

WONCA News

An International Forum for Family Doctors



CONTENTS

From the Wonca President	: How Does One Care for People in Region's of Military Conflict?	2
From the CEO's Desk	: Family Doctors Helping Family Doctors in Disasters	3
From the Editor	: Family Doctors – Responding to Community Health Threats	4
FEATURE STORIES		5
	<ul style="list-style-type: none"> • Professor Khaya Mfenyana Elected Wonca Africa Region President • Women Physicians: Caring for Themselves and Their Families • Register for the 7th Wonca World Rural Health Conference in Seattle 	
Wonca REGIONAL NEWS		8
	<ul style="list-style-type: none"> • 1st Wonca Iberoamerican-CIMF Regional Conference to Meet in Buenos Aires • El Primer Congreso Regional de Wonca-CIMF Iberoamericano Realizara en Buenos Aires • Come to Bangkok for the Asia Pacific Regional Conference 	
HEALTH AND HEALTH SYSTEM NEWS		9
	<ul style="list-style-type: none"> • More than 20,000 Review AIDS Epidemic at XVI International Conference • How Hong Kong and Toronto's Family Doctors Responded to the SARS Epidemic 	
MEMBER AND ORGANIZATIONAL NEWS		12
	<ul style="list-style-type: none"> • Professor Nandani de Silva Appointed Vice Chancellor • Isabelita Morales Samaniego – Wonca Global Family Doctor for June • Call for Papers for Special Issue on Global Family Medicine Education • 'Education for Health' Call for Papers Deadline September 30th • Wonca Veterans Reunite in Alaska 	
RESOURCES FOR THE FAMILY DOCTOR		15
	<ul style="list-style-type: none"> • New Report: Tobacco Deaths May Exceed One Billion in the 21st Century • Avian Influenza Web Resources for the Family Doctor 	
WONCA CONFERENCES 2006-2011 AT A GLANCE		17
GLOBAL MEETINGS FOR THE FAMILY DOCTOR		18

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: brucepsa@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
 Prof Khaya Mfenyana, 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: marcivo@aol.com

WONCA GLOBAL SPONSORS



FROM THE WONCA PRESIDENT:

HOW DOES ONE CARE FOR PEOPLE IN REGIONS OF MILITARY CONFLICT?

“Every gun that is made, every warship launched, every rocket fired signifies, in the final sense, a theft from those who hunger and are not fed, those who are cold and not clothed.”

Dwight D. Eisenhower

Local and regional conflict around the world has once again highlighted the devastating humanitarian and health modifying effects that military conflicts have on ordinary people. Modern wars tend to target whole communities and their support systems. In recent military conflicts around 90% of the casualties are civilians. Apart from the loss of life, the military action deeply traumatises and disrupts healthy psychological and emotional development, leaving deep wounds and scars that could last for generations.

The world has recently focused on the Israeli - Hezbollah conflict. The immediate consequences of the devastation are profound with estimates of more than a million people displaced in both Southern Lebanon and Northern Israel. Diplomatic efforts are underway to limit the conflict's impact on peoples' overall health throughout the Middle East region.

While the world focuses on the drama in the Middle East, another deadly conflict of a far greater duration and magnitude continues to elude diplomatic solution. The people in Sudan's Darfur region have endured more than three years

of displacement, violence and death. At least 180,000 people may have died from illness and malnutrition in Darfur over the past 18 months, according to the United Nations' top emergency relief official, Jan Egeland. More than a million refugees have been permanently displaced from the violence as their villages have been burned and completely destroyed.

On a smaller but equally devastating scale, over 65,000 people in Timor Leste in South East Asia, with a total population of just less than a million, have recently been internally displaced in the capital, Dili, due to civil unrest. The difficulty of delivering basic needs such as clean water, temporary shelter, food, and health care in over 40 temporary camps is of great concern, and could get worse if the security situation deteriorates further.

Military conflicts such as these and others across the globe have many unfortunate consequences in common. Those displaced internally and in neighbouring countries need support to access safe drinking water, health care, warmth, vaccines and life-saving medications. Destruction of infrastructure further affects the health system's capacity to deliver care. There is an increase in communicable diseases because of the concentration of displaced persons and the lack of access to clean water and sanitation. There is also an increased risk of morbidity and mortality in those already living with chronic diseases such as hypertension, diabetes, heart failure, malignancies, HIV/AIDS, psychiatric illness and epilepsy because of the lack of life-preserving medications, specialised care and support services. This applies too, to pregnant women about to deliver and other in need of similar vital care. The elderly are also particularly at risk.

Diminishing fuel supplies, food insecurity, precarious hygiene and temporary over-crowded shelters further exacerbate the situation. And yet it is often impossible or extremely difficult for relief organisations and agencies to access areas of conflict, thus making comprehensive assessment impossible. So reliable information of numbers affected and the magnitude and scope of the impact and needs are often unavailable to aid organisations.

I am always in awe of the health and relief workers who are interviewed on TV from the battle zones around the world. Their courage and dedication in the face of personal danger and hardship is to be admired. While specialist services are necessary for acute trauma and the management of major medical emergencies, a large proportion of the care in these situations falls on the family doctors, primary care physicians and other professionals in the primary care sector. Apart from offering all the usual primary care services they must also ensure effective immunisation services, post-traumatic stress counselling, nutritional care, management of infective conditions such as typhoid fever, typhus, and cholera, and also run surveillance and monitoring programmes.

Apart from collateral deaths and injuries of civilians, family disruption, and destruction of homes and property, the impact of wars and military conflict on children must be devastating, particularly those who witness deaths and mutilations of family and community members. These images must have lasting and detrimental effects. Croesus, King of Lydia in the 6th century BC stated, *“In peace the sons bury their fathers, but in war the fathers bury their sons.”*

Our colleagues and Wonca members in countries of the Middle East; in the Darfur region of Sudan; in Timor Leste; caring for the communities devastated by the recent Tsunami in Central and West Java, or the starving masses in the Horn of Africa, in Iraq, Afghanistan, Kashmir and other areas of humanitarian need, deserve our praise and support, not only during the acute phases of need but also during those of early and sustained recovery and reconstruction. They often work with very limited resources and under stressful and dangerous conditions. The question we must ask is, "Are our family doctors adequately trained to deal with natural, environmental or man-made disasters?" I fear that in general they are not. But I believe that most well trained generalists can soon adapt and learn in the face of urgency and need. However disaster management should be a necessary part of every doctor's medical training.

Professor Bruce Sparks

President

World Organization of Family Doctors

FROM THE CEO'S DESK:

FROM THE CEO'S DESK: FAMILY DOCTORS HELPING FAMILY DOCTORS IN DISASTERS

In the past two to three years, the world has experienced several natural disasters of significant magnitude. These would include the West Sumatra-Aceh Tsunami, the North Pakistan Earthquake, Hurricane Katrina in the USA and the recent Yogyakarta Earthquake in the Indonesian Island of Java. These events were well covered by the media globally and we were all well informed of the toll in human lives and property damages. Added to these were the hardship and death inflicted on the civilian population in some countries by man-made destruction like wars and civil unrest as the case in the Darfur Region of Sudan, Timor Leste, Sri Lanka, Iraq, Afghanistan and more recently in Lebanon and Israel.

While most of us know of the cost to human lives and property of these events, few realize that among those who died and suffered are also the family doctors living and working in the midst of these areas of calamity. Some have died in the process of carrying out their professional duties attending to patients while others died with their families at home. Little in terms of publicity is given to these individual tragedies suffered by family doctors.

In the case of the West Sumatra tsunami for example, about 28 family doctors in Indonesia's Aceh Region died instantly when the giant waves struck land. Over 320 family practice clinics were completely destroyed leaving the family doctors with no means to help the survivors or to make a living after the event. Immediate and significant help and moral support came from a large number of Indonesian family doctors from the distant island of Java. These doctors managed with their own funds to buy daily

necessities and travel over eight hundred kilometers to help their fellow colleagues in distress.

The casualties and sufferings in the North Pakistan Earthquake would probably be equally staggering among the local family doctors, their families and their practices.

Immediately following the tsunami, appeals for help were made by the Wonca Secretariat to all member organizations globally via e-mails. We did receive prompt and positive responses from individuals and member organizations informing the Secretariat of the many ways help was being extended. The Dutch College together with the University of Nijmegen collected a total of US\$24,000 for the victims of the disaster. These were given to the Sri Lanka College to help rebuild the homes of fishermen whose seaside homes were completely destroyed.

Individual family doctors from some countries like Switzerland, Canada, United Kingdom and France responded by traveling to Northern Pakistan following the earthquake to help with medical relief work. Some of them received their contacts through the Wonca World Secretariat.

Whilst these efforts were all very credible and praiseworthy, the help extended was not directed specifically to the family doctors and their families affected by the natural and war-related disasters.

As a world organization representing over 250,000 family doctors in over 90 countries globally, Wonca should at this time perhaps look at how it may play a role to alleviate the hardship of fellow family doctors affected by such natural and man-made disasters. The need to help our friends and colleagues in such

difficult situations should be a priority for the Organization. There could be some mechanism set in place that would allow this world body to respond quickly and effectively to the personal suffering of its members. The avenues to extend such help may be the various colleges and academies of family doctors present in the affected country or a neighboring country.

In the long term financial planning of Wonca, it may not be premature to set aside funds for such aid. Besides setting aside a certain percentage of Wonca's net income each year for this purpose, contributions may be invited from the larger and richer member organizations or individuals within Wonca. Appropriate appeals for contributions from well-meaning pharmaceutical and medical-related multinational companies may also be made to ensure an aid fund that is significant and effective.

Wonca Executive and Council may want to deliberate on this idea when they next meet and perhaps set in motion plans for such a relief fund. Perhaps some of Wonca's larger member organizations could kick-start the establishment of such an aid fund with some initial contributions to help persuade the others to do the same. Some form of recognition would of course have to be put in place to record the generosity of the contributors.

The way these disasters have occurred in the recent past, it may not be too soon to have the aid funds available at the earliest possible opportunity.

Dr Alfred Loh
Chief Executive Officer
World Organization of Family
Doctors

FROM THE EDITOR:

FAMILY DOCTORS – RESPONDING TO COMMUNITY HEALTH THREATS

This issue of Wonca News highlights some of our old and new global health threats and how family doctors play a central role on the front lines of community health care systems in prevention, early detection and treatment.

An article on the status of the HIV-AIDS epidemic indicates that an estimated 40 million people are living with HIV-AIDS and almost 3 million have died since its emergence 25 years ago. Much progress in AIDS research, prevention and treatment has given hope and life to millions of people around the world. The same cannot yet be said about the global impact of tobacco related illness and death. A new report indicates that 1.25 billion people, a quarter of the world's population, currently smoke, and approximately half of them will die because of it. If present trends continue, tobacco related illness may account for over one billion deaths in the 21st century.

An article on the SARS epidemic in Hong Kong and Toronto demonstrates that family doctors can and do play a central role in each country in the prevention, early detection and effective treatment of community health threats. In their President and CEO Column, Professor Bruce Sparks and Dr Alfred Loh compel family doctors to be healers in the face of human conflict and natural disasters. An article in a continuing series from the Wonca Working Party on Woman and Family Medicine highlights the additional challenges that women physicians must overcome to be effective caregivers and healers.

Wonca provides numerous opportunities for family doctors to remain informed and prepared as community health physicians and leaders. The Resources Section provides family doctors useful information on the latest on the Avian Flu, cancer, cardiovascular disease and tobacco related illness. In the upcoming year, tens of thousands of family doctors around the globe will share experiences and ideas in Wonca Regional meetings in Florence, Buenos Aires and Bangkok, in member organization scientific and political meetings and in the 7th Wonca World Rural Health Conference in Seattle and 18th Wonca World Conference in Singapore. Wonca's website, GlobalFamilyDoctor.com, provides family doctors a wealth of relevant resources and links to all of the above and much more.

Please continue to send me relevant and useful information you would like to share with your fellow family doctors through Wonca News.

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

PROFESSOR KHAYA MFENYANA ELECTED WONCA AFRICA REGION PRESIDENT

Professor Khaya Mfenyana has been elected as President of the Wonca Africa Region. He will serve the remainder of the three year term of Dr Abra Fransch, who served with great distinction as Africa Region President since assuming the role at the 2001 Wonca Council meeting in South Africa. Dr Fransch moved from Zimbabwe to Australia and was no longer able to continue to serve in the role. Professor Khaya (pronounced KY-A) Mfenyana will serve the remainder of the three year term as Regional President until the 2007-2010 triennium elections at the Africa Regional Council meeting to be held just prior to the Wonca World Council in Singapore in July 2007.



Professor Khaya Mfenyana
President,
Wonca Africa Region President (2006-)



Doctor Abra Fransch
President,
Wonca Africa Region President (2001-2006)

Professor Mfenyana, a member of the South Africa Academy of Family Practice, is a humble and jovial man with grassroots origins in the Transkei who has risen to numerous leadership positions in academia, practice and his profession. Khaya is Founder and Chair of the Department of Family Medicine at the University of Transkei, Director of several primary care clinics in the area, and President of FAMEC, the Consortium of Departments of Family Medicine in South Africa. He also has a leadership role in the East African Project, a major Wonca collaborative project to improve family medicine education, practice and health care delivery in East Africa. He was a Kellogg Foundation Fellow and was on the Executive Committee of The Network – Towards Unity for Health.

With his roots in the Transkei, Professor Mfenyana brings to Wonca his emphasis on serving the

underserved, his perspective of caring, and his experience with community oriented, academic based family medicine education, research and service.

Professor Khaya Mfenyana may be contacted at mfenyana@getafix.utr.ac.za

Women Physicians Caring for Themselves and Their Families

An examination of the health and well-being of women doctors reveals many contradictions. When compared to the general population, women doctors have better health, perhaps because of our socioeconomic status. In addition we have healthier lifestyles than men physicians in the areas of smoking, drinking, exercise, sleeping habits, and body weight. At the same time, women physicians (at least those in Canada and Sweden) report more chronic health problems, acknowledge more impairment of health, and use more physical and health services than do their men colleagues. How can we explain these disparate findings?

Perhaps the tensions between our work, our personal lives and our role in society have something to do with it. Among U.S. women physicians, more than three-quarters report moderate to severe work stress. While men physicians also experience work stress, women's stressors often relate to traditional role relationships and family responsibilities, compared to men who report more stresses relating to relationships with patients and clinical pressures. Women's unique work-related stresses include role conflict with marriage and parenting, prejudice and discrimination, token status, sexual harassment, social isolation, lack of women role models, and inadequate family and institutional support. These issues might underlie women physicians' stress in comparison to men, but then how can we explain the next contradiction: Women physicians report a high level of life and work satisfaction!

The persistent finding of women physicians' satisfaction—despite high-level stressors—concur with results from studies of other women professionals that describe a “paradox of the contented worker.” Although women professionals generally have lower pay, status, and authority than men, they consistently describe themselves as more satisfied. Perhaps this discrepancy is due to different career expectations, different values regarding job and career, or greater interest in intrinsic versus extrinsic rewards (e.g. intellectual stimulation

and relationships over pay and prestige). Or perhaps women physicians value the combined rewards of family and career over the singular rewards of career, despite the challenges posed.

Other sources of stress may derive from women's sense of guilt and, sometimes excessive, sense of responsibility. While these traits may lead to personal distress, they may also underlie women physicians' high motivation to succeed in all that we undertake. As physicians we maintain high expectations of ourselves and push ourselves to perform and excel in all areas. When we do not meet all our perceived responsibilities, we tend to feel frustrated and inadequate, perhaps explaining why we are more likely to experience burnout and depression than our men colleagues. The evidence on why women physicians have higher suicide rates than the general women population is inconsistent; however it is clear that career stress and other life stressors contribute significantly to suicide in women physicians. Balancing professional and personal obligations means dividing our time and energy between our work and private lives, resulting in divided loyalties and a sense of guilt. If we work less, we let our colleagues down and advance more slowly; if we cut back on family time, our relationships suffer. Women physicians feel under pressure to be good mothers, good housekeepers, and good partners in addition to performing our professional duties. Some of us feel a great deal of guilt, sadness and regret about what feels like abandonment of our children and families at times to perform our professional duties. Frequently we claim little time for ourselves, despite our strong encouragement to our women patients to make time for themselves! Such role conflict can cause decreased self-esteem, as

well as fatigue and depression. If this is true, how come we like our work so much?

Certainly, the workplace is not always a welcoming environment for the advancement of women. Training environments have traditionally expected us to suppress our emotions in favor of a stiff upper lip. In the work environment we often experience competitiveness, power politics, lack of autonomy, lack of control over work hours, lack of role models, discrimination (either due to gender or due to family responsibilities) and persistent "minority" status. Not surprisingly, such dynamics contribute to women physicians' lower self-confidence. Moreover, parenting and family responsibilities have a different impact on our career choice and advancement, compared to men physicians. So why do it all?

Maybe the challenges are balanced by the rewards. Many women physicians feel that being a parent makes us better doctors to our patients. Juggling work and family can lead to a full rewarding life, as reflected by the lower rates of depression and increased life satisfaction married women physicians with children report compared to single women physicians without children. (Or perhaps not even a woman's good career can make up for not pursuing the socially approved roles of marriage and motherhood.) Although women physicians are more likely than men physicians to be divorced or single, women physicians are very likely to marry other physicians and to work part-time while their partners work full-time. These dual doctor marriages seem to endure as well as any other marriages in today's world. Or perhaps our shared interests and our involvement in work keep these relationships vibrant and interesting!

Many women physicians have found creative ways to get psychological and emotional support in their personal lives, and in their work settings. We learn to negotiate more effectively the division of labour in domestic duties with our spouses, and we develop new strategies to share call with our colleagues. We find ingenious ways to network among one another. In medical school and residency we learn how to work within the system to balance our many conflicting priorities, and once in practice we put these coping mechanisms into practice for the long-term. We can attend workshops on assertiveness training and leadership skills, and we can develop mentoring programs for those who come after us. We gain enormous satisfaction from working for broader solutions for women physicians' concerns, for instance lobbying for work equity policies, parental leave policies, and flexible hours. Our work on behalf of our patients, our colleagues and our learners nourishes us and enables us to further the health and wellbeing of members of our community.

Currently most of the studies on women physicians come from Europe and North America. With the increasing representation of developing nations in Wonca, and the increasing numbers of women physicians represented in Wonca member organizations, we will soon be able to understand whether women physicians around the world share the same challenges in caring for themselves and their families as we have described above. We suspect that women in the newly represented regions will face even greater contradictions, as so many other women in their communities lack even basic health care, safety and respect. Their tasks will seem much greater, but then again, the rewards of their success will be huge. At the next Wonca Triennial

in Singapore in 2007 we will dedicate a symposium to looking at how women family physicians from each region maintain their balance, using video clips from a day in the life of women family doctors from around the world. We look forward to networking with women physicians from all over the world as a way of building supportive systems that foster our ability to take better care of ourselves and one another.

Lucy Candib MD
Barbara Lent MD
Michelle Howard MSc
Cheryl Levitt MBBCh
Wonca Working Party on Women and Family Medicine

(Editor's Note: This is the second of a series of monographs published by the Wonca Working Party on Women and Family Medicine. Please see the June 2006 issue of Wonca News for an overview of the series and an article from the first monograph. Readers may go to www.womenandfamilymedicine.com for the full monograph, literature review, summary and annotated bibliography on women family physicians caring for themselves and their families)

Register for the 7th Wonca World Rural Health Conference in Seattle – Anchorage September 8-13

It is a great pleasure for me, on behalf of the Wonca Working Party on Rural Practice, the University of Washington School of Medicine's Department of Family Medicine and WWAMI program, the American Academy of Family Physicians, and our State Academies, to invite you to participate in the exciting experience of the 7th WONCA World Rural Health Conference. This meeting will be held in Seattle, Washington, USA from September 8-13, 2006.

Since Seattle and the University of Washington School of Medicine are the home of the WWAMI medical education program (Washington, Wyoming, Alaska, Montana, Idaho), we have established the conference theme of Transforming Rural Practice Through Education. Education plays many roles for rural physicians. From preparing them to practice, to offering opportunities to teach in their practices, education permeates our lives and is very important for rural physicians. The thirty-five year old WWAMI program allows the University of Washington School of Medicine to serve as the medical school for five states that comprise 27% of the land mass of the US, yet contain only 3% of the population—this is truly a rural region, and

decentralized community based medical education is at the heart of the WWAMI program. Much of our educational process is dependant on the participation of community based volunteer faculty physicians located throughout our area – education and practice are inextricably tied to each other.

The Seattle portion of the meeting will include two linked major conferences, one dedicated to the scientific, health policy and medical education aspects of global rural health, and the other dedicated to continuing clinical education for rural physicians. Our international program and scientific committee is looking forward to developing a comprehensive program of posters and presentations that will be both stimulating and interesting.

More information on our fascinating city can be found at the website of the Seattle Convention and Visitors Bureau. In addition to a very strong scientific and clinical educational program, we will provide a cultural and social experience that will be very enjoyable. We will focus the cultural program on the native peoples of the Northwest and Alaska. Our social functions will create an opportunity for you to meet other rural physicians from around the world, have some fun, and get to know our region better.

Seattle is the largest city in the Pacific Northwest region of the United States. Founded in 1869, the City of Seattle is located in the State of Washington on Puget Sound, 113 miles (182 km) from the U.S.–Canadian border. It is a beautiful multi-cultural metropolis located between Puget Sound and the Cascade Mountains, interspersed with large lakes. The city is rich in history and has long served as a major port and as the gateway to the Northwest and Alaska. Surrounded by mountains and water, the greater Seattle area features picture-perfect views and abundant recreational opportunities year-round. Room blocks will be reserved for conference attendees. Additionally, economical room and board packages will be available in dormitory facilities on the University of Washington campus near the conference venues. Cuisine in the Seattle area is famous for fresh seafood, local farm produce, and other Northwest specialties. The areas cultural diversity has produced a wide variety of ethnic restaurants.

Following the Seattle conferences, we are very pleased to offer a post-conference session to consider actual rural health systems at Talkeetna Lodge near Denali National Park in Alaska. The Talkeetna Alaskan Lodge offers the premier lodge experience with spectacular views of Mount McKinley (Denali as it is known locally), Denali National Park and the Alaska

Range. The Talkeetna Alaskan Lodge is Alaska Native owned and operated, offering a resort style setting with unique and awe-inspiring Denali and Alaska Range views that are simply unmatched. Located just outside the heart of Talkeetna, it is easy to treat yourself to the many local activities, including favorites like flightseeing – where you can even land on a glacier in Denali National Park.

Registration, educational and scientific program information, accommodations and sightseeing for both the main and post-conference may be found at www.ruralwonca2006.org.

We hope that you will plan to join us and be part of our exciting program.
 Tom E. Norris, MD
 Chair, Organizing Committee
tnorris@u.washington.edu

WONCA REGIONAL NEWS

1ST WONCA IBEROAMERICAN-CIMF REGIONAL CONFERENCE TO MEET IN BUENOS AIRES – OCTOBER 11-14

It is a great honour for me to announce the 1st Iberoamerican Wonca-CIMF Regional Congress that will be held in Buenos Aires from October 11th to October 14th, 2006. The whole city is getting ready to welcome the family physician community for four days.

We have prepared an extensive scientific program with plenary sessions, round table discussions, workshops, and satellite symposia.

Also, participants will have a chance to get new and updated information, participate in expert debates and breakfast sessions, scientific presentations, skill assessment stations and the option to take the specialist certification exam. In addition to the opportunity of enjoying the meeting with peers and friends from around the world, several social and tourist activities have been scheduled. More than forty eminent personalities from well-known academic institutions will be among the guests. They will include most family medicine's areas of interest.

Buenos Aires, the city of Borges, Cortazar, Maradona and Gardel and capital of the Argentine Republic, is a city of culture, fashion, gastronomy, art and music. It is also known as the city of tango, good beef and soccer. Before or after the Congress, you will be able to visit some of the top tourist spots in Argentina, such as the Iguazu Falls, Bariloche and the Patagonia glaciers.

We are getting ready for your visit. We want you to enjoy a warm stop in our city and to get the most out of this high-level scientific conference that will contribute to the development of better professionals and a healthier population.

To learn more about our exciting conference and to register, please visit our website at: www.woncacimfcongreso2006.com/

We are looking forward to seeing you all in October 2006.

Greetings,
 Dr. Sergio Solmesky MD
 Chairman
famfyg@aamf.org.ar

El Primer Congreso Regional de Wonca-CIMF Iberoamericano Realizara en Buenos Aires de 11 al 14 de Octubre

Como coordinador del Comité Científico es para mi un gran honor invitarlos a anunciar el I Congreso Regional de Wonca-CIMF Iberoamericano que realizaremos en Buenos Aires del 11 al 14 de Octubre de 2006 e introducirlos en lo que será sin lugar a dudas un evento académico formidable. Estamos orgullosos de estar preparando un programa científico tan diverso e interesante, las posibilidades de formación son muy variadas y se encuentran distribuidas a través de ejes temáticos dominados por los principios de nuestra especialidad.

En este sentido encontrarán desde simposios, mesas redondas, talleres, cursos, presentación de trabajos orales y posters, hasta una serie de novedosas actividades como las sesiones de video, las actualizaciones en medicina centrada en el paciente, y los talleres interactivos.

Nuestros invitados extranjeros prometen entregarnos unas plenarios colmadas de conocimientos y reflexiones que puedan ser de utilidad para la práctica de la Medicina Familiar en toda Iberoamérica. Se hará especial énfasis en temas que reflejen los distintos roles que hoy ocupa el Médico de Familia y que pueden favorecer la construcción de un sistema de salud centrado en la Atención Primaria.

Esperamos sinceramente que este congreso sea una gran oportunidad para compartir experiencias y ampliar nuestros horizontes, encontrar viejos amigos o hacer nuevos, y escuchar

novedosas investigaciones e ideas que puedan servir para mejorar la salud de nuestros pacientes, así son los Congresos de Wonca.

Estamos sorprendidos por la cantidad de propuestas de actividades recibidas hasta el momento, provenientes de toda Iberoamerica. Si todavía no han enviado las suyas, también los invito a ser parte de este Congreso mediante el envío de sus trabajos científicos. Navegando en este sitio encontraran la información necesaria para hacerlo.

Finalmente me gustaría aprovechar la oportunidad para agradecerles a todos los miembros del Comité Científico por su colaboración y por el trabajo que realizan día a día.

Dr. Ezequiel López
Coordinador del Comité Científico
famfyg@aamf.org.ar

Come to Bangkok for the Asia Pacific Regional Conference – November 5-9

The 15th Wonca Asia Pacific Regional Conference will be held for the first time in Bangkok, Thailand during 5-9 November, 2006. The conference will be hosted by the General Practitioners/ Family Physicians Association, Thailand and the Royal College of Family Physicians of Thailand, under the auspices of the World Organization of Family Doctors (Wonca - World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians).

The theme of this meeting is “Happy and Healthy Family”. We, the family doctors, along with physicians, dentists, nurses, pharmacists, public health personnel and all health-care workers, have to work closely together for taking proper care of the illness, prevent and control diseases, and promote health for all. These are challenging goal for us to achieve in an era with a rapid growth of new technology, industrialization, and population mobility.

The meeting will provide us opportunities to bring together family doctor teams in urban and rural areas, sharing their experiences and learning from experts as well as fostering partnerships in the region.

Thailand has been the site of numerous international meetings, and Bangkok is the gateway of the region.

The country’s rich heritages, beautiful scenic seaside and mountain views as well as our unique Thai hospitality will make your visit truly memorable.

For further information and to register to attend, please visit our conference website at www.wonca2006.org

We look forward to welcoming you to Bangkok in 2006.

Sawasdee.
Kachit Choopanya, MD., MPH. & TM.
Chairperson of the Organizing Committee
Prasong Tuchinda, MD.
Honorary Chaiperson

HEALTH AND HEALTH SYSTEM NEWS

MORE THAN 20,000 REVIEW AIDS EPIDEMIC AT XVI INTERNATIONAL CONFERENCE

World leaders joined forces with their scientific and professional counterparts at the XVI International AIDS Conference held in Toronto, Canada from August 13-28. Former Presidents Mary Robinson (Ireland) and Bill Clinton (United States), Bill and Melinda Gates, and other political, business and community leaders joined Peter Piot, UNAIDS Executive Director, Stephen Lewis, UN Special Envoy for HIV/AIDS in Africa, and more than 20,000 participants on the front line of HIV/AIDS prevention, treatment and research.

Conference participants digested and discussed the recently released UNAIDS 2006 Report on the global AIDS epidemic. The 2006 Report on the global AIDS epidemic, prepared by UNAIDS and its cosponsoring agencies, is the most comprehensive report on the response to AIDS ever compiled. Utilizing data from 126 countries and more than 30 civil society organizations, the UNAIDS report assessed country progress toward the six global targets set in the UN Declaration of Commitment on HIV/AIDS, adopted by 189 UN Member States in 2001. The 2005 targets are based on the goal of halting and reversing the global epidemic by 2015. Progress toward those goals was measured against an agreed set of indicators of action developed by UNAIDS in consultation with member states and civil society.

The 2006 UN Report indicates that the AIDS epidemic appears to be slowing down globally. An estimated 38.6 million are living with HIV worldwide. In 2005, an estimated 4.1 million were newly infected and 2.8 million died of AIDS. While the epidemic's toll remains massive, experts find reasons for optimism, as well as guidance for how to improve the AIDS response.

The report cites significant improvements in several elements of the global AIDS response. In an encouraging development, six of 11 African countries reported declines of 25% or more in HIV prevalence among 15-24 year-olds in capital cities. Rates of sex among young people declined in nine of 14 sub-Saharan countries. Condom use with a non-regular partner increased in eight out of 11 countries here, although overall use of condoms remains below 50%. Use of HIV testing and counseling, an important tool for facilitating both treatment and prevention, quadrupled to 16.5 million people tested in 2005. In 58 countries reporting, 74% of primary schools and 81% of secondary schools now provide AIDS education.

While this progress is notable, the HIV prevention response falls short in many areas. The 2001 Declaration of Commitment calls for 90% of young people to be knowledgeable about AIDS by 2005, yet surveys indicate that fewer than 50% of young people achieved comprehensive knowledge levels. An area of exceptional concern is the ongoing shortfall in care to prevent mother-to-child HIV infection, in which just 9% of pregnant women are currently covered.

While some countries are adopting more progressive approaches to reducing HIV among injection drug

users, overall fewer than 20% of people who inject drugs received HIV prevention services. Coverage is less than 10% in Eastern Europe and Central Asia. Only 10 of 24 countries that reported data for sex workers achieved at least 50% coverage of prevention services for this population. Only 9% of men who have sex with men received any type of HIV prevention service in 2005.

Civil society reports indicate that stigma and discrimination remain pervasive. Half of all reporting countries said that they have laws and policies that interfere with the accessibility and effectiveness of HIV prevention and care. Care and support for the 15 million children orphaned by AIDS, and for millions of other vulnerable children, lag far behind the need.

Access to antiretroviral treatment has expanded significantly, from 240,000 people in 2001 to 1.3 million people in low- and middle-income countries in 2005; 21 countries met or exceeded "3 by 5" treatment targets. ARV prices dropped significantly and procurement systems have improved, as has generic drug availability. Still, HIV treatment coverage varies considerably within regions. In sub-Saharan Africa, treatment coverage ranges from 3% in the Central African Republic, to 85% in Botswana.

The report shows that young people, women and children are increasingly affected by the epidemic, and efforts to protect these and other vulnerable groups are not keeping pace with the epidemic's impact. On HIV prevention, the report documents behaviour changes including delays in first sexual experience, increasing use of condoms by young people, and resulting decreases in HIV

prevalence in young people in some sub-Saharan countries. Women still remain disproportionately vulnerable. Effective strategies are needed to increase access to methods of prevention that women can control.

Leadership and political action on AIDS have also increased significantly since 2001. Ninety percent of reporting countries now have a national AIDS strategy; 85% have a single national body to coordinate AIDS efforts; and 50% have a national monitoring and evaluation framework and plan. Yet, systems to implement these plans remain inconsistent, as does civil society involvement and, specifically, involvement of people living with HIV. The response is diverse with some countries doing well on treatment but poorly on HIV prevention efforts and vice-versa. The report indicates that a number of significant challenges remain. Among these are the need for improved planning, sustained leadership and reliable long-term funding for the AIDS response.

The full report may be downloaded in English, French, Russian and Spanish at: www.unaids.org/en/HIV_data/2006GlobalReport/default.asp

Hong Kong and Toronto's Family Doctors Responded to the SARS Epidemic

The Severe Acute Respiratory Syndrome (SARS) had taken the world by surprise and caught many medical professionals off guard. During the SARS epidemic in 2003, family doctors were very much left to their own devices for screening, diagnosing, and managing anxious patients and families of the suspected or confirmed disease. The spontaneous communication and

information exchange triggered by SARS are likely to set a new standard for infectious disease response and control. As we look back on the response of family doctors in Hong Kong, Toronto, Canada and other countries to SARS, we may learn valuable lessons when challenged with new infections such as the Avian Flu.

When 183 family doctors in Hong Kong were surveyed in 2003, they all agreed that SARS had changed their clinical practices. Three quarters of respondents recalled requesting more investigations while a quarter believed they had over-prescribed antibiotics. Interestingly GPs who were exposed to SARS or had worked in high infection districts were three times less likely to quarantine themselves (10.8% vs. 33.3%). Exposure to SARS, the infection rates in their working district and anxiety levels were found to have significant impacts on the level of protection or prescribing behavior.

When the responses and management of SARS by Hong Kong and Toronto family doctors were compared, clear differences in clinical practices were observed between the two places. Despite similarities in the absence of training in infectious disease control (80-84.6%) and lack of confidence in dealing with SARS (68.1-73.5%), more family doctors in Toronto had used the SARS screening tools provided by international agencies such as WHO, CDC, either in a self-help manner or over the telephone. In Hong Kong, the application of the screening tools was limited by the language barrier and by a lack of clear instruction in cases of a positive test. Only 23% of Hong Kong doctors were satisfied with the way their government had handled SARS, compared with 72.5% of their counterparts in Toronto. This was

related to a lack of support from the local professional bodies and the Hong Kong Department of Health, as well as the perception that the screening tools were seen as 'changing too often'.

The doctors' attitudes and behavior were closely interwoven with those of the general public and the mass media had a significant role to play. In a qualitative study of a stratified sample of 44 parents of kindergarten pupils who shared their experience about the epidemic one year after the outbreak, fear was identified as the key concern and in response, people acted differently: Rational behavioral changes such as adopting a healthy lifestyle or improving personal hygiene to enhance self-control attenuated fear, whereas many irrational behavioral changes such as blaming other groups and boiling vinegar could have contributed to the poor control of the epidemic. Inappropriate changes in health-seeking behavior, such as visiting doctors far away from their home in a non-epidemic district, and self-imposed isolation which interacted with stigmatization and discrimination, were found to be the most prominent avoidance behavior in SARS.

Differences in health care delivery between Hong Kong and Canada could account for some of the observed differences in the doctors' clinical practice and satisfaction. One of the strategies to manage the outbreak in Hong Kong was to centralize caseloads in selected institutions. Toronto went in the opposite direction, allowing SARS cases to enter a large number of Toronto hospitals during the first wave of the outbreak, while decreeing all non-urgent hospital activities to be suspended. This resulted in a massive backlog of deferred elective surgery and

ambulatory services in Toronto. Laboratory services were also under strain. In Toronto, SARS testing was transferred to local hospitals as the public health reference laboratories were overwhelmed. Hong Kong, in contrast, had a large private laboratory capacity with linked data resources. However, the lack of good laboratory protocol resulted in additional requests for laboratory tests, which were expensive or potentially harmful for some patients.

An analysis of the family doctors response to SARS in Hong Kong and Toronto suggests that relevant and practical training in infection control should be made available to family physicians in the form of continuous medical education programs. An active and collaborative laboratory surveillance system would integrate frontline laboratories into the public health system to assist detection and control of infectious diseases such as detection of H5N1 in the outbreak. Family doctors should also try to understand the patients' concerns in their social and cultural context, and a patient-centered approach must be adopted by all health professionals. Family doctors can play a key role in future emerging infectious disease outbreaks by engaging their patients, families and relatives throughout the treatment of the disease on effective prevention, early detection and treatment.

Dr William CW Wong,

Assistant Professor
Department of Community and Family Medicine
The Chinese University of Hong Kong
b106302@mailserv.cuhk.edu.hk

MEMBER AND ORGANIZATIONAL NEWS

PROFESSOR NANDANI DE SILVA APPOINTED VICE CHANCELLOR

Professor Nandani de Silva, Professor of Family Medicine at the Faculty of Medicine, University of Kelaniya in Sri Lanka was appointed in May this year as Vice Chancellor of the Open University of Sri Lanka. Following recommendations made by the University Grants Commission, she was appointed to this prestigious position by Mahinda Rajapakse, the President of Sri Lanka. She is the only woman doctor to become a Vice Chancellor in Sri Lanka.



Professor Nandani de Silva
Vice Chancellor of the
Open University of Sri Lanka

Professor Nandani de Silva will retain her position as Chair and Professor of the Department of Family Medicine as she has been released from the Faculty of Medicine to take up the Vice Chancellor post for a three year term. Being a medical educator with a special interest in distance education she has pioneered the development of distance education programs for doctors in the periphery through the Postgraduate Institute of Medicine and the Sri Lanka Medical Association since 2001. Taking up this post has provided her the opportunity of enhancing the delivery of CPD programmes to rural doctors using the latest in information and communication technology through the regional centers of the Open University spread across Sri Lanka.

Professor Nandani de Silva is a direct member of Wonca and Vice President of the College of General Practitioners of Sri Lanka which is a member organization of Wonca. She was the Chairperson of the Scientific Committee of the Wonca MESAR conference held in Colombo in 2005 and has presented papers at many WONCA conferences.

Isabelita Morales Samaniego – Wonca Global Family Doctor for June

Dr Isabelita Morales Samaniego was born in Binan Laguna, Philippines on November 19, 1951. She is a graduate of family medicine residency training from the Philippine General Hospital, holds a masters of Occupational Health from the UP College of Public Health, is a Diplomate in Family Medicine and a Fellow of the Philippine Academy of Family Physicians.



Dr Isabelita Morales Samaniego
Wonca Global Family Doctor for June 2006

Since 1978, Dr Samaniego has been in community based family practice. Her patients include several generations of families in the community and a string from industries. From 1993-1999, she was a Professor in Family and Community Medicine and Chair at the Pamantasan ng Lungsod Maynila- College of Medicine. Since 2000, Dr Samaniego has been Chairman of the Department of Family Medicine at the Ospital ng Maynila.

Dr Samaniego currently serves as the Philippine Academy of Family Physicians Laguna Chapter Coordinator of the Family Based DOTS Program and CME Advisor, and nationally as the Chair of the Specialty Board and member of various committees. She is also the Assistant Editor of the Filipino Physicians Journal

Dr Samaniego is a caring daughter to her parents, loving wife to her husband and doting mother to her three children one of whom is now a physician. Despite her busy schedule, she managed to tutor her children at home. In her community, Dr Samaniego is known and appreciated as a health care provider, researcher, lifelong learner, educator-teacher, leader-manager-social mobilizer and counselor.

She is a deserving winner of the Wonca Global Family Doctor of the Month

(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 will receive:

1. A letter of congratulations from the Wonca CEO
2. An Award certificate signed by the President of Wonca and the CEO of Wonca suitable for framing.
3. A complete office diagnostic set from Welch Allyn worth approximately US\$400.

Submission Requirements:

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 and accompanying documents via email for this monthly Award to:

Dr Alfred Loh
CEO
World Organization of Family
Doctors (Wonca)
#01-02 College of Medicine Building
16 College Road
SINGAPORE 169854
Ph +65 6224 2886
Fax +65 6324 2029
Email admin@wonca.com.sg

Call for Papers for Special Issue on Global Family Medicine Education

The journal, *Family Medicine*, published by the Society of Teachers of Family Medicine, is planning to publish a special issue that describes exciting developments in family medicine education globally and that documents the contributions of family medicine to health care, especially in less economically developed countries. Jonathan (Jack) Rodnick, MD, the special issue editor, welcomes articles submitted on this topic from family doctors and others from around the world.

Articles that will be considered for this special issue on global family medicine education include those that:

- Evaluate or document innovative programs to educate family physicians or improve the delivery of primary care. Educational papers should address the competencies, skills and/or outcomes of graduates or programs;

- Describe family medicine medical school approaches, post-graduate education programs, certification processes or continuing professional development projects that improve the knowledge or skills needed to practice family medicine;
- Highlight linkages between U.S. departments, training programs or organizations and developing programs in other countries;
- Provide insights about meeting the needs of family medicine students, trainees or faculty and/or the populations they serve; and
- Discuss how to improve US family medicine programs to prepare trainees for roles in global health.

Four types of article submissions will be considered:

1. Original articles – no longer than 2500 words and an abstract of less than 250 words evaluating or documenting the impact of innovative educational programs. These articles should have a clear methodology and be data based.
2. Brief reports – no longer than 1500 words and an abstract of less than 150 words to describe innovative training programs.
3. Commentaries – no longer than 2500 words with an abstract of less than 250 words. These pieces will provide authors' views or considerations in developing family medicine educational, research or continuing professional development programs outside of the United States.
4. Personal narratives – no longer than 1000 words highlighting a story about personal change, patient care or teaching experiences in settings with limited resources.

Please send manuscripts electronically if possible to the issue editor, Jack Rodnick, no later than February 28, 2007. All submissions should use the *Family Medicine* manuscript guidelines, available at <http://www.stfm.org/fmhub/instruct.html>. All submissions will be first peer reviewed by an editorial advisory group composed of Andrew Bazemore, Niharika Khanna, Cindy Haq, Dan Ostergaard, Marc Rivo, and Jack Rodnick. Those interested in submitting articles may contact Jack Rodnick at jrodnick@psg.ucsf.edu.

'Education for Health' Call for Papers Deadline September 30th

The editors of *Education for Health*, the journal of The Network: Towards Unity for Health, extended the deadline to September 30th for a call for papers for a special issue entitled, *The Integration of Medicine and Public Health in Practice Through a Unity of Purpose and Action*.

In 1999, WHO held an international conference to address the current fragmentation of health systems and to develop a framework for better melding the domains of medicine and public health in health care delivery. The resulting framework created, referred to as: "Towards Unity for Health" (TUFH) addresses the need for a better coordination of health service delivery through partnerships among the community, health service providers, policy makers, health professionals and academic institutions.

The editors of *Education for Health* are soliciting manuscripts that model key principles, such as consensus building among stakeholders, community engagement, leadership training, shared management and resource development and deployment. Roles of the five stakeholders- health service providers, health professionals, the community, policy makers and the academic community, should be described. Programs may be at the community, district, state or national level.

The editors are soliciting two types of papers. Full papers of 3000 words or less should include the initial program objectives, a description of the partners and their roles, the implications of the program for the health professions

and evidence of impact. Brief communications of less than 1200 words may be used to describe programs which are in the process of being implemented but have not yet been evaluated. Articles in English, Spanish and French are welcome. Summaries in these languages will be available for each article .

Manuscripts and specific questions should be submitted via email to the Co-Editors for Education for Health at: efh@network.unimaas.nl. Routine author guidelines will be utilized, which are available at: <http://www.the-networktufh.org>.

Margaret Gadon, MD, MPH
Michael Glasser, Ph.D.
Co-Editors for Education for Health
Email: efh@network.unimaas.nl

Wonca Veterans Reunite in Alaska

Several Wonca veteran leaders were spotted on the deck of a ferry cruising off the Kenai Peninsula of Alaska in June. You may recognize them as Robert Higgins, Wonca World President (1998-2001), Warren Heffron, President of the Americas Region, and Reg Perkin, Past President of the Americas Region.



(L to R) Wonca Leaders: Reg Perkin, Robert Higgins and Warren Heffron off the Coast of Alaska

RESOURCES FOR THE FAMILY DOCTOR

NEW REPORT: TOBACCO DEATHS MAY EXCEED ONE BILLION IN THE 21ST CENTURY

Public health officials report that tobacco use was responsible for 100 million deaths worldwide during the 20th century and that if current trends continue, the death toll could easily reach 1 billion this century.

According to the second edition of the *Tobacco Atlas*, released during the July 2006 International Union Against Cancer Conference, 1.25 billion people currently smoke worldwide. Those smokers stand a 50% chance of dying a tobacco related death.

Key global statistics within the report reveal:

- Close to 1 billion men and 250 million women currently smoke, worldwide.
- Approximately 650 million people who are alive today will eventually die because of tobacco use.
- Tobacco kills 5 million people every year, which amounts to nearly 14,000 tobacco-related deaths per day.

The Tobacco Atlas states that approximately 300 million lives could be saved over the next 50 years if global smoking rates could be cut in half.

The first edition of the Cancer Atlas, also released during the IUAC Conference, reveals global cancer deaths are increasing and shifting from developed to developing nations. While the risk of

contracting cancer is higher among developed countries, more of the cancers in developing nations are fatal.

The Tobacco Atlas and the Cancer Atlas were produced by the American Cancer Society (ACS) in cooperation with the US Centers for Disease Control and Prevention (CDC), the World Health Organization's International Agency for Research on Cancer (IARC), and the International Union Against Cancer (UICC).

The Tobacco Atlas, 2nd edition
Dr Judith Mackay, Dr Michael Eriksen and Dr Omar Shafey
Published by the American Cancer Society, 2006
Languages: English, simplified Chinese, French and Spanish

The Cancer Atlas
Dr Judith Mackay, Dr Ahmedin Jemal, Dr Nancy C Lee, Dr D Maxwell Parkin
Published by the American Cancer Society, 2006
Languages: English, simplified Chinese, French and Spanish

The Tobacco and Cancer Atlas may be ordered online or free PDF files may be downloaded at www.cancer.org/docroot/AA/content/AA_2_5_9x_Tobacco_Atlas.asp

An interactive online version, Global Tobacco Research Network, Johns Hopkins site
<http://www.tobaccoresearch.net/atlas.htm>

For those requesting discounted or free copies, such as for distribution in developing countries, contact: [international@cancer.org](mailto:international@ cancer.org).

In addition, WHO, in collaboration with the US Centers for Disease Control and Prevention (CDC) has produced The Atlas of Heart Disease and Stroke. An estimated 17 million people die of

cardiovascular diseases, particularly heart attacks and strokes, every year. A substantial number of these deaths can be attributed to tobacco smoking, which increases by 2-3 times the risk of dying from coronary heart disease and cerebrovascular disease.

The Atlas of Heart Disease and Stroke
Dr Judith Mackay and Dr George A. Mensah
World Health Organization, 2004

The Atlas is on the WHO website at: http://www.who.int/cardiovascular_diseases/resources/atlas/en/

Dr. Rick Botelho
Rick_Botelho@URMC.Rochester.edu

Avian Influenza Web Resources for the Family Doctor

1. World Health Organization (WHO) – Avian Flu
http://www.who.int/csr/disease/avian_influenza/en

A comprehensive website on avian influenza with situation updates, fact sheets, frequently asked questions, and regularly updated disease outbreak news. Highlight of the situation in an affected area are included. Documents and interview articles available online include WHO outbreak communications guidelines, best practices for communicating with the public during an outbreak, and communicating risk of pandemic to the public. The Department of Communicable Disease Surveillance and Response (CSR) is the WHO agency concerned with infectious diseases. Recent guidelines, recommendations and descriptions of different topics related to avian influenza are also available.

2. ProMED-mail (Program for Monitoring Emerging Diseases)
<http://www.promedmail.org/>

This is the global electronic reporting system for outbreaks of emerging infectious diseases and toxins. The site provides up-to-date information on emerging infectious diseases around the world. There are outbreak news, discussion group announcements, recent recalls and alerts, links to maps at location of outbreaks, a Frequently Asked Questions forum and other useful resources on the internet. The archive of the mailing list is searchable. The content is available in several languages. The programme is maintained by the International Society for Infectious Diseases.

3. EUROPA: Avian Influenza
http://europa.eu.int/comm/food/animal/diseases/controlmeasures/avian/index_en.htm

EUROPA is the European Union's web portal. Its website on avian flu is loaded with resources ranging from basic information of the virus to media releases, outbreak news, meeting notes of working groups and committees, publications and other relevant links in the control of avian flu in member states.

4. Department of Health, Hong Kong SAR
<http://www.info.gov.hk/info/flu/eng/>

A dedicated website on avian flu by the Hong Kong Government. Regularly updated situation summary. Alert Response Level information, official guidelines, information on Hong Kong preparedness for influenza and different versions of fact sheets in different languages are available. Other information at the website includes global statistics, videos for patient education and frequently asked questions. It also hyperlinks to the Ministry of Health of the Chinese Central Government at <http://www.moh.gov.cn/>

5. United States Centers for Disease Control and Prevention (CDC)
<http://www.cdc.gov/flu/avian/>

As the principal U.S. agency for health protection of Americans, this web resource on avian influenza includes overviews as well as fact sheets on specific topics. Relevant informative materials are organized for different target user groups: health professionals, workers in the poultry industry, travelers and so on. Outbreak information and key facts on the avian flu viruses are also available.

Dr Alfred KY Tang
alfredtang@hkma.org

Editor's note: Taken from an article published in the February 2006 edition of The Hong Kong Practitioner. Those who wish to share with their fellow family doctors other helpful websites on the avian flu virus and other pandemics may email them to Dr Marc Rivo, Wonca News Editor at marcrivo@aol.com



**SAVE
THE
DATE**

**7th WONCA Rural Health Conference
2006**
*Transforming Rural Practice
Through Education*

September 8-15, 2006
 Seattle, WA, USA

www.ruralwonca2006.org www.ruralwonca2006.com
www.ruralwonca2006.net

WONCA Rural Conference
 September 8-10, 2006
 University of Washington campus

Clinical Conference
 September 11-13, 2006
34th Annual Advances in Family Practice and Primary Care
 University of Washington campus

Post Conference
 September 13-15, 2006
 Talkeetna Alaskan Lodge — Anchorage, Alaska



WONCA CONFERENCES 2006 – 2011 AT A GLANCE

 Information correct as of January 2006.
 May be subject to change.

**Wonca Direct Members enjoy lower conference registration fees

 See Wonca Website www.GlobalFamilyDoctor.com for updates & membership information

2006	Region	Venue	Theme
27 – 30 Aug	European Regional Conference	Florence ITALY	Towards Medical Renaissance: Bridging the Gap Between Biology and Humanities
8 – 16 Sept	World Rural Health Conference, Clinical Conference, & Post Conference	Seattle Washington USA Anchorage, Alaska, USA	Transforming Rural Practice Through Education
11 – 14 Oct	Iberoamericana - CIMF Regional Conference	Buenos Aires ARGENTINA	Building a Primary Care-Based Health System: 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	Genomics and Family Medicine
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	A Celebration of Diversity
2009			
5 – 8 June	Asia Pacific Regional Conference	Hong Kong	Building Bridges
2010			
19 – 23 May	19 th WONCA World Conference	Cancun MEXICO	Millennium Development Goals: the Contribution of Family Medicine
2011			
February 2011	Asia Pacific Regional Conference	Cebu PHILIPPINES	Paradigms of Family Medicine: Bridging Old Traditions with New Concepts

GLOBAL MEETINGS FOR THE FAMILY DOCTOR

WONCA WORLD AND REGIONAL CONFERENCE CALENDAR

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: 11-14 October, 2006
 Venue: Sheraton Hotel, Buenos Aires
 Contact: Federacion Argentina De Medicina Familiar y General
 Tel: 54 11 4958 5079
 Email: famfyg@aamf.org.ar
 Web: www.famfyg.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: The Royal Golden Jubilee Building
 Contact: Dr Kachit Choopanya,
 Chairman, Host Organizing Committee
 11th 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.wonca2006.org

18th Wonca World Conference, Singapore 2007

Host: College of Family Physicians, Singapore
 Theme: Genomics and Family Medicine
 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

ONLINE REGISTRATION NOW OPEN

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: 19-23 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**8° Congresso de Medicina de Família e Comunidade (8th Brazilian Meeting of Family and Community Medicine), Sao Paulo 2006**

Theme: Comprehensive Health Care in Brazil: The
 Contribution of Family and Community
 Medicine - Making Medical Practice More
 Relevant to People's Needs
 Host: Brazilian Society of Family and Community
 Medicine
 Date: 15-18 June 2006
 Venue: São Paulo, Brazil
 Host: Brazilian Society of Family and Community
 Medicine
 Contact: Rua Marquês de Itu, 408 Cj 34/35
 Vila Buarque
 São Paulo - SP
 Brazil - Cep: 01223-000
 Phone: 55 11 83636868
 Fax: 55 11 33613089
 Email: sbmfc@sbmfc.org.br
 Web: www.sbmfc.org.br/congresso2006

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/>

American Academy of Family Physicians (AAFP) Annual Scientific Assembly, Washington, DC 2006

Date: 27 Sept - 1 October, 2006
 Venue: Washington DC Convention Center
 Contact: AAFP
 11400 Tomahawk Creek Parkway
 Leawood, Kansas 66211-2672, USA
 Tel: 1 913 906 6000
 Fax: 1 913 906 6075
 Email: international@aafp.org
 Web: <http://www.aafp.org>

The Royal Australian College of General Practitioners 48th Annual Scientific Conference, Brisbane 2006

Date: 5-8 Oct, 2006
 Theme: Be the Future
 Venue: Brisbane Convention and Exhibition Centre
 Contact: Michaela Fox
 Email: michaela.fox@racgp.org.au
 Web: <http://www.racgp.org.au/asc2006/>

International Society for Quality in Health Care 23rd International Conference, London 2006

Date: 22-25 October, 2006
 Venue: London, United Kingdom
 Contact: ISQua Secretariat
 212 Clarendon Street
 East Melbourne 3002 AUSTRALIA
 Phone: +61 3 9417 6971
 Fax: +61 3 9417 6851
 Email: isqua@isqua.org
 Web: <http://www.isqua.org>

College of Family Physicians of Canada (CFPC) Family Medicine Forum, Manitoba 2006

Date: November 2 - 4, 2006
 Venue: Quebec City Convention Centre
 Quebec City, Quebec
 Contact: Joanne Langevin; Meetings Manager
 Cheryl Selig, Registration Coordinator
 2630 Skymark Avenue
 Mississauga, Ontario, Canada L4W 5A4
 Tel: (905) 629-0900 / 1-800-387-6197
 Fax: (905) 629-0893
 Email: info@cfpc.ca
 Web: www.cfpc.ca



WONCA

Asia Pacific Regional Conference
November 5-9, 2006 BANGKOK, THAILAND

Wonca

'Happy and Healthy Family'

Highlight Topics

ADHD and Autistic
Adolescent Brain
Childhood Asthma vs COPD in Adult
Chronic Nutrition Related Diseases
Ethic and Moral in Practices
New Influenza Pandemic
Palliative Care
Stem Cell Transplantation
Violence Against Women
and more ...

Invited Speakers

Alfred WT Loh	Meechai Viravaidya
Bruce LW Sparks	Pensri Pichaisanith
Chris van Weel	Prawase Wasi
Donald Li	Somsak Lohlekha
Goh Lee Gan	Thep Himathongkam
Micheal Kidd	and more ...



Call for Abstract(s)

Submission online is also welcome at <http://www.wonca2006.org>
Abstract for oral and poster **DEADLINE: JUNE 15, 2006**

Social Events

Join the Opening and Closing ceremonies. Experience the world class spectacular performance and having private party along the river and enjoy the national flower floating ceremony (Loy Krathong)

Registration On-line Registration is also provided on our official website www.wonca2006.org

Category	Early Registration Before June 30, 2006	Late Registration June 30 - October 15, 2006	Onsite Registration After October 15, 2006
Wonca Members	USD 300	USD 350	USD 400
Regular Participants	USD 350	USD 400	USD 450
Students and Trainees*	USD 100	USD 120	USD 150
Accompany Persons		USD 100	

* The Registration in this category is needed to verify their status. The verification document including the participants' supervisor' signature is requested.

ORGANIZED BY

The Royal College of Family Physicians of Thailand
The General Practitioners/ Family Physicians Association, Thailand
Bangkok Metropolitan Administration

CORRESPONDENCE

Secretariat Office: c/o **WILDBLUE Co., Ltd.**
19/2 Ekamai 10, Sukumwit 63, Klong ton, Wattana
Bangkok, Thailand 10110 Tel/Fax: 662 714 2656
Website: www.wonca2006.org, Email: admin@wonca2006.org