

WONCA News

An International Forum for Family Doctors



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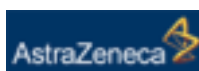
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FROM THE WONCA PRESIDENT:

ARE THE WORLD'S FAMILY DOCTORS PREPARED FOR AN AVIAN INFLUENZA PANDEMIC?

"Is the world adequately prepared? No. Despite an advanced warning that has lasted almost two years, the world is ill-prepared to defend itself during a pandemic. Most developing countries will have no access to vaccines and antiviral drugs throughout the duration of a pandemic."

WHO. 3 November 2005 (http://www.who.int/csr/disease/avian_influenza/avian_faqs/en/index.html)

When I have raised the possible impending Avian influenza pandemic, many practitioners have dismissed the possibility, with statements such as, "It will never happen – look what happened when there was panic about SARS". But, are the circumstances the same? The low transmissibility of the SARS virus, combined with the fact that victims didn't reach peak infectiousness until they were already showing clinical symptoms, made it feasible to control the epidemic using public health measures. In contrast, the Avian flu viral subtype H5N1 spreads before symptoms are evident. In addition, this bird virus is now more lethal to experimentally infected mice and ferrets and is able to survive longer in the environment. It has also expanded its host range, with domestic ducks becoming recent silent hosts to the virus. Finally, the mutated form of the virus transmittable from human to human may be more virulent.

The WHO says in the best-case, conservative scenario, two to seven million people will die in the pandemic and tens of millions will need medical attention. The organisation warns that the global spread of a pandemic can't be stopped – but preparing properly will reduce its impact. It has stated that the virus may possibly reach all continents in less than three months! The major impact of the pandemic will most likely be in the developing world!

The H5N1 virus is particularly worrisome for several reasons. It mutates rapidly and now has a history of being able to acquire genes from viruses infecting other animal species. Laboratory studies have demonstrated that isolates from the virus have a high pathogenicity and cause severe diseases in humans and birds. Those that survive infection excrete virus for at least 10 days making it easier to spread the virus to poultry and

migratory birds. The mutation to a human form is more likely if humans or pigs are infected with human and avian strains at the same time, since genetic material is able to be exchanged in a 'reassortment' event, giving birth to a human form of the virus. By the end of November 132 confirmed cases of Avian Influenza A/ (H5N1) were reported to WHO of whom 68 (51%) had died. WHO has declared that the 3rd phase of pandemic alert out of an series of six increasingly severe levels has already been reached. Officials in Thailand and Indonesia suspected early in December that the avian virus may have mutated into a human-to-human form. If so, then we may be close to entering the 4th and more significant human-to-human spread of the pandemic.

If the world's nations are ill-prepared, are our global family doctors any better prepared to meet a possible pandemic – one which most scientists say is inevitable rather than a probability. Given the predicted numbers of infected persons and deaths, the health facilities will not be able to cope. The major load will fall on primary care services including family doctors. But in discussions with practitioners in various Wonca regions, few knew:

- the first and subsequent symptoms of avian flu, the complications, clinical syndromes and modes of death?
- who is most vulnerable? (so far those affected by the bird flu have been the young and healthy, not the usual at risk groups)
- how to prevent or lesson the flu, treat patients and prevent the spread of the virus? (A most important preventive measure is the use of face masks – since it is droplet carried and not airborne - ordinary masks will suffice).
- that antiviral medications oseltamivir (Tamiflu) or zanamivir (Relenza) which may lessen or prevent morbidity, must be given within 48 hours of onset of symptoms, and that indicators suggest that H5N1 may be developing resistance to Tamiflu.
- that vaccines or medications for developing countries may be unlikely given that stockpiling and advanced orders in the US and Europe are expected to consume the available market.
- that a vaccine may not be available, in any event, until several months after the onset of the pandemic
- that the virus is spread before symptoms occur – a risk contributing to the international spread by travellers in the pandemic.
- that death rates among HIV / AIDS patients are expected to be lower since these patients may not be able to mount the immune response required to produce Adult Respiratory Distress Syndrome, or ARDS, the major cause of death in patients so far,

- that health workers and morticians are expected to be particularly vulnerable, and that they and the military, police, and politicians have been classified as the first to receive vaccine and preventive drugs, to prevent disruption of essential services. Civil unrest and riots may be more likely to occur where health care professionals and health systems are ill-prepared or unable to cope with the rate of infections, admissions to hospitals and deaths in the first wave of the pandemic. A second wave is usual within a year.

Whether or not the predictions of a pandemic of this magnitude are realized, an urgent need exists to upgrade the preparedness of the world's family doctors. Member

organisations of Wonca and departments of family medicine are best poised to initiate awareness and information programmes for family doctors and other health professional and community leaders in their countries and regions. Such programmes should be organised in conjunction with others in primary health care, particularly nurses and community workers. Family doctors should be encouraged to update and familiarise themselves with national strategies if they exist, and improve their ability to deal with the massive loads of patients who could seek their care and require accurate and helpful information.

I have attached a list of useful websites in the Resources for Family Doctors section of Wonca News for those who wish to keep up to date

on developments related to this potentially devastating pandemic.

I hope, in the words of the Bard, that this is *'Much ado about nothing'* and that, gladly and with thanks, I will have to eat my words. On the other hand, if the Avian flu pandemic is to become as significant as some predict, then I hope we family doctors will not miss the opportunity to make a significant difference in the lives of our patients and their communities.

Bruce Sparks, M.D.
President
World Organization of Family Doctors

FROM THE CEO'S DESK:

CELEBRATING OUR WONCA WEBSITE'S FIRST ANNIVERSARY

This January 2006 marks the first anniversary of our new Wonca Website under the exclusive financial and operational management of Wonca. It is therefore appropriate that we take stock of what has been achieved during this past year.

The three year agreement between Wonca and medi+World International on the management of the Wonca Website **www.GlobalFamilyDoctor.com** (GFD in short) ended in May 2004 with the somewhat bleak prospect then of the website continuing given inadequate funding. At their meeting in St Augustine, Florida in November 2004, the Wonca World Executive decided, after much discussion, that the website continue under direct Wonca management and funding. This led to two months of flurried activities during which the management of the website was transferred from medi+World International to Wonca. At the same time, with the approval of the Orlando Wonca Council, the Wonca Secretariat set about seeking collaboration and sponsorship from the pharmaceutical industries to support GFD.

By January 2005, Wonca had assumed full control of its website and had installed its own server housed within Dolphin IT in Melbourne, Australia. A new company, Paradigm Multimedia in Melbourne, was appointed to manage the site with the new Webmaster, Mr Alex Westcott, replacing Prof

Wes Fabb who was then appointed as GFD Medical Editor. Subsequently, a new Homepage for GFD was introduced with top and side menus instituted for better site navigation.

Stable funding was secured by having five pharmaceutical multinationals as Wonca Global Sponsors. With the website's infrastructure properly constituted, GFD has in the period of this one year grown from strength to strength. The website has now become the 'image of Wonca' to the outside world. During the year, significant enhancements and progress have been made.

We have experienced continued growth and popularity of 'Journal Alerts'. Today, more than 4600 recipients receive on their computers, three days a week, the latest in medical journal articles of relevance to FPs/GPs. Over one hundred medical journals are scanned every week by the Medical Editor and two Assistant Medical

Editors to keep this service going. The two Assistant Editors appointed during the course of the year are Drs Stephen Wilkinson of Australia and Jim Vause of New Zealand. More than 5,000 Journal Watch items posted during the past week, month and twelve months are now accessible via the Homepage via a new clinical database. A new search facility on GFD allows our readers to identify Journal Watch items and Clinical Reviews by keyword titles. Journal Alert is also now translated into Spanish for the benefit of our colleagues in Iberoamericana-CIMF.

Many other popular GFD clinical features have been enhanced. POEMS (Patient-Oriented Evidence that Matters) and eMedicine cases are regularly posted of the website. POEMS have also been translated into Portuguese. Disease and Travel Alerts are updated daily. Wonca Regional and World Conferences are promoted on the Homepage.

Bimonthly issues of Wonca News are also available on the GFD website and may be downloaded as PDF files. Prior issues of Wonca News are archived and accessible on GFD beginning with the October, 2001 issue which followed the 16th Wonca World Conference in Durban, South Africa.

An Educational Resource Centre was introduced to the website in mid-2005 and is intended to be an enlarging repository of online education such as CEMedicus and Arbor Clinical Nutrition Updates for the world's GPs/FPs. CEMedicus is a repository of case-based clinical problems for health professionals, prepared by experts in the wide variety of fields covered. It has a rich collection of clinical problems, many of relevance and interest to family doctors. Arbor Clinical Nutrition Updates is a service on nutrition topics distributed

worldwide to over 100,000 health professionals. This is a useful service that analyses, in a way not dissimilar to Journal Watch, articles in the literature on clinical nutrition. Articles on a topic are gathered from several sources and clustered in each issue. The analysis is thorough, scientific, and a helpful commentary is often provided. Recent publications on Chronic Obstructive Pulmonary Disease like the IPAG Handbook and the Time to Live Report have also recently been added to the website.

Most recently, the Wonca Global Resource Directory was introduced to the website in mid-August 2005. The objective of the Resource Directory is to make available, on the Wonca website, information about developments in family medicine around the world, and particularly in countries where development is still in its infancy. It is also planned to create a database within the Directory where people and institutions can enter details of overseas development projects to which they are contributing. This will enable those interested in international collaboration to ascertain 'who's doing what and where', thereby increasing collaboration and minimizing overlap and duplication. It is anticipated that this database will soon build into a valuable resource for those already involved in, or wishing to participate in, international collaborative endeavours.

Currently, family medicine related articles are posted on Mongolia, Russia, Uganda, Lebanon and India.

These are but some of the progress made and new features added to the Wonca Website during the past year. Statistics gathered from the website over a nine month period in 2005 testify to the increasing popularity and value of the website to FPs/GPs globally. For the nine months of 2005, statistics for the website have revealed over 1,615,243 pages visited. There were 498,334 unique visits to the website with over 3,873,107 hits for the same period.

For a very young website, **www.GlobalFamilyDoctor.com** has done quite well. Our challenge for the years ahead is to keep improving on the many aspects of the site and become increasingly relevant to the needs of all family doctors around the world. We hope all family doctors will come to see the Wonca Website as the richest source of information of value to them.

Dr Alfred Loh

Chief Executive Officer
World Organization of Family Doctors

FROM THE EDITOR:**RECORDING IMPORTANT DATES FOR WONCA AND OUR WORLD**

It seems appropriate that this last issue of the 31st year of Wonca News would capture many important milestones in both our global organization and in the world at large.

This issue features a story on 30 years of family medicine development in Bolivia. The article, published in full in Spanish and summarized in English, exemplifies the proud and rich family medicine tradition in Wonca's Iberoamericana-CIMF Region. Today, the central role of family doctors in health systems throughout the Iberoamerican Region is recognized in an article describing the recent, historic Iberoamerican Conference on Family Medicine in Chile. In addition, the President of Wonca's newest region, Dr Adolfo Rubinstein, is profiled. Although celebrating only its 2nd birthday as Wonca's 6th region, this young region with its distinguished history has already made its mark on Wonca.

This issue also marks the recent global pandemics and disasters that we have or will face, including reminders of our successful containment of the SARS outbreak, the struggle to rebuild from the devastating earthquake in Pakistan and the emerging Avian Flu pandemic. In his President's Column, Professor Bruce Sparks draws important attention to this important time in our history as he urges vigilance and readiness to contain the Avian Flu pandemic. Wonca and its member Organizations and family doctors continue to contribute to global efforts to improve health, as described in the article on the Millennium Development Goals.

Today, Wonca's website (www.GlobalFamilyDoctor.com) plays a vital role making a rich array of vital information and resources available to the family doctor. In his CEO's Column, Dr Alfred Loh celebrates GFD's 1st year of operation and describes its online resources accessible to family doctors throughout the world.

Please send me your stories of the important health issues of our time and of our global organization so that we both share and record the important dates in the history of Wonca and our world.

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FEATURE STORIES**FAMILY MEDICINE IN BOLIVIA: THIRTY YEARS OF IMPLEMENTATION**

Family Medicine in Bolivia was initiated in 1975 based upon recommendations of the Committee to Implement Reforms of the Social Security Administration, a new health care model to meet people's health needs. On December 24, 1975, legislation was signed with 11 articles referencing family medicine as a means to address the health system crises and its fragmentation, inefficiency and deficiencies. In this manner, Bolivia became one of the pioneers in South America to support a family medicine model of personal and integrated health care.

During 1976 and 1978 the basic requirements and courses of the new model were established. In 1979, a three year program following the new model was established under the medical residency in La Paz with a hospitalist focus. In 1984, the hospitalist program was modified and administrative and psychology programs were established. In 1986, they established a family medicine residency in Cochabamba. In 1991, the Medical Collage of Bolivia established in the Statutes and Regulations that a Family Medicine Specialty should require a minimum of three years of training and that family medicine residencies are three year programs. In 1999, an important year for Family Medicine, the Public Health System began family medicine residencies in three capital cities, although with only 2 positions per city. Today, nine family medicine programs exist that graduate 20 residents per year.

According to a 2002 study, family physicians represent around 5.5% of

the total physicians in the county. No agreement exists as to how many patients should each family doctor be expected to treat, with estimates ranging from 2,500 to 10,000 per family doctor. While it is good that the Public Health System is built on family medicine, inadequate space and support for the specialty is a limiting factor.

In 1977, 44 family physicians meeting at the Polyclinic "Piloto" of Miraflores in La Paz founded the Bolivian Society of Family Medicine. From its creation, they have focused on the education of family doctors, on creating an academic society, a biennial Congress and have been active members of the new Wonca Iberoamericana-CIMF region. They currently have 6 regional family medicine societies located in La Paz, Cochabamba, Santa Cruz, Oruro, Potosí and Chuquisaca.

Thirty years since the establishment of Family Medicine in Bolivia, our specialty has had to overcome many crises that have confronted the specialty, above all the lack of interest and support of the government and the preoccupation with hospital based care. However, progress has taken place in the following areas:

- More assistance to primary care which takes care of 80-90% of people's health problems at an affordable cost to the patient.
- A growth in the number of family doctors and improvements in the training curriculum.
- Participation in regional and global conferences and events of Wonca and its family doctors
- The growth of a scientific society of family doctors.

Despite our successes over the past 30 years, we still have many needs to address to enhance the quality of the profession, including:

- Development of a standard residency curriculum for the

profession.

- A recertification process to assess the competence of family doctors.
- The inclusion of family medicine as a required undergraduate medical education course.
- The broad recognition of family medicine as the entry point into an ambulatory care model for the health system.
- The formation of family medicine departments in all universities.
- Support for and training of new family medicine leaders.
- Enhancements in medical consultation standards and measurement systems to improve access, visit time and quality of family medicine care.
- More government funding and scholarships.

(Editor's Note: The English translation above summarizes the following article on Family Medicine in Bolivia submitted by Dr Miguel A. Suárez Cuba)

Medicina Familiar en Bolivia: 30 Años de su Implementación

La medicina familiar en Bolivia se implanta como respuesta a las recomendaciones del Comité de Implementación de Reformas de la Caja Nacional de Seguridad Social (CNSS), el mismo sugiere al Gobierno Boliviano, la implementación del Sistema de Medicina Familiar como un nuevo modelo de atención para satisfacer las necesidades de los pacientes, el Gobierno mediante Decreto Ley del 24 de diciembre de 1975 en su capítulo III, en 11 artículos hace referencia a la medicina familiar y la reconoce como la especialidad capaz de satisfacer las necesidades de la crisis asistencial de ese

momento; surge esta motivación como una necesidad de cambio generado por la fragmentación, la ineficiencia y la cobertura deficiente de la atención de salud.

Es así como la Caja Nacional de Seguridad Social se constituye en la pionera en Sudamérica en adoptar un nuevo modelo basado en la atención integral de las personas.



Dr. Miguel A. Suárez Cuba
Medico de familia
Vicepresidente Sociedad Boliviana de Medicina Familiar Filial La Paz

Formación de recursos humanos: Inicialmente se forman bajo la modalidad de cursos intensivos de 9 y 12 meses durante los años 1976 a 1978, con la finalidad de cubrir a la brevedad posible los requerimientos del nuevo sistema. En enero de 1979 se instituye la formación de los recursos humanos bajo el sistema de residencia médica, con sede en la ciudad de La Paz, regulada por el Departamento de Enseñanza e Investigación de la CNSS, con una duración de 3 años, bajo un perfil netamente asistencialista, porque se lo realiza con enfoque hospitalario. En 1984 se reformula el tiempo de formación a 2 años, se modifica el perfil de formación, un año de formación hospitalaria, otro en el área técnico-administrativa y psicosocial. Por 1986 se crea la residencia en medicina familiar en Cochabamba, donde la Universidad Mayor de San Simón (UMSS) y el Consejo Nacional de Residencia Médica (organismo que cuenta con representantes del Ministerio de Salud, Caja Nacional de Seguridad Social y Facultad de medicina),

juegan un papel importante en la formación de recursos humanos a través de un convenio interinstitucional.

El Colegio Medico de Bolivia en 1991, establece en sus Estatutos y Reglamentos que la formación de especialistas deberá tener un mínimo de 3 años; a partir de este año la formación en residencia son 3 años. El año 1999 marca un hito importante para la medicina familiar, el Sistema Publico empieza la formación de Médicos residentes en la especialidad en 3 ciudades capitales, aunque con un número muy pequeño, dos por ciudad. Actualmente existen nueve residencias para formación de recursos humanos en medicina familiar, cuatro corresponden a la Caja Nacional de Salud, cuatro al Sistema Publico y uno a la Caja Petrolera de Salud, con un promedio de egresados de 20 por año a nivel nacional.

A la fecha no existe un censo del número exacto de médicos familiares formados por residencia y reconvertidos bajo la modalidad de reconversión por 10 años de ejercicio en el primer nivel de atención. De momento, no está completamente normado el número de familias adscritas por cada médico familiar, la asignación es caótica, va desde 2.500 personas en algunos consultorios, hasta 10.000 en otros con un promedio de 5.000. Si bien el Sistema Publico está formando médicos familiares, lo lamentable es que no está creando espacios de trabajo e ítems para la especialidad, situación que desmotiva a quienes ya se formaron y los que desearían formarse.

Según un estudio de la OPS del año 2002, al momento los médicos familiares en Bolivia, representan alrededor del 5.5% de total de médicos en el país.

Después de la formación de un "pool" de médicos familiares, se vio la necesidad de que se agrupen para poder mantenerse por una parte, organizados y por otra, actualizados a través de eventos académicos que además les servirían para mantenerse competentes. Es así que en fecha 3 de agosto de 1977, en instalaciones de la Policlínica "Piloto" de Miraflores, en la ciudad de La Paz, con 44 médicos familiares en calidad de fundadores, se funda la Sociedad Boliviana de Medicina Familiar.

Desde su creación se ha convertido en la entidad que más se ha preocupado por la educación continua de quienes trabajan en el primer nivel de atención (Médicos Familiares, Médicos Generales, enfermeras, trabajadoras sociales, odontólogos y otros). Se constituye en el ente académico científico que aglutina a todos los médicos familiares y a los socios

adherentes, profesionales de la salud afines a la especialidad del país. Principal impulsor y difusor de la especialidad al interior de la CNSS y el gremio médico, destacándose como una de las más activas, organiza dos tipos de reuniones, un Congreso y Jornadas nacional. Las jornadas son cada dos años al igual que los Congresos, en este último se elige la nueva Junta Directiva que llevará las riendas de la sociedad en los siguientes dos años; estos eventos están destinados a la reflexión, sobre temas de interés para el Médico Familiar, al análisis de programas o acciones comunes a todos los países miembros de CIMF-WONCA, y la actualización, e intercambio de información y experiencias locales e internacionales sobre la marcha de la medicina familiar y la atención primaria.

Agrupada a 6 sociedades regionales, en orden de importancia, La Paz, Cochabamba, Santa Cruz, Oruro, Potosí y Chuquisaca. Participa en la formación de médicos residentes de la especialidad de medicina familiar, aunque la mayoría de los docentes son de carácter ad honorem, diseña las líneas de base para la mejora curricular de la especialidad, otorga el certificado de especialista junto al Colegio Medico de Bolivia. Entre sus objetivos se planteó la formación de docentes propios de la especialidad, para cumplirlo el año 2002 se lleva a cabo el diplomado en formación de docentes para Medicina Familiar y Atención Primaria, de carácter semipresencial con el apoyo de la facultad de medicina de la UMSS, y Fundación para la Medicina Familiar del Hospital Italiano, cuyo plantel de profesores son los encargados de hacer realidad este proyecto. Se llegan a formar cerca de 40 docentes bajo esta modalidad, provenientes de 3 ciudades, La Paz, Cochabamba y Oruro. Producción científica: La Sociedad Boliviana de Medicina Familiar publicó una revista científica durante los años de 1990 a 1994, reedita el 2001 al 2003.

El CIMF se funda en agosto de 1981 con participación de representantes de Canadá, Estados Unidos, México, Argentina y Venezuela; Bolivia hace su ingreso en diciembre de 1989. Mediante el representante de CIMF en Bolivia, el Dr. José Ruiz Guzmán, se consigue la visita del Dr. Julio Ceitlin, Director General de CIMF, su presencia y apoyo fue importante en momentos en que se encontraba en crisis el Sistema de Medicina Familiar. El año 2004 como miembro titular del nuevo CIMF (Confederación Iberoamericana de Medicina Familiar), pasa a formar parte de la Sexta Región de WONCA (CIMF-WONCA).

Se han cumplido 30 años desde la implementación de la Medicina Familiar en Bolivia, desde entonces

nuestra especialidad ha tenido que pasar por muchas crisis que han estado a punto de terminar con el sistema de medicina familiar, inherentes al propio sistema, y sobre todo a un desinterés y desconocimiento de las bondades de la especialidad por parte de las autoridades de la propia institución y de Gobierno, quienes centran su preocupación e interés en el nivel hospitalario. Existieron también muchos progresos como en el área:

- asistencial, puerta de entrada al sistema de salud de la CNSS, mayor resolución de los problemas inherentes al primer nivel de atención (80-90%), a un bajo costo, relación de 10/1 en relación al hospital, manejo integral y trato mas humano que en el hospital.
- docente, con un aumento del número de docentes médicos familiares, mejora permanente de la currícula de la residencia en medicina familiar, haciendo mayor énfasis en temas propios de la especialidad, mayor tiempo de rotación por centros de medicina familiar y atención primaria.
- integración internacional, participando y asistiendo a la mayor parte de eventos académico científicos convocados por la entidad regional y mundial de médicos de familia.
- como sociedad científica, ha jugado y juega un papel importante en educación médica continua, dando realce a muchos de sus eventos la presencia de profesores con mucha calidad humana y científica; aun son escasos los avances en el área investigativa.
- Los éxitos y progresos obtenidos aun no son suficientes, porque existen necesidades sentidas y percibidas que en 30 años no han podido ser otorgadas como

ser:

- una educación medica continua bien reglamentada, capaz de cumplir su objetivo primordial, mejora de la competencia profesional, con una mejora de la calidad de atención,
- una currícula homologa de formación de residentes en la especialidad,
- un proceso de recertificación que evalué mas adecuadamente si el medico familiar es competente o no,
- Por falta de una decisión política de Gobierno y de las Universidades, en complicidad por los fermentes cambios de Gobierno y con ello de Ministros de salud, a la fecha no se ha logrado introducir la medicina familiar en el pregrado,
- Tampoco se ha podido introducir a la Medicina Familiar como puerta de entrada al sistema de salud a nivel público y en el resto de la seguridad social.
- Necesidad de un mayor apoyo logístico de la institución y del gobierno a la atención ambulatoria, adaptada a la medicina familiar,
- introducción y creación de un departamento de medicina familiar en las universidades formadoras.
- Mayor financiamiento para mas becas en el post grado,
- fortalecer y favorecer la formación de nuevos lideres en la especialidad
- En la consulta medica: introducción de indicadores para la mejora de la accesibilidad, la organización asistencial, duración real de la consulta, tiempos de espera, referencia contrarreferencia.

Dr. Miguel A. Suárez Cuba

Medico de Familia
Vicepresidente Sociedad Boliviana de Medicina Familiar Filial La Paz

Iberoamerican Conference Calls for Family Doctors to Play Central Health System Role

Ibero America is a diverse region with a wide heterogeneity regarding both its socio-economic development and its health outcomes, with childhood mortality rates ranging from about 10% in some areas of Bolivia, Brazil or Perce to less than 1% in Cuba or Chile. Since the beginning, almost 25 years ago, Wonca Iberoamericana-CIMF was created as a NGO devoted to the development of Family Medicine in Iberoamerica. At present, is made up of 19 National Associations of Family and/or General Medicine of the Region organized into four sub-regions: Andean, Southern Cone, MesoAmerica and the Iberic Peninsula.

As of our regional initiatives, driven by the WONCA/WHO Conference held in Ontario in November 1994, the academia, as well as representatives of international organizations and governments of Ibero America met in Buenos Aires. The aim was promoting the inclusion of Family Medicine into the health services and universities following the reforms that were taking place in several countries. In May, 2002, in Seville, Spain, the first Ibero American Summit in Family Medicine, entitled "Committed to Improve the Health of the Population", was organized addressing four important issues: Family Doctors, Health Systems and Demands of Citizens, Quality Improvement in Family Practice and Primary Health Care, and Undergraduate Education and Postgraduate Training of Family Physicians. The Summit concluded with the publication of technical documents framed in the "Declaration of Seville".

November 2003, in Margarita, Venezuela, following the compromises adopted in Seville, experts in medical education and scientific representatives of Family Medicine, gathered to define regional standards for the accreditation of Residency Training Programs, CME activities and Certification of Specialists in Family Medicine. This initiative concluded with the publication of recommendations contained in the Declaration of Margarita, "Improving the Professional Quality of Family Doctors in Ibero America".



At the Cumbre Iberoamericana de Medicina Familiar – Iberoamerican Summit on Family Medicine in Santiago, Chile from October 4-5, 2005. From left to right: Dr Bruce Sparks (Wonca President), Dr Adolfo Rubinstein (Wonca Iberoamericana-CIMF Regional President), Dr. Pedro Garcia Aspillaga (Minister of Health of Chile), Dr. Oscar Fernandez (Chair of the Summit), Dr. Hernan Montenegro (Chief of the Unit of Health Services, PAHO/WHO)

Finally, and continuing the process of "sensitization" of decision makers from the region towards the development of Family Medicine initiated in the first Summit held in Seville in May, 2002, Wonca-Iberoamericana-CIMF organized its second Summit that took place in Santiago de Chile in October 4-5, 2005. This meeting was chaired by the Minister of Health of the Republic of Chile and with the presence of several ministers and deputy ministers of the Region, the President of Wonca, the President elect and the CEO, high officers of PAHO/WHO and Barbara Starfield as a keynote speaker. Participants included more than 200 Iberoamerican policy makers, primary care academicians

and representatives and delegates of the national associations of the Wonca Iberoamericana-CIMF. After two hard working days of conferences, workshops, networking, cultural activities and also "productive leisure", participants agreed upon a document containing 10 recommendations to foster family medicine and primary care as the central level of health care systems in Latin America. The 10 recommendations were signed under the "Compromisos de Santiago de Chile".

This Report represents a major advance for family medicine in Latin America. Starting from a very weak position, family physicians constitute much less than 50% of the physician supply in most countries. The financing and organization of health services work against rather than for primary care principles. Given that situation, the "Compromisos de Santiago de Chile" represent consensus, commitment ('compromisos') and promises to place primary care in a central role in order to enhance the effectiveness, equity, and efficiency of health services.

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(Editor's note: The complete Spanish text of the 10 recommendations to foster family medicine and primary care from the "Compromiso de Santiago de Chile – Octubre 2005" may be found on the Wonca Iberoamericana-CIMF website at <http://www.cimfweb.org>)

WONCA REGIONAL NEWS

MEET DR ADOLFO RUBINSTEIN: IBEROAMERICANA-CIMF REGIONAL PRESIDENT

I graduated as a physician from the Faculty of Medicine of the University of Buenos Aires (UBA) in 1982. After a 6-month student clerkship in Internal Medicine and Cardiology at the Brigham and Women's Hospital, Boston, I returned to Buenos Aires to complete a four-year residency training Program in Internal Medicine at the Hospital Italiano de Buenos Aires, a major teaching hospital of the UBA School of Medicine. In 1989, I was appointed as chief resident for an additional year of clinical training in Primary Health Care and Family Medicine. Subsequently, I was offered the position of Director of the new Family Medicine Program that was created at that time, and in 1993, the position of Chief of the Division of Family and Preventive Medicine at this Hospital. In 1994, I started the Summer Program in Clinical Effectiveness at Harvard School of Public Health where I received a MS degree in Epidemiology in 1996. In 1997, I created the Foundation MF, an NGO devoted to professional education and research in Primary Care and Family Medicine. In 2000, I obtained the PhD (Doctor) in Medicine with concentration in Public Health from UBA. In 2002, I completed a postgraduate program in Health Economics for developing countries at the Center for Health Economics, University of York, UK. Later that year, I was appointed as the first Full Professor of Family Medicine of UBA (and also of Argentina as Family Medicine is a rather new specialty in my country). Since 2004, I am the Director of the

Department of Family Medicine and also Associate Professor of Public Health of the Faculty of Medicine (UBA). In October 2004, I was elected as Wonca Iberoamericana-CIMF Regional President.



Dr Adolfo Rubinstein
Wonca Iberoamericana-CIMF Regional
President

My professional life is divided between Primary Health Care (PHC) practice, education and research in and an academic career in Clinical Effectiveness, including Health Economics and Health Technology Assessment. In the field of Primary Care policy and management, as head of the Division of Family and Preventive Medicine, I contributed to the development of a Primary Care community based health network at the Hospital Italiano which now covers more than 120,000 individuals in the area of Buenos Aires, having primary care doctors as first contact care in a capitated system where family doctors have a defined panel of patients. Since 2000, I have also participated in many governmental and non-governmental health services Reform initiatives in the field of Primary Care in Argentina. More recently, as Iberoamericana-CIMF Regional President, I am deeply involved with several Projects oriented to PHC reform across different countries of the Region.

As a Primary Care academician, I was the editor of the first Textbook of Family Medicine and Ambulatory Care in Latin America which has already reached all the countries in the Region and Spain with more than 6,000 books sold in its first edition. Now, the second edition is being released. As a professor of Family Medicine, I have an important teaching load at the University both at undergraduate and postgraduate level. My publications over the last few years have been related to clinical aspects of the practice of PHC as well as policy research issues in this field, in national and international peer review journals. My major research interest is now concentrated on the impact of Health Reforms on the organization of PHC services in Argentina and Latin America.

With respect to Epidemiology and Health Policy, I am the Director of the Master's Program in Clinical Effectiveness at the University of Buenos Aires. The history of this initiative is inextricably linked to Harvard. In May 1996, when I had almost graduated from the Master's Program in Clinical Effectiveness (PCE) at

Harvard, I envisioned the idea of a collaborative venture with Harvard PCE. I thought about talking this idea over with my Harvard mentor, Fran Cook. His response was incredibly supportive and encouraging. Fran became a inspiring source of ideas, advice and key contacts to turn this ambition into a real training Program. From 1996 to 1999, I sent three other fellows to be trained at the Harvard PCE (2 were family doctors). All completed their degree. Other two had been already trained at other universities in USA and Canada. They would later constitute the core group and the Board of the Program. Our Program, inspired in the Program in Clinical Effectiveness at Harvard, was co-organized by the Harvard School of Public Health, with Fran Cook as our Co-director and with many other Harvard faculties involved in different teaching activities. To date, more than 130 students, 20 from different Latin American countries had graduated since 1999. I am convinced that the creation of this Program has been an important leverage to install family medicine as an academic discipline in Argentine.

As a second generation project, our group created the Institute of Clinical Effectiveness and Health Policy (IECS) in 2002. The IECS is a non-profit institution affiliated to the University of Buenos Aires, devoted to education, evaluation and research in health services and policy, specially focused on the evaluation of the effectiveness, appropriateness and cost-effectiveness of health services and technologies in Argentina and Latin America. My research projects in this field have been focused on Health Technology Assessment and the influence of economic evidence on health resource-allocation decision making. I was recently awarded with a grant from the Ministry of Health to make a sectoral Cost-Effectiveness analysis of a package of preventive cardiovascular interventions in Buenos Aires, based on the model developed by WHO .

Last but not least, I am still a practicing family doctor, though I can not devote the time I would like to my clinical practice. Nevertheless, I dedicate about 10 to 12 hours a week to take care of 200 families (about 600 patients) who are under my personal care.

As a Regional President of Wonca Iberoamericana CIMF, I feel very proud of being part of the global Wonca family. In case you still don't know, the first Regional conference of Wonca Iberoamericana CIMF will be held in Buenos Aires, Argentina, from October 11th through October 14th. I hope all the global community of family doctors can be here. I promise you won't regret it!!

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First Lady of Timor-Leste Addresses RACGP: Asks for Help for Mothers and Children

The Royal Australian College of General Practitioners (RACGP) was recently honoured when Her Excellency Kirsty Sword Gusmao, First Lady of the Democratic Republic of Timor-Leste addressed the 48th Annual Scientific Convention. Her Excellency addressed the convention in her role as Chairwoman of the Alola Foundation, a role which receives no official recognition or government sponsorship. She spoke not as a representative of her government, but as a woman and a mother about the plight of the mothers and children in Timor-Leste, and what we can do as general practitioners and general practices to help. The following is excerpted from Her Excellency's address to the RACGP.

Timor-Leste has one of the highest infant and maternal mortality rates in the world. With an average of 8 children per family, we also have one of the highest fertility rates in the world.

Birth spacing and birth limiting are virtually unknown. There is a high prevalence of TB, malnutrition and iodine and vitamin A deficiency. Malaria is endemic across the country and there is a high incidence of childhood respiratory infections, diarrhoeal diseases and a rising incidence of non-communicable diseases. Timor-Leste is endemic for leprosy.

At least 70% of all households do not have access to safe water.

Less than 50% of our population are literate and the average daily income is 50 US cents per day. Health services were brought to a complete standstill in the wake of the violence of 1999, and virtually all health infrastructure was either partially or completely destroyed.

Primary care encompasses activities in the area of promotion of a healthy lifestyle, disease prevention and basic curative care, provided at each of the nation's 63 Community Health Centres and 175 Health Posts. The main providers of primary care are "general" nurses, midwives and clinical nurses posted in every community health centre and HP and numbering between 6 and 10, depending on the size of the population they serve. Medical doctors are posted in every district to support the efforts of primary care workers.

Her Excellency Kirsty Sword Gusmao, Chairwoman of the Alola Foundation and First Lady of the Democratic Republic of Timor-Leste, presents Wonca Executive Member and RACGP President Michael Kidd with a traditional woven shawl known as a selendang as a token of friendship

The Alola Foundation was established in 2001 to raise awareness of and campaign against the sexual and gender-based violence inflicted on women in East Timor. The Alola Foundation works proactively in direct partnership with individual citizens and non-profit organizations from within this new nation and around the world to improve the lives of East Timorese women.

Since we are an organisation focused upon addressing the needs

of women and children, our work in the health field has to date been limited to maternal and child health and specifically to the promotion of breastfeeding. Being the mother of three small children aged under 5, all of whom were born at Dili National Hospital, I am passionate about breastfeeding.

Our resources are small and our needs are great. For example, the Foundation was recently told that an increasingly large number of rural women are checking into the hospital to give birth with, not only not a single item of clothing for their newborns, but without cloth to wrap their babies, nor a change of clothes for themselves. The hospital was running out of sheets for the beds since, desperate to help these new mums, the staff of the hospital were ripping up the hospital bed linen to make simple wraps for the new bubs. Many new mothers, for lack of sanitary napkins and even underwear in some cases, often leave the hospital dripping blood.

In response, the Alola Foundation started raising money to put together maternity packs to distribute through the Dili and Baucau hospitals. Home births are the norm in Timor-Leste and it is our hope that the packs will serve as an incentive to women to give birth in a health facility, giving them access to skilled assistance and care and therefore contributing to a reduction in infant and maternal mortality.

What can medical practitioners in Australia do to be of assistance and support within the health sector in Timor-Leste? Firstly, it is our belief that every form of assistance should be sustainable and should complement existing inputs. The Minister of Health of Timor-Leste has recommended that one likely and practical form of assistance might be to have Australian GPs "adopt" a community health centre or health

post to better support the implementation of the BPS. From this entry point, several other inputs could be identified, for example, training, coaching, mentoring of primary health care workers etc. In addition, any initiative or intervention which supports educational opportunities and the economic empowerment of women clearly has positive outcomes in terms of the health status of the women of Timor-Leste.

And so I would encourage any of you who are interested to contact the Alola Foundation at www.alolafoundation.org to learn how you can help to build a better future for the women and kids of our little nation.

Submitted by
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(Editor's note: Additional information on the First Lady's presentation on Timor-Leste to the RACGP is available in Wonca's Global Resource Directory at www.GlobalFamilyDoctor.com via the Global Family Doctor homepage: Left Menu Quick Links > Global Directory, or Top Menu > Education > Global Resource Directory)

HEALTH AND HEALTH SYSTEM NEWS

AVIAN FLU SPREADS: COUNTRIES PREPARE FOR A PANDEMIC

Countries around the world are bracing themselves to deal with the transmission of avian flu, which has begun to spread from its origins in South East Asia. Outbreaks of the H5N1 strain among birds were first spotted in Vietnam and Thailand in 2003. The H5N1 Avian flu strain remained largely in South-East Asia until this summer, when Russia and Kazakhstan both reported outbreaks. Its emergence in Turkey, Croatia and Romania in Eastern Europe this fall has raised fears of a pandemic, prompting the WHO to urge heightened surveillance and vigilance. Scientists fear it may be carried by migrating birds to Europe and Africa but say it is hard to prove a direct link with bird migration.

The World Health Organization puts the number of human deaths at 68 out of a total of 132 human cases. The disease generally still does not transmit easily to humans. Concern is mounting that it may combine with a human strain to produce a mutation that is more dangerous and difficult to combat. The WHO warns, "Each additional human case increases opportunities for the virus to improve its transmissibility, through either adaptive mutation or re-assortment. The emergence of an H5N1 strain that is readily transmitted among humans would mark the start of a pandemic."

Cumulative Number of Confirmed Human Cases of Avian Influenza A/ (H5N1) Reported to WHO as of November 25, 2005

Date of onset	Indonesia		Viet Nam		Thailand		Cambodia		China		Total	
	cases	deaths	cases	deaths	cases	deaths	cases	deaths	cases	deaths	cases	deaths
12-03 to 12-04	0	0	27	20	17	12	0	0	0	0	44	32
01-05 to date	11	7	66	22	4	1	4	4	3	2	88	36
Total	11	7	93	42	21	13	4	4	3	2	132	68

Note: Total number of cases includes number of deaths. WHO reports only laboratory-confirmed cases.

Currently, WHO does not recommend travel restrictions to areas experiencing outbreaks of highly pathogenic H5N1 avian influenza in birds, including countries which have reported associated cases of human infection. Local authorities may, however, usefully provide information to travelers on risks, risk avoidance, symptoms, and when and where to report should these symptoms develop.

WHO advises travelers to avoid contact with high-risk environments in affected countries. Travelers to areas affected by avian influenza in birds are not considered to be at elevated risk of infection unless direct and unprotected exposure to infected birds (including feathers, feces and undercooked meat and egg products) occurs.

Bird flu - the global impact



The Global Spread of the Avian Flu: November, 2005



Avian Flu Deaths by Country: November, 2005

Direct contact with infected poultry, or surfaces and objects contaminated by their droppings, is considered the main route of human infection. Exposure risk is considered highest during slaughter, defeathering, butchering, and preparation of poultry for cooking. WHO continues to recommend that travelers to affected areas should avoid contact with live animal markets and poultry farms, and any free-ranging or caged poultry. Large amounts of the virus are known to be excreted in the droppings from infected birds. Populations in affected countries are advised to avoid contact with dead migratory birds or wild birds showing signs of disease. There is no evidence that properly cooked poultry or poultry products can be a source of infection.

Many countries are developing plans to protect against the possibility that the virus will start to spread

between humans. The World Health Organization recommends countries should stockpile enough antiviral drugs to cope with a pandemic, which it estimates would affect 25% of the population, but warns that developing countries in particular are likely to fall well short.

Pending the availability of vaccines, several antiviral drugs are expected to be useful for prophylaxis (prevention of illness) or treatment purposes. Two drugs (in the neuraminidase inhibitors class), oseltamivir (commercially known as Tamiflu) and zanamivir (commercially known as Relenza), have been shown, in laboratory studies, to reduce the severity and duration of illness caused by seasonal influenza. The efficacy of the neuraminidase inhibitors depends on their administration within 48 hours after symptom onset. For cases of human infection with H5N1, the drugs may reduce the severity of disease and improve prospects of survival, if administered early, but clinical data are limited.

Another class of antiviral drugs, the M2 inhibitors amantadine and rimantadine, could potentially be used against pandemic influenza, but resistance to these drugs may develop rapidly and this could significantly limit their effectiveness. Some currently circulating avian H5N1 strains are fully resistant to the M2 inhibitors, while others remain fully susceptible.

For the neuraminidase inhibitors, the main constraints - which are substantial - involve limited production capacity and a price that is prohibitively high for many countries. Because of the complex and time-consuming manufacturing process, the sole manufacturer of oseltamivir is unable fully to meet demand and faces a backlog of orders. At present manufacturing capacity, which has recently quadrupled, it will take a decade to produce enough oseltamivir to treat 20% of the world's population.

Since supplies are severely constrained, countries now stockpiling antiviral drugs need to decide in advance on priority groups for administration. Frontline health care workers would be an obvious first choice, but such decisions are the responsibility of governments. While antiviral drugs can confer some measure of protection pending the availability of vaccines, these drugs should not be used to perform the same public health function as vaccines - even if supplies would permit. The mass administration, for prophylactic purposes, of antiviral drugs to large numbers of healthy people for extended periods is not recommended, as this could accelerate the development of drug resistance.

Following a donation by industry, WHO will have a dedicated stockpile of antiviral drugs (oseltamivir), sufficient for 3 million treatment courses, by early 2006. These drugs are strictly reserved for use in the first areas affected by an emerging pandemic virus. Recent studies, based on mathematical modeling, suggest that these drugs could be used prophylactically near the start of a pandemic to reduce the risk that a fully transmissible virus will emerge or at least to delay its international spread, thus gaining time to augment vaccine supplies. The drugs will be stored centrally; WHO has considerable experience in the rapid dispatch of medical supplies during emergencies.

The success of this strategy, which has never been tested, depends on several assumptions about the early behavior of a pandemic virus, which cannot be known in advance. Success also depends on excellent surveillance and logistics capacity in the initially affected areas, combined with an ability to enforce movement restrictions in and out of the affected area. To increase the likelihood that early intervention using the WHO rapid-intervention stockpile of antiviral drugs will be successful, surveillance in affected countries needs to improve, particularly concerning the capacity to detect clusters of cases closely related in time and place.

At the start of a pandemic and for many months thereafter, all countries will face inadequate supplies of vaccines and antiviral drugs. WHO has therefore organized several expert consultations to explore the role of classic public health measures in reducing transmission and delaying spread. Evaluation of these measures has been based on limited experience during past pandemics and on what is known about the behavior of normal influenza viruses.

The effectiveness of several measures will depend on the characteristics of the pandemic virus (attack rate, virulence, principal age groups affected, modes of spread within and between countries), and these cannot be known in advance. After a pandemic is declared, WHO will monitor its evolution in real-time. Recommendations about the most effective measures will therefore become more precise as the epidemiological potential of the virus unfolds. For all these reasons, the recommendations below should be taken as general guidance, and not as formal WHO advice. Recommended measures are specific to the phase of alert in the WHO six-phase scale.

The present situation is categorized as phase three in the pandemic: human infections with a novel virus subtype (H5) are occurring, but there is no evidence

that the virus is spreading efficiently and sustaining itself among humans. To date, 132 human cases have been officially confirmed, despite the infection of tens of millions of birds over a wide geographical area for almost two years, in a situation with abundant opportunities for human exposure. At this phase, WHO recommends vigilance for human cases in areas experiencing bird flu outbreaks. Unaffected areas should undertake measures to prevent entry of the virus via poultry or wild birds, especially as this virus, once established in birds, has proved to be especially tenacious. For humans, no travel restrictions or screening measures at borders are recommended, as the risk that the virus will be carried by international travelers is considered negligible.

Further information is available through the WHO at: http://www.who.int/csr/disease/avian_influenza/avian_faqs/en/index.html

(Editor's Note: Please see Resources for the Family Doctor for additional web links to clinical information about the Avian Flu)

Wonca Participates in Millennium Development Goals Workshop

Representatives of Wonca led a workshop focusing on the contribution of health professionals towards the global Millennium Development Goals (MDGs) at the Commonwealth People's Forum Workshop held during the Commonwealth Head of Governments meeting in Malta on November 21, 2005.

Three presenters - practising physicians also involved in international activities - provided practical examples of their personal and their organisation's net-working concepts and partnerships. On behalf of Wonca, Dr. Ilse Hellemann, former Wonca Executive Committee member and liaison to the World Health Organization, presented the World Organisation of Family Doctors' contributions to health systems' development. Dr. Jean Karl Soler, a Family Doctor from Malta and Wonca Council member, explained about epidemiology and public health aspects in General Practice / Family Medicine and introduced the International Classification System of Primary Care (ICPC -2e) as an appropriate tool to collect and process health data on the community level. Dr. Ganesh Supramaniam, Pediatrician and Secretary General of the Commonwealth Association of Mentally Handicapped and Disabled (CAMHADD) presented CAMHADD as an excellent example of a Commonwealth related Non-

Governmental Organization (NGO), net-working with international governmental organisations and other NGOs, implementing the health related MDGs.



Presenting on the Millennium Development Goals in Malta -
From left to right, Dr Jean Soler, Dr Ilse Hellemann and Dr Ganesh Supramaniam

Then, all of the participants were invited to explain what they individually and with their respective organisations could contribute to partnerships to implement the health related MDGs. The discussion was lively and fruitful, especially as it turned out that many of the participants were not health professionals, but ecologists, social service coordinators, meteorologists and human resource professionals.

The conference participants concluded that health is everybody's business, with many different sectors are involved. Six of the eight MDGs are health related – and it is obvious that the formal health sector alone is not in a position to achieve these goals. Health is not the product of the health sector only. A variety of factors determine health. Thus, a need exists to collaborate and network to improve health.

To be successful will require information sharing, to develop a consistent documentation system and database, and to develop and distribute health information tools. Existing networks and partnerships, such as Wonca, WHO, and CAMHADD, should be strengthened and additional relationships built with all sectors of society. Emphasis should be on the education of women and children and on preventive health care.

Participants agreed that the Commonwealth and this forum should continue to provide an excellent example of networking among 53 nations, both, on the governmental level and on level of the civil society and NGOs. Participants recognized the importance of sharing these common goals as a means to attain mutual understanding, security and peace.

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(Editor's note: Additional information on the Millennium Development Goals is available through the United Nations at <http://www.un.org/millenniumgoals/> and the World Health Organization at <http://www.who.int/mdg/en/>)

MEMBER AND ORGANIZATIONAL NEWS

LEELA DE A KARUNARATNE: WONCA GLOBAL FAMILY DOCTOR FOR NOVEMBER 2005

Dr. Leela De A Karunaratne was born in 1930 in Sri Lanka. She holds the following medical qualifications: MBBS (Cey - 1954), DCH (Cey - 1970), MRCP (UK - 1974) and MD Family Medicine (SL - 1992). Dr Karunaratne is a family physician who has served people and who has made important contributions to the profession, academia and Wonca.

Professionally, she served in Sri Lankan hospitals from 1954 - 1957. She embarked on a career in general practice in 1957 as an employee and later as a solo general practitioner from 1965 to present in a town 10 miles south of Colombo. She has provided holistic family care up to four generations and also wielded a great deal of responsibility both socially and medically in the town where she practices.



**Dr Leela De A
Karunaratne:**
Wonca Global Family
Doctor for November
2005

Dr Karunaratne became a member of the College of General Practitioners of Sri Lanka in 1975 and has served the College continuously, including as President of the College from 1989 - 1991. She was one of the pioneers of postgraduate education in Family Medicine at the Postgraduate

Institute of Medicine Sri Lanka from 1981 until present, serving as Secretary to the Board of Study, lecturer and examiner. She was invited as external examiner for the MD General Practice at the Tribhuvan University, Kathmandu, Nepal in 1990. She was responsible for establishing Family Medicine in the Medical Undergraduate Curriculum in 1993, and became a Professor of Family Medicine holding the Chair and being Head of the Department of Community Medicine and Family Medicine at the Faculty of Medical Sciences, University of Sri Jayewardenepura where she developed a model Family Practice Centre for practice, teaching and research in Family Medicine. She has conducted and published or presented numerous research studies, books, chapters and guidelines in family medicine.

Dr Karunaratne has been active in Wonca for two decades. She was plenary speaker at the 11th Wonca World Conference in 1986 and again at the 13th World Conference held in Vancouver, Canada in 1992. She participated at the historic WHO-Wonca meeting held in 1994 in Ontario, Canada which led the adoption of the 1995 World Health Assembly resolution recognizing the central role of family doctors in health systems and in meeting people's health needs. She served as Chairperson of the Scientific Committee for the 2002 Wonca-MESA Regional Conference 2002 and was plenary speaker during its 2005 conference. Dr Karunaratne has received numerous honours and awards, including being elected Fellow of the Royal College of General Practitioners in 1982; Fellow of the College of General Practitioners of Sri Lanka in 1989, Degree of Doctor of Science Honoris Causa conferred in 2003; and Honorary Memberships with the College of General Practitioners

Lahore Pakistan in 1986 and College of Family Physicians Canada in 1994.

Dr Karunaratne is married to a dental surgeon with whom she had a joint practice. Their family of two daughters has been extended now to include two sons-in-law and four grandchildren who live with them in perfect harmony. She is very keenly interested in domestic matters and the environment, and is a keen gardener who maintains a tranquil and attractive garden in their home.

Dr. Leela De A Karunaratne is a leader in Family Medicine in Sri Lanka who has pioneered the course of Family Medicine in her country since the early 1970s. Her commitment to uplift the cause of Family Medicine in Sri Lanka and around the world through Wonca is widely recognized and of immeasurable value.

(Editor's Note; The "Global Family Doctor of the Month" Award is an award to encourage philanthropy among primary care practitioners and to honour doctors giving their time and expertise to their global colleagues and their patients. The award is given to doctors who are recognised by their colleagues as having contributed significantly to the community in which they work by way of their practice, community involvement, charity work or other humanitarian acts.

Each Award winner is given a letter of congratulations from the Wonca CEO, an award certificate and a complete office diagnostic set from Welch Allyn worth approximately \$400.

Submission Requirements include:

1. Title and Full Name of nominee.
2. Photo of nominee. The winner and his/her photo would be featured on Wonca's website www.GlobalFamilyDoctor.com

3. Postal address of nominee.
4. Reasons for nomination for the Award.
5. Brief resume or CV of the nominee
6. Any other relevant information that would assist Wonca in the selection process.

Please submit nominations for this monthly Award to Dr Alfred Loh, CEO of Wonca at the Wonca Secretariat via email to admin@wonca.com.sg)

Pakistan Family Doctors Offer Support and Thanks Following the Earthquake

An earthquake measuring 7.6 on the Richter Scale struck on 8 October 2005 with the epicentre about 60 miles north-northeast of Pakistan's capital, Islamabad. The earthquake, which killed over 80,000 people in Pakistan alone, has left an estimated 3.5 million survivors homeless in Pakistan, India and Afghanistan. On October 16, Dr Tariq Aziz, Wonca Council Member for the Pakistan Society, sent the Wonca Executive the following email)

Thanks for your Wonca email of support. On behalf of the Pakistan Society of Family Physicians, I really feel encouraged to know that our international community has felt deeply about our problems and conveyed their concern.

About 26 hospitals and several hundred clinics or surgeries have been destroyed by this massive earthquake. Almost 70% - 80% of our population along with much of our infrastructure has been completely wiped out as if nothing existed. Some hilly areas in which 20% of the population live are not accessible as yet to outside relief.

All government agencies, including 100,000 troops (Army) along with hundreds of Non Governmental Organizations, are working day and night. On average, 80 patients are on daily operating lists receiving needed surgery in each field hospital and nearby city hospitals. We face shortage of even simple things like sterilized gauze, bandages, scrubs, disposable sutures, analgesic and antibiotics. As much housing is destroyed or damaged, many people are left laying in the open. Tents and blankets are major requirements. In very large city like Lahore, tents have been completely out of stock.

The Pakistan Society of Family Physicians is doing our part to respond. I am working with several organizations along with the Pakistan Society of Family Physicians. The whole nation has really jelled together. Every locality in the country is sending relief goods available to them. Any help from Wonca, including your kind words are most welcome, as they give us the strength to continue to work harder day and night.

Thanking you once again.

Dr M Tariq Aziz
 Wonca Council Member
 Pakistan Society of Family Physicians
 psfp@wol.net.pk

RESOURCES FOR THE FAMILY DOCTOR

USEFUL WEBSITES ON THE AVIAN INFLUENZA VIRUS

A variety of useful websites contain relevant clinical and public health information for family doctors. These include:

WHO: http://www.who.int/csr/disease/avian_influenza/avian_faqs/en/index.html

CDC: <http://www.cdc.gov/flu/avian/index.htm>

UK Health Protection Agency: http://www.hpa.org.uk/infections/topics_az/avianinfluenza/menu.htm

Nature: <http://www.nature.com/nature/focus/avianflu/index.html>

Pandemic Flu: <http://www.pandemicflu.gov/>

Current Pandemic Phase: http://www.who.int/csr/disease/avian_influenza/phase/en/

UK DoH Contingency plan: <http://www.dh.gov.uk> , search with ref 4615.

BMJ Learning Module: www.bmjlearning.com/ and search for “influenza pandemics: bird flu” for free training programme.

Global Fellows Positions Available

The Ellison Institute for World Health at Harvard University, is currently seeking distinguished candidates for their two year Global Fellows Program. Global Fellows will apply their core research skills in the areas of economics, public health, health policy, demography, and related fields to enhance international health policy. An MD and/or a PhD in health economics, health services research, statistics, epidemiology, public health, or related field or equivalent experience is required. Applications will be accepted on a rolling basis. This fellowship has a flexible start date of January 1, 2006 and a minimum starting salary of \$45,000.

- Interested applicants should forward an electronic copy of the following:
- Letter of intent (describing the applicant’s research areas of interest)
 - One letter of recommendation
 - Curriculum vitae

Please send these documents via email to: global-health@harvard.edu and include “Ellison Global Fellows Program” in the subject line of your email. If you are unable to send us your materials via email, you may send them to us at the following address:

Ellison Institute for World Health at Harvard University - Global Fellows Program
 104 Mount Auburn St., and email to Andrew Colitz at
Andrew_Colitz@harvard.edu

WONCA CONFERENCES 2005 – 2010 AT A GLANCE

 Information correct as of October 2005.
 May be subject to change.

 See Wonca Website www.GlobalFamilyDoctor.com for updates

2005	Region	Venue	Theme
8 – 11 Dec	Americas Regional Conference	Vancouver CANADA	Preparing For Tomorrow The Way Forward
2006			
27 – 30 Aug	European Regional Conference	Florence ITALY	Towards Medical Renaissance: Bridging the Gap Between Biology and the Humanities
8 – 15 Sept	7th Rural Health Conference	Seattle Washington USA	Transforming Rural Practice Through Education
11 – 15 Oct	Iberoamericana - CIMF Regional Conference	Buenos Aires ARGENTINA	Pursuing Equity and Efficiency in Healthcare: the Role of the Family Doctor
5 – 9 Nov	Asia Pacific Regional Conference	Bangkok THAILAND	Happy and Healthy Family
2007			
24 – 27 July	18th WONCA World Conference	SINGAPORE	Genomics and Family Medicine
17 – 21 Oct	European Regional Conference	Paris FRANCE	Re-Thinking Primary Care in the European Context: A New Challenge for General Practice
2008			
1 – 5 Oct	Asia Pacific Regional Conference	Melbourne AUSTRALIA	Theme to be confirmed
2009			
5 – 8 June	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
2011			
February 2011	Asia Pacific Regional Conference	Cebu PHILIPPINES	Paradigms of Family Medicine: Bridging Old Traditions with New Concepts

GLOBAL MEETINGS FOR THE FAMILY DOCTOR**WONCA WORLD AND REGIONAL
CONFERENCE CALENDAR****Wonca Europe Regional Conference, Florence 2006**

Host: CSERMEG
Theme: Towards Medical Renaissance
Date: 27-30 August, 2006
Venue: Florence, Italy
Contact: OICsrl
Viale Matteotti 7
50121 Florence, Italy
Tel: +39 0555 0351
Fax: +39 0555 001912
Email: wonca2006@oic.it
Web: <http://www.woncaeuropa2006.org>

**Wonca 7th Rural Health Conference, Seattle-Anchorage
2006**

Host: Wonca Rural Health Working Party
Theme: Transforming Rural Practice Through Education
Date: 8-15 September, 2006
Venue: 8 -10 September – Wonca Rural Conference
University of Washington campus
11-13 September, 34th Annual Advances in
Family Practice
University of Washington campus
13-15 September, Post Conference
Talkeetna Alaskan Lodge
Anchorage, Alaska
Contact: Tom E Norris, MD
Chair, Host Organizing Committee
Department of Family Medicine
University of Washington School of Medicine
Box 356390
Seattle, WA 98195-6390, USA
Fax: 206-543-3101
Email: tnorris@u.washington.edu
Web: <http://www.ruralwonca2006.org/>

Wonca Iberoamericana-CIMF Region, Buenos Aires, 2006

Host: Federacion Argentina De Medicina Familiar y
General
Theme: Pursing Equity and Efficiency in Healthcare:
The Role of the Family Doctor
Date: 11-15 October, 2006
Venue: Sheraton Hotel, Buenos Aires
Contact: Federacion Argentina De Medicina Familiar y
General
Tel: 54 11 4958 5079
Email: famfyg@aamf.org.ar
Web: www.famfyg.org.ar

**15th Wonca Asia Pacific Regional Conference, Bangkok
2006**

Host: General Practitioners/Family Physicians
Association of Thailand
College of Family Physicians of Thailand
Theme: Happy and Healthy Family
Date: 5-9 November, 2006
Venue: Miracle Grand Convention, Hotel Bangkok
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 6653
Web: www.thaifammed.org

18th Wonca World Conference, Singapore 2007

Host: College of Family Physicians, Singapore
Theme: Genomics and Family Medicine
Date: 24-27 July, 2007
Venue: Singapore International Convention and
Exhibition Centre
Contact: Dr Tan See Leng, Chairman,
Host Organizing Committee
College of Family Physicians, Singapore
College of Medicine Building
16 College Road #01-02
Singapore 169854
Tel: 65 6223 0606
Fax: 65 6222 0204
Email: contact@cfps.org.sg
Web: www.wonca2007.com

Wonca Europe Regional Conference, Paris, 2007

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

19th Wonca World Conference, Cancun 2010

Host: Mexican College of Family Medicine
 Theme: Millennium Develop Goals:
 The Contribution of Family Medicine
 Date: 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: javier.dominguez@unfpa.org.mx

MEMBER ORGANIZATION AND RELATED MEETINGS

5th Austrian Winter Conference on General Practice and Family Medicine, Austria 2006

Date: January 14-21, 2006
 Venue: Hotel Rote Wand in Lech am Arlberg, Austria
 Contact: Vienna Medical Academy
 Attn. Hedwig Schulz
 Alser Strasse 4,
 1090 Vienna, Austria
 Tel: +43 1 405 13 83-10
 Fax: +43 1 405 13 83-23
 E-mail: h.schulz@medacad.org
 Web: www.oegam.at

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/>

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

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



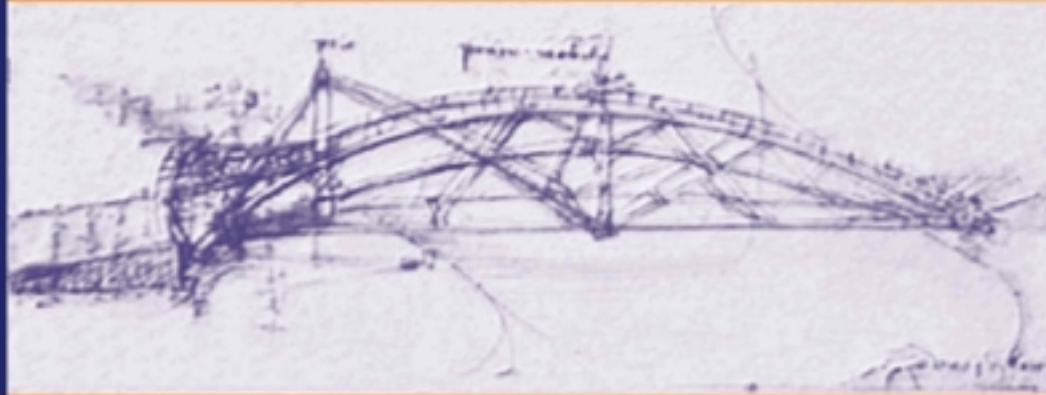
Wonca

World family doctors. Caring for people.
EUROPE

WoncaEurope 2006

12th Regional Conference of the European Society of
General Practice/Family Medicine

Florence, Italy
Fortezza da Basso
27-30 August 2006



TOWARDS MEDICAL RENAISSANCE
bridging the gap between
BIOLOGY and HUMANITIES

www.woncaeurope2006.org

