

WONCA News

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World family doctors. Caring for people

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WONCA President
Dr Donald Li (Hong Kong, China)
Email: President@WONCA.net
Twitter @WONCAPresidentLi
Facebook: Donald Li

WONCA Chief Executive Officer
Dr Garth Manning

WONCA World Secretariat
World Organization of Family Doctors
12A-05 Chartered Square Building,
152 North Sathon Road,
Silom, Bangkok, Bangkok 10500, THAILAND
Phone: +66 2 637 9010
Fax: +66 2 637 9011
Email: admin@WONCA.net

President-Elect
Dr Anna Stavdal (Norway)

Executive Member at Large & Honorary Treasurer)
Prof Val Wass UK)

Executive Member at Large & WHO Liaison Person
Dr Viviana Martinez- Bianchi (USA/Argentina)

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 Urgan (Turkey)

Regional President, WONCA Iberoamericana-CIMF
Adj/Prof Jacqueline Ponzo (Uruguay)

Regional President, WONCA North America
Prof Marvin Reid (Jamaica)

Regional President, WONCA South Asia
Dr Raman Kumar (India)

Young Doctor Representative
Dr Ana Nunes Barata (Portugal)

Editor, WONCA News
Dr Karen M Flegg
Email editor@WONCA.net

From the President: November 2020

‘Increased influence and collaboration with WHO’.

Every poll and discussion we hold with Member Organisations about what the most important role is that WONCA can undertake on their behalf comes back with the plea to further escalate our involvement with WHO. Our members want us to use the leverage of 500,000+ members to increase visibility and recognition of family medicine.

Over the years, our involvement with WHO has grown from strength to strength. We routinely field a senior WONCA team at annual World Health Assemblies; our Working Parties and Special Interest Groups are involved with WHO at global and regional levels, in topic-specific research and deliberations; successive WONCA-WHO Liaison officers have built close and constructive ties right across the WHO spectrum. WONCA responds to multiple requests for input to WHO papers and events on a frequent basis; often with little turnaround time. We appreciate that being asked for comments and inputs by WHO reflects the growing recognition within WHO of the need for comprehensive, qualified and accessible primary care delivery, to achieve the global goal of Universal Health Coverage.

It is good that WHO now recognises the need for professional family medicine input into policies, advisory documents, educational platforms and cross cutting clinical issues. As a global organisation, WONCA is pleased to provide inputs and to gently (and sometimes not so gently) advise WHO on best practice in family medicine development and delivery of primary care. But there is a limit to what we, as a small organisation, can take on. It would be great if WONCA was a much bigger, more affluent, organisation, with human and financial resources to respond to all of the requests for inputs from WHO. Sadly, our Secretariat is not large nor are we affluent! But we

value the level of influence which we have built up.

Our organisational policies, our core values, set the agenda for issues and topics on which we can offer advice and use our influence. In November 2019, our Executive debated and agreed priorities for involvement with WHO – less than a year later, the demand for WONCA input has increased exponentially. In the last month (October), there were 16 specific requests for WONCA input into issues as wide ranging as the WHO NCD Newsflash, World Mental Health Day, WHO’s PHC performance measurement and monitoring guidance, WHO’s new Learning Hub, the special session of WHO Executive Board, review of the draft pocketbook on adolescent health, and many more. Some of these requests for WONCA input had less than a 24-hour turnaround required which, in terms of times zones and availability of the relevant WONCA members, is almost impossible.

While we welcome the much-increased engagement, we have to again prioritise. Our extremely busy CEO, WONCA-WHO Liaison, Viviana Martinez Bianchi, the President and President-Elect only have 24 hours in their days. Later in November our Executive will revisit our priorities for engagement with WHO. If you have strong views on issues which WONCA should address with WHO, please let your regional Presidents know what they are and why they deserve continued involvement.

Photo: At the WHA - Donald Li, Viviana Martinez-Bianchi, Monica Burns, Garth Manning, Anna Stavdal, Ana Nunes Barata.



WONCA-WHO engagement at regional (and country) level is also much increased than previously. This is a great reflection of the determination of WONCA regional Presidents to make the voice of family medicine heard, especially in the context of achieving Universal Health Coverage. Delivery of robust, comprehensive primary care by qualified primary care teams is the best and most affordable way to improve the health of our

nations. Engagement at regional level and at country level between WONCA and WHO reflects our shared goals and aspirations for the health of our nations and I applaud our regional presidents for their continued work in this area.

Donald Li
President

From the CEO's Desk: November 2020



Photo: Virtual WONCA executive meeting

Greetings again from the Secretariat. A mixed bunch from me this month, with a number of issues and topics to highlight.

Annual report July 2019 – June 2020

WONCA's Annual Report has been a feature of the organization since we first initiated it in 2014, so this will be our seventh report - and of course my last as CEO. Work has been going on for many weeks now, with collation, editing, formatting and checking and rechecking. However, I'm pleased to relate that the report has now been finalised and printed, and a soft copy is available on the WONCA website for all to read. We hope that as many as possible will read through the many and varied activities of a busy and vibrant organization over the 12-month period covered by the report, including reports from WONCA's very active Working Parties (WP), Special Interest Groups (SIG) and Young Doctor Movements (YDM). To access the report, go to

[2019-2020 Annual report](#)



WONCA Webinars

Also related to our WPs and SIGs, I have commented many times before about the rich expertise we are fortunate to have in these expert groups, and this has been even more apparent during the second series of WONCA webinars.

Sadly, only two webinars remain in the current series:

> 08 November - SIG on Adolescent and Young Adult Care

> 15 November - WP on the Environment

but all webinars from both Series One and Two can be viewed on YouTube [here](#)

Virtual Rural Health Conference

The webinars were, of course, introduced as a way of WONCA keeping in contact with our global members, in the absence of any WONCA conferences and events. With so many events being cancelled it's a rare pleasure to highlight our WONCA Working Party on Rural Practice (WWPRP), who initiated a virtual World Rural Health Conference.

You may recall that the original event was scheduled to take place in Bangladesh in April, and we offer huge congratulations to Professor Zakiur Rahman and his HOC team in Bangladesh, together with Professor Bruce Chater (Chair of WWPRP) and his executive for their great efforts to ensure a virtual event, which took place over the weekend of 16-18 October. Further details can still be found on the WONCA website [here](#) or on the [conference site](#).

Virtual WONCA Europe conference

And plaudits also to our colleagues in DEGAM (Deutsche Gesellschaft für Allgemeinmedizin und Familienmedizin - German College of General Practitioners and Family Physicians). Despite rescheduling the 2020 WONCA Europe conference to mid-December (rather than June as originally planned) they then had to cancel the December event due to a rise in COVID cases in Germany. However, not to be deterred, they now plan to convert this event into a virtual one. Sessions will take place from 16th to 19th December, and more details can be found [here](#).

Allies Improving PHC

Believe it or not, it is two years since the Astana Declaration was signed (26th October 2018). Since then, a number of organizations – including WONCA – have continued to push for health system reform so that Universal Health Coverage (UHC) can be better provided to communities through quality PHC. Allies Improving PHC is an exciting alliance of global and local organizations committed to unlocking the full promise of primary health care (PHC) on the road to health for all and WONCA is delighted to be a founding member of this alliance. You can find out more about Allies Improving PHC [here](#).

WONCA Executive meeting – November 2020

Finally for this month, advance notice that the WONCA Executive will hold its next full meeting from 26th to 28th November. Inevitably the meeting will be virtual, but will continue with a full agenda of items for discussion and decision, including setting a budget for 2021.

WONCA Executive meets by teleconference every four to six weeks throughout the year, but in normal times would meet face to face every six months. Sadly, that is not currently feasible, but we proved in May this year that a virtual meeting was possible and so will repeat the process in late November. Inevitably we miss a great deal by not meeting in person. The personal contacts and connections are missing, and the opportunity for discussion and debate outside the main forum of the meeting are lost, all of which inevitably impacts upon the group dynamic. Nevertheless, your Executive continues to work hard on behalf of the organization, to ensure that all routine business is maintained, to ensure the continuing health and advancement of WONCA.

And that is it from me for this month – and in fact it's almost (but not quite) my signoff as CEO. Next month my report will focus on my eight years as WONCA's CEO, looking back at some of the highlights and achievements of the past eight years.

Dr Garth Manning
CEO

Editor's pick: reports and photos of WONCA conferences

Karen Flegg, WONCA Editor writes:

As part of finishing up my role as WONCA editor by the end of the year, I wish to reflect on the great joy and wonderful times I have experienced in attending WONCA conferences over the last 10 years. My [Editor's Picks: Photos of Individuals](#), and [Editors Picks: Photos of Groups](#) received wonderful feedback and of course these photos of my colleagues were taken at WONCA conferences. *Photo is from Montevideo, in March 2015.*



Below you will find various conference reports from past years' WONCA conferences, focusing on those with photographs and videos still active online. It's no substitute for the conferences missed this year but I hope it reminds us of good times had in the past and good times that will come again at future world conferences.

"Editor's Pick' is the video collection still available online: **WONCA Europe Lisbon, Portugal in videos, 2014** including keynote address by Prof Richard Roberts.
[WONCA news September 2014](#)

Video link: <https://youtu.be/Er4z-D-seIQ>

Successful WONCA APR 2019 in Kyoto, Japan.
[WONCA news June 2019](#)

Report on Iberoamericana-CIMF congress. Tijuana, Mexico. 2019.
[WONCA news June 2019](#)

From the CEO's desk: reporting on World Council. Seoul, South Korea 2018 (photo)
[WONCA news December 2018](#)

Report on 5th VdGM forum in Porto.
[WONCA news March 2018](#)

#ruralwonca - check out our gallery and post-event wrap – Cairns, Australia 2017
[WONCA news June 2017](#)

Candan Kendir reflects on the VdGM forum in Strasbourg, France 2017
[WONCA news May 2017](#)

From the CEO's Desk: Reporting on Rio, Brazil 2016 (photo)
[WONCA news December 2016](#)





WONCA World conference Rio 2016 - Michael Kidd's conference opening address

[President's blog November 2016](#)

Legacy of WONCA Europe 2016 conference. Copenhagen, Denmark
[WONCA news July 2016](#)

World rural conference in Dubrovnik, Croatia 2015 (photo)
[WONCA news July 2015](#)

Don't miss: 2015 WONCA conference photos collection

[WONCA news September 2015](#)

Vasco da Gama forum, Dublin February 2015

South Asia region conference, Dhaka February 2015

Asia-Pacific region conference, Taipei 2015

IberoAmericana region conference, Montevideo March 2015

World rural health conference, Dubrovnik April 2015

East Mediterranean region conference, Dubai 2015

Africa region conference, Accra May 2015

Don't miss: WONCA Europe Lisbon, Portugal in videos. 2014

[WONCA news September 2014](#)

WONCA World rural health conference Gramado, Brazil abstracts online 2014

[WONCA news September 2014](#)

Global Health and Young Family Doctors - VdGM Forum 2014 (photo)

[WONCA news May 2014](#)

Don't miss: WONCA World Conference Prague 2013

Happy memories are captured on an eight minute video and in photos on the Facebook and FLICKR pages of the Prague conference. (photo)

[photos on the Facebook page](#)

[FLICKR - nearly 900 pictures](#)

[FLICKR - includes WONCA council from WONCA editor](#)

WONCA Africa conference. Victoria Falls, Zimbabwe 2012

[WONCA news December 2012](#)

Photos of WONCA Asia Pacific Jeju, South Korea. 2012 (photo)

[WONCA news October 2012](#)

Women in Cebu, Philippines. 2011

[WONCA News April 2011](#)

I hope you enjoyed the memories.



Feature Stories

A family medicine perspective on the COVID-19 pandemic:

We need better integration among sectors



A perspective from Dr David Ponka. David is a family physician in Ottawa, Canada, and the Director of the Besrou Centre for Global Family

Medicine at the College of Family Physicians of Canada. He has three daughters who are now back to school after testing negative for COVID-19.

[Français](#)

My fear was realized: My daughters were sent home with runny noses a few days after the start of the school year. Our day care and schools were following sound public health guidelines, but the fact that we had to line up on several days in a row at overwhelmed testing sites meant that I had to miss work so as to avoid the potential of further exposing my colleagues and patients if my children and I had COVID-19. This lack of coordination in testing was frustrating given that I have patients who have already been unable to see me since the spring due to the COVID-19 pandemic.

As we enter the second wave of the pandemic, we should not forget about the third and fourth waves. These waves of neglected chronic disease, and the growing burden of mental health and social suffering associated with them, in fact started months ago. My patients have long lists of complaints that they have not been able to address. If that list includes uncontrolled diabetes, for example, that only increases their risk of COVID-related morbidity and mortality.

Furthermore, the primary determinants of susceptibility for severe infection may not only be age and comorbidity but may also include

the fourth-wave phenomena of socioeconomic and mental health duress that we are witnessing. They, too, are incredibly taxing in primary care, especially as more of our patient encounters are virtual. Consider trying to counsel someone over the phone, or even via an impersonal video connection, who has developed severe agoraphobia or complex PTSD. Or think about the challenges in trying to reach someone who has become homeless.

With the right precautions and adherence to public health guidance, most of us will avoid getting infected with COVID-19 before a vaccine becomes available. Yet all of us are already affected. We need to acknowledge the enormous burden of mental health issues and wider societal suffering and prepare for these waves to get ahead of crises as the pandemic continues.

These third- and fourth-wave COVID-19 phenomena continue to keep those of us in family medicine busy, but we could play a larger role in keeping the second wave at bay, as well. Having more timely access to testing would help us all keep working. With the proper precautions, I am willing to see more patients for COVID-19 assessments and swabbing rather than having them excluded from my clinic because of their symptoms. If more family physicians took this approach it could help take the pressure off emergency departments and COVID-19 testing centres and give our public health colleagues some needed help.

The health system needs to be nimble, now more than ever. In a pandemic it needs to stay balanced, akin to a gyroscope, with different axes rising and falling according to need. As we move back and forth between the purely infectious phases and the more widespread third-wave and fourth-wave phenomena, we need public health and primary care services to work together closely to assign, weigh, and reassign priorities. We also need to encourage generalism and task shifting within the medical specialties and among our allied health colleagues to respond to priority care areas.

Family medicine, which is at the heart of health systems, can play a central role.

The concept of four waves may in fact be born from an overly academic and segregated perspective. As we have seen, the phases are intimately interrelated: The infectious waves of the pandemic drive the broader impact on society, and vice versa. We need leadership that not only acknowledges this but also integrates and coordinates the different priorities. This is a challenge in contexts where agencies may have overlapping roles or where responsibilities are split between regional or municipal levels, which sometimes leads to conflicting or inconsistent advice being offered. However, with our generalist perspective we can speak across silos and help build bridges.

Indeed, we will need to build bridges to create a coordinated response. This is why multilateral organizations such as the World Health Organization have increasingly focused on inter-sectoral collaboration to improve the overall health of populations. This reflects a recognition that health depends on almost all sectors of society, not just the ministries of health and public health offices. We need a more global perspective.

We need better integration between the different sectors: education, public health, primary care, and the public and private sectors. And primary care and public health, as relative cousins who speak the same language, have no excuse for further delays. We are doing our best in our respective silos, but too often we miss out on opportunities to commiserate, compare notes, and coordinate.

We also need multilateral organizations to take the pulse on efforts in countries outside our own. Around the world, integration between primary care and public health is a laudable goal, and it is in various stages of progress. It should be achievable if we continue to learn from one another across contexts, including the broader WONCA community. Our progress will be key to achieving more streamlined testing and, even more importantly, to planning a smooth and coordinated vaccine roll out, taking into account patients at elevated risk who may be fighting several COVID waves at once.

Everyone is doing their best in their own realms: schools, public health, primary care, businesses, everyday citizens. We could do even better by working together.

Guest Feature by John Wynn-Jones: Joy

Dr John Wynn-Jones is well known in WONCA circles and immediate past chair of the WONCA Working Party on Rural Practice. During the COVID-19 crisis he has been writing a daily 'Rural Miscellany' email with poems and resource ideas to help and divert us in this difficult time. This month we feature his item on "joy".

"We are shaped by our thoughts; we become what we think. When the mind is pure, joy follows like a shadow that never leaves."
Buddha

"When you do things from your soul, you feel a river moving in you, a joy." Rumi

"He who binds to himself a joy Does the winged life destroy; But he who kisses the joy as it flies Lives in eternity's sun rise" William Blake

"I have drunken deep of joy, and I will taste no other wine tonight." Percy Bysshe Shelley

"The pain of parting is nothing to the joy of meeting again." Charles Dickens (Nicholas Nickleby)

"To get the full value of joy you must have someone to divide it with." Mark Twain

Joy

For many of us joy is something that has been missing in your lives this year. With so much sadness and despair around, it's difficult to think about joy. Having experienced so much turmoil and tragedy, we might even feel guilty wishing to experience joyful moments. Many of the experiences that bring us joy, such as human contact, family meetings, fulfilling employment and the opportunity to be creative and kind are missing. Unfortunately, the pandemic is not over and with little in the way of hope ahead of us we must rekindle a sense of joy in ourselves and those around us.

Buddha said in his teachings said *"Live in Joy, In love, Even among those who hate. Live in joy, In health, Even among the afflicted. Live in joy, In peace, Even among the troubled. Look within. Be still. Free from fear and attachment, Know the sweet joy of living in the way"*

I have put together some poems about joy. Please enjoy and reflect on them.

The Buddha (5th-4th Century BCE)

The Buddha was a philosopher, mendicant, meditator, spiritual teacher, and religious leader who lived in Ancient India. He is revered as the founder of the world religion of Buddhism and worshiped by most Buddhist schools as the Enlightened One who has transcended Karma and escaped the cycle of birth and rebirth.

Let us live in joy, not hating those who hate us.
Among those who hate us, we live free of hate.
Let us live in joy,
free from disease among those who are diseased.
Among those who are diseased, let us live free of disease.
Let us live in joy, free from greed among the greedy.
Among those who are greedy, we live free of greed.
Let us live in joy, though we possess nothing.
Let us live feeding on joy, like the bright gods.

Michael Drayton (1563-1631)

Michael Drayton was an English poet who came to prominence in the Elizabethan era. He was born at Hartshill in Warwickshire in 1563 and as a youth he became page to Sir Henry Goodeere of Polesworth. Goodeere is to be credited for Drayton's education. Drayton fell in love with Sir Henry's daughter, Anne, who served as an inspiration. Little is known of Drayton's early years, though it has been suggested that he may have served in the army, before settling down in London in 1590. Drayton's career as a poet was long: from his first published work in 1591 to his last in 1630. Drayton constantly revised his works, rewriting and reissuing them, sometimes under different titles.

Sonnet Xli: Why Do I Speak Of Joy Love's Lunacy

Why do I speak of joy, or write of love,
When my heart is the very den of horror,
And in my soul the pains of Hell I prove,
With all his torments and infernal terror?
What should I say? What yet remains to do?
My brain is dry with weeping all too long,
My sighs be spent in uttering my woe,
And I want words wherewith to tell my wrong;
But, still distracted in Love's lunacy,
And, bedlam-like, thus raging in my grief,
Now rail upon her hair, then on her eye,
Now call her Goddess, then I call her thief,
Now I deny her, then I do confess her,
Now do I curse her, then again I bless her.

William Blake (1757-1826)

William Blake was an English poet, painter, visionary and printmaker. Largely unrecognised during his lifetime, Blake is now considered a seminal figure in the history of the poetry and visual arts of the Romantic Age.

Infant Joy

'I have no name;
I am but two days old.'
What shall I call thee?
'I happy am,
Joy is my name.'
Sweet joy befall thee!

Pretty joy!
Sweet joy, but two days old.
Sweet Joy I call thee:
Thou dost smile,
I sing the while;
Sweet joy befall thee!

[Listen to "Infant Joy"](#) sung by Andreas Weller to an arrangement written by Vaughan Williams

Eternity

He who binds to himself a joy
Does the winged life destroy;
But he who kisses the joy as it flies
Lives in eternity's sun rise.

[Listen to "Eternity"](#) sung by Andreas Weller to an arrangement written by Vaughan Williams

Johann Wolfgang von Goethe (1749-1832)

Johann Wolfgang von Goethe was a German writer and statesman. His works include: four novels; epic and lyric poetry; prose and verse dramas; memoirs; an autobiography; literary and aesthetic criticism; and treatises on botany, anatomy, and colour. He is considered the greatest German literary figure of the modern era

Joy And Sorrow

As a fisher-boy I fared

To the black rock in the sea,
And, while false gifts I prepared.

Listen'd and sang merrily,
Down descended the decoy,

Soon a fish attack'd the bait;
One exultant shout of joy,--

And the fish was captured straight.

Ah! on shore, and to the wood

Past the cliffs, o'er stock and stone,
One foot's traces I pursued,

And the maiden was alone.
Lips were silent, eyes downcast

As a clasp-knife snaps the bait,
With her snare she seized me fast,

And the boy was captured straight.

Heav'n knows who's the happy swain

That she rambles with anew!
I must dare the sea again,

Spite of wind and weather too.
When the great and little fish

Wail and flounder in my net,
Straight returns my eager wish

In her arms to revel yet!

Jane Austen (1775-1817)

Jane Austen was an English novelist known primarily for her six major novels, which interpret, critique and comment upon the

British landed gentry at the end of the 18th century. Austen's plots often explore the dependence of women on marriage in the pursuit of favourable social standing and economic security.

She is considered one of the greatest English novelists, revered around the world. Not generally known as a poet, she wrote this autobiographical poem "My Dearest Frank, I wish you joy" to her brother. Early in the poem, Jane Austen reveals that her sister-in-law has recently had a baby boy. Jane is glad that the birth was not as difficult as that of a previous child, Mary Jane. The poem is full of optimism and she hopes that the child will turn out to be a good child, and "well deserve his Parents' Love!" Jane also hopes that the child will have similar traits to her brother, as revealed in the line: "Another Francis William see!" Just when it seems Jane Austen is expecting too much from the boy, thinking of him as being fearless, she looks forward to the child's "saucy words and fiery ways". She also wants the boy to grow up to be as "considerate and kind" as his father. As a great lover of her novels, I find this very personal poem intriguing giving us some insight into the private Jane Austen.

My dearest Frank, I wish you joy

My dearest Frank, I wish you joy
Of Mary's safety with a Boy,
Whose birth has given little pain
Compared with that of Mary Jane.--
May he a growing Blessing prove,
And well deserve his Parents' Love!--
Endow'd with Art's and Nature's Good,
Thy Name possessing with thy Blood,
In him, in all his ways, may we
Another Francis William see!--
Thy infant days may he inherit,
Thy warmth, nay insolence of spirit;--
We would not with one fault dispense
To weaken the resemblance.
May he revive thy Nursery sin,
Peeping as daringly within,
His curley Locks but just descried,
With 'Bet, my be not come to bide.'--
Fearless of danger, braving pain,
And threaten'd very oft in vain,
Still may one Terror daunt his Soul,
One needful engine of Controul
Be found in this sublime array,
A neighbouring Donkey's awful Bray.
So may his equal faults as Child,
Produce Maturity as mild!
His saucy words and fiery ways

In early Childhood's pettish days,
In Manhood, shew his Father's mind
Like him, considerate and Kind;
All Gentleness to those around,
And anger only not to wound.
Then like his Father too, he must,
To his own former struggles just,
Feel his Deserts with honest Glow,
And all his self-improvement know.
A native fault may thus give birth
To the best blessing, conscious Worth.
As for ourselves we're very well;
As unaffected prose will tell.--
Cassandra's pen will paint our state,
The many comforts that await
Our Chawton home, how much we find
Already in it, to our mind;
And how convinced, that when complete
It will all other Houses beat
The ever have been made or mended,
With rooms concise, or rooms distended.
You'll find us very snug next year,
Perhaps with Charles and Fanny near,
For now it often does delight us
To fancy them just over-right us.—

Listen to [My Dearest Frank, I Wish You Joy](#) -
Jane Austen (Poetry reading) | Jordan Harling
Reads

Walt Whitman (1819-1892)

Walt Whitman was an American poet, essayist, and journalist. A humanist, he was a part of the transition to realism in American poetry. Whitman is among the most influential of American poets, often called the father of free verse.

A Song of Joys (extract)

O to make the most jubilant song!
Full of music-full of manhood, womanhood,
infancy!
Full of common employments-full of grain and
trees.
O for the voices of animals-O for the swiftness
and balance of fishes!
O for the dropping of raindrops in a song!
O for the sunshine and motion of waves in a
song!
O the joy of my spirit-it is uncaged-it darts like
lightning!
It is not enough to have this globe or a certain
time,
I will have thousands of globes and all time.
O the engineer's joys! to go with a locomotive!
To hear the hiss of steam, the merry shriek,

the steam-whistle, the
laughing locomotive!
To push with resistless way and speed off in
the distance.
O the gleesome saunter over fields and
hillsides!
The leaves and flowers of the commonest
weeds, the moist fresh
stillness of the woods,
The exquisite smell of the earth at daybreak,
and all through the
forenoon.

[Listen to Walt Whitman - Leaves of Grass #7:
A Song of Joys](#)

Emily Dickenson (1830-1836)

I can't avoid including poems by this remarkable poet. Emily Elizabeth Dickinson was an American poet. Little known during her life, she has since been regarded as one of the most important figures in American poetry. Dickinson was born in Amherst, Massachusetts, into a prominent family with strong ties to its community

'Tis so much joy!

'Tis so much joy! 'Tis so much joy!
If I should fail, what poverty!
And yet, as poor as I,
Have ventured all upon a throw!
Have gained! Yes! Hesitated so—
This side the Victory!

Life is but Life! And Death, but Death!
Bliss is, but Bliss, and Breath but Breath!
And if indeed I fail,
At least, to know the worst, is sweet!
Defeat means nothing but Defeat,
No drearier, can befall!

And if I gain! Oh Gun at Sea!
Oh Bells, that in the Steeples be!
At first, repeat it slow!
For Heaven is a different thing,
Conjectured, and waked sudden in—
And might extinguish me!

'Tis so much joy - Emily Dickinson
https://youtu.be/uQ6Xb_SNOds

Sri Aurobindo (1872-1950)

Sri Aurobindo was an Indian philosopher, yogi, guru, poet, and nationalist. He joined the Indian movement for independence from

British rule, for a while was one of its influential leaders and then became a spiritual reformer, introducing his visions on human progress and spiritual evolution
Savitri: A Legend and a Symbol is an epic poem in blank verse by Sri Aurobindo, based upon the theology from the Mahabharata. Its central theme revolves around the transcendence of man as the consummation of terrestrial evolution and the emergence of an immortal supramental gnostic race upon earth.

Extracts from Savitri

Even joy itself becomes a poisonous draught;
Its hunger is made a dreadful hook of Fate.
All means are held good to catch a single beam,
Eternity sacrificed for a moment's bliss:
Yet for joy and not for sorrow earth was made
And not as a dream in endless suffering Time.

Even in this labour and dolour of Ignorance,
On the hard perilous ground of difficult earth,
In spite of death and evil circumstance
A will to live persists, a joy to be.
There is a joy in all that meets the sense,
A joy in all experience of the soul,
A joy in evil and a joy in good,
A joy in virtue and a joy in sin:
Indifferent to the threat of Karmic law,
Joy dares to grow upon forbidden soil,
Its sap runs through the plant and flowers of Pain:
It thrills with the drama of fate and tragic doom,
It tears its food from sorrow and ecstasy,
On danger and difficulty whets its strength;
It wallows with the reptile and the worm
And lifts its head, an equal of the stars;
It shares the faeries' dance, dines with the gnome:
It basks in the light and heat of many suns,
The sun of Beauty and the sun of Power.

Sri Chinmoy (1931)

Sri Chinmoy has been a poet from a young age. He began writing poetry whilst a in the Sri Aurobindo Ashram. His poetry has always been a reflection and revelation of his own spiritual experiences.

Sri Chinmoy was born in 1931 in India. At a young age he lost both parents and therefore moved to the Sri Aurobindo Ashram in Pondicherry. After 20 years in the ashram he followed an inner command to go to America to share the wisdom of yoga to seekers in the West. Since 1964 Sri Chinmoy has sought tirelessly to inspire others to lead better more fulfilling lives. As well as being a noted poet Sri Chinmoy is also a musician and has given several hundred free concerts of meditative music.

A little joy have I of ceaseless joy
A little joy have I of ceaseless joy,
A little day of timeless day.
Yet knows no bound this empty show of mine;
I march along a goalless way.
O Love! A desert within me ever pines.
Do turn it into a song of dawn.
I know not in what hour of evil night
Thou art, my Lord, from me withdrawn.
Life now must reach Thy Breath of Bliss
supreme,
Make Thee the one and only Guide.
Thou art the Bridge between my death and
birth;
O let my longings in Thee abide.

Songs of Joy

Hallelujah: Medical Mums Sing in Solidarity
Medical mums and their families across Australia and New Zealand collaborated from various stages of COVID lockdown and stress. We shook off our inhibitions, dusted off our instruments and made something beautiful.
<https://youtu.be/nITb0Ag9IxQ>



[What a Wonderful World: Louis Armstrong](#)

[Best of Joy: Michael Jackson](#)

[The Beach Boys: Good Vibrations](#)

[The Beatles: Here comes the sun](#)

Allies improving PHC

WONCA is pleased to join as an inaugural member of *Allies Improving PHC*, an exciting alliance of global and local organizations committed to unlocking the full promise of primary health care (PHC) on the road to health for all.



Launching in October 2020, on the 2nd Anniversary of the [Astana Declaration on Primary Health Care](#), *Allies Improving PHC* brings together a wide range of health-focused organizations committed to advancing PHC on the road to health for all. The cascading health crises sparked by COVID-19 have clearly demonstrated the urgent need to build resilient health systems that protect people's health and wellbeing. We know that investing in better PHC is the most effective way to meet the majority of health needs in times of crisis and calm, and that PHC will be the cornerstone of effective, equitable health systems as countries recover from the pandemic.

In addition to being at the forefront of the fight against COVID-19, comprehensive PHC is also critical to maintaining a wide range of essential services – including vaccinations; reproductive, maternal and child health care; HIV/AIDS, TB, and malaria services; mental health; treatment for chronic diseases and more. That is why we're excited to join. You can find out more about this initiative at www.improvingphc.org.

together to reinvigorate and advance the historic commitments made in 2018 at the Global Conference on Primary Health Care in Astana and at last year's High-Level Meeting on Universal Health Coverage to lay the foundation for a world where all people can access the care they need to thrive.

This diverse group of Allies will commit to turning these aspirations into reality by doing our part to support countries with the tools, knowledge, and resources they need to transform the state of primary health care. Together, Allies Improving PHC will pledge to drive collective action and advocacy, as part of a global movement to achieve health for all, at every age and every stage of life.

As an Ally, WONCA has pledged to:

- Promote PHC as the foundation of universal health coverage by actively and consistently speaking out at key global health moments and in traditional and social media;
- Identify opportunities for collective action to drive policies and investments, grounded in data and evidence, supporting resilient primary health systems that serve all people; and
- Mainstream primary health care improvement into relevant organizational strategy, advocacy, and programming.

Working Parties

Hippocrates4future – a planetary health pledge proposal

In 1948, the Declaration of Geneva was passed by the recently founded World Medical Association, aiming to promote ethical principles underpinning medical practice worldwide. It was grounded in the thinking and practice of the Greek physician Hippocrates and aims to serve as a universally valid set of principles to which doctors should adhere.

Reciting the Declaration with her fellow graduates at the Medical Faculty of Tübingen, Germany in 2018, was a significant moment for Dr Katharina Wabnitz, the lead author of a recently published commentary in *The Lancet*: "A pledge for planetary health to unite health professionals in the Anthropocene" (DOI: [https://doi.org/10.1016/S0140-6736\(20\)32039-0](https://doi.org/10.1016/S0140-6736(20)32039-0)). This experience sparked the idea of formulating a new pledge, which is broader in scope and audience and engages not only

doctors but all health professionals in protecting the health of people and planet.

Health professionals are among the most trusted members of society. In particular, family doctors can play a crucial role in igniting and becoming agents themselves of individual and systemic transformative changes. These changes include a shift from the current predominant focus on acute care to promoting and protecting the health of people and the state of natural systems that underpin the latter through a life-course and intergenerational approach to health and a focus on primary prevention. The authors of this pledge emphasise its suggestive character, published to be used in graduation ceremonies and other events but also to spark further discussion and development of adapted versions to fit local and institutional purposes. We hope that this contribution will be a powerful tool to spark individual and collective action for planetary health.

A Planetary Health Pledge for health professionals in the Anthropocene

I SOLEMNLY PLEDGE to dedicate my life to the service of humanity, and to the protection of natural systems on which human health depends.

THE HEALTH AND WELL-BEING of people, their communities and the planet will be my first consideration and I will maintain the utmost respect for human life; as well as reverence for the diversity of life on Earth.

I WILL PRACTISE my profession with conscience and dignity and in accordance with good practice; taking into account planetary health values and principles.

TO DO NO HARM, I will respect the autonomy and dignity of all persons in adopting an approach to maintaining and creating health which focuses on prevention of harm to people and planet.

I WILL RESPECT AND HONOUR the trust that is placed in me and leverage this trust to promote knowledge, values, and behaviours that support the health of humans and the planet.

I WILL ADVOCATE for intra- and intergenerational equity and justice regarding health and our common habitat by supporting and protecting the systems underpinning a viable planet now and in the future.

I WILL ACKNOWLEDGE AND RESPECT diverse sources of knowledge and knowing regarding individual, community, and planetary health such as from Indigenous traditional knowledge systems while challenging attempts at spreading misinformation that can undermine planetary health.

I WILL SHARE AND EXPAND my knowledge for the benefit of society and the planet, and I will advocate for and actively promote transdisciplinary and inclusive work to achieve individual, community, and planetary health.

I WILL ATTEND to my own health, well-being, and abilities in order to provide care of the highest standard; acknowledging that this requires maintaining the vitality of our common home.

I WILL STRIVE to be a role model for my patients and society by embodying planetary health principles in my own life.

I WILL NOT USE my knowledge to violate human rights and civil liberties, even under threat; recognizing that the human right to health necessitates maintaining planetary health.

I MAKE THESE PROMISES solemnly, freely, and upon my honour. By taking this pledge, I am committing to a vision of personal, community and planetary health which will enable the diversity of life on our planet to thrive now and in the future.

Annual report of the WONCA International Classification Committee

The current Chair of WICC is Thomas Kuehle (Germany)
The deputy Chair is Kees van Boven (Netherlands)

The executive committee consists of: Thomas Kuehle (Germany), Kees van Boven (Netherlands), Jean-Karl Soler (Malta), Olawunmi Olagundoye (Nigeria), Laurent Letrillart (France).

The governance committee consists of Diego Schrans (Belgium), Preben Larsen (Denmark), Julie Gordon (Australia)

Achievements over the last biennium (between World Councils)

The Consortium, under the lead of Kees van Boven and Huib ten Napel, made further progress in the development ICPC-3 via (<http://www.icpc-3.info/>). ICPC-3 development started in January 2018 and runs for a period of three and half years. Currently all milestones have been achieved.

The annual WICC-meeting in 2018 was held from 22nd to 26th September in Hersonissos/ Crete/Greece. There were 23 members participating. This year there were no observers. The main topic was the development of ICPC-3 under organizational leadership of a Consortium led by Kees van Boven at the University of Nijmegen/Netherlands. Another important topic was the development of a primary care version (linearization) of ICD-11 in collaboration with WHO.

A new website is now available showing the work of WICC at <http://wicc.news/>. This web-site was developed and maintained under the leadership of Heinz Bhend (Switzerland).

The next WICC meeting was planned to be held 21st – 23rd June 2020 in Berlin, before the WONCA Europe Conference, but that has had to be postponed. The Consortium hopes to be able to discuss and clarify the final issues and challenges so that ICPC-3 can be launched at the WONCA World Conference in Abu- Dhabi. Vivid discussions are to be expected. Anybody interested in the work of WICC will be welcomed.

WICC was represented at many WONCA Region Conferences presenting posters or holding workshops on classification topics like ICPC and the International Classification of Functioning, Disability and Health (ICF).

The future

WICC will be putting all of its energy into the development of ICPC-3.

Chair: Prof Thomas Kühlein



WP Research annual report

Structure & membership

Chair of the group is Prof Felicity Goodyear-Smith. The group membership is organised by entry into an excel spreadsheet and by membership of a Google Group (WONCA Research Assembly). There are currently a total of 90 members in the Working Party. All members provide a brief bio which are listed on the [website](#).

The WP-R Executive consists of Chair, Regional representatives (Marvin Reid, North America: Bob Mash, Africa; Mehmet Akman, Europe; Ryuki Kasai, Asia Pacific; Raman Kumar, South Asia; Jacqueline Ponzio, Iberoamericana), Young Doctor representative (Nagwa Nashat) and Chris van Weel as panel workshop convenor.

The Council includes other active members involved in the Ariadne Research project (Bob

Phillips, Amanda Howe, Michael Kidd, Andrew Bazemore), members who are key players in WONCA (Shabir Moosa, WONCA Africa President) and others actively involved in WWP-R projects (Joyce Kendre).

The effect on outcomes of country-specific strategies and primary health care strength in COVID-19 pandemic response: an international study

Felicity Goodyear-Smith is leading an international study on the influence of PHC in a country's successful response to COVID-19. Other researchers are Working Party members Prof Bob Phillips and Assoc Prof Andrew Bazemore, plus three other team members (Karen Kinder, Stefan Strydom and Cristina Mannie). This study is endorsed by WONCA. WONCA Management, Executive and Working Party on Research members have been actively engaged in promoting and disseminating the international survey to their colleagues and networks. The survey finishes on 30 April, and following analyses, papers will be submitted for consideration in peer-reviewed journals. The research team would like to thank WONCA members for their support.

Comparative PHC system workshops

The WWP-R continues to run panels / workshops whereby different countries compare how their primary care is organised, using regional coordinators in the different WONCA regions. A template to prepare the slides is provided ([panel project resources](#)). These are led by Prof Chris van Weel. The slides have been updated for 2020. The current focus is on PHC policy and covers the clinical disciplines working in PHC in the community, training and registration, PHC as the point of access for health care, relationship of PHC to other community services, how teams support or impede response to community needs, how PHC is financed, PHC strengths, barriers and lessons for other countries.

AfriWon Research Collaborative Online Research Training and Mentorship

In September 2019, working party member Prof Chelsea McGuire lead the launch of a pilot online research training and mentorship

program targeting trainee and early career family physicians in sub-Saharan Africa, called AfriWon Research Collaborative. The curriculum for this program is based on the afore mentioned book *How to do Primary Care Research*. The pilot programme is guided by an Advisory Group that meets quarterly that includes membership by Profs Goodyear-Smith and Mash.

PHC Research Consortium

The inaugural meeting of the Primary Health Care Research Consortium was held in Delhi India in Feb 2020. WONCA holds one of the six seats on the steering committee, represented by Felicity Goodyear-Smith. The Bill and Melinda Gates Foundation has given the Consortium funding to establish itself over the next two years. There is funding for two small projects based on the priority questions developed during the Ariadne Lab projects in 2018.

The Research Consortium is Chaired by Prof Bob Mash, from Stellenbosch University, South Africa. who represents Primafamed (the academic arm of WONCA Africa). A full report from the first meeting has been tabled separately to WONCA Executive.

Practical Guide to Primary Care Educational Research

Profs Mehmet Akman and Felicity Goodyear-Smith, in collaboration with Prof Val Wass, Chair of the Working Party on Education, are editing a book entitled *Practical Guide to Primary Care Educational Research*. This is another in the WONCA series to be published by CRC Press, Taylor and Francis Publishing, as a companion to our previous books [How to do Primary Care Research](#) edited by F Goodyear-Smith and B Mash, 2018, and *International Perspectives in Primary Care Research*, edited by F Goodyear-Smith and B Mash, 2016.

A number of experts from around the world, including members of the Working Party on Research, are writing the chapters. The book should be published in 2021.

WONCA Besroux Prize for Emerging Researchers from LMIC

Dr Sadok Besrou from the Besrou Centre for Global Family Medicine at the College of Family Physicians of Canada is generously making available awards for the best oral and poster presentations by an emerging researcher from a low- or middle-income country (LMIC). at the WONCA World conference in Abu Dhabi. Awards are \$5,000 (USD) for the best oral presentation, and \$2,000 (USD) for the best poster presentation.

To be eligible, researchers must have started their research career within the last five years, are the first author, are from a LMIC and conducted their research predominantly or exclusively in a LMIC. Recipients of the Taiwan Family Medicine Research award will not be eligible. The winners will be presented with their awards at the closing ceremony.

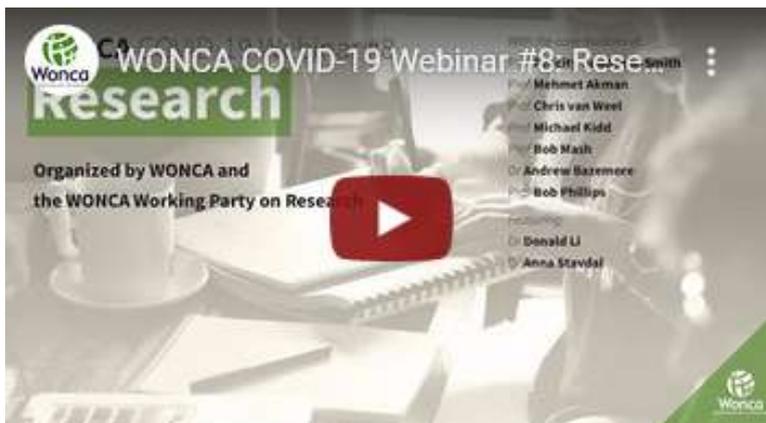
Website

The WP-R [website](#) has been updated. It includes our mission statement; how to join; the bios of the 90 current members, and updated templates for the panel projects.

WONCA Webinar

On Sunday 31 May, the WP-R hosted the last in the first series of WONCA webinars. This primarily addressed research activities around the COVID-19 pandemic. Profs Bob Phillips and Andrew Bazemore presented early findings from an international primary care survey; Prof Michael Kidd shared learnings from the primary care response in Australia, and action research running alongside this; Prof Felicity Goodyear-Smith gave a brief update on the quick regular COVID-19 family medicine practice survey being run in the US, Canada, Australia and New Zealand; Prof Chris van Weel presented an analysis of Nijmegen PBRN of changes in practice, changes in presented health problems since 1st COVID-19 case identified in Netherlands; Prof Bob Mash gave a brief update on the international Primary Health Care Research Consortium (of which WONCA is a founding member), and our incoming Chair, Prof Mehmet Akman, told us about the new WP book 'A practical guide to primary care educational research'.

https://youtu.be/8_8wO135IOA



Plans for the future

In addition to the activities outlined above, the WP-R focus will include:

1. Efforts to build research capacity in LMICs, and help change the poor regard to primary care research in these countries. Strengthening our connection with the Besrou Centre and working with the PHC Research Consortium will assist here.

2. Comparative country studies with focus on the primary care infrastructure and their effectiveness (in the current rounds the emphasis has been on primary care policy).

3. Support for WONCA conferences in presenting primary care research and evidence.

Succession planning

At WONCA World in Abu Dhabi, Nov 2020 Prof Felicity Goodyear-Smith will step down as Chair after two successive two-year terms. Her successor is Prof Mehmet Akman, School of Medicine, Marmara University, Turkey. Mehmet has been a very active member of the Working Party and will lead the group forward with innovation and enthusiasm.



Prof Felicity Goodyear-Smith

Special Interest Groups

Adolescent and Young Adult Care webinar & report

Webinar

The WONCA Special Interest Group (SIG) on Adolescent and Young Adult Care will hold a webinar in the WONCA COVID-19 webinar series on November 8th, at 0900 CST please check website for UTC



Registration page for attendees:
<https://bitly.com/wonca-covid19-28>

About the SIG on Adolescent and Young Adult Care

The SIG on Adolescent and Young Adult Care is still in its infancy. Our goal for this year was modest, we wanted a presence at the WONCA World and WONCA European meetings to network and recruit members to our group. A workshop, by co-convenor Pierre-Paul Tellier (Canada, pictured top right), was submitted and accepted for both conferences. However, both conferences have now been postponed.

Our other co-convenor, Maria Veronica Svetaz (pictured right) had a workshop accepted at Abu Dhabi, about how to create Inclusive Programs for teens and their parents, but this has been postponed.



Pierre-Paul Tellier, in conjunction with the Family Medicine Education Research group and the Section of Adolescent Medicine at McGill University, completed a systematic review, which is yet to be published, on the continuing education needs of family physicians. We identified three main themes which included,
a) needs in communication skills,
b) knowledge related to common acute problems, chronic health issues and guidelines, and

c) awareness of systems issues such as transition of care.

Based on this information, we will endeavour to present workshops at WONCA conferences on these issues and to develop a resource bank for the WONCA website to address these needs.

The SIG assisted members of the new Eastern Mediterranean Region to write an internal WONCA grant application to advance the health of teens in this part of Asia. Our co-convenors presented about the SIG at the International Association for Adolescent Health meeting held during the Society for Adolescent Health and Medicine 2019 annual conference. Pierre-Paul also spoke about the SIG during the First Conjoint Conference of the Royal College of Paediatrics and Child Health and Society for Adolescent Health and Medicine held in September 2019 in Ascot, UK.

Work/Collaboration with WHO.

Maria Veronica Svetaz contacted Dr David Anthony Ross, PhD, MSc, MA, BMBCh, from WHO, with the suggestion of joining resources with the Society for Adolescent Health and Medicine (SAHM) to do Webinars on adolescent and young adult health, but the connection did not produce fruitful outcomes, as of now. In person networking was expected to occur during the Society of Adolescent Health and Medicine 2020 conference, in San Diego but it was canceled due to COVID-19.

Goals for the upcoming year

Pierre-Paul will be presenting at the European WONCA conference.

Network and recruit members at the conferences we will be attending, the Family Medicine Forum in Winnipeg in November, the International Association for Adolescent Health also in November and the Society for Adolescent Health and Medicine in Baltimore in March 2021 where Pierre-Paul Tellier will retroactively be receiving the 2020 Outstanding Achievement in Adolescent Medicine award.

[Join the SIG](#)

[Find out more about our SIG](#)

SIG on Family Violence annual report

[The Special Interest Group on Family Violence \(SIG FV\)](#) continues to work, expanding our global connections to systematically support family doctors to address family violence in practice and policy. Our Executive group consists of the co-chairs, Hagit Dascal-Weichhendler and Nena Kopčavar Guček, who recently replaced 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 and Young Doctor links.

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

Connect

The current COVID-19 pandemic has a huge impact on family violence rates as well as on services and primary care response. Members of the SIG have been connecting and exchanging information, ideas and resources, making the connection between us stronger and empowering. Over time, we have expanded our connections across regions whilst maintaining connections and collaborating with young doctor movements, WONCA Working Parties, Special Interest Groups and networks. We have also been promoting interdisciplinary collaboration. Some members took part in the European Family Justice Centers Alliance conference at the end of 2019, and several are involved in a shared project, IMOCFV, described below. The group continues to grow, connecting with other professionals who are interested in contributing their knowledge and ideas to the SIG FV.

Resource

Members of SIG FV are involved in promoting incorporation of the family violence (FV) agenda, training materials and other resources for health care teams and patients within their national colleges, in line with the Call to Action Statement of Recommendations on FV which was approved by WONCA Executive in March 2018.

In order to provide resources for clinicians relevant to the Family Violence upsurge during the COVID-19 pandemic a summary with

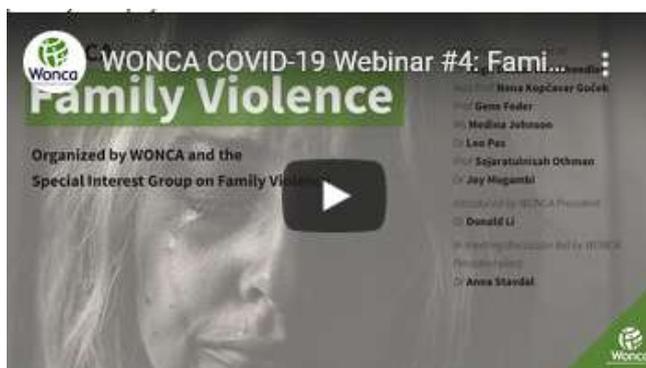
useful information and links was posted on the WONCA website. see the IMOCFV project below.

Support

In October 2018, WONCA Executive agreed to our proposed framework for Family Violence consultancy work.

Educate

A WONCA Webinar, hosted by the WONCA President, CEO and President-Elect took place on May 3rd 2020, titled "Family Violence During COVID-19 Crisis: overview and role of primary care teams". The webinar and presentation will remain available online so they can be of use to a wider audience of



primary care physicians.

<https://youtu.be/3bmX-fYJTrw>

Related to training is also the initiative to define family violence-related core competencies for GP's, and we will continue this work during the next months and holding a workshop on the topic hopefully in December in Berlin (postponed from June).

Communicate

We continue with online newsletters to our SIG List (146 subscribed members) and recently reactivated a google group for active discussions (73 members), skillfully managed by Raquel Gomez Bravo. Meetings of the SIG FV have been conducted via zoom and skype applications for years; therefore, we are confident we can continue to function in the same mode in the future, regardless of the circumstances.

Evaluate: The IMOCFV project was initiated in collaboration with other WONCA networks and groups. In November 2019, with the

collaboration of EGPRN, EUROPREV, YDM's, VdGM Family Violence SIG, the project received recognition through discretionary funding by WONCA World, allowing it to expand its coverage of countries worldwide. The project reviews models of care for Family Violence in the participating countries and runs a multi-country questionnaire of key persons. It will be followed later in 2020 with a questionnaire on healthcare professionals' views regarding their tasks, conditions and possibilities for effective care of family violence in primary care.

The project will define recommendations on how to facilitate implementation of good practice; it aims to extend in the meantime contacts and collaboration to more regions and countries. Links with trainers in general practice in academies and associations for family physicians around the world interested in quality assurance of family violence care will be further pursued. An online database is being created of good practices. Training on the applied methodology and professional questionnaire to define local implementation priorities are planned. Due to the Covid-19

crisis there have been some changes in the schedule.



Co-convenors:
Hagit Dascal-Weichhendler and



Nena Kopčavar Guček

SIG on Emergency Medicine annual report



The 2019-2020 year has seen some significant growth for the WONCA special interest group (SIG) on emergency medicine. We now number more than 200 participants from all regions of the world, with very active participation. Updates are sent to members every 2-3 months detailing the work of the SIG and strong positive feedback on our activities is regularly received.

The highlight of the year would undoubtedly have to be the WONCA Emergency Medicine Seminar (WEMSEM) that was hosted by Nepal on August 9-10, 2019. (photo above) My sincere thanks to Prof Pratap Prasad, Dr Pramendra Prasad, Dr Laxman Bhusal and all the hard-working colleagues in Nepal who made this incredible event possible. We had over 250 participants, including 23 international delegates, who presented on a

wide range of emergency medicine topics including critical care, airway management and ultrasound applications. Importantly, the WEMSEM provided a forum for discussion on how emergency care can be delivered effectively and safely in rural environments.

The inaugural session of an "International Educational & Cultural Exchange Series on Emergency Medicine" was held at Amala Institute of Medical Sciences, Thrissur on 28th August 2019 with strong participation from WONCA SIG EM members. The invited speaker for the event was Dr Elena Klusova, who delivered a session on "Helicopter rescue and Out of Hospital Emergency Medicine" followed by a panel discussion. The panelists included Dr Resmi S Kaimal, President of AFPI Kerala, and fellows from the Academic College of Emergency Experts in India. Dr Nisanth Menon was the organizer and moderator for the session. The meeting ended with an ample dose of inspiration to the medical students, aligning them to primary care and emergency medicine.

As we entered 2020, the world had to unfortunately confront the COVID-19 pandemic. The SIG EM has a number of abstracts and presentations submitted to conferences such as the WONCA Asia Pacific and Europe regional conferences. As a result of the pandemic, both these conferences have had to be postponed. However, the Spanish EM SIG team has been able to make a general rehearsal of the carefully prepared complex Escape Room workshop proposed for the WONCA and DEGAM congress. We thank Dr Miriam Rey, Dr Elena Klusova and Dr Rabee Kazan for representing our group in the Catalan Society of Family and Community Medicine in Barcelona, Spain and opening the path to the new chain of work planned by the group for the future.

In an effort to support family doctors around the world, the SIG EM has committed to working with the WONCA executive to collaborate and contribute on the COVID webinar series. Since the initial webinar trial, we have planned to collaborate to deliver content on topics such as mental health and medical education. As the pandemic unfolds, we will continue to work with our WONCA colleagues to support their work and everyday practices as they care for patients during these uncertain times.

Finally, I want to acknowledge the hard work of my executive committee, Dr Elena Klusova (Spain), Dr Pramendra Prasad (Nepal), Dr Nisanth Menon (India), Dr Joy Mugambi (Kenya) and Dr Kim Yu (USA). Without their support and collaborations, none of our great work would

be possible. It is now, more than ever, that we need the global community to work together to ensure that family medicine plays an appropriate leading role in caring for our patients and communities.



Dr Victor Ng
Convenor, WONCA Special Interest Group on
Emergency Medicine

SIG on Health Equity annual report

This report highlights health equity activities from September 2019 to April 2020.

On October 9th 2019, the American Academy of Family Physicians held a Preconference on Health Equity called "A Call to Action on Health Equity" on the day before their annual Global Health Summit. This was the first time they have held a preconference and we were thrilled that its major focus was on health equity and that several members of our

WONCA health equity SIG were able to participate. This was also just a few days prior to WONCA's Rural Health Conference so there were family doctors from our wider WONCA community from around the globe also in attendance. The summit assembled global stakeholders with the aim of increasing knowledge and promoting engagement among thought leaders in the fields of medicine, public health, education, health services research, social service organizations, and

other community members. Participants networked with colleagues and collectively developed plans that would lead to actions in their local communities to achieve health equity. The summit concluded with a service activity to provide 900 hygiene kits to a local non-profit organization.

Major highlights of the preconference include:

1. Health Equity Across Nations panel – this is a continuing series of lectures that started several years ago at the WONCA World meeting in Brazil in 2016, continued in Seoul in 2018 and have now featured over 12 speakers from 10 countries.



The 2019 panelists included:
Dr. Jorge Hidalgo Chavez – Spain
Dr. Joy Mugambi – Kenya
Dr. Victor Ng – Canada
Dr. Kim Yu – United States - Moderator

2. WONCA Polaris developed a Health Equity Declaration during the AAFP's Global Health Summit in September 2019 which included:

“The young doctors of Polaris:

- *Recognize that health equity is directly impacted by discrimination with regards to race/ethnicity, socioeconomic status, gender, sexual orientation, religious affiliation, disability and other factors and these factors are interconnected and must be addressed simultaneously to affect change.*
- *Recognize the direct effects that safe housing, clean water, air quality, and broader environmental justice issues have on health outcomes and that these issues disproportionately affect lower income communities and communities of ethnic minorities.*

- *Recognize that traumatic events, exposure to violence and crime, sexual assault, and abuse contribute to mental and physical health inequities and that upstream measures to prevent these adverse experiences, especially for children, are critical to attain equity.*
- *Recognize that ensuring high quality education for all children and improving general health literacy are necessary tools to improve health equity.*
- *Believe that access to excellent primary care including mental health care and substance abuse treatment are important to create health equity and therefore family physicians should advocate to eliminate financial, geographic, and any other barriers to this care.*
- *Recognize that numerous systematic interventions and policy changes throughout societies and governments are crucial to achieve health equity.*
- *Recognize that advocacy is an essential skill set required by family physicians to improve health equity and that as young family physicians we have a responsibility to speak for those who cannot and to build partnerships to improve health equity across borders.*
- *Assert that all family physicians should recognize health inequity and be able to evaluate contributing factors leading to inequity. We additionally assert that all medical schools and post graduate training programs should offer formal instruction on the principles and evaluation of health equity.*
- *Uphold that equity is vital to achieving health for all communities and therefore that healthcare providers and systems should strive to achieve equity in their practice organizations and care delivery.*

Current Projects:

Establish WONCA Excellence in Health Equity Awards.

- These regional awards will recognize work done by physicians, organizations or member countries that are working on Health Equity projects. Recognize the work of those in Health Equity and encourage members from around the world to engage in Health Equity work that could be disseminated on social media or local media to show the work of Family Doctors for their communities.
- We hope to also have Health Equity awards dedicated to Rural Communities or Rural practice, Women, Migrant Health, LGBTQ and Family Violence, to be able to collaborate with those SIGs and Working parties.

- Similar to Athena Swan awards that are for women in STEM they help promote engagement and work in health equity at a regional level elevating the work done by family physicians, SIGs or WPs, or country or regional work by family doctors in health equity.
- These awards will be reviewed by a voluntary subcommittee of our SIG HE, to ensure fair representation from each region with criteria developed for each health equity award. Awardees will be recognized every two years, but there will be no numenary or financial award to keep cost of this program to an absolute minimum.

Host WONCA's first International Online Virtual Health Equity conference to

- Include all regions of WONCA members, both in panelists/faculty and attendees,
- Serve to spearhead initiatives on a country, state and local level, with family physicians at the helm of these projects, and
- Educate on best practices in Health Equity
- Create a declaration on Health Equity for the SIG HE.

It is our hope, if approved by WONCA, to hold this International Online Virtual Health Equity conference

Health Equity Resource page

- Collate Health Equity resources
- Post the resources found for each region on Health Equity to help family doctors from around the world find information on health equity topics
- These resources could be posted on WONCA SIG HE webpage

Growth and Community

- Current membership is at 320.
- Continue to grow and increase member engagement in the SIG – through social media and webinars. SIG HE Executive to meet at least two to four times a year online and via email/social media.

- Elect students/residents/YDMs from each region to the SIG HE by WONCA World Conference 2020 – Dr. Romero Santiago (N. America) joined our SIG HE executive team. We will identify more students/residents/YDMs from each region by November, 2020.
- Dr. Vivi Sachs, our YDM member, assumed the role as Secretary to take over from Dr. Veronica Svetas

The WONCA Health Equity SIG is working with Fund for Global Health to ensure that appropriations for Global Health are earmarked for Primary Care since primary care is the strongest foundation to a robust health care system globally.

More

It is our hope that during this COVID crisis, the SIG on Health Equity will be able to participate in webinars to discuss the tremendous disparities that exist both in COVID disease burden and mortality within different demographic groups and to seek opportunities to address the growing health inequalities.

We look forward to continued work of the WONCA Health Equity SIG and thank WONCA for its continued support. In these COVID times, it is ever apparent the vital role family doctors play in ensuring health equity for all. Thank you to all our health equity SIG members who champion causes to improve care for patients and communities around the globe. May we stay safe and continue to fight for the values we hold dear.

Note: the SIG on Health Equity conducted a WONCA webinar on September 20th, 2020 which can be viewed here <https://youtu.be/2NfY1Vynlxc>

Kim Yu,
Convener, WONCA Health Equity SIG



Young doctors' movements

Rajakumar Movement elects future office bearers

Dear Colleagues

Allow me to announce the new elected executive members of The Rajakumar Movement (Young Doctors' Movement in Asia Pacific Region). They will commence office at the next WONCA World council meeting.

The Rajakumar Movement election was held on 3rd October 2020 with 56% voter turnout.

The Rajakumar Movement Election Committee announces that the following were elected to Executive Committee positions:

- Chair-elect - Dr Ping Foo Wong (Academy of Family Physicians of Malaysia; The Malaysian Family Medicine Specialists' Association)
- Vice Chair (Asia) -elect- Dr Zhaohui Du (General Medical Branch of Chinese Medical Association)
- Vice Chair (Oceania/Pacific) -elect - Dr Phoebe Holdenson Kimura (Royal Australian College of General Practitioners)
- Secretary-elect - Dr Mel Anthony Acuavera (Philippine Academy of Family Physicians)
- Treasurer-elect - Dr Pingsun Chang (Chinese Taipei Association of Family Medicine)
- Image Lead-elect - Dr Basmon Manomaipiboon (The General Practitioners/Family Physicians Association of Thailand)
- FM 360-elect - Dr Suthiwat Khumngoen (The General Practitioners/Family Physicians Association of Thailand)
- ASPIRE-elect - Dr Wee Sian Woon (Royal Australian College of General Practitioners)

On behalf of The Rajakumar Movement Election Committee,

Erfen G. Suwangto, chair Rajakumar Movement

Featured Doctor

Dr Harris LYGIDAKIS - WONCA CEO designate

Dr Harris Lygidakis is the WONCA CEO



designate, and is taking office in January 2021.

What is your background in WONCA over the years?

I'm originally from Kavala, on the north coast of Greece. My first memories of WONCA are really tied up in

that because I contributed to the organisation of a meeting of the European General Practice Research Network there in 2006, together with a small team of young volunteer colleagues.

Later on, when I was doing my residency in Bologna, Italy, I joined the junior group of the Movimento Giotto, and later the Vasco da Gama Movement. These were networks for trainee and junior family doctors, and they really taught me a lot about our potential, and how family medicine adapts to meet the needs of local communities in different countries. I saw how our work puts communities at its centre and how our combined knowledge helps to support one another through the challenges we face.

It was a really eye-opening experience. We travelled a lot and had the opportunity to observe how different family doctors work in different healthcare systems. I felt reborn after every trip, full of enthusiasm to continue improving within my own local context. This

sense of being part of a global family really inspired me to keep learning and researching new practices so that I could help to support those around me.

I was elected Chair of the Vasco da Gama Movement, in 2012. I helped to organise the first conference of junior family doctors and trainees and we all worked for stronger ties with WONCA Europe. I became the acting Honorary Secretary in WONCA Europe after the sudden and tragic death of Professor Janko Kersnik. I was then elected to the post in the subsequent term. I was fortunate to work with a wonderful team, including Professor Job Metsemakers, Dr Anna Stavdal and Dr Roar Maagaard, and have learned so much from each of them.

We worked together to develop a strategic plan for the organisation, as well as a new communication strategy to engage our members and the wider medical community, and we continued to maintain and improve relationships with key stakeholders and not-for-profit organisations. As an international organisation with members across the globe, WONCA has such amazing potential to build new bridges and to support countries and communities through primary healthcare.

Other interesting things you have done?

In 2013, I participated in the launch of the International Development of Family Medicine in Palestine (IDFMP) initiative led, among others, by Dr Samar Musmar and Professors Gene Feder and Paul Wallace. The programme was really about strengthening the Palestinian primary health care system, with a focus on family medicine. We did this through providing training and by inviting a community of leaders to share skills and information.

Visiting the West Bank was an experience I will always remember. We witnessed huge challenges and profound inequalities, yet, at the same time, the colleagues we met were asking the same questions that doctors everywhere in the world are asking: *How can we best serve our patients? How can we improve and develop our abilities while taking care of our own families? How can we strengthen the image of the medical profession?*

I caught the research bug early on in life. My mother is also a family doctor and she instilled the value of self-learning and a curiosity in statistics, while pursuing her doctorate. In the

course of my own doctorate, my research took me to Rwanda. It was a twin PhD, which meant that I was working alongside my Rwandan counterpart, Dr Jean Paul Uwizihwi. The study focused on diabetes management within local communities. We developed a mobile application to allow participants to follow their health status and receive guidance from nurses and community health workers. The project was the result of a collaborative endeavour between the universities of Rwanda, Luxembourg and Aarhus. It was also supported by Rwanda Biomedical Centre and the Karen Elise Jensens Foundation.

It was an intensive research project, and I spent about a year and a half in-country. My fondest memories stem from working with community health workers in rural areas. They often lived in very remote places, and we would be riding between valleys of tea plantations and towering mountains, covered in mud and often in the pitch dark, to reach them. They were a devoted group, full of enthusiasm and utterly dedicated to the patients within their communities.

We embarked on that project believing that innovation should never be fostered simply for the sake of innovation, especially as a rushed response to a very real need for solutions. We believed, and still do, that technology should address the needs of patients within their communities. That's why we didn't just develop an 'app', but we made sure to pilot it extensively, we translated it into the Kinyarwanda language, spent time teaching communities how to use it, and invested heavily in training a network of community health workers who could continue to provide follow-up support for participants. For technology to work properly, you have to look beyond the software and really understand the people who will be using it.

What do you hope to achieve in your role as WONCA CEO?

First and foremost, WONCA is a member-led organisation. We rely heavily on the goodwill and dedication of our volunteers all over the world. We are all driven by the same passion for improving the quality of life for our patients and our communities. Although we come from all walks of life, we are united in that common goal.

It is a real privilege for me to be taking over from Dr Garth Manning, who has really gone

far and beyond in helping to turn our organisation into a sustainable one. For my part, I am particularly focused on developing our communications strategy, reaching out to our membership and our supporters, and strengthening our brand identity. Without sounding too corporate, it's important that people know who we are, what we do, and how to get involved.

The most immediate item on the list is relocating our secretariat from Bangkok to Brussels, whilst ensuring that our core services remain uninterrupted. This would not be at all possible without the hard work and support of all of our Bangkok staff. They have contributed so much to supporting our organisation, and it really feels as though WONCA is one, big family.

Your interests at work and privately?

Being born between the end of generation X and the dawn of the Millennials, I have always

had one foot in the analogue world and one foot in the technological world. I love tech and was fortunate to be able to build an 'app' during my stay in Rwanda. In my spare time, the most joyful—and geekiest—moments have involved assembling my own systems from spare parts. I can spend hours carefully researching and selecting the right parts. I enjoy rediscovering the more romantic era of computer entertainment, especially through good old-fashioned adventure games.

Outside of that, I love cooking. Food has always been a big part of my family growing up. Meals were prepared mainly by my grandmother with almost religious attention and we would eat around the table together each day. Although I'm not a vegetarian, I really enjoy finding traditional recipes and trying to put a modern, and more environmentally sustainable, flair on them. I make a pretty mean vegan lasagne.

Resources

Education for Primary Care free access articles November

Prof Val Wass, Chair WONCA Working Party on Education writes on the latest open access items in Education for Primary Care.

Education for Primary Care: Issue 31:5 is now on line [here](#) with the usual wide range of articles.

Free access for a month is available [here](#) for an article on “The design and delivery of a social prescribing scheme by medical students in general practice.”

It highlights two issues :

- (i) The increasing importance of social prescribing;
- (ii) The successful role medical students on Family Medicine placements can take in developing innovative and sustainable programmes for patients.

And if you missed it last month, *Education for Primary Care* offers free access to important Covid articles

[COVID articles](#)



Conference news

Presenting the Remote and Rural Institute Series

[Full details and all links here](#)

The joint WONCA Working Party on Rural Practice (Rural WONCA) and Toward Unity for Health (TUFH) Institute Series is being launched as part of the 17th Wonca World Rural Health Conference over four months starting 16th October with the conference opening ceremony.

Chairs: Bruce Chater; Roger Strasser; Pratyush Kumar; and Alejandro Avelino

Introduction

We are committed to addressing the needs of the most vulnerable populations by creating communication and knowledge sharing e-learning platforms for global and national interprofessional and intersectoral communities of practice that build each participant's respective capacity.

We are guided by the values that all teach and all learn and we all learn best by doing. Using proven adult learning techniques and interactive video technology, we connect health providers with global thought leaders in regular real-time collaborative sessions. The sessions, designed around case-based learning and mutual coaching, help Global and Regional Participants gain the knowledge and skills required to improve upon existing models and services.

Series Content

The joint Rural WONCA and Network: Toward Unity for Health Institute Series discusses the delivery of care in rural areas in a sustainable manner and how rural health care may change in the future ensuring that it is accessible, high quality, and economically value-based.

Registration is Free

Join Here: <https://Zoom.us/j/97990026863>

Passcode: WONCARural

Remote and Rural Institute Content

These sessions will be held from 10:00 – 11:00 am UTC Time Zone via Zoom.

The Sessions include three components:

1. Knowledge Sharing: Global Thought Leaders share their knowledge and expertise through curated 10-15 minute lecture videos.
2. Case Based Learning: Practitioners will share their experience through 5-minute case study videos.
3. Communities of Practice: Global Thought Leaders and Practitioners convene weekly (see schedule below) to mutually learn resulting in improved global and country policies and health services delivered from local people they know and trust.

The expert Lectures are recorded and available through the links below. Case studies recordings will be added. If interested in submitting a case study please email Nicholas Torres, Executive Director, TUFH at nicktorres@thenetworktufh.org

Schedule

Summary information only. For details on case presenters, links, emails please go to link at top of this page.

24th October Title: Rural Training Pathways And Pipelines

Lecture: Bruce Chater:

Australia

31st October

Title: Learning In Rural Settings

Lecture: Ian Couper and Jana Muller

South Africa

7th November

Title: Rural Workforce Retention Strategies
Lecture: Roger Strasser
Canada/New Zealand

14th November

Title: Supporting Young Health Professionals In Rural Settings
Lecture: Amber Wheatley; Mayara Floss; Veronika Rasic
United Kingdom

21st November

Title: Rural Medical Education Guidebook Launch

5th December

Title: High Performing Rural Teams And Rural Workforce: Getting The Balance Right
Lecture: Bikash Gauchan
Nepal

12th December

Title: Digital Health Ai And Telehealth: Improving Not Worsening Access
Shannon Nott
Australia

19th December

Title: Rural Effects Of Climate Change
Lecture: Pratyush Kumar
India

9th January

Title: Rural Café

16th January

Title: Role Of Family Medicine In Rural Health
Lecture: James Rourke
Canada

23rd January

Title: Rural Generalist Family Care
Lecture: Paul Worley
Australia

30th January

Title: Establishing Family Medicine in low and middle income countries
Lecture: Raman Kumar
India

6th February

Title: Epidemiology And Public Health: Remote And Rural Health: Latin America
Lecture: Alejandro Avelino
Colombia

21st February

Closing ceremony: During series our Global experts will reflect the discussion that you have had with them and bring this to our policy summary at the conference Closing Ceremony.

Assoc Prof Bruce Chater , Prof Roger Strasser, Dr Pratyush Kumar, Dr Alejandro Avelino, Dr Zakiur Raman, Nicholas Torres

European Conference of Family Doctors is virtual! Dec 16-19

Dear colleagues,

Since the COVID-19 pandemic is going on with travelling restrictions and rules for social distancing we are not able to run a Conference with presence in Berlin. This is sad but your safety is our highest priority. In order to maintain our work as family doctors as well as researchers and teachers we think that we can offer an excellent solution:

We have switched to a totally virtual conference with a changed time frame.

Many presentations will have real time recording with possibility of immediate discussion. There will be five parallel slots from Wednesday December 16th (starting at 14:45 CET) to Saturday, December 19th (finishing on that day at 14:15), with workshops in the mornings on Thursday and Friday and all other formats in the afternoons or on Saturday morning. All other accepted presentations will be presented in our virtual library. These as well as all presentations recorded in real time can be viewed until the end of January at times of your choice. So you have the chance to see more presentations compared to recent years and thus you can collect a lot of CME credit points. We encourage you to come into direct contact with presenters if you have questions or proposals, especially for collaboration. This also includes the possibility to privately organise virtual meetings or workshops outside the conference platform.

We think that this is a good opportunity to reflect on the experiences of this year and to celebrate all the heroes working in our offices of General Practice/Family Medicine/Primary Health Care.

With our best regards and hoping to meet all of you during our virtual Conference

Erika Baum and Christoph Heintze
on behalf of the Host Organizing Committee

[Programme](#)
[Register now](#)



WONCA CONFERENCES

WONCA Direct Members enjoy *lower* conference registration fees.

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

WONCA Virtual Conferences 2020

December 16-19, 2020	WONCA Europe region conference	Virtual from Berlin, GERMANY	http://www.familydoctorseurope2020.org
Ongoing now until February 2021 See page 27	WONCA Rural Health conference continued Remote and Rural Institute Series	Virtual only	Join Here: https://Zoom.us/j/97990026863 Passcode: WONCARural

WONCA Conferences 2021 and 2022

July 7-10 2021	WONCA Europe region conference	Amsterdam, NETHERLANDS	https://woncaeurope2021.org/
August 5-7, 2021	World Rural Health conference	Kampala, UGANDA	Save the dates
November 25-28, 2021	WONCA World conference	Abu Dhabi, UAE	www.wonca2021.com
April 9-12, 2022	WONCA Asia Pacific region conference	Yangon, Myanmar	Save the dates!
June 1-4, 2022	WONCA Europe region conference	London, UK	www.woncaeurope2022.org
2023 dates to be confirmed	WONCA World conference	Sydney, AUSTRALIA	www.racgp.org.au/wonca-2022/home

Revised Important dates –

WONCA World conference Abu Dhabi, now 2021

Online Registration Open (Early Bird) July 5, 2020
 Abstract Submissions Open (Oral/Poster) July 5, 2020
 Submission Close (Workshops/Symposia) January 10, 2021
 Author Notifications (Workshops/Symposia) March 7, 2021
 Online Accommodation Open March 18, 2021
 World Council November 21-23, 2021
 World Conference November 25-28, 2021

➤ [website](#)

Member Organization Events

Note: most are virtual

04 Nov **Virtual Family Medicine Forum, CFPC**
- 07 Nov Virtual
2020

04 Nov **RNZCGP Annual conference**
- 07 Nov Auckland, NZ
2020

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

17 Dec **European Conference for Family Doctors
and DEGAM Annual Congress**
- 19 Dec virtual
2020

11 Feb **A Fresh Approach To General Practice**
- 12 Feb Online Conference, United Kingdom
2021

24 Feb **Rural Medicine Australia**
- 27 Feb Hunter Valley, NSW, Australia
2021

For more

Information on Member Organization events go to
www.globalfamilydoctor.com/Conferences/MemberOrganizationEvents.aspx

INNOVATING FAMILY MEDICINE TOGETHER
FOR A SUSTAINABLE FUTURE

LONDON
WONCA2022
27th WONCA EUROPE CONFERENCE

June 1 - 4, 2022
ExCel London

RCGP Royal College of General Practitioners GUARANT WONCA

www.woncaeurope2022.org #wonca2022UK