and therefore that healthcare providers and systems should strive to achieve equity in their practice organizations and care delivery.
  o (also available online)

3. Multiple other workshops and breakout sessions including:
• Health Equity: Taking Action in Primary Care - Michael Rodriguez, MD, MPH
• Global Perspectives of Implicit Bias - Danielle Jones, MPH
• The Health Equity Curricular Toolkit: Innovating and Advocating for Health Educators Striving for Health Equity - Jennifer Edgoose, MD, MPH
• Using Community-Based Participatory Research (CBPR) as a Community Empowerment Tool for Social Change - Laura Parajon, MD, MPH
• Hot Spotting for LGBTQ Health Equity: Opportunities and Challenges - Molly McClain, MD, MPH
• Social Accountability - Arthur Kaufman, MD
• Identity Signs and Ignite Discussions - Viviana Martinez-Bianchi, MD, FAAFP and Ignite Presenters
• Action Planning - Viviana Martinez-Bianchi, MD, FAAFP and Kim Yu, MD, FAAFP
• Co-convene with Polaris to present the Declaration of Albuquerque - Lauren Bull, MD Kiera Hayes, MD Cheyanne Vetter, MD, Amber Wheatley, MBBS, Megan Guffey, MD.

Current Projects:
1. Establish WONCA Excellence in Health Equity Awards.
   • These regional awards will recognize work done by physicians, organizations or member countries that are working on Health Equity projects. Recognize the work of those in Health Equity and encourage members from around the world to engage in Health Equity work that could be disseminated on social media or local media to show the work of Family Doctors for their communities.
• We hope to also have Health Equity awards dedicated to Rural Communities or Rural practice, Women, Migrant Health, LGBTQ and Family Violence, to be able to collaborate with those SIGs and Working parties.
• Similar to Athena Swan awards that are for women in STEM they help promote engagement and work in health equity at a regional level elevating the work done by family physicians, SIGs or WPs, or country or regional work by family doctors in health equity.
• These awards will be reviewed by a voluntary subcommittee of our SIG HE, to ensure fair representation from each region with criteria developed for each health equity award. Awardees will be recognized every two years, but there will be no numerical or financial award to keep cost of this program to an absolute minimum.

2. Host WONCA’s first International Online Virtual Health Equity conference to
   • Include all regions of WONCA members, both in panelists/faculty and attendees,
   • Serve to spearhead initiatives on a country, state and local level, with family physicians at the helm of these projects, and
   • Educate on best practices in Health Equity
   • Create a declaration on Health Equity for the SIG HE.
   It is our hope, if approved by WONCA, to hold this International Online Virtual Health Equity conference for one day this summer, possibly in August 2020. (Date TBD)

3. Health Equity Resource page
   • Collate Health Equity resources
   • Post the resources found for each region on Health Equity to help family doctors from around the world find information on health equity topics
   • These resources could be posted on WONCA SIG HE webpage

4. Growth and Community
   • Current membership is at 320.
   • Continue to grow and increase member engagement in the SIG – through social media and webinars. SIG HE Executive to meet at least two to four times a year online and via email/social media.
   • Elect students/residents/YDMs from each region to the SIG HE by WONCA World Conference 2020 – Dr. Romero Santiago (N. America) joined our SIG HE executive team. We will identify more students/residents/YDMs from each region by November, 2020.
   • Dr. Vivi Sachs, our YDM member, assumed the role as Secretary to take over from Dr. Veronica Svetas

5. The WONCA Health Equity SIG is working with Fund for Global Health (http://www.fundforglobalhealth.org/) to ensure that appropriations for Global Health are earmarked for Primary Care since primary care is the strongest foundation to a robust health care system globally.

Other updates:

The Health Equity Network of the Americas (HENA) works to identify and promote policies through intersectoral collaborations that encourage health equity, especially for at-risk populations in the Americas. HENA hosted an international symposium on September 9-10, 2019 at UCLA featuring sessions that addressed factors affecting health equity across populations. The symposium convened health equity experts from over 20 countries and notable international organizations including the Pan American Health Organization and UCL Institute of Health Equity. This meeting advanced regional recommendations to promote policies for health equity in multiple government levels, and generated strategies and tools to deepen policy impacts for improving health equity.

HENA continues to support a wide range of advocacy efforts including the current Open Letter addressed to the Secretary-General of the United Nations, by health equity advocates from over 45 countries, calling for the establishment of a bold, multi-sector “Global Health Equity Task Force” to fairly and fully confront the health, socio-demographic and economic dimensions of the COVID-19 pandemic.
A brief update on some of the activities of the various “Deep End” GP networks (Deep End GPs work in practices serving communities in areas of concentrated socio-economic deprivation in the UK).

The “Deep End” GP networks published their 2nd International Bulletin at the end of 2019, which contains these updates: https://www.gla.ac.uk/media/Media_703210_smxx.pdf.

The Deep End Scotland group is currently compiling a report (based on practitioner experience) on the impact of COVID-19 in areas of deprivation in Scotland.


It is our hope that during this COVID crisis, the SIG on Health Equity will be able to participate in webinars to discuss the tremendous disparities that exist both in COVID disease burden and mortality within different demographic groups and to seek opportunities to address the growing health inequalities.

We look forward to continued work of the WONCA Health Equity SIG and thank WONCA for its continued support. In these COVID times, it is ever apparent the vital role family doctors play in ensuring health equity for all. Thank you to all our health equity SIG members who champion causes to improve care for patients and communities around the globe. May we stay safe and continue to fight for the values we hold dear. #inspirecreatelead

Appendix A

The Albuquerque Statement on Health Equity

Polaris, the North American Young Doctors Movement of WONCA, met in Albuquerque, New Mexico, USA in October 2019 and agreed that EQUITY is a core component of healthcare and a major indicator of population health quality. The World Health Organization defines equity as “the absence of avoidable, unfair, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically or by other means of stratification.”

The below statement is a summary of discussion and debate held amongst family medicine trainees and early career family physicians.

The young doctors of Polaris:

- Recognize that health equity is directly impacted by discrimination with regards to race/ethnicity, socioeconomic status, gender, sexual orientation, religious affiliation, disability and other factors and these factors are interconnected and must be addressed simultaneously to affect change.
- Recognize the direct effects that safe housing, clean water, air quality, and broader environmental justice issues have on health outcomes and that these issues disproportionately affect lower income communities and communities of ethnic minorities.
- Recognize that traumatic events, exposure to violence and crime, sexual assault, and abuse contribute to mental and physical health inequities and that upstream measures to prevent these adverse experiences, especially for children, are critical to attain equity.
- Recognize that ensuring high quality education for all children and improving general health literacy are necessary tools to improve health equity.
- Believe that access to excellent primary care including mental health care and substance abuse treatment are important to create health equity and therefore family physicians should advocate to eliminate financial, geographic, and any other barriers to this care.
- Recognize that numerous systematic interventions and policy changes throughout societies and governments are crucial to achieve health equity.
- Recognize that advocacy is an essential skill set required by family physicians to improve health equity and that as young family physicians we have a responsibility to speak for those who cannot and to build partnerships to improve health equity across borders.
• Assert that all family physicians should recognize health inequity and be able to evaluate contributing factors leading to inequity. We additionally assert that all medical schools and post graduate training programs should offer formal instruction on the principles and evaluation of health equity.
• Uphold that equity is vital to achieving health for all communities and therefore that healthcare providers and systems should strive to achieve equity in their practice organizations and care delivery.


Dr Kim Yu
Convenor,
SIG on Health Equity

LGBTQ

Creation and structuration of the SIG
Since its creation in 2019, the SIG has been organized as shown below:

Creation of the Google Group Mailing List
To organize discussion by topic, to include every member and ensure anonymity, if needed, for the participant. Only the chairs of the SIG have access and manage personal information.
lgbtq-health-sig@googlegroups.com

Creation of a Welcome Google Form Questionnaire
To know more about the demographics of the group, such as: gender, WONCA Regions, LGBT representation.

Online meetings
Three online meetings held to organize the first step of the SIG. Minutes available online via Google Doc for all the participants, and sent out via Google Groups.

Demographics of the SIG
27 members officially on the Google Group, 17 members completed the Welcome Google Form
Demographics based on the Google Form

Gender and Sexual orientation

![Gender and Sexual orientation chart](image)
### Countries

<table>
<thead>
<tr>
<th>Country</th>
<th>Level of training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>3 (11%)</td>
</tr>
<tr>
<td>Brazil</td>
<td>2 (11%)</td>
</tr>
<tr>
<td>France</td>
<td>2 (11%)</td>
</tr>
<tr>
<td>Germany</td>
<td>1 (9%)</td>
</tr>
<tr>
<td>Israel</td>
<td>1 (9%)</td>
</tr>
<tr>
<td>Luxembourg</td>
<td>1 (9%)</td>
</tr>
<tr>
<td>South Africa</td>
<td>2 (11%)</td>
</tr>
<tr>
<td>United States</td>
<td>1 (9%)</td>
</tr>
</tbody>
</table>

### Level of training

<table>
<thead>
<tr>
<th>Residency</th>
<th>Level of training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident in General Practice Clinic</td>
<td>1 (9%)</td>
</tr>
<tr>
<td>Under 5 years of graduation</td>
<td>-4 (23.5%)</td>
</tr>
<tr>
<td>Over 5 years of graduation</td>
<td>-12 (73.5%)</td>
</tr>
</tbody>
</table>

### Actions and Projects of the SIG

#### Policy
- Organizational LGBTQ Equity
- Policy papers and recommendations regarding WONCA World Conferences. (On going)
- Collaboration with Human Rights Watch (On going)
- Collaboration with World Professional Association for Transgender Health (WPATH) especially regarding Transgender Health in primary care.

#### Research
Creation of a “Library”: the aim is to regroup and classify useful resources in LGBT Health. (On going)

#### Workshops and Events representation
- Abu Dhabi WONCA World Conference
- Berlin WONCA Europe Conference:

#### SIG Workshops
- Lesbian, Gay and Bisexual Health: what questions should we ask?
- Trans* Patient Identities: Getting It Right in Primary Care

#### Collaborations
Future settings for primary care: teamwork
- Between WONCA World Special Interest Group for LGBTQ Health and the Vasco da Gama Movement Special Interest Group, Workforce Migration.

Due to the COVID-19 pandemic we are waiting for official confirmations of workshops which we might participate in.

*Julien Artigny and Rafik Taibjee*

*Co-Convenors, SIG on LGBTQ*
Migrant Care, International Health and Travel Medicine

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

Organization and members
In 2018 Guus Busser was elected as chair of the SIG. A core group has formed over the years. All are involved in teaching and/or research on migrant health and refugee care.

By the end of 2019 the group has grown from 151 to 174 members from 35 nations. Members come from all over the world with a good representation from the UK, the Netherlands, Portugal, USA, Turkey, Australia and Brazil. Members are involved in international research, medical (postgraduate) education and health care delivery related to refugees and other migrants. The group comprises a high level of participation by young family doctor's, trainees and students.

Activity in collaboration with WHO, either regionally or globally
Viviana Martinez Bianchi is a member of our SIG and is our WHO liaison. In 2019, there were close contacts and participation in discussions regarding the implementation of the Astana declaration and its consequences for Primary Care for vulnerable groups like immigrants. This resulted in a paper in the Annals of Family medicine (Van den Muijsenbergh M, Van Weel C. The Essential Role of Primary Care Professionals in Achieving Health for All Ann Fam Med 2019; 17:293-295. https://doi.org/10.1370/afm.2436.)

Achievements over the last year

We organized a well-attended workshop at WONCA Europe Bratislava 2019, on communication and migrants: “Understanding the migrant patient”. In 2019 our main goal was to improve the communication and connectivity between our members. Hereby we hope to initiate more and new activities, in addition to formal WONCA meetings.

Our Facebook page, https://www.facebook.com/SIGmigrantcare/ still proves to be a well-read medium for sending information. We have also started a WhatsApp group as “WONCA SIG migrantcare”, now with 38 participants. Within this group we exchange information and bring members of the SIG into contact with each other. Some SIG members from Manchester visited Radboudumc in 2019 to exchange educational ideas.

Activities planned and in progress in 2020
A web-based platform for exchanging educational material on migrant care would be very welcome. For this the support of WONCA will be necessary, providing a safe environment, yet easily accessible for members, maintaining and updating resources. At the moment this is too much of a challenge for our SIG alone but we would be happy to share with other SIGs.

We will continue to collaborate with the Vasco da Gama working party on migrant care, and the SIGs and WONCA Working Parties mentioned earlier.

We had planned for a workshop on sexual health and migrants for WONCA Europe 2020 in Berlin. The conference has been deferred until December, when we look forward to holding our workshop.
Our chair, Guus Busser, retired in March 2020 from his work at Radboudumc. He now has no direct connection anymore to a university department or other medical organization. Therefore the SIG will have to find a new chair. This will be discussed at our meeting this in December 2020.

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

Non-communicable Diseases

Chair: Domingo Orozco-Beltrán
Secretary: Manuel Sanchez-Mollá

Groups and Members
Executive Board elected July 2013

Members:
The NCD SIG has 26 members, from countries right across the globe, including Spain, UK, Indonesia, Malawi, Chile, South Africa, Australia, Nigeria, Jordan, Colombia, Argentina, India, United States, Portugal, Singapore, Bosnia and Herzegovina, Saudi Arabia, Eritrea and VietNam

Objectives 2019-2020:
- To serve as a focus to stimulate and promote standards of excellence in the primary care management of NCDs, consistent with patient and professional values and with reference to evidence based health care.
- To put people at the centre of health care by adopting, as appropriate, delivery models focused on the local and district levels that provide comprehensive primary health care services.
- To address the fragmented nature in which health care is delivered.
- To hold scientific meetings, which may include sessions and workshops during WONCA regional and world conferences. To present original papers and to address broader educational issues through discussion, training and debate.
- To promote active participation by all people, and re-emphasise the empowering of communities, especially women, in the processes of developing and implementing policy and improving health and health care.
- To develop and promote appropriate literature for primary care professionals using a variety of resources, including WONCA Online.
- To develop a training course on NCDs.

We have accomplished objectives 1, 2,3,4,5, 6

Conferences and scientific meetings during 2019-2020
- WONCA Europe Conference. June 26-29, 2019, Bratislava, Slovakia. ‘Back to basics in Type 2 Diabetes Mellitus’ (ID 980) ORAL presentation.
- Insulin therapy in specific situations in type 2 diabetes patients (ID 977). ORAL presentation.
- Do we need an Easy-Way Algorithm for Type2 Diabetes treatment? (ID 741). POSTER presentation.
- NCD Alliance. Community of Practice for the Meaningful Involvement of People Living with NCDs. We provided comments regarding 2019 “Programme of work”. Each facilitated discussion is preceded by an introductory webinar on WHO platform and discussion reports will be prepared for each of the virtual discussions that will be made available on the WHO e-Pub system following WHO GCM approval.
- Statements By Non-State Actors In Official Relations With WHO At The WHO Governing Bodies Meetings. World Health Assembly WHA 72, 2019 (http://apps.who.int/gb/e/e_wha72.html). Preparation for the high-level meeting of the General Assembly on universal health coverage.
- NCDS SIG report for WONCA endorsement of a letter to ICMJE on measurement of blood pressure. February 2020.

We thank WONCA-WHO Liaison Viviana Martinez-Bianchi for her active support!

Domingo Orozco-Beltrán
Convenor,
SIG on Non-communicable Diseases

Quaternary Prevention & Overmedicalization

Leadership and Team Building
During the period the main participants of the SIG were from Iberoamerica and Europe. A working group established in March 2020 is preparing a statement to be adopted by all participants, which includes priorities for the continuing work of the SIG.

Ongoing projects
Collaborative Database on Quaternary Prevention Resources and References. Editorial board; Pizzanelli M, Lavalle R, Jamoulle M. The project facilitated the collection, sharing and retrieval of bibliographic references, papers and material with quaternary prevention orientation, for education or research purposes. There are currently 120 entries in the database. Proposal available from: https://tinyurl.com/Tutorial-P4-Library

In Iberoamericana region a tool was developed to gather all the materials we are producing around the Quaternary Prevention / Overmedicalization concepts around the world. The use of the tool will help us to provide visibility for our activities. Tutorial available in Spanish: https://drive.google.com/file/d/1k40qmOn_BYRizCW0DLC9guT-dmrk0Csp/view
To provide input please complete the form in google forms format: https://docs.google.com/forms/d/e/1FAIpQLSdamLh5WdoMsLjEMQnU0lnxan4Doh-nsQDvBzEN4egvURhHw/viewform

Communications
Web blog: https://prevencioncuaternaria.wordpress.com/blog/

Exchanges
The SIG partnered for the 2019 Preventing Overdiagnosis Conference in Sydney, Australia and will partner for the next planned conference in September 2020 in Oxford.

Publications and Communications


Jamoulle Marc, La Valle Ricardo. Le concept de prévention quaternaire et la responsabilité sociétale des facultés de médecine. Capítulo en: C Boelen, M Cauli, J Ladner Eds., PURH (Presses Universitaires Rouen Le Havre) Dictionnaire francophone de responsabilité sociale en santé. Disponible en: https://orbi.ulg.be/bitstream/2268/228046/1/Le%20concept%20de%20responsabilit%C3%A9%20sociale%20des%20facult%C3%A9s%20de%20m%C3%Aacute;decine.pdf


Pizzanelli H /Miguel. Las 13 maldiciones de los ensayos clínicos / Traducción [Internet]. NotasL@cas/M@dNotes. 2019 [cited 2019 Jul 8]. Available from: https://notaslocasmadnotes.wordpress.com/2019/06/01/las-13-maldiciones-de-los-ensayos-clinicos-traduccion/


Quaternary Prevention inputs to conferences
Members of our SIG presented at numerous conferences and meetings, in Uruguay, Peru, Italy, Slovakia, and Belgium

Courses and Training activities.
Numerous courses and educational sessions were held in Argentinian, Chile, Uruguay and Peru for undergraduate medical students and postgraduate students, including family medicine residents. For these we used materials produced by members of the SIG.

Miguel Pizzanelli
Convenor,
SIG on QP&O
quaternaryprevention@gmail.com
Workers’ Health

Family Medicine and Occupational Health share the same values. We practice prevention, we focus on context, we have a broad view of health problems and we practice patient centred care. The Special Interest Group on Workers Health not only takes these values into practice, but is also the living proof that working together between major organizations is possible and fruitful.

The Hague Conference celebrated in The Netherlands in 2011 is the cornerstone of this joint work. WONCA, WHO and ICOH have taken the lead in demonstrating that working together between large organizations dedicated to patient centred care is an alternative.

As part of this joint work Dr. Garth Manning, Dr. Peter Buijs and Dr. Frank van Dijk recently had the honour of representing WONCA and ICOH at an occupational health conference held in Mumbai, India, hosted by the Indian Association of Occupational Health and ICOH, where they took part in a plenary on how we might integrate Basic Occupational Health Services (BOHS) into primary care. They also participated in a panel discussion on the same issue.

On that occasion Dr. Manning stated that workers at greatest risk for work-related illness and injury may have little or no access to formal occupational health services, and it is estimated that less than 15% of workers actually have even basic access. However, many of them – maybe 80% or more - may be eligible for care in primary care centres. So how can we use PHC as a tool to providing better BOHS?

As Dr. Manning mentioned in his CEO column in WONCA News, we need more help, through training programmes and courses and CME sessions, to better sensitise family doctors to occupational health issues. And we need more useful reference materials such as the book, co-edited by Ramnik Parekh, "BOHS for formal Industry: a manual for primary care providers".

We also have the benefit of having as a resource the book "OSH online. How to find reliable information", authored by our SIG member Dr. Van Dijk.

The joint statement of WONCA and the International Commission on Occupational Health (ICOH) – the first one ever made together - was presented on July 3, 2014, during the WONCA Europe conference in Lisbon, Portugal, and included the following pledge:

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

We renew our commitment to work together with WHO, ICOH and other organizations with the decision to generate a specific agenda and meetings for the discussion of Workers Health.

Special recognition in this regard is due to Dr. Van Dijk who played a vital role in the Organization of the Mumbai Conference. By participating in this important conference we accomplished our goal to organize a work conference on basic workers’ health care in PHC settings, trying to continue the work done by WONCA, WHO, ICOH and many other organizations during The Hague Conference in 2011.

We have established and maintain a SIG email Group for enhancing communication between members which can be accessed through our web page. 
http://www.globalfamilydoctor.com/groups/SpecialInterestGroups/WorkersHealth1.aspx

We reinforce the promotion of SIG activities through social networks. Join us. 
Twitter  https://twitter.com/PCWorkersHealth
LinkedIn  https://www.linkedin.com/groups/12122638/
A special mention is needed in relation to the pandemic that we are currently experiencing. During this time, we have made efforts to disseminate and reinforce the importance of personal protection measures to take care of the health of all workers and especially for health workers. Different materials have been posted on our portals and we have also participated in WONCA CIMF Webinar #2.

We need to be prepared to face not only this challenge, but also to support our patients and communities in the profound changes that we will surely experience in the future, in terms of health and work.

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

Dr Ezequiel Lopez
Convenor,
SIG on Workers’ Health
Young Doctors’ Movements
Young Doctor Representative

This year has been very unique as young family doctors were faced with a global challenge that was almost impossible to predict. Nevertheless, the spirit of commitment to family medicine and global collaboration proved their strength and, together, the young doctors movements managed to promote different activities in the global scope as well as in their respective regions, as you may read in their respective reports.

We started the year looking into ways to promote the YDM Global Fund, in order to make it sustainable so to develop different projects for young doctors in the future in the different regions. We were happy to have been granted support from the HOCs of the upcoming WONCA World conferences and we hope that others will also join us in this cause. In terms of further support, we are very grateful to have also been granted 30 bursaries by the Abu Dhabi HOC which were awarded to different candidates from the seven regions, after a selection process.

In terms of ongoing projects, we have looked into developing new ideas and to continue ongoing projects. The YDM newsletter has kept its periodicity and we have been having ongoing requests to join the YDMs thanks to the link that was included in WONCA’s webpage.

Together, we have also worked on reviewing WONCA’s current definition of a “young doctor” as we felt it needed to be more inclusive, reflecting the current global diversity regarding training in Family Medicine and General Practice. Also, we started a research project that will have the collaboration of the seven regions.

We have also looked into strengthening our collaborations with WONCA’s Working Parties and Special Interest Groups. We have submitted joint applications to WONCA’s Discretionary Fund together with WWPMH, WP Environment, WP Research, SIG Health Equity and the IMOCAV project and we have been collaborating with the awarded projects. Furthermore, thanks to ASPIRE, we have started to jointly develop the first steps for the establishment of a leadership program for young doctors that would be accredited by WONCA. This project is still in its very early steps, but we hope to make it happen.

In May 2020, during the last WONCA World Executive meeting, the “WONCA World Rising Star Award” was approved - an award that is based on WONCA’s 5-star Doctors award and its purpose is to recognise a young doctor who has demonstrated a drive for excellence in Health Care. We hope that this award will inspire other young doctors to start their journey in family medicine and to be motivated to collaborate with WONCA.

Regarding the collaboration with the WHO, there has been ongoing collaboration with the Young Leader’s Network and with WHO’s Youth Hub Steering Committee.

This has been a year of a global struggle and this was reflected on this year’s topic for World Family Doctor Day this year: "Family Doctors on the Front Line". Being on the front line is challenging and takes courage, so the YDMs have asked medical students and young doctors to share “Why do I love Family Medicine?”. The result, inspiring. Together, building bridges, we can strengthen our bonds.

Family Medicine will keep us strong.

Dr Ana Nunes Barata
WONCA YDM Representative
FM 360 Exchange Program

FM360 had to stop activities at the beginning of March 2020 due to the COVID-19 pandemic. Many exchanges were cancelled and several other exchanges could not take place. Unfortunately, our program is 100% dependable on traveling and so far we do not have a date when the program will resume. These are reflected in the number of exchanges this year.

From the 1st of July 2019 to the 30th of June 2020 the Family Medicine 360 Program received a total of 75 inquiries, and a total of 14 exchanges and 33 certificates issued.

Certificates are issued after completion of the exchange and the report submitted. Most of the certificates issued are from exchanges completed in the period of 2018-2019. Follow the graphic separated in YDM regions:

The requested countries are below:

In terms of FM360 exchange certification, during this period, 10 exchanges were certified and three are still pending certification. On June 30th a total of 19 exchange requests were being processed. We worked very hard on the online platform and now it is working. Hopefully when we return to our activities we will be using the platform 100%.
Difficulties in this period:
Due to COVID-19 we weren’t able to organize and fulfill several exchanges. We do not have a date when we can return to activities, so FM360 is on pause until the situation normalizes. Polaris area and Rajakumar are the regions with more requests than hosts. We are still trying to recruit new hosts.

In 2019-2020 several members of the FM360 team in different regions changed. These changes bring new people for the team. At the same time, the changes also delayed some of the organizing for exchanges, resulting in cancellations by applicants.

FM360 is a voluntary group and we look for hosts in the regions.

Goals for the next year:
• After the pandemic, restart activities with FM360.
• Fully use the online platform
• Improve social media of FM360

It is important to continue support the FM360 as it is a great opportunity to exchange experiences and build bridges with the family medicine community around the world.

Viviane Sachs, MD
FM360 Coordinator

Afriwon

Membership
Membership on the AfriWon Chat platform is now 327. A second platform has been created to accommodate the increasing numbers. A google form is also being used to formally register all members and build a database of their details.

Training
The Education and Training Theme Group of Afriwon has been very active. Every month, the group develops and shares multiple choice questions (MCQs) for residents to participate and support their learning. Results of the MCQs are announced based on country participation. It has been quite competitive and Ghana and Nigeria are usually the strongest contenders.

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

An article from the Kampala preconference workshop titled Exploring gaps, strategies and solutions for primary care research mentorship in the African Context: a workshop report has been accepted for publication by the African Journal of Primary Health Care and Family Medicine

2020 Election of AfriWon EXCO
The tenure of 2018 AfriWon EXCO will end in November in Abu Dhabi. An election committee
has been put in place that has outlined timelines for the elections. Guidelines and criteria have been advertised on all social media platforms to make the process transparent and competitive.

**ABU DHABI 2020 Conference**

6 AfriWon members have been awarded bursaries to attend the WONCA World Conference. The bursary covers their registration only. Hopefully, those presenting abstracts can win other bursaries and grants available. AfriWon will participate in a workshop for the global YDMs. Individual Afriwon members have submitted abstracts and will be part of other workshops at the conference.

AfriWon has chosen to be in charge of merchandise for the global YDM. We are leading efforts to design and produce souvenirs which will be sold in Abu Dhabi to raise funds for the YDMs.

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

**Polaris**

It is with great pleasure that I update you on the activities of Polaris - the North American Young Doctors Movement! The last year has been full of collaboration and growth as we bring global YDM initiatives into North America.

The visibility and membership of Polaris has improved vastly thanks to collaboration with the American Academy of Family Physicians, The College of Family Physicians of Canada and the Caribbean College of Family Physicians who have included us at all of their major events and activities. Our active membership, those who help us plan, organize and facilitate our activities, sits at about 65 - hats off to all of the volunteers!

We are slowly building up FM360 in the North American region with 6 participants visiting us in the last year! In the upcoming year we hope to develop our network of hosts so we can facilitate more of the exchange requests we have received (24 in the last year). The Balint 2.0 virtual group wrapped up in the last year and in 2020 we will be launching another series that will be focused on early career family physicians.

In 2019 we launched the “Family Docs in Practice” video series which is accessible on our Facebook and Instagram profiles. This project seeks to spread the word and give medical students, residents and early career physicians more excitement and knowledge about the field, including cross-cultural understanding and appreciation of a vitally important part of our health care system. Each featured doc has a series of five 1-minute videos that highlight why they love family medicine.

By far the highlight of our year was the Polaris Preconference at the AAFP Global Health Workshop which was entitled “Health Equity Across Borders.” Dr. William Ventres joined us from Arkansas and delivered a thought-provoking key note speech on his experiences with health equity in a career of global health. Delegates then worked together to explore to what extent health equity is the responsibility of family physicians. From these discussions a statement on health equity was created. The statement is included below:
The Albuquerque Statement on Health Equity

Polaris, the North American Young Doctors Movement of WONCA, met in Albuquerque, New Mexico, USA in October 2019 and agreed that **equity** is a core component of healthcare and a major indicator of population health quality. The World Health Organization defines equity as "the absence of avoidable, unfair, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically or by other means of stratification." \(^1\)

The below statement is a summary of discussion and debate held amongst family medicine trainees and early career family physicians.

The young doctors of Polaris:

- Recognize that health equity is directly impacted by discrimination with regards to race/ethnicity, socioeconomic status, gender, sexual orientation, religious affiliation, disability and other factors and these factors are interconnected and must be addressed simultaneously to affect change.
- Recognize the direct effects that safe housing, clean water, air quality, and broader environmental justice issues have on health outcomes and that these issues disproportionately affect lower income communities and communities of ethnic minorities.
- Recognize that traumatic events, exposure to violence and crime, sexual assault, and abuse contribute to mental and physical health inequities and that upstream measures to prevent these adverse experiences, especially for children, are critical to attain equity.
- Recognize that ensuring high quality education for all children and improving general health literacy are necessary tools to improve health equity.
- Believe that access to excellent primary care including mental health care and substance abuse treatment are important to create health equity and therefore family physicians should advocate to eliminate financial, geographic, and any other barriers to this care.
- Recognize that numerous systematic interventions and policy changes throughout societies and governments are crucial to achieve health equity.
- Recognize that advocacy is an essential skill set required by family physicians to improve health equity and that as young family physicians we have a responsibility to speak for those who cannot and to build partnerships to improve health equity across borders.
- Assert that all family physicians should recognize health inequity and be able to evaluate contributing factors leading to inequity. We additionally assert that all medical schools and post graduate training programs should offer formal instruction on the principles and evaluation of health equity.
- Uphold that equity is vital to achieving health for all communities and therefore that healthcare providers and systems should strive to achieve equity in their practice organizations and care delivery.

The World Health Organization. [https://www.who.int/healthsystems/topics/equity/en/](https://www.who.int/healthsystems/topics/equity/en/)

We hope you are all staying safe and working hard to persevere through the COVID pandemic! We will be moving many of our activities to being virtual to keep in touch with our membership and are looking forward to networking when the pandemic is over.

Stay safe, and keep care primary!

*Dr Cheyanne Vetter*

*Chair, Polaris*
The Rajakumar Movement

I. The Rajakumar Executive committee members are as follows:
   Chair: Erfen Gustiawan Suwangto (Indonesia)
   Vice Chairs:
   - Asia:
     ○ Ya Luan Hsiao (Chinese Taipei)
     ○ Yang Hua (China)
   - Oceania (Pacific)
     ○ Emily Kirkpatrick (Australia)
   Honorary Secretary: Mel Anthony Acuavera (Philippines)
   Treasurer: Loretta Chan (Hong Kong)
   Image Lead: Daisuke Kato (Japan)
   FM 360:
   - Coordinator: Naoko Kobayashi (Japan)
   - Assistant Coordinator: Apriani Oendari (Indonesia)
   ASPIRE:
   - Head: Wee Sian Woon (Australia)
   - Immediate Past Chair: Shin Yoshida (Japan)

II. Membership (as of May 2020):
   - Total Members: 65
   - Breakdown of members per WONCA member organizations:

<table>
<thead>
<tr>
<th>WONCA Member Organization</th>
<th>Number of Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia (RAGP)</td>
<td>10</td>
</tr>
<tr>
<td>China (GMCMA) / Cross-Straits (CSMEA)</td>
<td>7</td>
</tr>
<tr>
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<td>Vietnam (VAFP)</td>
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</table>
**Representatives of Local/Regional Organizations**

<table>
<thead>
<tr>
<th>WONCA Member Organization</th>
<th>Representative (Chief; Vice Representative)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia (RACGP)</td>
<td>Chief Rep: Emily Kirkpatrick, Vice Rep: Wee Sian Woon</td>
</tr>
<tr>
<td>China (GMCMA)</td>
<td>Chief Rep: Zuao Hui Du</td>
</tr>
<tr>
<td>Cross-Straits (CSMEA)</td>
<td>Chief Rep: Yang Hua, Vice Rep: Ping Hsun Chang</td>
</tr>
<tr>
<td>Fiji (FCGP)</td>
<td>Chief Rep: Preetika Payal</td>
</tr>
<tr>
<td>Hong Kong (HKCFP)</td>
<td>Chief Rep: Chloie Chan Lam, Vice Rep: Loretta Chan</td>
</tr>
<tr>
<td>Indonesia (KIKLPI)</td>
<td>Chief Rep: Erfen Suwangto, Vice Rep: Marshall Timotius</td>
</tr>
<tr>
<td>Japan (JPCA)</td>
<td>Chief Rep: Daiisuke Kato</td>
</tr>
<tr>
<td>Macau (MAGP)</td>
<td>Chief/Vice Rep: Faye Wong Wai San, Chief/Vice Rep: Nelson Tije</td>
</tr>
<tr>
<td>Malaysia (MAFP)</td>
<td>Chief Rep: Siti Shuhazam, Vice Rep: Wong Ping Foo</td>
</tr>
<tr>
<td>Mongolia (MAFMS)</td>
<td>Chief Rep: Dolgorsuren Enkhbayar</td>
</tr>
<tr>
<td>Myanmar (GPS-MMA)</td>
<td>Chief Rep: Wut Hmone Hlaing, Vice Rep: Mya Win Hnit</td>
</tr>
<tr>
<td>New Zealand (RNZCGP)</td>
<td>Chief Rep: Katelyn Costello</td>
</tr>
<tr>
<td>Philippines (PAFP)</td>
<td>Chief Rep: Mel Anthony Acuavera</td>
</tr>
<tr>
<td>Korea (KAFM)</td>
<td>Chief Rep: Seo Young Kang, Vice Rep: Eun Hwang</td>
</tr>
<tr>
<td>Singapore (CFPS)</td>
<td>Chief Rep: Xu Bangyu</td>
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<tr>
<td>Thailand (GPFFAT)</td>
<td>Chief Rep: Petcharat Sae-Wong</td>
</tr>
<tr>
<td>Vietnam (VAFP)</td>
<td>Chief Rep: Nguyen Nhat Quynh</td>
</tr>
</tbody>
</table>

**Medical Training Status of Members**

About 61.9% (39) of members have finished training/post-certification and in first five years of medical practice; 28.6% (18) are still under training as a medical resident in family and community medicine, general practice training, and public health; lastly, 9.5% (6) are medical students.

**III. Agenda, Activities and Programs for 2019 to 2020:**

In line with the objectives to exchange ideas, perspectives and best practices in Family Medicine, the Rajakumar Movement has launched 3 programs:

- **Entrepreneurship skills for young doctors:** Weekly on-line sessions are being conducted by Erfen Suwangto, Mayur Vibhuti and Siti Shuhazam, with 11 young doctor participants.

- **Journal and Research** Members of the TRM track proposed 3 research topics for collaboration:
  - Comparing program outcomes of FM trainings across AP region (FM trainings: residency trainings, MSc trainings (equivalent to residency), diploma or practice-based trainings)
  - Learning needs of FM trainees across region (can also be the learning barriers or challenges that the trainees have encountered or are currently facing during their training period)
  - Socio-demographics of clinical practice among young family doctors/ GPs in AP region/ ASEAN region

- **Case Discussion and Management** Dr. Loretta Chan spearheaded case discussions: Localized Lyme Disease, Effect of Climate Change and Disaster Medicine and COVID-19
Other TRM Programs
- FM 360, with 16 applications from a wide range of countries and hoping to go to a wide range of countries
- ASPIRE: WONCA World preconference simultaneous workshop with ASPIRE: 5 people from Asia Pacific will be selected to be part of the workshop
- Special Interest Group in Mental Health:
  - As with the other young doctors in the world, most of the Rajakumar Movement young doctors are also frontliners in COVID-19 pandemic. Frequent catching-up, sharing of experiences, and providing emotional support to one another were being conducted via social media. To provide further emotional support, on-line session on emotional well-being and stress management was launched last April 19, 2020 by Dr. Erfen Suwangto

WONCA Conventions:
- Plans for WONCA Auckland: TRM preconference session and workshops on: Indigenous Health, Young Family Doctors as Emerging Leaders in Global Health, and Wellness for Young Doctors.
- Plans for WONCA Abu Dhabi: Entrepreneurship workshop for young doctors – handling finances
- Plans for WONCA Myanmar: Entrepreneurship workshop for young doctors – human resource development

Participation in various conventions in Asia Pacific Region:
- The Rajakumar executive committee members and representatives of various local young doctors' organization participated in the following conventions and conferences:
  - Myanmar: The first Young Doctors' Conference was successfully held on previous Dec 7, 2019, hosted by Young Doctors' Society under Myanmar Medical sociation.
  - Participation in Pain Management Discussion Dec 5th-6th 2019 in Singapore.

IV. Meetings: So far 16 online meetings have been conducted as well as 4 executive committee meetings

V. Image Update:
- Created the following social media platforms to further enhance the Rajakumar Movement:
  - Two Facebook accounts were created: Open access: https://www.facebook.com/groups/rajakumarmovement/?ref=bookmarks and Closed group: https://www.facebook.com/groups/352585562176858/
  - Twitter: @WoncaTRM
  - Website: http://therajakumarmovement.org/
  - Whatsapp: The Rajakumar Movement (for committee members)
- 2020 Election: The Election Committee has been convened and a timeline has been determined, with the election to take place in October

Dr. Erfen Suwangto
Chair, The Rajakumar Movement
Prepared by:
Mel Anthony E. Acuavera, MD
Secretary, The Rajakumar Movement
The Spice Route

The Spice Route is the YDM of South Asia Region. Bangladesh, India, Nepal, Pakistan and Sri Lanka have well-established Spice Route Movements while Bhutan is also actively contributing since 2019. Each country has their own board of office bearers at least consisting of Chair, Secretary and FM 360 coordinator. All national chairs/representatives meet on video conference every month to discuss future plans.

Our Vision

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

Our Board Members

Regional Chair: Sankha Randenikumara (Sri Lanka)
Regional Secretary: Zainab Anjarwala (Pakistan)
Regional FM 360 coordinator: Jyotika Gupta (India)
Editor/Image Coordinator: Rupak Bhandari (Nepal)
ASPIRE Regional Representative: Kinley Bhuti (Bhutan)

Our SAR representatives and the Update on Individual Countries

Bangladesh: Bangladesh Spice Route is led by Zakiur Rahman and is involved in many CME activities. Many young doctors and students are working with the Spice Route and Primary Care and Rural Health. WONCA World Rural Conference 2020 which was planned to be held in in Dhaka was postponed due to the COVID-19 pandemic.

Bhutan: Bhutan is the youngest member of our YDM. Family Medicine in Bhutan is in its initial stage and still there are only a few GP trainees. We were able to establish the Spice Route Movement in Bhutan which is led by Kinley Bhuti.

India: The Spice Route India, headed by Serin Kuriakose and well supported by Jyotika (National Secretary) and Kalilas (FM 360 Coordinator) contributed to the FMPC Conference of Kerala chapter in January 2020, helping to make it a great success.

Nepal: The Spice Route Nepal closely works with General Practitioners Association of Nepal in organizing its activities. The Spice Route Nepal chaired by Rupak Bhandari was actively involved in organizing the first WONCA Emergency Medicine Seminar held in Katmandu, Nepal in 2019.

Pakistan: The Spice Route Pakistan was instrumental in organizing the Young Doctors’ Pre-conference of WONCA SA Regional Conference held in November 2019 in Lahore, Pakistan. Zainab Anjarwala was appointed the new Chair of the Spice Route Pakistan along with Dare Nishat (National Secretary) and Noor e Sahar (FM 360 Coordinator).

Sri Lanka: Sankha Randenikumara continues as the Chair of the Spice Route Sri Lanka, ably supported by Aruni de Silva (National Secretary) and Dilini Baranage (FM 360 Coordinator). Among many CPD activities organized by the Spice Route Sri Lanka ‘The GPs’ Café’ has captured the attention of many due to its new format.

Our activities and contributions to international events

Many Spice Route members attended the WONCA South Asia Regional Conference held in Lahore, Pakistan in November 2019. The Spice Route organized the YDM Pre-conference under the theme of ‘The Spice Route; future of WONCA SAR’ and the session was well attended by both young and ‘young at heart’ family doctors. It became a fresh experience for many Pakistani young family doctors and trainees. Dr Hina Jawaid played a major role in organizing the conference from the Pakistan side together with the Spice Route Regional Chair.
The pre-conference programme was admired by many for its consistency. The keynote address was delivered by Dr Donald Li, President of WONCA. Some of the highlights of the programme were: the panel discussion on YDM activities with WONCA, in which Ana Nunes Barata, YDM Representative on World Executive participated; presentation of research evidence for ‘Characteristics of working situations of young Family doctors in SAR’ by the Spice Route Chair Sankha; an interesting Storytelling session by the young doctors of the regional countries; the Skills lab; and the session on career opportunities for young family doctors.

The Spice Route also had a fruitful meeting on the second day which enabled many young doctors who participated to express their ideas and ask questions to quench their thirst for knowing about the YDM.

The Regional Chair attended the first WONCA Emergency Medicine Seminar (WEMSEM) held in Nepal in August 2019 as an invitee. He made a joint presentation with the Chair of Nepali Spice Route at the seminar.

Two exchanges under the FM 360 exchange programme took place within the last year. Both were from Vasco da Gama Movement, one to Sri Lanka and the other one to Nepal. Another two pending exchanges from Spain were postponed due to the prevailing situation.

The Spice Route adopted a common online membership form to recruit members, which will also serve the purpose of having a membership database of young doctors for South Asia.

All South Asia regional young doctor representatives joined the GPs’ Café hosted by the Spice Route Sri Lanka for the month of April to share the experiences in the time of COVID-19 and learn from the patients.

All countries in the Spice Route contributed to the campaign “I stay at work for you, you stay at home for us” campaign carried out by WONCA to encourage the health care workers and lay people to curb the disease spread.

The Spice Route Movement hopes to participate actively in the WONCA World Conference 2020, Abu Dhabi to be held in November. Ten scholarships have been arranged with the kind support of the MRCGP [INT] South Asia board to young doctors who present abstracts at the world conference.

The Spice Route South Asia organized a webinar to commemorate the World Family Doctor Day on 19th of May 2020. Individual countries also conducted programmes for the same purpose, mostly related to COVID-19.

Future plans
- Initiating a research collaboration within the regional YDMs
- Structuring and improving the FM360 exchange programme in every country
- Organizing a Regional YDM gathering
- Creating a website for the Spice Route

Dr Sankha Randenikumara
Chair, The Spice Route Movement
Vasco da Gama Movement (VdGM)

Torino Forum
The 6th Forum of VdGM was held in September 2019 in Torino, Italy. It was one of the most outstanding events of the year: rich in high-level scientific activities, including 21 high-quality workshops presented by our members; a fantastic social program; and amazing passion for family medicine, respectful of the planet and the human being. We had 290 participants from 31 European countries, including the two well-deserved winners of the VdGM Fund Bursary - Amina Smailova (Kazakhstan) and Nuraiym Turanova (Kyrgyzstan). A conference exchange was attended by 17 young family doctors. They observed first-hand how the Italian healthcare system works and were made very welcome by our Italian colleagues. This year the Torino Forum was linked to the EQUIP Summer School, where participants could learn about how to engage in quality improvement. We also held a Council Meeting, giving us a great opportunity to work on relevant issues for the unstoppable growth of our movement and to welcome the many new members.

New members
VdGM this year was excited to welcome a new member to the council from Bosnia and Herzegovina (representative Marina Jotic Ivanovic). VdGM currently has 33 country representatives on the council, actively engaged in the movement’s activities, events and initiatives.

Involvement
VdGM partners from European Network for Prevention and Health Promotion in Family Medicine and General Practice (Europrev) have decided on greater involvement of junior colleagues in their organization. A young doctors’ representative from each member country will now be accompanying the senior representatives on the council. VdGM has greeted this initiative with great joy and support and hopes it will serve as an example for other organizations in junior colleagues’ empowerment and sustainable involvement.

COVID-19 Response
VdGM has been actively engaging with our members all across the continent in order to share the experiences amidst the COVID19 outbreak. Some great, uniting initiatives have emerged during this stressful time – strengthening the VdGM community. A series of activities has been started by a #VdGMTTogether campaign – a recorded video message from all across Europe in order to show support for members tackling the pandemic in their daily lives at work – the video can be accessed at: https://www.facebook.com/vdgmwonca/videos/20116511192604/

The network has set up a Whatsapp online communication group for representatives from each national network to facilitate the sharing of best practices and experiences. VdGM has also launched the first issues of the Newsletter. They were focused on the ongoing global pandemic and related issues. However, in the future the VdGM executive board, as well as the support team, have ambitious plans to expand these sources of communication with its members and partners. “Tales in the time of COVID” was set up to collect a series of articles which will “bring together a small number of beautiful, tender, hopeful and sad human stories, written by health professionals from all countries...”. The series will be shared and published on main VdGM communication outlets and will allow readers to learn about the lessons learned professionally as well as personally by the junior family physicians working in the field and fighting against the outbreak.

VdGM, with the help of partners and experts in the field, have been organizing 3 weekly, free, open-access wellbeing sessions in order to address the wellbeing of young and future family medicine doctors amidst the pandemic. This includes 1 meditation-based session and 2 reflection sessions. They focus on sharing, learning how to cope with increased stress and workload, improving mental health and positivity during this difficult time.
Website
VdGM website [https://vdgm.woncaeu.org/] has undergone a major reconstruction. The process was led by Luis de Pinho Costa, VdGM webmaster and facilitated by the VdGM executive board. The upgrades are expected to support a better representation of the network’s spirit, suit the needs of our community better and ease the management process.

Core documents and policy news
Work in progress:
- Vote and application of the policy plan on anti-bullying and anti-discrimination.
- Collaboration with WONCA Europe in the Core Values group.
- Work on Organizational Equity for the organization, including accessibility and economic equity.

VdGM Executive elections
Considering the current situation with the global pandemic outbreak VdGM has decided to hold online elections. The present executive board was due to complete their terms of office in June after the Pre-Conference in Berlin. However, since the event is being postponed (along with WONCA Europe 2020), an online council meeting and remote elections are planned to be held on 13th September 2020. There will be a number of vacant positions in the VdGM Executive Group: President Elect (after serving as the President Elect for one year – 2020/2021, (s)he will become President for two years – 2021/2023), Secretary, Treasurer, Awards & Fundraising Officer, Events Officer, Exchange Officer and Image Officer. The standard Term of Office will be 2020-2023.

Dr Katarzyna Nessler,
VdGM President

Waynakay
This year 2020 started with lots of work for Waynakay due to the large number of events that were on the agenda.

With time passing by and health events already known, priorities changed.

Initially, before the massive growth of Covid19 cases, in the framework of this pandemic, several lines of work were developed with the intention of providing information to the community about prevention and care measures. Many young doctors have joined the CIMF Covid19 Working Group.

Waynakay was also present at the WONCA CIMF webinar with an exposition.

As the disease started spreading in each Latin American country, working hours for young doctors also started multiplying. The movement remains active today, with a permanent connection between its members, with spaces for discussion as the need arises. Each country in this region lives through a common situation although with its own characteristics, which makes it difficult to have time to add meetings and new tasks.

We decided to take care of our young doctors, keeping constant support at a distance and accepting the possibilities and requirements of virtual work as they become available.

Gabriela Di Croce
Co-Chair, Waynakay
Audit Report of WONCA Trust
Financial Year January - December 2019
Audit Report of WONCA Trust
Financial Year January - December 2019
THE WONCA TRUST
FINANCIAL STATEMENT FOR THE YEAR ENDING
1 JANUARY 2019 TO 31 DECEMBER 2019
THE WONCA TRUST
FINANCIAL STATEMENT FOR THE YEAR ENDING
1 JANUARY 2019 TO 31 DECEMBER 2019

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<td>Statement of Cash Flow</td>
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JNN Auditing Office Limited
Certified Public Accountants
Bangkok, Thailand
WONCA INTERNATIONAL INC.
(A Company incorporated in the British Virgin Islands)
(Trustee and Manager of the WONCA TRUST)

General Information

REGISTERED OFFICE

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

BOARD OF DIRECTORS

Dr. Donald KT Li
Prof. Amanda Howe
Dr. Anna Stavdal
Dr. Garth Manning
Prof. Valerie Jean Wass
Dr. Pratyush Kumar
Dr. Viviana Martinez Bianchi
Prof. Shabir Ahmed Hassim Moosa
Dr. Meng-Chih Lee
Prof. Jinan Usta
Prof. Mehmet Ungan
Prof. María Myrna Ponzo Gómez
Dr. Raman Kumar
Prof. Marvin Ellsworth Guildford Reid
Dr. Ana Nunes Barata

BANKER

Citibank

This page is for information only
REPORT OF THE TRUSTEE

For the financial period 1 January 2019 to 31 December 2019

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 2019 to 31 December 2019 as set out on pages 4 to 17 in accordance with the provisions of the Trust Deed.

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

For and behalf of the Trustee
WONCA INTERNATIONAL INC.

DR. GARTH ALEXANDER KENNETH MANNING
Director

Date: 22 January 2020
INDEPENDENT AUDITOR’S REPORT

To the Trustee of THE WONCA TRUST

Opinion

I have audited the financial statements of THE WONCA TRUST ("the Trust"), which comprise the statement of financial position as at 31 December 2019, and the statement of income, statement of changes in the Trust’s accumulated fund, and statement of cash flow for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In my opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Company as at 31 December 2019, and its financial performance for the year then ended in accordance with Thai Financial Reporting Standards for Non-Publicly Accountable Entities.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

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

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company’s internal control.

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.

- Conclude on the appropriateness of management’s use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Company’s ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor’s report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor’s report. However, future events or conditions may cause the Company to cease to continue as a going concern.

- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

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

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

22 January 2020
The Wonca Trust  
Statement of Financial Position  
As At 31 December 2019

### ASSETS

<table>
<thead>
<tr>
<th>Notes</th>
<th>2019</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Unit: USD</td>
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<tr>
<td>CURRENT ASSETS</td>
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<tr>
<td>Cash and cash equivalents</td>
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<tr>
<td>Member organizations' dues receivables</td>
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<tr>
<td>Other receivables and prepayment</td>
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<td>12,460</td>
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<td>Inventory</td>
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<td><strong>Total current assets</strong></td>
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<td>NON-CURRENT ASSETS</td>
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<tr>
<td>Equipment, net</td>
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<td><strong>Total non-current assets</strong></td>
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<td><strong>TOTAL ASSETS</strong></td>
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<td><strong>1,030,939</strong></td>
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</tbody>
</table>

### LIABILITIES AND TRUST'S ACCUMULATED FUNDS

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<tr>
<th>Notes</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Unit: USD</td>
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<tr>
<td>CURRENT LIABILITIES</td>
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<tr>
<td>Other payables and accruals</td>
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<td>Membership dues received in advance</td>
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<td>27,678</td>
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<tr>
<td><strong>Total current liabilities</strong></td>
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<tr>
<td>TRUST'S ACCUMULATED FUNDS</td>
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<td>Trust's accumulated funds</td>
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<td>487,778</td>
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<td>Income and expenditure account</td>
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<td><strong>Total shareholders' equity</strong></td>
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<td><strong>TOTAL LIABILITIES AND TRUST'S ACCUMULATED FUNDS</strong></td>
<td></td>
<td><strong>1,030,939</strong></td>
</tr>
</tbody>
</table>

(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 2019

<table>
<thead>
<tr>
<th>Notes</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subscription incomes</td>
<td>7</td>
<td>767,781</td>
</tr>
<tr>
<td>Other incomes</td>
<td>8</td>
<td>7,191</td>
</tr>
<tr>
<td><strong>Total revenues</strong></td>
<td></td>
<td><strong>774,972</strong></td>
</tr>
<tr>
<td><strong>EXPENSES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>President, executive and regional expenses</td>
<td>9</td>
<td>168,626</td>
</tr>
<tr>
<td>Secretariat expenses</td>
<td>10</td>
<td>376,042</td>
</tr>
<tr>
<td>Special projects' and working parties'</td>
<td>11</td>
<td>4,534</td>
</tr>
<tr>
<td>Publications and communication expenses</td>
<td>12</td>
<td>40,691</td>
</tr>
<tr>
<td>Other operating expenses</td>
<td>13</td>
<td>96,764</td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
<td></td>
<td><strong>686,657</strong></td>
</tr>
<tr>
<td><strong>Surplus for the year</strong></td>
<td></td>
<td><strong>88,315</strong></td>
</tr>
</tbody>
</table>

(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 2019**

<table>
<thead>
<tr>
<th>Description</th>
<th>Trust’s funds</th>
<th>Income and expense account</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning balance as at 1 January 2018</td>
<td>336,597</td>
<td>215,412</td>
<td>552,009</td>
</tr>
<tr>
<td>Fund paid to Asia Pacific Regional Reserves Fund</td>
<td>(4,224)</td>
<td>-</td>
<td>(4,224)</td>
</tr>
<tr>
<td>Fund received from WWP in Mental Health</td>
<td>1,600</td>
<td>-</td>
<td>1,600</td>
</tr>
<tr>
<td>Fund received from WONCA WP - WFM</td>
<td>140</td>
<td>-</td>
<td>140</td>
</tr>
<tr>
<td>Fund paid to EMR</td>
<td>(9,509)</td>
<td>-</td>
<td>(9,509)</td>
</tr>
<tr>
<td>Fund received from WP- Rural Practice Fund</td>
<td>926</td>
<td>-</td>
<td>926</td>
</tr>
<tr>
<td>Surplus for the year</td>
<td></td>
<td>158,153</td>
<td>158,153</td>
</tr>
<tr>
<td>As at 31 December 2019</td>
<td>325,530</td>
<td>373,565</td>
<td>699,095</td>
</tr>
<tr>
<td>Fund received from Asia Pacific Regional Reserves Fund</td>
<td>8,666</td>
<td>-</td>
<td>8,666</td>
</tr>
<tr>
<td>Fund received from WP - Environment</td>
<td>122,626</td>
<td>-</td>
<td>122,626</td>
</tr>
<tr>
<td>Fund received from WP - Education</td>
<td>6,170</td>
<td>-</td>
<td>6,170</td>
</tr>
<tr>
<td>Fund received from WWP in Mental Health</td>
<td>17,306</td>
<td>-</td>
<td>17,306</td>
</tr>
<tr>
<td>Fund received from EMR</td>
<td>8,196</td>
<td>-</td>
<td>8,196</td>
</tr>
<tr>
<td>Fund received from Africa</td>
<td>1,015</td>
<td>-</td>
<td>1,015</td>
</tr>
<tr>
<td>Fund paid to Atai Bursary</td>
<td>(19)</td>
<td>-</td>
<td>(19)</td>
</tr>
<tr>
<td>Fund paid to WP- Rural Practice Fund</td>
<td>(1,712)</td>
<td>-</td>
<td>(1,712)</td>
</tr>
<tr>
<td>Surplus for the year</td>
<td></td>
<td>88,315</td>
<td>88,315</td>
</tr>
<tr>
<td>As at 31 December 2019</td>
<td>487,778</td>
<td>461,880</td>
<td>949,658</td>
</tr>
</tbody>
</table>

Signed: [Director's Signature]  
(Mr. Garth Alexander Kenneth Manning)
The Wonca Trust  
Statements of Cash Flows  
For the year ending 31 December 2019  

<table>
<thead>
<tr>
<th>Cash flows from operating activities</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net profit(loss) for the year</td>
<td>88,315</td>
<td>158,153</td>
</tr>
<tr>
<td>Adjustments for:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation</td>
<td>2,489</td>
<td>892</td>
</tr>
<tr>
<td>Changes in operating assets and liabilities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member organizations' dues receivables</td>
<td>(13,123)</td>
<td>14,097</td>
</tr>
<tr>
<td>Other receivables and prepayment</td>
<td>46,553</td>
<td>(42,471)</td>
</tr>
<tr>
<td>Inventories</td>
<td>55</td>
<td>98</td>
</tr>
<tr>
<td>Other payables and accruals</td>
<td>17,288</td>
<td>(7,282)</td>
</tr>
<tr>
<td>Membership dues received in advance</td>
<td>(2,758)</td>
<td>16,934</td>
</tr>
<tr>
<td>Deposit</td>
<td>(9)</td>
<td>(199)</td>
</tr>
<tr>
<td><strong>Cash flows from operating activities</strong></td>
<td>138,810</td>
<td>106,354</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cash flows from investing activities</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purchases of property and equipment</td>
<td>(5,169)</td>
<td>-</td>
</tr>
<tr>
<td><strong>Cash flows from investing activities</strong></td>
<td>(5,169)</td>
<td>-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cash flows from financing activities</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fund received from (paid to) Asia Pacific Regional Reserves Fund</td>
<td>8,666</td>
<td>(4,224)</td>
</tr>
<tr>
<td>Fund received from WP - Environment</td>
<td>122,626</td>
<td>-</td>
</tr>
<tr>
<td>Fund received from WP - Education</td>
<td>6,170</td>
<td>-</td>
</tr>
<tr>
<td>Fund received from WWP in Mental Health</td>
<td>17,306</td>
<td>1,600</td>
</tr>
<tr>
<td>Fund received from WONCA WP - WFM</td>
<td>-</td>
<td>140</td>
</tr>
<tr>
<td>Fund received from (paid to) EMR</td>
<td>8,196</td>
<td>(9,509)</td>
</tr>
<tr>
<td>Fund received from EMR</td>
<td>1,015</td>
<td>-</td>
</tr>
<tr>
<td>Fund paid to Africa</td>
<td>(19)</td>
<td>-</td>
</tr>
<tr>
<td>Fund received from (paid to) WP- Rural Practice Fund</td>
<td>(1,712)</td>
<td>926</td>
</tr>
<tr>
<td><strong>Cash flows from financing activities</strong></td>
<td>162,248</td>
<td>(11,067)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Net increase (decrease) in cash on hand and at banks</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>295,889</td>
<td>95,287</td>
<td></td>
</tr>
<tr>
<td><strong>Cash on hand and at banks - beginning balance</strong></td>
<td>-</td>
<td>597,377</td>
</tr>
<tr>
<td>692,664</td>
<td>-</td>
<td>692,664</td>
</tr>
</tbody>
</table>

Signed ........................................ Director  
(Mr. Garth Alexander Kenneth Manning)
1. **General information**

The Wonca Trust ("The Trust") is a Charitable Trust created by a Declaration of Trust Deed and governed by the laws of the British Virgin Islands on 1 October 2004 with Wonca International Inc; a Company incorporated in the British Virgin Islands as the Trustee which holds and manages 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)
2. Summary of significant accounting policies (con't)

2.2 Foreign currencies translation

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

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

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

2.3 Cash and cash equivalents

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

Signed....................................... Director
(Mr.Garth Alexander Kenneth Manning)
2 Summary of significant accounting policies (Con’t)

2.4 Trade account receivables

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

2.5 Inventories

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

Signed .......................................... Director
(Mr. Garth Alexander Kenneth Manning)
2  **Summary of significant accounting policies (Con't)**

2.6 **Equipment**

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

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

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

<table>
<thead>
<tr>
<th>Equipment Type</th>
<th>Useful Life</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office furniture and equipment</td>
<td>5 Years</td>
</tr>
<tr>
<td>Computer and equipment</td>
<td>3 Years</td>
</tr>
</tbody>
</table>

2.7 **Provision**

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

2.8 **Revenue recognition**

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

Signed .................................. Director  
(Mr.Gartl Alexander Kenneth Manning)
2 Summary of significant accounting policies (Con’t)

2.9 Measurement currency

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

3 Cash and cash equivalents

<table>
<thead>
<tr>
<th></th>
<th>Unit: USD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2019</td>
</tr>
<tr>
<td>Cash on hand</td>
<td>7,487</td>
</tr>
<tr>
<td>Cash at Paypal</td>
<td>36,969</td>
</tr>
<tr>
<td>Cash at banks – current accounts</td>
<td>893,900</td>
</tr>
<tr>
<td>Cash at banks – saving account</td>
<td>50,197</td>
</tr>
<tr>
<td><strong>Total cash and cash equivalents</strong></td>
<td><strong>988,553</strong></td>
</tr>
</tbody>
</table>

Signed .................................. Director
(Mr. Garth Alexander Kenneth Manning)
The Wonca Trust  
Note To The Financial Statements  
31 December 2019

4. Equipment, net  

<table>
<thead>
<tr>
<th>Cost</th>
<th>Office, furniture and equipment USD</th>
<th>Computer and equipment USD</th>
<th>Total USD</th>
</tr>
</thead>
<tbody>
<tr>
<td>As at 31 December 2018</td>
<td>3,457</td>
<td>9,775</td>
<td>13,232</td>
</tr>
<tr>
<td>Addition</td>
<td></td>
<td>5,169</td>
<td>5,169</td>
</tr>
<tr>
<td>As at 31 December 2019</td>
<td>3,457</td>
<td>14,944</td>
<td>18,401</td>
</tr>
</tbody>
</table>

| Accumulated depreciation | | | |
| As at 31 December 2018 | (3,352) | (8,294) | (11,646) |
| Depreciation for the year | (96) | (2,393) | (2,489) |
| As at 31 December 2019 | (3,448) | (10,687) | (14,135) |

| Net book value | | | |
| As at 31 December 2017 | 105 | 1,481 | 1,586 |
| As at 31 December 2018 | 9 | 4,257 | 4,266 |
| Depreciation - Assets for the year 2018 | | | 892 |
| Depreciation - Assets for the year 2019 | | | 2,489 |

Signed ........................................ Director  
(Mr. Garth Alexander Kenneth Manning)
The Wonca Trust

Note To The Financial Statements
31 December 2019

5 Other payables and accruals

<table>
<thead>
<tr>
<th>Description</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taiwan FM Research award</td>
<td>9,000</td>
<td>9,000</td>
</tr>
<tr>
<td>Professional cost</td>
<td>4,158</td>
<td>3,823</td>
</tr>
<tr>
<td>Atai Bursary</td>
<td>842</td>
<td>861</td>
</tr>
<tr>
<td>Accrued personnel expenses</td>
<td>994</td>
<td>914</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>33,865</td>
<td>19,000</td>
</tr>
<tr>
<td>2018 HOC Support Young Doctor Activities</td>
<td>5,000</td>
<td>-</td>
</tr>
<tr>
<td>WONCA Europe</td>
<td>486</td>
<td>-</td>
</tr>
<tr>
<td>Other accrual</td>
<td>100</td>
<td>3,578</td>
</tr>
<tr>
<td><strong>Total other payables and accruals</strong></td>
<td><strong>53,603</strong></td>
<td><strong>37,176</strong></td>
</tr>
</tbody>
</table>

6 Trust's accumulated funds

<table>
<thead>
<tr>
<th>Description</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advance from Asia Pacific Regional Reserves Fund</td>
<td>195,004</td>
<td>186,338</td>
</tr>
<tr>
<td>Advance from WP - Environment</td>
<td>122,626</td>
<td>-</td>
</tr>
<tr>
<td>Advance from WP - Education</td>
<td>6,170</td>
<td>-</td>
</tr>
<tr>
<td>Advance from WP - Rural Practice Fund</td>
<td>25,570</td>
<td>27,262</td>
</tr>
<tr>
<td>Advance from East Mediterranean</td>
<td>17,888</td>
<td>9,692</td>
</tr>
<tr>
<td>Advance from WP - Mental Health</td>
<td>24,190</td>
<td>6,884</td>
</tr>
<tr>
<td>Advance from WP - Women and Family Medicine</td>
<td>191</td>
<td>191</td>
</tr>
<tr>
<td>Atai Bursary</td>
<td>842</td>
<td>861</td>
</tr>
<tr>
<td>Africa</td>
<td>1,015</td>
<td>-</td>
</tr>
<tr>
<td>Capital Stock</td>
<td>94,282</td>
<td>94,282</td>
</tr>
<tr>
<td><strong>Total trust’s accumulated fund</strong></td>
<td><strong>487,778</strong></td>
<td><strong>325,530</strong></td>
</tr>
</tbody>
</table>

7 Subscription incomes

<table>
<thead>
<tr>
<th>Description</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member organizations’ dues</td>
<td>457,623</td>
<td>450,488</td>
</tr>
<tr>
<td>Member academies’ dues</td>
<td>3,815</td>
<td>3,500</td>
</tr>
<tr>
<td>Direct individuals’ membership dues</td>
<td>49,675</td>
<td>63,955</td>
</tr>
<tr>
<td>Conference levies</td>
<td>49,201</td>
<td>162,970</td>
</tr>
<tr>
<td>Sponsorship income</td>
<td>22,600</td>
<td>250</td>
</tr>
<tr>
<td>Licences and royalties</td>
<td>3,370</td>
<td>93,829</td>
</tr>
<tr>
<td>Consultancy income</td>
<td>181,497</td>
<td>152,500</td>
</tr>
<tr>
<td><strong>Total subscription income</strong></td>
<td><strong>767,781</strong></td>
<td><strong>927,492</strong></td>
</tr>
</tbody>
</table>

Signed [Signature] Director
(Mr. Garth Alexander Kenneth Manning)
10 **Secretarial 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 Association, an association 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 376,042 (2018: USD 354,606).

This sum for 2019 includes funding for ICPC maintenance and development and the 2018 expenditure out of the secretariat transition budget.

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

<table>
<thead>
<tr>
<th>Unit: USD</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural practices</td>
<td>1,000</td>
<td>1,500</td>
</tr>
<tr>
<td>Classification</td>
<td>-</td>
<td>2,000</td>
</tr>
<tr>
<td>Quality in Family Medicine</td>
<td>534</td>
<td>2,000</td>
</tr>
<tr>
<td>Research</td>
<td>-</td>
<td>2,000</td>
</tr>
<tr>
<td>Women and Family Medicine</td>
<td>-</td>
<td>1,500</td>
</tr>
<tr>
<td>Environment</td>
<td>-</td>
<td>1,500</td>
</tr>
<tr>
<td>Education Committee</td>
<td>1,000</td>
<td>1,768</td>
</tr>
<tr>
<td>E-Health</td>
<td>1,000</td>
<td>-</td>
</tr>
<tr>
<td>Mental Health</td>
<td>1,000</td>
<td>1,500</td>
</tr>
<tr>
<td><strong>Total special projects' and working parties' expenses</strong></td>
<td><strong>4,534</strong></td>
<td><strong>13,768</strong></td>
</tr>
</tbody>
</table>

12 **Publications and communication expenses**

<table>
<thead>
<tr>
<th>Unit: USD</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Editor's professional fee</td>
<td>26,000</td>
<td>26,000</td>
</tr>
<tr>
<td>Webmaster and hosting</td>
<td>4,569</td>
<td>4,482</td>
</tr>
<tr>
<td>WONCA Communication</td>
<td>10,122</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total publications and communication expenses</strong></td>
<td><strong>40,691</strong></td>
<td><strong>30,482</strong></td>
</tr>
</tbody>
</table>

Signed: Director  
(Mr. Garth Alexander Kenneth Manning)
The Wonca Trust
Note To The Financial Statements
31 December 2019

13 Other operating expenses

<table>
<thead>
<tr>
<th>Item</th>
<th>Unit: USD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank charges</td>
<td></td>
</tr>
<tr>
<td>Exchange loss</td>
<td>14,061</td>
</tr>
<tr>
<td>Professional fee</td>
<td>2,105</td>
</tr>
<tr>
<td>Bad debt expenses</td>
<td></td>
</tr>
<tr>
<td>Audit fee</td>
<td>4,158</td>
</tr>
<tr>
<td>Postage and courier charges</td>
<td>893</td>
</tr>
<tr>
<td>Stationary expenses</td>
<td>5,000</td>
</tr>
<tr>
<td>Insurance expenses</td>
<td>3,071</td>
</tr>
<tr>
<td>Depreciation expenses</td>
<td>2,489</td>
</tr>
<tr>
<td>Registration fees</td>
<td>750</td>
</tr>
<tr>
<td>WONCA souvenirs</td>
<td>194</td>
</tr>
<tr>
<td>WONCA Foundation &amp; 5 Star Award</td>
<td>-</td>
</tr>
<tr>
<td>Consultancy Expenses</td>
<td>63,955</td>
</tr>
<tr>
<td>Cost of goods sold</td>
<td>55</td>
</tr>
<tr>
<td>Corporate income tax</td>
<td>33</td>
</tr>
<tr>
<td>Total operating expenses</td>
<td></td>
</tr>
<tr>
<td></td>
<td>96,764</td>
</tr>
</tbody>
</table>

Signed .................................. Director
(Mr. Garth Alexander Kenneth Manning)
Each year, many people work tirelessly on behalf of the World Organization of Family Doctors (WONCA). This annual report provides a summary of their activities and achievements in the past year including the financial report. The reports were prepared by WONCA Executive, Chairs/Conveners of WONCA groups including Working Parties (WPs), Special Interest Groups (SIGs) and Young Doctor Movement groups (YDMs).