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This is my final report to you as WONCA President and so I would like to share with you some reflections on the huge amount of work that is carried out by WONCA and our dedicated family doctor members and supporters all around the world.

When the current WONCA World executive met for the first time in June 2013 in Prague, we set our organization three main goals for the three years ahead.

The first was our commitment to better understand the strength of each of our member organizations in each region of the world, and to support the expansion of family medicine by supporting the development of new member organizations of family doctors, especially in more low- and middle-income nations.

Second was our recognition of the importance of supporting the next generation of family doctors. We made a commitment to supporting the establishment of young family doctor movements in all seven regions of the world, and, for the first time, to appoint a representative of young family doctors as a member of the WONCA World executive.

Third was our commitment to strengthen WONCA’s work with the World Health Organization and other key global partners to expand awareness of the role of family medicine in strengthening primary health care in all countries and supporting the global goal of universal health coverage, health care access for all people in all countries of our world.

Through our member organizations, our academic members, and our direct members, WONCA now represents over 600,000 family doctors in nearly 160 countries and territories, in all parts of the world. Each regional president has achieved a solid understanding of the status of family medicine development in their region of the world, and our regional presidents are working with individual family doctors and medical schools and governments in many countries which do not yet have a WONCA member to assist in the development of new colleges and societies and postgraduate training programs, and working with our WONCA CEO, Garth Manning, to support new organizations apply for membership of our global organization.

It has been wonderful over the past three years to see interest in WONCA membership from many new family doctor organizations, especially from nations of Africa, the Middle East and Central Asia, and to welcome new direct members from those countries which have yet to form their own family doctor organizations, including, in the past 12 months along, the Maldives, Ethiopia, Bhutan, Honduras and the Cook Islands.

We have also seen a continuing rise in the number of individual family doctors supporting the work of WONCA by becoming a direct member. In addition, over 100 family doctors...
from around the world have made the commitment to become life direct members of WONCA, and we acknowledge the support of these generous individual colleagues.

One of the great recent achievements of the WONCA family has been the development of our young family doctor movements. Thanks to the enthusiasm of our younger members, we now have vibrant Young Doctor Movements in each of the seven regions of the world, and WONCA and global family medicine have a very active social media presence through the work of our enthusiastic young doctor membership. Our Young Doctor Movements come together through the leadership of our young doctor representative on the WONCA executive, Dr Raman Kumar from India. In a historic first for WONCA, the leaders of all seven Young Doctor Movements met in Istanbul in October 2015 to discuss shared challenges and to plan innovations to support young family doctors around the world. We are also working with our young doctor movements to ensure representation of young family doctors on all WONCA working parties and special interest groups.

We know that our member organizations value WONCA’s strong partnership with the World Health Organization (WHO). WONCA’s WHO liaison person, Dr Luisa Pettigrew, has led our organization’s work with the WHO, especially at a global level to ensure WONCA provides the voice of family medicine in supporting and influencing the development of global health policy by the WHO and the roll out of global health programs. Our greatest global advocate has been the WHO Director-General, Dr Margaret Chan, who recognizes the importance of strong family medicine to global health and universal health coverage. We have received strong support also from the WHO’s WONCA liaison person, Dr Hernan Montenegro von Muhlenbrock, who will join our World Council meeting in Rio de Janeiro in October this year. Each WONCA regional president has established a working partnership with their WHO regional director, and works to ensure family doctor representation and involvement in key WHO regional consultations and the development of regional solutions to global health programs.

Our CEO, Dr Garth Manning, and our Bangkok secretariat work hard to support our organization and have provided wonderful support to your executive and our member organizations and direct members over the past three years. Through Garth’s initiatives, WONCA’s direct membership continues to grow, our external communications have continued to be strengthened, especially through the work of WONCA News Editor Dr Karen Flegg, our social media presence has been expanded, and WONCA’s core relationships with key stakeholders and global health partners have been enhanced. Garth continues to work with executive members to explore new opportunities for consultancies and ethical sponsorship. Garth also works closely with our respected Honorary Treasurer, Dr Donald Li, to ensure the financial health and continuing viability of our organization.

Our working parties and special interest groups are the powerhouses of innovation within WONCA and I thank each chair for their leadership, and each group for the great work they do developing global policy and new resources to support family doctors around the world.

In order to celebrate the achievements of family doctors around the globe, WONCA has established World Family Doctor Day, held on May 19 each year. This initiative continued to grow over the past three year and it has been wonderful to see World Family Doctor Day activities underway all around the world celebrating the contributions family doctors make to the lives of their individual patients and to the health and wellbeing of their communities.

One of the great privileges of being WONCA president is having the opportunity to visit our member organizations, individual family doctors, medical educators and researchers, and health policy makers in countries all around the world. During my three and a half year term as WONCA president, I have made 77 visits to countries all around the world, and have had the remarkable opportunity to learn about the challenges and successes of family medicine in many different nations. I thank our many member organizations that have supported my visits.

One of many highlights was representing global family medicine at the launch of the new Sustainable Development Goals at the United Nations in September 2015, and the accompanying launch of the new Primary Health Care Performance Initiative by Angela Merkel, Bill Gates, Ban Ki-Moon and Margaret Chan. WONCA has been working closely with
the World Bank, Bill and Melinda Gates Foundation, and WHO on the Primary Health Care Performance Initiative, which provides a set of indicators to allow measurement and comparison of primary health care developments in low and middle income nations around the world.

I have also had the privilege to lead WONCA’s delegations to the World Health Organization’s annual World Health Assembly. In May this year I addressed the World Health Assembly on the role of family medicine and primary health care in meeting the United Nation’s Sustainable Development Goals.

I have also had the opportunity to meet with the leaders of many other global health organizations including the World Medical Association, International Council of Nurses, International Federation of Medical Students’ Associations, World Psychiatric Association, World Heart Federation, World Federation of Public Health Associations, and International Alliance of Patients’ Organizations, to discuss our shared concerns and ways we can continue to work together to strengthen family medicine and primary care in all countries of the world. And I have contributed to the world’s media, with publications about family medicine in, among others, Huffington Post, The Lancet, and even a letter in The Times.

Among the joys of our organization’s many achievements, we have also experienced the deep sorrow of losing several loved and respected members of our WONCA family over the past three years, including Janko Kersnik (Slovenia), Atai Omoruto (Uganda) and founding member and past WONCA president, David Game (Australia). We grieve the passing of our colleagues and honour their contributions.

I thank all members of the WONCA executive for your individual support and steadfast commitment to the ideals of our organization over the past three years. I thank our CEO and secretariat staff for their great continuing work for our organization. I thank the leaders and members of our committees, working parties, special interest groups and individual representatives for their great continuing voluntary work for our global organization, and for the people of the world. And I thank you, the family doctors of the world, for your work in your communities and your dedication to delivering the highest quality care to the people who trust you for their medical care and advice.

In October this year, the member organizations of WONCA come together for the meeting of our World Council in Rio de Janeiro, ahead of our World Conference. Then, on November 4, I will hand over the responsibilities of WONCA President to our global organization’s first ever woman president, Professor Amanda Howe. I know you join me in wishing Amanda every success as she takes on the leadership of our global organization.

I thank you for your trust in allowing me to hold this position for the past three years. It has been the highlight of my professional career. I look forward to meeting with many of you at our World Council and our World Conference in Rio, and during the years ahead.

Michael Kidd
President
Go online for more photos and to find out who is in the President’s photo gallery
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Del Presidente: últimas palabras

Estas son las últimas palabras que os dedico como Presidente de WONCA y es por eso que me gustaría compartir con vosotros algunas reflexiones acerca de la gran cantidad de trabajo que WONCA lleva a cabo y sobre la dedicación de todos los profesionales de la Medicina de Familia en todo el mundo.

Cuando el Ejecutivo de WONCA Mundial que yo presido se encontró por primera vez en junio de 2013 en Praga, plantéamos en nuestro plan de trabajo tres grandes objetivos para los siguientes tres años.

El primero de los tres compromisos era el de comprender mejor la fuerza de nuestras organizaciones miembro en cada región del mundo, para dar apoyo a la expansión de la Medicina de Familia ayudando a las nuevas organizaciones miembro de médicos de familia, especialmente en aquellos países con menos recursos.

El segundo objetivo era el hecho de reconocer la importancia de ayudar a la siguiente generación de médicos de familia. Todos nos comprometimos a respaldar el establecimiento de movimientos de jóvenes médicos de familia en las 7 regiones del mundo y, por primera vez, designamos a una delegación de JMF como miembros del Ejecutivo de WONCA Mundial.

El tercer de los objetivos que acordamos llevar a cabo fue el de fortalecer el trabajo de WONCA con la Organización Mundial de la Salud y otros partners a nivel global para difundir la concienciación en relación al papel de la Medicina de Familia en el fortalecimiento de la Atención Primaria en todos los países y apoyar el objetivo global de la Cobertura Universal de Salud; el acceso a la asistencia sanitaria para todos y todas los ciudadanos y las ciudadanas que integran la humanidad.

A través de los miembros que integran WONCA, organizaciones, académicos y miembros directos, ahora representamos 600,000 médicos de familia en cerca de 160 países y territorios de todo el planeta. Cada presidente regional ha conseguido explicar de forma solvente en qué punto se encuentra el desarrollo de la MFyC en su región, y eso que muchos de estos presidentes tienen que trabajar y relacionarse con médicos de familia a nivel individual, o Academias de Medicina, así como gobiernos que no colaboran con WONCA en la asistencia a sus nuevas facultades, sociedades y programas formativos de postgrado. El trabajo de apoyo hecho por parte de nuestro Director Ejecutivo, Garth Manning, ha sido clave para la implementación de nuevas organizaciones en nuestra organización mundial.

Ver crecer el interés de las nuevas organizaciones de médicos en formar parte de WONCA durante estos últimos tres años ha sido fantástico, especialmente de países africanos, de Oriente Medio y de Asia Central, y también dar la bienvenida a nuevos miembros de países en los que aún se está en proceso de creación de sus propias organizaciones científicas de MFyC, por ejemplo, en los últimos 12 de meses, las Maldivas, Etiopia, Bután, Honduras y las Islas Cook.

También hemos visto el crecimiento constante en el número de médicos de familia que apoyan el trabajo de WONCA y se han convertido en asociados. Además, más de 100 médicos de familia a título individual en todo el mundo se han comprometido en convertirse en miembros activos de WONCA y reconocemos el apoyo de estos colegas tan generosos.

Uno de los grandes logros recientes de WONCA ha sido el desarrollo de nuestros movimientos de jóvenes médicos de familia. Gracias al entusiasmo de nuestros jóvenes miembros, ahora disponemos de vibrantes Movimientos de Jóvenes Médicos en cada una de las siete regiones del mundo, y WONCA y la Medicina de Familia mundial han logrado una presencia notable y activa en las Redes Sociales gracias al trabajo entusiasta de nuestros jóvenes miembros. Nuestros Movimientos de JMF trabajan estrechamente con el Representante de JMF del Ejecutivo de WONCA, el Doctor Raman Kumar de India. En un primer encuentro histórico de WONCA, los líderes de los siete movimientos de JMF se encontraron en Estambul el mes de octubre de 2015 para compartir la forma de afrontar los retos y planificar las innovaciones para apoyar a los JMF en todo el mundo. Actualmente, también estamos trabajando con nuestros movimientos de JMF para asegurarnos que están representados en todas las secciones y Grupos de Trabajo de WONCA.
Sabemos que nuestras organizaciones miembro valoran la fuerte colaboración de WONCA con la Organización Mundial de la Salud (OMS). La persona encargada de la relación WONCA-OMS es la Doctora Luisa Pettigrew, que ha dirigido el trabajo de nuestra organización con la OMS, especialmente a nivel global para garantizar que WONCA da voz a la Medicina de Familia y apoyando e influenciando el desarrollo de políticas para la asistencia sanitaria mundial por parte de la OMS y la introducción de programas sanitarios globales. Nuestra mayor defensora ha sido el Director General de la OMS, el Doctor Margaret Chan, que reconoce la importancia de contar con una Medicina de Familia fuerte en el contexto de una cobertura y asistencia sanitaria universal. También hemos recibido un gran apoyo por parte de la persona de contacto de la OMS con WONCA, el Doctor Hernan Montenegro von Muhlenbrock, que se nos unirá en el Congreso Mundial de WONCA de Río de Janeiro en octubre de este año. Cada presidente regional de WONCA ha establecido una colaboración de trabajo con su Director Regional de la OMS, y trabaja para garantizar que los médicos de familia están representados e implicados en las consultas regionales de la OMS y en la búsqueda de soluciones regionales para los programas sanitarios globales.

Nuestro Director Ejecutivo, el Doctor Garth Manning, y nuestro secretariado en Bangkok han ofrecido fantásticos apoyos y asesoramiento a nuestras organizaciones miembro y a nuestros asociados durante los últimos tres años. Gracias a las iniciativas de Garth, la participación de WONCA continúa creciendo, nuestras comunicaciones externas han continuado fortaleciéndose, especialmente gracias al trabajo de nuestra editora del boletín digital WONCA News, Karen Flegg. También nuestra presentación en el entorno digital ha aumentado significativamente, y las relaciones de WONCA con actores clave y socios en el ámbito de la asistencia sanitaria global han sido realizadas. Garth continúa trabajando con los miembros ejecutivos para explorar nuevas oportunidades de asesoría y de patrocinio ético. Garth también trabaja de cerca con nuestro Tesorero Honorario, el Doctor Donald Li, con el fin de garantizar la viabilidad financiera de nuestra organización.

Nuestras secciones y Grupos de Trabajo son la fuerza motriz de la innovación en el seno de WONCA y doy las gracias a cada uno de sus responsables por su liderazgo, a sus miembros por el trabajo que hacen en el desarrollo de políticas globales y en la búsqueda de nuevos recursos para dar apoyo a los médicos de familia en todo el mundo.

Para celebrar los logros de los médicos de familia en todo el mundo, WONCA estableció el Día Mundial del Médico de Familia, que cada año tiene lugar el 19 de mayo. Esta iniciativa ha continuado creciendo en los últimos tres años y ha sido maravilloso ver su puesta en marcha para celebrar el trabajo que hacemos con nuestros pacientes y para el bienestar de sus comunidades.

Uno de los grandes privilegios de ser el Presidente de WONCA es tener la oportunidad de visitar nuestras organizaciones miembro, los médicos de familia, los educadores sanitarios, los investigadores y los políticos en los países de todo el mundo. Durante los últimos tres años y medio, como Presidente de WONCA, he hecho 77 visitas en países de todo el mundo, y he tenido la gran oportunidad de aprender acerca de los retos y los éxitos de la MFyC en muchos países y muy diferentes. Doy las gracias a las organizaciones miembro que me han dado apoyo durante mis visitas.

Entre los muchos elementos destacados, recuerdo cuando representé a la Medicina de Familia Global en la presentación de los nuevos Objetivos para el Desarrollo Sostenible de las Naciones Unidas en septiembre de 2015, y acompañé a Angela Merkel, Bill Gates, Ban Ki-Moon y Margaret Chan en la presentación de la nueva Actuación en Atención Primaria. WONCA también ha trabajado con el Banco Mundial, con la Fundación Bill and Melinda Gates y con el Programa de Actuación en Atención Primaria de la OMS que ofrece una serie de indicadores que nos permiten medir y comparar diversos índices determinantes en países con realidades económicas muy diferentes. También he tenido el privilegio de liderar las Delegaciones de WONCA en la Asamblea anual de la OMS. Este año, en mayo, hablé ante la Asamblea de la OMS acerca de los Objetivos de Desarrollo Sostenible de las Naciones Unidas. También he tenido la oportunidad de conocer a los responsables de nuestras
organizaciones mundiales, incluyendo la Asociación Mundial de Medicina, la Asociación Internacional de Enfermeras, la Federación Internacional de Asociaciones de Estudiantes de Medicina, la Asociación Mundial de Psiquiatría, la Federación Mundial del Corazón, la Federación Mundial de Asociaciones de Salud Pública, y la Alianza Internacional de Organizaciones de Pacientes, para debatir acerca de nuestras preocupaciones compartidas y las formas para poder seguir trabajando juntos y fortalecer la Medicina de Familia y la Atención Primaria. También he contribuido en los medios de comunicación, con artículos y publicaciones acerca de la MFyC en periódicos como Huffington Post, The Lancet, o incluso en The Times.

Entre los logros más felices de nuestra organización, hemos experimentado la profunda tristeza de perder a diversos queridos y respetados miembros de nuestra familia WONCA. Estos últimos tres años nos han dejado, entre otros, Janko Kersnik (Eslovenia), Atai Omoruto (Uganda) y uno de los fundadores y antiguo presidente de WONCA, David Game (Australia). Sentimos mucho la pérdida de nuestros colegas y honramos sus contribuciones.

Agradezco a todos los miembros del Ejecutivo de WONCA su apoyo individual y su firme compromiso con los ideales de nuestra organización durante los últimos tres años. Agradezco a nuestro Director ejecutivo y al personal de nuestro secretariado por su trabajo continuado y exigente. También agradezco a los responsables de los miembros de nuestros comités, Grupos de Trabajo y representantes a nivel individual por su excelente y continuado trabajo voluntario para nuestra organización mundial y para toda la población del planeta. Y también doy las gracias a todos los médicos y las médicas de familia del mundo, por vuestro trabajo en vuestras comunidades y vuestra dedicación a la hora de ofrecer la asistencia de más calidad a toda la gente que confía su salud en vosotros.

En octubre de este año, las organizaciones miembro de WONCA se reunirán para el Congreso Mundial de Río de Janeiro. Después, el 4 de noviembre, voy a transferir las responsabilidades de la Presidencia de WONCA a la primera Presidenta en la historia de nuestra organización, Amanda Howe. Sé que, al igual que yo, también deseáis para Amanda todo el éxito posible.

Agradezco vuestra confianza al dejarme ostentar este cargo durante los tres pasados años. Ha sido el hecho más destacado de mi carrera profesional. Espero encontraros en nuestro Congreso Mundial en Río de Janeiro, y en los años futuros.

Michael Kidd
Presidente de WONCA

Traducción: Pere Vilanova, Spanish Society of Family and Community Medicine (semFYC) - Periodismo y comunicación
l'Organisation Mondiale de la Santé et avec d'autres associés mondiaux afin d'augmenter la prise de conscience du rôle de la médecine familiale en renforçant les soins de santé primaire dans tous les pays et en soutenant l’objectif global de l'assurance universelle de santé, de l'accès aux services de santé pour tous partout dans le monde.

Par nos organisations-membres, nos membres universitaires et nos membres directs, WONCA représente maintenant plus de 600.000 médecins de famille dans près de 160 pays et territoires, dans toutes les régions du monde. Chaque président régional a acquis une compréhension approfondie du statut de développement de la médecine familiale dans sa région respective, et nos présidents régionaux coopèrent avec différents médecins de famille, différentes écoles médicales et les gouvernements dans beaucoup de pays qui n'ont pas encore de membres de WONCA, afin d'aider au développement de nouvelles universités et sociétés et de programmes de formation universitaires supérieurs. Les présidents régionaux travaillent aussi avec Garth Manning, le PDG de WONCA, pour soutenir les demandes d'adhésion de nouvelles organisations à notre organisation mondiale.

J'ai eu plaisir au cours des trois dernières années à voir l'intérêt pour l'adhésion de nouvelles et nombreuses organisations de médecine familiale auprès de WONCA, particulièrement venant de nations d'Afrique, du Moyen-Orient et d'Asie centrale, et au cours des 12 derniers mois j'ai aussi eu le bonheur de souhaiter la bienvenue aux nouveaux membres directs de ces pays qui n'ont pas encore formé leurs propres organisations de médecins de famille, tels que les Maldives, l'Ethiopie, le Bhoutan, le Honduras et les îles Cook.

Nous avons pu constater l’augmentation constante des médecins de famille qui soutiennent le travail de WONCA en devenant membre à titre individuel. En outre, plus de 100 médecins de famille de partout dans le monde ont pris l'engagement de devenir membres directs à vie de WONCA, et nous remercions ces généreux collègues pour leur appui.

L'un des grands accomplissements récents de WONCA a été le développement de mouvements de jeunes médecins de famille. Grâce à l'enthousiasme de nos plus jeunes membres, nous avons maintenant des Mouvements de jeunes médecins dynamiques dans chacune des sept régions du monde, et WONCA et la médecine de famille universelle ont une présence très active dans les réseaux sociaux grâce au travail de nos jeunes adhérents. Nos Mouvements de jeunes médecins se concrétisent sous la direction de notre jeune représentant au comité directeur de WONCA, le Dr Raman Kumar d’Inde. Dans une première historique pour WONCA, les leaders de chacun des sept Mouvements de jeunes médecins se sont rencontrés à Istanbul en octobre 2015 pour débattre de leurs défis communs et pour projeter des innovations en soutien des jeunes médecins de famille autour du monde. Avec nos mouvements de jeunes médecins, nous œuvrons également pour assurer la représentation des jeunes médecins de famille dans tous les groupes de travail de WONCA et dans les groupes d'intérêt particulier.

Nous savons que nos organisations membres accordent grande importance à un partenariat solide de WONCA avec l'Organisation mondiale de la santé (OMS). Dr Luisa Pettigrew, agent de liaison WONCA-OMS, a mené le travail de notre organisation avec l'OMS, particulièrement à un niveau mondial pour assurer que WONCA soit la voix de la médecine familiale en soutenant et en influençant le développement de la politique sanitaire globale par l'OMS et la mise en œuvre de programmes de santé internationaux. Notre plus grand défenseur mondial a été Dr Margaret Chan, directrice générale de l'OMS, qui reconnaît l'importance d'une médecine familiale forte pour la santé mondiale et pour l'assurance universelle de santé.

Dr Garth Manning, notre PDG et notre secrétariat de Bangkok œuvrent pour soutenir notre organisation et ont fourni leur appui très apprécié aux organisations membres du comité directeur ainsi qu’à nos membres directs au cours des trois dernières années. Grâce aux initiatives de Garth, l'adhésion directe à WONCA continue à progresser, nos communications externes continuent à se renforcer, particulièrement par le travail de Dr Karen Flegg, rédactrice de WONCA News. Notre présence dans les médias sociaux a augmenté, et les rapports fondamentaux de WONCA avec les principales parties prenantes et les partenaires de la santé mondiale ont augmenté. Garth continue à travailler avec les membres exécutifs afin
d'explorer de nouvelles possibilités de consultation et patronage éthique. Garth travaille également étroitement avec Dr Donald Li, notre trésorier honorifique respecté, afin d'assurer la santé financière et la viabilité continue de notre organisation.

Nos groupes de travail et nos groupes d'intérêt sont les moteurs de l'innovation au sein de WONCA et je remercie chaque président de sa conduite, et chaque groupe pour l'important travail de développement des politiques globales et des nouvelles ressources en soutien aux médecins de famille autour du monde.

Afin de célébrer les accomplissements des médecins de famille autour du globe, WONCA a établi la Journée mondiale du médecin de famille qui se tient tous les ans, le 19 mai. Cette initiative a continué à croître au cours des trois années passées et il est bon de voir des activités de la Journée mondiale du médecin de famille prenant forme tout autour du monde en célébrant les contributions des médecins de famille à la vie de leurs patients ainsi qu'à la santé et au bien-être de leurs communautés.

Un des grands privilèges de la fonction de président de WONCA a été d'avoir l'occasion de rendre visite à nos organisations membres, aux différents médecins de famille, aux éducateurs et aux chercheurs en médecine, et aux responsables de l'élaboration des politiques de santé dans tous les pays du monde. Pendant mes trois années et demie de mandat en tant que président de WONCA, j'ai effectué 77 visites dans différents pays du monde, et j'ai eu l'occasion remarquable de découvrir les défis et les succès de la médecine familiale dans beaucoup de différentes nations. Je remercie les organisations membres qui ont soutenu mes visites.

L'un des nombreux temps forts a été de représenter la médecine familiale mondiale lors du lancement des nouveaux objectifs de développement durable aux Nations Unies en septembre 2015, et le lancement de la nouvelle initiative de performance en matière de soins de santé primaire par Angela Merkel, Bill Gates, Ban Ki-Moon et Margaret Chan. WONCA travaille étroitement avec la Banque mondiale, la Fondation Bill et Melinda Gates et l'OMS sur l'initiative de performance en matière de soins de santé primaire qui fournit un ensemble d'indicateurs permettant de mesurer et de comparer les développements en soins de santé primaire dans les nations à bas ou moyens revenus autour du monde.

J'ai aussi eu le privilège de mener les délégations de WONCA à l'Assemblée annuelle de la santé mondiale auprès de l'Organisation mondiale de la santé. En mai cette année, j'ai prononcé un discours à l'Assemblée de la santé mondiale sur le rôle de la médecine familiale et des soins de santé primaire quant aux objectifs de développement durable des Nations Unies.

J'ai également eu l'occasion de rencontrer les leaders de nombreuses autres organisations de santé mondiale telles que l'Association médicale mondiale, le Conseil international des infirmières, la Fédération internationale des associations d'étudiants en médecine, l'Association psychiatrique mondiale, la Fédération mondiale du cœur, la Fédération mondiale des associations de santé publique et l'Alliance internationale des organisations de patients, afin d'examiner nos préoccupations communes et nos méthodes pour continuer à coopérer dans le but de renforcer la médecine familiale et les services de soins de santé primaire dans tous les pays du monde. J'ai contribué aux médias internationaux par des publications au sujet de la médecine familiale, entre d'autres dans le Huffington Post, The Lancet et dans une lettre adressée à The Times.

Parmi les joies des nombreux accomplissements de notre organisation, nous avons également éprouvé la douleur profonde de perdre plusieurs de nos membres respectés au cours des trois dernières années, y compris Janko Kersnik (Slovénie), Atai Omoruto (Ouganda) et le membre fondateur puis président de WONCA, David Game (Australie). Nous pleurons la mort de nos collègues et honorons leurs contributions.

Je remercie tous les membres du comité directeur de WONCA pour leur soutien individuel et leur engagement immuable aux idéaux de notre organisation au cours des trois dernières années. Je remercie notre Président Directeur Général et le personnel du secrétariat de poursuivre leur travail pour notre organisation. Je remercie les leaders et les membres de nos comités, les groupes de travail, les groupes d'intérêt et les différents représentants de leur travail bénévole continu pour notre organisation mondiale, et pour les peuples du monde. Et je vous remercie, vous
les médecins de famille du monde, de votre travail dans vos communautés et de votre dévouement dans la prestation de soins de santé de la plus haute qualité aux patients qui vous font confiance pour leur soins et conseils médicaux.

En octobre prochain, les organisations membres de WONCA se rassembleront pour la réunion de notre Conseil mondial à Rio de Janeiro, avant notre Conférence mondiale. Puis, le 4 novembre, je transmettrai les responsabilités de président de WONCA à la toute première présidente de notre organisation mondiale, le professeur Amanda Howe. Je sais que vous vous joignez à moi pour souhaiter à Amanda tout le succès dans sa prise de fonction et dans la conduite de notre organisation mondiale.

Je vous remercie de votre confiance qui m’a permis de tenir cette fonction au cours des trois dernières années. Ce rôle a été le point culminant de ma carrière professionnelle. J’attends avec intérêt de rencontrer nombre d’entre vous à notre Conseil mondial et à notre Conférence mondiale à Rio, et au fil des années à venir.

Michael Kidd
Président

Traduit par Josette Liebeck
Traductrice professionnelle anglais-français
Accréditation NAATI No 75800

From the CEO’s Desk : A tale of two visits and two videos

Maldives
The period leading up to WONCA World Council and conference tends to be quite quiet, in terms of visits, as there is a four-month moratorium on official WONCA events prior to these events. Thus it was especially welcome to get out of the office in late August and fly to Male, capital of the Maldives, to meet with key Ministry officials to discuss family medicine development in the country. I was joined by Professor Pratap Prasad, South Asia Region President, and we were accompanied by Dr Ali Shareef, the Maldives’ first family medicine trainee, who had very kindly arranged the visits.

Almost everyone will have a very romantic notion of the Maldives, picturing tree-lined beaches, white sand and clear blue waters, but of course for the resident population life is as demanding as for anywhere else in the world – and in fact Male, the capital, is one of the most densely populated capital cities in the world. The same health problems exist as elsewhere in the world, with non-communicable disease and chronic disease an ever-increasing burden on the health system. With a total population of less than 400,000, spread over 26 atolls, providing health care is a real challenge, and for all sorts of reasons a cadre of properly trained family doctors, offering primary care and emergency medicine, would seem to offer a viable solution to this health delivery challenges.

We had very useful meetings with Dr Mohammed Habib, Honourable State Minister of Health, and Dr Sheeza Ali, Director General of Health Services, and both were very supportive of the development of professional family medicine. In Nepal, Professor Prasad’s home country, family doctors undertake four years of residency training, which also includes emergency medicine, so that those qualifying as family doctors are able to undertake a number of emergency procedures such as emergency obstetrics and emergency surgery. This model would seem very appropriate for the widely dispersed populations in the Maldives, and Professor Prasad offered to assist Maldives in development of a full family medicine residency programme, including the possibility of attachments to Tribhuvan University in Kathmandu. We also met with representatives of the Maldives Medical Association and they too were very supportive of the initiative.

So, a very successful visit. Much work will be required both to develop a training programme and to persuade doctors to consider family medicine as a career, but we look forward to helping Maldives in whatever way we can, and
hope that in future years a cadre of family doctors can form their own society and join the larger WONCA family.

>see region president’s report on visit

**United Kingdom**

I was back in UK for a short break in early September and had the chance to attend an awards ceremony of RCGP in Northern Ireland, celebrating the new Members and Fellows of the College in that part of the UK, as well as highlighting awards to medical students and to the Northern Ireland Doctor of the Year. Those who read the recent “Economist” article on the UK NHS will be only too aware that it faces many challenges, not least in recruitment of GPs, so it was especially heartening to welcome new members to our speciality and to recognise the continuing interest and enthusiasm for our discipline.

Despite the many challenges, General Practice/Family Medicine continues to offer medical graduates an exciting, flexible, diverse and varied career, and it’s important that this message is conveyed to medical students who too often get seduced by the seemingly more attractive hospital specialties. Our colleagues at the Royal College of GPs in UK, in an effort to get this message out to medical students and young doctors, have developed a campaign called “Think GP” and as part of the campaign have produced a series of short videos to highlight the variety of a GP career. The link to the key central video is available [here](#) and I would encourage everyone to have a look.

Associated with the video is a document, which is also a very valuable resource for those of us trying to recruit for general practice / family medicine. This is freely available from the RCGP [website](#).

**WHO EMRO video**

And news of another very interesting, informative and useful video. The WHO Eastern Mediterranean Regional Office (WHO EMRO) has produced an advocacy video on family practice. Our President, Professor Michael Kidd, was invited to provide some words from WONCA for inclusion in the video, which also includes family doctors from across the region. The video will be used as part of the advocacy for the family practice model by the WHO in the region, including at the regional council for health ministers. Here’s the link to the [video](#).

**Coming weeks**

There are a busy few weeks ahead for the Secretariat, with a meeting of Executive, followed by Word Council and then World Conference. As is usual, there will be no WONCA News in November, the month of the conference, but we will report back in December on all that has happened in Rio 2016. Best wishes until then.

Dr Garth Manning
CEO
Policy bite: mental health – bridging everything we do in family medicine

Amanda Howe, President Elect, who will become WONCA President next month in Rio, writes:

October 10th is World Mental Health Day (WMHD), so this month’s policy bite has three key messages:

1. Family doctors are essential to effective mental health care

2. We have opportunities in every consultation to promote mental wellbeing and reduce the trauma of life events and illnesses.

3. A therapeutic doctor-patient relationship over time can enable patients to strengthen their own coping mechanisms and resilience in the face of adverse events.

This year’s WMHD theme is ‘psychological first aid’, which is a common need in our clinics. Whether precipitated by a relationship breakdown, an unexpected loss of employment, a serious diagnosis, or a bereavement, we often see patients whose lives have been turned upside down by events. To this list we can add the needs of victims of violence – refugees and asylum seekers, those who suffer at the ends of intimate partners and family members, and those who are bullied or stigmatised by others. Just as we need to be able to diagnose and manage ‘diagnoses’ such as depression, anxiety, and psychoses, we need to be able to support, advise and empower people as they face and live through personal crises.

We are fortunate that we have leaders in WONCA who champion these issues, and advise us on both needs and solutions. Our Working Party on Mental Health, and our SIGs on Family Violence and on Conflict and Catastrophe Medicine, are all alert to these issues and try to take them forward worldwide.

Thanks to the efforts of our President and others on this and previous executives, we are well linked with the World Federation for Mental Health and World Psychiatric Association, and are supportive of many of their policies on issues such as human rights, gender and mental health, and the importance of direct involvement of service users in their care. We are also focusing on the wellbeing of our own members, through projects such as the ‘resilience and life transitions’ work being done under the Working Party for Women and Family Medicine. Indeed, all our work for members should support their wellbeing and empowerment as family doctors. And we are actively contributing to the development of mental health services through our mental health consultancy work.

So there is much on which we can build for the next biennium. Nevertheless, the tide of psychological stress in the face of social adversity is a considerable burden on health professionals as well as our patients, and particularly in primary care where we are involved in close relationships with our patients over time. For this reason, the theme of WMHD2016 needs to ensure that others than health professionals understand how to help people when the going get tough. Empathic and sensible responses to distress, coupled with knowledge of basic principles of effective psychological approaches to distress, can help individuals keep some control and insight to their own responses, and those of others. Mental health and illness is something that can affect us all. We need to build our resources at a societal, professional, and systems level; first aid is only the first step in a long road to recovery and reconciliation.

Amanda Howe
President Elect

More about World Mental Health Day
Fragmentos de política : La Salud Mental – conectando todo lo que hacemos en Medicina de Familia

Con Amanda Howe

El próximo 10 de octubre es el Día Mundial de la Salud Mental (World Mental Health Day, WMHD), así que este mes el artículo de Fragmentos de Política tiene tres mensajes clave:

1. Los médicos de familia son esenciales y efectivos a la hora de asistir problemas de salud mental.

2. Desde nuestras Consultas tenemos la oportunidad de promover el bienestar psicológico y reducir los posibles traumas de los eventos vitales y enfermedades.

3. Una relación médico-paciente que sea terapéutica a lo largo del tiempo puede permitir a los pacientes reforzar sus propios mecanismos de defensa y resistencia a la hora de tener que enfrentarse con eventos adversos.

El tema entorno el cual gira el Día Mundial de la Salud Mental de este año es “primeros auxilios psicológicos”. Se trata de una necesidad común en nuestros Centros de Salud. Bien sea provocado por el fin de una relación, una pérdida inesperada de empleo, un diagnóstico severo o un luto, a menudo nos encontramos con pacientes cuyas vidas se han visto sesgadas por los hechos. A esta lista podemos añadir las personas que padecen violencia y necesitan ayuda – refugiados y demandantes de asilo, aquellos que sufren al asistir a los últimos días de familiares y amigos, o aquellos que sufren intimidaciones o son estigmatizados por otros. Del mismo modo que tenemos que ser capaces de diagnosticar y tratar casos como la depresión, la ansiedad o la psicosis, también tenemos que ser capaces de apoyar, consejear y empoderar a la población cuando ésta se enfrenta y pasa por una experiencia de crisis personal.

En WONCA, somos afortunados de tener auténticos líderes que son números 1 en resolver estos problemas, y que nos pueden aconsejar acerca de las necesidades y las soluciones. Nuestra Sección de Trabajo en Salud Mental, y nuestro Grupos de Especial Interés. de Violencia Familiar y de Medicina en Resolución de Conflictos están actualizados respecto a estas cuestiones y tratan de generar avances a nivel mundial.

Gracias al esfuerzo de nuestro Presidente y de otras personas en esta última reunión ejecutiva y en las reuniones previas, nuestra relación con la Federación Mundial para la Salud Mental y la Asociación Mundial de Psiquiatría es muy buena. Estamos comprometidos con las políticas de apoyo en cuestiones como los Derechos Humanos, igualdad de género y salud mental, así como la importancia de la implicación directa de los servicios a usuarios en la asistencia. Nos estamos concentrando en el bienestar de nuestros propios miembros, a través del trabajo hecho en proyectos como el de “resistencia y transiciones vitales” del Grupo de Trabajo de la Mujer y la Medicina de Familia. Desde luego, todo nuestro trabajo dirigido a los miembros debe enfocarse a apoyar su bienestar y su empoderamiento como médicos de familia. Y estamos contribuyendo de forma muy activa al desarrollo de los servicios de Salud Mental a través de nuestro trabajo.

Así que aún queda mucho por construir en los próximos años. Sin embargo, la tendencia del estrés psicológico a la hora de enfrentarnos a la adversidad social es una carga considerable para los profesionales sanitarios, así como para nuestros pacientes y, particularmente, en el ámbito de la Atención Primaria, donde estamos rodeados de relaciones muy cercanas durante largos períodos de tiempo. Por esta razón, el tema del WMHD 2016 necesita asegurar que otros actores más allá de los profesionales sanitarios entiendan cuál es la mejor forma de ayudar a la población en los momentos en que las cosas se ponen difíciles. Las respuestas empáticas y con sensibilidad ante episodios de angustia, al mismo tiempo que los conocimientos sobre principios básicos de psicología efectiva frente a la misma, pueden ayudar a la gente a mantener un cierto control y conocimiento ante sus propias respuestas, y ante las de los otros. La Salud mental y la...
enfermedad nos pueden afectar a todos. Es imprescindible que mejoremos nuestros recursos a nivel social, profesional y del sistema; los primeros auxilios son solamente el primer paso de un largo recorrido de mejora y reconciliación.

Amanda Howe
Presidenta electa de WONCA

Feature Stories

WONCA supports Bill of Rights for Individuals with Mental Illness

WONCA has supported a Bill of Rights produced by the World Psychiatric Association. The Bill of Rights has been supported by the WONCA Working Party on Mental Health and WONCA World Executive.

Bill of Rights for Individuals with Mental Illness

The World Psychiatric Association (WPA), a global organization representing nearly 250,000 psychiatrists, urges ALL Governments to ensure that individuals with mental illness/mental disabilities/mental health problems are not discriminated against based on their mental health status, and are treated as full citizens enjoying all rights on an equal basis with other citizens.

The WPA supports the efforts of the international community as expressed through various international human rights Covenants and Conventions and, more particularly, the United Nations Convention on the Rights of Persons with Disabilities (CRPD). The WPA reiterates that persons with mental illness/mental disability/mental health problems have the capacity to hold rights and exercise their rights and should therefore be treated on an equal basis with other citizens. This includes but it is not limited to:

1. Right to accessible and affordable mental and physical healthcare
2. Right to live independently in the community as other citizens
3. Right to work and opportunities to work and protections at work, including affirmative action, as available to other citizens
4. Right to adequate income to meet their basic needs for food, habitation, clothing and other necessities
5. Right to accessible, integrated, affordable housing
6. Right to training and education as available to other citizens
7. Right to freedom of movement and removal of restrictions on free travel by people with mental illness
8. Right to own, inherit and dispose of property and to be provided adequate support to exercise this right
9. Right to marry, have and adopt children and raise families, with additional support when required
10. Right to determine their future and make their own life choices
11. Right to vote and be elected to public office
12. Right to be recognized as equal before the law as other citizens and the right to full protection of the law
13. Right to be free from cruel, inhuman, degrading treatment and punishment
14. Right to confidentiality and privacy
15. Right to participate in the cultural and social life of the community

Correspondence: Dinesh Bhugra CBE, President, World Psychiatric Association  dinesh.bhugra@kcl.ac.uk
High-level UN Commission recommends reform of health systems

Focus instead on community-based, people-centred primary care

The Sustainable Development Goals (SDGs) set an ambitious agenda to improve the lives of all. Recent outbreaks have additionally confirmed the urgency of building resilient health systems and strengthening global health security. Health workers and health employment reside at the heart of the SDG agenda. However the rising global demand and need for health workers over the next fifteen years, presents significant challenges.

Earlier this year the United Nations Secretary-General announced the appointment of a Commission on Health Employment and Economic Growth co-chaired by François Hollande, President of France, and Jacob Zuma, President of South Africa. The Commission was tasked to make recommendations which will stimulate and guide the creation of at least 40 million new jobs in the health and social sectors, and to reduce the projected shortfall of 18 million health workers, primarily in low- and lower-middle-income countries, by 2030.

In September 2016 findings of the Commission were presented at the United Nations’ General Assembly. Based on its findings the Commission has made ten recommendations. Six related to what needs to be changed in health employment, health education and health service delivery to maximise future returns on investments. Four focused on how to enable the necessary changes. All important, and all highly relevant to primary care and family medicine.

Recommendation number four on Health Service Delivery and Organisation drives home that health systems organised around clinical specialities and hospitals will need to shift towards prevention and primary care. It reads: “Reform service models concentrated on hospital care and focus instead on prevention and on the efficient provision of high-quality, affordable, integrated, community-based, people-centred primary and ambulatory care, paying special attention to underserved areas.”

The recommendations of this Commission alongside the recent WHO Framework on Integrated People-Centred Health Services and the Human Resources for Health Global Strategy: Workforce 2030 make a strong case, both economic and moral, for countries to invest in primary care and provide a platform for WONCA and family doctors worldwide to demonstrated the vital contribution of family medicine to achieving high-quality and comprehensive primary care and universal health coverage.
Rural round-up: from Norway to Rio: three locations, three messages

John Wynn-Jones reports:

I have just returned from a remarkable international symposium in Norway on the research associated with generalism in rural practice, which was hosted by the Centre for Rural Medicine at the University of Tromso. The symposium added to the impressive work that came out of the 2 Rural Generalist Summits held in Cairns in 2013 and in Montreal in 2015. Although the term rural generalism appears to be new, it is really a reaffirmation of the fact that doctors working in rural & isolated communities are by nature generalists. Good rural doctors, who have such a wide scope of practice have to be good generalists.

Rural health services, medical training and health seeking cultures vary from country to country and so must the work and responsibilities that rural generalists take on. Generalism depends on the context and the needs of the communities that the health providers serve. Isolated communities in Australia and Canada must have family doctors and hospital proceduralists who are competently trained and resourced to manage medical, surgical and obstetric problems & emergencies.

On the other hand more centralist health services in Europe, where distances may not be as great must also demonstrate competences that their urban colleagues do not need. Although some of the skills are different, rural doctors worldwide will need to be competent in managing chronic diseases (with complex co-morbidities), psychiatric crises, palliative care, trauma and emergencies when the back up from the secondary sector is just not there. We await the final report but there is no doubt that the concept of generalism is resurgent and it is diametrically opposite to the wave of specialisation that is driving health systems around the world.

Recruitment and retention has long been one of the major barriers to safe and quality rural healthcare around the world. To a certain extent, Europe has been immune to this trend until recently. The impact of urbanisation, austerity brought on by the financial crisis, medical migration and traditional urban focused academic curricula and training programmes has led to a deepening crisis in the heart of rural Europe. Some countries especially those in central and eastern Europe are appear to have been affected more but no country seems immune to the problem.

The European Rural and Isolated Practitioners’ Association (EURIPA) will be gathering in Marseilles at the end of this month for their annual EURIPA Rural Health Forum and the theme of this year’s forum is “Being a Young Rural Doctor”. The meeting will focus on what needs to change in Europe to ensure that the present aging medical workforce will be replaced by a new generation of motivated, skilled and rural orientated young doctors. The forum will also focus on care issues such as palliative care, chronic disease management, practical clinical skills & paediatrics as well as management issues such as out of hours care, teamwork and practice management. Jean Pierre Jacquet and his team have produced a great programme, so please check it out. http://www.euripaforum2016.eu

The final and third message is that Rural WONCA will be changing its structure and format when we meet in Rio for the 21st WONCA World Conference of Family Doctors in November. At our working party meeting in Prague three years ago, we committed ourselves to making sure that RuralWONCA met the needs of all doctors working in rural areas around the world and not just those who could afford to travel to conferences and meetings. We aim to ensure equity from the perspectives of gender, geography, demography and generations. Our current structure, which had worked so well until now could not cope with the added interest from around the world that has come as a result of our social media groups and contacts. WONCA has seven regions and it is our
intention that we should grow our regional contacts, with each region represented within the new structure.

The new configuration will have three levels:

- A general assembly where everyone with an interest in rural practice can attend. The assembly is geared to ensure that we in Rural WONCA can keep you up to date with our activities and at the same time, give you the opportunity to tell us about rural innovations that you are involved with and suggest future activities. Those wishing to join the Rural WONCA Council can declare an interest during the assembly.

- The Rural WONCA Council will be a smaller meeting and it will concentrate on business issues. There will be places for observers but we will need to hear from you beforehand. It is our intention that the council will represent all 7 regions of WONCA and that there will be a student, young doctor and at least one woman representative from each region.

- The WONCA Executive will remain much the same and it will ensure the smooth running of the organisation.

We are excited about the future and the responses that we have had from many of you have been positive. The Assembly will be held at the Windsor Barra Hotel, Rio de Janeiro on Tuesday 1st November from 12.30 - 5.30pm and the Council meeting will be in RioCentro Conference Centre, Wednesday 2nd November from 8.30 am to 5.00 pm (Room 103A, First Floor) Invitation is extended to current Council Members to attend and Observers are also welcome (Please let us know beforehand as places are limited) We want you to come and tell us what you want us to do for rural practice in the future.

Finally we will all also be traveling to Rio to learn and we have an exciting rural programme for you, covering a host of pertinent rural issues. Each of our 10 events will be highlighted at Rural WONCA events in the programme and they can also be found on the WONCA website. You can also come and meet us at the Rural WONCA booth in the main exhibition (Look for us in the WONCA Village) and we hope to see as many of you there as possible.

So see you in Rio and please put Tuesday 1st & Wednesday 2nd November in your diaries as soon as possible.

John Wynn-Jones
Chair WONCA Working Party on Rural Practice

Region News

Job Metsemakers: From Prague 2013 to Rio 2016 to.. 

Prof Job FM Metsemakers, President WONCA Europe reflects on three and a half years in the role and the achievements of WONCA Europe in this time.

It was not a surprise that I left Prague in 2013 as President of WONCA Europe. But I also left Prague as an Executive Board member of WONCA World, and as Chair of the WONCA Membership Committee. With Rio fast approaching it is a good opportunity to reflect on my three and a half years as a WONCA Europe President also trying to meet the KPIs set by WONCA World.

WONCA World KPIs

Membership in the region was the first Key Performance Indicator (KPI) for WONCA World. As most European countries were already WONCA Members, we concentrated on the Member Organizations which needed support in their country, and on the countries wanting to join WONCA, such as Albania and Bulgaria. As well, WONCA Europe turned its attention to the countries which belong to the WHO Europe region but were not yet WONCA members - Azerbaijan, Kyrgyzstan, Turkmenistan, Uzbekistan, Kazakhstan, Tajikistan.
At the end of 2015, I visited Kyrgyzstan with the WONCA world president and president-elect. (see photo below). This visit, and participation in a conference of the Russian Federation in October 2016 has resulted in more contacts.

The second KPI: establishment of a Junior doctor movement, was easy for WONCA Europe, as we already had the well-established Vasco da Gama Movement (VdGM) which had its 10th anniversary in 2014. They have continued to hold pre-conference meetings, where junior doctors meet colleagues from other countries in workshops and through exchange visits. VdGM has organised Forum meetings with a limited number of participants, to strengthen their collaboration. I am happy I could attend and contribute to the successful Forum meetings in Barcelona (2014), Dublin (2015), and Jerusalem (2016). And the next one, (Strasbourg 2017) is already in my calendar. The Hippocrates programme for exchanges within Europe, has become the blueprint for the FM360 exchange program which facilitates exchanges worldwide.

The third KPI was that a WONCA representative should attend each regional WHO meeting. I have attended these meetings, and together with Dr Anna Stavdal, our WONCA Europe vice-president, we have also met with Dr Hans Kluge, Director of Division of Health Systems and Public Health, WHO region Europe. As a result we have been invited to comment on some policy documents, and attended a high level meeting of WHO Europe on Coordinated/Integrated Health Services Delivery (CIHSD) (Brussels, March 2016), and the WHO Final Consultation of the European Framework Action on Integrated Health Services Delivery (Copenhagen, May 2016). Dr Hans Kluge gave a key note at the WONCA Europe Copenhagen 2016 conference, and has accepted an invitation to speak at our next conference in Prague 2017.

The WONCA Europe Future Plan 2013 -2016
WONCA Europe had not set KPI’s but we did have The WONCA Europe Future Plan 2013 -2016. We wanted to lead the development of family medicine and provide support to our member organizations when needed.

The key elements of the plan were:
- Develop statements
- Increase visibility through a WONCA Europe website, a WONCA Europe newsletter, and participation in other meetings
- Collaboration with other partners
- WONCA Europe conferences
- European Journal of General Practice (EJGP)

Photo above: WONCA Europe executive joking with the WONCA Europe President in Copenhagen in June 2016.

Each of the WONCA Europe conferences in this triennium has led to a formal “statement” from WONCA Europe. In particular, the WONCA Europe 2015 Istanbul Statement, “Refugees should have access to equitable, affordable and high-quality health care services in all Europe”, has received much attention and positive responses.

One result of our current Communication Strategy is the new WONCA Europe newsletter. Its purpose is to regularly inform our Member Organizations, Networks and Special Interest Groups, and ultimately also family doctors all around Europe, about ongoing business and plans. At this moment we are striving for three editions per year.

As President, I have attended Member Organization conferences in Turkey, France, and Portugal. I also attended the Network meetings of EGPRN, Euripa, and EQuIP, as
well as meetings of collaborative partners held in the Netherlands, and the VdGM Forum and WHO meetings already mentioned. The contacts made with many colleagues have been very valuable.

We have strengthened our collaboration with the European Forum of Primary Care (EFPC). Joint workshops at meetings of WONCA Europe and EFPC) have become standard practice. Collaboration with the European Union of General Practitioners (UEMO) focuses around professional qualifications, in the light of free movement of professionals in the European Union. This is a complex issue.

Photo: Job Metsemakers in Kyrgyzstan

WONCA Europe holds an annual conference. The last three conferences, Lisbon (2014), Istanbul (2015) and Copenhagen (2016), have been successful events, with around 3000 participants, of whom about 1000 being young or future family doctors. Feedback has been good in general and has resulted in a committee being set up to improve the quality of the conferences. We intend to provide a more detailed guidebook, and also to streamline the participation of Networks, Special Interest Groups and other partners (such as WHO, EFPC, UEMO).

WONCA Europe owns its own scientific journal: the European Journal of General Practice (EJGP). The Journal is one of the ways to stimulate the development of our discipline by publishing research results from European countries, although submissions are sought globally. The Impact factor of the EJGP has increased over recent years and now stands at 1.364, underpinning the important position of the Journal. We have worked hard to finalise the contract with the publisher to make the EJGP an Open Access journal by 2017, which will allow all family doctors around the world free access to its published papers. Considerable Discount Article Publishing Charge (APC) for members of a WONCA Europe Member Organisation have been negotiated.

As Chair of the WONCA Membership Committee I have seen an unprecedented number of applications for membership of colleges or associations, and also of academic departments. It was not always easy to assess the applications, but it certainly was rewarding to realise that such growth makes WONCA stronger.

Final remarks
The achievements described in this reflection are the result of collaboration with many people. I am very thankful for their support. I am honoured to have served in the roles of WONCA Europe President, WONCA Executive Board member, and Chair of the WONCA Membership Committee during the past triennium. Dr Anna Stavdal will become the next WONCA Europe President, and I am certain will continue to strengthen our WONCA Europe activities, as we have done over the past three and a half years. I have enjoyed enormously being able to contribute to WONCA. There is still much to do, I intend to keep serving WONCA and the story of Prague to Rio can continue from Rio to Seoul.

Prof Job FM Metsemakers
President WONCA Europe
South Asia region president visits Maldives

Dr Garth Manning and I, were invited to visit Maldives from 20th to 22nd August 2016 by Dr Ali Shareef, the Maldives’ first Direct Member of WONCA and also its first GP trainee. Dr Shareef is a keen enthusiast in building the role of General Practice/Family Medicine in Maldives. Maldives is a country made of more than 3000 beautiful islands and in need of primary health care. In regards to this, meetings were fixed with Honorary State Health Minister Dr Habib, and Director General of Health Services Dr Sheeza Ali, with the objective of strengthening the role of General Practice/Family Medicine in primary health care of Maldives. The meeting was a successful one with both Director General of Health agreeing to make General Practice/Family Medicine a priority in health services and agenda in government of Maldives. Our final meeting was with representatives of the Maldives Medical Association who were also very supportive of family medicine development.

All were agreed that the Maldives, spread out over many islands and atolls, would benefit from generalist physicians properly trained for a family medicine and emergency medicine role, very much as currently exists in Nepal and in more rural parts of Pakistan. Further internal discussions will now take place to try to establish training programmes and linkages to implement this family medicine model, and we look forward to a future collaborative of family doctors in Maldives eventually joining the WONCA family.

The visit went well, all thanks to Honorary State Health Minister Dr Habib, DrSheeza and Dr Shareef.

WHO EMRO video on family practice

WHO Eastern Mediterranean Regional Office has produced an advocacy video on family practice. Prof Michael Kidd, WONCA President, was invited to provide some words from WONCA for inclusion in the video, which also includes family doctors from across the region. The video will be used as part of the advocacy for the family practice model by the WHO in the region, including at the regional council for health ministers. The family practice model has proved to be one of the successful approaches to improve the access to quality primary health care services and achieve the universal health coverage.

The strategy aims to increase access through developing integrated care, to define a package of services and train motivated health teams to ensure high quality services. For these reasons, every country should adopt the Family Practice model in their own country context. Family practice is person focused not disease focused, family practice is defined as health care services provided through teams led by a family physician.

https://youtu.be/RETGsJTIW04
EMR conference coming in March 2017.

Welcome from the EMR President

As the President of WONCA East Mediterranean Region, it gives me great pleasure and honor to invite you to Fourth WONCA East Mediterranean Region Family Medicine Congress which will be held during 2-4 March 2017 in Abu Dhabi, United Arab Emirates.

This year the congress has been designed to provide an innovative and comprehensive overview of the latest research developments in Family Medicine and Primary Health Care. Over the course of three days, the congress will feature symposia, keynote sessions, parallel workshops and abstract presentations.

We hereby warmly invite you all to share the results of your scientific research with us by submitting an abstract and by joining us for a meeting that will definitely be in line with the vision of WONCA EMR: a vision to provide high quality educational resources and to enable Family Practitioners to provide optimal care for patients.

Abu Dhabi is a beautiful and dynamic city where you get to experience a multicultural society living harmoniously under one community. It also offers countless activities and experiences that should be experienced by everyone.

I look forward to welcoming you for WONCA EMR 2017.

Dr. Mohamed Tarawneh
WONCA East Mediterranean region President

Incoming Asia Pacific Region President:
Prof Meng-Chih Lee

The WONCA Asia-Pacific region will have a new region president from November 2016 - Professor Meng-Chih Lee MD, PhD, MPH, from Taiwan.

In his new capacity as the President for WONCA Asia Pacific Region, Prof Meng-Chih Lee, coupled with his Asia Pacific council members and World WONCA, would like to strengthen Rajakumar Movement, continue to support Taiwan Family Medicine Research Award, try to invite the non-member countries in Asia Pacific region to join in WONCA, and to maintain good partnership with WHO Western Pacific Region.

Prof Lee is currently the Superintendent of Taichung Hospital, Ministry of Health and Welfare, and also a Visiting PI of the Institute of Population Health Sciences, National Health Research Institutes (NHRI). He served as Professor and Dean of the School of Medicine and School of Public Health, Chung Shan Medical University, Taichung, Taiwan during 2002-2004 and 1993-1995, respectively. Dr Lee also served as the Former Director of the Center for Excellence in Teaching and Learning as well as the Center for Education and Research on Geriatric Care at the Chung Shan Medical University during 2001-2011.

He had been Professor and Chairman of the Department of Family and Community Medicine at the Chung Shan Medical University Hospital during 1990-2001. Prof Meng-Chih Lee currently is the President of Taiwan Association of Family Medicine, and
the President of Taiwan Medical Alliance for Control of Tobacco (TMACT). Professor Lee also has been awarded the National Health and Welfare Medal in 2016 for his contributions to health promotion works for people as well as establishment of the comprehensive geriatric care model in Taiwan.

Prof Meng-Chih Lee has published more than 100 scientific papers on family medicine, community medicine, geriatric medicine and medical education.

Prof Meng-Chih Lee completed his medical degree at the Chung Shan Medical College. He completed his Master of Public Health at the School of Public Health of the University of Minnesota, USA. At the Department of Preventive Medicine and Public Health at Tokyo Medical University, Dr. Lee fulfilled his PhD. He has been invited to be a visiting professor/scholar by a variety of academic organizations, including Jichi Medical University (Japan), University of Alabama at Birmingham (UAB) and University of Michigan, USA, and Colleges of Medicine, Fudan University and Wuhan University (China) in the past ten years.

Member Organization News

College of Family Medicine Pakistan initiates research cell.

The College of Family Medicine Pakistan (CFMP) has initiated its research cell. The project was initiated by the board of executive directors of the CFMP. Some of these members have expertise in conducting both clinical as well as community interventional research.

The College shall be training and supporting its members all over the country for primary care research projects. The College of family medicine Pakistan realizes that there is a dearth of data at the primary care level, in Pakistan and who would be better than the family physicians to lead research in primary care. Accurate research and data collection would eventually lead to improvements in clinical practice, across the country.

The research cell has prioritized the following activities:

1. GCP (Good Clinical Practices) Course for family physicians for research skill building.
2. IRB Formation

An Institutional Review Board (IRB) is an independent committee established to protect the rights and welfare of human research participants. Any ethical research must be reviewed and approved by an IRB.

Every institution that participates in research studies must identify an IRB to review and approve those studies.

An IRB has specific authority over the conduct of research under its jurisdiction. No clinical study may begin enrolling participants until it has received IRB approval. The IRB has the authority to:

• Approve, disapprove, or terminate all research activities that fall within its local jurisdiction according to relevant regulations and institutional policy.
• Suggest modifications in protocols, including protocols of previously approved research.
• Ensure that participants be given any additional information that will assist them in making an informed decision to take part in research.

The college requested Prof. Riaz Qureshi to chair the CFMP-IRB which he accepted. The IRB members have expertise in a variety of areas including clinical research, family
We have had 2 monthly meetings of the IRB so far. Majority of the IRB members have finished their GCP training and obtained certifications; the remaining members are in the process of clearing their training modules.

The College presented its first paper in the free paper session at the International Diabetes & Endocrinology Congress, and the paper was awarded the best paper presented award. The data was generated by our members who are also participants of our Diabetes Certificate Course.

Shehla Naseem
Secretary General

Balearic Meeting of European Residents & Young GPs coming next month

The Balearic and Spanish Societies of Family and Community Medicine (Ibamfic and SemFYC) have the great honor to invite you to the IV Balearic Meeting of European Residents & Young GPs - “Connecting Doctors”, which will be held in Palma de Mallorca on October 21st and 22nd of 2016.

In this fourth edition, we will try to connect residents and young GPs from all around the world, to share the Family and Community Medicine of the five continents and to exchange experiences in our clinical practices. The sessions will be taught by GP experts of each one of the subjects, and the official language of the meeting will be English (Easy English format).

One more time, assistants will be able to increase their participation in the event by sending scientific works (research, professional experiences, clinical cases…). The best oral communication and the best poster will be awarded with one registration to the 22nd WONCA Europe Conference (Prague, June 2017) and to the 4th VdGM Forum (Strasbourg, April 2017), respectively.

The Meeting is being organized by and for residents and Young GPs, without the participation of the pharmaceutical industry, with a low cost format, to promote the assistance of young doctors.

For the occasion, we are also organizing a “World Conference Exchange”, inviting young doctors of the five continents, who will enjoy a rotation week in a GP practice in Palma de Mallorca, thanks to the collaboration of the Vasco da Gama Movement.

For more info, visit our website

Last time revisited

Photo: Opening Act (left to right): Dr. Enrique Álvarez (President of Organizing Committee), Dr. Alfonso Ballesteros (COMIB), Ms. Patricia Gómez (Regional Minister of Health of Balearic Islands), Dr. Javier Castro (Secretary of SemFYC), Dr. Jesús Torres (President of Scientific Committee).
On the 11th and 12th of September 2015, a hundred Residents and Young GPs met in the venue of the Official Medical College of Balearic Islands (COMIB) in Palma de Mallorca to take part in the III Balearic Meeting of European Residents & Young GPs, organized by the Ibamfic, with the collaboration of the COMIB, the Spanish Society of Family and Community Medicine (SemFYC) and the Vasco da Gama Movement (VdGM).

Under the slogan “Treasure Island”, adventurers from all Europe came to Mallorca to look for the long-awaited “treasure”. For that, they assisted to different sessions about sexual transmitted diseases, diabetes mellitus update, chronic renal insufficiency management in Primary Care (PC), alcoholic detoxification in PC, how to develop Community Medicine and symptoms management in palliative care. Also, they participated in workshops about Minor Surgical Procedures, Spirometry and Respiratory Therapies in PC, Cardiopulmonary Resuscitation (CPR) in adults and children, and Emergencies in Pediatrics. Finally, delegates were divided in small groups to play a Medical Trivial Quiz.

On other hand, during the event delegates were able to exchange experiences and compare different health systems and GP training programs in the different countries from where delegates came from. Besides, it should be pointed out the Exchange made by 10 European residents, who could go to Consultation Rooms in Health Centers of Palma de Mallorca during the week before the Meeting, thanks to the collaboration of the Vasco da Gama Movement.

The most awaited moment was the Opening Conference, which was carried out by Prof. Per Kallestrup (Denmark), founder of Hippokrates Program of VdGM, titled The Dynamics of Balance, How “Fire in the Eyes” prevents burn-out: It’s all about YOU, that left nobody indifferent.

It should also be pointed out that the event was organized without the participation of the pharmaceutical industry, and the official language was English.

Photo: Prof. Per Kallestrup (Keynote Speaker, Denmark), Dr. Enrique Álvarez (President of the Organizing Committee).

Thirty scientific communications were received. Six of them were selected to be oral presentation and seven to be poster with oral defence. Among them, the winner was Dr. Javier Calvo (Young GP, Spain) with the communication titled “B12 hipovitaminosis in elderly population”, and who was awarded with 2 registrations to the III VdGM Forum (Jerusalem, September 2016), courtesy of SemFYC. In the best poster category, the winner was Dra. Cristina Mendoza (GP trainee, Spain), with her poster titled “Primary Care Research in Santa Ponça Health Center”.

Dr. Enrique Álvarez Porta, Young GP and President of the Organizing Committee, said: “This third edition of the Balearic Meeting has earned to consolidate definitely a special event, developed fully in English, and without the participation of the pharmaceutical industry. We are offering a “low cost” format (70 euros: a commemorative present, coffee breaks, lunches and closing dinner included), which allows Young GPs all around the world to assist, enjoying a very high level scientific program”. And he concluded: “The key of the organization is the strong support of SemFYC, Ibamfic, COMIB and VdGM, and the feedback we receive from our colleagues, who encourage us to continue organizing this event”.

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Goodfellow Gems - an educational resource for FPs being launched in Rio

WONCA is pleased to announce a new partnership with the Goodfellow Unit of the University of Auckland in New Zealand. As a result we will be promoting an educational resource "GoodFellow Gems" which are produced by the Goodfellow Unit.

Goodfellow Gems are chosen by the Goodfellow Unit director Dr Bruce Arroll to be either practice changing or practice maintaining. The information is educational and not clinical advice. The Goodfellow Unit owns the copyright of the Gems.

Two examples of Goodfellow Gems are listed below. All "Gems" listed on the WONCA website link to the Goodfellow Unit website where the complete "Gem" can be read.

WONCA and the Goodfellow Unit hope you enjoy this new initiative.

All Goodfellow Gems

The Latest GEMS

Monogenic diabetes - common and needs oral not SC medication

A recent BBC Inside Health podcast interviewee noted that around 2% of patients with diabetes have a genetic form.1 The point to note is that these people do not need insulin, they need sulfonylurea medications (either in very low or very high doses, depending on the genetic cause of their diabetes) which produces better glucose control than insulin.

Dr Rinki Murphy, a New Zealand expert on this condition, estimates that about 1% of all diabetics are monogenic. There are different subtypes and anyone who has a history of diabetes diagnosed within 6 months of age should be referred for genetic testing.

Monogenic diabetes should also be considered in those diagnosed under 25 years, with a strong family history of diabetes (either antibody negative type 1 diabetes or atypical type 2 diabetes) and without hypertension or dyslipidemia).

Getting advice on whom to test is important. The NZSSD have an article on this topic2 and there is an app.3

> Two new diagnoses? Neurological itch on the arm and back
> Hypertension SBP ≥ 180 DBP ≥ 110 (& asymptomatic) urgency not so urgent
Special WONCA edition of Education for Primary Care - EXCLUSIVE ACCESS

In anticipation of WONCA’s World Conference taking place in Rio de Janeiro, Brazil from 2nd – 6th November this year we are delighted to announce the publication of a special WONCA Edition of the journal Education for Primary Care.

In this special edition with a unique emphasis on and contributions from the World Organization of Family Doctors readers will find a topical collection of papers which offer insights into primary care education across the world; that illustrate the fruitfulness of international partnerships; and which address challenges common to family medicine training and ongoing professional development worldwide.

WONCA readers are being given exclusive access to this special WONCA edition. The exclusive access link will be available until the end of November: [http://bit.ly/wonca-special](http://bit.ly/wonca-special)

Featured Doctor

Dr Luis PISCO
Portugal: Family doctor

Luis Pisco is a family doctor from Portugal and a Fellow of WONCA and leader in family medicine in his own country.

What work do you do now?

Although I graduated as MD from the University of Coimbra in 1979, I’m now an invited Professor at the Department of Family Medicine, Faculty of Medical Sciences, Nova Medical School, in Lisbon, with the teaching responsibilities divided between ten colleagues. I also work as International Officer for the Portuguese Association of General and Family Medicine.

Since October 2011, I have been the Vice-President of the Executive Council of the Regional Health Authority of Lisbon and Tagus Valley (ARSLVT) and responsible for Primary Health Care and Public Health. It is the biggest Health Region in Portugal covering a geographical area of about 13,000 square kilometres which corresponds to 15% of our territory, but we provide primary care to 3.6 million registered users, which is around 34% of the Portuguese population.

The ARSLVT includes 15 groups of health centers representing a total of 90 health centers and 138 Family Health Units. We have 32 hospitals organized in 16 hospital units.

As in many other regions we have an increased prevalence of chronic and degenerative diseases, diagnosed at increasingly earlier stages of disease, an increase in situations of dependency, a big variety of psycho-social problems and
situations related to mental health, increasing immigrant population and changes in family structure. It is a big challenge for our National Health Service to provide access and good quality of care.

**Other interesting things you have done?**

I worked as a GP for fifteen years in a rural area near the seaside, 80 Km north of Lisbon. It was a solo practice with around 1850 patients. I also have training and experience as an occupational doctor, mainly organizing an Occupational Service for primary care professionals.

I also have a long term interest in quality improvement. I had the first training in the area of quality improvement, in 1985, within the Portuguese and Spanish joint programme supported by both Ministries of Health and WHO. I worked as co-ordinator and trainer in several courses on continuous quality improvement, at national and international level.

In January 1999, I was elected President of the GP Association for three years and re-elected twice (around ten years as President and twenty five as board member).

Other posts I have held are:
• From April 1999 until October 2005, I was appointed by the Minister of Health, as Director of the National Institute for Quality in Health Care.
• Country representative in EQuiP (European Association for Quality and Safety in Family Medicine) since 1991 and from 2002 to 2008 Executive Committee member.
• An appointment by the Council of Ministers Coordinator of the Mission for Primary Health Care (MCSP) from October 2005 to April 2010 as responsible to make a national primary care reform.
• Board Member of the European Society of Family Medicine (2001-2007).

Finally I’m honored to be a Fellow of the World Association of Family Doctors (WONCA) which I was awarded in 2007 and an Honorary Fellow of the Royal College of General Practitioners and more recently a Member of the International Advisory Board of the British Journal of General Practice.

**What is it like to be a family doctor in Portugal?**

It is difficult but challenging. The generation of family physicians who took care of the Portuguese population for the last 35 years will soon retire and young people will have to build their way and participate in what will be the future of the NHS and of family medicine in the country. The economic situation is difficult and NHS provides an invaluable service especially to poorest people and the good work of PHC will surely be recognized. Young doctors are a generation of very knowledgeable doctors, much supported by APMGF and with very active participation in the Vasco da Gama Movement.

**What are your interests outside work?**

As for the majority of family doctors, intensive work does not leave much room for family and rest. Married to another family doctor (Ana) we have two fantastic children (Ana and Luis). The two grandchildren (Francisco, 7 years and Miguel, 4 years) occupy most of the time available. In addition, whenever possible reading, music, photography and the desire to pay more attention to my stamp collection.

**What future hopes do you have?**

Together with a group of both older and young colleagues, I would like to organize the biggest event ever organized by WONCA and 2020 could be a good date for that. Our dream is to have more than 5000 GP’s from all around the world in Lisbon for WONCA World conference.
Dr Shannon BARKLEY
WHO Technical Officer and family doctor

Thank you for the opportunity to share with you about my recent appointment as the World Health Organization Technical Officer for Primary Health Care Services and Family Medicine.

Tell us about your career so far?

Throughout my career I have been involved with the development of effective primary health care among underserved communities globally through service provision, health workforce education, policy, and monitoring and evaluation. I completed my medical degree at the University of Pennsylvania School of Medicine where I co-founded the Guatemala Health Initiative, a multidisciplinary, longitudinal partnership between the University of Pennsylvania and Hospitalito Atitlan in Santiago, Guatemala. I then completed a Masters of Public Health at Johns Hopkins Bloomberg School of Public Health with an emphasis in International Health and Primary Care.

Recognizing the need for quality comprehensive services for patients and families, and the role of primary health care in promoting equity, I pursued specialization in Family Medicine with a focus on uninsured populations in the United States. This was followed by additional specialization in Advanced Hospital Medicine at Swedish Medical Center, Seattle, USA. As a family medicine physician, I have provided clinical care and education to underserved and refugee communities in the United States, Guatemala, Botswana, and Kenya.

In addition, I had the privilege to serve as an assistant professor of Family and Community Medicine at Baylor College of Medicine, providing full-spectrum primary care services and serving as a member of the core faculty for post-graduate family medicine resident education, including lectures, clinical teaching, and curriculum development. I worked as a consultant on Primary Health Care to the World Health Organization for two years prior to taking on this role as Technical Officer.

What is this new role and what it is all about?

In my new position as WHO Technical Officer, I will provide support to WHO Member States in developing people-centred, family-oriented and community-based primary care services that are well integrated with the rest of the health care delivery system and social services within the context of health systems strengthening and in response to regional and national needs and priorities. Additionally, I will have the privilege of collaborating with national and international organizations for increasing access to quality primary care services worldwide and advocating for this area of work.

What are your hopes in this role?

I hope to work with like-minded colleagues and organizations globally to place due emphasis on the role of primary health care globally, to encourage adequate investment in primary health care, to increase knowledge of how to improve primary health care performance, and to promote models of integrated health services based on strong primary care.

Interests inside and outside medicine?

My interests include providing high quality health care to those who need it most; better understanding domains of high quality, effective primary care: integrated health services, person-centered care, provider performance, and safety in primary care and how we improve these globally. Outside of medicine, I enjoy spending time with family and friends - hiking, biking, running and exploring the world.
WONCA CONFERENCES 2017

<table>
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<tr>
<th>Month</th>
<th>Region</th>
<th>Location</th>
<th>Website</th>
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<tr>
<td>March 2 – 4, 2017</td>
<td>WONCA East Mediterranean region conference</td>
<td>Abu Dhabi, UAE</td>
<td>woncaemr2017.com</td>
</tr>
<tr>
<td>April 30 – May 3, 2017</td>
<td>WONCA World Rural Health conference</td>
<td>Cairns, AUSTRALIA</td>
<td><a href="http://www.aworldofruralhealth.org.au">www.aworldofruralhealth.org.au</a></td>
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<tr>
<td>June 28 – July 1, 2017</td>
<td>WONCA Europe Region conference</td>
<td>Prague, CZECH REPUBLIC</td>
<td><a href="http://www.woncaeurope2017.eu">www.woncaeurope2017.eu</a></td>
</tr>
<tr>
<td>August 17-20, 2017</td>
<td>WONCA Africa region conference</td>
<td>Pretoria, SOUTH AFRICA</td>
<td>Save the dates!</td>
</tr>
<tr>
<td>August 23-26, 2017</td>
<td>WONCA Iberoamericana-CIMF region conference</td>
<td>Lima, PERU</td>
<td>Save the dates!</td>
</tr>
<tr>
<td>November 1-4, 2017</td>
<td>WONCA Asia Pacific Region conference</td>
<td>Pattaya City, THAILAND</td>
<td>Save the dates!</td>
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<tr>
<td>November 25-26, 2017</td>
<td>WONCA South Asia region conference</td>
<td>Kathmandu, NEPAL</td>
<td>Save the dates!</td>
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WONCA Direct Members enjoy lower conference registration fees. To join WONCA go to: [http://www.globalfamilydoctor.com/AboutWONCA/Membership1.aspx](http://www.globalfamilydoctor.com/AboutWONCA/Membership1.aspx)

WONCA ENDORSED EVENTS

08 Apr - 12 Apr 2017

**World Summit on Social Accountability**

Hammamet, Tunisia

14TH WORLD RURAL HEALTH CONFERENCE

29 April - 2 May 2017

CAIRNS, AUSTRALIA 2017
MEMBER ORGANIZATION EVENTS
For more information on Member Organization events go to
http://www.globalfamilydoctor.com/Conferences/MemberOrganizationEvents.aspx

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<tr>
<th>Date</th>
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<td>13 Oct</td>
<td>EGPRN meeting</td>
<td>Leipzig, Germany</td>
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<tr>
<td>20 Oct</td>
<td>Rural Medicine Australia 2016</td>
<td>Canberra, Australia</td>
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<tr>
<td>21 Oct</td>
<td>Balearic Meeting of European Residents and Young GPs.</td>
<td>Palma de Mallorca, Spain</td>
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<td>09 Nov</td>
<td>Family Medicine Forum / Forum en médecine familiale</td>
<td>Vancouver, Canada</td>
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<tr>
<td>30 Mar</td>
<td>11th Congress of General Practice France</td>
<td>Paris, France</td>
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<tr>
<td>05 May</td>
<td>STFM Spring conference</td>
<td>San Diego, California</td>
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<tr>
<td>21 May</td>
<td>International conference on Trauma and Mental Health</td>
<td>Jerusalem, Israel</td>
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Rio - Meetings, Social events, Program

The WONCA World conference and associated meetings are fast approaching. This page summarises important meetings and details particularly for Council delegates and members of WONCA Working Parties or Special Interest Groups. The pages will be updated as more information comes to hand. Check this handy shortcut regularly www.globalfamilydoctor.com/news/Rio.aspx

The HOC would like to inform everyone of the shuttle service being provided for all the hotels that are being promoted by the Travel Agency. The official shuttle service - round trip to the Convention Center - will be for hotels mentioned, except Grand Mercure, Midas and promenade Rio Stay. The timetable will be on the website soon.

Message from HOC chair
Dear WONCA Community

Our 21st World Meeting is coming and we expect a wonderful time.

As well as the incredible scientific programme compiled from more than 3000 abstracts, those who come will enjoy exhibitions of photos, poetry, videos and lyrics created by primary care professionals from more than 87 countries.

We will be at the heart of the Olympic Games venue using its infrastructure. Our social and cultural programme is also diverse with Brazilian music, soccer and many cultural demonstrations from health workers.

Come to celebrate family medicine in Rio.
See you soon.

Gustavo Gusso
President of 21st WONCA World Conference of Family Doctors
Shortcuts to summary pages

- Preliminary program
- Special, social and cultural events
- WONCA World Council and Executive meetings
- WONCA regional meetings schedule
- WONCA Working Parties and Special Interest Groups' meetings
- Workshops of WONCA Working Parties and Special Interest Groups

WONCA World Council & Executive meetings

VENUE: WONCA World Council meeting is to be held at the Windsor Hotel, Barra da Tijuca, Rio.

AGENDA AND PAPERS: WONCA World Council agenda and documents (coming soon)

Wednesday 26th to Friday 28th October

- WONCA executive meeting

Saturday 29th October

- WONCA pre council briefing for new Council delegates - Late afternoon
- WONCA Welcome reception for world Council delegates – Evening

Sunday 30th October

- WONCA WORLD COUNCIL MEETING - all day at the Windsor Hotel, Barra da Tijuca

Monday 31st October

- WONCA WORLD COUNCIL MEETING - all day at the Windsor Hotel, Barra da Tijuca

Tuesday 1st November

- WONCA WORLD COUNCIL MEETING - morning only at the Windsor Hotel, Barra da Tijuca
- New WONCA Executive Meeting - afternoon at the Windsor Hotel, Barra da Tijuca

Wednesday 2nd November

Breakfast meeting of new WONCA Executive and Chairs of WONCA WPs and SIGs .NOTE this meeting will be at the Grand Mercure Hotel in Rio Centro
WONCA regional meetings schedule

VENUE: all regional meetings at Windsor Hotel, Barra da Tijuca

DATE: all regional meetings on Saturday 29th October.

Africa Region

Contact: Shabir Moosa
29/10/2016 09.00 - 12.30

East Mediterranean Region

Contact: Mohammed Tarawneh
29/10/2016 09.00 - 12.30

Europe Region

Contact: Barbara Toplek / Job Metsemakers
All events on 29/10/2016
Executive 09.00-12.30
Joint Council Lunch 12.30-13.30
Europe Region Council 13.30 - 18.00

Iberoamericana Region

Contact: Inez Padula
29/10/2016 09.00 - 17.00

South Asia Region

Contact: Pratap Prasad
29/10/2016 13.00 - 17.00

Asia Pacific Region

Contact: JK Lee
29/10/2016 13.30 - 17.00

North America Region

Contact: Ruth Wilson
29/10/2016 13.30pm-17.00pm
WONCA Groups' meetings

Working Parties/Special Interest Groups

VENUE: NOTE DIFFERENT DAYS HAVE DIFFERENT VENUES
Tuesday 1st November at the Windsor Hotel, Barra da Tijuca
Wednesday 2nd November at the conference venue (Rio Centro)

WP on Education
Contact: Allyn Walsh
2/11/2016 09.00 - 12.30 - VENUE Rio Centro

WP on the Environment
Contact: Enrique Barros
2/11/2016 14.00 – 17.00 - VENUE Rio Centro

WP on Ethical Issues
Contact: Manfred Maier
2/11/2016 13.30 -17.00 - VENUE Rio Centro

WP on Indigenous & Minority Groups Health Issues
Contact: Tane Taylor
1/11/2016 14.00 -17.30 - VENUE Hotel Windsor (new members welcome)

WP on Mental Health
Contact: Luis Galvez / Joseph Ariba
2/11/2016 13.30 -17.00 - VENUE Rio Centro

WP on Research
Contact: Felicity Goodyear-Smith
2/11/2016 09.00 -11.30 - VENUE Rio Centro

WP on Rural Practice
Contact: John Wynn-Jones
Download meeting notice here
1/11/2016 12.00 -17.00 ”Assembly open to anyone“ - VENUE Hotel Windsor
2/11/2016 09.00-17.00 - ”Board meeting“ - VENUE Rio Centro

WP on Women and Family Medicine PRECONFERENCE
Contact: Zorayda Leopando to attend
A one and a half day preconference >programme
1/11/2016 14.00 -17.30 - VENUE Hotel Windsor
2/11/2016 09.00 - 17.00 - VENUE Rio Centro

SIG on Cancer and Palliative
Contact: Geoff Mitchell, Scott Murray
2/11/2016 13.30 -17.00 - VENUE Rio Centro

SIG on Conflict & Catastrophe Medicine
Contact: Rich Withnall
2/11/2016 13.30 -17.00 - VENUE Rio Centro
SIG on Elderly Care
Contact: Hakan Yaman
2/11/2016 13.30 -17.00 - VENUE Rio Centro

SIG on Family Violence
Contact: Leo Pas
2/11/2016 13.30 - 17.00 - VENUE Rio Centro

SIG on Migrant care, international health and travel medicine
Contact: Maria van den Muijsenbergh
1/11/2016 16.00 - 17.30 - VENUE Hotel Windsor
2/11/2016 11.00 -12.30 - VENUE Rio Centro (new members welcome)

SIG on Non-Communicable Diseases
Contact: Domingo Orozco-Beltran
1/11/2016 14.00 -17.30 - VENUE Hotel Windsor (new members welcome)

Polaris Young Doctors’ Movement
Contact: Kyle Hoedebecke
2/11/2016 09.00 -12.30 - VENUE Rio Centro

Not Listed?
The following groups have no formal meeting scheduled for Rio.
SIG on Complexities in Health
SIG on Genetics
SIG on Health Equity
SIG on Point of Care Testing
WP on eHealth
WP on Quality and Safety
WICC

Workshops of WONCA Groups

Working Parties/Special Interest Groups

WP on Education

Wednesday November 2nd

13:00 - 14:30 Workshop
Best Practices in Assessment of Learners

Thursday November 3rd

8:00 -11:00 Workshop
Medical Schools Must Nurture Family Medicine: curriculum change is essential

13:45-15:15 Workshop
Presenting WONCA CPD Standards: advancing life-long learning

WP on the Environment
**Saturday November 5th**

08:00 - 11:00 Workshop  
Justification of medical imaging and role of family doctors  
Speaker: Ernesto Mola (Italy) & Enrique Falceto de Barros (Brasil)

09:00 - 11:00 Panel  
Earth's health, health of human beings, complexity and new paradigms. Necessary reflections for health systems and family medicine  
Speaker: Leonardo Boff & José Gomes Temporão & Carlos Nobre (Brasil), Andy Haines (UK)

13:45 - 15:15 Workshop  
What are you doing about climate change/planetary health in your practice/region?  
Speaker: Alan Abelsohn (Canada), Inez Padula & Enrique Falceto de Barros (Brasil), Paola Rava Dellepiane (Uruguay), Andy Haines (UK)

15:30 - 17:00 Symposium  
Air pollution and health: from evidence to practical clinical and community interventions  
Speaker: Alan Abelsohn (Canada)

**WP on Ethics**

**Thursday November 3rd**

13.45 – 15.15 Workshop room 206  
Ethical dilemmas

**Friday November 4th**

09:00 Symposium room 204 A+B  
Ethical challenges: discrepancies between high hopes, political promises and everyday reality in primary care

**WP on Indigenous & Minority Groups Health Issues**

**Wednesday, November 2nd**

09.00 - 12.00 Workshop  
Indigenous & Minority Groups Issues and Health outcomes  
Speaker: Tane Taylor (New Zealand)

**SIG on Migrant care, international health and travel medicine**

**Wednesday November 2nd**

13.00 - 14.30 Workshop  
Handling cultural and linguistic differences, travel medicine and tropical health issues in family practice

**Friday November 4th**

15.30 - 17.00 Symposium  
Refugee care: what are their needs and how can we care best?
WP on Rural Practice

Wednesday November 2nd

14:45 - 16:15 Workshop
VDGM/EURIPA/WWPRP - preventing the "brain drain" of young doctors from rural practice
Oleg V. Kravtchenko, Berit Hansen

Thursday November 3rd

08:00 - 11:00 Workshop
WWPRP: Leadership development in rural practice
Joyce Kenkre, Roger Strasser, Sarah Strasser

13:45 - 15:15 Panel
Access in rural health
Nilson Mssakazu Ando, Leonardo Vieira Targa, John Wynn-Jones, Ian Couper

15:30 - 17:00 Workshop
WWPRP: Getting your rural clinical, education and research work published – lessons learned from rural and remote health
Paul Worley, Amanda Barnard, Ian Couper, Christos Lionis, Leonardo Vieira Targa

Friday November 4th

08:00 - 11:00 Workshop
WWPRP: Addressing the rural workforce shortage: the role of physician assistants and nurse practitioners as members of the team
Victor Ng, Joyce Kenkre, Ian Couper, Victor Inem, Richard Roberts

10:00 - 11:00 BRITE
The Rural Heroes Project
Jo Scott Jones, John Wynn-Jones

13:45 - 15:15 Workshop
WWPRP: Getting together: social media networking in rural medicine
Mayara Floss, John Wynn-Jones, Jo Scott-Jones, Bianca Niemezewski Silveira, Roger Strasser, Sarah Strasser,

Saturday November 5th

13:45 - 15:15 Panel
WWPRP: Young doctors and students in rural practice
Mayara Floss, Katelyn Thorn, John Wynn-Jones, Bianca Niemezewski Silveira, Nagwa Nashat Hegazy, Pratyush Kumar

TBC Panel
WWPRP: LONGITUDINAL TRACKING OF GRADUATES: ‘TIPS AND TRICKS’
Tarun Sen Gupta, Torres Woolley, Pramendra Prasad Gupta
WP on Women in Family Medicine

Thursday November 3rd

13:45 - 15:15 Workshop
How To Incorporate The Gender Equity Standards (GES) Into WONCA International And Regional Conferences?
Presenters: Cheryl Levitt, Barbara Lent, Lucy Candib, Sarah Strasser, Amanda Barnard, Kate Anteyi, Zorayda Leopando

15:30 - 17:00 Symposium
Resilience Of Women Doctors In Difficult Situations
Presenters : Zorayda Leopando, Kate Anteyi, Amanda Barnard

Friday November 4th

13:45 - 15:15 Workshop
Professional Resilience Of Female Family Doctors During Lifecycle Transition Events
Presenters: Amanda Howe (UK) , Noemi Doohan (USA), And Amada Barnard *Australia)

15:30 - 17:00 Workshop
Best Practices On Gender Equity And Leadership
Presenters: Barbara Lent, Cheryl Levitt, Kate Anteyi, Liliana Arias Castillo, Nil Tekin, Sarah Strasser, Zorayda Leopando

Saturday November 5th

13:45 - 15:15 Workshop
Workshop On Women Led Wellness For Families
Presenters: Jane Frances Namatovu, Kate Anteyi, Leilanie Nicodemus, Zorayda Leopando

Sunday November 6th

09:00 - 10:30 Seminar
Rethinking Women’s Sexual Problems
Speaker: Lucy M Candib

Rio social, cultural and special events

Special Events

Wednesday, November 2nd

18:00 p.m. to 22:00 p.m. conference opening - room 101
1800 p.m. Opening ceremony , Maré Orchestra, presentation
1900 p.m. Conference opening
1945 p.m. Cocktails and show with Julia Rocha (samba)

Thursday, November 3rd

17:30 p.m. to 22:00 p.m. North Brazilian typical party
Show with Noites Do Norte Band
Friday November 4th

11:15 a.m.to 12:00 p.m. WONCA Plenary Session - Room 101
retracing President’s valedictory address - Professor Michael Kidd
Presentation of WONCA awards and installation of new WONCA President - Professor Amanda Howe

17:30 p.m. to 22:00 p.m. Prescribing music: the festival
Show with Harmonia Enlouquece, Empenha and Relicário

17:30 to 23:00 (approximately) Football tournament
venue to be advised

Saturday, November 5th

17:00 p.m. to 19:00 p.m. Closing ceremony
17:00 p.m. - 17:30 presentation
17:30 p.m - 19:00 p.m. Grupo Do Passinho

Cultural activities

VENUE: cultural stage in the meeting and eating area (interaction area and food court)
Note: Activities are subject to change.

Wednesday, November 2nd

12:00 p.m.-12:30 p.m. Medical stories and other ecosystem
12:30 p.m.-13:00 p.m. Workshop of making slings
14:30 p.m.-14:45 p.m. Lian gong in 18 therapies

Thursday, November 3rd

11:00 a.m.-11:15 a.m. Power of music from medicine and music therapy by piano
12:00 p.m.-12:30 p.m. Lyric songs recital and the power of music from medicine and music therapy by piano
12:30 p.m.-13:00 p.m. Ecuador traditional dance
15:15 p.m.-15:30 p.m. Musical group "a banda da saudade"

Friday, November 4th

11:00 a.m.-11:15 a.m. Feel the changing rhythm of Turkish music and dance
12:00 p.m.-13:00 p.m. Theater basic unit series (waiting confirmation)
15:15 p.m.-15:30 p.m. Medical stories and other ecosystem

Saturday, November 5th

11:00 a.m.-11:15 a.m. Lian gong in 18 therapies
12:00 p.m.-12:30 p.m. Show viva minas
12:30 p.m.-13:00 p.m. Belly dance and bipolarity
15:15 p.m.-15:30 p.m. Feel the changing rhythm of Turkish music and dance