

# WONCA News

An International Forum for Family Doctors



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## WONCA GLOBAL SPONSORS



**FROM THE WONCA PRESIDENT :**

**ON OUR WAY TO 2010 - -  
- WORKING FOR EVERY  
FAMILY TO HAVE A FAMILY  
DOCTOR**

The life cycle of Wonca runs in a triennial rhythm and with the successful conclusion of the World Council and Conference in Singapore the focus is now '2010' and the meeting in Cancun. In directing our attention in that direction, it is important to pay tribute to Bruce Sparks our immediate past president, and in him all who have contributed so much in the past years to Wonca and family medicine. But I would like to refer you for this to other articles in this issue and use this column for a view of our future.

In Singapore, the conference touched on an important aspect of future family medicine: genomics and the (technical) implications for health care in the decades to come. This theme could easily have become technology dominated, but it is a great tribute to the conference organizers that this did not happen. To the contrary, the prospect of genomics emphasized the need of a patient-centered medicine, generalistic in its approach to the greatest needs in societies.



Professor Chris Van Weel, Wonca President 2007-10

Social factors determine to a large extent the health status of people and communities, and genomics is not going to change this. The WHO is preparing an important report on this - the Social Determinants of Health - and the Wonca Council had an opportunity to discuss this issue with the committee's deputy chair professor David Satcher, in the days before the conference. The role of primary care, and the family doctor are crucial, in establishing a coherent link between individual patient care and societal actions to promote health: an agent for patients and communities, in addition to the provision of healthcare.

This is where the notion of equity becomes the guiding principle of health care.

Equity towards gender, race, social-economic, cultural and other factors is fundamental to family medicine. On the initiative of the Working Party of Women and Family Medicine Wonca committed itself to work with ever more efforts, within the organization and in its external activities, from these principles.

The logical implication of the contribution of primary care to health of people and communities is the need of a family doctor in every community in the world: in the words of Council 'every family in the world a family doctor'. Wonca is an academic organization and the ambition of global penetration in all communities of the world should be seen in that light. The ambition is to support all family doctors through networking them in an academic outreach of teaching, training, research and development to provide care of the highest quality. The Working Party of Education formulated this in terms of the need of every medical student to be exposed to primary care.

At the Wonca Council Meeting (21-23 July 2007) and Wonca World Conference (24-27 July 2007) in Singapore, the strategic mission of Wonca to care for people of the world was reviewed. Safe and effective primary care, with family/general practice of the highest quality is essential, for better health and health care. To pursue this, and to support its Member Organizations, Wonca adopted three resolutions:

1. On Access to High Quality Health Care: "Every family should have a family doctor."

To improve health of people and populations, access to high quality primary care is essential, and every community in the world should be served by family practice of the highest quality. Wonca strives, together with its Member Organizations to engage all family physicians in every community in an academic network to support and improve their work.

2. On Gender Equity: The Health Equity Recommendations (HER) Statement, prepared in the Hamilton, Ontario Conference by the Working Party of Women and Family Medicine:

The full text of the HER Statement is published in this issue of Wonca News. Adoption of this statement was taken in the spirit that equity is a generic ethical notion in the governance of health care and in the functioning of Wonca and gender, ethnicity, social-economical development should be taken into account.

3. On Medical Education: The Singapore Statement prepared by the Working Party on Education:
  - \* Every medical school in the

world should have an academic department of family medicine, or an equivalent academic focus.

- \* Every medical student in the world should experience family practice as early as possible and as often as possible in his or her training.

Medical education is a powerful tool in health care reform and the improvement of quality of care. Hands-on experience of family medicine is often decisive for future career choice, and family medicine involvement in the undergraduate curriculum substantially promotes the recruitment of the best students in family practice. For students who will find a career in secondary care, their undergraduate experience in family practice will substantially shape their ability to collaborate later with primary care.

The three motions - on equity, on education and on every family a family doctor - presents valuable support in our pursuit of primary care around the world. Times look favorable, in that - at last - money is being made available for primary care. But this development is not without its challenges. A substantial number of initiatives are (vertical) disease-specific programs, rather than promoting integrated, horizontal primary care. The evidence is with the latter, but the money seems to be with the first. The major issue will be to re-define vertical programs in that they work through horizontal primary care. And that a small part of their finances - say 15% - will be invested in the development of integrated horizontal primary care: "fifteen by 2015".

**Professor Chris van Weel**  
Wonca World President

**FROM THE CEO'S DESK:**

**HIGHLIGHTS FROM THE WONCA WORLD COUNCIL MEETING**

The Wonca World Council was held at the Marina Mandarin Hotel in Singapore from 21<sup>st</sup> - 23<sup>rd</sup> July 2007 just prior to the 18th Wonca World Conference held at the Suntec Convention Centre.

Present were 53 Full Member Organisations from 51 countries, 6 Associate Member Organisations and 6 Organisations in Collaborative Relations (OCR) present for the Council Meeting. In addition, 14 proxies from 28 Member Organisations unable to sent representatives to the meeting were received at the start of the Council. The names of the 13 organisations admitted since the last Wonca World Council in Orlando in 2004 as Full or Associate Members and Organizations in Collaborative Relations were read out and noted by Council.

Some of the key issues and decisions discussed and adopted by Council during the three days of deliberations were as follows.

The Wonca Council voted unanimously in favour of ratifying the Wonca Bylaws & Regulations approved at the last Wonca World Council held in Orlando in October 2004. These new Bylaws and Regulations were effective immediately

The CEO reported on the state of Wonca's finances. The Council accepted the report of the CEO on the 2004 - 2006 Triennium Account. They acknowledged the positive financial outcome for the Triennium

due to the dual approach of prudent budgeting of expenditures and a willingness to engage industry in an ethical manner in new revenue generating ventures through the Wonca Global Sponsorships, the Wonca Website, satellite symposia at conferences and educational projects involving the website.

The Wonca Council also accepted the Honorary Treasurer's Report and his recommendations for Wonca's future financial health: 1) Wonca should have a reserve account of one year's operating expense to help it weather unexpected financial situations; 2) The Wonca membership dues should be regularly scrutinized to ensure equity, integrity and value to members, and 3) Wonca should develop revenue sources which are consistent with its ethical standards, congruent and not competitive with its member organizations and reflect an appropriate risk taking into account Wonca's limited capacity to handle financial missteps.

The Wonca Council approved the revised 2007 - 2009 Triennium Budget recommended by Wonca Executive at its recent meeting prior to the World Council. Council also approved that for the budget years of 2008 - 2010, the membership dues assessed to each members organization be kept at the 2007 level.

The World Council, in accepting the report of the Chair of the Wonca Membership Committee, approved the application for membership at the Council meeting :

- \* The Caribbean College of Family Physicians (Full Member)
- \* The Russian Association of General practitioners/Family Physicians - All Russian Fund (Full Member)
- \* The Oman Family Medicine Society (Full Member)

- \* The Armenian Association of Family Physicians (Full Member)
- \* The Egyptian Society for Improving Family Health (Full Member)
- \* The Lesotho Medical Association (Full Member)
- \* The Society of Family Physicians of Nigeria, SOFPON (Associate Member)
- \* The International Primary Care Respiratory Group, IPCRG (Organisation in Collaborative Relations)

The World Council received and noted the reports of the Wonca Webmaster, Mr Alex Wescott and the Medical Editor, Prof Wes Fabb. Council thanked Prof Wes Fabb for his contributions to the development of the website and bid him a fond farewell as he retires as the Medical Editor. Wonca Council also expressed continued support for the development and promotion of Journal Alerts and website resources as a service to members of Member Organisations.

Two breakout sessions — Guiding Wonca's Future and The Commission on the Social Determinants of Health (see article on Commission) were also held during the three day Council Meeting. The objectives of these breakout sessions were to allow for greater interactions between the various Members of Council from the different Member Organisations. More importantly, the breakout sessions gave Council Members of the Council a direct say in the direction that Wonca is to take on key issues affecting Primary Health Care globally.

The Council commended the work of the Working Party on Women and Family Medicine in advocating and promoting equity via the Hamilton Equity Recommendations Statement and the Ten Steps to Gender Equity. The Wonca Council then endorsed the HER Statement (see article on Gender Issues) and the Ten Steps.

The Regional President for the Middle East South Asia Region informed the Wonca World Council that his Regional Council discussed the formation of a new and separate Middle East region comprising eight member organizations. At that meeting it was agreed that a new region be called Wonca EMRO (Eastern Mediterranean) as is the same region within WHO. They also decided that the South Asia Region may be more appropriately named Wonca SEARO (Southeast Asia) as it works closely with WHO regional counterpart. This issue would be discussed by the new Triennium's Regional Council and any request for a name change would require approval from the World Council. The new Wonca EMRO Region would only be formalised and approved by the

next Wonca Council in 2010, once the due process of establishing a regional structure and Regional Bylaws and Regulations were completed.

The World Council also ratified the following Regional Presidents elected by their respective Regional Councils at their meetings held before the start of the World Council

- \* Regional President of Wonca Africa:  
Prof Khaya Mfenyana (South Africa and re-elected for a 2nd term).
- \* Regional President of Wonca North America:  
Dr Alain Montegut (USA)
- \* Regional President of Wonca Asia Pacific:  
Dr Donald Li (Hong Kong)
- \* Regional President of Wonca Europe: Professor Igor Svab (Slovenia and re-elected for a 2nd term).
- \* Regional President of Wonca Iberoamericana-CIMF:  
Professor Adolfo Rubinstein (Argentina and re-elected for a 2nd term).
- \* Regional President of Wonca Middle East South Asia:  
Dr Preethi Wijegoonewardene (Sri Lanka).

At the election held on the third and final day of the Council Meeting, the following candidates were elected into the various offices of Wonca:

- \* President Elect: Dr Richard Roberts (USA)
- \* Executive Members at Large: Prof Michael Kidd (Australia), Dr Iona Heath (United Kingdom), Javier Dominguez (Mexico)

Prof van Weel, on behalf of the Nominating and Awards Committee recommended and the World Council approved the candidates for Wonca Fellowship, Honorary Life Direct Membership (see article on Wonca Council for details). The Wonca International Award for Excellence in Health Care- the 5 Star Doctor was given to Dr Arthur Kaufman from the USA.

All in all, the Wonca Council accomplished much, while renewing old friendships and meeting new friends and colleagues from around the world.

**Dr Alfred Loh**  
Chief Executive Officer  
World Organization of Family Doctors

**FROM THE EDITOR:****SETTING SAIL IN THE NEW TRIENNIUM**

This is the first issue of Wonca News published since the world's family doctors gathered the end of July for the 18th Wonca World Conference in Singapore.

This issue reports on some of the key highlights of Singapore's family doctor reunion. Subsequent issues of Wonca News will continue to report on other highlights from Singapore, including Wonca's newly elected leadership, the important work of its working parties, task forces and special interest groups, and the important accomplishments of Wonca's Regions and member organizations. However, those who were fortunate to be able to come to Singapore recognize that such stories cannot adequately capture the scope, richness and diversity of that which will be forever recorded as the 18th Wonca World Conference.

This issue also provides an early compass reading of Wonca's direction in the new Triennium. Wonca President Chris Van Weel and CEO Alfred Loh both comment on Wonca's vital role of supporting the family doctor to best meet people's health needs in every community in every part of the globe. They described the course set by the Wonca Council for the World Organization of Family Doctors. They provide insight into what will subsequently be reported as Wonca's goals, strategic action plan and measures of success in the new Triennium.

This issue also provides an early barometric check from the World Health Organization and several countries that the winds may be favorable this Triennium for Wonca's family doctors. Articles indicate that primary health care and the role of the family doctor continue to be as relevant today, or more so, in the attainment of the Millenium Development Goals and in global, regional and national plans to reform health systems towards the goals of health care equity, quality, affordability and satisfaction.

As we set sail in the new Triennium, please continue to send me your articles, photos and other milestones in our collective journey to share in the pages of Wonca News. I wish you all a safe, successful and joyous journey.

**Marc L. Rivo, M.D, M.P.H.**

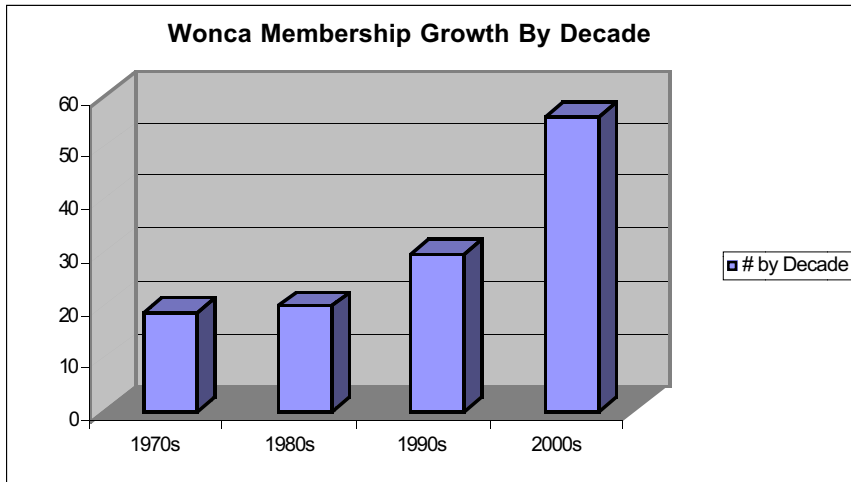
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**FEATURE STORIES****WONCA COUNCIL ELECTS LEADERSHIP, SETS GOALS FOR NEW TRIENNIUM**

The Wonca World Council met in Singapore July 21-23 preceding the opening of the 18th Wonca World Conference. In three fully packed days, the Wonca Council completed an ambitious global agenda of work, celebrated several noted accomplishments, elected new leadership and reaffirmed the goals for the new Triennium.

During the opening roll call of attendees, the Wonca Council welcomed its new member organizations and celebrated its record-breaking triennium membership growth. Today, Wonca represents 119 member organizations from 115 nations/national entities. A major leap forward in Wonca's relations with nations was brought by the Carribbean College of Family Physicians, which represents family physicians from 16 different national entities. Wonca's membership includes 12 Associate Member Organizations and 10 Organizations in Collaborative Relations. This is exciting growth for a relatively young organization of 35 years, established in 1972 with only 18 founding member organizations, and with only 50 member organizations as recently as 1994. In only the first 7 years of the 21st century, Wonca's gained more new member organizations than during its first quarter century (see table below). Wonca global span reaches countries representing 85% of the world's population. The Wonca Council recognized Dr Nabil Kurashi from Saudi Arabia who was chosen by his fellow member organizations in the emerging Eastern

Mediterranean Region to work with the Wonca Executive and fellow Regions towards the establishment of a new Wonca Region in that part of the globe in the upcoming Triennium.



The Wonca Council held a strategic planning breakout session to review Wonca’s Goals for the upcoming Triennium. The Wonca Council endorsed the set of goals that were established in the 1998 Wonca World Council meeting in Killarney, Ireland. The goals for the upcoming Triennium were:

- \* Develop general practice/family medicine in areas of greatest need
- \* Support general practice/family medicine research
- \* Promote the role of the family doctor as leader of the primary care team
- \* Support general practice/family medicine education
- \* Improve communication/collaboration within Wonca
- \* Secure adequate funding for Wonca

In reaffirming the above goals, the Wonca Council adopted in a motion its overriding priority of promotion of primary care and family medicine around the world: “Every family a family doctor”. In addition, Council urged to place more emphasis on equity in Wonca and in (primary) health care. The Wonca Executive was asked to consider “equity” as a new goal or part of a set of values for Wonca to exemplify as the organization implements programs that cuts across all the above goals, to include attention to geographic region, language, socioeconomic status, and gender.

To promote gender equity within the organization, the Wonca Council adopted the Hamilton Equity Recommendations Statement (see accompanying article), presented by the Wonca Working Party on Women and Family Medicine (WWPWFM). The recommendations set in motion a review of Wonca’s Bylaws and Regulations on gender balance. The Wonca Executive established a group to address issues of gender equity chaired by the President and will include appropriate representatives from the Executive Committee, Bylaws Committee and the WWPWFM. This work will start soon in the new triennium. The Wonca Council also adopted the WWPWFM report entitled, “Ten Steps towards Gender Equity”.



Bruce Sparks Addressing Wonca Council, with Alfred Loh (left) and Chris Van Weel (right)



Wonca Council Celebrates its Diversity

A part of the Council meeting was directed at a consultation of the WHO Committee on the Social Determinants of Health. The Deputy Chair of the Committee, Dr David Satcher, presented the interim report and invited Council members to comment. Also in this session, the importance of equity in order to be able to provide high quality care was stressed. In a separate contribution to this issue, Prof Jan De Maeseneer reviews the work of the WHO Committee.

The Wonca Council elected, ratified or appointed its leaders for the upcoming 2007-2010 Triennium. They are:

- \* Prof Chris van Weel, from The Netherlands, President
- \* Prof Bruce L. W. Sparks, South Africa, Past President
- \* Prof Rich Roberts, United States, President-elect
- \* Professor Igor Svab, Slovenia, Regional President of Europe
- \* Dr Preethi Wijegoonewardene, Sri Lanka, Regional President of Middle East South Asia

- \* Dr Donald Li, Hong Kong, Regional President of Asia-Pacific
- \* Dr Alain Montegut, United States, Regional President of North America
- \* Prof Khaya Mfenyana, South Africa, Regional President of Africa
- \* Prof Adolfo Rubinstein, Argentina, Regional President of Iberoamericana-CIMF
- \* Dr Javier Dominguez del Omo, Mexico, Member-at-Large
- \* Prof Iona Heath, United Kingdom, Member-at-Large
- \* Pro Michael Kidd, Australia, Member-at-Large
- \* Prof Rich Roberts, Chair, Nominating and Awards Committee
- \* Prof Michael Kidd, Chair, Finance Committee and Honorary Treasure
- \* Dr. Iona Heath, Chair, Membership Committee
- \* Dr Dan Ostergaard, United States, Chair, Bylaws and Regulations Committee
- \* Dr Geoff Martin, Australia, Chair, Publications Committee
- \* Dr Marc Rivo, United States, Editor, Wonca News
- \* Prof Niels Bentzen, Norway, Chair, Wonca International Classification Committee
- \* Dr Javier Dominguez del Omo, Chair, Working Party on Quality in Family Medicine
- \* Prof Ian Cooper, South Africa, Chair, Working Party on Rural Practice
- \* Dr Peter Schattner, Chair, Working Party on Informatics
- \* Prof Michael Kidd, Australia, Chair, Working Party on Education
- \* Prof Walter Rosser, Canada, Chair, Working Party on Research
- \* Dr Amanda Howe, Canada, Chair, Working Party on Women and Family Medicine
- \* Chair, Dr Gabriel Ivbijaro, United Kingdom, Working Party on Mental Health
- \* Prof Rick Botelho, United States, Convenor, Tobacco Cessation Special Interest Group
- \* Prof Rick Botelho, United States, Convenor, Behaviour Change Special Interest Group
- \* Dr Alan Abelsohn, Convenor, Environment Special Interest Group
- \* Prof Manfred Maier, Austria, Convenor, Ethical Issues Special Interest Group
- \* Dr Garth Brink, Convenor, Travel Medicine Special Interest Group

The Wonca Council conferred a series of awards of honors to distinguished Wonca leaders. Wonca's International Triennium Award for Excellence in Health Care – The Five Star Doctor Award was given to Arthur Kaufman of the United States. This International Award

is given to a family doctor who is outstanding in five categories: 1) care provider, 2) decision maker, 3) health care manager, 4) community leader, and 5) communicator.

The Wonca Council conferred the award of Fellowship of Wonca, its highest award, to the following distinguished Wonca leaders:

- \* Dr Michael Boland, Ireland
- \* Professor Henk Lamberts, The Netherlands
- \* Professor Zorayda (Dada) Leopando, The Phillipines
- \* Professor John Murtagh, Australia
- \* Dr Luis Pisco, Portugal
- \* Professor Maurice Wood, United States

The Wonca Council conferred the award of Honorary Life Membership to the following distinguished Wonca leader:

- \* Dr Phillip Evans, United Kingdom

The Wonca Council received an energizing report, presentation and promotional video on the upcoming 19th Wonca World Conference, in 2010, in Cancun, Mexico, Host Organizing Committee Chair, Dr Javier Dominguez del Olmo.

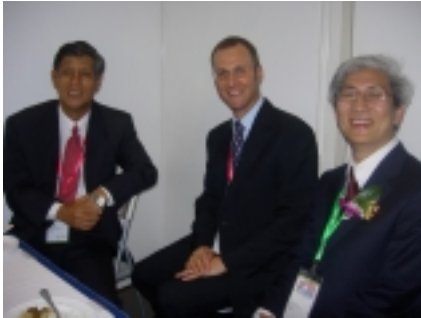
The Wonca Council received five outstanding bids from Wonca Europe member organizations representing Austria, the Czech Republic, Greece, Italy and Spain, to host the 20th Wonca World Conference in 2013. The Wonca Council selected the bid by the Czech Society of General Practice, presented by Dr Bohumil Seifert and Vaclav Benes, to serve as the Host Organizing Committee for the 20th Wonca World Conference to be held in Prague in 2013.

## **WONCA CELEBRATES AT THE 18TH WORLD CONFERENCE IN SINGAPORE**

More than 2000 delegates from 78 countries gathered in Singapore from July 24-27 for the 18th World Conference.

The conference theme, “Genomics and Family Medicine”, brought to Singapore a group of world-renowned plenary speakers. At the opening session, Wonca President Bruce Sparks, Wonca Asia-Pacific Regional President Goh Lee Gan, and Singapore Host Organizing Committee Chair Tan See Leng welcomed the delegates and formally begun the world conference. The opening session featured two distinguished Guests of Honor who focused on the state of health and health from a national and global perspective, Singapore Minister of Health Mr Khaw Boon Wan and Dr Shigeru

Omi, Regional Director of Western Pacific Regional Office of the World Health Organisation.



WHO Western Pacific Regional Office Director General Shigeru Omi, with Wonca Executive Member Michael Kidd, and Wonca Asia-Pacific Regional President Goh Lee Gan

An outstanding and diverse group of morning and afternoon plenary speakers included Dr Francis Collins, Director of National Human Genome Research Institute in the United States; Professor Yvonne Carter, Dean of the Warwick Medical School in the United Kingdom; Dr Spencer Wells, Population Geneticist with National Geographic; Professor Edison Liu, Executive Director of Genome Institute of Singapore; and Professor Michael Kidd, Head of the Discipline of General Practice in the University of Sydney, Australia.

In addition to the plenary sessions, Scientific Committee Chair Lee Kheng Hock and members provided a diverse scientific program, with more than 29 symposia and 24 workshops with almost 150 papers presented, plus more than 500 free papers and poster sessions. In addition, delegates visited the trade and technology exhibitions, featuring a vast sampling of education, practice, business and service resources for the family doctor and medical group.

Conference delegates, guests and family were treated to a dazzling array of social programs, culinary delights and inspiring sights centered within a dynamic,

beautiful, and unique multicultural, South East Asian nation. The Singapore Night Safari highlighted the social calendar, treating visitors to the experience of exploring wildlife in a tropical jungle at night. Singapore offered the delegates an unforgettable blend of Eastern and Western history, traditions and contemporary experiences, and emphasized with an exclamation point that the 18th Wonca World Conference truly was a global celebration to remember.

**WONCA ENDORSES HAMILTON GENDER EQUITY RECOMMENDATIONS**

Soon after the conference began, delegates to the 18th Wonca World Conference in Singapore noticed that many Wonca Executive and Wonca Council members were sporting large, bright, pink buttons with “HER, Wonca, 2007” on their lapels. That is because the Wonca World Council at its triennial meeting on July 23<sup>rd</sup> 2007, unanimously endorsed The HER Statement, or The Hamilton Equity Recommendations, in a historic move. At the closing ceremony, the 2007 Wonca World Conference adopted three resolutions, one concerning Gender Equity.

The HER Statement was developed in August 2006, in Hamilton, Ontario, Canada, at a remarkable five day meeting of the Wonca Working Party on Women and Family Medicine (WWPWFM), where 25 women leaders in family medicine assembled from 16 different countries, and deliberated about how to further the cause of gender equity in Wonca. The Statement was carefully worded to include a key Preamble, which explained the underlying conceptual context of how promoting the empowerment of women could be the single most significant step that Wonca could take to improve health for all, followed by four key recommendations.



Wonca WWPWFMs Participants at the Historic Hamilton Meeting

The WWPWFMs was established at the 16th World Conference in Durban in 2001 to promote gender equity in health and the role of women family doctors working in Wonca, to highlight their special contributions, and to reduce the barriers facing them, thereby enabling them to reach their full



potential and enhance the contribution of family physicians/general practitioners around the world to clinical care, women's health, education, research and leadership in family medicine.

In June 2006, Dr. Alfred Loh wrote in Wonca News that participation of women in various Wonca committees and past Councils had been very limited, "so it could be safely concluded that the issue of gender imbalance needs to be addressed at both national and global levels". He called upon the WWPWFM to submit a set of recommendations to Wonca Executive for its consideration.

The endorsement of the HER Statement is a significant step forward. Time will tell whether the initial formal steps taken by Wonca as a result of these resolutions actually significantly impact on the serious and presently entrenched gender imbalance in Wonca, globally and nationally.

The "Hamilton Equity Recommendations" statement endorsed, reads as follows:

1. Cognizant of the fundamental aspiration of all individuals, families, communities and peoples to achieve and maintain the highest quality of life;
2. Recognizing the centrality of improved and optimal health to the achievement of the highest quality of life;
3. Recalling the important provisions of the charters, declarations and instruments of the United Nations, WHO, UNDP and other international organizations regarding human rights, equity, development, health and human dignity;
4. Convinced of the centrality of women's and girls' status as a determinant of the health of women and children, and of the families and communities of which they are part, throughout the world;
5. Recognizing that the elimination of gender inequality (as well as other violations of universal human rights) is an important prerequisite for development, including the improvement and achievement of optimal health;
6. Affirming that the improvement and achievement of optimal health is dependent on high standards and levels of health care provision, organization, teaching and research;
7. Convinced that general practice/family medicine is the cornerstone of the achievement of high standards and levels of health care provision, organization, teaching and research throughout the world;
8. Noting the global benefit of organization and knowledge exchange between general practice/family medicine organizations and practitioners, and between general practice/family medicine and other organizations concerned with health and medical care;

The WWPWFM urges the general practice/family medicine organizations of the world that are constituted as the World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians (Wonca) to adopt the following fundamental recommendations regarding gender equity:

1. Enshrine the principle of gender equity within Wonca governance by amending the Wonca By-laws and Regulations, as proposed by the WWPWFM.

2. Implement gender equity in all activities of Wonca, in particular the scientific programs of its triennial, regional, and rural meetings.
3. Promulgate the pivotal role of gender as a key determinant of health.
4. Promote the equitable inclusion and advancement of women general practitioners/family physicians in Wonca.

Those interested in obtaining additional information on the WWPWFM may visit their website at [www.womenandfamilymedicine.com](http://www.womenandfamilymedicine.com), may join the WWPWFM listserve (contact [lcandib@massmed.org](mailto:lcandib@massmed.org)), or contact Amanda Howe, Chair WWPWFM at [Amanda.howe@uea.ac.uk](mailto:Amanda.howe@uea.ac.uk).

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## WONCA REGIONAL NEWS

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### INTERNATIONAL CONFERENCE IN BUENOS AIRES FOCUSES ON PRIMARY CARE

Nearly 30 years after the International Conference on Primary Health Care in Alma Ata (1978) and taking into account that the year 2015 is set to measure compliance with the Millennium Development Goals (MDGs), the Government of Argentina convened from August 13 to 15 an International Conference on Health for Development focused on primary health care. The goal was to share experiences and reflections among the regions and the countries of the world on the lessons learned from implementing Alma Ata's Primary Health Care

Strategy, and actions that are necessary to achieve the MDGs.

This high level international conference convened Ministers of Health and other high level representatives from more than 60 countries, including WHO Director General, Margaret Chan, the Director of PAHO, Mirta Roses, DHalfdan T. Mahler (the former Director of WHO at the time of the Declaration of Alma-Ata), Michael Marmott, Phil Musgrove, and Phillip Evans. Participants debated and discussed the future and directions of primary care worldwide in preparation for the next 2008 WHO World Report that will be dedicated to revisiting primary health care 30 years after Alma-Ata.

I was invited as a Regional President of Wonca Iberoamericana CIMF and had the opportunity to talk with important WHO officials, such as PAHO Director Roses, about the necessity to emphasize the role of family doctors within family health teams and the involvement of Wonca as a key NGO to contribute to the WHO Primary Health Care world report.



WHO General Director Dr. Margaret Chan (left); the Argentine Minister of Health, Dr. Ginés González García; and PAHO/WHO Director Dra. Mirta Roses Periago (right) at the opening session of the Conference

The activities went smoothly. Each day began and ended with presentation of keynote speakers, followed by a panel constituted by different experts, and then delegates were broken in small groups session to discuss the evolving documents. Over the last two days of the Conference, sessions were held in which the Ministers and / or their representatives arrived to the final conclusions, summarized in the Declaration described below. .

**DECLARATION:** Towards a health strategy for equity, based on primary health care August 17th 2007 Buenos Aires, Argentina

We, the Ministers of Health and representatives of the Ministries of Health attending the International Conference of Health for Development: "Rights, facts and realities", have gathered in the City of Buenos Aires on August 16th and 17th, 2007, to analyze the achievements and difficulties in the implementation of

the Primary Health Care Strategy and with the object to foster the strengthening of already established consensus and generate new proposals, tending towards the establishment of a strategy of an equity based comprehensive health care.

Whereas, and taking into account that:

1. We reaffirm that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being with out distinction as to race, religion, political belief or economic or social condition. This is a key responsibility of the State, together with the participation of the citizens.
2. We acknowledge that the efforts of the public policies and societies must be oriented towards human development. This implies that said efforts require an orientation towards the improvement of quality of life for the people, against poverty and exclusion, ensuring equal opportunities and the development of the capacities of the persons and their communities.
3. Health is an outcome of different and dynamic social, economic, cultural and environmental determinants. Responsibility for it belongs to everyone. Although it goes far beyond the curative, disease oriented medical care, health service systems have a key role in bringing sectors together including the community. This implies a need for policies by the State and the collaboration and commitment from all the sectors: public organizations, private sector, community organizations, international organizations and each citizen.
4. We acknowledge that health is fundamental to secure the objectives of development agreed to internationally, including those stated in the Millennium Declaration, and that these objectives create an opportunity to integrate health as an essential part of development and therefore, to increase the political commitment and the resources destined to the sector.
5. We affirm that equity, solidarity and universality should govern health and development systems and policies.
6. The Primary Health Care (PHC) strategy is based on values and principles that remain relevant and which must guide the structure and operation of the health systems at all levels and for all.
7. Health problems do not respect boundaries between states and jurisdictions. Further more, old problems of poverty and exclusion still exist today, and new challenges exist related to the environment, demographic changes, unhealthy lifestyles, and emerging and reemerging diseases.

8. The Primary Health Care (PHC) strategy must be capable of dealing with both old health problems as well as the new and emerging ones.
9. Nearly 30 years after the Alma Ata Declaration the health situation of a great part of humanity is deplorable and large parts of humanity do not enjoy equitable, comprehensive, or even basic health care.
10. Health human resources are generally not trained to respond to socially complex health problems involving prevention, promotion, intersectoral cooperation, client-provider relations and community participation.
11. We are very far from reaching the Goals related to health contained in the Millennium Declaration. We acknowledge that international and national policies, including social and economic policies, have affected our ability to meet the MDGs and develop equitable health systems.
12. It is imperative that we solve these difficulties and develop a new implementation plan for the strategy that brings us nearer not only to reaching the Objectives of the Millennium Declaration, but to the full implementation of the values and principles of Primary Health Care.

We accept the following principles:

13. Health is a cause and generating factor of development and growth of a nation. For this reason, we consider health as an investment and not as an expenditure, and also a responsibility of the State and society as a whole.
14. Equitable health care is a key factor for development and can stimulate equitable approaches

in other fields. This requires priority and strong public policies which involve all stakeholders.

15. In order to achieve equity based health care, it is imperative to strive towards universal and comprehensive coverage. In doing so, policies and programs need to be gender-responsive, inclusive, non-discriminatory, and prioritize vulnerable groups.

Therefore we commit to develop processes that:

16. Take into account the values and principles of Primary Health Care, to guide the policies, structure and functions of the health systems at all levels for all.
17. Support the leadership and stewardship role of the State and the participation of families, communities and all other stakeholders in guiding planning and where appropriate, in the implementation and support of health programs and services in a comprehensive and intersectoral manner.
18. Determine the set of programs and services necessary to achieve equity-based health care, that the countries can implement according to their national contexts.
19. Assure adequate financing of the programs and services that are considered necessary for each country, ensuring sustainability and working towards universal coverage.
20. Incorporate into the design and implementation of health and development policies, factors such as socio-economic status, culture, ethnicity, gender, age and disability.
21. Strive to eliminate inequities in the quality of health services within the countries.
22. Ensure that health systems do

not reproduce inequities found in other sectors and engage in intersectoral collaboration to promote social inclusion and poverty reduction public policies.

23. Strengthen relationships between the health authorities and educational institutions to meet the needs of the population by training health workers to use interdisciplinary approaches for new social, environmental and health problems.
24. To involve the health authorities in intersectoral collaboration to help develop public policies of other sectors when they affect health, such as those aimed at improving access to drinking water, safe food, decent work, a healthy environment and adequate shelter.
25. Include into official publications indicators to measure equity.
26. Strengthen joint cooperation between countries and institutions in managing health issues of local, national and international concern.
27. Support rapid implementation of the above-mentioned actions, in a framework of equity and social justice, to achieve the enjoyment of the highest attainable standard of health, which is one of the fundamental rights of every human being with out distinction to race, religion, political belief or economical or social condition.

Aldofo Rubinstein  
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## Preethi Wijegoonewardene - Middle East South Asia Regional President

He has been an active family physician for the past 24 years before which he served in the state Hospitals as a Medical Officer for about 5 years.

As a family physician for several decades, Preethi has made a significant contribution to the undergraduate teaching programmes of the three Faculties of Medicine of the Universities of Colombo, Kelaniya and Sri Jayewardenepura. He is also actively involved in postgraduate teaching of general practice in the Postgraduate Institute of Medicine, University of Colombo since 1985. He is an active member of the Board of Study in Family Medicine of the Postgraduate Institute of Medicine, University of Colombo since 1999 and has taken responsibility in many of its activities.



Preethi Wijegoonewardene - Middle East South Asia Regional President

He is a senior lecturer of the Faculty of Teachers of the College of General Practitioners of Sri Lanka. He serves in the international board of the MRCGP International South Asia Examination. He has been an examiner for the Diploma in Family Medicine in Colombo and India for many years and for the MRCGP International South Asia examination in March 2007. He is also the senior

Vice President (Medical) of Ceylon Hospitals Ltd (Durdans Hospital) - a leading private multi disciplinary hospital in Colombo.

In 2002 he was the President of the Sri Lanka Medical Association (which is the umbrella organization of all doctors in the country, and the oldest national organization of doctors in Australasia). He brought pride to the general practitioners, as rarely has this honour been bestowed on a Family Physician.

Dr. Wijegoonewardene has been actively involved in the College of General Practitioners of Sri Lanka since 1985, and held office in the Council for several years. As President, he took the College forward, and has proved himself to be a leader in Family Medicine in Sri Lanka. He is an extremely popular figure amongst all colleagues in the South Asian Region. He has worked hard to impress on Health Planners, the Ministry of Health, and the WHO Regional Office that the family physician plays a pivotal role in a primary health care team of a country. He has thus proved himself to be a good team player, and an excellent team leader. Most of all, he is a leading family doctor in Colombo, and has proved himself to be popular, committed and loved by the people he serves in his practice community.

Preethi's wife, Sunethra, supports him in all his professional activities and the couple's many social obligations. Preethi and Sunethra have two children. Their son, Indika, is a young doctor, who has just completed internship from Manipal Medical College, India and is hoping to proceed to Australia for postgraduate training. Their daughter, Venya, is a final year law student at the University of Bristol, U.K and plans to study further in the UK.

## EURACT PATIENT EMPOWERMENT COURSE HELD IN BLEED

A total of 56 participants from 12 countries attended the 16th EURACT (European Academy of Teachers in General Practice) International Course on Patient Empowerment was held in Bled, Slovenia from September 18-22, 2007.

The aim of the course was to work on "patient empowerment", a recent development in most Western Health Care Systems. It means that the patient is knowledgeable and informed about his/her disease, is willing and/or obliged to take self-responsibility for his/her health, is involved in medical decision-making, is respected by health care professionals. Therefore, patient empowerment bridges two core competencies of Family Medicine and General Practice: person-centeredness and the holistic approach. Further, patient empowerment can be seen as a new framework for the patient-physician-relationship and also as a measure of quality improvement in health care systems.

The aim of the course was to teach participants the possibilities for and forms of empowering patients and the reasons for the development of patient empowerment (and of case management programs). Course participants learned how to assess patient empowerment effects in different case management programs, and to appreciate the difficulties in assessing its effects. At end of the course, participants learned to value the increasingly important responsibility of patients for their health, and recognize that medical students and trainees should learn about patient empowerment.

During the course keynote presentations, group work, role-play, poster sessions, fieldwork and discussions were held. Country reports concerning patient empowerment were presented. A selected number of key papers were presented to the audience during Saturday morning's plenary session. Three workshops on the same patient empowerment theme will take place in different regions of Slovenia in November 2007, December 2007 and in January 2008.

The 2008 course will be held from September 16-20 at the Hotel Jelovica in Bled, Slovenia. The theme will focus on self-medication. There is a 40 EURO reduction of the course fee for EURACT members. A limited number of sponsored places is available through the EURACT sponsorship programme. The 2008 course information is available at the EURACT website: [www.euract.org](http://www.euract.org) or through the Slovene Family Medicine Society at <http://www.drmed.org/novica.php?id=10483>.

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## HEALTH AND HEALTH SYSTEM NEWS

### WHO COMMISSION ON SOCIAL DETERMINANTS OF HEALTH MEETS WONCA COUNCIL IN SINGAPORE

The late Dr Lee Young-Wook, then Director General of the World Health Organisation (WHO), established the World Health Organization's (WHO) Commission on Social Determinants of Health in March 2005. The WHO endorsement has been carried forward with the support of the present WHO Director General, Dr. Margaret Chan.

The Commission on Social Determinants of Health (CSDH) seeks to create a global movement for health equity, rooted in shared beliefs in social justice and human rights. Realising the Commission's vision of a world in which people have the freedom to lead the life they have reason to value, requires action on the social determinants of health. The goal of the Commission is to gather evidence, harness national and local efforts, detail what effective social action must entail in order to maintain, promote, and provide better health for all, advocate for change and engage with those responsible for health-related decision making.



Professor David Satcher Addressing the Wonca Council



Professor Jan De Maeseneer Listening Intently as Wonca Council Offer Recommendations to the Commission Report

The goals of the CSDH are pursued through a number of work streams operating in parallel: Knowledge Networks, Partner Countries, Civil Society Organisations, and Global Initiatives. Within the various work streams, efforts have been made globally to expand the evidence base on social determinants of health, and in particular on effective action to understand and deal with these determinants. The Commission is supported by a secretariat based in the WHO Department of Equity, Poverty and Social Determinants of Health, in Geneva, Switzerland, and the International Institute of Society and Health, University College London, England.

Leading the Commission on Social Determinants of Health are 19 commissioners who are global and national leaders from politics, government, civil society and academic fields.

The Chairman of the Commission is Prof. Sir Michael Marmot. An important member of the Commission is Prof. David Satcher, Director of the Center of Excellence on Health Disparities at the Morehouse School of Medicine, a former United States Surgeon General, and a family doctor.

The Commission has set up 9 Knowledge Networks arranged around the teams of globalisation, health systems, urban settings,

employment and working conditions, early child development, social exclusion, women and gender equity, measurement and evidence, and priority public health conditions. These Knowledge Networks were established to collect, collate and synthesize a diverse range of evidence on: plausible causal relations; key-areas in which action should take place; effective practices and interventions for addressing socially determined health inequities globally.

Prof. Jan De Maeseneer (Ghent University) represents WONCA in the Knowledge Network on Health Systems. The team of Prof. De Maeseneer provided a literature review on primary health care as a strategy for achieving equitable care for the CSDH.

Given the global importance of the Commission’s work, the Wonca Executive scheduled a CSDH workshop in Singapore on July 22nd for the Wonca Council to review the Commission draft report with Profs Satcher and De Maeseneer. It became very clear that the Wonca Council was convinced that social determinants are very relevant for family physicians/general practitioners all over the world. Moreover, based on the work of small groups in a “break-out session”, Wonca formulated the following suggestions to the Commission:

- \* **Promote family medicine and the role of family doctors.** Insure that primary care is seen as a medical “home” for all. It is clear that there is still a way to go, especially in developing countries; therefore moving to a “family doctor for every family” will be incremental. In promoting family medicine and primary health care, we will have to tackle some barriers: primary care is sometimes seen as

providing only a “huge” or “curative” care. Primary care also includes preventive, chronic end-of-life. Another barrier is that primary care is sometimes felt to be only for “the poor”. But those with money also need primary care. If not, there is a risk for wasting resources. Over-specialisation and “verticalisation” of care carves up and fragments primary care, which negatively affects everyone.

- \* **Collect information on the value of primary health care.** The Commission on Social Determinants of Health should collate information on the value of primary care, the contribution of primary care/family medicine/general practice to providing social equity and narrowing the gaps of disparities of care. The work of Starfield, the Graham Center and the report by the Commonwealth Fund give good evidence to the Commission.
- \* **Integrate public health and primacy care.** It is important to identify and facilitate the breakdown of the barriers between public health and the delivery of primary care health services.
- \* **Train family doctor leaders.** Encourage family doctors to be leaders in the community - including local, regional and national levels. This should include training in media relations, public speaking, and other leadership skills where appropriate.
- \* **Improve access to quality primary care.** It is important to realise that the health care system may also constitute a barrier to health care. Therefore it is important to focus on the

question “How can we improve access?” How can we have a more holistic approach? How can we increase social accountability? At a practice level, at the member organisation level? At WONCA level? What WONCA can do is advocate for everybody to have access to quality primary care.

- \* **Improve primary care research.** WONCA should stimulate the development of research in the understanding of behavioural change for both individuals and populations as a whole. WONCA should contribute to medical evidence and public health evidence.
- \* **Improve primary care financing:** The way health care is financed is important. WONCA should promote reimbursement for care, which provides good community outcomes.
- \* **Enhance the contribution of the family doctor within primary care teams.** Family physicians should operate in the framework of the primary health care team and should link intersectorally with community agencies.
- \* **Share best primary care practices.** WONCA should create a platform to share best practices.

Prof. David Satcher responded in a very positive way to the suggestions by the audience. He emphasized that the role of primary health care and family physicians will be of utmost importance in order to address social determinants of health. He invited Wonca to be involved in the process and to give feedback to the interim statement: Achieving health equity: from root causes to fair outcomes”.

We would invite family physicians all over the world to look at the interim statement (through the website: [http://www.who.int/social\\_determinants/en](http://www.who.int/social_determinants/en)) and to send input and feedback to [Jan.DeMaeseneer@Ugent.be](mailto:Jan.DeMaeseneer@Ugent.be). WONCA should take into account the topic of social determinants of health in the future orientation of its activities.

Prof. Jan De Maeseneer, M.D., Ph.D.  
Department of Family Medicine and Primary Health Care, Ghent University, Belgium.  
Wonca Liaison person with CSDH.

*(Editor's note: Prof De Maeseneer's CSPH literature review on primary health care's contribution to equity and health, "Intersectoral Action for Health in Belgium: A Multilevel Contribution to Equity" can be read in its entirety on Wonca's online Global Resource Directory at: <http://www.globalfamilydoctor.com/education/GlobalResourceDirectory/grdindex.asp?refurl=ed> )*

## WHO DG MARGARET CHAN: PRIMARY HEALTH CARE IS KEY TO MILLENNIUM DEVELOPMENT GOALS

The World Health Organization, under Director-General Dr Margaret Chan, has refocused attention on that central role of primary health care in health system improvement. At the August 16 International Conference on Health for Development in Buenos Aires, Dr Chan spoke about primary health care's contribution to the Millennium Development Goals. The following is excerpted from Dr Chan's speech:



WHO Director-General Dr Margaret Chan

"The topics being explored embrace some of the most pressing issues in public health today. How can we realize the great potential of health to drive human development, as acknowledged in the Millennium Development Goals? Obviously, if we want better health to work as a poverty reduction strategy, we must reach the poor. And we must do so with appropriate, high-quality care. What role can primary health care play in this quest?

More specifically, how can we overcome major barriers, such as weak health systems, inadequate numbers of health care staff, and the challenge of financing care for impoverished people? You have been exploring these issues during the past three days, and I look forward to your conclusions.

When I took office at the start of this year, I called for a renewed emphasis on primary health care as an approach to strengthening health systems. The experiences and recommendations coming from this conference are extremely relevant to public health today, both within countries and for the work of WHO.

The Declaration of Alma-Ata promoted primary health care as the key to attaining an acceptable level of health for all people in this world. This was the heart of the Health for All movement. Decades of experience tell us that primary health care is the best route to universal access, the best way to ensure sustainable improvements in

health outcomes, and the best guarantee that access to care will be fair.

I would like to suggest four principles that can guide us as we explore ways to achieve equity-based comprehensive health care and look at the contribution of primary health care. First, we must maintain our commitment, determination, and above all, our sense of urgency. Second, we must hold our politicians accountable for the promises they make. Third, if we want politicians to make the right promises and keep them, we must provide solid evidence. Primary health care is not cheap. It is not a bargain-basement way for governments to fulfill their duty to protect all citizens from risks and dangers to health. We need a better body of evidence demonstrating costs and benefits, best practices, interventions that work best in specific situations, and the impact of these interventions on health outcomes. Finally, we must never underestimate the power of human ingenuity. This power goes hand-in-hand with resolute determination to reach a goal.

As my last remark, I believe that, when we talk about primary health care, we must also acknowledge the great ingenuity of communities. Human nature has certain commonalities that transcend differences of place, race, religion, and culture. Compassion in the face of suffering and a desire to help is one common trait. Aspiration for a better life is another. Time and time again we see how, when communities are given opportunities they want and programmes they can own, they are empowered to achieve the lives they desire. Given a hand up, they can indeed lift themselves out of poverty and improve their health."

WHO Director General Margaret Chan's full speech to the conference can be found at: [http://www.who.int/dg/speeches/2007/20070816\\_argentina/en/index.html](http://www.who.int/dg/speeches/2007/20070816_argentina/en/index.html)

## Behavioral Changes Key to Health Care Reform in Hong Kong

The Bauhinia Foundation Research Centre's Health Care Study Group of Hong Kong released a final report "Development and Financing of Hong Kong's Future Health Care" on 23 August 2007.

In releasing the highlights of its final report, Dr Donald Li, Study Group Convenor and Wonca Asia Pacific Region President, said, "In reforming Hong Kong's health care system, behavioral changes are essential. No matter how much funding is available, health care resources will be exhausted if there is insatiable demand and indiscriminate use."



Donald Li, Wonca Asia-Pacific Region President

The report recommended that, to ensure the sustainability and responsiveness of Hong Kong's health care system in the long run, efforts should be made to promote behavioral changes in individuals, government and service providers. Individuals must assume greater self-responsibility for own health and more emphasis on disease prevention and detection; Government should increase public emphasis on primary health care

and provide users with choice and better services through shared responsibility. Physicians and other providers should seek to enhance their service standards and fee transparency.

Before finalizing its proposal, the Study Group compared the pros and cons of various health care financing options, including health insurance, health care taxes as well as an individual Medical Savings Account (MSA) scheme that had been proposed in a preliminary report.

The Study Group proposes in its final report a new health care model with a three-pillar framework comprised of the following key features and components. Pillar 1 is a safety net; its scope and services will not be less than what people are getting today. Evidence-based or beneficial essential items will always remain as heavily subsidized Pillar 1 services.

Pillar 2 is an added option for those who do not want to rely on the Pillar 1 system and offers incentives for those adopting proper health prevention and health seeking behaviors. Pillar 2 is to strengthen preventive health services (e.g. initiation of family doctor services, additional evidence-based, age specific health screening, etc) and to ensure access to quality care in old age (e.g. dependency care, hospice and palliative care, visiting medical and nursing care, etc). To instill a sense of joint responsibility among individuals for behavior modification, the Study Group proposes that the Government subsidize an average 50 percent of the costs of care.

Pillar 3 services are private sector services not subsidized by Government. Examples of such services could include lifestyle enhancement or maintenance, cosmetic procedures, non-standard

formulary drugs, assisted reproduction, some dental care, and eye glasses.

The difference between Pillars 1 and 2 can be construed as a difference in government subsidy to support individuals to assume a greater role in looking after one's health and well being.

In addition, the Study Group proposed a mandatory Medical Savings Account (MSA) scheme to supplement Hong Kong's successful tax-based financing system. The MSA is meant to foster desirable health seeking behavior and emphasize prevention and more judicious use of health care resources.

Under the scheme, account holders will receive substantial Government subsidy when using the savings in the account to purchase Pillar 2 services. They can choose their preferred providers from a list of Government approved providers, which will include private practitioners.

Funds in the MSA account could be used anytime before the age of 65 to pay for fees and charges under Pillar 1 and defined, subsidized services under Pillar 2.

Users may also choose to purchase government approved health insurance plans where available, such as hospitalization plans after age 65, long term care plans and possibly major illness plans before age 65 using money from the savings account.

As integral components of the reform initiatives, the Study Group also proposes enhancement of Hong Kong's primary health care. These include promoting the establishment of community-wide networks delivering holistic primary health care through integrated



multidisciplinary teams; establishing a primary care doctor's register; implementing quality assurance mechanisms; emphasizing a life-course-oriented health screening approach; and building portable electronic medical records to facilitate seamless primary, preventative and secondary care system of delivery.

Those interested in learning more about Health Care Reform in Hong Kong may contact Donald Li at dr2318@hotmail.com.

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## MEMBER AND ORGANIZATIONAL NEWS

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### RICH ROBERTS – WONCA PRESIDENT-ELECT

The Wonca Council, at its July 23rd meeting in Singapore, elected Rich Roberts from the United States as its President-elect.

Richard Roberts is Professor and past Chair in the Department of Family Medicine at the University of Wisconsin School of Medicine & Public Health in Madison, Wisconsin, USA. A family physician and attorney, he has practiced in Belleville, a rural community of 1900 people, since 1987. In addition to teaching students, residents, and fellows, Doctor Roberts provides the full scope of family medicine services: he delivers babies, cares for patients of all ages, performs endoscopy and minor surgery, and attends patients in the hospital, including those in intensive care units.



Rich Roberts – Wonca President Elect

For a decade, he served on and chaired the Wonca Working Party on Quality in Family Medicine. As Honorary Treasurer and a member of the Wonca Executive since 2004, Dr. Roberts helped develop financial reporting and accountability strategies, clarify Wonca's legal rights to ICPC-2, and open dialogues with Google and the World Patient Safety Alliance. He has represented Wonca to the Global High Blood Pressure Stakeholders Group.

Professor Roberts has taught in 40 countries on 5 continents, including the last 5 Wonca World Congresses. He supervised medical student exchanges between the U.S. and West Africa. Working with the College of Family Physicians of Canada, he conceived, organized, and led the six-country, week-long SOAR Family Medicine International Colloquium to share ideas on the renewal of family medicine, which was convened in Toronto in September 2006. He led U.S. delegations on primary care to Brazil, Uzbekistan, and Vietnam, and was a member of U.S. delegations to six WHO International Consultations on urinary health.

Dr. Roberts is a Past President of the American Academy of Family Physicians (AAFP). He is a Trustee on the Boards of the American Academy of Family Physicians Foundation and the Interstate Postgraduate Medical Association. He is a member of the Board of Governors of the National Patient

Safety Foundation and the National Advisory Council of the California Health Benefits Review Program. He served on guidelines panels of the AAFP, American College of Cardiology, American Pain Society, American Urological Association, United States Agency for Health Care Policy and Research, and World Health Organization.

Possessing a wide range of health care leadership experience, Dr. Roberts was a founding officer of the University of Wisconsin Medical Foundation, the faculty practice for nearly 1000 university physicians. He served as an associate medical director for two health plans, and as a director on the boards of a health maintenance organization and a statewide independent practice association. Early in his career, he was the managing partner in a four-physician group in a very rural and underserved community.

Professor Roberts's scholarship has focused on the development of decision support tools to improve clinical care, especially in the areas of primary care renewal, quality improvement, maternity health, medico-legal issues, and urinary health. He has authored more than 130 publications, been an investigator on a dozen grants, and given more than 500 presentations.

Rich and his wife Laura, an exercise physiologist and fitness consultant, have 4 children, aged 15-25 years. He enjoys travel and time with his family, movies, reading, writing, and volunteering at MEDIC, a free clinic run by medical students.

### IAN COUPER NEW CHAIR OF Wonca WORKING PARTY ON RURAL PRACTICE

Wonca's Working Party on Rural

Practice held its annual face-to-face meeting prior to the 18th World Conference of Family Doctors in Singapore. At this meeting, Professor Ian Couper was inaugurated as the new chairperson of the working party, for the next triennium. He was handed the Scottish stag horn - which serves as the chairperson's gavel - by the outgoing chair, Professor Jim Rourke, dean of Memorial University Medical School in Newfoundland, Canada. Professor Couper noted that he would not be following in the footsteps of his two predecessors who both became deans during their terms of office. (The first chair, Professor Roger Strasser, from Australia, went on to become founding dean of the new Northern Ontario Medical School in Canada)



From left to right: Prof Jim Rourke handing over the stag horn, which serves as the working party's gavel, to Prof Ian Cooper, with Prof Roger Strasser, the previous chair.

Professor Couper outlined a vision for the working party of “rural doctors REACHing towards rural health” in partnership with like-minded groups”, with the REACH encapsulating:

- \* Repositioning and relationship - renewing the vision and mission of the Working Party, and re-positioning its relationships with Wonca and other organizations.
- \* Education - Promoting rural medical education, rural medical schools, and rural clinical schools.
- \* Activism - Being an international voice for rural medicine and health including political activism on issues impacting rural health, such as determinants of rural health.
- \* Conferencing and communication - Continuing to organise conferences for educational and communication purposes to promote rural health.
- \* Health for All Rural People (HARP) vision - Moving the process forward of getting a HARP resolution adopted by the World Health Assembly, in collaboration with WHO, and developing greater support from WHO for the HARP documents already developed.

He also stressed the important need for transformation of the membership of the working party, indicating his desire to move towards equal representation of both genders, and of developing and developed countries, as well as including all regions and junior doctors. (Wonca members with an interest in the working party can contact Ian Couper on [couperid@medicine.wits.ac.za](mailto:couperid@medicine.wits.ac.za))

During the Working Party's Singapore meeting, much time was spent on discussing the 8th World Rural Health Conference, which will be held in Calabar, Cross River State, Nigeria, from 20th to 23rd February 2008. This conference has the theme “Frontline Medicine - from Disasters to Daily Care” and is expected to be a very interesting meeting. Cross River State is a very peaceful part of Nigeria, unaffected by the oil-related troubles occurring in some other parts of the country. (see related article in this issue, and [www.ruralwonca2008.net](http://www.ruralwonca2008.net))

The Working Party also accepted in principle a bid from Crete to hold the 9th World Rural Health conference in June 2009.

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## RESOURCES FOR THE FAMILY DOCTOR

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### 8TH WONCA WORLD RURAL HEALTH CONFERENCE SET FOR CALABAR, NIGERIA

Disaster and response to emergencies are receiving increasing global attention. This stems from recent experiences that range from Tsunami to Hurricanes, earthquakes, plane crashes, etc, etc. Most often the world watches as rural communities with very little capacity to cope and respond are decimated. Also as several countries face various challenges in improving their medical systems including response to the HIV/AIDS pandemic, where do rural people stand in these matters? The 2008 Wonca Rural Health Conference to be held in the city of Calabar, Cross River State, Nigeria, is planned to reflect on these issues, with a focus on disasters and the development of Rural Family Medicine worldwide. It will also provide a forum for family physicians, rural doctors and other stake holders, to share experiences and try to proffer solutions to

problems in Rural Health in preparation for meeting the objectives of the Millennium Development Goals in 2010 and beyond. The Conference with the theme Frontline Medicine - From Disasters to Daily Care runs from 20th-23rd February, 2008.

The programme will include plenary sessions and workshops offering new perspectives on Disasters, Practice, Training, Research, Rural Medicine and Rural Health, Care of the Minority Groups and the future development of Family Medicine; including issues and controversies surrounding these areas with teaching and training workshops for those who want to enhance their clinical skills and expertise. There will be symposia to cover the realms of Rural Family Practice, including surgery, family counseling, practice management and medico-ethical issues, while free papers and posters segments have been designed to allow participants to cross-fertilise ideas around the world.

The choice of the evergreen, clean, peaceful and scenic city of Calabar offers an opportunity to savor the warm and legendary hospitality of the people of Cross River State of Nigeria. This peaceful and secure state is distant from the oil-related troubles of the Delta region of Nigeria, which make the headlines. Regular direct flight connections from Lagos International Airport make access to Calabar easy and safe. Drill monkeys are now an endangered species but with the refuge created in Cross River State there is still hope for the future. The lowland Gorilla now known to exist in the Cross-River/Cameroon mountain ranges has also become a protected species and inhabits the Cross River National Park. Other wonders of nature can be seen at Obudu Ranch and various waterfalls in the State.

Attending the 2008 Wonca Rural Health Conference will leave a lingering pleasant memory. Do not miss it. For more information go to [www.ruralwonca2008.net](http://www.ruralwonca2008.net).

Dr Ndifreke E. Udonwa  
Chairman, Conference Organising Committee  
Email: [nudonwa@yahoo.com](mailto:nudonwa@yahoo.com)

## Save Your Life: A Six-Step Plan for Staying Healthy Longer

Save Your Life and the Lives of Those You Love: Your GP's 6-Step Guide to Staying Healthy Longer is an authoritative but easy-to-understand preventative health guide for adults endorsed by the Royal Australian College of General Practitioners. Readers will learn how to prevent or detect the 9 most common life-threatening illnesses affecting people in their part of the world: heart disease, stroke, cancer, lung disease, depression, dementia, diabetes, kidney disease and osteoporosis.

Save Your Life is written by practicing GPs Professors Michael Kidd and Leanne Rowe and endorsed by the Royal Australian College of General Practitioners. More than 15,000 copies have been sold since its official launch at the RACGP's 50th Anniversary Conference in July.

Leanne Rowe is a rural general practitioner and Deputy Chancellor of Monash University. She is a former Chairman of the Royal Australian College of General Practitioners and holds academic appointments with the University of Sydney and the University of Melbourne. She is a past recipient of the Best Contribution to Health Care in Australia' awarded by the Australian Medical Association.

Michael Kidd is Professor and Head of the Department of General Practice at the University of Sydney and works as a general practitioner in an inner city suburb. He was president of the Royal Australian College of General Practitioners from 2002-2006. He is a member of the executive committee of the World Organization of Family Doctors and their liaison person with the World Health Organization.

Save Your Life is an essential reference for everyone who cares about their own health or the health of someone they love.

(Save Your Life and the Lives of Those You Love: Your GP's 6-Step Guide to Staying Healthy Longer Profs. Michael Kidd and Leanne Rowe, Allen and Unwin Publishers. Price: \$27.95 UD)

**WONCA CONFERENCES 2007 – 2013 AT A GLANCE**

Information correct as of October 2007.  
May be subject to change.

\*\*Wonca Direct Members enjoy lower conference registration fees

See Wonca Website [www.GlobalFamilyDoctor.com](http://www.GlobalFamilyDoctor.com) for updates & membership information

<b>2007</b>			
17 – 20 Oct	European Regional Conference	Paris FRANCE	Re-Thinking Primary Care in the European Context: A New Challenge for General Practice
<b>2008</b>			
20-23 Feb	8 <sup>th</sup> Wonca World Rural Conference	Calabar NIGERIA	Frontline Medicine – from Disasters to Daily Care
4 – 7 Sept	Europe Regional Conference	Istanbul TURKEY	Theme to be confirmed
1 – 5 Oct	Asia Pacific Regional Conference	Melbourne AUSTRALIA	A Celebration of Diversity
<b>2009</b>			
1-4 March	African Regional Conference	Johannesburg SOUTH AFRICA	Family Medicine in the African Context
5 – 8 June	Asia Pacific Regional Conference	Hong Kong	Building Bridges
16 – 19 Sept	Europe Regional Conference	Basel SWITZERLAND	The Fascination of Complexity - Dealing with Individuals in a Field of Uncertainty
<b>2010</b>			
19 – 23 May	19 <sup>th</sup> Wonca World Conference	Cancun MEXICO	Millennium Development Goals: the Contribution of Family Medicine
October	Europe Regional Conference	Malaga SPAIN	Theme to be confirmed
<b>2011</b>			
February 2011	Asia Pacific Regional Conference	Cebu PHILIPPINES	Paradigms of Family Medicine: Bridging Old Traditions with New Concepts
<b>2013</b>			
June	20 <sup>th</sup> Wonca World Conference	Prague CZECH REPUBLIC	Proposed theme: Family Medicine: Care for Generations

**GLOBAL MEETINGS FOR THE FAMILY DOCTOR**

**WONCA WORLD AND REGIONAL CONFERENCE CALENDAR**

**Wonca Europe Regional Conference, Paris, 2007**

Host : French National College of Teachers in General Practice  
 Theme : Rethinking Primary Care in the European Context  
 Date : 17-20 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

**8<sup>th</sup> Wonca Rural Health Conference, Nigeria 2008**

Host : National Post-Graduate Medical College of Nigeria  
 Theme : Frontline Medicine – From Natural Disasters to Daily Care  
 Date : 20<sup>th</sup> – 23<sup>rd</sup> February 2008  
 Venue : Calabar, Cross River State, Nigeria  
 Contact : Dr Ndifreke Udonwa  
 Chair Local Organizing Committee  
 C/O Office of C.M.A.C  
 University of Calabar Teaching Hospital,  
 GPO Box 147, Calabar 54001, Cross River State, Nigeria  
 Tel : 234 (0) 803 341 6810  
 Fax : 234 (0) 87 232 053  
 Email : nudonwa@yahoo.com

**Wonca Asia Pacific Regional Conference, Melbourne 2008**

Host : Royal Australian College of General Practitioners  
 Theme : A Celebration of Diversity  
 Date : 1-5 October 2008  
 Venue : Melbourne, Australia  
 Contact : The Meeting Planners  
 91-97 Islington Street Collingwood Victoria 3066 Australia  
 Tel : 613 9417 0888  
 Fax : 613 9417 0899  
 Email : wonca2008@meetingplanners.com.au  
 Web : wonca2008@meetingplanners.com.au

**Wonca Africa Regional Conference, Johannesburg 2009**

Host : South African Academy of Family Practice/Primary Care  
 Theme : A Celebration of Diversity  
 Date : 1-4 March 2009  
 Venue : Johannesburg, South Africa

**Wonca Europe Regional Conference, Basel, Switzerland 2009**

Host : Swiss Society of General Medicine SSMG/SGAM  
 Theme : The Fascination of Complexity - Dealing with Individuals in a Field of Uncertainty  
 Date : 16-19 September 2009  
 Venue : Congress Center Basel, Switzerland  
 Contact : Dr Bruno Kissling  
 Chair Host Organizing Committee  
 Swiss Society of General Medicine SSMG/SGAM  
 Elfenauweg 6, CH-3006 Bern Switzerland  
 Tel : 0041 352 48 50  
 Fax : 0041 352 28 84  
 Email : bruno.kissling@hin.ch  
 Web : www.woncaeurope2009.org

**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 : jdo14@hotmail.com

**MEMBER ORGANIZATION AND RELATED MEETINGS**

**7th Austrian Winter Conference on General Practice and Family Medicine, 2008**

Host : Austrian Society of General Practice and Family Medicine (ÖGAM)  
 Themes : – Patient care.  
 – Research and training in general practice of topical interest.  
 – Quality-oriented continuing training in clinical practice and methods of didactics and science.  
 Date : January 19 - 26, 2008  
 Location: Hotel Rote Wand, Zug/Lech a. Arlberg, Austria  
 Chairs : Dr. Erwin Rebhandl, President OEGAM  
 Prof. Manfred Maier, Scientific Director  
 Contact : Christian Linzbauer  
 Secretary OEGAM  
 c/o Vienna Medical Academy  
 Tel : 0043 1 4051383-17  
 Fax : 0043 1 4078274  
 Email : office@oegam.at  
 website: www.oegam.at/c1/events.asp

# World Organization of Family Doctors (Wonca) Direct Membership Application

You can become a Wonca Direct Member by paying a modest subscription. You will receive an attractive Certificate of Membership suitable for framing, a lapel pin which displays the Wonca logo, 6 issues yearly of Wonca's Newsletter, Wonca News, substantial discounts in registration fees at Wonca conferences, discounts on Wonca publications and journals, a CD Directory of Members sent to you annually, and Wonca corporate gifts at special prices. Complete the Application Form below and return it to the Wonca Secretariat.

### Personal particulars

Title (eg, Prof, Dr):			
Family name / Surname:			Given names:
Postal address: [write clearly]	-----		
			City -----
	Postcode-----	Country-----	
Phone:			Fax:
Email:			
I am willing for my above details to appear in the Wonca Directory			Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ]
I am willing for my above details to appear in the Wonca Directory on the Wonca Website <i>Global Family Doctor</i>			Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ]

Please ✓ where appropriate

#### For persons residing in Europe

1 year Direct Membership or	US\$60	
3 years Direct Membership	US\$150	

#### For persons residing in the Asia Pacific

1 year Direct Membership or	US\$50	
3 years Direct Membership	US\$140	

#### For persons residing in the rest of the world

1 year Direct Membership or	US\$25	
3 years Direct Membership	US\$75	

#### For persons residing in developing countries

3 years Direct Membership	US\$60	
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#### PUBLICATIONS (at members' discounted prices)

<i>Family Practice</i> , vol 24, 2007 (6 issues)	US\$138 by cheque US\$128 Visa/Mastercard	
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<i>Wonca (2002) Improving Health Systems: the Contribution to Family Medicine, A Guidebook</i>	US\$15	
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<i>Wonca (2003) Wonca Dictionary of General/Family Practice</i>	US\$25	
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#### WONCA CORPORATE SOUVENIRS (indicate quantity & colour)

Silk Necktie red / blue / green	US\$ 15 each	
Silk Scarf red / blue / green	US\$ 15 each	
Cufflinks & Tie Pin set	US\$ 15 each	
Lapel Pin (1 free for each Direct Member, additional ones are available for purchase).	US\$ 5 each	

#### NON-REFUNDABLE JOINING FEE

**PLUS US\$40**

**compulsory**

**Total Payable: US\$**

#### PAYMENT METHODS

**By cheque** Please complete this Application Form and send it with a banker's draft or personal cheque in US dollars, drawn on a **US bank**, made payable to "**WONCA INTERNATIONAL INC**" to the address below.

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Card number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Expiry date \_\_\_\_\_ / \_\_\_\_\_  
Month / Year

Name of card holder \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Return to: World Organization of Family Doctors (Wonca) , #01 – 02 College of Medicine Building, 16 College Road, SINGAPORE 169854. Tel: +(65) 6224 2886 Fax +(65) 6324 2029 Email admin@wonca.com.sg

# Wonca Shop ~ Order Form

Prices include packaging & postage by airmail

## Corporate souvenirs

### Wonca Silk Ties (100% silk)

Colours: Claret red, navy blue, bottle green

	Direct Members' price	Non-members' price	QUANTITY Required
Wonca Silk Ties (100% silk) Colours: Claret red, navy blue, bottle green	US\$ 15	US\$ 20	
Wonca Silk Scarves (100% silk) Colours: Claret red, navy blue, bottle green Orchid design	US\$ 15	US\$ 20	
Wonca Cufflinks & Tie pin set in presentation box	US\$ 15	US\$ 20	
Wonca Lapel Pin	Free (1 <sup>st</sup> pin)	US\$ 5	

### Wonca Silk Scarves (100% silk)

Colours: Claret red, navy blue, bottle green  
Orchid design

### Wonca Cufflinks & Tie pin set

in presentation box

### Wonca Lapel Pin

## Wonca Publications

### ICPC-2-R

Revised 2<sup>nd</sup> edition (2005)

Prepared by the Wonca International  
Classification Committee

### Improving Health Systems: The Contribution of Family Medicine, A Guidebook (2002) \*

### Wonca Dictionary of General/Family Practice (2003)

### Towards Unity for Health and Family Medicine

A working paper based on the proceedings of  
the Wonca-WHO Collaboration Meeting in  
Durban, South Africa, May 17-19, 2001.

\*\*\*\*\*

## Payment & Delivery

**By Visa or MasterCard:** Complete this Order Form, your credit card details and fax or send to the address below.

**By cheque** Complete this Order Form and send it with a banker's draft / cheque in US dollars, drawn on a US bank, made payable to "WONCA INTERNATIONAL INC" to the address below.

My Wonca Direct Member number is \_\_\_\_\_

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Please charge my  Visa [ ]  MasterCard [ ] account the sum of US\$ \_\_\_\_\_

Card number ...../...../..... Expiry date ...../.....  
Month / Year

Name on credit card.....Cardholder's signature .....

Return by post or Fax +(65) 6324 2029

World Organization of Family Doctors (Wonca), #01 – 02 College of Medicine Building,  
16 College Road, SINGAPORE 169854. Tel: +(65) 6224 2886 Email [admin@wonca.com.sg](mailto:admin@wonca.com.sg)

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# Visit Global Family Doctor – Wonca Online

## <http://www.globalfamilydoctor.com>

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**Clinical Reviews** – outstanding review articles for family doctors on a variety of topics

**Journal Alerts** – an emailed service about the latest in Journal Watch and Clinical Reviews

**Journal Alerts en Espanol** – a new batch is posted at the beginning of each month

**Disease Alerts** – the latest disease outbreaks from WHO and CDC

**Travel Alerts** – advice for you to give to your traveling patients

**Online CME** – interactive programs, some with CME credits

**Clinical Nutrition Updates** – a new topic is presented every three weeks

**POEMs** – Patient-Oriented Evidence that Matters – a new POEM is posted twice a week

**POEMs em Portugues** – a new one is posted twice a week

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**EBMsources** – an appraisal of two evidence based medicine websites is posted every month

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