

# WONCA News

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World family doctors. Caring for people.

## From the President: July 2017

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The majority of business since I last wrote to you has included our attendance at WHO for the World Health Assembly – preparation before, activity during, and many opportunities and actions afterwards. That report is submitted [elsewhere in the newsletter](#), but to note – we particularly need to consider issues around the collection of data and evidence (“show us that more family doctors in the system improves the outcomes for patients!” was a frequent request).

Among others, we met with colleagues from the World Medical Association, the International Council of Nurses, the International Federation of Medical Students Association, nine Directorates, and two regional office reps. We need to continue to expand effective collaborations with such groups to advance our impact at WHO and country level. Thanks to Donald Li, Garth Manning and Viviana Martinez-Bianchi (all pictured at WHO with the president).

We have also enjoyed World Family Doctor Day, with its activities, and I am grateful to all who participated, also for the lovely coverage in WONCA News. See all reports [here](#).

I recently sent a [President’s newsletter to our member organisations](#), and was pleased to get some appreciative responses – part of our effort to make our activities more meaningful for member organisations. Finally, by the time you read this, I – with many others - will have



been to the WONCA Europe conference in Prague, which I am sure is going to be amazing!

However for me personally, the last month has not all been productive professional action. I now share the sad global experience of my own country becoming threatened by both political instability and terrorism. I

am grateful for the many kind messages, but it is hard – to see people killed in the course of their daily lives as visitors and citizens.

My talk in Prague will explore the challenges of conflict resolution and the role of family doctors as a part of society which can make a reality of inclusivity, respect for others, and caring across any cultural divides. I think we are playing a significant part in making people feel valued – no matter who they are. I hope there is a chance for healing: let’s keep making the most marginalised of our patients feel they can be part of society – this can change hearts and minds.



Go well, and thanks for your hard work everywhere.

Professor Amanda Howe, President WONCA

## De la Presidenta - Julio 2017

Entre las muchas actividades a las que he asistido desde la última vez que escribí he asistido a la Asamblea de la Organización Mundial de la Salud – en una primera fase preparándola, mientras duró participando en muchas actividades, y después, aprovechando las oportunidades y acciones que provocará. Todas estas explicaciones con las actividades

en sí se explican en otros lugares de la Newsletter, pero para destacar algún elemento – necesitamos considerar de forma particular aquellas cuestiones en torno a la recopilación de datos y evidencias (“¡muéstranos cómo a más médicos de familia en el sistema mejores beneficios para los pacientes!” era una reclamación frecuente). Entre otras

cuestiones, coincidimos con colegas de la Asociación Mundial de Medicina, el Consejo Internacional de Enfermería, la Federación Internacional de Estudiantes de Medicina, nueve Directorios y dos agentes regionales de oficina. Necesitamos continuar aumentando las colaboraciones efectivas con estos grupos para avanzar nuestro impacto en la Organización Mundial de la Salud y a nivel de los países. Gracias Donald, Garth y Vivi.

También hemos disfrutado del Día Mundial de la Medicina de Familia, con todas sus actividades, y estoy muy agradecida con todos los que han participado, también por la cobertura llena de dedicación a mi [Newsletter](#).

Mandé una Newsletter a todas nuestras organizaciones miembro, y me sentí muy satisfecha al recibir muestras de aprecio – parte de nuestros esfuerzos para hacer las actividades más importantes para las organizaciones miembro.

Finalmente yo – y muchos más – habremos estado en el WONCA Europa de Praga, ¡que estoy segura que será muy entretenido!

A pesar de eso, para mí, personalmente, el último mes no ha sido siempre productivo desde un punto de vista profesional. En ese

momento, comparto la triste experiencia global de ver a mi propio país siendo afectado tanto por la inestabilidad política como por el terrorismo. Os agradezco mucho los mensajes de cariño, aunque es difícil ver a personas asesinadas en sus vidas corrientes como turistas o ciudadanos que van al trabajo. Mi charla en Praga explorará los retos de la resolución de conflictos y el papel de los médicos de familia como una parte de la sociedad que pueden hacer de la inclusividad una realidad, respecto para los otros, y tener afecto por todas las diferencias culturales. Creo que estamos jugando un papel significativo a la hora de hacer que la gente se sienta apreciada – más allá de quienes sean. Espero que esto permita que haya más opciones para la curación: sigamos en la misma dirección, haciendo que los sectores más marginados de nuestros pacientes puedan sentirse parte de la sociedad – esto puede cambiar corazones y mentes.

Cuidaos, y muchas gracias por hacer vuestro duro trabajo en todos los sitios  
Amanda Howe, Presidenta de WONCA

*Traducción: Pere Vilanova, Spanish Society of Family and Community Medicine (semFYC) - Periodismo y comunicación*

## De la Présidente - Juillet 2017

Mon activité principale depuis ma dernière lettre a été d'assister à l'Assemblée mondiale de la santé auprès de l'OMS -préparation, participation puis nombreuses possibilités d'action à suivre. Le rapport de cet événement est inclus dans le présent bulletin, mais il faut noter que nous devons donner une attention particulière aux problèmes de collecte de données et de preuves (« démontrez-nous qu'un nombre accru de médecins de famille dans le système améliore les résultats pour les patients! » était une requête fréquemment répétée).

Entre autres, nous avons rencontré nos collègues de l'Association Médicale Mondiale, du Conseil international des Infirmières, de la Fédération internationale des associations d'étudiants en médecine, de neuf directions et de deux bureaux régionaux. Nous devons continuer à développer des collaborations efficaces avec de tels groupes afin de

développer notre impact au sein de l'OMS et au niveau du pays lui-même. Je remercie Donald Li, Garth Manning et Viviana Martinez-Bianchi (figurant tous sur la photo prise à l'OMS avec le président).

Nous avons aussi eu le plaisir de participer aux activités de la Journée mondiale des médecins de famille et remercions tous les autres participants. Nous sommes également reconnaissants pour le reportage inclus dans WONCA News. [Voyez tous les rapports ici](#).

J'ai récemment adressé une Lettre de la Présidente à nos organisations membres et j'ai bien apprécié les réponses positives -ceci faisant partie de notre effort pour rendre nos activités plus pertinentes aux organisations membres. Finalement, lorsque vous lirez ces lignes, j'aurai -avec beaucoup d'autres- assisté à la conférence européenne de WONCA à Prague qui devrait, j'en suis sûre, être

fantastique!

Cependant en ce qui me concerne, le mois dernier n'a pas seulement été rempli d'action professionnelle productive. Je partage désormais la triste expérience internationale de voir mon propre pays menacé à la fois par l'instabilité politique et par le terrorisme. Je suis reconnaissante pour les nombreux messages de soutien reçus, mais il est douloureux de voir des êtres humains tués dans leur vie quotidienne en tant que touristes et citoyens. Mon allocution à Prague explorera les défis de la résolution de conflits et le rôle des médecins de famille comme partie intégrante de la société, faisant une réalité de l'inclusion, du respect de l'autre et de la

compassion au-delà des différences culturelles. Je pense que notre rôle au niveau de la valorisation des gens, quels qu'ils soient, est essentiel. J'espère que l'apaisement est encore possible: continuons à faire place aux plus marginalisés de nos patients dans la société -ceci a le pouvoir de changer les cœurs et les esprits.

Bonne santé et merci pour votre travail acharné où que vous soyez.  
Professeur Amanda Howe  
Présidente de WONCA

*Traduit par Josette Liebeck  
Traductrice professionnelle anglais-français  
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## From the CEOs desk: Global meetings

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Greetings again from Bangkok. We are at the height of summer here and the heat and the humidity are exhausting!!

As I write this, I'm looking forward to returning to a somewhat less humid Europe for the WONCA Europe conference in Prague. The 2013 world conference was a huge success, and we have no doubt at all that this WONCA Europe event will be at least as enjoyable and stimulating. We will report more fully on it in next month's WONCA news.

### World Health Assembly



This month, though, I will start with World Health Assembly. This top-level event is held every May, at UN Headquarters in Geneva, bringing together health ministers and top policymakers from around the globe. WONCA always sends a delegation, this year led by our President, Professor Amanda Howe, and as always, we had arranged a busy schedule of meetings with WHO colleagues and others.

Our WHO Liaison, Dr Viviana Martinez Bianchi, is writing a [fuller report](#), which will appear in *WONCA News*, but as ever it was an extremely busy but productive time.

Each visit sees WONCA more and more in demand from WHO, who increasingly value the inputs from family medicine and primary health care. As well as detailed discussions with colleagues from Human Resources for Health (Dr Jim Campbell, who spoke at last year's Council and conference) and Strengthening Health Services (Dr Hernan Montenegro, who has graced our last two Council meetings) we also had detailed discussions with colleagues from: ageing and life course; mental health and substance abuse; classification and coding; disaster preparedness; and NCDs. We met with WHO Regional Directors from Western Pacific Region Office (WPRO) and Eastern Mediterranean Region Office (EMRO) and Vivi even managed a short interaction with Dr Carissa Etienne, Director of PAHO (Pan American Health Organization – WHO for the Americas).

We also met with colleagues from World Medical Association (WMA), International Council of Nurses (ICN) and International Federation of Medical Students' Associations (IFMSA). Amanda Howe spoke at an IFMSA pre-conference meeting, and also spoke at a side event during WHA on "Building Healthcare systems for the Future".



Finally, during WHA the new Director General of WHO was elected. Dr Tedros Adhanom Gebreyesus from Ethiopia is the first African to hold the post of Director General, and Amanda Howe has written to him, on your behalf, to welcome him and to wish him good luck.

## Global Forum on Human Resources for Health

Returning to Human Resources for Health, this is one of the departments with which we collaborate most closely within WHO. They are now planning the Fourth Global Forum on Human Resources for Health - Building the health workforce of the future – which will be held in Dublin, Ireland, from 13-17 November 2017. The Forum is inter-sectoral and is the largest open conference on human resources for health-related issues, expected to gather over 1,000 delegates from across the globe.

The adoption of the Global Strategy on Human Resources for Health: Workforce 2030 and the work of the UN High level Commission on Health Employment and Economic Growth (HEEG) – both of which WONCA provided inputs to - have made a bold economic case for investing in the health and social workforce and intensified inter-sectoral collaboration.

The Forum programme will feature high-impact decision-makers, leaders, and investors representing all stakeholder groups to discuss and debate innovative approaches towards advancing the implementation of the Global Strategy and the Commission's recommendations. WONCA will be sending two formal delegates – Professor Job Metsemakers and Dr Anna Stavdal – and two of our young doctors (Ana Nunes Barata and Veronika Rasic) are on the planning committee for the youth forum preconference. Full details of the event can be found [here](#).

## Alma Ata at 40

In 2018 it will be 40 years since the Alma Ata declaration, which came out of the International Conference on Primary Health Care held in Alma Ata in September 1978. This expressed the need for urgent action by all governments, all health and development workers and the world community to protect and promote the health of all peoples. The conference called for urgent and effective national and international action to develop and implement primary health care throughout the world, and particularly in developing countries, in a spirit of technical cooperation.

Of course, more recently Dr Margaret Chan Director General of WHO has reaffirmed the primary health care approach as the most efficient and cost-effective way to organize a health system. She has cited Starfield's evidence which overwhelmingly demonstrates that health systems oriented towards primary health care produce better outcomes, at lower costs, and with higher user satisfaction.

Alma Ata (now Almaty) is in Kazakhstan, and WHO Europe (Central Asian countries are in WHO Europe for historical reasons) has just opened an outreach centre there. Dr Anna Stavdal, President of WONCA Europe, attended a series of meetings in Almaty in June, one of which was to look at ways in which the 40th anniversary of the Alma Ata Declaration might be celebrated. WONCA hopes very much to be closely involved in any events and will keep members informed as further details become available.

## Secretariat Visitor



Finally for this month, in June we were delighted to welcome to the Bangkok Secretariat Ms Yvonne Chung, who managed the Singapore Secretariat for WONCA for so many years. Yvonne was delighted to see and hear that WONCA continues to grow and develop in so many ways.

Until next month.  
Garth Manning. CEO

## WONCA WHO Liaison

### 70th World Health Assembly Report

*Viviana Martinez-Bianchi MD, WONCA-WHO Liaison and WONCA Executive Member-at-Large report on the recent World Health Assembly (WHA)*

#### Introduction

Every year the World Health Organization (WHO) hosts the World Health Assembly (WHA) in the United Nations' Palais des Nations in Geneva, Switzerland. WHA is the decision-making body of WHO. It is attended by delegations from 193 Member States and almost 200 non-governmental organisations from across the world, and it focuses on a specific health agenda prepared by the Executive Board. The main functions of the World Health Assembly are to determine the policies of the Organization, appoint the Director-General, supervise financial policies, and review and approve the proposed programme budget.

#### WONCA delegation at the 70th World Health Assembly



WONCA was represented at the 70th World Health Assembly by Amanda Howe (WONCA President), Donald Li (WONCA President-Elect), Garth Manning (WONCA CEO) and Viviana Martinez-Bianchi (WONCA-WHO Liaison). (Photo from left to right: Garth, Viviana, Amanda, Donald)

Member States of WHO elected Dr Tedros Adhanom Ghebreyesus from Ethiopia as the new Director-General of WHO. He begins his five-year term on 1 July 2017. He intends to

lead an agenda where universal health care and universal health coverage are at the forefront, addressing financial barriers, access to needed medications, decreasing barriers to equality, and improving access to quality of care and diagnosis.

WHA Delegates at the World Health Assembly reached new agreements on investment on the Health Emergencies Program and on combating antimicrobial resistance. They reaffirmed the critical role played by the Pandemic Influenza Preparedness Framework, they discussed polio eradication, and the urgent need to achieve full implementation of the International Health Regulations to prepare for, prevent and respond to acute public health threats. They also endorsed a global action plan on the public health response to dementia; they addresses immunizations; sepsis; refugee and migrant health; substandard and falsified medical products; occupational health, and the world drug problem. For detailed information you can go [here](#).

During the WHA, WONCA's delegation attended several side events, hosted dinners and held meetings with 13 WHO departments and other NGOs to discuss current and future joint activities in areas including international classifications systems, mental health, people-centred care, workforce, and strategies for Family Medicine around the world.

#### WHA Resolutions and Family Medicine

WONCA submitted statements to the WHA on the following agenda items: Human resources for health and implementation of the outcomes of the United Nations' High-Level Commission on Health Employment and Economic Growth; Promoting the health of refugees and migrants; and the Draft global action plan on the public health response to dementia. These statements alongside all other NGO statements can be found [here](#).

Amanda Howe, WONCA president was a speaker at a high level side event 'Building Health Care Systems for the Future', sponsored by the People's Republic of China, with participation of BRIC countries (Brazil, the

Russian Federation, India and China). The event highlighted people-centered service delivery innovations that are currently taking place in BRICS countries. As well as the perspectives of other countries, professional associations and patients organizations in adopting people-centered approaches to support progress towards Universal Health Care and the health-related SDGs. Amanda was a speaker at an International Federation of Medical Students' Associations' preconference on Saturday 20th May, in a panel discussing on human resources for health, with panelists from the World Medical Association; Health Workers for All; and International Committee of the Red Cross.

An important resolutions adopted by the 70th World Health Assembly should be highlighted for its potential contribution to the global development of Family Medicine. The Health Assembly, with Resolution A70R6 agreed to a 5-year action plan under which "WHO will collaborate with the International Labour Organization, and the Organization for Economic Cooperation and Development in working with governments and key stakeholders to address the global health and social workforce shortfall and contribute to international efforts to achieve the Sustainable Development Goals" This plan calls on countries to view the health and social workforce as an investment, and take advantage of the economic benefits of growth in the health and social sector to achieve universal access to health care. It outlines how ILO, OECD and WHO will take "intersectoral action on five fronts: galvanizing political support; strengthening data and evidence; transforming and scaling up the education, skills and decent jobs of health and social workers; increasing resources to build the health and social workforces; and maximizing the multiple benefits that can be obtained from international health worker mobility." The plan also focuses on gender work equity, proposing to maximize women's economic empowerment and participation. It addresses occupational health and safety, protection and security of the health and social workforce in all healthcare settings. This proposal also recognized the importance of the [Global Health Workforce Network](#) as a mechanism for action. This proposal and its resulting resolution was of particular interest to WONCA. And our organization was heard during the committee discussion [here](#)

## WHO's upcoming meetings of importance

## for Family Medicine

- WHO Global Conference on Noncommunicable diseases: Enhancing policy coherence between different spheres of policy making that have a bearing on attaining SDG target 3.4 on NCDs by 2030, to be held in Montevideo, Uruguay, 18-20 October 2017. [More information.](#)

- Fourth Global Forum on Human Resources for Health, 13-17 November 2017 Royal Dublin Society, Dublin, Ireland. [More information.](#)

WONCA will continue to play a key role in WHO consultations on several issues related to health and healthcare, in providing evidence, and in working with the WHO to develop and put in action the Five-Year Action Plan on Health Employment and Economic Growth, and the 'Framework on integrated, people-centred health services'. Be on the lookout for requests for members of SIGS and working parties to offer responses and ideas to requests for consultations, to present information to strengthen data and evidence, and demonstrate the important role of Family Medicine specialists around the world.

## WONCA Statement

### WONCA Statement to the 70th World Health Assembly on the "Five Year Action plan on Human resources for health and implementation of the outcomes of the United Nations' High-Level Commission on Health Employment and Economic Growth"

"Good afternoon Honorable Chair, distinguished delegates. The World Organization of Family Doctors represents members from more than 150 countries in all regions of the world, and brings together those who are committed to developing family medicine as a key discipline for stronger and more effective health systems. We welcome the World Health Organization's commitment to supporting reforms in the health workforce, particularly welcoming Recommendation 4 of the Action Plan which focuses on the development of the primary health care sector. We note the statement in the Global Strategy on Human Resources for Health that "... Adequate investment in the health-care workforce, including general practice and family medicine, is required to provide community-based, person-centred, continuous, equitable and integrated care."

We recommend that, to meet the full recommendations and achieve the outcomes desired, all parties recognize that family medicine is the key specialty whose competencies and scope of practice allow comprehensive, coordinated and person centered care that meets multiple needs for patients and communities over time. Family doctors, working with other primary care workers, can integrate patient needs for prevention, acute and chronic care across disease groups, in a way that centers care on the particular individual, their family and their context.

When appropriately trained and working within adequately resourced clinical settings, family doctors have been shown to be both cost-effective, valuable, and able to improve health outcomes in whole populations. All countries have the potential to transform their health workforce by training more family doctors as a critical part of multidisciplinary teams providing integrated, people-centred primary health care – the foundation of universal health coverage. WONCA commits our organization to continuing to work with WHO and its constituencies in Member States to achieve these outcomes, as it does to achieve the overall goal of health for all.”

### Policy Bite: Big data – can we share our own?

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*Prof Amanda Howe and Dr Neil Arya write:*

A recurrent theme from policymakers and government leads is a request for evidence that training more family doctors adds value to the system and is cost – effective. Barbara Starfield’s work stands us in good stead, but is now over 10 years old and needs updating, especially in countries with more recent investment in services such as Brazil. Some extremely robust large studies looking at health outcomes and access to care have failed to specify primary health care indicators as a separate factor, so the contribution made by this sector remains unclear. With our academic leads, and with colleagues at WHO, WONCA is trying to ensure that we are building the database to show our value, and thus to encourage further investment in family medicine.

We now have a new opportunity to contribute to the emerging picture. Dr Neil Arya and colleagues in Canada have created a new webpage on family medicine training and practice worldwide. They have done this as a ‘Wiki’ where we can all upload relevant data: An article about their work "Family medicine around the world: overview by region" (by Neil Arya, Christine Gibson, David Ponka, Cynthia Haq, Stephanie Hansel, Bruce Dahlman, and Katherine Rouleau) was published in the June issue of *Canadian Family Physician*.

[The article](#)

Arya N, Gibson C, Ponka D, Haq C, Hansel S, Dahlman B, et al. Family medicine around the world: overview by region. *The Besrou*

Papers: a series on the state of family medicine around the world. *Can Fam Physician* 2017;63:436-41.

On the webpage they aim to have a general summary, and data by region and individual country. [The site](#) already holds an introductory online supplement on different regions with information on individual countries. Their aim is to collate up to date and accurate information, relevant literature, which could be linked with individual countries health systems data to allow comparisons of countries and regions. The main benefit though, is development of the community allowing community participation to edit and discuss information. Neil and his colleagues want contributors to verify information and add content, to look at the textual information already included, ensure its accuracy and to suggest other references, links, websites etc. They already have many people from different regions beginning the process of editing.

Current contributors and editors are [here](#). Data on what is happening in family medicine will be collected under headings such as “History, College, Family Medicine Training (Duration: Years: Hours: clinical vs other;) qualifications...”. Later we are hoping to get the kind of data I have requested from our member organisations about health system level total numbers of GPs, proportion of family doctors and so on. Neil says they are also keen to get ideas on what other information will be useful, and we will liaise on this. As WHO moves to its latest workforce survey and indicator work, we may find the data on

workforce and activity improves at country level, and need to ensure that what is collected does reflect our members' input.

This is a novel collaborative approach. It is taking time to edit and evaluate, and we are grateful to the editorial board for sharing the opportunity with WONCA. The article shows

the great diversity and complexity of family medicine worldwide, but the more we share data and practise 'talking the same language' about the aspects of the different systems, the more confident we can be when gathering evidence and presenting our case to others. Please have a look and contribute if you can!

## Fragmentos de politica: Big data – ¿podemos compartirnos a nosotros mismos?

Amanda Howe & Doctor Neil Arya

Uno de los temas recurrentes ante el que se enfrentan los responsables políticos y de los gobiernos es la solicitud constante de evidencias entre la formación de más médicos de familia y el valor añadido para el sistema y sus costes económico-efectivos, es decir, que los políticos demuestren que la inversión en formación está justificada. En ese sentido, el trabajo de Barbara Starfield nos deja en buen lugar, pero es de hace más de 10 años y necesita una actualización, especialmente en los países que han invertido más recientemente en servicios públicos, como por ejemplo en el caso de Brasil. Algunos estudios extremadamente sólidos y de gran envergadura en relación a los beneficios para la salud y el acceso a la asistencia no han logrado especificar los indicadores en Atención Primaria como un factor separado, de modo que la contribución hecha por parte de este sector sigue sin ser evidente.

Mediante nuestros líderes universitarios y conjuntamente con nuestros colegas en la Organización Mundial de la Salud (OMS), WONCA está intentando garantizar que se construya una base de datos que demuestre nuestra importancia, y de ese modo, se anime a que se invierta más en Medicina de Familia.

Ahora tenemos una nueva oportunidad para contribuir a mostrar esta realidad emergente. El Doctor Neil Arya y los colegas canadienses han creado una nueva página web acerca de la formación en Medicina de Familia y la práctica médica en todo el mundo. El formato que han utilizado es el de un "Wiki" donde todos podemos subir y actualizar datos relevantes: Un artículo acerca de su trabajo "La medicina de familia en todo el mundo: vista región a región" (por Neil Arya, Christina Gibson, David Ponka, Cynthia Haq, Stephanie Hansel, Bruce Dahlman y Katherina Rouleau)

fue publicado en relación a la cuestión de junio sobre la Medicina de Familia de Canadá. En su página web, persiguen la voluntad de poder poseer un resumen general con datos por regiones y países. [Esa página web](#) ya cuenta con un suplemento online acerca de diferentes regiones con información sobre países individuales.

Lo que quieren es recopilar información actualizada y literatura científica relevante, para que pueda relacionarse con los sistemas sanitarios de los países a nivel individual y para facilitar así la comparación entre países y regiones. A pesar de eso, el mayor beneficio es el desarrollo de la comunidad permitiendo que ésta participe en la edición y debate de los diversos datos publicados. Neil y sus colegas quieren que haya colaboradores que verifiquen la información y añadan contenidos, para que también revisen la información que se ha incluido, garanticen que los datos son exactos y para sugerir otras referencias, enlaces, páginas web, etc. En ese momento, ya cuentan con mucha gente de diferentes sitios del mundo que han empezado el proceso de edición. Los colaboradores y editores en el presente pueden encontrarse [aquí](#). El objetivo fundamental es el de recopilar datos acerca de los que está pasando con la Medicina de Familia a nivel mundial bajo los conceptos de "Historia, Universidad, Formación en Medicina de Familia (Duración: Años: horas: formación clínica vs otros tipos de formación) calificaciones...". En una fase posterior, espero poder haber recogido la clase de datos que pedí que nos facilitasen nuestras organizaciones miembro acerca de los niveles de los sistemas sanitarios con números globales de la Medicina de Familia, proporción de médicos de familia y otros. Neil dice que también se está intentando coger ideas de forma entusiasta acerca de en qué sentido otro tipo de información podría ser útil,

y nuestro objetivo es cooperar para que sea así. Mientras la Organización Mundial de la Salud avanza en la recopilación de encuestas e indicadores de trabajo, también nos es posible encontrar los datos acerca de cómo el personal sanitario y su actividad mejora el nivel de vida de los países, y por qué es necesario garantizar que los datos recogidos reflejan las aportaciones de nuestros miembros.

Esta es una aproximación colaborativa novedosa. Editar y evaluar nos está llevando tiempo, y agradecemos al consejo editorial que nos permita esta oportunidad con WONCA. El artículo muestra la gran diversidad y complejidad de la Medicina de Familia en todo el mundo, pero como más

compartamos datos y actividad “hablando un mismo código” acerca de los aspectos de los diferentes sistemas, más confiados podremos llegar a sentirnos cuando juntamos la evidencia y presentemos nuestro caso a otros. ¡Así que, por favor, consultadlo y contribuid si podéis!

### Referencia

Arya N, Gibson C, Ponka D, Haq C, Hansel S, Dahlman B, et al. Family medicine around the world: overview by region. The Besrouer Papers: a series on the state of family medicine around the world. [Can Fam Physician 2017;63:436-41.](#)

*Traducción: Pere Vilanova, Spanish Society of Family and Community Medicine (semFYC) - Periodismo y comunicación*

## Feature Stories

### A practice visit in Prague by the WONCA Editor

*Photo: Dr Jitka Nováková showing the computer record capacity to colleagues from Italy - Nicola Pecora, Alessio Platania, Simon Cernesi, Maria Milano, Leka Satukunanathan (UK).*

*Just before the opening ceremony of the WONCA Europe conference in Prague, the WONCA editor, Dr Karen Flegg, joined a group of four colleagues from Italy and one from the UK on a practice visit.*



We were told that we were visiting Dr Jitka Nováková so it was with some surprise that I found on the door of the practice, the name of Dr Bohumil Seifert, Host Organising Committee chair for the conference. No doubt he was preoccupied with the conference organisation, however, his colleague, Jitka, explained the Czech system of general practice and showed us around the premises.

The practice which was located in Ordínace Karlín, Prague 8, and it is most unusual for the fact that it is a group practice with five doctors (two of whom are trainees) and two nurses. Apparently, most practices in the Czech Republic are solo.

The doctors work at different times in order to

cover a five day a week roster for patients with appointments as well as walk-in patients. On two days a week the practice works from early morning until 6 PM and on two other days they are lucky enough to finish the formal work by 1 PM. Home visits are done outside these hours, and of course we all have paperwork to do at the end of our day. There are scheduled times to provide telephone information to patients.

There are three kinds of time slots for an appointment: 10 minutes for a common consultation; 20 minutes for a major consultation; 30 minutes for preventive checks, pre-surgery examination, social assessment etc. The longer timeslots seemed a good thing to assist family doctors to provide an excellent service and as you will read, be competitive

with the “subspecialists”.



*Photo: Practice nurses with Dr Jitka Nováková (left) and family medicine trainee, Dr Kateřina Barčíková (right)*

The practice serves about 3800 patients, most from the local area - all adults, as children see paediatricians as the first point of care. The GP is not the gatekeeper the Czech Republic and patients can, in principle, refer themselves to all "suspecialised" doctors. The practicality is that, most tend to go through the GPs. We wondered if this was a result of the GPs being able to provide a high quality service through longish appointments and add-ons such as point-of-care testing.

The patients contribute to health insurance from their salary and the doctors are paid by the insurance companies. There is a further charge (90 CZK or about USD4) when patients are consulted at home or out of hours.

Practice nurses provide reception services, triage services, ECGs and point of care testing (for CRP and INR for example), and on certain days of the week venepuncture.

The patient record system is mixed electronic and paper based, but regardless of what is entered into the computer it is also maintained on paper.

The premises were very pleasant with the consulting rooms being large and painted in bright colours. A patient waiting area is

decorated with large photographs of actors and other important people (though no family doctors I think) taken by one of the Czech Republic's famous photographers.

We conclude that while not the gatekeepers, the Czech family doctors have an opportunity to provide high quality care to their patients and thus be in a competitive position with certain sub- specialists.

Thanks to Dr Jitka Nováková for showing us the practice and explaining the Czech health system, and to practice principal, Dr Bohumil Seifert, who unknowingly hosted us in his absence practice visit!

Dr Karen Flegg

## Mehmet Ungan - signing the #withrefugees petition

*Prof Mehmet Ungan,  
WONCA Europe President  
Elect, of Turkey, writes:*



Dear Colleagues

Everyday is a refugee day for us in this region especially in Turkey since 2012 when we started to see refugees but especially as June 20, was World Refugee Day.

I have been in the wonderful event organized by UNHCR Communication and Branding Office and affected a lot. That is why I am writing. The WONCA Europe Conference Statement from Istanbul was on this subject but such statements need follow up.

[WONCA Europe Istanbul statement on the refugee crisis](#)

More than 65 million people forced to flee their homes due to war, persecution and violence. Each single minute 20 are forced leaving home some way in the world.

This is a moment to remember and to make people around us to remember the migrants - 21 million of them are refugees and half of them are children without a chance to choose their parents, no chance to choose place of birth, and naturally could not choose their religion when they were born.

While most of the refugees want to go back home, like recent refugees from Syria, most cannot. In Turkey, we are helping as much as we can. The Government of Turkey has been hosting refugees since the 1990s but a huge number remained in Turkey. If they feel temporary they have been treated as guests and if they feel at home they were treated as citizens, brothers and sisters. That is partly because there have been more than 5 million living here at present (around 3 million according to official UNHCR numbers). Almost more than the population of some of the countries in Europe.

It is a fact that 84% of the refugees are being hosted by developing countries not by developed countries. The courage and determination demonstrated during the darkest moments serves them well in rebuilding a new life also with a little luck.

Through family practice we also have witnessed the courage, tenacity and brilliance of refugees every single day, like mentioned in UNHCR documents.

Yes, as part of World Refugee Day let's honor refugees for these qualities and recognize the richness and diversity they brought to our societies.

On behalf of our family practice and medical team I have signed the support letter in the activity organized by UNHCR. I was the 3rd one to sign. I know my signature with others calls on all governments to "keep their promise". Yes, that is possible by signing the [#withrefugees petition](#).

By signing we are asking the governments to make sure:

1. Every refugee child gets an education
2. Every refugee family has somewhere safe to live
3. Every refugee can work or learn new skills to support their families.

And I would like to add a fourth one from the WONCA Family,

4. Every refugee accesses free, primary health care all around the world.

I hope to see all met by the governments

Sign the [#withrefugees petition](#)

Kind regards  
Mehmet Ungan

## Working Parties and Special Interest Groups

### **Mental Health Matters: caring for the physical health of patients with SMI**

There is extensive evidence of the increased mortality and morbidity of people with severe mental illness, mainly due to non-communicable diseases (NCDs). Patients with severe mental illness die over 20 years earlier than they would have done, had they not had a severe mental illness.

The causes of this premature mortality and excessive morbidity are multi-factorial. The spiral into deprivation experienced by many with severe mental illness is associated with homelessness, unemployment and poverty. There is a significant genetic component with well-known links between diabetes and schizophrenia. Linking all these conditions is the effect of smoking on NCDs which amongst people with severe mental illness can be as high as 70%. The interaction between the various NCDs is complex and cumulatively increases the risk of early death.

Health professionals' attitudes to this group of patients may contribute to the delayed identification and poorer outcomes. Medication used for managing psychosis may also adversely affect morbidity.

The life time prevalence of psychosis is around 4%, with the vast majority of these patients living in the community. As such, family doctors have a very clear role in the management of their physical health needs. We therefore have a responsibility to address the premature mortality and morbidity experienced by this group.

For all these reasons, a task group of the WONCA Working Party for Mental Health, led by Alan Cohen (UK) and Kim Griswold (USA) has developed guidance to enable family doctors to care more effectively for their patients with severe mental illness.

We first provide an overview of general principles, followed by fact sheets on diabetes, smoking and respiratory disease, alcohol and substance misuse, and cardiovascular disease.

- General Principles for the Management of the Physical Health of People with a Severe Mental Illness
- Diabetes Type 2 in People with a Severe Mental Illness Fact Sheet
- Smoking, Smoking cessation, and Respiratory Disease in People with a Severe Mental Illness Fact Sheet
- Alcohol and Substance Misuse in People with a Severe Mental Illness Fact Sheet
- Cardiovascular Disease in People with a Severe Mental Illness Fact Sheet

We also provide a set of powerpoint slides, covering each of these four clinical areas.

- Physical health and People with a Severe Mental Illness: Diabetes
- Physical health and People with a Severe Mental Illness: Respiratory Disease
- Physical health and People with a Severe Mental Illness: Substance and Alcohol Misuse
- Physical health and People with a Severe Mental Illness: Cardiovascular Disease

We encourage you to use these when organising educational events for your primary care colleagues.

[All documents available here](#)

## Rural Round-up: WONCA Africa Rural group endorsed



Dan Abubakar from Nigeria, reports on the WONCA Working Party on Rural Practice (WONCA Rural) forming an African region group.

The concept of a WONCA Rural Africa group (WoRA) was introduced at the 14th WONCA Rural Assembly in Cairns Australia on 1 May 2017 and was unanimously accepted. WoRA will be launched in August 2017 during the 5th WONCA Africa region conference in Pretoria and in India during 15th Rural WONCA conference 2018.

The idea began when WONCA Rural South Asia (WoRSA) was launched in Colombo, Sri Lanka in February 2016 and Dr Dan Abubakar from Nigeria was there learn from them.

### Why we need WoRA

Most of the Africa region is rural and most doctors practice mixed rural-urban in terms of patients treated in their facilities.

WONCA Rural Africa Group (WoRA) will be beneficial to medical practitioners in Africa through experience sharing, collaborative research, communication, telemedicine, and rural exchange programs within and outside the Africa region. There is also the possibility of free medical missions in emergency situations such as in outbreaks of communicable diseases (eg Lassa fever and Ebola virus). WONCA Rural Africa can be a

health intervention organization during such strife to organize, strategise, coordinate and carry out quality health care service delivery. It will also encourage more regional integration in Africa and the redesigning of rural medical education to meet urgent needs in Africa.

Membership shall be drawn from member organizations in the Africa Region, family physicians, general practitioners, young doctors. Rural doctors / urban doctors with a passion for rural health are encouraged to join.

### Vision: Improving Health of rural Africans. Our objectives include:

- To represent Rural Family doctors within WONCA Africa Region
- To network and collaborate with organizations of rural doctors
- To stimulate membership growth for WONCA Africa Region / AfriWON Renaissance in particular and WONCA in general.
- To collaborate with organizations of rural doctors.

### Our committees will be:

- Education
- Communication
- Telemedicine
- Research
- Networking
- Exchange Programs
- Success Stories

Membership is being actively recruited into the committees by nominations from leadership of the MOs and by direct application by doctors who feel qualified to work in specific committees; and by the advisory group.

### Who are the leaders?



## Interim executive committee

- Dr Dan Abubakar – Convenor / Interim Chair
- Prof Ndonwa Ndifreke - Co-convenor
- Prof Sunnanda Ray

## Advisory Group

- Prof Ian Couper – Past Chair, WONCA Rural
- Prof Udonwa Ndifreke – Council Member, WONCA Rural

- Prof Victor Inem –Council Member, WONCA Rural
- Dr John Wynn-Jones – President, WONCA Rural

## Email us

- [WONCAruralafrica@gmail.com](mailto:WONCAruralafrica@gmail.com)
- [WONCArural@gmail.com](mailto:WONCArural@gmail.com)



## Point-of-care testing workshop held in Cairns.



A workshop titled 'Point-of-Care Testing for Today's Family Doctor: Innovations and Applications' was presented by Professor Mark Shephard, Lara Motta, Tessa McCormack and Brooke Spaeth on behalf of the [WONCA Special Interest Group on Point-of-Care Testing](#) at the 14th WONCA World Rural Health Conference in Cairns, Queensland, Australia, 29th April – 2nd May 2017.

At the Workshop, Professor Shephard (Chair of the SIG on Global POCT) gave a presentation which provided participants with an understanding of how POCT is applicable to their practice as family doctors and a brief overview of the work of the SIG and the results

of our ongoing survey. Mark also presented working examples of national and international POCT networks operating in the rural and remote primary care sector, including POCT networks for acute medical presentations, for diagnosis and management of diabetes and renal disease, for the detection of sexually transmitted infections and for the detection and management of anaemia.

Following Mark's presentation, the group was split into five groups for the 'point-of-care speed-dating' session. Participants moved from table to table where they were given a practical demonstration of a range of POCT devices used to detect and manage chronic, acute and infectious diseases. The devices encompassed POCT technologies ranging from lateral flow strips and immunoassays to real-time molecular diagnostics, electrochemical detection and cell counting based on facial recognition technology. Participants had the chance to try out the devices first-hand and discuss the use of POCT.

Over 30 participants attended the workshop, with most participants coming from the host country of Australia, and neighbouring New

Zealand, as well as participants from the Philippines, Canada and Nigeria. Discussions around the tables were focussed on what types of POCT participants were currently using, what they would like to have available to use and what they saw as barriers to the use of POCT in their practice. The most commonly used POCT device by the participants was the i-STAT, with doctors from NZ and rural Australia using it mainly for INR, blood gases, and troponin. Other tests included pregnancy testing, full blood cell count, glucose and ultrasounds.

An Australian GP made the comment that, 'why isn't there was one machine to do the 10 most common POC tests: electrolytes, full blood count/white blood cell count, platelets, urea, inflammatory markers/BSL, liver function, troponin...' which led to debate about which 10 tests are the most common/important. A doctor from Nigeria stated that in Nigeria '... sometimes the distance from the hospital to laboratory may only be 10km, but during peak times, traffic can make this journey take up to 3 hours. We have in-house HbA1c testing but I would like electrolytes and creatinine, full blood counts, lipids and blood gases'.

One participant noted that the workshop helped increased their knowledge that POCT does not necessarily need to be for urgent tests only, as some tests make a difference to

the patient's overall management (e.g. HbA1c and ACR for diabetes). Discussions quickly turned to the cost of POCT with one participant suggesting that, without government funding, the technology is currently too expensive. Another commented that there seems to be a growing acceptance that out of pocket expenses may be necessary to facilitate POCT as traditional reimbursement pathways are difficult to navigate.



At the end of the workshop, 13 new members joined our Special Interest Group.

For more information or to join the SIG, visit the [WONCA SIG on Point-of-Care Testing](#). Access the [short survey on POCT](#)

[Join our SIG](#)

## Training of Ukrainian Family Physicians in ICPC-2.

The government of Ukraine, together with the WHO-office in Kiev, is engaged in a process of transformation of the health care system, strengthening primary care and family medicine.

The Minister of Health decided that the implementation of the "International Classification of Primary Care – 2" is a necessary step to improve registration that documents what is happening at the level of family medicine and primary care.

Therefore, Dr Kees van Boven (WICC-WONCA, Radboud University, Nijmegen – The Netherlands) and Prof Jan De Maeseneer (Director International Center for Family Medicine and Primary Health Care – Ghent University, WHO Collaborating Center on PHC

- Belgium) gave a two-days training workshop for 50 family doctors, coming from the different Oblasts ("Provinces" in Ukraine), in Kiev on the 24th and 25th of May 2017. The training was organised according to the "Train-the-trainers"-concept and was financed by the Ukrainian Ministry of Health and the World Health Organization – Kiev Office, with also support from the Swiss International Cooperation.

The Ukrainian family doctors participated very actively in the training, and certainly when the ICPC-coding of "vignettes" (real doctor-patient encounters) were debated, active discussions and very relevant questions characterised the interaction.

The logistical organisation was excellent: very adequate technical support and excellent

simultaneous translation from Ukrainian to English and vice-versa. Apart from the principles of episodes of care, the coding-principles and the particularities of the ICPC-2 classification, also time was invested in strategical issues, e.g. how to deal with resistance in groups of family doctors, when trying to motivate them to use ICPC-2 in their practice? The participating family doctors, demonstrated to be active ambassadors of ICPC-2 during a role-play session.

The participants were very positive in their final feedback and a clear plan has been established, in order to monitor the follow-up of this training-sessions.

Kees van Boven and Jan De Maeseneer enjoyed the positive interaction with the Ukrainian family doctors and their willingness to implement the ICPC-2 classification. This may lead to strengthening primary care in a country where there are still important challenges in providing health care.

## Conference reports

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### WONCA Europe Prague 2017 in photos

This past week WONCA Europe held its annual conference in Prague. A photographic report is attached

[WONCA Prague 2017 - facebook album](#)

[WONCA Prague 2017 - 2nd day](#)

[WONCA Prague 2017 – 3rd day](#)

[WONCA Vyšehrad run 30.6.2017 / 3rd day](#)

[WONCA Prague 2017 – 4th day](#)

[Vasco da Gama Movement preconference gallery 1](#)

[Vasco Da Gama Movement preconference gallery 2](#)



**Video - Prague in under three minutes**

[http://www.woncaeurope2017.eu/resource/wonca2017/admin/filegroupfile/WONCA-video\\_1494700812954.webm](http://www.woncaeurope2017.eu/resource/wonca2017/admin/filegroupfile/WONCA-video_1494700812954.webm)



## Resources:

### EGPRN launches International Web-based Course on PHC Research

The European General Practice Research Network (EGPRN) officially launched the International Web-based Course on Research in Primary Health Care at the WONCA Europe Conference in Prague.

The course is suitable for European family doctors and other healthcare professionals who are interested in research.

#### The objectives of the course are:

1. To help participants to formulate ideas that can be tested in a scientific manner.
2. To give participants a basic understanding of epidemiological methods and biostatistics.
3. To give practical experience of development of study protocols and applications for research funding.
4. To give practical experience of use of computers for database manipulation, use of spread-sheets and statistical analysis.

#### Description of the Course

- The course and website is in English.
- The course contains 25 modules of teaching and a practical final module where participants present their own research.
  - Each web-based module consists of a 15-25 minutes lecture, links to complementary materials in video and a short post module examination.
  - There are three different options to present the research project: at an EGPRN conference; at a WONCA conference; in the participant's own country via an agreement with the course leaders.

#### Certificate of participation

- A certificate of participation and graduation (CME credits may be possible) will be given by the EGPRN to participants who fulfil all web based modules and participate in the final practical exercise.

The course is particularly useful for those of



*EGPRN is a network organisation within  
WONCA Europe Region - ESGP/FM*

any age who often attend WONCA conferences and could also be a useful refresher course for those who have attended this kind of course in the past.

[For registration and more information](#)

#### Faculty

Ferdinando Petrazzuoli  
MD, MSc (Pictured)  
Chair of the EGPRN  
Educational Committee.  
Department of Clinical  
Sciences in Malmö,  
Centre for Primary  
Health Care Research,  
Lund University, Malmö,  
Sweden.  
SNAMID (National  
Society of Medical  
Education in General Practice). Caserta, Italy



Shlomo Vinker MD, MHA  
EGPRN Educational Committee.  
Professor and Vice Dean, Department of  
Family Medicine, Sackler School of Medicine,  
Tel Aviv University, Tel Aviv, Israel.  
Chair, Israel Association of Family Physicians,  
Israel

Mehmet Ungan MD  
EGPRN Chair.  
Professor of Family Medicine. Ankara  
University School of Medicine, Department of  
Family Medicine. Ankara, Turkey  
WONCA Europe President Elect

## Goodfellow GEMS and PEARLS added in June

### The Latest Goodfellow GEMS

*Goodfellow Gems are chosen by the Goodfellow Unit director Dr Bruce Arroll to be either practice changing or practice maintaining. The information is educational and not clinical advice. The Goodfellow Unit (New Zealand) owns the copyright of the Gems.*

- 10 helpful ideas when working with transgender or gender non-conforming patients
- Topical corticosteroids may be a safe alternative to treat phimosis in boys
- Spironolactone; effective but regular serum potassium checks recommended forever
- Beta-blockers no longer first line for simple hypertension
- Stillborn children: photographs may help the healing
- Bronchiolitis- No medication in primary care; just monitor and refer when necessary
- Early gluten exposure probably not associated with an increase in coeliac disease
- Asthma: LABAs, house dust, breathing exercise and pets
- Association between gout and high intakes of fructose – consider reducing it
- Antibiotics – shorter courses (5 days) are better (pneumonia and cellulitis)
- Antibiotics not effective for cough and coloured sputum (acute bronchitis)
- Topical steroids first for scalp psoriasis

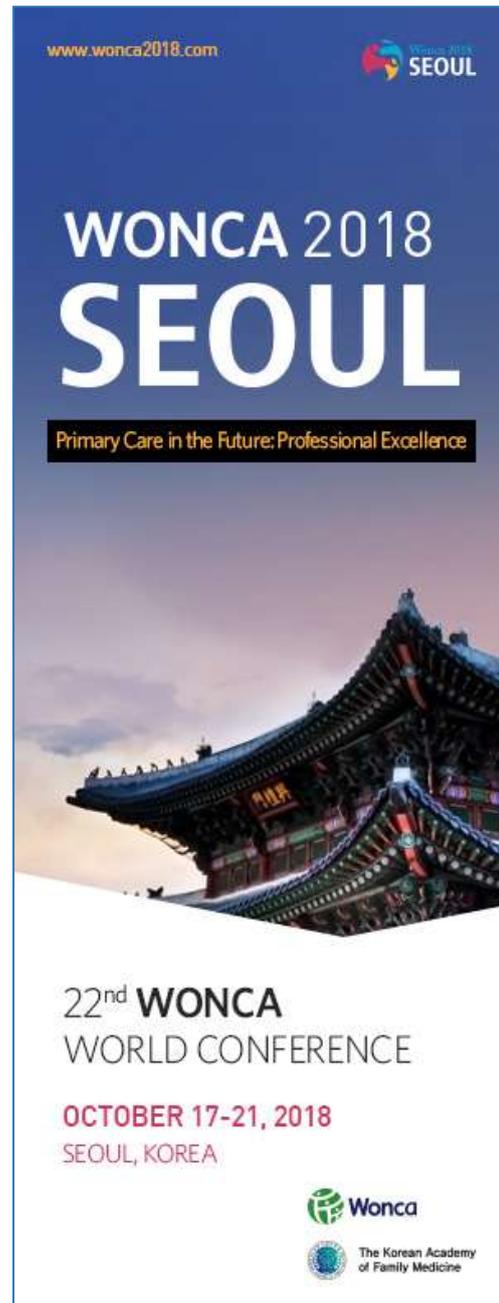
### [All Goodfellow GEMS](#)

### PEARLS

*PEARLS are an independent product of the Cochrane primary care group and are meant for educational use and not to guide clinical care.*

- 510 Limited evidence for benefits of dietary fibre in cardiovascular disease
- 509 Motor control exercise similar to other forms of exercise for chronic non-specific low-back pain
- 508 Little evidence for water precautions in preventing infections in children with grommets
- 507 Limited evidence for benefits of tricyclics for nocturnal enuresis
- 506 Over-the-counter analgesics effective for acute postoperative pain
- 505 Limited evidence to support use of interactive telemedicine
- 504 Limited evidence for intra-articular corticosteroids in knee osteoarthritis
- 503 Limited evidence for light therapy as preventive treatment for seasonal affective disorder
- 502 Interventions to facilitate shared decision-making reduce antibiotic prescribing

### [All PEARLS](#)



## World Family Doctor Day 2017 supplementary reports

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### Myanmar

#### Myanmar GPs Society

This year, World Family Doctors Day 2017 was celebrated by GPs and Family Physicians in Yangon and Mandalay, Myanmar.

The role of the Family Physician in health care, and case based discussion on depression were the themes of the activities in Yangon and Mandalay respectively



#### Yangon



#### Mandalay Photos



## Sri Lanka

### College of General Practitioners of Sri Lanka (CGPSL )

The Spice Route Movement for young family doctors, in Sri Lanka under the auspices of the College of General Practitioners of Sri Lanka (CGPSL) celebrated the World Family Doctor Day 2017 on the 19<sup>th</sup> of May in a unique way, by gifting a free health camp to an underprivileged area.



We selected a rural area in *Kalutara* district of southern Sri Lanka known as *Bulatsinhala* for our one day health camp. Young GPs along with the members of the the CGPSL and some medical students, left Colombo early in the morning. We reached the buddhist temple *Sri Maha Viharya* at about 7.00am. The Lions Club members of the area joined hands with us to organize this important event. They especially helped us in publicity and the arrangements.

We had two main components in this health camp; treating self-limiting ailments and opportunistic screening for non-communicable diseases (NCDs). Medical students helped in client registration, measuring height, weight and calculating the BMI and measuring capillary blood glucose after which clients were provided with a healthy breakfast.



All clients and families were consulted comprehensively – BP, CVD risk calculation and advice on lifestyle modification were given. The leaflet prepared by the NCD subcommittee of the CGPSL '10 health tips at your fingertips' was instrumental in educating our clients.

The screening questionnaire had two simple questions to identify depression in clients, in

accordance with 2017 World Family Doctor Day theme.

Knowing there were many asthmatics in this area we arranged a demonstrator to correct their inhaler techniques basis and also we were able to distribute free DP capsules and MDIs to needy patients.

Following a successful day the enthusiastic team members headed to an estate bungalow owned by our senior family physician and Spice Route advisor Dr. Preethi Wijegoonewardene as Dr Preethi, had arranged a delightful lunch for us which was enjoyed by all.

## WONCA CONFERENCES 2017

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August 17-20, 2017	WONCA Africa region conference	Pretoria, SOUTH AFRICA	saafp.org/conferences
August 17-19, 2017	WONCA Iberoamericana-CIMF region conference	Lima, PERU	lima2017woncacimf.com
November 1-4, 2017	WONCA Asia Pacific Region conference	Pattaya City, THAILAND	www.woncaaprc2017
November 25-26, 2017	WONCA South Asia region conference	Kathmandu, NEPAL	www.gpansarwoncaconference.org.np

WONCA Direct Members enjoy *lower* conference registration fees.

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

## WONCA CONFERENCES 2018

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January 27-28, 2018	Vasco da Gama forum	Porto, PORTUGAL	vdgm.woncaeurope.org/5vdgmfmf
March 1-3, 2018	WONCA East Mediterranean region congress	Kuwait	woncaemr2018.com
April 27-29, 2018	WONCA World Rural health conference	New Delhi, INDIA	www.wrhc2018.com
May 24-27, 2018	WONCA Europe region conference	Krakow, POLAND	www.woncaeurope2018.com
October 17-21, 2018	WONCA World conference	Seoul, SOUTH KOREA	www.wonca2018.com/

## WONCA ENDORSED EVENTS

02 Nov **World Federation for Mental Health**  
- 05 Nov **congress**  
2017 New Delhi, India

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## MEMBER ORGANIZATION EVENTS

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

27 Jul  
- 30 Jul  
2017 **RNZCGP Conference for General Practice &  
Quality Symposium**  
Dunedin, New Zealand

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03 Aug  
- 05 Aug  
2017 **1st IPCRG South Asian Scientific  
Conference**  
Colombo, Sri Lanka

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02 Sep  
- 03 Sep  
2017 **Hong Kong College 40th Anniversary  
conference**

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12 Sep  
- 16 Sep  
2017 **AAFP Family Medicine Experience**  
San Antonio, USA

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12 Oct  
- 14 Oct  
2017 **RCGP annual primary care conference**  
Liverpool, United Kingdom

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19 Oct  
- 21 Oct  
2017 **XIX Chilean Family Medicine Annual  
Conference**  
Valdivia, Chile

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26 Oct  
- 28 Oct  
2017 **RACGP GP17**  
Sydney, Australia

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02 Nov  
- 04 Nov  
2017 **EURIPA Rural Health Forum**  
Crete, Greece

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02 Nov  
- 04 Nov  
2017 **7th EURIPA Rural Health forum**  
7th EURIPA Rural Health forum

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08 Nov  
- 11 Nov  
2017 **Family Medicine Forum / Forum en  
médecine familiale**  
Montreal, Canada

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