WONCA Annual Report
July 2017–June 2018

World Organization of Family Doctors
2018
WE ARE WONCA FAMILY
# Table of Contents

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016-2018 Executive Committee</td>
<td>2</td>
</tr>
<tr>
<td>WONCA President</td>
<td>3</td>
</tr>
<tr>
<td>President elect</td>
<td>5</td>
</tr>
<tr>
<td>CEO Report</td>
<td>6</td>
</tr>
<tr>
<td>WONCA and WHO</td>
<td>8</td>
</tr>
<tr>
<td>WONCA Statutory Committees</td>
<td></td>
</tr>
<tr>
<td>• Finance</td>
<td>11</td>
</tr>
<tr>
<td>• Organizational Equity Committee</td>
<td>12</td>
</tr>
<tr>
<td>• Bylaws Committee</td>
<td>13</td>
</tr>
<tr>
<td>• Membership Committee</td>
<td>14</td>
</tr>
<tr>
<td>• Conference Planning Committee</td>
<td>15</td>
</tr>
<tr>
<td>WONCA Conferences</td>
<td>16</td>
</tr>
<tr>
<td>WONCA Members</td>
<td></td>
</tr>
<tr>
<td>• Member Organization</td>
<td>18</td>
</tr>
<tr>
<td>• Academic Membership</td>
<td>24</td>
</tr>
<tr>
<td>• Life Direct Membership</td>
<td>25</td>
</tr>
<tr>
<td>WONCA Regional Reports</td>
<td></td>
</tr>
<tr>
<td>• Africa Region</td>
<td>28</td>
</tr>
<tr>
<td>• Asia Pacific Region</td>
<td>31</td>
</tr>
<tr>
<td>• East Mediterranean Region</td>
<td>32</td>
</tr>
<tr>
<td>• Europe Region</td>
<td>34</td>
</tr>
<tr>
<td>• Iberoamericana-CIMF Region</td>
<td>36</td>
</tr>
<tr>
<td>• North America Region</td>
<td>38</td>
</tr>
<tr>
<td>• South Asia Region</td>
<td>39</td>
</tr>
<tr>
<td>WONCA Young Doctors’ Movements</td>
<td></td>
</tr>
<tr>
<td>• YDM Executive Representative</td>
<td>42</td>
</tr>
<tr>
<td>• FM360 Exchange Programme</td>
<td>43</td>
</tr>
<tr>
<td>• AfiWon Renaissance</td>
<td>44</td>
</tr>
<tr>
<td>• Al Razi</td>
<td>45</td>
</tr>
<tr>
<td>• Polaris</td>
<td>46</td>
</tr>
<tr>
<td>• Spice Route</td>
<td>47</td>
</tr>
<tr>
<td>• The Rajakumar Movement</td>
<td>49</td>
</tr>
<tr>
<td>• Vasco da Gama Movement</td>
<td>51</td>
</tr>
<tr>
<td>• Waynakay</td>
<td>52</td>
</tr>
<tr>
<td>WONCA Working Party Reports</td>
<td></td>
</tr>
<tr>
<td>• Education</td>
<td>54</td>
</tr>
<tr>
<td>• E-Health</td>
<td>55</td>
</tr>
<tr>
<td>• Environment</td>
<td>55</td>
</tr>
<tr>
<td>• Ethical</td>
<td>56</td>
</tr>
<tr>
<td>• Indigenous and Minority Groups Health Issues</td>
<td>57</td>
</tr>
<tr>
<td>• Mental Health</td>
<td>59</td>
</tr>
<tr>
<td>• Quality and Safety in Family Medicine</td>
<td>60</td>
</tr>
<tr>
<td>• Research</td>
<td>62</td>
</tr>
<tr>
<td>• Rural Practice</td>
<td>64</td>
</tr>
<tr>
<td>• Women and Family Medicine</td>
<td>67</td>
</tr>
<tr>
<td>• WONCA International Classification</td>
<td>69</td>
</tr>
<tr>
<td>WONCA Special Interest Group Reports</td>
<td></td>
</tr>
<tr>
<td>• Ageing and Health</td>
<td>71</td>
</tr>
<tr>
<td>• Conflict and Catastrophe Medicine</td>
<td>71</td>
</tr>
<tr>
<td>• Emergency Medicine</td>
<td>72</td>
</tr>
<tr>
<td>• Family Violence</td>
<td>73</td>
</tr>
<tr>
<td>• Global Point-of-Care Testing</td>
<td>74</td>
</tr>
<tr>
<td>• Health Equity</td>
<td>75</td>
</tr>
<tr>
<td>• Migrant Care, International Health and Travel</td>
<td>75</td>
</tr>
<tr>
<td>• Quaternary Prevention and Over-medicalisation</td>
<td>76</td>
</tr>
<tr>
<td>• Worker’s Health</td>
<td>78</td>
</tr>
<tr>
<td>• Other WONCA SIGs</td>
<td>79</td>
</tr>
<tr>
<td>Audit Report of WONCA SIGs</td>
<td></td>
</tr>
<tr>
<td>Audit Report of WONCA Trust 2018</td>
<td>80</td>
</tr>
</tbody>
</table>
(Back row from l to r): Mohammed Tarawneh (East Mediterranean); Inez Padula (Iberoamericana); Kanu Bala (South Asia); Anna Stavdal (Europe); Henry Lawson (Africa); Viviana Martinez Bianchi (Member at Large); Ruth Wilson (North America); Meng-Chih Lee (Asia Pacific); Ana Nunes Barata (Young Doctor)
(Front row from l to r): Karen Flegg (Member at Large); Garth Manning (CEO); Michael Kidd (Immediate Past President); Amanda Howe (President); Donald Li (President-elect); Job Metsemakers (Member at Large)

2016-2018 Executive

Professor Amanda Howe
Professor Michael Kidd
Dr Donald Li
Dr Garth Manning
Professor Job Metsemakers
Dr Karen Flegg
Dr Viviana Martinez Bianchi
Dr Henry Lawson
Professor Meng-Chih Lee
Dr Mohammed Tarawneh
Dr Anna Stavdal
A/Professor Inez Padula
Professor Ruth Wilson
Professor Kanu Bala
Dr Ana Nunes Barata

President
Immediate Past President
President-elect
CEO
Member at Large and Hon Treasurer
Member at Large
Member at Large and WHO Liaison
President Africa Region
President Asia Pacific Region
President Eastern Med Region
President Europe Region
President Iberoamericana-CIMF Region
President North America Region
President South Asia Region
Young Doctor Representative

UK
Australia
Hong Kong
UK/Ireland
Netherlands
Australia
USA
Ghana
Taiwan
Jordan
Netherlands
Brazil
Canada
Bangladesh
Portugal
Greetings to all our family doctors and member organizations worldwide. Thank you so much for your hard work for your patients, and for your input to WONCA. Please thank your colleagues and your loved ones for supporting your work, which really matters to the world’s health outcomes.

This year primary health care and its role in delivering good quality care across all conditions and all stages of life has come into political focus, because we approach the 40th anniversary of the Alma Ata Declaration. In 2008, I went to my first WHO Assembly, and watched our then President speak with the voice of family medicine on the 30th anniversary declaration – ‘Primary Health Care - Now More than Ever’.

Ten years on, the need to ensure accessible, affordable, acceptable PHC that meets people’s needs and continues over time is still a pressing goal. We have worked incredibly hard to further improve WONCA’s engagement with WHO; will participate in the implementation of the next Declaration; and will continue to attempt to influence high level political decisions. Again, my thanks go to all those who are active in leadership for family medicine, because we need your voices at your academic institutions, in national debates on health services and funding, and across the regions to support family medicine at all levels.

In the last year, and as I intended, I have managed to attend all WONCA regional conferences held, and also been to seven national member conferences. I have managed to get to North, South, East and West Africa, and to all parts of our North America region; plus been a named WONCA keynote speaker at a number of other international conferences - showing that other disciplines are coming to value and reach out to family doctors as key allies in care.

I was particularly glad to attend meetings with our young doctor movements, both at regional meetings and elsewhere, and to be asked three times to speak with the International Federation of Medical Students’ Associations. So our voice in the undergraduate sphere is also growing – and this is helped by those of you who take up roles as GP and family medicine educators. I have given many talks (some of which are on the website), and am told these are seen as inspiring, as well as informative for members. For me, all these visits are a privilege, and I come back ever more proud of the work of family doctors, and the wonderful people who are involved in our discipline.

Our internal programmes of work have continued to focus on member benefits, and the rest of the report summarises many of these areas. I have written my monthly column and policy bites, worked on a number of different projects – including one funded research project led within our Research Working Party, and one on women in the workforce within the WWPWFM – always trying to improve our organizational capabilities, and develop our key activities further.
I want to thank all those who take lead roles – my World Executive, all of whom work incredibly hard to fulfil their commitments on your behalf; the CEO and Secretariat, who do an amazing job on a daily basis; our Working Party and SIG leads, for their active offers to the membership and the expertise they help us develop; the Young Doctor leads in each region; our academic and direct members; and our Past Presidents – many of whom still actively support our ongoing work.

Soon we shall meet in Seoul, where we shall have a very active Council and a great conference - and I shall hand over the Presidential chain to Dr Donald Li. But I shall still be actively engaged with WONCA – and may have more time to contribute in different ways once the ‘burden of office’ is lifted! I will reflect on the lessons learned in my farewell address, and look forward to hearing from many of you during the World Conference as to your own needs, experiences and hopes. Go well till then.

WONCA President at College of Family Physicians, Singapore

Professor Amanda Howe
WONCA President
President elect

It has been a busy year as WONCA President-elect. Many of my activities have been centred on Asia Pacific generally, and China in particular. Of note I have attended:

- Several family medicine conferences in mainland China.
- An inaugural meeting of Young Family Doctors of the Beijing University Wu Japing foundation.
- From 31st March to 2nd April the 5th Cross Straits General Practice Society [WONCA Member Organization] AGM in Nanning as officiating guest. The event was reported in WONCA News
- The Chinese Medical Doctor’s Association (CMDA) Society of General Practice AGM as officiating guest 25-26th April in Beijing

I attended the annual meeting of the Japan Primary Care Association (JPCA) in Mia and delivered a plenary on “Family medicine during challenging times”. Representatives from The Rajakumar Movement (WONCA Young Doctor Movement for APR) and delegates from Hong Kong, Korea, USA and Europe also attended.

I had the opportunity to visit “Ping An Good Doctors” in Shanghai and was inspired by how modern technology and Artificial Intelligence (AI) can enhance primary care. I have presented a discussion paper to Executive in Warsaw and we are hoping to hold a lunchtime seminar in Seoul on the topic of family medicine and AI.

I have also been honoured with two significant appointments during this period, which both help to enhance the profile of family medicine generally and WONCA in particular:

- Appointed member of Steering Committee of PHC Development in Hong Kong - to help to develop community primary healthcare centres with Family Doctors leading multidisciplinary team of healthcare workers including nurses, therapists, pharmacists etc.
- Appointed a Member of the Chinese People’s Political Consultative Conference (CPPCC). This is a very high level and prestigious political appointment by the Chinese government. I am amongst the **90 top medical leaders of China who are appointed** as political advisors to the State department. I attended the first 2 week meeting in March. Primary Care and general practice development are amongst the top healthcare priorities. China has also started a contract system whereby every individual is encouraged to be contracted to a general practitioner, thus establishing a continued doctor - patient relationship.

Apart from these activities I attended World Health Organization in Geneva as part of the WONCA delegation and also the WONCA APR and Europe region conferences.

I am working hard on my plans for my Presidency and have already been having discussions with CEO about my priorities for the two-year term.
Welcome to this latest Annual Report from WONCA. As ever it has been a busy 12 months, but the report provides a great way to inform all colleagues – our Member Organizations, Academic Members, individual members, Organizations in Collaborative Relationship and our other partners such as WHO – of the many activities undertaken on your behalf.

The WONCA Secretariat is a very “slim” operation, with only CEO and three members of staff, but it continues to provide great support to the WONCA Executive and to the other constituent parts of the organization such as Statutory Committees, Working Parties (WPs) and Special Interest Groups (SIGs). WONCA has moved to a two-yearly cycle, and this has put additional pressures on the Secretariat as it has barely recovered from one Council and its aftermath before it starts to prepare for the next meeting. Nevertheless Dr Nongluck Suwisith and the team (Chalita Taonthong looking after Membership and Administration and Anuta Mustafa looking after Accounts) continue to provide very dedicated service to the organization.

There have been two face-to-face meetings of the WONCA Executive during this year, in addition to the regular monthly teleconferences. The first Executive meeting took place in Bangkok, on 29th and 30th October 2017. This was timed to take place just before the WONCA Asia Pacific Region (APR) conference in Pattaya (Thailand) and many Executive members opted to stay on to attend WONCA APR. The second full meeting of Executive took place in Warsaw, Poland, on 28th and 29th May, immediately after the WONCA Europe conference in Krakow. Wherever possible Executive meetings are timed to coincide with other WONCA events, both for cost-effectiveness and to encourage Executive to attend conferences in regions other than their own.

This annual report is one way of enhancing communication with our members, along with a monthly WONCA News and weekly e-updates. Executive has been keen to further enhance our communication strategy and a Communications Task Force, under the guidance of Dr Anna Stavdal (WONCA Europe President) made various recommendations to Executive in Warsaw which were fully endorsed. When a new CEO is appointed, to assume the position in January 2021, his or her job description for the Secretariat will include an enhanced communications function, but in the interim we plan to appoint a communications facilitator, on a sessional basis, to build up our social media presence.

It has been most gratifying that WONCA finances continue to improve, from their nadir just a few years ago. The Honorary Treasurer reports in more detail elsewhere in this report, and the WONCA Trust audited accounts are included as an annex to this report, but we returned a rather larger surplus in 2017 than predicted, which is excellent news. As I have reported previously, sponsorship is now almost impossible to find, but we had hoped to make good at least some of the shortfall in income from consultancy. I’m pleased to report that we have undertaken three consultancies in this 12 months, which have generated useful income for the organization:

- Together with Californian Academy of Family Physicians and Healthcare Performance International we undertook an educational needs analysis in a number of countries in South Asia and Asia Pacific.
- Piloting the WONCA Global Practice Accreditation standards for the first time, Professor Rich Roberts and I undertook an accreditation visit in April 2018 to eight clinics in China (five in Beijing and three in Shanghai) run by UMP Healthcare, a private Hong Kong-based healthcare company. The visits were highly
satisfactory and WONCA President was happy to sign off on our report recommending WONCA accreditation for five years.

- A program accreditation visit, to the family medicine residency program of University of Toronto, in June 2018, was undertaken by Professor Val Wass (Chair of the WONCA WP on Education), Dr Viviana Martinez Bianchi (WONCA Executive Member and residency program coordinator at Duke University in North Carolina) and me. The assessor team was impressed at the program and honoured to have been invited to undertake it. Their report is currently being considered by a Review Group which will make its recommendations to WONCA President regarding signoff.

Our collaboration with WHO is busier than ever, and we receive more and more requests to attend meetings and/or to comment on, and input into, WHO documents and papers. Both the President and Dr Vivi Martinez Bianchi, as our WONCA-WHO Liaison, have been very active, and Vivi’s report appears elsewhere, detailing many of these activities. 2018 sees the 40th anniversary of the Alma Ata Declaration, and various celebrations are planned in Astana (Kazakhstan) in late October. Amanda Howe was invited to be a member of the WHO International Advisory Group assisting with the 40th anniversary activities, and Anna Stavdal, as WONCA Europe President has also been intimately involved in planning through WHO EURO Kazakhstan is in WONCA Europe region). WONCA plans to send a delegation to the celebrations (25th and 26th October) and we will report back to members after the event. There will also be a new Astana Declaration. WONCA provided inputs into the various drafts and at the time of writing (mid-July) is consulting with members regarding comments on the latest version of the declaration. Like any document drafted by committee it is challenging to get key inputs included, but we remain hopeful that the final version will emphasise the crucial role of PHC and family medicine in the provision of Universal Health Coverage.

As ever we sent a small delegation to WHO in January for the Executive Board meeting, and a rather larger delegation (President, President-elect, WHO Liaison and CEO) to World Health Assembly in May. Many useful meetings were held with WHO colleagues and it is really encouraging to experience how valuable WHO regards its relationship with us. Our Regional Presidents also endeavour to attend their WHO regional events, and in the past 12 months WONCA has been represented at WHO’s EURO, EMRO, AFR (Africa), SEARO (South East Asia) and WPRO (Western Pacific) and also at PAHO (Americas).

WONCA remains active in publishing, and we are looking forward to a number of new publications later this year. “Family practice in the Eastern Mediterranean Region” will be produced In collaboration with WHO EMRO, whilst Chris van Weel will edit “A snapshot of primary health care around the world” which results from a series of workshops he and others have held at various WONCA regional conferences. Our Working Party on Research will produce “How to do primary care research” whilst our WP on Rural Practice plan to update their “Rural Medical Education Guidebook” (RMEG) which is freely available via the WONCA website: http://www.globalfamilydoctor.com/groups/WorkingParties/RuralPractice/ruralguidebook.aspx

One of the many joys of being WONCA CEO is to travel and to meet with colleagues from all over the globe. In this period I have visited five out of our seven regions, including: WONCA Iberoamericana-CIMF conference in Peru (August 17); WONCA APR conference in Pattaya (November 17); WONCA South Asia conference in Nepal (November 17); WONCA EMR conference in Kuwait (March 18) and WONCA Europe conference in Krakow (May 18).

I hope you enjoy reading the rest of this Annual Report, with narratives from our regions, our Working Parties and SIGs and our Young Doctor Movements. I and the Secretariat staff look forward to meeting up with many of you in Korea in October 2018.

Dr Garth Manning
Chief Executive Officer
WONCA and WHO

It has been another busy year for WONCA liaison and collaboration with WHO. Our work is to ensure that all in WHO – and its partners – better understand what family medicine is, and its key role in Universal Health Care. Our message remains that to deliver high quality and comprehensive primary health care, countries need to invest in strengthening family medicine and in training more family doctors as critical members of multidisciplinary teams. In this way family medicine is pivotal in providing person-centred and integrated healthcare which will be key to providing Universal Health Coverage, as mandated by WHO.

Fourth Global Forum on Human Resources for Health

In November 2017 the Fourth Global Forum on Human Resources for Health – Building the workforce for the future – took place in Dublin. WONCA was well represented by a formidable delegation including, among others, Job Metsemakers, Anna Stavdal, Ana Nunes Barata and John Wynn Jones. A youth forum took place during the meeting – a network of young change agents to generate ideas, explore best practices, encourage future collaborations and network with others from different backgrounds. WONCA was pleased to endorse the Youth Call for Action and also the Dublin Declaration, which resulted from the forum.

A full report from the HRH Forum, together with the Call to Action and Dublin Declaration, can be found on the WONCA website: http://www.globalfamilydoctor.com/News/PolicyBiteFourthGlobalForumonHumanResourcesforHealth.aspx

WHO Executive Board – January 2018

January 2018 saw the regular WHO Executive Board meeting, and Professor Amanda Howe and I again represented WONCA. A whole series of meetings were held with WHO colleagues, and it was refreshing to find that WONCA is more and more actively being sought to discuss or comment on papers and policies within WHO.

World Health Assembly – May 2018

We returned to Geneva for the World Health Assembly in May, this time accompanied by Dr Donald Li and Garth Manning.

Much of the WHA71 formal agenda was related to Dr Tedros Adhanom Ghebreyesus’ (WHO Director General) emphasis on Universal Health Care and the importance of Primary Health Care, and the signing of the new 13th General Programme of Work (GPW) designed to help the world achieve the Sustainable Development Goals – with a particular focus on SDG3: “Ensuring healthy lives and promoting wellbeing for all at all ages by 2030”.

This is of particular importance to family medicine, as it sets three targets by 2030: one billion more people covered through universal health coverage; one billion more people are better protected from health emergencies; and one billion more people enjoy better health and wellbeing, Significant emphasis was placed on the upcoming declaration on the 40th anniversary of Alma Ata. Health Equity was spoken about constantly and the discussions included how to go from visionary goals to real action, commitment and funding to see change. “There is no UHC with PHC” was another important statement heard at many of the meetings, and “now that we all agree of the importance of primary health care, then how do we go about it?”.
WONCA submitted statements to WHA on the following agenda items: Draft thirteenth general programme of work, 2019–2023; Global Strategy for Women’s, Children’s and Adolescents’ Health (2016–2030): sexual and reproductive health, interpersonal violence, and early childhood development; and Public health preparedness and response.

During the WHA, WONCA’s delegation attended several side events, enjoyed dinners with key stakeholders and held meetings with 13 WHO departments and other NGOs to discuss current and future joint activities. Some of our meetings included:

- International Federation of Medical Students Associations (IFMSA)
- World Medical Association (WMA)
- International Council of Nurses
- Global Coalition for Circulatory Health
- Partners in Health requested a meeting and follow up will be done via Skype

We also met with a number of WHO departments including:

- Department of Ageing and Life Course
- Department of Mental Health and Substance Abuse
- Emergency Response team
- Service Delivery
- Global Coordination Mechanism on NCDs
- Health Workforce department and
- Surgical coordination and safety mechanism
- Occupational Health.

Some of the most important side events attended included:

- Global action on patient safety for achieving effective universal health coverage [http://www.who.int/patientsafety/en/]
- Primary Health Care and Universal Health Coverage: The evidence, contributions and effectiveness of Community Health Workers (CHW) (ETHIOPIA and ECUADOR cosponsored by ALGERIA, NORWAY).
- Briefing on the Global Conference on Primary Health Care: towards Health for All, led by Shannon Barkley.
- Informal Breakfast for Participants of the WHO Global Coordination Mechanism on Non-Communicable Diseases.
- “Member States Commitment to the Global Movement towards UHC: Focused Actions on PHC and Financing for Effective Delivery.”
- Global Conference on Primary Health Care Planning; Young Professionals Working Group Meeting on Primary Health Care and Alma-Ata 40
- Environment and Pollution highlighted with a new campaign. [http://breathelife2030.org/]

WHO Regions

WONCA also maintains close links with the various WHO regional offices, through our regional presidents, and tries to ensure representation at the various Regional Committee meetings. During WHA we met with leaders from WHO EMRO (Eastern Mediterranean Region Office); WPRO (Western Pacific Region Office); and briefly with PAHO/WHO Americas Regional Director Dr Carissa Etienne. Throughout the year WONCA has been represented at regional meetings in Europe, Eastern Mediterranean, Africa, South East Asia and Western Pacific Regions.

Alma Ata 40

Of course the major emphasis during this past year has been planning and preparing for the 40th anniversary celebrations of Alma Ata, to be held in Astana (capital of Kazakhstan) on 25th and 26th October 2018. Dr Anna Stavdal, WONCA Europe President, has been an integral part of the WHO Euro Advisory Group, whilst WONCA President Professor Amanda Howe was a member of the International Advisory Group at WHO HQ. WONCA has
been invited to review and comment on a number of technical papers which will be prepared in advance of the meeting, and we will also be given an opportunity to comment on the draft Astana Declaration.

The meeting is actually scheduled for 25th and 26th October, just after our own world conference in Seoul, and whilst the detailed programme for the meeting has still to be firmed up, WONCA hopes to have significant opportunities to highlight family medicine and its potential for great things in the world. WONCA plans to send a delegation of up to six people, in order to have a strong presence in the meeting and will report back in due course.

**Collaboration with other organizations**

WONCA continues to collaborate with other Non-Governmental Organizations (NGOs) with common interests in working with WHO. Among the many organizations with which we collaborate are: International Federation of Medical Students’ Associations (IFMSA); World Medical Association (WMA); International Council of Nurses (ICN); International Association of Patients Organizations (IAPO); International Commission on Occupational Health (ICOH); World Heart Federation (WHF); Global Coalition for Circulatory Health; World Psychiatric Association (WPA); World Federation for Mental Health (WFMH); International College of Person Centred Medicine (ICPCM); and World Federation of Public Health Associations (WFPHA). This last organization was formally admitted to WONCA this year as an Organization in Collaborative Relationship and has granted reciprocal Partner membership to WONCA in turn.

**Conclusion**

Collaboration with WHO gets busier and busier! This is great, but we also need your assistance! We need your help in the generation of data connected to the work of family doctors worldwide, including the submission of case examples if at all possible. We also need all WONCA Working Parties and SIGs to keep us informed of any or all activities they undertake with WHO, just so that we can coordinate activities and not duplicate efforts.

If you would like to learn more about any aspect of our work with WHO, or to find out how you might become more involved, then do please contact me – Dr Viviana Martinez Bianchi, WONCA Executive Board Member at Large and WHO Liaison (whowonca@wonca.net).

Dr Viviana Martinez Bianchi  
WONCA Executive Member at Large  
WONCA-WHO Liaison
STATUTORY COMMITTEES

Finance

In last year’s Annual Report I wrote:

_for 2017 WONCA Council accepted a budget balancing Income and Expenditures. We did not foresee a surplus as we have no income from a World Conference in 2017. WONCA Executive revised the budget in April 2017 to keep the budget balanced. Whether we will succeed depends largely on the income from Sponsorship, Licenses, and Consultancy.

I am now pleased to report that in 2017 our actual income was rather higher than predicted at $642,627 (predicted $607,000). As an additional bonus, our expenditure was less than predicted at $577,238 (against $605,880). Thus a roughly balanced budget ended the year with a surplus of $65,389.

At its meeting in Bangkok in October 2017 Executive also revisited the 2018 budget. Political tensions at that time on the Korean peninsula led to Executive slightly reducing its forecast for income from the WONCA world conference, and in consequence had to reduce various budgets to keep expenditure in check. Most regions, all Working Parties and key Executive had their budgets reduced.

Executive further revisited the 2018 budget in Warsaw in late May 2018. By that stage it appeared that our predications were overly-pessimistic, and the cuts to Working Parties and to most regions were restored. Nevertheless Executive continues to take a cautious approach to the budget, to make sure that the hard fight to turn WONCA’s finances around – which has been so successful in recent years – is not wasted. Executive has also decided to “ring-fence” $200,000 as a strategic reserve, so that the organization has 6 months of guaranteed funding to maintain operations even if all income suddenly ceased. It felt that this was a prudent move to make on behalf of the organization and its members.

2018 has also been a good year for ICPC licensing and from consultancy and we are optimistic that income from these sources will be well in excess of predictions, though we will report further in the annual audit report and in next year’s Annual Report.

Finally the Audit Report for WONCA Trust for 2017 is included as an annex to this report.

Professor Job Metsemakers
WONCA Executive Member at Large
Hon Treasurer
In last year’s report I commented that the work of the OEC for this biennium was concentrated on two key issues: on ways to enhance greater equity of WONCA awards and honours, on both a gender and geographical basis, and also on LGBTQ issues within the organization.

An analysis of WONCA awards by gender and geography confirmed that there was quite wide disparity in terms of gender and geography. As Chair I wrote to all Regional Presidents asking them to be aware of these disparities and encouraging under-represented regions to be more proactive in nominating candidates. There was a slight improvement in nominations during 2018, but clearly there remains work to be done, and I will continue to push this issue during my Presidency.

By contrast I am pleased to report that nomination for WONCA officers for the 2018-20 biennium shows much greater gender equity. Of the 11 nominations received, six are for women, and having celebrated our first woman president. It is great to see so many more women standing for office.

OEC also worked hard to produce a short but clear statement on WONCA’s position on LGBTQ rights and issues. This statement was presented to the WONCA Executive in May 2018 and, with a few minor amendments, was endorsed. It will go before WONCA Council in October for their information and discussion.

I thank all members of the OEC for their contributions, and most especially to Lucy Candib and Bikash Gauchan for leading on the work on the LGBTQ statement.
Bylaws

At the WONCA World Council in Rio, in 2016, major changes to the WONCA Bylaws were approved. The main change was to simplify the “bylaws and regulations” by separating these two documents, resulting in the Bylaws document only, being our new constitution. The WONCA Bylaws and Regulations Committee (2016-2018) has set to work in tidying up the resultant documents and ensuring both the Bylaws and the WONCA Organizational Policies (previously regulations) are appropriate for purpose.

Proposals for the 2018 World Council are prepared including completing the inclusion of the Young Doctors’ Movement in our Bylaws and Organisational policies after consultation with the Young Doctors Committee; ensuring WONCA’s commitment to gender balance is observed on a regional level, and including rationalising the information on WONCA Working Parties, Special Interest Groups and other committees to make it reflect current reality.

I would like to acknowledge the work of my current committee in particular Prof Rich Roberts who has provided legal input to all proposals.

- Dora Bernal - Colombia
- Akin Moses – Nigeria
- Chandra Thuraisingham - Malaysia
- Richard Roberts - USA (co-opted)
- Val Wass –UK (co-opted)

Dr Karen Flegg
WONCA Executive Member at Large
Chair Bylaws and Regulations Committee
Membership Committee

We are pleased to report that membership applications have remained buoyant during this period. Direct Member numbers remain good, and we have admitted many new Life Direct Members in the past 12 months; they are listed elsewhere in this report and we thank them most sincerely for their support.

Since July 2017 WONCA has been pleased to admit the following to Membership:

As Member Organization
- Pakistan Society of Family Physicians (previously an Associate Member)
- Society of Family Physicians of Ghana
- Public Organization National Association of Family Medicine Workers of Tajikistan.

As Academic Member
- Department of General Practice, Faculty of Postgraduate Medicine, Khesar Gyalpo University of Medical Sciences of Bhutan (KGUMSB), Thimphu, Bhutan
- Department of Family Medicine at Queen’s University, Kingston, Ontario, CANADA
- Department of Family Medicine (DFM) of Faculty of Medicine and Community Health (FMCH), Queensland University, Haiti.
- Aswan Family Medicine Residency Programme, Egypt

As Organization in Collaborative Relationship (OCR)
- World Federation of Public Health Associations (WFPHA)
- International Primary Care Cardiovascular Society (IPCCS)

In turn, WONCA applied to the World Federation of Public Health Associations for Partner status (OCR equivalent) and this was granted at the WFPHA General Assembly in May 2018.

The WONCA World executive has undertaken to enhance the value of academic membership, and several initiatives are under way in this regard.

I thank all members of the Membership Committee for the hard work they undertake on WONCA’s behalf and for their timely responses. I also thank Dr Nongluck Suwisith in the WONCA Secretariat for preparing and administering all applications so competently.

Professor Ruth Wilson
WONCA North America Regional President
Chair, Membership Committee
Conference Planning Committee

As I mentioned in last year’s report, now that WONCA has moved to a two-yearly cycle there is increased pressure on the Conference Planning Committee as it tries to oversee two major world events at once.

For the Korean conference, I paid a brief visit to Seoul in November 2017 to finalise selection of a venue for WONCA Executive, Regional Council and World Council meetings. Ultimately we agreed to hold these meeting outside Seoul itself, and have chosen the Sheraton Hotel in Incheon as the venue (http://www.sheratongrandincheon.com/en). Incheon is where the main international airport is situated, so this venue is only 25-30 minutes from the airport, as compared with up to 2 hours for the conference venue in the Gangnam District of Seoul. Facilities are good, and much more cost-effective, and I’m sure that Council members will find the location and venue most satisfactory. I also met with the key members of the Host Organizing Committee (HOC) and was again impressed at how well-prepared they seem to be.

Professor Bohumil Seifert and I returned to Seoul in March 2018 for further meetings and site inspections in both Incheon and Seoul, and for a full meeting with the HOC, including a very comprehensive briefing from one of the HOC members (Dr Seo Young Kang). All plans now appear in place and we look forward to a lively and very successful event.

But we are also looking forward to Abu Dhabi in 2020. I visited Dubai in early August 2017 (Emirates Medical Association is the WONCA Member Organization hosting the event, and the Professional Conference Organizer – PCO – is Dubai-based) and had very useful meeting with members of the HOC and PCO. We met up again during the WONCA Eastern Mediterranean Region (EMR) Conference in Kuwait in March 2018, with a larger grouping which included current President and three Past Presidents (Chris van Weel, Rich Roberts and Michael Kidd) all of whom have pledged to offer any support that they can in the planning and execution of the event. Once the Seoul conference is completed we can spend rather more time working with our EMR colleagues in the two years leading up to November 2020.

My thanks to the HOCs of both Korea and Abu Dhabi for all their efforts on WONCA’s behalf, and my special thanks to my colleague on the CPC, Professor Bohumil Seifert, whose wise advice, friendship and collegiality are very greatly appreciated.

Dr Garth Manning
WONCA CEO
Chair, Conference Planning Committee
## WONCA Conferences

Whilst we look forward to the WONCA World Conference in Seoul in October 2018, we are also looking ahead to a whole series of other WONCA events in 2019 and 2020. Among the many events already planned are:

<table>
<thead>
<tr>
<th>Region / Working Party</th>
<th>Venue</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>WONCA Eastern Mediterranean</td>
<td>Beirut, Lebanon</td>
<td>20 to 23 March 2019</td>
</tr>
<tr>
<td>WONCA Iberoamericana-CIMF</td>
<td>Tijuana, Mexico</td>
<td>1 to 4 May 2019</td>
</tr>
<tr>
<td>WONCA Asia Pacific</td>
<td>Kyoto, Japan</td>
<td>14 to 17 May 2019</td>
</tr>
<tr>
<td>WONCA Africa</td>
<td>Kampala, Uganda</td>
<td>5 and 8 June 2019</td>
</tr>
<tr>
<td>WONCA Europe</td>
<td>Bratislava, Slovak Republic</td>
<td>26 to 29 June 2019</td>
</tr>
<tr>
<td>WONCA Rural</td>
<td>Albuquerque, USA</td>
<td>11 to 15 October 2019</td>
</tr>
<tr>
<td>WONCA South Asia</td>
<td>Lahore, Pakistan</td>
<td>22 to 24 November 2019</td>
</tr>
<tr>
<td>WONCA Iberoamericana-CIMF Latin American Cumbre (summit)</td>
<td>Puerto Rico</td>
<td>21 and 22 April 2020</td>
</tr>
<tr>
<td>WONCA Iberoamericana-CIMF</td>
<td>Puerto Rico</td>
<td>23 to 25 April 2020</td>
</tr>
<tr>
<td>WONCA Asia Pacific</td>
<td>Auckland, New Zealand</td>
<td>26 to 31 May 2020</td>
</tr>
<tr>
<td>WONCA Europe</td>
<td>Berlin, Germany</td>
<td>24 to 27 June 2020</td>
</tr>
<tr>
<td>WONCA World</td>
<td>Abu Dhabi, UAE</td>
<td>26 to 29 November 2020</td>
</tr>
</tbody>
</table>
WONCA MEMBERS

WONCA Member Organizations
WONCA Academic Member
WONCA Individual Members

Organization in Collaborative Relation with WONCA
## List of WONCA Member Organization

### Full Member Organization (116 members)

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>MO name</th>
<th>Acronym</th>
<th>Joined</th>
</tr>
</thead>
<tbody>
<tr>
<td>AFGHANISTAN</td>
<td>Afghan Family Medicine Association (AFMA)</td>
<td>AFMA</td>
<td>11-Nov-15</td>
</tr>
<tr>
<td>ALGERIA</td>
<td>Societe Algerienne De Medecine Generale</td>
<td>SAMG</td>
<td>11-Nov-15</td>
</tr>
<tr>
<td>ANDORRA</td>
<td>Andorran Society of Primary Care Doctors Associacio Andorrana de Metges D’Atencio Primaria</td>
<td>AAMAP</td>
<td>24-May-94</td>
</tr>
<tr>
<td>ARGENTINA</td>
<td>Argentine Federation of Family and General Medicine Federación Argentina de Medicina Familiar y General</td>
<td>FAMFyG</td>
<td>06-Jun-02</td>
</tr>
<tr>
<td>ARMENIA</td>
<td>Armenian Association of Family Physicians</td>
<td>AAFP</td>
<td>23-Jul-07</td>
</tr>
<tr>
<td>AUSTRALIA</td>
<td>The Royal Australian College of General Practitioners</td>
<td>RACGP</td>
<td>01-Jan-73</td>
</tr>
<tr>
<td>AUSTRIA</td>
<td>Austrian Society of General Practice/ Family Medicine Osterreichische Gesellschaft fur Allgemein und Familienmedizin</td>
<td>ÖGAM</td>
<td>16-Dec-96</td>
</tr>
<tr>
<td>BAHRAIN</td>
<td>Bahrain Family Physicians Association</td>
<td>BFPA</td>
<td>17-Apr-04</td>
</tr>
<tr>
<td>BANGLADESH</td>
<td>Bangladesh College of General Practitioners</td>
<td>BCGP</td>
<td>03-Sep-87</td>
</tr>
<tr>
<td>BANGLADESH</td>
<td>Bangladesh Academy of Family Physicians</td>
<td>BAFP</td>
<td>01-Jan-04</td>
</tr>
<tr>
<td>BELGIUM</td>
<td>Belgian Society for General Practitioners/Family Physicians</td>
<td>BSGP</td>
<td>01-Jun-98</td>
</tr>
<tr>
<td>BOLIVIA</td>
<td>Bolivian Society of Family Medicine Sociedad Boliviana de Medicina Familiar</td>
<td>SOBOMEF</td>
<td>06-Jun-02</td>
</tr>
<tr>
<td>BOSNIA AND HERZEGOVINA</td>
<td>Association of Family Physicians of the Federation of Bosnia &amp; Herzegovina</td>
<td>AFPFBIH</td>
<td>01-Dec-11</td>
</tr>
<tr>
<td>BOSNIA AND HERZEGOVINA</td>
<td>Association of Family Physicians of Republic of Srpska</td>
<td></td>
<td>18-Feb-11</td>
</tr>
<tr>
<td>BRAZIL</td>
<td>Brazilian Society of Family and Community Medicine Sociedade Brasileira de Medicina de Familia e Comunidade</td>
<td>SBMFC</td>
<td>06-Jun-02</td>
</tr>
<tr>
<td>BULGARIA</td>
<td>Bulgarian General Practice Society For Research and Education</td>
<td>BGPSRE</td>
<td>19-Jan-19</td>
</tr>
<tr>
<td>CANADA</td>
<td>The College of Family Physicians of Canada</td>
<td>CFPC</td>
<td>01-Jan-73</td>
</tr>
<tr>
<td>CHILE</td>
<td>Sociedad Chilena de Medicina Generaly Familiar</td>
<td>SOCHIMEF</td>
<td>06-Jun-02</td>
</tr>
<tr>
<td>CHINA</td>
<td>Cross-Straits Medicine Exchange Association - Committee of General Practice</td>
<td>SEMA-GP</td>
<td>11-Aug-16</td>
</tr>
<tr>
<td>CHINA</td>
<td>Chinese Society of General Practice</td>
<td>CSGP</td>
<td>10-Aug-95</td>
</tr>
<tr>
<td>COLOMBIA</td>
<td>Colombian Society of Family Medicine Sociedad Colombiana de Medicina Familiar</td>
<td>SOCMEF</td>
<td>06-Jun-02</td>
</tr>
<tr>
<td>COSTA RICA</td>
<td>Costa Rican Association of Specialists in Family and Community Medicine/Asociacion Costarricencense de Especialistas en Familiar y Comunitaria</td>
<td></td>
<td>12-Oct-04</td>
</tr>
</tbody>
</table>
Full Member Organization (cont’d)

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>MO name</th>
<th>Acronym</th>
<th>Joined</th>
</tr>
</thead>
<tbody>
<tr>
<td>CROATIA</td>
<td>Croatian Association of Family Medicine</td>
<td>CAFM</td>
<td>16-Oct-97</td>
</tr>
<tr>
<td>CROATIA</td>
<td>Croatian Family Physicians Coordination</td>
<td>KOHOM</td>
<td>18-May-10</td>
</tr>
<tr>
<td>CUBA</td>
<td>Cuban Society of Family Medicine Sociedad Cubana de Medicina Familiar</td>
<td>SOCUMefa</td>
<td>10-Oct-06</td>
</tr>
<tr>
<td>CZECH REPUBLIC</td>
<td>Czech Society of General Practice CLS JEP</td>
<td>CSGP</td>
<td>09-May-93</td>
</tr>
<tr>
<td>DENMARK</td>
<td>Danish College of General Practitioners</td>
<td>DSAM</td>
<td>08-Jan-76</td>
</tr>
<tr>
<td>DOMINICAN REPUBLIC</td>
<td>Dominican Republic Society of Family Medicine Sociedad Dominicana de Medicina Familiar</td>
<td>SODOMEFA</td>
<td>12-Oct-04</td>
</tr>
<tr>
<td>ECUADOR</td>
<td>Ecuador Society of Family Medicine Sociedad Ecuatoriana de Medicina Familiar</td>
<td>SEMF</td>
<td>06-Jun-02</td>
</tr>
<tr>
<td>EGYPT</td>
<td>Egyptian Family Medicine Association</td>
<td>EFMA</td>
<td>23-Jul-07</td>
</tr>
<tr>
<td>EL SALVADOR</td>
<td>Salvadoran Family Physicians Association Asociación de Médicos Familiares de El Salvador</td>
<td>AMEFAES</td>
<td>10-May-05</td>
</tr>
<tr>
<td>ESTONIA</td>
<td>Estonian Family Doctors Society</td>
<td>ESFD</td>
<td>11-May-96</td>
</tr>
<tr>
<td>FIJI</td>
<td>Fiji College of General Practitioners</td>
<td>FCGP</td>
<td>21-Jun-93</td>
</tr>
<tr>
<td>FINLAND</td>
<td>Finnish Association for General Practice Suomen Yleislaaketieteen Yhdistys</td>
<td>FAGP</td>
<td>02-Jun-84</td>
</tr>
<tr>
<td>FRANCE</td>
<td>French College of General Practice Collège de la Médecine Générale</td>
<td>LECMG</td>
<td>10-Oct-14</td>
</tr>
<tr>
<td>GEORGIA</td>
<td>Georgia Family Medicine Association</td>
<td>GFMA</td>
<td>17-Apr-04</td>
</tr>
<tr>
<td>GERMANY</td>
<td>German College of General Practice/Family Medicine/ Deutsche Gesellschaft fuer Allgemeinmedizin und Familienmedizin</td>
<td>DEGAM</td>
<td>01-Jan-82</td>
</tr>
<tr>
<td>GHA NA</td>
<td>Society of Family Physicians of Ghana</td>
<td>SOFPOG</td>
<td>29-Oct-17</td>
</tr>
<tr>
<td>GHANA</td>
<td>West African College of Physicians Ghana Chapter Faculty of Family Medicine</td>
<td>WACPFCMF</td>
<td>28-Jun-99</td>
</tr>
<tr>
<td>GREECE</td>
<td>Greek Association of General Practitioners</td>
<td>ELEGEIA</td>
<td>03-Oct-88</td>
</tr>
<tr>
<td>HONG KONG</td>
<td>The Hong Kong College of Family Physicians</td>
<td>HKCFP</td>
<td>12-May-78</td>
</tr>
<tr>
<td>HUNGARY</td>
<td>Hungary Research Organization of Hungarian Family Physicians</td>
<td>CSAKOSZ</td>
<td>03-Jan-10</td>
</tr>
<tr>
<td>ICELAND</td>
<td>The Icelandic College of Family Physicians</td>
<td>ICFP</td>
<td>05-Aug-80</td>
</tr>
<tr>
<td>INDIA</td>
<td>Indian Medical Association College of General Practitioners</td>
<td>IMACGP</td>
<td>14-Dec-11</td>
</tr>
<tr>
<td>INDIA</td>
<td>Academy of Family Physicians of India</td>
<td>AFPI</td>
<td>14-Dec-11</td>
</tr>
<tr>
<td>INDONESIA</td>
<td>Indonesian Association of Family Physicians Perhimpunan Dokter Keluarga Indonesia</td>
<td>IAFP</td>
<td>14-Aug-82</td>
</tr>
<tr>
<td>INDONESIA</td>
<td>College of Indonesian Primary Care Physicians</td>
<td></td>
<td>01-Apr-17</td>
</tr>
<tr>
<td>IRAN</td>
<td>Iranian Society of General Practitioner</td>
<td>ISGP</td>
<td>18-Aug-16</td>
</tr>
<tr>
<td>COUNTRY</td>
<td>MO name</td>
<td>Acronym</td>
<td>Joined</td>
</tr>
<tr>
<td>--------------</td>
<td>--------------------------------------------------------------------------</td>
<td>---------</td>
<td>-----------------</td>
</tr>
<tr>
<td>IRAQ</td>
<td>Iraqi Family Physicians Society</td>
<td>IFPS</td>
<td>27-May-05</td>
</tr>
<tr>
<td>IRELAND</td>
<td>Irish College of General Practitionans</td>
<td>ICGP</td>
<td>14-Sep-85</td>
</tr>
<tr>
<td>ISRAEL</td>
<td>Israel Association of Family Physicians</td>
<td>IAFP</td>
<td>01-Jan-73</td>
</tr>
<tr>
<td>ITALY</td>
<td>Centro Studi e Ricerche in Medicina Generale</td>
<td>CSeRMEG</td>
<td>04-Aug-91</td>
</tr>
<tr>
<td>ITALY</td>
<td>Interdisciplinary Scientific Association of both Family and Community Medicine (Associazione Società Scientifica Interdisciplinare e di Medicina di Famiglia e Comunità)</td>
<td>AsSIMeFaC</td>
<td>01-Jun-04</td>
</tr>
<tr>
<td>JAMAICA</td>
<td>The Caribbean College of Family Physicians</td>
<td>CCFP</td>
<td>17-May-92</td>
</tr>
<tr>
<td>JAPAN</td>
<td>Japan Primary Care Association</td>
<td>JPCA</td>
<td>28-Mar-85</td>
</tr>
<tr>
<td>JORDAN</td>
<td>Jordan Society of Family Medicine</td>
<td>JSFM</td>
<td>17-Apr-04</td>
</tr>
<tr>
<td>KAZAKHSTAN</td>
<td>Kazakhstan Association of Family Physicians</td>
<td>KAFP</td>
<td>12-Apr-03</td>
</tr>
<tr>
<td>KENYA</td>
<td>Kenya Association of Family Physicians</td>
<td>KAFP</td>
<td>01-Jan-04</td>
</tr>
<tr>
<td>KOREA</td>
<td>The Korean Academy of Family Medicine</td>
<td>KAFM</td>
<td>21-May-83</td>
</tr>
<tr>
<td>KUWAIT</td>
<td>Kuwait Association of Family Physician and General Practitioners</td>
<td>KAFPGC</td>
<td>11-Nov-15</td>
</tr>
<tr>
<td>KYRGYZSTAN</td>
<td>Family Group Practice and Nurses Association of Kyrgyzstan</td>
<td>FPGA</td>
<td>01-Jan-03</td>
</tr>
<tr>
<td>LEBANON</td>
<td>The Lebanese Society of Family Medicine</td>
<td>LSFM</td>
<td>12-Apr-03</td>
</tr>
<tr>
<td>LESOTHO</td>
<td>Lesotho Medical Association</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LITHUANIA</td>
<td>Lithuanian College of Family Physicians</td>
<td>LSGK</td>
<td>27-Jun-97</td>
</tr>
<tr>
<td>LUXEMBOURG</td>
<td>Luxembourgh Scientific Society for General Practice Société Scientifique Luxembourgeoise de Médecine Générale</td>
<td>SSLMG</td>
<td>19-Dec-05</td>
</tr>
<tr>
<td>MACAU</td>
<td>Associacao dos Medicos de Clinica Geral de Macau</td>
<td>AMCGM</td>
<td>07-May-92</td>
</tr>
<tr>
<td>MACEDONIA</td>
<td>Association of General Practitioners of Macedonia</td>
<td>AGPM</td>
<td>01-Jan-12</td>
</tr>
<tr>
<td>MALAYSIA</td>
<td>Academy of Family Physicians of Malaysia Akademi Kedoktoran Keluarga Malaysia</td>
<td>AFPM</td>
<td>01-Jan-75</td>
</tr>
<tr>
<td>MALTA</td>
<td>Malta College of Family Doctors</td>
<td>MCFD</td>
<td>01-May-89</td>
</tr>
<tr>
<td>MEXICO</td>
<td>Mexican College of Family Medicine Colegio Mexicano de Medicina Familiar A.C.</td>
<td>COMMEFAC</td>
<td>06-Jun-02</td>
</tr>
<tr>
<td>MONGOLIA</td>
<td>Mongolian Association of Family Medicine Specialists</td>
<td>MAFMS</td>
<td>07-Jun-98</td>
</tr>
<tr>
<td>MOROCCO</td>
<td>National Collective of Moroccan General Practitioners</td>
<td>MG MAROC</td>
<td>11-Nov-15</td>
</tr>
<tr>
<td>MYANMAR</td>
<td>Myanmar Medical Association - GPs Society</td>
<td>GPSM</td>
<td>27-May-05</td>
</tr>
</tbody>
</table>
Full Member Organization (cont’d)

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>MO name</th>
<th>Acronym</th>
<th>Joined</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEPAL</td>
<td>General Practitioners’ Association of Nepal</td>
<td>GPAN</td>
<td>22-Jun-97</td>
</tr>
<tr>
<td>NETHERLANDS</td>
<td>Dutch College of General Practitioners Nederlands Huisartsen Genootschap</td>
<td>NHG</td>
<td>01-Jan-73</td>
</tr>
<tr>
<td>NEW ZEALAND</td>
<td>The Royal New Zealand College of General Practitioners</td>
<td>RNZCGP</td>
<td>01-Jan-73</td>
</tr>
<tr>
<td>NICARAGUA</td>
<td>Asociacion Nicaraguense de Medicina Familiar</td>
<td>ANIMEF</td>
<td>10-Oct-06</td>
</tr>
<tr>
<td>NIGERIA</td>
<td>Association of General and Private Medical Practitioners of Nigeria</td>
<td>AGPMPN</td>
<td>03-Oct-80</td>
</tr>
<tr>
<td>NIGERIA</td>
<td>Faculty of Family Medicine, National Postgraduate Medical College of Nigeria</td>
<td>FGMPPMCN</td>
<td>01-Jan-98</td>
</tr>
<tr>
<td>NORWAY</td>
<td>Norwegian College of General Practice Norsk Forening for Allmennmedisin</td>
<td>NFA</td>
<td>01-Jan-76</td>
</tr>
<tr>
<td>OMAN</td>
<td>Oman Family and Community Medicine Society</td>
<td>FAMCO</td>
<td>23-Jul-07</td>
</tr>
<tr>
<td>PAKISTAN</td>
<td>College of Family Medicine Pakistan</td>
<td>CFMP</td>
<td>01-Jan-73</td>
</tr>
<tr>
<td>PAKISTAN</td>
<td>Pakistan Society of Family Physicians, Lahore</td>
<td>PSFP</td>
<td>16-Dec-96</td>
</tr>
<tr>
<td>PANAMA</td>
<td>Asociacion Panamena de Medicina Familiar</td>
<td>APMF</td>
<td>06-Jun-02</td>
</tr>
<tr>
<td>PARAGUAY</td>
<td>Paraguayan Society of Family Medicine Sociedad Paraguaya De Medicina Familiar</td>
<td>SPMF</td>
<td>12-Oct-04</td>
</tr>
<tr>
<td>PERU</td>
<td>Peruvian Society of Family and Community Medicine Sociedad Peruana De Medicina Familiar Y Comunitaria</td>
<td>SOPEMFYC</td>
<td>06-Jun-02</td>
</tr>
<tr>
<td>PHILIPPINES</td>
<td>Philippine Academy of Family Physicians</td>
<td>PAFP</td>
<td>01-Jan-73</td>
</tr>
<tr>
<td>POLAND</td>
<td>The college of Family Physicians in Poland Stowarzyszenie Kolegium Lekarzy Rodzinnych w Polse</td>
<td>KLRwP</td>
<td>28-Jun-96</td>
</tr>
<tr>
<td>PORTUGAL</td>
<td>Portuguese Association of General Practitioners Associacao Portuguesa dos Medicos de Clinica Geral</td>
<td>APMCG</td>
<td>28-Mar-85</td>
</tr>
<tr>
<td>ROMANIA</td>
<td>Romanian National Society of Family Medicine</td>
<td>SNMF</td>
<td>22-May-98</td>
</tr>
<tr>
<td>RUSSIAN FEDERATION</td>
<td>All Russian Fund - Association of General Practitioners of Russian Federation</td>
<td>KLRwP</td>
<td>23-Jul-07</td>
</tr>
<tr>
<td>SAUDI ARABIA</td>
<td>Saudi Society of Family and Community Medicine</td>
<td>SSFCM</td>
<td>24-May-94</td>
</tr>
<tr>
<td>SERBIA</td>
<td>Serbian Medical Association/ Section of General Practice</td>
<td>SMAS</td>
<td>10-Oct-06</td>
</tr>
<tr>
<td>SINGAPORE</td>
<td>College of Family Physicians, Singapore</td>
<td>CFPS</td>
<td>01-Jan-73</td>
</tr>
<tr>
<td>SLOVAK REPUBLIC</td>
<td>Slovak Society of General Practice</td>
<td>SKS GP</td>
<td>09-May-93</td>
</tr>
<tr>
<td>SLOVENIA</td>
<td>Slovenian Family Medicine Society</td>
<td>SFMS</td>
<td>09-May-93</td>
</tr>
<tr>
<td>SOUTH AFRICA</td>
<td>South African Academy of Family Physicians</td>
<td>SAAFP</td>
<td>29-Aug-81</td>
</tr>
</tbody>
</table>
### Full Member Organization (cont’d)

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>MO name</th>
<th>Acronym</th>
<th>Joined</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPAIN</td>
<td>Spanish Society of Family and Community Medicine</td>
<td>SEMFYC</td>
<td>01-Oct-88</td>
</tr>
<tr>
<td>SRI LANKA</td>
<td>College of General Practitioners of Sri Lanka</td>
<td>CGPSL</td>
<td>12-May-78</td>
</tr>
<tr>
<td>SWEDEN</td>
<td>Swedish College of General Practice Swedish forening for allmanmedicin</td>
<td>SFAM</td>
<td>06-Sep-77</td>
</tr>
<tr>
<td>SWITZERLAND</td>
<td>Swiss Society of General Internal Medicine</td>
<td>SGAIM / SSMIG</td>
<td>11-May-95</td>
</tr>
<tr>
<td>SYRIA</td>
<td>The Syrian Family Medicine Association</td>
<td>SFMA</td>
<td>18-May-10</td>
</tr>
<tr>
<td>TAIWAN</td>
<td>Chinese Taipei Association of Family Medicine</td>
<td>CTAFM</td>
<td>02-May-88</td>
</tr>
<tr>
<td>TAJIKISTAN</td>
<td>Public Organization National Association of Family Medicine Workers of Tajikistan</td>
<td>28-May-18</td>
<td></td>
</tr>
<tr>
<td>THAILAND</td>
<td>The General Practitioners/Family Physicians Association, Thailand</td>
<td>GPFPAT</td>
<td>28-Mar-85</td>
</tr>
<tr>
<td>TURKEY</td>
<td>Turkish Association of Family Physicians TAFP (TAHUD)</td>
<td>TAFP</td>
<td>12-Apr-03</td>
</tr>
<tr>
<td>UGANDA</td>
<td>Association of Family Physicians of Uganda AFPU</td>
<td>AFPU</td>
<td>18-May-10</td>
</tr>
<tr>
<td>UKRAINE</td>
<td>The Ukrainian Family Medicine Association UFMA</td>
<td>UFMA</td>
<td>07-Feb-99</td>
</tr>
<tr>
<td>UNITED ARAB AMIRATES</td>
<td>Emirates Medical Association, The Family Medicine Section</td>
<td></td>
<td>18-Feb-06</td>
</tr>
<tr>
<td>UNITED KINGDOM</td>
<td>Royal College of General Practitioners RCGP</td>
<td>RCGP</td>
<td>01-Jan-73</td>
</tr>
<tr>
<td>URUGUAY</td>
<td>Uruguayan Society of Family Medicine Sociedad Uruguaya de Medicina Familiar Comunitaria</td>
<td>SUMEFAC</td>
<td>06-Jun-02</td>
</tr>
<tr>
<td>USA</td>
<td>Society of Teachers of Family Medicine STFM</td>
<td>STFM</td>
<td>29-Aug-81</td>
</tr>
<tr>
<td>USA</td>
<td>American Academy of Family Physicians AAFP</td>
<td>AAFP</td>
<td>01-Jan-73</td>
</tr>
<tr>
<td>VENEZUELA</td>
<td>Sociedad Venezolana de Medicina Familiar SOVEMEF</td>
<td>SOVEMEF</td>
<td>06-Jun-02</td>
</tr>
<tr>
<td>VIETNAM</td>
<td>Vietnam Association of Family Physicians VAFP</td>
<td>VAFP</td>
<td>12-May-05</td>
</tr>
<tr>
<td>ZIMBABWE</td>
<td>The College of Primary Care Physicians of Zimbabwe CPCPZ</td>
<td>CPCPZ</td>
<td>02-Jun-76</td>
</tr>
</tbody>
</table>

### Associate Member Organization (9 members)

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>MO name</th>
<th>Acronym</th>
<th>Joined</th>
</tr>
</thead>
<tbody>
<tr>
<td>AUSTRALIA</td>
<td>Australian College of Rural and Remote Medicine</td>
<td>ACRRRM</td>
<td>01-Feb-00</td>
</tr>
<tr>
<td>CANADA</td>
<td>The Section of Teachers &amp; Section of Researchers, CFPC</td>
<td>STSR</td>
<td>10-Oct-06</td>
</tr>
<tr>
<td>ITALY</td>
<td>Italian Academy of Family Physicians Associazione Italiana Medici di Famiglia</td>
<td>IAFP / AIMEF</td>
<td>05-Oct-99</td>
</tr>
<tr>
<td>LATVIA</td>
<td>Rural Family Doctors Association of Latvia RFDAL</td>
<td>RFDAL</td>
<td>01-Jan-05</td>
</tr>
</tbody>
</table>
### NIGERIA
- Society of Family Physicians of Nigeria
- SOFPON
- 23-Jul-07

### PHILIPPINES
- Foundation for Family Medicine Educators, Inc
- FFFME, Inc
- 11-May-95

### ROMANIA
- National Centre for Studies in Family Medicine
- CNSMF
- 10-Oct-06

### USA
- American Board of Family Medicine
- ABFM
- 30-May-86
- Association of Departments of Family Medicine
- ADFM
- 01-Jan-12

### Protem

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>MO name</th>
<th>Acronym</th>
<th>Joined</th>
</tr>
</thead>
<tbody>
<tr>
<td>QATAR</td>
<td>Primary Health Care Corporation</td>
<td>PHCC</td>
<td>02-Oct-13</td>
</tr>
</tbody>
</table>

### Organization in Collaborative Relationship (OCR) (10 members)

<table>
<thead>
<tr>
<th>MO name</th>
<th>Acronym</th>
<th>Country</th>
<th>Joined</th>
</tr>
</thead>
<tbody>
<tr>
<td>European Association of Communication in Healthcare</td>
<td>EACH</td>
<td>UK</td>
<td>18-Oct-15</td>
</tr>
<tr>
<td>Institute of Family Medicine of Kenya Trust</td>
<td>INFA-MED</td>
<td>KENYA</td>
<td>01-Jan-04</td>
</tr>
<tr>
<td>International Federation of Medical Students' Associations</td>
<td>IFMSA</td>
<td>FRANCE</td>
<td>06-Aug-10</td>
</tr>
<tr>
<td>International Primary Care Respiratory Group</td>
<td>IPCRG</td>
<td>UK</td>
<td>23-Jul-07</td>
</tr>
<tr>
<td>Dept. of General Practice and Primary Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>International Primary Care Cardiovascular Society</td>
<td>IPCCS</td>
<td>NETHERLANDS</td>
<td>29-Oct-17</td>
</tr>
<tr>
<td>International Society of Doctors for the Environment</td>
<td>ISDE</td>
<td>ITALY</td>
<td>11-May-89</td>
</tr>
<tr>
<td>North American Primary Care Research Group</td>
<td>NAPCRG</td>
<td>USA</td>
<td>16-Oct-97</td>
</tr>
<tr>
<td>The Network: TUFH Office</td>
<td></td>
<td>BELGIUM</td>
<td>18-Feb-06</td>
</tr>
<tr>
<td>World Health Organization</td>
<td>WHO</td>
<td></td>
<td>29-Oct-17</td>
</tr>
<tr>
<td>World Federation of Public Health Associations</td>
<td>WFPHA</td>
<td>SWITZERLAND</td>
<td>29-Oct-17</td>
</tr>
<tr>
<td>Country</td>
<td>Full name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------</td>
<td>---------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ARGENTINA</td>
<td>Clinica Belgrano Family Medicine Department, Clinica Privada General Belgrano</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AUSTRALIA</td>
<td>The Rural Clinical School of Western Australia, University of Western Australia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AUSTRALIA</td>
<td>Department of General Practice, Monash University</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AUSTRALIA</td>
<td>Rural Clinical School, The Australian National University</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BANGLADESH</td>
<td>Bangladesh Institute of Family Medicine &amp; Research</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BHUTAN</td>
<td>Department of General Practice, Khesar Gyalpo University of Medical Sciences of Bhutan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CANADA</td>
<td>Discipline of Family Medicine, Khesar Gyalpo University of Medical Sciences of Bhutan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CANADA</td>
<td>Department of Family Medicine, Memorial University Health Science Centre</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CANADA</td>
<td>Department of Family Medicine, Queen's University</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHINA</td>
<td>Family Medicine Education Program, United Family Health Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COLOMBIA</td>
<td>Family Medicine and Community Health Residency, Universidad de la Sabana</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CYPRUS</td>
<td>Fundación Universitaria Juan N. Corps</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HAITI</td>
<td>Department for Primary Care and Population Health, University of Nicosia Medical School</td>
<td></td>
<td></td>
</tr>
<tr>
<td>INDONESIA</td>
<td>Department of Family Medicine of Faculty of Medicine and Community Health, Queensland University</td>
<td></td>
<td></td>
</tr>
<tr>
<td>JAMAICA</td>
<td>Section of Family Medicine, Department of Community Health &amp; Psychiatry</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KUWAIT</td>
<td>The Faculty of Primary Health PHF, Kuwait Medical Institute for Medical Specialization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MALAWI</td>
<td>Department of Family Medicine, University of Malawi, University of Malawi</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NETHERLANDS</td>
<td>Department of Primary and Community Care, Radboud University Nijmegen Medical Center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NETHERLANDS</td>
<td>Department of Family Medicine, Erasmus Medical Center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NEW ZEALAND</td>
<td>Department of General Practice, University of Otago</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PALESTINE</td>
<td>Family and Community Medicine, Annajah University Nablus- West Bank</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOUTH AFRICA</td>
<td>Division of Family Medicine, University of Cape Town</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUDAN</td>
<td>Department of Family and Community Medicine, Faculty of Medicine University of Gezira</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TAJIKISTAN</td>
<td>National Republican Training and Clinical Family Medicine Center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>USA</td>
<td>Department of Family Medicine, Boston University</td>
<td></td>
<td></td>
</tr>
<tr>
<td>USA</td>
<td>Department of Family Medicine, The University of Iowa Carver College of Medicine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>USA</td>
<td>UW Department of Family Medicine &amp; Community Health, University of Wisconsin Medical Foundation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>USA</td>
<td>Department of Family Medicine and Rural Health, Florida State University</td>
<td></td>
<td></td>
</tr>
<tr>
<td>USA</td>
<td>Hofstra-NSLIU School of Medicine, Family Medicine Department, South Side Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DM NUMBER</td>
<td>SURNAME</td>
<td>FIRST NAME</td>
<td>COUNTRY</td>
</tr>
<tr>
<td>-----------</td>
<td>---------------------</td>
<td>--------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>LDM 157</td>
<td>DESPOTOVA-TOLEVA</td>
<td>Prof Dr Lyubima Dimitrova</td>
<td>BULGARIA</td>
</tr>
<tr>
<td>LDM 158</td>
<td>CHIREKA</td>
<td>Dr Brighton</td>
<td>UNITED KINGDOM</td>
</tr>
<tr>
<td>LDM 159</td>
<td>KIROV</td>
<td>Assoc prof Lyubomir Kirilov</td>
<td>BULGARIA</td>
</tr>
<tr>
<td>LDM 160</td>
<td>PARVEZ</td>
<td>Dr MD Yousuf Faruqi</td>
<td>BANGLADESH</td>
</tr>
<tr>
<td>LDM 161</td>
<td>GBENEOL</td>
<td>Dr Precious Kalamba</td>
<td>NIGERIA</td>
</tr>
<tr>
<td>LDM 162</td>
<td>KINGSLEY-GODWIN</td>
<td>Professor Dr Daniella</td>
<td>UNITED KINGDOM</td>
</tr>
<tr>
<td>LDM 163</td>
<td>STEYLAERTS</td>
<td>Dr Carl</td>
<td>BELGIUM</td>
</tr>
<tr>
<td>LDM 164</td>
<td>BOURGET</td>
<td>Dr Monique Marthe</td>
<td>BRAZIL</td>
</tr>
<tr>
<td>LDM 165</td>
<td>FRESE</td>
<td>Prof Dr Thomas</td>
<td>GERMANY</td>
</tr>
<tr>
<td>LDM 166</td>
<td>IGODO</td>
<td>Dr Godwin Tariye</td>
<td>UNITED KINGDOM</td>
</tr>
<tr>
<td>LDM 167</td>
<td>HARRIS</td>
<td>Dr Naomi Peta</td>
<td>AUSTRALIA</td>
</tr>
<tr>
<td>LDM 168</td>
<td>ISMAIL</td>
<td>Dr Mastura</td>
<td>MALAYSIA</td>
</tr>
<tr>
<td>LDM 169</td>
<td>CHAN</td>
<td>Dr Wing Yan</td>
<td>HONG KONG</td>
</tr>
<tr>
<td>LDM 170</td>
<td>MARMUJI</td>
<td>Dr Lili Zuryani</td>
<td>MALAYSIA</td>
</tr>
<tr>
<td>LDM 171</td>
<td>LEUNG</td>
<td>Dr Lok Hang</td>
<td>HONG KONG</td>
</tr>
<tr>
<td>LDM 172</td>
<td>SIT</td>
<td>Dr Regina Wing Shan</td>
<td>HONG KONG</td>
</tr>
<tr>
<td>LDM 173</td>
<td>KUBOTA</td>
<td>Dr Seiichi</td>
<td>JAPAN</td>
</tr>
<tr>
<td>LDM 174</td>
<td>THURAISINGHAM</td>
<td>Dr Chandramani</td>
<td>MALAYSIA</td>
</tr>
<tr>
<td>LDM 175</td>
<td>DAWADI</td>
<td>Dr Bishwa Raj</td>
<td>NEPAL</td>
</tr>
<tr>
<td>LDM 176</td>
<td>AZIZ</td>
<td>Dr Tariq</td>
<td>PAKISTAN</td>
</tr>
<tr>
<td>LDM 177</td>
<td>RAI</td>
<td>Dr Gautam</td>
<td>NEPAL</td>
</tr>
<tr>
<td>LDM 178</td>
<td>PRASAD GUPTA</td>
<td>Dr Pramendra Prasad</td>
<td>NEPAL</td>
</tr>
<tr>
<td>LDM 179</td>
<td>TIWARI</td>
<td>Dr Sanjeeb</td>
<td>NEPAL</td>
</tr>
<tr>
<td>LDM 180</td>
<td>RANDENIKUMARA</td>
<td>Dr Sankha</td>
<td>SRI LANKA</td>
</tr>
<tr>
<td>LDM 181</td>
<td>PRADHAN</td>
<td>Assoc Prof Dr Manohar</td>
<td>NEPAL</td>
</tr>
<tr>
<td>LDM 182</td>
<td>KHADKA</td>
<td>Dr Damber</td>
<td>NEPAL</td>
</tr>
<tr>
<td>LDM 183</td>
<td>POKORNAC</td>
<td>Dr Martina</td>
<td>CZECH REPUBLIC</td>
</tr>
<tr>
<td>DM NUMBER</td>
<td>SURNAME</td>
<td>FIRST NAME</td>
<td>COUNTRY</td>
</tr>
<tr>
<td>-----------</td>
<td>---------</td>
<td>------------</td>
<td>---------</td>
</tr>
<tr>
<td>LDM 184</td>
<td>VALIYAPPAN</td>
<td>Dr Valliammai</td>
<td>MALAYSIA</td>
</tr>
<tr>
<td>LDM 185</td>
<td>WALTERS</td>
<td>Dr Lucie</td>
<td>AUSTRALIA</td>
</tr>
<tr>
<td>LDM 186</td>
<td>KEEGAN</td>
<td>Dr David</td>
<td>CANADA</td>
</tr>
<tr>
<td>LDM 187</td>
<td>RIMALY</td>
<td>Dr Muhammad Fadly</td>
<td>MALAYSIA</td>
</tr>
<tr>
<td>LDM 188</td>
<td>ARYAADILLAH</td>
<td>Dr Syarif Esa</td>
<td>INDONESIA</td>
</tr>
<tr>
<td>LDM 189</td>
<td>TAN</td>
<td>Dr Tze Lee</td>
<td>SINGAPORE</td>
</tr>
<tr>
<td>LDM 190</td>
<td>MOHAMED</td>
<td>Dr Hashim</td>
<td>QATAR</td>
</tr>
<tr>
<td>LDM 191</td>
<td>ALWEQAYYAN</td>
<td>Dr Adnan</td>
<td>KUWAIT</td>
</tr>
<tr>
<td>LDM 192</td>
<td>AL FEDHALA</td>
<td>Dr Hanan</td>
<td>KUWAIT</td>
</tr>
<tr>
<td>LDM 193</td>
<td>NAKAJIMA</td>
<td>Dr Toshihiko</td>
<td>VIETNAM</td>
</tr>
<tr>
<td>LDM 194</td>
<td>NISHIO</td>
<td>Dr Kenji</td>
<td>JAPAN</td>
</tr>
<tr>
<td>LDM 195</td>
<td>TSAI</td>
<td>Dr Shih-Tzu</td>
<td>TAIWAN</td>
</tr>
<tr>
<td>LDM 196</td>
<td>CHRISTERSSON</td>
<td>Dr Lars Peter</td>
<td>NORWAY</td>
</tr>
<tr>
<td>LDM 197</td>
<td>PEMI</td>
<td>Dr Mayowa Daniel</td>
<td>NIGERIA</td>
</tr>
<tr>
<td>LDM 198</td>
<td>RAHMAN</td>
<td>Dr Shantanu</td>
<td>INDIA</td>
</tr>
<tr>
<td>LDM 199</td>
<td>OREH</td>
<td>Dr Adaeze</td>
<td>NIGERIA</td>
</tr>
<tr>
<td>LDM 200</td>
<td>TAYLOR</td>
<td>Dr Tane Arataki</td>
<td>NEW ZEALAND</td>
</tr>
<tr>
<td>LDM 201</td>
<td>OUVRARD</td>
<td>Dr Patrick</td>
<td>FRANCE</td>
</tr>
<tr>
<td>LDM 202</td>
<td>KUMAR</td>
<td>Dr Alok</td>
<td>INDIA</td>
</tr>
<tr>
<td>LDM 203</td>
<td>DHARMAPRIYA</td>
<td>Dr Bambaragamage Anuruddha</td>
<td>SRI LANKA</td>
</tr>
<tr>
<td>LDM 204</td>
<td>GOPAUL</td>
<td>Dr Sunder</td>
<td>ENGLAND</td>
</tr>
<tr>
<td>LDM 205</td>
<td>GUPTA</td>
<td>Dr Manish</td>
<td>INDIA</td>
</tr>
<tr>
<td>LDM 206</td>
<td>MCPHEE</td>
<td>Assoc Prof Ewen</td>
<td>AUSTRALIA</td>
</tr>
<tr>
<td>LDM 207</td>
<td>BARNARD</td>
<td>Prof Amanda</td>
<td>AUSTRALIA</td>
</tr>
<tr>
<td>LDM 208</td>
<td>TUFTO</td>
<td>Dr Camilla Amali</td>
<td>NORWAY</td>
</tr>
</tbody>
</table>
I am pleased to report on activities in the WONCA Africa Region for 2017-18.

SUMMARY OF ACTIVITIES

- Membership Drive
- Memorandum of Understanding with AJPHCFM
- WONCA Africa Regional Conference
- Africa Region Bylaws
- WONCA related group activities
- Family Medicine Growth in Zimbabwe
- Visit of World President of WONCA to West Africa
- World Family Doctor Day 2018 celebrations
- Challenges

Membership Drive
We are happy to announce that Malawi has completed submission of documents for registration for Academic Membership from the University of Malawi. Malawi was granted Academic Membership status in April 2018. The university of Stellenbosch, Cape Town, South Africa has also been accepted as an Academic Member of WONCA in the period under review. Society of Family Physicians of Ghana (SOFPOG) has formally completed its application process and was admitted as the latest Member Organization in Africa region in May 2018.

Ethiopia was able to launch The Ethiopian Society of Family Medicine in March 2018. It was well attended by the officials of the ministry of health of Ethiopia. Due to visa challenges, the regional president could not be present at the inauguration. Ethiopia, Botswana and Benin have been contacted within the period under review. The first two were given copies of Dr Michael Kidd’s extract from the WONCA Guidebook: “The contribution of family medicine to improving health systems”. The regional president was able to follow up a request from the CEO concerning some family doctors who graduated in Somaliland. Their contact, Dr Barry Bacon, is a US trained family physician. A copy of the extract was also sent to them. Individuals have been encouraged to register as direct members of WONCA whilst arrangements to establish a society get underway. Namibia, Mali, Rwanda and The Gambia have made steps to register with WONCA however none has completed the process fully. Lesotho has been able to settle its obligations to WONCA World.

Memorandum of Understanding with AJPHCFM
The Africa Journal of Primary Health Care & Family Medicine (AJPHCFM) is published by AOSIS Publishing and based in South Africa. The Journal approached regional executives to adopt their Journal as an official mouth-piece for WONCA Africa Region. The region has accepted the proposal and the MOU been signed. The MOU is mutually beneficial to the two parties. Following on from this, the regional president had been invited to contribute an editorial for the Journal on social determinants of health and the role of the African family doctor.

WONCA Africa Regional Conference
This conference was hosted by the South African Academy of Family Physicians in August 2017. It was attended by about 340 delegates from Africa and beyond. The World President of WONCA was present. The AfriWON Renaissance, the young doctor movement of Africa, held a pre-conference which was well attended. Both the World President and Regional President were invited to speak. The young doctors were well organized and Dr Owens of South Africa is worthy of mention for his zeal and passion for the growth of the group which he exhibited in fundraising activities and organization of the pre-conference. The conference

Prof Amanda Howe, WONCA President, and Dr Henry Lawson, WONCA Africa Region President, at WONCA Africa Region Conference, South Africa, August 2017
proper was well attended and patronized. The regional president and other dignitaries spoke at five plenary sessions. The working party on women in family medicine also hosted workshops at the conference and undertook a membership drive for their working party. The leaders of most member organization in the regions were present. The opening ceremony was addressed by the minister of health of the Pretoria province.

The conference report was released by the conference convener and highlighted activities during the conference. Few challenges and recommendations were forwarded to the Regional Executive Committee which will be implemented with time and in future conferences. The regional president’s lecture on ‘Social Determinants for Health: The role of the African Family Physician’ has been submitted for publication in the Africa Journal of Primary Care and Family Medicine.

The next conference for the region is slated for June 5-8, 2019 in Kampala, Uganda. The HOC has been constituted and work is in progress. The Regional President visited the city of Kampala and met with the HOC. It was a very fruitful meeting where he shared ideas of how Ghana was able to organize the 4th regional conference in Accra without seed money. Various strategies were discussed. The HOC is well represented with family physicians from across Uganda.

Africa Regional By-Laws
This is work-in-progress. The final document will be presented to the regional council meeting in Seoul, South Korea in October.

WONCA-Related Groups Activity (WPs and SIGs)
The following WPs and SIGs were targeted for development in the region to undertake various activities at the WONCA World Conference in Korea in 2018.

- WWPWFM – Dr Kate Anteyi. The executives were hosted in Soweto before the commencement of the regional conference in Pretoria. The regional president is grateful to Prof Sabir Moosa, who was vital in ensuring that this was a success.
- WWPRP – The Chair of WONCA Rural Africa (WoRA) - Dr Dan Abubakar. A sizeable delegation from the region attended this conference.
- WWPMH – Dr Ariba Adekunle.
- Elderly Care – The University College Hospital in Ibadan has a functional Geriatric Centre should be linked with WONCA Special Interest Group on Elderly Care. The Director of the centre (Dr Lawrence Adebusoye) has been contacted. In Ghana, a geriatric medicine resident (Dr Salamatu Nantogma) has also been selected.
- Conflicts and Catastrophe Medicine – Dr Dako Mamudu
- Young Doctor Movement – President, Dr Joy Mugambi.
- WONCA World Rural Conference: This was well attended be a delegation from Africa led by Dr Dan Abubakar. Uganda is being considered for hosting rights for the 2020 World Rural Conference.

Nominations for Hon Life Direct Membership of WONCA
Professor Robert Mash of Stellenbosch University, Cape Town, South Africa was nominated for this award.

Family Medicine Growth in Zimbabwe
The regional president was invited to the College of Primary Health Care Physicians of Zimbabwe/Pharmaceutical Society of Zimbabwe Joint Congress 2018 as a guest speaker. The congress was held in Bulawayo, Zimbabwe from the 24-27th May 2018 to under the theme “Ensuring access to quality healthcare services & Essential medicines for all”. In his speech, he stressed on the need to develop innovative ways to develop and deliver training of family physicians. He implored all categories of family doctors to unite. University
of Zimbabwe and National University of Science and Technology are interested in starting the training. The regional president will be returning to the University of Zimbabwe to launch their family medicine training programme in September 2018.

Visit of World President of WONCA to West Africa
The region was privileged to have Prof Amanda Howe paying a working visit to the region from 9-16 April, 2018. She was hosted in Nigeria by the Association of General Private Medical Practitioners of Nigeria (AGPMPN). She visited the minister of health and the first lady of the country among others. In Ghana she discussed the role of the family physician in academia with the provost of the College of Health Sciences of the University of Ghana.

World Family Doctor Day Celebrations 2018
The day was observed across Africa with various programs in Nigeria, Ghana, Kenya and Uganda including symposia, health walks, press conferences, medical outreaches, e.t.c. This programme is providing visibility for WONCA throughout the world.

Challenges
  • Intangible Benefits from WONCA membership
    The Regional President noted that only 7 out of 54 potential members in Africa are actual members. He reported on the potential applications from smaller countries are plagued with questions of what the real benefits are from joining WONCA. He reported that he still struggles to convince groups - and existing Member Organizations (MOs) - of the benefits of membership and suggested that lower and middle income countries (LMICs) see the benefits in a different way from developed countries. He had a particularly difficult time persuading individuals to become Direct Members if their organization is already an MO. I suggest that the Membership Committee and Executive at large find benefits to entice people to be more active and participative.
  • Primafamed Support
    One key sponsor of the development of Family Medicine in Africa has been the Primafamed Project. They have been able to support the 2nd, 3rd and 4th Regional conferences. However, they were not been able to do so in 2017. We are still in talks to see whether some support will come again in 2019. We currently in discussions with the Besrour Group from Canada for a new mutually beneficial memorandum of understanding.

Dr Henry Lawson
Africa Region President
Asia Pacific Region

Activities for the WONCA Asia Pacific Region (APR) include

- **2017 WONCA APR Conference in Pattaya.**
  The APR council meeting was held in Pattaya on 31st October 2017 and the minutes sent to all the MOs for approval.

- **Nomination of Prof Tai-Yuan Chiu for WONCA Global 5 Star Doctor Award**
  The APR council meeting decided that Professor Tai-Yaun Chiu of Taiwan would be awarded the WONCA Five Star Doctor from the APR region for 2018.

- **Call for nominations of APR executives 2018-2020**
  The SOPs of elections of APR executives 2018-2020 were circulated to MOs on 1st May 2017. The Nominating work has been processing accordingly.

- **Applications for Montegut Scholarship Award**
  were reviewed in April 2018, whilst applications for the Taiwan Family Medicine Research Award were also adjudicated.

- **Provide assistance to the election of officials of the Rajakumar Movement (Young doctor Movement) in AP region.**
  The election for Rajakumar Executive were held in May 2018. No nominations were received for the position of Chair; nominations are being sought and any election will be held as soon as possible.

- **Organize Regional GP Forum**
  Based on research by World WONCA regarding the educational needs of GPs, the APR secretariat worked with Pfizer to organize an APAC Regional GP forum on the topic “The future of primary healthcare in Asia”. The purpose of this Forum was to discuss the role of GPs, the role of industry, the continuing health education of doctors and patients, and major health issues in AP region. WONCA is interested in formulating an educational curriculum/program to motivate the GPs in this region and is evaluating feasibility.

- Coupled with a number of experts from Australia, China, Hong Kong, Taiwan, Japan and South Korea in APR, we have been invited as panel members for Asia-Pacific joint clinical practice guideline on the safe use of anti-inflammatory analgesics, led and funded by the Faculty of Medicine, The Chinese University of Hong Kong.

- **Asia Pacific Family Medicine Journal.** The current publisher of the Asia Pacific Family Medicine Journal has terminated the contract. APR Council will discuss the issue at the coming APR Council Meeting in Seoul to assess if the journal can be reinvigorated.

Prof Meng Chih LEE, MD, PhD, MPH
Asia Pacific Region President
Eastern Mediterranean Region

**WONCA EMR & WONCA Executive meetings**

WONCA EMR has conducted two EMR executive meetings during this reporting period. The first was in Beirut, Lebanon, held to coincide with Lebanese Society of Family Medicine (LSFM) conference, on September 29th 2017. WONCA President Amanda Howe attended the meeting and the LSFM conference. The second meeting was also held to coincide with the 5th WONCA EMR 2018 Kuwait conference from 1st to 3rd March 2018. Prof Amanda Howe WONCA President, and Dr Garth Manning, WONCA CEO, attended that meeting.

During the Kuwait conference the Host Organizing Committee (HOC) for the WONCA 2020 conference, together with MeetingMinds, the Professional Conference Organizers (PCO), presented an update on plans at a meeting attended by Prof Amanda Howe (WONCA President), and WONCA Past Presidents; Prof Michael Kidd, Prof Richard Roberts and Prof Chris Van Weel, as well as WONCA CEO Dr Garth Manning.

WONCA EMR President participated in WONCA Executive meetings in Bangkok, Thailand, (29th and 30th October 2017) and in Warsaw, Poland (28th and 29th May 2018), and also participated in monthly WONCA executive teleconferences. He also participated as a keynote speaker in the WONCA Asia Pacific conference held in Pattaya, Thailand, from 1st to 4th November 2017.

**Meetings with EMRO Ministers of Health**

To promote the family medicine specialty in Jordan and encourage production of family doctors, WONCA EMR delegates conducted a fruitful meeting with Jordanian Minister of Health, Prof Mahmoud Alsheyyab, on 14th April 2018. The WONCA EMR delegation was composed of Dr Mohammed Tarawneh, WONCA EMR president, Dr Jinan Usta, WONCA EMR President-elect (Lebanon), Dr Mariam Abdulmalik, General Director of Qatar PHC Corporation (Qatar), and Dr Mohammed Rasoul Tarawneh JSFM president and Dr Oraib Asmadi WONCA EMR treasurer, both from Jordan. Future meetings with other EMRO Ministers of health are planned.

**WONCA EMR conferences and other activities:**

The 5th WONCA EMR 2018 Kuwait conference of family medicine, was held in Kuwait city from 1st to 3rd March 2018, with the theme “Training for excellence in family medicine”. More than 500 physicians and PHC workers were registered, and the meeting was also attended by: WONCA President Prof Amanda Howe; Past Presidents Prof Michael Kidd, Prof Richard Roberts and Prof Chris Van Weel; and WONCA CEO Dr Garth Manning. All actively participated as keynote speakers in addition to international and regional speakers, including representatives from WHO EMRO.

The 2019 WONCA EMR conference will be held in Beirut, Lebanon, from 20th to 23rd March. A delegate from WONCA EMR and the PCO will visit Beirut to discuss further details.

WONCA EMR in collaboration with Sultan Qaboos University, Muscat, Sultanate of Oman, conducted a Hypertension and Diabetes Symposium, from 8th to 10th January 2018. International speakers included: Prof Xavier Cos chairman of the PC Diabetes Association Europe (Spain); Prof Ronald Shmieder, President of the European Society of Hypertension (Germany); and other regional speakers.
WONCA EMR President also participated in a number of local and regional conferences, including Morocco, Lebanon, Qatar, and JSFM conference in Jordan. Al-Razi, the Young Doctor Movement for WONCA EMR, remains active, and has submitted a separate report of its activities.

Nominations and awards
WONCA EMR has been pleased to make the following nominations and awards:

- WONCA EMR winner of the 2018 Montegut scholarship is Dr Mohammed Mahmoud from YDM Alrazi (Jordan);
- WONCA EMR Executive selected Prof Faisal Alnasir from Bahrain as the Regional Five Star Doctor for 2018. He will go forward for the global Five Star Doctor award,
- Jordan SFM has nominated Dr Oraib Alsmadi, WONCA EMR treasurer and JSFM Vice president, for the upcoming election of WONCA Executive as Member at Large,
- WONCA EMR this year will launch the late Dr Ali Shakar scholarship to assist one family doctor to participate in WONCA EMR conference,

WONCA EMR - WHO EMRO activities
WONCA EMR continues to work very closely with WHO EMRO (Eastern Mediterranean Region Office) and conducted a joint meeting in Cairo on 10th September 2017. The WONCA EMR delegation was composed of Dr Mohd Tarawneh (EMR President) and Prof Taghreed Farahat and Dr Oraib Alsmadi, both members of the WONCA EMR Executive. They met with colleagues from WHO including: Dr Mahmoud Fikri (then-WHO EMRO Regional Director) and also Dr Jaouad Mahjour, Dr Hassan Salah and Dr Merza Reza. The parties agreed to continue collaboration in the development of family practice in EMRO countries.

Other collaborations with WHO include:

- WONCA EMR President participated with regional and international experts in the Expert Consultation on Mental Health in Primary Health Care-EMRO, held in WHO EMRO office in Cairo, Egypt, on 19th and 20th September 2017.
- WONCA EMR participated in the 46th session of WHO Regional Committee which was in held in Islamabad, Pakistan from 9th to 12th October 2017.
- WONCA and WONCA EMR participated in the expert consultation on family practice in Eastern Mediterranean Region, EMRO, on 12th and 13th December 2017. WONCA delegation was composed of Prof Amanda Howe (WONCA President) and Dr Oraib Alsmadi (WONCA EMR representative) along with other distinguished colleagues from the EMR and other regions.
- WHO EMRO delegate participated in the 5th WONCA EMR 2018 conference of FM, held in Kuwait City from 1-3 March 2018, with one specific session focusing on scaling up family practice in EMRO.
- WONCA and WHO EMRO are collaborating in a publication on “Family Practice in the Eastern Mediterranean Region: Universal Health Coverage and Quality Primary Care”. The book is targeted at policy health makers, health professionals, health educators and health profession students and aims to provide evidence on ways to improve primary care. The book is being edited by Professor Michael Kidd (WONCA) and Dr Hassan Salah (WHO EMRO). It will be launched in October 2018 during the 22nd WONCA World Conference in Seoul, South Korea, and also at in the 65th WHO EMRO Regional Committee meeting. An updated edition is also planned for launch at the 23rd WONCA World Conference, to be held in Abu Dhabi in November 2020.

Prof Mohammed Tarawneh
Eastern Mediterranean Region President
Europe Region

Executive meetings and on site meetings with member organisations.
Besides monthly teleconferences, the WONCA Europe (WE) Executive Board has met face to face three times since November 2017. In Barcelona in December, we also met with SemFyc, our Spanish member organisation. In Bucharest in February, we organised a seminar on training together with our two member organisations in Romania. The third executive meeting took place in Krakow, in connection with the WONCA Europe Council followed by the annual conference.

WONCA Europe Council 2018.
Driven by the Future Plan for WONCA Europe 2016-2019 (our strategic document for the triennium with the three main goals to build identity, increase visibility and exert influence), the activities of our organization were reviewed by the WONCA Europe Council in Krakow:

• Our communication strategy, which constitutes a prerequisite to reach these above-mentioned goals, has been advancing. We have worked to foster internal organizational synergies and cooperation, and guarantee that our stakeholders and the rest of the world sees, understands and engages with our efforts. To encourage continuity, structural reforms have been established, with a specific advisory board and a facilitator joining our communications efforts.

• One of our priorities has also been to ensure that our networks, which drive the content creation for our organization, receive support and take advantage of our broad community and its resources. Internally, we have observed a better and more efficient collaboration among the networks, with synergies being identified and established, content being developed in a collaborative way (including statements and policy papers), and infrastructure and resources being used more appropriately.

• With increased visibility, WONCA Europe has received more invitations for collaboration with other organizations related to primary care. A prominent such example, is the close relationship with Regional Office for Europe of the WHO (WHO EURO). To reach Universal Health Coverage through strong family medicine, it is important to close the gap between public health and primary care, and WONCA plays an important part. Indeed representatives from WHO Europe have participated in joint sessions with WONCA Europe at our annual conference for the last three years.

• Dr Anna Stavdal, WONCA Europe President, is the chair of the advisory board to the WHO Europe Primary Care Centre in Almaty, and is involved in the preparations for the Alma Ata anniversary in October this year. She is also a member of the Health Systems Foresight Group set up in connection with the celebration of the 10th anniversary of the Tallinn Charter, which took place in Estonia, and she was also invited as panelist at the high-level WHO Europe meeting on NCDs in Spain in May.

• The European Forum for Primary Care (EFPC) is a multi-professional organization, advocating for a primary care with an inter-professional team in its core. WONCA Europe continues to work close with EFPC, and Professor Mehmet Ungan, the WONCA Europe President Elect, is a member of its Advisory Board.

• We are also seeking to establish new liaison activities with the European Cancer Organisation (ECCO)
through our President Elect.

- Recruiting and retaining young doctors is an overarching goal for the WONCA Europe region. Our Young Doctors’ Movement, the Vasco da Gama Movement, is growing in numbers and activities, and is increasingly integrated in the activities of the other networks.

- The European Journal of General Practice (EJGP) is of great importance to our region. The journal became ‘Open Access’ in 2017 and is now free of charge globally. We are delighted to report that the impact factor has been maintained after the transition, as have the quality and number of submissions: there have been more than 90,000 full-text article downloads last year with about 60% of all papers cited at least once. The high number of downloads and the extensive use of the journal proves that the investment made by WONCA Europe in transforming the journal into an Open Access one, have been of importance for the global family medicine community.

This year also marked the first time the new Scholarship Programme was implemented. The purpose the WONCA Europe Scholarship is to identify and foster future international leaders in family medicine, encourage networking, and enable learning about our discipline’s models and the institutions in health care, by providing mentorship and financial support. Dr Ana Luisa Neve, from Portugal, is the first to receive the scholarship.

This year Council adopted statements on Equity, on Quality Indicators in Family medicine and on Influenza Vaccination. The statements can be found followed this link: http://www.globalfamilydoctor.com/News/WONCAEuropeCounciloutcomes.aspx

A document developed by EURACT describes the training requirements in family medicine in Europe: http://www.globalfamilydoctor.com/News/TowardshighlytrainedspecialistsinGeneralPracticeFamilyMedic.aspx

A working group, chaired by Professor Johann A. Sigurdsson, with members from the WE networks, presented a position paper on Over-diagnosis and Overtreatment. The paper was welcomed with engaged discussion and followed by adoption by Council:

The position paper was also presented in a workshop at the conference, and a similar session has been accepted for the WW conference in Seoul in October. It will also be presented at the International Conference on OD/OT in Copenhagen i August this year.

WE Council also discussed:
- Future core PCO for WE conferences
- Future conference fee structure
- A wider engagement with Academic Departments.

Amsterdam won the bid for the WONCA Europe Conference in 2021.

Louis Ferrant from Belgium was awarded with the 2018 Europe 5 Star Doctor

Victoria Tkachenko from Ukraine received the Montegut Scholarship 2018.

WONCA Europe Conference Krakow May 24th – 27th 2018 was a successful event, with 2400 participants, The legacy of the conference is a statement on Equity, one of the main topics of the conference: “Equity, Efficiency, Quality”. The legacy statement can be found on the WONCA Europe website:
http://www.woncaeurope.org/content/wonca-europe-krakow-2018-statement

Dr Anna Stavdal
Europe Region President
Email: president@woncaeurope.org
Twitter: @AnnaStavdal
LinkedIn: https://no.linkedin.com/in/anna-stavdal-1b4ab452

35
Iberoamericana-CIMF Region

The global economic crisis we are experiencing in recent years, with a shift to the right - theories and practices of neoliberalism - persists and continues to have serious consequences in most Latin American countries. Poverty is growing and people are getting increasingly sick, with an increase in the prevalence of mental health problems, violence, suicides and other chronic and acute diseases. In addition, the loss of many social rights in the fields of education and health is negatively affecting the situation of family medicine and family doctors themselves.

Despite the difficulties, this period has been an expressive moment for our region. We had two important events celebrated between July 2017 and March 2018:

- **The 5th CIMF Iberoamerican Conference** held in Lima, Peru, from 16th to 19th August 2017.

  Around 1,400 Family Physicians and other Primary Care professionals attended this event, coming from Latin and Ibero American countries, as well as the United States and others. We had a good event, with qualified professionals as speakers. From the Executive Committee of WONCA, we had the pleasure of having the participation of Garth Manning and Viviana Martinez Bianchi, sharing with us these significant moments.

- **The VII Summit of Family and Community Medicine** (13th and 14th March 2018) was very successful. The Health Minister of Colombia, and five other Ministers of Health of the Ibero-American Region; Ricardo Fabrega, representing PAHO / WHO; representatives of CIMF; and Amanda Howe (President of WONCA); Health and Education Managers; representatives of Academic Societies interested in Family Medicine and Primary Care - about 250 attended the 3 days of the event. Thanks to Amanda for her presence, which was really important to us. We had a good political and scientific program, with a panel with the Ministers.

  [https://www.minsalud.gov.co/Paginas/Iberoamerica,-comprometida-con-fortalecimiento-de-medicina-familiar.aspx](https://www.minsalud.gov.co/Paginas/Iberoamerica,-comprometida-con-fortalecimiento-de-medicina-familiar.aspx)

  The central theme of the Summit was: *Forty Years of Alma Ata: Family Medicine and Family Health, a path to peace.* The other axes were:

  - Research applied to Territories;
  - Economic Impact of Family Medicine on Health Systems;
  - Family and Community Medicine as a source of Mental Health Care;
  - Quaternary Prevention: How to Do and How to Teach;
  - Family and Community Medicine and the Health of Migrants.

  The main outcomes of the Summit were the Charter of Cali and the Letter of the Ministries. Other important outcomes are the articles on the topics of the working groups of the Summit that will be published in the Brazilian Journal of Family and Community Medicine by November.
• The 1st Andean Conference on Family and Community Medicine, continuing the Summit and held at the same venue was also a very good event, with 400/450 attendees.
• The Board of CIMF Meeting was held on 12th March and we welcomed Amanda Howe, the WONCA President.
• During the CIMF Council meeting we elected the country where the VIII Summit of Family Medicine will be held in April 2020. Puerto Rico was selected, with the central theme of the event to be: The Economic Impacts of Family Medicine in Health Systems
• WONCA Global 5 Star Doctor Award Nomination. The CIMF board decided to nominate the winner of a five-star doctor in our region (2017-2018), Dr Veronica Casado, as the WONCA Global Five Star Doctor candidate.
• Application for Montegut Scholarship Award. Information on this award was promoted among the members of the CIMF associations for the first time via the CIMF webpage and other forms of media. As a direct result we had 7 candidates from different countries for the Montegut scholarship. The winner was Dr Lina Mahecha from Colombia.
• Executive Committee of CIMF is in the final phase of Reviewing The Regulations for CIMF Scientific Events as Well as CIMF Awards.
• After a three-year absence, we launched the new website of CIMF. Along with some colleagues from the Executive Committee, especially Miguel Ángel, Marina Almenas and Diana Yuruhan (a Family Doctor from Paraguay), the engineer Irma, and the programmer Juan Carlos, we have worked hard on structuring and developing the website of CIMF. http://cimfwonca.org/.
• World Family Doctor Day was very well celebrated within all the 20 countries of our region - dinners, seminars, campaigns on health education, in the streets, universities, with family doctors, residents, and students; interviews talking about Family Medicine and sending encouraging messages to the affiliates and health personalities, using a variety of media such as e-mail, Facebook, twitter.

Below are some examples of these celebrations in some countries:

A/Professor Maria Inez Padula Anderson
Iberoamericana-CIMF Region President
North America Region

I am pleased to report on the WONCA North America Region for the period July 2017 to June 2018.

Polaris: Polaris met during the College of Family Physicians of Canada meeting in November 2017. There is increased enthusiasm for FM 360. A number of workshops and presentations were presented during the scientific program in Canada. A business meeting was held and Dr Cheyanne Vetter of Canada replaced Dr Kyle Hoedebecke as president of the group.

Montegut Scholar
Our Montegut scholar for 2017 was Dr Shakera Carroll from the Bahamas who attended the Canadian meeting. For 2018 another young doctor from the British Virgin Islands, Dr Amber Wheatley has been selected.

Five Star Doctors
Along with Dr Guillaume Charbonneau, President of the College of Family Physicians of Canada (CFPC), I presented the WONCA North America Region 5 star doctor award to Drs. Leslie and Jim Rourke at the Society of Rural Physicians of Canada meeting in Newfoundland on 12th April 2018.

PAHO
Sadly no interactions to report.

Regional President’s activities
Amanda Howe and I provided keynote addresses at the North American Primary Care Research Group (NAPCRG) meeting in November 2017. Prof Howe also attended the College of Family Physicians of Canada meeting, and then was welcomed at my own university, Queen’s University, and then went on to the University of Toronto. I have joined the international committee of NAPCRG.

I was the program organizer for the 11th International Conference on Person Centred Care in Geneva in April 2018. This meeting, co-sponsored by WONCA, included a special session at the WHO on WHO on maternal and newborn care. Chris van Weel and Evelyn van Weel-Baumgarten also participated.

In early June I travelled to the Caribbean to act as external examiner at the University of the West Indies. This will help to further strengthen ties with WONCA.

Looking ahead
The AAFP meetings this year overlap with our Seoul meetings which may preclude WONCA attendance at the AAFP.

The CCFP has nominated Dr Marvin Reid from Jamaica to be the next WONCA NA President. The election will be held in October 2018 in Seoul.

Professor Ruth Wilson
North America Region President
South Asia Region

WONCA South Asia Conference 2017 was held on 25-26 November 2017 at Katmandu, Nepal. Honorable President of the Republic of Nepal Mrs. Bidya Devi Bhandari inaugurated the conference. WONCA President Prof Amanda Howe, WONCA South Asia President Prof Kanu Bala and WONCA CEO Dr Garth Manning attended. 440 Delegates from 19 countries, including 126 Delegates from abroad, joined this Nepal Conference where delegates enjoyed 50 presentation and 2 workshops. Spice Route Movement [SRM], the Young doctors Movement of the Region arranged a whole day pre-conference for the young doctors of the South Asia Region on 24 November 2017, which was a great success. Congratulations to General Practitioners Association of Nepal, Prof Pratap Narayan Prasad, and his team.

WONCA South Asia Council meeting, presided over by Professor Kanu Bala (SAR President) was held on 26th November within the South Asia Conference. Council members from all nine Member Organizations joined the meeting. Prof Amanda Howe and Dr Garth Manning were present.

WONCA Full Membership was awarded to the Pakistan Society of Family Physicians [PSFP]. The President of PSFP Dr Tariq Aziz received Membership Certificate from Prof Amanda Howe at the closing ceremony of WONCA South Asia Conference on 26th November 2017. Department of General Practice, Faculty of Postgraduate Medicine, Khesar Gyalpo University of Medical Sciences of Bhutan [KGUMSB] has been admitted to Academic Membership of WONCA. Immediate Past President Prof Michael Kidd visited Bhutan and handed over the certificate.

WONCA South Asia 5-Star Doctor award for 2017 was given to Prof Ainul Islam Choudhury, a veteran family physician from Bangladesh. WONCA Certificate and Plaque were given to him at the WONCA South Asia Conference 2017 in Kathmandu.

Pakistan Society of Family Physicians will now host the WONCA South Asia Conference 2019 at Lahore, Pakistan from 22nd to 24th November 2019. WONCA South Asia President and the Executives of the Pakistan Society of Family Physicians met on 29th March at Lahore, Pakistan for discussions and preliminary preparations for the conference. Prof Kanu Bala also met in a meeting with Secretary General of the College of Family Medicine of Pakistan on 30th March 2018 in Karachi, Pakistan.

15th World Rural Health Conference was held in Delhi, India from 26th to 29th April 2018. Honourable Vice President of India Inaugurated the Conference on 26th April as Chief Guest. WONCA CEO Prof Garth Manning and WONCA South Asia President Prof Kanu Bala represented WONCA in the Conference. Academy of Family Physicians India (AFPI) hosted the event with the full support of WONCA South Asia.
World Family Doctors Day 2018 [WFDD-2018] was observed by the South Asia Member Organizations. Bangladesh Academy of Family Physicians, Academy of Family Physicians of India, College of Family Medicine of Pakistan, and other member organizations sent reports of the events to WONCA News.

Next Visits of the Member Organizations by WONCA South Asia President will be to General Practitioners Association of Nepal (GPAN) and College of General Practitioners of Sri Lanka.

WONCA South Asia Council Meeting will be held in Seoul, Korea on 13th October 2018 before the WONCA World Congress. A constitution for the WONCA South Asia will be adopted. A New President and a New Executive Body for the region will be elected at the meeting.

Prof Kanu Bala
South Asia Region President
Young Doctors’ Movements Reports
YDM Executive Representative

The second year as WONCA’s Young Doctor Representative has proven to be very inspiring and fulfilling. Having carried on working with the seven Young Doctors’ Movements (YDMs), we managed to develop new projects and to strengthen the foundations for the future work of WONCA’s Young Doctors’ Movements.

We finished projects that had already been started last year, such as the approval of the YDM Operational Guidelines and presented suggestions to change WONCA’s bylaws in order to better reflect the YDM’s activities and position inside the organization. We also established the Family Medicine 360º exchange platform which will facilitate the required arrangements regarding exchanges and, hopefully, increase the participation of both hosts and visitors even more.

Ongoing work was developed regarding the “Young Doctors Global Fund” and we established the position of a Young Doctor Treasurer.

Together, we have also looked into the possibilities for the Young Doctors’ activities to have a greater visibility in the global community. For this matter we created a joint activity on World Family Doctor Day and we also started the “Young Doctors’ Movement newsletter”. This newsletter gathers the latest news from each Young Doctors’ Movement showcasing the latest regional activities. The first issue was in December 2017 and we plan to publish three issues every year (April, August and December).

In order to facilitate new young doctors joining the Young Doctors’ Networks, we have created a “Join WONCA’s Young Doctors’ Movement” link. The information submitted is then forwarded to the respective YDM and it was important in helping to expand our YDM network. At the same time, we also looked into possibilities of integrating more young doctors in WONCA’s Working Parties and Special Interest Groups. For this purpose we announced an open call on Social Media and with an incredible response!

Acknowledging the development of young doctors groups with special interests, such as is the case of Rural Seeds, we also looked into possibilities to strengthen this collaboration and to work together on common projects.

This was also an important year in terms of strengthening the collaboration with the World Health Organization (WHO). The WHO has been gathering efforts to engage and to involve more the youth in its activities. Following this idea, a Youth Forum was organized prior to the 4th Human Resources for Health Forum and WONCA was invited to collaborate with its organization. Here, I had the privilege to work together with other young healthcare professionals from different fields and to experience firsthand how a multi-professional team can boost each others’ knowledge and create action: in this conference we published the Youth Call for Action. This document paved the way for the future development of the Youth Hub in which WONCA carries on collaborating actively.

All in all, this year has been very productive and gratifying at the same time. It’s wonderful to see how the regional networks are developing and all that we have achieved by working together!

Ana Nunes Barata
YDM Representative on WONCA Executive
FM360 Exchange Programme

Introduction

The Family Medicine 360º program continued to organize exchanges in primary care during this year and we have seen a rise in the number of certifications, comparing to last year’s data. (Fig. 1)

![Fig.1 – Distribution of incoming inquiries and certifications of the FM360º program (data on the 30/06/2018)](chart)

The increase in the number of certifications shows that the program has improved its response and that it is now easier to assure that the exchanges are organized and completed.

Regarding traffic, it’s similar to last year:
- Most inquiries came from participants from the region of the Vasco da Gama Movement (61%), followed by the participants from the Waynakay region (37%). Country-wise, participants are mainly from Spain (42%), Brazil (26%) and Portugal (9%).
- In terms of requests, the countries that were most requested were Uruguay (12%), Portugal (10%) and USA (9%).

The regional FM360º representatives have been continued working on finding new hosts, but it’s still a task where we are struggling to succeed.

We looked at opportunities to make presentations about the FM360º program at different regional conferences in order to reach a greater audience. We have also started the work on the development of a qualitative research on FM360º and we hope to finish it in 2019.

This year, WONCA World Executive also approved the development of a platform to facilitate the exchange management. This platform was built between September 2017-January 2018 and the coordinators have been completing the required information before opening it to the public, which is forecast for June 2018.

Dr Ana Nunes Barata
AfriWon Renaissance

The year began with a meeting held on Skype attended by most of the Executive. We deliberated on strengthening theme group activities and election of new office bearers.

Activities of AfriWon Renaissance have been as follows:

Education theme group & Image theme group
The two groups are led by Dr Yakubu Kenneth of Nigeria. This first quarter they have managed to hold monthly meetings and also set up a CPD Quiz distributed via various social media platforms. Kenya Family Physicians emerged winners in this quiz. Education theme group held several interactive google hangouts.

- On Mentorship in Family Medicine guests were from all over Africa with a guest speaker from USA.
- Interview with Chair Afriwon – Dr Mugambi Joy on her Term in AfriWon Renaissance
- Interview with Ana Nunes Barata on her term as Young Doctors Movement Representative

The education them group elected a new lead Dr Bol

Challenges: Participation of young doctors is low, and with poor internet connectivity it is a challenge connecting.

Exchange theme group
The exchange theme group is led by Dr Kabera Rene of Rwanda. This year he has coordinated three international exchange candidates namely

- Ana Paula De Melo Deas from Brazil was attached to a facility in Rwanda. She came in under a collaboration of FM360 and has concluded her exchange program in a Paliative and Hospice Care center (Kibagaba hospital). After verification and review of the exchange program report we have signed her Certificate.
- Balanr Iskos from Spain was attached under the FM360 to St John of God Hospital, in Kumasi, Ghana. His supervisors were Dr Spangenberg and Dr Obeng
- Candan Kendir from Turkey is being processed to start her exchange in Nigeria

Challenges: We have no Africans seeking exchange opportunities within and outside Africa.

Rural health theme group (ARHT)
The rural health theme group is led by Dr Mugambi Joy. It is just beginning, and currently only has 3 members, but is looking to grow and collaborate with other young doctors as we share strengths and challenges of Family Physicians practicing in rural areas. The AfriWon Rural Health theme group members self-sponsored to attend the World WONCA Rural Conference in Delhi. Dr Mugambi Joy was nominated as WONCA Rural Council member representing young African Family Doctors. She also ran three “Emergency Medicine for Rural” Workshops in collaboration with young doctors from India and had the opportunity to attend the Spice Route Workshop and share the African experience and benefits of collaboration. Dr Innocent Besiege of Uganda was awarded best oral presentation and Dr Pemi of Nigeria represented with two scientific posters.

Research theme group – Led by Dr Miriam Miima of Kenya The theme group has been actively running Family Medicine related research projects and has active members. They recently elected a new Lead Pius Ameh who will serve from 2019-2021. Overall we have challenges in poor member participation and lack of funding for research.

Joy Mugambi
Chair, AfriWon
Kenneth Yakubu: Image theme group lead
The main group activities in the past year 2018 were:

- A monthly Skype meeting
- Country addition; Algeria representative has joined the movement to make 11 countries
- Member recruitment
- Conduction of two workshops parallel to the WONCA/EMR conference in Kuwait on the 2nd March 2018 under the patronage of WONCA/EMR and Kuwait Association for Family Medicine. There were titled “Family Medicine Challenges” and “Emotional Intelligence in communication”. They were Facilitated by Dr Nagwa Nashat, Dr Maysa Alkoumi, and Dr Anwaar Buhamra

To enhance better learning about family practice, to enhance membership join-up to the movement and to better promote its activities, we placed greater emphasis on social media, including creation of a Facebook page: https://www.facebook.com/AlRaziYDM/?hc_ref=ARTpy3Xlws1IVlNEG41m8UguvWhA4JvO2h6D7m0J7oKXSkoTzm6rFT90Hjlgvzyc

- A Snapshot account for the movement and a YouTube channel for publishing the videos were also created.


Country activities

- **Palestine Liaison Activities** Two workshops - update in new guidelines of probiotics usage; and supervision workshop - were conducted in Al Najah University in Nablus for 55 family physicians and young family doctor on February and April, 2018

- **Lebanon Liaison Activities** A Workshop during the Annual Conference of the Lebanese Society of Family Medicine on the 1st of October, 2017. It was titled “Junior Family Physicians; Hidden Opportunities and Challenges Faced” that gathered 25 participants was conducted by the Lebanese representative Dr Issam Shaarani.

- **Morocco Liaison Activities** A workshop was conducted parallel to the annual Moroccan general practice society conference entitled “Future of general medicine?” attended by 16 participants. It was conducted by the Moroccan representative Sarra Figo on the 12th of October, 2017

- **Egypt Liaison Activities** Community awareness sessions about family practice role in the community in Munshaat sultan PHC to the community on January, 2018.

Plans for the next year

- Celebration of the WONCA World Family Doctor Day: By creation of posters supporting the role of family physician in the universal health coverage in three languages and supporting it through the different social media. Beside creation of videos to support the same aim.
- A research project with the members in the EMR region

Nagwa Nashat
Chair, Al Razi Movement
I am pleased to update the larger WONCA community on the activities of Polaris in the last year. Family medicine is thriving in North America with 1,202 Canadian medical students and 3,535 American medical students matching to Family Medicine in the first iteration of residency interviews.

Our annual business meeting was held at the Canadian College of Family Physicians annual Family Medicine Forum in November 2017. It brought changes to our executive as we invited Kiera Hayes (USA), Lauren Bull (USA), Megan Guffey (USA), and Yaeesh Sardiwalla (CAN) to our leadership team. Our face to face meeting was very inspiring and with it we developed some clear goals and priorities for the upcoming 2 years.

The year was a busy one with increased involvement with some of our strong partner’s here in North America. We were pleased to join the Besrour Centre at their annual forum and present posters on the ASPIRE program and the FM360 program - the posters were well received and they generated excellent discussion amongst the forum attendants from all over the world with strong academic merit. In response to the feedback we received we have initiated a literature review and the development of pre and post exchange questionnaires to continue evaluating the FM360 exchanges. We are excited to be presenting our findings in Seoul.

With the success of Balint 2.0 we hope to begin a Polaris Balint group before the new year - watch out for announcements and applications to participate in the fall.

We are incredibly excited for Seoul and the YDM preconference and looking forward to collaborating with our colleagues from across the world.

Cheyanne Vetter
Chair, Polaris
The Spice Route Movement (SRM)
South Asia Region

Report 2017-2018

Executive team
Regional Chair- Santosh Kumar Dhungana
Secretary- Zakiur Rahman

National chairs
Bangladesh- Md Innamin
Bhutan- Kinley Bhuti Dorjii (contact person)
India- Md Idris Shariff
Maldives- Ali Shareef
Nepal- Santosh K Dhungana
Pakistan- Rabeeya Arsalan
Sri Lanka- Sanka Ranadhikumara

Activities of the Spice Route Council
• First Spice Route pre conference. The first full day SRM preconference was held in Kathmandu on the 24 November, 2017 in the seminar hall of the Department of General Practice and Emergency Medicine, Tribhuvan University Teaching Hospital, Maharajgunj, Nepal.

The program was a huge success. Eminent speaker and a huge proponent of GP training in Nepal, Dr Mark Zimmerman set a stage for the day, highlighting the importance of GPs in countries like Nepal. His talk was followed by exemplary GPs working in various places within Nepal, who shared their work and showed the importance of GPs’ role in the healthcare delivery of this country.

Luminaries from WONCA world attended the pre-conference and motivated young GPs. Prof Amanda Howe, Dr Garth Manning, Prof Kanu Bala, Prof Pratap Prasad, Dr Raman, Prof Bharat- were present and appreciated the presentation.

SRM council meeting was conducted on the 26 November, 2017 at the Radisson hotel, Kathmandu.

• Participation in the WONCA Rural conference. SRM council members, executives and general members attended the WONCA Rural conference held in Delhi from April 26-29, 2018.

The participation by young doctors from within the region and the world was immense. Young doctor delegates from more than 40 countries participated in the event. Many young doctors presented in the conference. Many YDM members from the SRM were actively involved in the WONCA rural council and the conference.
The SRM council meeting was held in the Mahogany Hall, India Habitat center on the 27 April, 2018. The new SRM logo and the constitution were ratified by majority of the attendees.

The program was attended by delegates from many SAR region member countries. It was made more special by the presence of Dr Sonia Cheri, the founding president of SRM.

- **Jyoti and Ramnik Parek Scholarship.** At the WONCA South Asia Regional Conference Chennai 2014, Dr Jyoti Parekh and Dr Ramnik Parekh, senior colleagues from Mumbai, announced a special gift for the young family doctors of the South Asia region. The couple committed Indian Rupees 100,000 every year to support the Spice Route Movement (the South Asia region movement for young family doctors). The scholarship is to be awarded every year to deserving young doctors in South Asia region towards supporting their participation in regional exchanges, global exchange program FM360 and WONCA conferences.

This year the scholarships have been awarded to young GPs from South Asia member nations and beyond who attended the WONCA Rural conference, 26 - 29 April, 2018.

- **Montegut Scholarship:** This scholarship is awarded by the American Academy of Family Physicians to the members for joining regional and world conferences of WONCA. During 2017 year, two young doctors from Pakistan – Dr Veena Kumaree and Dr Sanam Shah were awarded this scholarship. For 2018, SRM regional chair, Dr Santosh has been awarded this scholarship to attend the WONCA world conference in Seoul, Korea.

### National activities

**Bangladesh** - Family Doctor day - 19 May 2018 - celebrated, in collaboration with Bangladesh Academy of Family Physicians and Primary care and rural health Bangladesh. The national Spice Route workshop - February 2018 with huge enthusiasm. WONCA CEO Garth Manning was there. Spice Route Bangladesh gave a crest and warm reception to Spice Route Secretary Dr Zakiur Rahman. Prepartions are underway for November 18 Dhaka- Rural health conference.

**India** - As noted above, the group made a huge contribution to the WONCA RURAL conference, Delhi in April this year

**Nepal** - Prof Kanu Bala, WONCA South Asia President in invited by the General Practitioners Association of Nepal to visit and discuss with the GPAN Executives. The date is decided in August 2018.

**Pakistan** - Preparing for the next WONCA SAR conference, 22 - 24 November 2019 in Lahore, Pakistan

**Sri Lanka** - Another CPD program was organized in February 2018. The first Speaker for the evening, Dr Maulee Arambewela a Senior Registrar in Endocrinology, spoke on ‘Interpretation of a DEXA scan, and the pitfalls and management of Osteoporosis’. The second speaker Professor Shalini Sri Ranganathan Professor in Pharmacology, Specialist in Paediatrics spoke on ‘Rational antibiotic prescription for common infections encountered in General Practice. The CPD Program ended with a sumptuous Dinner and fellowship at the Rooftop Of Asiri Surgical Hospital. There are several activities planned for the year ahead. We have already started designing a poster on the concept of “My family Doctor” and we plan to launch the poster in the near future. This poster will be published in all three national languages Sinhala, Tamil and English.

**Santosh Kumar Dhungana**  
Chair, Spice Route
The Rajakumar Movement

The Rajakumar Movement (TRM), the young doctor movement (YDM) for WONCA Asia Pacific Region, has recruited new national representatives from Singapore, China, Hong Kong, Vietnam and Myanmar in addition to the original members of Taiwan, Korea, Japan, Philippine, Indonesia, Australia and Thailand. In September 2017, The Hong Kong College of Family Physicians (HKCFP) supported the current mission of nourishing more young doctors to be leaders in WONCA by establishing the HKCFP Young Doctors Committee. The first chairperson of YDM from HKCFP, Dr CHAN Wing Yan Loretta, is already a member of our Young Doctors Committee.

TRM pre-conference of APRC Pattaya
On October 31, 2017, The Rajakumar Movement held a large pre-conference in Pattaya, Thailand, just ahead of the Asia Pacific Region conference. A total of 164 young family doctors took part, including 148 from Thailand, and 18 international delegates from Bangladesh, China, Hong Kong, Taiwan, Korea, Japan, Portugal and Spain.

In the opening remarks, WONCA World and Asia Pacific Region (APR) executives Prof Amanda Howe, Dr Donald Li and Prof Meng Chi Lee gave us strong encouragement, telling delegates that “you can become the future generation of the WONCA family”. In his keynote speech Prof Michael Kidd, the immediate past president of WONCA, taught the young participants about the origin of the Rajakumar Movement in 2009; the worldwide role of family medicine supported by many global healthcare leaders; challenges for the young doctors he met through many visits in APR countries; and how can we make a difference, reflecting our everyday work as family doctors. Several topics were discussed within the session such as work environment, resident education, international and executive work and our daily personal or family happiness as human beings.

In the afternoon we had the ASPIRE leadership session and 18 participants were given certificates. We truly appreciate our high profile speakers from WONCA APR and WONCA World and the generous support of the Royal College of Family Physicians of Thailand, including Prof Somjit Pruksaritanond, the Host Organizing Committee of the conference and the Rajakumar Movement representatives for their huge support to all arrangements and preparation for this pre-conference.

From FM 360 in October 2017
TRM joined with FM360 to support the exchange of Dr Sakai and Ryu in the clinics and hospitals of Suranaree University of Technology (SUT), Korat, Thailand.
June and July 2018

Over the past few years three APR organizations - Japan Primary Care Association (JPCA), Korean Academy of Family Medicine (KAFM), and Taiwan Association of Family Medicine (TAFM), in each academic rally, run a tripartite session in which the 3 countries discuss the same theme. In 2018 Dr Ban, who is the HOC Chair for WONCA Kyoto (May 19), and Dr Huang, the Chair of KAFM and who is in charge of smoking and research on South Korea and Taiwan, coordinated. Dr Shin Yoshida was one of the speakers in this session.

Young Doctors from Hong Kong, Singapore, Indonesia, Philippine, South Korea and Japan met at the 9th Japanese Primary Care Convention and held the Young Doctors’ Symposium to discuss each others’ national educational system, career pathway and the challenges of family medicine for the future primary care development.

July 2018

TRM launched the election process for the next leadership. Several nomination have accepted and we will elect the new chair and the executives during the next WONCA APR Council in October 2018, just before the WONCA World Council in South Korea. We welcome New Young Doctors from APR.

Dr Shin Yoshida
Chair, The Rajakumar Movement
Vasco da Gama Movement

MESSAGE FROM THE PRESIDENT

It is with great pleasure that I present to you a summary of our 2017/18 Annual Report. This document, as with everything we do in VdGM, reflects the passion and collaboration of young doctors from across Europe. Our full report can be accessed at: www.vdgm.woncaeurope.org/content/2017-2018-vasco-da-gama-movement-annual-report.

Our year began last June in Prague with a fantastic Preconference and the election of 6 new Executive members. We launched 3 new positions to strengthen our core activities: Policy Officer, tasked with capturing the voice of our members; Events Officer, supporting Host Organising Committees and developing resources to aid their work; and Fundraising & Awards, strategically reviewing our awards and how they and our other activities are ethically funded.

Alongside the successful elections, we engaged our Council in reforming our constitution making several important amendments to reflect our current activity and future development needs. So enthused was the Council with this renewed level of engagement that we voted to hold an additional Council Meeting in Porto prior to our January Forum, such that we could continue the momentum of our reformation work.

The 5th VdGM Forum in Porto was a resounding success, oversubscribed with over 300 participants attending from all 7 WONCA World Regions.

Other new developments this year have included proactive strengthening of our relationships with the WONCA networks and the evolution of new Special Interest Groups in the areas of Research, Emergency Medicine and Migrant Care, International Health and Travel Medicine. In April members of our Executive and 6th Forum Host Organising Committee attended a unique fundraising training, leading we hope to a more sustainable financial future.

We look forward now to another excellent WONCA Europe Conference in Krakow and an exciting year ahead where we hope to focus on strengthening our external relationships and the support we offer to our members in developing their national young doctors organisations.

Many thanks to all our friends and supporters across the WONCA Family who have inspired and motivated our passion for Family Medicine and international collaboration. Let’s keep spreading the VdGM Virus in 2018/19!

Claire Marie Thomas
Chair, Vasco da Gama Movement
Waynakay

Annual report July 2017 - June 2018
Waynakay is the WONCA’s Young Doctors Movement in Latin America.

- Representatives: Dr Juliana Valverde, Dr Catalina Coral Coral, Dr Virginia Cardozo
- National movements: during this period our movement has been active in twelve countries, Argentina, Brazil, Bolivia, Chile, Costa Rica, Colombia, Ecuador, Mexico, Paraguay, Peru, República Dominicana, Uruguay.
- Working groups: communication, research, education, exchanges.
- Directive Board: virtual meeting every two months.

Relationship with WONCA and WONCA-Iberoamericana-CIMF
In this period we strengthen our relationship with CIMF, being member without vote in its Directive Board and taking an active role in its activities.

In April 2018 WONCA-Iberoamericana-CIMF approved a resolution stating that in CIMF’s events Waynakay will have its own activity during the event.

Our movements had an active participation in WONCA’s Young Doctors Movements and fluent communication with WONCA’s Executive member Dr Ana Nunes.

Regional event
2017- Waynakay’s meeting, Lima, Perú
2018- WONCA-Iberoamericana-CIMF’s Summit

Subregional events
2018- March- Waynakay’s Meeting at WONCA’s Andean Region Conference in Cali, Colombia.

National Events
2017- October - Chile’s national preconference
2017- October - Argentina’s national preconference
2017- November - Brazilian national preconference
2017- November- Bolivian national preconference
2017 - November- active participation in Mexico’s VIII Congress of Residents of Family Medicine
2018- February-Third Peruvian Waynakay’s Meeting
2018- March- Waynakay’s meeting in Ecuado
Education

“Education is the most powerful weapon to change the world” Mandela

• Background: The WWPE is an open group aiming to develop a vibrant, interactive and supportive network of educationalists across the globe. To deliver Universal Health Care and progress Family Medicine (FM) in middle or low-income countries, it is increasingly apparent that as populations’ needs change and doctors work more with middle level health workers, Western models of medical education may not be appropriate. It is imperative WWPE maximise the potential of collaborative work within WONCA to share resource and catalyse change.

• Objectives 2017-2018: Over the past year my main objectives as chair have been to:
  o Expand the working group to include more countries and encourage engagement
  o Engage WWPE members in delivering education workshops at WONCA events
  o Work to collaborate with other WONCA networks and not function in a silo
  o Raise the status of FM and develop standards for undergraduate education
  o Develop a vibrant WWPE group of students and trainees
  o Expand resources on the website and keep postgraduate and CPD standards updated

• Progress against objectives: Working Party membership
  o Expand the working group: We have increased membership from 99 to 132 members and representation by 10 countries to 55. The website works well. I aim for 2-3 monthly updates to members. Subsequent “conversation” is relatively low but engagement in tasks is relatively good. A google group as with the rural working party may be an option.
  o Delivering workshops: This is proving effective. Members supported the delivery of four workshops in Pattaya (one with the WP on women and FM), two in Delhi both with WP rural members and 3 WWPE in Krakow and an additional three with EURACT and EURIPA.
  o Collaborating across WWPE networks: Conference collaboration is proving successful. We are engaging with the Mental Health working party and EACH (International Association for Communication in Health Care) in Seoul. A collaborative series on education for migrant health with Chris Dowrick and Maria.vandenMuijsenbergh has lost steam and needs reenergising.
  o UG curriculum: A working group is preparing for a preconference day in Seoul to focus on this. It will be interesting and challenging as emergent views support the integration of FM across the curriculum rather than a defined FM attachment. We are en route!
  o Medical student and trainee engagement: This has not progressed. I am awaiting a reply from Ifmsa to recruit students to attend the Seoul preconference on the UG curriculum. I will also explore a google group with them.
  o Web site resources: There is a clear need for this. Affiliation with Education for Primary Care has strengthened. The monthly free paper access is well advertised- thank you. Two WONCA members are joining the EPC Board. Victor Ng and Raquel Gomez Bravo.

• Setting objectives for 2018-19
Emerging priorities, for further discussion with Working Party members, include:
  o Developing guidelines and standards for medical schools
  o Student and trainee engagement
  o Website resources: updating current ones and meeting members needs

I thank the President, Chief Executive and the Executive Committee for their ongoing support which is much appreciated and Karen Flegg for her unstinting help with the website and news dissemination.

Val Wass OBE
Chair, WONCA WP on Education
E-Health

The WONCA Policy Statement on eHealth [bit.ly/1WLQiAy] published in 2016 has guided the topics raised at WONCA conferences. It has stimulated many discussions about the active role of patients in recording and managing their own health data, about the benefits but also confidentiality risks of national data repositories holding both primary and secondary care data, data capture for big data repositories and for quality measurement. Most importantly, the long-waited opportunity for the general practitioner to take the role of coordinator in both health promotion and in the care of patients with multiple morbidities could finally come true as all health data and an integrated care plan will soon be available both to the GP and to his or her patients.

The WONCA Working Party on eHealth collaborated with EQuiP in organizing two workshops at WONCA Europe in Krakow with eHealth as one focus. The topics were quality measurement (presentation [http://bit.ly/2sas4WI]) and integrated care plans (presentation [http://bit.ly/2KT2I6f]). eHealth was a keynote topic at the EQuiP Conference in Bratislava (presentation [http://bit.ly/2iLKGMj]).

We have received more than 20 requests to join the Working Party during the last year. The number of requests is steadily increasing. All new members are welcome, and they will be contacted personally.

There has been a lot of hype about artificial intelligence (AI) in medicine, but few clinical applications so far. The Working Party should actively follow new developments, keep the key principles of general practice in focus, and promote ethical discussion on who controls AI implementation.

Merging together the Working Party on eHealth and WONCA International Classification Committee has been discussed. The implementation of eHealth is very much dependent on structured health data, and discussing how to utilize coded data together with emerging technology of natural language processing in clinical practice may be even more important than promoting a specific coding systems.

The time has come for me to retire from the position as convenor of the Working Party and thank all colleagues who have been involved in its activities. We wish to elect a new convenor by the end of this year.

Ilkka Kunnamo
Convenor, WWP on eHealth

Environment

Our working party has seen steadily growing activity. Our main achievements for the period include:

- WONCA Europe Statement for WHO-Europe (collaboration lead by Ralph Guggenheim) - where WONCA Europe formally states the strategic relevance of Primary Care for the Sustainable Development Goals and for Planetary Health [http://www.woncaeurope.org/content/planetary-health-primary-care-67th-session-who-regional-committee-europe]
- Proposal for a policy for sustainable WONCA events
- Train-the-Trainer Air Pollution Pack - partnership with Health Canada and WHO (Lead by Alan Abelsohn) - a project under development with the goal to promote awareness of the harms of air pollution among the international community of family doctors and other primary care providers.
- active emails group, which has now grown to 62 members - we are experiencing lively discussions about the ethics, science, and activism relating to environmental health.
• periodic videoconference meetings - these online meetings are facilitating the improving coordination of and sharing of ideas among our working party.
• two papers published in The Lancet Planetary Health by members of our working party: Challenges and opportunities in planetary health for primary care providers, and Bringing the planet into the generalist practice: a form of preventive care - these papers reflect the growing participation of WONCA within the international environmental health agenda.
• collaboration in Brainstorm Groups that resulted in Cross-cutting principles for planetary health education, - our working party was very active in collaborating with the Planetary Health Alliance for the development of the main educational principles for planetary health.
• participation and representation in various conferences, and some workshops accepted for WONCA Seoul 2018 and WONCA Europe Krakow 2018.
• a short movie in collaboration with WONCA rural seeds

Enrique Barros
Chair, WONCA WP on the Environment

Ethical Issues

This report contains the main activities conducted by the working party on ethical issues over the past year. These activities are in line with the activities set to be executed by the working party in its two-year plan. It sheds light on what has been achieved of this plan so far.

Activity 1: Structuring the WP on Ethical Issues

Scope
This activity aims at establishing an executive board (EB) for the working party in which all WONCA regions are represented. All WONCA members who have academic involvement and interest in working on Ethical Issues can be involved. This board will meet (online or physically) on regular basis.

Objectives
• Collaborate on planning for the activities / workshops on Ethical Issues during the International and regional WONCA conferences
• Insure the relevance of ethical issues discussed during regional conferences through the regional representative of the WP
• Establish connection between the Ethics WP and the regional WONCA boards
• Establish an advisory committee to provide brief consultations regarding complicated ethical dilemmas
• Issue appropriate statements concerning the major ethical issues of global interest

What has been achieved so far?
• An email to all regional WONCA executives to nominate one representative in the Ethics WP EB
• The Ethics WP executive board members

<table>
<thead>
<tr>
<th>Region</th>
<th>Name</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa</td>
<td>Dr Peter Taiwo Sogunle</td>
<td>Nigeria</td>
</tr>
<tr>
<td>Asia Pacific</td>
<td>Dr John Fatiaki</td>
<td>Fiji</td>
</tr>
<tr>
<td>East Mediterranean</td>
<td>Pending</td>
<td></td>
</tr>
<tr>
<td>Europe</td>
<td>Dr Tania Moerenhout</td>
<td>Belgium</td>
</tr>
<tr>
<td>Iberoamericana-CIMF</td>
<td>Pending</td>
<td></td>
</tr>
<tr>
<td>North America</td>
<td>Dr Ross Upshur</td>
<td>Canada</td>
</tr>
<tr>
<td>South Asia</td>
<td>Dr M. Tariq Aziz</td>
<td>Pakistan</td>
</tr>
</tbody>
</table>
Activity 2: Enhancing Connectivity

Scope
This activity aims at establishing an adequate connection between the WP and WONCA members and extending the reach of the WP recommendations and outputs to the largest number of practicing Family Physicians.

Objectives
• Improve the awareness of practicing Family Physicians on Ethical Issues
• Establish platforms for opening continuous discussions on Ethical issues
• Facilitate dissemination of information related to Ethical Issues
• Establish routes to ensure prompt response to inquiries on Ethical dilemmas encountered by practicing Family Physicians
• Establishing connection with other WPs with whom we have intersecting interests

What has been achieved so far?
• Facebook and Twitter pages were created
  o Facebook page link [www.facebook.com/EthicsWP](http://www.facebook.com/EthicsWP) (page reached 500 member)
  o Twitter account @EthicsWP

Activity 3: Workshops and Educational Material

Scope
The Ethics WP board is involved in planning the appropriate workshops and activities in the upcoming conferences. The ultimate goal would be to create and adopt a curriculum for ethics to be used in the undergraduate and postgraduate Family Medicine training.

Objectives
• Work collaboratively to write cases on Ethical Issues
• Draft a curriculum outline to be used for undergraduate and postgraduate Family Medicine training
• Establish a collaboration with the Working Party on Education for creating the ethics curriculum
• Establish a collaboration with the Working Party on Research to issue recommendation concerning ethics research areas

What has been achieved so far?
• A Workshop for the WP was presented during Europe regional conference in Prague entitles “Treating Refugees: a Choice or an Ethical Obligation?” by Dr Issam Shaarani, Dr Manfred Maier, and Dr Kathryn Hoffman.

Issam Shaarani, M.D.
Chair, Working Party on Ethical Issues

Indigenous and Minority Groups Health Issues

It gives me great pleasure to be able report on the activities of the WWPIMGHI. Unfortunately the Working Group during the past 6 months has been very quiet, due mainly to the Chair’s time-out for personal health issues. This however, highlights the vulnerability of the group. It was pleasing to receive several requests for membership from the ‘Young Doctors Movement’.

The activities outlined in this plan have been bubbling along, but can and should be enhanced. As an organisation WONCA covers the full breadth of general practice/family medicine which faces multiple challenges across the globe. We have many knowledgeable and willing experts across multiple WG and SIG. Every one of these groups and we as individuals are very protective of our ‘area of interest/expertise’ – however we might
consider how we can be more efficient and successful if we develop a more principle based patient/family outcome focus, coordinated and fluid collaboration framework. Meaning measuring our success on a quality patient/family health/wellness outcome. Understanding and implementing the notion that there is no quality without equity.

Our Working Party workplan for 2017 to 2019 highlights key activities to support the group’s previously stated objectives:

• To serve as a focus to stimulate and promote standards of excellence in the primary care management of cultural competency, consistent with patient and professional values and with reference to evidence based health care
• To promote the concept of indigenous and minority groups health issues
• To promote and develop indigenous and minority groups health research activities in primary care and the primary care interface
• To hold scientific meetings, which may include sessions and workshops, during WONCA regional and world conferences, to present original papers and to address broader educational issues through discussion, training and debate
• To develop and promote appropriate literature for primary care professionals using a variety of resources, including WONCA Online
• To promote cultural competency world-wide through collaborative working within WONCA, NGOs, government organisations, patient groups and other medical colleges
• To address the issue of stigma associated with indigenous and minority groups health issues.

Key issues include:

• **Enhance WWPI&MGHI structures**
  o Expand membership
  o Foster and encourage an ‘All of WONCA Governance Ownership’ approach to these issues by requiring representation and participation across all WONCA constituencies - Regional Presidents; WONCA Young Doctors Movements; Working Parties Chairs; Special Interest Groups Chairs.
  o Enhance communication between WWPI&MGHI members

• **Provide leadership**
  o Advise Executive and Council of relevant indigenous & minority groups health issues.
  o Ensure all WONCA sponsored/associated conferences have appropriate content addressing Indigenous & Minority Groups Health issues.
  o Ensure all WONCA sponsored/associated conferences abstracts are reviewed through an equity lens.
  o Encourage WONCA to actively seek and engage with Indigenous & Minority groups across the globe either directly or through their membership organisations.
  o Facilitate discussions within WONCA on how to prioritise the importance of Cultural Competency not only in the training of our new family physicians but also in the delivery of healthcare within our communities across the globe.

I am looking forward to meeting up with as many as possible during our Seoul conference gathering.

D Tane A Taylor
Chair, WWPIMGHI
Mental Health

The aim of the working party is to enhance global equity of access to high quality primary mental health care.

Our three objectives for 2016-2018 are to improve internal structures; to offer mental health guidance for WONCA members; and to provide global leadership on primary mental health care. We consider that we have made substantial progress on all three objectives.

WWPMH internal structures are now well established

- Our membership has expanded from 46 in October 2016 to over 160 currently. Our largest groupings are from Europe and Latin America.
- We have representation across all WONCA regions and constituencies.
  - Our current elected officer group is Chris Dowrick (UK, Chair), Christos Lionis (Greece, Vice-Chair), Jill Benson (Australia, Secretary) and Juan Mendive (Spain, Secretary).
  - Our current liaison with Sandra Fortes (Brazil) and Lucja Kolkiewicz (UK) and Brazil; and liaison with WONCA Young Doctors (Ray Mendez, USA).
- Communication between WWPMH members involves structured e-meetings for officers every 2-3 months, and regular e-bulletins circulated to all members. We also arrange ad hoc working party meetings at regional WONCA conferences.

Mental health guidance for WONCA members

- We advise Executive and Council of issues relevant to primary mental health, for example on WHO primary health care policy for the Eastern Mediterranean region.
- We encourage primary mental health care input to all WONCA conferences. In the past year we have enabled participation in regional conferences in Lima, Pretoria, Pattaya, Katmandu, Kuwait and Krakow; future presentations will include the World Conference in Seoul.
- We collaborate with other WPs and SIGs, including education, WICC, migrant care and rural practice.
- We have created 10 time-limited task groups to provide practical guidance for family doctors on topics identified as important by WWPMH members. Six have already reported and four are in progress.
  - First depression consultation (led by Bruce Arroll, NZ): a shortened version of this document is published in British Journal of General Practice.
  - Physical health care for people with severe mental illness (led by Alan Cohen, UK and Kim Griswold, USA):
  - Shared learning for primary mental health care (led by Helen Rodenburg, NZ): we have produced links to accessible online training materials: http://www.globalfamilydoctor.com/groups/WorkingParties/MentalHealth3.aspx
  - Non-drug interventions for psycho-social distress (led by Weng Chin, Hong Kong); we launched our guidance on this topic at the WONCA Asia-Pacific meeting in November and will also present it at WONCA Seoul.
  - Core competencies for primary mental health care (led by Chris Dowrick, UK). This will be presented at WONCA Seoul.
  - Management of medically unexplained symptoms, led by Tim olde Hartmann, Netherlands (Soon to be available on WONCA website)
  - Mental health care of migrants (led by Maria van den Muijsenberg, Netherlands, chair of Migrant Care SIG).
  - Frailty, multi-morbidity and mental health (led by Christos Lionis, Greece).
  - Dementia (led by Ferdinando Petrzzuoli, Sweden)
  - Adolescent mental health (led by Jane Roberts, UK)
- We are negotiating a book deal with Taylor & Francis to publish these guidance documents in a single accessible volume.
Leadership on global primary mental health care

- We continue to advocate for improved primary mental health care on behalf of family doctors and their patients, for example
  - offering psychological first aid after natural and political catastrophes in Nepal, Caribbean and Spain;
  - developing an expanding range of primary mental health care facilities across Saudi Arabia;
  - (through the WONCA President) ensuring mental health priorities were considered at the Ibero-American primary care summit in Colombia in March 2018.

- We continue to offer expert advice and training through our international primary mental health care consultancy.
  - Our Ibero-American team have organised a series of mhGAP training event in Brazil.
  - A group led by Ryuki Kassai is currently organising a train the trainer programme on depression for family doctors in Japan.

- We continue to promote external collaborations, including with WHO mhGAP, World Psychiatric Association, World Federation for Mental Health and International Association for Communication in Health Care.
  - We are currently advising WHO on its guidelines for the physical healthcare for people with severe mental illness, and on the primary care version of ICD-11 mental disorders classification.
  - In October 2018 WWPMH officers will once again participate in the mhGAP forum in Geneva.
  - In December 2018 WWPMH members will participate in the Universal Health and Mental Health conference in Malta.
  - We are participating in the WPA-Lancet Clinical Commission on Depression.

Biennium 2018-2020

- WWPMH members will be given opportunity to seek nomination (and if necessary election) for all officer positions for the biennium 2018-20.
- We anticipate that the Working Party’s agenda for the next biennium will be to continue our overall objectives and build on our current achievements. This will be discussed at the WWPMH meeting in Seoul, to be chaired by Cindy Lam.

Christopher Dowrick
Chair, WONCA WP on Mental Health

Quality and Safety in Family Medicine

- Groups and Members
  Executive Board: The executive board was elected in February 2017.

<table>
<thead>
<tr>
<th>Chair</th>
<th>Maria Pilar Astier Peña</th>
<th>Spain, WONCA Europe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secretary</td>
<td>Jose Miguel Bueno Ortiz</td>
<td>Spain, WONCA Europe</td>
</tr>
<tr>
<td>IT Officer</td>
<td>Alexandre Gouveia</td>
<td>Switzerland, WONCA Europe</td>
</tr>
</tbody>
</table>

- Objectives (July 2017 to June 2018):
  - To facilitate family doctors’ with tools to improve Q+S at their office
  - To promote tools to improve networking among WONCA world members aimed at get quality and patient safety issues on the medical office’s desktop
  - To collect and maintain updated Q+S resources for family doctors in WONCA webpage.
  - To contact universities and public institutions which offer open source courses on Q+PS to promote the introduction of primary care issues in this area.
  - To prepare and offer a Q+S workshops, lectures and seminars for family doctors in WONCA conferences.
To have an active participation in WHO webinars and other meetings regarding Q+S
To have an active participation in WONCA World Regions Congresses and Conferences.
To identify a set of Q and S indicators to monitoring implemented actions in medical offices.
To make alliances to empower Q and S in Primary Care through a World’s Day on it: International Safety & Quality in Primary Care Day

To date we have accomplished objectives 5, 6, 7.

- **Conferences or scientific meetings in which the group have participated during the period July 2017 - June 2018:**
  - 53rd EQuIP Assembly Meeting, 23 - 24 March 2018 - Bratislava – Slovakia Workshop: Medication without harm: Which are the main topics in primary care?
    Conductor: Maria Pilar Astier-Peña and Ilkka Kunnamo
  - 23rd WONCA Europe Conference in Krakow Workshop: Deprescription
    Conductor: Jose Miguel Bueno Ortiz
  - 4.XI Patient Safety Annual Conference in Primary Care in Spain, Madrid 22 June 2018: [www.seguridadpaciente.com](http://www.seguridadpaciente.com)

- **Training activities**
  - Training to Family Doctors Residents on patient safety and quality in Zaragoza (Spain)
  - Training to Family Doctors Residents on improving clinical reasoning as a tool to reduce diagnostic errors in Zaragoza (Spain)
  - Training to fourth and fifth medical students on improving clinical reasoning as a tool to reduce diagnostic errors at Medical School of the University of Zaragoza (Spain)

- **Publications**

- **Social Media and WONCA Webpage participation**
  - Twitter account: @WONCAQ_Safety. We encourage members to use it and to disseminate patient safety and quality in primary care issues.
  - WONCA webpage:
    - post of a summary of Geneva Meeting about Medication Without Harm
Research

Research WONCA has been very active in the past year; the membership has grown and communication is maintained via a Google discussion group, with 68 members of the Research Assembly.

Books

Our 2nd book, How to do Primary Care Research (Editors WWPR Chair Felicity Goodyear-Smith & Bob Mash) was completed and sent to the publisher (CRC Press, Taylor & Francis Group) in February 2018. We are hoping it will be ready to be formally launched at the Seoul WONCA World meeting in October 2018.

WP member Chris van Weel is also co-editing a book with WONCA President Amanda Howe on a snapshot of the status of primary health care development around the world (also CRC Press). This is based on a number of the cross-nation panels organised by the WP, many of which have been published in peer reviewed journals. It is hoped this will also be ready for launching at Seoul.

Panels

The WWPR continues to run panels / workshops whereby different countries compare how their primary care is organised, using regional coordinators in the different WONCA regions. A template to prepare the slides is provided (panel project resources).


- The 2018 Eastern Mediterranean panel (Algeria, Kuwait, Morocco, Kingdom of Saudi Arabia, Jordan and Iraq) took place in Mar 2018 in Kuwait. A paper is being written.

- **Europe**: A panel was held with four countries (Ukraine, Romania, Macedonia and Finland) at WONCA Europe Regional Conference in Prague in June 2017, led by Prof Mehmet Ungan. No publication planned.

- **Africa**: A panel of speakers from Ghana, Nigeria, Zimbabwe, Malawi and Ethiopia was convened at the WONCA Africa meeting in Pretoria, South Africa in Aug 2018. This has been written up, and a paper in press (Mash R, Howe A, Olayemi O, Makwere M, Ray S, Gyuse A, Goodyear-Smith F. Reflections on family medicine and primary health care in sub-Saharan Africa BMJ Global Health. In press).

- **South America**: Another workshop comparing systems in México, Republic of Dominicanca, Argentina, Paraguay, Ecuador and Panamá was held at the WONCA Iberoamericana-CIMF Regiona Conference Aug 2017, Lima, Peru, led by Lidia Caballero and Jacqueline Ponzo. This will be included in the book and they are also considering publication in a Spanish journal.

- **Asia Pacific**: A panel involving Australia, Malaysia, Mongolia, Myanmar, Thailand and Vietnam was held at WONCA Asia Pacific Regional Conference Nov 2017, Pattaya, Thailand, led by Ryuki Kassai. Paper has been submitted to Family Practice (Kassai, R; Van Weel, C; Flegg, K; Tong, S; Han, T; Noknoy, S; An, Pham L; Dashtseren, M; Ng, CJ; Khoo, EM; Noh, KM; Lee, MC; Howe, A; Goodyear-Smith, F. Primary health care policy implementation in the Asia Pacific region – experiences of six countries)

- **Mexico**: A panel discussion at NAPCRG in Colorado has been published (Ramirez-Aranda J, Van Weel C, Goodyear-Smith F. Strategies for Increasing the role of family medicine in Mexican health care reform. Journal of the American Board of Family Medicine, 2017, 30:843-847. doi: 10.3122/jabfm.2017.06.170024)

- A panel discussion was also held at the 2017 NAPCRG conference in Montreal and has led to a publication (Van Weel C Van Turnbull D, Bazemore A, Garcia-Penãs C, Roland M. Glazier Rh, Phillips B, Goodyear-Smith F Implementing primary health care policy under changing global political conditions: lessons learned from 4 national settings. Annals Family Medicine 2018;16:179-180. DOI https://doi.org/10.1370/afm.2214.)

Research Capacity Building

**Africa**: In my role as Chair of the WP-R I spent a month in South Africa to assist in family medicine research capacity building. I supported family medicine registrars and other postgraduate students at the Universities of

I also ran a writing workshop at WONCA Africa in Pretoria, Aug 2017.

**Europe:** Members of WPR ran a workshop on scientific writing at the WONCA Europe Regional Conference in Prague, Czech Republic in July 2017, and a further one is planned for Thailand in November. A master set of slides on how to write is available for members to run these workshops, as well as an interactive exercise on critiquing and correcting a poorly written abstract. A similar workshop is planned for WONCA Europe in Krakow, Poland, in May 2018.

**WONCA World:** A scientific writing workshop will be run by WP-R members at WONCA World, Korea, Oct 2018.

**Research**

WONCA WP-R and other WONCA members successfully bid for a research grant *Identifying and closing gaps in primary health research and implementation of organisation and financing in low and middle income countries* funded by a grant from the Bill and Melinda Gates Foundation. I am the lead and team members are Prof Amanda Howe, President of WONCA; Dr Andrew Bazemore, Director of the Robert Graham Center, USA; Prof Robert Phillips, Vice President for Research and Policy of the American Board of Family Medicine, USA; Ms Megan Coffman, and Dr Hannah Jackson, Robert Graham Center, USA; Mr Ricky Fortier, University of Auckland, NZ; Prof Michael Kidd, Past president of WONCA; Prof Chris van Weel, Past president of WONCA; Dr Henry Lawson, University of Ghana, and WONCA president for Africa; Prof Kanu Bala, University of Science & Technology Chittagong, Bangladesh and WONCA president for South Asia; Assoc Prof Inez Padula Rio de Janeiro State University, Brazil and WONCA president for South America.

This study is currently underway and will be completed at the end of August. It will lead to at least two peer-reviewed publications. We will also attend a workshop in Liverpool, UK at the 5th Global Symposium on Health Systems Research conference which will serve as a forum for donors to learn more about the work and proposed future research leading from the project.

**Conference workshops**

WP members are involved in a number of conference workshops. For example:

- **WONCA Europe, Krakow Poland, May 2018:**
  - Scientific writing and publishing workshop Felicity Goodyear-Smith, Karen Flegg, Mehmet Akman

- **WONCA World, Seoul, Oct 2018:**
  - Identification of research gaps to enable better primary health care models of care and financing in low and middle-income countries Felicity Goodyear-Smith, Amanda Howe, Chris van Weel, Andrew Bazemore, Robert Phillips, Michael Kidd, Kanu Bala, Henry Lawson, Inez Padula
  - Scientific writing and publishing workshop Felicity Goodyear-Smith, Karen Flegg, Mehmet Akman, Kyle Hoedebbecke
  - Developing PHC measures – is it possible to capture the values of PHC? Chris van Weel, Felicity Goodyear-Smith, Ryuki Kassai, Andrew Bazemore
  - Profiles of Primary Health Care Policy Implementation around the World – from current experiences towards the next phase Chris van Weel, Felicity Goodyear-Smith, Ryuki Kassai, Andrew Bazemore
  - Academic family medicine Amanda Howe, C Michael Kidd, Chris van Weel, Felicity Goodyear-Smith, Val Wass

**Other initiatives**

Joyce Kenkre, Christos Lionis and colleagues have prepared a position paper on *Current and future priorities in primary care*. With colleagues they ran a workshop on Collaborative Prioritisation, planning and Preparation for Future Funded Research Calls with 16 European countries at the 7th EURIPA Health Forum, Nov 2017 in Crete and developed three top research priorities.

Felicity Goodyear-Smith
Chair, WWP on Research
Rural Practice

This has been another busy year, but I do worry about the increasing workload experienced by the Chair and Secretary. We will need to be able to share the work more equitably across the executive in the future, especially when a future chair is still working as a family.

Progress on the 2016-2019 work plan
Equity, Diversity and Relevance
Progress continues to be made on all fronts. We have developed a scoring system to help provide us with an equitably balanced and diverse council. This will mean positively discriminating with regard to gender, age and geography. We have excellent representation from South Asia and more contacts are being established in Africa and Asia Pacific. Although we work with colleagues in Brazil, it has been difficult to build contacts in the Spanish speaking parts of South America. This will become a priority for 2018. Rural Seeds has helped us connect successfully with young doctors and students around the world.

Conferences
WONCA World Rural Health Conferences
The 14th WONCA World Rural Health Conference in Cairns was a great success with nearly a thousand delegates. We are grateful for the support of ACRRM and send special thanks to Marita Cowie and her team. We are currently waiting for the final paper from the Rural Generalist Summit which was held before hand and hope to work with the authors to promote a model of rural generalism which will be dependent on local health systems, cultures and resources.

Similarly, we must thank Raman Kumar, Pratyush Kumar and the team from the Academy of Family Physicians of India for the hard work that they have put into the 15th World Rural Health Conference in Delhi, reported on below.

Plans for our next conference in 2019 in New Mexico are well underway. Our partners will be the University of New Mexico and The National Rural Health Association. New Mexico has its own unique rural health challenges and the NRHA has been the main advocate for the health of America’s rural population for decades. New Mexico has a major Spanish speaking population and we hope that this link will help connect more with the Spanish speaking countries of Central and South America.

We made a decision to postpone our conference in Uganda until 2021. This leaves 2020 free and we are open to suitable submissions. A small task force has been established to work with our colleagues in Kampala and the organisers, Shades of Green.

WONCA World Conference
Despite the fact that we already had our council meeting, we intend to have a significant presence in Seoul, Korea. We are committed to at least 10 workshops (either our own or in a joint capacity with other groups). Our final plans will be discussed at council but we intend to use the time to link in and work with other WPs and SIGs.

Report on 15th WONCA World Rural Health Conference
Special thanks must go to our Indian hosts, who have worked tirelessly to organise one of our most successful conferences to date. Those of you who subscribe to our Google group have been patient in putting up with a volume of correspondence over the last few months but it demonstrated the energy and enthusiasm that we all experienced when we arrived in Delhi. It was uniquely a very Indian conference but at the same time international with over a thousand delegates from over 40 countries. The conference was a testament to the
next generation and their ability to fight for what they believe in and their commitment to change the world around them.

The timing of the conference was perfect as a result of 2 important events:

- The Prime Minister of India, Mr Narendra Modi had just announced the plan to establish 150,000 Wellness Centres around India (Yes the figures are correct). There is a hope now that those 60% of the rural population of India who have no access to health care will now have some justice.
- It is 40 years since the declaration of Alma Ata was signed. This was probably the most important statement on the value of Primary Care in the last century. It also acknowledged that health and wellbeing are also dependant on economic and social issues. WHO are currently working on a new declaration and we were asked to comment. We saw an opportunity to view Alma Ata from a rural perspective our contribution can be found via the Delhi Declaration: www.globalfamilydoctor.com/delhideclaration.

I always hope that our conferences leave a lasting legacy in every country that we visit and I have no doubt that this one will. It attracted wide political, professional and media support. We were honoured to welcome the Vice-President of India, the Honourable Venkaiah Naidu and 2 Health Ministers. The Vice-president’s passionate address was the best speech that I have heard at any of our previous conferences from a politician. A national consultation on primary care was held in parallel with the main conference.

The conference produced a number of deliverables in addition to the determination to make a difference by bringing accessible health care to the rural millions of India. These included:

- The Delhi Declaration www.globalfamilydoctor.com/delhideclaration.
- New policy on Digital Health (Attached)
- Project SETU” A new Indian Student & Young Doctor Group dedicated to reducing the inequity between the rich and the poor in India. They see this initially as an Indian initiative but hope that working with IFMSA and RuralSeeds, it will become an international student project. https://docs.google.com/forms/d/e/1FAIpQLSfwn00QQ3ZWo65-psrKgqXbnzKVkgWguRmm9TGe0sT9cLda/alreadyresponded?c=0&w=1
- National Consultation on Primary Care in India
- AFPI Rural: A new section of the Indian Academy of Family Physicians of India dedicated to rural health

Working in Partnership
Working together with other groups within WONCA and outside the organisation will have a greater impact than working separately. Rural health is a cross cutting theme. All WONCA’s WPs, SIGs and YDMs represent urban and rural peoples. We have had some success already and we aim to expand our links across the organisation.

Current collaboration with:
**Working Parties**: Education, Environment, Women and Family Medicine and Mental Health
**Special Interest Groups**: Point of care testing, Emergency Medicine, Family Violence.
**Young Doctor Movements**: VdG, Spice Route, Polaris
We have also developed valuable links with NGOs and Organisations outside WONCA, including WHO; The Network Towards Unity for Health; Darwin International Institute on Compassion; and National Rural Health Association (USA)

**Regional Plans**
The WONCARural message need to be disseminated throughout the world. Health systems and cultures change from country to country and it’s important that we disseminate our message to all the Regions of WONCA.
We have developed successful rural networks in Europe (EURIPA) and South Asia (WoRSA). Networks in Africa (WoRA) and South America (CIMF Rural) are growing. We have tried to establish a network in Asia Pacific, but this may need more work to get it up and running.

**Portfolios**

All executive members have their own portfolios. They are responsible for developing their specific areas within the Working Party. These include:

- **Research:** Dr Zakiur Rahman (Bangladesh)
- **Developing World:** Pratyush Kumar (India)
- **Students and young doctors:** Mayara Floss (Brazil) + Veronika Rasic (Croatia and UK)
- **Clinical Practice:** Bikash Gauchan (Nepal)
- **Education + Training:** Barb Doty (USA-Alaska)
- **Publications:** Dave Schmitz (USA-North Dakota)
- **Communication:** Jo Scott Jones (New Zealand)
- **Policy Development: Role of Past Chairs**

**Rural Seeds**

The Rural Seeds network was established to link aspiring rural health professionals who were students or in the early stages of their training. This growing network links with YDMs and IFMSA but is an integral part of Rural WONCA. The future of Rural Practice lies in their hands. I must take the opportunity to show my gratitude to a number of dedicated individuals who have made this a success. A brief outline of their work includes:

- **Rural Family Medicine Café:** A monthly on-line forum with practitioners, young doctors and students from around the world. [https://www.facebook.com/ruralfamilymedicinecafe/](https://www.facebook.com/ruralfamilymedicinecafe/)
- **Rural Success Stories:** A collection of good news stories from rural practice. What worked and why it worked. This blog can be accessed at [http://ruralhealthsuccess.blogspot.co.uk](http://ruralhealthsuccess.blogspot.co.uk)
- **Mentor Mentee Programme:** This is still at an early stage and a small sample is being evaluated. Working with Rural Seeds to establish a robust management structure

**Policies, Statements and Publications**

The latest statements from Cairns include:

- Call to Action (Rural Seeds)
- Cairns Action Statement on Climate Change and Environmental Health
- Statement on Building Resilience and Preventing Burnout in Rural Practice

Other policies and statements, including a Values Statement, can be found on the WONCA website: [http://globalfamilydoctor.com/groups/WorkingParties/RuralPractice.aspx](http://globalfamilydoctor.com/groups/WorkingParties/RuralPractice.aspx).

**Communication**

The main avenue for discussion remains the Google Group. This has however been interrupted on a number of occasions because Google automatically categorised certain postings as spam. This can interrupt communication for many days and it is also very stressful. We are currently looking at upgrading it. We have approximately 900 members worldwide. Our reach increases greatly when we add the EURIPA and WoRSA groups.

We also run a Facebook page and a Twitter page. The past Rural Family Medicine Café can be viewed on YouTube along with some wonderful videos produced by Dr Mayara Floss

**Special initiatives**

- **Rural Heroes**

The number of rural hero submissions has dropped over the last 12 months and I hope that we can re-energise the project after Delhi

- **Rural Medical Education Guidebook**

We are delighted to announce that we are again taking this forward once more. Expressions of interest are being sought to fill some of the gaps currently present in this remarkable resource. Further discussion will take place in Delhi

- **The WHO link**

Following Jim Campbell’s visit to the 14th Conference in Cairns, we were asked to contribute to the 4th Global Forum on Human resources for Health in Dublin in November 2017. We ran a panel workshop where the
response was so good that there was standing room only and we made new valuable contacts (especially from Africa). Through our participation, there was a significant rural presence at the conference and this was reflected in the final Dublin Declaration

“5. Emphasize the fundamental importance of a competent, enabled and optimally organized and distributed health and social workforce, especially in rural and under-served areas, for the strengthening of health system performance and resilience”

Looking Forward

Coming to the end of our triennium, we must look to the future. A new chair will take over in 2019 and a fresh work plan will be developed. Possible ideas for the future could include:

- Expand the regional networks. Asia Pacific, North America?
- Attend the Africa Region Conference 2019 and promote Rural WONCA
- Promote rural research in LMICs to reduce the 90/10 gap globally in health related research
- Develop a Multidisciplinary/Cross sectoral focus (+ Community Health Workers)
- Linking student groups/Global health
- Expand the global voice of Rural WONCA
- Work with the rural generalist movement to adapt their model to the needs of LMICs
- Compassion in Rural health care

John Wynn-Jones
Chair WONCA WP on Rural Practice

Women and Family Medicine

The WWPWFm goals for the 2016-2018 biennial is to have a sustained impact in WONCA regions through expansion, networks and linkages, and address women’s health at primary care through family medicine perspective. Universal health access will not be achieved unless women are cared for in their own communities and are empowered to take decisions about their own health in a supportive environment. Improving the quality of care for women at primary care in all WONCA regions align with WONCA’s mission of improving the quality of life of the peoples of the world through defining and promoting its values, including respect for universal human rights and including gender equity, and by fostering high standards of care in general practice/family medicine.

WWPWFM objectives are to enhance leadership skills among women family doctors, improve women’s health at primary care, strengthen collaboration with other WONCA working parties, young doctors group and SIG. WWPWFm continues to increase her membership and impact at WONCA regions through pre-conference meetings, and advocacy. During the 2016-2018 biannual, WWPWFm membership increased with women doctors joining from Brazil, Canada, China, Egypt, Nigeria, Saudi Arabia, South Africa, United Kingdom, Ukraine, and United States.

Interim meeting

WWPWFm organizational interim/strategic meeting held August 14 – 17, 2017 in Soweto, South Africa. The theme of the meeting was women’s health in primary care, the face of family medicine. The objectives were to identify challenges of providing quality care to women at primary care, develop evidence informed generic tools for improving women’s health at primary care and develop strategic plans for the next biennial. The focus was on how WWPWFm can advocate for provision of quality services for women specific health issues at primary care through continuity of care and relationship. The outputs from the interim meeting were women’s health
advocacy and workshop tool, generic workshop tool for leadership for women family doctors and a strategic plan for Seoul 2018. Also, at the meeting, the Gender Equity Standard (GES) documents were adopted as reference documents of WWPWFM.

**WONCA Regions Activities**
WWPWFM executives and regional leads organized pre-conference meetings and women’s track on women’s issues in various WONCA region conferences. WWPWFM participated in the WONCA Africa conference from August 18-20, 2017 by organizing a pre-conference meeting with over 50 attendees and a leadership workshop. In WONCA Europe and Asia Pacific, WWPWFM members also participated and organized pre-conference meetings, and workshops on gender-based violence and leadership.

**Collaboration with other WONCA Working Parties, SIG and WHO**
At the May 2018 WONCA Rural conference in India, WWPWFM through her Asia Pacific members, successfully organized a family violence workshop, had a panel on women rural doctors and participated in the rural café forum. WWPWFM continues to participates actively in the WONCA SIG family violence forum and WHO MCH forum.

**Research:** WWPWFM members are engaged in the resilience among women family doctors during life cycle transition project and studying the working conditions for women family doctors around the globe.

**WONCA World conference, Seoul 2018**
WWPWFM will hold a pre-conference at Seoul2018. She also has approval for ten workshops abstracts submitted by members. Her members will also be involved in various oral and poster presentations.

**Impact**
WWPWFM continues to make remarkable impact on women’s health and women family doctors through advocacy, leadership, education, mentorship, research and relationship. WWPWFM has active regional groups/members in most WONCA regions. WWPWFM region-specific tools for women’s health across the lifecycle will enhance the skills of primary care providers to deliver evidence-informed care that will improve the quality of life and health outcome for women and girls. The identification of the occupational challenges facing women family doctors and trainees will strengthen their ability to seek equity in working conditions through regional and international collaboration. The expected outcome is that as women family doctors become more engaged and empowered in improving their own work situations, their leadership abilities will be enhanced.

**Challenges**
Financial constraint has hindered the implementation of WWPWFM proposed global projects on qualitative assessment of working conditions of women family doctors around the globe and the development of region-specific standards for providing evidence-informed women’s health across the lifecycle in primary care. It has also been difficult getting younger women doctors to join and commit to the activities of WWPWFM due to diverse reasons including financial, lifecycle, and conflicting scheduling with the Young Doctors Movement meeting during WONCA conferences.

**Conclusion**
WWPWFM is experiencing growth despite existing financial constraint, with increasing collaboration internally with other WONCA Working Parties and SIG, and externally with WHO and other donors. At Seoul2018, WWPWFM contribution to a successful WONCA world conference will be significant. WWPWFM looks ahead to be a significant player in improving women’s health across the globe, as she strategize for sustainability and ownership at national and regional levels.

Kate Anteyi
Chair, WONCA WP on Women and Family Medicine
WONCA International Classification Committee (WICC)

The annual WONCA International Classification Committee (WICC) meeting in 2017 was held from 26th August to 1st September in Lyon, France. There were 23 members and six observers participating. The main topics were the international ICPC-3 Consortium founded for the development of a new version of the International Classification of Primary Care (ICPC-3) under the leadership of Kees van Boven at the University of Nijmegen, Netherlands and its relationship to WICC. WICC worked on the content of the future ICPC-3, whilst another important topic was the development of a primary care version (linearization) of ICPC-3 in collaboration with WHO.

In the meantime the ICPC-3 Consortium started its work which can be followed at the Consortium website: http://www.icpc-3.info/. Another website to keep informed about the work of WICC is the PH3c-website: http://www.ph3c.org/4daction/w3_CatVisu/en/Articles.html?wCatIDAdmin=8.

At the midyear meeting of the WHO-Family of International Classifications (WHO-FIC) Network in Geneva in April 2018 there were discussions about the current state of the primary care version of ICD-11. The main change from ICD-10 to ICD-11 will be a switch from the former big book to a software based version published as a searchable database to be incorporated in other software systems. Another change will be that a so called foundation layer has been created, containing all concepts of the domain of medicine in a defined manner with semantic linkages (is part of..., relates to...) in all possible directions (so called multi-parenting). The classifications are built on this foundation layer which is why they are called linearizations.

One of these linearizations is the Joint Linearization for Morbidity and Mortality Statistics (JLMMS) which recently has been released as a version for preparing implementation in member states, including translations, on 18 June 2018. In the beginning an independent primary care linearization both for the high and a low resource setting in a telescopic structure, based directly on the foundation layer was planned. Up to now only a simple pick-list from JLMMS as a short version for primary care has been achieved in a preliminary version. This is disappointing but was to be expected as nobody was willing or capable of investing into sufficient work force to achieve the former goal. This years WHO-FIC annual conference will be held in Seoul/South-Korea. Due to the anniversary of the declaration of Alma-Ata the overarching topic of the conference will be primary health care. We hope this will bring the needs of primary care to the center.

This year’s meeting of WICC will be held in Lviv in Ukraine from 24th to 29th August 2018. Again, the main topic will be the collaboration with the Consortium and common work on content of ICPC-3. Lively discussions are to be expected. Anybody interested in the work of WICC will be welcome.

Prof Dr med Thomas Kuehlein
Chair WICC
Special Interest Group Reports
Ageing and Health

The SIG on ageing has recently been reconvened in the past 12 months. It currently has 17 members from a number of countries including: Australia; Bulgaria; Canada; China, Hong Kong; the Netherlands; Pakistan; UK; USA; and Zambia.

The group has been busy producing a consensus statement about the importance of strengthening family medicine in the face of the increasing numbers of elderly people throughout the countries of the world. The group recognises however that this is not possible in every country, and that a range of workforce responses to aged care – largely around primary care – may need to be considered.

Whilst emphasising that policy responses should highlight primary care, the group has also raised other issues for policy consideration, including the need for standards in aged care and the integration of health and social care.

The group is also compiling resources around aged care best practice and also around teaching in aged care for family doctors.

Finally the group is considering collaborations both within and beyond WONCA to pursue matters of interest to family medicine in the area of aged care.

Professor Dimity Pond  
Convenor, SIG on Ageing and Health

Conflict and Catastrophe Medicine

Membership of the SIG now exceeds 500. We have made good progress against all objectives in our 2016-2018 biennium activity plan accepted by the WONCA Executive in Jan 17:

Networks. We have generated new networks amongst the Commanders Medical of 45 countries (COMEDS); established a pan-NATO ‘Futures Advisory Board’ (Genoa, 12-18 Apr 18); and delivered the first COMEDS ‘Prioritized Research List’ (Prague, 29-31 May 18) to focus international conflict and catastrophe medicine developmental efforts around six themes: blood and blood products forward; real-time telemedicine to support clinical reach-back and reach-forward; information management systems with integrated clinical decision support; growth of more empowered paramedical personnel; heightened physiological monitoring, including biosensors as a mass-casualty triage tool; and telemetry, artificial intelligence and ‘big data’ within conflict & catastrophe medicine.

Operational Appreciation. We have enhanced the appreciation of specific Operational environments through a Mission Exploitation Symposium (8 May 18) and Clinical Judgment Panel (3 July 18) following the combined military and humanitarian operations in Sep 17 to provide relief to the British Overseas Territories in the Caribbean affected by Hurricane Irma. We also led, and co-chaired working groups within ‘Warrior Care in the 21st Century’ (Toronto, 19-21 Sep 17), enhancing international best practice in the areas of resilience; recovery & rehabilitation; and reintegration in military or civilian life post-conflict or catastrophe.

Knowledge Sharing. We have improved knowledge and information exchange between military (Commander UAE Medical Services Corps) and non-military teams at Governmental level (UK Department of International Trade) in support of family medicine delivery in the Middle East. This has included delivery of a keynote presentation at the Arab Health Conference (Dubai, 27-31 Jan 18) and continued work with the Iraqi Red Crescent Society to mentor five new Primary Care Directors establishing a Family Medicine Centre of Excellence in Baghdad. We are also providing input to the Scientific Advisory Committee for WONCA World 2020.
Research. Investing in the next generation of conflict & catastrophe medicine clinicians, we have secured funding and educational supervision for two MSc students (one in Birmingham and one in Brussels) and a one-year Fellowship in Disaster and Humanitarian Medicine (Harvard).

R D J Withnall
Chair, WONCA SIG on Conflict & Catastrophe Medicine

Emergency Medicine

Since our conception of our Special Interest Group in 2016, the number of members of the SIG has grown significantly. We have over 75 members who have indicated an interest to help with our work to advance the clinical domain of emergency medicine within the discipline of family medicine. One key area of work is ensuring that we have strong workshops at WONCA conferences.

In WONCA Europe, Dr Elena Klusova and her colleagues at Spanish Society of Family and Community Medicine (SemFyC) has been working diligently to offer workshops, and at both WONCA Europe conferences in Prague (2017) and Krakow (2018), emergency medicine workshops were held. Topics presented have included toxicology, basic and advanced life support, palliative care in the emergency department and the emergency gymkhana which a popular multi-station learning activity first pioneered in Spain.

Recently at the WONCA Rural conference in New Delhi, Dr Nisanth Menon from India along with his colleagues delivered the set of Rectify workshops. There interactive workshops are designed to teach basic emergency skills to family doctors from a rural and resource constrained perspective. These sessions were well attended and very well received. We are looking to Dr Menon’s leadership as we scale up these sessions for the upcoming WONCA world conference in Seoul.

From an advocacy perspective, the SIG in Emergency Medicine has been working with the WONCA leadership and the SIG in Conflicts and Catastrophes on how to best assist family doctors in responding to disasters. We have engaged with key stakeholders from around the world including the World Health Organization and the World Association of Disaster and Emergency Medicine to plan next steps. We look forward to ensure that the family medicine voice in included in any both the planning of the disaster response and also during acute and sub-acute disaster event.

Below are a few examples of the great work of our WONCA SIG EM members in various WONCA regions. While this is far from an exhaustive list, it shows the commitment of our members to promote acute and emergency medicine to the rest of our family medicine colleagues. We appreciate and are thankful for their service to our discipline.
Individual Member Highlights

Dr Will Leung (Hong Kong) – Topic: Shortness of Breath (Hong Kong Primary Care Conference, June 2018)
Dr Pramendra Prasad (Nepal) – Topic: Disaster and Rural EM (First National Emergency Medicine conference, Kochi, 2018)
Dr Elena Klusova (Spain) – Topic: Toxicology of Recreational Drugs (VdGM Forum, Porto, 2018)
Dr Ayose Perez Miranda (Spain) and SemPyC colleagues - Atlas gráfico de Urgencias Manual launched in 2017.
Dr Eleni Politi (Greece) – Published “Proposing a three-dimensional, holistic approach to lead the assessment of CPD needs” (Education for Primary Care, 2018)

Victor Ng
Convenor, WONCA SIG on Emergency Medicine

Family Violence

The Special Interest Group on Family Violence (SIG FV), active since 2014, has focused in 2017/18 on continuing our global connections and supporting family doctors to undertake identification and care of families affected by family violence.

The group continues to grow, connecting with other professionals who are interested in contributing their knowledge and ideas to the SIG FV. Our Call to Action statement of recommendations was approved by the WONCA Executive in March 2018, focusing on exchange and dissemination of training curricula and new knowledge from research. The statement called for at national levels that colleges and academies in WONCA should address family violence policy, training and procedures as a matter of urgent priority in order to have their members supported and resourced to manage this common problem effectively and in an evidence-based manner.

SIG FV has provided support, resources and education through presentations and workshops, including the WONCA Rural Health Conference in Cairns (May 2017) the WONCA Europe conference in Prague (June 2017) and the WONCA Asia Pacific Regional Conference in Pattaya (November 2017). We have also contributed to a number of other conferences, such as the VdGM Family Violence Group in Strasbourg (April 2017) and the AfriWon Renaissance in South Africa (August 2017). Further to this, we are connecting with other groups such as the VdGM and Equally Different, with a successful workshop that had the objective to raise awareness of the characteristics and specific needs of the LGBTQ community related to partner violence presented at the 5th VdGM Forum held in Porto in January 2018.

An extremely productive meeting was held by the SIG FV (led by ex-chair Leo Pas) collaborating with the Europrev Working Group on Mental Health and Family Violence & the European Family Justice Centres Association in Brussels (December 2017) that gathered together an enthusiastic group of 130 representatives from multidisciplinary collaborations projects on domestic violence, sexual violence and child abuse. The discussion centred around areas relating to family-oriented care, and to exchange information and risk management assessment in family violence, and the result aims to better promote a mutual understanding and collaboration of these issues amongst workers in the health care sector.

In 2018, we already have committed to several more conferences with abstracts accepted to hold workshops in WONCA Rural conference in India (April 2018), and WONCA Europe in Krakow (May 2018), and will be collaborating with both VdGM and WWWPWFM for these conferences.

We will continue to emphasize the needs for both training and research on FV many group members continue to be active in these areas. As a group we are collaborating with Dr Raquel Gomez Bravo who is currently
undertaking a PhD project related to training on Family Violence. SIG FV former Chair, Leo Pas is currently working on training material with Young Doctors and Family Justice to combine their knowledge into a usable training package that eventually will be translated into English. We are continuing our efforts to strengthen young doctors’ interest and involvement addressing family violence. We are also in the process of considering adding working consultancies to our group, to enable us to reach out, connect and support GP’s and other health professionals, and to equip them with the tools and knowledge to better respond to cases of family and domestic violence.

At the international level we are exploring the idea of offering consultancies to regional areas, to help strengthen knowledge and education training. We continue to cooperate with organizations such as the World Health Organisation and United Nations to support our goals of making Family Violence a global health priority.

Finally, we are continuing to connect and network through communications, and have started this by updating our website, and sending through a regular newsletter to our members.

Hagit Dascal-Weichhendler  
Kelsey Hegarty  
Co-Convenors WONCA SIG on Family Violence

GLOBAL POINT-OF-CARE TESTING

As of April 2018, there are 113 members in the Special Interest Group (SIG) on Global Point-of-Care Testing (POCT), comprising 11 Executive Members and 102 General Members; these members represent 44 different countries and all seven WONCA regions.

In July 2017, the SIG published a summary of the workshop titled ‘Point-of-Care Testing for Today’s Family Doctor: Innovations and Application’ presented by Professor Mark Shephard, Lara Motta, Tessa McCormack and Brooke Spaeth on behalf of the WONCA Special Interest Group on Global Point-of-Care Testing for the WONCA News: www.globalfamilydoctor.com/site/DefaultSite/filesystem/documents/email%20Newsletters/17Jul.pdf. Across November 2017 to March 2018, members of the SIG collaborated to prepare and lodge two abstracts for the upcoming 22nd WONCA World Conference in Seoul, Korea in October 2018. The first being for a 90-minute workshop titled ‘Point-of-Care Testing in Daily Practice: a worldwide hit?’ to be presented by Dr Rogier Hopstaken, a GP and member of the SIG from the Netherlands. And the second, a poster presentation titled ‘World Health Organization Multi-Country Evaluation of Molecular-Based Point-of-Care Testing for Chlamydia, Gonorrhoea and Trichomonas’, co-authored by SIG members Professor Mark Shephard, Lara Motta and Dr Igor Toskin (WHO Observer).

The SIG is preparing a paper on the results of our online survey on the use of POCT by WONCA members for publication in a peer-reviewed journal.

In May 2018, an email will be delivered to the members of the SIG to notify them that the three-year period that Professor Mark Shephard and Lara Motta can act as Secretariat for the SIG is coming to an end, and requesting members to nominate to take over the positions of Chair and Secretary.

Professor Mark Shephard & Lara Motta  
Chair & Secretary, WONCA SIG on Global Point-of-Care Testing
Health Equity

Over the last year, the group has been devoted to its core agenda of promoting Health Equity in primary care. It serves as an effective platform connecting representatives from different regions through emails, newsletters, committee meetings, and workshops, thereby facilitating better sharing and exchange of up-to-date information of Health Equity. Through the joint efforts of our representatives, the group has made major achievements in the past year.

First, the EQuIP Statement has been accepted and endorsed and are now circulated by WONCA. One of our regional representatives has also presented the Statement at WONCA Europe and has received very positive feedback. The group is going to present the Statement again at WONCA Seoul. In the workshop, attendees will be invited to share situations in their own countries and apply the Statement in their cases.

Second, the group is planning to produce a special issue on Homelessness around the world for the next Newsletter (July 2018). Every regional representative of the group will contribute to a column and report the situation of homelessness at their home countries.

Third, the group is devoted in attracting more members to join and participate in future activities. Various promotional strategies are planned and will be executed accordingly. Copies of Newsletter and flyers introducing the group will be circulated at WONCA Seoul. Interactive communication will also be facilitated with the use of Facebook groups, Tweet Chat and other social media tactics to engage members around the globe. Website of the group will also be updated regularly and circulated among members.

With the support of all committee members and the rising number of registered members, the WONCA Health Equity Special Interest Group has gained more sophisticated understanding of the gaps in Health Equity. The brilliant ideas and projects contributed by our regional representatives and other members have added strong impetus to the group’s power and impact in exploring and reducing health inequalities in the community worldwide. We are confident that the group will continue to produce excellent works and significant outcomes in the coming year.

Dr William Wong
Convenor, WONCA SIG on Health Equity

Migrant Care, International Health and Travel Medicine

This SIG, founded in 2008 aims to improve the knowledge and skills of general practitioners as well as the organizational and financial conditions to deliver cultural competent, equitable and good quality of primary care to migrants of all kinds: travelers, economic migrants as well as refugees including the undocumented. The SIG has steadily grown over the years and now (May 2018) consists of 64 members, from 18 different. Members are involved in international research, medical (postgraduate) education and health care delivery related to refugees and other migrants.

In 2018 Guus Busser, GP, international officer and Primary Lecturer at Radboud University Medical Centre in Nijmegen, the Netherlands will take over the chair of the SIG as the current chair of the SIG has been in place since the start of the SIG in 2008.

Activities in 2017 - 2018
• We continued our collaboration with Euract and WONCA WP on education to exchange and develop educational programs and materials related to culturally sensitive care for immigrants. We exchanged
information on curricula and educational materials for GP training and are seeking opportunities to publish about educational programs on migration.

• We continued our collaboration with the WONCA WP for Mental Health. The joint guidance for mental health care and migrants will be finished autumn 2018.

• The European book on migrant care with contributions of several SIG members is expected to be published by autumn 2018.

• In March 2018, at the request of one of our Syrian members, we supported the issuing of a WONCA statement on the dramatic situation in Ghouta, Syria pleading against destruction of medical facilities and for at least access to medical care.

• We started to collaborate with the newly founded Vasco da Gama working party on migrant care. In Krakow, during WONCA Europe 2018 we participated in each other’s workshops on migrant care, and discussed further collaboration.

• We organized a workshop on migration related violence (human trafficking and other violence and abuse) in Krakow and collaborated with the Health Equity group in the workshop on implicit bias. At the migration conference in Edinburgh, in May 2018, we participated in a workshop on international collaboration on migrant care and migration health networks, and the development / implementation of guidelines on migrant care.

Maria van den Muijsenbergh
Convenor, WONCA SIG on Migrant Care
Maria.vandenmuijsenbergh@radboudumc.nl

Quaternary Prevention and Over-medicalisation

Leadership and Team Building level
To date we have developed active groups in the Europe and Iberoaméricana regions. We are promoting leadership in the other regions, but it is still early to establish a QP&O SIG Executive Team with leaders of all WONCA Regions. In particular we are working to establish more knowledge exchange with Asia and Africa

Collaborative Network level

• Activities supported in “Región Iberoamérica”: Iberoamerican Conference Lima, August 2017. Sponsorship and academic collaboration to Peruvian Quaternary Prevention Academic training. Coordination of Quaternary Prevention group in Uruguay. Support to Iberoamerican on-line networks.

• WONCA QP&O Sponsorship: Lecce Oct 2017 1st Italian conference on overdiagnosis run by WONCA-Italy

• WONCA QP&O Sponsorship in Peruvian First National Course; “Quaternary Prevention in Primary Care / I Curso Nacional de Prevención Cuaternaria en Atención Primaria”. Lima Perú, 1 y 2 de junio de 2018. (Sopemfyc) Sociedad Peruana de Medicina Familiar y Comunitaria.

• First contact with WONCA (EUROPREV) Europe Working Group on Overdiagnosis. Discussing how QP&O could support the Position Paper on Overdiagnosis and Action to Be Taken.

• Innumerable activities in Iberoamericana including: working groups meetings, networking, colleagues collaborations.

Communication Level
Ongoing projects and activities:

• More than 100 topics in the Collaborative Database on Quaternary Prevention Resources and References. Pizzanelli M, Lavalle R, Jamoulle M. Quaternary prevention library and resources (QP library). 2017 Apr 10 [cited 2017 Apr 22]; Available from: http://orbi.ulg.ac.be/handle/2268/209390
• WONCA SIG on line International Forum.
• Iberoamericana Region has very active on line interactive forums.
• Posting in Quaternary Prevention web blog: https://prevencioncuaternaria.wordpress.com/blog/

Exchange Level
• Preparing a working meeting of the group in the WONCA World Conference in Seoul.
• WONCA Quaternary Prevention & Overmedicalization proposal approved. Definitions and general objectives
• Preparation of biannual Plan

Quaternary Prevention Special Conferences
Quaternary Prevention and Overmedicalization / Sovramedicalizzazione e prevenzione quaternaria. Lecce October 2017. First Italian conference on overdiagnosis run by WONCA-Italy. Participation of Italian and European leaders: Anna Stavdal, Marc Jamoulle, Ernesto Mota, Alessandro Mereu, among others. QP&O Sponsorship

Quaternary Prevention contents in Conferences
The SiG has also run a number of workshops and events at WONCA and other conferences including at:
• SAM (Sociedad Argentina de Medicina) Congreso 2017. Buenos Aires, Argentina.
• FAMFyG: XVI Congreso de la Federación Argentina de Medicina Familiar y General. 18, 19, 20 y 21 de Octubre 2017. Tucumán, Argentina.
• SAMIG XXIV Congreso de la Sociedad de Medicina Interna General. 17 y 18 de mayo de 2018. Buenos Aires, Argentina.
• Iberoamerican Summit, Cali, Colombia, 2018.
• Ecuador National Conference. Quito, April 2018.
• 5º Congreso Iberoamericano de Medicina Familiar y Comunitaria, 16 al 19 de agosto 2017. Lima, Perú.
• XIX Congreso SOCHIMEF, 19 al 21 octubre 2017. Valdivia, Chile.

Courses
Courses held include:
• Ongoing first national course oriented to undergraduate medicine students with focus on Quaternary prevention.
• First Quaternary Prevention Workshop for residency training program in Uruguay. 25 participants, March 2018.
• XX y XXI Curso Anual de Atención Primaria en Medicina Interna de SAMIG; ediciones 2017, 2018. Clases: Medicina Preventiva (repensando el examen periódico de salud); Beneficios y riesgos del rastreo de cáncer; Incidentaloma (Dra. Mariño, codirectora y docente
• Curso Introductorio a la Práctica de la Prevención Cuaternaria. Aula Virtual
• Peruvian First National Course “Quaternary Prevention in Primary Care / “I Curso Nacional de Prevención Cuaternaria en Atención Primaria”. Lima Perú, 1 y 2 de junio de 2018. (SOPEMFYC) Sociedad Peruana de Medicina Familiar y Comunitaria.

Publications
Workers’ Health

**Family Doctors have passion for Primary Care**

Since the Alma Ata Declaration we all know the definition of Primary health care. And we also know that “it is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work.” But what we have done in all these 40 years to take Primary Care as close as possible to where people work?

WONCA, the International Commission on Occupational Health (ICOH), WHO and others recognize that basic elements of workers’ health care, including preventive services, is or could be provided in primary care settings. An important reason is the coverage of 70-80% of the global population by primary health care, while only 10-15% of the global workforce is covered by expert-based occupational health services. Further advantages of primary health care are the trust of workers in it, and the location close to where people live, or work. Therefore the challenge is to provide basic forms of occupational health care in primary care, in collaboration with expert-based occupational health services or with new forms of support by occupational health experts, online information and referral facilities in hospitals.

WONCA and ICOH have taken the lead in demonstrating that working together is possible and fruitful between two large organizations dedicated to patient centered care. The joint statement of WONCA and the International Commission on Occupational Health (ICOH) – the first one ever made together – was released on July 3, 2014, during the WONCA Europe conference in Lisbon, Portugal. It was presented by Prof Michael Kidd, WONCA Past President, in his keynote speech and included the pledge that:

*The World Organization of Family Doctors (WONCA) and the International Commission on Occupational Health (ICOH) pledge to work with our partner organizations (including WHO and ILO) to address the gaps in services, research, and policies for the health and safety of workers and to better integrate occupational health in the primary care setting, to the benefit of all workers and their families.*

As a new SIG we have set course in order to put this pledge into practice. Main activities undertaken have included aiming to provide resources and support and promote research through presentations and workshops at WONCA conferences. In this sense, this first year has been a very productive one.
During 2017 Peter Buijs and Frank van Dijk represented our SIG during the WONCA Europe Congress held in Prague, developing a Workshop on Workers Health. Meanwhile Garth Manning, Viviana Martínez Bianchi, Carolina Jara and Ezequiel Lopez attended the WONCA CIMF Conference in Lima, Perú, where they presented a Workshop on Primary Care and Workers Health.

Finally, special mention must be made of our SIG outstanding participation during the ICOH World Congress, held in Dublin in May 2018. Garth Manning, Frank van Dijk, Peter Buijs and Ezequiel Lopez participated in a Workshop on PHC and Workers Health, with the participation of Dr Jukka Takala, ICOH President among other distinguished participants. During this meeting we renewed our commitment to work together with ICOH and other organizations with the decision to generate a specific agenda and meetings for the discussion of Workers Health. We aim to organize a conference on basic workers’ health care in PHC settings, trying to continue the work started by WONCA, ICOH, WHO and many other organizations during The Hague Conference in 2011.

Our achievements:
- We have developed an SIG email Group for enhancing communication between members which can be accessed through our web page. This group already comprises 25 family and occupational health specialists from different regions [http://www.globalfamilydoctor.com/groups/SpecialInterestGroups/WorkersHealth1.aspx](http://www.globalfamilydoctor.com/groups/SpecialInterestGroups/WorkersHealth1.aspx)
- We continue to develop SIG meetings during WONCA- and ICOH Congresses
- We also set a special interest in identifying financial resources to support developments, and we reinforce the promotion of SIG activities through social networks.

Conclusion
We continue to recruit and welcome new members from all WONCA regions who wish to work together to strengthen the discipline of Family Medicine with a special interest on Workers Health.

On the occasion of the 40th anniversary of the Alma Declaration, Family Doctors must emphasize our passion for Primary Care, restating in that Declaration our renewed commitment to bring medical care as close as possible to where our patients live and work.

Ezequiel Lopez
Chair, WONCA SIG on Workers’ Health

Other WONCA SIGs
WONCA also has SIGs in:
- Cancer and Palliative Care
- Complexities
- Genetics
- Men’s Health
- Non-Communicable Diseases
Audit Report of WONCA Trust
Financial Year January - December 2017
THE WONCA TRUST
FINANCIAL STATEMENTS FOR THE YEAR ENDING
1 JANUARY 2017 TO 31 DECEMBER 2017
THE WONCA TRUST
FINANCIAL STATEMENT FOR THE YEAR ENDING
1 JANUARY 2017 TO 31 DECEMBER 2017

Index

| Report of the Trustee               | 1 |
| Independent Auditor’s Report       | 2-3 |
| Statement of Financial Position    | 4 |
| Income statement                   | 5 |
| Statement of Changes in Trust’s Accumulated Funds | 6 |
| Statement of Cash Flow             | 7 |
| Note to the Financial Statements   | 8-16 |

JNN Auditing Office Limited
Certified Public Accountants
Bangkok, Thailand
WONCA INTERNATIONAL INC.
(A Company incorporated in the British Virgin Islands)
(Trustee and Manager of the WONCA TRUST)

**General Information**

**REGISTERED OFFICE**

Trustnet Chambers
P O Box 3444, Road Town
Tortola, British Virgin Islands

**BOARD OF DIRECTORS**

Prof. Amanda Howe  
Prof. Michael Kidd  
Dr. Donald KT Li  
Dr. Garth Manning  
Prof. Job FM Metsemakers  
Dr. Karen Flegg  
Dr. Viviana Martinez Bianchi  
Dr. Henry Lawson  
Dr. Meng-Chih Lee  
Dr. Mohammed Tarawneh  
Dr. Anna Stavdal  
Prof. Maria Inez Padula Anderson  
Prof. Kanu Bala  
Prof. Ruth C. Wilson  
Dr. Ana Nunes Barata

**BANKER**

Citibank

This page is for information only
REPORT OF THE TRUSTEE

For the financial period 1 January 2017 to 31 December 2017

THE WONCA TRUST

Wonca International Inc. (the Trustee) is under a duty to take into custody and hold the assets of the WONCA TRUST in trust for the relief of sickness, for the advancement of education and for the general benefit of the public in such manner as may be charitable in particular but not so as to limit the generality of the foregoing for the fostering of high standards of medical care in general practice and family medicine in such manner as may be charitable. In accordance with the terms and conditions as stipulated in a Trust Deed dated 1 October 2004, the Trustee shall also manage the WONCA TRUST.

To the best knowledge of the Trustee, it has in all material respects, managed the WONCA TRUST during the financial year covered by these financial statements for the financial year 1 January 2017 to 31 December 2017 as set out on pages 4 to 16 in accordance with the provisions of the Trust Deed.

These financial statements have been prepared in accordance with the Thai Financial Reporting Standard for Non-publicly Accountable Entities (TFRS for NPAEs) as issued by Federal of Accounting Professionals (FAP) and correspond with the International Accounting Standards (IAS) and the International Financial Reporting Standards (IFRS).

For and behalf of the Trustee
WONCA INTERNATIONAL INC.

DR. GARTH ALEXANDER KENNETH MANNING
Director
Date: 8 March 2018
INDEPENDENT AUDITOR'S REPORT

To the Trustee of THE WONCA TRUST

Opinion

I have audited the financial statements of THE WONCA TRUST ("the Trust"), which comprise the statement of financial position as at 31 December 2017, and the statement of income, statement of changes in the Trust's accumulated fund, and statement of cash flow for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In my opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Company as at 31 December 2017, and its financial performance for the year then ended in accordance with Thai Financial Reporting Standards for Non-Publicly Accountable Entities.

Basis for Opinion

I conducted my audit in accordance with Thai Standards on Auditing. My responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of my report. I am independent of the Company in accordance with the Federation of Accounting Professions under the Royal Patronage of His Majesty the King's Code of Ethics for Professional Accountants together with the ethical requirements that are relevant to my audit of the financial statements, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Thai Financial Reporting Standards for Non-Publicly Accountable Entities, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Company or to cease operations, or has no realistic alternative but to do so.
Auditor’s Responsibilities for the Audit of the Financial Statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error and to issue an auditor’s report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Thai Standards on Auditing will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Standards on Auditing, I exercise professional judgment and maintain professional skepticism throughout the audit. I also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company’s internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management’s use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Company’s ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor’s report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor’s report. However, future events or conditions may cause the Company to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

I communicate with management regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

[Signature]

Mr. Jonsak Norchoovech
Certified Public Accountant (Thailand) No. 2309

8 March 2018
The Wonca Trust  
Statement of Financial Position  
As At 31 December 2017

### ASSETS

<table>
<thead>
<tr>
<th></th>
<th>Notes</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CURRENT ASSETS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>3</td>
<td>597,377</td>
<td>358,041</td>
</tr>
<tr>
<td>Member organizations' dues receivables</td>
<td></td>
<td>22,042</td>
<td>19,896</td>
</tr>
<tr>
<td>Other receivables and prepayment</td>
<td></td>
<td>16,542</td>
<td>161,157</td>
</tr>
<tr>
<td>Inventory</td>
<td></td>
<td>298</td>
<td>539</td>
</tr>
<tr>
<td><strong>Total current assets</strong></td>
<td></td>
<td>636,259</td>
<td>539,633</td>
</tr>
<tr>
<td><strong>NON-CURRENT ASSETS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment, net</td>
<td>4</td>
<td>2,478</td>
<td>1,093</td>
</tr>
<tr>
<td>Deposits</td>
<td></td>
<td>4,239</td>
<td>4,241</td>
</tr>
<tr>
<td><strong>Total non-current assets</strong></td>
<td></td>
<td>6,717</td>
<td>5,334</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td></td>
<td><strong>642,976</strong></td>
<td><strong>544,967</strong></td>
</tr>
</tbody>
</table>

### LIABILITIES AND TRUST'S ACCUMULATED FUNDS

<table>
<thead>
<tr>
<th></th>
<th>Notes</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CURRENT LIABILITIES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other payables and accruals</td>
<td>5</td>
<td>44,458</td>
<td>40,164</td>
</tr>
<tr>
<td>Membership dues received in advance</td>
<td></td>
<td>47,370</td>
<td>38,123</td>
</tr>
<tr>
<td><strong>Total current liabilities</strong></td>
<td></td>
<td>91,828</td>
<td>78,287</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
<td></td>
<td><strong>91,828</strong></td>
<td><strong>78,287</strong></td>
</tr>
<tr>
<td><strong>TRUST'S ACCUMULATED FUNDS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trust's accumulated funds</td>
<td>6</td>
<td>335,736</td>
<td>318,192</td>
</tr>
<tr>
<td>Income and expenditure account</td>
<td></td>
<td>215,412</td>
<td>148,488</td>
</tr>
<tr>
<td><strong>Total shareholders' equity</strong></td>
<td></td>
<td>551,148</td>
<td>466,680</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES AND TRUST'S ACCUMULATED FUNDS</strong></td>
<td></td>
<td><strong>642,976</strong></td>
<td><strong>544,967</strong></td>
</tr>
</tbody>
</table>

(Notes to the financial statements are an integral part of these financial statements)

Signed .................................. Director  
(Mr. Garth Alexander Kenneth Manning)
### The Wonca Trust
### Income Statement
### For the year ending 31 December 2017

<table>
<thead>
<tr>
<th>Notes</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Unit: USD</td>
<td></td>
</tr>
<tr>
<td><strong>REVENUES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subscription incomes</td>
<td>645,086</td>
<td>895,684</td>
</tr>
<tr>
<td>Other incomes</td>
<td>4,181</td>
<td>9,327</td>
</tr>
<tr>
<td>Total revenues</td>
<td>649,267</td>
<td>905,011</td>
</tr>
<tr>
<td><strong>EXPENSES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>President, executive and regional expenses</td>
<td>157,513</td>
<td>317,303</td>
</tr>
<tr>
<td>Secretariat expenses</td>
<td>342,597</td>
<td>327,224</td>
</tr>
<tr>
<td>Special projects' and working parties'</td>
<td>4,100</td>
<td>21,851</td>
</tr>
<tr>
<td>Publications and communication expenses</td>
<td>30,335</td>
<td>41,501</td>
</tr>
<tr>
<td>Other operating expenses</td>
<td>47,798</td>
<td>39,175</td>
</tr>
<tr>
<td>Total expenses</td>
<td>582,343</td>
<td>747,054</td>
</tr>
<tr>
<td>Surplus for the year</td>
<td>66,924</td>
<td>157,957</td>
</tr>
</tbody>
</table>

(Notes to the financial statements are an integral part of these financial statements)

Signed ........................................... Director

(Mr. Garth Alexander Kenneth Manning)
### The Wonca Trust

**Statement of Changes In Trust's Accumulated Funds**

*For the year ending 31 December 2017*

<table>
<thead>
<tr>
<th>Trust's funds</th>
<th>Income and expense account</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Beginning balance as at 1 January 2016</strong></td>
<td>320,520</td>
<td>(9,469)</td>
</tr>
<tr>
<td>Fund received from Asia Pacific Regional Reserves Fund</td>
<td>(1,894)</td>
<td>-</td>
</tr>
<tr>
<td>Fund received from WWP in Mental Health</td>
<td>(586)</td>
<td>-</td>
</tr>
<tr>
<td>Fund received from WONCA WP - WFM</td>
<td>160</td>
<td>-</td>
</tr>
<tr>
<td>Fund received from EMR</td>
<td>1,007</td>
<td>-</td>
</tr>
<tr>
<td>Fund paid to WP- Rural Practice Fund</td>
<td>(1,015)</td>
<td>-</td>
</tr>
<tr>
<td><strong>Surplus for the year</strong></td>
<td>-</td>
<td>157,957</td>
</tr>
<tr>
<td><strong>As at 31 December 2016</strong></td>
<td>318,192</td>
<td>148,488</td>
</tr>
<tr>
<td>Fund received from Asia Pacific Regional Reserves Fund</td>
<td>(690)</td>
<td>-</td>
</tr>
<tr>
<td>Fund received from WWP in Mental Health</td>
<td>814</td>
<td>-</td>
</tr>
<tr>
<td>Fund received from WONCA WP - WFM</td>
<td>(1,319)</td>
<td>-</td>
</tr>
<tr>
<td>Fund received from EMR</td>
<td>8,500</td>
<td>-</td>
</tr>
<tr>
<td>Fund paid to WP- Rural Practice Fund</td>
<td>10,239</td>
<td>-</td>
</tr>
<tr>
<td><strong>Surplus for the year</strong></td>
<td>-</td>
<td>66,924</td>
</tr>
<tr>
<td><strong>Ending balance as at 31 December 2017</strong></td>
<td>335,736</td>
<td>215,412</td>
</tr>
</tbody>
</table>

Signed .................................. Director
(Mr. Garth Alexander Kenneth Manning)
# The Wonca Trust
## Statements of Cash Flows
For the year ending 31 December 2017

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cash flows from operating activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net profit(loss) for the year</td>
<td>66,924</td>
<td>157,957</td>
</tr>
<tr>
<td>Adjustments for:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation</td>
<td>866</td>
<td>1,260</td>
</tr>
<tr>
<td>Changes in operating assets and liabilities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- member organizations' dues receivables</td>
<td>-2,146</td>
<td>-11,470</td>
</tr>
<tr>
<td>- other receivables and prepayment</td>
<td>144,615</td>
<td>-150,565</td>
</tr>
<tr>
<td>- inventories</td>
<td>241</td>
<td>1,040</td>
</tr>
<tr>
<td>- other current assets</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>- other payables and accruals</td>
<td>4,294</td>
<td>29,326</td>
</tr>
<tr>
<td>- membership dues received in advance</td>
<td>9,247</td>
<td>(21,426)</td>
</tr>
<tr>
<td>- Deposit</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td><strong>Cash flows from operating activities</strong></td>
<td>224,043</td>
<td>6,122</td>
</tr>
</tbody>
</table>

| **Cash flows from investing activities** |        |        |
| Purchases of property and equipment | -2,251 | -      |
| **Cash flows from investing activities** | -2,251 | -      |

| **Cash flows from financing activities** |        |        |
| Fund received from Asia Pacific Regional Reserves Fund | (690) | (1,894) |
| Fund received from WFM | (1,319) | 160 |
| Fund received from rural practices | 814 | (586) |
| Fund received from EMR | 8,500 | 1,007 |
| Fund paid to WP- Rural Practice Fund | 10,239 | (1,015) |
| **Cash flows from financing activities** | 17,544 | (2,328) |

| **Net increase (decrease) in cash on hand and at banks** | 239,336 | 3,794 |
| **Cash on hand and at banks - beginning balance** | 358,041 | 354,247 |
| **Cash on hand and at banks - ending balance** | 597,377 | 358,041 |

Signed ________________________________  Director
(Mr. Garth Alexander Kenneth Manning)
The Wonca Trust
Note To The Financial Statements
31 December 2017

1. General Information

The Wonca Trust ("The Trust") is a Charitable Trust created by a Declaration of Trust Deed and governed by the laws of the British Virgin Islands on 1 October 2004 with Wonca International Inc; a Company incorporated in the British Virgin Islands as the Trustee which holds and manages the assets of the Charitable Trust for the relief of sickness, for the advancement of education and for the general benefit of the public in such manner as may be charitable in particular but not so as to limit the generality of the foregoing for the fostering of high standards of medical care in general practice and family medicine in such manner as may be charitable.

2. Summary of significant accounting policies

2.1 Basis of preparation

These financial statements have been prepared in accordance with the Thai Financial Reporting Standard for Non-publicly Accountable Entities (TFRS for NPAEs) as issued by Federal of Accounting Professionals (FAP) and correspond with the International Accounting Standards (IAS) and the International Financial Reporting Standards (IFRS).

The financial statements have been prepared under the historical cost convention.

Where necessary, comparative figures have been reclassified to conform with changes in presentation in the current year.

Signed ................................ Director
(Mr. Garth Alexander Kenneth Manning)
2. **Summary of significant accounting policies (con’t)**

2.2 Foreign currencies translation

The financial statements of the Trust are measured and presented in the currency of the primary economic environment in which the Trust operates (its functional currency). The financial statements of the Trust are presented in United States of American dollars which is the functional currency of the Trust.

In preparing the financial statements of the Trust, transactions in foreign currencies other than the Trust's functional currency are recorded at the rate of exchange rate prevailing at the date of transactions. At statement of financial position date, monetary assets and liabilities denominated in foreign currencies are re-translated at the exchange rates prevailing at the Statement of financial position date. Non-monetary items that are measured in terms of historical cost in a foreign currency are not re-translated.

Exchange differences arising from the settlement of monetary items, and on re-translation of monetary items, are included in the profit and loss account for the period. Exchange differences arising on the retranslation of non-monetary items carried at fair value are included in the income statement account for the period except for differences arising on the retranslation of non-monetary items in respect of gains and losses are recognized directly in equity. For such non-monetary items, any exchange component of that loss or gain is also recognize in equity.

2.3 Cash and cash equivalents

Cash comprises cash on hand, deposit held at call with banks but excludes deposits with banks that are held to maturity, and certificates of deposit issued by commercial banks and financial institutions, and restricted deposits. Cash equivalents comprise short-term highly liquid investments with maturities of three months or less from the date of acquisition.

Signed (Mr.Garth Alexander Kenneth Manning)
2 Summary of significant accounting policies (Con't)

2.4 Trade account receivables

Trade accounts receivable are initially recognised at the fair value of the consideration received or receivable and subsequently measured at the remaining amount less any allowance for doubtful receivables based on a review of all outstanding amounts at the year end. The amount of the allowance is the difference between the carrying amount of the receivable and the amount expected to be collectible. Bad debts are written-off during the year in which they are identified and recognised in the income statement.

2.5 Equipment

An item of equipment is stated at cost less any accumulated depreciation.

The cost of an item of equipment comprises its purchase price, import duties and non-refundable purchase taxes (after deducting trade discounts and rebates) and any costs directly attributable to bringing the asset to the location and condition necessary for it to be capable of operating in the manner intended by management.

Depreciation is calculated on the straight line basis to write-off the cost of each asset to its residual value by using the estimated useful life of the equipment. The estimated useful lives are as follows:

| Office furniture and equipment | 5 Years |
| Computer and equipment         | 3 Years |

Signed .................................. Director
(Mr. Garth Alexander Kenneth Manning)
2 Summary of significant accounting policies (Con't)

2.6 Provision

Provisions are recognised when the Trust has a present legal or constructive obligation as a result of past events, it is probable that an outflow of resources will be required to settle the obligation, and a reliable estimate of the amount can be made.

2.7 Revenue recognition

Revenue comprises the fair value of the consideration received or receivable for the sale of goods and service net of output tax, rebates and discounts. Revenue from sales of goods is recognised when significant risks and rewards of ownership of the goods are transferred to the buyer. Revenue from rendering services is based on the stage of completion determined by referring to services performed to date as a percentage of total services to be performed.

2.8 Measurement currency

The measurement currency of the Trust is the United States (US) dollars. As the Trust's investments and funds from financing activities are denominated primarily in US dollars, the Trustee is of the opinion that the US dollar reflects the economic substance of the underlying events and circumstances relevant to the Trust.

3 Cash and cash equivalents

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash on hand</td>
<td>23,867</td>
<td>34,557</td>
</tr>
<tr>
<td>Cash at Paypal</td>
<td>3,720</td>
<td>38,630</td>
</tr>
<tr>
<td>Cash at banks – current accounts</td>
<td>542,216</td>
<td>275,099</td>
</tr>
<tr>
<td>Cash at banks – saving account</td>
<td>22,574</td>
<td>9,755</td>
</tr>
<tr>
<td><strong>Total cash and cash equivalents</strong></td>
<td><strong>597,377</strong></td>
<td><strong>358,041</strong></td>
</tr>
</tbody>
</table>

Signed ............................ Director
(Mr. Garth Alexander Kenneth Manning)
### Equipment, net

#### Cost:
- **As at 31 December 2016**
  - Office, furniture and equipment: USD 3,457
  - Computer and equipment: USD 7,524
  - **Total**: USD 10,981
- **Addition**
  - Office, furniture and equipment: USD -
  - Computer and equipment: USD 2,251
  - **Total**: USD 2,251
- **As at 31 December 2017**
  - Office, furniture and equipment: USD 3,457
  - Computer and equipment: USD 9,775
  - **Total**: USD 13,232

#### Accumulated depreciation:
- **As at 31 December 2016**
  - Office, furniture and equipment: (USD 2,603)
  - Computer and equipment: (USD 7,285)
  - **Total**: (USD 9,888)
- **Depreciation for the year**
  - Office, furniture and equipment: (USD 614)
  - Computer and equipment: (USD 252)
  - **Total**: (USD 866)
- **As at 31 December 2017**
  - Office, furniture and equipment: (USD 3,217)
  - Computer and equipment: (USD 7,537)
  - **Total**: (USD 10,754)

#### Net book value:
- **As at 31 December 2016**
  - Office, furniture and equipment: USD 854
  - Computer and equipment: USD 239
  - **Total**: USD 1,093
- **As at 31 December 2017**
  - Office, furniture and equipment: USD 240
  - Computer and equipment: USD 2,238
  - **Total**: USD 2,478

- **Depreciation - Assets for the year 2016**: USD 1,260
- **Depreciation - Assets for the year 2017**: USD 866

---

Signed ........................................... Director  
(Mr. Garth Alexander Kenneth Manning)
5 **Other payables and accruals**

<table>
<thead>
<tr>
<th>Description</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taiwan FM Research award</td>
<td>13,500</td>
<td>13,500</td>
</tr>
<tr>
<td>Montegut Scholarship 2015 for Africa Region</td>
<td>4,414</td>
<td>4,099</td>
</tr>
<tr>
<td>Professional cost</td>
<td>5,000</td>
<td>5,964</td>
</tr>
<tr>
<td>Rio Bursary</td>
<td>8411</td>
<td>2,761</td>
</tr>
<tr>
<td>Atai Bursary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rural Practice - Discretionary Fund</td>
<td>7,500</td>
<td>7,500</td>
</tr>
<tr>
<td>Environment - Discretionary Fund</td>
<td>2,000</td>
<td>3,000</td>
</tr>
<tr>
<td>Accrued personnel expenses</td>
<td>949</td>
<td>964</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>10,500</td>
<td></td>
</tr>
<tr>
<td>Other accrual</td>
<td>4,734</td>
<td>1,250</td>
</tr>
<tr>
<td><strong>Total other payables and accruals</strong></td>
<td>44,458</td>
<td>40,164</td>
</tr>
</tbody>
</table>

6 **Trust’s accumulated funds**

<table>
<thead>
<tr>
<th>Description</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advance from Asia Pacific Regional Reserves Fund</td>
<td>190,564</td>
<td>191,253</td>
</tr>
<tr>
<td>Advance from Wonca Working Party - Rural Practice Fund</td>
<td>26,356</td>
<td>16,118</td>
</tr>
<tr>
<td>Advance from East Mediterranean</td>
<td>19,199</td>
<td>10,699</td>
</tr>
<tr>
<td>Advance from Wonca Working Party - Mental Health</td>
<td>5,284</td>
<td>4,470</td>
</tr>
<tr>
<td>Advance from Wonca Working Party - Women and Family Medicine</td>
<td>51</td>
<td>1,370</td>
</tr>
<tr>
<td>Capital Stock</td>
<td>94,282</td>
<td>94,282</td>
</tr>
<tr>
<td><strong>Total trust’s accumulated fund</strong></td>
<td>335,736</td>
<td>318,192</td>
</tr>
</tbody>
</table>

7 **Subscription incomes**

<table>
<thead>
<tr>
<th>Description</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member organizations’ dues</td>
<td>443,651</td>
<td>451,570</td>
</tr>
<tr>
<td>Member academies’ dues</td>
<td>4,370</td>
<td>4,039</td>
</tr>
<tr>
<td>Direct Individuals’ membership dues</td>
<td>81,466</td>
<td>85,938</td>
</tr>
<tr>
<td>Conference levies</td>
<td>61,540</td>
<td>349,288</td>
</tr>
<tr>
<td>Sponsorship income</td>
<td>600</td>
<td></td>
</tr>
<tr>
<td>Licences and royalties</td>
<td>42,959</td>
<td>3,049</td>
</tr>
<tr>
<td>Consultancy income</td>
<td>10,500</td>
<td>1,800</td>
</tr>
<tr>
<td><strong>Total subscription income</strong></td>
<td>645,086</td>
<td>895,684</td>
</tr>
</tbody>
</table>

Signed: Director (Mr. Garth Alexander Kenneth Manning)
The Wonca Trust
Note To The Financial Statements
31 December 2017

8 Other income

Sales - Wonca guidebooks and merchandise
Interest income
Other income
Total other income

9 President, executive and regional expenses

Executives' expenditures
President
President Elect
CEO
World Health Organisation Liaison
Members' of executive
Regional & World Council Meetings
Young Doctor Movements
Young Doctor Website

Regional expenditures
Africa
North America
Asia Pacific
Ibero-Americana
South Asia
East Mediterranean

Total President, executive and regional expenses

Signed .......................................................... Director
(Mr. Garth Alexander Kenneth Manning)
The Wonca Trust  
Note To The Financial Statements  
31 December 2017

10 Secretariat expenses

The Trust's secretariat expenses, which include administrative, accounting and computer services and other facilities, are provided by a related party. The related party is a company, i.e., Wonca Ltd.; a Company limited by guarantee which is incorporated in Thailand, have similar directors of the manager cum Trustee. The amount paid for secretariat expenses for the current financial period amounted to USD 342,597 (2016: USD 327,224).

11 Special projects' and working parties' expenses

<table>
<thead>
<tr>
<th>Classification</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural practices</td>
<td>500</td>
<td>9,500</td>
</tr>
<tr>
<td>Women and Family Medicine</td>
<td>2,600</td>
<td>4,351</td>
</tr>
<tr>
<td>Environment</td>
<td>500</td>
<td>3,000</td>
</tr>
<tr>
<td>Mental Health</td>
<td>500</td>
<td>2,000</td>
</tr>
<tr>
<td><strong>Total special projects' and working parties' expenses</strong></td>
<td><strong>4,100</strong></td>
<td><strong>21,851</strong></td>
</tr>
</tbody>
</table>

12 Publications and communication expenses

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Editor's professional fee</td>
<td>24,000</td>
<td>24,000</td>
</tr>
<tr>
<td>Webmaster and hosting</td>
<td>6,335</td>
<td>17,501</td>
</tr>
<tr>
<td><strong>Total publications and communication expenses</strong></td>
<td><strong>30,335</strong></td>
<td><strong>41,501</strong></td>
</tr>
</tbody>
</table>

Signed [Signature]  
Director  
(Mr. Garth Alexander Kenneth Manning)
## Note to the Financial Statements
### 31 December 2017

### 13 Other operating expenses

<table>
<thead>
<tr>
<th>Item</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exchange loss</td>
<td>968</td>
<td>244</td>
</tr>
<tr>
<td>Discretionary Fund</td>
<td>-</td>
<td>6,000</td>
</tr>
<tr>
<td>Professional fee</td>
<td>5,537</td>
<td>2,507</td>
</tr>
<tr>
<td>Bank charges</td>
<td>18,491</td>
<td>8,379</td>
</tr>
<tr>
<td>Bad debt expenses</td>
<td>4,828</td>
<td>3,150</td>
</tr>
<tr>
<td>Audit fee</td>
<td>4,414</td>
<td>4,099</td>
</tr>
<tr>
<td>Postage and courier charges</td>
<td>1,881</td>
<td>2,759</td>
</tr>
<tr>
<td>Stationary expenses</td>
<td>5,000</td>
<td>5,148</td>
</tr>
<tr>
<td>Insurance expenses</td>
<td>3,020</td>
<td>3,003</td>
</tr>
<tr>
<td>Depreciation expenses</td>
<td>866</td>
<td>1,259</td>
</tr>
<tr>
<td>Registration fees</td>
<td>925</td>
<td>600</td>
</tr>
<tr>
<td>Wonca souvenirs</td>
<td>957</td>
<td>370</td>
</tr>
<tr>
<td>Wonca Foundation &amp; 5 Star Award</td>
<td>-</td>
<td>51</td>
</tr>
<tr>
<td>Consultancy Expenses</td>
<td>633</td>
<td>-</td>
</tr>
<tr>
<td>Cost of goods sold</td>
<td>268</td>
<td>1,041</td>
</tr>
<tr>
<td>Corporate income tax</td>
<td>10</td>
<td>19</td>
</tr>
<tr>
<td>Other expenses</td>
<td>-</td>
<td>546</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>47,798</td>
<td>39,175</td>
</tr>
</tbody>
</table>

Signed .................................... Director  
(Mr. Garth Alexander Kenneth Manning)
World Organization of Family Doctors
12A-05 Chartered Square Building, 152 North Sathorn Road, Silom, Bangrak, Bangkok
Thailand 10500 Tel: +66 2 637 9010 Fax: +66 2 637 9011
Email: manager@wonca.net