

# WONCANews

An International Forum for Family Doctors



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### World Organization of Family Doctors [www.GlobalFamilyDoctor.com](http://www.GlobalFamilyDoctor.com)

#### Wonca President

Professor Chris van Weel  
Department of Family Medicine,  
117 HAG  
University Medical Centre Nijmegen  
PO Box 9101  
6500 HB Nijmegen  
The Netherlands  
Tel 31 24 361 6332  
Fax 31 24 354 1862  
Email C.vanWeel@hag.umcn.nl

#### Wonca Chief Executive Officer

Dr Alfred W T Loh

#### Wonca World Secretariat

College of Medicine Building  
16 College Road #01-02  
Singapore 169854  
Tel 65 6224 2886  
Fax 65 6324 2029  
Email admin@wonca.com.sg

#### Wonca President Elect

Richard G Roberts, MD, JD, USA

#### Immediate Past President

Professor Bruce L W Sparks, South Africa

#### Honorary Treasurer

Professor Michael Kidd, Australia

#### Executive Members at Large

Dr Javier Dominguez del Olmo, Mexico  
Dr Iona Heath, United Kingdom  
Professor Michael Kidd, Australia

#### Regional Presidents

##### Wonca Africa

Professor Khaya Mfenyana, South Africa

##### Wonca Asia Pacific

Dr Donald K T Li, Hong Kong

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Professor Igor Svab, Slovenia

##### Wonca Iberoamericana - CIMF

Professor Adolfo Rubinstein, Argentina

##### Wonca Middle East South Asia

Dr Preethi Wijegoonewardene, Sri Lanka

##### Wonca North America

Dr Alain Montegut, USA

##### Chair, Bylaws & Regulations Committee

Dan Ostergaard MD, USA

##### Chair, Wonca Publications and Communications Committee

Dr Geoffrey D Martin, Australia

##### Editor, Wonca News & Editorial Office

Marc L Rivo, MD, MPH  
4566 Prairie Avenue  
Miami Beach, FL 33140, USA  
Tel 1 305-671-7327  
Fax 1 305-674-8839  
Email marcivo@aol.com

## WONCA GLOBAL SPONSORS



## FROM THE WONCA PRESIDENT :

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### THE YEAR OF PRIMARY CARE

Thirty years ago next year (2008), the WHO declaration of Alma Ata on primary health care was launched. The declaration expressed the ambition to address the health needs of all people on earth, and underscored the need to focus efforts on the local community. The vision of the Alma Ata declaration did strike a rapport with many, and in particular from professionals working in the field of family medicine. Yet, thirty years after its inception and nearly a decade after it was targeted for its fulfillment, health inequalities remain. Large populations lack safe drinking water, sanitation, or a living- or working environment with basic protection against health hazards

In November, I had the privilege, together with Rich Roberts, Michael Kidd and Alfred Loh, of meeting the WHO Director General, Dr Margaret Chan. For a report of that meeting, see the WHO feature article in this issue. Our discussions included the Alma Ata declaration and its position on primary health care. I was delighted to learn that Dr Chan was fully committed to the objectives of health for all and the role of primary health care.

The reasons of why there is, in 2007, still such a discrepancy between the objectives of 'Alma Ata' and the state of health around the globe, are manifold, and by and large outside the direct sphere of influence of (individual) health care. Social determinants of health include state conflicts, disregard of political leadership for the health and other needs of marginal groups, or their inability to act upon them, and lasting poverty that has drained communities of much of their resilience that might enable them to influence their plight.

The vision behind the declaration of Alma Ata was brilliant and timely, formulating the need to address health in a comprehensive intersectorial approach, including primary care in the community as the key component of health care. But what failed Alma Ata was a concerted plan of action, to realize it under the vast variation prevailing national and regional conditions. In fact, 'Alma Ata' was about the last grand design with a focus on equity. The global political agenda became soon afterwards dominated with the beliefs of the free market to solve societal problems - including health and health care politics. Public health took a back stage position and got disentangled from individual health care. And medical sociology, for a long time the

custodian of a societal acceptable, fair, health care, all but disappeared. The vision of 'health for all' became in many national health care programs at best the promotion of individual primary care.

It would be wrong, though, to disqualify 'Alma Ata' because of what it failed to deliver - hence my delight of Dr. Chan's intent to revitalize it. The Alma Ata declaration has had substantial influence - for example on medical education, and on the concepts and mission of individual primary care. This has strengthened the medical profession's involvement in prevention, health education and advocacy. Because of Alma Ata, family physicians and other health care professions in primary care are much better positioned to face the challenges of health needs for people. The universal support of the Wonca Council to address the social determinants of health may signal our resolve to bridge individual and community needs and revitalize the concept of primary healthcare.

Next year, 2008 will be the WHO year of primary care - an important symbolic support of our mission. This will give a special dimension to the work of all of us, in our care for our patients and our academic support for patient care. The world will look at the vision of Alma Ata with even more critical expectations. For that reason, I would like to take this opportunity of wishing you all, and your families a happy, successful and rewarding 2008.

**Professor Chris van Weel**  
President of Wonca

**FROM THE CEO'S DESK:**

**A RE-THINK ON WONCA WORLD CONFERENCES?**

The present way Wonca selects its host organization for a world conference involves a bid process in which interested member organizations make presentations at a Wonca Council, after which the Council votes for the host organization and country it feels will ensure the best outcome for the world conference.

The financial burden, accompanying financial risk, and the responsibility of ensuring a high standard of scientific content for the conference then lies solely with the host organization and organizing committee. The host organising committee receives input by the Conference Planning Committee (CPC) comprising the Chair of the Host Organising Committee, the Wonca Conference Liaison Person, who is a Member of Wonca Executive, and the Wonca CEO.

In the past, most of the Wonca world conferences have been largely successful and profitable for the host organization. But there have also been instances where the conference resulted in significant financial losses to the host.

Over the past two decades, Wonca world conferences have grown substantially in importance and size. This development is in tandem with the world organisation's significant growth in membership numbers, geographical spread and global importance as a non governmental organization.

This has led to greater interest and enthusiasm by member

organisations in their bid to host the world conferences. But the increase in the size and magnitude of the world conference and the corresponding increase in the financial burden and risk as well as the responsibility to ensure high standards of the scientific contents of the conferences have made the hosting of a Wonca world conference more onerous.

These factors have led to the possibility that only larger member organisations will have the human-resource capacity and financial strength to confidently bid for and host Wonca world conferences. When smaller member organizations do succeed in their bid, there may be the need to seek partnership with some commercial entity to help with the initial start-up capital and the need to involve a significant percentage of the host organization's membership in the scientific aspect of the conference.

It may perhaps be time for a review or re-think these practices and to explore how a Wonca world conference can be better organized with lesser financial risk to and manpower commitment by the host organisation. I am proposing that Wonca, as a world body, takes a greater part in the organizing of a world conference by way of committing financial resources and manpower to the organizing of the conference. This change in approach will have several advantages, which I'll elaborate below.

This greater involvement of Wonca in the organizing of a world conference will require that a member of the Wonca Executive sits as a member of the host organizing committee. This will in most situations be the regional president of the region in which the world conference is being held.

In this new approach, Wonca becomes an active partner with the host organization in organizing the conference and may commit a certain sum of money in the form of a temporary loan without interest as start-up capital ( say US\$300,000 ) for the conference. This will spare the host organization the financial burden of providing such funding on its own or through loans at the start or spare the host the need to tie up with some other third party (for example, a professional conference organisation or PCO ) for financial support.

In addition, Wonca commits its secretariat support to the international aspect of organizing the conference. This may be in the form of greater involvement in securing industry support for the conference; publicity and promotion, co-ordinating the vetting and selection of conference papers and sourcing of speakers. By that stage, the Wonca World Secretariat may need to have a special division of the Secretariat dedicated to organizing conferences

On the scientific aspect, as a global organisation, Wonca may enlist the help of a large number of key persons from the various Wonca regions, in the different fields of family medicine, to constitute the Conference Scientific Advisory Panel.

This Panel will ensure that the high standard of scientific papers presented at the different world conferences over time are of similarly high standards as the Advisory Panel can assist with the selection of papers and speakers. In short, there will be uniformity of standards in the scientific aspect of the conferences.

With its wider global networking, Wonca and the Advisory Panel will also be able to assist with the recommendation of well acknowledged and effective speakers for the conference.

For its part in providing the start-up capital and in committing manpower resources at the Wonca Secretariat level to the world conference, a certain percentage of the resulting profits, if any, may be shared with Wonca by the host organization. This percentage will be subject to negotiations between the two parties.

The above suggestions are just broad principles to be considered and there is definitely the need to look into greater details the finer legal, logistical, financial, organizational and manpower aspects to ensure that the new approach to organizing a Wonca world conference is workable.

The objective of these suggested changes to the way Wonca organizes its world conference is basically to enable and encourage the smaller colleges and those in developing countries to host Wonca world conferences which in the past decades have largely been held in developed countries.

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

## FROM THE EDITOR:

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### CHRONICLING WONCA'S GROWTH AND IMPACT

This issue of Wonca News reflects the dramatic growth, the opportunities and the challenges facing our global organization of family doctors in the new Triennium.

Decades of collaboration between established member organizations and countries in the Eastern Mediterranean are bearing fruit as Wonca plans to establish its 7th region with the leadership of Dr Nabil Kurishi and his EMRO Council. Wonca's established Regions continue to reach out to countries that are not yet members, as evidenced by the story on the visit to Brunei in this issue. Wonca's newly elected regional leaders, reported in this issue, will have a large bearing on the continued success of our global organization.

As Wonca has grown, so too has its global influence with the recognition that family doctor's are central to effective health systems. Professor Chris van Weel's President's Column and this issue's feature story reports on the Wonca delegation's historic meeting with the World Health Organization's Director General, Dr Margaret Chan, and her senior leadership and the planned WHO 2008 Annual Report on Primary Health Care suggest that many opportunities lay ahead.

The true impact of Wonca on people's health is seen in the stories of its family doctors. Wonca's family doctors network, build friendships and exchange knowledge, skills, and experiences through Wonca's member organizations, Working Parties, Special Interest Groups and Task Forces. Professor Michael Kidd's article and accompanied photos on the Network-TUFH conference in Uganda tells the story of Professor Atai Omoruto, who runs the Mulago Hospital Primary Care Assessment Centre in Kampala, making a difference as a family doctor in the lives of her patients, families and communities.

Please continue to send me articles and photos so I may chronicle the vital contributions that our Wonca organization makes to our profession, your patients and the public. I especially welcome your personal stories and photos, such as Atai Omoruto, of how our family doctors make a difference each day in the lives of our patients, families and communities. As importantly, they give us much pride, joy and inspiration knowing that Wonca's fellow family doctors truly make a difference.

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

Editor, Wonca News  
marcrivo@aol.com  
4566 Prairie Avenue  
Miami Beach,  
FL 33140 USA  
1-305-674-8839 (fax)

## FEATURE STORIES

### WONCA DELEGATION MEETS WITH DR MARGARET CHAN, DIRECTOR-GENERAL OF THE WORLD HEALTH ORGANIZATION

A delegation from Wonca had a productive and comprehensive meeting with the Director-General of the World Health Organization, Dr Margaret Chan, on November 7, 2007. This was an historic event for our organisation. This was the first time in the history of Wonca that the organisation's leadership had the opportunity to meet with the Director-General of the World Health Organization.

The WHO Deputy Director-General, Dr Anarfi Asamoah Baah, Assistant Director-General, Dr Tim Evans, and WHO Head of Classification, Dr Bedirhan Ustun, also attended the meeting. The Wonca delegation included Wonca President, Professor Chris van Weel, Wonca President-elect, Professor Rich Roberts, Wonca Chief Executive Officer, Dr Alfred Loh, and Wonca Treasurer and WHO Liaison Person, Professor Michael Kidd.

Dr Chan advised that she has a good knowledge of Wonca and our important work especially through her long standing contacts with past President, Dr Peter Lee, and current Asia Pacific Regional President, Dr Donald Li. She also has strong links to family medicine, especially through her university time at the University of Western Ontario with Past Wonca Rural Health Working Party Chair Professor Jim Rourke.



From left to right: WHO head of classification, Dr Bedirhan Ustun; Wonca Chief Executive Officer, Dr Alfred Loh; Wonca President-elect, Professor Rich Roberts; Director-General of the World Health Organisation, Dr Margaret Chan; Wonca President, Professor Chris van Weel; Wonca Treasurer and WHO Liaison Person, Professor Michael Kidd; WHO Deputy Director-General, Dr Anarfi Asamoah-Baah; and WHO Assistant Director-General, Dr Tim Evans

Wonca President Chris van Weel briefed WHO Director General Dr Chan on the role of Wonca and our membership and discussed a number of the ways that Wonca and the WHO are working well together, including in the areas of classification, mental health, chronic respiratory disease, tobacco control, rural health, and the social determinants of health, as well as Wonca contributions to the 2008 WHO World Health Report and the 2008 WHO-Wonca photo competition on primary care.

Dr Chan spoke at length about the renewed focus of the World Health Organisation on primary health care. She spoke of the need for all people in the world to have access to public health and basic medical services. She stated that this means a need exists to examine the different health systems available and implement effective approaches to meet the health care needs of people in different parts of the world. She spoke of the challenge of some current models of primary care and the lack of financing for health promotion activities.

Dr Chan stated that she looked forward to the continuing work of Wonca with the WHO.

The Wonca delegation also met with a number of WHO staff involved in collaborative projects between our two organisations. Dr Bedirhan Ustun is the principle contact for Wonca at the WHO. A meeting with Dr Ustun was also attended by Dr Robert Jakob, who is WHO medical officer for measurement and health information systems, and Dr Martti Virtanen, who is head of the WHO Collaborating Centre for the Classification of Diseases in the Nordic Countries and also a member of the Wonca International Classification Committee.

Dr Benedetto Saraceno and Dr Michelle Funk spoke with the Wonca delegation about the work with Wonca on mental health and in particular the activities planned around the launch of the WHO/Wonca Report on Integrating Mental Health into Primary Health Care that will take place in April 2008. Through this report Wonca and the WHO seek to convince all governments of the need to support the integration of mental health into their primary health care services, to ensure that appropriate medications are available, and to ensure appropriate training of health care professionals.

The WHO is developing a Pacific Island Network to support mental health care in that part of the world. The Wonca Asia Pacific Region will be involved in a meeting of non-government organisations interested in promoting mental health care in the Pacific Islands planned in early 2008 in Wellington, New Zealand.

Professor Alvaro Cruz and Elisabetta Minelli provided the Wonca delegation with an overview of the GARD project, the Global Alliance on Respiratory Diseases. GARD is a WHO-sponsored global initiative consisting of nearly 100 members, including governments and professional associations, including Wonca. The GARD project aims to improve the care and reduce the morbidity of people with chronic respiratory disease. GARD has done impressive work, collecting the best evidence and offering guidance on the prevention and management of respiratory conditions. Professor Chris van Weel and Dr Michael Boland have represented Wonca on the GARD initiative, which offers an exciting model for collaborating with other disciplines and stakeholders for many chronic conditions managed in family medicine.

The historic meeting with WHO Director General Chan and her senior staff in Geneva signifies the importance of primary care and family medicine to the mission of the World Health Organization. Wonca and the WHO share many common aims and have a number of important joint projects underway. As the world sees a continuing rise in the number of people with chronic diseases and mental health concerns, and as people in all nations of the world demand high quality health care services, it is likely that the WHO will increasingly find more and more common ground with Wonca and the family doctors of the world.

**Professor Michael Kidd**  
 Wonca Liaison Person to the World Health Organization

## Some 4500 Delegates attend Wonca Europe Regional in Paris

The French National College of Teachers in General Practice welcomed 4500 delegates from 61 countries throughout Europe and around the world to the XIIIth Wonca Europe Regional Conference, October 17-20, in Paris. This conference, chaired by Pierre-Louis Druais, was one of Wonca’s largest in attendance terms.

The Paris Conference met its first goal of presenting a high quality and innovative scientific program. The Scientific Committee, chaired by Bernard Gay, included representatives of the 3 European networks: EGPRN, EURACT and EQUIP and the main French national societies. In addition, all European Special Interest Groups, Working Parties and Task Forces contributed to the scientific programme.

The abstract selection process was rigorous. About 80% of the 1400 submitted abstracts were judged to have met the international scientific community criteria and only 300 were selected as oral communications. All abstracts and presentations are on line on [www.woncaeurope2007.org](http://www.woncaeurope2007.org).

The three keynotes from representative of EGPRN, EURACT and EQUIP highlighted the conference theme, “Rethinking Primary Care in the European Context - a New Challenge to General Practice”. By developing an agenda for research, by working as a GP, and by educating future GPs, it is possible to strengthen General Practice as the point of first medical contact within

the health care system. A new model of professionalism is being born in a patient-centred approach in accordance with the Engel’s biopsychosocial model of Engel, which is particularly well adapted to General Practice.

The scientific program included “Clinical Year Reviews”, a synthesis of the current scientific data eight relevant general practice topics. In addition, the program included “Evidence Based Practice Sessions” focusing on the implementation of evidenced based guidelines into daily practice. Delegates could also attend joint sessions with institutional bodies as prestigious as the EMEA (European Drug Agency), WHO (World Health Organisation), HAS (French Health Authority), INSERM (Research Institute) or INCA (Cancer Institute) to share various topics relevant to primary care.



Bernard Gay, Scientific Committee Chair, introducing the scientific programme at opening ceremony



Martin Marshall and Fatma Cihan invited as Equip keynote speakers



Wonca Europe Regional President Igor Svab, Conference Host Organizing Chair Pierre-Louis Druais, and Wonca President Chris Van Weel enjoying the gala diner



Igor Svab honours Past Wonca Europe Regional President Phillip Evans with Wonca's Honorary Life Direct Membership at the closing ceremony.

“Conflicts of interest” were one of the organisers’ main concerns. Delegates declared any conflict on their presentation’s first slide. Labs were invited to contribute to the programme within “partners’ interactive sessions” only after the scientific society attested that the partnership was ongoing and that the partner respected the organisers’ ethical principles.

The conference met its second goal to facilitate exchanges between family doctors from European countries and beyond. The 4500 GPs were from all European countries and Asia, North and South America, with the largest delegations from Spain and France. Organisers had built strong links with Wonca Europe member organisations and Wonca World who all actively promoted the conference.

The Vasco da Gama Junior Doctors organization brought 500

members and their contagious enthusiasm to Paris. The Vasco da Gama organization held a pre conference program attended by 80 juniors and 10 facilitators (French teachers and Euract members). They also took part in the main conference, expressing the young doctors’ point of view during keynote presentations and organising several sessions on their own. In addition, a special program financed by French regional colleges allowed 150 French trainees to attend the conference and benefit from exposure to the international scientific research and family doctor role models. The wide exhibition area at the centre of the venue facilitated informal chats, learning opportunities and encounters, along with French food and wine tasting.

The conference also met its third goal to assist the French college in promoting academic general practice within its country. The theme of the conference “Rethinking Primary Care in the European Context” was particularly relevant in the current French medical context. Succeeding in organising such a major international event for General Practice in Paris gave credibility to the French College leaders, who were in the middle of critical negotiations with the Health and Education Ministries over development of and support for academic general practice in France. The Wonca Europe Conference provided numerous examples of European countries experimenting with initiatives that placed general practice in the centre of health system reforms, and their relevance to the necessary evolution of the French health system.

As we look back at the Conference, our three main goals were attained and hopefully many more too. We were sorry that some of the delegates had no choice but to also experience the messy French

transportation strike, which caused some to key educational sessions. The hope the Wonca Europe Conference uplifted the educational and emotional well being of delegates discovering the Paris “Art de Vivre”, sampling the social program’s special dinners, and partaking in the junior party at the Duplex and the gala diner at the Pavillon d’Armenonville.

Pierre-Louis Druais - Host Organizing Committee President  
Bernard Gay - Scientific Committee President  
Michele Lieurade - Wonca Europe Regional Conference Coordinator  
[www.woncaeurope2007.org](http://www.woncaeurope2007.org)

### **Wonca Endorses The 10 Steps to Gender Equity in Health**

“Sixty years have passed since the founders of the United Nations inscribed, on the first page of our Charter, the equal rights of men and women. Since then, study after study has taught us that there is no tool for development more effective than the empowerment of women. No other policy is as likely to raise economic productivity, or to reduce infant and maternal mortality. No other policy is as sure to improve nutrition and promote health-including the prevention of HIV/AIDS. No other policy is as powerful in increasing the chances of education for the next generation. And I would also venture that no policy is more important in preventing conflict, or in achieving reconciliation after a conflict has ended. But whatever the very real benefits of investing in women, the most important fact remains: Women themselves have the right to live in dignity, in freedom from want and from fear.”

-UN Secretary-General Kofi

Annan, UN Commission on the Status of Women (from UNFPA report on The State of World Population 2005.

In the past decade, Wonca joined the United Nations, the World Health Organization, the World Bank and other influential international bodies in recognizing gender as a key determinant of the health of individuals and their societies. Wonca, whose mission is to improve the quality of life of the peoples of the world, endorsed the Beijing Platform for Action in Durban in 2001, and the Millennium Development Goals (MDGs) in Singapore in 2001, both strong declarations of the critical need for the empowerment of women to achieve optimal health and quality of life.

Two of the eight MDGs, to be achieved by 2015, speak directly to women’s experiences: “empowerment of women and promotion of equality between women and men”, and “reduction of maternal mortality by three quarters”. The Beijing Platform highlights the importance of access to health care, strong preventive programmes that promote women’s health, sexual and reproductive health, and gender-sensitive research, explicitly recognizing and affirming the right of women to control all aspects of their health, in particular their own fertility and the need to prevent and eliminate all forms of violence against women and girls.

As a worldwide organization of individuals, academic institutions and organizations of General Practitioners/ Family Physicians, Wonca has a unique capacity to promote awareness of the vital effects of gender on health. The Wonca Working Party on Women and Family Medicine (WWPWFM) proposed and the Wonca World Council endorsed in Singapore the following 10 Steps to Gender Equity in Health and proposes that Wonca World and Wonca Regional Councils urge their members to:

1. Strive for gender equity in access to health services;
2. Work in all Wonca initiatives toward the elimination of gender-based violence;
3. Uphold the right of women to reproductive choice and safe motherhood;
4. Assert the right of women to safe sex and sexual choice;
5. Advocate for women’s active participation in decision-making and equitable distribution of resources (health services, income, education, housing, etc);
6. Integrate gender perspectives into medical curricula and education, residency training, professional development and patient care throughout the life cycle;
7. Promote the integration and understanding of healthy human sexuality in medical curricula and

education, residency training, professional development and patient care throughout the life cycle;

8. Promote and support research on the impact of gender on health;
9. Encourage those individuals and groups in Wonca with special interests in issues such as tobacco cessation, and alcohol and drug misuse, to incorporate a gender perspective;
10. Recognize that women’s empowerment is a key factor in HIV/AIDS and take concrete action toward addressing this worldwide catastrophe.

The WWPWF will collaborate closely with the Executive Council and World Council in the ongoing efforts to have Wonca become a model for gender equity and the integration of gender perspectives in all its policies, programmes, projects, research and legislation.

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## WONCA REGIONAL NEWS

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### WONCA SET TO ESTABLISH NEW EASTERN MEDITERRANEAN REGION

Wonca is moving forward with plans to establish its seventh region in the Eastern Mediterranean (EMRO). Towards that goal, Dr Nabil Kurashi from Saudi Arabia and the leader in the development of the new region, will serve as its Interim Regional President. The Wonca member organizations and their representatives to the Interim EMRO Regional Council Board Members are as follows:



Dr Nabil Kurashi - EMRO Interim Regional President

Dr. Mariam Al Shetti  
Chairperson  
Bahrain Family Physician Association

Dr. Taghreed Farahat  
Head  
Egyptian Association for Family  
Health Development

Dr. Sundus SH Khalil  
Member of the Administration Board  
Iraq Family Physician Society

Dr. Mohammed Tarawneh  
Chairman  
Jordan Society of Family Medicine

Dr. Basem Saab  
Chairman  
The Lebanese Society of Family  
Medicine

Dr. Badriya Al-Rashedi  
Chairperson  
Oman Family and Community  
Medicine Society

Dr. Nabil Y. Kurashi  
President  
Saudi Society of Family &  
Community Medicine

Dr. Mustafa Al Hashimi  
Emirates Medical Association-  
Treasurer  
The Family Medicine Society

The Wonca Executive will be meeting with the EMRO Regional Board Meeting in February in Dubai in conjunction with the first Wonca EMRO Regional Conference, The agenda of the meeting will be to approve the bylaws, to address the issue of office establishment as well as the budgeting or financial aspect of the organization. In line with this, I would like to ask your help in announcing the creation of the new region during the Conference. The initial WONCA EMRO Regional Office will be established in Al Khobar, Saudi Arabia.

## Wonca Regions Elect New Triennial Leadership

The Wonca Regions announced their elected officers at the Wonca World Council meeting in Singapore.

### Wonca Iberoamericana-CIMF Region

The Wonca Iberoamericana-CIMF Region was only officially approved at the last World Council Meeting in 2004, even though it had been in existence as the “Confederacion Iberoamericana de Medicina Familiar” for the past twenty five years.



Wonca Iberoamericana-CIMF Regional Council in Singapore

Since becoming Wonca’s 6th region, there have been many developments in the region, with the two successfully held summits in Family Medicine in Seville and Santiago de Chile, the third summit will be held in Fortaleza, Brazil, in April 2008. These summits have been attended by health ministers of the Latin American countries and have resulted in health reforms in some of the countries. Family Medicine continues to grow and develop in the region. In addition, in October 2006 the 1st Wonca Regional Congress in Buenos Aires took place with great conferences, seminars and workshops attended by more than 2,000 people from all over the region

Professor Adolfo (Dolfi)

Rubinstein was re-elected Regional President for a second three-year term. The regional officers elected are as follows:

Regional President: Professor Adolfo Rubinstein (Argentina)  
Executive Secretary: Dr Cesar Brandt Toro (Venezuela).  
Honorary Treasurer: Dr Marina Almenas (Puerto Rico)  
Vice President for Andean Region: Dr. Liliana Arias Castillo (Colombia)  
Vice President for Southern Cone: Dr Oscar Fernandez (Chile)  
Vice President for Meso-America: Dr Octavio Pons (Mexico)  
Vice President for Iberic Peninsula: Dr Rui Nogueiro (Portugal)

### Wonca Asia Pacific Region

Professor Goh Lee Gan (Singapore) was warmly acknowledged for completing 2 terms as President of the Asia Pacific Region. Dr Donald Li was elected President of the Asia Pacific Region. The regional officers elected are as follows:

Regional President: Dr Donald Li (Hong Kong).  
Regional Vice Regional President: Dr Daniel Thuraiappah (Malaysia)  
Regional Honorary Secretary: Dr Tadao Okada (Japan)  
Regional Honorary Treasurer: Dr Vasantha Preetham (Australia)  
Regional Member at Large: Dr Jung-Kwong Lee ( Korea)  
Regional Member at Large: Dr Wahid Khan (Fiji)



Wonca Asia Pacific Region Council in Singapore

## Wonca Europe Region

Wonca Europe has continued to grow with Armenia, Russia and Serbia joining as new members. Albania, Moldova and Macedonia have expressed some interest in joining Wonca.



Wonca Europe Region Council in Singapore

At the elections held at the Wonca Europe Regional Council Meeting on 20 July 2007, Professor Igor Svab from Slovenia was re-elected to a second three-year term. The regional officers elected are as follows:

- Regional President: Prof Igor Svab (Slovenia)
- Regional Vice President: Dr Meta Wiborg (Sweden)
- Regional Honorary Secretary: Prof Job Metsemakers (Netherlands)
- Regional Honorary Treasurer: Dr Tony Mathie (United Kingdom)
- EQUIP representative: Prof Marianne Samuelson (France)
- EURACT representative: Dr Egle Zebiene (Lithuania)
- EGPRN representative: Eva Hummers-Pradier (Germany)

## Wonca North America Region

Following the ratification of the Wonca Bylaws and Regulations as the first item of business at the World Council Meeting in Singapore, the Caribbean College of Family Physicians officially became a full member organization of Wonca. Professor Warren Heffron was warmly thanked for his effective leadership during the 2 terms he served as the Region's President, as well as Membership Committee Chair during the period of Wonca greatest membership growth in history



Wonca North America Region Council in Singapore

Professor Alain Montegut (USA) had been elected Regional President for the coming triennium.

## Wonca Africa Region

Prof Khaya Mfenyana was elected Africa Regional President in May 2006, after the resignation of Dr Abra Fransch from Zimbabwe, who had migrated outside the Africa region. In Singapore, Prof Mfenyana was re-elected to a 2nd three-year term.



Wonca Africa Region Council in Singapore

A series of regional activities will be taking place in the upcoming Triennium: the TUFH Conference September 2007 in Kampala, Uganda; the 8th Wonca World Rural Health Conference in February 2008, Calabar, Nigeria; and the 2nd Wonca Africa Regional Congress in March 2009, in Johannesburg, South Africa.

Prof Mfenyana asked for support from the Wonca Council and his African colleagues for his regional membership drive, particularly those countries in North Africa, and a strengthening of participation by existing African member organizations.

## Wonca Middle East South Asia Region (MESAR)

Professor Shatendra Gupta was thanked for having served two terms as the MESAR President. A total of 13 member organizations comprise MESAR, with eight member organizations from the Middle East Region and five from the South Asia Region. The MESAR Council discussed the formation of a new and separate Eastern Mediterranean Region (EMRO) comprising the current eight country member organizations of the Middle East. The MESAR Council agreed that a new region called Wonca EMRO should be established with appropriate procedures and action taken to operationalise this during the upcoming Triennium, and that the South Asia Region may be more appropriately named “Wonca SEARO” (Southeast Asia Region) as it worked closely with WHO. The new Regional Councils would discuss this issue in the upcoming Triennium, with the resultant recommendations to be acted upon by the Wonca World Council.



Wonca Middle East South Asia Regional Council in Singapore

In the coming triennium, two regional conferences have been planned. One will take place in Dubai in concert with the establishment of the new EMRO region, and the other in one of the South Asia countries.

## HEALTH AND HEALTH SYSTEM NEWS

### A REPORT ON A WONCA VISIT TO BRUNEI

Through the kind introduction of Dr Husni and Dr Daniel Thuraippah, I was invited by the Ministry of Health of Brunei to be a plenary speaker at the health conference in commemoration of 100 years of health services in Brunei held from 15 -17 November 2007.

Primary Healthcare is very well established on Brunei (population 350,000). A 10 year Healthcare plan was released in 2000. One of the strategies was to promote primary healthcare. Community health centres were set up providing outpatient services, maternal and childcare. I had the opportunity to visit two health centres. Besides general practice services, other ancillary medical workers such as dieticians, psychologists are also available. They have a smoking cessation clinic was set up in 2005 when legislation was enacted against smoking in all public areas. There was also a weight management clinic in one of the health centres. Nurse practitioners have been trained to triage patients in the centres as well as manage minor ailments. The primary healthcare team however is not led and coordinated by family physicians yet. Family Medicine is not yet established as a specialty although the Royal College of General Practitioners has been examining candidates for the MRCGP (International) higher qualification for the practicing GPs. The local authorities have moved on by beginning to set up a Masters program in Family Medicine. What they seem to lack was organizations as a GP group.

Wonca Asia Pacific Region President Dr Donald Li, Vice President Dr Daniel Thuraiappah, Vice-President, and Dr Husni with the Deputy Minister and senior members of the Brunei Ministry of Health

Dr Husni and Dr Thuraippah joined me during this visit and we attended the opening ceremony of the conference that was attended by the Sultan and the whole royal family. Tremendous recognition was given to health care services. WONCA was well recognized. I spoke on “Quality Assurance, Audit and Peer review” in a concurrent session as well as delivered a plenary on “Towards an optimal Primary Healthcare system” placing emphasis on the importance on development family medicine, equity, accessibility, quality, cost-effectiveness and manpower planning. We met the minister of Health

who was supportive of GPs getting organized and joining WONCA. A dinner was held in my honour hosted by the deputy minister of Health where I had the opportunity to make a PowerPoint presentation of WONCA. I prepared a souvenir that I presented to the Ministry. The dinner was reported by the Brunei Times, the daily English language newspaper.

My visit was short (42 hours in total) but I think it was successful. We are hopeful that we should have a new member of WONCA soon.

Dr Donald Li  
Wonca Asia Pacific Regional  
President



Wonca Asia Pacific Regional President Dr Donald Li, Vice President Dr Daniel Thuraiappah, and Dr Husni with the Deputy Minister and senior members of the Brunei Ministry of Health

## Global Health Workforce Alliance Formed to Solve Workforce Crises

The Global Health Workforce Alliance has been established to identify and implement solutions to the health workforce crisis. It brings together a variety of actors, including national governments, civil society, finance institutions, workers, international agencies, academic institutions and professional associations. The Global Health Workforce Alliance (GHWA) is a

partnership hosted and administered by the World Health Organization.

A serious shortage of health workers is impairing provision of essential, life-saving interventions such as childhood immunization, safe pregnancy and delivery services for mothers and access to treatment for HIV/AIDS, malaria and tuberculosis. This shortage, combined with a lack of training and knowledge, is also a major obstacle for health systems as they attempt to effectively respond to chronic diseases, avian influenza and other health challenges.

The World Health Report 2006 found that 57 countries, most of them in Africa and Asia, face the most acute crisis. In those countries health workers are facing economic hardship, insecurity, crumbling infrastructures, deteriorating health - chiefly because of HIV/AIDS - social unrest and often the threat of violence. The World Health Organization (WHO) estimates that more than 4 million doctors, nurses, managers and other public health workers are needed to fill the gap in these countries. Without prompt action, the shortage will intensify.

An adequate workforce is defined as at least 2.3 well trained doctors, nurses and midwives available per 1000 people and balanced in such a way that 80% of the population or more is likely to be reached with skilled birth attendance and childhood immunization. Below that threshold, countries are unable to provide basic, life-saving services in a consistent manner. The workforce crisis is made worse by imbalances within countries. There is a general lack of adequate staffing in rural areas compared to cities. To add further pressures, priority disease programs are competing for scarce staff, to the detriment of integrated health system development.

In developed countries, a rise in chronic health problems among ageing populations and ageing of their own workforces has led to an ever-growing demand for health workers. The pull of higher salaries in industrialized countries and the push of poor working conditions at home drive thousands of health workers to jobs abroad each year.

The Global Health Workforce Alliance will:

- \* Address the call by African Heads of State, the G-8, the Paris High-Level Forum and the World Health Assembly for urgent and coordinated action on the health workforce crisis;
- \* Assist countries with their efforts to carry out the tenyear plan for scaling up the health workforce outlined in the World Health Report 2006: Working together for health;
- \* Raise awareness and political visibility;
- \* Serve as an information hub, watchdog and monitoring body;
- \* Convene stakeholders to work together and reduce fragmentation and waste;
- \* Provide an enabling environment for accelerating country action through evidence-based advocacy and action;
- \* Engage in global problem solving on resource mobilization, macroeconomics and fiscal space, migration, research, harmonization and alignment;
- \* Train and support a new generation of local leaders prepared to develop and implement sound health workforce plans.

It is governed as follows:

- \* Membership is open and inclusive of all interested partner institutions.
- \* A Forum of all members meeting biennially oversees governance. A representative board appointed by the Forum implements decisions of the Forum.
- \* The Secretariat based at WHO, the alliance's hosting partner, has a small core group of professionals reporting directly to the Board.
- \* Regional Networks such as the African Platform on Human Resources for Health, the Asian Action Alliance and the Pan American Health Organization Observatory on Human Resources in Health are key partners of the HWA.
- \* Task Forces and Working Groups are being established to address specifically defined areas of work such as migration, technical cooperation, tools and guidelines and resource mobilization.

In its response to specific global health workforce challenges, GHWA has convened several working groups and task forces to propose ways forward. Experts from around the world under the aegis of GHWA thus address issues such as migration, education, financing or advocacy. Additional information is available at: <http://www.who.int/workforcealliance/en/>

## MEMBER AND ORGANIZATIONAL NEWS

### SUCCESSFUL NETWORK TOWARDS UNITY FOR HEALTH CONFERENCE HELD IN UGANDA

About 400 people attended the September Network Towards Unity for Health Conference in Uganda including about 100 health profession students mainly from African nations. Wonca and the Network share observer status. Warren Heffron is Wonca's current observer to the Network.

It was a wonderful meeting with a strong focus on family medicine and the multidisciplinary nature of primary health care. Khaya Mfenyana, Wonca Africa Region President lead workshops along with many other international family medicine leaders, including Vincent Hunt, Ilse Hellemann, Ian Couper, past and present The Network-TUFH leaders Arthur Kaufman and Jan de Maeseneer, and Charles Boelen, former WHO official and long-time friend of Wonca.

The program of student mentoring at the conference was particularly impressive. A multi-disciplinary group of students in groups of 2 or 3 from different countries were allocated a mentor to meet with each day and discuss their experience at the conference and future career opportunities. I had a terrific mentor group including pharmacy, nursing and medical students from Kenya, Sudan and South Africa, from whom I learned a lot. Local families provided home stay for the students.

The conference supported delegates from the world's poorest

nations to attend. Each registrant was invited to pay an extra \$100 as part of their registration and these funds went towards covering the costs of delegates from low to middle income nations.

A half-day of the conference was devoted to all delegates going to one of a dozen different site visits. I went on a visit to a community primary care hospital in a rural region outside Kampala, which provided obstetrics, minor surgery, inpatient and public health services, as well as ambulatory care services, and then went to a primary school to witness a large-scale immunisation and health education program run by student community nurses.

One of the highlights of my visit was a day spent with Dr Atai Omoruto. Ilse Hellemann and one of her colleagues from Austria also came with us. Atai is a Ugandan family doctor and a member of the Wonca Working Party on Women and Family Medicine. Atai is head of the Department of Family Medicine at the University of Makerere, one of the oldest medical schools in Africa. Atai is responsible for family medicine and primary care training of all medical students at her university, as well as running a 3 year postgraduate Master of Medicine in Family Medicine which serves as a vocational training program for interested medical graduates in Uganda.



Michael Kidd, Atai Omoruto, and Ilse Hellemann at Mulago Hospital Primary Care Assessment Centre



Community waiting room at Mulago Hospital Primary Care Assessment Centre

Atai took us to see where the students receive training at the hospital primary care centre which sees 600 patients on a quiet day. She also took us to visit her own private general practice, with an eye clinic, dental service, pharmacy and birthing center, where she works from 6 pm to midnight or later each night in one of the poorest areas of the city of Kampala. Atai is also the mother of 10 children, five of her own, and five adopted. She is a remarkable family doctor.

I am planning to try each of these initiatives - - - student mentoring, bursaries, local family doctor site visits - - - at next year's Wonca Asia Pacific regional conference in Melbourne.

A copy of the Uganda conference program is available at <http://www.the-networktufh.org/conference/>

Professor Michael Kidd  
Wonca Executive Member at Large

**American Academy of Family Physicians Holds Annual Meeting in Chicago**

The American Academy of Family Physicians (AAFP) held its annual meeting in Chicago in early October. The weeklong meeting began with several days of the Congress of Delegates, to which each of the 60 state and special constituency chapters send delegates to debate and decide policy.

President-elect Rich Roberts represented Wonca and extended greetings to the Congress, during which he passed along President Chris van Weel's best wishes, thanked the AAFP for placing the Wonca/Global Family Doctor link on the AAFP website's home page, provided a brief update on Wonca activities, encouraged America's family physicians to become direct members in and involved with Wonca, and urged them to attend the Wonca World Conference in Cancun in 2010.

Past Wonca Americas Regional President Reg Perkin of Canada was awarded Honorary Membership in the AAFP. Past AAFP Vice President Susan Black was given the Humanitarian Award for her work with HIV-infected women and children at Nkosi's Haven in South Africa.

Several hundred international family doctors attend the AAFP meeting each year. Dan Ostergaard, Wonca Executive Member and Chair of the Wonca Bylaws Committee, annually hosted a meeting and special reception for these international guests, which was well attended.

The AAFP Scientific Assembly offered more than 100,000 educational elements and attracted about 5300 physicians, 3500 exhibitors, and 14,000 total registrants (including speakers and accompanying persons.). The most challenging part of the week was to get out of town on the final Sunday, when the Chicago marathon brought 35,000 runners and 1.2 million spectators to the streets of Chicago. The next AAFP annual meeting will run from 14-21 September 2008 in San Diego.

**Dr Iona Heath - Wonca Executive Member-at-Large**

Iona Heath was educated at the University of Cambridge and the London Hospital Medical College. In September 1975 she joined the Caversham Group Practice in Kentish Town in the London Borough of Camden as a vocational trainee. She has worked in the same practice ever since, becoming a GP principal and practice partner in 1977. She was approved as a general practice trainer in 1983 and, since then, she has supervised the training of more than twenty general practitioners.



Iona Heath - Wonca Executive Member at Large

In 1989, she stood in the national ballot for the Council of the Royal College of General Practitioners to protest about a threat to suspend GP training in the North East Thames Region and she has been a nationally elected member of College Council ever since. She chaired the College's Inner City Task Force from 1993 to 1998, the Health Inequalities Group from 1997 to 2003 and the Committee on Medical Ethics from 1998 to 2004. She now chairs the College's International Committee.

From 1993 to 2001, she was an editorial adviser for the British Medical Journal and since 2004 she has chaired the journal's Ethics Committee.

In 1995 she was awarded a John Fry Trust Fellowship and this culminated in the publication of her monograph 'The Mystery of General Practice'. This has been out of print

for several years but has been republished in 2007 together with a new extended essay on 'Ways of Dying'.

In 1997 she was invited by the incoming Blair Government to be a Member of the Royal Commission on Long Term Care for the Elderly. Regrettably the recommendations of the Commission have never been implemented in England although they have in Scotland. She was a member of the UK Human Genetics Commission from 2004 to 2007.

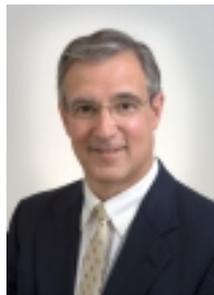
She writes regularly for the British Medical Journal and has contributed essays to many other medical journals across the world. She has been particularly interested to explore the nature of general practice, the importance of medical generalism, issues of justice and liberty in relation to health care, the corrosive influence of the medical industrial complex and the commercialisation of medicine, and the challenges posed by disease-mongering, the care of the dying and violence within families.

Her husband David is a conservation architect and they have two children, a daughter who is a theatre manager and a son who is an ecologist. She is perhaps proudest of all of her one year old granddaughter.

**Alain Montegut - Wonca North America Regional President**

Dr. Montegut is the Director, Global Health Primary Care Initiative in the Department of Family Medicine, Boston University. In the past he has been in private practice, served as the medical director of a group practice and most recently as a residency program director. His experience in international consulting has spanned close to two decades.

Dr. Montegut served as the US coordinator of the USSR/Russian Family Medicine Development Project from 1989 until 1995. Early on in this project, the Maine Academy of Family Physicians and the Ministry of Health of the USSR developed an agreement to partner in the development of Family Medicine in the Soviet Union. As part of this agreement, the Department of Family Medicine, Brown University was engaged as an academic partner. The project included advocacy for development of the specialty across the Russian Federation, working with the Ministry of Health to lead to the creation of the specialty, assisting with the development of a postgraduate Family Medicine training program at the Moscow Medical Academy and with the creation of the first community-based Family Medicine center in Moscow.



Alain Montegut - Wonca North America Regional President

In 1995, Dr. Montegut began a consultative relationship with the Ministry of Health, Vietnam. Since that time he has directed several projects in that country that have led to the creation of the specialty of Family Medicine and postgraduate training programs in six of the eight medical schools. This work has included extensive faculty development both in the US and in Vietnam to train the trainers, curriculum writing, teaching in the residency programs and continual advocacy with the Minister and Vice Ministers of Health. Most recently, Dr. Montegut has begun a project to develop and evaluate a retraining program for rural physicians in the

central part of the country that will lead to equivalence to a residency-trained certification.

Dr. Montegut is supervising a rural retraining project for physicians in Laos, a project to establish Family Medicine training in Cambodia and he is consulting with the Ministry of Health in China and some of its medical schools to implement a project that would standardize training for family physicians.

Dr. Montegut has been a member of the AAFP Commission on Education and currently serves on the AAFP Center for International Health Initiatives Advisory Council. He was the recipient of the 2001 AAFP Humanitarian Award. He is a member for the Board of Directors of the American Board of Family Medicine.

**SOBRAMFA - Fostering Family Medicine Education in Brazil**

Family Medicine is not taught in Brazilian medical schools and Family Medicine faculty are absent in academic settings. This absence of Family Medicine in undergraduate medical education poses a challenge: How does one promote Family Medicine among students and encourage them to choose Family Medicine as their career? In Brazil, SOBRAMFA is addressing Family Medicine as an academic discipline. Inspired by other countries' associations of Family Medicine Teachers, SOBRAMFA - Brazilian Society for Family Medicine was founded in 1992 to establish the basis and scientific method for Family Medicine, spreading its philosophy among medical students, residents, and physicians.

SOBRAMFA's goals are to (1) promote Family Medicine as a career path among medical student leaders, (2) advise/mentor these

students during their undergraduate training, and (3) develop the students' clinical decision-making in a Family Medicine context. Medical students are exposed to the discipline's values and practice. This exposure occurs mainly in the Mini-Fellowship in Family Medicine (MF2 Program), an elective clerkship for medical students. Students experience Family Medicine by seeing patients under supervision of SOBRAMFA faculty and residents in the range of practice settings. So far, over 300 students from 30 different Brazilian medical schools have completed the MF2 experience. Within the last ten years, some of the students who started SOBRAMFA's undergraduate programs graduated and currently hold director positions in SOBRAMFA.



"SOBRAMFA Team at their Annual Meeting spreading Family Medicine in Brazil"

The Fitness Program is an innovative Family Medicine Residency Program founded by SOBRAMFA in 2003. This program's hallmarks are continuity of care and excellence in patient care. Settings for learning and practice include home visits, ambulatory clinics, chronic patient management, palliative care, the hospital, long term care facilities, women's health, and preoperative evaluation. Ongoing educational activities enhance learning and provide a collaborative environment that facilitates application and teamwork so graduates become Family Physicians, teachers, thinkers, and leaders.

The International Fitness Program (IFP) is an international family medicine fellowship run by SOBRAMFA for residents, medical students, and young doctors from other countries. The candidates will develop clinical and educational skills and they will be focused in leadership construction for support the "Health for All" proposal in their own countries.

Besides these valuable educational experiences, the health insurance and private companies represent an opportunity for Family

Medicine, as they demand quality medical care and competent physicians who meet patients' needs for a personal physician. SOBRAMFA also provides continuous medical education to meet these expectations.

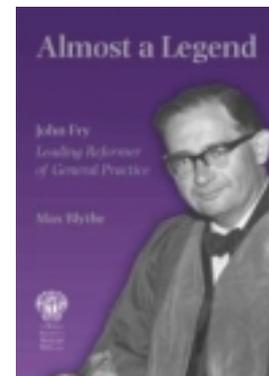
Marco Aurelio Janaudis, MD  
Graziela Moreto, MD  
Marcelo Levites, MD  
Maria Auxiliadora C de Benedetto, MD  
Adriana Roncoletta, MD  
Thais Raquel P. Pinheiro, MD  
Pablo González Blasco, MD, PhD  
pgblasco@uol.com.br

## RESOURCES FOR THE FAMILY DOCTOR

### JOHN FRY: LEADING REFORMER OF GENERAL PRACTICE

*Almost a Legend - John Frey: Leading Reformer of General Practice* is the story of how a young immigrant Polish boy became the outstanding visionary of British primary care reform and the best known GP in the world.

Professor John Fry (1922-1994) made unparalleled contributions to the reform of British general practice in the second half of the 20th Century. In the 1950s and 1960s he dominated the movement for evidence-based primary care and the operational intelligence of better practice management. He became the most prolific publisher of facts and figures in the history of general practice, the first systematic surveyor of the everyday diseases of a single practice, monitoring their natural histories and the effectiveness of treatments.



Professor John Fry

He was pitched into data collection as a young GP in the 1940s by the shock of how little was known of commonly encountered ailments. Day-by-day, case-by-case, on simple encoded cards, like a Mendeleev, he amassed the long-neglected intelligence of informed practice. And what began through concern for his own competence resulted in changing everyone's, through a unique output of publications, including 65 books. No ailment was too minor for stringent Fry review. From his early fact-finding came surer perspective on the catarrhal scourges of childhood, showing the fashion of remedial tonsillectomy a farce.

From his growing data banks came significant contributions to the literature on angina, hypertension, respiratory tract infections, asthma, peptic ulcer, anaemia and psychiatric morbidity. On passive smoking he provided one of the earliest warnings. But the major outcome of his vast output of research papers on everyday illnesses and their treatment was growing recognition within general practice of its own special identity. His pioneering, evidence-based approach was fundamental to the transformation of general practice into a specialty and its modern strengths as the bedrock of UK health care.

His straight-talking, evidence-based integrity as a crusader for general practice reform sometimes left him isolated and cost him the presidency of the UK Royal College of General Practitioners, but his place in the pantheon of primary care is largely unrivalled.

For a quarter of a century he was the leading visionary of modern general practice, an ardent progressive of international influence.

Almost a Legend - John Fry: Leading reformer of general practice. by Max Blythe.

Royal Society of Medicine Press, London, November 2007. ISBN 978-1-85315-707-3. 260pp / hardcover. £29.95 sterling.

### Call for Papers for Special Lancet Issue on Primary Health Care

The 30th anniversary of the declaration of Alma-Ata at the International Conference of Primary Health Care will be on Sept 12, 2008. In recognition of the Alma Ata's 30th anniversary the Lancet

will be publishing a special issue of the Lancet on primary health care, coedited by Wonca Executive Member Michael Kidd and Sir Andy Haines. The call for papers for this special edition invites the submission of papers documenting original research relevant to primary health care and policy-oriented papers that take the debate forward. The deadline is Feb 1, 2008.

The following is an excerpt of the Call for Papers coauthored by Sir Any Haines, Richard Horton and Zulfiqar Bhutta.

"The non-binding declaration of Alma Ata stated that primary health care was the key to the attainment of a level of health sufficient to permit people to lead a socially and economically productive life by the year 2000. The ambitious vision of Health for All by the Year 2000, with primary health care at the centre, was a powerful motivating idea for people concerned about continuing inequities and injustices in global health. However, some argued that to start with selective primary health care for a few cost-effective interventions would be best, especially where delivery systems were weak. This view led to the UNICEF GOBI (growth monitoring, oral rehydration, promotion of breastfeeding, immunisation) strategy that focused on four inexpensive interventions. Although the selective approach to primary health care did not directly seek to undermine the vision of Alma-Ata, tensions between the two approaches were inevitable, with some individuals regarding the selective approach as complementary and others believing it to be contradictory to the spirit of Alma-Ata. The charismatic Halfdan Mahler, who had done so much to champion the Alma-Ata declaration, Health for All by the year 2000, and a comprehensive approach to

primary health care, finished his term in office as WHO Director-General in 1998. Under his successor primary health care did not have the same prominence.

WHO is once again giving priority to the development of primary health care and in a speech to the World Health Assembly in 2006, Margaret Chan, then the Director-General Designate, emphasised that she intended to build on the legacy of Halfdan Mahler. She also mentioned that she had heard from many sources in her visits to Latin America, Africa, Europe, and Asia about the importance of primary health care at the national level. The World Health Report in 2008 will focus on the role of primary health care in strengthening health systems.

Many questions remain to be addressed including: what is the relevance and meaning of a comprehensive approach to primary health care in settings with highly constrained resources? How best should scarce resources be prioritised? How should sufficient health workers be recruited, trained, and retained? How should medical and public-health approaches be integrated? What is the appropriate contribution of the private sector in view of its prominent role in health-care delivery in many countries?

In recognition of the historical importance of Alma-Ata, and of the abiding interest in primary health care from a range of stakeholders, The Lancet will be publishing a special issue on this subject. This special issue will marshal the available evidence to address both the promise and the pitfalls of primary health care from a range of perspectives and discuss the continuing relevance of such concepts to improvement of world health."

**WONCA CONFERENCES 2008 – 2013 AT A GLANCE**

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

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

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

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

**GLOBAL MEETINGS FOR THE FAMILY DOCTOR**

**WONCA WORLD AND REGIONAL CONFERENCE CALENDAR**

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

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

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

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

**Wonca Africa Regional Conference, Johannesburg 2009**

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

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

Host : Swiss Society of General Medicine SSMG/SGAM  
 Theme : The Fascination of Complexity - Dealing with Individuals in a Field of Uncertainty  
 Date : 16-19 September 2009  
 Venue : Congress Center Basel, Switzerland  
 Contact : Dr Bruno Kissling  
 Chair Host Organizing Committee  
 Swiss Society of General Medicine SSMG/SGAM  
 Elfenuweg 6, CH-3006  
 Bern  
 Switzerland  
 Tel : 0041 352 48 50  
 Fax : 0041 352 28 84  
 Email : bruno.kissling@hin.ch  
 Web : www.woncaeuropa2009.org

**19<sup>th</sup> Wonca World Conference, Cancun 2010**

Host : Mexican College of Family Medicine  
 Theme : Millennium Develop Goals: The Contribution of Family Medicine  
 Date : 19-23 May, 2010  
 Venue : Cancun Conventions and Exhibition Center, Cancun Mexico  
 Contact : Mexican College of Family Medicine  
 Anahuac #60  
 Colonia Roma Sur  
 06760 Mexico, D.F.  
 Tel : 52-55 5574  
 Fax : 52-55 5387  
 Email : jdo14@hotmail.com

**MEMBER ORGANIZATION AND RELATED MEETINGS**

**7<sup>th</sup> Austrian Winter Conference on General Practice and Family Medicine, 2008**

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

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# Visit Global Family Doctor – Wonca Online

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

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### Check the regular features:

**Journal Watch** – synopses of research from the medical literature relevant to family doctors

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

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

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

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

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

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

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

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

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

**eMedicine** – a weekly clinical case for you to solve, with a visual cue: photo, ECG, radiograph

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

**Cutting Edge** – an interesting series about the latest medical hypotheses, posted weekly

**Educational Resource Centre** – a repository of educational materials for family doctors

**Research** – the latest on Wonca's research activities, and opportunities for research

**Conference updates** – details of Wonca and other conferences

**Publications** – details of Wonca publications and Wonca News

**Wonca Websites** – addresses of Member Organization and other Wonca websites

**Global Resource Directory** – where you can record you international projects, and view others

**Medical Mirth** – humor with a medical angle to lighten your day

**Quotable Quotes** – quotes you can use, many with a medical slant

**Latest News** – of coming meetings, conferences and events

**Patient education** – resources you can use to inform your patients

**About Wonca** – details of the Wonca organization, office bearers and Direct Members

**Wonca Groups** – details of Wonca's committees and working groups

**Information** – Notice Board, Letters to the Editor, Doctor of the Month, list servers, mailing lists

**Search facilities** – you can search the 5,000 items in Journal Watch and Clinical Reviews, as well as web pages and documents on the Global Family Doctor website

**Homepage promotions** – conferences, symposia, website features, special offers

### You can enjoy a FREE personalized updating service:

**Journal Alerts** – an email service to your own address that notifies you three days a week of the latest Journal Watch items and Clinical Reviews – to join this free service, click 'Enrol for Journal Alerts' at the top right corner of the Global Family Doctor homepage

**We take days scanning the journals, so you need take only minutes.**

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