WONCANews

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WONCA CONFERENCES

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Our new President - Dr Donald Li



Dr Donald Li, a Hong Kong-Chinese family doctor, has taken over the reins as President of WONCA.

In addition to

his work as a busy family doctor, Dr Li is involved in national and international policy making; he was the first family doctor elected as the President of the Hong Kong Academy of Medicine between 2012 - 2016; and he is Chair of a church-led welfare council in Hong Kong offering a wide range of social services to the elderly, youth centres, and childcare centres. Until recently he was Steward of the Jockey Club in Hong Kong, a large philanthropic organisation. He is also Director of the St John Ambulance Association in Hong Kong and helps to steer the training programme for the organisation. Those of you who follow him on Facebook or Twitter will already know that he is a foodie who loves to cook and who enjoys tracking down good local restaurants when he is travelling.

In taking on the presidency of WONCA, Dr Li has committed himself to working to grow understanding of the crucial contribution of family medicine to achieving Universal Health Coverage. He has a strong respect for the past and an equally strong ambition for the future of WONCA. 'WONCA has an impressive history of advocacy and professionalism in primary care. This is an important time for family doctors to influence global policy to ensure comprehensive, integrated primary care is available to every person. Family medicine, delivered by professionally qualified primary care teams, will deliver that. It is more important than ever that the voice of family doctors is part of the global discussion and is central to the implementation process'

As President-Elect Dr Li helped to spearhead the WONCA accreditation system, for both academic programmes and for family medicine practices. These programmes offer academic departments and clinical practices an opportunity to achieve global endorsement.



Donald Li wearing the chain of office at the presidential handover from Amanda Howe.

Dr Li's interest in artificial intelligence (AI) and ehealth reflect the innovations possible in family medicine. 'AI will never replace the human doctor, sitting face to face with a patient, offering integrated comprehensive primary care services. But it is important that, as family doctors, we are open to exploring the possibilities the new technology offers.'

He is also actively interested in and involved with disaster risk reduction and disaster preparedness response and, linking the work of a number of WONCA Working Parties (WPs) and Special Interest Groups (SIGs), plans to extend the role of WONCA in supporting this important issue globally.

The family doctor with big ambitions for WONCA recognises that change happens through influence and evidence. WONCA WPs and SIGs are working to provide the evidence of the incontrovertible benefits of providing patient-centred comprehensive primary care. With their evidence, and other reliable sources of data, 'we will use our influence with policy makers at the highest levels in individual countries and globally, to achieve a world with a family doctor and primary care team available to everyone'.

An article providing a much fuller description of Dr Li's many professional activities can be accessed in an earlier <u>WONCA News article</u>

From the CEO's desk: reporting on World Council



View from Council meeting hotel in Incheon.

Greetings again from the WONCA Secretariat. With a meeting of the WONCA Executive, a WONCA Council and then a brilliant WONCA conference in Seoul It has been an incredibly busy time since my last column.

World Council

The outgoing WONCA Executive met for two days in Incheon, prior to the World Council, with much of the meeting a preparation for Council itself.

Council is always a very busy and hectic time for the Secretariat, but this Council meeting was especially collegial and facilitative, and the fact that we finished early on all three days gives an indication of how smoothly it all went. As I write this (mid-November) the minutes from the Council meeting are just being finalised, and we hope to circulate them to all Member Organizations (MOs) in the coming few days. Of especial note though were:

Welcoming 14 new or upgraded members to WONCA since the last Council meeting.
Recording a further two years of budget surplus, to add to the three years reported in 2016.

• Endorsing 10 WONCA Position Statements as well as the new WONCA Practice Accreditation Standards.

• Approving a new WONCA Statement on LGBTQ, as developed by the WONCA Organizational Equity Committee.

• Ratifying the seven Regional Presidents and the Chairs of WONCA Working Parties (WPs) and SIGs. **Elections**

Elections were also held for WONCA Officer positions. Dr Anna Stavdal (Norway) was elected as President-Elect and will become WONCA's second female President in 2020. Congratulations also to Prof Val Wass (UK) and to Drs Viviana Martinez Bianchi (USA) and Pratyush Kumar (India) who were confirmed as Members-at-Large; and to Dr Ana Nunes Barata (Portugal) who was re-elected as the Young Doctor Representative. You can view the new WONCA Executive in a <u>separate</u> <u>news item</u>, which also includes details of Chairs of the various

WONCA Working Parties and Special Interest Groups. There's also an interesting article on <u>our new President, Dr Donald Li</u>, who assumed office at a handover ceremony on 20th October, during the World Conference.



Photos; Amanda Howe handing over the chain of office to Donald Li.

Finally congratulations also to the Royal Australian College of GPs who won the bid for the WONCA conference in 2022, with the proposed venue of Sydney.

Amendments to WONCA Bylaws and Regulations is also a key part of any WONCA Council. Unfortunately, due to an oversight in the Secretariat we had not circulated the proposed amendments to Member Organizations with three months' notice, as required by the Bylaws themselves. Despite this, Dr Karen Flegg, Chair of Bylaws and Regulations Committee, gave a very proficient presentation on the proposed changes.





Most proposals were accepted as presented, but there was much discussion around the proposal concerning arrangements for replacement of the Young Doctor Representative on Executive in the event of the existing representative being unable to continue for whatever reason. It was agreed that a new motion on this topic would be developed in consultation with the YDM representative. All Bylaws proposals will then be circulated to Member Organizations and an electronic Extraordinary General Meeting (EGM) held not less than 120 days after notification. At this EGM. Member Organizations will be asked to vote electronically on the proposed Bylaws amendments, which can then hopefully be adopted.

One further session in Council is worth highlighting. Our key Designated Technical Officer at WHO HQ is Dr Shannon Barkley, as Board-certified family physician. We were delighted to welcome Shannon to the Council meeting, where she gave an excellent presentation on a whole series of WHO issues which directly or indirectly impact on WONCA's liaison with WHO. This was followed by a presentation from Vivi Martinez Bianchi, our WONCA-WHO Liaison, and then a brief report from our President on the impending Astana meeting.

Following these presentations, Council broke into a number of discussion groups, based around the theme of "Strengthening PHC: how can we make this a reality". The four groups reported back to Council the following morning, with Shannon also providing observations on the feedback.

And as all of this were not enough, Council was then followed by an excellent WONCA World Conference. The venue was excellent, the presentations stimulating and the social events were fantastic. Everyone was so warm and welcoming, and it really was the WONCA family all together. Friendships were renewed and new ones made, and we all look forward now to Abu Dhabi in November 2020.

Two significant statements resulted from the Seoul Conference.

WONCA and the Host Organizing Committee jointly released the Seoul Declaration: "Family Doctors meeting at the WONCA World conference in Seoul confirm the global importance of the renewal of international commitment to strengthening Primary Health Care to achieve universal health coverage – as expressed in the World Health Organization's 'Astana Declaration' 2018"

Read the full Seoul Declaration

WONCA also released a Statement on Ageing and Health. The Statement was prepared by our Special Interest Group on Ageing and Health, led by Professor Dimity Pond, and endorsed by Executive at its meeting in Incheon. The statement emphasises how family doctors are best placed to promote healthy ageing among their communities, and accords closely with comments made by Dr John Beard, of WHO's Department of Life Cycle, during his plenary at the conference.

Read the full Statement an Ageing and Health

We will continue to report on outcomes from Council and conference in the coming months, but in the meantime the Secretariat staff join me in sending greetings to all our members across the globe. We wish you all a Happy New Year for 2019 and look forward to meeting as many of you as possible at the various events throughout the coming year. Dr Garth Manning, CEO

In my view ... Donald Li

<u>中文</u>



October was a very busy month for WONCA. Meetings of the outgoing and incoming WONCA World Executives, World Council and World Conference – followed closely by the Astana Global Conference on Primary Care, hosted by WHO. Those few weeks were packed with energy, enthusiasm, gratitude, some disappointment and plenty of determination.

At my inauguration as President I promised, among other things, to continue to advocate for family medicine as essential to achieving Universal Health Coverage and strong costeffective health systems. The Astana Declaration made it clear that there is still much to be done for professionally qualified primary care teams to be recognised and acknowledged as the backbone of the primary care delivery system in every country.

The WONCA delegation – and WONCA family members who were at Astana wearing a number of hats – were understandably disappointed that the final Declaration did not refer specifically to family doctors or any other members of the primary care team. We understand that the references to specific professional groups were removed from the final draft, as WHO Member States could not arrive at a consensus on the appropriate label to use to reflect our profession. Various terms had been included in different iterations of the draft Declaration, including family doctors, general practitioners and primary health care specialists.

Within our profession globally we find ways to accommodate the different labels we have for the individuals who provide the range of primary care services, though we struggle somewhat with the different meanings applied to the same terms in different countries. The label 'General Practitioner' is a good example of this confusion. In some countries this refers to a doctor with professional post-graduate qualifications, whereas in other countries the term refers to someone who has a basic MBBS degree but who is still entitled to practice. If the term and its meaning are unclear within the profession (despite the efforts of previous WONCA publications to address the issue), it is not entirely surprising that WHO Member States have difficulty coming to a consensus on the wording in the Declaration.

Key external priorities for the 2018-2020 biennium are to liaise effectively with WHO, raise the WONCA profile and increase visibility of WONCA globally. Our agenda has been set. We will take on the challenge, using the body of expertise available in our membership.

We will assist WONCA Regional Presidents to liaise effectively with WHO regional offices. We will increase, co-ordinate and target our liaison with WHO at the global policy level. Internally we will address how best to build consensus on labels and the meanings of labels for our profession, as part of our internal corporate governance programme. We will also work more closely with our professional colleagues who form the primary care team, to build evidence and advocacy for the importance of that team to achieve the global goal of Universal Health Coverage.

All of us – every Member Organisation, every Direct Member, every Life Direct Member and every Academic Department Member - has a part to play. Participate in the work to the extent that you can. Use your skills and expertise to contribute to our Working Parties and Special Interest Groups, to build momentum and evidence for our profession.

Achieving Universal Health Coverage depends on providing high quality, comprehensive, integrated primary care – building the teams to provide the care is crucial. WONCA has a key role to play in this endeavour.

Twitter @WONCAPresidentLi Facebook: Donald Li

Des de mi punto de vista - Donald Li, Presidente

El mes de octubre ha sido un mes muy intenso para la WONCA. Las reuniones del Ejecutivo Mundial saliente y las del entrante, el Congreso WONCA World y el Consejo Mundial – seguido por el Congreso Global de Astana sobre Atención Primaria organizado por la Organización Mundial de la Salud, son una muestra de ello. En estas pocas semanas se han mezclado la energía, el entusiasmo, y la gratitud junto con un poco de decepción y mucha determinación.

Durante mi inauguración como Presidente prometí, entre otras cosas, continuar defendiendo la Medicina de Familia como un elemento esencial para conseguir la Cobertura Universal de Salud y un sistema sanitario costeefectivo fuerte. La Declaración de Astana dejó muy claro que todavía queda mucho trabajo por hacer para que se sea consciente de que es necesario que los equipos cualificados de Atención Primaria han de reconocerse como la espina dorsal de la asistencia sanitaria en todos los países.

La delegación de la WONCA – así como los miembros de la familia WONCA que se estuvieron en Astana llevando una serie de sombreros - se sintieron claramente decepcionados de que la Declaración final de Astana no hiciera mención de forma específica a los médicos y médicas de familia ni a ninguno de los otros miembros de los equipos de Atención Primaria. A pesar de la decepción, entendemos que las referencias a grupos específicos de profesionales se eliminasen en el borrador final, ya que los Estados Miembro de la Organización Mundial de la Salud no consiguieron llegar a un consenso acerca de la etiqueta apropiada que conviene utilizar a la hora de refleiar nuestra profesión. Durante las diversas iteraciones del borrador de la declaración se incluyeron varios términos como médicos de familia, médicos generalistas o especialista en Atención Primaria.

Dentro de nuestra profesión, globalmente, encontramos maneras de acomodar las diferentes formas de ver la definición de los profesionales que trabajan ofreciendo toda la gama de servicios de asistencia en Atención Primaria, aunque nos esforzamos bastante para utilizar siempre un mismo término por país. Por ejemplo, el término "Médico generalista" es un caso claro de esta confusión. En algunos países, "médico generalista" se refiere a un médico con una formación postgraduada, mientras que en otros países ese mismo término se refiere a un profesional sanitario con una formación básica, pero con la titulación oficial suficiente para la práctica médica. El caso es que el término y su significado dentro de la profesión no siempre acaban de coincidir (a pesar de los grandes esfuerzos realizados por parte de las publicaciones previas de WONCA para solucionar este problema), y esto hace que no sorprenda en absoluto que los Estados Miembro de la Organización Mundial de la Salud tengan tantas dificultades para llegar a un consenso con respecto al léxico de la Declaración.

Las prioridades externas clave para el bienio 2018-2020 son las de cooperar de forma efectiva con la Organización Mundial de la Salud, aumentando el perfil de la WONCA y su visibilidad a nivel global. Nuestra agenda ha sido definida. Aceptaremos el reto, utilizando la experiencia de la que disponemos con nuestra permanencia.

Ayudaremos a los Presidentes Regionales de WONCA para que trabajen conjuntamente y de manera resolutiva con las diversas oficinas de la Organización Mundial de la Salud. Aumentaremos, coordinaremos e identificaremos nuestra relación con la Organización Mundial de la Salud a nivel de política global. Internamente, vamos a afrontar la elaboración de los diferentes términos que nos definen y sus significados en nuestra profesión, como parte de nuestro programa corporativo de gobierno. Del mismo modo, también trabajaremos más de cerca con nuestros colegas profesionales que forman parte de los equipos de Atención Primaria, para construir evidencia y defender así la importancia del equipo para conseguir el objetivo global de la cobertura universal de salud.

Cada uno de nosotros – cada Organización Miembro, cada Direct Member, cada Life Direct Member y cada Academic Department Member – tiene su papel. Participa en esta tarea tanto como puedas. Utiliza tus habilidades y tu experiencia para contribuir con nuestros Grupos de Trabajo y nuestros Grupos de Interés Especial y ayuda a construir un momentum para que nuestra profesión sea reconocida.

En ese sentido, para conseguir la Cobertura Universal de Salud debemos ofrecer una Atención Primaria de alta calidad, completa e integrada y, para ello, constituir equipos que ofrezcan esta asistencia es imprescindible. La WONCA tiene un papel clave para ayudar a lograr esta determinación.

Feature; WONCA Council and World Conference in Korea

WONCA launches the Seoul Declaration

<u>中文</u>

Launched at the WONCA World conference in Seoul on October 18, 2018:

Seoul Declaration of the World Organization of Family Doctors (WONCA) on Primary Health Care Strengthening

Family Doctors meeting at the WONCA World conference in Seoul confirm the global importance of the renewal of international commitment to strengthening Primary Health Care to achieve universal health coverage – as expressed in the World Health Organization's 'Astana Declaration' 2018.

Strong Primary Health Care (PHC) has been recognized as the essential cornerstone to achieve health equity. We fully endorse the inclusion of Family Doctors in the Astana Declaration and we hope that this Declaration leads to lasting benefits for the peoples of the world.

We urge all governments and health systems to prioritize the health needs of the most vulnerable especially ensuring access to affordable and effective care for people in rural areas, women, children, the elderly, the disabled, ethnic minorities and migrants, all of whom are often disadvantaged in the health system.

The WONCA Seoul conference reminds the world of the importance of Family Doctors, who are trained to give comprehensive care across the lifecycle in a person-centered way. Our specialty is cost-effective because Family Doctors can address the emerging needs of ageing populations and the increase of non-communicable diseases at the PHC level. They can also lead and guide other members of the PHC team with their diagnostic and management skills.

We commit ourselves as Family Doctors to play our full part in the implementation of the Astana Declaration. We have a passionate interest and a key role to play in the delivery of effective, competent, affordable and personalized primary health care. We are central to the achievement of the goals of the Declaration.

WONCA urges countries to invest in the training of skilled Family Doctors through the development of academic capacity starting at the medical school level, effective recruitment and retention policies, postgraduate training programs and continuous professional development. This investment will need to be matched by support for training of all the members of the primary health care workforce; primary health care reform to aim for high quality and safe clinical services; and relevant research and new technologies which will underpin high quality clinical care. Working conditions, including remuneration, must also be made attractive for family doctors and their teams.

Based on the evidence, WONCA reaffirms that investment of resources in the Primary Health Care sector will achieve comprehensive personalized primary care that responds effectively to people's health needs in every community in the world.

Download Statement

New Executive, Committees and chairs of WPs & SIGs 2018-2020

Our recent world Council meeting sees changes in the membership and leadership of many WONCA committees. Below you will find members lists for the new Executive (pictured above) and the Statutory Committees, as well as the Chairs of Working Parties (WPs) and conveners of Special Interest Groups (SIGs).



Executive Committee

President - Dr Donald K T Li (Hong Kong, China) President elect - Dr Anna Stavdal (Norway) Immediate Past President - Prof Amanda Howe (UK) Executive Member-at-Large & Honorary Treasurer -Prof Val Wass (UK) Executive Member-at-Large & WHO liaison - Dr Viviana Martinez-Bianchi (USA) Executive Member-at-Large - Dr Pratyush Kumar (India) Regional President WONCA Africa - Prof Shabir Moosa (South Africa) Regional President WONCA Asia Pacific - Prof Meng-Chih Lee (Taiwan) Regional President WONCA East Mediterranean - Prof Jinan Usta (Lebanon) Regional President WONCA Europe - Prof Mehmet Ungan (Turkey) Regional President WONCA Iberoamericana-CIMF - Adj/Prof Jacqueline Ponzo (Uruguay) Regional President WONCA South Asia - Dr Raman Kumar (India) Young Doctor Representative - Dr Ana Nunes Barata (Portugal)

Statutory Committees

Nominating and Awards Committee Chair: Dr Anna Stavdal - Norway Members: Rob Dijkstra - Netherlands Steve Tsai - Taiwan Ruth Wilson - Canada Preethi Wijegoonewardene - Sri Lanka Finance Committee Chair: Prof Val Wass - (UK) Members: Francine Lemire – Canada Job Metsemakers - Netherlands All Regional Honorary Treasurers are ex-officio members

Membership Committee

Chair: Prof Marvin Reid - Jamaica Members: Oraib Alsmadi - Jordan Jose Miguel Bueno – Spain Pramendra Gupta - Nepal Tesshu Kusaba - Japan Henry Lawson - Ghana Ruth Wilson - Canada

Bylaws and Regulations Committee

Chair: Prof Shabir Moosa - South Africa Members: Karen Flegg - Australia Ana Nunes Barata - Portugal Dora Bernal - Colombia Richard Roberts - USA

Organizational Equity Committee

Chair: Dr Viviana Martinez Bianchi - USA Members: Kate Anteyi - Nigeria Tin Myo Han - Myanmar Julien Artigny - France Thomas Meono Martin - Costa Rica Kim Yu - USA Bikash Gauchan - Nepal Lucy Candib - USA

Working Party chairs

Education – Prof Val Wass (UK) eHealth – to be confirmed Environment – Dr Enrique Barros (Brazil) Ethics – Dr Issam Shaarani (Lebanon) Indigenous and Minority Groups' Health Issues – Dr Tane Taylor (New Zealand) Mental Health – Prof Chris Dowrick (UK) Quality and Safety in FM – Dr Maria-Pilar Astier-Peña (Spain) Research - Prof Felicity Goodyear-Smith (New Zealand) Rural Practice – Dr John Wynn-Jones (UK) WICC – Prof Thomas Kuehlein (Germany) Women and Family Medicine – Dr Aileen Espina (Philippines)

Special Interest Groups conveners

Ageing and Health - Prof Dimity Pond (Australia) Cancer and Palliative Care - Dr Alan Barnard (South Africa) Complexities in Health – Dr Carmel Martin (Australia) Conflict and Catastrophe Medicine - Prof Rich Withnall (UK) Emergency Medicine -Dr Victor Ng (Canada) Family Violence – Prof Kelsey Hegarty (Australia) and Dr Hagit Dascal- Weichhender (Israel) Genetics - Prof Imran Rafi (UK) Health Equity - Dr Kim Yu (USA) Migrant Care – Dr Guus Busser (The Netherlands) Non-Communicable Diseases – Prof Domingo Orozco-Beltran (Spain) Point-Of-Care Testing - to be confirmed Quaternary Prevention and Overmedicalisation - Dr Miguel Pizzanelli (Uruguay) Workers Health - Prof Ezequiel Lopez (Argentina)

WONCA Awards 2018

The following awards were presented recently in Korea. Our congratulations to all recipients. <u>More photos are available online</u>

WONCA Hon Life Direct Membership

Professor Bob Mash (South Africa) (*pictured*)

WONCA Fellowship

Dr Roar Maagaard (Denmark) Dr James Puffer (USA) Professor Ian Couper (South Africa) Professor Nandani de Silva (Sri Lanka) Professor Nural Islam (Bangladesh) Professor Michael Kidd (Australia) Professor Antoinette Perera (Sri Lanka) Professor Pratap Prasad (Nepal) Dr Sonia Roache-Barker (Trinidad and Tobago)

Professor James Rourke (Canada) Professor Bohumil Seifert (Czech Republic) Dr Mohammed Tarawneh (Jordan)





Photo: winners of the WONCA Fellowship award noting Roar Maagaard and Jim Puffer received their awards at WONCA Council

(Rear L to R) Mohammed Tarawneh, Bohumil Seifert, Jim O'Rourke, Antoinette Perera (accepted by Preethi Wijegoonewardene), Ian Couper (accepted by John Wynn-Jones) Front (L to R) Pratap Prasad, Sonia Roache-Barker (accepted by Ruth Wilson), President Amanda Howe, Nurul Islam, Nandani de Silva, Michael Kidd.



Roar Maagaard (left) and Jim Puffer (right) received their fellowship awards t WONCA Council



WONCA Five Star Doctor Dr Veronica Casado Vicente (Spain) (*pictured at right*)

Taiwan Family Medicine Research Awards Dr Sankha Radenikumara Dr Bikash Gauchan Dr Nisanth Menon Dr Mya Win Hnit

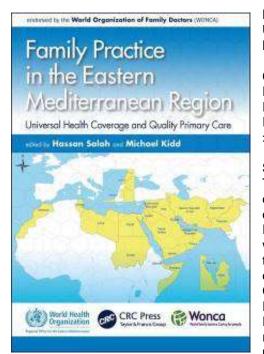
(Winners picture below)



Korean Academy Of Family Medicine awards

The Korean Academy of FM also presented awards including to Prof Bong Yul Huh, father of FM in Korea; Prof Young Sik Kim, HOC chair; the daily best poster winners; and the First Distinguished Research making FM shine award. More info here.

Three PHC books launched



Family Practice in the Eastern Mediterranean Region: Universal Health Coverage and Quality Primary Care. Hassan Salah, Michael Kidd

CRC Press Published October 25, 2018 Reference - 450 Pages - 22 Color & 138 B/W Illustrations ISBN 9781138498587 - CAT# K374877 > <u>Purchase</u>

Summary

This is the first book to analyze in depth the current causes of shortage of family physicians and the relative weakness of the family practice model in many countries in the Eastern Mediterranean Region. Focusing on engagement with the private health sector in scaling up family practice, the book explores why primary health care can make the difference and how it can be introduced and strengthened. Comparative experiences from around the world put the EMR in context, while the book also highlights where the EMR is special – in particular, the burden for health care of refugees and displaced persons, and the need of publicprivate partnerships.

How To Do Primary Care Research Felicity Goodyear-Smith, Robert Mash

CRC Press

Published October 12, 2018 Reference - 330 Pages - 5 Color Illustrations ISBN 9781138499584 - CAT# K374980 > Purchase

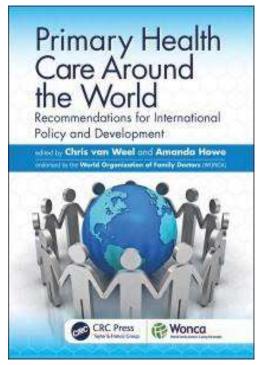
Summary

This practical 'How To' guide talks the reader step-by-step through designing, conducting and disseminating primary care research, a growing discipline internationally. The vast majority of health care issues are experienced by people in community settings, who are not adequately represented by hospital-based research. There is therefore a great need to upskill family physicians and other primary care workers and academics to conduct community-based research to inform best practice. Aimed at emerging researchers, including those in developing countries, this book also addresses cutting edge and newly developing research methods, which will be of equal interest to more experienced researchers.



edied by Felicity Goodycar-Smith and Bob Mash





Primary Health Care around the World: Recommendations for International Policy and Development Chris Van Weel, Amanda Howe

CRC Press

Published October 26, 2018 Reference - 140 Pages - 1 B/W Illustrations ISBN 9781138498679 - CAT# K374887 > Purchase

Summary

This unique book is the first to bring together primary care experiences from around the world, with emphasis on non-Western regions. Utilising published articles that profile different countries' primary health care, accompanied by expert commentaries, the book consolidates global primary health care information over the past decade. Profiling the different countries' primary health care systems and their implementation of primary health care policy, as promoted by WHO and WONCA, the guide provides evidence of how countries and regions can introduce primary health care and family practice to improve their health care infrastructure and delivery. The

book is essential reading for policy makers, health educators and academic leaders in primary care and students of global health and provides useful background for those entering or established in clinical family practice around the world.

Asia Pacific Region report after Seoul

The Asia Pacific Region (APR) executive committee for 2018-2020

President: Prof Meng-Chih Lee (Taiwan) - *pictured at right* Immediate Past President: Prof Jung-Kwon Lee (Korea) Honorary Secretary: Dr Brian Chang (Taiwan) Honorary Treasurer: Dr Husni Jamal Mohammad (Malaysia) Members At Large: Dr Tesshu Kusaba (Japan) Prof Shan-Zhu Zhu (China) Dr Aileen Riet Espina (Philippines) Young Doctor Representative: Dr Erfen Gustiawan Suwangto (Indonesia)



Other appointments approved by APR Council in October, 2018 as follows: Editor-in-Chief, Asia Pacific Family Medicine Journal: Prof Yousuke Takemura (Japan) APR Representative for Wonca Working Party on Research: Prof Ryuki Kassai (Japan) **Our goals for 2018-2020**

- Closely collaborate with WHO WP Regional Office, especially the new Regional Director, Dr Takeshi Kasai.

- Strongly promote the APR conferences in Kyoto 2019, New Zealand 2020, and Myanmar 2021.

- Eagerly recruit new member organizations, for example Cambodia and Laos
- Closely work with APR Rajakumar Movement for young doctors

Statement On Older People's Care, launched in Korea

This statement prepared by the WONCA Special Interest Group on Ageing and Health was launched at the WONCA World conference held In Seoul in Korea.

"Family Doctors are core to the delivery of quality care for older people."

Populations worldwide are ageing, and family doctors must be available and able to play a major role in care in their communities for people as they age. The family doctor should be the primary medical care provider for older people covering the full spectrum of older people's care from health to end stage frailty, including for those in long term care facilities.

Why family doctors?

• Family doctors can provide cost effective, accessible, integrated care around the individual older person.

• Family doctors are trained generalists, accustomed to managing older people's care which can be complex, involving multiple chronic diseases as well as acute presentations.

• Family doctors offer a longitudinal relationship with the patient, family and community, particularly valued by the older person.

• Family doctors must also assist with healthy and active aging through disease prevention and health promotion for older people.

- Family doctors provide continuity of care, including ongoing monitoring of care, with an understanding of many complex psychosocial issues. They can promote avoidance of overtreatment and over-medicalisation (quaternary prevention) and allow for discussion of palliative care.

• Family doctors are pivotal in providing a central point of contact and playing a coordinating role in care that may involve a multidisciplinary team.

What is needed to develop and sustain this role?

A move from treating disease (and risk factors) to focusing on enabling functional capacity and restoring individual autonomy
Proactive rather than reactive models of care of older people, aimed at timely identification

of frailty including cognitive impairment. • Older people and their carers should remain at the center of their care and their input should be incorporated throughout.

 Training should be designed for capacity building of family doctors with a blended learning approach to allow maximum access to teaching/learning and assessment resources. · Workforce support – to ensure current and future family doctors and primary care teams are adequately supported to meet the needs of delivering healthcare to older populations. Specialist service alignment – appropriately aligning all health systems, including healthcare policy and financing - to support older people, family doctors and primary care teams in working with secondary care. · Quality standards in the care of older people, particularly to inform models of care to keep frail seniors in their homes as long as possible. This requires ongoing education, research applicable to primary care of older people, input from family doctors, equity considerations and consensus between various healthcare levels.

How should we achieve this?

• WONCA calls on its partners in health to recognise and work towards excellence in ageing care, through implementing the key components of this policy.

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SIG on Family Violence in Seoul



Photo: Preconference Meeting

WONCA SIG on Family Violence co-conveners Kelsey Hegarty and Hagit Hagit Dascal-Weichhendler report on activities of the group held recently at the WONCA world conference in Seoul.

A few weeks ago several members of the Special Interest Group (SIG) on Family Violence (FV) as well as both co-conveners met in Seoul at the WONCA World Conference. A productive preconference took place in which we discussed past activities and future plans, including a new initiative for defining core competencies for primary care physicians in the area of family violence (FV).

The WONCA World Conference 2018 included several presentations related to FV, and we were glad to see increasing participation from different countries and continents! Many presentations included ongoing or new collaborations - with Young Doctors, Working Parties, other SIGs and other organizations:

• "Family Violence: Working with the Whole Family" - workshop with the WONCA Working Party on Women in Family Medicine (WWPWFM), the WONCA Working Party on Rural Practice (WWPRP), and the WONCA Young Doctors' Movement (YDM) exploring challenges in our work with families in which there is violence in different countries and settings.

• "Collaborating in Family Violence across Sectors - the Effects and Benefits" - workshop with young doctors and representation from the European Family Justice Center Alliance where we discussed the situation and possibilities for increased collaboration between health and other sectors.

• Workshop with WONCA's SIG on Emergency Medicine, (WWPRP), the WONCA Working Party on Safety and Quality and the YDM -"Increasing Family Physicians' Capacity to Coach and Mentor Each Other... Who Benefits... Why" A model of mentorship and guidance on FV was presented as one of the examples.

Other presentations related to FV:

- Workshop- "Collaboration of General Physicians & Social Workers for Quality Primary Care".
- Workshop- "Violence against Women, Identify, Protect, Support for Quality Primary Care".
- Seminar- "Addressing Elder Abuse and Neglect in General Practice".
- Workshop of WWPWFM "Role of Fathers in Child Marriage"
- Poster: Family Violence Curricula in Europe (FAVICUE): a Cross-sectional Descriptive Study Protocol
- Poster: "Consented" Violation. Prejudices about the victims of rape behaviour before, during and after the aggression.

WONCA WHO liaison

WONCA reaction to Astana Declaration

"Family practice is the best way to provide integrated health services at the primary health care level. With an emphasis on health promotion and disease prevention, family practice helps keep people out of hospitals, where costs are higher and outcomes are often worse. Strong political commitment is essential to improve access, coverage, acceptability and quality of health services, and to ensure continuity of care."

Dr Tedros Adhanom Ghebreyesus. Director General World Health Organization, October 2018

<u>中文</u>

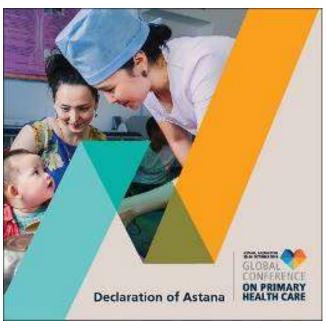
WONCA, the World Organization of Family Doctors, was represented at the *Global Conference on Primary Health Care*, in Astana, Kazakhstan by the WONCA President, Immediate Past President, President- Elect, Young Doctor Movement representative, and two Executive Members-at-large. We have reviewed the final version of the *Astana Declaration*. It was first shared on October 25, 2018 via web and adopted at the conference.

Astana Declaration

WONCA notes that the Declaration no longer includes the specific mentioning of family doctors or any other members of the primary healthcare teams. The prior public draft did include different disciplines needed in the Primary Health Care (PHC) team, but these have all been removed in the final version signed by Member States. While we had hoped and strongly advocated for Family Medicine to be specifically included in the declaration, we are encouraged that many of the <u>documents supporting</u> the Astana Declaration do include family doctors/general practitioners as key members of these teams.

Family medicine was mentioned multiple times during the plenary sessions; in addition, several side events during the *Global Conference on Primary Health Care* highlighted the work and reach of family doctors, including the presentation of <u>Family</u> <u>Practice in the Eastern Mediterranean Region:</u> <u>Universal health coverage and quality primary</u> <u>care</u>.

On a more positive note, we have noted the Declaration expresses a commitment to "Primary health care and health services that are high quality, safe, comprehensive, integrated, accessible, available and



affordable for everyone and everywhere, provided with compassion, respect and dignity by health professionals who are well-trained, skilled, motivated and committed;" something which describes the work and commitment of family doctors and the members of our primary care teams worldwide.

Furthermore, the declaration supports "Human resources for health" stating "We will create decent work and appropriate compensation for health professionals and other health personnel working at the primary health care level to respond effectively to people's health needs in a multidisciplinary context. We will continue to invest in the education, training, recruitment, development, motivation and retention of the PHC workforce, with an appropriate skill mix. We will strive for the retention and availability of the PHC workforce in rural, remote and less developed areas. We assert that the international migration of health personnel should not undermine countries', particularly developing countries', ability to

meet the health needs of their populations." We welcome this part of the declaration, especially in its support of people living in rural and remote settings, and hope that all governments will engage in genuine support to strengthen primary health care for every person, in every family, in every community, in every country in the world.

The next steps need to include advocacy for the establishment of an academic department of Family Medicine/General Practice in every medical school, in every country, in every region of the world. We also note that the Astana Declaration states "PHC will be implemented in accordance with national legislation, contexts and priorities". This means countries will need the political will to make a difference in primary health care for UHC, and that current existing legislation, and priorities may need to change in order to better support PHC. WONCA members shall also need to advocate for a true commitment by their governments to support strengthening primary health care in every country - which includes recognition and support for our role as family doctors in health systems.

In conclusion – WONCA re-states that family doctors are essential to high quality costeffective primary health care. We need Family Medicine/General Practice leaders in every region to be attentive and active. The implementation phase, over the next year following the release of the Astana Declaration, is a most important time to advocate for family medicine - and to make our governments accountable to investing in Primary Health Care and including Family Medicine in the design of health systems around the world.

Please go to the website to see the supporting documents and <u>background papers</u> for the Declaration and thank you for all your efforts.

Link to the <u>plenary and ministerial parallel</u> <u>sessions.</u>



Photo of representative team (I to r) Donald Li (President) Ana Nunes Barata (Young Doctors' representative) Pratyush Kumar (Member at large and rural doctor) Anna Stavdal (President elect) Amanda Howe (Immediate Past President) (rear) Rosa Villanueva Carrasco (WONCA Iberoamericana CIMF) Young resident from Duke University USA Viviana Martinez Bianchi (WONCA WHO liaison)

General Meeting of the WHO Global Coordination Mechanism on the Prevention and Control of NCDs

Domingo Orozco-Beltrán, WONCA Special Interest Group on NCDs convener, reports on

the General Meeting of the WHO Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases (GCM/NCD) held in Geneva, 5-6 November 2018



In November 2018, the Government of Switzerland and WHO, coorganized a General Meeting of the WHO GCM/NCD and WONCA was invited to participate.

The General Meeting of the WHO Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases (GCM/NCD) is a global Member State-led coordinating and engagement platform, established in 2014 by the World Health Assembly to help counteract the growing global health threat of noncommunicable diseases (NCDs).

Objectives of the General Meeting

• To highlight action and progress made in mobilizing multisectoral and multistakeholder partnerships to share knowledge, expertise, technology and financial resources to complement the efforts of national Governments towards achieving the nine voluntary global targets of the WHO Global Action Plan on NCDs (2013-2020) and the NCD- (SDG 3.4) and NCD-related targets of the 2030 Agenda;

Comment. - Many people from different multisectoral and multi-stakeholder partnerships but few comments about the need of a strong PHC especially in developing countries. The majority of participants focused their talks on public health measures / experiences (smoking cessation, dietary habits, exercise, environment, drugs budget).

• To promote and take stock of commitments and pledges made by non-State actors to support national efforts for NCD prevention and control;

Comment. - Few words about how to prevent and control NCDs from PHC. No comments about therapeutic adherence, disease control of cardiovascular risk factors. Many differences in the type of NCDs from developing countries (infectious diseases, poverty) to developed countries.

• To showcase and identify best practices and enabling factors that make partnerships successful, scalable and sustainable; Comments. - Best practices come from the

political and public health point of view. As an example the reduction in 40% of the budget for cancer drugs in Colombia through an agreement with pharmaceutical companies. Other examples were the reduction in sugar in some beverages; the reduction of salt, etc.



• To highlight the key role of the health sector as a steward for policy coherence and universal health coverage for NCDs; Comments. - Special efforts are needed all over the world to assure universal coverage for NCDS. This is a political action needed. But no were comments about the key role of PHC in this action.

• To call for increased cooperation between Governments and non-State actors, including the private sector, to accelerate country-level action, while avoiding duplication of efforts and potential conflicts of interest; Comments. - It is important that there were different actors in the Conference, including Governments, private sector, and non-state actors.

Expected Outcomes

• Greater understanding of the GCM/NCD's value to help Member States and non-State actors to accelerate the implementation of the commitments delineated in high-level political declarations and outcome documents, 2030 Agenda for Sustainable Development and the WHO Global Action Plan 2013-2020 at global, regional national and local levels; Comments. - One of the main results of this Conference is to improve understanding of the GCM/NCDs value for Governments, But it's necessary to put PHC as an important key to improve NCDs control in all countries.

• Increased ownership of the GCM/NCD by its Participants as a platform to increase awareness, encourage innovation, advance multi-sectoral action, advocate for resource mobilization, share best practices and forge partnerships to enhance the NCD prevention and control at all levels;

Comments. - Best practices from PHC were not shown. We have several countries in the world with very good experience of how to develop PHC and how this strategy improves NCDs control, accessibility and equity to health system, through universal health coverage. Spain is a good example of it. Unfortunately, Spain and many other developed countries were not represented in the conference. It is necessary to input experiences from different countries and health systems with a strong PHC. Spain could be a reference from all countries in South America, WONCA could be the way to do it. making reports about PHC in different countries and making courses in different languages to show how PHC can be improved.

• Increased multi-stakeholder and multisectoral dialogue and communication on how to capitalize on each stakeholder's strength for accelerating action towards SDG 3.4 and improved accountability;

Comments. - Improving NCD management probably implies inclusion of mulitpe stakeholders from different sectors. It is not easy to do but this Conference is a good way for this approach.

• Agreement on the future strategic directions of the GCM/NCD, taking into account the preliminary results of the GCM/NCD evaluation, outcomes of the UNGA third Highlevel Meeting on NCDs, and the WHO 13th General Programme of Work. Comments. – The future strategic directions are focused on the political and public health point of view. I think it is necessary to reinforce the key role of PHC to improve NCD

management.

Conclusions

• To improve NCD management implies to include multiple stakeholders from different sectors. It is not easy to do but this Conference is a good way for this approach.

• The future strategic directions from GCM/NCD are focused on the political and public health point of view. It is necessary to reinforce the key role of PHC to improve NCD management.

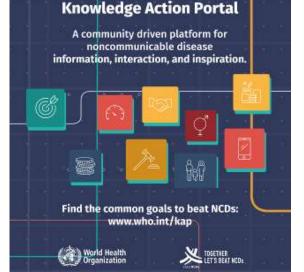
• Best practices from PHC were not shown. It is necessary to put in value experiences from different countries and health systems with good PHC. Spain could be a reference from all countries in South America. WONCA could be the way to do it, making reports about the PHC in different countries and making training courses in different languages to show how NCDs can be improved through PHC. But it is necessary economic support to do it.

WHO NCD Knowledge Action Portal launched

It is with great pleasure that the WHO GCM/NCD Secretariat has announced that the Knowledge Action Portal has officially launched.

In addition, they include a communications package with announcement message and a range of social media materials <u>here</u>.

As part of the first phase, they have adapted the range of resources presented throughout the KAP.They have also created extensive community guidelines which will be used to review submitted documents from Participants through the 'submit' function. Facilitated by this transparent method, the GCM/NCD Secretariat look forward to reviewing and featuring resources from all Participants and build and enhance this platform together.



As such, the GCM/NCD Secretariat welcomes you to:

• Utilise the KAP Launch Communication Package attached for dissemination and engagement through your internal and external networks.

• Submit resources for the Knowledge, Campaigns and the News and Events section to be considered for inclusion in Phase 1.

• Engage with the new Community of Practice focusing on NCDs and the commercial determinants of health, beginning on Monday 26 November.

Thank you again for your patience and support to date. The WHO GCM/NCD Secretariat looks forward to you exploring the KAP first hand and continuing dialogue and development going forward.

Knowledge Action Portal

WP Environment at WHO Global Conference on Air Pollution and Health.



Alan Abelsohn, past chair of WONCA Working Party on the Environment (WPEnv) reports on the WHO Global Conference on Air Pollution and Health.

Alice McGushin (Vice Chair WPEnv) and I attended the first <u>WHO Global Conference on</u> <u>Air Pollution and Health</u>, in Geneva, on 30 October-1 November 2018.

It was an intense and inspiring four days: excellent presentations on the science, health and policy perspectives; and lots of networking. Alice was very helpful in pushing our agenda to the WHO organizing committee.

Dr Tedros called air pollution the new tobacco. "The world has turned the corner on tobacco. Now it must do the same for the 'new tobacco' – the toxic air that billions breathe every day," said Dr Tedros Adhanom Ghebreyesus, the WHO's director general. "No one, rich or poor, can escape air pollution. It is a silent public health emergency." The combination of both outdoor and household air pollution is responsible for 7.1 million premature deaths annually.

On the final day, High Level Action Day, ministers, mayors, heads of IGOs, NGOs and other multilateral organizations announced their voluntary commitments in the fight against air pollution with health and climate change benefits. On behalf of WONCA, I committed to our train the trainer program. It received significant interest and support, and we will be able to put together a stronger program with collaboration of experts we met; and hopefully roll it out with other partners, from our networking efforts.

My submission follows and can be viewed <u>here</u>; by clicking on Plenary session X, and going to minute 104.40:

I represent the World Organization of Family Doctors (WONCA). WONCA has 118 Member Organizations in 131 countries and territories, with membership of about 500,000 family doctors, caring for more than 90 per cent of the world's population.

WONCA has already instituted an educational program: The Air Health Train the Trainer Program. We have to date trained 11 Health Care Professionals.

The program aims to build capacity among family doctors and other health professionals in low and middle income countries. Importantly, we will also recruit trainers among our students, by working with our colleagues in the International Federation of Medical Students Associations. We also look forward to collaborating with other similar programmes.

Health professionals will be trained remotely through online programs to understand the relationship between ambient and household air pollution and the health of their patients in their communities.

As well as the interactions between air pollution and climate change. They will be trained as advocates, champions or influencers in their medical communities, locally and nationally, as well as in the broader communities and countries where they live.

The idea is to leverage the strong respect and credibility that family doctors and other HCPs enjoy, and the program will be evidence based to protect that credibility.

Participants will be trained to use tools such as an exposure assessment tool and tools describing interventions to reduce both individual level and community level exposure to air pollutants. We look forward to collaborating with WHO to develop these tools.

The program will use a train the trainer

approach in which the first trainees will themselves become trainers, multiplying the capacity building, by training their colleagues. This is in accordance with the tradition in medical training: see one, do one, teach one.

WONCAs commitment is that: In the next 12 months, WONCA will recruit and train 40 health professionals in LMICs, for the Air

Health Train the Trainer Program, who will then apply the knowledge and tools they have learnt in the program in their own clinics and communities.

We will keep you informed of any develops that unfold; and we await news (hopefully positive) on the funding proposal for the AirHealth Train the Trainer project

Resources

Free access article for November in 'Education for Primary Care'

Prof Val Wass OBE, Chair WONCA Working Party on Education, on this month's free access articles:

There is increasing concern that our clinical training environments are failing to nurture and value our young students and doctors as highlighted in my Editorial "#Snowflakegeneration" for the 29: 5 issue of *Education for Primary Care.* 29:5 is now on line here.

We are therefore pleased to offer free access for a month to an interesting article on "Belongingness and its implications for undergraduate health professions education" from Pirashanthie Vivekananda-Schmidt and John Sandars and the following commentary from Kay Mohanna.



The article highlights the importance of feeling valued in an education environment. The literature review shows that belongingness has an important role in student motivation, learning identity formation and in facilitating positive mental health.

access article here

Member Organization news

Spanish Conference on Patient Safety in PHC

Equity, Public Health and Patient Safety.

On June 22 2018, we held the conference on Patient Safety in Primary Care. For the eleventh consecutive year, primary care professionals met in the Hospital Clínico San Carlos in Madrid to analyse, discuss and produce proposals for improvement regarding the equity and sustainability of the health system, as a first step to guarantee a safer healthcare. The objective is to maintain a specific discussion forum to address experiences related to patient safety in primary care. As previously, the conference was organized jointly by numerous organisations including the Spanish Society of Family and Community Medicine (semFYC).

The tandem of Patient Safety and Primary Care already has had an important journey

since we celebrated our first day in San Sebastian in 2008 and, as every year, is a new opportunity to see each other again and learn by sharing experiences.



This year the topic was "Equity, Public Health and Patient Safety". The aim was to reflect on this issue and produce proposals that help reduce unnecessary risks for the patient, linked to problems of inequity and accessibility.

The presentations of the symposia of the conference provided different perspectives, reflections and initiatives for improving the equity of the health system as a basic element to provide safe healthcare for all citizens. The president of the scientific committee, Mrs G Olivera, chaired the debate. We highlight some of the most interesting reflection topics:

- on patient safety from the perspective of public health considering aspects of social inequality and equity in Spain.

- on the commitment of patient organizations with the equity and accessibility of the Spanish

health system, and its benefits, and the wishes of patients to participate in the improvement of patient safety in the health system. - of the impact on health of populations excluded from health coverage with RD 162/2012, the commitment of health professionals and scientific societies, particularly SEMFYC in the fight for the restitution of universal coverage in Spain. This concluded with the hopeful perception of upcoming legislative changes aimed at reversing this situation.

- on the importance of equity and quality in the WHO campaign for Universal Health Coverage as a basic level of patient safety in the world.

- on improving equity in primary care on financing basic health areas, considering the social deprivation index of each area. We reflected on positive aspects of the index and on proposals for improvement in measurement, since rural areas and the young and poor population are not adequately reflected.

The presentations were recorded and they are available on <u>You Tube</u>:

The morning ended with a presentation of the path of culture and patient safety strategies in our health system: Where we come from and where we are going to. Later, the Fernando Palacio awards were delivered to projects to improve patient safety in primary care.

Later, four sponsored workshops were run and allowed us to improve our training in safety skill

The Spanish Conference on Patient Safety in Primary Care has been established as a mustattend event to every Spanish speaking Primary Care health worker interested in Patient Safety.

Follow us on twitter: @sanoysalvoblog, @semfyc, , #SegPacAP, #SegPac and in the blog sano y salvo (safe and sound) and website.



Featured Doctor

Prof Shabir MOOSA : South Africa –

Shabir Moosa is the new WONCA Africa region president also now a member of WONCA World Executive

His background and work history?



Born in Durban,

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

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

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

Other professional activities

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

He is an associate professor and member of the academic department in Wits. He is involved in undergraduate and postgraduate training (especially on health service management). He has also been involved in developing undergraduate primary care rotations and general community education at Wits. He has had several publications, even starting as a postgraduate student. His bent has been to health system issues: especially the definition of family medicine in Africa, universal coverage and human resource. He has presented at WONCA World Conferences in 2004 and 2013. All his publications are available at his website . He is actively practicing as a family physician in Johannesburg in Soweto and developing a community practice in the community of Chiawelo as a model for the national health insurance emerging in South Africa. It's easy to follow what he is doing. Visit www.AfroCP.org.za

Social media enthusiast

Prof Moosa is skilled at working with social media and technology and has his own website <u>www.ProfMoosa.com</u>, which is regularly updated with useful information. He also provides regular communication by email with useful insights and links to more. He is active on social media for his own website updates but has also set up a WONCA Africa website www.WONCAAfrica.org and has WONCA Africa active in a Twitter feed, a Linked-in Group and a Facebook page. Have a look at these and join in the great stuff happening in Africa.

On a more personal note

Shabir has been married to Ayesha since 1987 and they have a 27-year-old daughter, Zah'ra who is a chartered accountant and working as a forex trader in Citibank.

Conferences 2019







East Mediterranean region conference 2019

Dates: March 21-23, 2019 Venue: Beirut, Lebanon Website: woncaemr2019.com

Abstract submission deadline: 15 December 2018 - <u>submit here</u>

Early Bird registration ends: 30 November 2018

Welcome message from Prof Jinan Usta - new WONCA EMR president

The year 1979 witnessed the birth of Family Medicine in the Eastern Mediterranean Region (EMR) when the American University of Beirut initiated the first training program of the discipline in the region. During these forty years, Family Medicine training programs, with widely varied and diverse curriculum, got established in almost all the countries of the region; Family Practice got recognized as the best model to provide Universal Health Coverage, creating the need for more family physicians in the region. At the same time, the huge advances in medical sciences and technologies have led to the emergence of sub-subspecialties going deeper and deeper into the human body organs, and of superspecialized equipments and tools providing high tech medical care. Family physicians are facing the growing challenges of maintaining the integrity of the human being while bridging the increasing gaps between specialists, and of providing humane medical care while keeping up with technological advances.

So, let us get our heads together, share experiences and lessons and find out how family physicians in the EMR region can "Bridge Gaps and Pave Future" of health care delivery. Let's meet at the Sixth Regional WONCA EMR conference that will be held in Hotel Phoenicia Beirut from March 21-23, 2019. There will be presentation of up to date evidence- based information, workshops and the launching of the working and special interest group to facilitate the communication and networking of people sharing similar medical interest.

Looking forward to welcoming you in Beirut



Why you should join us at WONCA APR in Kyoto, Japan, in 2019

Theme : Medical generalists –bringing forward a brighter future Dates: May 15-18, 2019 Venue: Kyoto, Japan Website: <u>www.c-</u> linkage.co.jp/woncaaprc2019kyoto

This is the third announcement about the WONCA APR Kyoto in 2019.

All through WONCA in Kyoto, Japan, in 2019 is the Asia Pacific Region conference, participants will enjoy variety of topics and will meet variety of speakers from around the world in addition to reconnecting with colleagues from the Asia Pacific region. Topics covered will include as follows:

- 1. Artificial Intelligence
- 2. Child health
- 3. Clinical care
- 4. Community
- 5. Continuing professional development
- 6. Disaster Medicine
- 7. Education
- 8. Elderly care
- 9. Evidence-based medicine
- 10. Family-oriented care
- 11. Health economics
- 12. Health policy
- 13. Medical generalism
- 14. Medical humanities
- 15. Mental health
- 17. Patient-centered care
- 18. Patient Safety
- 19. Prevention / Health promotion
- 20. Primary care
- 21. Primary palliative care
- 22. Professionalism
- 23. Quality Improvement

- 24. Remote and rural
- 25. Research
- 26. Social determinants of health
- 27. Travelers Medicine
- 28. Uncertainty
- 29. Universal health coverage
- 30. Women's health

Follow the conference tracks of particular relevance to you!

Important Dates

<u>Call for Symposia / Workshops</u> deadline -November 30, 2018

<u>Call for Papers deadline</u> - closes January 15, 2019

Early Bird Registration - closes January 15, 2019



Kindly yours, Prof Nobutaro Ban Representing the Japan Primary Care Association Chair, Organizing Committee, WONCA APR 2019 Japan



WONCA Africa comes to Uganda in June 2019

Welcome message from Prof Shabir Moosa- WONCA Africa region president

Theme: People Ce

People Centered Primary Care

Dates: June 5-8, 2019

Venue: Kampala, Uganda

Website: www.woncaafrica2019.com

Abstract submission deadline: 31st December 2018

Early Bird registration ends: 31st December 2018

Are you interested in people-centred primary care and care about the plight of the people of Africa, as the truly committed family physician you are? Well, Uganda will be hosting the WONCA Africa Conference on 6-8th June 2019 in Kampala, Uganda with the theme "People-centred Primary Care". We are very excited as it is the first WONCA Africa Conference to be held in East Africa and we want you to show solidarity with our colleagues in this part of Africa by being there.

Not only is this theme and conference an opportunity to focus our collective minds on a globally important topic, considering the strong policy shift to universal health coverage, but also a chance to strengthen WONCA networks and advocacy. A key message must be "every family deserves a family doctor-led team". The programme will include leading lights in WONCA across the world, including the incoming WONCA World President and various experts in WONCA Working Parties who will share best practice from around the world.

It is also a chance for Africans to share the wonderful work being done by them in various countries of Africa. We urge you to register early for the conference and to submit abstracts of your work so that we all may benefit and celebrate the work you do, as an often-unappreciated family doctor in Africa. Urge your colleagues and key stakeholders in your space to also attend. This is a platform to show the world how African family doctors are making people-centred primary care happen, in small ways but cheaper and better than many imagine.

We also want you to make the most of your trip to East Africa. There are inexpensive tourist gems in Uganda, and across East Africa. We urge you to explore the internet for the many tourist destinations and options: from Mount Kilimanjaro in Tanzania, the Masai Mara National Reserve in Kenya to the Bwindi Impenetrable Forest in Uganda and mountain gorillas in Rwanda. Please register early as the conference is limited in size to ensure that some serious work and relationships are built. It is going to be unforgettable. Share the announcement with all.

On behalf of the WONCA Africa Executive Committee and the Uganda Association of Family Physicians we wish you an early welcome. See you in Kampala 6-8th June 2019!





Jane Namatovu: plans for the 2019 Africa Regional Conference



Dr Jane Frances Namatovu, conference convener reports:

Plans are well underway for the 2019 WONCA Africa Regional Conference coming to Uganda in June. Our website is regularly being upgraded for more information and contact us by email at <u>woncauganda2019@gmail.com</u> if you are challenged.

conference webpage and welcome message

Our conference

It is the first WONCA Africa Conference in East Africa and a source of great excitement for all countries in the region. We hope you will join us to share in this excitement.

Register for the conference and submit your abstract as soon as you can. The theme of "People Centred Primary Care" promises to galvanize many stakeholders behind the efforts of family physicians as part of the African solution for Primary Health Care, as envisioned by the Astana Declaration.

Tourism in East Africa

This is conference should not be just another conference for you. You are coming to East Africa: a place of great beauty and variety. You can make a stopover to any number of tourist hotspots. You ought to google "Tourist attractions in East Africa" but here are some: Zanzibar, Mount Kilimanjaro and Serengeti in Tanzania, Watamu, Lake Nakuru and Masai warriors in Kenya, Omo River and Lalibela in Ethiopia, and mountain gorillas in Rwanda. You can experience wildlife safaris, whitewater rafting, high-end camping, unique culture and exquisite cuisine across the region.

You don't need to venture too far to taste the beauty that abounds. Entebbe, the town, is close to Kampala and has shores to Lake Victoria, the second largest lake in the world. Visit Uganda tourism

http://ugandatourismcenter.com/top-10-touristattractions-in-uganda/ to see what is on offer in Uganda. It will blow your mind. June is also the month of pilgrims visiting the Uganda Martyrs Shrine in Namugongo. It is a unique opportunity to taste the religious culture of Africa with visitors from as far afield as Nigeria planning to visit the shrine.

See you in Uganda in June 2019!





WONCA Europe Conference- latest news about Bratislava

Details: June 26 - 29, 2019, in Bratislava, SlovakiaConference WebsiteFollow us on Facebook

Dear GP/FM colleagues,

We are delighted to invite you to the 24th WONCA Europe Conference that will be held in Bratislava, Slovakia on June 26 - 29, 2019.

Submit your abstract today!

The Scientific Committee invites and encourages all authors to submit their abstracts for consideration and inclusion in the Scientific Programme. Abstract Submission Deadline: January 10, 2019 <u>Submit now</u>

On-line Registration

We are pleased to announce that you can now register on-line. Select your registration fee, pay before December 31, 2018 and benefit from the early registration fee. Register now

Meet WONCA Europe 2019 Keynote Speakers

Read all about the Conference Keynote Speakers here.

Programme at a Glance

Programme at a glance is available.

Bratislava Highlights - Volume 1 Bratislava Castle

Bratislava Castle, the landmark overlooking the capital, was built in 9th century. It stands on the hill above Danube river.

As an agelong symbol of the city, it proudly stands on the hill above Danube river. Eleven kings and eight queens were crowned in Bratislava in the past. No wonder that the castle is a popular part of excursions through the city.



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Congreso Iberoamericano de Medicina Familiar 2019

01 May - 04 May , 2019 http://cimfwonca.org/eventos/proximos-regionales/



WONCA CONFERENCES

WONCA Conferences 2019

March 21-23, 2019	WONCA East Mediterranean region conference	Beirut, LEBANON	woncaemr2019.com
May 1-4, 2019	Congreso Iberoamericano de Medicina Familiar	Tijuana, MEXICO	http://cimfwonca.org/eventos/proximos- regionales/
May 15-18, 2019	WONCA Asia Pacific region conference	Kyoto, JAPAN	www.c-linkage.co.jp/woncaaprc2019kyoto
June 5-8, 2019	WONCA Africa region conference	Kampala, UGANDA	www.woncaafrica2019.com
June 26-29 2019	WONCA Europe region conference	Bratislava, SLOVAK REPUBLIC	www.woncaeurope2019.com
October 11-15, 2019	WONCA World Rural Health conference	Albuquerque USA	www.ruralhealthweb.org/wrhc
November 22- 24, 2019	WONCA South Asia region conference	Lahore, PAKISTAN	www.globalfamilydoctor.com/SAR19

WONCA Conferences 2020

April 21-22, 2020	VIII Cumbre Iberoamericana de Medicina Familiar	San Juan, PUERTO RICO	Save the dates.
May 28-31, 2020	WONCA Asia Pacific region conference	Auckland, NEW ZEALAND	www.conference.co.nz/wonca20
June 24-27,	WONCA Europe	Berlin,	www.woncaeurope2020.org
2020	region conference	GERMANY	
November 26-29,	WONCA World	Abu Dhabi,	Save the dates
2020	conference	UAE	

Member Organization Events 2018

For more information on Member Organization events go to http://www.globalfamilydoctor.com/Conferences/MemberOrganizationEvents.aspx