



# Wonca NEWS

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**2021**

DECEMBER





# Wonca

World family doctors. Caring for people.

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# FROM THE PRESIDENT

DECEMBER 2021

## DR ANNA STAVDAL



As we were unable to meet in person, the WONCA World Council and Conference had to take place virtually.

A big thank you goes out to all of you who contributed to make it happen!

The WONCA Council is our parliament. Organising the General Meeting in accordance with our bylaws is a prerequisite to make decisions on governance and business in a transparent and democratic way.

The World Conference is a highly needed meeting place, where we can exchange ideas, research and reflections, - and not least provide support to each other, throughout our entire global community.

To be inaugurated as President of WONCA for the next biennium makes me proud, happy, and humble. The transition of the presidency provides the opportunity for us to ask where we, as WONCA, find ourselves now, and how the current global situation will influence the plans for our work.

The ongoing pandemic affords us a golden moment to make a case for Primary Care and Family Medicine. *Health for all* is our vision, and here is how I see our mission:

Now, more than ever, what the world needs is high-quality Primary Care, a close-to-home healthcare hub that functions in seamless collaboration with Social Care and Public Health services, as well as with hospitals.

This requires a strong, multi-professional team with a qualified Family Medicine doctor onboard.

In preparation for the transition of the presidency, I revisited the three essential goals I emphasised when I stood for election in 2018:

- Build identity.
- Increase visibility.
- Exert influence.

I have found that they stand their ground as headlines for the actions needed in the near future. The challenge is to put these slogans into actionable initiatives, and that is the first task for me and the new WONCA Executive Committee to work out. And we have already started. The Executive Committee held its first meeting at the start of this month, and by mid-January, a plan of work will be in place.

At this point in time, at the start of this tenure, I have two messages for you:

The first one is a request for feedback and input.

To make sense and be useful for our members, the work of the Executive Committee needs to resonate with their needs. Feedback loops are necessary to ensure that we're on the right track.

The infrastructure of WONCA points to two main highways for members to provide input. The first highway is through the Regional Councils and the Regional Presidents, of whom all sit on the WONCA Executive Board. They are your spokespersons. They have ears to the ground and can voice needs and views from your home turf.

Whereas the structure of the elected bodies is somewhat hierarchical - from member organisations to regional level up to the global level, the second highway is the Working Parties and Special Interest Groups (WPs/SIGs), established on the basis of professional interest, not geography. The Chairs are the spokespersons and can convey input and feedback. It is high on our agenda to further improve the collaboration between WPs/SIGs and the Executive Committee; and the communication among WPs and SIGs themselves. We are all working for the same cause, from different perspectives and with multiple points of departure. There should be a huge potential to identify possible synergies between the diverse groups.

Together, these highways provide an infrastructure that allows all members to come forward with views and input. I invite you to help us utilise the unused potential of our organisational infrastructure.

The second message is that we need to refine our professional voice in advocacy for our cause. Far too often, people accuse medical doctors of exploiting the professional advice we give as a shield to hide behind while we're grabbing at higher status, more privileged working conditions and, of course, more money. Through WONCA, meanwhile, it becomes clear that what we aim for is professional development, providing *evidence* based on *experience*, and *advice* based on *best practice*, committed to achieving the *best outcomes for our patients*. The better we recognise and develop that way of understanding our role, the more we can refine our professional voice. That's how we gain trust. That's how we safeguard the legitimacy of our advice. The prices charged for our services are negotiable. The values - personal, continuous, comprehensive care - are not.

We are living through difficult times in this pandemic. But we shall never forget that, wherever we are, family doctors are educated, privileged and trusted people in our communities.

We have an obligation to speak up on behalf of those less privileged. The pandemic is not over, and we will continue our work as professionals in the first line of health care.

In a few weeks, we will celebrate New Year. It is time to take stock and prepare for efforts in 2022.

I am looking forward to working with and for you all. I wish one and each of you the very best. Take care of yourself and each other. Together, let us build a bright future!

**DR ANNA STAVDAL**  
WONCA PRESIDENT

Also available in:

[Español](#)

[Français](#)

[中文](#)

# EXECUTIVE COMMITTEE 2021-2023

The beginning of a new phase for WONCA, with the appointment of Dr Anna Stavdal as President of our organisation. We also welcome new members to the WONCA Executive Committee.



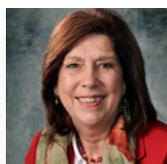
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WONCA President



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WONCA immediate  
Past President



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KAREN FLEGG**  
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Member-at-Large  
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ASTIER-PEÑA**  
Member-at-Large



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President Africa Region



**ASSOC PROF MOHAMMAD  
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**DR SANKHA  
RANDENIKUMARA**  
Young Doctors'  
Representative



**DR TARIQ AZIZ**  
President South Asia Region

# F R O M T H E E D I T O R

## WELCOME TO THE LAST EDITION OF WONCA NEWS 2021.

This issue marks the beginning of a new phase for WONCA with the appointment of Dr Anna Stavdal as President of our organisation.

In [her first column as WONCA President](#), Dr Anna Stavdal shares some reflections on the WONCA World Conference and WONCA Council meeting (both held virtually), her appointment as President, as well as the plans and goals for our organisation in this new phase.

WONCA News December also welcomes [new members to the WONCA Executive Committee](#): WONCA President-Elect, Associate Professor Karen Flegg (Australia), President of WONCA Africa, Dr Dan Abubakar (Nigeria), President of WONCA Asia Pacific, Associate Professor Mohammad Husni Jamal (Malaysia), President of WONCA North America, Dr Jeff Markuns (USA), President of WONCA South Asia, Dr Tariq Aziz, our new Young Doctors Representative, Dr Sankha Randenikumara, and our Executive Members at Large: Dr María Pilar Astier-Peña, Prof Shabir Moosa and Prof Val Wass.

Our best wishes and every success for all!

In this edition, we thank all those who were part of our virtual WONCA World Conference. Sessions will be available on-demand shortly, so please use your credentials to access the full content. This issue also contains information on our [upcoming WONCA Conferences worldwide](#): the WONCA Europe Conference in London 2022, the WONCA World Rural Health Conference 2022 in Limerick, Ireland, and the WONCA World Conference 2023 in Sydney, Australia. Click on the banners for more information.

Discover in this edition the latest news of our Working Parties and Special Interest Groups such as the [WONCA WP on eHealth Webinar Series](#), the [WONCA – Besrouer Early Primary Care Researcher Prizes](#), the participation of the WONCA SIG in Family Violence on the [16 Days of Activism against Gender-Based Violence 2021 campaign](#), and the latest entry of "[Ageing Lines](#)" from our [WONCA Special Interest Group on Ageing and Health](#).

WONCA News December is also dedicated to [Universal Health Coverage Day](#). WONCA joined this global movement to promote the delivery of quality health services to everyone, everywhere. [UHC Day was also an opportune moment to bring the “30by2030”-campaign](#) back into the spotlight. Read more about this campaign [here](#).

Last but not least, meet our Featured Doctor for this month, [Dr Noor Harzana from Malaysia](#), WONCA World Rising Star Award winner 2021.

To close this edition, do not miss out on the most recent announcements and updates from the WONCA Family.

I hope you enjoy this issue, and please remember that you can drop me a line (or an article!) at [editor@wonca.net](mailto:editor@wonca.net).

Happy reading, and stay safe!

Sincerely,

*Maria Dolores Zavala,  
WONCA Editor*





# Virtual Wonca

23<sup>rd</sup> WORLD CONFERENCE OF  
FAMILY DOCTORS 2021

WONCA NEWS

## THANK YOU!

The 23rd WONCA World Conference was successfully held completely virtually. Thank you to everyone who was part of this important event.

Sessions will be available on demand shortly. Please use your credentials to access the full content.

Enjoy the Opening Ceremony session

Dr Anna Stavdal, WONCA President, shares her vision for the Organization at the WONCA World Conference 2021.



[PLAY VIDEO](#)



[PLAY VIDEO](#)

[GO TO THE OFFICIAL WEBSITE](#)

SAVE THE DATES  
AND REGISTER!



**WONCA WORLD RURAL HEALTH CONFERENCE IN 2022 - LIMERICK, IRELAND**



**27TH WONCA EUROPE CONFERENCE 2022- LONDON, UK**

INNOVATING FAMILY MEDICINE TOGETHER FOR A SUSTAINABLE FUTURE

**LONDON**  
WONCA2022  
27<sup>TH</sup> WONCA EUROPE CONFERENCE

**28 June - 1 July 2022**  
ExCel London

Wonca  
 RCGP Royal College of General Practitioners  
 GUARANT

[www.woncaeurope2022.org](http://www.woncaeurope2022.org)

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**WONCA WORLD CONFERENCE 2023 - SYDNEY, AUSTRALIA**

26-29 October 2023 *Sydney, Australia* [wonca2023.com.au](http://wonca2023.com.au)

## WONCA eHEALTH WEBINAR SERIES

On December 8, the [WONCA Working Party on eHealth](#) started a series of webinars with the session "[Population Health for Low / Middle income and Remote Rural Regions-Public Health Foundation of India Digital Health Novel Models of Care](#)".

On this occasion, the webinar's main speaker was Dr Prabhakaran Dorairaj, Vice President (Research and Policy) and Director, Center for control of Chronic conditions, Public Health Foundation of India

During the session, Dr Prabhakaran Dorairaj shared his insights and experiences on Digital Health focused on Low/Middle-Income countries.



[JOIN THE THIS WP](#)

This session marks the beginning of a series of webinars developed by the WONCA Working Party on eHealth about Digital Health and Healthcare Practices dedicated to Family Physicians.



## WONCA - BESROUR EARLY PRIMARY CARE RESEARCHER PRIZES

The WONCA Working Party on Research and the Besrou Centre for Global Family Medicine inaugurated the WONCA Besrou Early Primary Care Researcher Prizes at the 23rd WONCA World Conference of Family Doctors 2021. This program was developed to encourage primary care researchers in low-and middle-income countries.

The prizes are generously funded by Dr Sadok Besrou and will be presented annually, alternating between the WONCA World Conference and the Family Medicine Forum at the College of Family Physicians of Canada.

We are pleased to announce the recipients of this year's prizes.



Congratulations to Dr. Beesan Maraqa from Palestine for *Best Oral Presentation: 'Prevalence of SARS-CoV-2 antibodies among Palestinian population: a Primary health centers-based, cross-sectional study'*.



Congratulations to Dr. I Md Ady Wirawan from Indonesia for *Second-Place Oral Presentation: 'Feasibility of using telehealth in primary care for risk stratification and health education among high-risk groups during COVID-19 pandemic'*.



[JOIN THE THIS WP](#)

**SPECIAL INTEREST GROUP ON FAMILY VIOLENCE****16 DAYS OF ACTIVISM AGAINST  
GENDER-BASED VIOLENCE**

Image Credit: unwomen.org

**WONCA SIGFV CO-CHAIRS**

HAGIT DASCAL-WEICHHENDLER

NENA KOPCAVAR  
GUCEK

RAQUEL GOMEZ BRAVO  
(CO-CHAIR ELECT)



**JOIN THE THIS SIG**

While Family Violence and Gender-Based Violence have been around for thousands of years – the COVID-19 pandemic has changed the reality for all of us: patients, families, survivors/victims, perpetrators of violence, and especially for the healthcare personnel. Nearly 1 in 3 women have been abused in their lifetime. In times of crisis, the numbers rise. A new report from UN Women, based on data from 13 countries since the pandemic, shows that 2 in 3 women reported that they or a woman they know experienced some form of violence and are more likely to face food insecurity. Family violence has massive physical and mental health impacts. As health care professionals in the frontline, we have a crucial role to play in facing this shadow pandemic, offering proper care to survivors and their families. As leaders in our communities, we must also play a role in preventing further violence!

The United Nations declared 16 Days of Activism against Gender-based Violence (November 25th-December 10th): “Orange the World: End Violence against Women Now!”. Orange symbolizes a brighter future free of violence. This year marks the 30th anniversary of inspiring people around the world to move from 16 days of activism to 365 days of action to end gender-based violence.

The Special Interest Group on Family Violence and its members collaborate in training, research, authoring guidelines, training materials and other resources for health care teams and patients. We are endorsing these campaigns and calling all WONCA members, National Colleges, WONCA networks, working parties and special interest groups to join us in raising awareness, increasing health staff capacity to respond and other actions to end family and gender-based violence.

**WONCA SIGFV Resources:**

[WONCA SIGFV website](#)

WONCA SIGFV WEBINAR 2020 #4: [Dealing with Family Violence during COVID-19](#)

WONCA Europe Conference SIGFV Keynote speech (Berlin): [Visions on Family Violence Care](#)

Find more information about the 16 Days of Activism against Gender-Based Violence [here](#).

## SPECIAL INTEREST GROUP ON AGEING & HEALTH

# AGEING LINES: STORIES FROM CAREGIVERS AND ELDERLY PATIENTS

### CARE FOR THE CARER: THE NEED FOR UNIVERSAL HEALTH COVERAGE



Sometimes in our busy clinics we may overlook the carer of our older patients. The older people themselves often have quite complex needs and the carer is concerned about them, but what about the carer themselves? Often in fact these carers are stressed and anxious, have difficulty coping themselves, and are fearful about how they will manage increasing demands into the future.

As front line health workers in the community we GPs have a wonderful opportunity to reach out to the carers of our older people. We need to ensure that they are also cared for, and we need to give them tools and permission to care for themselves.

We can suggest that it is right for them to have time out and have another family member step in for a few hours or a few days. We need to suggest simple ways in which they can care for themselves in terms of exercise and diet. We need to check their physical and mental health, which is often suffering from the stress of caregiving.

Caring is much easier in those places where access to first line health care is free. Caring is expensive, and carers often reduce or stop work, meaning they have less funds for looking after their own health. WE need universal health coverage not only for our older patients themselves, but also for their carers.



Photo Credit: eberhard grossgasteiger on unsplash



# UNIVERSAL HEALTH COVERAGE DAY

[Universal Health Coverage Day](#) on 12 December is the annual rallying point for the growing movement for health for all. It marks the anniversary of the United Nations' endorsement of universal health coverage in 2012.

Under the theme, Leave No One's Health Behind: Invest in health systems for all, this year's campaign promotes equal access to quality essential health services by showcasing advocacy efforts and stories of the millions of people waiting for health. The [2021 campaign](#) also calls on leaders to invest in health and reminds the world about the imperative of [Universal Health Coverage \(UHC\)](#).

UHC Day 2021 Campaign is built up around five key messages:

- **Equity:** balance the scales to ensure fair access to care
- **Resilience:** create health systems that protect everyone
- **Investment:** direct funding towards a healthier, safer future
- **Accountability:** drive stakeholders to act for accountability
- **Collaboration:** forge common ground for global progress

## PRIMARY CARE AND UNIVERSAL HEALTH COVERAGE

As a professional organisation representing thousands of family doctors and general practitioners globally, WONCA strongly supports Universal Health Coverage.

**LEAVE NO ONE'S  
HEALTH BEHIND:**  
Invest in Health Systems for All

12.12.2021 | UHCDAY.ORG | #HealthForAll | #UHCDay

*Credit: universalhealthcoverageday.org*

Primary Care is a cornerstone of Universal Health Coverage. Every year, WONCA joins this global movement to promote the delivery of quality health services, including primary care, to everyone, everywhere.

This year, WONCA President, Dr Anna Stavdal, shared a reflection on the role of family doctors in the delivery of health for all.



“Health for All requires qualified health professionals in the first line of care, in the communities. UHC means a family doctor for every family!”



**Dr Anna Stavdal**  
WONCA President





# UNIVERSAL HEALTH COVERAGE DAY

## 30 BY 2030

We also take the opportunity to call for major international donors to assign a part of their disease-oriented categorical budgets, increasing to [30% by 2030](#), to strengthening horizontal Primary Health Care systems so that all diseases can be prevented and people treated in a comprehensive way.

### The achievement of Universal Health Coverage requires strengthening Primary Health Care: the “30by2030”-campaign!

by Bianca De Sà e Silva

Celebrating Universal Health Coverage Day is a very opportune moment to bring the “30by2030”-campaign back into the spotlight.

This campaign, launched in late 2020, aims to shed a light on the global problem of unequal investments in health care in low- and middle-income countries and calls for action to increase funding for Primary Health Care.

While primary care is recognized by the WHO as the cornerstone of Universal Health Coverage, primary care facilities worldwide are still largely underfunded. On the other hand, large sums of donor investments are directed to disease-specific programs, leading to inequity by disease.

As the backbone of universal health coverage, health workers need:

Protection  
Support & Resources  
Fair Pay

To keep us healthy in crisis & calm.



12.12.2021  
UHC DAY.ORG  
#UHCDay | #HealthForAll

Credit: [universalhealthcoverageday.org](http://universalhealthcoverageday.org)

“30by2030” calls for increase in direct investments to strengthen primary care and advocates for diagonal investments: when major donors launch a call for project proposals focusing on specific health conditions such as HIV, diabetes, mental health conditions, tuberculosis, malaria, or more recently, COVID-19 in low- and middle-income countries, applicants should make clear how they are going to improve primary healthcare service delivery and channel 30% of the resources into strengthening such service.

Access the website [30by2030.net](http://30by2030.net) to learn more about the campaign and sign the petition!



# 2021 UNIVERSITY OF TORONTO FAMILY MEDICINE REPORT



The personal stories in this report illustrate the many challenges and triumphs of family doctors during the ongoing pandemic.



The [2021 University of Toronto Family Medicine Report](#), launched by the Department of Family and Community Medicine (DFCM), is a celebration of all those working on the frontlines during the COVID-19 pandemic — their stamina, optimism, adaptability and compassion.

The Report is authored by nearly 100 family doctors and health care providers from across Ontario, Canada and beyond. On the theme ‘caring through crisis’, it features personal stories, reflections and anecdotes that represent just a small fraction of the incredible work happening in family medicine and primary care, as well as data from the University of Toronto Practice Based Research Network (UTOPIAN).

The personal stories in this report illustrate the many challenges and triumphs of family doctors during the ongoing pandemic. While some of these challenges continue, the stories highlight the strength of family medicine and the importance of building a health system with strong foundations in primary care.

But most importantly, the stories reinforce the value of personal connection — between health providers, medical specialties and the communities we serve — as we strive to improve health for all.

The 2021 University of Toronto Family Medicine Report is dedicated to all those affected by the COVID-19 pandemic – those who have lost their lives and the lives of loved ones, the family doctors, primary care providers and all those who have made huge personal sacrifices in the service of others, as well as the families and friends who have made these sacrifices possible.



With information of Family & Community Medicine - University of Toronto

F E A T U R E D  
D O C T O R**NOOR  
HARZANA****MALAYSIA**

Dr Noor Harzana from Malaysia is the WONCA World Rising Star Award winner 2021.

This award is based on WONCA's 5-star Doctors award and its purpose is to recognize a young doctor who has demonstrated a drive for excellence in Health Care.

Many congratulations to Dr Noor Harzana! Discover more about her work and experience below.

**WHAT ARE YOU  
CURRENTLY WORKING  
ON?**

I received my MD from University Science Malaysia in 2004 and Master in Family Medicine from University Malaya in 2015. I was gazetted as Family Medicine Specialist (FMS) in 2016 and fully certified as FMS in 2017. I have been working at a public health clinic (Pandamaran Health Clinic) since then. My clinic is a great place to work. All the staffs are dedicated and receptive to ideas. Our communities and neighbouring hospitals are friendly and reliable. My clinic delivers primary care services, including maternal and child health care, communicable and non-communicable diseases,

adult, adolescence, elderly care, methadone maintenance therapy and other special programs.

My clinic caters a population of 190 000 and about 8% were in the elderly group. The daily clinic attendees were about 800-1000 patients, served by 120 staffs, which include 3 Family Medicine Specialists, 25 medical officers and the rest are the paramedics and allied personnel. I conduct an average of 15 to 30 consultations per day. I had great interest in elderly care and is currently pursuing subspeciality training in Primary Care Geriatrics since

2020. Prior to my sub-specialisation training, I worked most days at the resident clinic but once a month travelled to a satellite clinic; which is an island located 30 km away from the main clinic to provide services there. However, during the sub-specialisation training, I had two days per week geriatric attachment at Kuala Lumpur Hospital and University Malaya Medical Centre.



## **TELL US ABOUT YOUR EXPERIENCE AS A FAMILY DOCTOR?**

I am glad that I chose Family Medicine as a platform to serve the community. In this field, I become a personal doctor for many people and their families, coming with undifferentiated problems, people of all ages and varied health conditions. I am also able to connect my staff with community resources. Together with my team, we provided a point of contact for patients and their families through the Family Doctor Concept (FDC) with the theme of 'One Family, One Family Doctor'. We assigned doctors and paramedics into groups to take care of health concerns and needs of families in the community.

Through this concept, we see all family members in one sitting. In strengthening the program, we introduced measures to improve data capturing of family populations, NCDs and elderly registry. We are fortunate because the clinic uses an electronic system in capturing data through the Tele Primary Care System (TPC). We are now moving to a new system TPC-OHCIS (Tele primary Care-Oral Health Clinical Information System), where richer data can be captured.

I supervised several clinical projects such as the Q-SIS project to improve Tuberculosis Direct Observation Therapy (TB DOT), Pain as 5th Vital Sign in collaboration with a private general practitioner, Quit Smoking Program, RESPIRE project to improve asthma care, Patient Navigation Program for fast tract detection and management of breast cancer, Wound Care with Modern Dressing, Diabetic Mentor-Mentee Program to improve diabetic control through community participation, and Infectious disease projects such as Hepatitis C Screening and Direct Acting Antivirals (DAAs) treatment, and management of Sexually Transmitted Disease, especially among transgenders.

I am part of the District Primary Care and Emergency network to improve the referral pathway between Primary Care and Emergency Department of Tengku Ampuan Rahimah Hospital.

During the COVID-19 pandemic, I participated in setting up the clinic's new norms, vaccination program, especially for the elderly, managing outbreaks in nursing homes together with geriatricians and public health specialists. I handled positive COVID-19 patients at Covid Assessment Centre, stabilising them before transfer to the hospital, as well as managing the post-COVID-19 patients.

I lead several clinic community projects such as 'Town Orchard' for methadone clients and 'Kasih Project' for PLHIVs in collaboration with several agencies and Non-Government Organisations (NGO) for rehabilitation as well as to reduce stigma among staffs and communities and "Therapeutic Garden' for cognitive stimulus of the elderly.

I am also involved in multiple Quality Assurance Programmes, developing guidelines and protocols, research and teaching.

In 2017, I was awarded The Merit of Excellence in Service by the Ministry of Health Malaysia.

## **WHAT OTHER RELEVANT ACTIVITIES HAVE YOU PARTICIPATED IN?**

I participated in many collaborative efforts with the hospitals, private general practitioners (GP), local government and private agencies, universities, NGOs and the community during my course of service.

I am a life member of the Malaysia Family Medicine Specialist's Association. I was elected Assistant Honorary Secretary for session 2018-2020.

## F E A T U R E D D O C T O R

I have been involved in many Investigator-Initiated Research (IIR) or Industry Sponsored Research (ISR). One of the research projects, titled “Assessing the Implementation of Decentralized HCV Testing at Primary Health Care Facilities In Malaysia” funded by The Foundation for Innovative New Diagnostics (FIND) and the Drugs for Neglected Diseases initiative (DNDi) in 2018. We screened 748 participants over eight months, referred 52 positive HCV antibodies to the referral hospital and handled 45 non-cirrhotic patients with DAAs. The study has been completed, and the clinic has become one of the Hepatitis C treatment sites.

My latest involvement in research is being the Principal Investigator for “Global Multicentre, Randomized, Double-Blind, Placebo-Controlled, Phase III Clinical Trial to Evaluate the Efficacy, Safety and Immunogenicity of Recombinant Covid-19 Vaccine (Vero cells) Inactivated (Coronovac) for the prevention of COVID-19 in Children Aged 6 Months to 17 Years. PRO-nCOV-3002.

I had been involved in several Quality Projects at the clinic, district and state levels. To mention a few, at clinic level LEAN projects to reduce waiting time and congestion during peak hours, improving pathways for laboratory procedures and acute asthmatic care. At the district level, District Specific Approach (DSA) projects are titled: Improving BP control among Essential HPT Patients in Klang TPC Clinic and Improving the Appropriate Use of Clopidogrel in Klang Primary Care setting. At the state level, “The Stigma & Discrimination Project involving Healthcare workers and People Living with HIV (PLHIV)” in 2020.

I am one of the development group members for Malaysian CPG in breast cancer management 3rd edition. I was involved in developing a Guideline for Clinical Frailty Score (CFS) in elderly 2021. I was also part of the national team to review Family Doctor Concept Implementation in the clinics. I am currently a reviewer for the Malaysian Family Physician Journal.

I had presented several papers locally and internationally, including in WONCA conferences in Thailand (2017) and South Korea (2018). I participated in an Educational Program for Elderly Care in Japan (2018) and Addiction Conference in London (2020)

### WHAT ARE YOUR PROFESSIONAL AND PERSONAL INTERESTS?

Geriatrics is my special area of interest, and I am currently doing subspecialisation training in Primary Care Geriatrics under the Ministry of Health. Recently, I completed Post Graduate Diploma in Primary care for The Elderly (PGDPE) under Sunway University.

I took a lot of drive, motivation and guidance from my mentor Dr Ruziaton Hasim, a former consultant at FMS and head of the clinic when I first started as FMS. She also has a great interest in geriatrics and a vast influence on me. Another two great influencers are Dr Ungku Ahmad Ameen, a geriatrician, and Dr Bahanordin Jaafar, a Rehabilitation Specialist at the Tengku Ampuan Rahimah Hospital. We have collaborated on expanding elderly care in the clinic in an integrated manner since 2016. We started with setting up of Clinic’s Senior Citizen Club. The program has improved networking and reduced silos of geriatric care among professionals at health clinics, hospital and community levels. It has provided links to several government agencies, local authorities, universities, Health clinic advisory panels, NGOs and the community.

Before the COVID-19 pandemic, we had regular sessions with elderly patients face to face, which continued virtually during the pandemic. Over the years, some elderly became clinic volunteers and mentors for their diabetics' peers through our mentor-mentee project. We saw a massive achievement in our diabetic control with them as contributors. The percentage of our diabetics with HbA1C lowered 6.5%, meaning having "good diabetic control" jumped from about 20% in 2016 to 40% in 2019.

## F E A T U R E D D O C T O R

The elderly care in the district improved with the creation of Seamless Geriatric Care (SGC). We held regular sessions with the hospital geriatricians, eleven health clinics, and other stakeholders in the district to discuss cases, train our team in Geriatric care and facilitate immediate referral, consultation and management. These meetings continued virtually during the pandemic.

Currently, I conduct an Elderly Assessment Pathway (EAP) at the clinic level. The pathway provides comprehensive geriatric assessment and management for elderly patients identified with geriatric syndromes. They were referred and managed comprehensively in consultation with the geriatrician and the multidisciplinary personnel. Our next project in the pipeline is research in the elderly and certification of volunteers working for Home Help Service by the NGOs.



### WHAT IS IT LIKE TO BE A FAMILY DOCTOR IN YOUR COUNTRY?

The Family Medicine Specialist (FMS) service in my country has grown leaps and bounds over the years, and I am proud to be part of the evolution. We strived to provide coordinated, comprehensive and continuous service for our patients covering person-centeredness, promotive, preventive, curative and rehabilitative aspects in a holistic manner involving families and the communities.

Currently, we have nearly 500 FMS serving in public and private facilities nationwide, and we are still far from the actual requirement. To date, many FMS, besides being generalists, have gone further training in areas of their special interests such as Non-communicable disease, adolescent and geriatrics. We see a significant improvement in terms of networking and recognition by the hospitals, colleges, universities, government agencies, community, NGOs and our country leaders, including the palace.

Last but not least, I am thankful to God Al-Mighty, my seniors, teachers, colleagues and my family members that have given me strength and support through this joyful journey.

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Pandamaran Health Clinic  
Klang, Selangor*

# W O N C A A N N U A L R E P O R T

## DISCOVER THE WONCA ANNUAL REPORT 2020 - 2021

In this document, you will find an overview of WONCA's global activities and our main achievements from July 2020 to June 2021.

In a year full of challenges, our Executive, Statutory Committees, Working Parties, Special Interest Groups, Young Doctors' Movements and colleagues from around the world continued their efforts to contribute to family medicine and the global mission of WONCA.

To all those who belong to the WONCA family, we would like to thank you for your support, hard work, and dedication.

We invite you to discover in detail the WONCA Annual Report 2020 - 2021. Read or download the complete document here.

Read or download the WONCA [Annual Report 2020 - 2021](#) [HERE](#).



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W O N C A

A N N O U N C E M E N T S

WONCA  
UPDATES

## ONLINE MASTER OF SCIENCE IN MEDICAL EDUCATION

WARWICK UNIVERSITY

Find out more about an amazing new Online Master of Science in Medical Education! An exciting collaboration between Warwick University, UK & iheed, Ireland -a specialist e-learning team, supported by members of the WONCA working party in Education and designed for busy clinicians.

Find more information [here](#).

## DISCOVER THE HEALTH SERVICES LEARNING HUB

WORLD HEALTH ORGANIZATION

The WHO Health Services Learning is a knowledge platform that aims to drive cross-country learning on maintaining essential health services during the COVID19 pandemic & throughout the post-pandemic recovery phase.

The HLH supports implementation of WHO's operational guidance on maintaining essential health services.

Find more information [here](#).



# A N N O U N C E M E N T S & U P D A T E S

## JOIN THE FM VAX SURVEY

AN INTERNATIONAL SURVEY ON THE INTEGRATION OF PUBLIC HEALTH AND PRIMARY CARE IN COVID-19 VACCINATION CAMPAIGNS



We are pleased to invite you to partake in the [FM Vax: An International Survey on the Integration of Public Health and Primary Care in COVID-19 Vaccination Campaigns research study](#). The aim is to identify the primary health care approach used by different countries in implementing their vaccination programmes for COVID-19, with a focus on the integration of public health and primary care.

We are interested in input from primary health care professionals, such as clinicians, researchers and policymakers who can respond regarding their own countries. We kindly request your participation by completing a survey that should not take more than 15 minutes to complete. You will have the option to enter a prize draw to win an e-book entitled [How To Do Primary Care Educational Research](#).

We welcome you to learn more about the research study and participating by clicking [here!](#)

## ... AND THE FM PIVOT INITIATIVE

BY THE BESROUR CENTRE FOR GLOBAL FAMILY MEDICINE.

The Besroure Centre for Global Family Medicine is excited to announce the FM Pivot learning module “Finding Great Research Questions in Pandemics and Other Crises: An introduction for family medicine researchers” is now available at [www.fmpivot.ca](http://www.fmpivot.ca).

The online module aims to apply global experience from the COVID-19 pandemic to build research skills and capacity amongst community-based family doctors and trainees.

Start this learning module [here](#).



# WELCOME TO FM PIVOT!

Ready to get Started?



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