

WONCA News

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Wonca

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*WONCA wishes all colleagues and members
Season's Greetings. and
a very Happy New Year for 2020.*



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From the President: December 2019



[Español](#) [Français](#) [中文](#)

It is not unusual to look back on the year that is coming to an end, to reflect on how things have changed and set in place plans for the year to come. When Executive held their meeting at the end of November 2019 it was almost exactly one year since the new Executive had been formed. An appropriate time for reflection.

The members of the Executive came together at the end of the WONCA World Council meeting in Seoul, in November 2018. Some of them had known each other for many years, having collaborated in Working Parties and Special Interest Groups and knowing each other through academic or clinical interests. Some others had never met each other.

The group was made up of me, as President, the Immediate Past president, the President-Elect, the CEO, seven region presidents representing each WONCA region and three very recently elected Members at Large.

When we first met, we knew there was much work to be done. We had big ideas about improving our global visibility. We wanted WONCA to be at the forefront of achieving Universal Health Coverage through delivery of quality primary care services; and we were all very conscious of our responsibilities to our respective constituencies.

WONCA finances and our 'day-job' commitments mean that we meet by teleconference once a month. But WONCA Executive only meets face to face twice a

year. With the new 2-year WONCA cycle, this means that each Executive only meets face to face four times. We need to make each meeting matter. We had to start our work as soon as we were established: no waiting around, no getting used to our new roles. We needed to find a way to work constructively and productively together, right from the outset.

So, a year into office, we met face to face recently in Bangkok. (This month's CEO column provides some background to the issues we covered). We gathered for an informal dinner the evening before the business began, to give everyone a chance to get to know their Executive colleagues a bit better. The group were joined by Prof Ruth Wilson and Prof Job Metsemakers who were in Bangkok as members of the CEO Search Committee (more about that later). Both had been members of the last Executive. There was no shortage of chat, much laughter and not a few surprises. People discovered they had friends in common; others realized that they had worked in close proximity to each other at one point in their careers; others still took the chance to compare family medicine on the ground in their respective countries.

As the pictures show, the level of interaction, the sense of camaraderie, along with the knowledge that we have serious business to be getting on with, really typifies the WONCA family. We are collegial. And as colleagues we can be so much more effective when we are talking and working face to face than we can be when constrained by the bandwidth of an internet connection.



So, as the first year of this Executive comes to an end – the half-way point – I want to reassure the members in every region, those who voted for your Members at Large and for your President and President-Elect: your Executive is working well on your behalf. We continue to work using the technology available on a month by month basis. But nothing compares to sitting around a table face to face, discussing, explaining, persuading,

The Executive agenda had some challenging issues to address. It usually does. Our work was collaborative, sometimes with strong views expressed and with some people inevitably disappointed with some collective decisions and happier with others. We work as a democratic team, dealing with the issues facing us, respecting our colleagues' right to disagree with our own opinion, listening to concerns, building consensus, agreeing on our core values.

negotiating, revising, reviewing, building our platforms for disseminating the messages that are important to WONCA members. We are not complacent. We know how much work there is still to do and we welcome it. And we are all honoured to be your Executive.

Donald Li
President

From the CEO's Desk - Executive meeting outcomes

December already and another year almost over!! As ever it has been a very busy but VERY productive year for WONCA, and we have reported on many of those activities throughout the year. Our Annual Report for the period July 2018 to June 2019 has now been published and can be accessed on the WONCA website.

➤ [Annual report](#)

WONCA Executive Meeting

The latest full meeting of the WONCA

Executive took place in Bangkok on 20th and 21st November. As ever we had a very full agenda, but this article is an effort to highlight key discussions and decisions reached, to keep our members informed of progress.

We are fortunate to have so many people of quality to volunteer for positions on Executive. We benefit greatly from a wide variety of expertise and experience, which makes each face to face meeting a rich experience indeed.

Routine reports were received from each of the Regional Presidents, and written reports had been received from most Working Parties and Special Interest Groups.



Key discussions and decisions centred around:

• **Finances**

Executive considered a proposal from Hon Treasurer to revise the budgets for 2019 and 2020, based on greater than estimated income. Whilst some expenditure has also risen it did mean that a proposal to increase the budget for our valued – and increasing - work with WHO was approved.

• **Discretionary Fund bids**

The adjudication panel who had deliberated on the nine eligible bids received for WONCA funding presented their findings to Executive for endorsement. The quality of bids was high, and the panel had spent some time making sure there was consensus on the decision. Three bids were consistently marked just a little bit higher and so were recommended for the awards. These were the bids from: WP on Mental Health; WP on the Environment; and SIG on Family Violence; each of whom has been allocated \$10,000. Congratulations to them and thanks to all who participated in the process.

• **Bylaws**

A number of changes to Bylaws and Organizational Policies were discussed. The Bylaws and Governance Committee will do further work on these before bringing a formal proposal to the next full Executive meeting in May 2020.

• **CEO Search**

The final interviews for the short-listed candidates for WONCA CEO had been held the day prior to Executive (19th November).

The Search Committee had had a difficult task in separating the excellent candidates but had made a final decision which was advised to Executive. The name of the successful candidate will be made public once contracting has been completed.

• **Communications**

Both within the organization (most especially greater engagement with WPs and SIGs) and externally with our MOs was discussed. This will be a key priority for the new CEO and Secretariat, but interim ways to improve communication were discussed and agreed.

• **WHO**

Discussions on our work with WHO took up a significant part of the agenda. As well as hearing from Vivi Martinez Bianchi (our WHO Liaison) and the Regional Presidents, Executive also discussed the follow-on actions from the signing of the MOU with WHO in January this year. The WONCA delegation to WHA in May had agreed with WHO to undertake a piece of work looking at delivery of quality primary health care by multi-disciplinary teams led by a family doctor. WHO had requested case studies and evidence to support this approach. Considerable research has revealed that other health professionals engaged in primary care

do not have global representation, so this has proved to be challenging. However work in Africa, led by our Africa Region President, Professor Shabir Moosa - on developing a PHC network in Africa of numerous disciplines of health professionals under the banner of “AfroPHC” – offers a model which may well fit with WHO’s ambitions. WONCA has agreed to help to facilitate AfroPHC’s further development and will use this to source case studies for the purposes of the WHO paper.

• Digital Health was also discussed.

This is a current very hot topic, and WONCA is undertaking a pilot together with Ping An Good Doctor of China, to try to define standards for PHC involving digital health and AI. This is being undertaken under the WP on eHealth. Our strong view is that it is vital for us to define standards rather than to have non-doctors define them, with us having to work with the outcome no matter how inappropriate.

• Consultancy and accreditation.

CEO briefed Executive on the continuing success of both programme accreditation and practice accreditation. WP on Education had tabled a paper on accreditation of CPD programmes and had also been asked to bring a paper to Executive on accreditation of Diploma or bridging programmes. These were discussed and approved by Executive for piloting.

• Approval of statements and papers.

Five papers and statements were presented to Executive for endorsement:

- o A statement issued by Iberoamericana-CIMF deploring the violence in the region, most especially against healthcare professionals. Executive was happy to endorse this at a global level.
- o A statement from WP on the Environment calling on WONCA to declare a climate emergency. There was some debate about the terminology but the majority of Executive endorsed the statement.
- o Three statements emanating from the WONCA Rural Health Conference in

Albuquerque in October. Two – the Albuquerque Attestation and the Statement on Island Health – were endorsed by Executive. Executive had some concerns about the implications for rural doctors in agreeing the third statement, in support of “NursingNow 2020”. These concerns have been passed to WP on Rural Practice who have been invited to reconsider some of the wording of this document.

> [Statement Deploring Violence](#) also in [Español](#) y [Português](#)

> [Statement declaring climate emergency 2019](#)

> [Island Medicine Statement](#)

> [Albuquerque Attestation on the Future of Rural Family Medicine in the USA](#)

• One new and one recessed SIG.

Executive was please to approve a proposal for a new SIG on Emerging Practice Models. By contrast the SIG on Men’s Health was recessed as no reports have ever been received and there has been no evidence of any activity for some time.

The dates for the next Executive meeting have been agreed as 13th to 15th May 2020, just prior to World Health Assembly. Given that the meeting almost inevitably has to be in Europe, to allow the WONCA delegation to travel on to Geneva, it has been agreed to hold the meeting in Belfast. This is my home city, and an acknowledgement of my work over the past years before standing down at the end of 2020.

Christmas and New year

Finally I take this opportunity to wish all members Season’s Greetings. For those who celebrate Christmas I wish you a happy and peaceful one, and I wish everyone a very Happy New Year for 2020.

Dr Garth Manning
CEO



In my view... Ruth Wilson, Canada

Introduction by Donald Li

For many family doctors around the world, delivery of comprehensive primary care is still an aspiration because health systems are not focussed on delivery of care outside hospital settings. For others, delivery of primary care is just one, albeit important, aspect of their role as family doctors. This month, Professor Ruth Wilson offers us an insight into the broader role of family doctors in a range of settings. This broader role can easily be forgotten, in the global discussions about achieving the goal of Universal Health Coverage.

Family Medicine—More than Primary Care



Prof Ruth Wilson (Canada) writes: Family doctors quite rightly claim a central key position in the provision of primary care. We are the only well-trained generalist physicians who fulfill this role. As Jan de Maeseneer pointed out in this column recently

(1), there is work to be done in many countries to make this case. We are challenged to show our worth in health care settings where it is assumed that other providers such as community health workers are better placed to provide personal first contact care.

We know firsthand the value of good primary care. We see our patients benefit from the comprehensive care we offer. We see their satisfaction with the continuity of care we deliver. We watch them become more open to preventive measures and to management of their chronic conditions as we come to know each other. We are aware that they trust us enough to disclose their psychosocial concerns. And the evidence supports this kind of care—a recent systematic review shows that continuity of care decreases mortality.(2) Having a usual family doctor can prolong your life.

But can family doctors provide more than primary care? Of course we can. From Nepal to Australia, family doctors work in settings where secondary care is offered. In my own country of Canada, family doctors provide anaesthesia, intrapartum obstetrics, and care in emergency rooms. (3)

This work in secondary care settings such as hospitals provides several advantages to patients, communities, and family physicians. If family physicians work in primary as well as secondary care settings, they are more likely to see the same patients both in an outpatient clinic setting, and also in emergency situations. This enhances continuity care and gives the patient the comfort of seeing a familiar face.

For communities, particularly in rural areas, a well-trained family physician generalist can be a very cost-effective health care provider. In these communities there is not enough volume of cases to justify or support full-time specialist consultants in obstetrics, for example. But multi-skilled family physicians can deliver babies as well as provide primary care.

For family physicians themselves the opportunity to work in a variety of settings in the same community enhances clinical skills. Seeing patients with more acute disease presentations reminds them that a condition diagnosed early in a primary care setting may save the patient from an outcome of a disease which, if treated earlier, could have caused less morbidity.

Each country's health care system is organized differently, and the needs of the population differ, based on the wealth of the country, the patterns of morbidity and mortality, and the social determinants of health. The role of the family physician will thus likely differ country to country. Certainly, the major strength of family medicine is in the provision of quality primary health care. We need to continue to advocate for our being the best medical speciality to be part of the primary care team.

But let us not assume that family medicine

and primary care are synonymous. In countries with a widely dispersed population, well trained generalist family physicians are an important lynchpin of the rural and district hospital systems. At the other end of the primary care spectrum, the approach to population health which family doctors can bring also suits us well for roles in public health. And of course, our communication skills, broad background in understanding the human condition, and adeptness at problem-solving fits us well for medical leadership roles too.

Family medicine has the power to change the lives of individuals and populations, not only through our central contributions as primary care providers, but also with our additional capabilities as skilled physicians throughout the health care system. Our educational programs and research endeavours need to consider the potential pluripotency of family physicians. Family medicine considers being responsive to the needs of a community as one of its principles. (4) As a global organization of family doctors let us, WONCA, continue to advocate for our central role in primary care provision but remember that family medicine as a discipline encompasses an even wider useful scope.

References:

1. Jan de Maeseneer Family Medicine, Primary Health Care and Universal Health Coverage: What is WONCA's role? [In my view September 2019](#)
2. Pereira Gray DJ, Sidaway-Lee K, White E, et al Continuity of care with doctors—a matter of life and death? A systematic review of continuity of care and mortality BMJ Open 2018;8:e021161. doi: 10.1136/bmjopen-2017-021161
3. College of Family Physicians of Canada. Family Medicine Professional Profile www.cfpc.ca/fmprofile/
4. Rosser W. Sustaining the 4 principles of family medicine in Canada. Can Fam Physician. 2006;52(10):1191–1197.

About Ruth Wilson

Ruth Wilson is the past president of the North America region of WONCA. She is Professor Emerita in the Department of Family Medicine at Queen's University, Kingston, Ontario, Canada. She currently practices family medicine in the Northwest Territories of Canada.

WONCA WHO Liaison

WHO mental health - quality rights materials and portal

Dear colleagues,

We are pleased to inform you that we have launched key WHO materials, tools and a country implementation portal as part of the WHO QualityRights programme.

These aim to transform mental health and social care systems and services towards a person-centered, recovery-oriented and human rights-based approach in line with the Convention on the Rights of Persons with Disabilities – this is the vision called for by Dr Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization – in the Foreword to the QualityRights materials.

Please see the following links:

[QualityRights materials and tools](#)
[WHO's Feature story on WHO QualityRights](#)

We would be grateful if you can join our efforts to disseminate all the QualityRights materials, tools, portal and social media posts (which will be visible at the following links <https://twitter.com/WHO>; <https://www.instagram.com/who/?hl=en>) as widely as possible through your networks including

government stakeholders and non-state actors with whom you have contact in your country.

We are also happy to announce that we have moved on to a new phase of large scale, country-wide implementation of WHO QualityRights. This has been made possible through the leadership of Ministries of Health in collaboration with people with lived experience, professional groups, practitioners, NGOs, Organizations of Persons with Disabilities, and the support of WHO regional and country offices.

During 2019, high-level launches will have taken place in Ghana, Philippines, Kenya, Turkey, Estonia and Czechia. QualityRights activities are also continuing in Lebanon, Armenia, Bosnia and Herzegovina, Romania, Slovakia, Croatia and Lithuania, with more launches scheduled for next year. More information about implementation can be found on the [QualityRights country implementation portal https://qualityrights.org/](https://qualityrights.org/).

Best wishes,
Dr Michelle Funk
Coordinator, Mental Health Policy and Service Development (MHP)
Department of Mental Health and Substance Abuse,
World Health Organization

Working Party News

Working Party on the Environment recognise Climate Emergency

The WONCA Working Party on the Environment have prepared a statement recognising the climate emergency. This was endorsed by WONCA Executive last month.

[Statement on Climate Emergency](#)

In recommending their document to Executive they drew attention to the following video on *The Lancet Countdown on Health and Climate Change*. They also suggest you to check out the paper by Andy Haines, our Working Party Scientific Advisor, on the [Climate Action Imperative to Protect Health](#)

<https://youtu.be/9Nw5zhsSgHQ>



Special Interest Group news

SIG Family Violence annual report



Hagit Dascal-Weichhendler (left) and Kelsey Hegarty (right), co-chairs, Special Interest Group on Family Violence report:

The Special Interest Group on Family Violence (SIG FV) has focused over the last two years on expanding our global connections to systematically support family doctors to address family violence in practice and policy.

We have an Executive group consisting of the co-chairs, Hagit Dascal-Weichhendler and Kelsey Hegarty, the past co-chair Leo Pas and communications lead Raquel Gomez Bravo. In addition to this group, we have a steering committee involving various regions (see below) and Young Doctor links through Nina Monteiro.

Kate Anteyi Nigeria
Jinan Usta Lebanon
Nina Monteiro Portugal
Joyce Kenkre UK
Carmen Fernández-Alonso Spain
Nena Kopcavar Slovenia
Omneya Ezzat Elsherif Egypt
Sajar Othman Malaysia

Our current and future activities are structured under six main strategies:
Connect, Resource, Support, Educate, Communicate, Evaluate.

CONNECT: We have expanded our connections across regions whilst maintaining our strong connection to the Young Doctors

movement, particularly with Ana Nunes Barata and the Women's Working Party, particularly with Amanda Barnard. The group continues to grow connecting with other professionals who are interested in contributing their knowledge and ideas to the SIG FV.

RESOURCE: Our Call to Action statement of recommendations was approved by the executive group in March of 2018, focusing on exchange and dissemination of training curricula and new knowledge from research. The statement called for at national levels that colleges and academies in WONCA should address family violence policy, training and procedures as a matter of urgent priority in order to have their members supported and resourced to manage this common problem effectively and in an evidence-based manner.

SUPPORT: In October 2018, WONCA executive agreed to our proposed framework for Family Violence consultancy work, and we endeavour to gather interest in participating in that work moving forward in 2019. Taking into consideration the national and cultural contexts, and the specific services within each country, our framework will offer education and training, policy and research through a three-tiered approach, either through face to face, online help and secondary consultation.

EDUCATE: SIG FV has continued to work collaboratively with other groups to educate, including VdGM, WWP Rural, WWPWFM, and

Emergency Medicine SIG and Patient Safety SIG through a number of presentations and workshops in conferences. Furthermore, we had a number of abstracts accepted at conferences, including WONCA Rural in Delhi (April), WONCA Europe in Krakow (May) and the WONCA World conference in Seoul (October), where we also held our annual SIG FV group meeting, and EURIPA Rural Health Forum in Israel (November).

COMMUNICATE: A major achievement has been the update of our website and online newsletters as we seek to communicate with a broader group of people. Alexandra Wilson (SIG FV support person) and Raquel Gomez Bravo have done an excellent job in coordinating this aspect of our work.

EVALUATE: Members continue to link together to apply for research grants with Leo Pas leading this work in Europe.

We continue strong links with the World Health Organization (WHO) on both clinical guidelines, curriculum and research. Our Co-Chair Kelsey Hegarty worked in an advisory capacity delivering WHO Gender Based Violence training in Myanmar, with Dr Claudia Garcia Moreno, which included work with doctors and nurses. Members had previously advised on the content of curriculum for Gender based Violence for preservice and post service, which will be released in 2019. Dr Jinan Usta, member of SIG, attended WHO Train the trainer program in 2018 for delivering this curriculum. We highlight the WHO materials on our website, which members have contributed to including a Clinical Handbook and a Health Systems Manual.

[Join our group](#)

SIG Migrant Care, International Health and Travel Medicine annual report

Guus Busser, convenor SIG on Migrant Care, International Health and Travel Medicine reports

General information

This SIG, founded in 2008, aims to improve the knowledge and skills of General Practitioners as well as organizational and financial conditions to deliver culturally competent, equitable and good quality primary care to migrants of all kinds: travelers, economic migrants as well as refugees, including the undocumented.



Organization and members

During the year 2018 Guus Busser, Principal Lecturer at Radboud University Medical Centre in Nijmegen, the Netherlands, gradually took over the chair of the SIG. As Maria van den Muijsenbergh, the former chair, and Guus are working at the same department their cooperation will continue.

The SIG has steadily grown over the years

with a sharp rise recently: since May 2018 our membership has grown from 64 to 151 members, from 18 different nations to 32 nations. Members come from all over the world with a good representation from the UK, the Netherlands, Portugal, USA, Turkey, Australia and Brazil.

Members are involved in international research, medical (postgraduate) education and health care delivery related to refugees and other migrants. The enthusiastic participation of young family doctors, trainees and students is very welcome. A core group has formed over the years, all of whom are involved in

teaching and/or research on migrant health and refugee care.

Activity in collaboration with WHO, either regionally or globally

Viviana Martinez Bianchi is a member of our SIG and is WONCA's WHO Liaison.

At Nijmegen University and at the department of primary care several people collaborate with WHO in the field of public health (Prof

Koos van der Velden) and primary care (Pim Assendelft) and patient record registration data processing (Dr Kees van Boven, member WONCA Working Party on International Classification, WICC).

Achievements over the last year

In 2018 we had a collaboration with Euract and WONCA WP on Education, to exchange and develop educational programs and materials related to culturally sensitive care of immigrants. We exchanged information on curricula and educational materials for GP training. We are seeking opportunities to publish educational programs on migration.

We continued our collaboration with the WONCA WP for Mental Health: joint guidance for mental health care of migrants will be completed in 2019.

The European book on migrant care, with contributions from several SIG members, will be published in 2019.

We started a collaboration with Vasco da Gama's SIG Migrant Care, International Health & Travel Medicine.

As previously reported, in May 2018 we participated in a workshop on international collaboration on migrant care, migration health networks and the development / implementation of guidelines on migrant care. Subsequent to this we joined the new international initiative to establish a worldwide collaboration on migrant care.

Activities planned and in progress

Our main goal is to improve the communication and connectivity between our

members. We hope to initiate more and new activities, including outside of WONCA meetings.

We have a Facebook page, <https://www.facebook.com/SIGmigrantcare/>. This is proving to be a very useful medium for sending and sharing information.

We plan to have a WhatsApp SIG group. Within this group we will exchange information and bring members of the SIG in easy contact with each other.

A web-based platform for exchanging educational material on migrant care would be very welcome. For this the support of WONCA will be necessary, providing a safe environment, yet easily accessible for members, maintaining and updating resources. At the moment this is too much of a challenge for our SIG alone. Collaboration with other SIGs may help to make it a reality.

We will continue to collaborate with the range of Working Parties and SIGs mentioned above.

We will strive to strengthen the connection and communication with WHO, which will be facilitated through the existing connections with WHO of our SIG members and through the department of Radboud University. We will also continue our collaboration with Euract, collaborating on workshops on communication with migrants.

To conclude, we can say our SIG is growing and several promising connections and collaborations have been made.

[Join our SIG](#)



SIG Genetics annual report



*Prof Imran Rafi,
convenor, SIG
on Genetics
reports:*

Executive writing group

Drs Imran Rafi (Convenor, St George's University of London, RCGP Clinical Champion Genomics) Judith Hayward (General Secretary, Health Education England Primary care advisor, RCGP Clinical Champion Genomics, GPSi Genetics), Professor Nadeem Qureshi (University of Nottingham Research Lead), Dr Michelle Bishop (Health Education England), Dr Rachel Joynes (RCGP Head of Clinical Innovation and Research) and Rebecca Twells (Wellcome Genome Campus)

Introduction

The genetics group from the perspective of WONCA has focussed activities undertaken by the UK members. There is a need to publicise the presence and purpose of the group world-wide.

Group membership

There will be dedicated time given to develop the specialist group. The aim in the first instance will be to identify regional WONCA leads. We are confident we could develop this network with contacts based in Canada, Holland and Australia. We will also ask out contacts in the UK to join the group. The executive group members have been very active and the following demonstrates our work: We will also look to develop links with

younger doctors interested in developing links with WONCA as well as develop the membership which is very small at the moment.

We are working with the RCGP, Academy of Royal Medical Colleges, Health Education England, the National Institute for Health Research and Researchers for example Professor Martin Dawes from British Columbia who is a world leader in implementing pharmacogenomics into clinical practice.

Activities planned and in progress: Working with the Sanger institute in Cambridge to produce workshops for WONCA international conferences in Berlin and Abu Dhabi in 2020 (see an introduction to this work in the fuller version in [the Annual Report](#)).

In Summary

There is a very active UK based group pushing forward and representing genomics in primary care. We are very keen to develop a broader base and our focus in the next two years will be to develop a world-wide base. We are happy to work with WONCA council in setting targets around membership and funding. We are also very excited by the involvement of the Wellcome Genome Campus Advanced Courses and Scientific Conferences Programme and are aiming to run workshops in Berlin and Abu Dhabi.

For more details of UK activities see the [Annual Report](#)

[Join our SIG](#)



SIG on Health Equity annual report



Dr Kim Yu, Convener, SIG on Health Equity reports :

The WONCA SIG on

Health Equity was formed in 2014 and since that time has grown to include over 250 members representing trainees and practising family doctors from all regions of the world. It is our hope to highlight the work of family physicians in Health Equity and to advance the agenda of better health for all despite the difficulties with racism, gender inequality and other “isms” that prevent health equity.

Our most recent meeting was held in Seoul, Korea in October 2018 in conjunction with the WONCA world conference. Please see our minutes below.

Highlights to now:

In Rio, we had our first Health Equity Across Nations lecture with representatives from India, UK and New Zealand. This expanded in Seoul to two lectures with nine family doctor speakers:

Julie Wood (USA)

William Wong (Hong Kong, China)

Nagwa Nashat (Egypt)

Kenneth Yakubu (Nigeria)

Viviana Martinez Bianchi (USA/WONCA WHO liaison)

Edgar Leon (Ecuador)

Liliana Arias Castillo (Columbia)

Raman Kumar (India)

Ana Barata Nunes (Portugal)

These lectures were well received and also highlighted the tremendous work done by family physicians around the world especially as it pertains to health equity.

We plan to write a paper on “Health Equity across Nations” and publish this as a goal before the next World WONCA meeting in Abu

Dhabi. Authors have been identified and we are excited at this collaborative project.

At our meeting in Seoul, we identified the need to increase our collaboration with young physicians, and were happy to extend a welcome to WONCA Polaris member, Viviane Sachs, MD, to our executive committee. We hope that having Dr Sachs will increase involvement to more from the YDMs around the world and we invite participation from more YDMs. We also will be rolling out a new role for residents in Family Medicine from each country who are interested in Health Equity. It is our hope that by WONCA World 2020, we will have identified one from each region.

We elected a new convener in Seoul, Kim Yu, to take over the role as William Wong stepped down from the position. Veronica Svetas was elected as secretary.

Thanks to an invitation from Dr Donald Li, Dr Kim Yu presented at the Hong Kong Academy of Medicine (HKAM), Jan 10th 2019 and was part of a Health Equity panel that addressed the challenges of global health equity from a territory-wide level to an individual physician level, and its association with rapid climate change and disaster preparedness. The session was very well received and even had a legislator in attendance to answer questions on Hong Kong’s response to health equity. Thank you Dr Li and HKAM for convening such a wonderful event!

Topics and speakers at this event were: Dr Donald Li, (moderator). Challenges to Attain Global Health Equity by Dr Kim Yu; Addressing Health Inequality in Hong Kong/China: Is It a Problem? Dr William C. W. Wong; Climate Change and Preparedness by Dr Chow Yu-fat
It is our hope that we can continue to have further presentations in other countries around the world and to continue the conversation on Health Equity.

Social Media:

With the help and use of #FMHealthEquity, the number of members of the SIG has grown to more than 250 with representation from all around the world. We hope to increase our

social media via facebook and twitter to help amplify our health equity voice.

Further planning is underway for the PreConference on Health Equity, at AAFP's Global Health Summit, October 2019, in Albuquerque, New Mexico. We look forward and invite all to join us there for more robust discussion on furthering Global Health Equity.

We hope to also introduce EHE awards – "Excellence in Health Equity" Awards which

will be discussed further at our next SIG executive meeting. These will promote and recognize countries that have led the way in Health Equity and will serve to advance our cause.

Thank you to all for participating in our SIG, and we look forward and invite all in WONCA executive and everyone in WONCA to join us in this fight for global health equity.

[Join our SIG](#)

SIG Workers' Health annual report

Dr Ezequiel Lopez, convenor, [SIG on Workers' Health reports](#):

My father was a family doctor who also practiced occupational medicine, and in his words what we really share in this two areas of medicine, is what he used to call the same rules of engagement. And according to him those rules indicate that,

- In medicine there are no black and white, there are all kinds of gray ranges,
- In medicine today truths will be tomorrow's lies,
- In medicine there are no diseases but ill people.

In other words, we can say that we can work together fundamentally because we share the same values, we practice Prevention, we Focus on Context, we have a Broad view of Health Problems and we practice Patient centered care.

The Special Interest Group on Workers Health has achieved several things, but perhaps its greatest achievement has to do with being living proof that working together between major organizations is possible and fruitful.

WONCA, WHO and ICOH have taken the lead in demonstrating that working together is possible and fruitful between large organizations dedicated to patient centered care. The joint statement of WONCA and the International Commission on Occupational Health (ICOH) – the first one ever made



together – was released on July 3, 2014, during the WONCA Europe conference in Lisbon, Portugal. It was presented by Prof Michael Kidd, WONCA Past President, in his keynote speech and included the pledge that follows.

The World Organization of Family Doctors (WONCA) and the International Commission on Occupational Health (ICOH) pledge to work with our partner organizations (including WHO and ILO) to address the gaps in services, research, and policies for the health and safety of

workers and to better integrate occupational health in the primary care setting, to the benefit of all workers and their families.

As a new SIG we have set course in order to take this pledge into practice. Main activities undertaken have included aiming to provide resources and support and promote research through presentations and workshops at WONCA conferences.

The Future

We renew our commitment to work together with WHO and other organizations with the decision to generate a specific agenda and meetings for the discussion of Workers Health. We also continue to have as goals to organize a work conference on basic workers' health care in PHC settings, trying to continue the work done by WONCA, WHO, ICOH and many other organizations during The Hague Conference in 2011.

We have developed an SIG email Group for enhancing communication between members which can be accessed through our web page. This group already comprises 25 family and occupational health specialists from different regions

We are constantly developing SIG meetings during WONCA and ICOH Congresses. We also set a special interest in identifying financial resources to support developments, and we reinforce the promotion of SIG activities through social networks.

Twitter <https://twitter.com/PCWorkersHealth>
Linkedin <https://www.linkedin.com/groups/12122638/>

Finally we continue to recruit and welcome new members from all WONCA regions who wish to work together to strengthen the discipline of Family Medicine with a special interest on Workers Health.

Family Doctors have passion for Primary Care

[Join our SIG](#)

Conference News

Get your Early Bird registration for Asia Pacific Conference 2020



Next year's WONCA Asia Pacific Regional Conference is taking place in Auckland, New Zealand from 23 – 26 April.

The conference will see more than 1,200 GPs, family doctors and primary care practitioners gather for the event, which will be jointly hosted by the Royal New Zealand College of General Practitioners (the College), the New Zealand Rural General Practice Network (NZRGPN) and Te Ohu Rata o Aotearoa – Māori Medical Practitioners Association.

Dr Samantha Murton, President of the College, and Dr Fiona Bolden, Chair of NZRGPN, extend a warm invitation to you to join this inspiring and educational conference next year, and encourage you to take advantage of the special early bird pricing on offer until 20 December.



<https://youtu.be/jZd-VfiCuG8>

Do not miss the 25th WONCA Europe Conference in Berlin - part 2



WONCA Europe Conference- June 24 - 27, 2020, Berlin, Germany

Dear GP/FM colleagues,

Do not miss the 25th WONCA Europe Conference in Berlin.

It will be a great event together with the German College of General Practitioners and Family Physician's national congress. We will discuss hot topics about the future of our profession and evidence how best to care for our patients and societies not only with doctors from Europe but also with other professions cooperating with us in our practices, in our departments and in the community from all over the world.

Please look at our abstract submission system: we are offering many attractive and interactive formats. One of them is special: during the science slam you present your findings in a very popular way competing for acceptance by the public. Abstract submission will be possible until January 10th .

The WONCA Europe Conference is a wonderful opportunity to get into contact with those working or doing research in primary care from all over the whole world. Our new format matchmaking will facilitate getting into contact: here you can make offers for special topics beforehand and then meet physically at a named place and time in the congress venue.

Additionally, Berlin is a highly interesting city and bridge between the former Western and Eastern blocks. Besides lots of very interesting monuments, museums and its intercultural social life, Berlin is also an academic hotspot with four universities, four art colleges, seven universities of applied sciences and 24 state-recognized private colleges. As the German capital Berlin offers a close proximity to decision-makers in politics and a connection to Europe and the whole world.

Have a look at our website to get more information, especially about keynote speakers.

See you in Berlin: 24th to 27th June 2020!

Erika Baum and Christoph Heintze



Early Registration Deadline: January 5th , 2020

We are pleased to announce that you can now register online.

Select your registration fee, pay before January 5th , 2020 and benefit from the early registration fee.

[Link to the website](#)

Programme at a Glance

Programme at a glance is available on the [Conference website](#).

Brandenburg Gate - Volume 2

Without a doubt, the Brandenburg Gate is Berlin's signature attraction. Built in 1791, it was just one of many old city gates around the city of Berlin which, at that time, was still a manageable size. The decorative Pariser Platz was laid at the foot of the gate and is now home to many of the city's important buildings, for example, the Hotel Adlon with its wealth of history and the Akademie der Künste (Academy of the Arts).



Do not miss the 25th WONCA Europe Conference in Berlin - part 3

Dear GP/FM colleagues,

Do not miss the 25th WONCA Europe Conference that will be held in Berlin, Germany on June 24 - 27, 2020..

Meet WONCA Europe 2020 Keynote Speakers

Interview with Ron Sabar

Why will the largest hospitals in the near future won't have beds of their own?

The world population is growing in numbers and especially growing dramatically in age. 'Brick and Mortar' hospitals in many countries, already cannot meet the need for hospital beds, and all indicators show that there is no real prospect that they will be able to meet the medical needs of the very immediate future generations. Besides the physical lack of space and infrastructure, hospitals have proven to be an unsafe environment for patients, especially the old and frail. Nosocomial-multi drug-resistant infections, falling and cognitive deterioration have all been identified as common risks that

hospitalized patients are exposed to. Studies show that about 25% of patients are re-admitted within a month of their discharge. Traditional hospitals should focus on the treatment of patients in need of an operation, high-end diagnostics or intensive care. All other patients who do not have to be in a hospital-must have the option not to be admitted into one. The only medically-humane-financially-sound option to meet the medical needs in the future, is by developing a robust Hospital@Home



infrastructure and service. Just as the largest taxi company in the world has no taxi cars of its own (Uber) and the largest hotel company in the world, has no hotel rooms of its own (Airbnb), so would the largest hospitals in the near future, will have no hospital beds of their own. 200 years ago the pendulum of place of treatment has shifted from the home to the hospital, nowadays, medicine is going back home, or rather to the homes of our patients.

Which role do family physicians play in the process of growing home care and what does this mean for our core values?

The only way by which Hospitals@Home can be a true option on a national grand-scale and not only as a local small scale endeavour, is by incorporating family physicians as part of the home hospital team, so they can home-hospitalize their own patients. An infrastructure of telemedicine, home based imaging and laboratory tests and the ability to consult in real-time with specialists, are all essentials in order to support primary care physicians in providing hospital-level medicine to their patients at home. Obviously, if clinical indicators show that a certain patient is deteriorating, a rapid access to hospital care, should be allowed.

Who is "the professional guest" and how is he characterized?

The Professional Guest is a term that we coined to distinct the unique qualities that we believe are essential in order to practice good medicine in our patient's homes, rather than when taking care of them in our hospitals or clinics. When taking care of patients in their own homes, we are first and for most, their guests. We are usually welcomed, and sometimes even their lives depend on us, but still, we are their guests. We have identified four unique traits that turn health care personnel into Professional Guests. I will talk about these four traits in my keynote talk at WONCA.

Could you give us some examples of successful home care?

To be exact, there are usually three levels of intensity in treating patients at home. The basic level is Home Visit, in which there is no prior acquaintance between the physician and the patient, the purpose of the visit is to answer an immediate medical need and there is no planned 'follow up' afterwards. The second level is Home Care, which should allow for a primary care clinic level of medicine and continuous care, at home. This is usually offered for chronic-home-bound patients. The third level of care is Home Hospital or Hospital@Home in which care is given at a hospital level medicine at home, to patients that otherwise would have been hospitalized. In this case, patients are sometimes monitored, there is a daily visit by a physician and a nurse, and blood tests and basic imaging are done at home. There are many countries around the world where Home Visit and Home Care are practiced with great success. True Hospital@Home on the other hand, is practiced in only a handful of countries and even then, to date, it's still done on a small scale. For example, I am the medical director of Sabar Health, which is the largest home hospital service in Israel, caring for about 1100 patients at any one time, nation-wide, in their own homes in four distinct home-wards: Hospice, Rehabilitation, Psychiatry and acute Internal Medicine. Out of the 1100 patients, only a few tens are true Hospital@Home acute patients, but even then, this is the largest scale operation of its kind in the world, that we are aware of.

What expectations do you have for the WONCA Conference in Berlin?

I hope to 'open a window' to, what I believe will be the main foci of care in the very near future and to have an opportunity to have an open discussion with fellow family physicians, on our role in this evolution.

Abstract Submission Deadline: January 10th , 2020

Submit your abstract today and be a part of this great Conference!

Forms of presentations

- State of the art session
- Workshop
- WONCA Symposium

- Oral: Workshop report from the practice
 - Oral: Science Slam
 - Oral: Lecture
 - Oral: 1 Slide – 5 minutes lecture
 - Case presentation by young doctors
 - Poster: Poster on paper + ePoster, ePoster only
- [> Submit Now](#)

Proposals for Workshop from networks and SIGs

On behalf of WONCA Europe 2020 Scientific Committee we are very proud to inform You, we received many proposals from WONCA scientific networks and SIGs by now and their proposals promise to present actual state of art of FM/GP. These abstracts did not go through the usual peer-review process but were considered by Scientific Committee.

Berlin Television Tower (Fernsehturm) - Volume 3

The Berlin Television Tower, which is known to locals as the Fernsehturm, and is instantly recognisable from the distance, stand outs of the skyline at 368m, making it the tallest building in Berlin. Built in the 1960s, visitors to the tower can enjoy a unique 360° panorama of the city. Tip: Visit the TV Tower with the Berlin Welcome Card and save up to 25 per cent. The Berlin WelcomeCard enables free travelling with all public transport services to the Berlin visitors. With over 200 partners and outstanding discounts the Berlin WelcomeCard offers you a complete "carefree" package.



WONCA 2022 Sydney announces first winners to attend

Trip of a lifetime, conference of your career is off to a flying start

In 2022, WONCA celebrates the 50th anniversary of its inauguration and plans are well and truly underway to make the World Conference in Sydney, Australia, the best ever.

WONCA CEO, Dr Garth Manning recently visited the venue for the Conference, the International Convention Centre (ICC) Sydney and commented on the wonderful facility, right on the waterfront of Sydney Harbour, and the many cafes and affordable hotels, motels and hostels in the area. See the CEO's column [WONCA News September 2019](#).



The Royal Australian College of General Practitioners (RACGP), who will host the conference in 2022, is committed to making the conference accessible to as many doctors as possible. Holding an annual competition offering an opportunity for up to two people (6 winners in total) to 'win their way' to Sydney each year between 2019 and 2022 is just one way they are doing this.

Just this week, the RACGP announced the 2019 winners who will get their airfares, accommodation and conference registration paid for to attend the WONCA 2022 Conference in Sydney. We congratulate Dr Pramendra Prasad (Nepal) and Dr Svetlana

Kovacevic (Bosnia and Herzegovina).



When asked to share his thoughts on winning, Pramendra said "I am very honoured to be the first lucky draw winner to attend the WONCA World Conference 2022 in Sydney. I am very thankful to RACGP who hosted this lucky draw and provide opportunity to participants who are willing to attend this mega event. This is a dream come true for me not only to have chance to attend this mega event but also to visit much beautiful city like Sydney and truly inspiring country like Australia. Thank you a million times for your generous support."

The 2020 competition is now open and will close on 30 October 2020. To enter and have the chance to win your way to the WONCA 2022 World Conference, simply visit the website and enter your details.

➤ [conference website](#)

The RACGP has also set up a \$160,000 bursary fund to provide support to doctors from developing countries to attend. They will soon begin recruiting for an advisory team to draw up the criteria for the bursaries, to ensure that the money is well spent supporting those who really need it.

With many opportunities for support and great partnerships to ensure attendance costs are manageable, we suggest you put the WONCA 2022 World Conference, 20-23 October, Sydney Australia, in your calendar now.

<https://youtu.be/NwgkOm4rgQg>



Young Doctors' Movements news

WONCA's Young Doctors' representative on World Executive, [Ana Nunes Barata \(Portugal\)](#), is coordinating regular news from our seven region Young Doctors' Movements.

A word from Ana Nunes Barata - YDM representative on WONCA Executive 2018-2020

The Young Doctors' Movements (YDMs) are WONCA's active network that engages youth and promotes intercultural knowledge exchange that helps to create new ideas, projects and initiatives that contribute to the development of Primary Care at the global level. WONCA's young doctors are defined as in their first five years' of practice as a family doctor OR in training as a family doctor. Each WONCA region has its own YDM that strives to develop its network and engage with the young doctors from every country it represents. You may find more information about the YDMs [here](#)

[Join your region's Young Doctors' Movement](#)



With apologies for omitting their news from the September newsletter, this month's featured Young Doctors' Movement is the Waynakay Movement from Latin America. Pictured below are their group from Paraguay.



Movimiento Waynakay Iberamericana CIMF region



During the last three months, the Latin American Young Doctors' Movements have had a huge amount of work - usually, all conferences and meetings take place in the second half of the year.

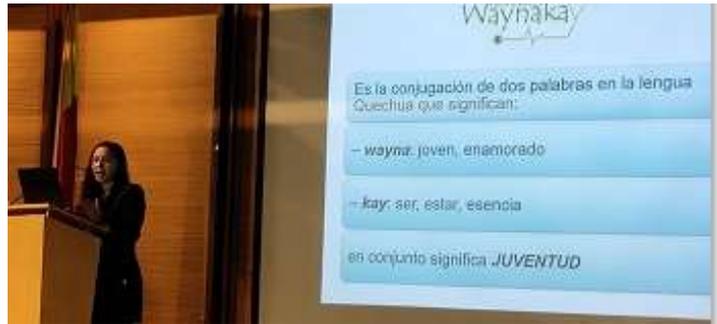
There have been several Waynakay activities as shown by the photos below.

Waynakay Argentina had, for the first time, a massive meeting during the Famfyg conference on September 2019, and there was a preconference, too. (Photo right)



Colombia presented the Waynakay Movement and after that, many young doctors felt summoned to participate. (photo below right)

Ameyali Waynakay (Mexico) participated in the Resident National Conference in Mexico, where many YDM delivered their presentations.



Alejandro Saldaña is the Ameyali Waynakay (Mexico) Chair - at the last National Residents Conference in Mexico he talked about the Movement. (below right)

On Saturday November 16th, the second YDM meeting took place in Paraguay, where hard work is underway to maintain active participation. *Photo: Paraguay YDM on previous page*



The FM 360 program has also been rejuvenated in the region. We have a new Exchange team, and now we are regionally coordinated by Elizabeth Portilla from Mexico and Karla Monteiro from Brazil. They are working hard to improve internal communication and have initiated a hosts' update (information that will be shared with the other regions soon).

Finally, we want to express our support and solidarity with nations that are suffering violent events, hoping that peace will come back as soon as possible.

Waynakay Peru at below.

Gabriela Di Croce - member of Waynakay Chairs Team



Vasco da Gama Movement Europe region

Moments from the Torino Forum, September 2019

<https://www.vdgmforum2019.com/>



The sixth Forum of the Vasco da Gama Movement (VdGM), organised by young doctors, was held in September, in Torino, Italy. It was one of the most outstanding events of the year: rich in high-level scientific activities, including 21 high-quality workshops presented by our members; a fantastic social program; and amazing passion for family medicine, respectful of the planet and the human being. We had around 290 participants from 31 European countries, between them the two well-deserved winners of the VdGM Fund Bursary - Amina Smailova (Kazakhstan) and Nuraiym Turanova (Kyrgyzstan).

A conference exchange was participated in by 17 young family doctors. They observed first-hand the Italian health system and were made welcome by our Italian colleagues. This year the Torino Forum was linked to the EQUIP Summer School, where participants could learn about how to engage in quality improvement. We also held a Council Meeting, giving us a great opportunity to work on relevant issues for the unstoppable growth of our movement and to welcome the many new members.

VdGM Vigo Conference Exchange linked to the EGPRN meeting, October 2019

<https://meeting.egprn.org/news/view/vdgm-conference-exchange>

Four residents from Portugal, Belgium, Malta and the UK were welcomed in Galician practices, prior to the 89th EGPRN meeting in Vigo, Spain. It was a fantastic experience and many young doctors from the north of Spain interested in research, with a passion for our profession were introduced to the VdGM and WONCA.

VdGM presence at the EURIPA Forum in Azores, October 2019

<https://www.euripaforum2019.eu>

VdGM was invited to observe the EURIPA Executive Committee meeting, an opportunity to further development our collaboration. Elena Klusova (VdGM Events Officer) and Vasilios Stoukas (VdGM image team member) represented us there. The VdGM virus keeps spreading throughout all WONCA's networks!

VdGM collaboration with EUROPREV, November 2019

<https://europrev.woncaeurope.org/event/2019-european-forum-prevention-and-primary-care>

We are very honoured that EUROPREV invited young doctors from Europe, to become the official delegates of their countries and join the EUROPREV Council. During the EUROPREV Forum both the VdGM president Katarzyna Nessler and our liaison person to EUROPREV, Emmily Schaubroeck were keynote speakers, talking about burnout prevention and whether prevention in every consultation is leading to overtreatment. The VdGM liaison person attended the EUROPREV Council and social activity to strengthen the bridges between



both WONCA subgroups.

Next Events

We are already getting ready for our preconference to be held before WONCA EUROPE in Berlin, June 2020.

Katarzyna Nessler VdGM president

Polaris North America region



Autumn in North America has been a busy time for Polaris. We joined the American Academy of Family for their Global Health Summit in Albuquerque New Mexico where we hosted our 2019 preconference entitled “Health Equity Across Borders”

Dr William Ventres from Little Rock Arkansas delivered a stimulating keynote on his personal journey with global health and what he believes are some of the best ways to achieve health equity. Bill has extensive work experience in global health. With experience in Thailand, Venezuela and in El Salvador. In 2016 he was a scholar in global health ethics at the Brocher Foundation in Geneva, Switzerland and then served as a visiting professor at the Nelson Mandela university in Port Elizabeth, South Africa. Dr Ventres shared his experiences and gave his “recipe for health equity” which starts at home by providing excellent primary care and advocating for our patients right within our own borders.



The preconference then moved on to discussing health equity and the impact it has on patient care and the general health of society. Discussions were diverse but all Polaris members in attendance agreed that it is crucial to advocate for our patients, eliminate systemic barriers on the micro and macro levels, and include education on health equity in all medical schools and residency programs. Out of these discussions we developed the “Polaris Statement on Health Equity” which is a series of principles that Polaris believes all young physicians should fulfill in within their practices. The full statement can be found on woncacpolaris.org.

Our annual business meeting was this fall where we welcomed three new faces from the USA; Dr Margarete Ezinwa, Dr Steffano Mottl, and Mr Brett Lewis. We bid adieu to Dr Megan Guffey, Dr Lauren Bull, and Dr Kiera Hays; Polaris is very grateful for these three women’s strong leadership over the past three years and the tremendous value they



brought with them to our executive.

Please watch online for our “Docs in Practice” series which highlights the diversity of careers in family medicine! New episodes are coming to Facebook and Instagram soon!

Cheyenne Vetter - chair

The Spice Route Movement South Asia region

**WONCA South Asia Regional Conference 2019,
Lahore, Pakistan**



The above was held from 22nd to 24th of November 2019 at Avari Hotel Lahore. The Spice Route organized the YDM Pre-conference under the theme of ‘The Spice Route; future of WONCA SAR’ and the session was well attended by both young and ‘young at heart’ family doctors. It became a fresh experience for many Pakistani young family doctors and trainees who have never been in an international conference. The keynote address was delivered by Dr Donald Li, President WONCA. Dr Raman Kumar, President WONCA SAR has sent a video message as he could not attend due to unavoidable reasons. The pre-conference programme was admired by many for its consistency.

Photo: Zakiur, Ana, Sankha.

Some of the highlights of the programme were, Panel discussion on YDM activities with WONCA which was also participated in by Dr Ana Barata, WONCA YDM Representative, presentation of research evidence for ‘Characteristics of working situations of young Family doctors in SAR’ by the Spice Route Chair, an interesting Storytelling session by the young doctors of the regional countries, the Skills lab and the session on career opportunities for young family doctors.



The Spice Route also had a fruitful meeting on the second day which enabled many young doctors who participated to express their ideas and ask questions to quench their thirst for knowing about the YDM.

Photo: visiting a PHC centre with president elect Anna Stavdal.

WONCA SAR 2019 was a success and it would have an impact on progress of the Spice Route Pakistan.

New office bearers appointed for the Spice Route India

The Spice Route India appointed their new office bearers in October. New Chair is Dr Serin Kuriakose, National Secretary Dr Jyotika Gupta and FM360 National Coordinator Dr P Kailas. We wish them all the success and thank the outgoing chair Dr Idris Shariff and the office bearers for the service granted.

Sankha Randenikumara, chair

WONCA CONFERENCES

WONCA Conferences 2020

April 15-18, 2020	World Rural Health Conference	Dhaka, BANGLADESH	Save the dates
April 23-26, 2020	WONCA Asia Pacific region conference	Auckland, NEW ZEALAND	www.woncanz2020.com/
April 27 – May 2, 2020	VIII Cumbre Iberoamericana y Congreso Mesoamericana de Medicina Familiar	San Juan, PUERTO RICO	http://cimfwonca.org/eventos/proximos-regionales/
June 24-27, 2020	WONCA Europe region conference	Berlin, GERMANY	www.woncaeurope2020.org
November 26-29, 2020	WONCA World conference	Abu Dhabi, UAE	http://wonca2020.com

WONCA Direct Members enjoy *lower* conference registration fees.

To join WONCA go to: <http://www.globalfamilydoctor.com/AboutWONCA/Membership1.aspx>

WONCA Conferences 2021 and 2022

– save the dates

July 7-10 2021	WONCA Europe region conference	Amsterdam, NETHERLANDS	https://woncaeurope2021.org/
October 20-23 2022	WONCA World conference	Sydney, AUSTRALIA	www.woncanz2020.com/



Member Organization Events

19 Feb
- 22 Feb
2020
**4th International Primary Health Care
Conference**
Doha, Qatar

07 May
- 10 May
2020
90th EGPRN Meeting
Gothenburg, Sweden

01 Oct
- 03 Oct
2020
RCGP annual primary care conference
Glasgow, United Kingdom

13 Oct
- 17 Oct
2020
AAFP Family Medicine Experience
Chicago, USA

15 Oct
- 17 Oct
2020
RACGP GP20
Perth, Australia

04 Nov
- 07 Nov
2020
**Family Medicine Forum / Forum en
médecine familiale**
Winnipeg, Canada

20 Nov
- 24 Nov
2020
**North American Primary Care Research
Group (NAPCRG) annual conference**
San Francisco USA

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

The advertisement features a scenic view of the Auckland skyline and harbor. On the left, the WONCA logo is displayed with the text 'Asia Pacific Regional Conference 2020'. To the right, it states 'AOTEA CENTRE Auckland, New Zealand 23 -26 APRIL 2020'. A large red button with white text says 'REGISTER NOW'. At the bottom, there are logos for 'The Royal New Zealand College of General Practitioners', 'RURAL', and '100% PURE NEW ZEALAND'.