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# WONCA News

An International Forum for Family Doctors



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## From the President: November 2013

### Hope, Healing and Healthy Nations through Family Medicine

In October, I represented WONCA at a conference in Hyderabad, in India, to celebrate the 50th anniversary of the establishment of the Indian Medical Association College of General Practitioners (IMA CGP).

The IMA CGP has a special place in the history of WONCA, our World Organization of Family Doctors. WONCA was established, in 1972, by 18 national colleges and academies of family medicine from around the world, and the IMA CGP was one of our 18 founding organisations. In the lead up to the creation of WONCA, these 18 organisations had hosted four world conferences to focus on the development and strengthening of family medicine. The third of these world conferences was hosted in India, by the IMA CGP, in 1968.

The South Asia Region of the world is very important to WONCA. After all, 25% of the world's population lives here. WONCA now has three member organisations in India: the Indian Medical Association College of General Practitioners, the Federation of Family Physicians' Associations of India, and the Academy of Family Physicians of India. These three organisations work together, alongside the other WONCA member organisations in the nations of South Asia. In the words of Mahatma Gandhi: "*Honest differences are often a healthy sign of progress.*" Each of our member organisations in the region is different, but respects each other's differences, builds on each other's strengths, and unites as advocates for the role that family medicine can play in achieving universal health coverage for every person in this region of the world.

In Hyderabad, I met with many of our colleagues and learned that the Indian Medical Association has one of the largest general practitioner memberships of any professional organisation in the world, with 230,000 doctors as members, of whom 60% are general practitioners. By my calculation, that is around 140,000 general practitioner members of the IMA. The college itself includes over 1000 family physicians, as *WONCA president with young family doctors at the 50th anniversary conference of the*

*Indian Medical Association College of General Practitioners (IMA CGP)*

*El Presidente de WONCA con jóvenes médicos de familia en la conferencia del 50 Aniversario de la Asociación India del Colegio de Médicos Generalistas (IMA CGP).*

members who have achieved advanced specialist qualifications in our professional discipline.



I was invited to deliver the IMA CGP Golden Jubilee Dr S Arulrhaj Oration, with the title "*Hope, Healing and Healthy Nations through Family Medicine*". This oration commemorated both the 50th anniversary IMA CGP and the many contributions of the Chief Patron of the IMA CGP, Dr S Arulrhaj. Dr Arulrhaj has held many influential leadership roles including President of the Indian Medical Association and President of the Commonwealth Medical Association; roles that underpin a life of leadership and service in medicine.

I had asked Dr Arulrhaj for some messages to share in the oration. He recommended I should stress the need to continue to grow family medicine in India, the need for qualified family doctors to serve the needs of communities, and the need for "*the medical students and young doctors of India to enter family medicine by choice, and not by chance*".

India, like many nations, has a focus on strengthening primary care and has recognised that universal coverage with only succeed with strong teams of health practitioners working together with communities to provide high quality primary care and that family doctors are an important part of this solution. Recent commitment by the Indian Government to ensure every medical student has experience in family medicine and to support postgraduate training in family medicine are important reforms which have delivered great improvements in the quality and availability of well trained family doctors in many parts of the world.

One of the leaders in the establishment of WONCA was Dr Prakash Chand (PC) Bhatla, who represented the IMA CGP. In 1976, Dr Bhatla became the first recipient of our most prestigious award, the WONCA Fellowship. At WONCA's inaugural meeting, in 1972, Dr Bhatla spoke about the need to educate general practitioners in providing preventive and curative treatments, in being health educators and counselors, and in motivating and educating people and communities about health.

One line of Dr Bhatla's 1972 speech really speaks to me: *"Every national health program, including the Family Planning Program, should include the involvement of general practitioners. Education and motivation of the community has to be done on a personal basis. And who is nearer to the community than the family doctor?"*

As family doctors we need to be engaged by our governments and international health organisations in the planning and delivery of national health programs. Family doctors are part of their local community, and have the trust of their local community, and can be part of ensuring the successful delivery of health programs, especially to the most vulnerable members of our populations.

I spoke to this theme during a meeting I had in October, with Mark Dybul, the Executive Director of the Global Fund to Fight AIDS,

Tuberculosis and Malaria. The Global Fund has been one of the great global health success stories of the 21st century, tackling some of the most serious infectious diseases in some of the world's poorest nations. By generating billions of dollars of donor funds, and working with the health systems in each country, prevention and treatment programs have led to millions of lives being saved.

But this is only the beginning. The Global Fund has recognised that, if it is going to be most effective, it needs to work with the health systems in each country, rather than setting up parallel vertical programs that risk weakening the existing health infrastructure. And strong primary care is a core component of ensuring the success and sustainability of programs to tackle serious health risks. The Global Fund is keen to engage with WONCA and our member organisations in the successful implementation of their programs in low and middle income nations.

There is great potential for WONCA and our member organisations in each country to work in partnership with global health organisations, as we do with the World Health Organization, to ensure health care is available to all people in all communities in each nation of the world.

After all, *"who is nearer to the community than the family doctor?"*

Michael Kidd  
WONCA President



*WONCA president with young family doctors at the 50th anniversary conference of the Indian Medical Association College of General Practitioners (IMA CGP)*  
*El Presidente de WONCA con jóvenes médicos de familia en la conferencia del 50 Aniversario de la Asociación India del Colegio de Médicos Generalistas (IMA CGP).*

## Del Presidente - noviembre 2013

### Esperanza, curación y naciones saludables mediante la Medicina de Familia

En octubre, representé a WONCA en una conferencia en Hyderabad, en la India, para celebrar el 50 aniversario de la creación de la Asociación India de Colegios Médicos de Medicina General (IMA CGP).

El IMA CGP tiene un lugar especial en la historia de la WONCA, nuestra Organización Mundial de Médicos de Familia. WONCA fue fundada en 1972 por 18 universidades nacionales y academias de medicina de familia de todo el mundo y el IMA CGP fue una de las 18 organizaciones fundadoras. En el período previo a la creación de WONCA, estas organizaciones habían celebrado cuatro conferencias mundiales para centrarse en el desarrollo y fortalecimiento de la medicina familiar. La tercera de estas conferencias mundiales tuvo lugar en la India y fue organizada por el IMA CGP en 1968.

La región de Asia del Sur es muy importante para WONCA. Después de todo, el 25% de la población mundial vive allí. WONCA tiene ahora tres organizaciones miembro en la India: la Asociación Médica India de Médicos Generales, la Federación de Asociaciones de Médicos de Familia de la India y la Academia de Médicos de Familia de la India. Estas tres organizaciones trabajan juntas, unidas a las demás organizaciones afiliadas a WONCA en todas las naciones del sur de Asia. En palabras de Mahatma Gandhi: "las diferencias sinceras son a menudo una buena señal de progreso". Cada una de las organizaciones miembro de la región es diferente, pero respeta las diferencias de la otra, se basa en las fortalezas de cada una y se unen como defensoras de la función que la medicina de familia puede desempeñar en el logro de la cobertura universal de salud para todas las personas en esta región del mundo.

Me reuní con muchos de nuestros colegas y me enteré de que la Asociación Médica de la India tiene una de las mayores cifras de médicos generalistas asociados de entre todas las organizaciones profesionales del mundo, con un total de 230.000 médicos en calidad de miembros, de los cuales el 60% son generalistas. Según mis cálculos, alrededor de 140.000 miembros del IMA son generalistas. El colegio en sí incluye a más de 1.000 médicos de familia como miembros que

han logrado los títulos de especialista avanzado en nuestra disciplina profesional.

En Hyderabad fui invitado a dar el discurso del *50 Aniversario de la IMA CGP* Dr. S. Arulraj, que tenía como título "Esperanza, curación y naciones saludables mediante de la medicina de familia". Este discurso conmemoraba tanto el aniversario número 50 de la IMA CGP como las muchas contribuciones realizadas por el Patrono Principal de la IMA CGP, el Dr. S Arulraj. El Dr Arulraj ha ocupado numerosos cargos de liderazgo influyentes, entre ellos el de Presidente de la Asociación Médica de la India y el de presidente de la Asociación Médica de la *Commonwealth*, posiciones que reflejan una vida de liderazgo y servicio a la medicina.

Le había pedido a Dr. Arulraj algunos mensajes para compartir en el discurso. Me recomendó que insistiera en la necesidad de seguir haciendo crecer la medicina familiar en la India, la necesidad de que los médicos de familia cualificados atiendan los requerimientos de las comunidades y de que "los estudiantes de medicina y los médicos jóvenes de la India entren en medicina de familia por elección y no por casualidad". La India, al igual que muchos países, se ha centrado en el fortalecimiento de la atención primaria y ha reconocido que la cobertura universal solo tendrá éxito con equipos fuertes de profesionales de la salud que trabajen con las comunidades para brindar atención primaria de alta calidad, y que los médicos de familia son una parte importante de esta solución. El reciente compromiso del Gobierno indio para asegurar que cada estudiante de medicina tenga experiencia en medicina de familia y su apoyo a la formación de postgrado en medicina familiar son importantes reformas que han supuesto grandes mejoras en la calidad y poder disponer de médicos de familia bien entrenados en muchas partes del mundo.

Uno de los líderes en la creación de WONCA fue el Dr. Prakash Chand (PC) Bhatla, quien representó al IMA CGP. En 1976, el Dr. Bhatla se convirtió en el primer ganador de nuestro premio más prestigioso, el *WONCA Fellowship*. En la reunión inaugural de la

WONCA en 1972, el Dr. Bhatla habló de la necesidad de educar a los médicos generales en el suministro de tratamientos preventivos y curativos, en ser educadores de la salud y consejeros, y en motivar y educar a las personas y las comunidades acerca de la salud.

Una línea del discurso de 1972 del Dr. Bhatla es muy significativa para mí: "Cada programa nacional de salud, incluyendo el Programa de Planificación Familiar, debe incluir la participación de los médicos generales. La educación y la motivación de la comunidad se tienen que hacer sobre una base personal. ¿Y quién está más cerca de la comunidad que el médico de familia?".

Como médicos de familia, tenemos que estar comprometidos con nuestros gobiernos y las organizaciones internacionales de salud para la planificación y ejecución de los programas nacionales de salud. Los médicos de familia son parte de su comunidad local, tienen la confianza de su comunidad y pueden participar en garantizar el cumplimiento exitoso de los programas de salud, especialmente de los miembros más vulnerables de nuestras poblaciones.

Hablé de este tema durante una reunión que tuve en octubre con Mark Dybul, el Director Ejecutivo del Fondo Mundial de Lucha contra el SIDA, la Tuberculosis y la Malaria. El Fondo Mundial ha sido una de las grandes historias de éxito de la salud global del siglo 21, al vencer algunas de las enfermedades más graves en algunas de las naciones más pobres del mundo. Mediante la generación de miles de millones de dólares con fondos de

donantes y trabajando con los sistemas de salud de cada país, los programas de prevención y tratamiento han logrado salvar millones de vidas.

Pero esto es sólo el principio. El Fondo Mundial ha reconocido que, si va a ser más eficaz, es necesario trabajar con los sistemas de salud de cada país, en lugar de crear programas verticales paralelos que corren el riesgo de debilitar la infraestructura de salud existente. Y una fuerte atención primaria es un componente básico que garantiza el éxito y la sostenibilidad de los programas para hacer frente a los riesgos de salud graves. El Fondo Mundial está dispuesto a comprometerse con WONCA y nuestras organizaciones miembro en la aplicación exitosa de sus programas en países de ingresos bajos y medios.

Hay un gran potencial para la WONCA y para nuestras organizaciones miembro de cada país al trabajar en colaboración con las organizaciones globales de salud, como lo hacemos con la Organización Mundial de la Salud, para asegurar que el cuidado de salud esté disponible para todas las personas en todas las comunidades de cada nación del mundo.

Después de todo, "¿que está más cerca de la comunidad que el médico de familia?".

Presidente  
Organización Mundial de Médicos de Familia (WONCA)

*Traducción: Eva Tudela, Spanish Society of Family and Community Medicine (semFYC) Director*

## From the CEO's desk: our next generation of leaders

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### WONCA's Young Doctor Movements

This month I want to highlight WONCA's Young Doctor movements and the fantastic work they are doing. These are the next generation of leaders of family medicine and of WONCA, and it is wonderful to see so much energy and enthusiasm – reassuring that the future of family medicine is safe in their hands.

One major success from Prague's Council meeting was the decision of Council to expand

membership of the Executive by the inclusion of a Junior Doctor representative. This person will represent the views of the Young Doctor movements on Executive – but also the wider views of all junior doctors within the organization. The hope is that from 2016 onwards the Young Doctor Movements themselves will select this person, but to prevent any delay in the appointment, Executive will make the first choice so that the

person selected can attend the next full Executive meeting in London in January 2014.

Executive drew up some Terms of Reference for the post and disseminated these as widely as possible, inviting applications from junior doctors either in family medicine residency training or within five years of completing residency training. A total of 28 applications were received and – as I write – Executive have the hard task of choosing just one from these excellent applications. The successful applicant will be known early in November and will be highlighted in next month's WONCA News but I'm sure that he or she will be a great addition to Executive.

WONCA now has five Young Doctors movements, covering most of our regions. More details – as ever – are available on the [WONCA website](#) but to give you a brief snapshot:

#### **Vasco da Gama (Europe)**

The oldest group, having been established in 2005 – and possibly the most active. VdG organises various meetings throughout the year, including pre-conference meetings at all WONCA Europe and World conferences, and is also actively facilitating international exchanges. Chair is Harris Lygidakis (Italy)

#### **Rajakumar (Asia Pacific)**

The Rajakumar Movement was launched in 2009, covering the Asia Pacific Region of WONCA. It's a vast region, and possibly because of that it has not yet managed to be as active as other groups, but it is making progress and we will be encouraging and supporting them as best we can over the next triennium. Current Chair is Naomi Harris (Australia)

#### **Waynakay (Iberoamericana-CIMF)**

Waynakay means "youth", and this movement was launched in Cancun in May 2010, during the World Conference. It has modelled itself on Europe's VdG Movement and its mission is to strengthen family medicine in the countries of Latin America, promoting leadership, medical education, research and exchange between young doctors in the specialty. Chair is Xavier Maldonado (Ecuador).

#### **Spice Route (South Asia)**

Spice Route, for young doctors of the South Asia Region, was established in December 2010 at the South Asia Region Conference in Nepal. Its activities are growing year on year, with pre-conference meetings at a number of

venues. Chair is Raman Kumar (India) but with representatives throughout the region.

#### **AfriWON (Africa)**

WONCA's latest Young Doctor Movement, debuting at the Prague World Conference in June 2013, AfriWON is already a very energetic and active group. It is building up its activities towards its first pre-conference meeting in Ghana, in February 2015, just before the next WONCA Africa Region Conference. Chair is Kayode Alao (Nigeria). AfriWON has recently been featured in a [WONCA news item](#)

So...we encourage ALL young doctors to join and get involved in the activities of your own regional young doctor movement. Further details, including contact e-mails, are on the websites detailed above.

#### **[WONCA Rural Health Conference 2014](#)**

The 12th WONCA Rural Health conference will be held in Gramado, Brazil, in 2014. The organisers had an unfortunate "act of God" in that unusually heavy snow caused the roof of their planned venue to collapse, necessitating a change of venue – and a change of dates. Do please note that the conference will still take place in Gramado, but the dates are now 2nd to 6th April 2014. We must salute the members of the WONCA Working Party on Rural Health and the Host Organising Committee for managing to rearrange this so speedily and hope that attendance will not suffer as a result.

#### **ICPC App for iPhones**

Finally, for this month, we're pleased to promote an smart phone app which allows people to load the ICPC codes onto their smart phones for easy reference. Developed by Dr Carlos Martins, a Portuguese GP, and licensed by WONCA, this is likely to appeal particularly to colleagues working in more rural or isolated areas. As WONCA gets a small levy for each app sold we encourage all WONCA members to download this app onto their phones. [Both Apple and Android versions are now available.](#)

That's it from Bangkok for this month. Good wishes to all WONCA members from all the Secretariat staff.

Dr Garth Manning  
CEO



## FEATURE STORIES

# Ukrainian Loss and legacy – Amanda Howe reports

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### A visit to the Ukrainian Association of Family Medicine (UAFM)



Professor Grygorii Lysenko was a famous Ukrainian scientist, a gifted teacher and organizer, the Director of the first Institute of Family Medicine of National Medical Academy of Postgraduate

Education (NMAPE), Head of the first Department of Family Medicine, and the President of the Ukrainian Association of Family Medicine until his death in October 2013. He was a founder of family medicine in Ukraine; his life was dedicated to development of medical science and family medicine, and the improvement of the system of postgraduate medical education of family physicians in Ukraine.

Professor Lysenko was a highly intelligent person, talented mentor and teacher, who with many of his students and colleagues successfully worked on the development of family medicine. He was a really wise, highly respected teacher and doctor, and a friendly and sincere person.

Under his leadership, the first Faculty of Family Medicine was established within the Institute, and the speciality was formally recognized in 2010, although the UAFM has existed for 15 years and FM started 25 years ago. Prof Lysenko worked tirelessly to bring together academic and community leaders and organizations for the effective implementation of family medicine in Ukraine, and was active in WONCA for the informing and supporting of the development of FM in his beloved country. [More about Prof Lysenko.](#)

It was at his invitation prior to his death, and therefore with both pleasure and sorrow, that I visited Ukraine from 22-24 October to speak

at the UAFM national conference. I was also able to visit a family medicine clinic, and was hosted for meetings with the Institute (NMAPE) and the Ministry of Health. I would like to report the following good news: reforms in the health system of Ukraine which support the development and prioritization of primary health care are now under way in four pilot regions, and there was a clear commitment to the establishment of family medicine and modernization of primary care across the whole country over the next phase leading up to 2020.

The conference itself was impressive, with 1300 registered participants, and centres all over the country being linked into the plenaries (video-connection registered about 10 000 participants by internet) – we could see halls full of delegates and hear their local FM leads speaking and asking questions! This was through interactive connection with six universities. The Minister of Health connected by video on the second day of the conference. (Note the WONCA editor is reliably informed that the Minister of Health spoke about Prof. Amanda Howe's positive attitude towards local health reforms in the evening news on TV).

Both Prof Janko Kersnik (President of EURACT) and I were present, and were delighted to hear WONCA mentioned positively and repeatedly by other plenary speakers. In spite of the loss of Prof Lysenko, spirits were good and the Ministry were clearly backing the Family Medicine Association.

However challenges remain, and the UAFM Council had a list of recommendations from 2012 which remain to be actioned, which include issues around training capacity, support for FM CPD, FM exposure in basic medical school training, and a number of other issues. The numbers of FM practitioners are expected to more than double, so while these are exciting developments the challenge for the existing FM faculty is great. It will be really important to support Ukrainian family medicine in what is a crucial era.

Prof Lysenko left a huge legacy of good work and goodwill, but, as in so many countries, the expectations of family medicine are huge, and lack of resources or effective stabilisation of the new primary care reforms could undermine what otherwise would be a strong and effective model of care that is sorely needed by the Ukrainian population.

It was a great honour to be at the meeting, and to be hosted there. My particular thanks to Associate Professor Dr Victoria Tkachenko (pictured with Prof Amanda Howe), WONCA Council representative for Ukraine, who was a wonderful host and role model for the younger doctors. Prof Lysenko should be proud.

Amanda Howe  
WONCA President-Elect



## Rural Round-up: Dr Aileen ESPINA - Philippines

*I am ... WOMAN*

*I am ... a FAMILY PHYSICIAN*

*I am ... RURAL*

*I am ... FILIPINO!*



**MABUHAY!** My name is Aileen Espina and I am a qualified family physician currently working as a hospital administrator in the largest government tertiary hospital in our region. I have a wide range of interests which include medical education and training, research and academic work but I place special emphasis on gender issues in medical practice and the development of rural practice in the country. I am currently a member of both the WONCA Working Parties on Rural Practice and Women in Family Medicine.

### **About the Philippines**

My country, the Philippines is an archipelago composed of 7,100 islands. It has been divided into fifteen (15) geo-political regions

and I live in the region known as the Eastern Visayas Region (i.e. Region 8). Our region lies on the eastern part of the country and it forms the mid-eastern fringe of the archipelago. It serves as the geographical backbone of the country linking the two major islands of Luzon and Mindanao. Due to its strategic location, the region figures prominently in Philippines history being twice the main port of entry for the western powers— first by the explorer Ferdinand Magellan, and then more recently, by General Douglas McArthur.

My region consists of six provinces, twelve congressional districts, six cities, 139 municipalities and 4390 barangays. The smallest political unit is the barangay and each barangay has a Barangay Health Station (BHS), which caters to the health needs of the population at the grassroots level. The Barangay Health Station to population ratio in our region is 1:4581 which is far below the WHO ideal ratio of 1:2000. Barangay Health Workers usually man the BHS with the Nurses and Midwives coming in only at scheduled time during a month to implement some public health programs like immunizations and family planning.

Barangay Health Stations are under the supervision and control of Rural Health Units or Health Center and at present, the Health Center to population ratio in the region is at 1:24,099. The Rural Health Units are currently

undergoing reorganization through the Health Facilities Enhancement Program (HFEP) of the Department of Health. The HFEP program aims to improve the infrastructure of the units as well as building capacity and restructuring the human resources within the health workforce.

#### **Rural physicians**

It is the goal of the Health Department to provide physicians in all doctor-less municipalities through the Doctors to the Barrios Program. Presently, the region has 151 municipal health officers (MHO) with a gender split of 97 males and 54 female. Their ages vary from newly licensed physicians to those nearing the retirement age (65yrs). The young physicians usually stay in rural areas for a maximum of five years and the main reason for leaving is for professional growth. Sadly being a rural physician in my country is seen as a professional dead end, which impacts on recruitment and retention across the rural areas, which make up most of the Philippines. It was therefore important that we developed strategic plans to tackle rural physician shortages.

The University of the Philippines (UP) School for Health Sciences, which offers a 'ladderrized' medical curriculum has made significant gains in this direction. The school was conceptualized by its founders as the answer to the brain drain that the country was experiencing in the 1970s. It aimed to recruit students from underserved communities with the goal of producing health care workers who would go home and serve their "own". Since the school is based in Palo, Leyte, the majority of its graduates are natives of our region and more than 95% are still serving in rural communities to date. This feat is worth studying and emulating elsewhere around the world. We do have some concern about a developing trend noted among recent graduates who are going into the so-called major specialties of Obstetrics and Gynaecology, Paediatrics, Internal Medicine and Surgery. In casual conversations with new graduates who pursued residency training in our hospital where I work as Chief of the Medical Division, they expressed their need for professional growth and recognition as one of the reasons why they decided to go into further specialist training.

The desire to pursue further training is just one of the several reasons cited by physicians in our region that "pushed" them to migrate and practice in the so-called bigger

municipalities and cities. Approximately 40% of physicians in our region are practicing in the six major cities where the hospitals are located. We still have doctor-less municipalities especially the so-called GIDA (Geographically Isolated and Depressed Areas) communities. Other reasons include, the frustration in dealing with local politicians, safety issues especially in rebel infested areas and the lack of ancillary procedures, medicines and supplies which made them feel inadequate when treating their patients.

#### **Personal issues for physicians**

On a personal note, the lack of family opportunities such as schooling have led to migration into the larger communities where educational facilities are commonly located. Woman rural physicians in our region share the same burden as other women family doctors in the world – trying to attain a work-life balance. The burden of childcare and domestic responsibilities is still a major issue for most women doctors especially in rural communities in our country. It is not unusual for women doctors to be absent from work in order to take care of their family's needs and to be present for their children in important events. Even unmarried female physicians have a "family" to take care of since it is not uncommon for them to take care of their parents and their sibling's families because they have no "responsibilities of their own".

#### **Why a residency program?**

Nonetheless, despite all these, I still salute our rural physicians for staying where they are and doing the work that the medical community more often than not looked down as being second class or inferior to the "super duper" specialists. Public health and rural medical practice especially have always ranked low in the medical totem pole in our country and it seems to be the way to go if you have no other options. It is sad really because it is actually where doctors are more needed.

Thus I welcome the move of the present Secretary of Health of our country to implement a residency training program in Family Medicine in all DOH hospitals with the goal of training all rural health physicians in generalist care in the rural setting. As a member of the Technical Working Group for this endeavour, it is my prayer that we can make a difference somehow in the lives of our rural health physicians and the Filipino people.

Aileen Espina.  
Tacloban  
The Philippines

# 2014 Gramado Rural health conference date change

The 12th WONCA Rural Health conference is now being held from April 2-6, 2014.

These changes are necessary as a natural disaster has made the original conference venue unusable. A new venue has been secured which allows the conference to continue in the town of Gramado, Brazil. The organising committee has done their best to ensure a favourable outcome from a difficult situation. WONCA apologises to those who will need to rearrange their plans.

**Important dates**

Deadline for abstract submissions: November 30, 2013

Next early bird registration deadline: November 7, 2013 (price increases after this)

Final early bird registration deadline: March 13, 2014 (price increases again after this)

[Conference website](#)

**12<sup>th</sup> WONCA World Rural Health Conference**  
 IV South Brazilian Congress of Family and Community Medicine  
*Rural Health - an emerging need*  
 April 3 – 5, 2014  
 April 2 – Pre-Conference Activities  
 April 6 – Post-Conference Activities  
 Serrano Resort – Convention & Spa | Gramado | RS | Brazil

**MARK ON YOUR CALENDAR**  
**NEW DATE AND PLACE:**

The 12th WONCA World Rural Health Conference and the IV South Brazilian Congress of Family and Community Medicine will be held at:  
*Check it out!* **Serrano Resort - Convention & Spa**  
**Gramado - RS - Brazil.**

<b>Event</b>	<b>April 3 – 5, 2014</b>
<b>Pre-Event Activities</b>	<b>April 2, 2014</b>
<b>Post-Event Activities</b>	<b>April 6, 2014</b>

**Visit the event website, check the news and register.**

*We await you in 2014!*

**Organizing Committee**

Promotion: Wonca, SBMFC  
 Organization: Associação Brasileira de Medicina de Família e Comunidade, Grupo de Trabalho de Necessidade Social da SBMFC  
 Support: ACNFC, Conselho Brasileiro de Medicina Familiar

**www.sbmfc.org.br/woncarural**

## Launch of the WHO's Comprehensive Mental Health Action Plan 2013-2020



photo: Mental health Gap Action Programme forum

[World Mental Health Day](#) took place on 10th October. Three days prior to this during the annual [Mental Health Gap Action Programme \(mhGAP\) Forum](#) which brings together the WHO Secretariat, member states and international partners, the WHO launched its [Mental Health Action Plan 2013-2020](#).

Mental, neurological, and substance use disorders are common in all regions of the world, affecting every community and age group across all income countries. These conditions result in 14% of the global burden of disease, however most of the people affected - 75% in many low-income countries - do not have access to the treatment they need.

The *Comprehensive Mental Health Action Plan 2013-2020* outlines four principal objectives, with associated proposed actions for stakeholders and global targets as performance indicators. The four major objects are to:

1. Strengthen effective leadership and governance for mental health
2. Provide comprehensive, integrated and responsive mental health and social care services in community-based setting
3. Implement strategies for promotion and prevention in mental health

4. Strengthen information systems, evidence and research for mental health

The launch of the Action Plan marks a significant step forward in addressing the global burden of mental health and treatment gap affecting people across all the world, in particular those from low income countries. The mhGAP Forum this year offered an opportunity for the WHO Secretariat, member states, civil society, WHO collaborating centres, other academic institution and professional associations, including WONCA, to meet and outline their commitment to the Action Plan.

WONCA has a strong history of collaboration with the WHO on Mental Health issues. The International Classification of Primary Care (ICPC), recognised by the WHO, is the classification system of choice by WONCA through which to record mental health encounters in Primary Care. In 2008 WONCA jointly published with the WHO, [Integrating Mental Health into Primary Care; A global perspective](#), offering examples of good practice in low, middle and high income countries and highlighting 10 common principles for the successful integration of mental health into primary care. [A Companion to Primary Care Mental Health](#) complements this; the result of a collaborative effort between an international group of family doctors, psychiatrists, policy-makers, mental health professionals and mental health advocates. Earlier this year WONCA alongside the World Psychiatric Association and other mental health related global organisations signed the [Yerevan Declaration](#); a statement further confirming WONCA's commitment to improvements in mental health. Michael Kidd's (WONCA President) speech on the importance of integrating mental health into primary care, at the World Psychiatric Association's conference in Yerevan can be found [here](#).

During the mhGAP Forum, a statement was delivered on behalf of WONCA by Luisa Pettigrew (WONCA's WHO Liaison Person), Abdullah Al-Khathami, Chris Dowrick,

(pictured at left) and Gabby Ivbijaro, all from the WONCA Working Party on Mental Health. The WONCA statement is outlined. We would urge WONCA members to raise awareness of the Action Plan amongst stakeholders in their country and to consider how you also can also support the implementation of the Action Plan.



#### WONCA statement

*"We are here today on behalf of the World Organisation of Family Doctors, otherwise known as WONCA. We represent around half a million family doctors from 130 countries and territories across the world. Primary care is a key mechanism through which to achieve universal health coverage and reduce the global burden of non-communicable diseases. Integrating mental health services into primary care can generate good quality cost-effective outcomes. It is an essential way to close the treatment gap and ensure that people have access to the care they need, close to home.*

*WHO and WONCA have a long history of collaboration including having jointly published 'Integrating Mental Health into Primary Care;*

*A global perspective'. This offers examples of good practice and highlights 10 common principles for the successful integration of mental health into primary care. We urge you to use this as a point of reference in the implementation of the Action Plan.*

*WONCA is committed to supporting the Action Plan's implementation and in line with its objectives we can:*

- *Provide access to clinicians and academics with expertise and leadership skills to support effective governance;*
- *Support the development of training programmes for community based mental health workers;*
- *Enable the dissemination of national and international mental health policy to primary care professionals on the ground;*
- *Support access to networks for research and evidence into high quality primary care mental health, and continue to assist with improvements in the ability to capture information on mental health from a primary care perspective (i.e. ICPC).*

*It is however also important to emphasise that primary care systems must be strengthened before mental health integration can be reasonably expected to flourish. Therefore we urge member states to invest in training primary care health workers, including family doctors, nurses, psychologists and other community health workers, to work in well-resourced community clinics that allow them to deliver high quality integrated care.*

*We look forward to working with you all to implement the action plan. Please do not hesitate to approach us. Many thanks."*

## Gustavo Gusso's "Textbook of Family and Community Health"

*The "Textbook of Family and Community Health" in Portuguese was written by Eminent Brazilian family doctor Gustavo Gusso and José Lopes as well as a host of other contributors. The publisher sends this information.*



Brazilian specialists have just been nominated to the Jabuti Award (one of the main awards of the Brazilian publishing market) due to the launch of the book "Textbook of Family and Community Health" (Artmed, 2012). The book was written by Gustavo Gusso (president of the Brazilian Family and Community Health Society), José Mauro Ceratti Lopes (president of the Family and Community

Health Society from Rio Grande do Sul State) with the collaboration of over 380 doctors from all regions in Brazil and some other countries around the world.

The book is divided in two volumes with over two thousand pages each. The first part is all about the principles of this medical specialty, the studies related to it, researches and management in Family and Community Health. The second part of the Textbook is about practical issues that Family and Community doctors face every day. According to Dr Gustavo Gusso, this book is unique about the theme. It highlights the situation of the Family and Community Health and the strategies to improve the performance of the Family and Community doctors in Brazil. "We hope the doctors use this book as a theoretical and practical tool at the practice of Family and Community Health", explains Dr Gusso.

Dr Carlos Grossmann, preceptor of the Internal Medicine Residency in Family and Community Medicine Program at Conceição Hospital Group and Post-graduated in Internal Medicine at Providence Hospital, Washington (DC), indicates the book as a reference: "All the Brazilian titles about Family and Community Health were not so complete about theory and practice of Family and Community Health. This Textbook is, as I see it, an important advance in the Brazilian medical bibliography".

Beyond all the topics listed on the book, it's important to highlight a few of them, such as:

- The main symptoms and problems of the population
- Quaternary prevention
- How to prescribe or "unprescribe" medicines
- How to deal with the patients
- Family and Community Health at specific scenarios (such as slums and countryside); just to list some examples.

The *Textbook of Family and Community Health* also counts on some articles from doctors of other countries, such as: Barbara Starfield (in memoriam), Marc Jamouille, Juan Gérvas, Iona Heath and Trisha Greenhalgh that wrote some chapters especially to the book.

## WONCA Africa brief update

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The Annual Meeting of the WONCA International Classification Committees (WICC) 20-25th Sept 2013 in Johannesburg went off very well. The WONCA Africa region president, Dr Matie Obazee, was present with other African colleagues and engaged extensively with WICC members. Have a look at a [video](#) capturing the moments of WICC 2013 Joburg.

Please join the AfriWon - South Africa conference at Wits 29th Nov to 1st Dec 2013. They have a programme over three days to examine the big picture of Family Medicine in Africa, explore education-research and develop AfriWon as the organisation of young family doctors in Africa. Have a look at their invitational [video](#) and the details of the conference [here](#).

Check out really useful clinical stuff for PHC at [www.WONCAAfrica.org](http://www.WONCAAfrica.org). See a few posts below.

· [WHO Consultation on Primary Care Providers' Experiences with Health Services](#)

- [New eLearning course - mHealth Basics: Introduction to Mobile Technology for Health](#)
- [East Africa Family Medicine Initiative](#)
- [AfriWon on WONCA front page](#)
- [Tanzania's First National HRH Conference](#)
- [Universal health Coverage: why insurance schemes are leaving the poor behind](#). New Oxfam report out

Diarise these dates

- SA Academy of Family Physician Conference (including AfriWon-SA PreConference): 2-4 May 2014, Pretoria, SA
  - WONCA Africa Regional Conference (Including AfriWon Pre-Conference & Primafamed Conference); 15-20 February 2015, Accra, Ghana
- Keep tabs on WONCA Africa: [WONCAAfrica.org](http://WONCAAfrica.org) (details), [Twitter](#) (quick stuff), [Facebook](#) (light stuff) and [LinkedIn](#) (serious stuff). Forward this to colleagues to [join this list here](#).

Shabir Moosa (find out more about Shabir [here](#)), WONCA Africa

## VdGM Junior Researcher Award 2014

The Junior Researcher Award has been launched following the movement's continuous effort to promote a new generation of Family Doctors that combine clinical work and research.

### What purpose?

- General practice (GP) and Family Medicine (FM) is known to be an emerging field for research activities all over the world
- It's comprehensive, population based scope implies special demands for multi-methodological research skills
- VdGM aims to promote a generation of junior GP/FM doctors who include research skills with patient care as a life time career
- VdGM therefore provides an annual junior researcher award
- This award honours outstanding research and researchers careers who are GP/FM trainees or junior GP/FM with up to five years working experience after graduation

### Who can apply?

- GP/FM trainees, junior GP/FMs (up to five years after graduation from vocational training)
- A proposed research project with an impact on the field of general practice
- One application per candidate is accepted
- Every VdGM national representative can propose one researcher for his/her country, using the selection grid as proposed by VdGM

### Members of jury

- Liaison person Research Theme group as representative of the VdGM EG
- Another member of the Research Theme group

- A member of EGPRN
- An external guest members as appointed by VdGM (senior researcher with experience)

### Practical considerations

Application only through VdGM national representatives (Europe council members)

Documents to be sent:

1. a copy of passport or identity card
2. a copy of student registration or document of graduation
3. a short letter of presentation from the candidate (max. 500 words)
4. the national grid as filled out by the national representative or person responsible for national selection
5. a copy of the project proposal as submitted by the candidate
  - Deadline for application to the national representatives is 15th January 2014, deadline for the proposal of the national candidate is 10th February 2014 prior to the WONCA Europe conference.
  - Jury will define 3 final candidates before March 1st 2014
  - Three final candidates will be invited to present their project proposal during a VdGM workshop in the main conference (junior champions in GP-research)
  - Entrance fees for the final candidates will be paid by VdGM
  - The final winner will receive 1000 euro to perform the research proposal
  - The final winner will be pronounced during the closing ceremony.

The winner will allow VdGM to publish CV, portrait photography and research abstract on the VdGM website as examples of Champions of Research as general practice clinicians. For further information please [download the document on the WONCA website](#)



## Vasco da Gama Movement Forum 2014

The first Pan-European meeting for trainees and junior family doctors is being held in 2014.

**Venue:** Barcelona, Spain

**Date:** February 7-8, 2014.

**Theme:** One strong voice for the family doctors of the 21st century

### The Vasco da Gama Movement invites you the first PanEuropean meeting for Trainees and Junior Family Doctors !

We are delighted to welcome you to the first Pan European meeting for trainees and junior Family Doctors, the Vasco da Gama Movement Forum, which will be held in the city of Barcelona on 7-8 February 2014. After organising eight successful European Preconferences and co-organising two fantastic World Preconferences ahead of the WONCA Conferences between 2005-2013, and alongside preparations for the 2014 VdGM Preconference in Lisbon in July, the Vasco da Gama Movement is ready to take the next step !

We are organizing the VdGM Forum, a scientific conference rich in contents, under the title "One Strong Voice for the Family Doctors of the 21st Century". The programme will be focused on the topics of the Future of Family Medicine, Emergency Medicine and Out-of-Hours Services, Career Development, Research Skills and Emerging Technologies.

Prior to the VdGM Forum, a vocational exchange will be organized for selected participants, who will have the opportunity to observe GP/FM practices (offices) in Barcelona and learn more about the national organisation of primary care.

We strongly believe that the progress of our movement depends on our colleagues, on whether they share our cause, and on the continuity of our platform; a platform in which members meet regularly and they have the chance to establish and develop good professional relationships, which are essential for launching exciting and aspirational new projects. Alongside trainees and

newly qualified (5 years) General Practitioners / Family Doctors, we also welcome senior GP/FD, other specialties but also patients and undergraduate medical students.

For this very reason we are working with great enthusiasm so that you can enjoy a unique scientific and cultural programme.

We warmly invite you all to join us for an amazing conference; we are looking forward to meeting you in Barcelona!

*The Host Organising Committee of the First VdGM Forum*

### Information

#### Place and Time

The Forum venue is the Col·legi Oficial de Metges de Barcelona ([www.comb.cat](http://www.comb.cat)). The Forum will take place on 7th and 8th February 2014.

#### Registration

Fill in the registration form and pay the registration fee. [Click here](#) for all the details.

#### Hotels

We can offer some rooms at special discounted prices. [Click here](#) to get them !

#### Exchange Programme

Want to know how a General Practitioner / Family Doctor works in Barcelona? Apply for the 4-day exchange programme, 3-6 February! Details to come soon!

#### Abstracts

Want to submit a poster or presentation? [Click here to submit your work!](#)

#### Facebook

Join the Facebook Event to be up to date on news: <https://www.facebook.com/events/119640248206586>

#### Twitter

Join the conversation! We will be tweeting with the **#vdgmForum** hashtag:

<http://www.symplur.com/healthcare-hashtags/vdgmforum/>

#### Newsletter

And read previous newsletters on the dedicated page!

<http://www.vdgm.eu/forum/newsletter>



## FEATURED DOCTORS

### Dr Sofia CUBA - Family doctor: Perú



*Dr María Sofía Cuba Fuentes is president of the Scientific Society of Family and Community Medicine in Peru (SOPEMFYC) and a member of WONCA's Organizational*

*Equity committee.*

#### **Current Professional activities**

I am the medical chief of staff of a clinic (Policlinico JJRL at Essalud Chorrillos ), located in Lima, Peru. I work with 50 other Physicians, over half of them are responsible for primary care. Per annum, we attend to approximately 140,000 patients.

In 2007, we implemented a residency program for family medicine, at Essalud Clinic. This was the first residency program, in a primary health care system, which was developed within the Peruvian health care system. Prior to our program, family medicine residencies were only found in hospitals where there was no supervision by family medicine practitioners.

As well as coordinating the Residency Program, I am also the coordinator of the Masters Program in Family Medicine at the Peruvian University Cayetano Heredia. The Masters Program was started in 2009, with the idea to develop competency in doctors working in primary health care centres – doctors who were not previously trained in Family Medicine. We are also training specialists in Family Medicine who are then able to pursue opportunities within Peru.

#### **Education and Training**

I studied medicine at the Catholic university of Santa Maria, in my hometown Arequipa, I did my residency in Family Medicine at the Peruvian University Cayetano Heredia in Lima, and after that I studied a Masters in Social Management at the Pontifical Catholic University of Peru. I also made the Faculty Development Program at Baylor School of Medicine in Houston Texas on 2010, and currently I am in the second year of Masters of Clinical Science of the Department of Family

Medicine, at the University of Western Ontario in Canada.

#### **What are your interests at work?**

Since I finished my residency, I have been dedicated to teaching Family Medicine. The Peruvian Health Care System needs serious changes and family physicians must help design those changes.

At present, there is a desperate need for family physicians within Lima as well as the rest of the provinces. These physicians must be advocates to liberate Family Medicine from the political grasp and thus make it a more respected discipline, with a solid academic reputation. I believe that good training programs can make this happen.

#### **What is it like to be a Family Doctor in Peru?**

In 2011, a group of family physicians started to re-organize the family and community scientific society with the hope to solve problems within the Peruvian health care system.

Although Family Medicine, in Peru, has a history of more than 20 years, a solid health care system based on a primary care is still something which needs to be implemented. Medical students are not introduced to the discipline of Family Medicine in any of the seven years of medical school. For this reason, they are not aware that Family Medicine is for them to learn about comprehensive and continuous patient care/management through a individualized treatment plan. In Peru, students are not obligated to choose Family Medicine as one of their options of specialization.

On the other hand, there is a lack of family doctors as mentors for the students. Peruvian students as such have no model to follow in primary health care. Our goal is to make changes in the way medical schools offer specialization in Family Medicine - moving student residency from hospitals to primary health care centres.

The number of vacancies offered for residency in Family Medicine has increased in the last 10 years. We moved from two vacancies in all

of the country in 2003, to 160 vacancies in 2013. However, despite of this fact, the number of qualified primary care physicians is still insufficient.

When we talk about the attributes of primary health care we think about the first patient contact, the length of the treatment plan, the comprehensiveness to understand the problem and the coordination of resources; however none of these are truly developed in the Peruvian medical schools.

From this point of view, we have a very fragmented health care system, but what we

hope to accomplish is to create an awareness amongst family physicians, and with this new understanding and awareness we are hopeful that things within the Peruvian health care system are going to change within the next few years.

Working in the Peruvian health system, as a family physician, is challenging even at the best of times; however we need to focus on how we can improve the life of our patients.

To make contact with Sofia email: [maria.cuba@upch.pe](mailto:maria.cuba@upch.pe)

## Dr Shabir MOOSA - WONCA Africa secretary (South Africa)

*Dr Shabir Moosa, a family physician in Johannesburg, South Africa and the newly-elected Secretary of WONCA Africa, has become familiar to many in WONCA in a short time with his avid communications. However there are many things that people DON'T know about him.*



### His background and work history?

Born in Durban, South Africa, he studied at the University of Natal Medical School. This medical school

was a hotbed of anti-apartheid activism and Shabir spent a bit time in the 1980s as a student in jail. He started practicing in 1990 as a general practitioner (GP) in Kokstad, a small rural town near poverty-stricken Transkei, and rose rapidly through the ranks of the African National Congress (ANC). He turned down a seat in the first post-apartheid parliament in South Africa in 1994 and continued as a GP in Kokstad. He was later involved in the development of district health services in the area and served as councillor in Kokstad and chair of the local independent practitioners association. He started his postgraduate studies in family medicine in 1998, from his practice and based on the distance-teaching module operative at the time

*Photo: Seen at WONCA Prague world conference 2013 - Shabir Moosa (left) with Ilkka Kunnamo, chair of the WONCA Working Party on Informatics*



Dr Moosa moved to Johannesburg in 2004 to take up a post at the Department of Family Medicine, University of Witwatersrand (Wits). Prof Bruce Sparks, former President of WONCA was head of the department at the time. Dr Moosa's task was to develop full-time postgraduate training at Wits – a difficult one considering the poor relationship the Gauteng Department of Health had with Wits Family Medicine and that there were no formal positions for family physicians in the public health service. A plan was in place by end-2005 with the Gauteng Department of Health to formally establish family physicians as clinical heads of doctors in the district health services.

There was rapid expansion of the Wits-Gauteng Department of Family Medicine from 3 people in 2005 to over 50 currently across four of the five districts in Gauteng. The populations of Gauteng, the province, and Johannesburg, a district were 11m and 4m, respectively in 2011. Dr Moosa worked as coordinator in Gauteng and Johannesburg from 2004 to 2011. Dr Moosa also managed to complete an MBA during that period.

#### **Other professional activities**

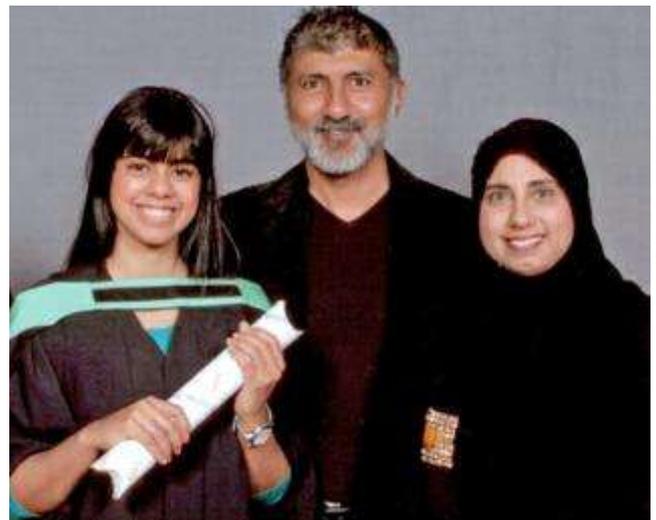
He has been Wits lead researcher in the HURAPRIM research (an EU-FP7-funded collaboration on Human Resources in Africa Primary Care led by Prof Jan de Maeseneer of Ghent University) since 2011 and deeply involved in development and research of community-oriented primary care (COPC) efforts in Johannesburg. He is a member of WONCA International Classification Committee (WICC) and on the Nominations Committee of WICC. He is on the editorial boards of British Journal of General Practice and African Journal of Primary Health Care and Family Medicine. He has been involved in key family medicine development and education efforts in South Africa and Africa since 2005. Dr Moosa was also involved in the ministerial task team setting up the clinical associate (or physician assistant) programme in South Africa.

He is a senior clinical lecturer and member of the academic department in Wits. He is involved in undergraduate and postgraduate training (especially on health service management). He has also been involved in developing undergraduate primary care rotations and general community education at Wits. He has had several publications, even starting as a postgraduate student. His bent has been to health system issues: especially the definition of family medicine in Africa, universal coverage and human resource. He has presented at WONCA World Conferences in 2004 and 2013. All his publications are available at his website [www.drmoosa.co.za](http://www.drmoosa.co.za). He is actively practicing as a family physician in Johannesburg in Soweto and developing a community practice in the community of Chiawelo as a model for the national health

insurance emerging in South Africa. It's easy to follow what he is doing.

#### **Social media enthusiast**

Dr Moosa is skilled at working with social media and technology and has set up a WONCA Africa website [www.WONCAAfrica.org](http://www.WONCAAfrica.org) which is regularly updated with useful information. He also provides a monthly WONCA Communication by email with useful insights and links to more. He is active on social media for his own website updates but has also set up and has WONCA Africa active in a Twitter feed (for quick stuff), a Linked-in Group (for serious stuff) and a Facebook page (for light stuff). Have a look at these and join in the great stuff happening in Africa. He has also set up a streaming broadcast of the weekly continuing professional development from Chris Hani Baragwanath Hospital in Soweto, Johannesburg, which you can view via the link 'WONCA Africa TV' at the website.



#### **On a more personal note**

Shabir has been married to Ayesha since 1987 and they have a 23-year-old daughter, Zah'ra who is working as a trainee chartered accountant. Contact Shabir in Johannesburg, South Africa at [shabir@drmoosa.co.za](mailto:shabir@drmoosa.co.za) or +27824466825

*photo: Zah'ra at her graduation with Shabir and Ayesha*

## MEMBER ORGANIZATION NEWS

### India national consultation on Family Medicine report

Please find the report and recommendations of National Consultation on Family Medicine convened by NHSRC NRHM Government of India convened during FMPC 2013. This is one of the major achievements of our conference in Delhi. There have been running references about family medicine in various policy documents. This report is the first document of government of India which comprehensively covers the concept of FM and contains some strong recommendations for regulators and government bodies.

The report was released in Srinagar by government of India during National Summit on Health Care Innovations some time back. This document opens a long term window for us to work with government for implementation of the recommendations.

Dr Raman Kumar

[view full report here](#)

### Congreso Peruano de Medicina Familiar

**V CONGRESO PERUANO de MEDICINA FAMILIAR Y COMUNITARIA**

**II CONGRESO NACIONAL DE ATENCIÓN PRIMARIA Hatun Rijch'ariy**

**CUSCO 5, 6 Y 7 DE DICIEMBRE DE 2013**

**INVERSIÓN:**

Hasta el 13-11-13	Desde el 14-11-13
Máximo: 200	Máximo: 200
Asistencia: 150	Asistencia: 200
Otros profesionales de la salud y alumnos: 120*	Otros profesionales de la salud y alumnos: 140*

**SIMPOSIUMS: AVANCES EN EL MANEJO AMBULATORIO DE PATOLOGÍAS FRECUENTES. I JORNADA DE SALUD FAMILIAR Y COMUNITARIA PARA EQUIPOS BÁSICOS DE SALUD. MEDICINA ORIENTADA AL PACIENTE. JORNADA DE DOCENTES Y TUTORES EN SALUD FAMILIAR MEDICINA E INTERCULTURALIDAD. MESAS REDONDAS. TRABAJOS DE INVESTIGACIÓN. PRESENTACIÓN DE EXPERIENCIAS EN ATENCIÓN PRIMARIA.**

**Informes e inscripciones:** Cusco: Colegio Médico del Perú CR VI. Teléfono: 984555531 – [vmnshegga@gmail.com](mailto:vmnshegga@gmail.com), [sopemfyc@gmail.com](mailto:sopemfyc@gmail.com)  
Lima: SOPEMFYC – 981604088 -995252526 – web: [www.sopemfyc.org](http://www.sopemfyc.org)  
Cuenta de ahorro: 0011-0113-02-00305773 Banco Continental.

**RECEPCIÓN DE TRABAJOS DE INVESTIGACIÓN Y EXPERIENCIAS EN APS: HASTA EL 15 DE NOVIEMBRE DE 2013.**

### News from the Bangladesh Academy

See following two pages



# Academy News

The Bangladesh Academy of Family Physicians

## September 2013

### 18 NATIONAL CONFERENCE



The Eighteenth National Conference of the Bangladesh Academy of Family Physicians will be held on 7 & 8 February 2014, Friday & Saturday at the City of Dhaka and at the outer skirt of the city. The programme is chalked out as below:

Date: 7 & 8 February 2014  
Days: Friday & Saturday  
Venue: BRAC Centre Inn, Mohakhali, Dhaka  
Annual Picnic: Outer Skirt of the Dhaka City

Block these days in advance so that you can join this gala events with your family. Also participate in free paper session and submit articles for publishing in BJFP.

#### 1<sup>st</sup> DAY: 7 FEBRUARY 2014: FRIDAY



*National Prof. N. Islam at 18 National Conference of the Academy*

Inauguration of the Conference will be held on 7 February 2014, Friday morning at the BRAC Centre Inn Auditorium, Mohakhali, Dhaka. **National Prof. N. Islam** is no more with us. So, one of the leaders of the

Edited and Published by: Dr. Md. Nurul Islam Bhuiyan, Secretary General of the Bangladesh Academy of Family Physicians, 7/8A Eastern Plaza, 6<sup>th</sup> Floor, Hatirpool, Dhaka 1205 Tel: 9668739, 01720699755

profession will be invited as Chief Guest at the Inauguration. **Dr. Md. Innamin**, Senior Family Physician of Narsingdi is nominated for the awardee of the 'Family Physician Award 2014'. From this year, the Academy is going to introduce "National Prof. N. Islam Memorial Lecture". Internationally renowned personnel of the medical profession will address on recent medical issues at the memorial lecture.



In the 2<sup>nd</sup> half of the day there will be Free Paper Session, AGM, Cultural Evening and Annual Dinner.

#### 2<sup>nd</sup> DAY: 8 FEBRUARY 2014: Saturday

A full day Picnic will be held at outer skirt of the Dhaka City. Members, students, participants, and their family members will be present at the enjoyable event.



Registration fee: 1,500.00 taka each  
Accompanying person: 1,000.00 taka each  
Submit your article for BJFM and participate in the free paper session.



# Academy News

The Bangladesh Academy of Family Physicians

## September 2013

### **FMD EXAMINATION**

The examinations of the 'Family Medicine Diploma' of June 2013 were held in June 2013. Prof. Kanu Bala was the internal examiner, while Prof. Mirza Mazharul Islam was the External Examiners. Other examiners



were Prof. Almas Begum, Prof. Ainul Islam Choudhury, Prof. S. A. Mahmood, Prof. Hafizur Rahman, Prof. Firoz Ahmed, Prof. Neena Islam, Dr. R. K. Mallik, Dr. Md. Nurul Islam Bhuiyan, Dr. Md. A. Quayum, Dr. Md. Innamin,



Dr. Shamsuddin Ahmed, Dr. A. S. M. Abdus Salim, Dr. C. C. Dhar, and Dr. Siraji Munira Choudhury.

### **RESULT OF FMD EXAMINATION**

M. H. Mohsin, CEO of the BIFMR tabulated the results and Prof. Md. Arifuzzaman, Deputy Controller of Examinations of the USTC received the result for publishing.

Edited and Published by: Dr. Md. Nurul Islam Bhuiyan, Secretary General of the Bangladesh Academy of Family Physicians, 7/8A Eastern Plaza, 6<sup>th</sup> Floor, Hatirpool, Dhaka 1205 Tel: 9668739, 01720699755

### **FMD CONCLUDING CEREMONY**

Concluding Ceremony and Post-Examination Dinner were held at Hotel Sundarban, Dhaka.



Prof. Mirza Mazharul Islam, Mr. A. I. Islam – Chairman of the "Board of Trustee of the USTC", and Prof. Md. Arifuzzaman were present at the occasion. Teachers and students of the Bangladesh Institute of Family Medicine & Research, Members of the Bangladesh Academy of Family Physicians and other guests were present.

### **OPENING OF FMD SESSION 2013-2014**

The FMD Course Session 2013-2014 of the Bangladesh Institute of Family Medicine & Research, the University of Science & Technology Chittagong was started on 1 July 2013 & will continue till 30 June 2014



Course Classes Inauguration was held on 26 July 2013, Last Friday of the month of July at the BSU Auditorium, Eastern Plaza.

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## WONCA CONFERENCES 2014

May 21 – 24, 2014	WONCA Asia Pacific Regional Conference	Sarawak MALAYSIA	Nurturing Tomorrow's Family Doctor <a href="http://www.WONCA2014kuching.com.my">www.WONCA2014kuching.com.my</a>
April 2-6, 2014	WONCA World Rural Health Conference	Gramado BRAZIL	Rural health, an emerging need <a href="http://www.sbmfc.org.br/WONCArural/">http://www.sbmfc.org.br/WONCArural/</a>
July 2 – 5, 2014	WONCA Europe Regional Conference	Lisbon PORTUGAL	New Routes for General Practice and Family Medicine <a href="http://www.WONCAeurope2014.org/">http://www.WONCAeurope2014.org/</a>

WONCA Direct Members enjoy *lower* conference registration fees. See WONCA Website [www.globalfamilydoctor.com](http://www.globalfamilydoctor.com) for updates & membership information

## MEMBER ORGANIZATION MEETINGS

### Family Medicine Forum 2013

Host: The College of Family Physicians of Canada.

Date: November 7-9, 2013

Venue: Vancouver, Canada

Web: <http://fmf.cfpc.ca>

### The Network: Towards Unity for Health annual conference

Host: TUFH

Theme: Rural and Community Based Health Care

Date: November 16-20, 2013

Venue: Ayutthaya, Thailand

Web: <http://www.the-networktufh.org/conferences/upcoming>

### Vasco da Gama movement forum

**Theme:** One strong voice for the family doctors of the 21st century

**Venue:** Barcelona, Spain

**Date:** February 7-8, 2014.

Web:

<http://vdgm.woncaeurope.org/forum/register>

### EGPRN Spring meeting

Theme: Preventive Activities in Primary Care; an approach from clinical and health services research

Date: May 8-11, 2014

Venue: Barcelona, Spain

Web: [www.egprn.org](http://www.egprn.org)

### XXXIV Congreso de la semFYC

Host: SemFYC

Theme: Dejando huella

Date: June 12-14 2014

Gran Canaria, Spain

Date: Junio 12-14, 2014

Note: this conference is in Spanish.

Web: <http://www.semfy2014.com>

### EFPC 2014 Bi-annual conference

Theme: The Future of Primary Health Care in Europe V

Venue: Barcelona, Spain

Date: September 1-2, 2014

Host: European Forum for Primary Care and CASAP (Spain)

Website: <http://www.euprimarycare.org/>

Email: [info@euprimarycare.org](mailto:info@euprimarycare.org)

21 - 24 May 2014

Borneo Convention Centre Kuching  
Sarawak, Malaysia

