

WONCA News

An International Forum for Family Doctors



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From the WONCA President: Africa Rising

"Where are the mist and thunder?" Those were the first words that came to mind as I looked across the treetops toward Victoria Falls, one kilometer to the north. *Mosi-oa-Tunya* ("The Smoke that Thunders") is one of the natural wonders of the world. Formed by a crack in the basalt table over which flows the Zambezi River, Vic Falls is said to be the largest sheet of falling water in the world. It has become an important source of income from tourism and conferences for cash-starved Zimbabwe.

I had traveled a long distance to attend the WONCA Africa regional conference and to see the Falls. I came prepared to be impressed by the Falls, but all I could see from my hotel on a distant hill was a flat plain covered with brown trees. That initial disappointment caused me to worry that my high expectations for the conference were also at risk. I learned however, during my week in Zimbabwe, that first impressions can be misleading. One needs to look closer and deeper to see the true nature and value of things.

This was the third conference of the African region, with the previous two in 2000 (Abuja, Nigeria) and 2009 (Rustenberg, South Africa). In the year leading up to the conference, there were some who doubted that the meeting would, or could, actually be convened in Zimbabwe. Those doubters were proved wrong. Hosted by the College of Primary Care Physicians of Zimbabwe (CPCPZ), the conference was an extraordinary success. Nearly 400 delegates attended from 25 countries, 15 of them African. The success was due to the hard work of Dr Muriel Fallala (convenor) and Mrs Neriser Sibanda (secretariat), along with their colleagues on the Local Organizing and Scientific Committees.

The educational sessions were a mix of broad plenary lectures combined with more specific workshops. While the speakers represented many countries, it was wonderful to have most from Africa. The sessions were well attended and stimulated vigorous discussion. Most memorable for me were two plenary sessions. One was on the links between the economy, health, and Family Medicine in Zimbabwe by Dr Billy Rigava, Vice President of the CPCPZ. The other was a rousing oratory on the congruence between the values of Africa and Family Medicine by Dr Atai Omoruto of Uganda. The social events provided excellent networking opportunities and a taste of African culture and cuisine.

A long with several others, I was able to visit the practice of Dr Kurai Ngaribvume, the only private practice in the area. Dr Kurai had been the District Medical Officer (DMO) in Vic Falls before opening the Chinotimba Medical Centre. Located in a residential neighborhood, his building was well appointed and included a birthing room where he and his nurse attended about 10 births per month. He performed ultrasound as needed. When operative intervention was required, he would do the cesarean at the district hospital several kilometers away. Patients with medical conditions were sometimes observed overnight in the clinic, such as when requiring intravenous fluids. He has plans to expand the facility to include x-ray and laboratory services.



Dr Kurai Ngaribvume at his clinic

Dr Kurai and his patients also kindly consented to our observing their consultations. One was a man who was a successful manager and described hematochezia, likely related to alcohol use. Another was a woman who was positive for HIV and complained of nasal allergy symptoms. While addressing her primary concern, Dr Kurai also skillfully nudged her toward obtaining a CD4 count and resuming use of her anti-retroviral (ARV) treatment, which she had discontinued some months earlier. A young boy presented with balanitis and reactive adenopathy. In each case, Dr Kurai demonstrated the attributes I have seen in so many skilled family doctors around the world: person-centered; sensitive to family, culture, and community issues; practical; efficient; and empathic.



Prof Rich Roberts - a thorn amidst a bouquet of flowers

My visit to Vic Falls was another reminder of the gap that often exists between our assumptions and our subsequent experience. My assumption was that Zimbabwe was a dangerous place consumed by fractious politics. My experience was that the Zimbabweans were some of the friendliest people I have encountered. Politics were not a burning topic of conversation.

My assumption was that Zimbabwe was a very poor country with a failed economy. Indeed, Dr Rigava described the previous decade when there was a 94% unemployment rate for the formal economy with 93% of the population lacking access to the formal health care sector. Gross domestic product (GDP) dropped 54% by 2008, to an average per capita income of \$340, less than 1USD per day. Yet, I was not aware that income had nearly doubled to \$640 since. Much of that growth appears to be due to Chinese investment related to mining and other natural resources. While Zimbabwe remains a low income country, there was a sense of optimism among those who had survived very difficult times. Another irony that I have experienced many places is that those who are most deprived economically often seem to be most generous in spirit.

Shortly after independence, Zimbabwe made impressive gains in health status indicators by adopting a primary health care model. Many of those gains were lost when the public health system collapsed during the difficult decade. As things improve, the Zimbabweans are rebuilding their system through thoughtful efforts to better link primary health care and public health. The importance of such linkages is reflected in the selection of two family doctors as recent health ministers of Zimbabwe, including the current minister Dr Henry Modzorera. He gave a moving

talk highlighting the important connections between social determinants and health status.

Make no mistake. Zimbabwe has a long way to go. Their need for health professionals is substantial, with the number of doctors and nurses at 2 and 9 per 10,000 people, respectively. Many high income countries have 10-20 times those numbers. These differences show themselves in the health outcomes experienced by Zimbabweans. Sadly, with a maternal mortality rate of 570 per 100,000 births, Zimbabwe's mothers die at 100 times the rate of high income countries and even 10 times the rate of relatively low income countries such as Thailand. At the same time, it was encouraging to learn that the many stakeholders involved in health care in Zimbabwe are making conscious efforts to work together to improve the health of the people. The status of Family Medicine as a recognized and respected discipline is on the rise. Through distance learning programs like the Stellenbosch Master's in Family Medicine in neighboring South Africa, Zimbabwe is gradually increasing its capacity of qualified family doctors.

During the course of the conference, innovative strategies were presented to improve the distribution and quality of family doctors in Africa, such as the Rural Doctors Support Programme in South Africa. Another example was the Family Medicine Specialty Training Program in Lesotho, which is built on a continuous quality improvement approach. These examples and others give me hope that there are better days ahead for Africa.

Some have described the 20th century as the century of America, with this being the century of China and India. My belief is that in the near future it will be the time of Africa. Its young demographics, natural resources, and traditions of

communal sharing and ingenious improvisation to offset limited resources all position Africa to be a dynamic and global leader in the future. I also believe that similar advances will happen in African health care. Limited resources force countries to focus on priorities and address important needs. In contrast, clinical service and research agendas in high income countries often lose creativity, flexibility, and relevance as they get tangled up in excessive bureaucracies, entrenched interests, and wasteful practices.



Victoria Falls - wet and dry season views



My assumption that I was going to see the spray of Vic Falls above the tree canopy was unrealistic in the face of the two year drought the area has suffered. After a 30 minute walk afforded me a closer inspection, my experience was that the Falls were more beautiful than I expected. The lower water levels made for a more interesting waterfall than one could imagine, with all the minor gorges and islands now visible. I know that one day soon the rains will return and swell the Zambezi River with water, once again lifting the mist of the Falls above the tree line. Like the Smoke that Thunders, I believe we will be impressed and inspired as we watch Africa rising. Go and see for yourself.

Professor Richard Roberts
President
World Organization of Family Doctors

From the CEO's Desk - a busy month

What a busy and active month it has been! The new Bangkok Secretariat continues to grow and progress, and there's a much more detailed article about us elsewhere in the newsletter, where you can get to know Nongluck and Sumalee better.

Direct Membership

One of our main focuses this month has been to respond to the growing number of applications we have received for Direct Member status. This has been really encouraging, and we hope to persuade many more people to take up this form of membership.

Not only does Direct Membership offer you the chance to be even more directly engaged with WONCA's activities, through more direct news and information, but there are many additional benefits, with possibly the most attractive being discounted conference registration fees at many WONCA conferences, including Prague in 2013. If you haven't looked into this before I urge you to do so now – we have now put links onto the website so that you can download the application form and instruction of how to pay the subscription, which for most countries can now be done on line via PayPal. Just go to the banner at the top of the website home page, click on "Member Interest" and follow the link "For individual doctors"

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

Membership Organization questionnaire

We have also gone out to all Member Organizations (MOs) with a short questionnaire in an effort to ensure that our contact details for all MOs is as up to date as it can be. Inevitably with 126 MOs it's almost impossible to be 100% accurate, as personnel and contact details change and we don't necessarily get informed of the changes, but we want to keep in contact as best we can, hence our current drive. Sumalee has prime responsibility for all membership issues and she can be contacted on admin@WONCA.net. She admits that she gets a real buzz coming into the office in the morning to see how many new applications and contact mails have arrived overnight, and she's really enjoying making many new friends and acquaintances. Please do encourage your own MO to get the replies back to us as soon as possible – apart from anything else the responses have a direct bearing on voting rights at the 2013 World Council, so it's vital that we have this information.

WONCA Archives

Finally for this month the archive material has arrived from Singapore. It will take a while to sort through it thoroughly and to be able to catalogue the most important material, but Karen Flegg, WONCA Editor, will be publishing occasional articles in forthcoming WONCA Newsletters which I think will give a fascinating glimpse at the history and development of WONCA over the years.

Garth Manning

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FEATURE STORIES :

From the WONCA Editor - Three interviews



I hope you are enjoying exploring the new WONCA website. My best wishes for the festive season to all WONCA colleagues. In 2013, the website will continue to grow to better serve your needs but to end 2012, I present recent interviews with three WONCA leaders. For me, it was rewarding and fun doing these interviews so I hope they provide some interesting reading for those with some time to spare in the next month.

Dr Karen Flegg
WONCA Editor

An Interview with the new WONCA CEO – Dr Garth Manning

During November, the new WONCA Secretariat office in Bangkok has been busy setting up office and taking over secretary duties from the Singapore staff. The WONCA editor interviewed our new CEO, Dr Garth Manning, about progress in the Bangkok office.

WONCA editor: You have appointed two new WONCA staff members – could you introduce them?

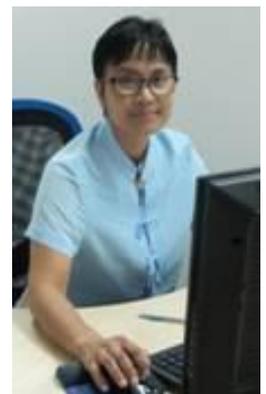


Nongluck

Our Chief Administration Officer is Dr Nongluck Suwisith and our Membership and Admin Officer is Sumalee Pratoomnun. The Thai custom is just to use first names, so they'll generally be known just as Nongluck and Sumalee. We're still recruiting for an Accounts Officer to complete the small team, but we haven't yet found a suitable candidate.

Nongluck comes from a nursing background. She has two Masters degrees - in Nursing from Thailand and in Public Health from Perth, Australia, and she also a PhD. She is very committed to the development of primary care both nationally and internationally and is very excited to have this opportunity in an international context. As she has said – she's worked in a large team for a small country, now

she's in a small team but covering the world!



Sumalee

Sumalee has a Masters degree in Communication, so she is the natural person to help in developing a more robust communication strategy for WONCA. Of course the key issues are communication with our Member Organizations and Direct Members but we want to be able to offer more information more often and through more channels – and that's what Sumalee will be concentrating on over the next few months.

I've worked with both of them previously on an EU-funded Health Care Reform Project, here in Thailand, and I know that they're both very capable and very committed people, so I am really enthusiastic about how we can develop over the coming months.

WONCA editor: *The new Secretariat has been very busy - can you tell me what has been happening during November?*

Firstly, we've all been on a fairly steep learning curve! There are so many aspects to WONCA's administration and logistics so we're still finding our feet a little. As I've reported elsewhere, our key issues – apart from starting to unpack the 89 boxes from Singapore! – have been to make contact with all Member Organizations and to process the increasing numbers of applications for Direct Membership. We also try to respond to the many enquiries received each week from members and to direct their enquiries to the most appropriate information source. For now we're working with the systems inherited from the Secretariat in Singapore, but we're also looking ahead to see if we can't develop new systems to make things even more efficient.



Dr Nongluck Suwisith (left), Dr Garth Manning and Ms Sumalee Pratoomnun (right) with boxes just arrived from Singapore

WONCA editor: *What other priorities for the next couple of months as we finish 2012 and enter the year of another WONCA world conference?*

For us it's going to be a really hectic few months as we prepare for our first World Council, coming up in Prague, in June. There are so many logistics and administrative matters to plan for, so we need to be really on the ball. Of course at the same time we have to deal with all the more routine administration, which at this time of year also includes the annual billing of all Member Organizations – a vital task as it is one of the key income streams for WONCA.

WONCA editor: *What are the most interesting things you have so far discovered about WONCA?*

So many things!

Firstly, that there is so much interest and so many activities going on under WONCA's auspices.

Secondly, I have got to know the website much better and am hugely impressed at the multiplicity of resources it contains. I suspect many of our members click on it fairly briefly to look at one or two specific aspects, but it's well worth a longer look. www.globalfamilydoctor.com/Resources.aspx

Thirdly, I hadn't fully appreciated what a really good deal Direct Membership is. It's a great way of directly supporting WONCA and its activities – in fact for some it's the only way, as they are not involved through any Member Organization. But there are really good benefits for DMs – for example, DMs get a discount for conference registration for Prague, but there's an EXTRA discount, available ONLY to Direct Members, if they register before 19th February 2013.

That's a really good deal, and more than covers the cost of the membership itself. To find out more go to our membership page www.globalfamilydoctor.com/AboutWONCA/Membership1.aspx



Dr Garth Manning and Nongluck unpack the WONCA sign

An Interview with Dr David Game (Australia)

President of WONCA 1983-86. Fellow of WONCA.

Dr David Game, MBBS, AO, KCSJ, FRACGP, FRCGP, MCFPC, FHKCGP(Hon), a past President, a past Secretary and a past editor of WONCA was interviewed by the current WONCA editor, Dr Karen Flegg, in October 2012. It was a privilege and a joy to spend some time with an elder of WONCA, whose memory of days past seems unfaded by the years.

About Dr David Game



Dr David Game's full biography can be accessed on the website of the Royal Australian College of General Practitioners.

[Http://www.racgp.org.au/yourracgp/organisation/history/biographies/game/](http://www.racgp.org.au/yourracgp/organisation/history/biographies/game/)

The following brief note was written in 2001 by Prof Wes Fabb in his [Twenty Year Perspective on WONCA](#)

Next followed David Game (as President), an Australian and a personal friend for well over 30 years. It was a great pleasure working with David, whose attention to detail was always meticulous. He was a first-class chairman of meetings. We always knew what was being debated, and the outcome was always clearly defined. David has been one of the most committed and long-standing workers for WONCA.

Beginning with WONCA before its inauguration as Chairman of the Host Organizing Committee of the Fifth World Conference, he was first Honorary Secretary/Treasurer for eight years, then President, and after he retired from Executive Committee after 17 years of service, he continued as Editor of WONCA News up until this Council meeting, when he will retire from this post. For many years he has been the Chairman of the Bylaws and Regulations Committee, a busy job as WONCA became a more regionalized organization. He also authored WONCA's history. WONCA - The First Twenty Years 1972 - 1992. David was one of the early recipients of WONCA's highest award, 'Fellow of WONCA'.

The Interview

WONCA Editor: Tell me about your involvement in WONCA?

My introduction to world general practice/family medicine was my attendance in 1968 as a representative of the Australian College, at the Third World Conference in New Delhi. In the same capacity, I attended the Fourth World Meeting, in Chicago, in 1970. At this meeting it was formally agreed to establish a World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians (WONCA), which was then inaugurated at the 5th World Conference, in Melbourne, Australia, in 1972.

Dr Monty Kent-Hughes (another Australian), became President, and I was WONCA's first honorary secretary/treasurer. The WONCA Secretariat was literally my desk in my dressing room and eventually, I moved it into the nursery, when there was no further use for such a room in our house. I stayed in this role until I was made President Elect (1981) when Wes Fabb took over as Secretary.

I had the honour of being President of WONCA from 1983-86.

During most of this time, I was also editing the newsletter. I was always very interested in WONCA News, which I started as a very modest publication in 1973, as part of my secretarial roles. I was in and out of the role as WONCA News Editor until finally, I resumed the position again from 1989 to 2001.

WONCA Editor: What were some of the memorable events for you in those days?

The two world meetings had a big influence. I was installed in Singapore at the world conference and retired at the world meeting, in London, in 1986. That meeting had a lot of prominence and was held in the Barbican Centre. We had a reception and the Queen and Duke (Elizabeth II, Queen of England and her husband, the Duke of Edinburgh) were in attendance. I had to host them and one is not meant to initiate conversations with the Queen, but I asked her "how do you sleep on the train ma'am" as we were aware that after the reception she was leaving straight away to go by train to Scotland.

Probably the most memorable moment of that event was being in a lift with the Queen. It was a very large lift and it seemed to be empty but I am sure there were some bodyguards hidden in darkness at the back. As the door of the lift shut

she said to me “Oh Dr Game, this great big lift just for you and me”.

Actually, I had met the Duke before the London meeting. I had sat next to him on the stage at an Academic Session for the Royal Australian College of General Practitioners (RACGP), in Canberra, Australia. On that occasion, he was awarded Honorary Fellowship of RACGP. As an aside, when thanking the College for the award, he said “*Don't worry, I do not intend setting up a practice in opposition to you in Australia.*” At the same event, he mistook name of ‘WONCA’ for ‘wombat’. (Note: a wombat is a largish, furry, short legged marsupial, native to Australia). This led to the custom of WONCA giving out wombats to its Past Presidents. (It is unclear when this custom ceased.)

WONCA Editor: How did the business of WONCA get done with no computers or internet?

Communication was all by typed letters. We weren't using telex. Funding came from world conference. There was always a host country for meetings. WONCA council had a representative on the organising committee of the Host. We paid for ourselves to go to the meetings, but eventually a small refund based on distance travelled was given. The host college of the world conference



Dr David Game (left) in 1972 with Donald Rice MD, of Canada, who would become the second president of WONCA

would provide secretarial services.

At the world conference we held Council Executive met once a year - often built in planning for conferences. In those days we had a Council and a larger assembly. Four people from each country came to the assembly and eventually this became too cumbersome with Council as well, so we scrapped the assembly and kept Council with two from each country.

WONCA Editor: What were the issues you were working on in your time as WONCA President?

We worked on strengthening of regions - Europeans were keen on regionalisation.

We did start negotiations with the World Health Organization (WHO). Henk Lamberts went to WHO as he was a European person.

We developed working parties in the term of Don Rice, the second president. These working parties became stronger in my presidency – some continue such as classification, education, research.

WONCA Editor: Can you tell me about Monty Kent-Hughes – first President of WONCA and a legend in Australia?

We were planning the fifth world conference with Monty as president of conference and myself as chairman of conference. The Monty was elected at that meeting as the first President of WONCA. He was a man who spoke and thought quickly, and when he thought something was right he stuck to

it. A determined man of great initiative. He documented the 5th World Conference in a book - The Proceedings of the 5th World conference.

As an aside, the acronym WONCA was suggested by Monty during one of the many interminable planning meetings for the Fifth World Conference which were always held at night in Melbourne and all attended by me (at my own expense).

WONCA Editor: What are your thoughts about the WONCA you see today?

It's fantastic that it is worldwide; that WONCA has such a strong relationship with WHO and is recognised as a reputable body to be advising WHO. The spread round the world makes it truly a world organisation. Regionalisation is a good thing to enable stronger development, but there is a problem of fitting in regional meetings and competing with world meetings. The newsletter is terribly important.

WONCA Editor: Final words?

In WONCA, I made a lot of great international friends with whom I stay in contact.

An interview with Professor Job FM Metsemakers (The Netherlands) Secretary of WONCA Europe

Professor Job FM Metsemakers generously agreed to be interviewed by the WONCA editor, in Vienna, in July 2012. He has been secretary of WONCA Europe for five years. This interview ended with the editor asking why WONCA colleagues might be interested in Job's story. Job's reply was: "After all, I am just an ordinary guy....". But most WONCA colleagues are not ordinary, so we leave it to the reader to decide.

WONCA Editor: Where do you currently work?



I do a day a week in clinical practice in Geulle, a small village near Maastricht, in the Netherlands, where I have practised for over 30 years.

I am also the Chair of General Practice/Family Medicine at Maastricht University in the

Netherlands. As chair of the department I am responsible for overseeing the undergraduate and the postgraduate program, our research activities and also our relations with the family practices in the region. The people who work in my Department are all professionals, so my main role with them is coaching and mentoring, to enable them to grow in their roles and careers. Although officially the leader, I am very much just part of the team.

Actually, I usually translate the Dutch term "*huisarts*" to Family Physician, instead of General Practitioner. In some countries, there is a distinction between General Practitioner and Family Physician or Family Medicine Specialist, with General Practitioner implying the doctor has no special training in our discipline and this does not adequately reflect our specialist status.

WONCA Editor: How long have you been at Maastricht University?

I have been Professor and Chair of Department since 2002; but in 1974, I was in the first intake of 50 medical students, at Maastricht University, in a new course based on problem based learning. This was new, suited my way of learning. It was a choice of one of 50 places in Maastricht, with the probability that nearly all students would be guided to graduate; or be one of 250 elsewhere with 40% of students being culled after first year.

In my third year, at medical school, I did an elective on Health Services research; and later a 14 week elective at Rochford, Illinois, USA. Most courses in those days had no research electives, but the Maastricht curriculum was new and provided that opportunity. So I was already involved in research and education at medical school.

Two things I knew by the time I graduated were: that I wanted to do Family Medicine, but I didn't want to do it full time. So, I entered a practice where I could still pursue my research and education interests at Maastricht.

WONCA Editor: What are your research interests?

My own research interests are medical record keeping, medical registration; classifications such as ICPC, and the use of data for research. I did my PhD, in 1994, at Maastricht, on The Registration Network Family Practices. We used routine health care data from electronic medical records for several research projects. Furthermore I have a broad interest in research topics which have direct relevance for clinical practice. I try to work with researchers on the message they have for practising doctors, and on the implications for their daily work. The transfer of knowledge from research into practice, and implementation in the practice setting are difficult steps.

WONCA Editor: You are not doing much clinical practice any more – how does that work for you?

I have been in the same practice 30 years so I am now seeing the babies of people who I first saw as newborn babies. Seeing such ageing of a generation is rewarding for me. I believe in doing home visits as I can see the people in their context (where and with whom they live), which I find an important characteristic of our profession..

WONCA Editor: What are your passions outside work?

Reading fiction and non-fiction, but it really only happens on holidays; running and I also like going to the theatre and modern dance performances with my wife.

WONCA Editor: What have you enjoyed about your involvement with WONCA?

Working with other colleagues to develop or strengthen primary health care systems where every family has access to a family doctor. That is not an issue in the Netherlands but within and outside Europe there are still many countries where people lack the care they need, and primary care needs to be developed. I like setting things up and supporting others and I want to contribute to this future. It is a future with quality health

professionals and for that you need education and programs to sustain our specialty. WONCA provides a framework for working on this and for meeting others with the same vision. I am committed to continue my activities within that WONCA family.

WONCA Editor: *You haven't told me about the work you are doing in Indonesia?*

In 2008, Maastricht University got engaged in a project in Yogyakarta to set up a skills lab, make the curriculum more problem based, and renew the clinical clerkships. Furthermore there was a government regulation that family medicine concepts should be introduced in the curriculum. The question to us as consultants was, "*what was the scope of family medicine apart from being holistic*". The European Definition of Family Medicine proved a very useful tool to use. The project has finished but I remain committed to support them, as they are now on the long and difficult road of trying to establish the Family Medicine specialists, who will eventually replace the GPs without additional training. Why? Well, I believe in what Michael Kidd, WONCA President Elect, said "*a family doctor for each family in every village*".

WONCA Editor: *What is the system in which family doctors work in your country?*

In our health care setting the family doctor has a central role. He, and more often she, will see patients of all ages with all kind of complaints and problems. As patients/families are on his patient list he knows his population which with the exception of the real big cities (Amsterdam, Rotterdam, Den Hague and Utrecht) remains very stable (migration rate, less than 10% per year). In that way the family doctor provides continuity of care and is also responsible for service out of hours, although not in person but as profession.

Patients need a referral by the family doctor to visit a specialist, who are mainly hospital based.

The practice setting has changed in the last few years. Solo practices are becoming less common. Most family doctors work in group practices or health centres, in a team with a practice assistant, a nurse for disease management programs, a physiotherapist and sometimes linked to a pharmacy.

Health care is a private enterprise which is regulated by the government and the health care insurance companies. All patients are insured for a basic package of care, including the most common procedures. Additional payment is becoming more common for certain medications. Most patients take out an additional insurance covering, for instance, dental costs (partly) and physiotherapy.

Family Physicians have taken over much of the care from hospital based specialists, of patients with chronic conditions such as diabetes, COPD, stable cardiac patients, and depression.. This was a shift from secondary care to primary care. It has led to more collaboration along the lines of the 'Chronic Care Model'. The government supports this position as they see that family doctors take care of 95% of the health problems by themselves for 5% of the health care budget.

WONCA CONFERENCE REPORTS and NEWS

Applications open worldwide for bursaries to attend WONCA Prague

About the bursaries

After the successful introduction of conference bursaries in 2010, doctors from all WONCA regions are invited to apply for WONCA Europe's bursary awards for attending the WONCA World Conference in Prague in 2013. These are different bursaries to those offered by the Host Organizing Committee.

WONCA Europe has established a fund of \$30,000 to support bursaries for the WONCA World Conference in Prague, Czech Republic in June 2013. These bursaries will support conference registration, accommodation and travel to a maximum of \$1,000 per person. The Host Organising Committee will provide affordable accommodation for successful applicants. Please note that successful applicants will be required to pay a fixed registration fee.

Worldwide applicants welcome

The bursaries will be available worldwide in competition to any family doctor or resident in a family doctor programme, who can make a case for such a bursary and who is supported by their own College or Association. Up to 30 bursaries will be granted.

In order to avoid problems where bursaries are granted to doctors who then do not come to the conference, WONCA Europe Executive will expect Colleges and Associations supporting applicants to make the necessary payments and these will be reimbursed direct to the College or Association after the conference.

Applications

Applications will be received by the WONCA Europe Executive and their decisions will be final.

Successful applicants will be required to submit a short report of their attendance at the conference.

Application Forms may be [downloaded here](#) or requested from Barbara Toplek (barbara.toplek@mf.uni-lj.si)

The last date for receipt of completed applications will be 15 December 2012. Successful applicants will be notified by 15 January 2013.

For more information on WONCA Europe please visit www.WONCAEurope.org

For more information about the WONCA World conference 2013 Prague please visit the [conference website](#)

Dr Tony Mathie, WONCA Europe President

NOTE: Host organizing committee bursaries are also available and close on 31 December, 2012. For information about [bursaries offered by the Host Organizing Committee](#)

WONCA Africa conference

The 3rd WONCA Africa Conference was held in the beautiful Victoria Falls, Zimbabwe from November 19–21, hosted by The College of Primary Care Physicians of Zimbabwe and conference convener, Dr Muriel Fallala. There were well over 400 delegates, from 25 different countries. The belated opening by the Zimbabwean Minister of Health, Dr Henry Madzorera, a Family Physician (FP) himself, was challenging: *Family Physicians need to lead from the front to address socio-economic issues*. He spoke of the store of goodwill in Zimbabwe and the need of FPs to advocate for the marginalised poor in Africa.

The theme of the conference was *Roles and Responsibilities of an African Family Physician*.

The first plenary set the tone: Dr Sylvester Osinowo, WONCA Africa President, warmly welcomed delegates.



WONCA Africa president, Sylvester Osinowo

Professor Khaya Mfenyana, WONCA Africa immediate-past president spoke on international collaboration in social accountability of education. Professor Richard Roberts spoke of the opportunity for Africa, with its innovation with limited resources, to jump ahead of the world, in a resource-limited future. There were

three plenaries, four parallel sessions (including oral presentations and workshops), two clinical update sessions and many posters. Professor Jan de Maeseneer spoke on the last plenary about scaling up family medicine in Africa. He raised the challenges of human resources, in Africa, with shortages, maldistribution, brain drain and the need to scale up human resources in Africa. He quoted the EU-FP7 funded HURAPRIM (Human Resources in African Primary Care) Project. The Primafamed Conference, over November 21–23, was mostly about scaling up capacity building in family medicine and primary health in Sub-Saharan Africa. A simple summary of many presentations are available on Twitter at #WONCA Africa.

The WONCA Africa region had a council meeting on November 20, with communication from WONCA Africa President, Dr Osinowo; Honorary Secretary's Report and Minutes by Dr Atai Omoruto; and Honorary Treasurers' / Conference Report by Dr Fallala. There were concerns about costs of WONCA Africa and its conference, and it was resolved to raise funds with a WONCA Africa membership fee of \$300 and a direct WONCA Africa membership fee of \$20. Dr Shabir Moosa's offer to act as secretariat for WONCA Africa was accepted. There were several committees set up later, on the advice of the President: Equity, New Generation, Finance, Conferences, Membership, Education and Research, and Communication. WONCA working parties were to write to the Executive to formalise African structures if they were active.

Everyone enjoyed the superb Elephant Hills Hotel, a short shuttle away from the breathtaking Victoria Falls. The evenings were packed with socials – a welcome cocktail at the Elephant Hills, an African Cultural Night at the Boma Hotel (with a defining participatory drumming/dancing session) and a conference banquet. The food was superb and the company great – a memorable 3rd WONCA Africa conference in Zimbabwe managed by Dr Fallala, supported by Professor Gboyega Ogunbanjo, Professor Bob Mash and teams. Till the next conference in 2015!

Dr Shabir Moosa

Secretariat WONCA Africa

Chair – Communications Sub-Committee





WONCA women get together at the conference



(l to r) Dr Kate Anteyi, Prof Rich Roberts and Dr Atai Omorutu



Scandinavian Delegation - on a game drive post-conference in Botswana



Victoria Falls



Session during the conference

Rendez-Vous 2012 inspires many, advocates new ways of thinking

From October 9-14, 2012, the Northern Ontario School of Medicine (NOSM) welcomed the world to Northern Ontario for one of this year's most exciting international conference opportunities for health professional education.



WONCA President, Richard Roberts speaking at Rendez-Vous 2012

Rendez-Vous 2012 brought together the WONCA World Rural Health conference and The Network: Towards Unity for Health annual conference, as well as the next NOSM/Flinders conference on Community Engaged Medical Education, the Consortium for Longitudinal Integrated Curricula, and the Training for Health Equity Network. More than 850 delegates from nearly fifty countries and six continents—including 486 delegates from North America, 124 delegates from Africa, 100 delegates from Australia, 80 delegates from Asia, 51 delegates from Europe, and 37 delegates from South America—came to this stimulating conference to share experiences, consider new ideas, and learn from each other.

Rendez-Vous 2012 began with the exciting keynote presentation by Dr Timothy Evans titled, *Does Praxis make perfect?* Evans, Dean at the James P Grant School of Public Health at BRAC University and International Centre for Diarrhoeal Disease Research, Bangladesh, discussed the long history of medical professional shortages around the world, and how global public health education must be transformed to address these shortages. In addition to Evans' presentation, there were many notable highlights throughout the conference, including 14 plenary speakers, a student-led panel discussion, and even a special 'Improv' session (titled *Lessons in Regaining Humanity through Improv Theatre*) — to name but a few. The mix of over 400 oral presentations, poster presentations, Personally Arranged

Learning Sessions (PeArLS), and interactive workshops were outstanding. Every session engaged participants in thought-provoking discussions relative to a shared commitment to the conference's theme of *Community Participation in Education, Research, and Service*.

"Rendez-Vous 2012 was a tremendous success," said Dr Roger Strasser, NOSM's Dean. "Many conference participants came to me saying that this was the best conference they had attended and that there was not a single session which disappointed them."

To illuminate the diverse populations across Northern Ontario, participants were offered the opportunity to travel to various communities across the North through the *Conference on the Move* portion of the week. In four separate routes, participants travelled to Sioux Lookout, Marathon, and Sudbury with special visits to NOSM's community partners along the way. Delegates saw first-hand how rural family practitioners provide the bulk of health care across the North, and how videoconferencing technology has changed access to specialized health care.

Conference participants also had the opportunity to explore and meet more than 30 of NOSM's community partners in Thunder Bay and surrounding area on the *Portage Express*, a



Prof Ian Couper receives the John Macleod Oration award from Dr Macleod's widow, Lorna Macleod, and their son Alistair Macleod.

Community Journey. Delegates were able to experience Aboriginal and Francophone culture, take part in interactive historical displays, and trek in the wilderness, as well as witness health education, research, technology and even search and rescue in action.

A highlight of the conference was the inaugural John Macleod Oration delivered by Professor Ian Couper, Chair of the WONCA Working Party on Rural Practice. Dr Macleod was a lifelong crusader for rural practice and founding member

of the WONCA Working Party on Rural Practice, who died in 2010. Prof Couper presented an entertaining and thought-provoking oration entitled *Outsiders, outlaws, and outliers: A view from the inside*. This presentation and all other plenary sessions are archived on the conference website: www.rendez-vous2012.ca. John Macleod's widow and son were present for the inaugural John Macleod Oration, which will be a regular feature of future WONCA Rural Health World Conferences.

One very important outcome of the Rendez-Vous 2012 conference is a series of recommendations prepared by the participants of the conference titled the *Thunder Bay Communiqué: New Ways of Thinking*. This Communiqué, which stresses the importance of community participation in health professional education, research and service, is being disseminated by WONCA and the other Rendez-Vous 2012 co-hosting organizations as a challenge to individuals, organizations and governments for implementation.

Download the full version of the *Thunder Bay Communiqué*.

www.globalfamilydoctor.com/site/DefaultSite/filesystem/documents/policies_statements/TBCommunique-web2.pdf

MEMBER ORGANIZATION NEWS

Canada - CFPC announce new executive

On November 16, 2012 the College of Family Physicians of Canada (CFPC) held its Annual General Meeting during the College's Family Medicine Forum in Toronto. At that time, the CFPC confirmed its Executive Committee for 2012-2013. It is my pleasure to share this information with you and introduce the members of the new Executive Committee, including the College's new President, Dr Marie-Dominique Beaulieu from Montreal, Quebec.

2012-2013 Executive Committee Members:

President Dr Marie-Dominique Beaulieu, Montreal, QC

Past President Dr Sandy Buchman, Toronto, ON

President-Elect/Chair of the Board Dr Kathy Lawrence, Regina, SK

Honorary Secretary-Treasurer Dr Garey Mazowita, Vancouver, BC

Member-at-Large (1 year term) Dr Jennifer Hall, Rothesay, NB

Member-at-Large (3 year term) Dr Claudette Chase, Thunder Bay, ON

Executive Director & CEO Dr Calvin Gutkin, Mississauga, ON Executive Director & CEO

Dr Francine Lemire, Mississauga, ON (as of January 1, 2013)

President : Marie-Dominique Beaulieu MD, CCFP, FCFP – (Montreal, Quebec)



Dr Marie-Dominique Beaulieu completed her medical degree and Family Medicine Residency at Laval University. In 1978, she trained as a Research Fellow at McGill's Kellogg Centre for Advanced Studies in Primary Care. She completed her Master's degree in Epidemiology at Laval University in 1982.

Dr Beaulieu has practiced comprehensive family medicine for 34 years. She currently practices at the Clinique de médecine familiale Notre-Dame du Centre de santé et de services sociaux Jeanne-Mance, a family medicine group, and is Professor with the Department of Family Medicine at the University of Montréal.

With a special interest in primary care research, Dr Beaulieu is also affiliated with the Centre de recherche du Centre hospitalier de l'Université de Montréal (CHUM). She is currently working on several research grant projects including *The Support and Deployment of Nurse Practitioners in Quebec*, and *The Impact of Depression on Self-Care Capacity of Diabetic Individuals*. Her research focuses on the implementation of primary care reform in Quebec and, specifically, on the development of family medicine groups and interventions to foster high-quality care. Since 2010, Dr Beaulieu has served with the Institut National d'excellence en santé et en services sociaux (INESSS) of Québec. She has also been involved in the development of clinical practice guidelines and policies at the national and provincial levels.

Dr Beaulieu became a member of the CFPC's National Executive Committee in 2010 as Honorary Secretary-Treasurer. She currently participates as a member of the CFPC's Finance and Audit Committee, the Governance Advisory Committee, and the Collaborative Action Committee on Intra-professionalism.

In 2005, Dr Beaulieu was acknowledged as the Family Physician of the Year for the Province of Quebec by the Collège québécois des médecins de famille, and received the national *Reg L. Perkin Award* from the CFPC.

Brief biographies are available on the [CFPC website](#). If further information is required about the new CFPC Executive Committee, please contact Jayne Johnston, Communications Manager jjohnston@cfpc.ca

Le CMFC présente le nouveau comité de direction

Le 16 novembre 2012, le Collège des médecins de famille du Canada (CMFC) a tenu son assemblée générale annuelle pendant le Forum en médecine familiale, à Toronto. À cette occasion, le Collège a confirmé la composition de son comité de direction pour 2012-2013. C'est avec plaisir que je partage cette information avec vous et que je vous présente les membres du nouveau comité de direction, incluant la nouvelle présidente du CMFC, Dre Marie-Dominique Beaulieu de Montréal, en Québec.

Membres du Comité de direction, 2012-2013 :

Présidente Dre Marie-Dominique Beaulieu, Montréal, QC

Président sortant Dr Sandy Buchman, Toronto, ON

Présidente désignée/Présidente du Conseil Dre Kathy Lawrence, Regina, S.K.

Secrétaire trésorier honoraire Dr Garey Mazowita, Vancouver, C.-B.

Représentante des membres Dre Jennifer Hall, Rothesay, N.-B. (mandat d'un an)

Représentante des membres Dre Claudette Chase, Thunder Bay, ON (mandat de trois ans)

Directeur général et chef de la direction Dr Calvin Gutkin, Mississauga, ON

Directrice générale et chef de la direction Dre Francine Lemire, Mississauga, ON (au 1er janvier 2013)

Présidente : Dre Marie-Dominique Beaulieu, MD, CCMF, FCMF – Montréal (Québec)

Dre Marie-Dominique Beaulieu a obtenu son diplôme en médecine et complété sa résidence en médecine familiale à l'Université Laval. Elle a obtenu la Certification en médecine familiale du Collège des médecins de famille du Canada (CCMF) en 1978 et a suivi une formation de *Fellow* en recherche au *Kellogg Centre for Advanced Studies in Primary Care* de l'Université McGill. Elle est titulaire d'une maîtrise en épidémiologie de l'Université Laval et en 1990, elle a obtenu le titre de *Fellow* du CMFC.

La carrière de Dre Beaulieu s'échelonne sur 34 ans. Elle exerce actuellement la médecine familiale complète et globale au sein du Groupe clinique de médecine familiale de l'Hôpital Notre-Dame du Centre de santé et de services sociaux Jeanne-Mance. Elle est professeure au département de médecine de famille de l'Université de Montréal. De 2004 à 2008, elle a été professeure invitée au Centre de médecine générale de l'Université de Louvain en Belgique.

Dre Beaulieu s'intéresse particulièrement aux recherches en soins primaires. Elle est également affiliée au Centre de recherche du Centre hospitalier de l'Université de Montréal (CHUM). Elle collabore présentement à plusieurs projets de recherche; certains portent essentiellement sur la mise en oeuvre de la réforme des soins primaires au Québec, plus particulièrement les groupes de médecine familiale et les interventions visant à améliorer la qualité des soins primaires. Elle contribue également à l'élaboration de guides et de politiques de pratique clinique aux paliers national et provincial.

Ayant occupé de nombreux postes au CMFC, Dre Beaulieu a acquis de première main des connaissances et de l'expérience en ce qui a trait au Collège et à ses programmes et services. Elle est membre du Comité de direction depuis 2010 et a été secrétaire-trésorière honoraire du Collège. Elle siège au Comité des finances et de la vérification du CMFC et au Comité d'action sur la collaboration intraprofessionnelle.

En 2005, Dre Beaulieu elle a été nommée Médecin de famille de l'année par le Collège québécois des médecins de famille et a reçu le *prix Reg L. Perkin* du CMFC.

De brèves notices biographiques sont affichées sur le site [Web du CMFC](#). Si vous avez besoin d'autres informations au sujet du nouveau comité de direction, veuillez communiquer avec la Responsable des communications, Jayne Johnston (jjohnston@cfpc.ca)

Canada - CFPC annual conference

The College of Family Physicians of Canada was pleased to co-host FMF 2012 with the Ontario College of Family Physicians, and the CFPC's Section of Teachers and Section of Researchers on November 15-17 at the Metro Toronto Conference Centre. Attendance hit an all-time record of 5221 including exhibitors - over 60% are physicians. (4185 registrants excluding exhibitors).

In addition to popular teaching, research and clinical CME sessions, FMF 2012 delegates enjoyed the following new features, introduced at FMF 2012:

- FMF App (including full program, scheduling option and CME credit entry/speaker evaluation)
- FMF Registrant Social Networking option – available to all FMF registrants
- Mainpro-Lounge – area for delegates to ask questions of CME staff re: programs and credit entry
- Expanded College Square

Early reports indicate that delegates were extremely satisfied with the wider selection of clinical sessions this year – most popular topics continue to be dermatology, cardiology, respiratory topics and child health/maternity care. Hands-on demonstration theatre sessions continue to be very popular, especially with students and residents.



WONCA North America region President, Daniel J Ostergaard MD, received honorary membership of the CFPC and is seen here with WONCA Executive member-at-large and soon-to-be CFPC CEO, Dr Francine Lemire.

Jayne Johnston

Communications Manager CFPC
jjohnston@cfpc.ca

Donald Li elected to prestigious position



Dr Donald Li, President of WONCA Asia Pacific region will become the President of the Hong Kong Academy of Medicine, in December. This is a real boost for general practice as the Hong Kong

Academy of Medicine is the statutory body in Hong Kong, responsible for the standards and training of all specialists (physicians, surgeons, gynaecologists, family physicians, pathologists etc). For a family physician to be elected is a great recognition of our specialty.

FEATURED DOCTORS

Prof Zorayda 'Dada' E Leopando (Philippines) - WONCA leader



If you hear someone call out the name 'Dada', you will automatically think of Professor Zorayda E Leopando. At one point in her life, Dada was called the tiger lady of family medicine in Asia Pacific. Can you imagine how they refer to her in the Philippines?

Dada is known as an action person who makes things happen. When she was president of the Philippine Academy of Family Physicians (PAFP) from 1994-1996, she wanted "a sense of direction" not only for her tenure but on long term basis for the PAFP. She led the first five-year strategic plan of the PAFP and planning is now in its fourth cycle. When WONCA Asia Pacific region made the *Manila Declaration*, in 1993, she launched the PAFP community-based environmental protection project. This project is still in place.

When the Philippine National Health Insurance Program (NHIP) was enacted into law in 1995, she headed several workshops with various stakeholders on a variety of pertinent subjects. First, was the workshop on competencies of gatekeepers, in 1996. After this, she continued to advocate for universal health care, with inpatient and outpatient benefits given simultaneously; as well as patient registration and gate-keeping. She helped create an infrastructure for a strong family medicine, by championing quality assurance among PAFP members, developing referral

mechanisms with the various specialties, and promoting financing of the out-patient component of the NHIP towards its full implementation.

Currently, she heads the PAFP Task Force Committee on universal health care, primary care benefits with gatekeeping and family registration. She encouraged the PAFP research committee to engage in Primary Care Assessment Tool (PCAT) research, which has been operational in the Philippines and Asia Pacific, since 2009. With Universal Health Care as the centerpiece program of the government, family registration, gatekeeping and primary care benefits are all the more strengthened. It took 16 years for this to happen and the PAFP continuous to work for recognizing family physicians as the entry point of care.

WONCA involvement

Dada was made a WONCA Fellow in 2007 - one of 28, of whom only three are women.

Dada held the position of WONCA a easier Pacific Regional Vice President (now called Regional President) from 1995 to 2001. When she completed her term, achievements included:

- there were three regional conferences held including family medicine education workshops and four conferences scheduled through 2006;
- a regional structure with a set of officers, functioning committees on quality assurance, research, education, classification;
- The ground work for the launch of the *Asia Pacific Family Medicine Journal* had been done with editors-in-chief, an editorial board and peer reviewers in place. The journal is now in its tenth year as the official scientific publication of WONCA Asia Pacific, is with Biomed Central and is Pubmed-listed.
- Twinning was started and Asia Pacific has mechanisms developed for member organizations to assist new ones in family medicine enhancement.
- the nomination process for the Wes Fabb Oration, honoring Professor Wesley Fabb, WONCA CEO was approved.

She was Overall Chair of the WONCA Asia Pacific Regional Conference, which the PAFP hosted in Cebu, in February 2011. She was also the overall Chair for the Golden Anniversary Celebration of the PAFP held at the same conference.

Dada is currently one of the co-editors-in-chief of *Asia Pacific Family Medicine Journal*, a position she has held since 2001. She is also the Chair-

Elect of the WONCA Working Party on Women in Family Medicine, after having been a member of the working party's core executive, since 2004.

Why has Dada lasted for almost 20 years working for WONCA? It is the self- fulfillment, the friends she has met and kept though these years, and the opportunity to make a difference.

Philippines achievements

She was Founding President, Philippine Society of Teachers of Family Medicine (PSTFM), now Foundation for Family Medicine Educators. She held the chairmanship of faculty development because she believed that family physicians should be taught how to teach and that they should see other perspectives. The academic link between PSTFM and the Royal College of General Practitioners enabled 13 family medicine trainers from various parts of the Philippines to observe general practice and GP training, specialty examination and medical audit.

Inspired by her Fellowship in Academic practice from the Ohio State University, she formulated a graduate degree in family medicine which was approved as Master of Science in Clinical Medicine – Family and Community Medicine track during her chairmanship of the Department of Family and Community Medicine, of the University of the Philippines (UP) College of Medicine (1998-2004). The program has graduated seven Filipinos, seven Indonesians, seven Vietnamese and one Saudi Arabian. A Fellowship in Hospice and Palliative Medicine was also introduced during her chairmanship. This program now has graduates who in turn have organized their respective training curricula in various settings.



Dada with her nieces Jenny (left) and Patti (right) Sapina who conceptualized the world family doctors' day button

Commitment to share

Dada has written 83 journal articles and monographs. She has also made 200 presentations in various international and national conferences, not to mention the local conventions.

Recognition:

She has received various international awards for all her contributions to Family Medicine.

She has been made Honorary Fellow several other colleges of general practitioners namely, Sri Lanka (2010), Australia (2008), UK (2001). She was the fourth Wes Fabb Orator from WONCA Asia Pacific Region (2008) and the first *Song Jung Yoon* orator from the Korean Academy of Family Medicine (2011).

In the Philippines, she has received many awards including that of *Lifetime Achiever of the PAFP* during the Golden Anniversary Celebration and the *Plaque of Distinction* award from the Foundation of Family Medicine Educators (both in 2011); and from the University of the Philippines, *Centennial Professorial Chair* (2008), *Educator of the Year* (2006).

Presently

We have noted already that Dada continues her involvement in WONCA.

In the PAFP, she heads the Committee on Textbook, a pioneering project which will find fruition very soon. She is also one of the prime movers and chair of the Subcommittee on Innovative Practice-Based Training Program for Specialists in Family Medicine.

In the Philippine Medical Association, she has been chair of the Commission on Professional Specialization for more than nine years and member of the Board of Judges for the Dr Jose Rizal Award, eight years counting.

Dada is currently on sabbatical leave from the University of the Philippines Manila College of Medicine where she is Professor of Family and Community Medicine. With her classmates from elementary school, she is busy preparing for their golden jubilee. The preparation enables her to visit her hometown more frequently. She hopes to have more time to finish the cross-stitch project she has started from way back. She also enjoys travelling with her extended family, especially her nieces and grand niece, making sure every trip is educational and fun. Last but not least, she enjoys being a senior citizen and the perks that go with it.

RESOURCES SUBMITTED THIS MONTH

The following resources can be found on the WONCA website.

www.globalfamilydoctor.com/Resources.aspx

JOURNAL

The Practitioner (UK)

www.thepractitioner.co.uk/

PEARLS

Pearls are an independent product of the Cochrane primary care group and are meant for educational use and not to guide clinical care. Produced by The Cochrane Collaboration, NZ Guidelines group and NZ doctor.

371: Insufficient evidence for exercise preventing gestational diabetes mellitus

written by Brian R McAvoy

Clinical question: How effective is physical exercise for pregnant women for preventing glucose intolerance or gestational diabetes mellitus (GDM)?

Bottom line: Compared with routine antenatal care, exercise programmes, including individualised exercise with regular advice, weekly supervised group exercise sessions or home-based stationary cycling, either supervised or unsupervised, had no clear effect on preventing GDM or improving insulin sensitivity.

Caveat: None of the trials reported large-for-gestational age babies, perinatal mortality or long-term outcomes for women or their babies. No information was available on health service costs. All trials were conducted in high-income countries.



Family Medicine – Care for Generations
25–29 June 2013
Prague, Czech Republic
www.wonca2013.com

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range of adverse outcomes for women (type 2 diabetes mellitus) and their babies (birthweight >4kg and birth trauma). Recent observational studies have found physical activity during normal pregnancy decreases insulin resistance and therefore might help to decrease the risk of developing GDM.

Cochrane Systematic Review: Han S, Middleton P and Crowther CA. Exercise for pregnant women for preventing gestational diabetes mellitus. Cochrane Reviews, 2012, Issue 7. Article No. CD009021. DOI: 10.1002/14651858.CD009021.pub2. This review contains 5 studies involving 1115 participants.

372: Citalopram effective for major depression

written by Brian R McAvoy

Clinical question: How effective is citalopram in comparison with tricyclics, heterocyclics, other selective serotonin reuptake inhibitors (SSRIs) and other conventional and non-conventional antidepressants in the acute-phase treatment of major (moderate-to-severe) depression?

Bottom line: Citalopram was more efficacious than paroxetine and reboxetine, and more acceptable (lower drop-out rate) than tricyclics, reboxetine and venlafaxine. However, it seemed to be less efficacious than escitalopram. Follow-up extended to 6 months.

Caveat: Economic analyses were not reported. Sponsorship bias and publication bias had the potential for overestimating treatment effects.

Context: Antidepressant drugs remain the mainstay of treatment in moderate-to-severe depression. During the past 20 years, SSRIs have progressively become the most commonly prescribed antidepressants.

Cochrane Systematic Review: Cipriani A et al. Citalopram versus other anti-depressive agents for depression. Cochrane Reviews, 2012, Issue 7. Article No. CD006534. DOI: 10.1002/14651858.CD006534.pub2. This review contains 37 studies involving over 6000 participants.

INTERNATIONAL HEALTH NEWS

PMNCH 2012 report

[The PMNCH 2012 Report - Analysing Progress on Commitments to the Global Strategy for Women's and Children's Health](#) reviews progress on commitments made by 220 stakeholders to the UN Secretary-General's Global Strategy for



Women's and Children's Health, supporters of the Every Woman Every Child Initiative. The report was commissioned by the independent Expert Review Group (iERG) to inform its report to the UN Secretary-General.

The PMNCH 2012 Report finds that the Global Strategy has been a catalyst for more focused and coordinated efforts for women's and children's health.

It also concludes that implementation is underway but faces some constraints. Based on the report's findings, the following recommendations on the way forward are made:

- Provide additional support to countries with high mortality rates and/or off-track to reach MDGs 4 and 5 but receiving little support at present;
- Focus commitments more strongly on interventions that address major causes of death and are receiving little attention;
- Leverage additional financial resources to further reduce the funding gap identified in the Global Strategy;
- Address constraints to implementation of commitments, in particular related to financial and human resources;
- Integrate efforts with other sectors that are critical to improving women's and children's health, such as education, water and sanitation, transportation and information and communications technologies;
- Support the implementation of the recommendations by the Commission on Information and Accountability, including strengthening health information systems and tracking of international and domestic financial resources;
- Include indicators and means to track progress and impact in future commitments.

For more on the recommendations, [Download the PMNCH 2012 Report](#),

NOTICES

WHO team call for papers for *Globalization and Health*

We are pleased to invite you to submit a manuscript to an innovative new thematic series from [Globalization and Health](#) entitled 'Reverse innovation in global health systems: learning from low-income countries'. The guest editors of the series are Shamsuzzoha Syed and Viva Dadwal (World Health Organization).

With this series, we aim to move beyond the narrow constraints of traditional thinking to promote learning that challenges and rethinks traditional practice within global systems. The series will focus primarily on innovations in low-income countries and their applicability to middle and high-income settings to answer the following questions:

- Can health innovations designed for a developing country setting be applied in a developed country setting?
- Is it time for developed countries to learn from the lessons of developing countries?
- How can we move away from the synthetic barriers to progress and the boundaries associated with being developed and developing countries?

We are soliciting papers of a practical nature and expect articles to span all six WHO health systems components. A recently published review in *Globalization and Health* provides an overview of the existing literature in this area. We welcome submissions that explore both potential and actual benefits that can flow from health systems in low-income to middle and high-income countries. We also welcome perspectives on how institutional partnerships can provide a channel for "reverse innovation". Finally, we welcome insights and best practices on the measurement of "benefits" and how they impact health system.

A framework for submissions is available. The deadline for submissions is January 31 2013, via our online submission system. Publication date is anticipated to be mid-2013. When submitting, please indicate 'Reverse innovation in global health systems: learning from low-income countries' thematic series in your cover letter.

For further information, please visit the *Globalization and Health* website www.globalizationandhealth.com/

Or contact the Editorial Office globalizationandhealth@lse.ac.uk

WONCA CONFERENCES 2012-2014 AT A GLANCE

2013

June 26–29 2013	20th WONCA WORLD CONFERENCE	Prague CZECH REPUBLIC	Family Medicine: Care for Generations www.WONCA2013.com
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2014

May 21 – 24, 2014	WONCA Asia Pacific Regional Conference	Sarawak MALAYSIA	Nurturing Tomorrow's Family Doctor www.WONCA2014kuching.com.my
July 2 – 5, 2014	WONCA Europe Regional Conference	Lisbon PORTUGAL	New Routes for General Practice and Family Medicine http://www.WONCAeurope2014.org/

WONCA Direct Members enjoy *lower* conference registration fees. See WONCA Website www.globalfamilydoctor.com for updates & membership information

MEMBER ORGANIZATION & RELATED MEETINGS

South Asia Research Methodology conference for Primary Care Physicians

Host: South Asian Primary Care Research network
 Theme: Strengthening Primary Care Research through Family Doctors
 Date: 19-20 January 2013
 Venue: Bookers Club, Union Palace, Colombo, Sri Lanka
 Website: www.sapcrn.org
 Contacts:
 Dr Basharat Ali drbasharatali@hotmail.com

FMPC 2013 India

Date: April 20-21, 2013
 Venue: New Delhi, India
 Host: Academy of Family Physicians of India
 Theme: Preparing multiskilled and competent primary care physicians
 Web: www.fmpc2013.com
 Email: dr_raman@hotmail.com

City health conference

Host: The Royal College of General Practitioners (England)
 Date: April 24-26, 2013
 Theme: Tackling inequalities, preventing illness, improving health
 Venue: Euston Square, London, UK
 Web: www.cityhealthconferences.org.uk

EGPRN spring meeting

Host: European General Practice Research network (EGPRN)
 Theme: Risky behaviours and health outcomes in primary care and general practice
 Date: May 16-19 2013
 Abstracts close: January 15, 2013
 Venue: Kusadasi, Turkey
 Web: www.egprn.org

12th Brazilian Congress of Family and Community Medicine

Venue: Belem, Brazil
 Theme: Family Medicine and community : access to quality
 Website: www.sbmfc.org.br/congresso2013
 Email: juliana@oceanoeventos.com.br

XXXIII Congreso de la semFYC

Host: SemFYC
 Date: June 06-08 2013
 Venue: Granada, Spain
 Web: www.semfy2013.com

DON'T FORGET

WONCA WORLD CONFERENCE PRAGUE
June 25-29, 2013

RNZCGP conference for general practice

Host: Royal New Zealand College of General Practitioners
 Date: July 11-13, 2013
 Venue: Wellington, New Zealand
 Web: www.rnzcgp.org.nz

18th Nordic Congress of General Practice

Host: Finnish Association for General Practice
 Theme: Promoting partnership with our patients - a challenge & a chance for primary care
 Date: August 21-24, 2013
 Venue: Tampere, Finland
 Web: <http://nordicgp2013.fi>

European forum for primary care conference

Date: September 9-10, 2013
 Venue: Istanbul, Turkey
 Host: European forum for Primary care (EFPC)
 Theme: Balancing Primary & Secondary Care Provision For More Integration & Better Health Outcomes
 Web: <http://nv1007.nivel.nl/euprimarycare/efpc-conference-istanbul-9-10-september-2013>
 Email: dr_raman@hotmail.com

AAFP annual scientific assembly

Host: American Academy of Family Physicians
 Date: September 24-28, 2013
 Venue: San Diego, USA
 Web: www.aafp.org

RCGP annual primary care conference

Host: Royal College of General Practitioners
 Theme: Progressive Primary Care
 Date: October 3-5, 2013
 Venue: Harrogate, United Kingdom
 Web: www.rcgp.org.uk

RACGP GP '13 conference

Host: The Royal Australian College of General Practitioners
 Date: October 17-19, 2012
 Venue: Darwin, Northern Territory, Australia
 Web: www.gp13.com.au/

The Network: Towards Unity for Health annual conference

Host: TUFH
 Theme: Rural and Community Based Health Care: opportunities and challenges for the 21st century
 Date: November 16-20, 2013
 Venue: Ayutthaya, Thailand
 Web: <http://www.the-networktufh.org/conferences/upcoming>



WONCA PRAGUE 2013 PROMOTION AT AAFP SCIENTIFIC ASSEMBLY MEETING IN PHILADELPHIA, OCTOBER 20–24, 2012



WONCA World Conference 2013 was presented during AAFP Scientific Assembly meeting, held in Philadelphia, USA. Dr. Dan Ostergaard, WONCA liaison person to WONCA 2013, promoted the conference during the lunch for AAFP Chapter Executives. Prof. Bohumil Seifert, chair of the WONCA 2013, met the new AAFP President Jeffrey Cain. The interest in the world conference in Prague was enormous. We met many AAFP delegates at WONCA 2013 booth and invited them to Prague. The most frequent reaction was an easy one: „Why not?“

← Dan Ostergaard, Bohumil Seifert, Jeff Cain

THIS LIVE ACTIVITY, WONCA WORLD CONFERENCE, WITH A BEGINNING DATE OF JUNE 25, 2013, HAS BEEN REVIEWED AND IS ACCEPTABLE FOR UP TO 20.25 PRESCRIBED CREDIT(S) BY THE AMERICAN ACADEMY OF FAMILY PHYSICIANS. PHYSICIANS SHOULD CLAIM ONLY THE CREDIT COMMENSURATE WITH THE EXTENT OF THEIR PARTICIPATION IN THE ACTIVITY.

SCIENTIFIC PROGRAMME PROGRESS

The WONCA 2013 Prague conference is approaching – only 240 days from now to the opening. Scientific committee is active, gradually inviting members to more and more intensive work on its programme: We have appointed excellent and internationally well recognized key note speakers (Margaret Chan, A. Howe, Michael Kidd, J. Skrha, Igor Svab, Karen Kinder). Scientific networks have shown their wish to be actively present every day of the conference. The abstract submission system at our website has been launched in July 2012, and is currently working well as there are arriving first abstracts successfully. NB: Deadline for admission is December 31st 2012!

We plan to have 15 parallel sessions each day to satisfy the scientific, educational, organizational and daily practice taste of all the participants every time slot of the conference. Besides there will be rich poster sessions programme planned as guided at least parts of it.

Recently we had great success to obtain the scientific credits from AAFP (American Academy). These are reciprocal to CCFP (Canadian college) scientific criteria. This shows our draft programme has been well recognized internationally. We hope to get more colleges accreditation as this may attract interest in participation in Prague WONCA meeting.

Now we are addressing reviewers to help us with evaluation of approx. 2000 expected abstracts. There will be the Czech crew and, of course, international reviewers too to help us to reach objectivity of the abstract evaluation process.

The bursary programme has been announced and we have first candidates fulfilling the criteria. We would be happy to invite 30 colleagues from economically underprivileged countries on conference organisers' behalf but there are other parallel bursary programmes as well e.g.

WONCA Europe and others. Also, we are trying to raise some funds nationally from Czech GPs.

We would be happy if our programme will attract colleagues from all over the world and let the WONCA family come together once again!

Václav Benes MD
 Chair of the Scientific Committee



VÁCLAV HAVEL AIRPORT PRAGUE THE NAME OF THE INTERNATIONAL AIRPORT IN THE CAPITAL CITY OF THE CZECH REPUBLIC HAS CHANGED.



From 5 October 2012, it will be called Václav Havel Airport Prague. The largest airport in the Czech Republic thus commemorates the first democratic president of our modern history.

The airport that was formerly known as Prague – Ruzyně was renamed on 5 October to celebrate what would have been the 76th birthday of Václav Havel. The initiator of the idea of renaming the airport was film director Fero Fenič with this reasoning: *“Havel's journey from Ruzyně* Prison to Prague Castle, the demolition of frontiers and opening and promoting our country to the whole cannot be more aptly commemorated and symbolised in everyday*



life than by renaming the Ruzyně airport in Prague to Václav Havel Airport Prague. The airport is the junction of roads, a place of mixing and meeting of nations, a symbol of free movement of people and ideas. It has been a gate to freedom for the Czech Republic and the first place that foreigners see on entering our country.”

*Ruzyně is a Prague quarter, where you can find a well-known prison as well as the airport.

Václav Havel Airport Prague is the operator of the most important international airport in the Czech Republic and the biggest airport among the new EU member states. It has received the Eagle Award for 2011 awarded by the Association of IATA for being the best developing airport. This international “air-hub” handles about 11 to 12 million passengers annually. They can choose from about 50 regular airlines connecting Prague directly to about 130 destinations around the world.

ON-LINE REGISTRATION AND ABSTRACT SUBMISSION IS OPEN!