

# WONCA News

An International Forum for Family Doctors



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## From the President: Family Medicine in Africa

Akwaaba! (Welcome in the Akan language of Ghana).

Dr David Nortey is a family doctor based in Accra, the capital city of Ghana in West Africa. David heads the Primary Health Care Clinic at the Korle Bu Teaching Hospital. David's clinic provides first contact care to people from across the country, and serves as the entry point to specialist services in main teaching hospital. The clinic is also a major training centre for medical students of The University of Ghana and family medicine residents. The clinic provides comprehensive care, including antenatal services, childhood immunization programs, chronic

disease prevention and management, and short-term hospitalization. It has a cholera isolation ward, a sickle cell treatment centre, and is based next door to the city's major HIV testing and treatment facility. It is also well prepared should Ebola ever reach Ghana.

*Photo: Dr David Nortey consults in his clinic at the Primary Health Care Clinic at the Korle Bu Teaching Hospital in Accra*



Ghana has a population of approximately 25 million. The country has a universal health care system, called the National Health Insurance Scheme, with all Ghanaian citizens having a right to access to primary health care.

I was in Ghana attending WONCA's 4th Africa Regional Conference. The conference was chaired by Dr Henry Lawson from Ghana, president-elect of our WONCA Africa Region.

Originally the conference had been postponed because of the Ebola crisis. Despite the shadow of Ebola still hanging over West Africa, and the challenges of travel restrictions, over 200 delegates from nearly 30 countries from across Africa and around the world attended. The program included preconference

meetings of the amazing Primafamed Network, and our WONCA Africa Women in Family Medicine Working Party, led by Dr Kate Anteyi from Nigeria.

We also had the historic first preconference of our WONCA Africa Young Doctor Movement, called Afriwon, established by young doctors of Africa in 2013. Afriwon is an incredibly energetic movement, using social media to make connections across national borders, and supported by great family doctor mentors in East, West and Southern Africa. Financial support provided through the Montegut Scholarship program of the American Board of Family Medicine assisted a number of our young family doctors from across Africa to attend this meeting.

I am not an expert on family medicine in Africa, but I did work for a short time in Africa as a family doctor, back in 2008, assisting in the establishment of new HIV testing and treatment facilities in rural villages in the Limpopo Region of South Africa. I valued my exposure back then to the challenges of delivering health care to the people of Africa and I was keen to learn more at our regional conference.

In countries all around the world, the message is getting through about the importance of primary care and family medicine in ensuring universal access to health care and equitable health outcomes. Nowhere is this as important as in Africa. Compared to the rest of the world, health care in Africa is characterized by a huge discrepancy between the high burden of disease and the scarcity of health care workers, particularly doctors. Low-income countries in Sub-Saharan Africa face enormous challenges including high rates of infant and maternal mortality, HIV/AIDS, TB-infection, endemic malaria, non-communicable diseases, violence, trauma and pervasive poverty.



*Photo: Delegates from Sudan, South Africa, Botswana, Uganda and Mali describing facilitators*

*and barriers to effective primary care in countries in Africa*

The conference heard about the extraordinary work of the Primafamed Network, the "Primary care/family medicine education network", which, over the past 20 years, has established an institutional network between both emerging and established departments and units of family medicine in universities across Sub-Saharan Africa. Building on existing strengths across Africa, the network originally linked up the 8 academic departments at universities in South Africa, with departments of family medicine in Tanzania, Kenya, Uganda, Democratic Republic of Congo, Rwanda, Sudan, Nigeria and Ghana. Since that time linkages have also been made with family medicine in other countries including Swaziland, Malawi, Lesotho, Mozambique, Gambia, Zimbabwe, Togo, Namibia, Botswana, and more. While this has been the work of many, it has been conducted under the inspiring leadership of Professor Jan De Maeseneer from Ghent University in Belgium, and African family medicine owes a huge amount to Jan for his foresight and infectious enthusiasm.

The Besroul Global Family Medicine initiative of the College of Family Physicians of Canada, led by Dr Katherine Rouleau, has also been linking up family medicine academics from Canada with colleagues in French-speaking nations of Africa, including Mali and Tunisia, but also Ethiopia and Tanzania. The Besroul Initiative has been funded by a Canadian family doctor, originally from Africa, from Tunisia, Dr Sadok Besroul, one of the major philanthropists in global primary health care.

The conference heard about the establishment of the first family medicine training program at Addis Ababa University in Ethiopia in 2013. This program has been developed with support from family medicine educators from the University of Toronto in Canada and the University of Wisconsin in the United States of America. The potential contribution of family medicine to the Ethiopian health care system is immense. The country is growing at a rapid rate and its population is approaching 90,000,000. Many people still have difficulty accessing anything more than basic care provided by health extension workers with one year of training. In recent years Ethiopia has opened thirteen new medical schools using an innovative community-based curriculum, and will soon be graduating 3000 new doctors each year. The community-based curriculum should be an ideal foundation for attracting new graduates to family medicine. Family medicine

development in Ethiopia is providing a wonderful example of how much we can achieve by working together.

West Africa has faced huge challenges over the past year, especially from the impact of the Ebola crisis, and the conference tackled how we can work together to support rebuilding the health care services in the countries of this region that have been affected by the Ebola crisis, especially Liberia, Sierra Leone and Guinea, and reinforce the focus on strengthening community based health care services in all nations in Africa.

On behalf of WONCA I offered our condolences to those families that have lost loved ones to the Ebola outbreak, including the families of the brave doctors, nurses and other health workers who were infected while providing treatment, care and support to their patients.

Many front line doctors and nurses were among the victims of Ebola and this has left the health services in affected countries vulnerable and unable to cope with meeting the continuing health care needs of their communities. In August last year the WHO reported that the Ebola outbreak in West Africa had taken an unprecedented toll on health care workers, infecting more than 240 and killing more than 120. Sadly, even more of our colleagues have died since that report, with recent figures reporting 820 health care workers infected and 490 deaths.

Many of our family medicine colleagues from across Africa and across the world have been involved in the response, through global organisations like the WHO, Médecins Sans Frontières (Doctors Without Borders) and the International Red Cross/Red Crescent, and through international response teams from nations like Cuba and China. Community education has been essential, as has been the training and support of front line health workers. The challenges witnessed in the initial response to the outbreak reinforced the essential need for strong primary

care systems in every nation with well trained and suitably equipped primary care teams, and the ongoing need for strong and coordinated national and international support. The conference heard from one of our young family medicine colleagues from Ghana, Dr Gerald Kwadwo Osei-Poku, who led a medical team to Liberia to provide care to people affected by the Ebola outbreak.

I was also able to share the story of another remarkable family doctor involved in tackling the Ebola crisis: Dr Atai Omoruto from Uganda.

*Photo: Remarkable young family doctor, Dr Gerard from Ghana, describing his experiences as the leader of a medical response team that travelled to Liberia to tackle the Ebola crisis*



In July last year, Atai travelled to Liberia as the head of a medical unit of 12 health workers brought from Uganda by the World Health Organisation to fight the Ebola outbreak. Uganda has experienced a number of outbreaks of Ebola in the past and, through her experience in her own country, Atai has become one of the world's most experienced doctors in managing cases of Ebola. In an interview with Liberia's Daily Observer newspaper, Atai said that on arrival in Liberia, *"what I saw was dead bodies everywhere; there were more dead bodies than patients, and nobody seemed to know what to do."* Atai and her team got to work, setting up systems to treat those affected by Ebola and supporting the training of local health care workers. The WHO had reported that in many cases, *"medical staff had been at risk because no protective equipment was available – not even gloves and face masks, and that the compassionate instincts of those who sometimes rush to aid "visibly ill" people without pausing to protect themselves also put health workers at increased risk. Health care workers were overworked, stretched thin and exhausted"*, which risked mistakes happening in infection control. And doctors reported that working in protective suits was very challenging in the heat, especially in the absence of air conditioning. Indeed many facilities had no power or lighting at all.

Through their work, Atai and her team made a major contribution towards changing the course of this terrible epidemic. And it was not without its toll. At least two Ugandans died while assisting the people of Liberia. Atai stayed in Liberia for six months, working under very arduous conditions, and not returning home to her family in Kampala until December. Atai has since been named as one of the 11 most important contributors to tackling the Ebola crisis in Liberia.

Part of the tragedy of Ebola has been that health services were paralysed and unable to provide care for the other health care needs of the affected communities. We will probably never be able to quantify the preventable deaths from other conditions that occurred as a result of the loss of health care services. How many children died of malaria and pneumonia and gastroenteritis in countries where the health care systems had collapsed? How many women died as a result of loss of maternal health services? How many children will die in the future from preventable diseases due to the collapse of immunization programs?

On the last day of the conference, May 9, Liberia was declared Ebola-free by the World Health Organization, which was a cause for celebration across West Africa. Liberia and the world owe a huge debt of gratitude to Atai and Gerard and the many other family doctors and other health workers from across Africa and around the world who came to West Africa to provide support during this dark hour. We now need to advance our work to support our colleagues in Sierra Leone, Liberia and Guinea where the health care systems have been so devastated during the Ebola crisis.

Archbishop Emeritus Desmond Tutu wrote a message of hope in his preface to Hugo and Allen's book, *"Doctors for tomorrow: Family medicine in South Africa"*. He wrote, *"Doctors in family medicine are aware of the challenges, attempt to understand them better and work to address them... The issues of principles and values, relationships and meaning are not left to chance, but become an important element of service, systems, training and research. This gives me hope of a transformation in the health service that can take care of our people, which can guide us through this difficult time. This hope is not only for South Africa, but also for our brothers and sisters in the rest of the continent and the rest of the world. If the family medicine movement can play that role, let us join hands and realise that dream"*

After witnessing the work of our colleagues in Africa, I share Desmond Tutu's hope for the future.

Michael Kidd,  
President, World Organization of Family Doctors  
(WONCA)

*Photo: Participants at the historic first Afriwon preconference, held in Accra in Ghana on May 6, 2015*



*Foto: Los participantes en el histórico primer precongreso Afriwon, celebrado en Accra, en Ghana, el 6 de mayo de 2015.*

## Del presidente: Medicina de Familia en África

Akwaaba! (“Bienvenido/a”, en el idioma Akan de Ghana).

El Dr David Nortey es un médico de familia que vive en Accra, la capital de Ghana, en África occidental. David dirige la Clínica de Atención Primaria de Salud en el Hospital Docente Korle Bu. La clínica de David ofrece el primer contacto con gente en todo el país, y sirve como punto de entrada a los servicios especializados en el principal hospital docente. La clínica es también un importante centro de formación para los estudiantes de medicina de la Universidad de Ghana y los residentes de medicina de familia. La clínica ofrece atención integral,

incluidos los servicios de atención prenatal, programas de inmunización infantil, prevención y control de enfermedades crónicas, así como la hospitalización a corto plazo. Cuenta también con una sala de aislamiento del cólera, un centro de tratamiento de células falciformes, y además tiene su sede al lado de las principales instalaciones de pruebas y tratamiento de VIH de la ciudad. Así mismo, está bien preparado para que el Ébola jamás llegue a Ghana.

*Foto: El Dr David Nortey atiende en su consulta de la Clínica de Atención Primaria de Salud en el Hospital Docente de Korle Bu en Accra.*



Ghana tiene una población de aproximadamente 25 millones de habitantes. El país cuenta con un sistema de salud universal, llamado el Plan de Seguro de Salud Nacional, y todos los ciudadanos de Ghana tienen derecho a acceder a la atención primaria de salud.

Estuve en Ghana, asistiendo al Cuarto Congreso Regional de WONCA para África, presidido por el Dr Henry Lawson de Ghana, presidente electo de nuestra región WONCA de África.

Originalmente, el Congreso había sido pospuesto debido a la crisis del Ébola. A pesar de que la sombra del Ébola todavía se cierne sobre África Occidental, y de los desafíos de las restricciones del viaje, más de 200 delegados de cerca de 30 países en toda África y en todo el mundo asistieron. El programa incluyó reuniones Precongresuales de la increíble red Primafamed, y de nuestro grupo de trabajo de WONCA, Mujeres de África en Medicina de Familia, dirigido por la Dra. Kate Anteyi, de Nigeria.

También tuvimos un histórico primer congreso de nuestro Movimiento de Médicos Jóvenes de África de WONCA, llamado Afriwon, creado por los médicos jóvenes de África en 2013. Afriwon es un movimiento muy enérgico, que utiliza los medios

sociales para hacer conexiones a través de las fronteras nacionales y el apoyo de grandes mentores médicos de familia en el este, oeste y sur de África. El apoyo financiero proporcionado a través del programa de Becas Montegut de la Junta Americana de Medicina Familiar ayuda a varios de nuestros médicos de familia jóvenes de toda África a asistir a esta reunión.

Yo no soy un experto en medicina de familia en África, pero trabajé allí durante un corto periodo de tiempo como médico de familia, allá por 2008, colaborando en el establecimiento de nuevas instalaciones de pruebas y tratamiento del VIH en aldeas rurales de la Región Sur de Limpopo, África. Valoré mi exposición en ese entonces a los desafíos que afrontaba la prestación de atención de salud a los pueblos de África, así que tenía muchas ganas de aprender más en nuestro congreso regional.

En países de todo el mundo, el mensaje sobre la importancia de la atención primaria y la medicina de familia para garantizar el acceso universal a la atención de salud y resultados de salud equitativos está llegando. En ninguna parte esto es tan importante como en África. En comparación con el resto del mundo, la atención de salud en África se caracteriza por una enorme discrepancia entre la alta carga de enfermedad y la escasez de trabajadores/as de salud, especialmente de médicos/as. Los países de bajos ingresos en el África Subsahariana se enfrentan a enormes desafíos, incluyendo altas tasas de mortalidad infantil y materna, el VIH / SIDA, la infección por TBC, la malaria endémica, las enfermedades no transmisibles, la violencia, el trauma y la pobreza generalizada.



*Foto: Los delegados de Sudán, Sudáfrica, Botswana, Uganda y Mali, que describen las facilidades y barreras de una atención primaria eficaz en los países de África.*

El congreso supo de la extraordinaria labor de la Red Primafamed, la "red de educación en medicina de atención primaria / medicina de familia", que en los últimos 20 años ha establecido una red institucional entre los departamentos y unidades de medicina familiar establecidas o emergentes en las universidades, a lo largo de toda el África Subsahariana. Construida sobre las fortalezas existentes en toda África, la red originalmente estuvo vinculada a los 8

departamentos académicos en universidades de Sudáfrica, como los departamentos de medicina familiar de Tanzania, Kenia, Uganda, República Democrática del Congo, Ruanda, Sudán, Nigeria y Ghana. Hasta el momento, también se han establecido vínculos con la medicina familiar en otros países como Swazilandia, Malawi, Lesotho, Mozambique, Gambia, Zimbabwe, Togo, Namibia, Botswana, y más. Si bien esto ha sido el trabajo de muchos, se ha llevado a cabo bajo el liderazgo inspirador del profesor Jan De Maeseneer de la Universidad de Gante, en Bélgica. La medicina de familia africana le debe mucho a Jan por su previsión y su entusiasmo contagioso.

La iniciativa Besrou de Medicina Familiar Global del Colegio de Médicos de Familia de Canadá, dirigido por la Dra. Katherine Rouleau, también ha establecido vinculación entre los académicos de medicina familiar en Canadá y sus colegas en los países francófonos de África, entre ellos Malí y Túnez, pero también Etiopía y Tanzania. La Iniciativa Besrou ha sido financiada por un médico de familia canadiense, originario de África, de Túnez concretamente, el Dr Sadok Besrou, uno de los principales filántropos en la atención primaria de salud mundial.

El congreso pudo conocer el establecimiento del programa de formación de medicina familiar en la primera Universidad de Addis Abeba, en Etiopía, en 2013. Este programa ha sido desarrollado con el apoyo de los educadores de medicina familiar de la Universidad de Toronto, en Canadá y la Universidad de Wisconsin, en los Estados Unidos de América. La contribución potencial de la medicina de familia en el sistema de salud de Etiopía es inmensa. El país está creciendo a un ritmo rápido y su población se acerca a los 90 millones de personas. Muchas, todavía, tienen dificultades para acceder a algo más que a la atención básica proporcionada por los trabajadores de salud en prórroga de un año de formación. En los últimos años, Etiopía ha abierto trece nuevas escuelas de medicina utilizando un innovador plan de estudios situado en la comunidad, y pronto se graduarán 3.000 nuevos médicos cada año. El plan de estudios situado en la comunidad debe ser una base ideal para atraer a los nuevos graduados de medicina de familia. El desarrollo de la medicina familiar en Etiopía está proporcionando un maravilloso ejemplo de lo mucho que podemos lograr trabajando juntos.

África Occidental se ha enfrentado a enormes desafíos en el último año, sobre todo por el impacto de la crisis del Ébola, y el congreso abordó cómo podemos trabajar juntos para apoyar la reconstrucción de los servicios de atención de salud en los países de esta región

que han sido afectados por la crisis del Ébola, especialmente Liberia, Sierra Leona y Guinea, y reforzar el enfoque del fortalecimiento de los servicios de salud situados en la comunidad en todos los países de África.

En nombre de WONCA, ofrecí nuestras condolencias a las familias que han perdido a seres queridos en el brote de Ébola, incluyendo a las familias de los valientes médicos/as, enfermeras/os y otros trabajadores/as de la salud que se infectaron mientras proporcionaban tratamiento, atención y apoyo a sus pacientes. Muchos médicos/as de primera línea y enfermeras/os estaban entre las víctimas del ébola, lo que ha dejado a los servicios de salud de estos países afectados y vulnerables sin poder hacer frente a las continuas necesidades de salud de sus comunidades. En agosto del año pasado, la OMS informó que el brote de Ébola en África Occidental se había cobrado un peaje sin precedentes sobre los trabajadores/as de salud, infectando a más de 240 y matando a más de 120. Por desgracia, aún hay más colegas nuestros que han muerto desde ese informe: con las cifras recientes de nuevos informes, ha habido 820 trabajadores/as de salud infectados/as y 490 muertes.

*Foto: Un destacable joven médico de familia, el Dr Gerard, de Ghana, que describe sus experiencias como líder de un equipo de respuesta médica que viajó a Liberia para hacer frente a la crisis del Ébola.*



Muchos de nuestros colegas de medicina familiar de toda África y de todo el mundo han participado en la respuesta, a través de organizaciones internacionales como la OMS, Médecins Sans Frontières (Médicos sin Fronteras) y la Cruz Roja Internacional / Media Luna Roja, y a través de los equipos de respuesta internacionales de países como Cuba y China. La educación de la comunidad ha sido fundamental, como lo ha sido la formación y el apoyo de los trabajadores/as de salud de primera línea. Los desafíos presenciados en la respuesta inicial al brote reforzaron la necesidad esencial de fuertes sistemas de atención primaria en cada país, con equipos de atención primaria bien formados y preparados adecuadamente, y la necesidad actual de un apoyo fuerte y coordinado tanto nacional como

internacional. El congreso oyó a uno de nuestros jóvenes colegas de medicina familiar de Ghana, el Dr Gerald Kwadwo Osei-Poku, quien dirigió un equipo médico en Liberia para brindar atención a las personas afectadas por el brote de Ébola. También tuve la oportunidad de compartir la historia de otra médica de familia notablemente involucrada en la lucha contra la crisis del Ébola, la Dra. Atai Omoruto, de Uganda.

En julio del año pasado, Atai viajó a Liberia como jefa de una unidad médica formada por doce trabajadores/as de salud y traída desde Uganda por la Organización Mundial de la Salud para combatir el brote de Ébola. Uganda ha experimentado una serie de brotes de Ébola en el pasado y, a través de su experiencia en su propio país, Atai se ha convertido en una de las médicas más experimentadas del mundo en el manejo de casos de Ébola. En una entrevista con el periódico Daily Observer de Liberia, Atai dijo que a la llegada a Liberia, "lo que vi fue cadáveres por todas partes; había más muertos que pacientes, y nadie parecía saber qué hacer." Atai y su equipo se pusieron a trabajar en el establecimiento de sistemas para el tratamiento de los afectados por el Ébola y el apoyo a la formación de los trabajadores locales de salud. La OMS ha informado de que, en muchos casos, "el personal médico había estado en riesgo porque no había ningún equipo de protección disponible, ni siquiera los guantes y mascarillas, y que el instinto compasivo de los que a veces se apresuran a ayudar a las personas visiblemente enfermas, sin detenerse a protegerse también, puso a los trabajadores/as sanitarios/as en mayor riesgo. Los sanitarios/as tenían un exceso de trabajo, estaban presionados/as, delgados/as y agotados/as", con lo que corrían el riesgo de cometer los errores que suceden en el control de infecciones. Además, los médicos/as informaron de que el trabajo con los trajes de protección era muy difícil con el calor, especialmente en ausencia de aire acondicionado. De hecho, muchas instalaciones no tenían electricidad o iluminación en absoluto.

Con su trabajo, Atai y su equipo hicieron una importante contribución a cambiar el curso de esta terrible epidemia. Y no fue sin pagar peaje. Al menos dos ugandeses murieron, mientras que ayudaban al pueblo de Liberia. Atai permaneció en Liberia durante seis meses, trabajando en condiciones muy difíciles, y no volvió a casa con su familia en Kampala hasta diciembre. Atai ya ha sido reconocida como una de las once contribuyentes más importantes para hacer frente a la crisis del Ébola en Liberia.

Parte de la tragedia del Ébola ha sido que los servicios de salud estaban paralizados y eran incapaces de brindar atención a las otras necesidades de salud de las comunidades afectadas. Probablemente nunca seremos capaces de cuantificar las muertes prevenibles de otros problemas de salud que se produjeron como consecuencia de la pérdida de los servicios de salud. ¿Cuántos niños murieron de malaria, neumonía y gastroenteritis en los países donde los sistemas de salud se habían derrumbado? ¿Cuántas mujeres murieron como resultado de la pérdida de los servicios de salud materna? ¿Cuántos/as niños/as morirán en el futuro a causa de enfermedades prevenibles debido al colapso de los programas de inmunización?

En el último día de congreso, el 9 de mayo, Liberia fue declarada libre de Ébola por la Organización Mundial de la Salud, algo que fue motivo de celebración en toda África Occidental. Liberia y el mundo tienen una enorme deuda de gratitud con Atai, Gerard y muchos/as otros/as médicos/as de familia y trabajadores/as de la salud de toda África y en todo el mundo, que vinieron a África Occidental para brindar apoyo durante esa hora oscura. Ahora tenemos que avanzar en nuestro trabajo para apoyar a nuestros colegas en Sierra Leona, Liberia y Guinea, donde los sistemas de salud han quedado muy devastados durante la crisis del Ébola.

El arzobispo emérito Desmond Tutu escribió un mensaje de esperanza en su prefacio al libro de Hugo y de Allen, "Los médicos del futuro: La medicina de familia en Sudáfrica". Él escribió: "Los médicos de familia son conscientes de los retos, intentan comprenderlos mejor y trabajan para afrontarlos... Las cuestiones de principios y valores, relaciones y significado, no se dejan al azar, sino que se convierten en un elemento importante del servicio, de los sistemas, de la formación y de la investigación. Esto me da esperanza en una transformación en el servicio de salud que puede hacerse cargo de nuestro pueblo, algo que nos puede guiar a través de este difícil momento. Esta esperanza no es sólo para Sudáfrica, sino también para nuestros hermanos y hermanas del resto del continente y del resto del mundo. Si el movimiento de la medicina de familia puede desempeñar ese papel, unamos nuestras manos y hagamos realidad ese sueño".

Después de presenciar el trabajo de nuestros colegas en África, comparto la esperanza de Desmond Tutu para el futuro.

Michael Kidd,  
Presidente de la Organización Mundial de Médicos de Familia (WONCA)

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

## From the CEO's desk: Dubai, Ghana, the WHA, and vale.

Hello again

As predicted, May 2015 was an incredibly busy month for WONCA, and for the President and me. Regional conferences in Eastern Mediterranean and Africa Regions, together with World Health Assembly in Geneva and World Family Doctor Day, combined to ensure the month passed in a blur!

### **WONCA East Mediterranean Region conference**

The WONCA EMR conference took place in Dubai from 30th April to 2nd May, and was attended by the President, Professor Michael Kidd, the President-elect, Professor Amanda Howe, and me, as well as the WONCA EMR team, led by Dr Mohammed Tarawneh. This was only the second regional conference in EMR and it was a very successful event, with some great presentations and sessions, and our congratulations go to the

entire Host Organizing Committee who did a wonderful job.

Whilst we were in Dubai, Michael, Amanda, Mohammed and I met with representatives from both Algeria and Morocco, who are keen to join the WONCA family, so we hope very much that they will submit their applications and that we can welcome them soon.

### **WONCA Africa Region conference**

Michael and I then flew on to Ghana, to take part in the PRIMAFAMED pre-conference, followed almost immediately by the WONCA Africa conference itself. The conference had had to be postponed from February, due to the Ebola crisis in West Africa. Ghana had not been affected in any way, but there were several travel restrictions in the region, which had prompted a postponement. There was some anxiety about attendance, but in the event over 250 very

enthusiastic participants came from most parts of Africa to enjoy a really excellent conference.

Warm congratulations to Dr Henry Lawson and the rest of the HOC for organising such a fantastic conference after so many challenges, and thanks also to Dr Matie Obazee and the rest of the WONCA Africa Executive who supported them in every way possible.

Whilst at the conference Michael Kidd and I met with 11 countries in Africa which are keen to join WONCA, and we hope very much that applications will start to arrive from some of them in the near future.

### World Health Assembly

Each year WONCA sends a delegation to the World Health Assembly in Geneva to make sure that WONCA – and the voice of family medicine generally – is heard loud and clear. This year the delegation consisted of our President (Professor Michael Kidd) our WONCA North America President (Professor Ruth Wilson), and me (pictured left). Professor Amanda Howe was on standby for the delivery of her first grandchild, and so was unable to attend, whilst Luisa Pettigrew, our WONCA WHO Liaison, was unable to travel as she is at an advanced stage of pregnancy, but she had still coordinated a busy programme of meetings with our key WHO counterparts, including Dr Hernan Montenegro.



Our Member Organizations constantly tell us that they regard our liaison with WHO as one of the most important roles of WONCA, and so we place great emphasis on our annual attendances at this meeting, which has over 3,000 delegates from all the member countries affiliated to WHO, as well as many organizations who, like ourselves, are in an official collaborative relationship with WHO. This year we had meetings with WHO personnel on topics as diverse as: mental health; ageing; development of IDC-11; global health workforce; NCDs; strengthening health systems; quality and safety; and Sustainable Development Goals (SDGs).

We also took part in a side event on SDGs, where the President posed a question to the illustrious panel: “While condition-specific health outcome indicators are important, we appear to be missing specific indicators on health system strengthening and especially the need to strengthen primary care in support of universal health coverage.

Surely we need clear and explicit indicators on straightening primary care to ensure integrated person-centred universal health coverage, rather than just promoting vertically-oriented approaches to health care?” Sadly no constructive answer was forthcoming!

Finally WONCA also co-sponsored a side event on paediatric imaging – “Imaging for saving kids – the inside story about patient safety in paediatric radiology”. Other sponsors included the Governments of Kenya, Malaysia, Spain and Uganda and organizations including the International Society of Radiology and the

International Organization for Medical Physics.

### World Family Doctor Day

And of course we also celebrated World Family Doctor Day (WFDD) on 19th May. This has become a day to highlight the role and contribution of family

doctors in health care systems around the world. The event has gained momentum globally each year and it is a wonderful opportunity to acknowledge the central role of our specialty in the delivery of personal, comprehensive and continuing health care for all of our patients. It’s also a chance to celebrate the progress being made in family medicine and the special contributions of family doctors all around the world.

As ever, you have been sending Karen Flegg details of the events you held to celebrate WFDD and over the coming weeks Karen will be featuring some of these both in WONCA News and on the website.

### Valete

Finally for this month, in May WONCA bade a very sad farewell to two of its stalwarts.

**Dr David Game** of Australia, who died at the age of 89, was WONCA’s first Hon Secretary/Treasurer from its formation in 1972, its Editor from 1972 to 2001 and its President from 1983-86.

**Professor Janko Kersnik** of Slovenia was only 55. He was Honorary Secretary of WONCA Europe and President of EURACT – The European Academy of Teachers – since 2010.

Professor Job Metsemakers, WONCA Europe President, paid a very moving tribute to Janko at his funeral.

You can read more of these two great family doctors [here](#).

We shall miss them both.

Dr Garth Manning  
CEO

## Policy bite: The role of family medicine in 'choosing wisely'.

*Prof Amanda Howe, President-elect, writes:*

There is a big conversation going on – about a group of concepts variously termed as 'overdiagnosis', 'overmedicalization', and 'quarternary prevention'.



WONCA already has members who are active in this debate – presentations at regional conferences have headlined this issue: the RCGP (my own member organization) set up a special interest group on this issue in 2014 and are taking this forward through local workshops and discussions groups ([see for example](#)). And the well-known surgeon Atul Gawande has recently entered the debate in the *New Yorker*. Much of the cost-effectiveness of family medicine in health systems relies on family doctors to manage the initial presentation of new symptoms without excessive tests, medications, or referrals. So this seems an important area for our members to be able to talk about in an evidence-based manner.

The words 'choosing wisely' are not only what we aim to do – they have been adopted by [initiatives](#) in the U.S.A and Canada, and are being used for a similar [campaign](#) in the U.K. To make the right choices in or after a consultation we need the following - sound knowledge, clinical skills, and judgement to get the differential diagnosis right. We need experience in the epidemiology of the setting for clinical practice, as the risks and likelihood of diagnoses are quite different in hospital from community, and indeed in different populations and countries. We also need firm evidence and guidelines that are relevant to our patients: too often guidelines are single – disease oriented, and may indicate treatments and tests that do not take into account the full picture of a family doctor's patients and their needs. Finally, the health system you work in can create demand that is not evidence based – for example, being paid to send patients to hospital will create more use of medications and referrals than are justified scientifically, and will 'mis-educate' patients into

believing they need more medical intervention than is good for their health or household expenditure.

In order to avoid over-diagnosis and over-medicalization, family doctors also need time: time to discuss their choices and the reasons for these with their patients, and to educate the community about how 'wait and watch' can be used to help with diagnosis. And we must have professional self-confidence and objective justification for our decisions and actions. There is an important role for professional organizations to be involved in leadership, guideline development, and political negotiation to ensure the big picture of patient need and resource allocation is taken into account; also to avoid bias from commercial lobby groups and sectoral financial interests. All WONCA member organizations and regions need to develop their thinking on these issues, to assist our members, and to bring the key findings from new research into our practice and education.

One of my favourite books when I was a medical student was Ivan Illich's '*Medical Nemesis*' ([see for example](#)) - as I grew older, I understood that my role as a family doctor was less culpable than he had made me fear, but I still retain the goal that the best outcome for our patients is to live as good a life as possible with the minimum input from health professionals and medical treatments; and to be as clear as possible when we have reasons not to intervene. I try in each consultation to answer the following questions in my mind as I take action – "Why I am doing this test / giving this drug / making this referral? How likely is it to add value to what the patient and I already know we need to do next? If my students or residents saw me do this, could I justify it in terms of modern knowledge? And can it be justified in terms of cost effectiveness?"

Hopefully this discussion will continue across WONCA.

Prof Amanda Howe, President-elect

## Fragmentos de política : El papel de la medicina familiar al “elegir sabiamente”

por Amanda Howe

Hay un gran debate sobre un grupo de conceptos denominados de forma diversa como sobrediagnóstico, sobremedicalización, y prevención cuaternaria. WONCA ya cuenta con miembros que están activos en este debate. Ha habido presentaciones en congresos regionales que han sido encabezadas con este tema: el Royal Collage of General Practitioners (mi propia organización miembro) ha creado un grupo de interés especial sobre esta cuestión en 2014 y están desarrollando el tema a través de talleres locales y grupos de discusión (véase por ejemplo ). Además, el conocido cirujano Atul Gawande ha entrado recientemente en el debate en el [New Yorker](#). Gran parte de la relación coste-efectividad de la medicina familiar en los sistemas de salud depende de que los médicos de familia gestionen la exploración inicial de nuevos síntomas sin pruebas, medicamentos o derivaciones excesivas. Así que esto parece un área importante para que nuestros miembros sean capaces de hablar basándose en la evidencia.

Las palabras “elegir sabiamente” no significan solo lo que nos proponemos hacer, pues ya han sido adoptadas por las iniciativas en los EE.UU. y [Canadá](#), y se utilizan para una campaña similar en [el Reino Unido](#). Para tomar las decisiones correctas durante o después de una consulta, necesitamos lo siguiente: sólidos conocimientos, habilidades clínicas y buen juicio para obtener el diagnóstico diferencial correcto. Tenemos experiencia en la epidemiología de la situación en la práctica clínica, ya que los riesgos y las probabilidades de diagnósticos son muy diferentes en el hospital que en la comunidad, y de hecho, en diferentes poblaciones y países. También necesitamos pruebas y evidencia firme, que son relevantes para nuestros pacientes: con demasiada frecuencia las directrices son únicas, orientadas a la enfermedad y pueden indicar tratamientos y pruebas que no tienen en cuenta el panorama completo de los pacientes de un médico/a de familia y sus necesidades. Por último, el sistema de salud en el que se trabaja puede crear una demanda que no está basada en la evidencia, por ejemplo, cobrar por enviar pacientes al hospital generará un mayor uso de medicamentos y derivaciones que las que están justificadas científicamente, y “mala educación” de los pacientes con la creencia de que necesitan

más intervención médica, que la que es óptima para su salud o para el gastos de sus hogares.

Con el fin de evitar el exceso de diagnóstico y la sobre-medicalización, los médicos de familia también necesitamos tiempo: tiempo para hablar de las opciones y de las razones para proponerlas a sus pacientes y para educar a la comunidad acerca de cómo 'esperar y observar' puede ser una ayuda en el diagnóstico. Y debemos tener confianza en nosotros/as mismos/as como profesionales y una justificación objetiva de nuestras decisiones y acciones. Hay un papel importante para las organizaciones profesionales participando en el liderazgo, el desarrollo de las guías y la negociación política para garantizar que el panorama general de las necesidades del paciente y la asignación de recursos deben tenerse en cuenta. También para evitar el sesgo de los grupos de presión comerciales y los intereses financieros sectoriales. Todas las organizaciones y regiones miembro de WONCA necesitan desarrollar sus ideas sobre estas cuestiones, para ayudar a nuestros miembros, y para aportar las principales conclusiones de la nueva investigación sobre nuestra práctica y la educación. Uno de mis libros favoritos cuando era estudiante de medicina fue uno de Ivan Illich, *Némesis médica* ([véase, por ejemplo](#)).

A medida que fui creciendo, entendí que mi papel como médico de la familia es menos “culpable” de lo que me había temido, pero aún conservo la meta de que el mejor resultado para nuestros pacientes sea vivir una vida tan buena como sea posible con la intervención mínima de los profesionales sanitarios y los tratamientos médicos; y para ser lo más clara posible, cuando tenemos razones para no intervenir. Intento en cada consulta responder a las siguientes preguntas mentalmente, mientras actúo: “¿Por qué estoy haciendo esta prueba / prescribiendo este medicamento / haciendo esta derivación? ¿Qué posibilidades hay de agregar valor a lo que el paciente y yo ya sabemos que tenemos que hacer ahora? Si mis estudiantes o residentes me vieran hacer esto, ¿podría justificarlo en términos de conocimiento actual? Y, ¿puede estar justificado en términos de coste-efectividad?”. Esperemos que este debate continúe a través de WONCA.

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

## WONCA grieves

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The WONCA family has been greatly saddened this weekend by the passing of two of its leaders, one from past times, and one present day leader.

### **Prof Janko Kersnik**

We are greatly saddened to hear of the passing of Prof Janko Kersnik, of Slovenia, Honorary Secretary of WONCA Europe and had been president of European Academy of Teachers in GP/FM (EURACT) since 2010. Janko succumbed two weeks after suffering a cardiac arrest. He was not only a great rural family physician, he was a great man, friend, and father. We have lost an important voice and leader.

From the WONCA Europe website:

*Prof Janko Kersnik, our WONCA Europe Honorary Secretary and beloved friend died at the age of 55. He was a true European hero. We mourn him and his family for this terrible loss. It was a privilege to have known him. We send his family our love. Please think of him.*

Condolence register for Janko Kersnik - go to <http://woncaeurope.org> and click on the banner to leave your message.

### **Dr David Game AO**

Dr David Game AO, of Australia, was president of WONCA from 1983-86 and the first secretary/ treasurer of WONCA when it was formed in 1972. He was also WONCA editor from the beginning of WONCA (1972) until 2001. He was 89 years old, still lived alone at home, and died working at his desk. David was a great source of support and trusted advice and anecdotes, a philanthropist, and a great advocate for family medicine.

Dr Game was interviewed by the current WONCA editor in 2012 – the interview can be found [here](#).

WONCA sends its deepest condolences to the families of both men on behalf of the worldwide WONCA family. We hope to publish more detailed tributes in the weeks to come.

*The WONCA Editor thanks those who penned some of the sentences above. They are not acknowledged in order to avoid the confusion of other names appearing next to the names of the deceased.*

*Obituaries elsewhere in this newsletter*

## WHO Director-General's speech at the Sixty-eighth World Health Assembly

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*The beginning of a speech delivered by Dr Margaret Chan, Director-General of the World Health Organization, 18 May 2015*

Mister President, Excellencies, honourable ministers, ambassadors, distinguished delegates, ladies and gentlemen,

This is a time of transitions and transformations.

WHO is currently responding to the devastating earthquakes in Nepal, where we are coordinating the work of more than 150 humanitarian organizations and 130 self-sufficient foreign medical teams.

But our biggest emergency response is concentrated in West Africa, where we currently have about 1,000 staff on the ground. In late 2013, the Ebola virus expanded its geographical range, utterly devastating the populations and economies of Guinea, Liberia, and Sierra Leone.

The world was ill-prepared to respond to an outbreak that was so widespread, so severe, so sustained, and so complex. WHO was overwhelmed, as were all other responders. The demands on WHO were more than ten times greater than ever experienced in the almost 70-year history of this Organization.

With support from many partners and numerous Member States, the three countries have made tremendous progress in recent months. On 9 May, WHO declared an end to the Ebola outbreak in Liberia. I want to commend President Ellen Johnson Sirleaf for her outstanding leadership throughout this crisis.

WHO staff will remain in the three countries until the job, including the recovery of essential health services, is done

The Ebola outbreak has pushed the process of WHO reform into high gear, giving top priority to changes in WHO emergency operations.

I have made some decisions. These decisions were guided by the resolution adopted by the January Special Session of the Executive Board on Ebola, and by the first report of the Ebola interim assessment panel.

I have heard what the world expects from WHO. I have heard calls for clear lines of command and control, for streamlined administrative procedures that support speedy action, for effective coordination with others, and for stronger community engagement and better communications.

Concerning command and control, I have an excellent cabinet in my six Regional Directors. They advise. I listen. I decide.

[Link to speech read on](#)

## What PHC can do regarding the health of workers - Alma Ata 1978 revisited



*WONCA News has begun a regular feature on the subject of Occupational Health including useful resources for clinical practice. Peter Buijs (right) & Frank van Dijk (left) are the*

*promoters and main authors, they are Dutch occupational physicians and former family doctors, and for many years active in ICOH. In this contribution, they deal with a review, commissioned by the WHO, and written by them on interventions in Primary Health Care regarding the health of workers. In the next edition (August), they will tell more about successful examples from different countries where PHC is paying more attention to work issues.*

Worldwide there are a tremendous amount of work-related health problems. As the tip of this iceberg, Takala (2014) estimates a work-related death toll of 2.3 million workers annually. In industrialized countries, non-communicable diseases are overwhelming examples of work-related diseases. The economic costs vary between 1.8 and 6.0% of the GDP in country estimates (average 4%). Involuntary early

retirement enhances those costs considerably (for example, in Finland: up to 15% of GDP). Work may cause or aggravate diseases, injuries or disorders: such as traffic injuries, mental disorders, musculoskeletal and respiratory diseases. On the other hand, having a job appears to be a crucial prerequisite not only for your income, but often also for your health and wellbeing (Waddell & Burton, 2006).

Why does this concern PHC professionals who are already very busy?

Only about 15% of the global workforce has access to Occupational Health Services. So for 85% of the global workforce, PHC is the first and often only medical care. Even when enough occupational physicians are available, like in the Netherlands, many work-related health problems present first in PHC, but are often not recognized by GPs, who are often not well trained to do so (Buijs, Gunneyon, van Weel, 2012)

However, in a recent review, commissioned by the WHO (Buijs, van Dijk, TNO\*, 2014), concerning what PHC does and can do regarding workers' health, we found quite a lot PHC work-related activities all over the globe: from small-scale initiatives improving daily practice to large-scale programs involving thousands of professionals and millions of workers (Thailand, China, UK).

These activities appear to cover three work-related interventions:

1. Emergency treatment and consultations of workers regarding their health and work ability. These are often related to chronic medical conditions, aiming at return to work under good conditions (tertiary prevention)
2. Health examinations for early detection of work-related and occupational diseases (secondary prevention)
3. Education and training in prevention and health promotion; workplace visits in communities where agriculture or a specific industry is dominant (primary prevention)

These activities are only feasible under specific conditions like adequate government support, organizations at district level able to offer help from occupational health experts, referral options to occupational health clinicians, a website and helpdesk.

Waiting for extensive programs is not needed: improvements on a smaller scale can also be important for daily practice, and well feasible. Examples are:

- questioning patients about working conditions
- taking a good occupational history
- providing PHC with appropriate tools for identification and control of occupational and work-related diseases, accidents and work disability
- encouraging collaboration between PHC and occupational health care when available

### Take home message

Our report shows, that work is very important for patients, as a possible cause for health problems, but certainly also as an important condition for your income, health and wellbeing. Many work-related complaints are presented at PHC level, and can be handled there, provided better education and support is organized. Last but not least we advocate developing and funding comprehensive research and

development programs in this quite unexplored territory, to support innovative practice, education and scientific evaluation.

Of course PHC cannot replace high quality multidisciplinary occupational health services operating parallel to and strengthening PHC.

Finally full coverage of the global workforce - the backbone of all economies - with professional support of workers' health is needed, especially for vulnerable workers in small enterprises, in agriculture and in the informal economy†, people with handicaps or chronic medical conditions. PHC can play a crucial role, especially for these groups of workers, being well-positioned to connect to them. This would mean a revival of the famous WHO 1978 Alma Ata Declaration: bringing PHC as close as possible to where people live *and work!*

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### Notes

\* Toegepast Natuurkundig Onderzoek

† The informal sector, informal economy, or grey economy is the part of an economy that is neither taxed, nor monitored by any form of government.

20<sup>th</sup>  
**Wonca** Europe  
Conference 2015  
*istanbul*

October 22-25, 2015

Halic Congress Center  
Istanbul / TURKEY



# WONCA Region news

## WONCA EMR conference photos and presentations



WONCA East Mediterranean region met in Dubai from 30 April to 2 May. The conference organisers now have a wonderful selection of photos online as well as presentations available.

The very poignant final recommendations of the congress were read at the closing ceremony by Prof Abdul Munem Al-Dabbagh, from Iraq. (Pictured right)

1. To consider Family Medicine specialty the best investment in any health system reform in EMR member states.
2. Endorsement of family medicine specialty in every undergraduate medical training program.
3. To encourage each Ministry of Health in the EMR member states to have at least a sector for family medicine within the primary healthcare directorate.

every Member state of EMR to have a professional member organization of family medicine, which should be involved in the training programs, educational activities in collaborations with Ministries of health and higher education.



5. Individual member organizations should help in strengthening Al Razi Movement of young Family Doctors of WONCA EMR by encouraging more young family doctors to join this movement

6. WONCA EMR is committed to continue active collaboration with the World Health Organization

[Access congress presentations](#)

[View congress photos](#)

4. We encourage





## EURACT Statement on Assessment in Specialty Training for Family

### Medicine

#### “Assessment for Learning”

The European Academy of Teachers in General Practice (EURACT) announces its Statement on Assessment in Specialty Training for Family Medicine - “Assessment for Learning”

This document proposes a comprehensive model for assessment in GP speciality training. Historically assessment has been rigidly defined as either summative or formative but this division has been discredited. It is now recognised that assessment needs to be embedded within training, be integral to the curriculum and be a driving force which encourages the development of the trainee. Assessment should be collaborative and facilitate a partnership approach between the Trainee and the Trainer. This statement outlines the basic principles and tools that can be used and can be adapted for local purposes.

[Download "Assessment for Learning"](#)

#### About EURACT

The European Academy of Teachers in General Practice (EURACT) was launched in March 1992. It was felt that support for teachers would best be provided by an organisation for individual membership, rather than an organisation of large national bodies or societies. The overall aim of the Academy is "to foster and maintain high standards of care in European general practice by promoting general practice as a discipline by learning and teaching."

The use of the word Academy in the title of the organisation was deliberate and is intended to imply a European structure to provide support and resources for general practice teachers. It is intended to complement and collaborate with existing general practice organisations in Europe, using its special emphasis on teaching.

Since the launch of the Academy it has grown to be the largest personal membership organisation in Europe, with over 800 members in nearly 40 countries. Teachers in each country in the WONCA European region may be members, and each country with at least 3 members has one representative on the Council, which is the ruling body. Council meetings are held twice a year in different countries, and may be associated with a meeting or course for national teachers. It has regularly participated in WONCA European meetings starting in the Hague in 1993.

With the formation of the WONCA Europe Region, EURACT has become one of the three network organisations with a special interest in education.



It runs courses for teachers – skills courses have been provided in Greece, and Turkey, followed by Leonardo-EURACT Teachers' Courses, moving annually to different parts of Europe. EURACT has also published a number of booklets including:

- "A survey on recertification and reaccreditation in Europe" 1995
- "Attributes and learning needs of general practice teachers" 1995
- "Hospital Posts for general practice training" 2000
- "Selection of trainers and training practices for specific training" 2002
- And in collaboration with EQUIP "Quality Standards for CPD in Europe" 2003.

The [EURACT website](#) hosts EURACT official documents, together with specific guidelines, statements and other educational resources.

All teachers of general practice in the WONCA European region are invited to apply for membership of EURACT. Applications should be made to the national representative. They will be considered by the Council of the EURACT at its next meeting. All applicants for full membership must be family doctors active in teaching general practice.

#### EURACT in mourning.

EURACT with profound regret, announces the death on the 16th May 2015 of its beloved president, esteemed colleague and dear friend Professor Janko Kersnik. With his passing, the international community of family doctors loses a good friend, a devoted doctor, an excellent scientist and a tireless advocate of family medicine.

EURACT expresses its deepest sympathy to Janko's family and joins them in their sorrow over the loss of their beloved husband, father and grandfather. Dear Janko, may you rest in peace.

Francesco Carelli,  
EURACT Council, Executive Board, Director of Communications  
[francesco.carelli@alice.it](mailto:francesco.carelli@alice.it)

## Working Parties and Special Interest Groups

### Rural Round-up: little story of something that inspires me



*This month's Rural Round-up is written by Declan Fox of Prince Edward Island, Canada.*

You don't have to be inspired to work here.....but it helps!

So here I am at age 60, resurrecting an old rural practice in the northern-most community in Prince Edward Island, Canada. When I left my old practice back home in Northern Ireland, in 1998, after getting burned out and depressed, I figured I would never work full-time again. Nor would I take any risks with my work. Nor would I try to run a practice. And never, ever again, would I stay anywhere long enough to attract a lot of patients who needed me. As Dylan maybe said - am I right, John Wynn-Jones? - *"Don't look back. Something might be gaining on you."*

I had 13 happy years of locums in Prince Edward Island (PEI) before I took the step which led to, among many other things, me writing this piece. From 2011 to 2013, I did locums in O'Leary, PEI, in a modern purpose-built health centre. O'Leary has a population of under 1000 in north-western PEI.

It was an exciting time of changes, with primary care being taken seriously by the powers that be, nurse practitioners coming in, registered nurses (RNs) taking on chronic disease management and licensed practical nurses (two year diploma-level course) taking on the chaos of an incredibly busy walk-in clinic which turned away no-one, regardless of how sick they seemed.

And then I started to see ways we could run things better. Taking nurse assessments more seriously. Getting secretaries more involved on the clinical side, directing patients to the most appropriate service or professional. And I found several nurses who were having similar thoughts. We met, we talked, we bitched to each other, we decided to

light one candle. We got permission - cue your favourite quote from management books here! - to have a day trying out some of our ideas. Skunk works was what it felt like, trying to hide it from the manager and one of the senior doctors.

We saw, that day, how we could provide high quality care to 50% more patients in a timely manner. We felt the thrill of working with like-minded people in a very efficient way. We knew then that nothing would ever be the same again. When you've been to Paris, you can't go back to the farm.

We floated our ideas for change in O'Leary Health Centre but it didn't work out. With a bit of encouragement from the medical director, we moved to an old health centre run by a community co-operative, Tignish Health Centre. There had been a very busy practice there until 2012, when the incumbent retired and they welcomed us with open arms.

I could not have done it without my two nurse colleagues, Abby and Tanya. I left an easier and better-paid job and they gave up their permanent pensionable jobs-with-benefits-and-security to take a chance on me and Tignish. We inspire each other with our attitude to patients and to getting the job done. We inspire each other to try things out and change them if they're not working. We trust each other and learn from each other. We help each other to step back from the day to day hustle and really look at what we are doing and how we are doing it. We support each other when we have problems.

Best of all, we are seeing others starting to work the same way. Other health care professionals come along and volunteer to help us out, unpaid. We are learning that there are lots of good people out here in rural health care, people with ideas, just waiting for a few mavericks like us to come along and show it's ok to be a bit crazy if it helps get the job done.

Howling at the moon in rural Prince Edward Island, this is Declan Fox signing off.

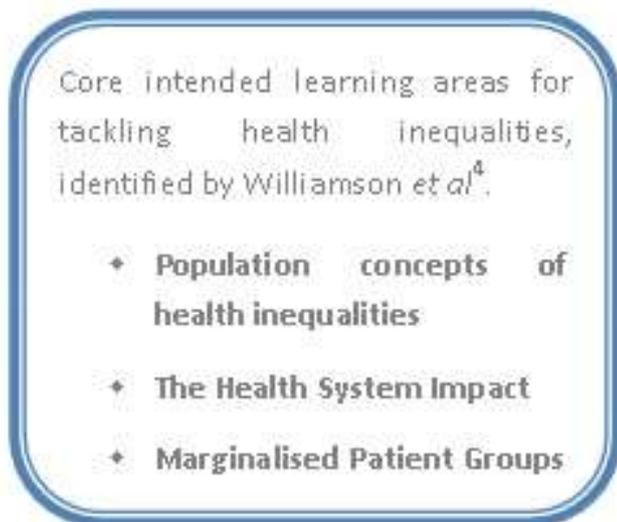
## Special Interest Group on Health Equity May update

### GREETINGS & NEWS

One year since the Newsletter for the [WONCA SIG on Health Equity](#) has started; it has been great to see increasing interest to the group, which is free for anyone of all healthcare professions to join. For the coming year, we aim to gather more momentum and to stimulate more discussions to share knowledge, ideas and experiences related to our goals as family doctors.

We always welcome contributions from our members, if there is anything of interest that you would like us to include in the next Newsletter or have any interesting materials you would like to share with us and our members; feel free to direct your emails to: [SIGhealthequity@wonca.net](mailto:SIGhealthequity@wonca.net)

[Join the WONCA SIG on Health Equity](#)



### FOOD FOR THOUGHT - Gaps in Medical Education

Education considered one of the most promising ways to tackle disparities in health. Training students to be competent in managing vulnerable patients and health equity should start early in their medical curriculum. Efforts have already been done to assess this such as at The Medical School in the University of Michigan and The School of Medicine at The University of New Mexico. However these efforts are only the beginnings of much more need efforts to prepare medical students in addressing health disparities for the populations they will come to serve.

In the UK, Williamson et al to identify core learning areas which should be incorporated into medical curricular through the use of a Delphi poll consisting of 19 out of 32 universities in

throughout the UK. These core areas act to guide those involved with the medical curriculum but also as Husnain et al points out the increasing evidence will ultimately help clarify necessary training elements to assist medical students to possess the right skills, competencies and experience to address health inequities.

references in [.pdf version of this newsletter](#)

### FOOD FOR THOUGHT - Changing trends and sustainability

Health Equity is a broad concept incorporating many different aspects. Anwar et al (2015), assessed use-equity of maternal health care services in Bangladesh. They found increases in utilisation between 1991 and 2011. However, noticed that C-sections are increasing alarmingly, especially amongst wealthier, urban, and more educated women. Many of these are taking place in private facilities which are not only expensive but also unregulated and varying in terms of care quality.

In part, this is linked to changes to social determinants of health have impacted issues of equity. Increasing amount of mothers with education and programmes such as demand-side financing schemes have altered the behavioural phenomenon displayed by mothers. Although there are increases in utilisation of maternal healthcare services such determinants may have also increased preference for C-sections. In light of this, the study has demonstrated the importance of continued monitoring and assessment of the social determinants of health and their impact on equity.

Source: Anwar et al (2015). Trends and inequalities in use of Maternal Health Care Services in Bangladesh, 1991-2011. PLOS ONE, DOI:10.1371/journal.pone.0120309

#### Publication of Interest:

Health Disparities Training in Residency Program in the United States  
Hasnain M, Massengale L, Dykens A, Figueroa E. (Fam Med 2014;46(3):186-91.)

**BACKGROUND AND OBJECTIVES:** Our objective was to review and summarize extant literature on US-based graduate medical education programs to guide the development of a health disparities curriculum.

**METHODS:** The authors searched Medline using PubMed, Web of Science, and Embase for published literature about US-based graduate medical education programs focusing on training

residents to care for underserved and vulnerable populations and to address health disparities. Articles were reviewed and selected per study eligibility criteria and summarized to answer study research questions.

RESULTS: Of 302 initially identified articles, 16 (5.4%) articles met study eligibility criteria. A majority, 15 (94%), of reported programs were from primary care; one (6.25%) was from surgery. Eight (50%) programs reported longitudinal training; seven (44%) reported block experiences, while one (6.25%) described a one-time Internet-based module. Four (25%) programs required residents to develop and complete a research project, and six (37.5%) included community-based clinical training. All 16 programs utilized some form of evaluation to assess program impacts.

**Upcoming Events, Conferences & Call for Abstracts**

Arizona Health Equity Conference 2015  
 'Building Bridges: Connecting Communities in Research, Practice, and Policy'  
 Dates: Thursday, October 29, 2015  
 Location: Willow Conference Center, 4340 E. Cotton Center Boulevard, Suite 100, Phoenix, AZ 85040  
 Link: <http://www.azdhs.gov/health-equity-conference/>

"Challenging Health Equity: A call to Action"  
 6th International in Sickness and in Health Conference  
 Dates: June, 10-12th, 2015  
 Location: University of Balearic Islands, Palma de Mallorca  
 Link: <http://www.icphr.org/news>

**WONCA Working Party on Mental Health meet in Lille**



Dear colleagues and friends,

From 28th-30th April, a conference took place in Lille, France, under the title "Mental Health for all: connecting people and sharing experience".

*Photo shows conference speakers (l to r) Pierre Thomas, Juan Mendive, Jeffrey Geller*



The WONCA Working Party on Mental Health (WWPMH) took advantage of the presence of WWPMH members for a meeting. Topics discussed at the meeting:

- Report from the secretariat.
- Activities to present in WONCA Europe Conference in Istanbul and other continental conferences.
- Primary Care Mental Health consultancy project and study some offers (Contact Person Professor Christopher Dowrick, [mhconsult@wonca.net](mailto:mhconsult@wonca.net))
- WWPMH activities proposed for WONCA World Conference in Rio de Janeiro (Brasil) in November 2016.
- Possible WONCA/WPA/WFMH Conference in Andalusia

in 2017

- Primary Care and homelessness as possible topic to develop
- Small meetings organised by WWPMH to develop PCMH policy in the next future.
- Presentation of the final report of ROAMER project (elaboration of a map of research for mental health in Europe)

The last point of the meeting was about the WWPMH structure. It was agreed to have three levels of participation in our working party:

- Executive: Formed by the Chair, Vice-chair, Secretary and Treasurer.
- Steering Committee: Form by all the identified active members of the WWPMH
- Other members of WWPMH: To recognise members those have collaborated or can play a role at any specific moment.

The WONCA Working Party on Mental Health (WWPMH) and other WONCA members participated in all scientific activities of the conference. The participation of WONCA in the Lille conference was enormous, due to the presence of Job Metsemakers, President WONCA Europe; Igor Svab, Past President of WONCA Europe; and members of the WONCA Working Party on Mental Health (WWPMH), starting with Gabby Ivbijaro, Henk Parmentier, Abdullah Al-Khatami, Christopher Dowrick, Sandra Fortes, Lucja Kolkiewicz, Juan Mendive, Jill Benson,

Christos Lionis, Ioanna Tsiligianni and other members of our scientific organization.



Photo above: (l to r) Nabil al Kurashi, Luis Galvez, Jill Benson, Henk Parmentier, Abdullah Al-Khatami

We would like to invite to colleagues from all over the world to participate and collaborate with the working party. There is no need to travel, we can work using new technologies, from our house or working place. We wait for you!

To join our working party [click here](#).

Regards,

Luis Gálvez-Alcaraz, MD, PhD.  
[WPmentalhealth@wonca.net](mailto:WPmentalhealth@wonca.net)  
 Chair WWPMH

## Young Doctors' News

### Polaris Shines Bright in Montevideo

Recently, Polaris took advantage of the chance to collaborate in the planning, leading, and development of a Family Medicine preconference with our international colleagues in Montevideo, Uruguay. This meeting was a collaboration between three World Organization of Family Doctors (WONCA) regional Young Doctor Movements (YDMs): Waynakay (Iberoamericana Region), Polaris (North America Region) and the Vasco da Gama Movement (Europe Region).

Polaris was represented by, Drs Kyle



Hoedebecke and Maria del C Colon-Gonzalez, who served as part of the organizational committee, speakers, as well as moderators for the small group discussions that took place during the YDM preconference. During the group sessions, Kyle helped lead discussions that broke down the unique roles of family physicians/residents in Iberoamerican countries and discussed way to better serve our patients, communities, and colleagues. Maria's group evaluated the academic formation of the Family Medicine residents across the region, solidifying the six competencies for family medicine residents in Iberoamerica. Later, both participated as invited panelists – with Maria addressing rural medical education in Iberoamerica and Kyle addressing research improvement and recommendations for residents. Closing remarks were given by the WONCA President, Prof Michael Kidd, with Kyle

serving as the English-Spanish-Portuguese translator between Prof Kidd and the preconference attendees. (Kyle and Michael pictured above left)

The preconference was followed by the 4th Iberoamerican Congress of Family and Community Medicine with Polaris represented via two poster and four oral presentations. These works were completed in collaboration with Family Medicine physicians from countries around the region including Peru, Puerto Rico, Uruguay, Colombia, the Dominican

Republic, and Spain. Undoubtedly, evidence of Polaris' positive effect in the Iberoamerican region went far beyond its posters and presentations themselves. One such example was the Polaris-led initiative – the Balint 2.0 Ambassadors – which has united all seven WONCA YDMs in the first ever multi-international online Balint group. Of the 14 international participations, including Kyle and Maria, five were present in Montevideo (photo to right).

Additionally, the social media project Polaris launched eight months ago titled “1 Word for Family Medicine” (#1WordforFamilyMedicine) proved to have gone viral within Iberoamerica. The project asks family physicians and residents to describe their favorite part of our profession in a single word. Responses are then collected and the lists are turned into “Word Cloud” images that represent the specific participating region/country. Of the over 50 countries that have participated to date, almost half are from the Iberoamerican region. Evidence of the project perforated the conference atmosphere in the form of t-shirts, photos, mugs, posters, and even receiving a dedicated slide during a talk by the WONCA President himself. This ongoing project has helped unite young Family Medicine physicians from the different parts of the world and improve our image around the world. The [following link](#) shows those countries that have completed images to date in the form of an interactive map.

Polaris' guiding light did not burn out in Montevideo. Within days of the conference, Kyle was invited to speak with Paraguayan young doctors and residents near the capital Asuncion. During this encounter, Paraguay launched its

national level YDM and elected representatives to their regional YDM,



Waynakay (see photo). Polaris continues to collaborate within North America and around the globe in order to advance and promote our specialty.

Returning home more energized than ever, Polaris now focuses its efforts on organizing WONCA North America's first ever preconference that will take place on October 1, 2015 in Denver, Colorado. In addition to our Canadian and Caribbean brothers and sisters, the organizing committee is delighted to have assistance from other regions' YDMs. The preconference will occur in conjunction with the AAFP Global Health Conference where both events will give medical students, Family Medicine residents and young physicians the opportunity to develop in the areas of research and scholarly activities, as well as in leadership and mentorship.



Kyle Hoedebecke, MD (Polaris, Chair)  
Maria del C Colon-Gonzalez (Polaris Member)

## Young African Family Physicians: providing care and leadership.

*A general interest item from members of AfriWON - WONCA Africa region's movement for young doctors.*

### [More about AfriWON](#)

From its roots in general practice, family practice in Africa is gaining recognition as a philosophy of care provided by specially trained health personnel: the family physician. Little wonder Dr Sodipo Jimi (a member of AfriWON practising at the Mirabel Centre of Lagos State University Teaching Hospital, Nigeria) gained recognition as one who was able to provide patient-centered care in a setting which would have otherwise been the exclusive preserve of the Gynaecologist. In 2013, a sexual assault centre (i.e. Mirabel Centre) was opened at the Lagos State University Teaching Hospital to clients who were victims of sexual assault. Contrary to the earlier expectations, clients who presented included both sexes and all age groups (from infants to the elderly), they all needed wholistic care (gynaecological, mental, spiritual, medical etc) and they also needed continuing and coordinated care. From observing the approach to patient care provided by Dr Sodipo Jimi, it was clear to the Centre manager that more family physicians were needed at this centre.



*Photo: Mirabel Centre, Lagos Nigeria.*

From Institutional care, Dr Joy Mugambi (another AfriWON renaissance member completing her training at the Kangundo sub-County hospital affiliated to Moi University, Eldoret, Kenya) exemplifies how a Family Physician can provide the link between individualised care and community based care. Though she enjoys providing comprehensive care at the Kangundo sub-county Hospital, the most exciting part of her journey into family medicine has been Community Oriented Primary Care (COPC).

Dr Mugambi is one restless soul who hates being confined to buildings. At the slightest opportunity,

she is off for her home visits, making community diagnosis, offering health promotion and prevention tips to the community she has adopted. The joy in the community is palpable as the community dwellers cannot believe that daktari (as she is fondly called) would visit their humble dwellings. That is not all, daktari goes home with a fruit basket, milk and chicken.



*Photo: Dr Joy Mugambi at a Community meeting.*

In April 2015 and still at the Kangundo sub-County of Kenya, Dr Maxwell Lodenyo (an AfriWON renaissance member, Family Physician and a Senior Assistant Director of Medical Services, Ministry of health, Kenya) received the 2015 award for doctor of the year. This is the third time since 2013. The significance of this cannot be missed especially when there is a pool of other Specialists to choose from.

While family medicine has been advocated as the one discipline that should be at the centre of care provision, it takes people who are passionate about its philosophy of care to show this. Young family physicians in Africa are proving their role in providing comprehensive care even in specialised care settings. They are showing that it is possible to provide the vital link between hospital and community based primary care. Provision of community oriented primary health care is a sure way of providing quality universal health care. At an early stage of their career, young African family physicians are standing out as leaders even in a multi-disciplinary setting.

By Drs Kenneth Yakubu, Sodipo Jimi and Joy Mugambi ( AfriWON Renaissance)

## Obituaries

### Prof Janko KERSNIK - 1960-2015 - WONCA Europe Honorary Secretary



On Wednesday May 20th 2015 we said farewell to Janko Kersnik who died at the age of 55 years. After a heart attack he had fought for his life for more than two weeks, surrounded by his family.

At his funeral, on a rainy afternoon, we stood in the village of Dovje (Slovenia), looking towards Mojstrana where he was born in 1960. We could see the mountains he loved. A large crowd of family, community members, friends who shared his hunting passion, national and international colleagues and friends could still not believe that he had passed away, and that his voice would never be heard again.

Janko finished high school in Jesenice, in 1979, and entered the Faculty of Medicine, in Ljubljana, as the first selected candidate in that generation. After graduation in 1985, he returned to his home region and started working there as a general practitioner. He then started specialisation training in general practice, which he completed in 1995. During that period he became interested in research. As the possibilities of a master's degree in Slovenia were limited, he completed his masters' degree in Zagreb (Croatia), in 1997. In 2001, he obtained his PhD in Ljubljana (Slovenia).

He had already joined the Medical Faculty in Ljubljana, in 1996, as an assistant in the Department of Family Medicine. In 2007, he became professor of Family Medicine. When the Medical Faculty in Maribor was established, he became their first chair of the Department of Family Medicine. In 2012, he received the award for the best teacher in the Medical Faculty. He attained the status of full professor at both Medical Faculties in Slovenia: in Maribor in 2012 and in Ljubljana in 2013.

He had a great interest in education. In addition to holding the chair in Maribor, and being a collaborator at the University in Ljubljana, he was also involved in inter-faculty master's programs of the management and economics of health care in the Faculty of Economics. He taught about health systems in the European Community, as well as leadership in healthcare organisations in the

Nursing masters' program of the Faculty of Health Sciences. He was also a teacher in the masters' program of the Faculty of Organizational Sciences and the Faculty of Health Sciences.

Janko was the president of the Slovenian Family Medicine Society from 1997 to 2013, and a member of the Medical Chamber of Slovenia.

On an international level, his career started in 1992, when he attended the first annual international course for teachers of family medicine, later known as "the Bled course". Since 2004, he had been its course director.

He also organised numerous local courses and congresses in Slovenia. He was president of the organising committee of the 2003 WONCA Europe region conference, in Ljubljana.

He joined Equip, our European organisation for quality, to become the first Slovenian representative in the group, and later, a member of the executive committee. He also became a member of EURACT, the European Association of Teachers in Family Medicine, of which he became President, in 2010. As a rural doctor himself it was only naturally that he would serve on the board of EURIPA, the European organisation for rural doctors. In 2013, he was elected as Honorary Secretary of WONCA Europe, the European regional organisation of the World Organisation of Family Doctors.

Janko Kersnik was an esteemed colleague, and highly regarded as a creative, productive, smiling, and energetic person. He was also a wise person, thoughtful and respectful. He could listen, patiently listen, but not forever. Sometimes, he could show his temper, but not for long. Janko stimulated others to think and was inspirational both at official meetings and during personal interactions.

On a personal level we know that he loved his family dearly. He liked taking his wife Zdenka with him to meetings. We could see how much he enjoyed her company, as we did as well. He also was proud of his daughters Ana and Eva. And recently he shone as a greatly dedicated grandfather. He could see himself playing in the future, with his grandchild.

Professionally, he started work as a family doctor in the rural community of Kranjska Gora. Soon he became the professional head of the health centre

of Gorenjska, which is one of the largest health centres in Slovenia. He continued to serve his patients amidst all the other activities he engaged in, and their presence at the funeral ceremony was a clear sign of how highly he was valued by the local community.

Standing in the rain at his funeral, we heard the stories of his life and realised that the legacy that Janko had left behind could not be described in words. We, in WONCA Europe, know that his unfinished plans remain for us to carry out.

## Dr David GAME: President of WONCA 1983-86

### A tribute to David Game from Prof Michael Kidd, WONCA President.

WONCA lost one of our founders and past presidents with the recent death of Dr David Game MBBS, AO, KCSJ, FRACGP, FRCGP, MCFPC, FHKCGP(Hon), at his home in Adelaide in Australia, aged 89 years.

David was one of the organisers of World Family Medicine Conference, held in Melbourne in 1972, where 18 national colleges and academies of family medicine / general practice came together to establish WONCA, our World Organization of Family Doctors. At that meeting David became WONCA's first Secretary/Treasurer, a position he held until 1980 when he was elected as president-elect. David served as WONCA president from 1983-1986. He continued his service to global family medicine as the editor of WONCA News for 28 years. David was also one of the founding members, and one of the early presidents, of the Royal Australian College of General Practitioners.

David was a dear friend and colleague to many people across Australia and around the world. He was a regular attendee at our WONCA World Council meetings, sharing his wisdom and demonstrating his continuing care and passion for WONCA and its members.

I first met David at a WONCA Asia Pacific Regional Conference held in Indonesia in 1990. We were staying at the same hotel and David took me under his wing as a young Australian family doctor travelling on my own, and made sure I was well looked after and introduced me to many colleagues from around the world. David later became a generous source of wise advice and support in my time following in his footsteps, first as president of the Royal Australian College of General Practitioners, and now as president of WONCA.

Our thoughts go to his family, his colleagues and the GP community in Slovenia. We wish them strength in these difficult days.

Prof Igor Svab  
Past President WONCA Europe

Prof Job FM Metsemakers  
President WONCA Europe

WONCA has lost a wonderful supporter who was present at the foundation of our global organisation, and all who loved him have lost a dear friend.

We will mourn his passing, and treasure his memory.

Michael Kidd  
WONCA President  
*WONCA News* May 2015



### A tribute to David Game from Prof Wes Fabb, former WONCA CEO.

We were deeply saddened to learn of the passing of our dear friend and colleague David Game. It marks the end of an era in WONCA.

David was associated with WONCA from the outset. Although I have known him for around 50 years, it was during the organization of the Fifth WONCA World Conference held in Melbourne in 1972 that I got to know him well. He, Monty Kent-Hughes and I met at RACGP Faculty headquarters in Melbourne weekly for more months than I can remember to arrange that seminal conference, at which WONCA was formally inaugurated. David became the first Secretary/Treasurer, a position he held until 1980 when he became President Elect, at which time I succeeded him.

In those early days he ran the WONCA secretariat from his home in Adelaide. He served WONCA in many ways for countless years, and regularly attended WONCA conferences. This was but part of his busy life. Apart from conducting a general practice in the Adelaide suburb of Payneham throughout his clinical career, he was prominent in the RACGP and its President for three years, and was also heavily involved in local medical and

church organizations, with which he continued after his retirement from medical practice.

I stayed many times at David and Pat's large family home in Royston Park when visiting Adelaide, and Marian and I have stayed several times at the new home David himself designed in the same suburb. It was sad for him that his dear wife Pat became ill and died not long after moving there.

David was a prodigious worker. There seemed never to be a day that he did not have a meeting or engagement. When the Order of Australia, of which he was an Officer (AO), had its annual conference in Adelaide, he was one of the organizers. He devoted a lot of his time to his Anglican Church and its nursing homes and care facilities.

He was a highly respected doctor on the Adelaide scene and for some time was an administrator at the Royal Adelaide Hospital. He was well known too on the local and national scene in the RACGP and the AMA.

It is hard to imagine that he could have packed more into his 89 years than he did. It was a great privilege to be able to pay tribute to him and all he had done for WONCA on the occasion of his 80th birthday, a large celebration in the Adelaide botanical gardens.

Above all, David was a loving husband to Pat, a caring and generous father to Ann, Philip, Timothy and Ruth, a much loved father in law and grandfather, and a kind, generous, caring and hospitable friend to Marian and me, and his many friends in WONCA, here and around the world.

WONCA has lost a wonderful supporter who was present at its foundation, and all who loved him have lost a dear friend.

Wes and Marian Fabb

Dr Game was interviewed by the current WONCA editor in 2012 – see interview [here](#).

## Featured Doctors

### Prof Pauline DUKE - Canada: Family physician

#### What work do you do currently?



I have been a family doctor for 34 years. The first eight years of practice were in a rural practice in central Newfoundland.

Since 1989 I have been a Faculty member in the Discipline of Family Medicine, Faculty of Medicine, Memorial University in St.

John's, Newfoundland and Labrador, Canada. The city has a population of about 211,000. I provide clinical work as a family physician in our group practice seeing patients of all ages, including house calls, home palliative care, geriatrics, prenatal and well woman care, encompassing "cradle to grave care".

All faculty members of our Discipline teach medical students in the undergraduate program of the medical school. We also administer and teach in the Family Residency Program, both in

curriculum design and delivery and in clinical supervision of residents. I am also involved in scholarly research activity pertaining to medical education and family medicine.

My research interests and publications have been in the areas of medical education, violence against women and children, sexual assault, refugee health, women's health, HPV and cervical cancer screening, and celiac disease.

#### What other interesting activities that you have been involved in?

For the past nine years I have been the faculty advisor responsible for medical student supervision and clinical care for the MUN MED Gateway Project, an initiative linking newly arrived refugees to medical care. First and second year medical students are involved in the Project. I serve on the national steering committee of Canadian Doctors for Refugee Care, a national organization of medical doctors formed in 2012 to protest federal government cuts to the Interim Federal Health Program and refugee health care. In the past, I have been a member of a sexual assault medical assessment team, provided care

to young people incarcerated in a remand center and have served on a child protection team.

### What are your interests as a family physician and also outside work?

Refugee Healthcare is one of my priorities as a family doctor, medical teacher and researcher. Our Discipline of Family Medicine here at Memorial University's Faculty of Medicine, is working to establish a dedicated Refugee Health Clinic. The hope is that it will be multidisciplinary in scope. Mentoring social accountability to medical students and residents is an important priority.

My husband is a social worker and we have three children ages 17-30. We enjoy living in Newfoundland and spend time in the summer in

our boat having picnics and watching whales and icebergs.

### Is there anything you'd like to say about being a Family doctor in Newfoundland?

Living and working in Newfoundland and Labrador as a family doctor is a real privilege. Patients are friendly, warm and appreciative. As a family doctor, one is able to provide care in many different areas and settings, rural and urban. [See here for more information.](#)

## Prof Gabriel IVBIJARO - UK: family doctor award winner

Prof Gabriel 'Gabby' Ivbijaro MBE is the immediate past chair of the WONCA Working Party on



Mental Health. He was recently inducted as an American Psychiatric Association International Distinguished Fellow at the 59th Convocation of Distinguished Fellows of the APA in Toronto, Canada on 18th May 2015.

International

Distinguished Fellows of the APA are internationally recognised for their demonstrated skill in administrative, educational and clinical settings. They are also noted for volunteering in mental health and medical activities of social significance and involvement in community activities. Excellence, not mere competence is the hallmark of an APA International Distinguished Fellow.

Professor Ivbijaro is a member and past Chair of the WONCA Working Party on Mental Health, Medical Director of The Wood Street Medical Centre, London UK, Visiting Assistant Professor, NOVA University, Lisbon, Portugal and President Elect WFMH (World Federation for Mental Health).

Professor Ivbijaro initially specialized in Psychiatry and Neurology and subsequently specialized in General Practice. As a member of WONCA (World Organization of Family Doctors) he championed the cause of mental health globally among family doctors by setting up the WONCA Special Interest Group (SIG) in Psychiatry & Neurology in 2001.

Professor Ivbijaro is a specialist in Primary Care Mental Health and mental health service re-design. He worked in collaboration with the WHO to produce a ground breaking policy document published in 2008 entitled 'Integrating Mental Health Into Primary Care: A Global Perspective' which has influenced mental health delivery globally.

Professor Ivbijaro has presented papers and original thinking on primary care mental health integration at many local and international conferences and has published a range of articles in peer reviewed journals. He recently edited a book entitled 'Companion to Primary Care Mental Health' an international collaboration of 110 authors from all continents of the world, published in 2012, to promote access to and delivery of primary care mental health globally which received a five star (100%) Doody's Review.

Professor Ivbijaro chaired and completed the Case for Change for Mental Health for London, UK in 2011 and has contributed to the Mental Health Service Pack in the European Union (EU) which advocates for the development of mental health services in all member states of the EU. His contribution to the National Health Service in the UK was recognised in 2012 when he was awarded an MBE (Member of the Order of the British Empire) by her Majesty the Queen. He is the founder of the World Dignity Project ([www.worlddignityproject.com](http://www.worlddignityproject.com)) a project dedicated to addressing the stigma of mental health and providing dignity in mental health care.

*Submitted by Henk Parmentier.*

## Chloé Perdrix writes: Myanmar, an amazing experience

### Discovery of Myanmar's (Burma) primary care, an amazing experience !

After Vietnam and Laos, we decided to visit Myanmar to discover this country which is known for its wonderful and preserved landscapes, very welcoming population and rich and unique history and culture.

I contacted with Dr Tin Myo Han three weeks before our arrival. This permitted enough time to plan meetings with Myanmar GPs in Mandalay, which is in the north of the country, and Yangon, the main city in Myanmar. Dr Myo is a Myanmar family doctor who works in Malaysia, and whose family lives in Yangon. She is the secretary of international relations of the Myanmar GP Society and Myanmar representative on WONCA Asia-Pacific region council.

Thanks to Dr Myo, we were put in touch with Dr Mie Mie, who lives in Mandalay, however at the time of our visit she and Dr Myo planned to be at the Asia Pacific region conference in Taiwan. Therefore, we had the great pleasure to be welcomed by Mandalay GPs led by Dr Mg Mg Than and Mr Mie Mie's daughter and husband. Her daughter, Nho Nho, is a medical student in her 5th year of studies, and her husband is a family doctor.

In Yangon, I also met Dr Min Zaw and Dr Myint Oo,, and a lot of GPs involved in the Myanmar Medical Association (MMA). All these colleagues helped me discover primary care in Myanmar, as well as cultural and touristic places with such a positive energy and helpfulness!



*Photo:  
Myanmar  
Medical  
Association's  
team in  
Yangon*

Here is what I learned from them :

### Myanmar Health system

There is no public health insurance in Myanmar, and the health system is hospital-centric. What I observed is that charity based primary care in Myanmar is unique and is mostly organised without any government support and exists thanks to donations, from Myanmar people or the Buddhism religion.

We visited:

- a women's health center, in Mandalay, run by a NGO named MMCWA. There, pregnant women can be followed and can deliver for free, in good sanitary conditions. If during the pregnancy or the delivery, midwives or doctors diagnose a complication, they refer the woman to the Central Women's Hospital, run by the government. The women's health centre provides some 300 uncomplicated deliveries per year. Dr Mie Mie works here as a family doctor.

- A Buddhist health centre in Mandalay where patients have access to some medications, as well as to general practitioners, or ophthalmology consultations for free. Doctors can also practice minor surgery and ophthalmologists can operate their patients for cataracts. There are 16 nurses and more than 18 doctors.

A Buddhist temple also funds a school and a library in the same area. It also provides food and beds for children who go to this school.

- The "U Hla Tun (hospice) Cancer foundation (Mandalay)" provides health care and palliative care for patients with cancer who cannot afford to pay for their treatment. They can sleep and eat in this place, have painkillers, and nursing care. They only have to go to hospital for their cancer treatments such as chemotherapy or radiotherapy. They can stay free for as long as they need, or until they die. Funeral fees are also free of charge.

- An aged care home in Mandalay where older people are selected according to their poverty and isolation levels. Isolation is pretty rare in Myanmar, since families live together in the same place, thus, one can imagine how difficult the life stories of these older people are. Women and men are separated.

Three nurses work there and three doctors come if needed as volunteers. The place is very peaceful with a lot of space and nature. They also have a place to pray with a statue of Buddha.

### A special paragraph for Hanthawady U Win Tin Foundation : a health center for former political prisoners.

I visited, with Dr Win Zaw, a Health centre for former political prisoners named Hanthawady U Win Tin Foundation. It is funded by The National Health Network, the health part of the National League of Democracy, a political party led by Daw Aung San Su Kyi. Its mentor is U Win Tin who endured brutal torture during the Burma military dictatorship and devoted himself to the democracy

of Burma and development of human rights. After 20 years of imprisonment, he then devoted himself to help and rehabilitate former political prisoners.

He founded this health centre in 2012, soon after his release from prison. Since then, this foundation has helped 1135 political prisoners. It has helped them to find jobs and has provided primary health care to their families. The founder, U Win Tin (photo at right) passed away in April 2014.



Patients suffer particularly from post traumatic stress and physical consequences like blindness or chronic pain.

#### What does the daily life of a Myanmar GP look like?

In the morning, the doctors I met often practice in associations or factories, or in their private clinic. From 1 to 5pm, they provide voluntary work in NGOs, or for Myanmar Medical Association. Then, they practice in their private clinic from 5 :30 to 8 :00 pm.

During their private clinic working time, they provide medical care for 2.000 to 4.000 Kyaths per consultation in average (1,65 to 3,30euro = 1,82 to 3,64 USD). They spend about 5 to 10 minutes per patents in a consultation. I was surprised that patients asked often that doctors give them medication by intra muscular or intravenous injection - even for benign diseases. In France, we use this kind of formulation, but only for very specific cases.

I suppose Myanmar population has just emerged from a long dictatorship, so they must have lived hard moments. They consequently need a painful and invasive way of medicine administration to feel that it will work. But this is just a supposition of mine, and I don't know if it is true.

In their office, general practitioners also dispense medication.

Even though the consultation fee is not expensive, for a lot of Myanmar citizens, this represents a big part of their daily budget. They must pay every cost from their own pocket because there is no public health insurance in Myanmar.

Therefore, Family doctors are currently faced with the problem of often being unpaid, as poverty in Myanmar is very common.

#### Medical Education in Myanmar

Dr Mie Mie's daughter, Nho Nho was in final year of medical school. In Myanmar, one finishes high school at 16 years old. Medical school is five years long. Then, they have one year compulsory as an intern/ house officer in government hospitals. The newly graduated doctors who get an appointment in government health services have the opportunity to select their medical specialization from among the 66 different ones in Myanmar. The doctors in private health sectors can only specialise as GPs which lasts one year and it is non compulsory. Other specialisations last three compulsory years.

I spoke with Nho Nho and medical students who attempted extra courses in a private school to prepare and coach them for final exam in Yangon. The majority admitted that GP specialization was not their first choice.

Actually, this opinion, which seems to be shared by most of medical students in Myanmar, can be explained. Indeed, family medicine development in the health system is not the priority of the government. There are no independent family medicine departments in the three universities teaching family medicine - sometimes as part of community medicine.

And to top it off the first years of working as a family doctor are very hard because young doctors have to buy their own clinic and then pay it off for about 15 years. To manage to repay their debts, they have to work on average 10 hours a day without any government financial support and in precarious conditions (direct contact with poverty, free consultations when patients can't pay...).

How can a young medical student can be attracted to the family medicine specialisation when family medicine is not attractive ?

Fortunately, things are changing. Some engaged GPs like Dr Myo Myo, Dr Mie Mie, Dr Nay Myo Oo, Dr Mg Mg Than or Dr Min Zaw are fighting to get family medicine to be more attractive for young doctors, and recognised by government. They recently created a GP society named MAFP (Medical Academy for Family Physicians).

When I was in Yangon, I attended a meeting of this committee. They were discussing about their

future education to be family medicine teachers, which would be held by a Taiwanese teaching group. They agreed to train a total of 20 Myanmar GP trainers for one year for free.

International solidarity in family medicine doesn't end here. Indeed, the RCGP (Royal College of General Practitioners), RACGP (Royal Australian College of General Practitioners), WONCA, Boston University and GUEST (also from Boston) have provided free teaching and funds to organise two family medicine conferences, in Myanmar. The most recent was from the 11th to 15th of February 2014 and the earlier one was the 4th and 5th of December 2014.

### Public health problems in Myanmar

I observed in Laos, Vietnam and Myanmar that some people had red lips and teeth. Actually, I have finally understood that it is because of Betel nut chewing. Betel leaves have addictive properties, like tobacco. They mix them with lemon and betel seeds. This is a real public health problem because ingredients give strong addiction and are carcinogens. A lot of people chew it from youngest adults to old people. Furthermore, you can add opium leaves to it, which adds another addiction.

Tuberculosis is also a big public health problem in Myanmar. An association named STOP had had a campaign of prevention, screening, and treatment of tuberculosis to get rid of it in several countries. Myanmar is among them. GPs I met in Mandalay participated to this program, and provided drugs and consultations for free to patients with tuberculosis, every 10 days.

### Myanmar culture

Myanmar has a very unique culture.

Politics takes a very important role in Myanmar people's life. Indeed, the country and its people are still struggling to have the democratic constitution which will give a hope of prosperity and happiness to Myanmar citizens.

I can't write this article without talking about one of the most popular political parties which is the main opposition party The National League for Democracy (NDL) presided over by the famous Aung San Suu Kyi, General Aung San's daughter. General Aung San was a very important man in Myanmar history because he was the man who negotiated Myanmar independence from British colonialism, in 1947. *Photo of posters of General Aung San and his daughter, Aung San Suu Kyi*

Aung San Suu Kyi has been kept under house arrest (locked in her house) during the military



dictatorship and was released in 2011, after 15 years of captivity. She is very popular in Myanmar.

Buddhism is also a very important part of the life of Myanmar people. Myanmar is the country of the thousands pagodas all covered by gold.

(see picture of pagoda in Hpa Han)



Men's clothes are composed of a white traditional shirt on the top and a Longyi to cover their legs, which is a piece of material that they wear as a skirt. Women also wear skirts with more tonic colours, and a top with the same motifs as their skirt. Women make up with "Tanaki" on their cheeks as in the photograph.

Myanmar has also a big historic aspect such as the Bagan temples, which were built during the 13th century, as was Angkor Wat in Cambodia, as well as the Royal Palace, in Mandalay, where kings lived until they were sent into exile by the British colonisers. There is also a lot of old English architecture in the buildings, in Yangon.

I hope this long article interested you.

Next time, I will talk about primary care in India. See you in two months !

Chloé

[See Chloé's other articles](#)



## Resources added this month

### PEARLS

Latest additions are:

456 Short-term psychodynamic psychotherapies can benefit common mental disorders

455 Psychosocial interventions may be of some benefit in prostate cancer

454 Amoxicillin once or twice-daily as effective as three-times-daily dosing for acute otitis media

453 Variety of interventions improve safety and effectiveness of medicines

452 Sumatriptan effective for acute migraine in adults

### Royal Australian College of General Practitioners latest editions

**Smoking, nutrition, alcohol, physical activity (SNAP):** A population health guide to behavioural risk factors in general practice, 2nd edn. Melbourne: The Royal Australian College of General Practitioners 2015

[www.racgp.org.au/your-practice/guidelines/snap/](http://www.racgp.org.au/your-practice/guidelines/snap/)

### Red book 8th edition

The Guidelines for preventive activities in general practice 8th edition (the red book) is a synthesis of evidence-based guidelines from Australian and international sources and provides recommendations for everyday use in general practice. The red book provides a single entry point to common conditions seen in Australian general practice and offers practical advice on the kind of screening and services that should be provided to the general population.

[www.racgp.org.au/your-practice/guidelines/redbook/](http://www.racgp.org.au/your-practice/guidelines/redbook/)

## WONCA CONFERENCES 2015

October 22-25, 2015	WONCA Europe Region conference	Istanbul, TURKEY	For more information on these conferences as it comes to hand go to the <a href="#">WONCA website conference page</a> :
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## WONCA CONFERENCES 2016

February 13-14, 2016	WONCA South Asia region conference	Colombo, SRI LANKA	SAVE THE DATE
June 15-18, 2016	WONCA Europe Region conference	Copenhagen, DENMARK	<a href="http://www.woncaeurope2016.com">www.woncaeurope2016.com</a>
November 2-6, 2016	WONCA WORLD CONFERENCE	Rio de Janeiro, BRAZIL	<a href="http://www.wonca2016.com">www.wonca2016.com</a>

- WONCA Direct Members enjoy *lower* conference registration fees.
- To join WONCA go to:

Membership for  
Individuals and  
Organizations



<http://www.globalfamilydoctor.com/AboutWONCA/Membership1.aspx>

## DEADLINES: WONCA Europe 2015 - Istanbul

The conference is approaching and we have two important deadlines

Late breaking abstract deadline ends June 13, 2015

Early registration ends June 22, 2015

[www.wonca2015.org](http://www.wonca2015.org)



20<sup>th</sup>  
**Wonca** Europe  
Conference 2015  
*istanbul*

October 22-25, 2015  
Halic Congress Center  
Istanbul / TURKEY

 **TAHAF**  
TURKISH ASSOCIATION  
OF FAMILY PHYSICIANS

 **Wonca**  
World family doctors. Caring for people.  
EUROPE

 FUTURE OF FAMILY MEDICINE... BEING YOUNG, STAYING YOUNG...

## WONCA ENDORSED EVENTS

For more information on WONCA endorsed events go to

<http://www.globalfamilydoctor.com/Conferences/WONCAEndorsedEvents.aspx>

24 Jun - 27 Jun 2015	<b>World Psychiatric Association Conference</b> 
	Bucharest, Romania
04 Apr - 09 Apr 2016	<b>VI Cumbre Iberoamericana</b> 
	San Jose, Costa Rica

## MEMBER ORGANIZATION EVENTS

For more information on Member Organization events go to

<http://www.globalfamilydoctor.com/Conferences/MemberOrganizationEvents.aspx>

11 Jun - 13 Jun 2015	<b>35° Congreso de la semFYC</b> 
	Gijon, Asturias, Spain
13 Jun - 14 Jun 2015	<b>6th conference of Japan Primary Care Association</b> 
	Tsukuba, Japan
16 Jun - 18 Jun 2015	<b>19th Nordic Congress of General Practice</b> 
	Gothenburg, Sweden
31 Jul - 02 Aug 2015	<b>RNZCGP conference for general practice</b> 
	Hamilton, New Zealand
12 Sep - 16 Sep 2015	<b>The Network: Towards Unity for Health conference</b> 
	Johannesburg, South Africa
21 Sep - 23 Sep 2015	<b>RACGP GP '15 conference</b> 
	Melbourne, Australia
29 Sep - 03 Oct 2015	<b>AAFP Family Medicine Experience</b> 
	Denver, Colorado, USA
01 Oct - 03 Oct 2015	<b>RCGP annual primary care conference</b> 
	Glasgow, United Kingdom
02 Oct - 04 Oct 2015	<b>AAFP Family Medicine Global Health Workshop</b> 
	Denver, Colorado, USA
19 Nov - 22 Nov 2015	<b>2nd National Conference FMPC 2015</b> 
	IHC New Delhi, India
21 Nov - 22 Nov 2015	<b>Family Medicine &amp; Primary Care India 2015</b> 
	New Delhi, India
04 Dec - 06 Dec 2015	<b>5th Asia Pacific Research conference</b> 
	Putrajaya, Malaysia

## WORLD FAMILY DOCTOR DAY SUPPLEMENT



### From the President: video message for World Family Doctor Day - May 19

#### "Thank you family doctors of the world"

WONCA President, Prof Michael Kidd has recorded a video greeting to all family doctors around the world in honour of World Family Doctor Day, May 19. Prof Kidd thanks all family doctors for the great job they do and the hard work they do to look after their patients and provide wonderful health care to their communities.



<https://youtu.be/qHvhKHcx0Is>

This year World Family Doctor day (FDD) has been celebrated by more people in more countries. We have been overwhelmed by the number of activities notified. Our gratitude to all who have contributed, whether as individuals and on behalf of organizations. Our apologies if we could not include your favourite photograph or your personal story as some limits have been set in order to feature many different countries. Many other items have been loaded onto the FDD [Facebook page](#) Translating the words "World Family Doctor Day: May 19" has become important as the day spreads around the world, for example: into Spanish, Portuguese and Chinese.

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

It is clear that World Family Doctor Day has now become a major event on the calendar of family doctors worldwide. This year we have chosen to feature celebrations from [Nepal](#), as despite the very recent devastation of their country by two earthquakes, the general practitioners of Nepal made a celebration of World Family Doctor day and used it to pay tribute to the victims of the recent tragedy.

**WONCA President's message on World Family Doctor Day 2015**

## Activities around the world 2015

### WONCA East Mediterranean region

In the East Mediterranean region, the World Health Organization regional director Dr Ala Alwan has joined in the celebrations by sending a message to family doctors and member states. he underscores the importance of family practice for delivering quality primary health care and accelerating progress towards universal health coverage in the WHO EMR.

[read Dr Ala Alwan's message](#)

**Activities submitted by WONCA Member Organizations**

<a href="#">Argentina</a>	<a href="#">Caribbean</a>	<a href="#">Malaysia</a>	<a href="#">Republika Srpska</a>	<a href="#">USA</a>
<a href="#">Australia</a>	<a href="#">Chile</a>	<a href="#">Nigeria</a>	<a href="#">Romania</a>	<a href="#">Venezuela</a>
<a href="#">Bahrain</a>	<a href="#">Japan</a>	<a href="#">Pakistan</a>	<a href="#">Sri Lanka</a>	
<a href="#">Bangladesh</a>	<a href="#">Jordan</a>	<a href="#">Portugal</a>	<a href="#">Taiwan</a>	
<a href="#">Bosnia &amp; Herzegovina</a>	<a href="#">Macedonia</a>	<a href="#">Puerto Rico</a>	<a href="#">Turkey</a>	

**Featured country celebration – Nepal**

**General Practitioners Association of Nepal (GPAN).**



Despite the very recent devastation of their country by two earthquakes, the general practitioners of Nepal made a celebration of World Family Doctor day and used it to pay tribute to the victims of the recent tragedy. Prof Pratap Prasad (WONCA South Asia region president) who is from Nepal reports.

*I am forwarding clips of World Family Doctor day, organized by General Practitioners Association of Nepal (GPAN). We have been holding this day which we call World WONCA Day every year. Sadly this year our country was hit by a major earthquake and grief, death and destruction surround us.*



*Even in this crisis we hosted World WONCA Day, we paid our tributes and expressed our heartfelt condolences to all those who lost their lives, homes and loved ones. There were more than ten thousand deaths and fifty thousand casualties.*

*The members of GPAN from Kathmandu and outside the valley were present. GPAN president, Dr KK Rai, general secretary, Dr Sanjiv Tiwari, Dr Pratap Nayaran Prasad, WONCA South Asia regional president and other*

members of GPAN paid tributes and lit candles as a gesture to remember the loss of our nation over the past few weeks. National TV and other media were also present to witness our event which was later telecast in the main news bulletin.



Prof Pratap Prasad read the messages of Garth Manning, CEO WONCA and president WONCA Prof Michael Kidd. An audio clip is attached.

On behalf of GPAN, I would like to thank all of our WONCA executive and WONCA colleagues who showed their respect and tribute for this Nepalese tragedy. Thanks to all.

Prof Pratap Prasad

To find out how to help our Nepalese colleagues [click here](#).

## Argentina - Federación Argentina de Medicina Familiar y General (FAMFyG)

<https://youtu.be/MDOLjRyhv8>



## Australia - Royal Australian College of General Practitioners(RACGP)

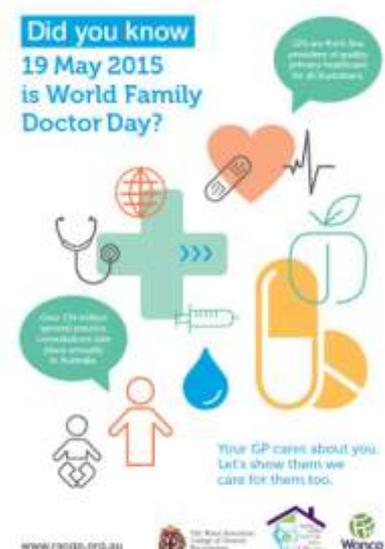
Tuesday May 19 is World Family Doctor Day. To celebrate and share the incredible work of GPs, the RACGP has launched a social media campaign that asks GPs to state why they chose general practice as a career, using the dedicated hashtag #IchoseGP.

The RACGP has developed posters for GPs to display in practice waiting rooms and graphics to share online, including Facebook and Twitter cover photos.

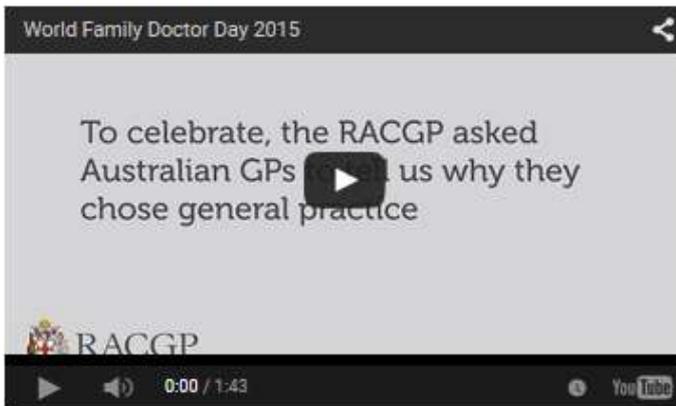
There is also a poster for GPs to download that reads “#IchoseGP because...”. We want GPs to download and print the poster on May 19, write their reason for choosing general practice in the space provided and post a photo of themselves holding the sign on social media with the hashtag #IchoseGP.

GPs are the first point of call for anyone experiencing illness or seeking health advice and the person-centered, continuous healthcare they deliver is the driving force behind a healthy Australia.

This World Family Doctor Day, tell the world why you chose general practice and together, let's raise the profile of the profession. Below is a [video](#) of our Council (Board) members responding to this question.



<https://youtu.be/wm4pettz-KE>



**Bahrain**

On the occasion of the world day of Family Physicians which is on Tuesday 19th of May and in conjunction with the celebrations on this occasion, Prof Faisal Alnasir, chairman of the department of Family and Community Medicine and former president of the Scientific council of Family and Community Medicine of Arab Board for Health Specialties presented on the research day of the college of medicine and medical sciences of the Arabian Gulf university a lecture on the situation of family medicine and the challenges facing family doctors in the EMRO region. The talk was attended by large number of faculty and important personal from the community and the Ministry of Health in Bahrain.



**Bangladesh -**

**Bangladesh Academy of Family Physicians**

The Bangladesh Academy of Family Physicians has celebrated the World Family Doctors Day 2015. In 1914 we observed the day for the first time in Bangladesh. This time we have chalked out a new logo for the WFDD, anyone interested may use it for future programmes. We celebrated the day in two phases:





WFDD 2015 Rally: Members of the Academy gathered in the early morning in front of the Academy Office at Hatirpool, Dhaka [photo]. There we joined a rally. Not only the members and doctors joined the rally, rather family members of the doctors and other enthusiastic local people also joined and enjoyed the rally. People were very curious and they kept us busy with explaining the significance of the day. At the end of the rally we enjoyed breakfast. Dr Hafizur Rahman-President, Dr Md. Abdul Quayum-Deputy Secretary of the Academy and Senior Family Physicians lead the rally.



#### WFDD 2015 Discussions & Education

Programme: The Academy organized a discussion on WFDD at 9.00 am. Prof. Ainul Islam Choudhury-Former President of the Academy presided over the meeting. Prof. Md. Nurul Islam-Former WONCA Vice President and Dr Md. Innamin-Academy Treasurer made power point presentations on the WFDD Day. Prof. Kanu Bala delivered a lecture on 'Management of Stroke in Family Practice' . Dr G. C. Dhar spoke on 'New in Medicine'. A good number of Family Physicians joined and enjoyed the programme [photo left].

Both the programmes were well organized and well participated.

[See more photos in attached complete report.](#)

## Bosnia and Herzegovina - Association of Family Physicians of FB&H

5th Forum of Family Medicine participants (left) with introductory address of Minister of Health of Canton of Sarajevo, Dr Emira Tanovic. (right)





Japan - Japan Primary Care Association



Jordan - Jordanian Society of Family Medicine (JSFM)



Scientific activity in the occasion of WFDD on 13 May 2015 at Jordan Medical Association

Below: 12 family physicians, one community physician and one pharmacist where the family physicians are from JSFM (left) and at right nurses providing a family planning assurance to women in reproductive ages



This activity to visit the Golden age home for the elderly (above right), where JSFM members visited and perform physical examination to 120 old persons re-evaluating their folders and providing assurance as well management, the participants are FP specialist and residents



**Macedonia –**

**Association of general practitioners- family medicine -ZLOMSM**

Dear colleagues,

We want to inform you that the Association of Macedonian general practice doctors are going to celebrate the World Family Doctor’s Day for the second time.

Unlike the last, this year the day we will be marked not only in the capital Skopje, but in other four cities in the country: Kocani, Tetovo, Veles and Bitola.

The celebration of the day in all cities will be unified in terms of activities:

- Blood pressure measurement
- Determination of cholesterol
- Determination of triglycerides

Activities will be realized by doctors and students from 5th and 6th year of Faculties of medicine and will be accompanied by suitable recommendations and advice on health and general condition, supported by appropriate educational- informative material.

This year the World Family Doctor’s Day will be marked by motto: Family doctor for a healthy family.

**Malaysia - Academy of Family Physicians of Malaysia**

Our Academy will be collaborating with our sister college , the Family Medicine Society of Malaysia , in organising the above celebrations. Both societies had a successful collaboration for our WONCA Kuching 2014 , and we are planning more collaborative events in the future .

Due to the fact that both societies had been extremely busy the last few months with their own activities , we are only planning a small scale mini carnival , partly as a learning curve for next year's grander celebrations. This will be on Sunday 24th May 2015 at the Marina Putrajaya , a picturesque lakeside location at the capital of Putrajaya.

**WORLD FAMILY DOCTORS' FUN**  
*in conjunction with*  
**World Family Doctors' Day Malaysia 2015**  
 Join Us at Our Carnival  
**"A Family Doctor For Every Family"**  
**24<sup>TH</sup> MAY 2015**  
 Laman Inderasari, Marina Putrajaya,  
 Presint 5, Putrajaya

REGISTRATION 7:45am  
 ZUMBA EXERCISE 8am – 9am  
 TALKS ON 'FAMILY DOCTOR' KIDS COLOURING WALK ABOUT AROUND OUR BOOTHS 9:15am – 10:15am  
 CHEF EZANI HEALTHY COOKING DEMO (MASTERCHEF WINNER) 10:15am – 11:15am  
 PRIZE GIVING TIME 11:15am  
**ALL FREE!**

Organised by:  
 ACADemy OF FAMILY PHYSICIANS OF MALAYSIA  
 Family Medicine Specialists' Association of Malaysia  
 Wonca

## Nigeria - Society of family physicians of Nigeria (SOFPON) Kogi State Chapter

The World Family Doctors Day, 2015 Celebration - The details are as follows:

Theme: Family Medicine : The Leading Edge

Dates: May 18th- May 20th, 2015

Day 1: May 18th

Event: Media Conference And Health Awareness Talks (see photo)

Venue: NTA / CTV/ Radio Kogi, Lokoja

Day 2: May 19th :

Event: Opening Ceremony And Lectures

Day 3: May 20th:

Event: Free Medical Outreach To Old Market Community, Lokoja

Venue : Comprehensive Health Centre, Old Market, Lokoja



## Pakistan

### College of Family Medicine Pakistan (CFMP)

College of Family Medicine Pakistan (CFMP) chalked out an elaborate program to celebrate World Family Doctors' Day on 24th May 2015 (Sunday) at NICH auditorium Karachi, with "A family doctor for every family" and "Universal Health Coverage" as the current year's motto. The program was well attended by around one hundred prominent family physicians of the city and members of academia as well as media.

The Scientific program comprised of one keynote address by Professor and Chair of Family Medicine at Aga Khan university Dr Waris Qidwai; and a lecture



on ethics by Dr Shehla Naseem, the secretary general of the College of Family Medicine.

The topic of Prof Waris Qidwai's keynote address was; "Present Status and Future of Family Medicine in Pakistan." He presented some valuable data on the status of Primary Health Care in Pakistan and its effect on the health indicators. He also highlighted the pertinent issues & challenges for Family Medicine in Pakistan namely:

- Lack of research
- Lack of unity among Family Physicians organizations
- Lack of symbiotic relationship between peers inside and outside the specialty
- Challenge of recruitment and retention
- Need for mandatory undergraduate teaching in Family Medicine in all medical colleges in Pakistan
- Initiation of new

post graduate training programs  
- Re-certification & Continuing Professional Development programs



Secretary General CFMP Dr Shehla Naseem, presented a lecture on "Ethics in Family Medicine." She elaborated on the fact that patient has the right to medical treatment, information about their disease and Medicine "Everyone has the right to choices, the right to privacy and the right to complain" she said. She also discussed some interesting dilemmas in ethics encountered in family medicine practice with the audience.

[Read full report and see more photos.](#)

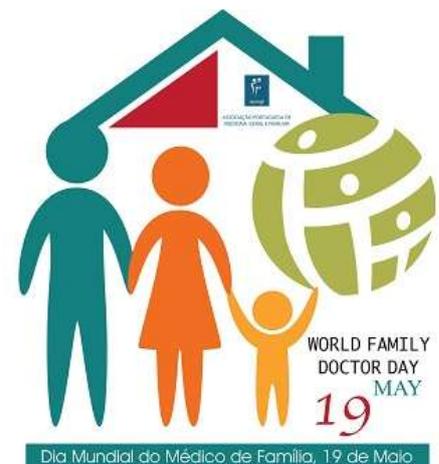
## Portugal - Portuguese Association of General and Family Medicine (APMGF)

The Family Doctor Day (FDD) activities in Portugal covered almost the whole country. In more than 60 cities and towns, over 400 family doctors and Family Medicine residents established street meeting points, where they approached passers-by/bystanders, explaining the mission and skills of family doctors and their importance within the health system. They also handed out balloons, stickers and t-shirts with the FDD logo. Three different t-shirts were produced: one for the doctors, with the phrase "I am a family doctor" and two for the citizens, with the phrases "I have a family doctor- smile" and "I still don't have a family doctor – sad face". Furthermore, the people that were approached in the street received a postcard, where they could write suggestions on how to improve primary care coverage and the family doctor's work quality standards.

Early in the morning, an official celebration session was organized in Lisbon, with the participation of the Portuguese Association of General and Family Medicine's current and past presidents, the National Medical Council president and the Health Secretary of State. A short film, entitled "To be a family doctor", developed by 12 Family Medicine residents and focused on the daily routine of family doctors was exhibited (the film is available on APMGF's website). In the evening, a cultural soirée took place in Coimbra. Family doctors from the central part of the country were able to invite their patients to attend the event.

*Photo: Activities in Oporto*

The media coverage of FDD in Portugal was outstanding. On the 18th, the vice-president of the



Portuguese Association of General and Family Medicine (APMGF), Jorge Brandão, was invited to an in-studio interview in one of our national TV Channels (TVI24). During 9 minutes, he explained the day's activities, the added value of family doctors in health promotion strategies and to the well-being of families, describing in addition the current context of primary care delivery in Portugal and what must be changed to improve the quality of care. Early on the 19th, Rui Nogueira, APMGF's president, was also in a TV news morning show, in another TV channel (RTP1). Besides information concerning the celebration program and activities, Rui Nogueira commented the present working conditions of family doctors in Portugal, what they can offer the population and the regional differences in quality of care that still persist in the country. He strongly advocated new admissions of family doctors for the National Health Service, as a rational measure to ensure better health outcomes and the financial sustainability of the entire healthcare system. Numerous stories regarding FDD and the family doctors in Portugal were broadcasted in TV and radio news bulletins and several articles were printed in the national and regional press.

We are happy to report that FDD had a profound effect in our political establishment. The Health Ministry released a statement on the very same day, promising the reintegration of retired family doctors that wish to return to active work, through a special salary package, admitting that in several regions there is a shortage of family doctors. This is considered an important step, since there is need for an additional 800 family doctors in the field, according to APMGF's estimations. The country has a large number of doctors in Family Medicine vocational training, but they will only be able to cover populations needs in 2018, hence the relevance of attracting retired doctors back into the system.

*Photo: This lady still doesn't have a family doctor and she has a t-shirt to prove it!*



The following day (20th), Portugal's Prime Minister reaffirmed in Parliament that the current government is committed to give a family doctor to every Portuguese citizen, until the end of the legislature. Also on the 20th, the main opposition party presented its official programme for the upcoming elections and amongst the 21 main proposals explained in a busy press conference is, in fact, the creation of 100 new family health units, the core unit in primary healthcare and where family doctors have a pivotal role.

## Puerto Rico - Academia Medicos de Familia de Puerto Rico

<https://youtu.be/CuDAHjm1tzg>



## Republika Srpska –

### Association of family medicine doctors Republika of Srpska

Program of Celebration of World Family Doctor Day - on 18 May 2015. Hotel Leotar Trebinje –Republic Of Srpska (Bih). Topic“ Prevention Rather Than Cure” 17:15 to 18:45 "Everything you wanted to know about stress ..."

"How to prevent burn out syndrome". "How to communicate bad news"  
Lecturer: Dr Zoran Ilic, psychotherapist, psychiatrist

19:00 to 19:25 "The benefits of the unique formulation of preparations containing heparin dimethylsulfoxide "  
Lecturer: Mr ph Davorka Kopanja

19:25 to 19:45 "Modern treatment of diabetes mellitus are"  
Lecturer: Dr Mirjana Babic, spec. Family Medicine

19:45 to 20:00 "The innovative approach and reliable treatment of asthma and chronic obstructive Lung Diseases "  
Lecturer: Dr Biljana Bogdanovic - pneumophtisiologist

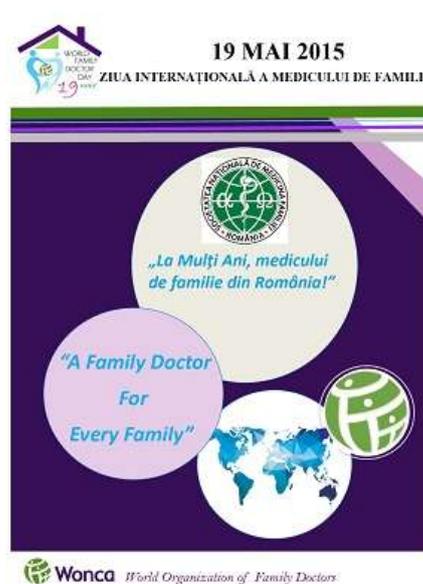
20:00 Gala Dinner  
Program of Celebration of World Family Doctor Day - on 19 May 2015. Town Square -Trebinje

09:00 to 11:00 Organized by the employees of the family medicine Trebinje:  
• Free Measurement of certain parameters of health: blood pressure, fat and sugar in the blood  
• Share tips and information leaflets to citizens about health lifestyles

### Romania - National Society of Family Medicine (SNMF)

Debates, symposia, press release, newsletters, articles in media (print papers, online papers, radio interviews, tv news). Photo shows symposium in Bucharest.

We are very glad that our previous suggestion to prepare a campaign kit was set into practice. We are very proud to be members of this celebrating day. The Romanian Family Doctors are celebrating every year this day and share nationally their commitment for this extraordinary specialty



### Sri Lanka – College of General Practitioners of Sri Lanka.

Sri Lanka Daily News Vol 97 No 117. Tuesday May 19, 2015 (right)

[see article on Exhibition and health camp at Aralaganwila](#)

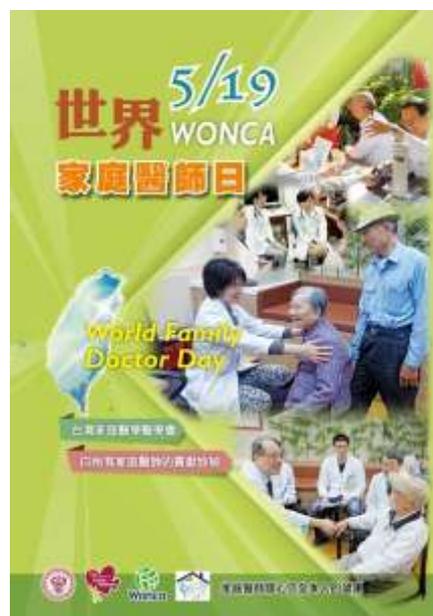
## Taiwan - Chinese Taipei Association of Family Medicine



### 519世界家庭醫師日

For 2015 Family Doctor Day, we designed a new poster and announced a writing competition entitled “Family doctor and I “. The idea is to inspired people writing stories about how their family doctors interact with them and their families. We also asked for submissions from the medical students, residents and family physicians to tell the reason why they choose to be a family doctor and their valuable experience on taking care of patients. There was an awarding ceremony on May 17 (photo above) .

We have obtained seven articles by now and all the stories are so impressive. We will notify the media to celebrate the important event to honor the family doctors all over the world. We truly believe that the family doctors embody the greatness in ordinary daily practice.



## Turkey - TAHUD

TAHUD has planned a series of activities for the celebration of World Family Doctor Day, May 19.

### WONCA Europe 20th and TAHUD 25th Memorial Forest

With a lovely occasion 20th anniversary of WONCA Europe is the 25th anniversary of TAHUD (and this is to be further celebrated at the WONCA Europe conference in October). We feel privileged to celebrate both anniversaries on World Family Doctor Day. The memorial forest will be formed in Riva, Istanbul and on May 19 we visited the planting site reserved for us for the first part of planting and having picnic. The scene was beautiful with the greens and branches of Judas trees.

### Trekking in Sinop

On May 19, World Family Doctor Day Turkish family doctors organized a trekking activity in Sinop, a beautiful city located in



northern Turkey, Black Sea seashore famous for its natural scenery encompassing the sea and vast forests in its steep slopes. It was an enjoyable day with family doctors from different regions of Turkey. Family doctors visited Inalti Cave which is 1070 m high from sea level as well.

### Cycling Event

Turkish family doctors celebrated World Family Doctor Day, May 19 with a cycling event in Izmir, western Turkey. With their t-shirts designed and printed specifically for this activity family doctors rode bicycle 5km along the seashore of Izmir.



## United States of America (USA)

### American Academy of Family Physicians (AAFP) - North Carolina Academy of FPs

The North Carolina Academy of Family Physicians celebrated North Carolina Family Medicine Day on May 16, 2015. The day included workshops attended by medical students, and run by faculty and residents from North Carolina FM residency programs. It was a day to celebrate family medicine, meet mentors and leaders. It ended with a party and recruiting to Family Medicine Residency Programs.

Residents, faculty, students and staff wish our colleagues a great #worldfamilydoctorday. To access video greeting. <https://vimeo.com/128214085>



## Venezuela

<https://youtu.be/ZJCM4aNETkg>



## Other Activities

### Algeria

On the occasion of the world Family Doctor Day, the Algerian Society of General Practice organized an awareness campaign programs for the population on the role and benefits of family physicians.

This information campaign is being in time that will affect the local radio channels to inform more people.

We thank Dr Mohammed Tarawneh, president of WONCA East Mediterranean region for his availability during the first show.

I wish every success to our colleagues around the world. The Algerian society of GPs is in process to join WONCA, which is a great opportunity to expand also in North Africa



### China Medical Tribune promotion

General Practice Weekly designed a poster according to the WONCA official poster, and organized an activity on new media such as micro message, micro blog, APP to collect personal posters and articles from family doctors, general practitioner and other readers. The theme of the activity is 'I'm a family doctor, I endorse myself'.

They requested a message from the WONCA President: *World Family Doctor Day recognises the important contributions GPs and other family doctors make every day. This is especially important in China where the government has a strong focus on strengthening and supporting the work of family doctors to ensure that health care is available to all people in urban and rural areas across China. Thank you for the great work you are doing in delivering high quality health care to the people of your community.* Michael Kidd

And a message from the WONCA CEO, Garth Manning: *World Family Doctor Day – 19th May - is a day to highlight the role and contribution of family doctors in health care systems around the world. The event has gained momentum globally each year and it is a wonderful opportunity to acknowledge the central role of our specialty in the delivery of personal, comprehensive and continuing health care for all of our patients. It's also a chance to celebrate the progress being made in family medicine and the special contributions of family doctors all around the world. Of course this is especially true of China, where great developments in family medicine are happening. We pay tribute to all our colleagues in China who are doing so much to help to deliver quality family medicine to communities right across the country.*

### Indonesia - Mitra Sehati family doctors

In conjunction with the World Family Doctor Day which falls on the 19th of May, an event was held here in Griya Mitra, a place located in a sub-district called Cinunuk, in the outskirts of Bandung, Indonesia by the family doctors from Mitra Sehati, a family medicine oriented clinic – the "walk for health".

Prior to the walk a medical check-up was done and vital signs done as a large number of participants have controlled hypertension and come from the middle-age group.

Albeit the tiring day, the participants showed a very high level of sportsmanship and warmth despite their busy schedule.



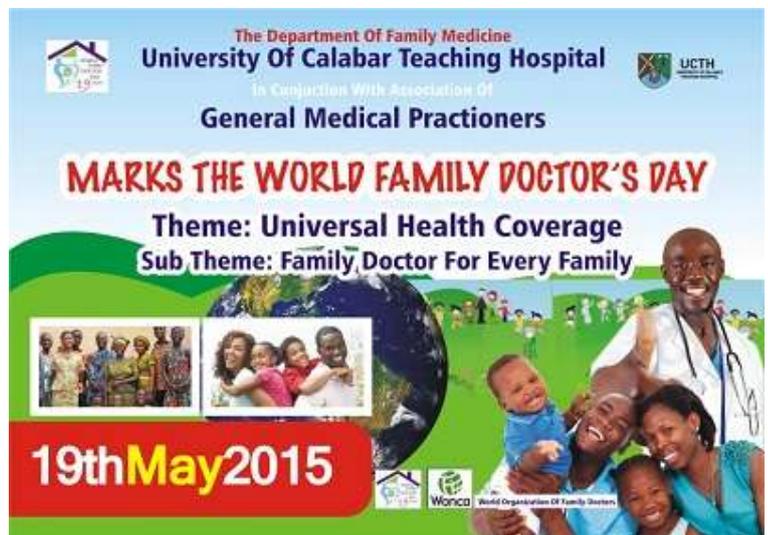


## Nigeria Calabar

### Department of Family Medicine, University of Calabar Teaching Hospital, Calabar, Cross River State

In Calabar, we have decided to embark on some activities to commemorate this day. Our planned activities for the World Family Doctors Day include but are not limited to:

1. Road health walk, health awareness campaign and sensitization tour to various stakeholders in the health sector including the State Governor, the Commissioner for Health and the Chief Medical Director of the University of Calabar Teaching Hospital.
2. Awareness talk on GOOD MORNING CROSS RIVER TV show programme of the Cross River Broadcasting Corporation (CRBC) station.
3. Health talk will be given to the general public as well as educational materials like fliers and hand bills.
4. Family Doctors will wear the World Family Doctors Day (WFDD) T-Shirts with the prescribed logo for all activities of the day.



The entire event will be carried out in collaboration with the Association of General and Private Medical practitioners of Nigeria (AGPMPN), Cross River State Chapter, with the aim of sending the message across to the rural communities.

#### Planners

Dr Udemé Asibong (Head of Department), Dr Usang Ekanem (Chairman, AGPMPN, CRS Chapter), Dr Tony Aluka (Chairman LOC), Dr Promise Adat (Assistant Chairman LOC), Dr Ifeyinwa Aflukwe (Secretary LOC), Professor Ndifreke Udonwa (Adviser), Dr Abraham Gyuse (Adviser), Dr Ita B. Okokon (Adviser), Dr Udo K. Ogbonna (Adviser), Dr Okoi Nta (Adviser), Dr Elvis Bisong (Adviser)

## Pakistan - FMEC

In Pakistan Family Medicine Education Center (FMEC) celebrated the World Family Doctor Day in the auditorium of Allama Iqbal Medical College, Lahore. Professor Mahmood Shaukat, Principal Allama Iqbal Medical College was the chief guest.



Proceedings started with the lecture on “Prescribing for the whole family” (especially child, pregnant and old age) by Professor Saeed Anwar, Professor of Pharmacology Akhtar Saeed Medical College, Lahore.

After the lecture Video Message of WONCA President Professor Michael Kidd was presented. Participants clapped after the message.

Senior family doctors were invited to sit on the stage. A one minute tribute to senior family doctors was given by the audience.

Chief guest professor Mahmood Shaukat congratulated FMEC on celebrating WONCA’s World Family Doctor Day and become part of international family of family doctors. Bouquets were presented to senior family doctors by the chief guest.

*Photo Dr Shahid Shahab Direct Member WONCA highlighting the importance of World Family Doctor Day*



A bouquet presented to the chief guest by Dr Sarwar Chaudhry, the senior most family doctor and Ex president of Pakistan Medical Association. The ceremony concluded at Lunch.

A large number of family doctors participated in the program and in and out of the auditorium, there were signboards and hoardings of WONCA Logo and theme of World Family Doctor Day.

## Turkey EMRF

### Eastern Mediterranean Family Medicine Group

Boat tour and brunch with family physicians.



**WORLD FAMILY DOCTOR DAY**

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**BOAT TOUR & BRUNCH EVENT**

**MAY 19th 2015**

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