

WONCA News

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WONCA President

Prof Amanda Howe
United Kingdom
Email: President@WONCA.net
Twitter @WONCApresident
Facebook Amanda Howe - WONCA president

WONCA Chief Executive Officer

Dr Garth Manning

WONCA World Secretariat

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

President-Elect

Dr Donald Li (Hong Kong, China)

Immediate Past President

Prof Michael Kidd (Australia / Canada)

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Young Doctor Representative

Dr Ana Nunes Barata (Portugal)

Editor, WONCA News & Editorial Office

Dr Karen M Flegg
Email editor@WONCA.net

From the President - November 2017

‘Measure this’

Photo: Amanda with Dr Dany Daham and Rania the social worker

One of the many challenges of being a family doctor is to try to reconcile different world views. As a family doctor, the tension is often between my own beliefs about what might benefit a patient, and what the system or their own worldview makes possible. At team and service level, it is often about getting enough people together to discuss some key issues, gather relevant evidence, agree to make a change, and actually implement this: keeping everyone on board and carrying through on good intentions. At the macro level, there seem to be an increasing number of players wanting to produce measures of good primary health care – so should such measures be about the patient’s perspective, the clinical activities undertaken, the team dynamic, or of innovation and quality improvement. And what might such measures miss?

They might miss the exceptional work of some family doctors and their colleagues in undertaking genuine whole community based approaches to improving health and life opportunities; as I saw manifested in a visit to the Tahaddi clinic in Beirut (Lebanon), in October.

Tahaddi clinic is next to one of the main Palestinian refugee camps, and provides health services to a population who live mostly in shanty housing. Over 65% of these patients are Syrian refugees, while the remaining 35% are Lebanese residents of the area. This includes a proportion of ‘Dom’ families, who are related to the Roma of Europe, and are among the most socially marginalized communities in the region. The Foundation also provides social services, early years education, literacy skills, and the start of some income stream and new employability through initiatives such as sewing classes. The GP who I met (Dr Dany Daham) has been there 14 years, and he and his colleagues were, clearly, both highly committed and passionate about the importance of their work. You can



read more [here](#) and an additional document resource is available to download at the end of this article.

I was fortunate to visit Tahaddi while joining the national meeting of the Lebanese Society of Family Medicine, and meeting friends and colleagues at the WONCA East Mediterranean region Council. This was an excellent meeting, and I was glad to learn of a more settled situation in Lebanon, in spite of the tensions over the Syrian border and an estimated two million of the population being refugees.

I then attended my own member organisation’s conference, where a number of WONCA friends were present. There was an excellent workshop on migrant health led by Chris Dowrick (chair WONCA Working Party on Mental Health), Maria van den Muijsenburgh and Christos Lionis (chair and member respectively of the [WONCA SIG on Migrant International Health and Travel Medicine](#)). The displaced peoples of the world continue to be a focus of need and there are many lessons to be learned on both how to prevent added distress and maximise health protection.

I am writing this from a crowded airport (six countries and eight overseas trips in two months –and not over yet...) en route back from the European General Practice Research Network (EGPRN) meeting in Dublin, where mental health research in primary care was

the key theme. I constantly value the evidence produced by our academic colleagues, also noting how our working parties draw this into guidance for practice (see other recent work of the [WONCA Working Party on Mental Health](#)), and thank all of them for bringing together the evidence. We hope to run more events for academic members at our regional and global conferences.

And that brings me back to the joys of the big recurring ‘discourse’ about how to measure primary health care performance. I was amused, and puzzled, by the extreme contrasts between two meetings - one in Paris (Organisation for Economic Cooperation and Development) and one in Washington DC (the third ‘Starfield Summit’ run by the Robert Graham Center), where I was attending as an ‘expert resource’. The Paris meeting reviewing a choice of measures, trying to produce a minimum dataset, and was highly technical; the US meeting was asking much broader questions about ‘what does good look like in primary care, and how could we measure it’? I have not had reports from either meeting so am unclear where this journey has taken me or us. What did trouble me was that more energy seems to be going into measuring than establishing primary health care in many countries. You can argue that by measuring you find the gaps – but we need to encourage energy to go into provision of services, and the very fundamental measurement of who is working in which sector and doing what. As Bob Phillips’ policy bite suggested last month, “... the PHC setting in which the majority of people receive health care—and the setting in which performance often dictates downstream

costs—is woefully underfunded in most countries relative to other healthcare settings.”

So the arguments – and the evidence building – continues. On the issue of evidence building, we have also been bidding for grants to conduct projects that will enhance our outputs and strategy – hard work, adds to the busyness, but will be worth it if we get it – and again highlights the importance of our academic work and the colleagues who can lead it.

As the dark months approach in the north, and the light is passed to the south, we look forward to the regional conferences in South Asia (Nepal) and Asia Pacific (Thailand), as well as our next WONCA World Executive; and another set of regional North America meetings (Canadian College, also the North American Primary Care Research Group, following the American Academy meeting in September).

I look forward to meeting more colleagues, sharing our wisdom, and exploring new arguments and solutions. Thanks, as always, for everyone’s effort everywhere. As I said in one of my (many) recent keynotes – “So remember as you go that there are many, many GPs in this world, working for similar things, and let that be a strength to us all as we try to make both our own careers and those of others work well. You never know where it may take you!”

Amanda Howe
WONCA president
[More information about Tahaddi](#)

De la Presidenta – Noviembre 2017

“Medir esto...”

Uno de los muchos retos de ser médica de familia es el hecho de intentar reconciliar las diferentes visiones del mundo. Como médica de familia, la tensión se produce a menudo entre mis propias creencias acerca de lo que es mejor para el paciente, lo que puede hacer posible el sistema y su visión del mundo. A nivel del equipo sanitario y del nivel de servicio, a menudo se trata de reunir a suficiente gente para debatir algunos temas clave, recopilando las evidencias más relevantes, poniéndose de acuerdo para hacer un cambio y, finalmente, implementar lo siguiente: mantener a todo el mundo

comprometido y trabajar sobre una base de buenas intenciones. A nivel macro, parece que estamos ante un crecimiento de la cantidad de actores que quieren hacer posibles las medidas necesarias para una buena Atención Primaria – de modo que estas medidas deben tomarse sobre la perspectiva del paciente, las acciones clínicas llevadas a cabo, el equipo dinámico, o la innovación y la mejora de la calidad asistencial. ¿Y qué es lo que estas medidas podrían estar dejando de lado?

Podrían estar obviando el trabajo excepcional de algunos de los médicos de familia y sus colegas a la hora de establecer un enfoque comunitario basado en el global de las

aproximaciones para mejorar las oportunidades en la vida y la salud; tal y como yo misma vi manifestado en la visita que hice a la clínica Tahaddi en Beirut (Líbano) en el mes de octubre.

La clínica Tahaddi se encuentra al lado de los campos de refugiados palestinos y ofrece una asistencia sanitaria que, en su mayor parte, vive en tiendas. Más de un 65% de estos pacientes son refugiados sirios, mientras que el 35% restante son residentes libaneses de esta zona. Esto incluye una proporción de familias auxiliadas por DOM, en la Roma de Europa, y que se encuentran entre las comunidades socialmente más marginalizadas de la región. La Fundación también ofrece servicios sociales, educación infantil, alfabetización, y el inicio de la obtención de algunos ingresos y nuevas posibilidades de empleo a través de iniciativas como por ejemplo haciendo clases de costura. El médico de familia con el que me encontré (el Doctor Dany Daham) ha estado ahí 14 años, y él y ambos de sus colegas se mostraron, claramente, comprometidos y apasionados acerca de la importancia de su trabajo. Podéis leer más acerca de este en <http://www.tahaddilebanon.org> y en un documento adjunto señalado por *.

Tuve la suerte de visitar Tahaddi al unirme al encuentro nacional de la Sociedad Libanesa de Medicina de Familia, y encontrarme con amigos y colegas del Consejo de la Región WONCA del Este Mediterráneo. Este fue un encuentro excelente, y estuve muy contenta de poder aprender acerca del establecimiento de una situación más estable en el Líbano, a pesar de las tensiones que se producen en la frontera de Siria donde se estima que hasta 2 millones de los habitantes son refugiados.

Después participé en el Congreso de mi propia organización miembro, donde una buena cantidad de nuestros amigos de WONCA también estuvieron presentes. Hubo un taller excelente acerca de la salud de inmigrantes liderado por parte de Chris Dowrick (coordinador del Grupo de Trabajo de WONCA de Salud Mental), Maria van den Muijsenburgh y Christos Lionis (coordinador y miembro del WONCA SIG sobre Salud de la

Inmigración Internacional y Medicina). Los pueblos desplazados del mundo continúan siendo un foco de necesidad y hay muchas lecciones que todavía deberíamos aprender tanto acerca de cómo prevenir el estrés añadido y maximizar la protección sanitaria.

Imagen: Amanda con el Dr. Dany Daham y la trabajadora social Rania



Estoy escribiendo estas líneas desde un aeropuerto muy concurrido (seis países y ocho viajes al otro lado del mar en dos meses – y todavía no he terminado...) de camino de regreso del encuentro de la Red Europea General de Investigación (European General Practice Research Network, EGPRN) en Dublín, en que la investigación de la Atención Primaria en Salud Mental fue el tema clave. Valoro mucho la evidencia producida por parte de nuestros colegas académicos, también quiero dejar claro que nuestros grupos de trabajo han dejado huella de todo su trabajo en la guía para la práctica médica (consultar otros trabajos recientes del [WWPMH](#)), y agradezco a todos ellos que hayan trabajado para reunir evidencias. Esperemos organizar más eventos para los miembros académicos en nuestros congresos regionales y globales.

Y eso me lleva de nuevo a pensar en la satisfacción del gran discurso recurrente sobre cómo medir la acción de la asistencia en Atención Primaria. Me sentí un poco enojada y desconcertada con los contrastes extremos entre los dos encuentros – uno en París (Organización de Cooperación Económica y Desarrollo) y el otro en

Washington DC (el tercer “Starfield Summit” que fue llevado a cabo por parte del Robert Graham Center), donde asistí como “medio experto”. El encuentro de París sirvió para revisar las medidas elegidas, para intentar llegar a producir una mínima base de datos y fue muy técnico; el encuentro de Estados Unidos estuvo lleno de preguntas mayores como “¿qué es lo que causa buena impresión en Atención Primaria, y cómo podemos medirlo?” no he tenido ninguna información sobre ninguno de los dos encuentros así que no tengo muy claro donde me ha llevado este viaje, o donde nos ha llevado a todos. Lo que me preocupó fue que hay una energía mayor que parece estar poniéndose a la hora de poder encontrar los espacios vacíos – pero necesitamos alentar que se ponga energía en la provisión de servicios de asistencia, y las medidas respecto quien está trabajando, en qué sector y haciendo qué. Tal y como sugería el artículo de fragmentos de política de Bob Phillips’ del último mes, “...en el marco del PHC en el que la mayoría de la gente recibió asistencia sanitaria – y el marco en que la práctica clínica a menudo dictan los costes de lo que suceda – tristemente están infrafinanciada en la mayoría de países en relación con los otros marcos de asistencia sanitaria.”

Así que las discusiones – y la construcción de la evidencia – continúan. Respecto al problema de la construcción de la evidencia, también hemos ido tomando postura delante los proyectos de concesiones que mejorarán nuestras producciones y estrategia – trabajo duro, incorporaciones de negocios, pero esto tendrá sentido en caso de que lo consigamos – y después destaca la importancia de

nuestra academia de trabajo y los colegas que pueden liderarlo.

Mientras se acercan los meses oscuros en el norte, y la luz viaja hacia el sur, esperamos para que los Congresos regionales en Sud Asia y Asia Pacífico, así como nuestro próximo Comité del WONCA Ejecutivo; y otro conjunto de encuentros de Norte América (Colegio de Canadá, con el Grupo de Investigación de Atención Primaria en Norte América, después del encuentro de la Academia Americana en septiembre).

Tengo muchas ganas para seguir encontrándome con amigos, para compartir nuestro conocimiento, y para explorar nuevas razones y nuevas soluciones. Muchas gracias, como siempre, por los esfuerzos que está haciendo todo el mundo en todos sus ámbitos de acción. Tal y como ya dije en una de mis (muchas) recientes notas clave – “Así que recordad, mientras seguís avanzando, que hay muchos, muchísimos médicos de familia en todo el mundo, trabajando para conseguir cosas parecidas, y dejemos que esto sea una fortaleza para todos nosotros y todos aquellos que estamos intentando tanto progresar en nuestras carreras y para las de aquellos que trabajan bien. ¡Nunca se sabe hasta dónde te puede llevar eso!”

Amanda Howe
Presidenta de WONCA

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

De la présidente : Novembre 2017

« Mesurer ceci... »

Une des difficultés de la profession de médecin de famille est de réconcilier différentes visions du monde. En ma qualité de médecin de famille, je suis souvent tiraillée entre mes propres croyances quant à ce qui pourrait être bon pour le patient et ce que le système ou les croyances du patient permettent. Au niveau de l'équipe et du service, il s'agit souvent d'être en mesure de rassembler suffisamment de gens pour discuter des problèmes majeurs, collecter des preuves pertinentes, s'engager à changer et réellement le faire: maintenir une équipe et

s'assurer de la continuation des bonnes intentions. A l'échelle macro, il semble y avoir un nombre croissant d'acteurs désireux d'élaborer des mesures pour un service de qualité en soins de santé primaire -donc, de telles mesures devraient-elles être prises de la perspective du patient, des activités cliniques engagées, de la dynamique de l'équipe ou du progrès quant à l'innovation et à la qualité ? Mais n'y aurait-il pas de lacunes dans ces mesures?

Il se pourrait qu'elles ignorent le travail exceptionnel de certains médecins de famille et de leurs collègues dans leurs efforts véritables vers une approche communautaire

pour l'amélioration des chances de santé et de vie, comme je l'ai vu lors de ma visite à la clinique Tahaddi de Beyrouth (Liban) en octobre.

La clinique Tahaddi avoisine l'un des principaux camps de réfugiés palestiniens et apporte ses services sanitaires à une population vivant essentiellement dans des bidonvilles. Plus de 65% de ces patients sont des réfugiés syriens et les 35 % restant sont des résidents libanais locaux. Ces derniers comprennent une proportion de familles « Dom », apparentées aux Roms d'Europe, qui sont les communautés les plus socialement marginalisées de la région. La Fondation fournit également des services sociaux : éducation préscolaire, alphabétisation, établissement d'un début de sources de revenus et d'employabilité grâce à des initiatives telles que des cours de couture. Le médecin généraliste que j'ai rencontré (Dr Dany Daham) est installé là depuis 14 ans. Lui et ses collègues sont, de toute évidence, à la fois engagés et passionnés en ce qui concerne l'importance de leur travail. Pour plus de détails, référez-vous à www.tahaddilebanon.org

J'ai eu la chance de visiter Tahaddi lors de ma participation à la réunion nationale de la Société libanaise de Médecine familiale où j'ai rencontré des amis et collègues du Conseil de WONCA-Méditerranée orientale. C'était une excellente réunion qui m'a permis de voir une situation plus stable au Liban en dépit des tensions de l'autre côté de la frontière syrienne et d'un nombre de réfugiés estimé à deux millions de personnes.

Puis j'ai assisté à la conférence de ma propre organisation en présence de nombreux amis de WONCA. Il y avait un excellent atelier sur la santé mentale animé par Chris Dowrick (président du groupe de travail sur la santé mentale), Maria van den Muijsenburgh et Christos Lionis (respectivement présidente et membre du groupe d'intérêt spécial de WONCA sur la Santé internationale des migrants et sur la médecine de voyage). Les personnes déplacées dans le monde continuent d'être une cible de besoins et il nous faut apprendre comment prévenir l'augmentation de la détresse et comment maximiser la protection sanitaire.

J'écris ceci dans un aéroport bondé (six pays et huit voyages à l'étranger en deux mois -et ce n'est pas encore terminé...) sur le retour de

la réunion de Dublin de European General Practice Research Network (EGPRN) qui avait pour thème central la recherche sur la santé mentale dans les services de soins primaire. J'apprécie grandement les témoignages produits par nos collègues universitaires et remarque la façon dont ils s'immiscent dans notre pratique (voir autres travaux récents par [WWPMH](#)). Je les remercie tous pour rassembler toutes ces preuves. Nous espérons organiser d'autres réunions pour les membres universitaires lors de nos conférences régionales et mondiales.

Ceci me ramène au thème récurrent de la mesure de l'efficacité des soins de santé primaire. J'ai été tout à la fois amusée et troublée par les contrastes extrêmes entre deux réunions -l'une à Paris (Organisation de coopération pour le développement économique) et l'autre à Washington DC (le troisième « Starfield Summit » dirigé par le Centre Robert Graham) auxquelles j'ai participé comme « spécialiste ». La réunion de Paris a consisté à réviser le choix des mesures, la production d'un minimum de données, le tout de haut niveau technique. La réunion des Etats-Unis s'intéressait à des questions plus générales « Que reconnaît-on comme qualité en matière de soins primaires et comment peut-on le mesurer? » N'ayant pas encore reçu de rapport ni de l'une ni de l'autre de ces réunions, je n'ai pas de vision claire du chemin accompli. J'ai été perturbée par le fait que davantage d'énergie semblait avoir été consacrée à la mesure des soins de santé primaire plutôt qu'à l'établissement de services dans de nombreux pays. On peut défendre l'argument selon lequel mesurer permet d'identifier les écarts -mais il faudrait placer l'énergie dans la prestation de services et dans la mesure fondamentale des prestataires et de leur secteur de contribution. Comme la note politique du mois dernier par Bob Phillips le suggérait, « ... l'environnement dans lequel les patients reçoivent des soins de santé primaire - et l'environnement dans lequel la performance a un effet direct sur les coûts en aval- est cruellement sous-financé dans la plupart des pays en comparaison avec d'autres politiques de soins de santé. »

Ainsi continuent les désagréments -et la collecte de preuves. S'agissant de la collecte de preuves, nous avons aussi soumis des demandes de subventions pour mener des projets destinés à améliorer nos résultats et notre stratégie -un travail acharné, bien qu'alourdissant notre charge, qui en vaudra

bien la peine si nous gagnons- et à mettre l'accent sur l'importance des travaux de recherche et de ceux qui peuvent les mener.

Alors que la saison obscure approche dans le nord et que la lumière enveloppe le sud, nous attendons les conférences régionales d'Asie du sud (Népal) et d'Asie Pacifique (Thaïlande) ainsi que notre prochaine réunion du comité mondial de WONCA et quelques autres réunions régionales en Amérique du nord (Canadian College, North American Primary Care Research Group à la suite de la réunion de septembre de l'American Academy).

Je me réjouis de rencontrer d'autres collègues, de partager notre sagesse et d'explorer de nouvelles questions et solutions.

Comme toujours, merci pour les efforts de chacun. Comme je l'ai dit lors de l'un de mes (nombreux) discours liminaires - « Souvenez-vous qu'il y a de très nombreux médecins généralistes dans le monde qui travaillent pour un même but. Que ceci soit notre force pour la réussite de nos carrières. Qui sait où cela va vous mener! »

Amanda Howe
Présidente de WONCA

*Traduit par Josette Liebeck
Traductrice professionnelle anglais-français
Accréditation NAATI No 75800*

From the CEO's Desk: WONCA Executive meets



Greetings again from Bangkok. This month I'll report on the meeting of the 2016-18 Executive, which took place in Bangkok on 29th and 30th October 2017.

WONCA Executive Meeting

This was the second full meeting of the 2016-18 WONCA Executive, having held the first full meeting in London in early April (which I reported on in my May column).

This was Professor Michael Kidd's last Executive meeting, after many years on Executive, and we will miss his calm good

sense and institutional knowledge. Unfortunately two members of Executive were not able to be present – Dr Anna Stavdal (WONCA Europe President) and A/Professor Inez Padula (WONCA Iberoamericana Region President) were unable to travel for personal reasons. (pictured Michael Kidd's final words of wisdom



As noted before, our President, Professor Amanda Howe, had set out a number of strategic goals at the start of her presidency, and assigned some Key Performance Indicators (KPIs) for all Executive. In brief the goals were: building family medicine capacity in each region of the world; supporting our current member organizations (MOs); greater engagement and communication with our MOs; and looking at family medicine development in countries where WONCA does not currently have an MO.

Each of our Regional Presidents reported back to Executive on activities in their region, including countries which had joined, or had applied to join, or were contemplating joining, WONCA. They also reported back on work and collaboration with WHO in their individual regions. Vivian Martinez Bianchi, our WHO Liaison reported on the many activities and collaborations with WHO over the past six months, and several that are planned for the immediate future. Ana Nunes Barata, the Young Doctor Movement (YDM) representative on Executive, then provided an update on the activities of the various YDMs since the last Executive meeting, and also provided an update on the FM360 young doctor exchange programme.

The President, in her report to Executive, highlighted her busy travel schedule and the many visits undertaken to represent WONCA at national and international meetings.

Membership matters were discussed. Professor Ruth Wilson, Chair of Membership Committee, presented the membership

applications already considered by the Membership Committee, for endorsement by Executive. Executive was happy to endorse the recommendations for:

Full Membership to:

- Pakistan Society of Family Physicians (upgrading from Associate Member)
- The Society of Family Physicians of Ghana (SOFPOG)

Academic Membership to:

- Aswan Family Medicine Residency, Egypt
- Department of General Practice, Faculty of Postgraduate Medicine, Khesar Gyalpo University of Medical Sciences of Bhutan (KGUMSB), Thimphu, Bhutan

Organization in Collaborative Relationship status to:

- IPCCS - the International Primary Care Cardiovascular Society
- WFPHA - World Federation of Public Health Associations

WONCA's finances also take up some discussion time. Our Hon Treasurer, Professor Job Metsemakers, was happy to report that both income and expenditure for 2017 were on target, and a small surplus for the year was expected.

Of course, 2018 is a world conference year, and so total conference income would normally be expected to be significantly higher than usual. However Executive spent some time discussing the challenges presented by the ongoing tensions on the Korean peninsula, and whilst they have received many reassuring reports from the Host Organizing Committee, nevertheless they felt that they had to be a little more conservative in their estimations of conference income from Korea. This had an effect on the overall budget projections for 2018, and Executive had, very reluctantly, to make some budget cuts for 2018, most especially to WONCA regions and to WONCA Executive costs and expenses. They remain hopeful that income may be higher than these revised projections, but as part of their fiduciary responsibility to Council and WONCA members they felt that they had to take this step, albeit with heavy heart, to ensure the ongoing financial health of the organization

Reports had been received from most of **WONCA's Working Parties (WPs) and Special Interest Groups (SIGs)** and it was

great to see so much ongoing activities in these groups.

At each Executive meeting we aim to have one or more WP or SIG provide a more detailed briefing, and in Bangkok we were pleased that Professor Val Wass, Chair of the [WONCA Working Party on Education](#), was able to join us in person (she was on her way to the WONCA Asia Pacific conference in Pattaya) and to brief us on the work of her Working Party.

In a separate session, Dr John Wynn Jones, Chair of the [WONCA Working Party on Rural Practice](#), also joined via teleconferencing. He talked about the many ongoing activities of the Working Party and highlighted the forthcoming [2018 WONCA Rural Health conference](#) planned for Delhi in late April.

Executive was pleased to endorse a paper on "[Non-drug interventions guidance](#)" from the WONCA Working Party (WP) on Mental Health and to note the Cairns "Call to Action" from the WONCA WP on Rural Practice (WWPRP), which had resulted from the Cairns Rural Health conference in 2017. Two other papers from WWPRP – a Statement on Resilience and an Action Statement on Climate Change and Environmental Health – have been referred back to the WP with a request for some minor editorial amendments prior to resubmission.

Finally, two interesting discussion sessions were held: the first was a workshop on key messages to external stakeholders; the second was on a communications strategy for the organization.

Of course many other topics were discussed and debated during a very busy two days, but I hope that this gives you a flavour of at least

some of the issues which Executive considers on your behalf. Our President, Professor Amanda Howe, will be writing to all Member Organizations to keep them more fully informed of the outcomes from this Executive meeting.

Other November Activities

For me, the rest of November will be very much taken up with conference events. Straight after the Executive meeting several of us travelled down to Pattaya, to participate in the very successful WONCA Asia Pacific Region conference. Then in the middle of November I will pay a further short visit to Korea to check on plans for the 2018 world conference in Seoul. Pictured (l to r) are JK Lee (past Asia Pacific region president), Young Sik Kim (HOC chair), Amanda Howe (WONCA President) and Lisa Seo (CEO Korean Academy of Family Medicine) promoting the Seoul conference in Pattaya.



Finally, I will travel to Nepal towards the end of the month, to take part in the WONCA South Asia Region conference in Kathmandu. I'll report on all these events more fully next month.

Until next month.
Garth Manning
CEO

Policy Bite: Rural priorities and progress – Australia

Background

WONCA has had a Working Party on Rural Practice for many years, and it is very active – holding an annual global conference, having an active communications and social media presence, a specific link with our Young Doctors Movements (Rural Seeds), and providing resources such as the [Rural Medical Education Guidebook](#). Their vision is “*health for all rural people around the world*”, and, as for WONCA as a whole, one of the key aims of their advocacy is to ensure governments recognise the importance of family medicine and its rural and remote workforce. It is therefore a source of celebration that Prof Paul Worley, a member of the WONCA Rural Working Party, has been appointed as the first Rural Health Commissioner of Australia. Paul has had a distinguished career in rural health both as a practitioner and an academic in addition to rural general practice: he was Dean of Medicine at Flinders University from 2007 – 2017, is a past President of the Rural Doctors Association (South Australia), was a founding member of the RACGP Faculty of Rural Medicine and Vice President of ACRRM, and more recently was appointed as Executive Director for Medical Services with the Country Health South Australia local health network.

I (the President, Amanda Howe) visited Paul’s programme at Flinders in 2000, to understand the way in which it enhanced learning both for the students and the communities who hosted them, and found inspiration for the work that I subsequently undertook in a new medical programme in the U.K. Paul was passionate about the value of getting students and residents out into rural communities, and helping them to learn in a meaningful way about the needs of the patients and the value of rural service.

Points raised in his inaugural speech included his intention to improve the Australian national training pathway for rural generalist practice, drawing on the many years of active experience of trying to create an intention to practice in rural primary health care at an early stage in medical training. He also actively recognised the experience of the indigenous

people, saying “*I would like to acknowledge that we are building on thousands of years of health training in this place that of course has been undertaken by our aboriginal*



peoples, and we acknowledge that what we do is building on their culture of healing; their culture of community; and their culture of family; which exist so poignantly in rural Australia. I acknowledge that that culture exists still today, and respect those people....” . Paul will be prioritising this population in his work, as their health profile remains much worse than that of most other Australians.

He also acknowledged the distress and anxiety that a lack of health services in rural areas can cause to anyone living there, and the need to feel that help is on hand. “*The care that we provide is the bedrock for hope in our rural communities and I hope that as the champion for rural health Australia on your behalf we can increase that hope - because health is a human right*”.

One of his arguments for addressing the inequities of rural health care is the link between preservation of health and social productivity. Health can be seen as an economic investment – Paul said that “*we know that globally there is a 9 to 1 leverage for every dollar that is invested in the health workforce and we know that one of the outcomes of that health workforce is increased length of life - for every increased length of life of one year there is a 4% increase in GDP, so this investment in us all by the federal government is also an investment in the prosperity of rural communities - and the prosperity of rural communities has a great impact on the prosperity of our nation. So this is not something just for rural Australia, but is also something for the whole of Australia*”.

WONCA’s Working Party on Rural Practice

champions all these areas – effective education for rural family practice, strong exposure to rural settings and role models during basic and postgraduate training, and a key need to ensure governments are held to account for delivering an effective workforce for rural as well as urban areas. Recent position papers coming out of the last Rural Conference in Cairns also emphasise the particular challenges of sustaining rural settings – physically, because of the added threats of natural disasters and climate change, and psychologically because of the risks of burnout. These are, of course, challenges that all of us as citizens and professionals may need to address, but have added dimensions when put in the rural context. The model of appointing a national Commissioner to act as a champion and hold government to account is a novel one, and it will be interesting to see how much it adds to the Australian strategic

approach to rural health. Certainly, having a family doctor at the helm is something to be proud of. Well done Paul! You have our support from your friends in WONCA.

The video of Paul's speech

https://youtu.be/Kw5e_zi9zZg?list=PL00ijzDDBQubi3ZTX94X2y8dSKAuHQ4ZW

(Speech commences at 5:54)



Prioridades rurales y progresos – una lección del desarrollo en Australia

Contexto

Desde hace muchos años, WONCA tiene un Grupo de Trabajo en Medicina Rural, y este es muy activo – cada año organiza un Congreso mundial, mantiene intensas comunicaciones y presencia en las redes sociales, también tiene una relación muy especial con los Movimientos de Jóvenes Médicos de Familia (Rural Seeds), y ofrece recursos como los recogidos en la Guía Educativa de Medicina Rural. Su lema es el de “salud para la población de los medios rurales en todo el mundo”, y, para WONCA, como organización global, una de las voluntades clave de su defensa es la de garantizar que los gobiernos reconozcan la importancia de la Medicina de Familia y de su personal sanitario a nivel rural. Es por esa razón que debemos celebrar el hecho de que el Profesor Paul Worley, miembro del Grupo de Trabajo en Medicina Rural, ha sido elegido como el Primer Comisario de Salud Rural de Australia. Paul es reconocido por su carrera en la práctica rural como médico y académico, así como en la práctica rural en general: fue Decano de la Universidad de Flinders entre los años 2007 y

2017, anteriormente fue el Presidente de la Asociación de Médicos Rurales (Sud Australia), uno de los miembros fundadores de la Facultad de Medicina Rural RACGP y Vicepresidente de la ACRRM y, más recientemente, también fue propuesto como Director Ejecutivo de Servicios Médicos de la Red de salud de Sud Australia.

Yo, como Presidenta de WONCA, visité el programa de Paul a Flinders en el año 2000 para entender la forma en que éste estaba mejorando el aprendizaje tanto para los estudios teóricos como para las comunidades que las estaban recibiendo, y encontré inspiración para un trabajo que después tuvo lugar a un programa parecido en el Reino Unido. A Paul le apasionaba la importancia de sacar a los estudiantes y residentes y llevarlos a las comunidades rurales para ayudarles a aprender una forma llena de significado ante las necesidades de los pacientes y los valores del servicio rural.

Entre los puntos principales que fueron introducidos en su discurso inaugural también se incluyó su intención para seguir mejorando

los itinerarios formativos para la práctica rural generalista, diseñados tras muchos años de experiencia intentando crear la necesidad de formarse en la práctica de la Atención Primaria en el ámbito rural desde el inicio de la formación médica. Él también reconoció activamente la experiencia de las poblaciones indígenas, diciendo “Me gustaría admitir que aquí estamos construyendo sobre miles de años de formación y tradición médica, una tradición que, sin duda alguna, ha sido construida por nuestros pueblos aborígenes, y nosotros tenemos que reconocer que lo que hemos hecho ha sido construir encima de su cultura de curación, su cultura comunitaria, y su cultura familiar, que existe de forma tan arraigada en la Australia rural. Reconozco que esta cultura existe todavía hoy, y que respeto a toda su gente...”. Paul seguirá priorizando esta población en su trabajo, ya que su salud se mantiene a niveles muy inferiores en comparación con la mayoría de otros australianos.

Paul también reconoció el estrés y la ansiedad que una falta importante de servicios sanitarios en las áreas rurales puede provocar a cualquier persona que viva allí, y la necesidad de sentir que la ayuda está a su alcance. “La asistencia sanitaria que ofrecemos es la base para la esperanza en nuestra en nuestras comunidades rurales y espero que como campeones de la Medicina Rural de Australia podamos seguir hacer crecer esta esperanza en vuestro nombre – porque la salud es un derecho humano”.

Uno de sus argumentos para enfrentarse a las inequidades en la asistencia sanitaria en el ámbito rural es la relación entre la preservación del bienestar y la productividad social. La salud puede ser, efectivamente, vista como una inversión económica – Paul dijo que “sabemos que a nivel mundial hay una ventaja de 9 respecto a 1 por cada dólar que ha sido invertido en la contratación del personal sanitario y también sabemos que las inversiones en este personal sanitario son protagonistas del aumento de la esperanza de vida – por cada aumento de la esperanza de vida de 1 año, hay un aumento del PIB del 4%, así que esta inversión es una inversión para todos nosotros y todas las sociedades que debe hacer el Gobierno Federal y también es una inversión para la prosperidad de las comunidades rurales – y la prosperidad de nuestras comunidades rurales tiene un gran impacto en la prosperidad de nuestro país. Así que esto no es una cuestión que concierne

solamente a la Australia rural, sino que afecta a todo el global de Australia.”

El Grupo de Trabajo de WONCA Rural defiende excelentemente todas estas ideas – educación efectiva para la práctica de medicina de familia rural, una fuerte implicación con los marcos de trabajo rurales y los modelos de trabajo rurales durante la formación básica y de postgrado, y una necesidad clave para garantizar que los gobiernos mantienen su compromiso para contratar a un personal sanitario preparado en el ámbito rural así como en las áreas urbanas. Los últimos informes que fueron publicados en el último Congreso Rural que tuvo lugar en Cairns también enfatizaron los desafíos particulares que se producen los ámbitos rurales – físicamente, por los elementos naturales añadidos de desastres naturales y cambio climático, y fisiológicamente por los riesgos propios de burnout. Estos, sin duda, son desafíos a los que todos nosotros como ciudadanos y profesionales sanitarios deberíamos hacer frente, pero añadiendo las dimensiones propias del contexto rural. El modelo de constituir un Comisionado nacional para que actúe como líder y lleve a que el Gobierno se dé cuenta de la situación es todavía una propuesta nueva, y será interesante ver hasta qué punto suma a la Estrategia sanitaria del Gobierno Australiano con respecto a la asistencia sanitaria rural. Ciertamente, tener a un médico de familia al mando es algo de lo que debemos sentirnos orgullosos. ¡Bien hecho Paul! ¡Tienes el apoyo de todos tus amigos de WONCA!

Vídeo - el discurso inaugural

https://youtu.be/Kw5e_zi9zZg?list=PL00ijzDDBQubi3ZTX94X2y8dSKAuHQ4ZW



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

Feature Stories

AAFP members help Puerto Rico colleagues



Photo: A shipment being collected in Puerto Rico, including by well known leader Marina Almenas (second from right)

Kim Yu MD (pictured at right talking to colleagues top left) from the USA, is one amazing colleague.

In just one week after the recent hurricane devastated Puerto Rico, Kim took to Facebook and drove a fundraising effort to help her colleagues in Puerto Rico, raising over \$62,000 from all the chapters of the American Academy of Family Physicians in just over one week, bought 50 generators and have helped collect relief from private planes and distribute aid to over 95 locations, shelters, hospitals, clinics, nursing homes, convents, foster homes and more! Kim is currently living in Orange County, California, USA although she grew up and trained in the UK. She is the Director for Quality and Performance for the Ambulatory and Urgent Care Division of CEP America, overseeing 22 Urgent Care sites around the country. Here's the story of this fantastic effort.

Harvey, Irma, Maria.
Three hurricanes that wreaked havoc from Texas, Florida to Puerto Rico and the Virgin Islands and several more islands in the Caribbean. Many in our WONCA family have been affected by these powerful, devastating hurricanes.

It has been over six weeks now, and while some are beginning to get back to some sense of normalcy, many in Puerto Rico are still without access to electricity and safe drinking water. The stories that one reads and hears from friends are heart breaking, from elderly suffering in 90 degree weather with no food or water, no air conditioning and no respite in sight, to families drinking and bathing in streams where some contract leptospirosis to physicians working by flashlight in crowded ERs, complete pitch darkness surrounding them.

I have had the privilege and honor to know many family physicians of the Puerto Rico Academy of Family Physicians for decades through the AAFP and WONCA, and many are friends whom I dearly treasure. I have even visited Puerto Rico several times and fell in love with beautiful El Yunque rain forest, bioluminescent bay, and the beaches. So as Maria approached and made landfall, I reached out to several of my friends, including Marina Almenas, Jorge Meaux, Sonia Ortiz-Flores and Luis Perez Toro, to find out how my Family Medicine family were and to ask if there was anything I could do.

“Power, we need power!” was what I heard; thankfully all were safe, but many were without power, and could not open their clinics. So, I took to Facebook, and asked my friends on social media if they would consider helping buy generators for physicians in Puerto Rico.

Within 24 hrs the chapter Executive from the Indiana Academy of Family Physicians, Missy Lewis, contacted me and offered to host the donation page and within three days we had raised enough to buy 51 generators for Family Physicians in Puerto Rico!

Many chapters of the AAFP donated as did friends and family from around the USA. But



there was, and still is so much more to do! The PR chapter worked incredibly hard to locate physicians around the island, no small feat given the lack of phone services and communication especially in areas of devastation where roads were impassable. We even flew one generator in from Texas, via BREAC225.org, and working with a grassroots network of physicians around the country sent over 35 planes worth of medicine, supplies, food and water to the island, where physicians in Puerto Rico would go to the airport, straight to these planes, to pick up the many boxes, load them into cars and distribute around the island. They have since made over 200 deliveries to clinics, hospitals, nursing homes, physicians, convents, orphanages and more, sometimes going door to door to provide water, bringing much needed hope and medical care directly where needed.

The fifty one generators were distributed around the island to physicians with the first one being given to the PR AFP headquarters so they could serve as a home base and much needed operations center. With other organizations, like MedicosPorPR, Doctoras Boricuas, GrassrootsMedRelief, Residency programs and more, the Puerto Rico Academy of Family Physicians has been tireless in their relief efforts and we continue to raise funds for more generators, phones, supplies and water filters.

It is likely there will be continued power problems for months to come. Thanks to the American Medical Association Foundation we have money to buy some generators for

physicians of all specialties, not only family physicians, however prices are sky rocketing and we have many more requests than we have funding. We would also like to help the Virgin Islands and to consider more sustainable efforts in disaster relief.



Photo: the sign of gratitude - Dr Jose Muniz back in his clinic!

Please do consider making a tax deductible donation to <http://in-afp.org/give> so we can get physicians back to taking care of their patients in their offices. Thank you for sharing the caring heart and soul that exemplifies who we are as Family Physicians. #WeAreFamily #WeAreFamilyMedicine #InspireCreateLead

WONCA leaders receive prestigious award



Professor Michael Kidd AM (left), WONCA Immediate Past President and Professor Gabriel Ivbijaro MBE (right), a former chair of the WONCA Working Party on Mental Health have been awarded honorary membership of the World Psychiatric Association (WPA). These awards are in recognition of the recipients' hard work and contribution to psychiatry and mental health. Honorary membership is one of the highest honours that the WPA can bestow on an individual.



On the occasion of this award Michael Kidd said "I see this as recognition of WONCA's strong and enduring work in mental health in primary care, in partnership with our colleagues from the World Psychiatric Association."

Gaby is the current president of the World Federation for Mental Health. Read his latest article in the *Huffington Post* [here](#).

Congratulations to Michael and Gaby.

WONCA WHO liaison

New WHO leadership team announced

WHO statement 3 October 2017

WHO Director-General Dr Tedros Adhanom Ghebreyesus has announced his senior leadership team.

The new team includes former ministers of health, some of the world's leading physicians, scientists and researchers, and programmatic experts in universal health coverage, health emergencies, communicable and non-communicable diseases, climate and environmental health, and women's, adolescents' and children's health. Individually and collectively, they have a wealth of experience across government, private sector, multilateral, civil society and academic organizations.

"The team represents 14 countries, including all WHO regions, and is more than 60% women, reflecting my deep-held belief that we need top talent, gender equity and a geographically diverse set of perspectives to fulfil our mission to keep the world safe," said Dr Tedros.

Deputy Directors-General

Dr Soumya Swaminathan will be Deputy Director-General for Programmes (DDP) and Jane Ellison will be Deputy Director-General for Corporate Operations (DDC). In addition, Dr Peter Salama will remain in his role as the Executive Director of the Health Emergencies Programme.

The Assistant Director-General appointees are:

- Dr Bernhard Schwartländer, Chef de Cabinet
- Dr Naoko Yamamoto, Assistant Director-General for Universal Health Coverage and Health Systems Cluster
- Professor Lubna A. Al-Ansary, Assistant Director-General for Metrics and Measurement
- Dr Svetlana Akselrod, Assistant Director-General for Noncommunicable Diseases and Mental Health
- Ambassador Michèle Bocoz, Assistant Director-General for External Relations
- Dr Ranieri Guerra, Assistant Director-General for Special Initiatives
- Dr Ren Minghui, Assistant Director-General for Communicable Diseases
- Dr Mariângela Batista Galvão Simão, Assistant Director-General for Drug Access, Vaccines and Pharmaceuticals
- Dr Princess Nothemba (Nono) Simelela, Assistant Director-General for Family, Women, Children and Adolescents
- Mr Stewart Simonson, Assistant Director-General for General Management
- Dr Joy St John, Assistant Director-General for Climate and Other Determinants of Health

All of these appointees will be transitioning into their new roles over the next several weeks.

- [Additional details are available here](#)

WHO Global campaign: Medication Without Harm

Dear Colleagues,

Building on the launch of the Global Patient Safety Challenge "Medication Without Harm", WHO has developed a global campaign to increase public awareness of the safety issues related to medication use and the need for safer medication practices.

The campaign was officially kicked off on 10 October 2017 in Brisbane, Australia during a breakfast session at the WHO Western Pacific Regional Committee Meeting.

Please find the campaign products (posters, banners, video, and merchandise) on the [webpage here](#).

The campaign also aims to engage all stakeholders in the development and implementation of strategies for medication safety; and call for global solidarity and concerted action by all countries and international partners for reducing severe, avoidable medication-related harm.

The call for action of the global campaign is “KNOW. CHECK. ASK.” This encourages and empowers both patients and their caregivers, and health care professionals (for example nurses, physicians, pharmacists) to take an active role in ensuring safer medication practices and medication use processes including prescription, preparation, dispensing, administration and monitoring

Campaign materials are available for use free of charge. In case you have any questions or would like to request InDesign files for local production or to these create the products in your own language, please contact us at patientsafety@who.int

In the coming weeks, we will also upload posters in Arabic, Chinese, French, Russian and Spanish languages.

Thanks for distributing, disseminating and publicizing the campaign and Medication Without Harm video also released as part of the campaign.

Dr Neelam Dhingra-Kumar
Coordinator, Patient Safety and Risk Management Unit
World Health Organization

WONCA EMR statement at October WHO Regional Committee

WONCA EMR delivered the following statement to the 64th session of the WHO Regional Committee for the Eastern Mediterranean held in Islamabad - Pakistan, from 9-12 October 2017 and was represented by Prof Waris Qidwai

WONCA (the World Organization of Family Doctors, see www.globalfamilydoctor.com) has 124 Member Organizations from over 130 countries and territories, (including three new members over the past year), with membership of about 5,560,000 family doctors. WONCA's objective is to improve the quality of life of people through fostering high standards of care in family medicine.

WONCA represents and acts as an advocate for its constituent members at an international level where it interacts with world bodies such as the World Health Organization, with whom it has official relations as a non-governmental organization and is engaged in a number of collaborative projects. WONCA EMR itself has 15 member organization from 15 countries, and academic members in some further countries such as Palestine: there is active interest in WONCA membership from other countries such as Tunisia, and Palestine.

Mission of WONCA East Mediterranean region
Improve the quality of life of the peoples of the East Mediterranean through fostering and maintaining high standards of care in general

practice/family medicine by providing an opportunities for exchange knowledge and information; encourage, support the development of academic organizations of general practitioners/family physicians.

The following are the core concepts for WONCA EMR:

- Strategies and health plans for the EMRO countries are focusing on family medicine specialty as a clear path to reach universal health coverage (UHC) and to move forward the achieving of sustainable developmental goals (SDGs).
- Working with every country in the region to improve their systems in order to recruit postgraduate physicians into family medicine specialty
- Consider the general practitioners / family physicians as a gate entry into the health system
- Encourage undergraduate medical students to be enrolled later in family medicine specialty
- Supporting all medical colleges in the region to establish family medicine departments.
- Creating professional family medicine / general practitioner organizations in each country of the region - even those whom are not joined WONCA yet like Yemen, Libya, Djibouti and Somalia.

Thank you

WONCA Asia Pacific Statements at October WHO Regional Committee

The Sixty-Eighth Session of the Regional Office for the WHO Western Pacific (WPRO) 68th Regional Committee was held in Brisbane, Australia 9–13 October 2017. WONCA was represented by WONCA Executive member Dr Karen Flegg. (pictured at right with Dr Shin Young-Soo, Regional Director WPRO).



WONCA Statements

WONCA submitted four written statements.

[Agenda item: WPR/RC68/2 Address by and Report of the Regional Director](#)

[Agenda item: WPR/RC68/6 Health promotion in the Sustainable Development Goals](#)

[Agenda item: WPR/RC68/8 Transitioning to integrated financing of priority public health services](#)

[Agenda item: WPR/RC68/9 Regulatory strengthening and convergence for medicines and health workforce](#)

Papers and Speeches

All papers for the meeting can be found [here](#).

Keynote address by Dr Shin, Young-Soo, Regional Director WPRO can be found [here](#)
NOTE WONCA made a written statement on this item (and was the only NGO to do so).

Keynote address by Dr Tedros Adhanom Ghebreyesus, Director General WHO can be found [here](#).

WONCA Groups

Rural Round-up: A Rural Health Commissioner

At the October conference of the Australian College of Rural and Remote Medicine, Emeritus Professor Paul Worley was announced as the first Rural Health Commissioner of Australia. Paul has a distinguished career in rural health both as a practitioner and an academic. In addition to being a rural GP, he was Dean of Medicine at Flinders University, South Australia, from 2007 to 2017 and more recently was appointed as Executive Director of medical services with Country Health South Australia local health network. Paul is on the Council of the WONCA Working Party on Rural Practice (WONCA Rural).

Comment from the chair of WONCA Rural, John Wynn- Jones

Paul is not only the first person in Australia to hold this position but he is probably the first person anywhere in the world to hold such an important, high level government post. Australia has led the world in recognising the need to invest in a rural workforce that is truly “fit for purpose”. To many of us around the world who are battling for investment in training & education and the recognition of the skills and knowledge needed to care for rural and isolated communities this seems a distant dream and we are all very envious. Please

take the opportunity to watch Paul's inspiring speech.

The Speech

To view the speech click on the link – (Speech commences at 5:54)



https://youtu.be/Kw5e_zi9zZg?list=PL00ijzDDBQubi3ZTX94X2y8dSKAuHQ4ZW

Excerpts of the speech follow:

Nelson Mandela said that *"education is the most powerful weapon with which we can change the world"*, so I don't think it's any accident my first charge is to implement, extend a national rural generalist training pathway but of course that pathway is not something that is coming off a blank slate we are building on the shoulders of giants.

In particular, I would like to acknowledge that we are building on thousands of years of health training in this place - that of course has been undertaken by our aboriginal Australians and we acknowledge that what we do is building on their culture – their culture of healing, their culture of community, their culture of family, which we see so poignantly in rural Australia. I acknowledge that that culture exists still today and respect it and respect those people in the audience who are part of that culture.

..... We need a different model for rural Australia.

Yesterday was a very poignant day for my state - we lost our manufacturing industry of Holden and I have been aware that many of the people in Adelaide have had a sense of despair and confusion. Where to next? But I've also reflected that every person who lives in a small rural community when the health service is under threat feel exactly the same: be they a pregnant woman who doesn't know who's going to be able to help deliver the

baby; be they an adult with a father or mother who needs aged care and they're not sure whether that can be close to home or not; or whether that be someone with children at school not knowing how that child is going to progress.

The care that we provide is the bedrock for hope in our rural communities and I hope that as the champion for rural health Australia on your behalf we can increase that hope because health is a human right.

Australia has commissioner for human rights. It's absolutely appropriate that we now have a commissioner for Rural Health. It is also an economic investment.

we know that globally there is a 9 to 1 leverage for every dollar that is invested in the health workforce and we know that the outcomes of that health workforce, which is increased length of life - for every increased length of life of one year, there is a 4% increase in GDP. So this investment in us all by the federal government is also an investment in the prosperity of rural communities, and the prosperity of rural communities has a great impact on the prosperity of our nation - so this is not just something for rural Australia but is also something for the whole of Australia.

.....We have the opportunity to stand on our own two feet as rural Australia. To no longer be reliant on the release of doctors who are trained in the Metro centric model. To no longer be just rural doctors but to proudly be rural generalists serving our communities across the 10 million people that call rural Australia home - that call this wide brown land our home, that call this land of ragged mountain ranges, that call the land of the jewel-sea home; that call the land of terror and beauty. (1)

And that's where we step in because there is a terror if your health is threatened. There is a hope if there is a health service that is sustainable.

Reference

1. Dorothea McKellar "My Country" 1908
I love a sunburnt country
A land of sweeping plains
Of ragged mountain ranges
Of droughts and flooding rains
I love her far horizons
I love who jewel- sea
Her beauty and her terror
The wide brown land for me

Mental Health resource: GP/FP Role in non drug interventions

"Family doctors' role in providing non-drug interventions (NDIs) for common mental health disorders in primary care" is a new resource produced by the [WONCA Working Party on Mental Health](#), chaired by Prof Chris Dowrick. It was launched at the WONCA Asia Pacific Region Conference this week.

Non-drug interventions for common mental health problems can take a variety of forms ranging from supportive and empathic clinical interpersonal communication techniques and low intensity psychosocial interventions that can be delivered by any family doctor, to more intensive psychological therapies provided by trained therapists. The aim of this guidance paper is to help raise awareness of the role of non-drug interventions (NDIs) in managing common mental health disorders, and to encourage family doctors to incorporate these evidence-based treatments into their routine practice. Our WONCA Working Party have drawn together evidence from the literature to make recommendations on how to promote the use of NDIs with a focus on the training needs of family doctors and recommendations on service delivery models relevant to primary care.

Summary of Recommended Skills

Be able to demonstrate active listening and clinical interpersonal skills to show warmth, interest, respect, empathy and support

- Attentive body language: facial expressions, eye contact, gestures to show engagement and interest
- Following skills: open-ended questions to facilitate the patient to tell their story, attentive silences, facilitative responses, picking up on cues
- Reflecting skills: paraphrasing, summarising or repeating back what has been said to clarify and show understanding, reflect back feelings

Be able to effectively assess a patient's psycho-social status e.g. using the BATHE technique

- Background: e.g. "What's going on in your life?", "Tell me what has been happening?"
- Affect: e.g. "How does that make you feel?", "How has that affected you"
- Trouble: e.g. "What troubles you about this?", "what bothers you the most about the situation?"
- Handling: e.g. "How are you handling that?", "How have you been managing this problem?"
- Empathy: Instil hope by expressing your understanding of what the patient is going through e.g. "I imagine that could be / may be difficult", "You seem to be going through a lot"

Be able to provide psychoeducation

- Be able to provide psychoeducation for depression, anxiety and panic attacks – pathophysiology, effect on health and treatments
- Be able to explain the sleep cycle and its effect on mental health
- Be able to provide instructions on sleep hygiene.

Be able to teach relaxation and stress management techniques

- Be able to teach slow breathing exercises
- Be able to teach progressive muscle relaxation
- Be able to promote and support patients to practice guided relaxation, meditation and/or mindfulness-based interventions

Be able to incorporate principles of behavioural activation into the management plan

- Be able to negotiate with the patient to construct a patient-centred activity plan
- Be able to encourage and motivate a patient to keep engaged in pleasurable activities and activities that can improve self-esteem and self-efficacy
- Be able to motivate patients to keep physical active by maintaining or increasing physical activity
- Be able to facilitate patients to strengthen their social supports

Be able to support patients in using internet-based psychological treatments

- Be able to facilitate and support patients using guided internet based psychological therapies such

as CBT

Be able to empower patients to become better problem solvers

- Be able to facilitate patients to identify specific life problems associated with psychological and/ or somatic symptoms
- Be able to guide patients to set specific, achievable goal/s
- Be able to assist patients to brainstorm possible solutions and weigh their pros and cons
- Be able to empower patients to decide on and implement a realistic plan of action, and to review the outcomes

[Download full document 14pp](#)

Mental Health Matters - November activities update

Prof Christopher Dowrick, Chair of WONCA Working Party on Mental Health, reports:

Members of our working party continue to be busy, all round the world.



In the Asia-Pacific region,

- Weng Chin has successfully launched our new guidance on [Non-drug interventions for common mental health problems](#) during the Pattaya conference this week. I am delighted with this document, and commend it to you. You can find it highlighted on the front page of the WONCA website. Please download it, use it with your own patients, and share it with your partners and colleagues.
- Ryuki Kassai and colleagues have submitted a proposal to Pfizer Independent Grants for a 'train the trainers' depression programme for Japanese family doctors.

In the Eastern Mediterranean region,

- Abdulla al Khatami has agreed to share his powerpoint presentation on the application of the bio-psychosocial approach in primary care consultations - another useful resource, especially with family doctors who have a strongly medical approach to primary care.
- Abdullah also kindly represented WONCA and our working party at the WHO mhGAP forum in Geneva last month

In Europe,

- Juan Mendive represented WONCA and our working party at the World Psychiatry Association congress in Berlin last month.
- Ferdinando Petrazuoli, Christos Lionis and Venetia Young are working on a briefing paper for the new task group on primary care for dementia. This will be circulated soon.
- Christos Lionis, Maria van den Muijsenbergh and I presented a well-received workshop on primary health care for asylum seekers and refugees, at the RCGP annual conference in Liverpool. Adekunle Joseph Ariba from Africa region joined us there, which was a particular pleasure.

In South Asia, Pramendra Prasad is looking forward to expanding the role of primary mental health care through the WONCA regional conference in Kathmandu this month.

In Ibero-America, Raquel Vaz Cardoso and Sandra Fortes continue to lead a series of successful mhGAP workshops across the regions of Brazil - despite some very difficult personal circumstances.

In North America, Sonia Roache-Barker is working to find ways to ease the distress caused to many thousands of people by the hurricanes that caused so much devastation across the Caribbean.

Finally, I share and extend the many congratulations for Michael Kidd and Gabby Ivbijaro, who have both been made honorary members of the World Psychiatric Association. [Read more](#)

Education WP at the Asia Pacific conference

Prof Val Wass, Chair of the WONCA Working Party on Education reports on the groups' activities at the recent WONCA Asia Pacific region conference.

We thank WONCA Asia Pacific for the excellent opportunity to offer workshops at the Pattaya conference. My colleagues

Professor Nobutaro Ban (Japan), Dr Eva Irene Maglonzo (Philippines), Victor Ng (Canada), Hashmet Parveen (Brunei) and Chandramani Thuraisingham (Malaysia) joined me to run sessions on (i) The Undergraduate (UG)Curriculum (ii) Continuous Professional Development and (iii) Formative Assessment. I was also delighted to join the WONCA Working Party on Women and Family Medicine (FM) for a workshop on “*Role Modelling to promote FM in medical school*”.

As Michael Kidd argued passionately and cogently in his keynote speech on achieving Universal Health Coverage (UHC), it is essential we work to raise the status of FM. We need to form stronger partnerships, particularly with secondary care, to bridge misunderstanding and professional denigration at this interface. I personally believe we must also work across the continuum of education (undergraduate/postgraduate/CPD), link across WONCA networks and become strong advocates for evidence based educational practice.



WONCA offers an excellent platform to do this. I have indicated to the WONCA Executive that WWPE will now consult to work with WWPE members to develop guidelines and standards to support the development of FM orientated UG curricula. We must engage medical students and our young doctors in the process. The role modelling workshop highlighted that there needs to be greater public and stakeholder understanding of what we do and of the complexity of our roles. We need this to recruit the brightest and best role models to move FM and UHC forward. The conference reinforced for me the importance of thinking strategically across the WONCA networks to achieve this. Thank you.

Don't forget free article access in *Education for Primary care*: We offer free access this month to an interesting paper from GKT medical school in London UK; “[Health promotion in medical education: lessons from a major undergraduate curriculum implementation.](#)” The authors describe the challenges of introducing social determinants of health into the Family Medicine undergraduate curriculum. It offers valuable insights into the motivations, experiences and frustrations of students and educators in a spiral health promotion curriculum as it matures over three years. Strategies to support medical educators in building more effective, sustainable and acceptable solutions are explored.

Val Wass OBE



SIG on Health Equity September news

[Join our SIG](#)

[email William Wong convenor](#)

Greetings from the [WONCA Special Interest Group \(SIG\) on Health Equity](#). It seems there are plenty of Health Equity events to be keeping busy with in the coming months, including the WONCA Asia Pacific Regional Conference 2017 and the North American Primary Care Research Group (NAPCRG); more details can be found in EVENTS. A recently published longitudinal study focusing on the North-South disparities in England is included in *Publications of Interest*. We would also like to share with you the knowledge and resources from the Starfield Summit II in *Focus*, and to congratulate the *International Journal of Equity in Health* for their 15th Anniversary and update the work from GPs at the Deep End in Australia.

In addition, as part of the affiliation to the International Journal of Equity in Health subscribed members are also entitled to a 20% discount on publications at the International Journal of Equity in Health. Please see below for further information and details. As always, we welcome contributions from any of our members; we would be more than happy to share health equity related events, stories, updates and ideas from all members and groups. If you would like to, but have yet to subscribe to our mailing list, please contact: SIGhealthequity@wonca.net.

Affiliation

The WONCA SIG Health Equity group is affiliated with the *International Journal for Equity in Health*. Check here: www.equityhealthj.biomedcentral.com/ for up to date with the latest research regarding health equity issues all over the world, members of the SIG Health Equity group can enjoy a 20% discount for publications at the affiliated journal.

Publications of Interest.

Buchan IE, Kontopantelis E, Sperrin M, Chandola T, Doran T. **North-South disparities in English mortality 1965–2015: longitudinal population study.** *J*



Epidemiology & Community Health. 2017 Jul 14:jech-2017.

Accessible at:

<http://press.psprings.co.uk/jech/auqust/jech209195.pdf>

Focus: Reducing Health Inequities – STARFIELD SUMMIT II

In April 2017, the second Starfield Summit was held successfully in Portland, Oregon. Attendees, including thought leaders in health inequities, primary care clinicians and their organizations, together with experts, educators, researchers in the public health sector, and community members came together and shared their knowledge and experiences in collaborating and advancing the development of strategies in minimizing disparities in health. Participants have actively contributed ideas in formulating practical and transformative means in proposing a socially accountable framework for family doctors in committing to eliminate health inequities in the future. The collective power from different sectors and stakeholders will definitely strengthen the role of primary care in achieving health equity.

To view more highlights and sharing from speakers of the event, [please visit](#)

Focus: 15th anniversary for *Int J for Equity in Health*

The *International Journal for Equity in Health* is celebrating its 15th anniversary. For years, the Journal have been in promoting health equity through presenting evidence-based researches which enhance the understanding of health of population across and within countries. In particular, the Journal focuses on the systematic differences of health according to the distinctive demographic, geographic or social features of population groups.

In the 15th Anniversary Edition, the Journal presents a collection of articles that discusses innovative methodologies, theoretical perspectives and interventions that would advance the understanding and promotion of health equity. Manuscripts that focuses on the coming 15 years of researches in equity in health are also included.

[More information](#) and articles sharing of the

15th Anniversary Edition.

Focus: GPs at the deep end

In October 2016, the Deep End GP Pioneer scheme was launched. Funded by the Scottish Government's GP Recruitment and Retention Fund, the project aims to establish a change model for general practices serving very deprived areas, involving the recruitment of younger GPs, the retention of experienced GPs and their joint engagement in strengthening the role of general practice as the natural hub of local health systems. With protected time for professional and service development, the GPs involved have been

given a 'new lease of life' and renewed enthusiasm for general practice. You can read more about it in this article in the Annals of Family Medicine, or explore the educational resources produced during the first year of the scheme here.

In other news, there have been two new Deep End GP groups formed since the last newsletter in October 2016: one in Canberra, Australia and the other in Greater Manchester, UK.

Deep End Canberra Region
deependcanberra@gmail.com
Deep End GM Twitter: @deependGM

Promoting Planetary Health – in the Iberoamericana region

Paola Rava Dellepiane, WONCA Working Party on the Environment member writes more on the issue of WONCA conferences as a very favorable setting to promote the issue of Planetary Health and increase the general awareness for it.

Following the reflection of our colleague Ralph Guggenheim (reported in *WONCA News* [here](#)) about what happened at the WONCA Europe conference; we had a similar opportunity in the Iberoamerica WONCA Region, at the 5th CIMF Conference, held in Lima, Perú, 17 to 20 August, 2017.

As a member of Working Party on the Environment, a proposal of a workshop related to Health and the Environment was accepted, which was the only activity directly related to this issue in the Scientific Program of more than 250 activities.

The workshop was excellent, the people who came were very enthusiastic in talking about environmental problems and their health impacts in their communities and countries. Some of them said that they had found what they needed or wanted from the congress with this one workshop.

At the end of the workshop, people had thought about the connections or "interdependencies" between the planetary and individual health, in order to introduce the

concept of Planetary Health. The workshop provided a sentence to work with: Discover what is good for the Planet, and it is also good for your patient; discover what is good for your patient, and it is good for the planet too.



work that for the

Family physicians have not yet woken up about the importance of environment as a health determinant. There is increasing evidence on how, non-communicable and communicable diseases are related to the environment, in a wide concept of this term.

Family Physicians are in an excellent position. We are in contact with our patients every day, we can try to change the world, to contribute our part. Each small contribution adds to the larger effort. Our role is necessary, it is our responsibility, these are health issues and we are doctors.

Come on! Cheer up.

[Statement on Planetary Health and Sustainable Development Goals 2017](#)
[Join our working party](#)

SIG on Family Violence workshop at 3rd the VdGM Forum

During the third Vasco da Gama Movement (VdGM) Forum, held in Jerusalem between 14 and 16 September 2016, the VdGM Family Violence Group has presented a workshop in collaboration with the WONCA SIG-FV focusing on how cultural diversity can play a role on the disclosure and follow-up of gender violence.



Organizing team (from left to right): Shelly Rothschild; Claire Marie Thomas; Hagit Dascal-Weichendler; Yael Livni-Gillerma; Nina Monteiro; Elena Klusova

As one recognizes that gender based violence occurs in any given culture, we also are aware that different beliefs and cultural norms may affect its presentations, disclosure, outcome and treatment. The main purpose of the workshop was to explore how cultural diversity, in the context of gender based violence, relates with the patient, the clinician and the health care setting.

The workshop started with an introduction to gender based violence theory including health, social and economic consequences. Then the theme of cultural competence was introduced

but not fully explored before the small group discussion we had.

During the small group discussion it was very interesting to realize the enthusiasm of the participants. In all the four groups there were examples of colleagues that have already been challenged by the complexity of cultural diversity when dealing with victims of gender based violence.

The workshop followed with a more deep explanation of cultural competency and we presented some strategies to guide each one's development of cultural competency. Also during the workshop Claire Marie Thomas summarized her fantastic work at Bwindi Community Hospital and Ugandan Nursing School Bwindi in assessing staff and student attitudes to

gender based violence and designing a sensitisation campaign. Claire shared a touching case description embodying how cultural differences can influence the perception of gender based violence.

No doubt health care professionals face significant cultural challenges in addressing gender based violence victims. The discussion on dealing with cultural diversity is definitely not over, and it should be further addressed in upcoming events.

It is important to note that the subject of family violence was addressed also in another workshop presented by a different group in the forum, and also was mentioned in a workshop on migrants/refugees.

Author: Nina Monteiro



Featured Doctor

Dr Karen FLEGG

Australia - WONCA Editor

Dr Karen Flegg from Australia is the WONCA Editor and a member of WONCA World Executive.



As WONCA Editor, I've been able to avoid featuring myself for seven years, but I have eventually given in to people suggesting that I should do as I do to others... and tell more about myself!

My current work.

I'm a family doctor working in Canberra, Australia's capital city. For much of my working life I have lived and worked in rural or regional areas, having started my life as a family doctor in a one doctor town. I moved to the city a year ago and I now work part time in a large group practice. This allows me to do other work at the government breast screening programme, where I coordinate assessments and deliver biopsy results to women.

I consider myself to be a GP - I understand that in some countries that means I have no post graduate specialist training, but in fact I had four years of specialised training in general practice/family medicine. In Australia, that's a GP (we don't have family physicians).

Other things I have done.

I have really had three parallel careers – as a clinician, as a manager and as an academic. You can work half time or less, as a GP in my country which allows time for special interests.

I have been CEO of the Royal New Zealand College of GPs which is why some people think I am a “kiwi” – a New Zealander (maybe in my heart is kiwi as I really loved living in New Zealand – an amazing country, different to Australia; and I still have some great friends there!)

Something I have maintained as part of my

work in for many years is medical education, undergraduate and postgraduate. I have been the Director of Training in our regional GP postgraduate training programme. Nowadays, I enjoy doing teaching visits to watch young GPs who are working in rural general practice but are still in training as a specialist GPs – it's a great way to spend half a day and always an interesting exchange of ideas.

One of my most interesting years was in 2005 when I spent doing a mission with *Médecins sans Frontières* in Zahedan, in Iran. Of course the medicine was interesting but I most enjoyed the cultural experience, the exchange of ideas with colleagues, and the privilege of serving on a humanitarian mission. I kept a blog of my experiences which enabled people at home to hear about my day to day thoughts and experiences.

I have been on the boards of governance of numerous medical organisations - including my national college (and WONCA member) the Royal Australian College of GPs. Currently I am newly appointed to the board of the postgraduate GP training organisation in my state called GP Synergy.

And before medicine? .. I did various things which maybe helped form who I am today – worked in a bread shop, worked as a waitress on long distance rural trains, played a lot of tennis!

My involvement in WONCA.

My first WONCA meeting was in Dublin in 1998, where I represented New Zealand (not Australia) on the WONCA World Council. There are colleagues I met at that meeting who I am still close friends with today.

Since 2010, I have been the WONCA editor - that sounds like a long while, but still not as long as my predecessor Mark Rivo (USA), and I have decades more service in order to equal his predecessor David Game (another Australian).

I have been a member-at large on WONCA World's Executive since 2013. I was made chair of the bylaws committee and after some hard work (secretly I enjoy it!) at the last World Council in Rio, we agreed on a simplification of our bylaws which makes them shorter - but there is still more work to do.

WONCA gives us all a great opportunity to meet colleagues from other countries, whether we do it in person at conferences, or electronically on Facebook or through the various WONCA working parties or special interest groups. Learning more about each other and working together to improve the place of family doctors throughout the world is not only a way that we can help bring "health to all", but it's personally very rewarding and enjoyable.

Passions in my work and outside work

In my work I have a special interest in women's health, and I have worked over many years part time in breast clinics and also in a sexual assault crisis service. I enjoy geriatrics because I like interacting with our older generation and working with them for best outcomes.

Outside work, it's important to me to relax by spending time doing yoga and meditation and dog walking. I draw (mostly life drawing) and have painted and done sculpture - most people don't know that I have done a Fine Arts Diploma full time for two years.

I have to wonder... is doing *WONCA News* a hobby?

Dr Anwar ALNAJJAR

Kuwait - President WONCA EMR conference



Dr Anwar Alnajjar is an honorary member of the Kuwait Society of Family Physicians and General Practitioners. She is honored to be the president of WONCA East Mediterranean region conference 2018 that will be held in Kuwait.

What work do you do?

I am a Family Medicine Consultant working in a Primary Health Center (PHC). In addition I am the Director of the General Practitioner Training Program which is newly established in Kuwait to be parallel to Family Medicine Residency Program (FMRP). This program is ensuring higher standards of general practitioners working in PHC and to promote the services provided by them.

I am a trainer and examiner in the Family Medicine Residency Program (FMRP) that is part of Faculty of Primary Care. Also I am assistant exam convener of simulated surgery exam in the program.

At the Kuwait University / Faculty of Medicine, I teach students the principles of family medicine and aim to attract more residents to

family medicine program. The Primary Care faculty has a general practitioner promotion committee that checks the criteria of promotion and recommends their promotions, and I am a member of that committee.

What are your other interesting achievements and positions?

My district is the Farwaniya Health District, where I am a member of the Farwaniya scientific committee and the head of the Farwaniya continuous training team which facilitates lectures, workshops and clinical training. I was a member of the Farwaniya quality improvement team working on quality improvement projects for our health district.

From 2010-2016, I was head of Al-Rehab Health Care Center and at the same time I was a member of the Al Rehab district council - a social council for community health education and promotion. During that period I established specialized clinics and registered the area in the healthy cities of the WHO.

In 2014 I was given the award of supreme model for Head of a Primary Care Center in the Farwaniya Health district and as supreme model for family doctors.

I have also been a member of our Child's Rights Committee (2011 to 2015) - our activity was to establish guidelines for the rights of children in Kuwait, and to register the case to facilitate laws for child protection.

When I was a student, I was a member in Kuwait Medical Student Association where I acted as the head of female branch of the association that deals with women's needs and requirements.

What are your other interests?

I have a health promotion television program on National Kuwait Television. Since I enjoy

teaching, I created my own medical educational YouTube channel to teach medicine to more doctors in Kuwait and maybe worldwide.

In my spare time, I enjoy many volunteering activities in the community along with my children. This helped my eldest son to be a member of various organizations. I also enjoy painting, exercising and caring for my precious family. I like adventurous travelling.

And.. I look forward to welcoming international colleagues to Kuwait.

FIFTH Wonca FAMILY MEDICINE CONGRESS
EAST MEDITERRANEAN

1-3 MARCH 2018
Kuwait

Organized by: Wonca
Hosted by: Kuwait Medical Association and another organization

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Notices

Atai Omorutu Scholarship Award



The Dr Atai Anne Deborah Omoruto Scholarship Award is in the spirit of Atai's leadership in family medicine in Africa, inspired by her dedication to the advancement of women physicians and women's health in family medicine, and in tribute to Atai's exceptional courage, selflessness, and commitment to her patients with Ebola both in Uganda and Liberia.

She pioneered the establishment of family medicine program at Makerere University, Uganda and was head of the family medicine department, Makerere University from 2004 to 2011. Atai was an executive member of the WONCA Working Party on Women and Family Medicine and was the recipient of [WONCA 2016 Global Five Star Doctor Award](#) in recognition of her extraordinary service as a family medicine leader over many years, her service to the people of Uganda, and her recent extraordinary leadership

tackling the Ebola crisis in West Africa.

Atai passed away in May, 2016.

The Award

The aim of the award is to support opportunities for African women doctors whose economic circumstances limit their ability to attend WONCA biennial conferences, particularly those women in their early career.

The candidate for the Atai Omoruto Award should be an African woman family physician or family medicine resident in Africa, who demonstrates significant contributions in Africa, in any the following areas:

- Leadership in Family Medicine at the institutional, local, or national level
- Commitment to the advancement of women in family medicine
- Clinical courage and selflessness in providing care to the most vulnerable populations

Donations

Donations are solicited for the Atai's scholarship fund. Donations can be made by colleagues from any region who are interested in supporting our African

Payment can be made to the fund through WONCA administration by emailing manager@wonca.net

CONFERENCES

World conference 2018 Seoul - welcome



Date: October 17 - 21, 2018

Venue: Coex, Seoul, Korea

Theme: Primary Care in the Future: Professional Excellence

Abstract deadline: February 28, 2018

Early bird registration deadline: March 31, 2018

Welcome Message

On behalf of the Organizing Committee, it is my great honor and pleasure to invite you to the 22nd WONCA World Conference of Family Doctors (WONCA 2018), which will be held in Seoul, Korea from October 17 to 21, 2018. The Korean Academy of Family Medicine will have the privilege of hosting WONCA 2018 in Korea, and plans to go to great lengths to ensure the conference surpasses all expectations.

The theme of the conference is "Primary Care in the Future: Professional Excellence," and will cover diverse disciplines of family medicine from the present to the future. For the vision of future family medicine, we plan to offer a dynamic and stimulating array of scientific and practical hands-on programs as well as special events.

At WONCA 2018, academia and industry will gather in force to not only show their best, but to share valuable ideas and develop new friendships. WONCA 2018 will provide all participants a firm platform for a meaningful academic, industrial, social and cultural experience. With fascinating ancient traditions and ultramodern lifestyle, the city of Seoul will surely be the center of many unforgettable moments for you.

We look forward to welcoming you in Seoul, Korea!

Sincerely yours,

Prof. Young Sik Kim, Chairman, Host Organizing Committee

Overview

Program

7 Keynote Sessions

16 Parallel Sessions: - 100 Workshops, 400 Oral Presentations in 70 Sessions, 1,200 Posters

Scale

- 5,000 Participants from over 130 Countries (Overseas 3,000 / Domestic 2,000), 1,700 Presentations, 100 Booths



World Rural health conference 2018 - submit your abstract

Abstract submission is now open for the WONCA World Rural health conference coming to New Delhi in April 2018. Anyone can submit their abstract paper in various categories.

Visit our website for more details www.wrhc2018.com

15th WONCA
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APRIL 26 - 29, 2018 | New Delhi, INDIA
Healing the Heart of Healthcare
Hosted by
AFPI
Academy of Family Physicians of India
Closes on
31st October 2017
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WONCA Rural Health
WONCA Rural Health
India lives in her villages - Mahatma Gandhi

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DELEGATES
STUDENTS
WONCA MEMBER
YOUNG DOCTOR
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Submit An Abstract
To avoid paying high registration fee
Last date for abstract submission
31st December 2017

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www.wrhc2018.com

Dragon News 5: WONCA Europe, Krakow

**WONCA Europe conference
May 24-27, 2018**

Krakow, Poland



Use the early bird fee until December 31st! [Register now!](#)

Don't miss the deadline! Until 30th November submit your abstract and become a part of the scientific programme! [more information](#)

Social Events

[Conference Website](#)

Meet a Speaker

OPENING CEREMONY
24TH MAY 2018
MUSICAL CONCERT
BY GRUPA MOCARTA

[more](#)



POLISH EVENING
25TH MAY 2018
MUSIC CLUB
FORTY KLEPARZ

[more](#)

GALA DINNER
26TH MAY 2018
LET US TAKE YOU
TO A CULINARY JOURNEY
OF POLISH TASTES

[more](#)



DR MUKESH CHAWLA
HEAD OF KNOWLEDGE
MANAGEMENT IN THE HUMAN
DEVELOPMENT AT THE WORLD
BANK, WASHINGTON,

WONCA CONFERENCES 2017

November 25-26, 2017	WONCA South Asia region conference	Kathmandu, NEPAL	www.gpansarwoncaconference.org.np
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WONCA Direct Members enjoy *lower* conference registration fees.

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

WONCA CONFERENCES 2018

January 27-28, 2018	Vasco da Gama forum	Porto, PORTUGAL	vdgm.woncaeurope.org/5vdgmf
March 1-3, 2018	WONCA East Mediterranean region congress	Kuwait	woncaemr2018.com
March 13-14, 2018	VII Cumbre Iberoamericana de Medicina Familiar	Cali COLOMBIA	Save the dates.
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/



MEMBER ORGANIZATION EVENTS

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

01 Mar **Philippine Academy of Family Physicians**
- 03 Mar **57th Anniversary and Annual Convention**
2018 Manila, Philippines

23 Mar **BJGP Research Conference**
- 23 Mar London, United Kingdom
2018

05 Apr **Congress of General Practice France**
- 07 Apr Paris, France
2018

10 May **EGPRN meeting**
- 13 May Lille, France
2018

26 Jul **RNZCGP Conference for General Practice**
- 29 Jul Auckland, New Zealand
2018

09 Oct **AAFP Family Medicine Experience**
- 13 Oct New Orleans, USA
2018

11 Oct **RACGP GP18**
- 13 Oct Gold Coast, Queensland, Australia
2018

11 Oct **EGPRN meeting**
- 14 Oct Sarajevo-Bosnia and Herzegovina
2019
