

WONCANews

An International Forum for Family Doctors



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Wonca website:
<http://www.GlobalFamilyDoctor.com>

Wonca President
Prof Bruce Sparks, South Africa
2 Cruden Bay Road
Greenside
Johannesburg 2193
South Africa
Tel: 27 11 646 2140
Fax: 27 11 717 2558
Email: brucespa@global.co.za

Wonca Chief Executive Officer
Dr Alfred W T Loh

Wonca Administrative Manager
Ms Yvonne Chung

World Organization of Family Doctors
College of Medicine Building
16 College Road # 01-02
Singapore 169854
Tel: 65 6224 2886
Fax: 65 6324 2029
Email: admin@wonca.com.sg

Wonca President-Elect
Prof Chris van Weel, Netherlands

Wonca Immediate Past President
Dr Michael Boland, Ireland

Honorary Treasurer
Richard Roberts, MD, USA

Wonca Regional Presidents
Dr Abra T Fransch, Africa
Warren A Heffron, MD, Americas
A/Prof Goh Lee Gan, Asia Pacific
Prof Igor Svab, Europe
Dr Shatendra K Gupta, Middle East
South Asia
Dr Adolfo Rubinstein,
Iberoamericana-CIMF
Wonca Executive Members at Large
Dr Javier Dominguez del Olmo, Mexico
Prof Michael Kidd, Australia
Richard Roberts, MD, USA

Chair, Bylaws and Regulations
Dan Ostergaard, MD, USA

Chair, Publications & Communications
Dr Geoffrey D Martin, Australia

Editor, Wonca News and Editorial Office
Marc L Rivo, MD
4566 Prairie Avenue
Miami Beach, Florida 33140, USA
Tel: 305 671 7327
Fax: 305 674 8839
Email: marcrivo@aol.com

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FROM THE WONCA PRESIDENT:

LESSONS FROM THE AMERICAS

“The cultivated general practitioner you cannot reach any better position in a community; the family doctor is the man behind the gun, who does our effective work. That his life is hard and exacting; that he is underpaid and overworked; that he has but little time for study and less for recreation-these are the blows that may give finer temper to his steel, and bring out the nobler elements in his character.”

Sir William Osler (1849-1919)

In my fortunate role within Wonca, I am continually struck by the remarkable work being done by family doctors around the world. I have just returned from a visit to The USA and Chile where the role of family physicians in health systems and the care of people was once more emphasised.

In San Francisco, I had the opportunity of again attending the Congress of Delegates of the American Academy of Family Physicians, which precedes their annual Scientific Meeting. The nation was still shaking its head from the devastation and human suffering experienced in the wake of hurricanes Katrina and Rita. I, like many others around the world had been saturated and even ‘immunised’ by the plethora of news reports on the disasters, but only when I was able to listen to the stories of those ‘who had been there’ did I appreciate the impact of these events.

Repeatedly within the congress of delegates and the smaller reference committees, I heard impressive stories and impassioned testimonies of how family doctors from private practice and academic units across the nation, were among the first to respond to the disaster. Under extremely difficult circumstances, they set up makeshift clinics, emergency medical services, crisis management and counselling units, immunisation centres, and hygiene and health counselling services. There was praise from many quarters for the magnificent service of these doctors, who as generalists were able to function in situations where specialist teams were often impotent to act. Realising the essential role of family physicians in such situations the Academy resolved to support the recruitment and involvement of family physicians in Disaster Medical Assistance Teams (DMATS) and other disaster related training programmes, and to ensure the development of cadres of doctors for what was coined “Family Physicians as First Responders”.

This initiative is something which I believe Wonca should consider, and I have had exploratory discussions with some of those in the field regarding possible training programmes for countries with less sophisticated services. At times of disaster we are often contacted by doctors globally who would like to assist meaningfully, not only during the initial event but also in post-disaster rehabilitation and management.

Incidentally, a dilemma that was addressed by the delegates to the meeting is one, which frequently occupies discussions globally in Colleges and Academies. There is division on whether to encourage family doctors to obtain post-residency fellowships or qualifications (called Certificates of Added Qualification (CAQs)) in focused areas of practice such as trauma, endoscopy, allergy, sports medicine, and cardiac or respiratory care). The proponents argue that such CAQs would discourage young doctors from pursuing specialist training and so enrich our discipline and its scope, while the detractors felt that such multiple ‘diplomatism’ could fragment the uniqueness of the generalist discipline. No consensus was reached at this point!

My experience in Santiago, Chile was equally illustrative of the fundamental role of family doctors in health care systems. To set up a meeting with my Minister of Health could be a major undertaking, but imagine the gargantuan task of requesting the Ministers of Health and staff of eighteen Iberoamerican countries to travel to a foreign country, to attend a meeting to discuss Family Medicine, and expect them to attend for the full two days! I was totally overwhelmed by the attendance and public support by Ministries of Health at the Second Iberoamerican Summit of Family Medicine entitled, “Family Medicine: Quality and Equity in Health Systems in Iberoamericana”. This meeting was organised by the South American region of Wonca known as Wonca Iberoamericana-CIMF, together with Chilean Society of Family Medicine, the Chilean Health Ministry, and PAHO, (the regional organisation of WHO).

Wow! What a successful get-together in the shadow of the glazier-clad Andes! What was so encouraging was the obvious and encouraging support for Wonca and for the development of Family Medicine within the region. The goal of the meeting was to improve health care of the peoples of the Iberoamerican Region by incorporation of family doctors, as essential elements of health systems, to deliver personalised, integrated, comprehensive, equitable, and continuous care to individuals, families and communities. There was also an initiative to develop collaboration between governments, universities, and related institutions to

train, integrate and support family doctors in these health systems. The Ministers and their staff attended all sessions and workshops!

Dr Barbara Starfield presented excellent international data on the effectiveness of family doctors and primary health care in health care systems, all of which fell on very receptive ears. Most speakers also stressed the need for documented research in the region to assist the process. A major catalyst for the initiative was the tangible and overwhelming support of PAHO, but the success of the meeting is largely due to the remarkable facilitative roles played by the Regional Wonca President, Dr Adolfo Rubinstein and Dr Oscar Fernandes Fuentealba, the Congress Chairman. Of course, the two days would not have been the major networking opportunity that it was, without the hospitable Chilean festivities, entertainment, 'Pisco-sour' cocktails and music!

It was a privilege to observe family doctors making real differences to the health of nations!

Bruce Sparks, M.D.
 President
 World Organization of Family
 Doctors

FROM THE CEO'S DESK:

WONCA'S STIMULATING REGIONAL CONFERENCES

The growth of Wonca as a global organization from 78 member organizations in the last triennium (2002 - 2004) to the current 105 is most evident in the four exciting and well attended Wonca Regional Conferences held in different venues around the world during the past five months.

These were :

1. The Asia-Pacific Regional Conference in May in Kyoto, Japan.
2. The Wonca Europe Regional Conference in September in Kos Island, Greece.
3. The Iberoamericana-CIMF Regional Conference in early October in Santiago, Chile.
4. The Middle-East South Asia Regional Conference in mid October in Colombo, Sri Lanka.

The Asia-Pacific Regional Conference in Kyoto, Japan

This was the largest ever regional conference for the Asia-Pacific Region with over 2300 registrants. These consisted of a large number of local registrants from the Japanese Academy of Primary Care Physicians and also a larger than usual number of overseas delegates from 50 countries as far as Europe and the Americas.

The Conference was graced by the presence of Their Imperial Highnesses Prince and Princess Akishino of Japan at the Official Opening of the Conference, a significant development for Family Medicine in Japan.

The Conference was also the venue for Wonca to announce to its members the release of the International Primary Airways Group (IPAG) Handbook with members of the international press attending the press release and during which all conference delegates at the event were given free copies of the Handbook. A lunchtime satellite symposium on COPD was held in conjunction with the launch of the IPAG Handbook. The symposium organised by Wonca World in conjunction with the HOC was very well attended by over 450 delegates.

The Regional Council Meeting of the Asia-Pacific Region as well as a meeting of the Wonca International Classification Committee took place a day before the Conference to take advantage of the presence of representatives from the various Wonca Member Organizations in the Region. A full Wonca Executive Meeting was also held three days prior to the Conference date and some Members of Executive were able to stay on after the meeting to represent Wonca at the various official functions of the Conference. An invitational post conference workshop was also held for delegates from the Asia-Pacific Region.

The Wonca Europe Regional Conference in Kos Island, Greece

This regional conference was the largest in terms of registration for a Wonca Europe Regional Conference as over 2400 registrations were received. But difficulties in obtaining air connections between Athens and Kos Island led to over 200 registrants having to cancel their participation. The climax of the Conference was the pageant and Hippocratic Oath taking during the closing ceremony held at the Asclepion, the site where Hippocrates practiced and taught his pupils in ancient Greece.

The Regional Council for Wonca Europe was held a day earlier and the meeting was also attended by the President-Elect of Wonca and the CEO. Extensive discussions took place during this meeting on sponsorships by pharmaceutical and non-pharmaceutical companies in support of the global mission of Wonca.

Two evening satellite symposia, organized by Wonca World in conjunction with the HOC were held on the subject of Asthma and COPD on different days. At the end of the symposia, the two Wonca Global Sponsors (ALTANA Pharma and Boehringer Ingelheim) which were also sponsors for the satellite symposia, were each given a certificate and a crystal momento for their support for Wonca's global mission.

The Iberoamericana-CIMF Regional Conference in Santiago, Chile

This was the Second Regional Conference for this new and dynamic Region of Wonca. Held in the beautiful city of Santiago, Chile

over three days, the Conference was special in the very visible support given to Family Medicine by the various governments of the Region. The Ministers of Health of Ecuador, Paraguay and Chile were present at various times during the conference.

The Conference had over 400 registrants with delegates coming from all countries of the Iberoamericana-CIMF Region, including Cuba. Discussions were held between the delegates from Cuba, the Regional President and the Wonca CEO on the possibility of Cuba joining Wonca.

The support shown by Wonca World was equally significant. The Wonca World President, the President Elect, the Regional President and Wonca CEO were all present throughout the Conference. The World President and President-Elect also took active part in the conference programme as plenary speakers and session chairs. Simultaneous translation from Spanish to English and vice versa for certain parts of the programme were offered as a courtesy to the small group of English speaking delegates, mainly from Wonca World. This was highly appreciated.

Following this Regional Conference, the Scientific Society of Family and General Medicine of Chile held their Annual Scientific Congress which had over 650 registrants. The opening ceremony for this national congress was attended by the Wonca President-Elect and CEO.

The Middle-East South Asia Regional Conference in Colombo, Sri Lanka

This was the second MESA Regional Conference to be hosted by the Sri Lanka College of General Practitioners. About 300 registrants

attended from the various member countries of MESA and as far as England, Australia and New Zealand.

The scientific papers presented included some from medical school undergraduates, which were of a very high standard. In addition, teaching staff from the various medical colleges in the country attended.

World Wonca was represented by the Regional President and the CEO. At the Opening Ceremony, the CEO presented a cheque of US \$24,000 (equivalent to 2.4 million Sri Lanka Rupees) to the Sri Lanka College on behalf of the University of Nijmegen and the Dutch College in aid of the Tsunami Relief Fund. This fund was set up by the Sri Lanka College to help rebuild the lives of those affected by the disaster.

A large contingent from India attended the Conference. Discussions were held between the Regional President, the CEO and these delegates on how best to have India's family doctors and its organizations more involved in Wonca.

I must add that it is important that Wonca Regions hold regional conferences annually if possible except in the year of a Wonca World Conference. These events allow for better networking between member organizations in the region and globally. The Wonca Regional Conferences are also very useful in identifying common agendas that member organizations may work towards for their mutual benefit.

Dr Alfred Loh
Chief Executive Officer
World Organization of Family Doctors

FROM THE EDITOR:

A NEW RESOURCE FOR GLOBAL FAMILY MEDICINE DEVELOPMENT

Since the World Organization of Family Doctors was established in 1972, Wonca has promoted family medicine development as a key health system strategy to meet people’s health needs. Over the past three decades, dedicated family doctors from established Wonca member organizations have contributed their knowledge, expertise and time to spread general practice/family medicine globally.

Wonca has served as an invaluable resource for family doctors to share their experiences and help one another. The growth and development of Wonca’s Regions, member organizations, working groups and their products - - reports, conferences, networking opportunities - - - have improved our ability to make a meaningful impact on people’s health throughout the world.

This issue of Wonca News reports on the successful 11th Wonca Europe Regional Conference held on the Island of Kos, Greece. Wonca Region Europe has been a model for how member organizations and their leaders can come together and help each other promote family medicine development throughout their region and around the world.

This issue of Wonca News features important and interesting news on family medicine development in Mongolia, Uganda and Russia, very different countries politically, economically and socially, yet all seeking to reform their health systems to improve access, quality,

equity and affordability for their citizens.

In addition, this issue of Wonca News reports on our new Global Resource Directory (GRD) for family medicine development that has been established on Global Family Doctor – Wonca Online at www.GlobalFamilyDoctor.com. The Global Resource Directory contains additional reports and information on family medicine in Mongolia, Uganda and Russia that may be of interest to our Wonca members. Our new Wonca Global Resource Directory will help us archive and share in an organized, accessible and user friendly manner valuable information on family medicine development around the world. As importantly, it was enable family doctors to identify and network with others around family medicine development in a particular country. Please check this out!

Please send me your articles, photos and additional background information on family medicine development around the globe that you would like to publish in Wonca News. All the information you wish to share with your fellow family doctors will be saved and made available through our online Global Resource Directory.

Marc L. Rivo, M.D, M.P.H.
 Editor, Wonca News
marcrivo@aol.com
 4566 Prairie Avenue
 Miami Beach, FL 33140 USA
 1-305-674-8839 (fax)

FEATURE STORIES

IMPLEMENTING THE FAMILY GROUP PRACTICE MODEL IN MONGOLIA

Like other countries influenced by the Soviet model of health care, the pre 1990 Mongolian health system was centrally planned, dominated by hospitals with no tradition of general practice, and exclusive of community involvement or participation. Since the 1990-93 transition to a market economy, health reform is now firmly on the Mongolia agenda through the Health Sector Development Program (HSDP), an initiative funded from Asian Development Bank loans. The major reform element in Mongolia is the Family Group Practice (FGP) model aimed at developing General Practice.

Under the old Mongolian system, General Practice was unknown. Public health doctors focusing on prevention worked alongside specialists in polyclinics attached to hospitals. The reform program provided the opportunity and resources to develop a General Practice focus. The program had several key elements.

First, doctors from hospitals were moved to practices in the community, particularly poorer areas (often with no water or electricity supplies). Second, the population was encouraged to register with a Family Doctor of their choice – thus strengthening the patient role. Third, the payment status of the new Family Doctors was changed from state employees to private practitioners paid under capitation arrangements for patients in their care.

The FGP program started in mid 1999 and currently, 234 FGPs have

been established throughout Mongolia: 118 in the capital, Ulaanbaatar, and 116 in the population centres in the aimags (provinces). Over 56% of the population is covered by the 234 FGPs (1.3 million people), which include 940 Family Doctors and almost the same number of staff (mainly family nurses, assistants, caretakers, etc). On average, one doctor serves 1350 individuals (similar to Australia and Europe).



Mongolian Family Doctors



A Mongolian FGP clinic



Mongolian doctors and nurses undergoing training

Certain factors were critical in establishing the FGPs. First, public health doctors and interested specialists were recruited to

comprise the pool of new Family Doctors forming themselves into FGPs (ranging from 3-5 doctors in each practice). Potential FGP bases were mapped out according to target populations and doctors selected their particular area.

Next, through an information and education campaign, the population registered with FGPs. To assist in selection, individual doctor details were circulated widely. Under a capitation arrangement, doctors were paid for each patient registered. Capitation payments were initially weighted according to needs categories and risk adjusted by age-sex and poverty ratings.

Subsequently, this was simplified to Poor:Non-Poor (with significantly higher rates for Non-Poor), and applied selectively to urban and rural areas and to poor areas within cities to reflect the higher need for services.

The next factor was a program of training and retraining. Training took the form of an introduction to primary care principles; UK and Australian type general practice; practice management; and finance and accounting. Re-training was intended to refocus on General Practice based on a series of clinical modules emphasizing patient centered approaches; management of common conditions; holistic care; and communication. Each FGP was given an extensive package of equipment, purchased under the program, comprising basic items such as stethoscopes, ophthalmoscopes, suture sets, sterilizers, folding table, gynaecological chairs, lamps etc. Each package contained over 100 items of equipment. New equipment was seen as an important factor in demonstrating to the public that the new FGPs were professional and competent.

The final factor was establishing a contract between FGPs and local government for the provision of services and as the basis of payment. The Contract specified targets and performance including extended working hours; regular home visits; health education and prevention activities; ongoing education; and targets for immunization and vaccination. The Contract sets out the payment rate (based on aggregated capitated amounts for patients registered) and frequency of payment (quarterly). The lump sum payment covers all FGP costs – salaries; rent; heating, electricity etc.

For Mongolia, capitation is the most appropriate payment system to support overall reforms. Risk adjustment means higher payments for poorer areas and encourages doctors to work there, thus increasing access and equity. No direct patient payment and universal coverage encourages use of FGPs as alternatives to hospitals and assists in transferring resources from hospitals to primary care. As more people use FGPs, there will be a corresponding reduction in hospital use and resources can be redirected to reinforcing General Practice.

Capitation also encourages quality improvement and client focus. In Mongolia, money follows the patient. If patients register with a doctor in another FGP, capitation payments go from one practice to the other. Thus, by voting with their feet, patients drive improvements in standards. Patients under this market approach tend towards the “better” doctors (as understood by clients) – those who explain treatments; provide comfortable premises; emphasise courtesy; carry out home visits etc. Capitation is therefore an incentive for doctors to focus on patients and quality improvement.

From 2000, FGPs extended from pilot areas to cover all urban districts and population centres. Recent survey evaluations indicate strong consumer satisfaction with FGPs.

Family Doctors surveyed responded positively to the new system. Family Doctors valued the autonomy and increased clinical scope. Previously, their focus had been narrowly preventive; now treatment and holistic care are central aspects. The model has also increased Family Doctors' status, reinforced by ongoing information campaigns.

FGP workload has also changed since the start of the model with increases in clinic and home visits, pointing to greater utilization of services. Comparing a 2003 survey with a 1999 pre-model baseline shows how practices and workloads have changed.

- Excessive administrative work with numerous government forms and statistics. This takes time away from patient centered work. The aim is to reduce paperwork by eliminating most forms and developing a Minimum Data Set.

Mongolia's relative success to date in establishing a General Practice system provides valuable lessons for former Soviet influenced systems in Central Asia attempting to develop primary care. First, by putting General Practice at the centre of the reforms, Mongolia has been able to advance health sector change overall by coalescing all the necessary elements into an integrated package.

Second, earmarked funding was used to cover training, equipment, acquisition of premises and comprehensive implementation of the FGP program,

Table 1: Changes in FGP activities 1999 - 2003

FGP variables	1999 survey	2003 survey
Patients registered per doctor	790	1580
Clinic visits per day	18.8 (10.1 Poor: 8.7 Non-Poor)	41.5 (23.4 Poor: 18.1 Non-Poor)
Home visits per day	9 (5 Poor: 4 Non-Poor)	21.5 (12.5 Poor: 9 Non-Poor)
Referrals per week	9	12
Patient education activities	50% of surveyed practices	100% of surveyed practices
Quality improvement activities	45% of surveyed practices	100% of surveyed practices
Continuing Medical Education activities	< 10% of surveyed practices	100% of surveyed practices

Source: FGP Surveys 1999 and 2003.

Generally positive results notwithstanding, problems still exist in implementing the FGP model. Major current concerns include:

- Delays in training. Mongolian logistics make decentralized training difficult and the Training Program has slowed in some areas. One solution is to establish new groups of trainers to fast track training
- Lack of clarity around the FGP legal and tax status sometimes leading to problems with tax agencies. Many now recognize the need to strengthen the FGP legal basis and various regulatory amendments are underway.
- Local authorities using the Contract to "control" FGPs. To redress this, an information package for local officials has been developed to help to change attitude towards FGPs.

from pilot phase to nationwide extension.

Finally, health restructuring and development of primary care has received continued and broad ranging bipartisan support across the political spectrum for the reform process.

The Government remains committed to primary health care, but ongoing financial support will be an ongoing strategic issue for Mongolia. The future emphasis also needs to be on quality and continuous improvement. Continuing education for Family Doctors is now a condition of licensing and all doctors must show commitment to ongoing development. Another important objective for Mongolian Family Doctors is to enhance their position as the community's first point of contact with the health care system.

Important organizations for advancing General Practice are the Mongolian Association of Family Doctors, aimed at supporting FGP education and the

Mongolian Family Clinics Trust, aimed at advocating for government support. Another important element in developing Mongolian FGPs is contact with organisations like WONCA, and Mongolia is actively seeking international linkages to increase capacity and quality in Family Medicine.

Michael O'Rourke, MPH
Adjunct Senior Lecturer at the School of Public Health, University of Sydney, Australia
morourke@tpg.com

Dr Sodov Sonin
Executive Director, Health Sector Development Program, Ministry of Health, Mongolia
ssonin@magicnet.mn

Dr Bunijav Orgil
President of the Mongolian Association of Family Doctors
bolort@yahoo.com

Takako Yasukawa
Social Sectors Specialist with Asian Development Bank (ADB), Manila, Philippines
tyasukawa@adb.org

Dr Jacques Jeugmans
Asian Development Bank Consultant to the Health Sector Development Program
jjeugmans@adb.org

Professor Galsan Dashzeveg
Health Sector Development Program Consultant and Board Member of the Mongolian Association of Family Doctors
hsdp2@magicnet.mn

(Editor's note: Additional information on Family Medicine in Mongolia is available in Wonca's Global Resource Directory at www.GlobalFamilyDoctor.com via the Global Family Doctor homepage: Left Menu Quick Links > Global Directory, or Top Menu > Education > Global Resource Directory. See the

Global Resource Directory article in this issue for further details)

The Past, Present and Future of Family Medicine in Uganda

The Government of Uganda aims "to ensure that all the people of Uganda attain a good standard of health." While Uganda has made tremendous progress in reducing the prevalence of HIV/AIDS and improving immunization rates, thousands continue to suffer from preventable diseases and premature mortality.

The target of health for all remains distant in the context of extensive poverty, illiteracy, a high burden of infectious diseases, and scarce health resources. Ugandan health outcomes stagnated and even worsened for some conditions during the 1990s. Recent data from the Ministry of Health (MoH) reflect an infant mortality rate of 88/1,000, an under 5 mortality rate of 152/1,000, maternal mortality rate of 505/100,000, population growth rate of 3.4%, and average life expectancy of 43 years. Over 38% of children suffer from chronic malnutrition. More than 60% of life years lost due to premature deaths are attributable to ten preventable diseases: perinatal and maternal conditions (20.4%); malaria (15.4%); acute lower respiratory tract conditions (10.5%); HIV/AIDS (9.1%); and diarrhea (8.4%). Uganda is also experiencing the epidemiologic transition as chronic diseases, cancers, alcohol abuse, mental disorders and trauma rates are increasing.

The Uganda National Health Sector Strategic Plan (HSSP) provides a strong framework from which to improve health care services. The HSSP seeks to provide

primary health care (PHC) services to all through the Uganda National Minimum Health Care Package (UNMHCP). The minimum package includes maternal and child health services, control of communicable and non-communicable diseases, health promotion, disease prevention and community health initiatives.

Ugandan health services have been decentralized to promote local autonomy and accountability. The country is divided into more than 50 districts; each district is divided into subdistricts (counties) and villages. Each district is served by at least one general hospital that serves a population of roughly 500,000 people; each subdistrict contains a Health Centre Level IV that serves a population of about 100,000 people.

Unfortunately financial and human resources are seriously inadequate for providing the UNMHCP. The cost of providing the UNMHCP is estimated at \$28 per person per year, yet the Government of Uganda has only \$12 to invest. Limited financial resources result in shortages of most facilities, basic supplies, drugs and equipment. Additionally many families spend a large proportion of their limited financial resources on out of pocket expenses for health care.



Drs. Sam Luboga (Associate Dean), Anne Atai Omoruto (Acting Head), Cindy Haq (Honorary Lecturer), Ralph Kolbe (Honorary Lecturer), and Nelson Sewankambo (Dean-Makerere College of Health Sciences)



Family and Community Medicine Senior House Officers and Students, Makerere



Drs. Ralph Kolbe, Andrew Mwanika and George Welishe, national meeting on the Future of Family Medicine in Uganda, Kampala, June, 2005

Though financial resources are necessary, they are not sufficient to ensure access to high quality health services. People are the most critical elements of health systems; they deliver health services and are essential for strategic management of scarce health resources. A shortage of skilled health workers is the most critical limiting factor in providing health services in Uganda. Uganda has a very low density of skilled health professionals, the majority of whom are employed in the public health sector. In 2003 the Ministry of Health (MoH) employed 2,074 doctors and 9,510 nurses and midwives for a population of more than 25 million. The doctor to population ratio is 1:12,500 at best and as low as 1:50,000 in some parts of the country. Additionally most health professionals are concentrated in urban centers while 88% of Uganda's population is rural.

Family physicians' broad scope of practice makes them ideally suited

to deliver the UNMHCP. They are prepared to provide maternal and child health services, manage infectious and chronic diseases, and provide preventive health services for adults and children. They are trained to work at the community level, to serve as the first point of contact, manage emergencies, ensure adequate referral to specialists, and to provide comprehensive follow-up after hospital care. Well-trained family physicians can also teach other health workers and may thus greatly enhance the quality and scope of PHC services.

The MoH is working with districts, universities and training centres to increase the numbers and deployment of competently trained, broad-based health professionals. Comprehensive health nurses are being trained to provide general and surgical nursing care, midwifery skills, mental health counseling, teaching and management. Yet training and deployment of sufficient numbers of comprehensively trained family physicians has been very slow.

Most physicians in East Africa are general doctors who have not completed postgraduate specialty training. While many of these physicians provide excellent health services, most have not mastered the wide scope of practice needed to ensure comprehensive, high quality health care to communities in East Africa.

Postgraduate training of family physicians began at Makerere University in 1989 (the specialty was formerly called community practice); a similar programme began at Mbarara University in 1997. Training began at the Aga Khan University in Tanzania in 2004 and at Moi University in Kenya in 2005. The Ugandan training programmes have produced only 24 graduates to date;

the Kenyan and Tanzanian programmes have yet to produce graduates.

Given the great needs for family physicians in Uganda and East Africa why have so few been trained and employed? A national dialogue on 'The Future of Family Medicine in Uganda' was held in Kampala in June, 2005 to address this question, assess the status and identify bottlenecks and future plans. University and MoH officials, practicing physicians, nurses and representatives of NGOs attended.

Representatives of the MoH identified the recruitment, training and deployment of family physicians (also known as community practice physicians) as a top priority for improving health services in Uganda. They recommend posting at least three family physicians at each of the 85 general hospitals, at least one family physician at each of the 151 Health Centre Level IVs, and to equip each of the centres with functional operating theatres (currently only 18 are functional). The MoH has asked universities to scale up current training to prepare at least 400 new family physicians to meet these expectations.

At the National Dialogue more than 50 health leaders discussed current bottlenecks or challenges. Participants identified the following themes:

Insufficient resources:

- Human resources: Departments of family medicine are severely understaffed with few teachers, limited support from short-term expatriate consultants, and few support staff.
- Physical resources: Office space, equipment, computers and library resources are inadequate. There is little to no support for transport and housing for rural training sites.

Invisibility:

- Limited space and promotional materials: Prospective trainees and faculty often do not know about the specialty, department or its purpose.
- No family medicine association: The few practicing family physicians in Uganda do not yet have a forum for collaboration or communication.
- Undergraduate curriculum gap: Since departments are not yet actively involved in teaching undergraduates, medical school graduates may not have heard of family medicine before they pursue postgraduate training.

Uncertainties:

- Curriculum content: People are not yet sure of the expectations for family doctors. This leads to questions such as, “What will I be?” Will I be a medical officer, a specialist, or a surgeon?
- Career path: There are questions and doubts about career pathways. Prospective trainees wonder if they will be able to be promoted to the levels of consultants and senior consultants like in other specialties.
- Employment opportunities: Trainees wonder what their job descriptions will be! Can he/she be employed by the government, by non-governmental organizations, or begin private practice; will he/she serve as a clinician, a district health director, or as an administrator?

Practice Difficulties:

- Limited facilities: Insufficient resources make it difficult or even impossible to conduct necessary investigations, procedures or refer patients appropriately.
- Overload: Limited numbers of health professionals and facilities in the district health centers results in very high patient loads at the General Hospitals.
- Limited outreach: Lack of transport and fuel limit capacity to conduct community health prevention efforts or home visits.

These bottlenecks are similar to the challenges faced by family medicine in many other countries. Ugandan family medicine will be strengthened through sustained strategic efforts. National leaders identified the following key priorities:

- Promote greater understanding of the identity, competencies and career paths of family physicians;
- Strengthen university departments and curricula;
- Market and expand the training programmes;
- Develop high quality educational resources;
- Employ distance learning methods;

- Provide appropriate supervision, support and evaluation of family physicians in training;
- Mobilize resources to expand training programmes.

MoH staff will expand scholarships and inform officials in the Ministries of Finance, Planning and Education, and District Health Officials, to ensure that career pathways for family physicians are clearly defined, promoted and supported.

Makerere and Mbarara University faculty and staff are synchronizing efforts to develop a common core curriculum, and to expand and develop a network of decentralized training programmes using distance education methods. Ugandan faculty are collaborating with East African, South African and other international colleagues to review best practices and to gather relevant materials for adaptation to the Ugandan setting. The evolving East African Community with its emphasis on regional cooperation may provide additional incentives for Ugandan, Kenyan and Tanzanian universities and governments to harmonize efforts and share resources to educate, monitor and support family physicians.

Training family physicians is only one part of the equation. If recruitment, support and maintenance of family physicians are not addressed, Uganda’s well-trained family physicians may run away to ‘greener pastures.’ The role of the MoH, NGOs, and the private sector will be critical for recruitment, posting and long term maintenance. External donor support could help Uganda move more quickly to meet these challenges.

While the challenges are tremendous, we believe the future is bright for family physicians to contribute to improving health services in Uganda.

Cynthia Haq, MD
Director, University of Wisconsin Global Health Program
clhaq@facstaff.wisc.edu

George Welishe, MD
Lecturer in Family Medicine, Makerere University
georgewelishe@yahoo.com

(Editor’s note: Additional information on Family Medicine in Uganda is available in Wonca’s Global Resource Directory at www.GlobalFamilyDoctor.com via the Global Family Doctor homepage: Left Menu Quick Links > Global Directory, or Top Menu > Education > Global Resource Directory. See the Global Resource Directory article in this issue for further details)

Wonca launches its Global Resource Directory

The concept of creating a directory of developments in family medicine around the world was first discussed during the preparation of Improving Health Systems: The Contribution of Family Medicine A Guidebook, published by Wonca in 2002. The idea was to provide a place for those involved in supporting projects in other countries to record the essential details of the project for the information of others interested in similar projects, or projects in the same country or similar situations. With Wonca's website now well established, an opportunity arose to build an online directory that could be added to, and updated, remotely.

Wonca has now launched its Global Resource Directory (GRD) on Global Family Doctor – Wonca Online. Access it via the Global Family Doctor homepage: Left Menu Quick Links > Global Directory, or Top Menu > Education > Global Resource Directory. You'll see that the first entries are from Mongolia, Russia, Uganda and India.

If you're involved in an overseas development project in family medicine, and particularly in countries where development is still in its infancy, you're now able to submit details from your computer. You will see on the Global Resource Directory page: To apply for space in the GRD Projects database click here. This will take you to a 'form' where details can be entered. When you 'submit' your form it will be emailed to the Webmaster and Medical Editor for selection and entry into the GRD Projects database. This database will enable those interested in international collaboration to ascertain 'who's doing what and where', thereby

increasing cooperation and minimizing duplication.

Papers and reports about developments in family medicine may also be submitted to the Medical Editor (wonca@bigpond.com) and will be posted in the Directory as they arrive.

It is anticipated that this database will soon build into a valuable resource for those already involved in, or wishing to participate in, international collaborative endeavours.

Suggestions about how we can make this Global Resource Directory more useful will be welcome. Please email the Webmaster at webmaster@globalfamilydoctor.com.

Professor Wes Fabb
Medical Editor,
Global Family Doctor - Wonca Online
wonca@bigpond.com
<http://www.globalfamilydoctor.com>

WONCA REGIONAL NEWS

MORE THAN 2,000 ATTEND THE 11TH ANNUAL WONCA EUROPEAN REGIONAL CONFERENCE – KOS

The most important annual meeting for General Practitioners / Family Doctors in Europe, the 11th Conference of the European Society of General Practice/Family Medicine - Wonca Region Europe was held with great success in Greece from the 3rd to the 7th of September. The Conference was organized on the island of Kos, the homeland of Hippocrates, who was the founder of rational medicine. As such, the island of Kos could not have been a better place for hosting this conference in Greece, both symbolically and in practical terms.

The overall theme of the Conference, was "From Hippocrates to the Human Genome: The Past, Present and Future of General Practice/Family Medicine." This theme started the Conference during the Opening Ceremony as it was addressed by the Chairman of the International Scientific Board, Prof. Theodore Mountokalakis.

The main themes of the Conference were:

- Measuring effectiveness in General Practice / Family Medicine
- Cultural determinants of illness and the role of General Practice / Family Medicine
- Needs assessment in General Practice / Family Medicine

Each day of the Conference was dedicated to one of the above

themes, in terms of workshops, parallel sessions, round tables, lectures, etc. In addition, there were exhibitions as well as satellite round tables sponsored by pharmaceutical companies.



Opening Session at the 11th Wonca Europe Regional Conference in Kos



Wonca Europe President, Igor Svab, gives presentation to the conference participants



Wonca Europe Region Family Doctors Celebrate Greek Style in Kos

One of the strong points was the fact that EURACT, EGPRN and EQUIP – Wonca Europe main Network Organisations – played a leading role at the conference, and this was a crucial goal which was totally achieved. In more detail, there was a thematic workshop every morning which included representatives of each of the three networks commenting on the results of the previous day's workshops and parallel sessions.

The scientific program was an innovation and met the needs of GPs/ FDs not only in Europe but worldwide. Officially, 2011 registrations were counted, 54 countries were represented, and approximately, and 250 students attended the conference. Hundreds of abstracts were submitted, covering all the scientific range of the discipline, of which 839 were officially admitted, both, as oral and poster presentations.

Another important event of the conference was the official presentation in a plenary session of the “Vasco Da Gama Movement”, the WONCA Europe Working Group for Young and Future General Practitioners. It was driven from the efforts of Amsterdam “Junior Doctor Project” delegates’ committee and EURACT. The movement’s ideas were originated in Lisbon, the home port of Vasco Da Gama. The movement’s aspiration is to create a network for GP/FM young trainees/junior doctors’ representation.

In addition to the main conference, 50 participants from 18 countries across Europe, nominated by their colleges attended a pre-conference invitational meeting. This meeting was held in the same conference centre from the 2nd to the 3rd of September 2005, supported by the Greek Association of General Practitioners (ELEGEIA) and the Host Organizing Committee of Wonca Europe 2005. The main themes of the preconference were: the Educational Agenda that comes from the new definition of the General Practitioner and the Recruitment issues in GP/FM career. Motivated young GPs exchanged their thoughts and the conclusions were presented and discussed in two plenary sessions during the main conference.

The success of the Wonca Europe Regional Conference – Kos 2005 was crowned after the closing ceremony, by a memorable moment. The participants visited the Asclepion – the school of medicine in ancient Greece and also temple of Asclepios who was the god of medicine and healing – where an unforgettable ceremony took place: the enactment and recitation of Hippocratic Oath in ancient Greek.

All in all, the 11th Wonca Regional Conference in Kos, Greece generated a spectacular amount of relevant information, networking opportunities and fond memories for the more than 2,000 participants.

Bodossakis P. Merkouris
merkouris@the.forthnet.gr
Host Organizing Committee Chairman

(Editor's Note: Additional information and photos from the 11th Wonca Regional Conference – Kos 2005 can be found on the Wonca Europe Region website at www.woncaeurope.org)

HEALTH AND HEALTH SYSTEM NEWS

WHO ISSUES PROGRESS REPORT ON HEALTH AND MILLENNIUM DEVELOPMENT GOALS

The report, **Health and the Millennium Development Goals**, presents data on progress on the health goals and targets and looks beyond the numbers to analyse why improvements in health have been slow and to suggest what must be done to change this. The report points to weak and inequitable health systems as a key obstacle, including particularly a crisis in health personnel and the urgent need for sustainable health financing.

Building up and strengthening health systems is vital if more progress is to be made towards the Millennium Development Goals (MDGs), the World Health Organization (WHO) said in this new report. Unless urgent investments are made in health systems, current rates of progress will not be sufficient to meet most of the Goals.

The key health related MDGs are to:

1. To strengthen health systems and ensure they are equitable.
2. To ensure that health is prioritized within overall development and economic policies.
3. To develop health strategies that respond to the diverse and evolving needs of countries.
4. To mobilize needed resources for health in poor countries.
5. To improve the quality of health data.

Three out of eight goals, eight of the 18 targets, and 18 of the 48 indicators are directly related to health. Of the 18 quantitative indicators for monitoring progress towards the eight MDGs, 17 are monitored by the World Health Organization in collaboration with UNICEF, UNAIDS and UNFPA.

The MDGs have focused attention on the importance of sound data as a basis for public policy decision-making. They have also brought attention to measurable indicators of progress and the institutionalized system of reporting. Working with partners, including the Health Metrics Network — a global collaborative effort to generate and streamline support to country health-information systems — WHO promotes the application of sound principles and practices for data generation, analysis, dissemination and use.

The full report may be downloaded from the WHO at: http://www.who.int/mdg/measuring_progress/en/

The Role of Physician Assistants in the Health Care System

Neil Erickson is a U.S. physician assistant (PAs) hired by a practice in England. He and other PAs are part of an effort to help meet a medical staffing shortage within the country's National Health Service. Cameron R. Macauley, PA-C, has opened and supervised outpatient community clinics in Guinea-Bissau, Brazil, and on the Thai-Cambodian border, and provided immunization services in southern Angola. Winnie Barron, PA-C, divides her career between serving as a physician assistant in Oregon and her role as director of the Makindu Children's Center, which serves children in Kenya orphaned as a result of the AIDS pandemic. Michael Wawrzewski III, PA-C, founded Hospitals of Hope, an international mission composed of health care professionals who bring medical care, much needed supplies, and health care educational programs to Bolivia, Haiti, and Guatemala.

These are just some of the examples how U.S. physician assistants are providing medical care in other countries. As their numbers grow, more and more countries are investigating ways to incorporate the physician assistant concept into their health care systems.



Delegates from the United Kingdom (foreground) attended an international symposium held in May 2005 and hosted by the American Academy of Physician Assistants to learn more about the U.S. physician assistant profession.



A recent international symposium on the U.S. physician assistant profession included a presentation by delegates from the United Kingdom on the development of the PA profession in that country. The symposium was hosted in May 2005 by the American Academy of Physician Assistants.

The American Academy of Physician Assistants (AAPA) has worked closely with representatives of various countries to inform them about the history of the PA profession in the United States, the role that physician assistants play in expanding patient access to quality medical care, and the possible establishment of a PA-like profession in other countries.

In 2005, there are more than 55,000 clinically practicing PAs in the United States. They are found in virtually all medical and surgical specialties and all practice settings. Educated in the medical model, physician assistants provide a board, comprehensive range of services that include taking medical histories, conducting physicals, ordering and interpreting tests,

developing and implementing treatment plans, writing prescriptions, assisting in surgery, making rounds at hospitals and nursing homes, and handling administrative duties.

One goal of the AAPA has been to expand the concept of the physician assistant profession worldwide. The Academy recognizes that while this kind of health care professional could be a means to enhancing health care in different countries, the concept should be adapted to fit the needs of the host country, reflecting its educational system, the patient population to be served, and the funding structure for health care professionals in that respective country.

For this reason, AAPA has conducted special seminars and hosted on-site visits for visiting dignitaries so they can better understand the physician assistant profession in the United States. At its annual conference each year, the Academy has brought together representatives from various countries to discuss the educational, professional practice, and regulatory issues of the U.S. physician assistant profession. Attendees at the 2005 conference included representatives from the Netherlands, Taiwan, Canada, Scotland, and England.

One constant in the PA profession, wherever it has taken root, is the fact that physician assistants work as members of the medical team and are supervised by physicians. This close philosophical and legal relationship between PAs and physicians is formed in their respective educational programs and continues to the work setting. What a PA is authorized to do is determined by his or her education, experience, the law, and the supervising physician. The team concept is embraced by the physician assistant profession in the United States because it provides for continuity of care. It also frees up the physician to handle the more difficult case, while the PA tends to the more common cases presented in a practice. In the United States, the medical care services provided by physician assistants are generally reimbursed by federal, state, and private health insurance programs.

Staff members from the Academy are available to meet with representatives from other countries to provide historical and regulatory information about physician assistants in the United States. To schedule a meeting or for more information, contact Marie-Michele Leger, AAPA director, clinical affairs, at mleger@aapa.org; 703/836-2272, ext. 3104. Or visit the AAPA Website at www.aapa.org.

MEMBER AND ORGANIZATIONAL NEWS

FAMILY MEDICINE IN RUSSIA: LETTER TO THE EDITOR

I was so pleased to read the comments by Dr. Bruce Sparks, the President of WONCA, “Improving Russia’s Health System – The contribution of Family Medicine” in the August 2005 issue of Wonca News. It is gratifying to see that the work initiated in the 1980’s by many different individuals and Family Medicine organizations has brought fruit to the palate of the Russian medical consumer.

In 1989, the Maine Academy of Family Physicians, a chapter of the AAFP began conversations with the Ministry of Health, USSR about the Family Medicine model and its attributes to enhance primary care in the Soviet Union. This effort was quickly joined by the Brown University Department of Family Medicine and its Chair, Vince Hunt, MD to develop a post graduate Family Medicine training program at the Moscow Medical Academy under the direction of the former USSR Minister of Health and then Chair of this Department, Dr. Igor Denisov. On August 26, 1992 the Ministry of Health issued Order 237 declaring that the specialty of Family Medicine was created and that all primary health care services in the Russian Federation must develop along the lines of Family Medicine.

I wish to add that simultaneously to these efforts; our colleagues from the College of Family Physicians of Canada, Donald Rice, MD, Carl Moore, MD and Reg Perkins, MD had been quite active as well in the advocacy needed for

this new specialty. In addition, the Royal College of General Practitioners, under the leadership of Douglas Garvie, MD and Robin Fraser, MD worked very hard towards this same goal.

However, I must note that the tenacity in this work was truly related to that of the Russians themselves. From the MOH, initially Dr Yevcheny Chasov, Minister in the late 1980s, Dr Denisov, and Dr. Vladimir Shabalin were ever active in this pursuit. The leadership from Soyuzmedinform’s (later called Medtelecominform) Drs Alexander A. Kiselev and Vyacheslav Platonenko were the guiding presence and the leaders in the Family Medicine development movement. Finally, the physicians of the Sabourova District in Moscow, Drs Andrei Lissin and Nadia Masslanikova, were the pioneers of the practice of Family Medicine, having established the first Family Medicine office in a Russian polyclinic in 1992.

The development of Family Medicine around the world is gratifying to see. The history of our specialty is now long and storied. Many thanks to all who contribute to this work around the world through Wonca. You make all of our work as family physicians just a little easier.

Alain J. Montegut, MD
montea@mmc.org

(Editor’s note: Additional information on Family Medicine in Russia is available in Wonca’s Global Resource Directory at www.GlobalFamilyDoctor.com via the Global Family Doctor homepage: Left Menu Quick Links > Global Directory, or Top Menu > Education > Global Resource Directory. See the Global Resource Directory article in this issue for further details)

Damilya Nugmanova: Wonca Global Family Doctor for August 2005

Professor Damilya Nugmanova is a well-recognised leader within Kazakhstan of efforts to improve the primary health care system through organization, training, and implementation of Family Medicine.

She has been head of the Family Medicine Faculty of the Almaty Postgraduate Institute for Physicians for nine years.

She has been instrumental in the retraining of hundreds of primary care pediatricians, internists, and others, and in developing health reform strategies and action plans at both oblast and national levels. She is currently the President of the Kazakhstan Association of Family Physicians which works to promote the interest of primary care physicians, holds training and continuing medical education, organizes population education efforts, and develops and provides materials for primary care physicians to use in the education of patients.



Professor Damilya Nugmanova: Wonca Global Family Doctor for August 2005

She has organized and taught courses on clinical topics for practicing physicians, evidence based medicine (EBM) for clinicians, academics, and administrators, and on health reform topics. She is head of the Association of Family Physicians Trainers which has organized and provided training for the teachers from all the medical schools of Kazakhstan, developed curriculum for family medicine continuous education and

developed family medicine residency standards.

Through her work as the Clinical Director of USAID Funded Central Asia ZdravPlus Project, Professor Nugmanova has also been instrumental in the development of Family Medicine in other countries in the Central Asia Region, such as in Uzbekistan and Tajikistan, by assisting their Family Medicine Faculties to organize Family Medicine Training Centres.

Professor Nugmanova has participated and spoken at numerous regional and international conferences on the topics of family medicine development, health care reform, and evidence based medicine. She has published numerous articles in professional and lay publications, and on television and radio.

Professor Damilya Nugmanova is a most deserved winner of the Wonca Global Family Doctor of the Month Award for August 2005.

Alan Pugh: Wonca Global Family Doctor for September 2005

Doctor Alan Pugh graduated from The University of Cape Town in 1954 keen to work in a rural African setting where doctors are needed the most. He moved to Harare, Zimbabwe (then Salisbury, Rhodesia), where he met and married Jill, an English nurse and his constant companion. After obtaining a public health doctorate, Dr Pugh joined the Government Provincial Health Department and became Minister of Health with responsibility for all aspects of health care in the Matabeleland Province.

While visiting health workers, as well as farmers, chiefs and headmen, Dr Pugh realised that members had very little contact with or knowledge of what other health staff did. Meetings were arranged regularly so that people met each other, common problems were discussed and plans agreed upon. This helped the PMOH department to maintain control of endemic diseases such as TB, leprosy, malaria and waterborne infections even in very difficult and dangerous times when some hospitals and clinics had to close and WHO pulled out for political reasons. These interventions are now firmly established, but 40 years ago were considered quite radical!

Two further examples demonstrate how Dr Pugh and his public health team helped empower rural communities to take responsibility for solving their health problems. Over 35 years ago a severe drought led to crop failures in many areas of Matabeleland South. Food aid was made available by NGO's and Government sources in the form of maize, beans, cooking oil and ground nuts, but how to distribute them effectively? The nurses at Thelenyemba Mission Hospital set an example. They went into the communities and explained that food would be available, but had to be cooked and shared equitably. The community women responded, forming cooking groups in various convenient places. The food was delivered and before long the benefit to the children was obvious to all.



Dr Alan Pugh: Wonca Global Family Doctor for September 2005

Then there was an outbreak of diarrhoeal diseases in the Filabusi area. The cause was a polluted dam, surrounded by reeds which served as toilets, from which water was drawn for cooking and washing, laundry and bathing. How to get the community to understand and take action? The local Headman was invited to meet Dr Pugh. They walked along the bank talking about the causes of diarrhoea, and noted how the reeds were the only places private enough for use as toilet facilities. The Headman saw they needed proper toilet facilities and organized the community to solve the problem.

More recently Dr Pugh has been a key figure in the setting up of the Thembelihle Halfway Home for patients with AIDS. Thembelihle is a nursing home which cares for these patients until they are fit for discharge to home. While Dr Pugh is a most deserving Global Family Doctor of the Month, he would give credit to all the health workers and community leaders who these accomplishments possible.

(Editor's Note; The "Global Family Doctor of the Month" Award is an award to encourage philanthropy among primary care practitioners and to honour doctors giving their time and expertise to their global colleagues and their patients. The award is given to doctors who are recognised by their colleagues as having contributed significantly to the community in which they work by way of their practice, community involvement, charity work or other humanitarian acts.

Each Award winner is given a letter of congratulations from the Wonca CEO, an award certificate and a complete office diagnostic set from Welch Allyn worth approximately \$400.

Submission Requirements include:

1. Title and Full Name of nominee.
2. Photo of nominee. The winner and his/her photo would be featured on Wonca's website www.GlobalFamilyDoctor.com
3. Postal address of nominee.
4. Reasons for nomination for the Award.
5. Brief resume or CV of the nominee
6. Any other relevant information that would assist Wonca in the selection process.

Please submit nominations for this monthly Award to Dr Alfred Loh, CEO of Wonca at the Wonca Secretariat via email to admin@wonca.com.sg

RESOURCES FOR THE FAMILY DOCTOR

FELLOWSHIPS AVAILABLE TO ATTEND 13TH WORLD CONFERENCE ON TOBACCO OR HEALTH

Wonca members from low and middle income countries with an interest in Tobacco control may be eligible for a fellowship to attend the 13th World Conference on Tobacco OR Health (WCTOH) which will be held July 9-15, 2006 in Washington, DC. The deadline to submit applications is November 21, 2005.

The goal of the Fellows program is to enhance capacity and strengthen networks for tobacco control among rising practitioners and emerging leaders in low-and middle-income countries.

A key element of the Fellows program is the structured

opportunity for Fellows to learn about effective tobacco control strategies from each others experiences. This program has been successfully offered at the previous two World Conferences. Approximately 70 Fellowships will be awarded to applicants from low and middle income countries.

The objectives of the 13th WCTOH Global Tobacco Fellows program are to:

- strengthen global leadership and increase the number of organizations and individuals engaged in the fight against tobacco
- exchange successful ideas and strategies to create social, political, and economic change to reduce tobacco use and exposure world-wide
- expand and strengthen the understanding and application of tobacco control policy changes
- create on-going networks and establish new networks for global tobacco control

The 13th WCTOH Global Fellows Program consists of:

- 2.5 day pre-conference training (July 9 – 11, 2006)
- Participation in the WCTOH (July 12 – 15, 2006)
- Economy round trip air travel from country of residence to Washington, DC, accommodation and meals in Washington, DC during the pre-conference training and WCTOH, WCTOH registration fee, ground transportation and a small per diem.
- Opportunity to apply for seed grants following the WCTOH

Individuals who meet the following criteria may apply to participate in the Fellows program:

- Work or study is in tobacco control
- Live/work in low-or middle-income country
- Educational and/or professional background qualifies her/him to benefit from short intensive program
- Employment or study is of practical importance in his/her country
- Have no connections to the tobacco industry
- Command of English is adequate to actively participate in discussions
- Able to make practical use of skills and knowledge to mobilize others

Additional information on the program, and the application form, can be found on the following URL: <http://www.13thwctoh.org/t-scholarships.php> Applications will be accepted until November 21, 2005. Applicants will be notified the week of February 1, 2006 if they are accepted.

If an on-line application is not feasible, please contact:

Celeste D. McNair;
 Talley Management Group, Inc.;
 19 Mantua Road; Mt. Royal,
 New Jersey 08061 U.S.A.
 Phone: +856-423-7222 extension 254
 Fax: +856-423-3420 Email: cmcnair@talley.com

Rick Botelho

Covenor, Wonca Special Interest Group on Health Behavior Change
Rick_Botelho@URMC.Rochester.edu

Improving Health Systems: The Contribution of Family Medicine

Health systems throughout the world are undergoing change, in many cases driven by new understanding of the importance of primary health care. In the UK, Primary Care Trusts have taken on purchasing of secondary care services, and in the USA health maintenance organisations purchase similarly. In New Zealand, Primary Health Organisations will use an integrated capitation model partially with purchasing of laboratory and pharmaceutical services as well as personal care.

But many countries in the developing world have poorly developed primary health care systems, resulting in poor access to care, and higher costs of service delivery. Frequently the contribution of family medicine is under-recognised, leading to under utilization and higher costs of medical care.

So it comes as no surprise that the World Organisation of Family Doctors (WONCA) and the World Health Organisation (WHO) have collaborated to publish a guidebook, *Improving Health Systems: The Contribution of Family Medicine*. This guidebook shows how family medicine/general practice can help countries throughout the world maintain and improve their citizens health and well-being by developing more productive, coordinated and cost effective approaches to health care.

In broad terms the book considers the rationale for health care systems to be more responsive to the needs of people; the role that family medicine can play in such reformed systems, the challenges

and barriers for family medicine; and the responses, and ways and means to strengthen family medicine.

The strength of this book is the fact that this is a collaborative effort between WONCA/WHO, drawing together the evidence for the contribution of family medicine towards the health communities and countries. The values of family medicine are seen as central to effective delivery of health care.

The complementarity of clinical and community health skills is noted, along with strategies to educate family doctors in community health, epidemiology, community organisation and health development strategies. Medical Schools are encouraged to express social accountability by directing their education, research, and service activities toward the priority health concerns of community, region or nation that they serve. Comprehensive patient care, communication skills, working with families, medical ethics, preventive medicine, management of prevalent conditions, community and population health, and leadership and management skills are all covered.

The role of postgraduate organisations in vocational training, alongside observations of the content of the family medicine curriculum is discussed. Sections also cover financing of primary care services, improving access to primary care, supporting primary care research, and enhancing quality of care and outcomes.

The WHO-Wonca Guidebook, Improving Health Systems: The Contribution of Family Medicine, published by Wonca in 2002, is available through the Wonca Secretariat by surface mail at a cost of \$10 (US) for Wonca*

members and \$15 for nonmembers and by air mail at a cost of \$15 (US) for Wonca members and \$20 for nonmembers. Payment by Visa or Mastercard is preferred and quicker to process. Please forward your credit card number, card expiration date and name on the credit card by email to admin@wonca.com.sg or by fax: +65 6324 2029 .*

Alternatively, you may pay by bank draft or check drawn on a US bank made payable to "Wonca International Inc." for the appropriate US dollar amount. Please state the number of copies of the Guidebook you wish to purchase. Send your order and check payment to: Ms. Yvonne Chung, Wonca Administrative Manager, College of Medicine Building, 16 College Road #01-02, Singapore 169854.

**Please note: depending on the destination, surface mail can take up to 2 months; air mail takes 7-10 days*

For those interested in the essential contribution that family practice can make in health reforms internationally, to provide better health care for patients and populations, this book is required reading. WONCA and WHO should be complimented for this outstanding publication.

Prof Gregor Coster
Royal New Zealand Collage of
General Practitioners

(Editor's Note: Reprinted from the July 2002 issue of Wonca News)

WONCA CONFERENCES 2005 – 2010 AT A GLANCE

 Information correct as of October 2005.
 May be subject to change.

 See Wonca Website www.GlobalFamilyDoctor.com for updates

2005	Region	Venue	Theme
8 – 11 Dec	Americas Regional Conference	Vancouver CANADA	Preparing For Tomorrow The Way Forward
2006			
27 – 30 Aug	European Regional Conference	Florence ITALY	Towards Medical Renaissance: Bridging the Gap Between Biology and the Humanities
8 – 15 Sept	7th Rural Health Conference	Seattle Washington USA	Transforming Rural Practice Through Education
11 – 14 Oct	Iberoamericana - CIMF Regional Conference	Buenos Aires ARGENTINA	Pursuing Equity and Efficiency in Healthcare: the Role of the Family Doctor
5 – 9 Nov	Asia Pacific Regional Conference	Bangkok THAILAND	Happy and Healthy Family
2007			
24 – 27 July	18th WONCA World Conference	SINGAPORE	Human Genomics and its Impact on Family Physicians
17 – 21 Oct	European Regional Conference	Paris FRANCE	Re-Thinking Primary Care in the European Context: A New Challenge for General Practice
2008			
1 – 5 Oct	Asia Pacific Regional Conference	Melbourne AUSTRALIA	Theme to be confirmed
2009			
5 – 8 June	Asia Pacific Regional Conference	Hong Kong	Building Bridges
2010			
26 – 30 May	19 th WONCA World Conference	Cancun MEXICO	Millennium Development Goals: The Contribution of Family Medicine

GLOBAL MEETINGS FOR THE FAMILY DOCTOR

WONCA WORLD AND REGIONAL CONFERENCE CALENDAR

Family Medicine Forum 2005/Wonca Americas Regional Conference, Vancouver

Host: College of Family Physicians of Canada (CFPC)
 Theme: Preparing for Tomorrow
 Date: 8-11 December, 2005
 Venue: Vancouver Exhibition and Convention Centre
 Vancouver, British Columbia, Canada
 Contact: Joanne Langevin; Meetings Manager
 Cheryl Selig, Registration Coordinator
 2630 Avenue Skymark
 Mississauga, Ontario, Canada L4W 5A4
 Tel: 905 629 0900 /1-800-387-6197
 Fax: 905 629 0893
 Email: fmf_registration@cfpc.ca
 info@cfpc.ca
 Web: www.cfpc.ca

Wonca Europe Regional Conference, Florence 2006

Host: CSERMEG
 Theme: Towards Medical Renaissance
 Date: 27-30 August, 2006
 Venue: Florence, Italy
 Contact: OICsrl
 Viale Matteotti 7
 50121 Florence, Italy
 Tel: +39 0555 0351
 Fax: +39 0555 001912
 Email: wonca2006@oic.it
 Web: http://www.woncaeurope2006.org

Wonca 7th Rural Health Conference, Seattle-Anchorage 2006

Host: Wonca Rural Health Working Party
 Theme: Transforming Rural Practice Through Education
 Date: 8-15 September, 2006
 Venue: 8 -10 September – Wonca Rural Conference
 University of Washington campus
 11-13 September, 34th Annual Advances in
 Family Practice
 University of Washington campus
 13-15 September, Post Conference
 Talkeetna Alaskan Lodge
 Anchorage, Alaska

Contact: Tom E Norris, MD
 Chair, Host Organizing Committee
 Department of Family Medicine
 University of Washington School of Medicine
 Box 356390
 Seattle, WA 98195-6390, USA
 Fax: 206-543-3101
 Email: tnorris@u.washington.edu
 Web: http://www.ruralwonca2006.org/

Wonca Iberoamericana-CIMF Region, Buenos Aires, 2006

Host: Federacion Argentina De Medicina Familiar y
 General
 Theme: Pursing Equity and Efficiency in Healthcare:
 The Role of the Family Doctor
 Date: 11-15 October, 2006
 Venue: Sheraton Hotel, Buenos Aires
 Contact: Federacion Argentina De Medicina Familiar y
 General
 Tel: 54 11 4958 5071
 Email: aamf@lvd.com.ar
 Web: www.aamf.org.ar

15th Wonca Asia Pacific Regional Conference, Bangkok 2006

Host: General Practitioners/Family Physicians
 Association of Thailand
 College of Family Physicians of Thailand
 Theme: Happy and Healthy Family
 Date: 5-9 November, 2006
 Venue: Miracle Grand Convention, Hotel Bangkok
 Contact: Dr Kachit Choopanya, Chairman, Host
 Organizing Committee
 10th Floor, Royal Golden Jubilee Building
 2 Soi Soonvijai, New Petchaburi Road
 Bangkok, Thailand 10320
 Tel: 66(0) 2716 6651
 Fax: 66(0) 2716 6653
 Web: www.thaifammed.org

18th Wonca World Conference, Singapore 2007
Host: College of Family Physicians, Singapore
Theme: Human Genomics and its Impact on Family Physicians
Date: 24-27 July, 2007
Venue: Singapore International Convention and Exhibition Centre
Contact: Dr Tan See Leng, Chairman,
 Host Organizing Committee
 College of Family Physicians, Singapore
 College of Medicine Building
 16 College Road #01-02
 Singapore 169854
Tel: 65 6223 0606
Fax: 65 6222 0204
Email: contact@cfps.org.sg
Web: www.wonca2007.com

Wonca Europe Regional Conference, Paris, 2007
Host: French National College of Teachers in General Practice
Theme: Rethinking Primary Care in the European Context
Date: 17-21 October, 2007
Venue: Palais des Congres
 Paris, France
Contact: French National College of Teachers in General Practice
 6 rue des Deux Communes
 94300 Vincennes, France
Tel: 33-153 669 180
Email: cnge@cnge.fr
Web: www.cnge.fr

19th Wonca World Conference, Cancun 2010
Host: Mexican College of Family Medicine
Theme: Millennium Develop Goals:
 The Contribution of Family Medicine
Date: 26-30 May, 2010
Venue: Cancun Conventions and Exhibition Center,
 Cancun Mexico
Contact: Mexican College of Family Medicine
 Anahuac #60
 Colonia Roma Sur
 06760 Mexico, D.F.
Tel: 52-55 5574
Fax: 52-55 5387
Email: javier.dominguez@unfpa.org.mx

MEMBER ORGANIZATION AND RELATED MEETINGS

**International Society for Quality in Health Care
 22nd International Conference, Vancouver 2005**
Date: 25-28 October, 2005
Venue: Vancouver, British Columbia, Canada
Contact: ISQua Secretariat
 212 Clarendon Street
 East Melbourne 3002 Australia
Tel: +61 3 9417 6971
Fax: +61 3 9417 6851
Email: isqua@isqua.org
Web: http://www.isqua.org

**Network: Toward Unity for Health International
 Conference, Ho Chi Minh City, Vietnam 2005**
Date: 12 - 17 November, 2005
Theme: On Making Primary Health Care Work:
 Challenges for the
 Education and Practice of the Health Workforce
Venue: Ho Chi Minh City, Vietnam
Contact: Ms. Yoka J.H. Cerfontaine
 P.O. Box 616
 6200 MD Maastricht
 The Netherlands
Tel: 31-43-3885638/3881524
Fax: 31-43-3885639
Email: secretariat@network.unimaas.nl
Web: http://www.the-networktufh.org/conference/

**5th Austrian Winter Conference on General Practice and
 Family Medicine, Austria 2006**
Date: January 14-21, 2006
Venue: Hotel Rote Wand in Lech am Arlberg, Austria
Contact: Vienna Medical Academy
 Attn. Hedwig Schulz
 Alser Strasse 4,
 1090 Vienna, Austria
Tel: +43 1 405 13 83-10
Fax: +43 1 405 13 83-23
E-mail: h.schulz@medacad.org
Web: www.oegam.at

**13th World Conference on Smoking or Health,
 Washington, DC 2006**
Theme: Building Capacity for a Tobacco-Free World
Date: 12-15 July, 2006
Venue: Renaissance DC Hotel
 Washington, D.C., USA
Contact: John Seffrin, PhD
 Chief Executive Officer
 American Cancer Society
Email: secretariat2006@cancer.org
Web: http://www.2006conferences.org/

Preparing for Tomorrow Préparer l'avenir

Family Medicine
2005
FORUM
Médecine familiale
VANCOUVER

The College of Family Physicians of Canada (CFPC), the British Columbia College of Family Physicians (BCCFP), the CFPC's Sections of Teachers and Researchers and the Americas Region of Wonca (The World Organization of Family Doctors) invite you to Family Medicine Forum 2005.

Join family physicians from Canada, the USA and the Caribbean for the combined Scientific Assembly of the CFPC and the Americas Region of Wonca!

- Over 20 hours of accredited CME/CPD (Mainpro M-1 and C)
- Outstanding Keynotes, plenary sessions, small group workshops
- Wide range of clinical, teaching and research presentations, and hands on sessions
- Interact with medical students and residents – our family doctors of the future

Le Collège des médecins de famille du Canada (CMFC), le Collège des médecins de famille de la Colombie-Britannique (CMFCB), la Section des enseignants et la Section des chercheurs du CMFC, ainsi que la Région des Amériques de Wonca (l'Organisation mondiale des médecins de famille) vous invitent au Forum 2005 en médecine familiale.

Joignez-vous aux médecins de famille du Canada, des États-Unis et des Caraïbes pour l'assemblée scientifique conjointe du CMFC et de la Région des Amériques de Wonca!

- Plus de 20 heures de FMC/DPC approuvé (crédits Mainpro M-1 et C)
- Conférences d'ouverture, séances plénières, ateliers en petits groupes exceptionnels
- Large éventail de présentations cliniques, d'enseignement et de recherche, et de sessions pratiques
- Venez interagir avec les étudiants en médecine et les résidents – nos médecins de famille de demain

Visit the CFPC Website for more information • Visitez le site Web du CMFC pour plus d'information
www.cfpc.ca

Please join us in Vancouver! • Soyez des nôtres à Vancouver!

December 8-11, 2005 • Du 8 au 11 décembre 2005

Vancouver Convention and Exhibition Centre

Vancouver • British Columbia • Colombie-Britannique • Canada



The College of
Family Physicians
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médecins de famille
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British Columbia
College of
Family Physicians

Le Collège
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Section of
Teachers of
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Section of
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