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FROM THE WONCA PRESIDENT:

WORLD FAMILY DOCTORS: CARING FOR PEOPLE

There is a tide in the affairs of men,
Which, taken at the flood, leads on to fortune;
Omitted, all the voyage of their life
Is bound in shallows and in miseries.
On such a full sea are we now afloat,
And we must take the current when it serves,
Or lose our ventures.
William Shakespeare (Julius Caesar) 1564-1616

Orlando has come and gone and Wonca continues to grow and expand its activities. The representatives of the first seventeen member organisations who founded Wonca in 1972 could hardly have imagined that within 32 years the body would have swelled to 100 organisations in 83 countries. These countries collectively constitute 80.5% of the World's population. The seeds had been sown in 1964 at the first international congress hosted in Montreal by the then College of General Practice of Canada. The previous triennium edition of Wonca News chronicled the recent activities of the organisations and in the present edition, the office holders of the growing number of committees, working parties and special interest groups are itemised.

I wish to pay a special tribute to Michael Boland for his leadership and vision during the last triennium. The achievements during his 'reign' are difficult to emulate. A tribute too, to our CEO, Alfred Loh, for his administrative tenacity and governance, and who with Yvonne Chung have guided our organisation during this period. I hope and trust that with the giants in family medicine on my executive committee, we will continue to grow and develop. Of immediate concern is expansion of our membership into Africa, the Middle East and Small Island Developing States (SIDS) globally. While representing only 20% of the globe's population the remaining 113 countries yet to join Wonca, include some of the poorer nations, with the poorest health care for their populations. Wonca's activities in these countries will require considerable support and cross-subsidisation by our more affluent member organisations.

While it will be 'business as usual' for the existing activities of Wonca, the health priorities outlined in the

UN Millennium Goals, in the UNICEF/WHO strategy for Integrated Management of Childhood Illness (IMCI), and by the global concern for poverty, malnutrition and violence, will set the agenda for some newer priorities for Wonca particularly in developing countries. These include interventions, which family practitioners should and can address in their practices and clinics such as attention to underweight children under five, increasing measles immunisation rates in under 1-year-olds; numerous HIV/AIDS initiatives for adults and children; encouraging direct observed treatment for tuberculosis; and lobbying for access to affordable drugs on a sustainable basis. The IMCI programme aims to reduce the annual 10.5 million deaths in children under five and promote improved growth and development in this age group. The recently published 2005 UNICEF report "The State of the World's Children: Childhood under threat" emphasises the burden of suffering of children. It states that more than half the world's children are suffering extreme deprivations from poverty, war and HIV/AIDS, conditions that are effectively denying children a childhood and holding back the development of nations. What should Wonca members be doing to assist?

Sub-Saharan Africa accounts for 75% of worldwide peoples living with HIV/AIDS and for most of the related 9589 deaths globally per day. A major priority of Wonca will be to support and train primary care doctors in the region to manage patients and their families and to meet the health care needs of the escalating HIV/AIDS orphan problem. Pre-emptive involvement in the Indian Sub-continent is also required to address the rising prevalence in that region.

Family doctors are also ideally placed to address the international initiatives for the prevention and management of chronic and non-communicable conditions, such as hypertension, diabetes, obesity, alcohol abuse, chronic respiratory diseases and smoking related disorders. Since almost every patient with chronic disease has a primary care practitioner, (doctor, nurse or village health worker), I hope Wonca will be able to develop and enhance collaborative strategies with WHO, other international professional bodies, health foundations and funders, patient advocacy groups and others to lessen the burden of these conditions and their devastating complications. Adolescent health too is an area of increasing concern and need.

A fortuitous window of opportunity has been created by the decision of Council meeting in Orlando to establish the category of Institutional Membership which

will include Departments of Family Medicine and family practice training sites. Such collaborative membership would not only encourage academic exchange between Wonca regions but also facilitate international networks for primary care research, educational programmes, and guideline and protocol development. These activities, together with joint projects between Wonca's various working parties, committees and SIGs could herald a new era in Wonca's global activities. I am also encouraged by our recent discussions on mutual activities and interests with WHO and other organisations in collaborative status with Wonca.

To paraphrase Brutus's words prior to confronting the gathering troops of Mark Anthony and Octavius at Philippi, we are indeed floating on a sea full of opportunities and must use the prevailing current of global challenges to fulfil the destiny of our founders and indubitably be an organisation of family doctors truly 'caring for the peoples of the World.'

I am humbled and honoured by the trust that all in Wonca have placed in me and I will do all that I can to discharge my duties in fulfilment of that trust.

Professor Bruce Sparks
President
World Organization of Family
Doctors

FROM THE CEO'S DESK:

THE ORLANDO WONCA WORLD COUNCIL

The recent Wonca World Council was held over two and a half days at the Rosen Plaza Hotel in Orlando, Florida, USA. It started on Sunday, 10th October 2004 with the outgoing Wonca World President, Dr Michael Boland as Chair. Before the start of the Council Meeting proper, Dr Dan Ostergaard, Chair of the Host Organizing Committee (HOC) for the Wonca Conference 2004 welcomed all present and introduced Dr Michael Fleming, President of the AAFP, who also welcomed the Council delegates to Orlando and to the 17th Wonca World Conference that was to take place on 13-17 October 2004.

Before the names of the individual country representatives were read out, a special announcement was made to acknowledge the Member Organizations from Wonca's newest and 6th region, Wonca Iberoamericana-CIMF. The 11 country members were invited to take their respective seats at the Council table. This was met by enthusiastic and welcoming applause by all at the World Council. This formal recognition of the 6th Region was indeed a very historic moment for The World Organisation of Family Doctors (Wonca)

Over the two and a half days of World Council deliberations, numerous issues of importance were discussed. It would not be possible for me in the limited space of the CEO's Column to provide readers with all that was discussed.

I will highlight only the issues that are of interest and directly impacts on the member.

Conference Levy & the Bid Process for Wonca Conferences

The World Council discussed extensively the issues of the bid process for Wonca World and Regional Conferences and also the Conference levies. Wonca Executive presented to Council draft guidelines on how to overcome the disadvantages of the present system.

The CEO explained the rationale behind the draft guidelines. He said that the method of determining the Wonca levies for Regional and World Conferences had been dependent on competitive bids submitted by interested Member Organizations (MOs) at the Regional and World Councils. Over the years, these bids have become more aggressive as there had been some financially highly profitable conferences in the past. This had caused some MOs to put up offers of high levies as one of the incentives for Councils to select them as hosts.

There were several disadvantages in this approach, which required Wonca to re-look at how to improve the procedure. The disadvantages were:

1. The increase in the quantum of levy offered, caused the registration

fee of the conference to correspondingly increase and that cost was passed onto the delegates.

2. The higher registration fee could cause difficulty to some potential attendees from the poorer member countries and discouraged other potential delegates from attending, hence keeping attendances at such conferences down.
3. MOs successful in such bids (with high levies offered) may find themselves having difficulties meeting their commitment to Wonca and the Region, when the registration numbers did not meet up to expectations. This led to unpleasant and prolonged negotiations between the HOC and Wonca to find a fair and equitable solution to the problem situation. It also meant that the risk taking involved in the hosting of the conference was passed from the host Member Organization to Wonca, which was never the intention when the conferences were offered to the MOs to host.
4. A lower than expected attendance, as a consequence of the higher registration fee, could result in financial difficulties for the HOC and its MO. This was one outcome Wonca should try to avoid if at all possible for its MOs.

Following considerable debate and discussions, World Council adopted the following proposals :

1. That the use of levies as part of the bid process in securing the hosting of World Conferences by interested MOs be abandoned.
2. That a Member Organization wishing to host a Wonca World Conference be advised of the levy to be paid to Wonca World. The amount of the levy would to be decided on each occasion by Wonca World Executive. As a guide, a levy of US\$60.00 was recommended.
3. That the agreement to host a Wonca World Conference between the Host Organising Committee (and its parent organization) and Wonca be in the form of a legal contract specifying the respective duties and obligations of the HOC and Wonca World.
4. That the concept of 'Designated Regional Conference' be dropped and that all Regional Conferences using the Wonca name and Regional logo will be requested to include a levy for

Wonca World. The Wonca World Executive in consultation with the Regional Presidents of the respective Regions would decide the amount of the levy.

As a general guide, a levy of US\$30 could be considered.

Council also voted unanimously in favour of the proposal to have a contractual agreement between Wonca World and the Host Organization of the Wonca Conference.

Revision in the Fee Structure for Wonca Direct Members.

At its past meetings, Executive had discussed the issue of the financial dues of Wonca Direct Members (DM) and felt that it was time that some changes be introduced. It became clear with recent cost analysis that Wonca World was incurring substantial financial loss in processing the DMs following the earlier decision some years ago to divide the DM dues between Wonca World and the Regions. In brief, it was costing Wonca almost US\$45 to process and service a Direct Member per year, which, ironically, meant that the more Direct Members Wonca had, the more Wonca was losing financially. In those Regions where part of the DM dues were apportioned to the Region, Wonca World was in fact subsidising substantially the Direct Member whilst the Region received the full apportioned dues.

Executive felt that this current arrangement was not tenable in the long term and requested World Council to review the situation with some recommendations it had proposed.

After much clarification and discussion, World Council adopted the following:

1. In principle agreement to an increase in the Direct Membership Dues, except for developing countries, which would remain unchanged for the 3 year category at US\$100.
2. Using the "Wonca World" category of membership as a working basis, Council recommended that the proposed new dues of US\$75 for a 1-year membership, and US\$165 for 3-years membership be the upper limit of the fee increase. The other dues structures where applicable for the Regions would have to be re-worked and fine tuned with the respective Regions.

3. To keep the dues increase to a minimum, Wonca should consider a one-time non-refundable joining fee of an agreed US\$ amount.

World Council requested that the changes in the financial dues structure be effective as from 1st January 2005. The CEO was to draw up the new format and obtain the agreement of all Regional Presidents before implementing the new structure.

Incorporation of Wonca and Wonca Trust

As this was the first Wonca World Council to be held since the move of the Wonca World Secretariat from Melbourne, Australia to Singapore, Executive felt that it was necessary that World Council be fully briefed on the processes involved in the incorporation of Wonca as a legal entity.

The CEO explained in detail to Council the legal status of Wonca and why the establishment of the respective companies, World Organization of Family Doctors Limited (Wonca Ltd)", and Wonca International Incorporated (Wonca Inc) and the Wonca Trust, was necessary in the interest of the Wonca.

He reported that in the first 27 years of its 31 years existence, Wonca had not been registered as a legal entity due to its unique nature and the jurisdictions within which it had been operating, and into which Wonca did not neatly fit. For all intent and purposes, Wonca was an unincorporated 'club' of international members that had been operating on trust and goodwill, bound contractually by its Bylaws. As Wonca had no express domicile, (ie. it was not registered anywhere), it could be problematic in future if any legal issues arose.

As Wonca evolved into an organization with increasing intellectual properties (eg, ICPC, Guidebook), this made Wonca (the non-legal entity) vulnerable. Therefore, with the advice of Wonca's Honorary Legal advisor, Executive had embarked upon the best course of action in the interest of the Organization, that would give Wonca legal standing.

(In my earlier CEO's Column I had written quite substantially on the two legal entities formed for Wonca, namely World Organisation of Family Doctors Ltd (Wonca Ltd) and Wonca International Incorporated (Wonca Inc). I shall not repeat the details in this Column).

The CEO reported to Council that the Directors of Wonca International Inc were the President of Wonca,

the President Elect of Wonca, and the CEO of Wonca. These three persons were also the three shareholders, which meant that each person owned 33% of Wonca's assets and this would form part of their estate at death.

This was found to be again an untenable situation for the Organisation. Therefore, in consultation with Wonca's Honorary Legal Advisor, it was advised that the Wonca Trust be established.

Wonca Trust

The CEO went on to explain to Council the nature of a Trust. He said that a Trust is a special type of legal entity arising from a relationship between the Settlor, the Trustee and the Beneficiary. By setting up the Wonca Trust, Wonca's assets, formerly in the name of the three shareholders, would now be transferred to that Trust which is owned by Wonca, the Organization. The Executive Committee would be the Trustee of the Wonca Trust.

The CEO told Council that he felt that the whole incorporation process of Wonca had been a worthwhile and necessary exercise in the prudent management of the Organization as Wonca is now a legal entity.

The Council commended the CEO on facilitating the incorporation of Wonca and agreed that the Wonca Trust be set up.

Wonca accepts its 100th Member Organisation

In his report to World Council, Professor Warren Heffron commented that 2002 - 2004 had been an exciting triennium with the largest ever number of organizations admitted into Wonca Membership.

Since the last Council Meeting in May 2001 in South Africa, 27 new organizations have become Member Organizations (this included 4 OCRs), and one Organization, Centro Studi e Ricerche in Medicina Generale (CSeRMEG), Italy, was upgraded from Associate Member to Full Member.

He added that at the time of preparing his report, Wonca had 97 Member Organizations in 79 countries; (this included 9 OCRs). With the resolution passed at the Executive Meeting in St Augustine to accept the resignation of the IMA College of General Practitioners, India, this brought the number to 96 Organizations in Wonca.

Prof Heffron then proceeded to announce the names of the four new Member Organisations whose applications were approved at the recent Wonca Executive held in St Augustine. These were (in alphabetical order) :

The Costa Rican Association of Specialist in Family and Community Medicine

The Dominican Society of Family Medicine

The Latvia Association of Rural Family Doctors and

The Paraguayan Society of Family Medicine

This makes the Paraguayan Society of Family Medicine, the 100th Member Organisation of Wonca. This announcement was met with significant applause and expressions of congratulations to the Organisation. Prof Heffron was thanked for a task well carried out.

Wonca Academic Membership

At the 2001 Wonca World Council at Alpine Heath, South Africa, the proposal for an academic membership category for Wonca was made to Council. This proposal was accepted by Council and the Wonca Executive was tasked to report back at the next World Council on the specific recommendations.

Prof Sparks, who was the Chair of the Ad-hoc Committee to look into the proposal, reported to the Orlando World Council that the Wonca Academic Memberships details had been thoroughly discussed at Executive and the technical specifics had been included in the Bylaws and Regulations (Sept 2003) Document. The Academic Department category of membership would become effective once the Wonca Bylaws and Regulations (Sept 2003) were ratified at the next Council Meeting in July 2007, in Singapore.

He gave the details as follows :

Fee and conditions

1. The membership would be to the Departments of FM/GP as a whole unit.
2. The individuals of the Department would not be considered as Direct Members.
3. The Academic Department Membership dues would be US\$100 per annum, renewable on an annual basis. This dues was calculated to cover the base cost of US\$45 of processing membership, plus the cost of producing the various publications given to members.

Benefits of Academic Membership

1. Wonca Directory (one copy)
2. Wonca News (six issues annually)
3. Web-based services
(eg. research database, networking opportunities, educational networks, professional exchanges).

Following some discussions and clarifications given by Prof Sparks, Council accepted the recommendation of the Executive that the Academic Membership Category be set up.

Bid for the 19th Wonca World Conference in 2010

Three Member Organisations made bids to host the 19th Wonca World Conference to be held in 2010. These were :

The Greek Association of General Practitioners

The Mexican College of Family Medicine

The Chinese Taipei Association of Family Medicine

Each bidding Organisation was given a 20 minute time slot to make a presentation to Council at the end of the first day of the Council Meeting.

The voting by Council for the Host for the 19th Wonca World Conference was held on the morning of the final day of Council Meeting on 12 October 2004.

The Mexican College of Family Medicine was voted by Council to be the Host for the 19th Wonca World Conference in 2010 and the venue will be at the Cancun Congress Centre in Mexico.

Several other important issues were discussed by the World Council. They will be the subject of some of the CEO's Columns in future issues of Wonca News in the coming year.

Dr Alfred Loh

CEO

December 2004

FROM THE EDITOR:**THE WONCA 'FAMILY REUNION' IN ORLANDO**

Beginning in 1972 and every three years hence, family doctors from around the world have come together for the Wonca World Council Meeting and the World Conference of Family Doctors. This issue of Wonca News highlights the 17th such Wonca 'family reunion' that took place in Orlando, Florida, USA this past October.

Since the 16th Wonca global meetings in Alpine Health and Durban, South Africa, in May 2001, both Wonca and the world at-large have undergone significant changes and taken seemingly divergent paths. During the past triennium, the world has seen the appearance of terrorism, civil conflict and global pandemics, such as SARS, which suggests a path that appears less harmonious and hopeful. Yet, this issue of Wonca News demonstrates that the World Organization of Family Doctors has taken quite a different journey, growing exponentially in size, diversity, richness, compatibility and understanding. Indeed, the stories and photos demonstrate how far Wonca has traveled during the last triennium in establishing one global family.

This issue of Wonca News also paints a challenging but hopeful picture of the road that lies ahead in the upcoming triennium. . In his first President's Column, Professor Bruce Sparks describes the roadmap that will guide this triennium's journey. In his CEO's column, Dr Alfred Loh summarizes the key Executive Committee decisions that will have a bearing on the mode and manner of Wonca's journey. In addition, several articles describe the influence of Wonca's family doctors in meeting people's health needs in the European Union and around the world. The message of the WHO Assistant Director-General, Dr Tim Evans, describes important opportunities that Wonca may have in developing a global workforce of family doctors.

As we embark on this new triennium, your reports and photos of your journey are most welcome in future issues of Wonca News. I look forward to reading your stories, and sharing them with our Wonca family.

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FEATURE STORIES**FAMILY DOCTORS FROM 96 COUNTRIES GATHER FOR 17TH WONCA WORLD CONFERENCE**

Some 7,000 family doctors, the largest world's gathering of family physicians and general practitioners in more than a decade congregated in Orlando, Florida from October 13 to 17, 2004 for the 17th Wonca World Conference and the 2004 Scientific Assembly of the American Academy of Family Physicians. Wonca participants totaled more than 2500, including 1,813 physicians, 183 health care professionals and 672 accompanying persons. In addition, Wonca participants mingled with more than 5,000 other physicians and thousands of exhibitors attending the AAFP Scientific Assembly. In all, the Wonca World and AAFP meetings drew 20,773 physicians, health care professionals, exhibitors and others to Orlando from 96 countries across the globe.

Wonca participants and guests were treated to a joint Wonca 2004 and AAFP Assembly opening ceremony that shared the rich diversity and exuberance of the world and its family doctors through a slide presentation, songs and dance. Opening greetings were given by AAFP dignitaries and by Wonca President Michael Boland and Wonca Executive member Dan Ostergaard, who also served as Chair of the AAFP's Host Organizing Committee (HOC).



Wonca President Michael Boland at the Opening Ceremony



Dr Dan Ostergaard, Chair of the Wonca 2004 Host Organizing Committee receiving a gift of thanks from Dr Pratap Prasad (left) from Nepal and Wonca MESAR President Shatendra Gupta (right)

Gracious thanks in the form of warm applause was given to Dr Ostergaard and the AAFP's HOC for its special Wonca bursary program. Generous donors contributed \$100,000 (US) through the AAFP Foundation for a Wonca bursary program which provided registration, travel and accommodations to 90 family doctors from 39 countries who would otherwise be unable to attend. "Colleagues from around the world, despite many challenges, you are here," said Doctor Ostergaard. "Now more than ever, there is a need for international cooperation toward the betterment of our specialty and our patients' health — international cooperation that transcends national political issues."

Francis Collins, M.D., Ph.D., Director of the US National Human Genome Research Institute, gave the opening ceremony's keynote. Collins, the researcher who led the Human Genome Project which mapped and sequenced human

DNA, convinced the audience that genomic information will become increasingly important to the care of patients and that family physicians can and should play a key role in applying genomics in primary care.

Other keynote speakers also raised the important role of family doctors in addressing the world's health challenges. Doctor Godfrey Sikipa, a public health specialist from Zimbabwe and member of the United Nations Joint Program on HIV/AIDS, shared that 90% of the 630,000 childhood cases of maternally transmitted HIV are from sub-Saharan Africa. Managing AIDS effectively requires the doctor to involve a patient's family, hence making it the province of family physicians, said Sikipa. He noted that 35 countries are facing physician shortages, and he urged family physicians to consider rotations into the areas of need.

Keynote speaker Barbara Starfield, M.D., M.P.H., presented evidence that the best care is primary care. The Professor of Health Policy and Management at the Johns Hopkins University School of Public Health in the USA cited numerous measures, such as infant mortality and life expectancy demonstrated that primary care-oriented health systems are associated with healthier populations that live longer. Citing international studies, Dr Starfield said primary care "is more effective, efficient and more equitable" than specialty care and that increasing the number of primary care physicians is positively associated with improved health outcomes.

The Scientific Program Committee and its Chair, Dr Robert Taylor, provided a dynamic and rich educational array of plenary speakers, workshops, and other interactive venues. A total of 1,246 abstracts from 78 countries were

accepted for the 17th World Conference of Family Doctors. Eight abstracts were submitted and presented in Spanish. The Wonca program book contained 1,224 abstracts from the meeting. The abstracts included 574 oral presentations, 483 posters, 106 workshops and 61 symposia.



Wonca delegates on their way to the Scientific Assembly



Wonca delegates from Spain discuss a poster board presentation

The Wonca participants from all over the globe took full advantage of Orlando's warm and sunny days and their spectacular, one-of-a-kind theme parks. The Wonca Council was treated to a special dinner at the Epcot Center followed by a water show and fireworks extravaganza. The Wonca and AAFP Assembly registrants were given two free evening passes to a member-only evening at Orlando's Universal Studios theme parks.

For those who attended, Orlando provided a warm and hospitable forum to make new friends and renew old friendships, to share and learn, and to advance the cause of family medicine and people's health needs around the globe. All things considered, the 17th Wonca World Conference in Orlando was a

wonderful example of what is possible when family doctors from around the globe unite in a spirit of friendship, understanding and a common purpose.

Wonca World Council Elects Leadership, Sets Direction for the Triennium

The opening moments of the 2004 Wonca World Council meeting in Orlando set an enthusiastic and optimistic tone for the meeting and the upcoming triennium. The World Council opened to a standing ovation as the 17 member organizations comprising Wonca's 6th and newest region, Iberoamericana-CIMF were officially seated for the first time. At the conclusion of the Wonca member organization roll call, 30 new member organizations were welcomed for the first time from Eastern Europe and Central Asia, the Arab region and Africa, as well as from Central and South America.



From left to right, Wonca CEO Alfred Loh, Wonca Past President Michael Boland and Wonca President Bruce Sparks



Wonca Administrative Manager, Yvonne Chung (Singapore), Dr Sylvester Osinowo (Nigeria) and Dr Maria Teresa Velasco (Mexico) show the beautiful and varied dress of the Wonca member organizations



Professor Chris van Weel, right, of The Netherlands, celebrates his election as Wonca President-Elect with fellow Dutch GP colleagues, Dr. Arno Timmermans, center, and Dr Fons Sipps during the Wonca Council meeting.



Wonca President Bruce Sparks with Council Members of his Africa Region (from left to right), Sylvester Osinowo (Nigeria), Shadrack Mazaza (South Africa), Mercy Abiorh-Odjidja (Ghana), EM Obazee (Nigeria), and Benedict Opkala (Nigeria)

Doctor Michael Boland from Ireland, Wonca's President for the 2001 to 2004 triennium welcomed the Council members and noted the dramatic growth of the Wonca family as its membership reached the magic number of 100 member organizations for the first time in its history. Doctor Alfred Loh, Wonca CEO, described the transition to and significant development of the Singapore Secretariat since its opening in 2002. During the next four days, the Wonca Council, Regions, Working Parties, Task Forces and Special Interest Groups reviewed the accomplishments of the past triennium (see August – October 2004 Triennium Issue for details), discussed key policy, operational and financial issues and set the course for the new triennium.

Executive Committee for 2004 to 2007 Triennium

Elections during the World Council Meeting determined the global leadership of the World Organization of Family Doctors for the 2004 to 2007 triennium. The Wonca Presidents' Addresses and Awards Ceremony served as the official transition of leadership from the 2001-2004 to 2004-2007 triennium. After his parting address, outgoing Wonca President Michael Boland turned over the office to the incoming President Bruce Sparks, who shared his vision, goals and priorities for the upcoming triennium. The ceremony ended with the naming of the first winner of the Wonca International Award for Excellence in Health Care (see article below) as well as the awards for "Fellowship of Wonca" and "Honorary Life Membership".

The 2004 to 2007 Wonca Executive Committee is comprised of the following members:

- President:*
Professor Bruce Sparks, South Africa
- Immediate Past President:*
Dr Michael Boland, Ireland
- President-elect:*
Professor Chris van Weel, The Netherlands
- Regional President, Africa*
Dr Abra Fransch, Zimbabwe
- Regional President, Americas*
Professor Warren Heffron, USA
- Regional President, Asia-Pacific*
A/Professor Goh Lee Gan, Singapore
- Regional President, Europe*
Professor Igor Svab, Slovenia
- Regional President, Iberoamericana-CIMF*
Dr Adolfo Rubinstein, Argentina

Regional President,
Middle East-South Asia
Professor Shatendra Gupta, Nepal

Member-at-Large and Honorary Treasurer
Professor Richard Roberts, USA

Member-at-Large
Dr Javier Dominguez del Omo,
Mexico
Professor Michael Kidd, Australia

Chair, Bylaws and Regulations
Dr Dan Ostergaard, USA

Chair, Publications and Communications
Dr Geoffrey D Martin, Australia

Editor, Wonca News (ex officio)
Dr Marc Rivo, USA



Outgoing Wonca President Michael Boland and 2004-2007 Executive Committee at the Wonca Presidents' Address and Awards Ceremony



Incoming Wonca President Bruce Sparks receiving the President's Medal of Office from outgoing Wonca President Michael Boland Wonca Committees, Working Parties, Task Forces and SIGs

During the Wonca World Council meeting in Orlando, Florida, the following Chairs and members of Wonca's Working Parties, Task Forces and Special Interest Groups were elected.

1. **Nominating and Awards Committee**
Chair: Professor Chris van Weel The Netherlands
Members: Dr Ada Videlei Venezuela
Dr Nurul Islam Bangladesh
Dr Bong Yul Huh Korea
Professor Warren Heffron USA
2. **Finance Committee**
Chair: Professor Richard Roberts USA
Members: Dr Arno Timmermans The Netherlands
Professor Hava Tabenkin Israel
Dr Daniel Thuraiappah Malaysia
3. **Membership Committee**
Chair: Professor Warren Heffron USA
Members: Dr Liliana Arias Castillo Colombia
Dr Matie Obazee Nigeria
Dr Maarten Klomp The Netherlands
Dr Sugito Wonodirekso Indonesia
Dr Pratap N Prasad Nepal
4. **Bylaws and Regulations Committee**
Chair: Dr Dan Ostergaard USA
Members: Dr Geoff D Martin Australia
Dr Tony Dedeu Spain
5. **Publications and Communications Committee**
Chair: Dr Geoff D Martin Australia
Members: Dr Michael Boland Ireland
Dr Zorayda Leopando Philippines
Dr Kumara Mendis Sri Lanka
Dr Ilse Hellemann Austria
Dr Carl Steylaerts Belgium
Dr Gustavo Gusso Brazil
Dr Marc Rivo (Wonca News Editor) USA
Prof Wes Fabb (GFD Webmaster) Australia
6. **Wonca International Classification Committee**
Chair: Professor Niels Bentzen Norway
7. **Working Party on Quality in Family Medicine**
Chair: Dr Javier Dominguez del Olmo Mexico
8. **Wonca Working Party on Rural Practice**
Chair: Dr James Rourke Canada
9. **Wonca Working Party on Informatics**
Chair: Professor Michael Kidd Australia
10. **Wonca Working Party on Women and Family Medicine**
Chair: Dr Cheryl Levitt Canada
11. **Wonca Working Party on Research**
Chair: Professor Chris van Weel The Netherlands

- 12. **Task Force on Tobacco Cessation**
Chair: Professor Rick Botelho USA
- 13. **Wonca Special Interest Group on the Environment**
Convenor: Dr Alan Abelsohn Canada
- 14. **Wonca Special Interest Group on Health Behaviour Change**
Convenor: Professor Rick Botelho USA
- 15. **Wonca Special Interest Group on Ethical Issues**
Convenor: Professor Manfred Maier Austria
- 16. **Wonca Special Interest Group on Psychiatry and Neurology**
Convenor: Dr Gabriel Ivbijaro United Kingdom
- 17. **Wonca Special Interest Group on Travel Medicine**
Convenor: Dr Garth Brink South Africa
- 18. **Wonca Special Interest Group on Men's Health**
Convenor: To be selected

Fellowship and Honorary Membership of Wonca

The Wonca Council gave the Fellowship of Wonca, its most prestigious award for service to Wonca and its mission, to the following members:

- 1. Professor Charles Bridges-Webb, Australia
- 2. Professor Richard Grol, The Netherlands
- 3. Professor Vince Hunt, USA
- 4. Professor Roger Strasser, Canada
- 5. Dr Giorgio Visentin, Italy

The Wonca Council also awarded Honorary Life Membership to the following members:

- 1. Dr Michael Boland, Ireland
- 2. Dr Eric McNair, Zimbabwe

Wonca Celebrates Turning 100 in Orlando!

When the Wonca World Council previously met in Alpine Heath, South Africa in 2001 before the 17th World Conference for Family Doctors, the Council represented 71 member organizations from 57 different countries. Who at that time would have believed that Wonca was about to undergo a historic and unprecedented growth in membership during the 2001 to 2004 Triennium? Yet, it happened and the unimaginable occurred. When the Wonca World Council convened in Orlando, Florida in October, 2004, the Council members were greeted by a dramatic announcement by Wonca President, Dr Michael Boland of Ireland, that the organization had turned 100 as in 100 member organizations!

In three short years, Wonca had admitted 30 new member organizations, an increase of more than



Wonca President Bruce Sparks with honorary Wonca Fellows, Dr Giorgio Visentin, Professor Roger Strasser and Professor Vince Hunt (from left to right)



Wonca President Bruce Sparks with Wonca Honorary Life Members, Dr Eric McNair (left) and Dr Michael Boland (right)

40% over the triennium. Many of the seeds for membership growth were planted and sowed by the past Wonca Executive leadership, such as Wonca President Bob Higgins (1998-2001) and Americas Regional President Reg Perkin (1993-2001). Today, Wonca's 100 member organizations are from 83 countries around the globe representing more than 80% of the world's population. As President Boland observed at the World Council, "Today, Wonca has become truly a global organization".

The Paraguayan Society of Family Medicine (Sociedad Paraguaya de Medicina Familiar) has the historical distinction of being the 100th member organization of Wonca. Paraguay was accepted as a Full Member organization during a Wonca Executive meeting in St. Augustine, Florida on Tuesday, October 5, 2004. Professor Warren Heffron, President of the Americas Region and the extremely busy and productive Chair of the Membership Committee, recommended their application for acceptance. That same day, the Wonca Executive accepted the applications of three other member organizations:

- Latvia Association of Rural Family Doctors, as Associate Member, pending receipt and approval of final application materials;
- Costa Rican Association of Specialists in Family and Community Medicine (Asociacion Costarricense de Especialistas en Medicina Familiar - Comunitaria) as Full Member;
- Dominican Society of Family Medicine (Sociedad Dominicana de Medicina Familiar - SODOMEFA) as Full Member.

During this meeting, the Wonca Executive Committee regretfully accepted the resignation of the IMA College of General Practitioners of India (however, India is still represented by the Indian Academy of General Practice, a full member).

As a result, Wonca completed the triennium with exactly 100 member organizations.

In addition to its 100th member organization, Wonca also added an entire new region, Wonca Iberoamericana-CIMF to represent Latin America, the Spanish-speaking Caribbean and the Iberian Peninsula countries of Spain and Portugal.

Although Wonca's newest region, Iberoamericana-CIMF's member organizations are quite well developed, organized and effective. As a testimony to the new region's readiness to contribute meaningfully to the World Organization of Family Doctors, the Wonca Council selected Iberoamericana-CIMF's bid to host in 2010 the 19th Wonca World Conference of Family Doctors in Cancun, Mexico.



Regional President Adolfo Rubinstein (3rd from left) and Member-at-Large Javier Dominguez (4th from right) with members of their Iberoamericana-CIMF region



Warren Heffron (right), President of the Americas Region and Chair of the Membership Committee, enjoys a light moment with Philip Evans (left), past President of the Europe Region

Such growth presents a challenge for an organization with a mission to improve the standing of primary care worldwide - even in developing countries with limited resources, President Boland said. "With this global reach comes global responsibility," he said. "Some of our new members have limited resources." "Our challenge is," he explained, "how do we increase resources to improve the position of family medicine in countries joining us - especially developing countries?" Despite this challenge, much enthusiasm exists for Wonca continued global expansion in the upcoming triennium.

WONCA REGIONAL NEWS

**PRIMARY CARE
ADVOCATES SHAPING THE
EUROPEAN UNION**

The European Union has increased during 2004 from 15 to 24 member countries. Traditionally health has not been an EU interest or responsibility. Individual countries have retained control over their health systems. Given the challenges facing countries in relation to adequate and appropriate health care provision, the Dutch government, currently holding the EU Presidency held a conference at the Hague from September 7-9, 2004, to consider the future of health care in the EU.

The Dutch College of General Practitioners and other interested parties in the Netherlands ensured that Primary Care was one of the major topics to be considered at the EU conference. Wonca Europe participated in the conference and made major contribution.

The working group dealing with primary care issues commented on the EU's interest and gradual involvement in health care. As politicians and health care planners to ensure that all patients receive optimum care, they noted the following key challenges:

- Meeting patients' needs. How to ensure involvement and empowerment, equity and solidarity, access to care and high quality services?
- Addressing the growing number of elderly. How to effectively address the increases in both chronic diseases and co-morbidity?
- Attaining the goals of quality and affordability. How does

society and government meet the requirement of clinically effective and cost effective health care?

- Encouraging flexibility. How do can health systems respond rapidly to specific scientific, medical and social developments?
- PHC be provided on a multidisciplinary basis with effective support from health care management. In addition, close and collaborative links need to be maintained with secondary care services as well as public health services.

Concern was expressed regarding the possible development of market based models of health care systems within the EU. Any market mechanism should be able to support and improve health care in relation to ageing populations, chronic illness and vulnerable groups and underpin the commitment to comprehensive care, equity and community solidarity. It was noted that the EU Social Protection Committee is required to set up the open method of coordination on health care and long term care, and develop common targets for member states to achieve.

They present the following specific points related to PHC:

- Evidence indicates that health systems with a high PHC orientation are more clinically and cost effective.
- PHC is an investment in the local community providing economic development, social cohesion and cooperation, in addition to health benefits.
- PHC should be an essential factor in the empowerment of patients.
- PHC targets and indicators should be incorporated so that member states can be

compared on the basis of PHC orientation.

The report on European Primary Health Care (PHC) to this conference provided clear evidence that PHC, with its essential values, characteristics and proven effectiveness should form the basis and a significant part of health care provision to meet the above needs. The group proposed an EU Primary Health Care Forum to help translate the evidence of PHC's effectiveness into coherent policy.

The European Commission was represented at the meeting. It was noteworthy that during the comments from the Commission at the end of the conference the only specific area of care to be highlighted by the Commission for new attention was Primary Health Care.

Wonca Europe will be following developments in relation to this EU initiative.

Dr Philip Evans
Immediate Past President
Wonca Europe Region

**Register Now for the May 2005
Asia-Pacific Regional Conference In
Japan**

The Organizing Committee and the Japanese Academy of Primary Care Physicians are both pleased and honored to be hosting the World Organization of Family Doctors Wonca Asia Pacific Regional Conference 2005 from May 27 to 31, 2005, in Kyoto, Japan. The theme of the conference will be "General Practice /Family Practice— As a Global Standard."

In the 21st century, the number of qualified family physicians and general practitioners capable of diagnosing illness synthetically has increased worldwide. This

development has increased the need for the adoption of global standards for family physicians and general practitioners. Consequently, the scientific program of the conference will deal with education and training, research, quality assurance, and more efficient use of funds in order to meet this requirement according to the principles of primary care — specifically, “comprehensiveness”, “communication” and “coordination.”

By engaging in discussions and exchanges of information at the conference, participants will be able to acquire the latest information and knowledge as well as new skills. As a result, they will be able to contribute significantly to solutions to various medical issues in their home countries. This will clearly promote health and social welfare not only in the Asia Pacific Region, but worldwide.

The conference site will be the Kyoto International Conference Hall, one of Japan’s most reputable conference centers. Host to numerous scientific meetings throughout its history, the hall is situated on an attractive site convenient to the center of Kyoto. May is a particularly pleasant time of year in Kyoto, as the city is suffused with emerging greenery during the spring season. Kyoto is also renowned for its illustrious history. From 794 to 1868, the city reigned as Japan’s capital and home to the Imperial Court. The city embodies a wealth of traditional art, architecture and crafts that have been carefully preserved in more than 1,600 Buddhist temples and 270 Shinto shrines. Participants will be able to take advantage of Kyoto’s many cultural properties in addition to enjoying the stimulating scientific program.

To learn more about the Asia Pacific Regional Conference and to

register online, please visit our web site at <http://www.wonca2005.jp/>. Additional contact information is available in this issue under “Global Meetings for the Family Doctor”.

We pledge to do our utmost, together with the members of the Japanese Academy of Primary Care Physicians, to ensure the conference is fruitful and productive for all. We look forward to welcoming you to Kyoto in May 2005.



Tsukasa Tsuda, M.D., Ph.D.
Chairperson
Host Organizing Committee



Makoto Komatsu, M.D.
Honorary Chairperson
Host Organizing Committee

The Greek Island of Kos to Host September 2005 Europe Regional Conference

It is an honour and a privilege to invite you to the 11th Conference of the European Society of General Practice/Family Medicine-WONCA Region Europe, which will be held in Greece from the 3rd to the 7th of September 2005.

The overall theme of the Conference has been determined to be “From Hippocrates to the Human Genome: The Past, Present and Future of General Practice/Family Medicine.”

It is time to re-examine the Hippocratic principles, taking into consideration the large and recent scientific breakthroughs and to test, in terms of time endurance, our classical values in order to reassure them. As far as Greece is concerned, the country that has invented Family Medicine in the past, it will have the chance to reinvent it once more in the Conference, as well as to reform any basic principles while monitoring the evolution of General

Practice along with its challenges. We believe that the concept of Family Medicine is a classical one. Nevertheless, we strongly feel that it is our duty to argue on our belief and to prove that our specialty is the actual core of Medicine itself; to such an extent this is, that the latter cannot evolve as a science and a function in the absence of the former.



Bodossakis Merkouris
HOC Chairman

The Conference will be organized in the island Kos, the birthplace of Hippocrates. Kos is a place where antiquity and modern civilisation find themselves in unison. The island of Kos is situated in the southeastern region of the Aegean Sea and is the third largest (295 sq. m.) of the Dodecanese Islands. Kos is an island of magnificent beauty also described as the jewel of the Greek Islands. Besides its breath taking golden sandy beaches, Kos is also full of ancient monuments, remnants from its glorious past. Kos is the site of the famous Hippocrates’ Plane tree, where the father of modern Medicine used to teach and practice medicine. This is considered to be the oldest tree in Europe. It is also home to the Asclepion of Kos, a temple dedicated to the Asclepios, the god protector of health in ancient Greece. The island’s mild climate, among the finest in the Mediterranean, is the primary reason for the island’s abundant green and other physical charms. No wonder that people call it “the garden of the Aegean”.

To learn more about the 2005 European Regional Conference and to register online, please visit our web site at <http://www.woncaeuropa2005.org/>.

Additional contact information is available in this issue under “Global Meetings for the Family Doctor”.

We are waiting to welcome you to our beautiful country so that we could offer our hospitality, always under the gaze of Zeus, protector of guests according to the ancient Greek tradition.

Bodossakis-Prodrimos R.Merkouris

Chairman, Host Organizing Committee
Greek Association of General Practitioners

HEALTH AND HEALTH SYSTEM NEWS

WHO’S ASSISTANT DIRECTOR GENERAL CALLS FOR GLOBAL FORCE OF FAMILY DOCTORS

Timothy Evans, M.D., Ph.D., the World Health Organization’s Assistant Director-General for Evidence and Information for Policy, carried an important message to Wonca’s leadership and its family doctors during the 17th Wonca World Conference in Orlando. He wants the organization to create a global health workforce of family doctors to join WHO’s campaign to provide health care and developmental assistance to the world’s neediest populations.

Doctor Evans, a Canadian born physician-health economist and former Director of Health Equity at

the Rockefeller Foundation prior to joining the WHO, was the keynote speaker at the Wonca plenary session entitled “Family Doctors in the 21st Century: Embracing the Global Health Imperative.” His delivered a powerful message that WHO needs to recruit a million more health care workers – including family physicians – to meet the millennium development goals, or MDGs, established by WHO and the United Nations Development Fund in 2002. The MDGs, which include health goals for child mortality, maternal health, tuberculosis, malaria and HIV/AIDS address the fundamental determinants of human development in all countries (see article below).



Dr Timothy Evans, WHO Assistant Director General For Evidence and Information for Policy

In his plenary, Dr Evans described significant global challenges to human development in the 21st century. Health challenges include enormous inequalities in health status among countries beginning in childhood where the infant mortality rate in sub-Saharan Africa with more than 175 deaths per 1,000 live births. A major challenge to health status improvement is “an information paradox”, the lack of meaningful health information, which the WHO’s Assistant DG called “the first injustice”. Fundamentally, Dr Evans exclaimed, “if you can’t count people, then people don’t count”. An Oxford trained economist and Harvard trained general internist and former international health economics professor, Dr Evans is responsible for helping the WHO developing an effective health information infrastructure to measure the MDGs.

Among the most important barriers to achieving the MDGs is a massive shortage of health workers, with the challenge of mobilizing a million health workers by 2010 to provide needed health services. “For example”, said Dr Evans, “WHO data indicate that there are from nine to 10 health workers for every 1,000 people in the United States and many European nations. Globally, the average is 4.2 health workers for every 1,000 people, but in sub-Saharan Africa, it is 0.8 per 1,000 people,” he said, “making the delivery of essential health care virtually impossible”.

Physicians, especially family doctors, are needed to help deliver essential health services.

“In the last 25 years, a sense has developed that the poor can do without a doctor,” observed Dr Evans. “Yet, where there is no doctor, health outcomes are increasingly worse and people die.”

Evans challenged Wonca to promote “family doctors sans frontieres.” He said these new global family physicians should be trained with special curricula that “focus on populations in the greatest health need.” Using this model, Evans said family medicine might develop an accredited subspecialty in “global family practice”. He shared his notion of an “Africa Health Works” recruiting brochure for family doctors. The marketing materials emphasized “an exciting and challenging work environment”, to be “a part of a global workforce”, and “part of a team delivering essential primary care”, where “a doctor can save more lives in a month than a lifetime”.

In addition to recruiting physicians for global practice, Evans said WHO invites Wonca to nominate a commissioner to be

considered for WHO's new Commission on Social Determinants of Health. The commission was created to address a fundamental problem facing world health: returning recently treated patients – especially young children – to the subpar living conditions that caused their sickness in the first place. “What good does it do to treat people and then send them back to the conditions that made them sick?” Dr Evans asked.

In addition to his plenary presentation, Dr Evans met with the Wonca Executive to discuss elements of a collaborative agenda between Wonca and WHO in the upcoming triennium. Before catching a return flight to Geneva, Dr Evans joined the Executive Committee on-stage for the Wonca Presidents' Address and Awards Ceremony. In his parting comments, Dr Evans summarized the many important potential areas for mutual collaboration between Wonca and the WHO, including rural and remote health care, health information data enhancement such as the International Classification of Primary Care, as well as family medicine development initiatives in Africa and other medically underserved areas in the world.

Both the message and WHO's messenger were enthusiastically embraced by Wonca's leadership and its audience of family doctors from 96 countries around the globe.

UN Sets Ambitious Millennium Goals for Health, Education and Development

The Millennium Development Goals commit the international community to an expanded vision of development, one that vigorously promotes human development as the key to sustaining social and economic progress in all countries, and recognizes the importance of creating a global partnership for development. The goals have been commonly accepted as a framework for measuring development progress.

Many of the targets of the MDGs were first set out by international conferences and summits held in the 1990s. They were later compiled and became known as the International Development Goals. (For a review of progress on the International Development Goals see www.paris21.org/betterworld.) In September 2000 the member states of the United Nations unanimously adopted the [Millennium Declaration](#). Following consultations among international agencies, including the World Bank, the IMF, the OECD, and the specialized agencies of the United Nations, the General Assembly recognized the Millennium Development Goals in 2002

as part of the global road map for implementing the Millennium Declaration.

Millennium Development Goals for 2015

The United Nations adopted 8 Millennium Development Goals and 18 targets to reach by 2015. Approximately 50 indicators are proposed that would help the UN and its member nations track progress towards achieving the goals. The 8 MDGs and 18 targets are as follows:

1. Eradicate extreme poverty and hunger
 - Target 1: Halve, between 1990 and 2015, the proportion of people whose income is less than \$1 a day
 - Target 2: Halve, between 1990 and 2015, the proportion of people who suffer from hunger
2. Achieve universal primary education
 - Target 3: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling
3. Promote gender equality and empower women
 - Target 4: Eliminate gender disparity in primary and secondary education preferably by 2005 and in all levels of education no later than 2015
4. Reduce child mortality
 - Target 5: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate
5. Improve maternal health
 - Target 6: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio
6. Combat HIV/AIDS, malaria, and other diseases
 - Target 7: Have halted by 2015 and begun to reverse the spread of HIV/AIDS
 - Target 8: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases
7. Ensure environmental sustainability
 - Target 9: Integrate the principles of sustainable development into country policies and program and reverse the loss of environmental resources
 - Target 10: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation
 - Target 11: Have achieved, by 2020, a significant improvement in the lives of at least 100 million slum dwellers

8. Develop a global partnership for development
- Target 12: Develop further an open, rule-based, predictable, nondiscriminatory trading and financial system (includes a commitment to good governance, development, and poverty reduction—both nationally and internationally)
 - Target 13: Address the special needs of the least developed countries (includes tariff-and quota-free access for exports enhanced program of debt relief for HIPC and cancellation of official bilateral debt, and more generous ODA for countries committed to poverty reduction)
 - Target 14: Address the special needs of landlocked countries and small island developing states
 - Target 15: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term
 - Target 16: In cooperation with developing countries, develop and implement strategies for decent and productive work for youth
 - Target 17: In cooperation with pharmaceutical companies, provide access to affordable, essential drugs in developing countries
 - Target 18: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications

Achieving the MDGs by 2015 will require more focus on development outcomes and less on inputs, to effectively measure national progress towards meeting the

MDGs, and to engage even more closely with our partners in helping governments improve human development. The goals establish yardsticks for measuring results, not just for developing countries but for rich countries that help to fund development programs and for the multilateral institutions that help countries implement them. The first seven goals are mutually reinforcing and are directed at reducing poverty in all its forms. The last goal-global partnership for development - is about the means to achieve the first seven. Many of the poorest countries will need additional assistance and must look to the rich countries to provide it. Countries that are poor and heavily indebted will need further help in reducing their debt burdens. And all countries will benefit if trade barriers are lowered, allowing a freer exchange of goods and services.

For the poorest countries many of the goals seem far out of reach. Even in better-off countries there may be regions or groups that lag behind. Countries need to set their own strategies and work, together with the global partners, to ensure that poor people are included in the benefits of development.

(Editor’s note: Further information on the United Nation’s Millennium Development Goals and progress to date can be found at <http://www.un.org/millenniumgoals/>)

MEMBER AND ORGANIZATIONAL NEWS

WONCA’S FIRST INTERNATIONAL EXCELLENCE IN HEALTH CARE AWARD TO PROFESSOR DE MAESENEER

Professor Jan De Maeseneer was selected to be the first recipient of Wonca’s International Award for Excellence in Health Care, also called the “Five Star Doctor Award”. This distinguished international recognition was presented by Professor Chris van Weel, Wonca’s President Elect, during the Presidents’ Award Ceremony on October 15, 2004 at the 18th World Conference of Family Doctors in Orlando, Florida, USA.

In bestowing the award, Professor van Weel stated, “Jan De Maeseneer’s professional contribution to family medicine has been directed at addressing the important health problems in our populations, striving for more effective, more efficient, more timely, safer health care and securing fairness and equity towards those in greatest need.”



Professor Jan De Maeseneer (left), holding his Wonca International Award for Excellence in Health Care, with Wonca President-Elect Chris van Weel

Jan De Maeseneer was born in 1952 in the ancient Flemish city of Ghent, Belgium, where he subsequently entered medical school and then practiced as a family physician. He began one of the first multi-disciplinary community health centres in the country, 'de Botermarkt' in the deprived area of Ledeborg. He started this centre together with his wife, Anita De Winter, at that time also a family physician and currently a psychiatrist. This decision to serve and advocate for underserved populations has been Jan's trademark ever since, as he has passionately moved Belgian health care policy towards meeting its population's needs.

Jan De Maeseneer's on-going commitment to health care for the people in Ledeborg has also been the basis for his academic work. In 1978, he started as a part-time research assistant at the Department of Public Health. In 1981, he moved to the Department of Family Medicine, at the University of Ghent. His PhD thesis in epidemiology was the very first in-depth analysis of morbidity encountered in Belgian communities and the effectiveness and efficiency of GPs' performance caring these health problems.

In 1991, he was appointed Chair of Family Medicine at Ghent University. As Chair, he led efforts to restructure the undergraduate curriculum and imprinted a community orientation, evidence based focus to both the research and teaching programmes of the medical school. A growing stream of international publications followed from the Community Oriented Primary Care model applied in 'de Botermarkt' in Ledeborg: with its focus on developing a multi-disciplinary team; pursuing a community oriented diagnosis; structuring care at the level of the neighbourhood; addressing health, poverty and accessibility of health care; tackling epidemics in the community; and providing inter-cultural care. In this, a working relation has been established with important groups in the community (eg, women, elderly) to tailor care, and also to other professionals. The investment in health care, as a consequence, did pay dividends as well in areas like education and safety.

These achievements in itself would qualify, but it is particularly in the way Jan De Maeseneer did pursue this, that makes him the true five-star family doctor. He sought to improve Belgian health care by sharing this development process with others – acting locally, but thinking globally. As a consequence, the experiences in the Ghent medical school and the multidisciplinary team in Ledeborg are also the basis of collaborations with the universities of Cochabamba, Bolivia, Cape Town South Africa, Yaounde, Cameroon, and throughout Europe.

It is the unbeatable combination of the head and the heart that form this true five-star doctor and make professor Jan De Maeseneer the first winner of the International Award for Excellence in Health Care.

(Editor's note: This article is excerpted from Professor van Weel's presentation of the Wonca International Excellence in Health Care: The 5 Star Doctor Award. Those interested in contacting Professor Maeseneer are welcome to email him at jan.demaeseneer@ugent.be)

Italy Increases Its Presence In Wonca

In Italy there is not one college of GPs. Instead, one may belong to a number of representative organizations from different scientific societies. Wonca is increasing in importance among the Italian general practitioners. In 1992, CSERMEG became an Associated Member of Wonca (around 70 members). In 1995, ISDE (around 100 members) became an Associate Member. In 1999, AIMEF became an Associate Member (around 800 members). In 2001, CSERMEG was selected to be the organizer of the Wonca Europe 2006 Regional Conference and in 2002 became a full member.

Assimefac is the result of the fusion between Asscumi and Simefac. It is a broad organisation (2500 members). Asscumi was formerly a research group (with several research project performed together with Csermeg) with a strict link with the Trade Union Cumi, Simefac is coming from the University and was dealing with the epidemiology. Assimefac is interested more on CME and on research, its link with the University may be an open door to have an official specialty in Family Medicine in Italy. As they join together they started to be interested to the international topics and they asked to be officially involved in Wonca. In 2004, Assimefac became a full member. SNAMID is now asking for membership.

Although the numbers are not exceptional for Italian general practice (around 30,000 GPs practice in Italy), an increasing interest is observed. The idea of all GP organizations coming together for the European Conference is becoming more and more appealing for the Italian scientific society, and, when CSERMEG asked them to send an official representative for the scientific committee of Wonca 2006 they all (ACP, SIMG, SNAMID, ASSIMEFAC, AIMEF, SIMEF, SIQuAS) accepted.

The Scientific Committee of 2006 Conference now for the first time represents all Italian General Practitioners. After some introductory meetings, the Scientific Com-

mittee has already organized a meeting in Treviso in October 2003 on the European Definition of General Practice. They are working for a second meeting on the position of Italian General Practice on CME. They are also collaborating on research and publications.

There is a definite will of bringing Italian General Practice into a European and global community, and to bring Wonca in Italy. The Florence conference in August 2006 "Towards a Medical Renaissance – Bridging the gap between Biology and Humanities" is becoming an extraordinary occasion for bringing Italian general practitioners together.

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RESOURCES FOR THE FAMILY DOCTOR

RCGP DEFINES FUTURE ROLE OF GPs

The Royal College of General Practitioners (RCGP) has unveiled its vision for the future of GPs in the United Kingdom. Founded in 1952, the Royal College of General Practitioners (RCGP) aims to encourage and maintain the highest standards of general medical practice and act as the 'voice' of general practitioners on education, training and standards issues. The membership includes 21,000 of the 37,000 GPs currently practising in the UK. The publication, *The Future of General Practice*, says that while GPs no longer have a monopoly on the provision of primary care, they still play a pivotal role within patient care. Nurses and pharmacists all have a greater role to play in the modern NHS but GPs must remain at the heart of patient care.

Effectively a 'defence of the realm' document from GPs, the publication argues that new primary care frameworks must not remove a patient's choice to see their GP.

Prof. David Haslam, Chair of the RCGP, said: "The challenge for the future is to ensure the development of GP practices so that the current situation of overcrowding in outpatients departments and inappropriate use of secondary care can be minimised. Complex patient care needs to be accessible and personalised. GPs are the best people to deliver that care, now and in the future."

GP access is of particular importance to older chronically ill patients who need continuity of care. Sixty-five per cent of patients aged 65 or over have two or more chronic conditions and with an ageing population, the report argues, this figure is likely to increase dramatically. GPs need to co-ordinate patient treatment to avoid fragmentation of care that can lead to complications relating to medication and the duplication of investigations and referrals. GPs perform a vital role in community care. 90% of the work of the NHS takes place with a GP, with a 91% satisfaction rating.

GPs are now using new technology and their increased specialist knowledge to enable better patient diagnosis and to perform minor operations that previously were only carried out at outpatients' clinics at local hospitals.

WONCA CONFERENCE 2005 – 2010 AT A GLANCE

 Information correct as at November 2004.
 May be subject to change.

 See Wonca Website www.GlobalFamilyDoctor.com for updates

2005	Region	Venue	Theme
27 – 31 May	Asia Pacific Regional Conference	Kyoto JAPAN	Family Fractice/ General Practice – As a Global Standard
3 – 7 Sept	European Regional Conference	Kos Island GREECE	From Hippocrates to the Human Genome: The Past, Present and Future of General Practice/Family Medicine
2006			
27 – 31 Aug	European Regional Conference	Florence ITALY	Towards Medical Renaissance: Between Biology and the Humanities
8 – 15 Sept	7th Rural Health Conference	Seattle Washington USA	Transforming Rural Practice Through Education
4 – 9 Nov	Asia Pacific Regional Conference	Bangkok THAILAND	Happy and Healthy Family
2007			
24 – 28 July	18th WONCA World Conference	SINGAPORE	Human Genomics and its Impact on Family Physicians
17 – 21 Oct	European Regional Conference	Paris FRANCE	Rethinking Primary Care in the European Context: A New Challenge for General Practice
2008			
Date to be confirmed	Asia Pacific Regional Conference	Melbourne AUSTRALIA	Theme to be confirmed
2009			
5 – 8 Jun	Asia Pacific Regional Conference	Hong Kong	Building Bridges
2010			
26 – 30 May	19 th WONCA World Conference	Cancun MEXICO	Millennium Development Goals: The Contribution of Family Medicine

GLOBAL MEETINGS FOR THE FAMILY DOCTOR

WONCA WORLD AND REGIONAL CONFERENCE CALENDAR

Asia Pacific Regional Conference, Japan 2005

Host : Japanese Academy of Primary Care Physicians
 Theme : Family Practice/General Practice – As a Global Standard
 Date : 27 – 31 May, 2005
 Venue : Kyoto, Japan
 Contact : The Japanese Academy of Primary Care Physicians
 Tokyo Medical Association Bldg 302
 2-5, Kandasurugadai Chiyoda-ku,
 Tokyo 101-0062 Japan
 Tel : 81 3 5281 9781
 Fax : 81 3 5281 9780
 Email : pc@primary-care.or.jp

Wonca Europe Regional Conference, Kos Island 2005

Host : Greek Association of General Practitioners
 Theme : From Hippocrates to the Human Genome:
 The Past, Present and Future of General Practice/
 Family Medicine
 Date : 3 – 7 September, 2005
 Venue : Island of Kos, Greece
 Contact : The Greek Association of GPs (Elegeia)
 Mr. Raoul Merkouris
 21, N.Kountourioti Str. (5th floor)
 54625-Thessaloniki
 Greece
 Tel : 30 2310 550048, +30 2310 539995
 Fax : 30 2310 539995
 Email : elegeia@woncaeurope2005.org
 Web : http://www.woncaeurope2005.org

Wonca Europe Regional Conference, Florence 2006

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

Wonca 7th Rural Health Conference, Seattle-Anchorage 2006

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

Contact : OIC
 Viale Matteotti 7
 50121 Florence, Italy
 Tel : +39 0555 0351
 Fax : +39 0555 001912
 Email : wonca@oic.it
 Web : http://www.woncaeurope2006.org

15th Wonca Asia Pacific Regional Conference, Bangkok 2006

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

18th Wonca World Conference, Singapore 2007

Host : College of Family Physicians, Singapore
 Theme : Human Genomics and its Impact on Family
 Physicians
 Date : 24 – 28 July, 2007
 Venue : Singapore International Convention and Exhibition
 Centre
 Contact : Dr Tan See Leng, Chairman,
 Host Organizing Committee
 College of Family Physicians, Singapore
 College of Medicine Building
 16 College Road #10-02
 Singapore 169854
 Tel : 65 223 0606
 Fax : 65 222 0204
 Email : rccfps@pacific.net.sg
 Web : www.wonca2007.com

Wonca Europe Regional Conference, Paris, 2007

Host : French National College of Teachers in General
 Practice
 Theme : Rethinking Primary Care in the European Context
 Date : 17 – 21 October, 2007
 Venue : Palais des Congres
 Paris, France
 Contact : French National College of Teachers in General
 Practice
 6 rue des 2 communes
 94300 Vincennes
 Tel : 33-153 669 180
 Email : cnge@cnge.fr
 Web : www.cnge.fr

19th Wonca World Conference, Cancun 2010

Host : Mexican College of Family Medicine
 Theme : Millennium Develop Goals:
 The Contribution of Family Medicine
 Date : 26 – 30 May, 2010
 Venue : Cancun Conventions and Exhibition Center, Cancun
 Mexico
 Contact : Mexican College of Family Medicine
 Anahuac #60
 Colonia Roma Sur
 06760 Mexico, D.F.
 Tel : 52-55 5574
 Fax : 52-55 5387
 Email : javierdominguez14@hotmail.com
 Web : www.wonca2007.com

MEMBER ORGANIZATION AND RELATED MEETINGS

4th Austrian Winter Conference on General Practice and Family Medicine, Austria 2005

Date : January 15 – 22, 2005
 Venue : Hotel Rote Wand in Lech am Arlberg, Austria
 Contact : Vienna Medical Academy, att. Hedwig Schulz, Alser
 Strasse 4,
 1090 Vienna, Austria
 Phone : +43 1 405 13 83-10
 Fax : +43 1 405 13 83-23
 E-mail : h.schulz@medacad.org
 Web : www.oegam.at

The Royal New Zealand College of General Practice Conference, Christchurch 2005

Theme : New Horizons:Celebrate the Art of General Practice
 Date : 14 – 16 July 2005
 Venue : Christchurch Convention Centre
 Contact : www.rnzcgp.org.nz/conferences

14th Nordic Conference of General Practice, Stockholm 2005

Host : Swedish Association of General Practice and
 Family Medicine Centre
 Theme : General Practice in a Changing World
 Date : June 15 – 18, 2005
 Venue : Hotel Rote Wand in Lech am Arlberg, Austria
 Contact : Anne Thorell
 Centre of Family Medicine
 Phone : +46 (0)73-682 55 39
 Email : Anne.thorell@klinvet.ki.se
 Web : www.allmanmedicin.nu/congress/menu.htm

The Royal College of General Practitioners (RCGP) Spring Symposium, Blackpool 2005

Theme : General Practice for a Cosmopolitan Age
 Date : 8-10 April 2005
 Venue : Bournemouth, United Kingdom
 Contact : Alison Sage
 Wessex Faculty
 Royal College of General Practitioners
 Andover War Memorial Hospital
 Charlton Road
 Andover Hants SP10 3LB

Phone : 01264 355005
 Fax : 01264 355115
 Email : spring2004wsx@rcgp.org.uk
 Web : www.blackpool2005.com/

The Society of Teachers of Family Medicine (STFM) 38th Annual Spring Conference, New Orleans 2005

Date : 30 April – 4 May, 2005
 Venue : New Orleans Marriot Hotel
 Contact : Priscilla Noland
 STFM
 11400 Tomahawk Creek Parkway
 Leawood, KS, 66211-2672, USA
 Tel : 1 800 274 2237, ext. 5410
 Fax : 1 816 906 6096
 Email : assndfm@stfm.org
 Web : http://www.stfm.org

Association of Health Care Professionals (AHCP) 16th Conference, London 2005

Theme : Advances in Family Medicine/General Practice
 Date : 20 – 23 August, 2005
 Venue : London, England, UK.
 Contact : Secretariat,
 AHCP
 P. O Box 18265
 London EC2A 3TT
 England, UK
 Tel : 44 20 7749 7243
 Fax : 44 20 7739 8683
 Email : info@ahcp.org.uk

American Academy of Family Physicians (AAFP) Annual Scientific Assembly, San Francisco 2005

Date : 28 September – 2 October, 2005
 Venue : San Francisco, California
 Contact : AAFP
 11400 Tomahawk Creek Parkway
 Leawood, Kansas 66211-2672, USA
 Tel : 1 913 906 6000
 Fax : 1 913 906 6075
 Email : international@aafp.org
 Web : http://www.aafp.org

13th World Conference on Smoking or Health, Washington, DC 2006

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